MHSA

MENTAL HEALTH SERVICES ACT

Annual Plan UPDATE

2025 / 2026

Riverside University HEALTH SYSTEM Behavioral Health

Contents

Land Acknowledgement[1]

Land Acknowledgement

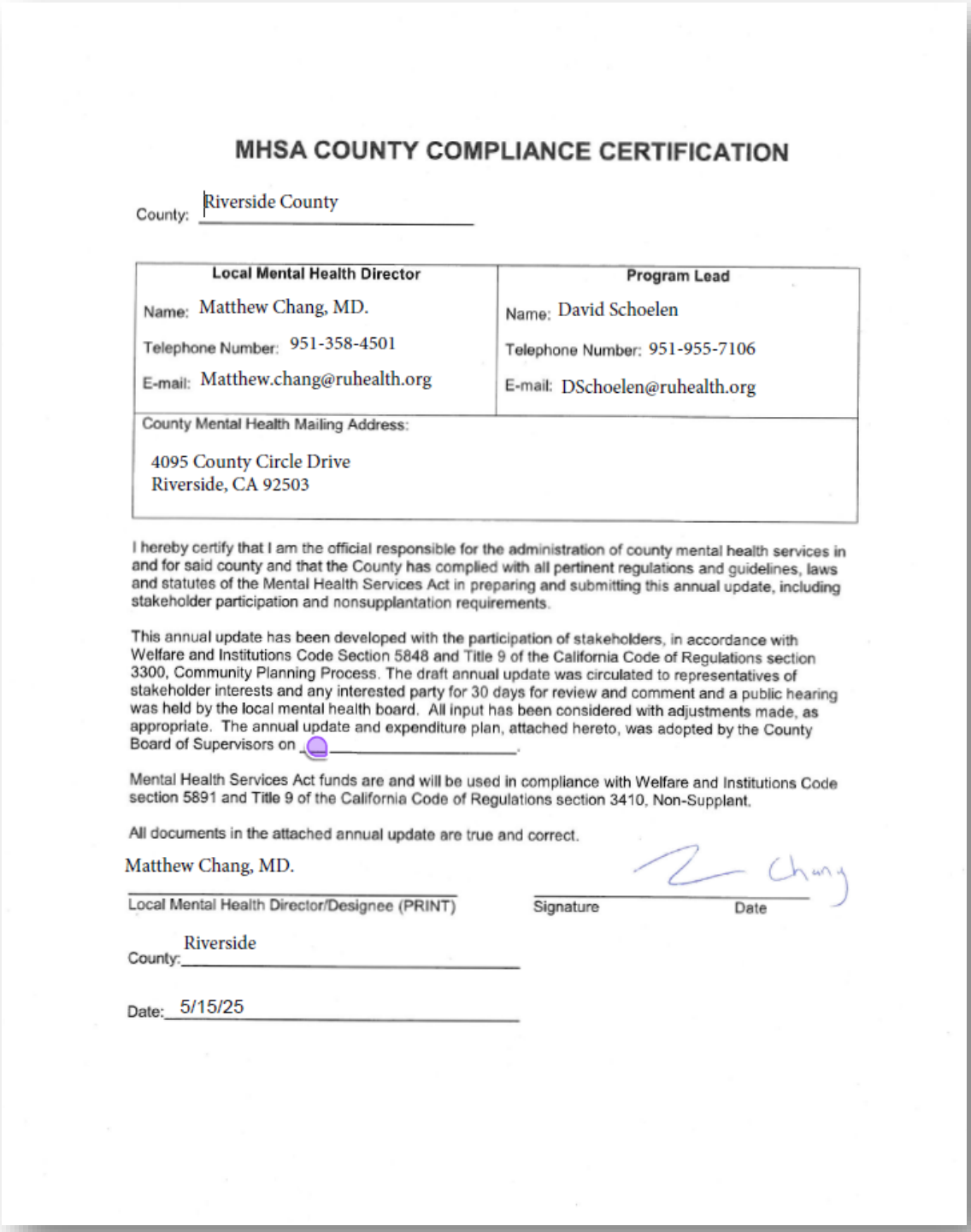
The Cahuilla (Íviullatem), Cupeño (Kúupangaxwichem), Luiseño (Payómkowichum), Serrano (Marra'yam), Gabrieleño (Tongva), and Chemehuevi (Nuwuvi) Peoples, and their ancestors have been here since time immemorial. Riverside University Health System-Behavioral Health (RUHS-BH) acknowledges the traditional, ancestral, and contemporary homelands of the first Native Americans of Southern California whose land it occupies and serves. The Cahuilla, Cupeño, Luiseño, Serrano, Gabrieleño, and Chemehuevi Peoples have cared for people, land, water bodies, animals, plant beings, with great integrity, reciprocating care to each other.

RUHS-BH acknowledges the reciprocal relationship of caring for one another and extends wellness and behavioral health services to: Cahuilla, Cupeño, Luiseño, Serrano, Gabrieleño, and Chemehuevi Peoples, all Indigenous Peoples, and all underserved residents of Riverside County.

RUHS-BH wants to create relationships built on trust and accountability with its community members. With this land acknowledgment, RUHS-BH will be respectful and mindful to tribal sovereignty, culture, and beliefs of the Native Americans of this land.

[1] Land acknowledgment was developed by Dr. Sean Milanovich the Cultural Community Liaison for Cultural Community Program

MHSA County Compliance Certification



MHSA COUNTY COMPLIANCE CERTIFICATION

County: Riverside County

Local Mental Health Director	Program Lead
Name: Matthew Chang, MD.	Name: David Schoelen
Telephone Number: 951-358-4501	Telephone Number: 951-955-7106
E-mail: Matthew.chang@ruhealth.org	E-mail: DSchoelen@ruhealth.org
County Mental Health Mailing Address: 4095 County Circle Drive Riverside, CA 92503	

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

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

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

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

Matthew Chang, MD.

Local Mental Health Director/Designee (PRINT)

Signature

Date

County: Riverside

Date: 5/15/25

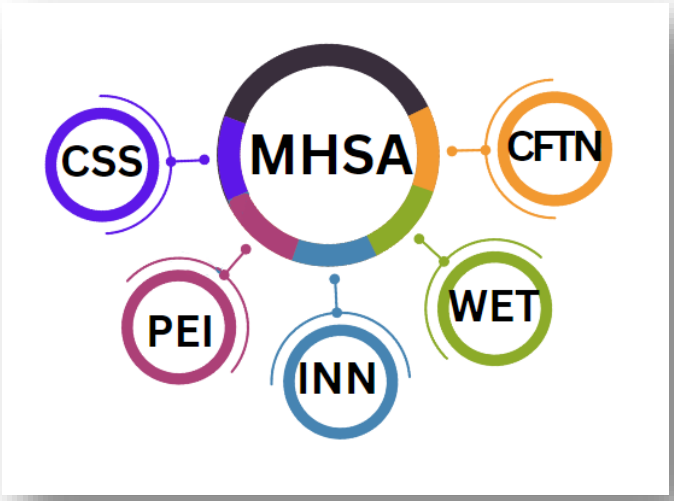
Introduction

MHSA QUICK LOOK

What is the Mental Health Services Act (MHSA)?

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

The programs funded through MHSA must include services for all ages: Children (0-15), Transition Age Youth (16-25), Adults (26-59), and Older Adults (60+). Though program implementation may be integrated into the Department's existing



management structure, the MHSA Administrative unit manages the planning activities related to the five MHSA components, which are:

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

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

The primary components of MHSA are CSS and PEI. These two components receive active funding allocations based on the State distribution formula. INN funds are

derived from a portion of the CSS and PEI allocations and require an additional State approval process to access. WET funds were a one-time allocation that could last for 10 years; those funds have been exhausted, and ongoing WET Plan funding is derived from the CSS allocation. The last CF/TN funds were allocated in the Fiscal Year. Some funds—called a Prudent Reserve—can also be saved as a rainy-day fund to sustain programming during periods of economic fluctuation that impact this tax revenue.

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

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

What is the purpose of MHSA's 3-year Program and Expenditure Plan (3YPE)?

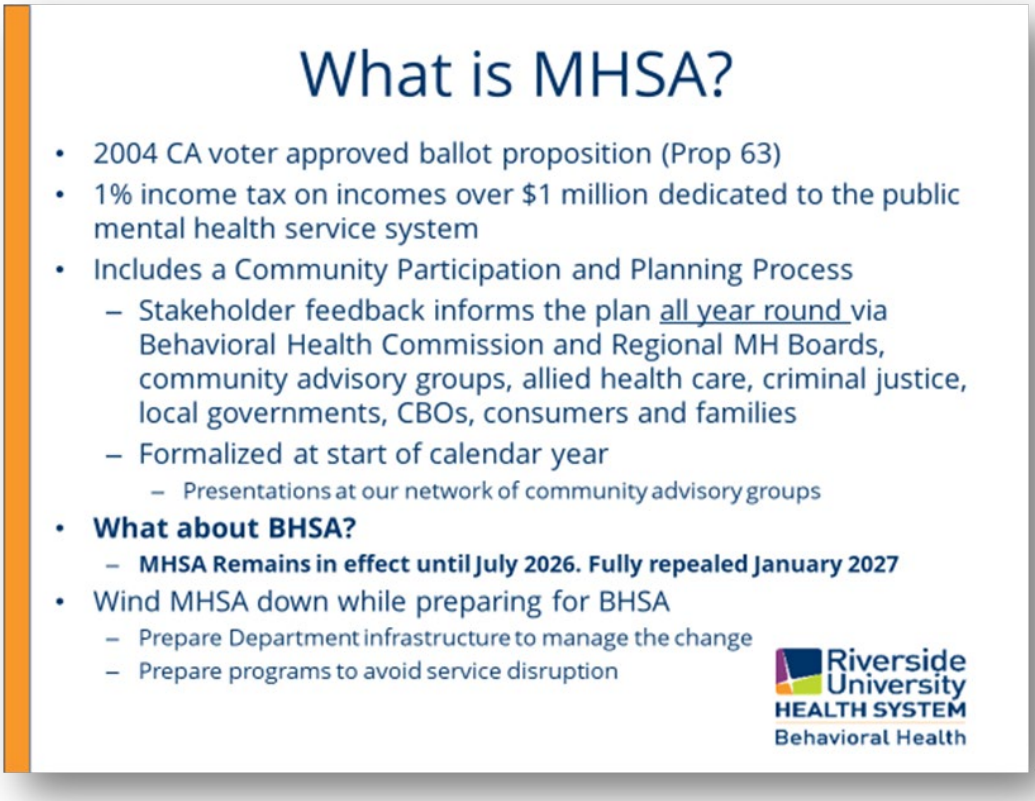
The 3YPE serves like a consumer's care plan in a clinic program. It describes goals, objectives, and interventions based on the stakeholder feedback and the possibilities and limits defined in State regulations.

Every three years, Riverside County is required to develop a new Program and Expenditure Plan for MHSA. The 3YPE outlines and updates the programs and services to be funded by MHSA and creates a new three-year budget plan. It also allows the County to re-evaluate programs and analyze performance outcomes to ensure the services being funded by MHSA are effective. A single fiscal year begins on July 1st and ends the following calendar year on June 30th. The current 3-year plan is dated FY 23/24 – FY 25/26 and was approved last year. This will be the final MHSA 3-year plan before the new Behavioral Health Services Act (BHSA) Plan is due in July 2026.

What is an Annual Update?

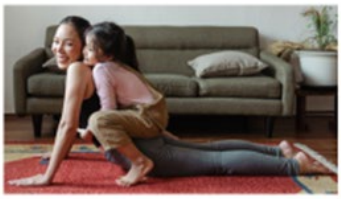
MHSA regulations require counties to provide community stakeholders with an update to the MHSA 3YPE on an annual basis and provide education on MHSA regulation, the act, and the components. Therefore, Riverside County engages community stakeholders by providing them with an update on the programs being funded in the 3YPE and foundational knowledge on MHSA's mission, purpose, and compliance. The community process allows stakeholders to provide feedback from their unique perspectives about the programs and services being funded through MHSA. This year's plan is an Annual Update.

Annual MHSA Education PowerPoint



What is the MHSA Plan?

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



Riverside University HEALTH SYSTEM Behavioral Health

MHSA Frame

- 5 Components:

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

Riverside University HEALTH SYSTEM Behavioral Health

CSS

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

PEI

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

Riverside University HEALTH SYSTEM Behavioral Health

Riverside Co CSS and PEI Highlights

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

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INN

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

WET

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

CF/TN

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

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Riverside Co INN, WET & CFTN Highlights

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

Riverside University HEALTH SYSTEM Behavioral Health

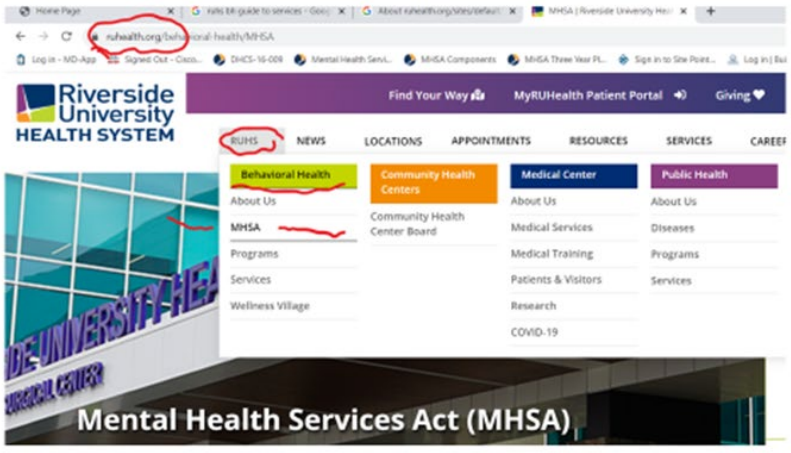
What's Next for Community Stakeholders?

Public Posting & Hearings

- **April 2024 : 30 day website posting**
  - Give written feedback on draft plan
- **May 2024: Public Hearings**
  - Provide your opinion to the BHC
  - In-person: MIMHM
    - May 01 Desert
    - May 08 Mid-Co
    - May 15 Western
  - Virtual 24/7 videos on-line

Riverside University HEALTH SYSTEM
Behavioral Health

ruhealth.org



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Behavioral Health

Does my feedback do anything?

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



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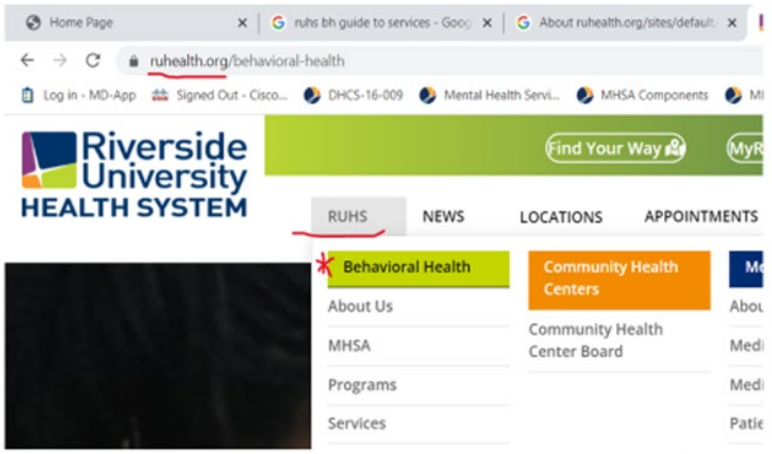
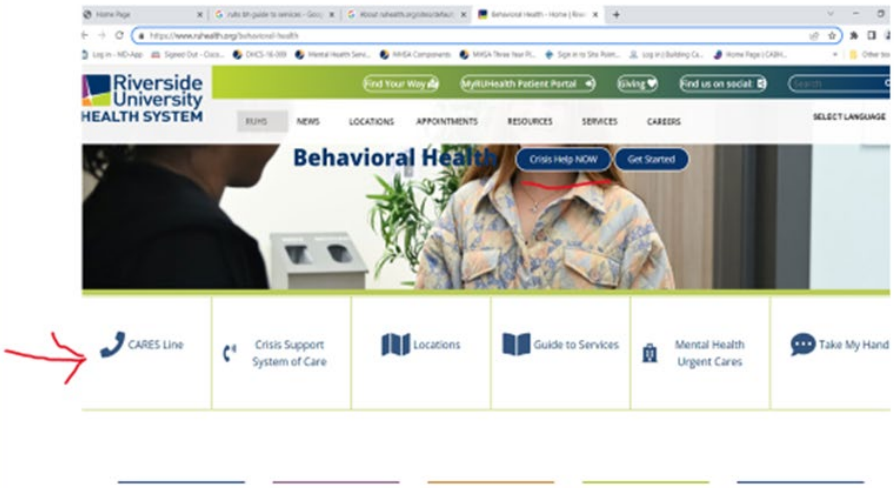
ruhealth.org



Riverside University HEALTH SYSTEM Behavioral Health

ruhealth.org/behavioral-health



Riverside University HEALTH SYSTEM
Behavioral Health

Contact Info

Sign Up for Email Notifications

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

Riverside University HEALTH SYSTEM
Behavioral Health

What is BHSA?

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

Riverside University HEALTH SYSTEM Behavioral Health

The BHT Process

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

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

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

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Guiding Principles Change

MHSA

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

BHSA

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

Riverside University HEALTH SYSTEM Behavioral Health

Planning and Reporting Changes

MHSA

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

BHSA

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

Riverside University HEALTH SYSTEM Behavioral Health

Component Changes

MHSA

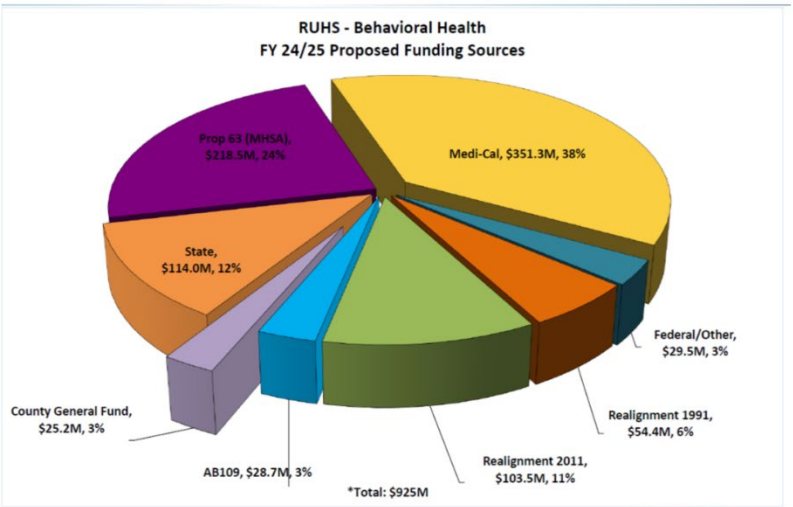
- State Allocation: 5% OTT
  - Admin costs
- CSS: 76%
  - FSP
  - GSD, Crisis, Criminal Justice,
  - Outreach and Peer Programs
  - Housing
- PEI: 19% (51% on youth < 25)
  - Prevention
  - Early Intervention
- INN: 5%
  - Encumbered funds good through life of current ED-IOP plan 2029
- WET (funds from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

BHSA

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

Riverside University HEALTH SYSTEM Behavioral Health

RUHS-BH Funding Sources



Riverside University HEALTH SYSTEM Behavioral Health

Where is Riverside's BHT at?

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



Riverside University HEALTH SYSTEM Behavioral Health

BHSA Timeline

By June 30, 2026

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

July 01, 2026

- FY 26-29 Integrated Plan becomes effective

June 30, 2027

- FY 27/28 Annual Update is due

January 20, 2029

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

Riverside University HEALTH SYSTEM Behavioral Health

Introduction

MHSA Plan Highlights Fiscal Year 25/26

Community Services and Supports (CSS)

General System Development

- Riverside County Mobile Crisis Response for Behavioral Health is now available 24/7. The Mobile Crisis Teams include clinical therapists, case managers, addiction counselors, and peer support specialists. This team is dispatched where the behavioral health crisis is occurring with the goal to deescalate the situation, link to ongoing care, and avoid unnecessary emergency department care, psychiatric hospitalizations, and law enforcement involvement. The Mobile Crisis Teams are countywide, and have successfully diverted 70% of contacts from law enforcement and inpatient admissions, demonstrating their effectiveness in handling crises without traditional enforcement methods. The Mobile Crisis Teams can be accessed by calling 951-686-HELP

- Community Assistance, Recovery, and Empowerment (CARE) Act more commonly known as CARE Court launched in October 2023. This new collaborative court team provides engagement, assessment, care planning, linkage, and wraparound case management services to consumers with schizophrenia spectrum disorders who are court ordered to engage in supportive treatment. The program celebrated its first graduate in 12/2024; one of the first graduations in the State! As of 01/2025, over 400 people were referred and 116 became clients.

Peer Support Service

- Peer Administration successfully supported RUHS-BH Peer Support employees to pass the Medi-Cal Peer Support Certification Program. 99% of incumbent peer employees have successfully completed the certification process.

- Parent Support and Training successfully implemented a new training support for fathers called, “Nurturing Fathers.” The program includes individual and group sessions

Prevention and Early Intervention (PEI)

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

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

- The Community Mental Health Promoter programs focus on target populations including Latino/a/x, Native American, Asian/PI, and Middle Eastern/North African. Providers engaged with 13,973 community members delivering 3,666 1-hour presentations with information about: anxiety, depression, mental health, schizophrenia, self-care, substance abuse, suicide prevention, trauma, and bipolar disorder.

- PEI Administration continued to offer trainings, virtually and in-person, available to the general community focused on mental health awareness, self-care and wellness, trauma and resiliency, and suicide prevention. Additionally, in-person suicide prevention trainings were offered throughout the fiscal year. Trainings are free and available every month. In total for FY 23/24 1,506 participants attended the 91 trainings that were offered.

- PEI, in partnership with the Suicide Prevention Coalition, has launched short-term grief counseling for survivors of suicide loss at no cost to residents of Riverside County. This pilot project will offer 6-8 free sessions to suicide loss survivors through community-based clinicians who are trained in a specific approach to support suicide bereavement. PEI partnered with IEHP and Molina to train several of their providers to offer this as a benefit to their members. Suicide Loss survivors can request this service by visiting the TIP website at: https://tiprivco.org/bereavement-counseling/.

Work plan 2: Parent Education and Support—includes services that assist parents and families in building protective factors and reducing their risk of developing mental health problems.

- The Triple P program offers a multi-level system of parenting and family support strategies for families with children aged 2-12 and for families with teens aged 12-16. Triple P is designed to prevent children's social, emotional, behavioral, and developmental problems by enhancing their parents' knowledge, skills, and confidence. Teen Triple P aims to promote positive, caring relationships between parents and their teens and to help parents develop effective management strategies for dealing with a variety of teen behavior problems and common developmental issues. During FY23/24, the provider for this program increased their services, aiming for twice the numbers served to better meet community need. They nearly met that goal for this fiscal year, serving 686 families countywide.

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

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

- The Directing Change Statewide Program and Film Contest for FY23/24 included 203 Film Submissions from 26 schools & CBOs by 580 youth. The partnerships with RCOE and RUHS-PH continued to make the event a success. In addition, a local rotary was able to sponsor the event, contributing to cash prizes for this year's winners. Riverside County's Eleanor Roosevelt High School won 1st place in the Suicide Prevention Category titled "Speaking Up" for both our local recognition ceremony and the statewide contest. The Riverside County recognition ceremony also featured an Art Gallery Walk, recognizing the youth who submitted and won the state's monthly Hope & Justice contests throughout the academic year.

- Stress and Your Mood is an evidence-based early intervention program used to treat transition-age youth who are experiencing depression. In FY23/24, the program served 244 TAY with 68% completion. Outcomes include a statistically significant reduction in depression, and all participants showed improvement overall.

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

- The programs within this work plan include Cognitive Behavioral Therapy for Late-Life Depression (CBTLLD), Program to Encourage Active Rewarding Lives for Seniors (PEARLS), and partnership with the Riverside County Office on Aging to deliver Caregiver Support Groups, Healthy IDEAS, and mental health liaisons to assist Office on Aging staff via consultation, outreach, and early intervention service delivery. These programs served 403 participants with overall reductions in depression and anxiety along with improved quality of life.

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

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

Work plan 7: Underserved Cultural Programs—This work plan includes programming for each of Riverside County's underserved ethnic populations. The programs include evidence-based and evidence-informed practices that are effective with the populations identified for implementation.

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

- Mothers & Babies/Mamás y Bebés: The Mothers & Babies program worked to increase engagement and service delivery to African American women throughout Riverside County. For FY23/24, the program served 255 women with 91% completion, 83% served were Latina, and 3.5% were African American; overall outcomes showed a statistically significant reduction in depressive symptoms. All three contract providers actively increase strategic outreach and partner with other African American serving organizations/workgroups, including the Perinatal Equity Initiative and The Amani Project. One of the providers, Riverside Community Health Foundation, is aiming to further this work by holding a focus group with previous African American participants to learn from them how to make the curriculum more culturally relevant and will be piloting a group for African American moms lead by African American facilitators, that will incorporate the feedback from the focus group.

Innovation (INN)

- Our 5-year Innovation Plan, **Help@Hand** (Help at Hand), ended in February 2024. The Help at Hand Innovation Plan explored the best ways to bring technology-based mental health tools into the public mental health service system. Riverside County planned and implemented nine (9) projects aligned with the initial goals and objectives. Eight of the nine projects have been transitioned into our standard system of care to continue serving the Riverside County community, with the ninth continuing

to inform our work with the Deaf and Hard-of-Hearing Community (DHoH). Information on the Help at Hand project can be accessed at **https://HelpatHand.info**. Highlights from the H@H project include:

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

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

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

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

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

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

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

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

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

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

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

1. Initially, the tool was digitized to facilitate a survey assessment
    a. The tool was distributed by three different departments: Medical Center/Community Clinics, Behavioral Health, and RivCoONE
    b. The 28-question assessment provides a "snapshot" of an individual's health

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

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

1. Kiosks were deployed in clinics and community organizations across the different geographic regions
2. A kiosk locator is present on the H@H website to help consumers find where to learn more about available resources via the closest kiosk
3. They remain active as points of service navigation and education for people seeking care.

The **Recovery Record App assists with eating disorder management and was** piloted as part of the Help at Hand Innovation project.

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

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

- As Help@Hand ended, a new plan began. Over the past year, we have actively shaped a new Riverside County Innovation plan, an Eating Disorder Intensive Outpatient and Training Program, entitled **The Mindful Body and Recovery Program**. This Five-Year, $29 Million plan was approved by the State in February 2024. Designed to address the challenges of treating eating disorders, this project is creating an Eating Disorder Hub where we can examine how to best treat, train, and educate our Riverside County Community through an integrated care approach.
    - The Intensive Outpatient Program (IOP) will serve adolescents ages 12 to 18 years old who require this higher level of care. This project aims to address

the critical need for improved treatment and care for individuals with eating disorders, which have the second-highest mortality rate among mental health conditions. By focusing on enhancing treatment practices, increasing access for underserved populations, and raising community awareness, we aim to improve both the quality and availability of care. This approach includes training practitioners and providing a level of care previously non-existent in public behavioral health.

Workforce Education and Training (WET)

- The department is invested in having well trained paraprofessionals and professionals thus offering trainings department wide and to our contracted providers. Also supporting community members and retirees to be trained. In the last year 158 trainings were offered, which was an increase from the 98 trainings that were offered the previous year. Collectively 402 continuing education (CE) units were provided. 2,646 attendees were trained. Trainings offered were, Cognitive Behavioral Therapy for PTSD, Dialectical Behavioral therapy, Lehman center lead Square Model Training which was revised to be consistent with Cal AIM. Trainings on Suicide Harm and Trauma as well as Seeking Safety in which there were 79 staff trained this year. In addition, Lehman offered competency trainings for Clinical Supervisor. Culturally specific trainings were offered such as Disability Training for the Generalist Clinician and Gender Affirming Care. Staff safety is important thus 16 NCI trainings were offered and 332 staff were trained which was an increase from 267 the previous year. Lastly, Lehman center has provided trainings to the TOPPS program in connection with Hemet Unified School District.

- Recruitment outreach efforts increased reaching approximately 2,205 students and community members, inclusive of two outreach events called, Get Psyched, that were in collaboration with Vista Del Lago High School and Moreno Valley College reaching 200 Highschool students and secondly, the first Get Psyched event in Palm Desert reaching approximately 230 high school students. Both events centered on the education and career pathways into public behavioral health service system. Also, as it relates to students, provided support doing Mock interviews with the school's health academy programs. WET/Lehman programs have participated in May is Mental Health Month Fair at Fairmount Park and Indio, public forum for the Mental Health Service Act (MHSA) plan, the Norco College Health, Wellness, and Safety Fair, supported other programs by participating in the Directing Change event and Lehman participated in a community focused Halloween Drive Thru Event.

- Retention is important. To support pre-licensed clinical workforce, CLAS has been expanding its services and increased applicants from 29 last year to 31 this year. 24 Clinical Licensure Advancement and Support (CLAS) participants became licensed and promoted to Clinical Therapist II (CTII) positions which was an increase from 16 last

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

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

Capital Facilities and Technology (CFTN)

- Mead Valley Wellness Village broke ground in 2024. Full service Behavioral Health Campus that serves as a safe, monitored, and therapeutic community and living space while simultaneously delivering high quality, person-first, treatment for Behavioral Health. The Village will be architecturally designed and landscaped and offer a full continuum of behavioral health care in one location. Consumers and their families move through the campus' continuum of care from intensive oversight and treatment activities, to decreased therapeutic contact enabling consumers to prepare for a self-sustained recovery grounded in their own community. The Village is schedule to open in December 2026.

- Renovation has completed on an augmented adult residential facility on Franklin Avenue in the City of Riverside. This adult residential facility provides 84 beds with integrated, onsite full-service partnership (FSP) services. This facility provides a level of service comparable to the department's existing adult residential and care facility location in Palm Springs (Roy's Desert Springs & Windy Springs Wellness Center combination).

Regional Grid

Regional Key Program Grid MHSA Annual Update FY 25-26

Community Services & Supports (CSS): Full Service Partnership (FSP)

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

CSS: General Service Development (GSD)

General			
BH Care at Community Health Center	X	X	X
Parent Child Interaction Therapy/Preschool 0-5	X	X	X
DBT, Eating Disorder, NCI, MI, TF-CBT, other EBP	X	X	X
TAY Centers	X	X	X
Crisis System of Care:			
24/7 Mobile Crisis Teams	X	X	X
Mental Health Urgent Care (MHUC)	X	X	X
Crisis Residential Treatment (CRT)	X	X	X
Clinician/Police Partner Teams (CBAT)	X	X	X
Mental Health Court & Justice Related:			
Mental Health Court/Veterans Court	X	X	X
Homeless Court	X		X
Law Enforcement Education Collaboration (CIT)	X	X	X
Youth Treatment Education Center	X		
Juvenile Justice EBP	X	X	X
Adult Detention BH Discharge Preparedness	X	X	X
Laura's Law Assisted Outpatient Treatment	X	x	x
CARE Court (Includes mobile access countywide)	X		

CSS: Outreach and Engagement

Lived Experience Programs:			
Consumer Affairs: Peer Support			
Peer Support and Resource Centers	X	X	X
Peer Support Specialist Certification Classes	X	X	X
WRAP/Facing Up/WELL	X	X	X
Parent Support & Training: Parent Partners			
Educate, Equip & Support	X	X	X
Triple P/Triple P Teen	X	X	X
Nurturing Parenting	X	X	X
Parent Partner Training	X	X	X
Family Advocates:			
Family WRAP (English & Spanish)	X	X	X
Family to Family Classes (English & Spanish)	X	X	X
DBT for Family (English & Spanish)	X	X	X

Regional Grid

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

Prevention and Early Intervention (PEI)

	Western Region	Mid-County Region	Desert Region
Mental Health Outreach, Awareness & Stigma Reduction:			
Stand Against Stigma (formerly Contact for Change)	X	X	X
Promotores de Salud Mental y Bienestar	X	X	X
Community Mental Health Promotion Program	X	X	X
Integrated Outreach & Screening	X	X	X
Asian/PI Mental Health Resource Center	X	X	
Helpline	X	X	X
Parent Education & Support:			
Triple P - Positive Parenting Program	X	X	X
Mobile MH Clinics & Preschool 0-5 Program	X	X	X
Strengthening Families	X	X	X
Trasistion Age Youth (TAY) Project:			
Stress and Your Mood	X	X	X
TAY Peer-to-Peer Services	X	X	X
Active Minds Chapters (Send Silence Packing)	X	X	X
Outreach to Runaway Youth/Safe Places	X	X	X
Teen Suicide Awareness & Prevention Program	X	X	X
First Onset for Older Adults:			
Cognitive Behavioral Therapy for Late-Life Depression	X	X	X
Program to Encourage Active Rewarding Lives (PEARLS)	X	X	X
Care Pathways - Caregiver Support Groups	X	X	X
Mental Health Liaisons to Office on Aging	X		X
Carelink/Healthy IDEAS	X	X	X
Trauma-Exposed Services:			
Cognitive Behavioral Intervention for Trauma in Schools	X	X	X
Seeking Safety TAY	X	X	X
Seeking Safety Adult	X	X	X
Underserved Cultural Populations:			
Mamas y Bebes (Mothers & Babies)	X	X	X
Native American Project	X	X	X
Asian American Project/KITE	X	X	

Innovation (INN)

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

MHSA Community Planning and Local Review

Understanding the Stakeholder Process

Who Is a Stakeholder?

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

Local Stakeholder Process

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

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


STAKEHOLDER PARTNERSHIP AND PARTICIPATION STRUCTURE
BHC and Community Advisory
Collaboratives
Forum
Posting & Public Hearing
https://www.ruhealth.org/behavioral-health/MHSA
Riverside University HEALTH SYSTEM Behavioral Health

Introduction

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

Riverside University HEALTH SYSTEM
Behavioral Health

BHC & Community Advisory	Collaboratives	Forums	Posting and Public Hearing
Behavioral Health Commission Commission Meetings • Central • Regional (Desert, Mid-County, Western)	**Prevention and Early Intervention** • Steering Committee* • Quarterly Collaborative Meetings (Sign up at PEI@ruhealth.org)	**Focus Groups** Focus Groups are coordinated meetings designed to get specific feedback on community needs. They are sometimes used to initiate planning, sustain planning, or to concentrate feedback from a particular population or group.	**Plan Draft Distribution** • RUHS-BH Clinics/Programs • Residential Housing • Peer Centers • Public Libraries • Requested by community organizations
Behavioral Health Commission Standing Committees • Adult System of Care • Children's Committee • Criminal Justice • Housing • Legislative • Older Adult System of Care • Veteran's Committee	**Workforce Education and Training** • Steering Committee* • Workforce survey, training evaluations, and feedback forms • Academic and community pipeline committees	**MHSA Forums** MHSA forums are an opportunity to learn and ask questions about MHSA-funded programs.	**Public Hearing** Public Hearing provides the community an opportunity to give feedback on a proposed MHSA plan • Typically scheduled in May for annual update • Virtual and/or in-person • Sometimes scheduled at other times of the year based on plan amendments
Cultural Competency • Reducing Disparities • African American • Asian American • LGBTQIA+ • Middle Eastern North African • Deaf and Hard of Hearing • People with Disabilities • Spirituality and Interfaith • Native American` • Hispanic-Latinx			https://bit.ly/3WePulf **MHSA Tab** • Most recent annual update and latest 3-Year plan • Includes electronic feedback forms • MHSA@ruhealth.org • (951)955-7156

*Closed meeting

(Rev 01/2025)

Riverside University HEALTH SYSTEM Behavioral Health

2025 MEETING SCHEDULE

BEHAVIORAL HEALTH COMMISSION & REGIONAL ADVISORY BOARD

(Hybrid Option Available, Meetings and locations subject to change. For further information, please contact the assigned Committee Executive Assistant. Thank you)

BEHAVIORAL HEALTH COMMISSION

1st Wednesday of the month at 12:00 noon at the following location: Riverside University Health System – Behavioral Health, 2085 Rustin Avenue, Riverside, CA 92507- Entrance 1, Conference Room 1051

January 9, 2025	February 5, 2025	March 5, 2025	April 2, 2025
May 7, 2025	June 4, 2025	July 2, 2025	August – DARK
September 3, 2025	October 1, 2025	November 5, 2025	December - DARK

For further information, please contact Sylvia Bishop at (951) 955-7141.

DESERT REGIONAL BOARD

2nd Tuesday of the month at 12:00 noon at the following location: Indio Mental Health Clinic, 47-825 Oasis Street, Indio, CA 92201

January 14, 2025	February 11, 2025	March 11, 2025	April 8, 2025
May 13, 2025	June 10, 2025	July 8, 2025	August – DARK
September 9, 2025	October 14, 2025	November 11, 2025	December - DARK

For further information, please contact Mary Carpio at (760) 863-8586.

MID-COUNTY REGIONAL BOARD

1st Thursday of the month at 3:00 p.m. at varying locations within the Mid-County Region

January 2, 2025	February 6, 2025	March 6, 2025	April 3, 2025
May 1, 2025	June 5, 2025	July 10, 2025	August – DARK
September 4, 2025	October 2, 2025	November 6, 2025	December – DARK

For further information and to confirm location, please contact Hilda Gallegos at (951) 943-8015 or Elizabeth Lagunas at (951) 940-6215.

WESTERN REGIONAL BOARD

1st Wednesday of the month at 3:00 p.m. at 2085 Rustin Avenue, Riverside, CA 92507- Entrance 1

January 9. 2025	February 5, 2025	March 5, 2025	April 2, 2025
May 7, 2025	June 4, 2025	July 2, 2025	August – DARK
September 3, 2025	October 1, 2025	November 5, 2025	December - DARK

For further information, please contact Jocelyn Aleman at (951) 358-8335.

2025 Meeting Schedule

Introduction

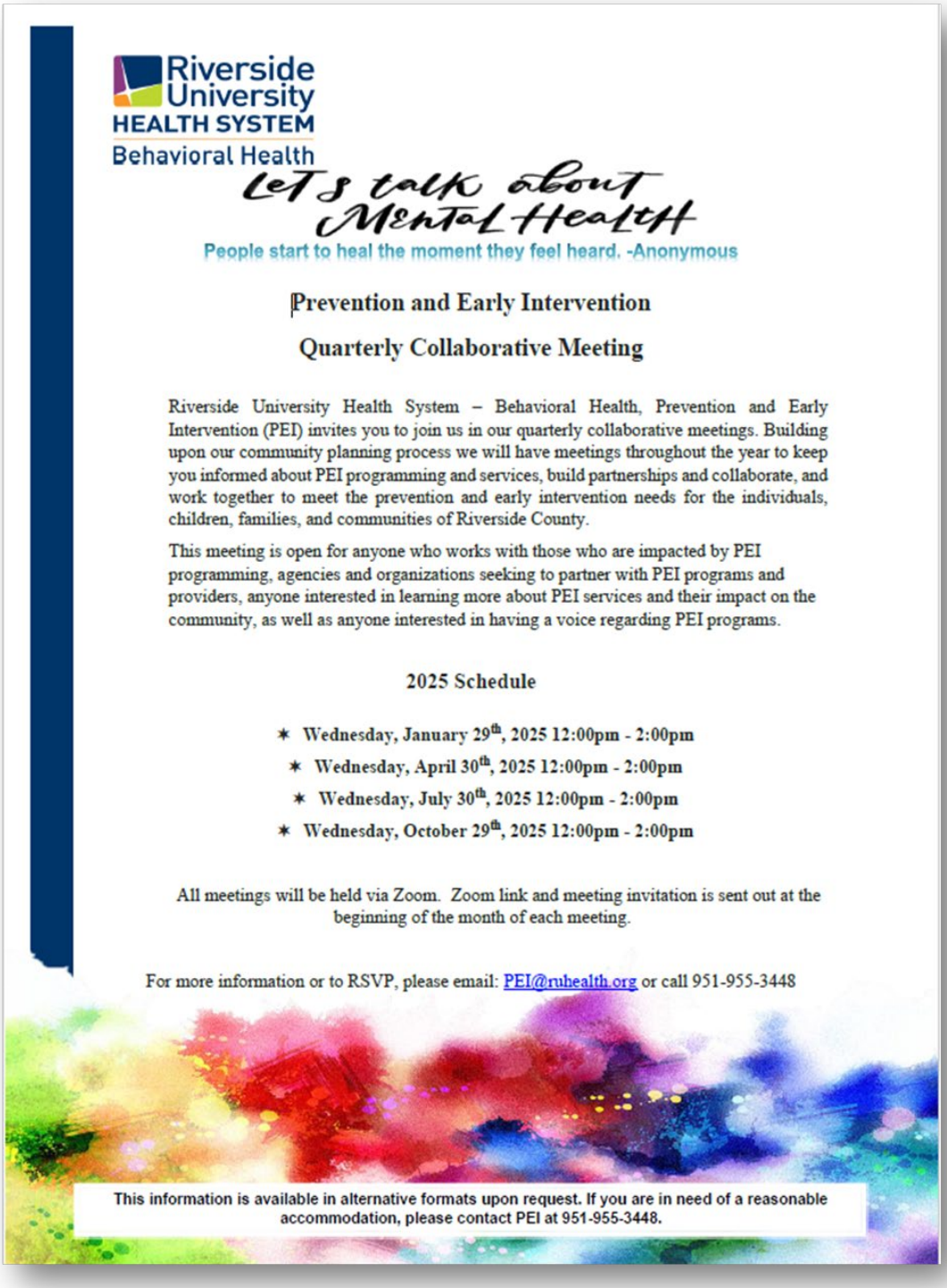
Riverside University HEALTH SYSTEM
Behavioral Health

BEHAVIORAL HEALTH COMMISSION - STANDING COMMITTEES 2025 MEETING SCHEDULE

(Hybrid Option Available, Meetings and locations are subject to change. For further information, please contact the assigned Executive Assistant. Thank you)

ADULT SYSTEM OF CARE COMMITTEE	CHILDREN'S COMMITTEE	CRIMINAL JUSTICE COMMITTEE	HOUSING COMMITTEE	LEGISLATIVE COMMITTEE	OLDER ADULT INTEGRATED SYSTEM OF CARE COMMITTEE	VETERAN'S COMMITTEE
Last Thursday @ 12pm ***(Meeting location rotated between Riverside & Perris)***	*4th Tuesday @ 12:00pm 2085 Rustin Avenue Riverside, CA 92507*	*2nd Wednesday @ 12pm 3625 14th Street Riverside, CA 92501*	*2nd Tuesday @ 11 am 2085 Rustin Avenue Riverside, CA 92507*	*1st Wednesday @ 10:30 am 2085 Rustin Avenue Riverside, CA 92507*	*2nd Tuesday @ 12pm 2085 Rustin Avenue Riverside, CA 92507* ***(Location differs in Feb. & Nov.)***	*1st Wednesday @ 10:00 am 2085 Rustin Avenue Riverside, CA 92507*
January 30, 2025	January 28, 2025	January 15, 2025	January 14, 2025	N/A	January 14, 2025	January 9, 2025
February 27, 2025	February 25, 2025	N/A	February 11, 2025	February 5, 2025	February 11, 2025	N/A
March 27, 2025	March 25, 2025	March 19, 2025	March 11, 2025	N/A	March 11, 2025	March 5, 2025
April 24, 2025	April 22, 2025	N/A	April 8, 2025	April 2, 2025	April 8, 2025	N/A
May 29, 2025	May 27, 2025	May 21, 2025	May 13, 2025	N/A	May 13, 2025	May 7, 2025
June 26, 2025	June 24, 2025	N/A	June 10, 2025	June 4, 2025	June 10, 2025	N/A
July 31, 2025	July 22, 2025	July 16, 2025	July 8, 2025	N/A	July 8, 2025	July 2, 2025
August – DARK	August – DARK	N/A	August – DARK	August – DARK	August – DARK	N/A
September 25, 2025	September 23, 2025	September 17, 2025	September 9, 2025	N/A	September 9, 2025	September 3, 2025
October 30, 2025	October 28, 2025	N/A	October 14, 2025	October 1, 2025	October 14, 2025	N/A
November 20, 2025	N/A	November 19, 2025	November 11, 2025	N/A	**TBA**	November 5, 2025
December – DARK	December 9, 2025	N/A	December - DARK	December – DARK	December – DARK	N/A
Committee Executive Assistant Elizabeth Lagunas (951) 940-6215	**Committee Executive Assistant Saida Spencer (951) 358-7348**	**Committee Executive Assistant Dinah Navarro (951) 955-1530**	**Committee Executive Assistant Rachel Zapata (951) 210-1459**	**Committee Executive Assistant Sandy Awad (951) 955-7156**	**Committee Executive Assistant Cynthia Peterson (951) 358-5891**	**Committee Executive Assistant Miriam Resendiz (951) 955-7138**

2025 Meeting Schedule



Riverside University HEALTH SYSTEM Behavioral Health

Let's talk about Mental Health

People start to heal the moment they feel heard. -Anonymous

Prevention and Early Intervention

Quarterly Collaborative Meeting

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

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

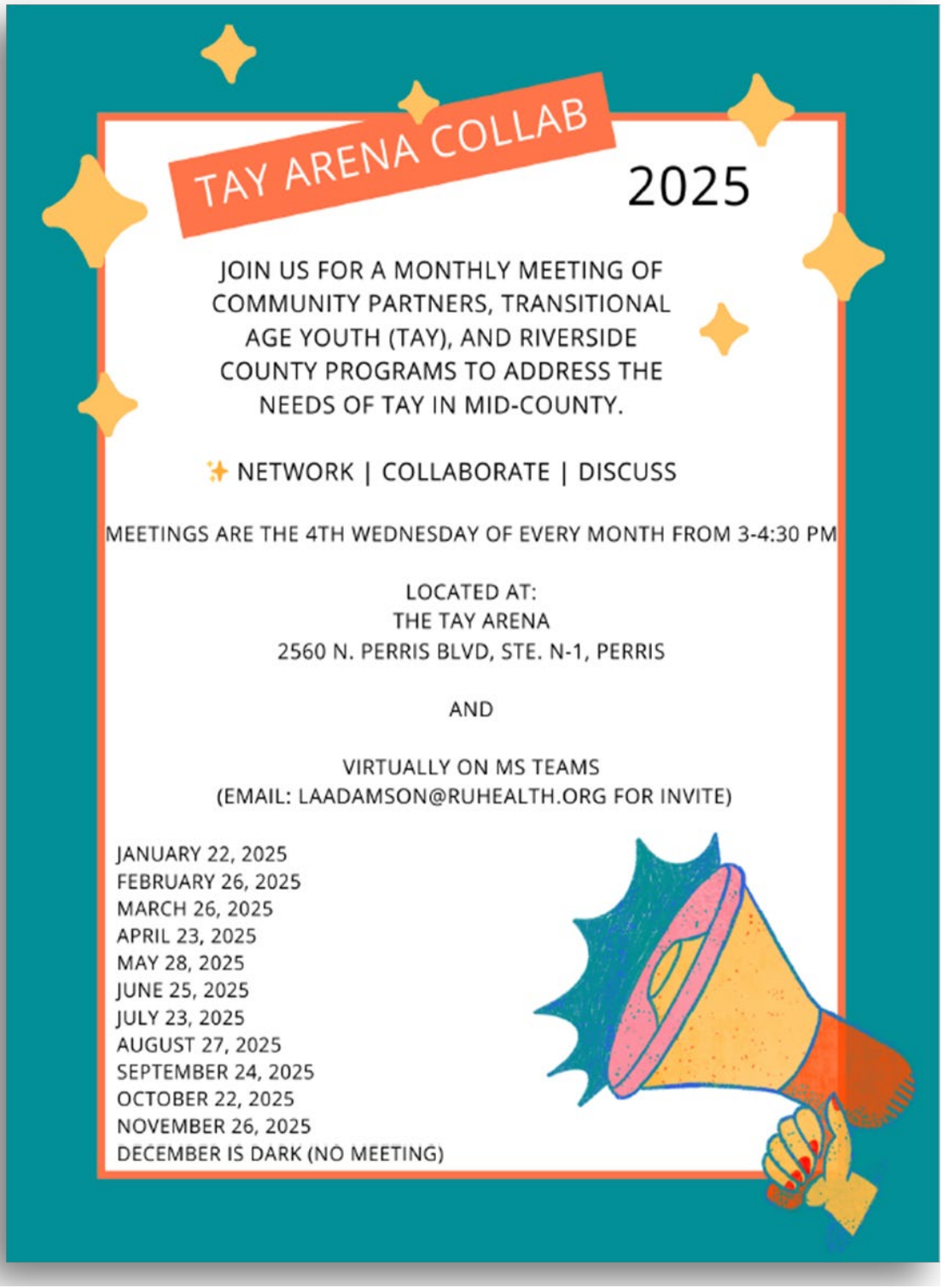
2025 Schedule

- **Wednesday, January 29th, 2025 12:00pm - 2:00pm**
- **Wednesday, April 30th, 2025 12:00pm - 2:00pm**
- **Wednesday, July 30th, 2025 12:00pm - 2:00pm**
- **Wednesday, October 29th, 2025 12:00pm - 2:00pm**

All meetings will be held via Zoom. Zoom link and meeting invitation is sent out at the beginning of the month of each meeting.

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

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


TAY ARENA COLLAB
2025
JOIN US FOR A MONTHLY MEETING OF COMMUNITY PARTNERS, TRANSITIONAL AGE YOUTH (TAY), AND RIVERSIDE COUNTY PROGRAMS TO ADDRESS THE NEEDS OF TAY IN MID-COUNTY.
✨ NETWORK | COLLABORATE | DISCUSS
MEETINGS ARE THE 4TH WEDNESDAY OF EVERY MONTH FROM 3-4:30 PM
LOCATED AT:
THE TAY ARENA
2560 N. PERRIS BLVD, STE. N-1, PERRIS
AND
VIRTUALLY ON MS TEAMS
(EMAIL: LAADAMSON@RUHEALTH.ORG FOR INVITE)
JANUARY 22, 2025
FEBRUARY 26, 2025
MARCH 26, 2025
APRIL 23, 2025
MAY 28, 2025
JUNE 25, 2025
JULY 23, 2025
AUGUST 27, 2025
SEPTEMBER 24, 2025
OCTOBER 22, 2025
NOVEMBER 26, 2025
DECEMBER IS DARK (NO MEETING)

RUHS Desert COLLABORATIVE - 2025

DATE: Wednesday, January 8, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

Guest Presenter: Honor Moore – 417 Recovery

DATE: Tuesday, February 4, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

Guest Presenter: Erika Edney & James Gaylor – First Episode Psychosis

DATE: Wednesday, March 5, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

Guest Presenter: Julie Hirsh – Jewish Family Services

DATE: Wednesday, April 2, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

Guest Presenter: Michelle Salado – Alzheimer's Association

DATE: Wednesday, May 7, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

Guest Presenter: Bryan Kneiding- California Family Life Center

DATE: Wednesday, June 4, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

Guest Presenter: Melissa Vasquez – Take My Hand

DATE: Wednesday, July 2, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

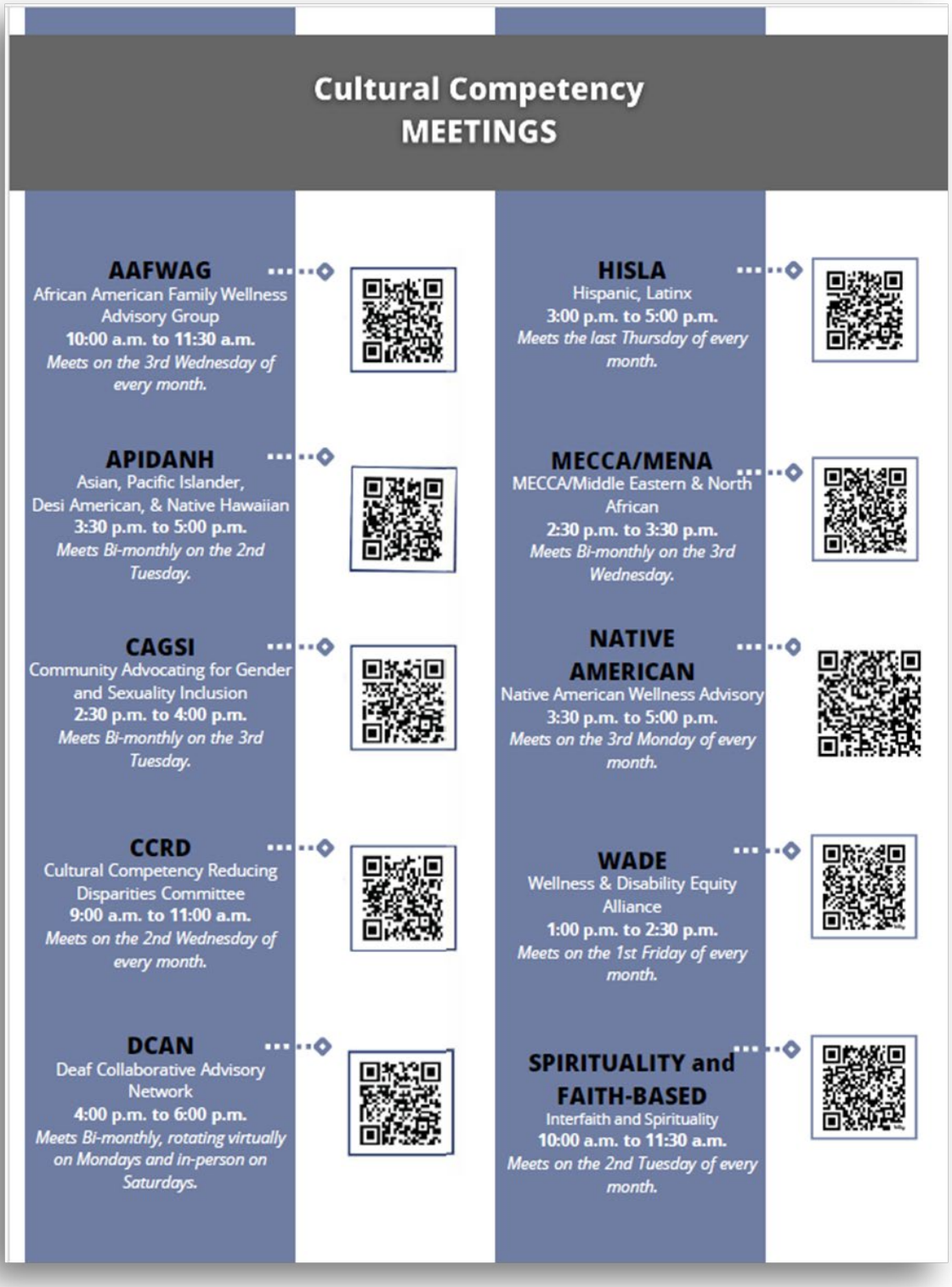
Guest Presenter: Renae Punzalan – LGBTQ+ Youth Drop-In center

DATE: Wednesday, August 6, 2025 / 2:00 – 3:30 PM
Building: IN0735
Room: Rooms 402/402A

Task Description: RUHS Desert Collaborative 2:00pm – 3:30pm
Contact: Ashley Jean w/ RUHS Behavioral Health phone # 760-863-7067

Guest Presenter:

*ALL dates confirmed w/Amber Norman



Cultural Competency MEETINGS

AAFWAG
African American Family Wellness Advisory Group
10:00 a.m. to 11:30 a.m.
Meets on the 3rd Wednesday of every month.

APIDANH
Asian, Pacific Islander, Desi American, & Native Hawaiian
3:30 p.m. to 5:00 p.m.
Meets Bi-monthly on the 2nd Tuesday.

CAGSI
Community Advocating for Gender and Sexuality Inclusion
2:30 p.m. to 4:00 p.m.
Meets Bi-monthly on the 3rd Tuesday.

CCRD
Cultural Competency Reducing Disparities Committee
9:00 a.m. to 11:00 a.m.
Meets on the 2nd Wednesday of every month.

DCAN
Deaf Collaborative Advisory Network
4:00 p.m. to 6:00 p.m.
Meets Bi-monthly, rotating virtually on Mondays and in-person on Saturdays.

HISLA
Hispanic, Latinx
3:00 p.m. to 5:00 p.m.
Meets the last Thursday of every month.

MECCA/MENA
MECCA/Middle Eastern & North African
2:30 p.m. to 3:30 p.m.
Meets Bi-monthly on the 3rd Wednesday.

NATIVE AMERICAN
Native American Wellness Advisory
3:30 p.m. to 5:00 p.m.
Meets on the 3rd Monday of every month.

WADE
Wellness & Disability Equity Alliance
1:00 p.m. to 2:30 p.m.
Meets on the 1st Friday of every month.

SPIRITUALITY and FAITH-BASED
Interfaith and Spirituality
10:00 a.m. to 11:30 a.m.
Meets on the 2nd Tuesday of every month.

Let's break the stigma.

CCRD

CULTURAL COMPETENCY REDUCING DISPARITIES COMMITTEE

CCRD is a coalition of community leaders representing the diverse cultural groups in Riverside. They are united in a shared strategy to effectively address the behavioral health care needs of traditionally underserved communities. The CCRD stands by the following values:

- Inclusion
- Respect
- Community Collaboration
- Access
- Safety

Date: Meets on the 2nd Wednesday of every month.
Time: 9 - 11am
Location: Virtual
Register: https://bit.ly/RUHS-CCRD

Let's shine a light on mental health together. See you there!

Riverside University HEALTH SYSTEM Behavioral Health
Cultural Competency

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

- **Riverside County Behavioral Health Commission (BHC) and Regional Mental Health Boards**: The BHC acts as a community focal point for behavioral health issues by reviewing & evaluating the community's mental health needs, services, facilities, & special problems. Members are appointed by the Riverside County Board of Supervisors (BOS) and represent each of the Supervisorial Districts. Each region of Riverside County (Western, Mid-County, Desert) has a local Mental Health Board that serves in a similar capacity and helps to inform the greater BHC. The BHC advises the Board of Supervisors & the Behavioral Health Director regarding any aspect of local behavioral health programs. BHC meetings are held monthly and are open to the community.

    - The BHC also hosts subcommittees designed to seek community feedback and recommendations on specific service populations or higher-risk communities. These committees meet monthly and are open to the community and welcome community participation. A member of the BHC chairs the subcommittees. MHSA Administration relies on these subcommittees to advise on program areas related to the committees' special attention:
        - Adult System of Care
        - Children's System of Care (includes Children, Parents/Families, and TAY)
        - Older Adult System of Care (includes caregivers)
        - Criminal Justice (includes justice-involved consumers, and the need of law enforcement to intervene with consumers in the justice system)
        - Housing (addresses homelessness and housing development)
        - Legislative Committee (examines BH related legislation)
        - Veteran's Committee (includes the behavioral health needs of US Veterans and their families)

- RUHS Cultural Competency Program: The Cultural Competency Program provides overall direction, focus, and organization in implementing the system-wide Cultural Competency Plan aimed at enhancing service delivery and workforce development. The plan concentrates on integrating the languages, cultures, beliefs, and practices of consumers into Behavioral Health Care service delivery. Cultural Competency encompasses underserved ethnic populations, the LGBTQ community, the Deaf and Hard of Hearing, the physically disabled communities, and faith-based communities.
    - Cultural Community Liaisons: Contracted ethnic and cultural leaders that represent identified underserved populations within Riverside County. Liaisons provide linkage to those identified populations. The primary goals of the consultant are:
(1) to create a welcoming and transparent partnership with community-based organizations and community representatives to eliminate barriers to service.

(2) to educate and inform the community about behavioral health and behavioral health services to reduce disparity in access to services, recovery, and wellness.

- Cultural Populations Advisory Groups: The Cultural Community Liaisons chair or co-chair a related committee that is respective of each of the underserved communities they represent. The advisory groups counsel RUHS-BH on culturally informed engagement and service delivery. These advisory groups meet on a regular schedule and welcome community participation:

- Community Advocacy for Gender and Sexuality Inclusion and Equity (CAGSIE)
- African American Family Wellness Advisory Group (AAFWAG)
- Asian, Pacific Islander, Desi American, & Native Hawaiian (APIDANH)
- Hispanic-LatinX (HISLA)
- Middle Eastern North African (MENA)
- Deaf Collaborative Advisory Network (DCAN)
- Wellness & Disability Equity Alliance (WADE)
- Spirituality and Faith-Based
- Native American Wellness Advisory (NAWA)
- RUHS-BH has an existing Veteran's Services Liaison who was reorganized under Cultural Competency and attends the Veteran's Committee under the Behavioral Health Commission

Cultural Competency Reducing Disparities Committee (CCRD): A collaboration among community leaders representing Riverside's diverse cultural communities, united in a collective strategy to better address the behavioral health care needs of traditionally underserved populations. CCRD is chaired by a mental health professional from the Cultural Competency Program and is overseen by the RUHS-BH Cultural Competency Manager. CCRD meets monthly and is open to the public.

- RUHS-BH Lived Experience Programs: RUHS-BH is recognized for its peer programming. We have programs based on lived experience across various care populations: consumer peer, family member, and parent. Each program is led by a Peer Planning and Policy Specialist, a department manager with corresponding lived experience. As part of our developing peer management, we hired a Deputy Director of Peer Support Services, who has lived experience in all three areas, and the managerial positions now report to her. Not only are peer staff integrated into clinic programs throughout Riverside County, but they also coordinate and engage in outreach activities to help educate others about recovery, reduce stigma, and support wellness. They play an essential role in our planning process, not only from their peer perspective but also due to their daily involvement in the community with individuals affected by behavioral health challenges.

- Steering Committees, Collaboratives, and Community Consortiums: Members of Steering Committees are subject matter experts or community representatives who are dedicated to expanding their knowledge of a MHSA component to provide an informed

perspective during plan development. Collaboratives are regularly scheduled mini-conferences where stakeholders of MHSA components gather to hear about regulatory updates and share progress reports. Community Consortiums are meetings hosted by community or partner agencies that convene similar stakeholders to collaboratively address, plan for, and meet community needs. The MHSA Administration coordinates steering committees for Workforce Education and Training (WET) and Prevention and Early Intervention (PEI), and hosts a PEI Collaborative. Staff from MHSA administration also participate in the RUHS-BH TAY Collaborative and consortiums that include members from academic institutions, community-based organizations, sister county MHSA programs, school districts, public health and allied county departments, and justice-involved agencies.

MHSA Annual Plan Update Stakeholder Education and Feedback

Representatives from MHSA Administration provide annual MHSA education and plan updates to our network of community advisory groups at the beginning of the calendar year. The representative used a PowerPoint curriculum that is part of the "MHSA Toolkit" also attached to the email announcing the community participation process. The PowerPoint curriculum can also be found on the MHSA Annual Update landing page of the Department's website. A copy of the PowerPoint is included in the introduction of this document under "MHSA Quick Look." In addition, MHSA regularly attends or has a standing point on the agenda for feedback, education, and program updates at the following meetings:[2]

- Behavioral Health Commission
- Cultural Competency Reducing Disparities Asian American Task Force
- African American Family Wellness Advisory Group Community Advisory on Gender and Sexuality Issues, Hispanic-Latinx Advisory Group
- Middle Eastern North African Advisory Group Deaf and Hard of Hearing Advisory Group Wellness and Disability Equity Alliance
- Native American Advisory Group
- Spirituality and Faith-Based Advisory Group
- Children's System of Care
- Adult System of Care Older Adult System of Care
- Transitional Age Youth Collaborative Veterans' Committee

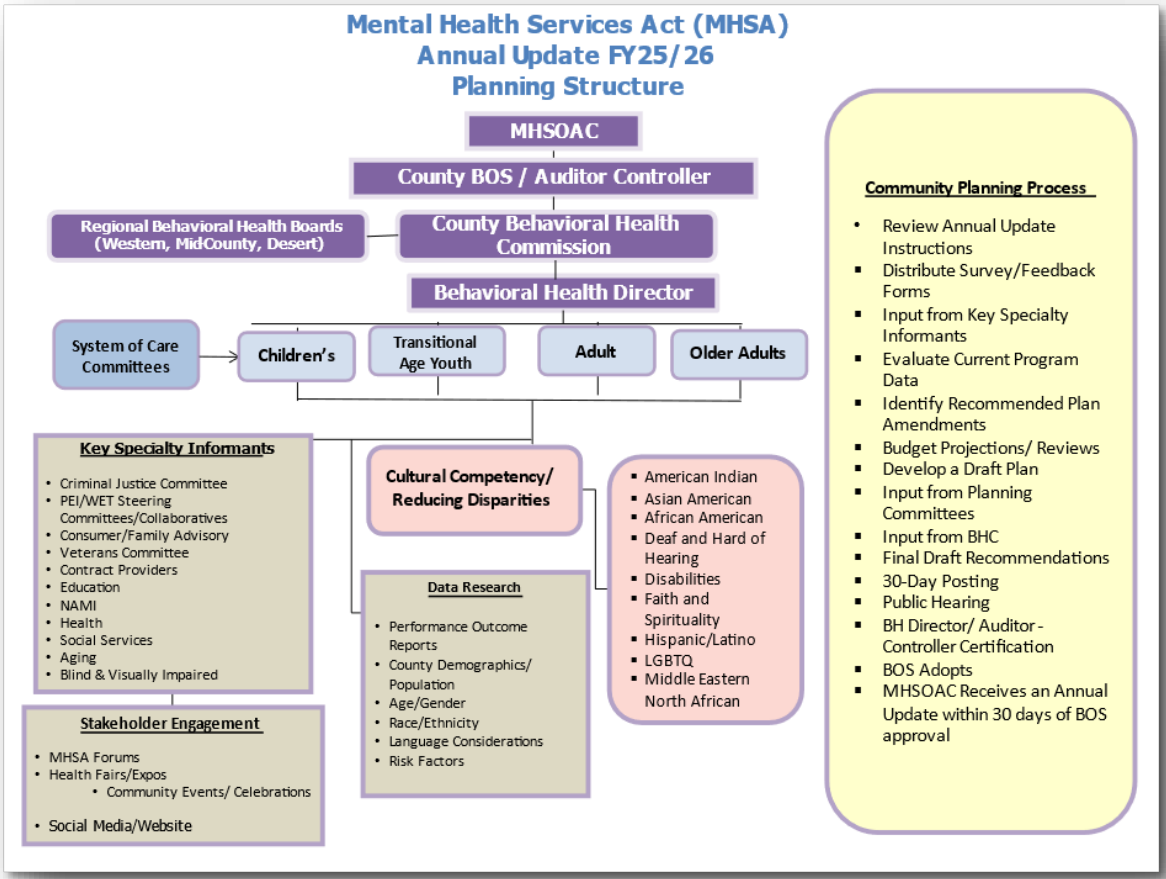
[2] Meeting dates and time are included in this Introduction under the Stakeholder Partner and Participation Directory

All meetings took place in 2025[3]

Deaf and Hard of Hearing	1/27/2025
Prevention and Early Intervention Collaborative	1/29/2025
Western Regional Mental Health Board	2/5/2025
Legislative Committee	2/5/2025
Behavioral Health Commission	2/5/2025
Desert Regional Mental Health Board	2/11/2025
Children's Coordinators	2/11/2025
Children's Providers	2/13/2025
Transitional Age Youth Desert Collaborative	3/4/2025
Veteran's Committee	3/5/2025
RUHS-BH Manager's Meeting	3/10/2025
Housing Committee	3/11/2025
Older Adult System of Care	3/11/2025
Asian American Task Force	3/11/2025
Cultural Competency Reducing Disparities	3/12/2025
Transitional Age Youth Western Collaborative	3/13/2025
Community Advocating for Gender and Sexuality Issues	3/18/2025
Middle Eastern North African Advisory Group	3/19/2025
African American Family Wellness Advisory Group	3/19/2025
Children's Committee	3/25/2025
Transitional Age Youth Mid-County Collaborative	3/26/2025
Adult System of Care	3/27/2025
Behavioral Health Collective	3/31/2025
Mid-County Regional Board	4/3/2025
Wellness & Disability Equity Alliance	4/4/2025
Spirituality And Faith-Based Advisory Group	4/8/2025
Western Regional Collaborative	4/14/2025
Native American Advisory Group	4/21/2025
Hispanic Latinx	4/24/2025
Healthcare Discussion with Veterans	4/27/2025
Family Advocate Program	4/30/2025
Criminal Justice Committee	5/14/2025

[3] All meetings can be found in the Stakeholder packet

MHSA Annual Update Planning Structure



30-Day Public Comment

The Draft MHSA Annual Update FY 25/26 was posted for a 30-day public review and comment period from April 1, 2025, to MAY 25th, 2025.

Public Hearing

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

A public hearing was planned for the MHSA Annual Update FY 25/26 in an in-person format as follows:

Virtual Format: "Public Hearing in your Pocket"

1. Announce the 30-day Public Posting Period via repeated email distribution, our Department Webpage, and our social media accounts: X, Facebook, and Instagram. Announcements were provided in English and Spanish, including a link to the whole plan and an electronic feedback form. Videos are accessible 24 hours a day, seven days a week.

2. Attached to the email is a Riverside County "MHSA Toolkit," quick reference documents requested by our stakeholders that summarize plan changes, highlights, and goals. The kit also includes a grid organizing the service components by region, an orientation to MHSA, and a Stakeholder Directory to inform the community about year-round meetings where they can participate.

3. After the 30-day review period, a video presentation ("Public Hearing in Your Pocket") of the MHSA Plan overview, like the introduction of a standard public hearing, was posted daily on the RUHS-BH website from May 01 to May 25 and included a link to the whole plan, the electronic feedback form, and a voice mail telephone number. The presentation was conducted in both English and Spanish. The English and Spanish videos included an interpretation of American Sign Language.

4. DVDs of the presentation were also available for mail or pickup. They included a copy of the MHSA Toolkit and a stamped envelope to mail completed feedback forms. The DVDs can be closed-captioned in various languages.

In-Person Public Hearing

In-person, public hearings were planned to coincide with our popular community engagement festivals during May, which is Mental Health Month. They were scheduled in each county region as follows:

- Desert Region, May 1st, 2025
- Mid-County Region, May 8th, 2025
- Western Region, May 15th, 2025

MHSA Forums preceded Public Hearings. Forums were designed in "science fair" layouts, with each MHSA component represented at an education station hosted by related MHSA administration staff. Community members could move among the stations to learn more about MHSA, the plan, and the related programs/services, seek information, and discuss initial thoughts or ideas.

At the close of the forum, the formal public hearing began, conducted by a member of the Riverside County Behavioral Health Commission (BHC). The plan was reviewed visually, and public comments were initiated.

Public Comment Documentation and Responses

All comments received virtually and in person were compiled and reviewed by the BHC for a response. Comments and responses were added to this plan as a chapter in this document.

Results of Virtual Public Hearing Process

A total of 530,142 (in Spanish and English) saw the MHSA Annual Update FY 25/26 Public hearings promoted on Facebook, Instagram, YouTube, and Next-Door news feeds, Countywide. People engaged with the posts over 25 days, and the increase in impressions from Calendar year 24/25 was over 500%.

Results of the In-Person Public Hearing Process

In-person public Hearings were held in the three service delivery regions: Western, Mid-County, and Desert. A marketing campaign was created to advertise participation. It included a press release sent to all major local media, social media, website postings, announcements

sent on MHSA-related email distribution lists, and email notifications to all department employees with encouragement to share with clients and families. A total of 113 people attended the in-person forum, where the community could engage with the MHSA Administration Team and learn more about each of the five components of the plan. Behavioral Health Services Act and program access information were also available.

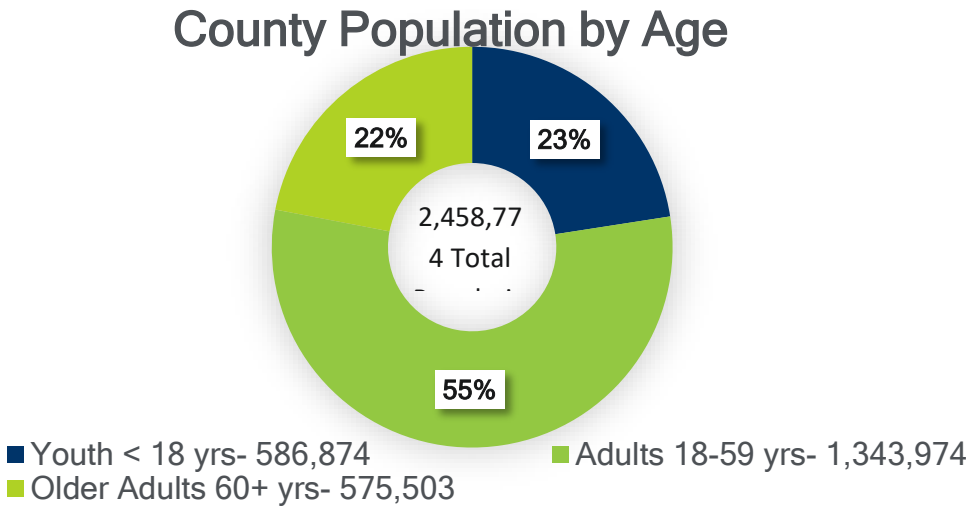
An Ad Hoc Committee of the Behavioral Health Commission met on June 16th, 2025, reviewed all public comments, and developed responses. Those comments and responses serve as a chapter in this annual update. The Behavioral Health Commission approved the final plan on Jul 02, 2025

MHSA Capacity Assessment

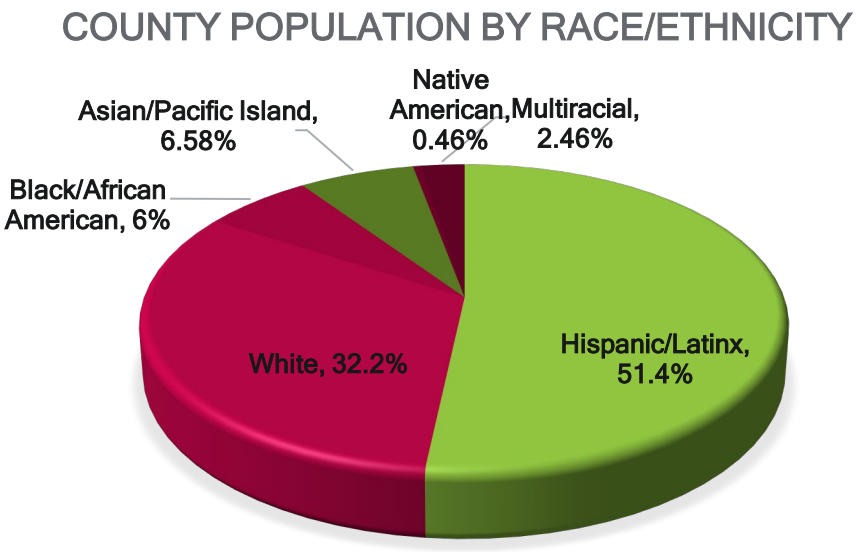
Riverside County Population

Riverside County is the fourth most populous County in California and the 10th most populous county in the United States. The County at 7,208 square miles spans nearly the width of California with service areas in the metropolitan western portion of the county to the rural community of Blythe at the Arizona border.

The County population has grown each year from 2010 to 2023. Youth under the age of 18 comprise nearly a quarter of the population (23.4%). Older Adults are almost a quarter of the population (22.9%). The Older Adult population has been increasing and the youth under age 18 has been decreasing over the last 5-10 years. Transition Age Youth (TAY), aged 16-25, represent 14.6% of the population, totaling 360,846 youth.



Riverside County has two large Race/Ethnic groups representing 83.6% of the population, Hispanic/Latinx and White. The Hispanic/Latinx group is the largest group in Riverside County. Asian/Pacific Islander groups have grown over time from 4% to 6.5% of the population currently. Black/African American has remained steady at 6% of the population. A number of tribes are spread throughout Riverside County with Native Americans representing less than 1% of the population.



Spanish is the only threshold language in Riverside County. More than a third of the County population 34.98% reported speaking Spanish and of these Spanish speakers 34% reported they speak English less than “very well”.

The California Health Interview Survey (CHIS) data was used to report the population identifying as Lesbian, Gay or Bisexual (LGB). Pooling the last 3 years of available data showed 7% of the adult population reported they identified as LGB. CHIS data was also used to identify the adult Transgender or gender Non-Conforming population, slightly more than one half of one percent (0.6%) of adults reported they identified as Transgender or Gender Non-Conforming. CHIS data among Teens surveyed showed 4.1% reported they identified as Transgender or Gender Non-Conforming.

Economic status for people living in Riverside County derived from the U.S Census showed 11.1% of the population (266,955) is living below the federal poverty level. The federal poverty level is $30,000 or less per year for a household of four people and $14,580 for a single person household. Living below the poverty level is higher for youth under the age of 18 at 14.1%. Additionally, 17% of the population (419,756) has income that is 200% above the poverty level, which qualifies many for social safety net benefits. The population at 200% and those living below the poverty line represent 28.4% of the County population. The median household income for

Riverside County, for those working full-time year-round, reported in U.S. Census data for 2023 was $75,340 in 2022, which means one-half the population is below $75,340 and one-half the population is at $75,340 or above. Census data on earnings for the last year for those working year-round full time (175,310 people) showed 22.4% (175,310) of those working full time earned $34,999 or less per year.

The Department of Health Care Services (DHCS) data on Medi-Cal eligibility for the most recent month showed the County has nearly 1 million Medi-Cal recipients (995,532). The Medi-Cal beneficiaries 42% of the overall County population. Children and youth age 0-18 represented 38% of the Medi-Cal eligible population, while adults accounted for 55% and older adults 65+ were 7% of the Medi-Cal population.

The 2023 Point in Time Homeless Count for Riverside County indicated 3,725 homeless people both sheltered and unsheltered; 65% (2,441) were unsheltered and 35% (1,284) were sheltered. The 2023 count was an overall increase of 12% from the previous year. However, most of that increases was in the homeless unsheltered population. Homeless families with children with children increased 12% (143) from the previous year. Riverside and Indio were the two cities with the highest homeless count. The Desert region in District 4 had the highest total number of homeless persons. The top three primary factors reported as contributing to unsheltered homelessness were Family disruption, lack of income, and unemployment. A Point in Time Count was not conducted in 2024, the results of the 2025 count were not yet available to include the results in this MHSA Annual update.

Identifying Underserved and Unserved Populations

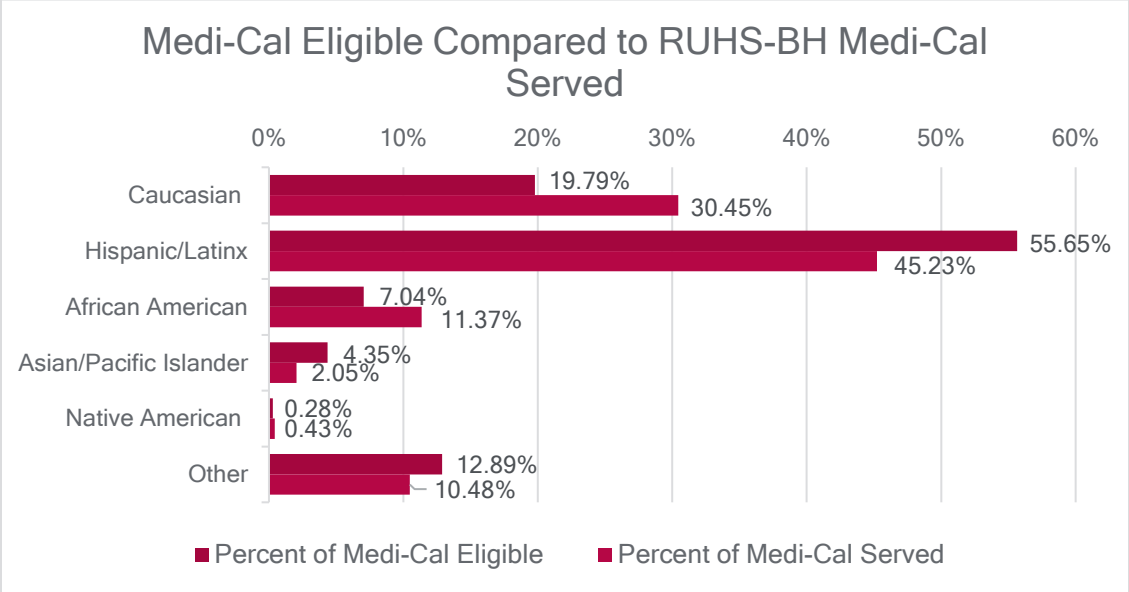
Unmet need is an estimate of how many mentally ill individuals there are in the county who may not be receiving the mental health services they need. Unmet need is calculated based on the difference between 1) known prevalence rates of mental illness and 2). How many consumers receive mental health services. RUHS-BH completed a detailed analysis of Unmet Need when drafting the initial MHSA proposal in 2003-2004; and has examined changes using the initial benchmarks. Since the implementation of MHSA, RUHS-BH has served 52% more consumers. Services to Youth under the age of 18 has increased by 30%, and services to adults has increased by 52%. Services to Older Adults have increased dramatically by 195%. Decreases in unmet need have been found for all age groups.

Disparities can be identified by utilizing Medi-Cal penetration rates. This is calculated as the proportion of Medi-Cal consumers served out of the total number of people with Medi-Cal eligibility. The California Department of Health Care Services uses Medi-Cal paid claims to provide penetration rates for each county. Data on penetration rate by age groups is shown in the following table.

	County Rate	Large Counties	Statewide Rate
Youth <18	5.64%	7.86%	9.11%
Adults 18-59	4.71%	4.72%	5.06%
Older Adults 60+	2.92%	2.56%	2.92%

Penetration rates for Adults and Older Adults are similar to other large counties and the statewide rates. Youth rates are lower than other large counties and the statewide rate, despite steady increases in the number of youth served this age group is somewhat underserved. Overall Medi-Cal penetration rates are impacted by the increases in Medi-Cal beneficiaries.

Comparisons between Medi-Cal population of beneficiaries to mental health clients served provides useful information on disparities. The following figure below shows Medi-Cal Eligible Compared to RUHS-BH Medi-Cal Served.

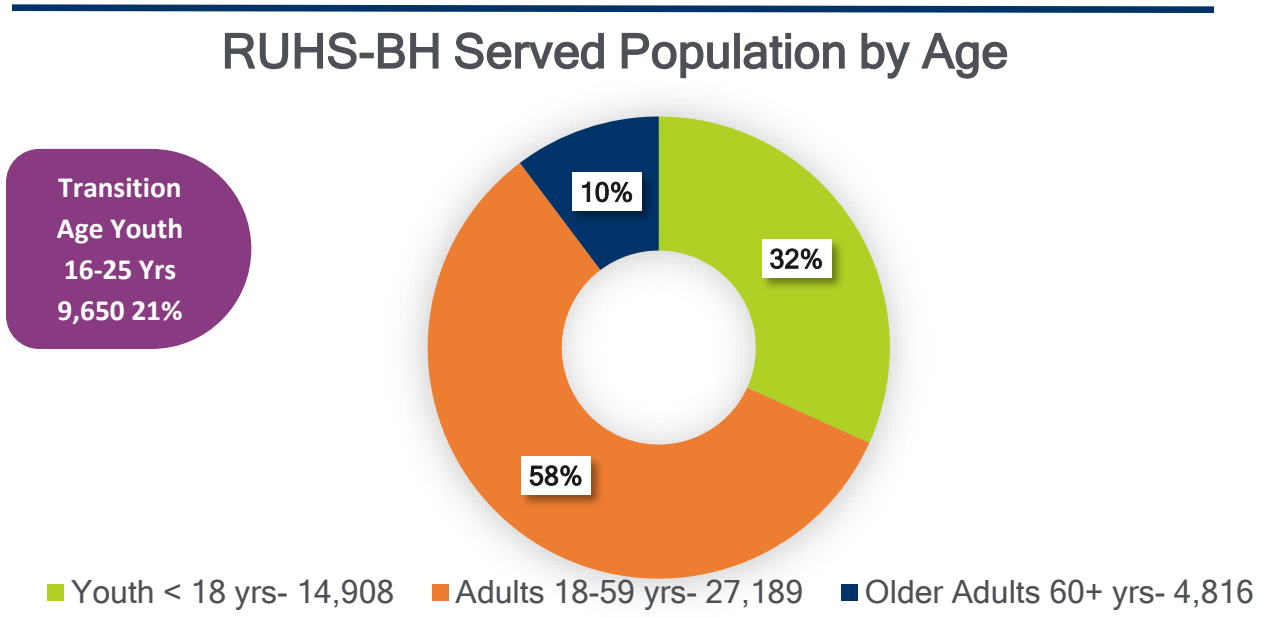


- The proportion of Caucasians served was nearly 1.5 times the respective Medi-Cal eligible proportion.
- Hispanic/Latinx represented over half of the county Medi-Cal eligible population, but their proportion in the Medi-Cal served population was under-represented by over 23%. The number of Hispanic/Latinx served has increased over time with the percentage served increasing from
- African Americans showed an over-representation by 38% in the Medi-Cal served population.
- Asians/Pacific Islanders were the second smallest racial group among the county Medi-Cal eligible population. They were severely underserved by over 112%.

- Native Americans were the smallest racial group among the Medi-Cal eligible population in Riverside County. They were over-represented in served population by 34%.

Capacity to address disparities has been implemented across the department from outreach and community engagement to Workforce development. These efforts are described further within this plan update.

RUHS-BH Population Served CSS



Estimated FSP population to be served				
	Children	TAY	Adults	Older Adults
FY 24/25	1325	650	925	450
FY 26/27	1350	700	950	460

Strengths

The department has multiple County-run clinics spread across the County's large geographic. Each region has increased capacity by adding contracted providers in each region of the County. Newer contractors including the Latino Commission and Special Services for Groups (SSG) have been established to broaden access especially for Latinx and Asian /Pacific Islanders. SSG primarily services Asian/Pacific islander families which is a growing demographic in the County; and as shown previously has a greater service disparity than other groups. RUHS-BH through PEI funding established Community Mental Health Promotor programs (CMHPP) for multiple race/ethnic groups and sub populations. The CMHPP program activities are further described in the PEI section of his report. The main goal of these program is to increase access, reduce barriers through mental health educational presentations and outreach. The groups served by CMHPP include; Latinx, Black/African American, Asian/Pacific Islander, Native American, Middle Eastern North African, LGBTQ+. Additional initiatives include contracting with cultural liaisons to support outreach to each race/ethic group and additional populations. These additional populations include; people with disabilities, deaf and hard of hearing (Riverside County has a significant Deaf Hard of Hearing community), faith-based community.

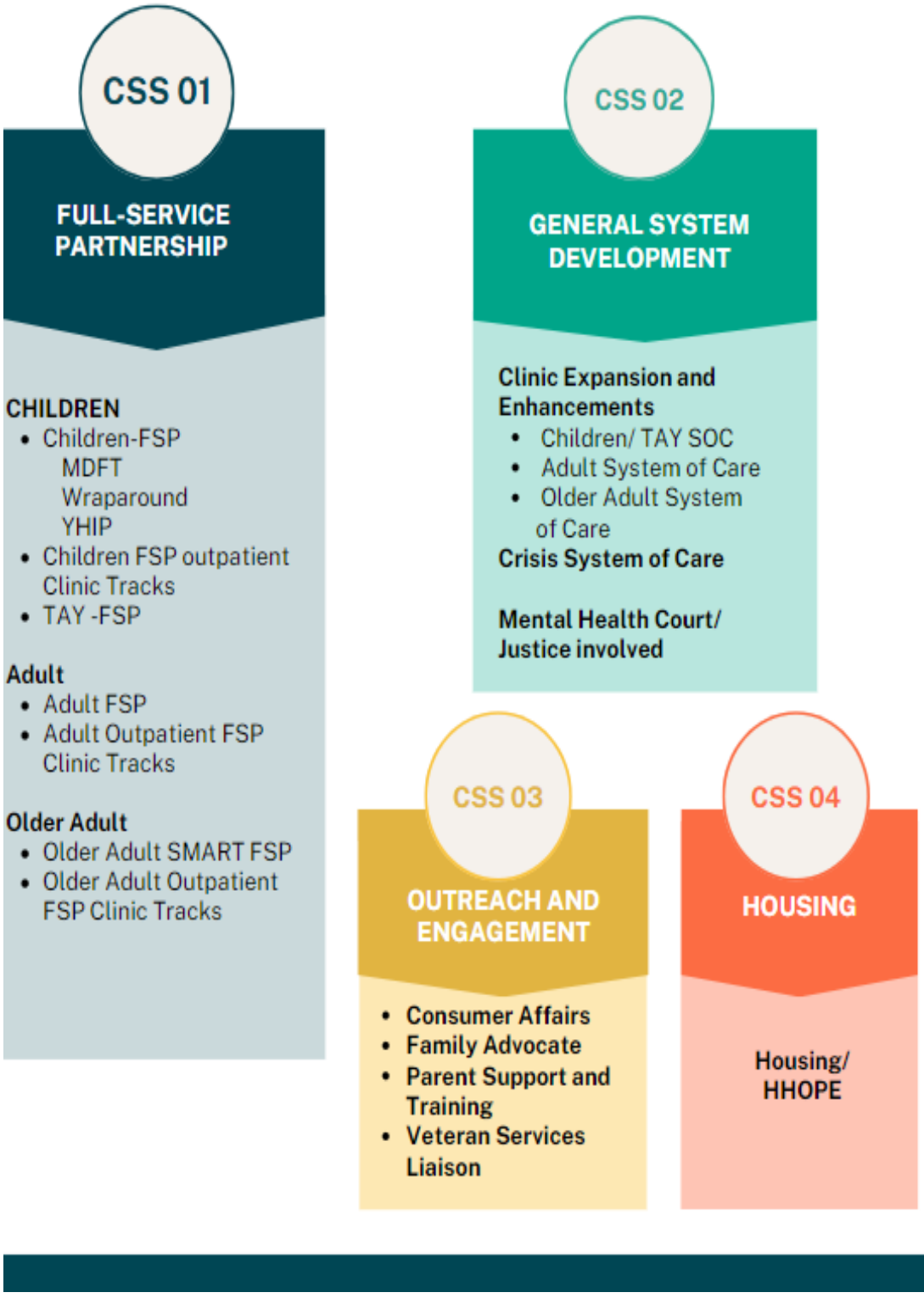
Additionally, RUHS-BH for many years has supported the implementation of evidenced based practices and has increased the infrastructure and capacity to provide evidenced-based interventions in various levels of the department's service array. MHSA Prevention and Early Intervention has implemented multiple evidenced based practices or evidenced informed interventions across the PEI service array. In CSS the RUHS-BH outpatient clinics provide the following Evidenced-Based Practices; including Dialectical Behavior Therapy (DBT), Seeking Safety, Trauma Focused-CBT, Wraparound, Multidimensional Family Therapy, First-Episode Psychosis coordinated Specialty Care model, Parent Child Interaction Therapy (PCIT) and Family Based Therapy (FBT) for eating disorders.

Challenges: Staff recruitment and retention has been a challenge over last few years, particularly post pandemic. Retaining staff that have been trained in evidenced based practices continues to be a challenge. Stigma and transportation are known barriers to accessing services.

Community Services and Supports

MHSA Annual Updates FY25/26

Community Services and Supports



Community Services and Supports

What is community services and supports (CSS)?

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

CSS-01 Full-Service Partnerships

what is a Full-Service Partnership (FSP)?

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

MENTAL HEALTH SERVICES ACT (MHSA)

FULL SERVICE PARTNERSHIP PROGRAM

Full-Service Partnership Children FSP Outcomes Report FY 2023-2024

Background

The following report is a summary of outcome data for the Children's Full Service Partnership (FSP) programs. The Childrens FSP programs provide intensive mental health services and are available in the Childrens County clinics and through a contracted provider. In addition an FSP providing Multi-Dimensional Family Therapy (MDFT) is available in each region of the County. FSP program outcomes are focused on evaluating changes in a consumer's status relative to several quality-of-life domains. Baseline histories are obtained from consumers at enrollment into the FSP program. Follow-up data is collected on a continuous basis for key life events (e.g., hospitalizations) and is assessed periodically for other select life domains.

Outcome reporting is based on comparisons between baseline and post-enrollment status and provides a measure of program effectiveness.

The following report is based on FSP data collection from consumers enrolled and served in the Children's FSP programs beginning July 1, 2023, and ending June 30, 2024. Baseline data for this report is based on responses from each of these consumer's Partnership Assessment Form, the history of events for the 12 months before a consumer began the FSP program.

Follow-up data used in this report is based on two sources. Psychiatric Hospital and Crisis emergency room data have been pulled from actual admissions to the hospital or crisis emergency room data. All other follow-up data used in this report was based on Key Event Tracking (KET) and Three Month Quarterly (3M) assessment forms completed on ImagineNet for these consumers during their enrollment in a Children's FSP program.

FSP Program

The Children's Full Service Partnership (FSP) programs provide intensive mental health services for Children aged 0-15 and their families. FSP is a comprehensive and intensive mental health program and utilizes a "whatever it takes" field-based approach using innovative interventions to help people reach their recovery goals.

Executive Summary

Children's FSP Enrollment and Demographics —During the 2023/2024 fiscal year from July 1, 2023 to June 30, 2024, a total of 1099 youth were served across 1157 enrollments which includes re-enrollments and transfers to one or more of the Children's FSP programs. The race/ethnicity of enrollees for this fiscal year was 565 (48.8%) Latinx, 164 (14.2%) White, and 103 (8.9%) African American/Black. Countywide, the most common diagnoses among YHIP FSP consumers was major depression 360 (33.1%). Countywide the largest proportion of consumers were between the ages of 11-14 (35%) and the majority enrolled were female (60%).

Children's FSP Discontinuances —Across all of the Children's FSP programs the most frequently reported discontinuance reason was 'Met goals' (41%).

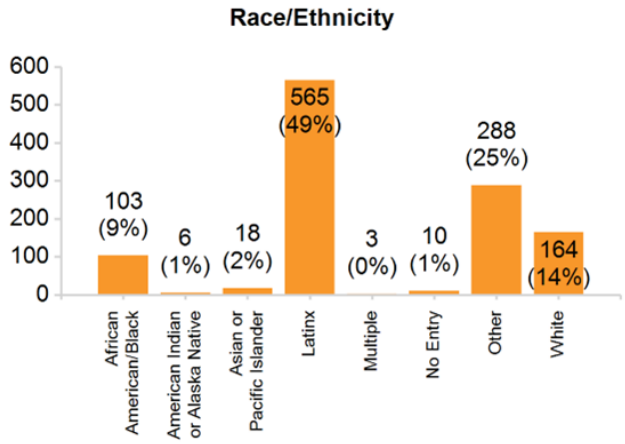
Children's FSP Services —In the 2023/2024 fiscal year, on average more than 42% of the Children's FSP consumers received 8 or more services a month. The highest average hours of services during 2023/2024 fiscal year were for intensive care coordination services (16.88 hours), individual therapy (12.26 hours) and intensive home based services (10.48 hours).

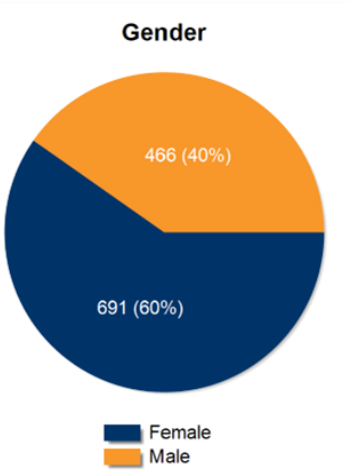
Children's FSP Outcomes —Follow-up data for all children's programs combined showed a decrease in arrests (92.52%), physical health emergency department visits (86.97%) and hospital admissions (15.70%) . The use of mental health crisis facilities increased slightly from intake to follow up.

A small percentage of consumers did not have a primary care physician at the beginning of the program (6.57%), however, more than half of those (50.67%) obtained one while in the FSP program. Of the youth with a co-occurring substance use problem who were not receiving treatment at intake,(35.00%) participated in substance use services while in partnership. An Additional 40 consumers were identified as having an active substance abuse problem during their participation in the FSP program.
Grades Improved or stayed above average from intake to follow-up: 65.53%. Attendance Improved or stayed above average from intake to follow-up:69.26%.

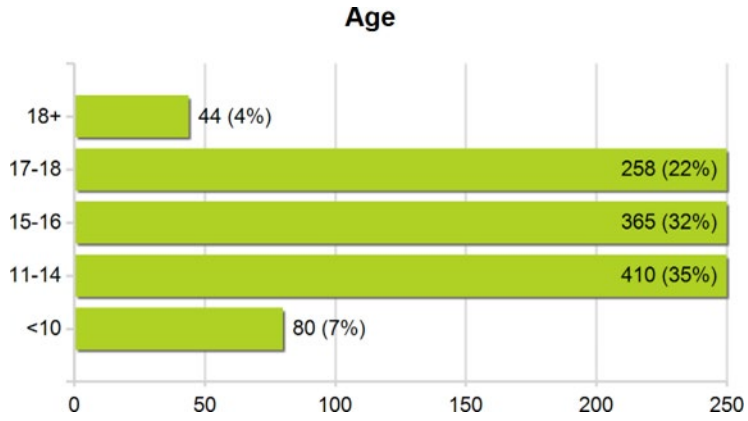
Demographics & Diagnosis

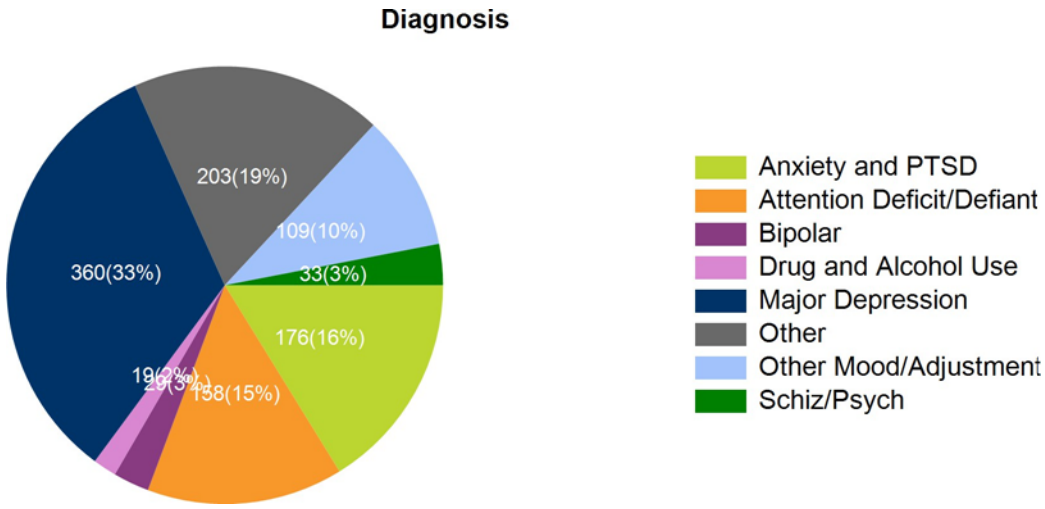
The majority served in the Children's FSP program in the 2023/2024 fiscal year were Latinx 49%, followed by Other Race, at 25%. The proportion of African American/Black participants was 9%. Also, more females (60%) have enrolled in the Children's FSP program than males (40%).





Most individuals served were between the age of 11-14 (35%) followed by 15-16 (32%). A large proportion of those served were diagnosed with Major Depression (33%).





Length of FSP Partnership

The length of stay in years for those **1157** enrolled in Children's FSP programs during the 2023/2024 fiscal year is shown in the tables below. For reporting time in partnership, the total time a consumer spent in each enrollment is included.

The percentage of children with an active/open case having time in partnership longer than one year was 21%, while 84% of those without an open episodes have a time in partnership shorter than one year. Most of the Children's FSP consumers served in FY 2023/2024, had a length of stay less than two years (96%).

FSP re-entry: Of these **1157** FSP enrollments, 82 returned to an FSP program after discharging less than a year previously. These consumers are considered to have re-established partnership and 4 of them re-established partnership more than one time over their total time in partnership. The number of consumers that returned to an FSP program after more than a year had passed since discharging from an FSP program was 27.

Youth Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	102	55	157	14%
>= 2 Years and <3 Years	24	17	41	4%
>= 3 Years and < 4 Years	1	1	2	0%
>= 90 days and < 1 Year	268	158	426	37%
Under 90 days	418	113	531	46%
Total Consumer Enrollments	**813**	**344**	**1157**	

Average Years in Partnership	1.79	0.77	0.56
Median Years in Partnership	0.24	0.42	0.29
Maximum Years in Partnership	3.23	3.15	3.23

Length of stay for consumers enrolled in each program is described on the following pages. The length of stay in a program includes only time enrolled in that specific program. Some consumers were enrolled in more than one program during FY 2023/2024 fiscal year or left and returned within the same fiscal year.

Note: Active cases include those with an open episode in an Children's FSP reporting unit as of 6/30/2024. Closed cases include only those that do not have an open episode in an FSP reporting unit as of 6/30/2024 . While some consumers leave partnership and later reestablish partnership in the same or different FSP program, time spent inactive is not included in this report.

Reason for Discontinuance of FSP

Upon termination of partnership a reason for discontinuance is selected. For recorded cases, consumers most often closed because the consumer met goals (41%). The next highest proportion of consumers were noted to have voluntarily left the program. (30%). Partner cannot be located accounted for 14% of discontinuance reasons. If a consumer terminated partnership more than once, each instance was recorded in this table.

Discontinuation Reason	Count	%
Justice system	2	0%
Met goals	275	41%
Moved out of county/area	72	11%
Needs residential care	9	1%
Other	4	1%
Partner cannot be located	94	14%
Partner left program	206	30%
Target criteria not met	14	2%
Total	**676**	**100%**

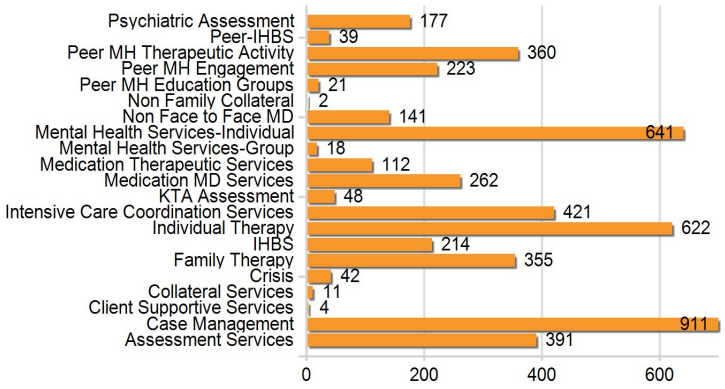
Service Frequency By Month

The table below shows the number of individuals receiving various amounts of services per month, for each of month of the 2023/2024 fiscal year. The majority of consumers received either 8-13, or 4-7 services per month within the fiscal year. On average, more than 42% of Children's FSP consumers received 8 or more services per month.

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	63 (14%)	53 (12%)	47 (12%)	42 (10%)	45 (12%)	44 (11%)	41 (10%)	48 (12%)	36 (9%)	58 (14%)	41 (10%)	49 (13%)
2-3	98 (22%)	59 (13%)	81 (20%)	84 (21%)	63 (17%)	86 (22%)	75 (19%)	75 (19%)	91 (22%)	68 (16%)	69 (17%)	83 (22%)
4-7	125 (28%)	113 (25%)	83 (21%)	114 (28%)	107 (29%)	115 (29%)	102 (26%)	105 (26%)	106 (26%)	118 (28%)	126 (30%)	109 (30%)
8-13	90 (20%)	117 (26%)	116 (29%)	82 (20%)	85 (23%)	91 (23%)	93 (24%)	102 (26%)	95 (23%)	89 (21%)	88 (21%)	71 (19%)
14-19	33 (7%)	54 (12%)	46 (11%)	48 (12%)	33 (9%)	35 (9%)	36 (9%)	36 (9%)	40 (10%)	40 (9%)	51 (12%)	29 (8%)
20-25	20 (5%)	28 (6%)	18 (4%)	17 (4%)	21 (6%)	18 (5%)	24 (6%)	16 (4%)	25 (6%)	24 (6%)	24 (6%)	17 (5%)
26-31	8 (2%)	15 (3%)	6 (1%)	16 (4%)	13 (4%)	3 (1%)	11 (3%)	9 (2%)	9 (2%)	13 (3%)	6 (1%)	5 (1%)
32+	7 (2%)	10 (2%)	5 (1%)	3 (1%)	3 (1%)	3 (1%)	11 (3%)	9 (2%)	12 (3%)	16 (4%)	10 (2%)	6 (2%)
Monthly Total	444	449	402	406	370	395	393	400	414	426	415	369

Service Detail

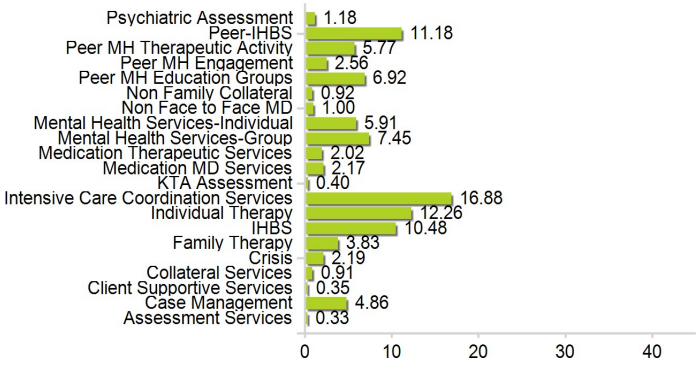
Total Clients Served Per Type of Service



During the 2023/2024 fiscal year, case management, individual mental health services and individual therapy were the three services that served the most consumers.

The average number of hours consumers received of each type of service while in Children's FSP programs during the 2023/2024 fiscal year was calculated. As shown to the right, the average number of hours per consumer was highest in intensive care coordination services (16.88 hours).

Average Hours Per Client Per Type of Service



Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Assessment Services	391	34%	504	1.29
Case Management	911	79%	7,350	8.07
Client Supportive Services	4	0%	4	1.00
Collateral Services	11	1%	17	1.55
Crisis	42	4%	69	1.64
Family Therapy	355	31%	1,725	4.86
IHBS	214	18%	1,997	9.33
Individual Therapy	622	54%	8,517	13.69
Intensive Care Coordination Services	421	36%	10,985	26.09
KTA Assessment	48	4%	76	1.58
Medication MD Services	262	23%	912	3.48
Medication Therapeutic Services	112	10%	606	5.41
Mental Health Services-Group	18	2%	109	6.06
Mental Health Services-Individual	641	55%	4,323	6.74
Non Face to Face MD	141	12%	374	2.65
Non Family Collateral	2	0%	4	2.00
Peer MH Education Groups	21	2%	98	4.67
Peer MH Engagement	223	19%	402	1.80
Peer MH Therapeutic Activity	360	31%	2,534	7.04
Peer-IHBS	39	3%	343	8.79
Psychiatric Assessment	177	15%	195	1.10

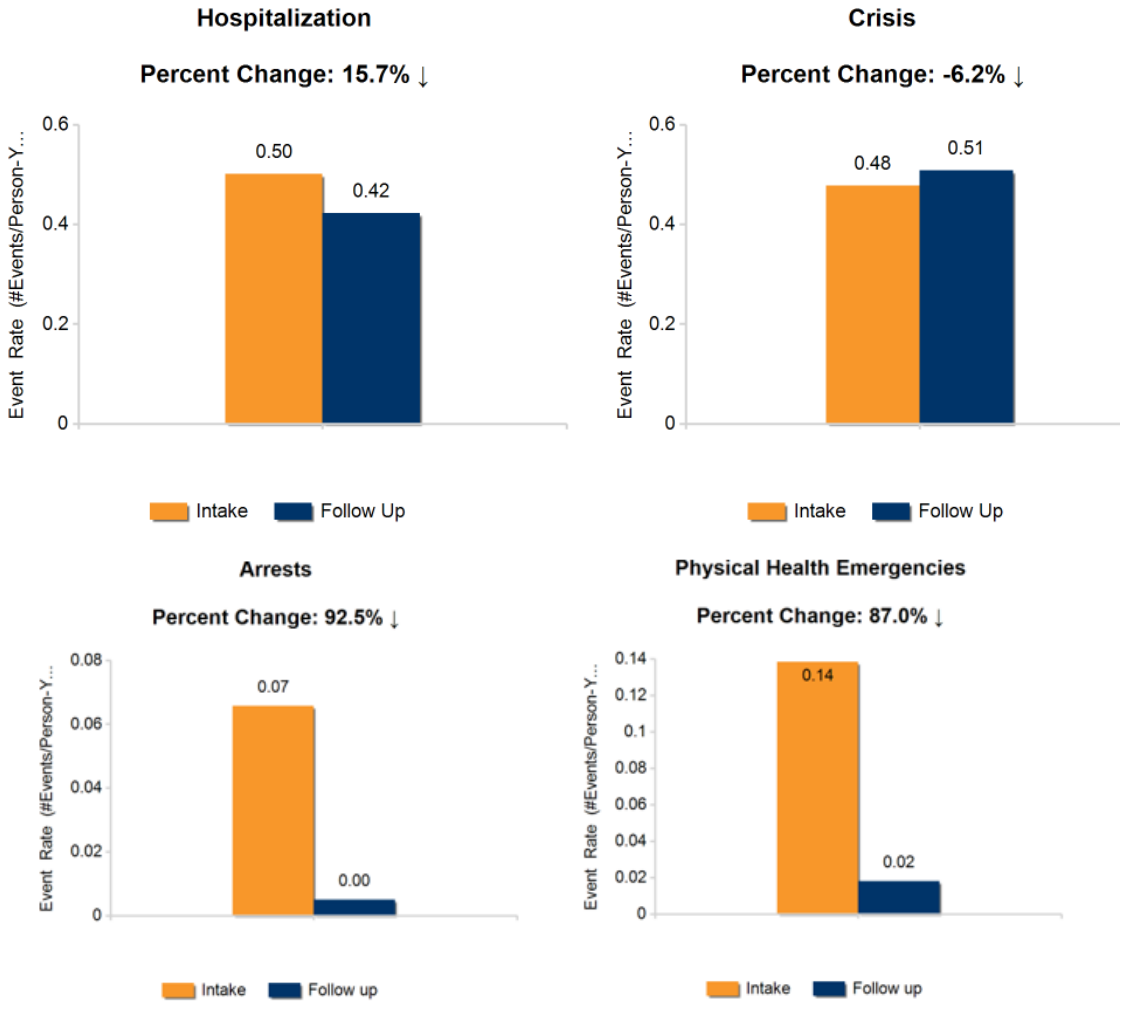
Outcomes

Primary outcomes of interest for FSP include arrests, physical and mental health emergency room visits, incidences of acute hospitalizations and long-term care. The number of events in the 12 months prior to FSP enrollment are compared with the rate of 'number of events per person-year' in the program (i.e., follow-up). At follow-up, the number of outcome events occurring while enrolled was summed and divided by the years all individuals had been in the program. Actual counts for each outcome overall and by program can be found after page 12.

Overall, hospitalizations, arrests, and physical health emergency visits have reduced.

Outcomes

Additional primary outcomes of interest include expulsion and suspension rates. Grades achieved in school are another outcome measure for FSP youth. Intake data reflects the grades reported on the PAF form upon enrollment. Data on grades is recorded quarterly with the first follow-up data collection point 90 days after enrollment in the FSP. Follow-up data on grades used in these analyses is the most currently reported quarterly data.

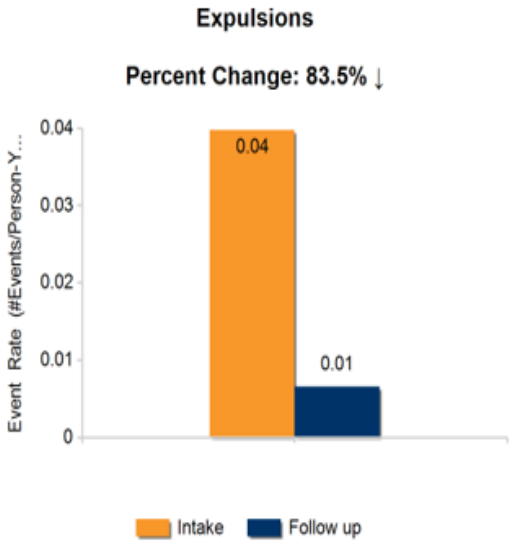


Arrests decreased 92.5% from intake to follow-up.

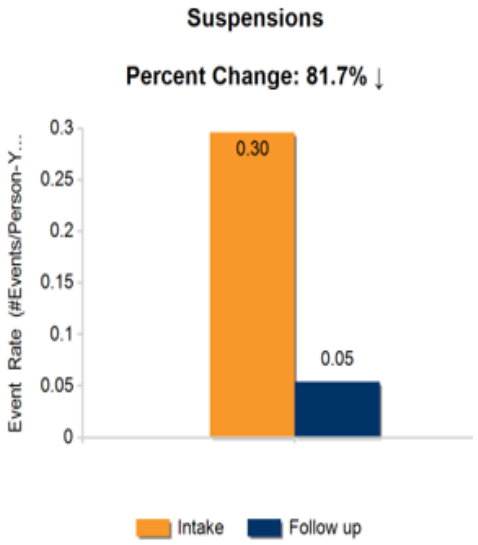
Physical Health Emergency visits decreased 87.0%.

Outcomes: Residential

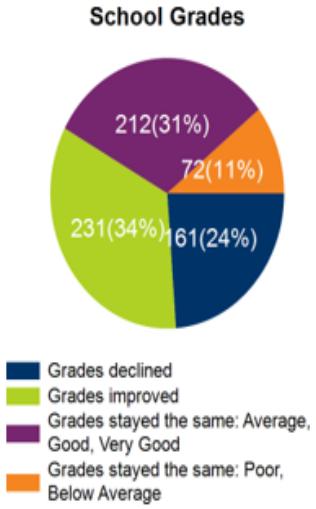
Overall, expulsions and suspensions both decreased. Analysis of school grades at follow-up is done using pre-to post matched pairs and reflects directional change from baseline to follow- up. In some cases follow-up data is missing.



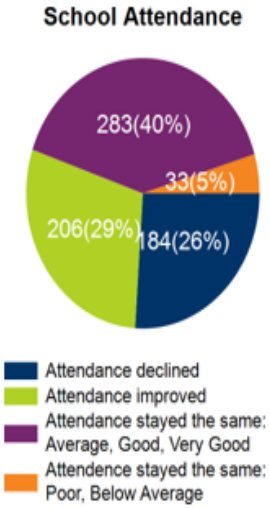
Expulsions decreased 83.5% from intake to follow-up.



Suspension decreased 81.7% from intake follow-up.



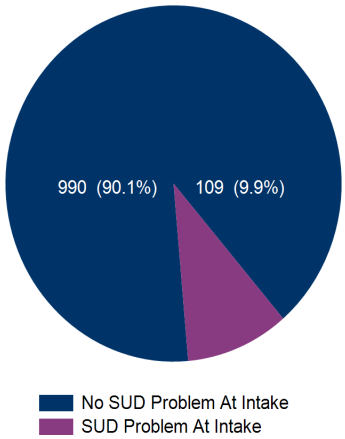
Grades Improved or stayed above average from intake to follow-up: 65.53%

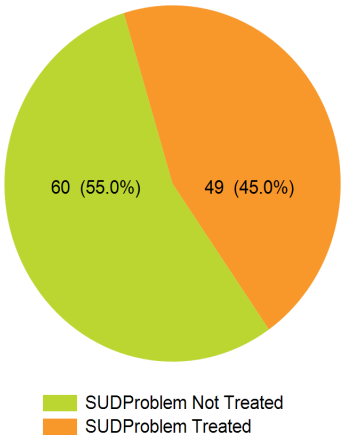


Attendance Improved or stayed above average from intake to follow-up:69.26%.

Outcomes: Substance Use

Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (9.9%). The majority of those who had co-occurring MH and SU problems, had not been receiving SU treatment services at intake.

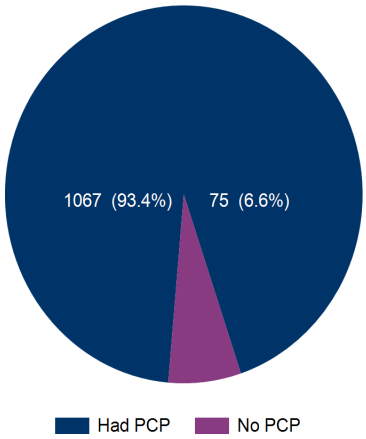




Follow-up: Based on follow-up data reported quarterly, 35.0% (21) of the 60 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional 40 consumers not identified at intake were noted to have an SU problem on follow-up and 60.0% of them were reported to be in SU services on follow-up.

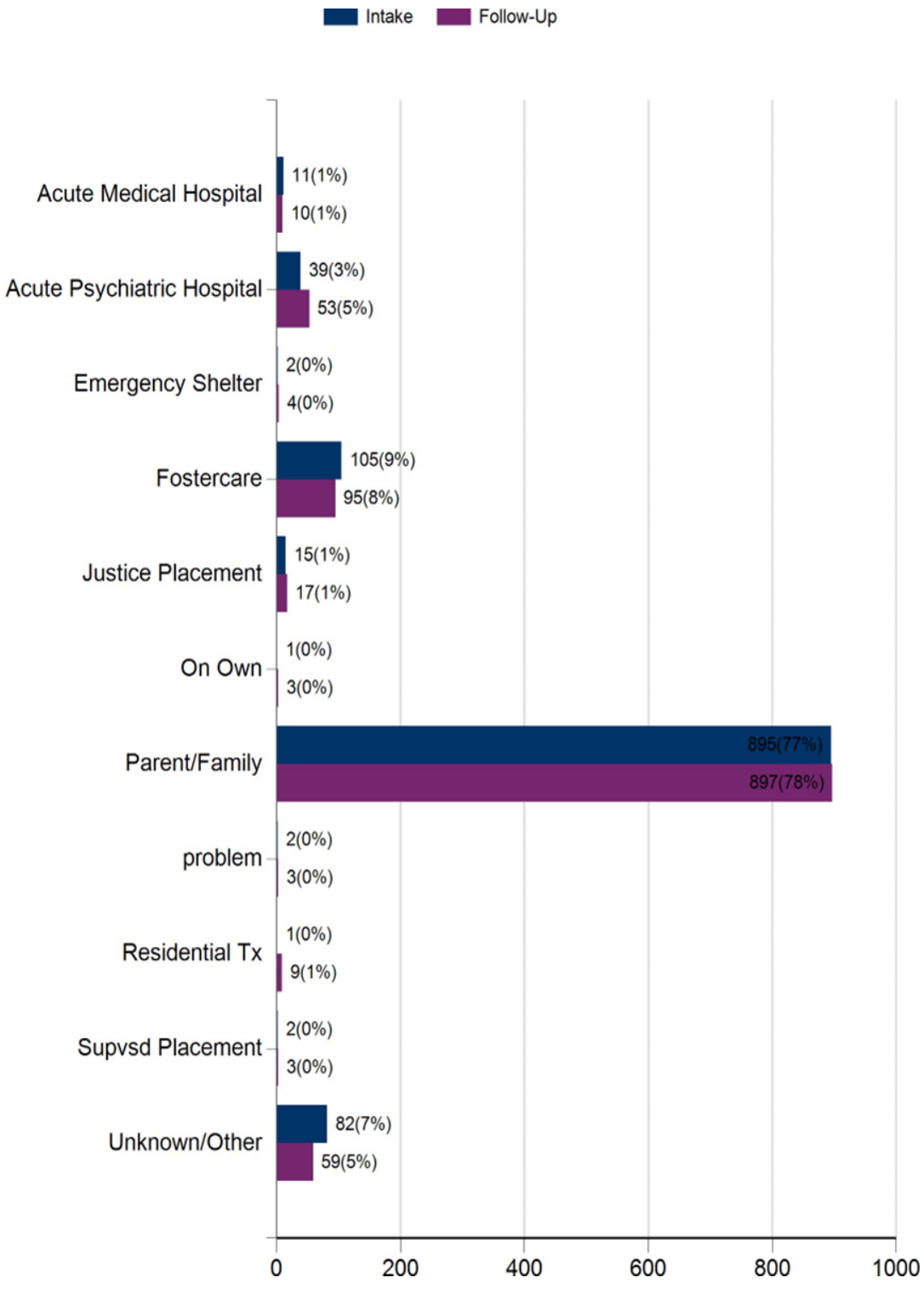
Outcomes: Primary Care Physician

Intake: (6.6%) of youth did not have a primary care physician (PCP) at intake.



Follow-up: Of the 75 consumers that did not have a PCP at intake, 38 (50.7%) obtained a PCP while in the program.

Residential settings was calculated using the residential category from intake to their latest residential status. The percentages below are for all Children's FSP reporting


Intake
Follow-Up
Acute Medical Hospital
11(1%)
10(1%)
Acute Psychiatric Hospital
39(3%)
53(5%)
Emergency Shelter
2(0%)
4(0%)
Fostercare
105(9%)
95(8%)
Justice Placement
15(1%)
17(1%)
On Own
1(0%)
3(0%)
Parent/Family
895(77%)
897(78%)
problem
2(0%)
3(0%)
Residential Tx
1(0%)
9(1%)
Supvsd Placement
2(0%)
3(0%)
Unknown/Other
82(7%)
59(5%)
0
200
400
600
800
1000

Outcomes: Residential Days

The following compares consumers' living arrangements in the year prior to FSP enrollment to their living arrangements while enrolled in the program. Specifically, the number of days spent in each setting in the year before enrollment is compared to the number of days they spent annually in each setting during enrollment. The goal of this analysis is to determine whether days in more stable settings during FSP participation had increased and days in less stable settings had decreased.

Baseline data was obtained from consumers' Partnership Assessment Form which includes the number of days consumers spent in each residential setting during the 12 months immediately prior to enrollment. Note that this 12 months preceded their first enrollment to any FSP program.

The number of days the consumers spent in each setting while enrolled in an FSP program was tracked through enrollment changes and residence changes noted on Key Event Tracking (KET) forms. When consumers re-enter an FSP program after a lapse in enrollment, their living arrangement is often noted on a KET form or new PAF, but if not, it was considered unknown. To accurately compare a year of pre-enrollment with a year of post enrollment, data for residential

days during enrollment has been annualized.

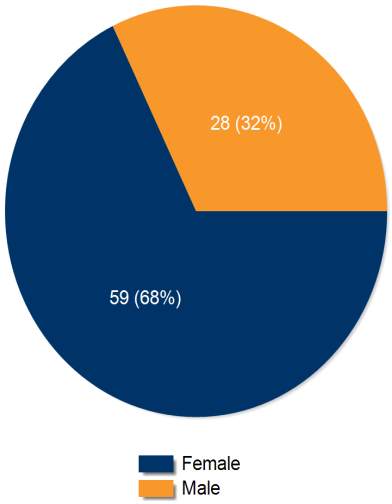
	12 Months Prior to Enrollment		Annualized Days During Enrollment		
Living Situation	**# of Days**	**Count (n)**	**# of Days**	**Count (n)**	**Percent change (%)**
Acute Medical Hospital	1,064	51	1,459	17	37%
Acute Psychiatric Hospital	2,988	390	8,517	125	185%
Community Treatment Facility	45	3	271	2	502%
Emergency Shelter	816	6	632	6	-23%
Fostercare	18,990	73	36,032	73	90%
Homeless	437	4	-	0	-100%
Jail/Prison	31	2	-	0	-100%
Justice Placement	5,536	42	3,353	24	-39%
On Own	730	2	1,375	6	88%
Parent/Family	341,457	986	304,314	985	-11%
Residential Tx	557	10	1,535	12	176%
State Hospital	199	13	-	0	-100%
Supervised Placement	924	4	1,501	8	62%
Unknown/Other	48,532	138	42,410	138	-13%

Children's FSP demographics and Outcomes for: 33AHFC
Served by this reporting unit: 84 Enrollment: 87

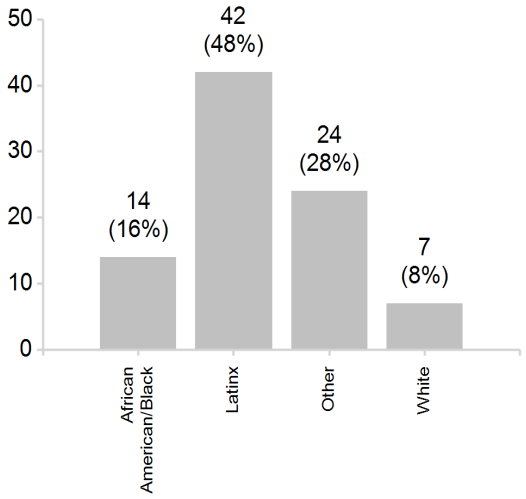
Demographics

32% of consumers were male and 68% were female.
48% of consumers were Latinx, 8% of consumers were White and 16% of consumers were Black/African American.
29% of consumers were 15 to 16 years old.

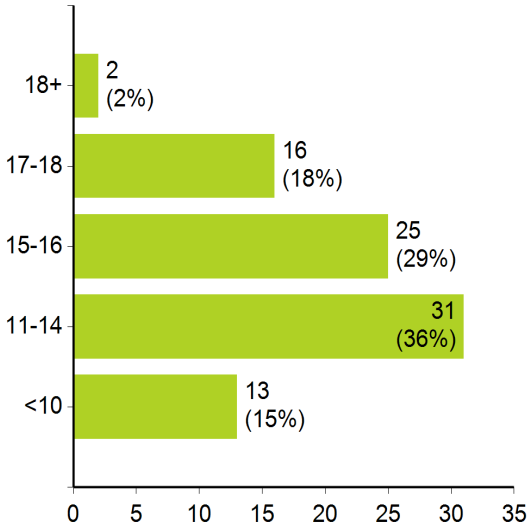
Gender



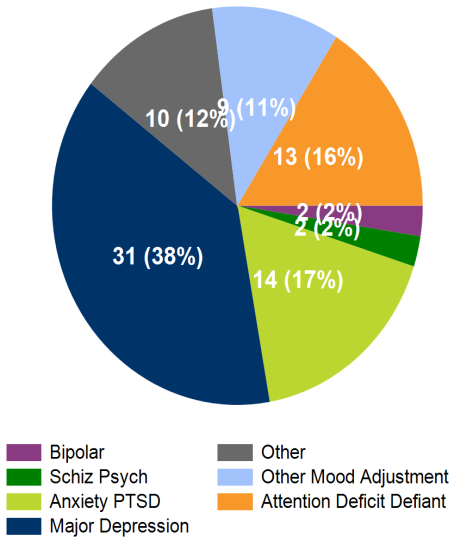
Race/Ethnicity



Age



Diagnosis

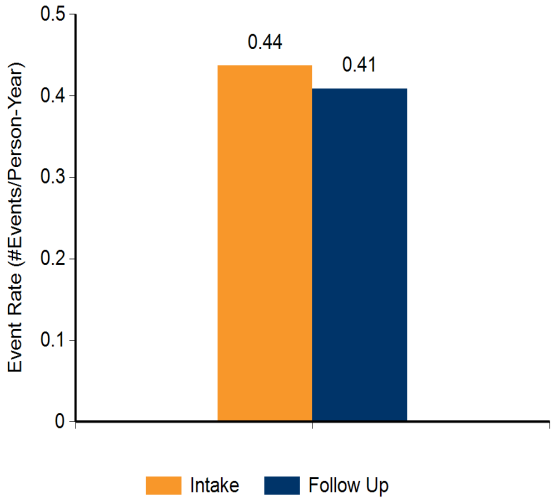


Outcomes for 33AHFC

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

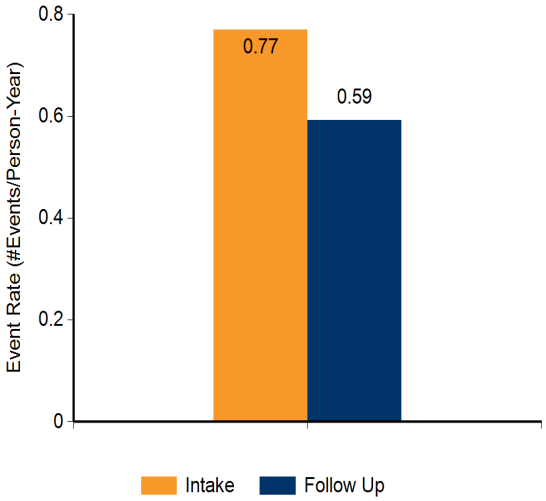
Hospitalization

Percent Change: 6.4%



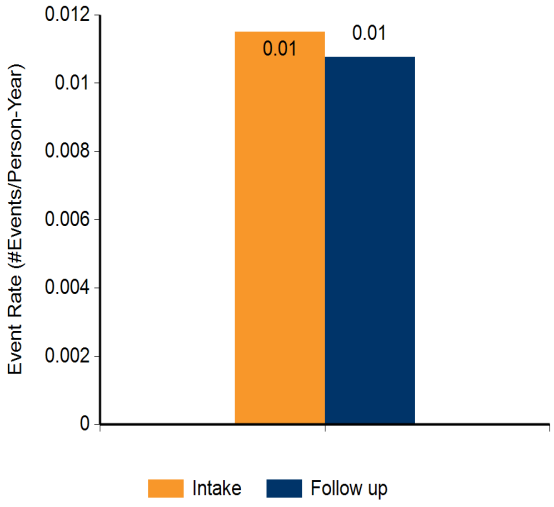
Crisis

Percent Change: 23.2%



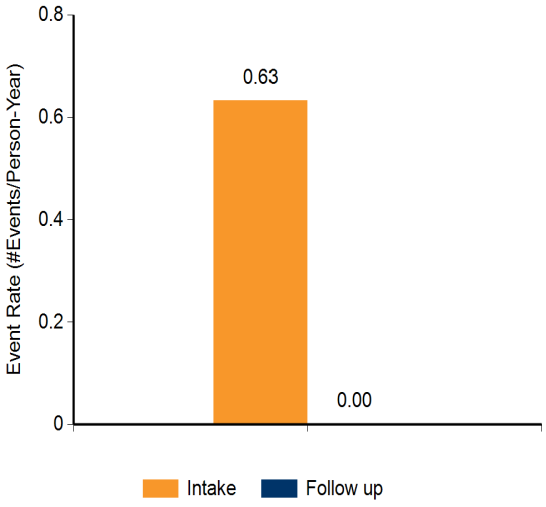
Arrest

Percent Change: 6.4%



Physical Health Emergencies

Percent Change: 100.0%

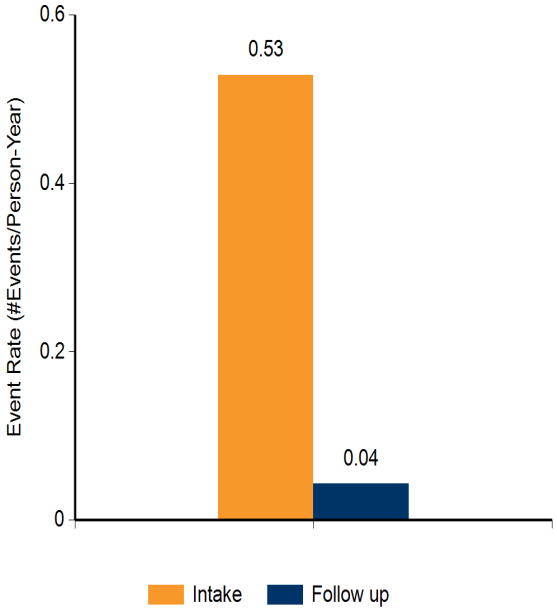


Outcomes for 33AHFC (cont.)

Additional primary outcomes of interest include expulsion and suspension rates, along with school grades and school attendance.

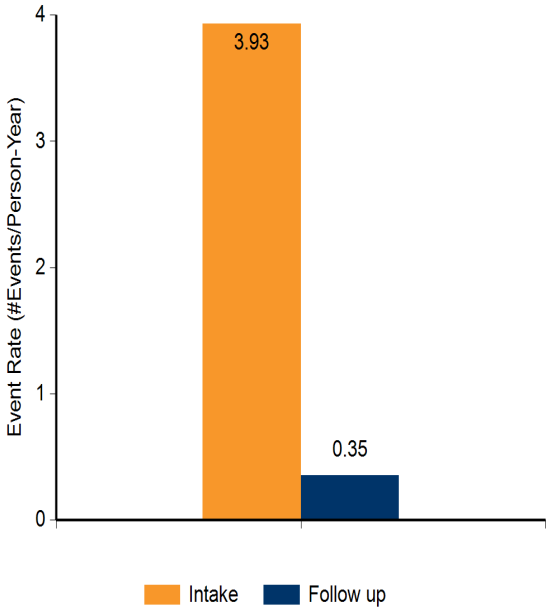
Expulsions

Percent Change: 91.9%

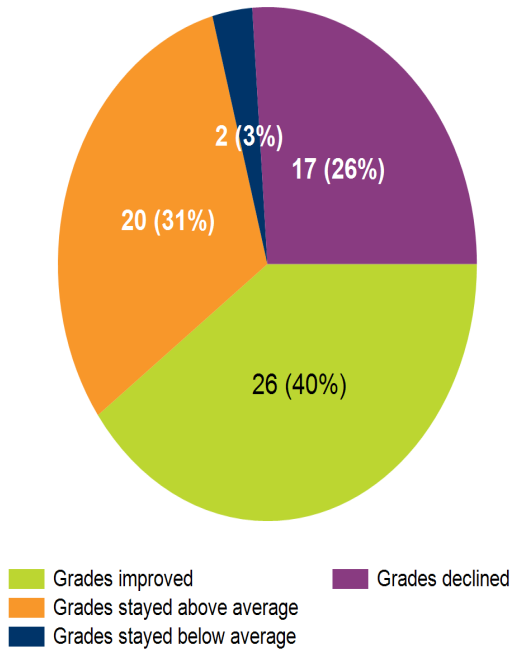


Suspensions

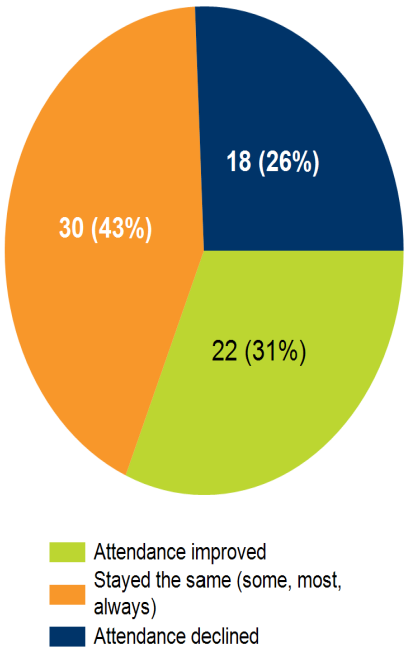
Percent Change: 91.0%



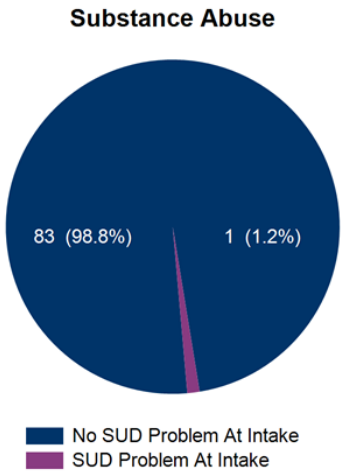
School Grades

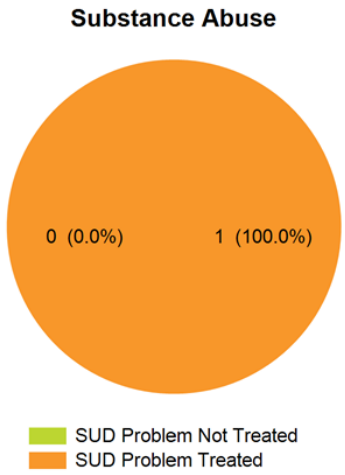


School Attendance



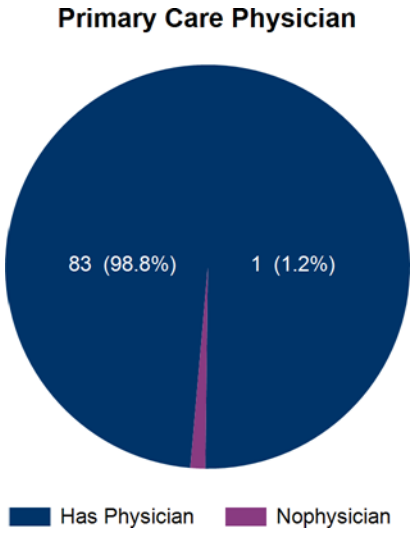
Outcomes: Substance Use 33AHFC





Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (1.2%). The majority of those who had co-occurring MH and SU problems, had been receiving SU treatment services at intake.
An additional 4 consumers not identified at intake were noted to have an SU problem on follow-up and 0.0% of them were reported to be in SU services on follow-up.

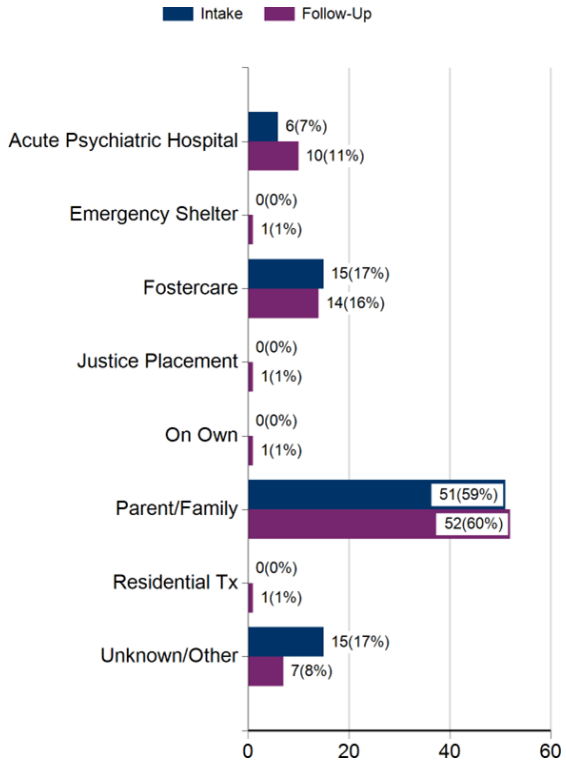
Outcomes: Primary Care Physician 33AHFC



Intake: Most consumers (1.2%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 1 consumers that did not have a PCP at intake, 1 (100.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33AHFC)



Discontinuation Reason	Count	%
Met goals	43	62%
Moved out of county/area	5	7%
Needs residential care	1	1%
Partner cannot be located	10	14%
Partner left program	10	14%
Total	69	100%

Length of FSP Partnership for: 33AHFC

Youth Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	28	2	30	34.48%
>= 2 Years and <3 Years	9	1	10	11.49%
>= 3 Years and < 4 Years	1	0	1	1.15%
>= 90 days and < 1 Year	21	11	32	36.78%
Under 90 days	8	6	14	16.09%
Total Consumer Enrollments	67	20	87	

Service Detail: 33AHFC

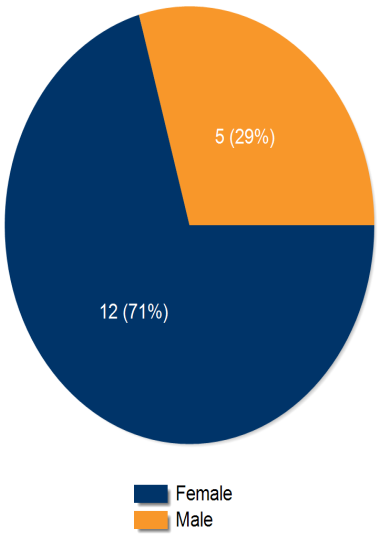
Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	7 (13%)	6 (11%)	9 (17%)	5 (11%)	6 (18%)	6 (18%)	7 (21%)	0 (0%)	1 (3%)	1 (4%)	1 (3%)	1 (5%)
2-3	21 (38%)	8 (14%)	12 (23%)	13 (30%)	7 (21%)	11 (32%)	12 (35%)	10 (32%)	11 (38%)	4 (16%)	6 (21%)	5 (24%)
4-7	17 (30%)	23 (40%)	17 (32%)	17 (39%)	14 (42%)	11 (32%)	8 (24%)	14 (45%)	11 (38%)	13 (52%)	15 (52%)	9 (43%)
8-13	9 (16%)	14 (25%)	14 (26%)	6 (14%)	5 (15%)	6 (18%)	4 (12%)	6 (19%)	5 (17%)	5 (20%)	3 (10%)	5 (24%)
14-19	1 (2%)	5 (9%)	1 (2%)	2 (5%)	1 (3%)	0 (0%)	3 (9%)	1 (3%)	1 (3%)	2 (8%)	2 (7%)	1 (5%)
20-25	0 (0%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	0 (0%)
26-31	1 (2%)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
32+	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)	0 (0%)
Monthly Total	56	57	53	44	33	34	34	31	29	25	29	21

Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Case Management	74	19%	433	5.85
Crisis	2	1%	2	1.00
Family Therapy	30	8%	78	2.60
IHBS	1	0%	2	2.00
Individual Therapy	75	19%	947	12.63
Intensive Care Coordination Services	25	6%	165	6.60
Medication MD Services	34	9%	86	2.53
Medication Therapeutic Services	36	9%	104	2.89
Mental Health Services-Group	6	2%	75	12.50
Mental Health Services-Individual	27	7%	92	3.41
Non Face to Face MD	40	10%	170	4.25
Peer MH Education Groups	4	1%	15	3.75
Peer MH Engagement	5	1%	5	1.00
Peer MH Therapeutic Activity	27	7%	210	7.78
Peer-IHBS	1	0%	1	1.00
Psychiatric Assessment	3	1%	3	1.00

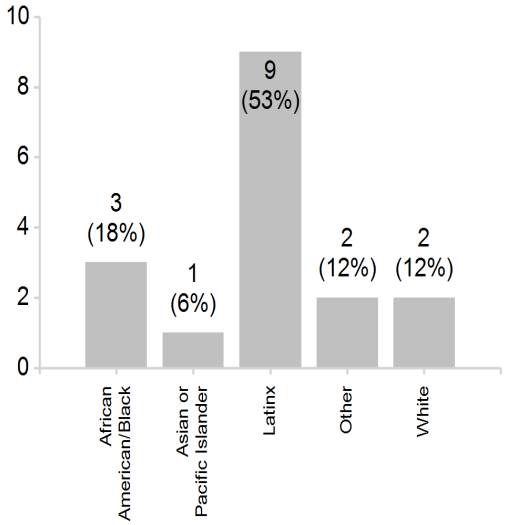
Children's FSP demographics and Outcomes for: 3357FC
Served by this reporting unit: 17 Enrollment: 17

29% of consumers were male and 71% were female.
53% of consumers were Latinx, 12% of consumers were White and 18% of consumers were Black/African American.
47% of consumers were 15 to 16 years old.

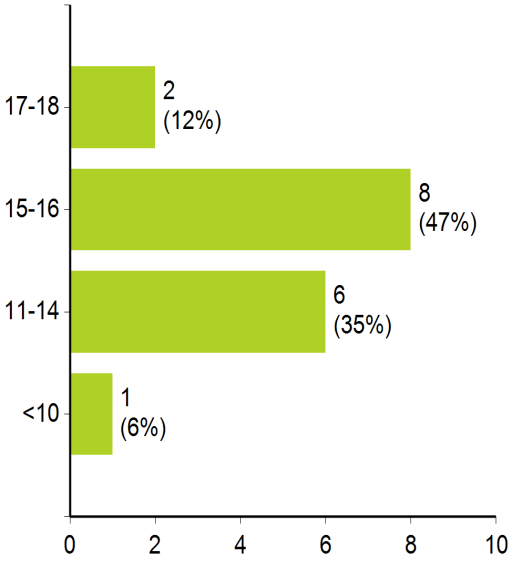
Gender



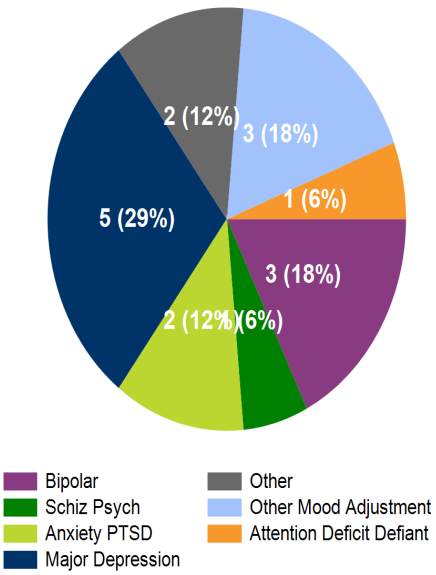
Race/Ethnicity



Age



Diagnosis

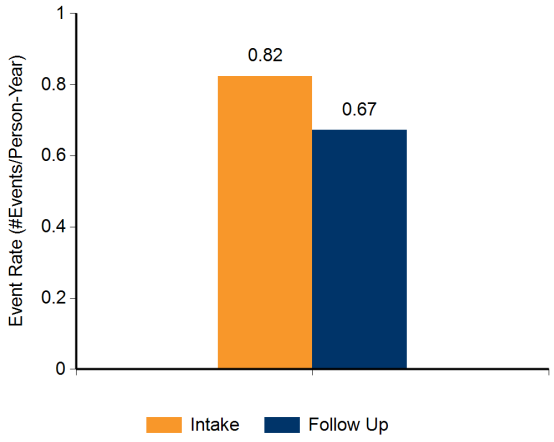


Outcomes for 3357FC

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

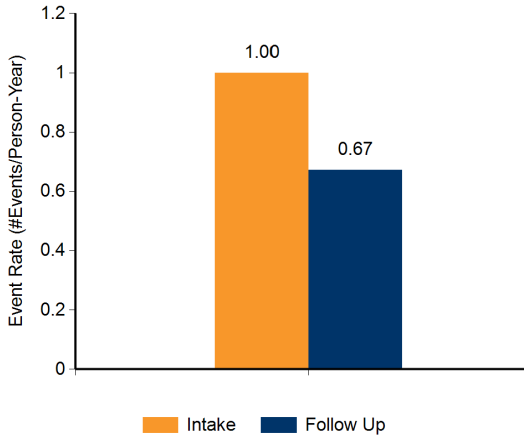
Hospitalization

Percent Change: 18.4%



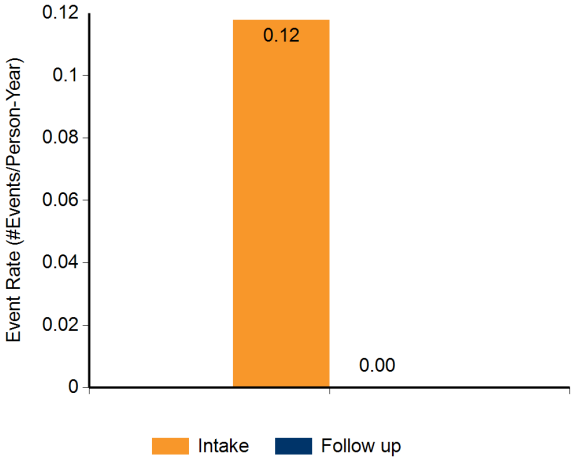
Crisis

Percent Change: 32.8%



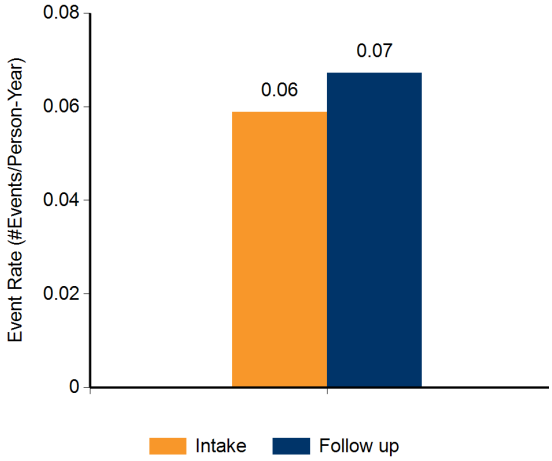
Arrest

Percent Change: 100.0%



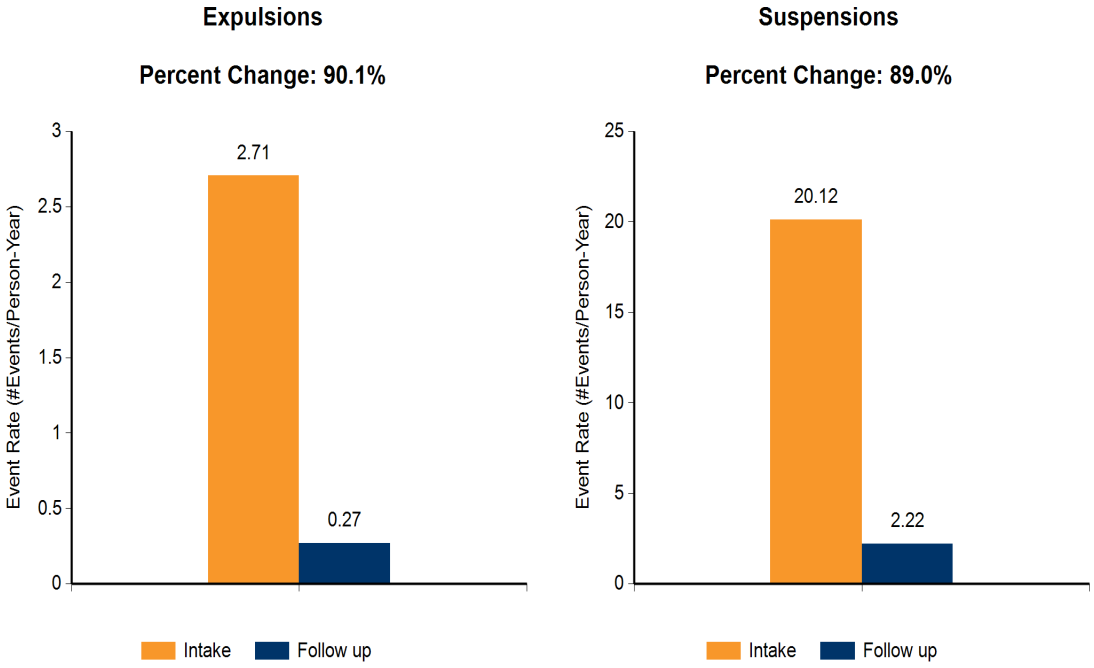
Physical Health Emergencies

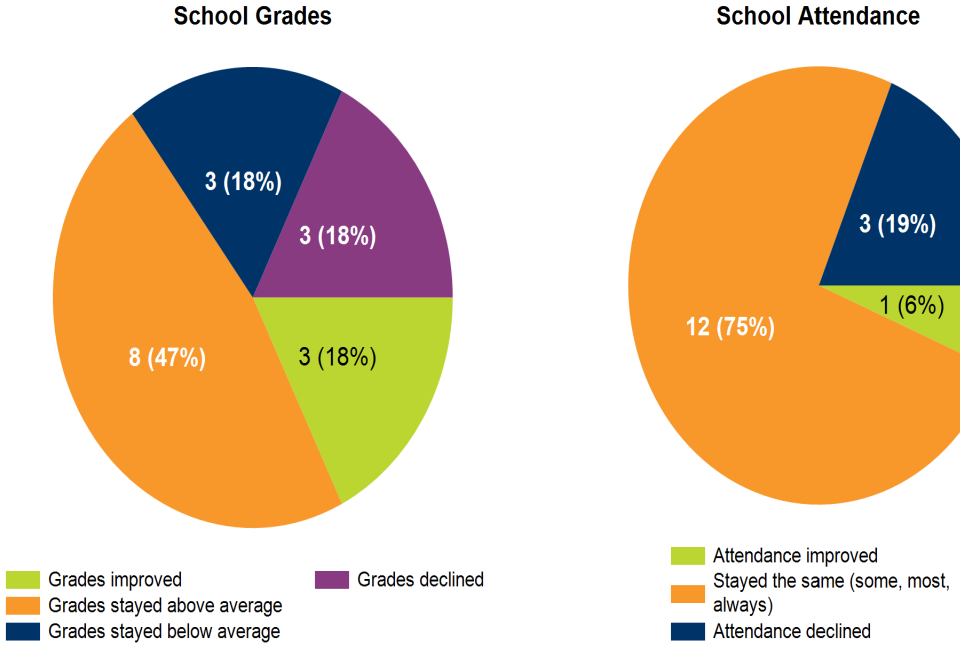
Percent Change: -14.2%



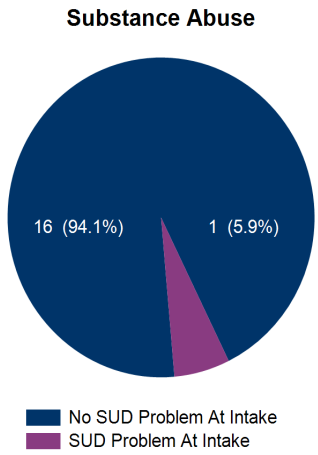
Outcomes for 3357FC (cont.)

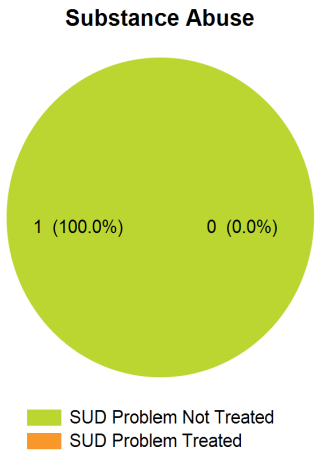
Additional primary outcomes of interest include expulsion and suspension rates, along with school grades and school attendance.





Outcomes: Substance Use 3357FC

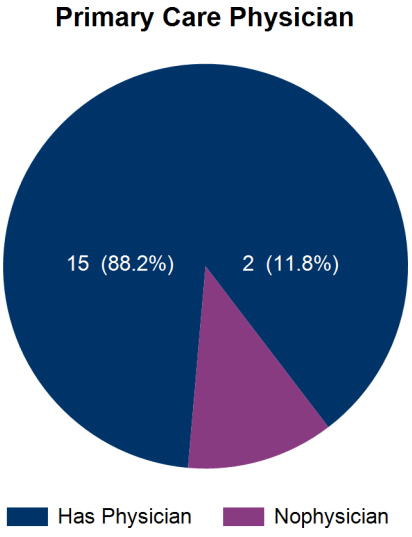




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (5.9%). The majority of those who had co-occurring MH and SU problems, had been receiving SU treatment services at intake.

An additional 0 consumers not identified at intake were noted to have an SU problem on follow-up and 0.0% of them were reported to be in SU services on follow-up.

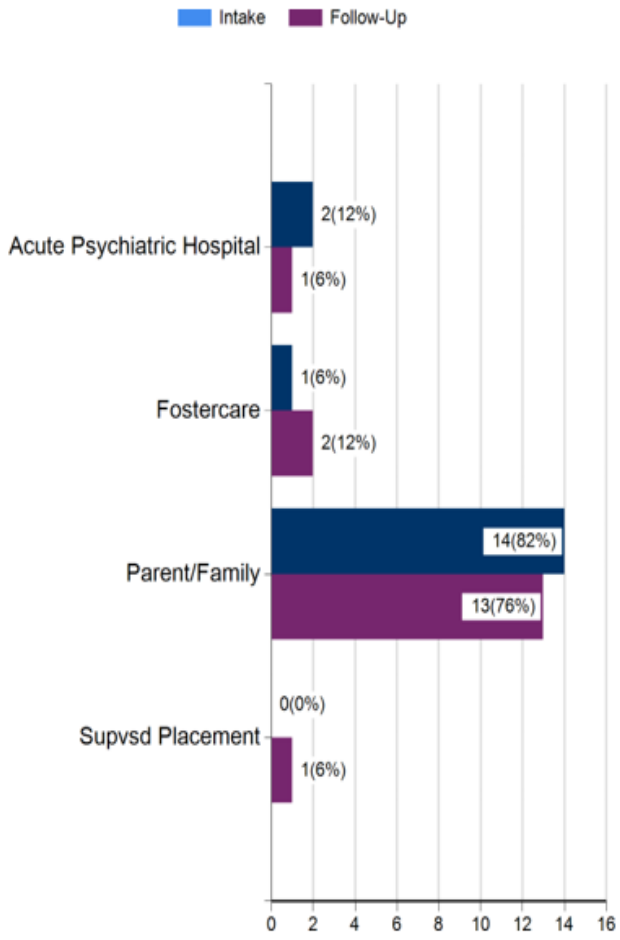
Outcomes: Primary Care Physician 3357FC



Intake: Most consumers (11.8%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 2 consumers that did not have a PCP at intake, 2 (100.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (3357FC)



Discontinuation Reason	Count	%
Met goals	1	17%
Moved out of county/area	1	17%
Partner cannot be located	2	33%
Partner left program	2	33%
Total	**6**	**100%**

Length of FSP Partnership for: 3357FC

Youth Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	1	0	1	5.88%
>= 2 Years and <3 Years	3	0	3	17.65%
>= 90 days and < 1 Year	5	5	10	58.82%
Under 90 days	2	1	3	17.65%
Total Consumer Enrollments	**11**	**6**	**17**	

Service Detail: 3357FC

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	1 (25%)	1 (25%)	0 (0%)	1 (20%)	2 (33%)	2 (33%)	3 (38%)	1 (13%)	3 (27%)	3 (27%)	2 (22%)	1 (20%)
2-3	1 (25%)	1 (25%)	1 (50%)	1 (20%)	2 (33%)	1 (17%)	2 (25%)	2 (25%)	3 (27%)	2 (18%)	1 (11%)	2 (40%)
4-7	2 (50%)	2 (50%)	0 (0%)	2 (40%)	2 (33%)	3 (50%)	2 (25%)	4 (50%)	5 (45%)	5 (45%)	5 (56%)	2 (40%)
8-13	0 (0%)	0 (0%)	1 (50%)	1 (20%)	0 (0%)	0 (0%)	1 (13%)	1 (13%)	0 (0%)	1 (9%)	1 (11%)	0 (0%)
Monthly Total	4	4	2	5	6	6	8	8	11	11	9	5

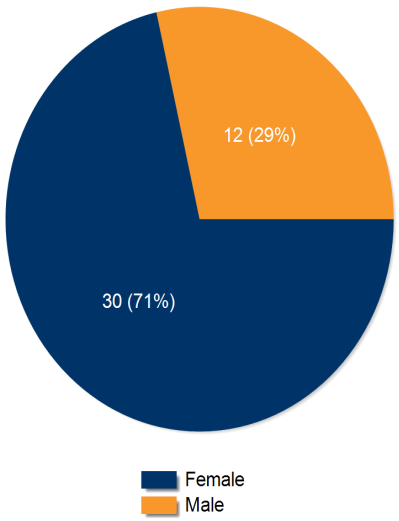
Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Assessment Services	1	1%	1	1.00
Case Management	8	11%	29	3.63
Crisis	1	1%	1	1.00
Family Therapy	7	10%	8	1.14
IHBS	1	1%	2	2.00
Individual Therapy	9	13%	123	13.67
Intensive Care Coordination Services	7	10%	21	3.00
Medication MD Services	9	13%	11	1.22
Mental Health Services-Individual	13	19%	55	4.23
Non Face to Face MD	6	9%	21	3.50
Peer MH Therapeutic Activity	7	10%	24	3.43
Peer-IHBS	1	1%	1	1.00

Children's FSP demographics and Outcomes for:
33MOFC Served by this reporting unit: 42

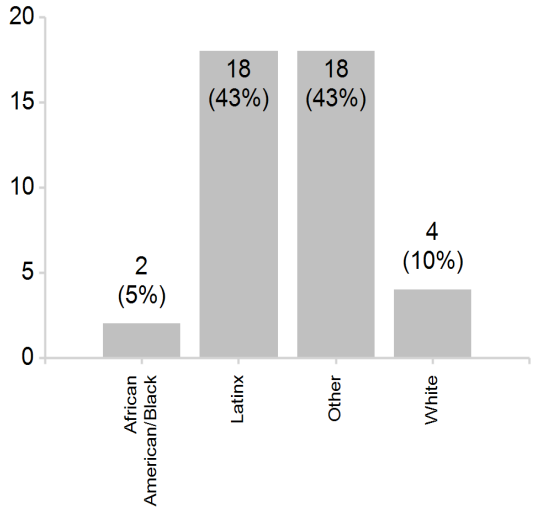
Demographics

29% of consumers were male, and 71% were female.
43% of consumers were Latinx, 10% of consumers were White, and 5% of consumers were Black/African American.
29% of consumers were 15 to 16 years old.

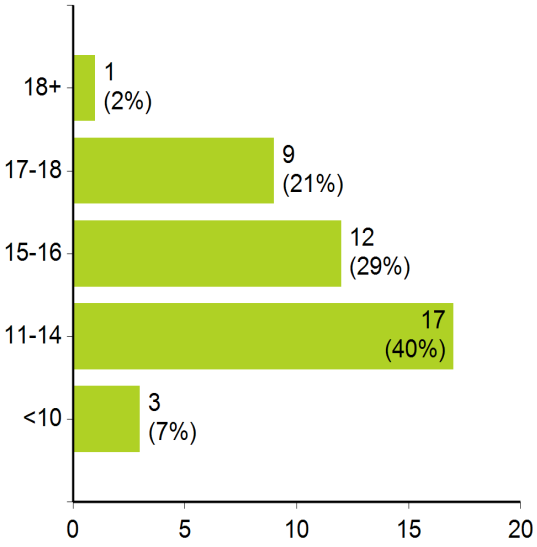
Gender



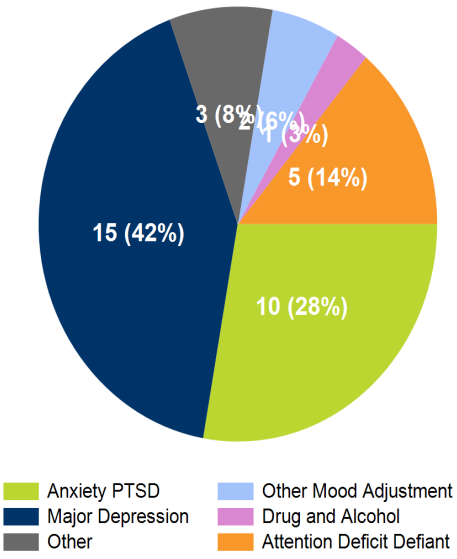
Race/Ethnicity



Age

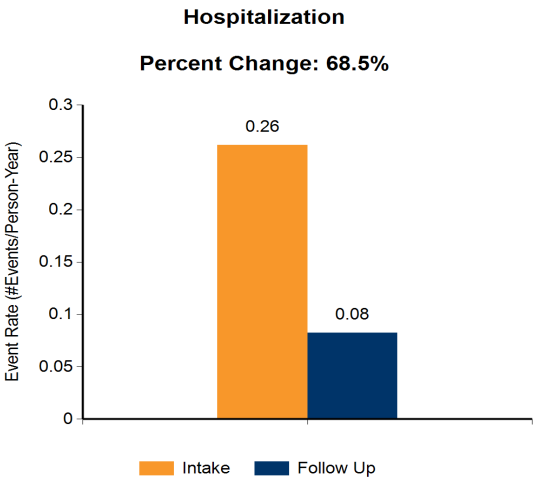


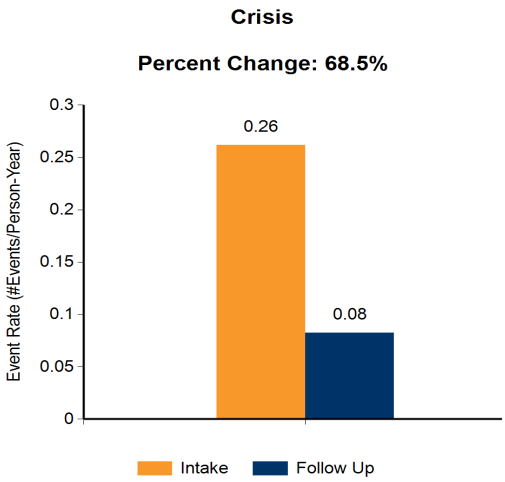
Diagnosis

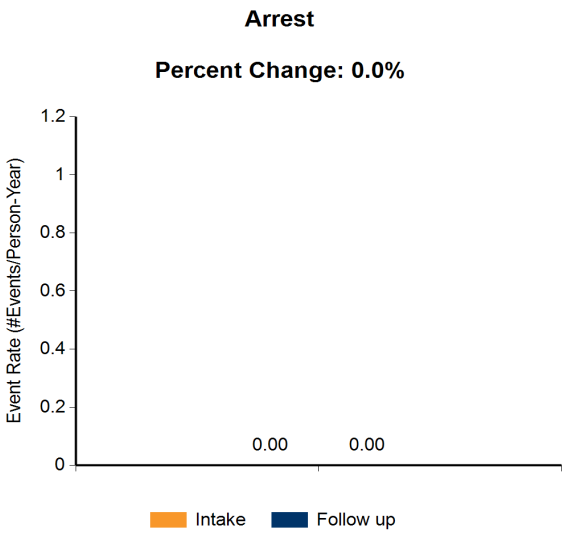


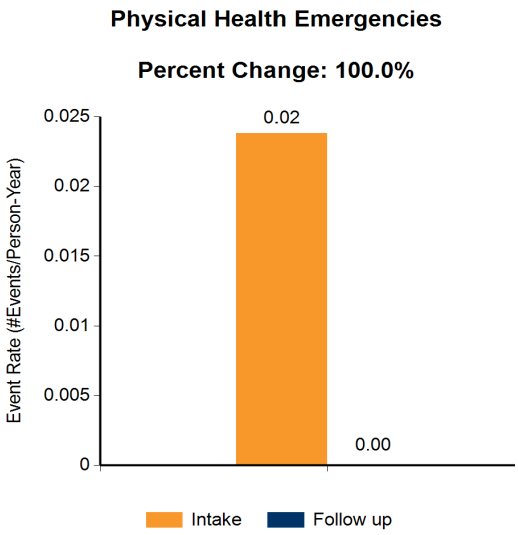
Outcomes for 33MOFC

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.



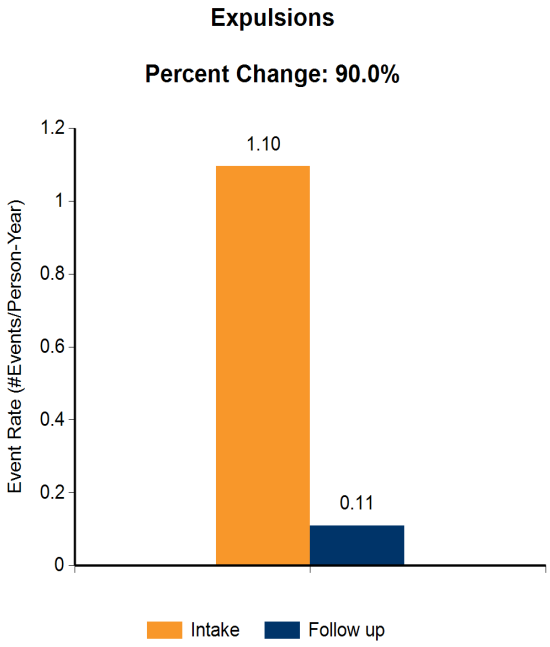


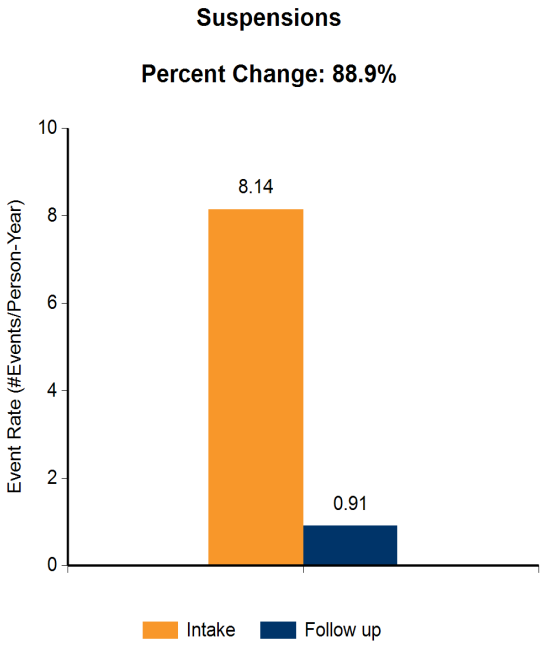


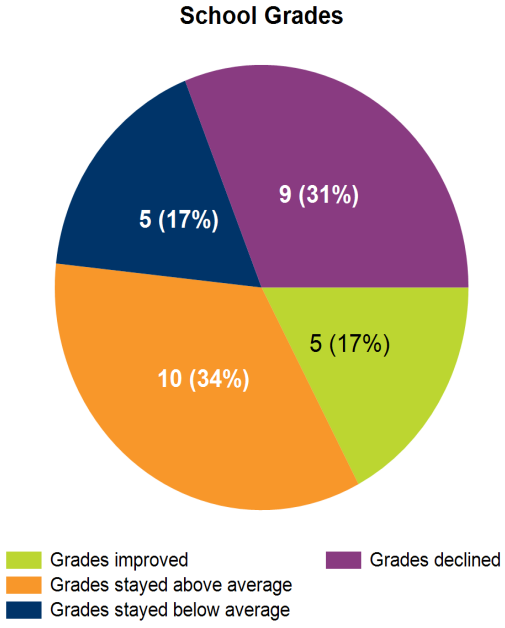


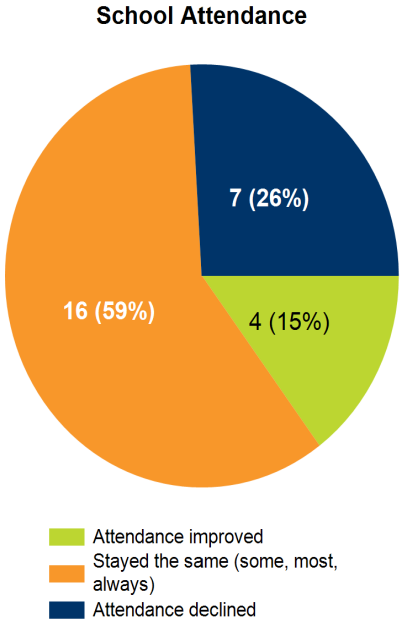
Outcomes for 33MOFC (cont.)

Additional primary outcomes of interest include expulsion and suspension rates, along with school grades and school attendance

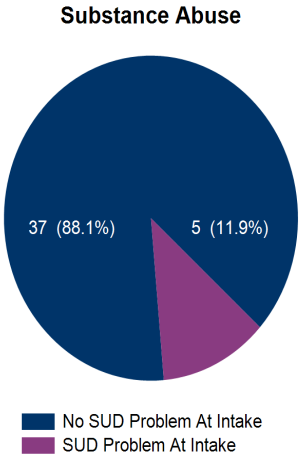


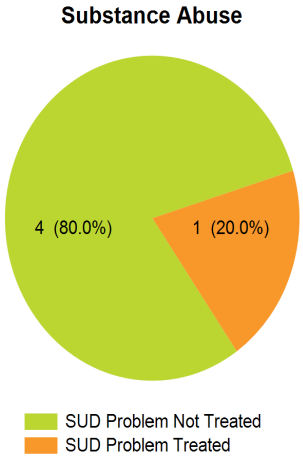






Outcomes: Substance Use 33MOFC

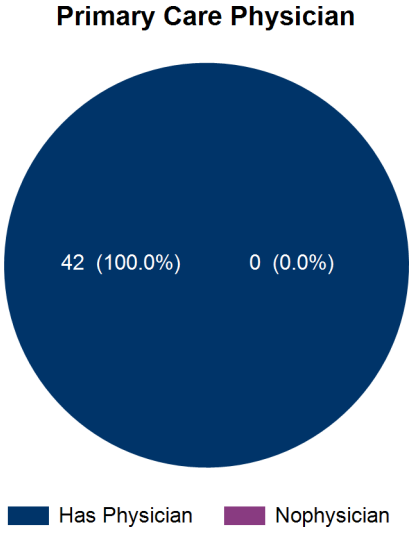




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (11.9%). The majority of those who had co-occurring MH and SU problems, had been receiving SU treatment services at intake.

An additional 4 consumers not identified at intake were noted to have an SU problem on follow-up and 0.0% of them were reported to be in SU services on follow-up.

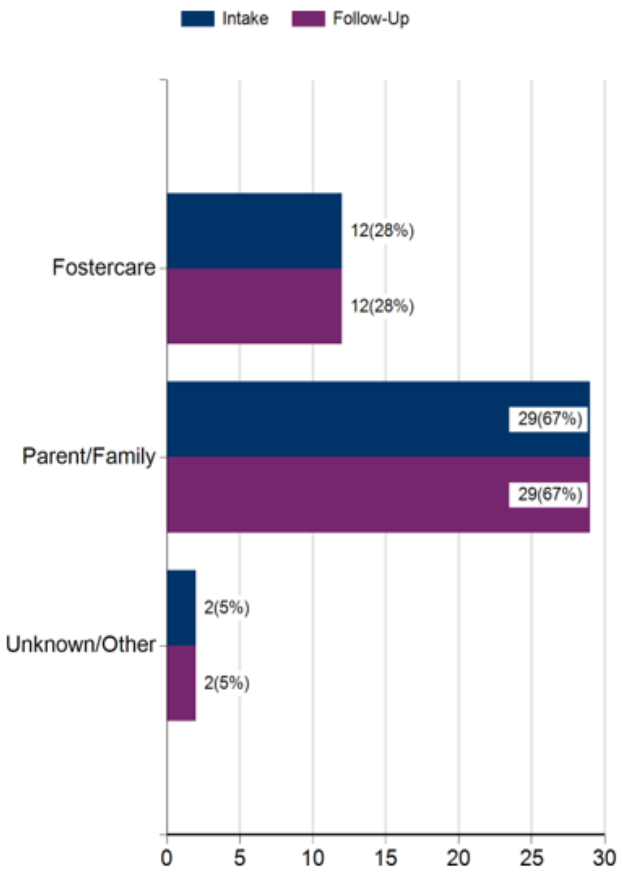
Outcomes: Primary Care Physician 33MOFC



Intake: Most consumers (0.0%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 0 consumers that did not have a PCP at intake, 0 (0.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33MOFC)



Discontinuation Reason	Count	%
Met goals	9	50%
Moved out of county/area	4	22%
Partner cannot be located	3	17%
Partner left program	2	11%
Total	**18**	**100%**

Length of FSP Partnership for: 33MOFC

Youth Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	3	3	6	14.29%
>= 2 Years and <3 Years	4	3	7	16.67%
>= 90 days and < 1 Year	5	10	15	35.71%
Under 90 days	5	9	14	33.33%
Total Consumer Enrollments	**17**	**25**	**42**	

Children's FSP demographics and Outcomes
for: 33H8FC Served by this reporting unit: 38

Demographics

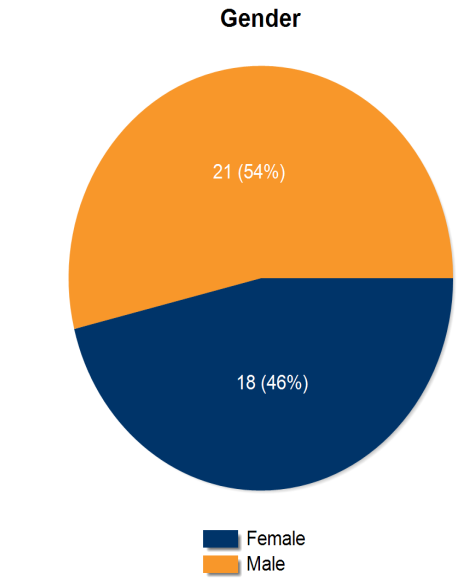
54% of consumers were male and 46% were female.
59% of consumers were Latinx, 5% of consumers were White and 13% of consumers were Black/African American.
51% of consumers were 15 to 16 years old.

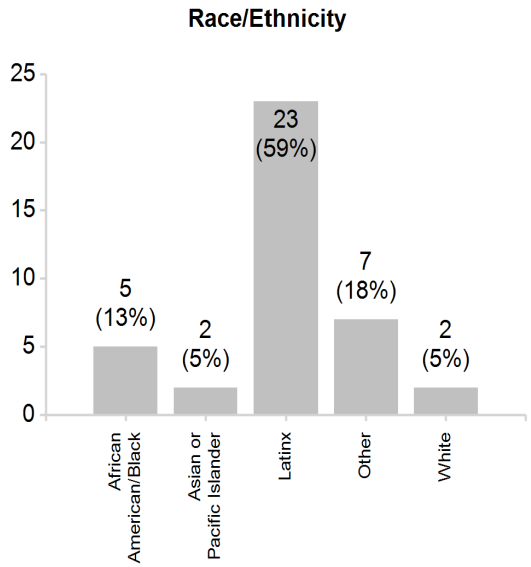
Service Detail: 33MOFC

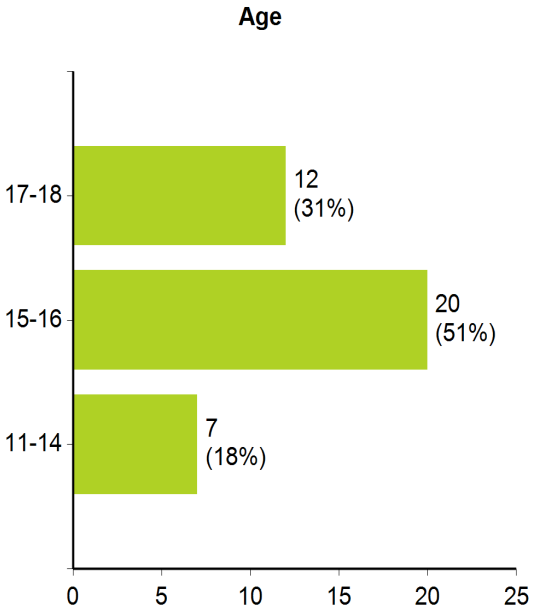
Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	0 (0%)	0 (0%)	1 (8%)	1 (7%)	3 (25%)	1 (8%)	1 (8%)	2 (15%)	5 (28%)	0 (0%)	1 (5%)	2 (10%)
2-3	6 (33%)	1 (6%)	1 (8%)	5 (36%)	3 (25%)	5 (42%)	2 (17%)	2 (15%)	2 (11%)	3 (19%)	1 (5%)	5 (25%)
4-7	5 (28%)	5 (29%)	5 (38%)	3 (21%)	3 (25%)	3 (25%)	5 (42%)	4 (31%)	7 (39%)	5 (31%)	7 (37%)	5 (25%)
8-13	2 (11%)	4 (24%)	4 (31%)	4 (29%)	3 (25%)	2 (17%)	2 (17%)	5 (38%)	2 (11%)	7 (44%)	7 (37%)	6 (30%)
14-19	4 (22%)	3 (18%)	2 (15%)	1 (7%)	0 (0%)	1 (8%)	1 (8%)	0 (0%)	1 (6%)	1 (6%)	2 (11%)	2 (10%)
20-25	1 (6%)	4 (24%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	1 (6%)	0 (0%)	1 (5%)	0 (0%)
Monthly Total	18	17	13	14	12	12	12	13	18	16	19	20

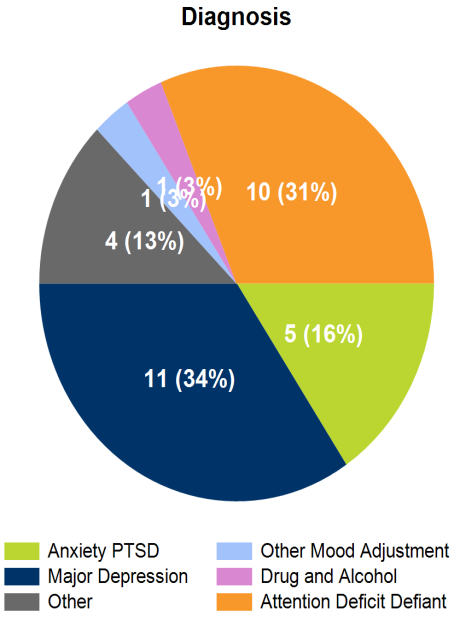
Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Case Management	12	5%	20	1.67
Crisis	2	1%	2	1.00
Family Therapy	10	4%	13	1.30
IHBS	18	8%	113	6.28
Individual Therapy	30	13%	157	5.23
Intensive Care Coordination Services	35	15%	321	9.17
Medication MD Services	11	5%	23	2.09
Medication Therapeutic Services	28	12%	141	5.04
Mental Health Services-Individual	23	10%	77	3.35
Non Face to Face MD	1	0%	1	1.00
Peer MH Engagement	12	5%	31	2.58
Peer MH Therapeutic Activity	32	14%	281	8.78
Peer-IHBS	15	7%	67	4.47
Psychiatric Assessment	1	0%	1	1.00

Outcomes for 33H8FC (cont.)



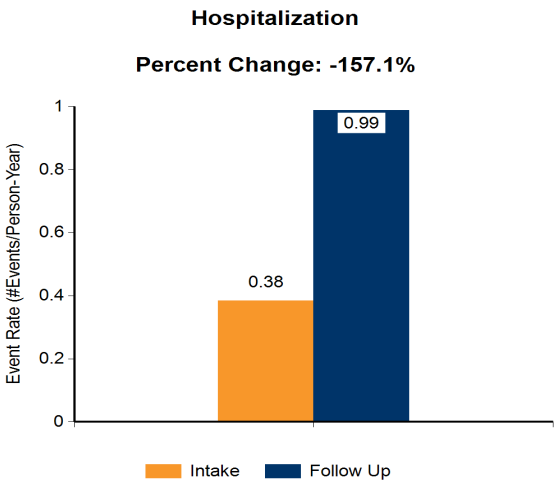


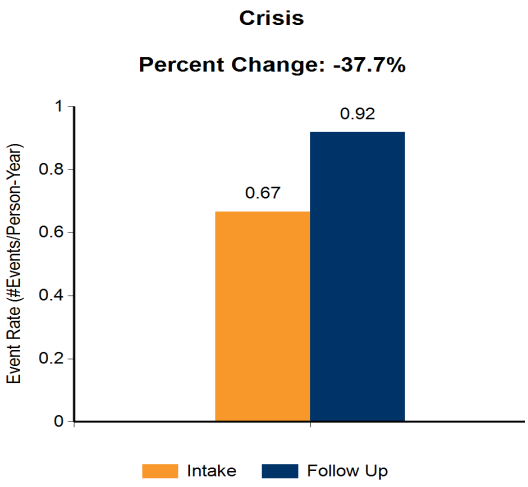


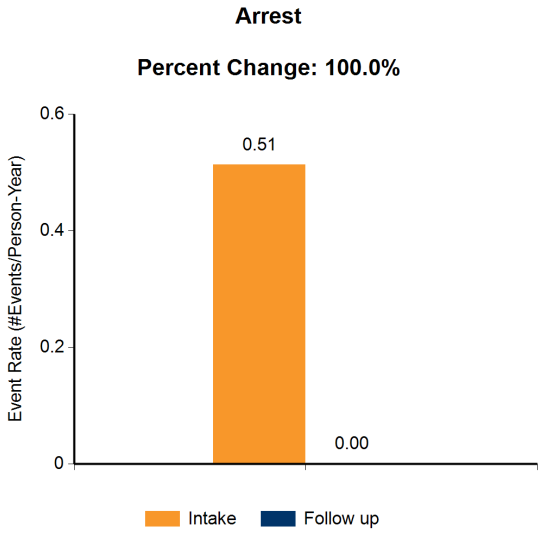


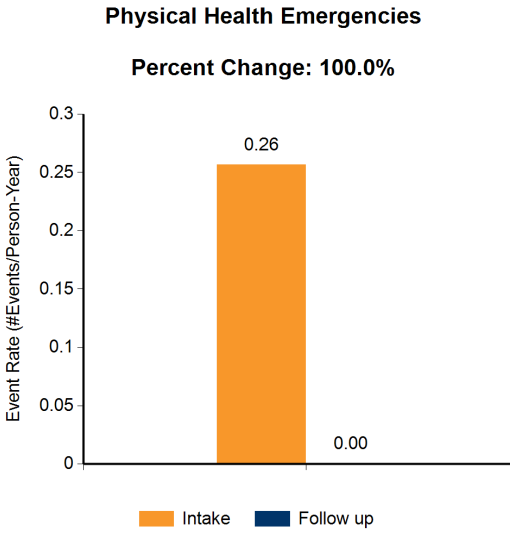
Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

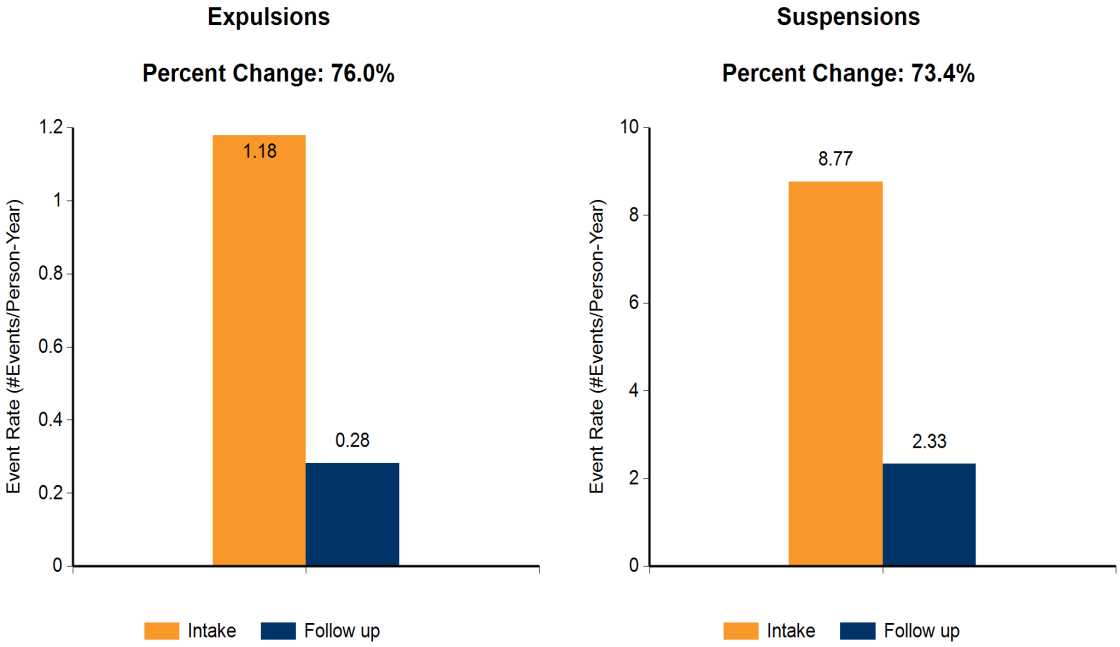
Additional primary outcomes of interest include expulsion and suspension rates, as well as school grades and attendance.

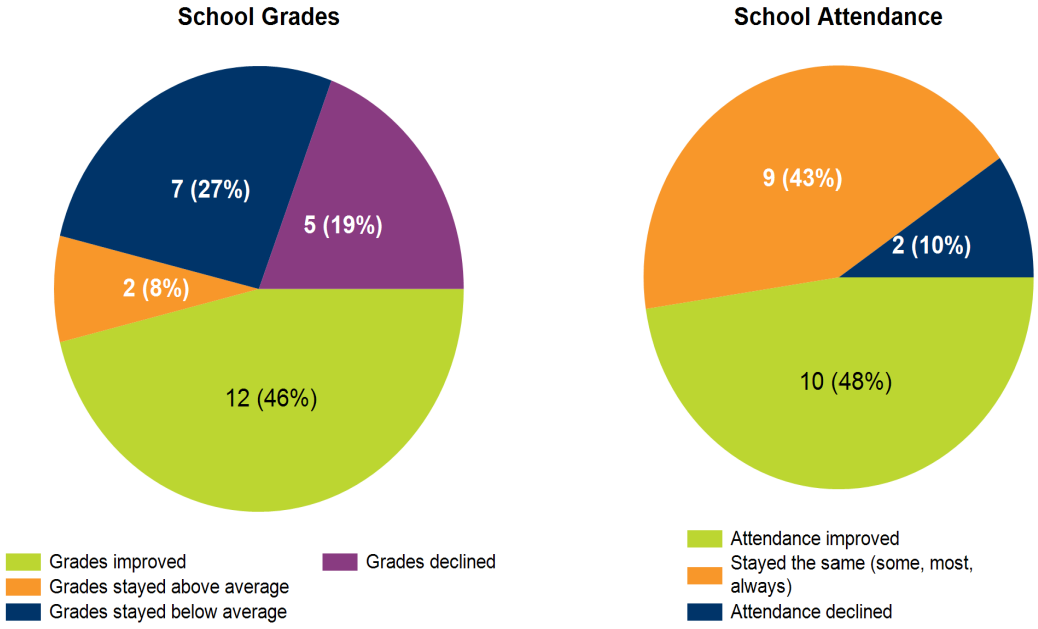






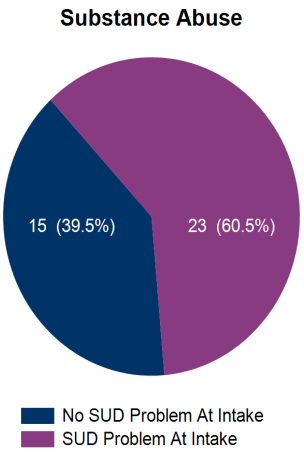


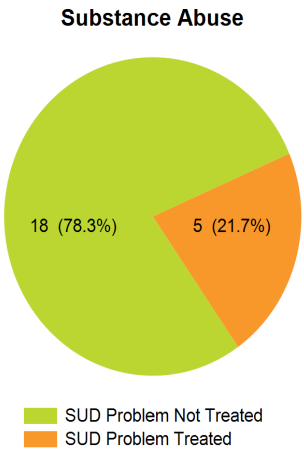




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (60.5%). The majority of those who had co-occurring MH and SU problems, had been receiving SU treatment services at intake.

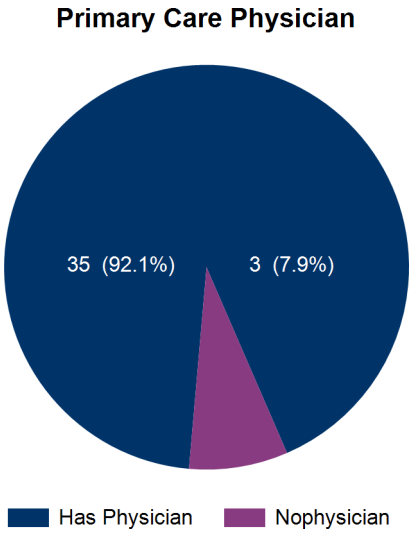
Outcomes: Substance Use 33H8FC





An additional 3 consumers not identified at intake were noted to have an SU problem on follow-up and 67.0% of them were reported to be in SU services on follow-up.

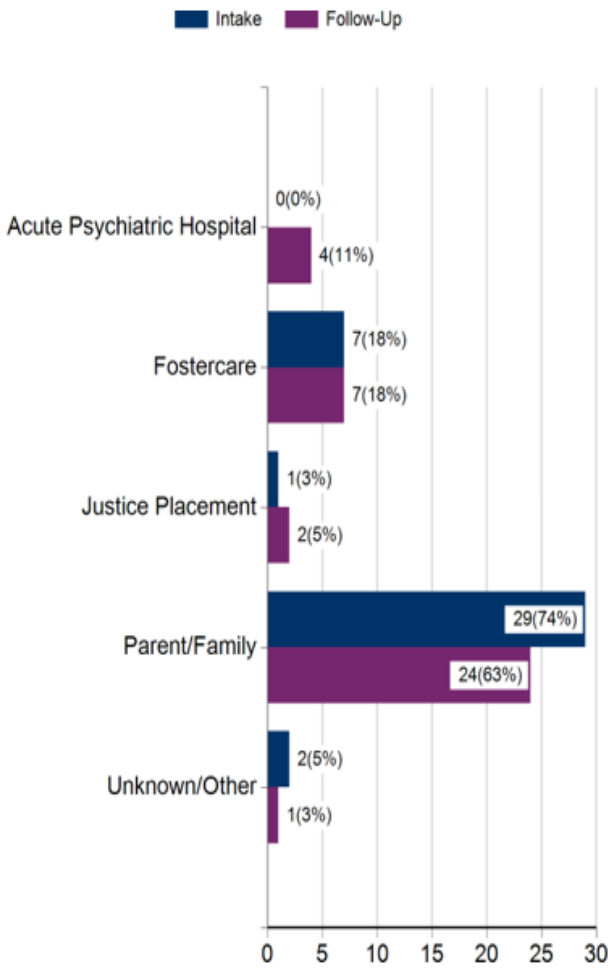
Outcomes: Primary Care Physician 33H8FC



Intake: Most consumers (7.9%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 3 consumers that did not have a PCP at intake, 1 (33.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33H8FC)



Discontinuation Reason	Count	%
Met goals	10	40%
Moved out of county/area	1	4%
Needs residential care	2	8%
Other	3	12%
Partner cannot be located	1	4%
Partner left program	5	20%
Target criteria not met	3	12%
Total	**25**	**100%**

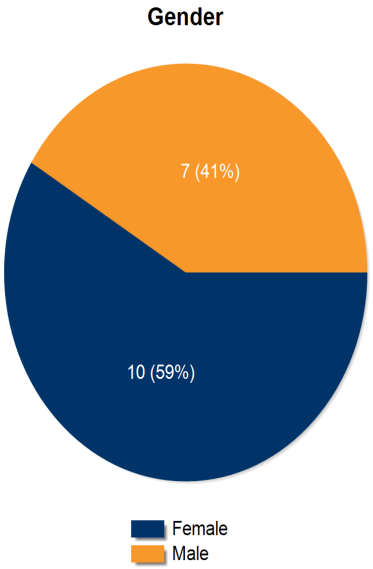
Length of FSP Partnership for: 33H8FC

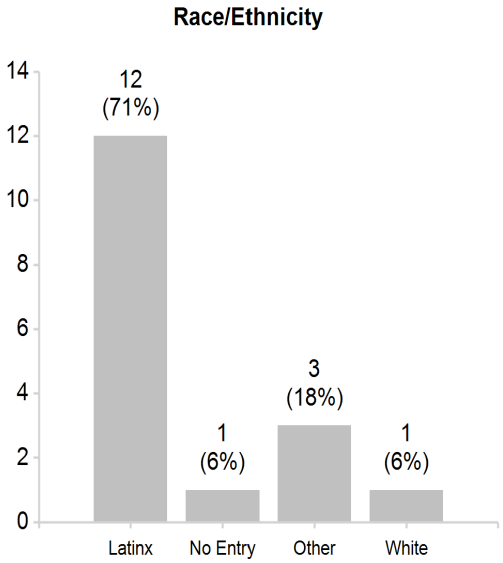
Youth Time in Partnership	Closed	Open	All Consumers	% of Total
>= 90 days and < 1 Year	19	6	25	64.10%
Under 90 days	10	4	14	35.90%
Total Consumer Enrollments	**29**	**10**	**39**	

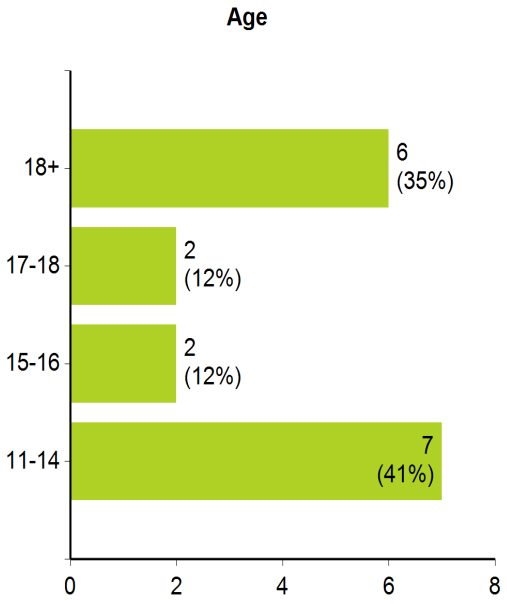
Children's FSP demographics and Outcomes for:
33MOFEP Served by this reporting unit: 17

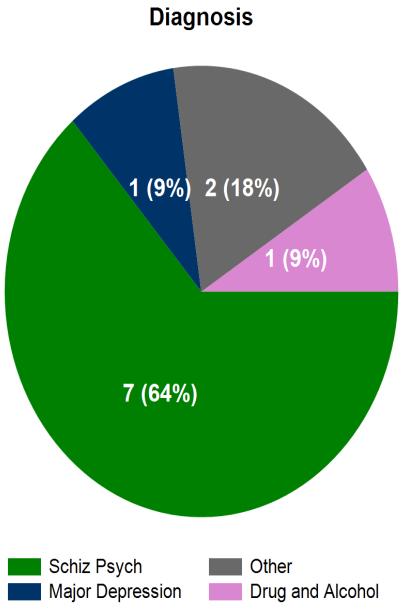
Demographics

41% of consumers were male and 59% were female.









71% of consumers were Latinx, 6% of consumers were White and 0% of consumers were Black/African American.

12% of consumers were 15 to 16 years old.

Outcomes for 33MOFEP

Service Detail: 33H8FC

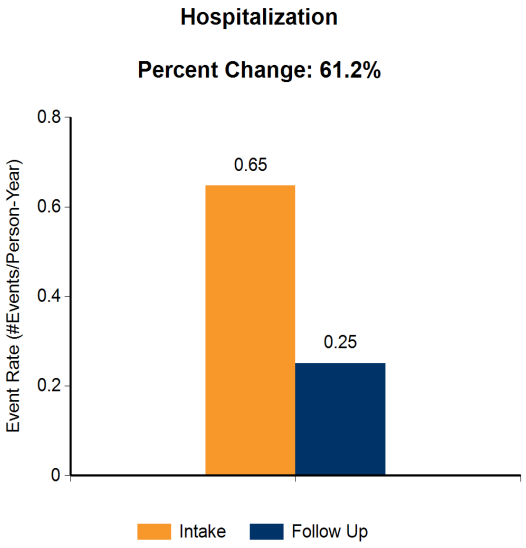
Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	1 (7%)	2 (13%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0 (0%)	2 (13%)	0 (0%)	1 (7%)	0 (0%)	1 (8%)
2-3	1 (7%)	1 (6%)	2 (15%)	2 (13%)	0 (0%)	0 (0%)	3 (20%)	2 (13%)	2 (14%)	2 (13%)	0 (0%)	0 (0%)
4-7	0 (0%)	0 (0%)	1 (8%)	1 (7%)	1 (7%)	3 (20%)	0 (0%)	0 (0%)	3 (21%)	2 (13%)	1 (8%)	2 (15%)
8-13	4 (27%)	5 (31%)	6 (46%)	5 (33%)	7 (50%)	8 (53%)	4 (27%)	7 (44%)	1 (7%)	0 (0%)	2 (15%)	2 (15%)
14-19	1 (7%)	2 (13%)	4 (31%)	4 (27%)	5 (36%)	2 (13%)	1 (7%)	0 (0%)	1 (7%)	2 (13%)	2 (15%)	4 (31%)
20-25	5 (33%)	2 (13%)	0 (0%)	1 (7%)	1 (7%)	2 (13%)	2 (13%)	3 (19%)	3 (21%)	3 (20%)	5 (38%)	3 (23%)
26-31	2 (13%)	2 (13%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	3 (20%)	0 (0%)	2 (14%)	1 (7%)	2 (15%)	0 (0%)
32+	1 (7%)	2 (13%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (13%)	2 (13%)	2 (14%)	4 (27%)	1 (8%)	1 (8%)
Monthly Total	15	16	13	15	14	15	15	16	14	15	13	13

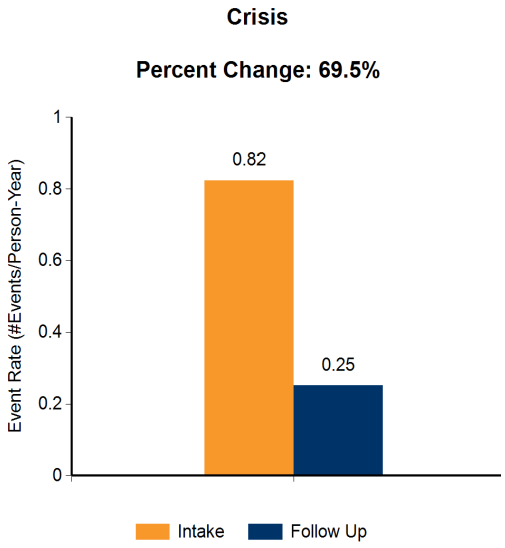
Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Assessment Services	16	7%	17	1.06
Case Management	24	11%	81	3.38
Collateral Services	3	1%	9	3.00
Crisis	8	4%	24	3.00
Family Therapy	33	15%	312	9.45
IHBS	24	11%	76	3.17
Individual Therapy	35	16%	485	13.86
Intensive Care Coordination Services	38	18%	1,609	42.34
Mental Health Services-Individual	33	15%	146	4.42
Non Family Collateral	2	1%	4	2.00

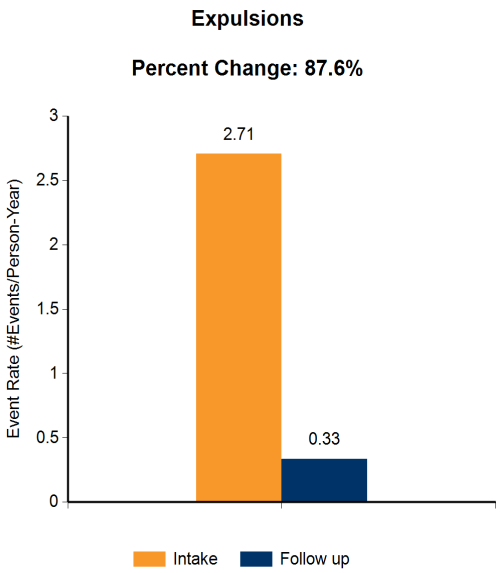
Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

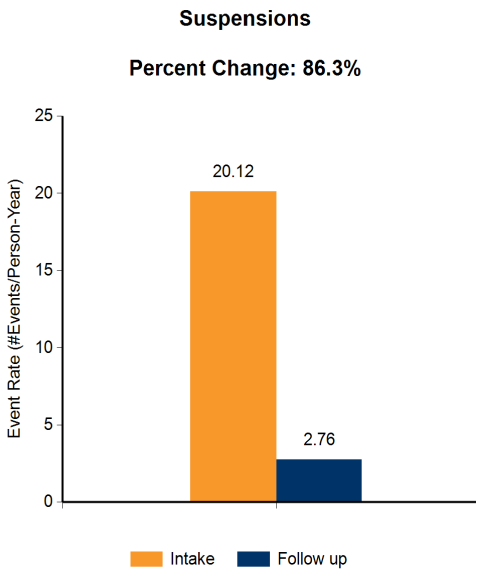
Outcomes for 33MOFEP (cont.)

Additional primary outcomes of interest include expulsion and suspension rates, along with school grades and school attendance.

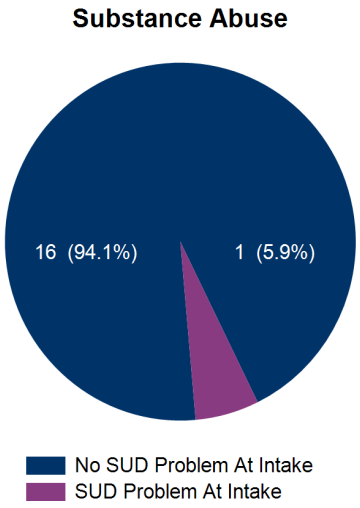


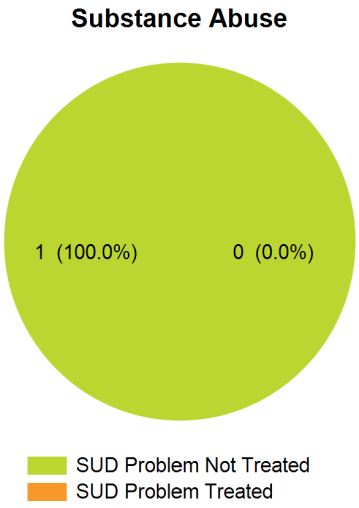






Outcomes: Substance Use 33MOFEP

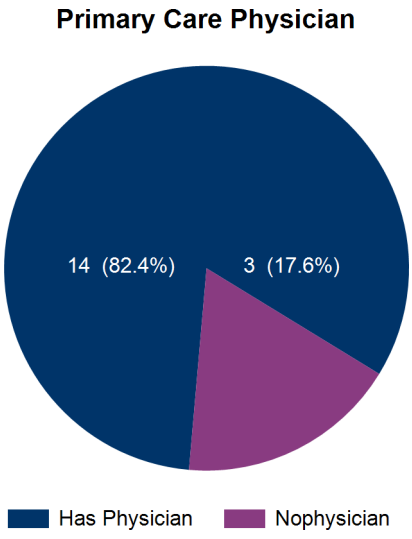




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (5.9%). The majority of those who had co-occurring MH and SU problems had been receiving SU treatment services at intake.

An additional 1 consumer not identified at intake was noted to have an SU problem on follow-up, and 100.0% of them were reported to be in SU services on follow-up.

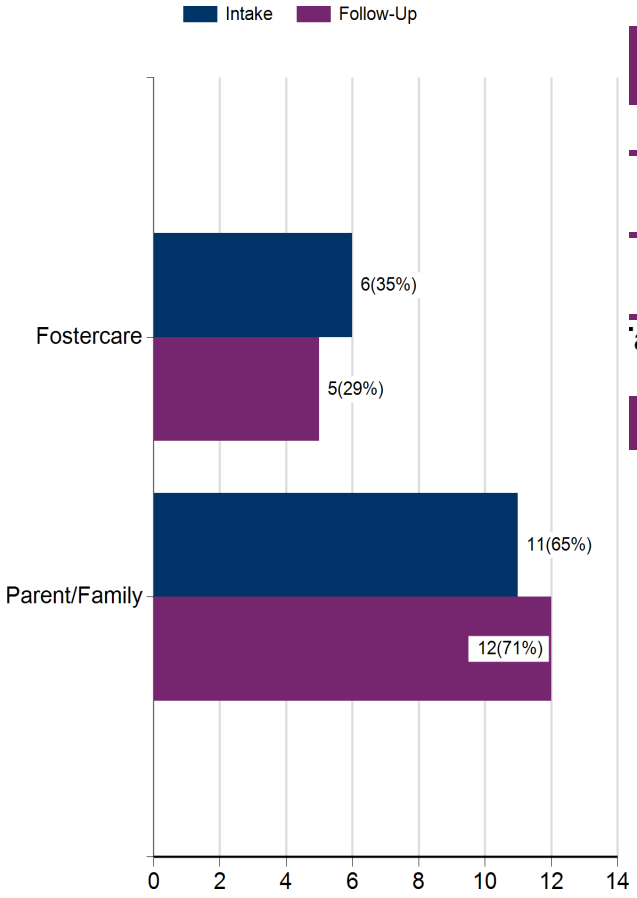
Outcomes: Primary Care Physician 33MOFEP



Intake: Most consumers (17.6%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 3 consumers that did not have a PCP at intake, 2 (67.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33MOFEP)



Discontinuation Reason	Count	%
Met goals	1	17%
Moved out of county/area	2	33%
Partner left program	2	33%
Target criteria not met	1	17%
Total	6	100%

Length of FSP Partnership for: 33MOFEP

Youth Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	2	3	5	29.41%
>= 90 days and < 1 Year	4	4	8	47.06%
Under 90 days	3	1	4	23.53%
Total Consumer Enrollments	**9**	**8**	**17**	

Service Detail:33MOFEP

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	0 (0%)	0 (0%)	1 (9%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)	2 (17%)	0 (0%)	0 (0%)	1 (8%)	1 (9%)
2-3	2 (22%)	0 (0%)	1 (9%)	1 (8%)	1 (9%)	1 (8%)	1 (8%)	0 (0%)	2 (18%)	1 (9%)	1 (8%)	1 (9%)
4-7	1 (11%)	2 (20%)	0 (0%)	3 (25%)	2 (18%)	2 (17%)	1 (8%)	2 (17%)	2 (18%)	2 (18%)	1 (8%)	2 (18%)
8-13	0 (0%)	3 (30%)	3 (27%)	3 (25%)	3 (27%)	3 (25%)	6 (50%)	4 (33%)	4 (36%)	4 (36%)	2 (17%)	3 (27%)
14-19	2 (22%)	1 (10%)	4 (36%)	2 (17%)	1 (9%)	4 (33%)	1 (8%)	2 (17%)	2 (18%)	3 (27%)	4 (33%)	4 (36%)
20-25	4 (44%)	2 (20%)	2 (18%)	3 (25%)	3 (27%)	1 (8%)	2 (17%)	1 (8%)	1 (9%)	1 (9%)	3 (25%)	0 (0%)
26-31	0 (0%)	2 (20%)	0 (0%)	0 (0%)	1 (9%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
32+	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Monthly Total	9	10	11	12	11	12	12	12	11	11	12	11

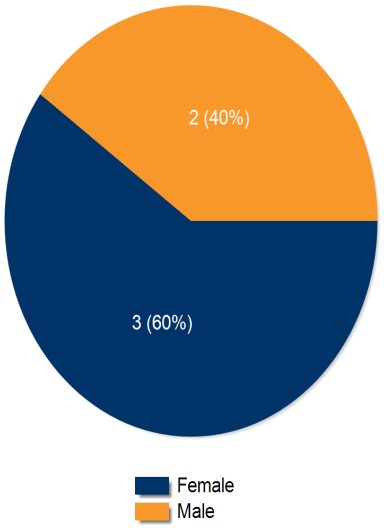
Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Case Management	15	9%	129	8.60
Client Supportive Services	1	1%	1	1.00
Crisis	2	1%	4	2.00
Family Therapy	9	5%	33	3.67
IHBS	13	8%	103	7.92
Individual Therapy	14	8%	173	12.36
Intensive Care Coordination Services	16	9%	313	19.56
Medication MD Services	14	8%	93	6.64
Medication Therapeutic Services	12	7%	220	18.33
Mental Health Services-Group	5	3%	14	2.80
Mental Health Services-Individual	13	8%	61	4.69
Non Face to Face MD	12	7%	39	3.25
Peer MH Education Groups	8	5%	33	4.13
Peer MH Engagement	5	3%	7	1.40
Peer MH Therapeutic Activity	15	9%	289	19.27
Peer-IHBS	14	8%	168	12.00
Psychiatric Assessment	5	3%	5	1.00

Children's FSP demographics and Outcomes for: 33OPFEP
Served by this reporting unit: 5 Enrollment: 5

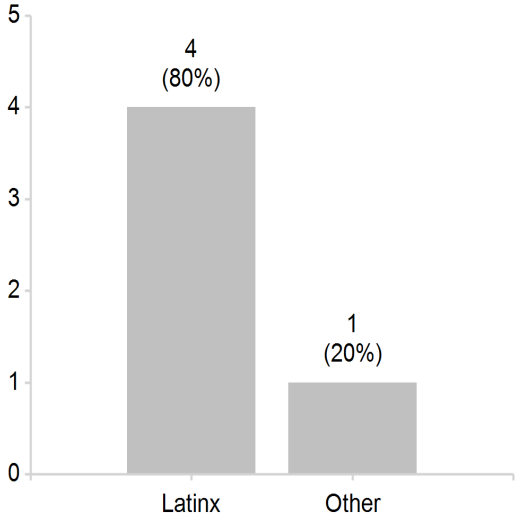
Demographics

40% of consumers identified as male, while 60% identified as female. 80% of consumers were Latinx, with 0% being White and 0% being Black/African American. Additionally, 0% of consumers were aged 15 to 16 years.

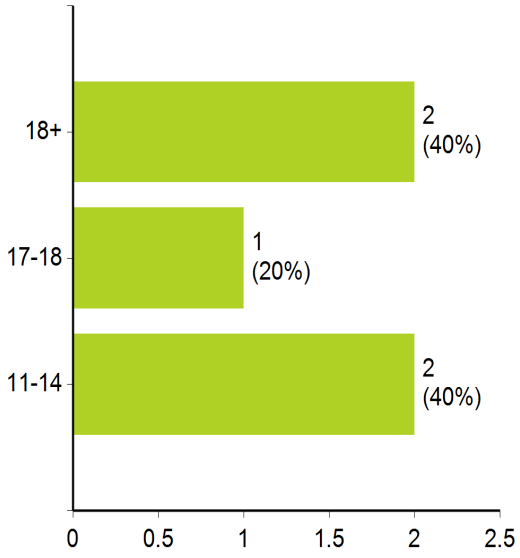
Gender



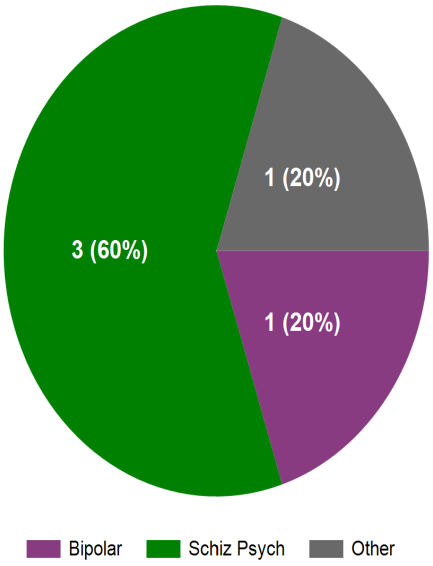
Race/Ethnicity



Age

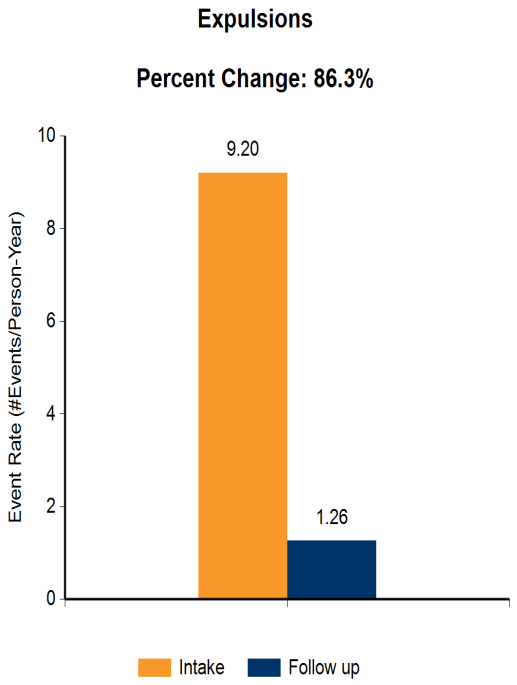


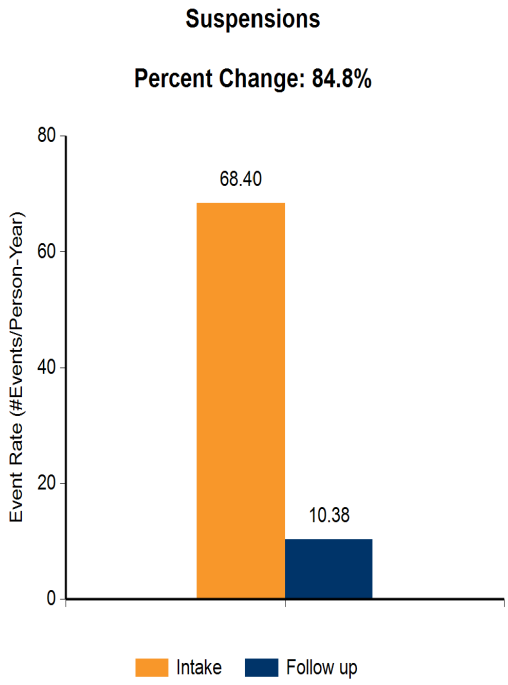
Diagnosis

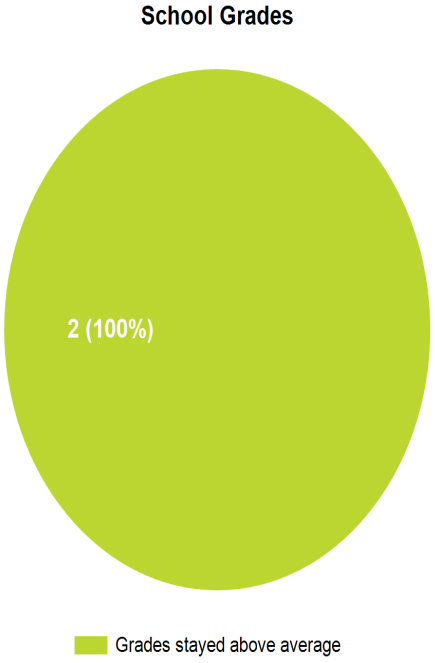


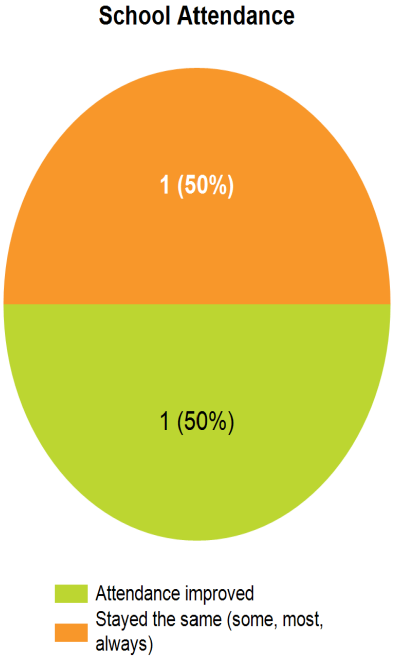
Outcomes for 33OPFEP

Additional primary outcomes of interest include explusion and suspension rates, along with school grades and school attendance.

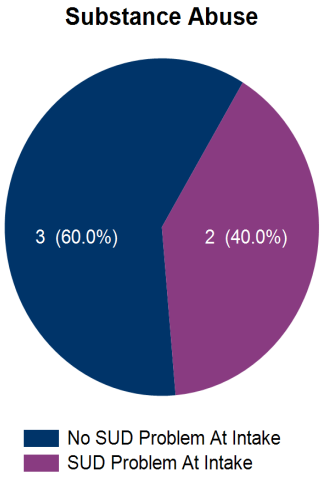


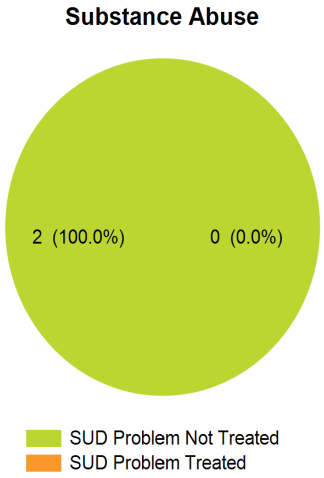






Outcomes: Substance Use 33OPFEP

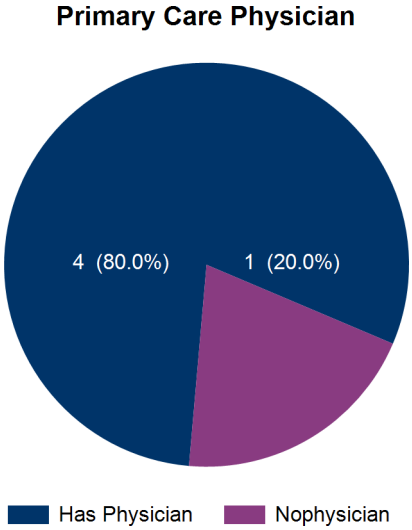




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (40.0%). The majority of those who had co-occurring MH and SU problems, had been receiving SU treatment services at intake.

An additional 1 consumers not identified at intake were noted to have an SU problem on follow-up and 0.0% of them were reported to be in SU services on follow-up.

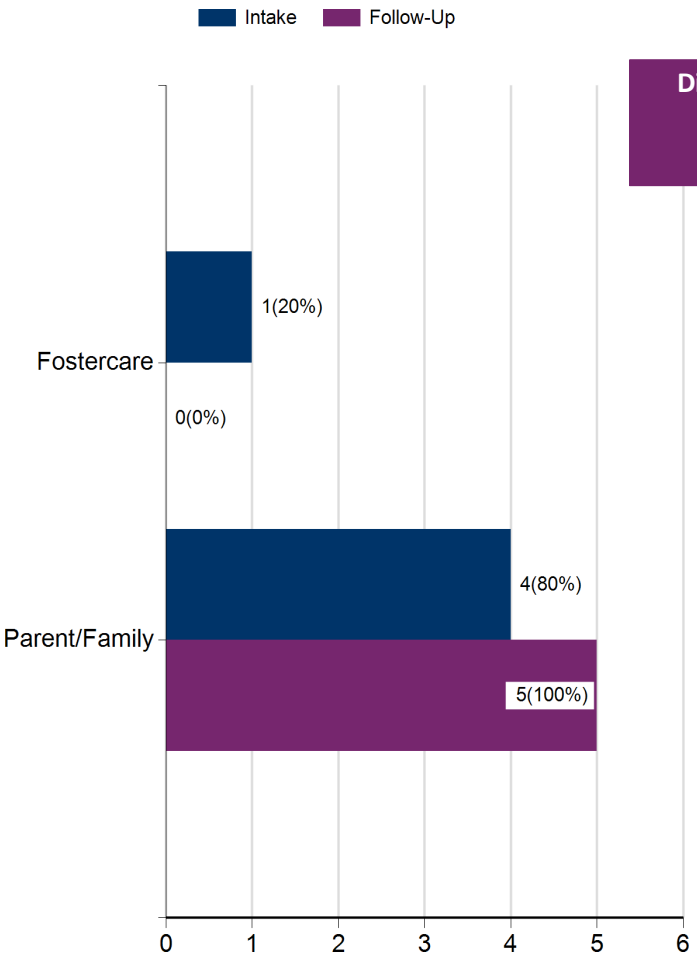
Outcomes: Primary Care Physician 33OPFEP



Intake: Most consumers (20.0%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 1 consumer that did not have a PCP at intake, 1 (100.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33OPFEP)



Discontinuation Reason	Count	%
Total	0	100%

Length of FSP Partnership for: 33OPFEP

Youth Time in Partnership	Open	All Consumers	% of Total
>= 90 days and < 1 Year	4	4	80.00%
Under 90 days	1	1	20.00%
Total Consumer Enrollments	**5**	**5**	

Service Detail:33OPFEP

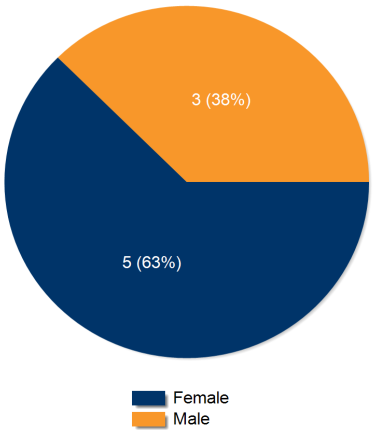
Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	1 (50%)	0 (0%)	0 (0%)	2 (50%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
2-3	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)
4-7	1 (50%)	1 (50%)	0 (0%)	0 (0%)	1 (33%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (20%)	0 (0%)
8-13	0 (0%)	1 (50%)	1 (50%)	0 (0%)	0 (0%)	2 (50%)	1 (25%)	1 (25%)	1 (25%)	0 (0%)	1 (20%)	4 (80%)
14-19	0 (0%)	0 (0%)	1 (50%)	1 (25%)	1 (33%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	1 (25%)	3 (60%)	0 (0%)
20-25	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (33%)	0 (0%)	2 (50%)	0 (0%)	2 (50%)	1 (25%)	0 (0%)	0 (0%)
26-31	0 (0%)	0 (0%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)	0 (0%)	2 (50%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)
32+	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (25%)	0 (0%)	0 (0%)
Monthly Total	2	2	2	4	3	4	4	4	4	4	5	5

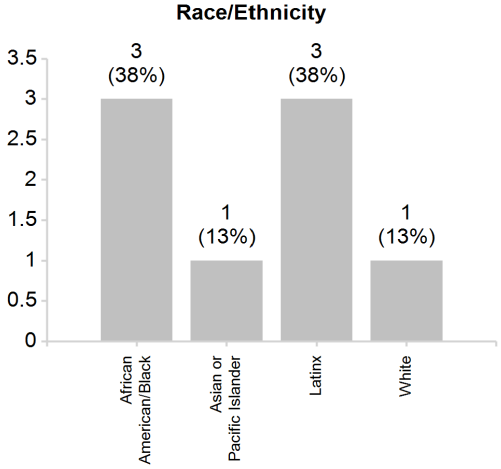
Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Case Management	5	10%	85	17.00
Crisis	1	2%	1	1.00
Family Therapy	1	2%	3	3.00
IHBS	4	8%	28	7.00
Individual Therapy	4	8%	52	13.00
Intensive Care Coordination Services	4	8%	75	18.75
Medication MD Services	5	10%	36	7.20
Medication Therapeutic Services	5	10%	80	16.00
Mental Health Services-Individual	2	4%	4	2.00
Non Face to Face MD	4	8%	7	1.75
Peer MH Education Groups	2	4%	2	1.00
Peer MH Engagement	2	4%	3	1.50
Peer MH Therapeutic Activity	5	10%	136	27.20
Peer-IHBS	4	8%	99	24.75
Psychiatric Assessment	1	2%	1	1.00

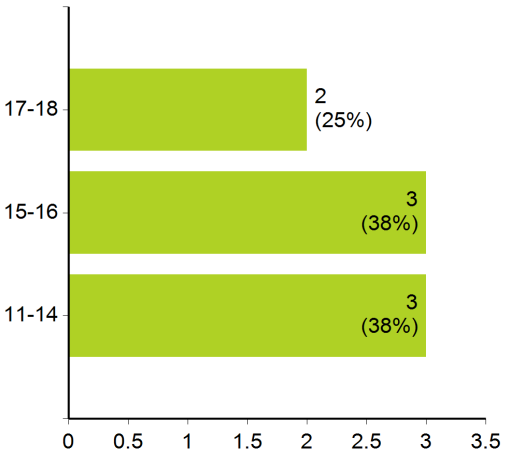
Children's FSP demographics and Outcomes for: 33A2FC Served by this reporting unit: 8

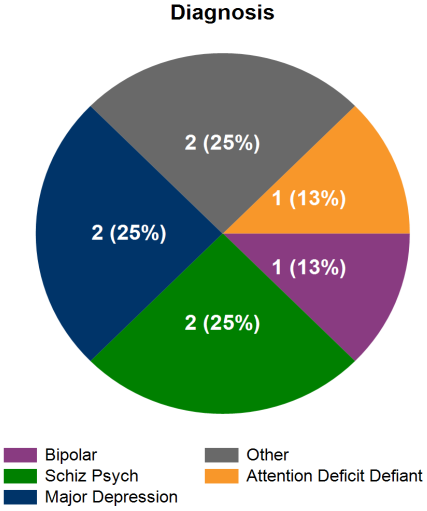
Demographics

38% of consumers were male and 63% were female.
38% of consumers were Latinx, 13% of consumers were White and 38% of consumers were Black/African American.
38% of consumers were 15 to 16 years old.







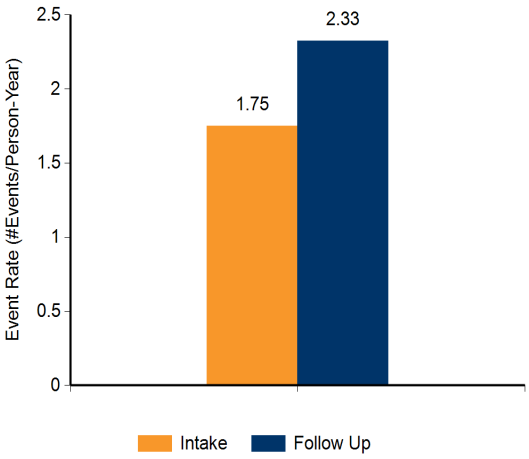


Outcomes for 33A2FC

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

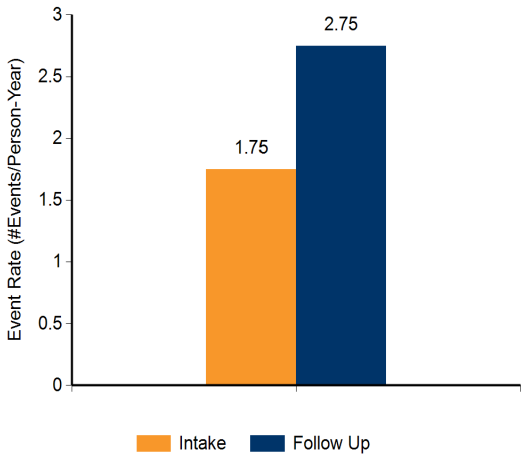
Hospitalization

Percent Change: -32.9%



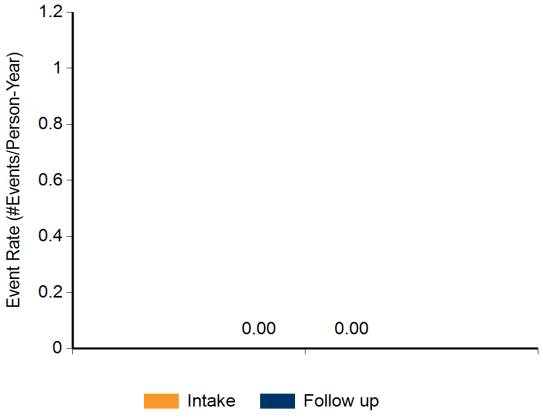
Crisis

Percent Change: -57.0%



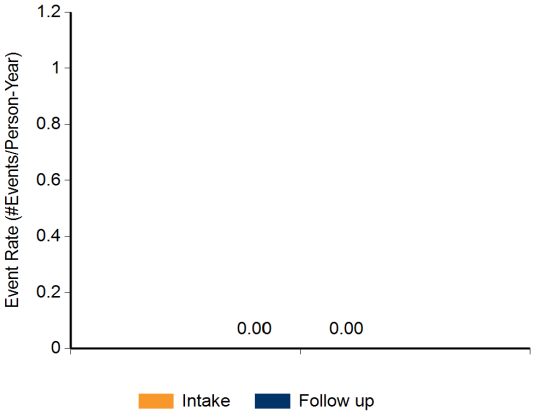
Arrest

Percent Change: 0.0%



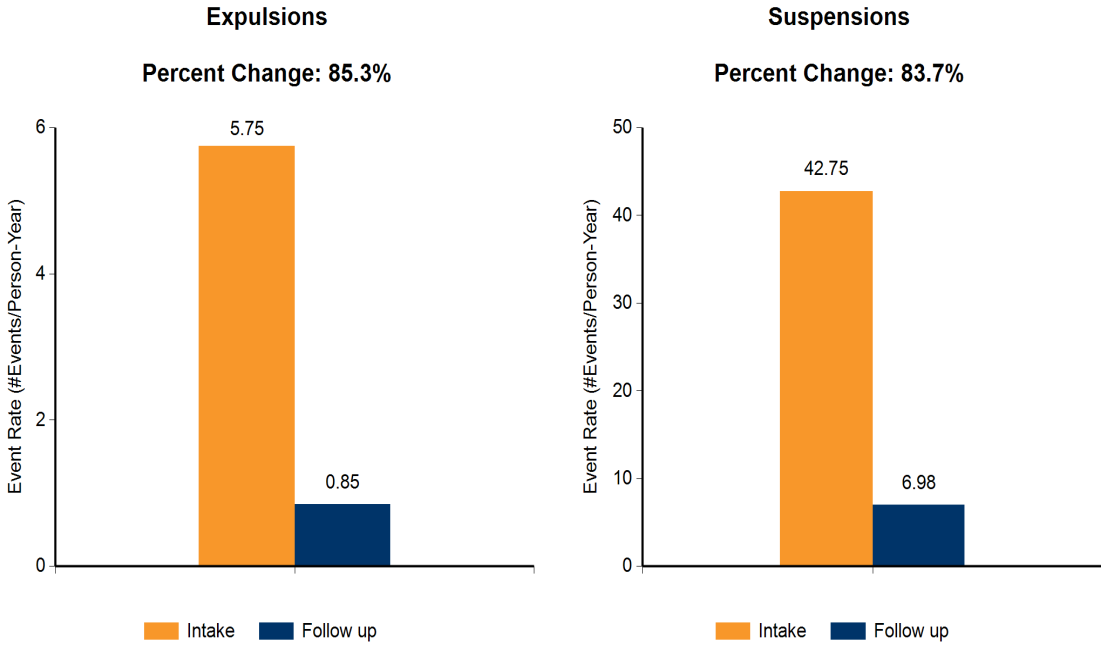
Physical Health Emergencies

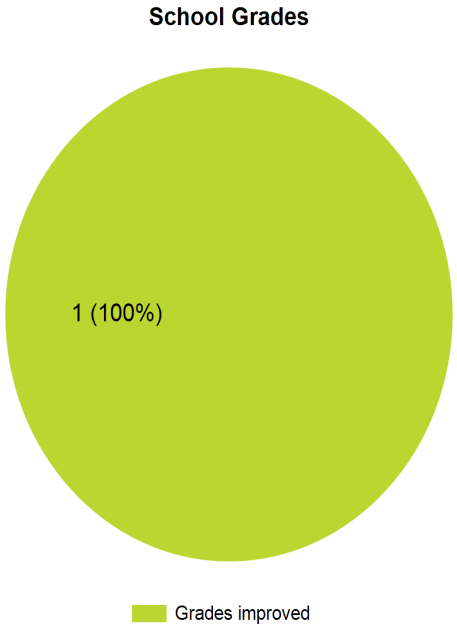
Percent Change: 0.0%

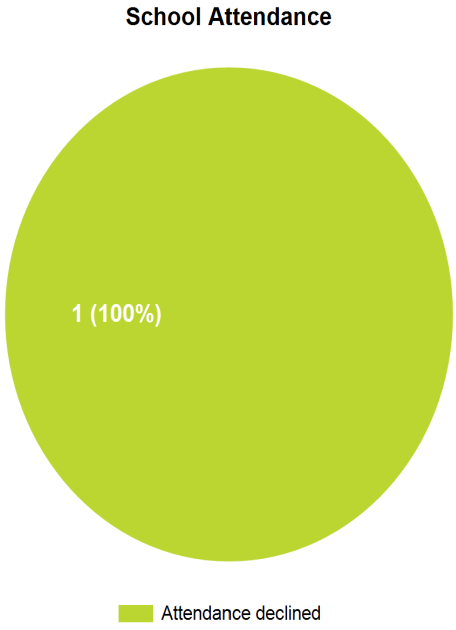


Outcomes for 33A2FC (cont.)

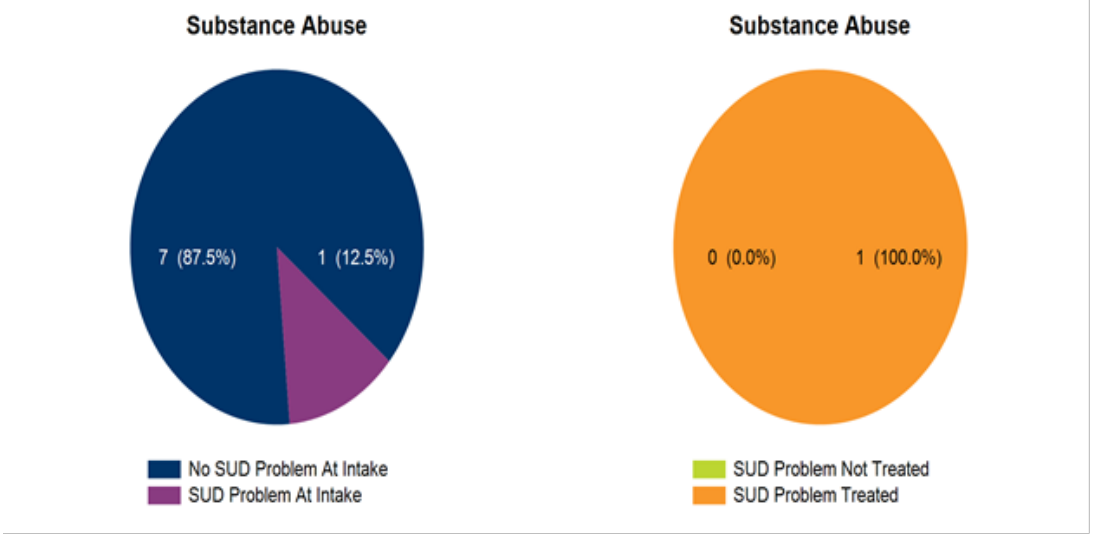
Additional primary outcomes of interest include expulsion and suspension rates, as well as school grades and attendance.





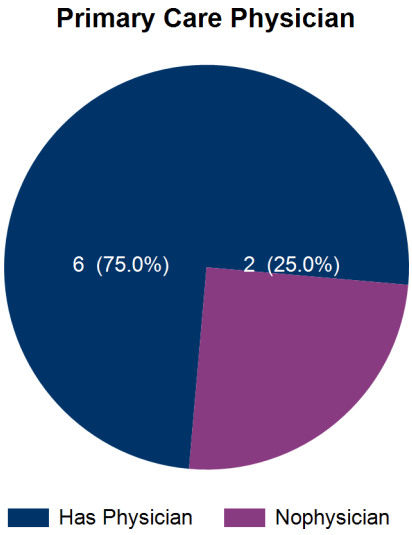


Outcomes: Residential & Discontinuance (33A2FC)



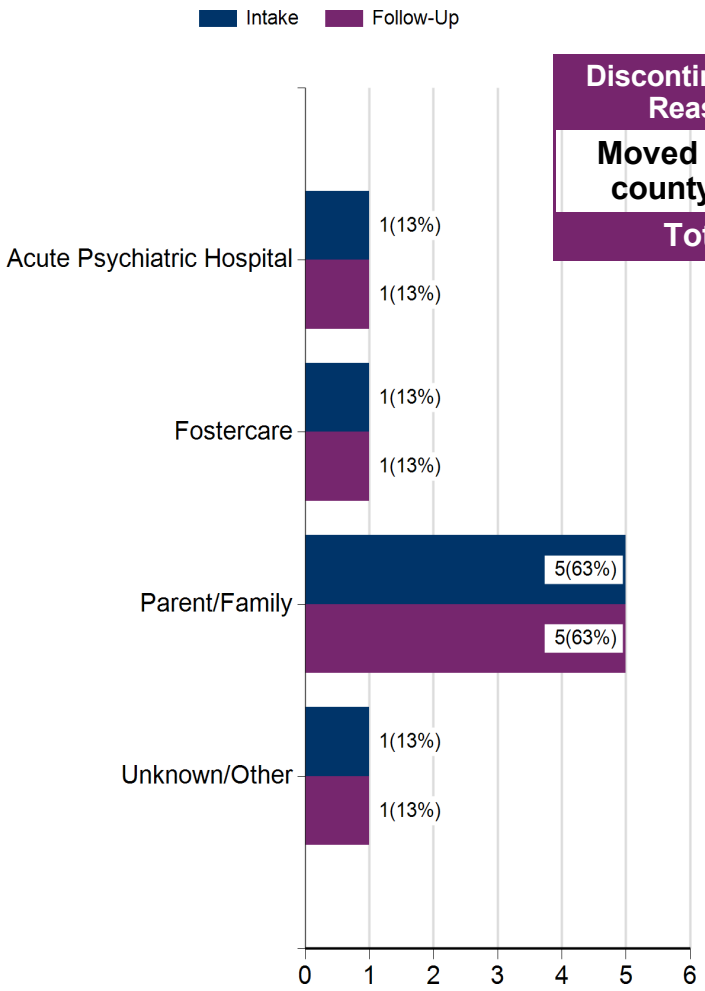
Intake: A considerable proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) issues (12.5%). Most of those with co-occurring MH and SU problems had been receiving SU treatment services at intake. An additional 0 consumers who were not identified at intake were found to have an SU problem during follow-up, and 0.0% of them were reported to be receiving SU services at that time.

Outcomes: Primary Care Physician 33A2FC



Intake: Most consumers (25.0%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 2 consumers that did not have a PCP at intake, 1 (50.0%) obtained a PCP while in the program.



Discontinuation Reason	Count	%
Moved out of county/area	2	100%
Total	2	100%

Length of FSP Partnership for: 33A2FC

Youth Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	0	1	1	12.50%
>= 90 days and < 1 Year	1	4	5	62.50%
Under 90 days	1	1	2	25.00%
Total Consumer Enrollments	**2**	**6**	**8**	

Service Detail: 33A2FC

Service Frequencies	Aug	Sep	Oct	Jan	Feb	Mar	May	Jun
0-1	1 (100%)	2 (100%)	1 (100%)	1 (100%)	1 (50%)	1 (50%)	0 (0%)	0 (0%)
2-3	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)	1 (50%)	3 (100%)	0 (0%)
4-7	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (100%)
Monthly Total	1	2	1	1	2	2	3	1

Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Assessment Services	1	6%	1	1.00
Case Management	2	13%	4	2.00
Intensive Care Coordination Services	1	6%	1	1.00
Medication MD Services	3	19%	7	2.33
Medication Therapeutic Services	2	13%	2	1.00
Mental Health Services-Individual	2	13%	2	1.00
Non Face to Face MD	1	6%	1	1.00
Peer MH Engagement	1	6%	1	1.00
Peer MH Therapeutic Activity	1	6%	1	1.00
Psychiatric Assessment	2	13%	2	1.00

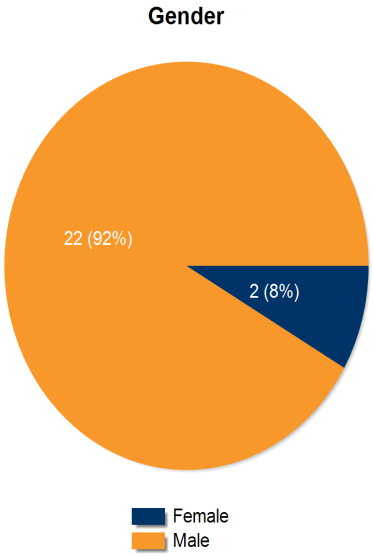
Children's FSP demographics and Outcomes for: 33OZNCF Served by this reporting unit: 24

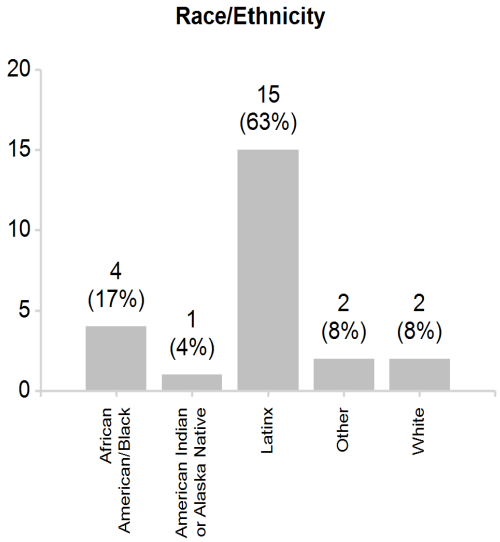
Demographics

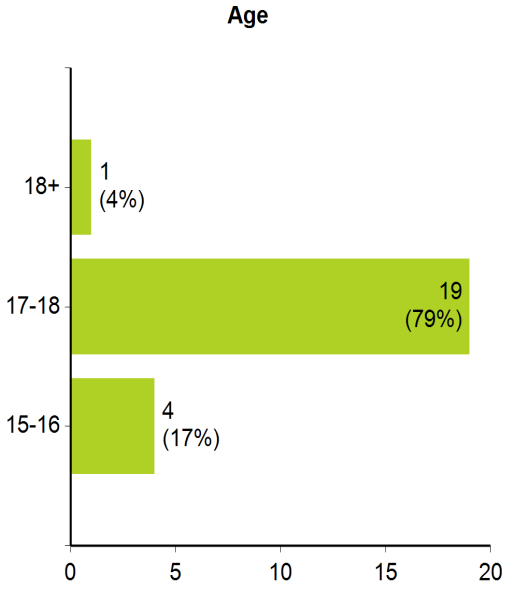
92% of consumers were male and 8% were female.

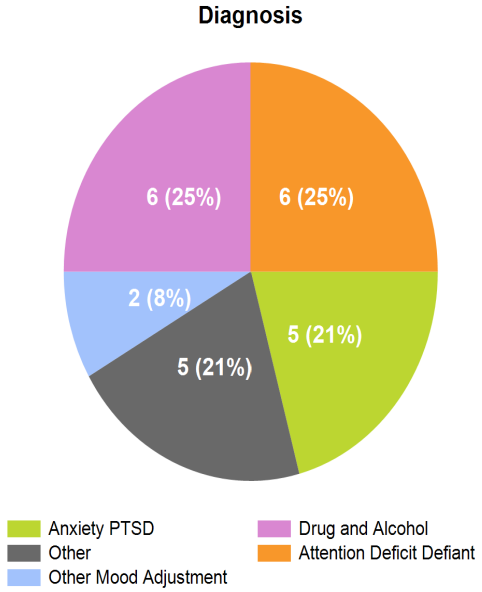
63% of consumers were Latinx, 8% of consumers were White and 17% of consumers were Black/African American.

17% of consumers were 15 to 16 years old.







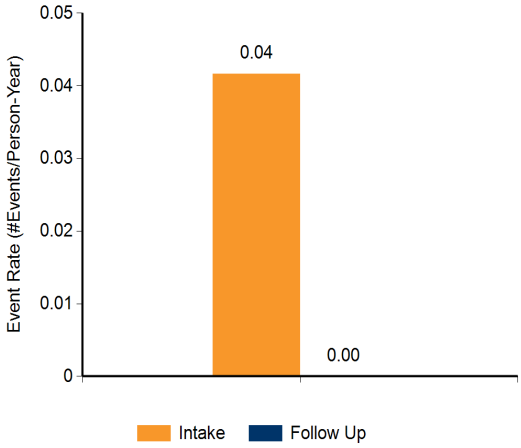


Outcomes for 33OZNCF

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

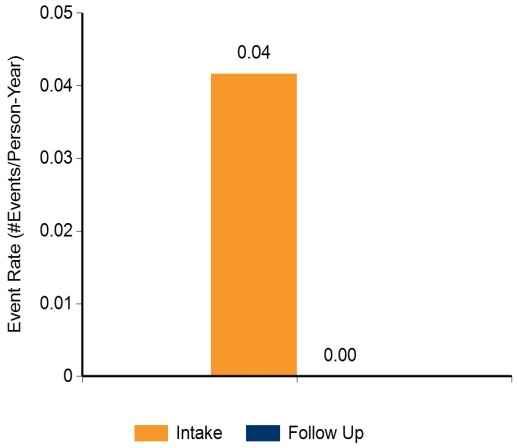
Hospitalization

Percent Change: 100.0%



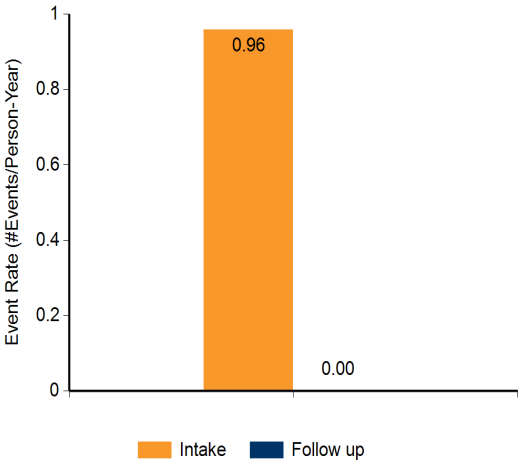
Crisis

Percent Change: 100.0%



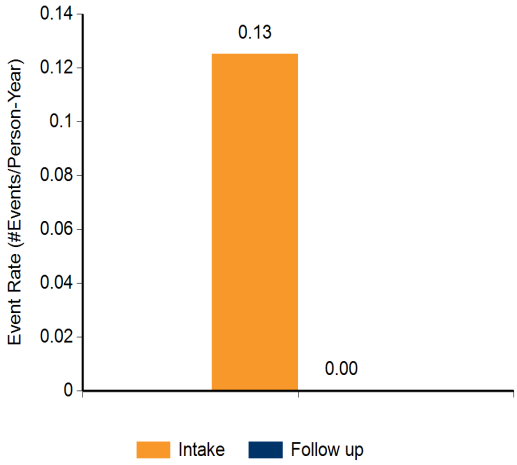
Arrest

Percent Change: 100.0%



Physical Health Emergencies

Percent Change: 100.0%



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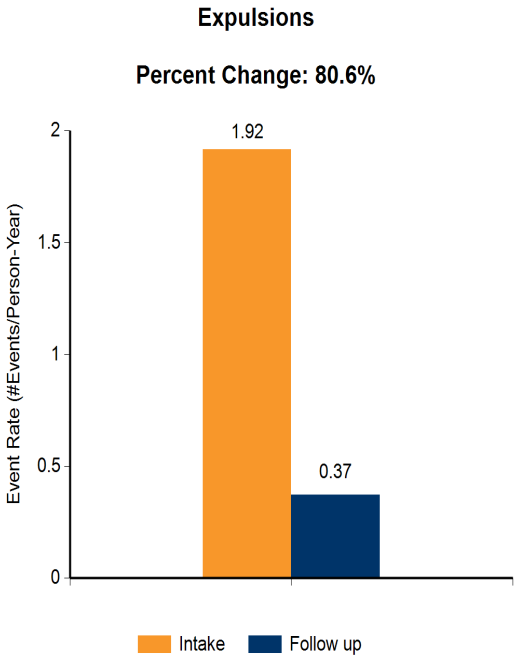
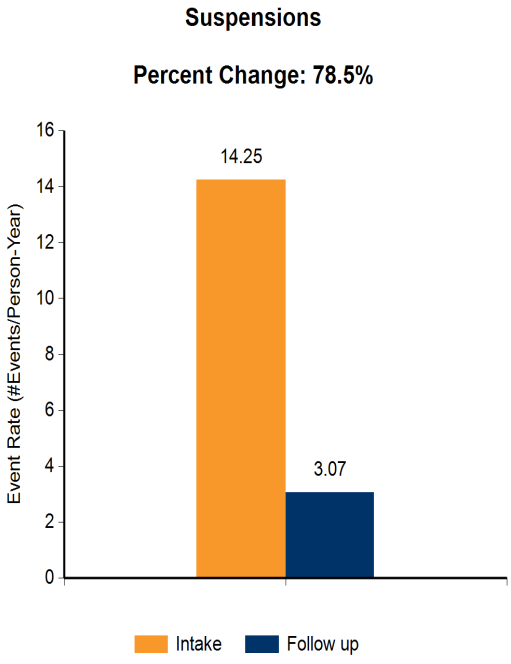
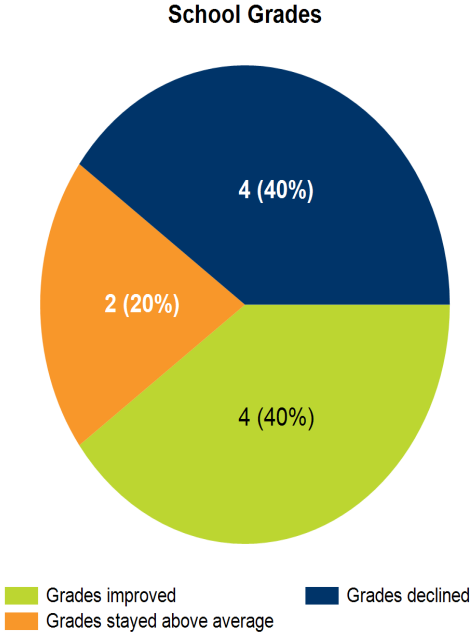
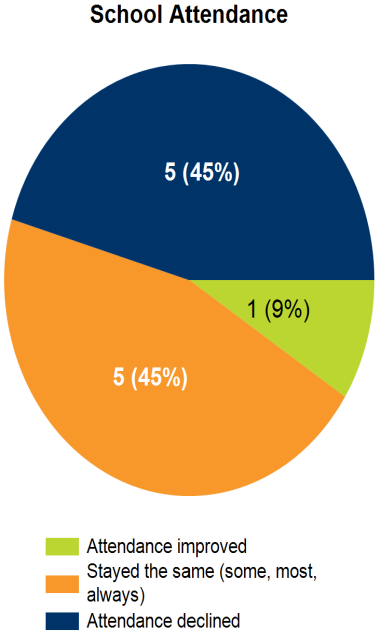
Outcomes for 33OZNCF (cont.)

Additional primary outcomes of interest include expulsion and suspension rates, as well as school grades and school attendance.

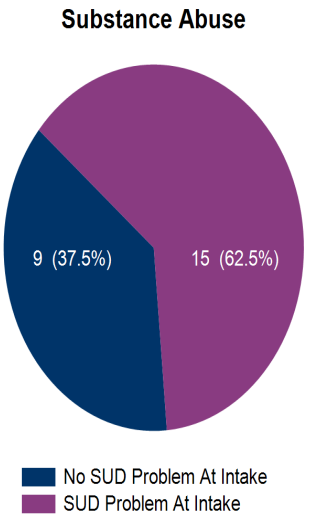


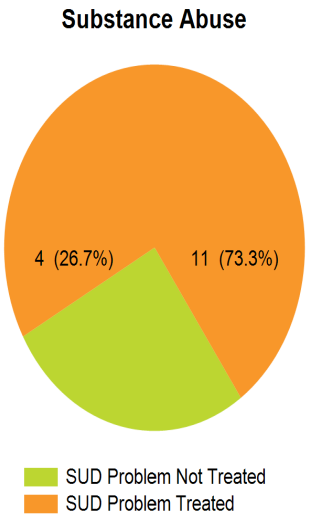






Outcomes: Substance Use 33OZNCF

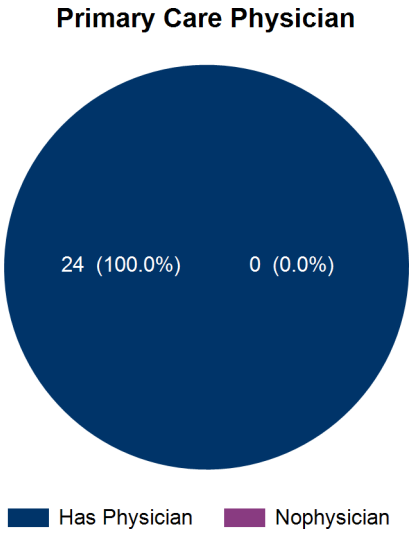




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (62.5%). The majority of those who had co-occurring MH and SU problems, had been receiving SU treatment services at intake.

An additional 0 consumers not identified at intake were noted to have an SU problem on follow-up and 0.0% of them were reported to be in SU services on follow-up.

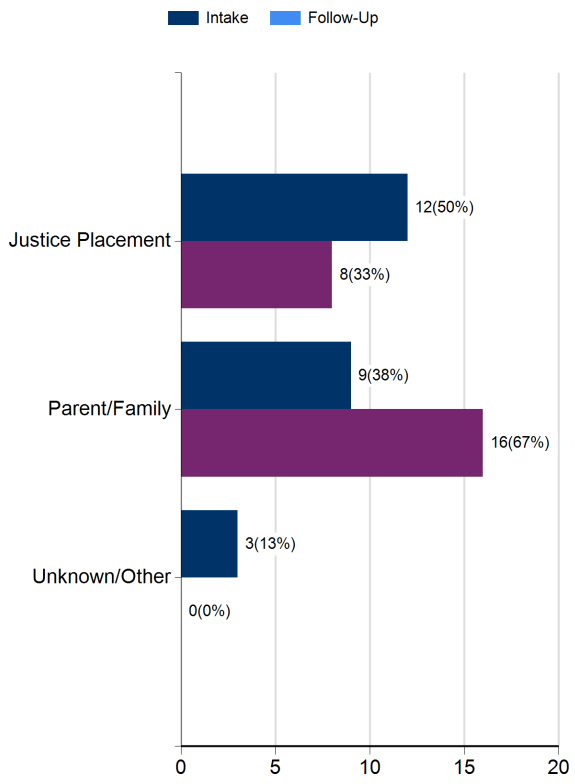
Outcomes: Primary Care Physician 33OZNCF



Intake: Most consumers (0.0%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 0 consumers that did not have a PCP at intake, 0 (0.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33OZNCF)



Discontinuation Reason	Count	%
Justice system	1	10%
Met goals	4	40%
Moved out of county/area	2	20%
Partner cannot be located	2	20%
Partner left program	1	10%
Total	10	100%

Length of FSP Partnership for: 33OZNCF

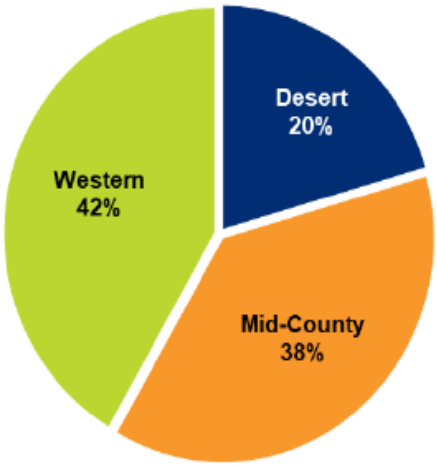
Youth Time in Partnership	Closed	All Consumers	% of Total
>= 1 Year and < 2 Years	4	4	16.67%
>= 90 days and < 1 Year	10	10	41.67%
Under 90 days	10	10	41.67%
Total Consumer Enrollments	24	24	

Service Detail: 33OZNCF

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr
0-1	1 (17%)	1 (9%)	1 (10%)	6 (40%)	1 (13%)	0 (0%)	1 (50%)	2 (50%)	0 (0%)	0 (0%)
2-3	2 (33%)	5 (45%)	3 (30%)	4 (27%)	4 (50%)	5 (100%)	1 (50%)	2 (50%)	3 (75%)	1 (50%)
4-7	2 (33%)	2 (18%)	3 (30%)	5 (33%)	2 (25%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (50%)
8-13	1 (17%)	2 (18%)	2 (20%)	0 (0%)	1 (13%)	0 (0%)	0 (0%)	0 (0%)	1 (25%)	0 (0%)
14-19	0 (0%)	1 (9%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
20-25	0 (0%)	0 (0%)	1 (10%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
Monthly Total	6	11	10	15	8	5	2	4	4	2

Type of Service	# of Youth	% of Youth	# of Svcs	Avg. # Svcs
Case Management	14	26%	60	4.29
Collateral Services	5	9%	5	1.00
Family Therapy	3	6%	3	1.00
IHBS	1	2%	1	1.00
Individual Therapy	10	19%	37	3.70
Intensive Care Coordination Services	21	39%	158	7.52

Children FSP



Children served in FSP program was mostly provided by the Western region with 42% (476) of the clients for the FY 23/24. Followed by Mid-County 38% (432) and Desert with 20% (235). For a total of 1,143 in the FY 23-24.

The table summarizes the number of clients served by RU and region.

Rus	Desert	Mid-County	Western	Totals
3301FC	16			16
33GYFC	21			21
3385FC	27			27
3357FC			17	17
33A2FC			8	8
33AHFC			84	84
33MOFC			42	42
33MOFEP			17	17
33H8FC			38	38
33AMFC		63		63
33HUFC1		65		65
33JPFC		135		135
33PCFC		142		142
33GXFC		27		27
33ADFC			246	246
3349FC	166			166
33OPFEP	5			5
33OZNCF			24	24
Grand Total	**235**	**432**	**476**	**1143**

Multidimensional Family Therapy Program

Western Region: MDFT Expansion

Western Region MDFT Expansion serves the cities of Riverside, Moreno Valley, Corona, Norco, Eastvale, and the unincorporated areas of Jurupa Valley, Lake Matthews, Home Gardens, and parts of Mead Valley. MDFT Western Region Expansion team currently consists of three Clinical Therapists, one Supervisor, and one Office Assistant II. The Behavioral Health Specialist II position is presently vacant. The Behavioral Health Services Supervisor (BHSS) for MDFT Western Expansion is also the Supervisor of Mid the county MDFT program.

Noted trends in the Western Region service area include the continued use of sprayed Marijuana by youths in the program. This form of consumption leads to higher intoxication, reduced appetite, increased anxiety and depression, and lack of ability to regulate emotions, leading to more volatile behaviors that include physical aggression and destruction of property. In addition, there was a decrease in fentanyl use by youths but an increase in nicotine vaping and consumption of eatable substances. The program continues to have difficulty accessing members when they're in school. The program also consistently saw youth with a trauma history (sexual abuse, immigration-related trauma, and other cultural issues).

Goals for the next three years include the following:

1) Cross-train staff to use other intervention models to address trauma issues. Have staff be trained in the Dialectical Behavioral Therapy model to address emotional dysregulation.

2) Continue doing live supervisor or DVD reviews every month.

3) Create an MDFT leadership committee responsible for planning and implementing a yearly booster that brings together MDFT teams in the county for training and support purposes.

4) Collaborate with school officials to get access to members at school during school hours to provide services.

Notable Data Points:

- 38 consumers were served for FY23/24
- 54% of consumers were male and 46% were female
- 51% of consumers were 15 and 16 years old
- Increase in hospitalization (157% change)
- Decrease in arrest (100% change)
- Decrease in school expulsions (76% change) and suspensions (73% change)

Mid-County MDFT

Mid-County MDFT currently has four Clinical Therapists (1 Clinical Therapist II, 2 Clinical Therapist I, and 1 Clinical Therapist III). The Clinical Therapist III recently completed the MDFT International Trainer Course and is now a certified MDFT trainer. The program also has two Behavioral Health Specialists. One of the BHSII recently completed the 20/20 program that allowed her to pursue a master's program in Social Work and is expected to move on from this position. There is a Certified Nurse's Assistant performing the role of a Community Services Assistant, and the vacant Office Assistant Position II was recently filled. The program is supervised by one Supervisor who also oversees the Western Expansion MDFT program. The mid-county MDFT team serves the cities of Perris, Murrieta, Temecula, Wildomar, Lake Elsinore, Hemet, San Jacinto, and the unincorporated area of Anza.

A noted trend in Mid-County is there are more adolescents using fentanyl. In addition, more adolescents are using sprayed Marijuana, which results in being overwhelmed with toxicity that leads to no appetite, anxiety, depression, and lack of ability to regulate emotions. All of the above resulted in adolescents being opened to programs with more severe emotional and behavioral disturbances. Another challenge is adolescents being raised by non-biological parents (aunts/uncles, other relatives); Parent has their own mental illnesses and substance use; adult caretakers working longer hours and are unavailable for family or parent sessions; staff is not able to see consumer at school due to school district prioritizing school instructions over counseling; difficulty getting adolescent to stop marijuana use given change in drug enforcement priority by probation partner.

Goals for the next three years include the following:

1) Maintain fidelity to the model by filling out vacant positions quickly and training them accordingly so the team can have a sense of cohesiveness.

2) Continue having clinical therapists do live supervision and taping of sessions for review on a regular basis.

3) Increase staff exposure to models that address what's new in terms of street drugs, toxicity, anxiety, and depression. Newer staff that were hired are less experienced in treating co-occurring diagnoses such as depression and anxiety.

4) Plan and develop an MDFT semi-annual summit to bring together the three different MDFT teams for training and support purposes. This was a previous goal, but it was postponed when the Department MDFT trainer retired.

Notable Data Point: Research needs to fill in this section

Desert Region MDFT Program

MDFT Desert Region is now fully staffed with three Clinical Therapists, one Behavioral Health Specialist II, one Community Service Assistant, one half-time Office Assistant III, and one Supervisor. The MDFT Supervisor also supervises the TAY Desert Flow Drop-In Center. MDFT Desert Region serves the Coachella Valley areas, including Indio, Desert Hot Springs, Palm Springs, La Quinta, Palm Desert, and the Salton Sea community.

Noted trends for Desert Region MDFT saw consistent referrals from the probation department and county clinics and increased referrals of youth with aggression whose parents work long hours or who are being cared for by other family members. The Desert MDFT team also had an increase in youth with depression and suicidal ideations, along with youth with increased ADHD diagnoses and those dealing with cultural stress and trauma. The desert MDFT program also had a reduction in gang-involved youth.

Goals for the next three years include the following:

1) Increase LIVE and DVD supervision.

2) Cross-train staff to other models of intervention to address trauma issues. Have staff be trained in the Dialectical Behavioral Therapy model to address emotional dysregulation.

3) Create an MDFT leadership committee responsible for planning and implementing a yearly booster that brings together MDFT teams in the county for training and support purposes.

4) Increase staff knowledge on navigating the school system for resources such as testing for learning disability.

Notable Data Points:

- 21 consumers served during FY23/24
- 73% of consumers were male and 27% were female
- 50% of consumers were 15 and 16 years of age
- Significant decrease in hospitalization and arrest (100% change)
- Significant reduction in expulsion (80.6% change) and suspension (78.5% change).

Wraparound Program

Wraparound provides eligible youth and their families an alternative to congregate or higher levels of care (such as STRPs and out-of-state placement). Wraparound intends for children and adolescents to remain/return to a lover level of care in a family setting. In Riverside County, Wraparound began in 2003 with the Riverside University Health System- Behavioral Health (RUHS-BH) serving children at risk for high-level placement. Wraparound was provided to youth on probation, who voluntarily participated, and were diagnosed with a Severe Emotional Disturbance (SED).

The foundation of Wraparound is based on partnering with families to provide individualized support based on their unique strengths. It is needed in order to promote success, safety, and permanence within the home, school, and community. Program staff work with the family to develop a Wraparound team, which is comprised of a Facilitator, Behavioral Health Specialist, Parent Partner, and in some cases, a TAY Peer and a Therapist from RUHS-BH, a Public Health Nurse, and a Probation Officer. The team also includes anyone the family sees as essential in their lives, such as extended family members, friends, or other community members. As part of the Wraparound process, the team develops a family plan based upon "family voice and choice", to guide the process focusing on ten life domains:

1. Family
2. Housing
3. Safety
4. Social Recreational
5. Medical/Health
6. Financial
7. Spiritual
8. Legal
9. Emotional/Psychological
10. School/Work

Wraparound has operated as an FSP Since October 2018 and provides a majority of services to the families and youth in the community (schools, home, other locations) with 3-5 services a week. In the past year, Wraparound programs have expanded to increase SED service to Medi-CAL recipients, clinical Therapists received training in Trauma-Focused Cognitive Behavioral Therapy and added Substance Abuse intervention support with BHS III positions. Also, the team is preparing for upcoming training in High-fidelity Wraparound from the Heroes Initiative with a three day "Wrap Camp" to meet regulatory expectations and enhance fidelity across regions.

Overall/ County wide accomplishments for 2023/2024, please see individual program reports below.

Western Region Interagency Services for Families (ISF) Wraparound:

Progress from 3-year plan.

- Expand services to non-minor dependents returning from probation placement.
    - Wraparound services have been offered to non-minor dependents, and the supervisor has reached out to various probation offices, but ISF has not received many referrals for non-minor dependents.

- Expand services to Medi-Cal recipients who are on informal probation
    - The Probation Department has been made aware that we can provide Wraparound services to youth on information probation, but the Probation Department has not started sending referrals over yet for kids on informal probation.

- Filling staff vacancies to support three complete teams in fidelity with the model and support increased service provision.

- The ISF Wraparound Program is fully staffed currently

- Continued participation in the Wraparound Training Collaborative to expand regularly scheduled Wraparound basic and advanced training and ensure the provision of high-fidelity Wraparound services.
    - The ISF Wraparound staff continuously receive training from the UC Davis training site on Wraparound topics.

- Cross-train staff in all roles to ensure flexibility and continuity of service.
    - All ISF Wraparound staff have been cross-trained and can facilitate cases.

- Collaborate with probation to ensure the second probation officer position is filled to expand the capacity to serve probation youth.
    - The number of probation referrals has been low in the past year, so we have not been able fully utilize the capacity of our one probation officer.

- Reorganize ISF Wraparound team assignment structure to increase capacity for service delivery.
    - ISF Wraparound team structure has been adjusted so that Clinicians are devoting more of their time to provide individual, group, and family therapy for our Wraparound members, and the Wraparound facilitation role has been covered by other positions.

- Fill position of TAY Peer to provide peer support services for youth.
    - The TAY peer position was filled, but ISF still has a need for additional TAY peer positions, especially to work with gang-involved youth.

- Resume regular youth outings for social skill building and resume Wraparound events such as Honor Night and Unity Day to acknowledge family's successes.
    - The ISF Wraparound Program has hosted several youth activities over the last year and plans to host an Honor Night and Unity Day in the next few months.

- Participate in "Riverside Partnership" meetings with other Wraparound programs for mutual support and sharing of learning regarding best practices.
    - The ISF Supervisor participated in several Riverside Partnership meetings in the past year to get additional ideas on innovation from other Wraparound Programs.

Mid-County Region Interagency Services for Families (ISF)

The Mid-County Wraparound Team has continued to expand services, including outpatient clinic, IEHP, and non-ward Probation referrals. The Mid-County team is comprised of one Behavioral Services Supervisor, 1 Office Assistants, 3 Clinical Therapists, 1 Behavioral Health Specialist III, 5 Behavioral Health Specialist II, 6 Peer Support Specialists (Parent Partners), 2 Peer Support Specialist (TAY), 1 Community Services Assistant (position currently vacant), 1 Public Health Nurse

and 2 Probation Officers. The Mid-County team provides 90% of their services in community settings such as the family home, schools and other community options (local clinics, libraries, etc.).

Notable trends in Mid-County services include a continued increase in utilization of our safety line, primarily from non-SB families. Services continued to increase to non-SB children, providing early intervention to these families. Referrals for non-SB children continue to surpass referrals for SB children. Non-SB referrals have been expanded to include referrals from IEHP and non-ward probation youth who have Medi-Cal. In particular, referrals from System of Care clinics have increased drastically this year. Since beginning to receive non-ward referrals last year, we have provided a presentation for the SPARK program which partners with probation and have seen a drastic increase in referrals from this source, some of whom were found to be wards and were able to be transferred to the SB caseload. Requests for therapeutic services through Wraparound have continued for both identified client and family members.

Progress on 3-Year Plan Goals:

- Improve collaboration with local clinics and providers for Non-SB referrals and services.
  The previous year's referral level has increased for this group of youth. CalAim has allowed for better collaboration and streamlining of services for these referrals. Relationships with IEHP case managers and supervisors at System of Care Clinics have improved, and referrals have increased from these sources.

- All staff attain proficiency in high-fidelity Wraparound.
  Wraparound topics continue to be discussed weekly in staff meetings and case reviews. We utilize a wraparound-specific case review sheet to ensure principals are addressed when consulting. We are taking the whole program through the Wraparound process and have developed a mission statement and goals. Facilitators have regularly met with Jennifer Hunter for coaching, which appears beneficial. Many staff have also attended online trainings sponsored by UC Davis throughout the year.

- Increase direct contact with local Probation offices to improve collaboration and services.
  Continued staff turnover at Probation has made ensuring they are well-informed about Wraparound challenging. Still, we are working with the local supervisors to help identify appropriate youth earlier. Probation has shifted from a regional Wraparound Probation Officer to having a designated Wraparound Probation Officer at each location. There has been an adjustment period in creating clear lines of communication and maintaining probation attendance in consults and staff meetings. A team of Wraparound staff completed a presentation at one probation site that was well received and is coordinating a presentation at the other site. They plan to continue these presentations regularly.

- Build community partnerships via contact with Churches and community centers.
  Currently on hold due to vacancy in Community Services Assistance position

Desert Region Interagency Services for Families (ISF)

2023/24 Accomplishments

- Seven successful Wraparound graduations and many other cases progressed while with us.
- Increase in more field-based services as a result of reduced Covid fears – this resulted in an increase in IHBS billed services
- Increase focus, teaching, and implementation of the Wraparound Principles with families.
- Improved working relationships with the Probation Department. The newly assigned probation supervisor and our assigned probation officers attend most Wraparound staff meetings. She is included in case consultations as needed. Probation has been very open to learning more about the Wraparound Program, its principles, and the overall Recovery Model. It's been wonderful!

There has been an increase in community engagement, leading to youth and families being exposed to new experiences, healthier activities, services, and local resources. Here are a few highlights:

1) The team established a relationship with the manager at the Indio Municipal Golf Course, which resulted in a complimentary golf driving range for our kids. Three youths discovered golf for the first time and love it!

2) Following our meeting with the manager, Living Desert Zoo and Botanical Gardens now provides us with a free "chaperone" ticket, maintaining a 1:1 youth-staff ratio! Peers and BHSs took four youths there for their first visit, and they all enjoyed it immensely.

3) We met with Birth Choice of the Desert staff and learned about their services. They have strongly supported our expecting teen, both before and after the birth and long after her successful WA graduation.

Jennifer Hunter started providing regular individual coaching sessions with our facilitators this past year. This has resulted in the facilitators feeling well supported, increasing their self-confidence, learning, and adherence to the high-fidelity Wraparound model.

The TAY Peer Support Specialist was hired this past year, marking the first time we had one in many years. He was heavily involved in gangs and drugs during his youth and into adulthood. Our kids involved in gangs' bond and connect with him exceptionally well. He has truly helped them realize that a new life path is possible. He bridged a significant gap that we had experienced for a long time. Our youth show great trust and respect for him.

2025 Goals

- Continue to strive towards establishing new local vendors
- Increase number of referrals by educating both POs and other BH programs about our services
- Continue to strive towards decreasing financial stress on staff in terms of accessing our funding and being able to deliver those services to families. Hoping for availability of Gift Cards to reduce staff needing to put consumer goods on their own credit cards.
- First time - TAY PSS position now open to Blythe. Will be interviewing soon!!!

- Increase Senior Peer involvement in Wraparound, including 1:1 and group coaching with PPs and TAY PSSs. Senior Peers will be presenting Recovery Language presentation at the March All-Staff meeting, which will include POs and PHN.
- At the monthly all-staff meeting, each of the four clinics will rotate presenting activities/icebreakers to everyone that they can take back to their Wraparound families to make sessions more fun, interesting, and engaging. More sharing of ideas with each other will increase team bonding.
- Increase community engagement by attending more community events and collaboratives.
- Acquire more county cars to be able to deliver needed IHBS service
- Strive towards getting staff approved for the Wraparound conference, June 12-14 in Garden Grove.
- Continue with Wraparound facilitator coaching by Jennifer Hunter
- Improve coworker relationships through team-building activities once per quarter.

Youth Hospital Intervention Program (YHIP)

Western Region YHIP

Western YHIP team works collaboratively to provide intensive full-service partnership (FSP) outpatient mental health services for youth at risk for psychiatric hospitalization and/or post-discharge for suicide attempts and self-injurious behaviors. YHIP's primary goal is to decrease inpatient admission and crisis psychiatric emergency department recidivism by increasing stabilization and enhancing safety. Areas of catchment for Western YHIP are Moreno Valley, Riverside, Corona, Jurupa Valley, Eastvale, and Norco.

Western YHIP collaborates with the consumer to develop treatment plans and goals. The program encourages the participation of support persons (family or others) to increase support systems and to help members achieve and maintain their mental and behavioral goals. Western YHIP offers a variety of options for treatment, including individual psychotherapy and family therapy, parent support and psychoeducation, transportation, linkage to medication management, case management, and crisis support after office hours.

Western YHIP proudly reports that we are fully staffed with one Behavioral Health Service Supervisor, four Clinical Therapists, two Parent Partners, one TAY Peer, one BHS II, and one Office Assistant. All clinicians are trained to use the Child Adolescents Needs and Strengths Tool (CANS), and all staff members are trained in cultural competency.

Since September 2024, Behavior Health Specialist II and Certified Medi-Cal Peer Support Specialist have provided a weekly support group for teenagers. The goal is to provide a safe place where youth can feel heard and validated while acquiring life skills. Youth sharing everyday experiences helps them to feel less isolated and lonely and increases trust in forming healthy connections. The team empowers members to increase their independence by assisting them to develop effective coping strategies for their symptoms and gain valuable skills to reinforce healthy mental gains.

Western YHIP currently has two clinicians enrolled in TFCBT training. Three clinicians are 5150 certified to help clients who are dangerous to themselves or others. The Certified Medi-Cal Peer Support Specialists continue to use their story to offer support, information, and guidance based on their lived experience to help families make positive transformations for themselves and their children.

Goals for the next three years include the following:

1. Strengthen community connections by inviting representatives of community organizations to give presentations to promote learning and increase resources.
2. Increased in-home and community-based services.
3. Increase collaboration between school districts and YHIP to reinforce support for youth encountering academic difficulties and social struggles and address barriers to school attendance due to mental health challenges.
4. Continue to increase collaborative work and care coordination with contract providers to ensure timely linkage and support of mental health services.

Mid- County Region YHIP

Mid-County YHIP services children and youth hospitalized or at high risk for hospitalization. We also support children and youth who are stepping down from residential placement and need a full-service partnership (FSP) level of support as they transition. Riverside University Health System—Behavioral Health provides this service.

Mid-County YHIP is one of three YHIP programs throughout the County that provides crisis stabilization for children and youth. YHIP's primary purpose and goal is to decrease children's return to or cycling in and out of hospitalization. YHIP seeks to support the child or youth until they can enter an appropriate lower level of support (e.g., a County clinic, SAPT services, other specialty services, or a community provider).

The program faced challenges in staff retention and referrals in the 2023/2024 reporting period. With the loss of staff and the program supervisor, the program was "paused" in February 2024, and the remaining staff dispersed into other programs while restructuring and hiring could occur. With that, progress to goals was minimal for the reporting period.

The following are the goals for Mid-County YHIP and the updates associated with those goals:

1. More training and collaboration from other agencies such as DPSS, Probation, other County & contract providers,

Mid-County YHIP made marginal progress on this goal for 2023/2024. The dominant collaboration was internally with Youth Connect and externally with IEHP-Inland Empire Health Plan. The increase in this area with the program "restart" will expand referral sources and collaboration.

2. Increase collaboration with SAPT

No notable gains in this area.

3. Improve outcome data through training
Ongoing training for improved completion of the collection of FSP data proceeded throughout the time the program was operating.

4. Increase collateral support for all partners
Staffing shortages and a lack of referrals created barriers to growth in this area.

5. Increase linkage to primary care physicians
With increased regular contact with Case Managers at IEHP, this goal showed improvement in linkage and follow-through for "Well Child" visits and other physical health services.

Current staffing:
0.5-Behavioral Health Service Supervisor
0.5-Senior Clinical Therapist
1-Office Assistant III
1-Office Assistant II
4- Clinical Therapists
2- Behavioral Health Specialists
2- Parent Partners
1-Transitional Age Youth Peer

Desert Region YHIP

Desert YHIP (fully staffed) comprises four Clinical Therapists, two Parent Partners, two TAY Peer Specialists, one Behavioral Health Specialist III, and one Office Assistant III. Desert YHIP currently serves the following areas: Banning, Palm Springs, Desert Hot Springs, Palm Desert, La Quinta, Indio, Coachella, Thermal, and other surrounding Desert Cities. Services are offered in person, field-based, clinic settings, and/or through telehealth for individual, family, collateral, and/or group services. Parent Partners provide individual services for parents in both English and Spanish as supportive services and an introduction to the program. Our TAY Peers facilitate individual skill-building sessions using the WRAP Model (Wellness Recovery Action Plan). Services are delivered weekly with 2-3 contact sessions per week by one of the staff members utilizing evidence-based models such as Cognitive Behavioral Therapy, Trauma-Focused Cognitive Behavioral Therapy, and Dialectical Behavioral Therapy. The program continues to assist individuals and their families in reducing hospitalizations by equipping them with the knowledge and skills to lower at-risk behaviors and understand mental health challenges. One challenge during this update is that the only clinician assigned to the program transferred, which caused new referrals to be paused while we worked to backfill clinical positions.

The goals will be as follows:
1. Adding groups such as a SAFE/Urgent Care group, LGBTQI+ group, Anger Management group, DBT group, and parenting groups, both in English and Spanish, to decrease symptoms and

provide psychoeducation on symptomology when the program is staffed. Update: The goal was not met due to low staff, but the goal will continue to be a focus.

2.Increased utilization of the CANS (Child Adolescent Needs & Strengths) tool in Child and Family Team Meetings, as well as using the CANS to help navigate the course of treatment. Update: The team continues to ensure that CANS can be implemented and reviewed during CFTMs. The treatment team has been working on completing CFTMs at the beginning of treatment to assist with meeting the requirements of the FSP program. Challenges continue to be CFTMs being done promptly and challenges with parent/guardian availability and participation.

3.More integration of substance abuse services and groups for youth who struggle with co-occurring disorders. Update: The program has a BHS III that has been working on getting consumers linked to services and provides support and psychoeducational treatment to youth and parents/guardians but has struggled due to low census.

4.Reduce the no-show rate by offering home, community, and/or school services. Update: The goal has been met; the team has done a good job of providing services where the consumer is to avoid any barriers to treatment.

5.Link youth and families to appropriate community resources, identifying any cultural and linguistic special needs the family may have to assist with treatment success and forming more community relationships. Update: The goal continues to be ongoing, but there has been success in ensuring linkage between the program and community resources to ensure support and success for the youth served.

6.Provide TF-CBT, EMDR, and/or DBT training for all staff. Update: This goal continues to be a priority. A previous clinician was trained in TF-CBT, but the program is currently without a clinician. All staff is currently trained in DBT.

Outpatient System of Care Children's FSP Tracks

Western Region Children's Clinics FSP Tracks

The Western Region Children's Clinic FSP tracks are located at Moreno Valley Children's Interagency Program (MVCHIP), Children's Treatment Services (CTS), and Riverside Family Wellness Center. These tracks are designed for youth that need intensive, specialty mental health services including but not limited to Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), Therapeutic Behavioral Services (TBS), individualized treatment planning, care coordination with outside agencies (e.g., DPSS, School Districts, Probation, IRC), psychiatric, therapeutic, and group services. The youth identified for FSP services are our most vulnerable youth with complex conditions such as trauma and suicidal ideation, or youth who are in foster care, justice-involved, or homeless, or at risk of homelessness.

Annual Update:

98 youth enrolled in the Western Region Children's FSP tracks for FY23/24. Children's Treatment Services (CTS) Clinic FSP track enrolled and served 17 children. Most children served were between 15 to 16 years old (47%). CTS had an 18% reduction in Hospitalizations and a 33% reduction in Crisis emergency room visits. Arrests were down 100%. Both expulsions and suspensions were down 90% and 89%, respectively. The Moreno Valley Children's Interagency Program (MVCHIP) FSP track enrolled and served 42 children. 29% of members were aged 15 and 16 years of age. Hospitalizations and crisis emergency room use decreased by 68%. MVCHIP members had a 90% reduction in school expulsions and a 89% reduction in suspensions. Riverside Family Wellness FSP track enrolled and served 39 children. 54% of the children served were male, and 51% were between the ages of 15 and 16. There was a decrease in hospitalization and crisis emergency room visits (68%). Suspensions and expulsions decreased, and school grades and attendance improved.

FSP consumers in the Western Region needing after-hours support are connected to the Mobile Crisis Unit or CARES line for additional support. For the extremely high-need and high-risk FSP consumers, the Western Region children's program continues to utilize internal resources. CTS, MVCHIP, and Family Wellness have access to MDFT, YHIP, and ISF Wraparound's after-hours support line. The close collaboration between the outpatient and field-based programs allowed for better coordination and awareness of the specific needs of the FSP consumers.

FSP level of care requires much time outside the traditional outpatient clinic, serving consumers in more natural supportive environments (e.g., home, school). The Western Region Children's goal for the year is to continue increasing Intensive Case Management (ICC) services and Intensive Home Base Services (IHBS). The region has hired additional support staff to address the need for more ICC and IHBS services.

Progress Data for FY23/24 (Countywide): The Children's FSP served 1099 youth in the Children's FSP tracks. Overall, 42% of the Children's FSP consumers received 8 or more monthly services. Combined outcome data for all children's FSP programs showed a decrease in arrests (92.52 %), physical health emergency department visits (86.97%), and hospital admissions (15.70%).

Mid-County Region Children's Clinics FSP

Mid-County: Victor Community Support Services Children's FSP

Victor Community Support Services (VCSS) Children's Full-Service Partnership (FSP), contracted with Riverside University Health System-Behavioral Health, serves youth ages 0-21 in the mid-county region of Riverside County from offices in Perris and Hemet. Our primarily community- and home-based services address high-risk needs, including psychiatric hospitalization, housing/school instability, removal/risk of removal from home, substance use, juvenile justice involvement, suicidality/violence risk, eating disorders, and the need for Intensive Care Coordination (ICC), Intensive Home-Based Services (IHBS), or Therapeutic Behavioral Services (TBS). Using a strength-based approach and evidence-based practices like TF-CBT, our multi-disciplinary teams provide comprehensive mental health services, including individual, family, and group therapy; medication support; rehabilitation/behavioral support; skill building; case management; parenting support; and substance abuse/TBS referral and linkage.

Program Goals:

1) Reduce Referral Wait Times

- Target: Meet access to care timelines.
- Current Performance (January- December 2024):
    - Hemet: 33.2 days
    - Perris: 27.5 days

2) Maintain Treatment Goal Achievement

- Target: 75% or higher.
- Current Performance (January - December 2024):
    - Hemet: 82%
    - Perris: 86%

3) Increase Utilization of ICC, IHBS, and CFTMs

- Target:
    - Hemet: 70%
    - Perris: 50%
- Current Performance (January - December 2024):
    - **ICC Services:**
        - Hemet: 94%
        - Perris: 39%
    - **IHBS Services:**
        - Hemet: 53%
        - Perris: 16%
    - **CFTMs:**
        - Hemet: 39%
        - Perris: 9%

4) Other Notable Data

(January - December 2024):

Clients Served:

- Hemet: 222 clients
- Perris: 178 clients

DEMOGRAPHICS

- VCSS Hemet
    - 46% Male
    - 54% Female
    - 15% African American/Black
    - 26% Caucasian

- 48% Hispanic/Latinx
- VCSS Perris
  - 35% Male
  - 64% Female
  - 10% African American/Black
  - 10% Caucasian
  - 52% Hispanic/Latinx

AVERAGE LENGTH OF STAY

- VCSS Hemet: 7.2 months
- VCSS Perris: 11.7 months

3-Year Plan Goals:

1) Models of Care Implementation:

Implement a robust Model of Care framework to improve service delivery, ensure consistency, utilize best practices, and ultimately enhance consumer outcomes. Our framework provides a roadmap for effective and efficient service delivery, prioritizing service excellence by addressing the specific needs of the populations we serve. A key component is the use of standardized assessment tools to track client progress and identify areas requiring additional support.
We leverage the following assessments:

- Child and Adolescent Needs and Strengths (CANS): Assesses the mental health needs of children and adolescents.
- Client Assessment of Reintegration Scales (CAIR): Assesses the functional abilities of consumers with mental illness.

CAIR scores play a critical role in our Models of Care, enabling us to:

- Stratify consumers: Match consumers to the most appropriate model of care/program.
- Determine service frequency: Tailor service intensity to individual needs.
- Monitor treatment progress and length of service (LOS): Track client progress over time.
- Evaluate client outcomes: Measure the effectiveness of interventions.

2) Improving Outcome Data through Training:

We are committed to improving outcome data through ongoing staff training in evidence-based practices (EBPs). Over the past year, we have made significant progress in this area, providing training in:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Family-Based Therapy (FBT)
- Incredible Years
- Family Seeing (Family Finding Model)

This investment in staff training ensures the delivery of high-quality, evidence-based care and contributes to improved client outcome

MENTAL HEALTH SERVICES ACT (MHSA)

FULL SERVICE PARTNERSHIP PROGRAM

FULL-SERVICE Partnership TAY Outcomes *Report*

FY 2023-2024

Background

The following report summarizes outcome data for the TAY Full-Service Partnership (FSP) programs. FSP program outcomes are focused on evaluating changes in a consumer's status relative to several quality-of-life domains. Baseline histories are obtained from consumers at enrollment into the FSP program. Follow-up data is collected continuously for key life events (e.g., hospitalizations) and is assessed periodically for other select life domains.

Outcome reporting is based on comparisons between baseline and post-enrollment status and provides a measure of program effectiveness.

The following report is based on FSP data collected from consumers enrolled in and served by the TAY FSP programs, starting July 1, 2023, and ending June 30, 2024. The baseline data for this report relies on responses from each consumer's Partnership Assessment Form, alongside the history of events from the 12 months prior to a consumer beginning the FSP program. Follow-up data utilized in this report comes from two sources. Psychiatric Hospital and crisis emergency room data have been drawn from actual hospital or crisis emergency room admissions. All other follow-up data included in this report is derived from Key Event Tracking (KET) and Three Month Quarterly (3M) assessment forms completed on ImagineNet during these consumers' enrollment in the TAY FSP program.

FSP Program

Overall, the FSP programs provide an intensive level of service with regionally placed Integrated Service Recovery Centers (ISRC) for Adult and TAY consumers and Specialty Multidisciplinary Aggressive Response Treatment (SMART) for older adults. However, the following report only presents statistics and figures from the TAY FSP programs.

Three TAY ISRCs provide intensive case management services with support and crisis response services available 24/7. ISRCs include our three programs, which are located regionally and serve consumers who are unengaged and homeless or at risk of homelessness. The program also targets consumers with a history of cycling through acute or long-term institutional treatment settings. These centers collaborate with community resources and agencies to meet consumers' vocational, educational, social, and housing needs. Services are provided by a multidisciplinary team that embraces the principles of recovery and resilience. The services and support staff available within the ISRC include psychiatric services, vocational specialists, housing specialists, substance abuse counselors, peer support/mentorship, family education, family advocacy, educational support, and benefits specialists.

Executive Summary

TAY Enrollment and Demographics **—**During the 2023/2024 fiscal year, from July 1, 2023, to June 30, 2024, a total of 689 youth were served through 705 enrollments, which include re-enrollments and transfers to one or more of the TAY FSP programs. The race and ethnicity of enrollees for this fiscal year were 319 (45.2%) Latinx, 87 (12.3%) White, and 63 (8.9%) African American/Black. Countywide, the most common diagnosis among TAY FSP consumers was Major Depression, with 193 (29.2%) cases. Additionally, the most significant proportion of consumers was between the ages of 18 and 21 (53%), and the majority of those enrolled were male (57%).

TAY Discontinuances —Across all of the TAY programs, the most frequently reported discontinuance was that the partner could not be located (36%). Partner left program accounted for (23%) of discontinuance reasons.

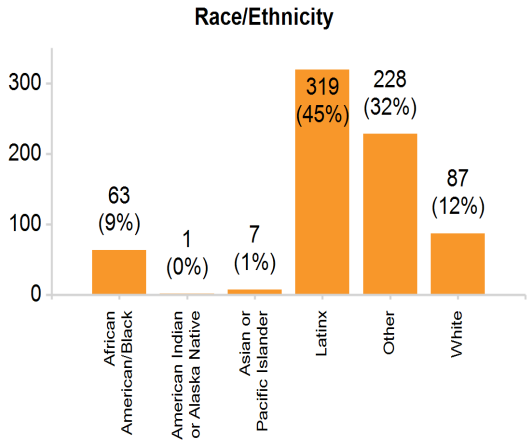
FSP Services —In the 2023/2024 fiscal year, more than half of the FSP consumers received 2-3 or 4-7 services a month. The highest average hours of services during the 2023/2024 fiscal year were for individual mental health services (8.32 hours), in-home behavioral services (6.23 hours), and individual therapy (10.47 hours).

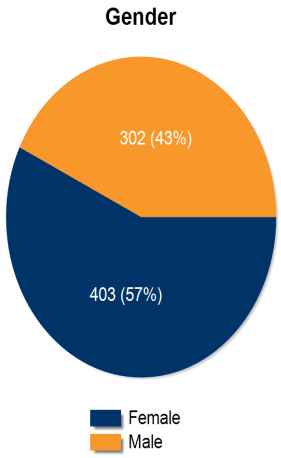
TAY Outcomes —Follow-up data for all TAY programs combined showed a decrease in hospitalizations (31.4%), arrests (79.8%) , physical health emergency (82.2%), and mental health emergency department visits (30.1%). A small percentage of consumers did not have a primary care physician at the beginning of the program (21.21%). However, more than half of those (53.7%) obtained one while in the FSP program. Although the majority of those with a co-occurring substance use problem were not receiving treatment at intake, many (25.0%) participated in substance use services while in partnership. Of the 50 additional consumers who were identified as having an active substance abuse problem during their participation in the TAY programs,4(8.0%) was reported to be participating in substance use treatment services while in the FSP program.

Residential Status**—**Comparisons of intake status and most recent residential status showed that while the majority of consumers continued living with their parent/family, the percentage of consumers reported as living on their own, in supervised placement***,*** or in a residential treatment facility increased.

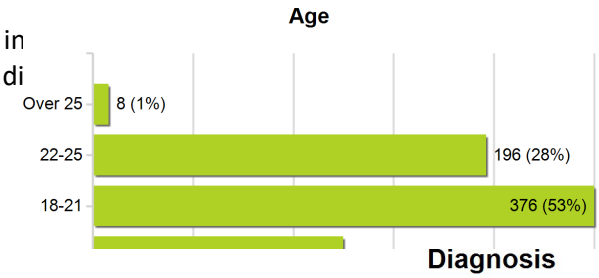
Demographics & Diagnosis

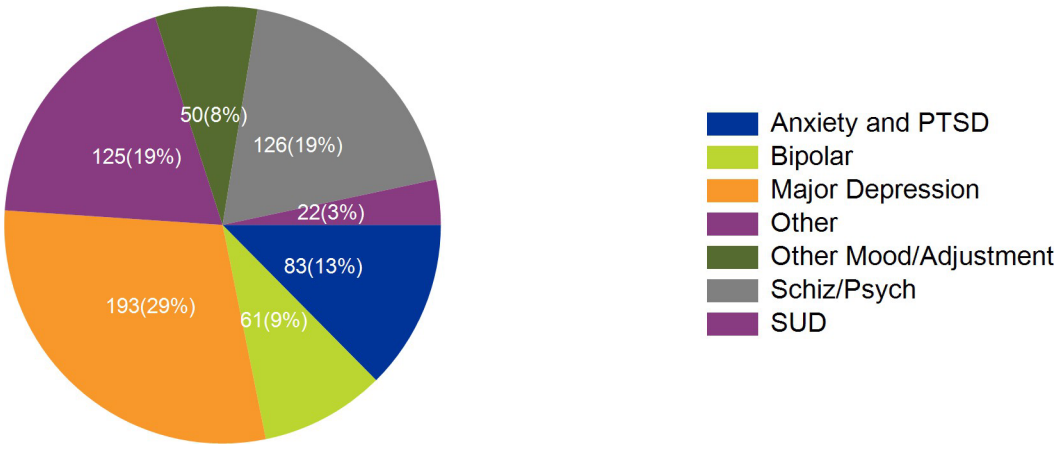
The majority served in the TAY FSP program in the 2023/2024 fiscal year were Latinx 45%, followed by Other Race, at 32%. The proportion of African American/Black participants was 9%. Also, more females (57%) have enrolled in the TAY FSP program than males (43%).





Most in (53%). A large proportion of those served were di phrenia/Psychosis disorders (19%).





Length of FSP Partnership

The tables below show the length of stay in years for the 705 consumers enrolled in TAY FSP programs during the 2023/2024 fiscal year. The total time a consumer spent in each enrollment is included for reporting time in partnership.

The percentage of TAY with an active/open case having time in partnership longer than one year was 43%, while 63% of those without an open episode have a time in collaboration shorter than one year. Of all TAY FSP consumers served in FY 2023/2024, over two-thirds have a longer stay of less than two years (78%).

FSP re-entry: Of these **705** TAY FSP enrollments, 71 returned to an FSP program after discharging less than a year previously. These consumers are considered to have re-established partnerships, and 2 of them re-established partnerships more than once over their total time in partnership. The number of consumers who returned to an FSP program after more than a year had passed since discharging from an FSP program was 27.[4]

TAY Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	61	61	122	17%
>= 2 Years and <3 Years	43	36	79	11%
>= 3 Years and < 4 Years	14	17	31	4%
>= 4 Years and < 5 years	7	10	17	2%
>= 90 days and < 1 Year	127	111	238	34%
>=5 Years and < 6 years	8	7	15	2%
>=6 Years+	6	10	16	2%
Under 90 days	109	78	187	27%
Total Consumer Enrollments	**375**	**330**	**705**	
Average Years in Partnership	2.76	2.46	1.31	
Median Years in Partnership	0.64	0.74	0.70	
Maximum Years in Partnership	9.14	9.60	9.60	

Length of stay for consumers enrolled in each program is described on the following pages. The length of stay in a program includes only time enrolled in that specific program. Some consumers were enrolled in more than one program during FY 2023/2024 fiscal year or left and returned within the same fiscal year.

Reason for Discontinuance of FSP: All TAY

[4] Active cases include those with an open episode in a TAY FSP reporting unit as of 6/30/2024. Closed cases include only those that do not have an open episode in an FSP reporting unit as of 6/30/2024. While some consumers leave the partnership and later reestablish the collaboration in the same or different FSP program, this report does not include time spent inactive.

Upon termination of the partnership, a reason for discontinuance is selected. For recorded cases, consumers most often closed because they were Unable to Locate (36%). The next highest proportion of consumers were noted to have left the program (23%). Met Goals accounted for 21% of discontinuance reasons. Each instance was recorded in this table if a consumer terminated a partnership more than once.

Discontinuation Reason	Count	%
Justice system	3	1%
Met goals	73	21%
Moved out of county/area	39	11%
Needs residential care	8	2%
Other	1	0%
Partner cannot be located	122	36%
Partner left program	78	23%
Target criteria not met	17	5%
Total	**341**	**100%**

The table below shows the number of individuals receiving various amounts of services per month for each

Service Frequency By Month

month of the 2023/2024 fiscal year. Most consumers received either 2-3 or 4-7 or more services per month within the fiscal year. On average, more than 25% of TAY FSP consumers received eight or more services per month.

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	63 (18%)	66 (18%)	75 (24%)	83 (26%)	75 (23%)	66 (21%)	64 (21%)	60 (19%)	46 (16%)	55 (17%)	52 (16%)	51 (16%)
2-3	106 (31%)	91 (25%)	79 (25%)	80 (25%)	88 (27%)	89 (28%)	82 (26%)	83 (27%)	74 (25%)	70 (22%)	89 (27%)	92 (29%)
4-7	98 (28%)	109 (29%)	83 (27%)	74 (23%)	95 (29%)	91 (29%)	89 (29%)	100 (32%)	99 (34%)	106 (33%)	94 (29%)	98 (31%)
8-13	62 (18%)	76 (20%)	60 (19%)	55 (17%)	47 (14%)	51 (16%)	48 (15%)	46 (15%)	48 (16%)	58 (18%)	58 (18%)	37 (12%)
14-19	13 (4%)	22 (6%)	9 (3%)	21 (7%)	14 (4%)	12 (4%)	20 (6%)	13 (4%)	19 (6%)	18 (6%)	22 (7%)	25 (8%)
20-25	4 (1%)	5 (1%)	4 (1%)	7 (2%)	6 (2%)	2 (1%)	6 (2%)	5 (2%)	7 (2%)	10 (3%)	8 (2%)	6 (2%)
26-31	0 (0%)	1 (0%)	0 (0%)	0 (0%)	3 (1%)	1 (0%)	1 (0%)	2 (1%)	0 (0%)	5 (2%)	2 (1%)	2 (1%)
32+	1 (0%)	1 (0%)	1 (0%)	3 (1%)	1 (0%)	1 (0%)	1 (0%)	0 (0%)	1 (0%)	3 (1%)	3 (1%)	1 (0%)
Monthly Total	347	371	311	323	329	313	311	309	294	325	328	312

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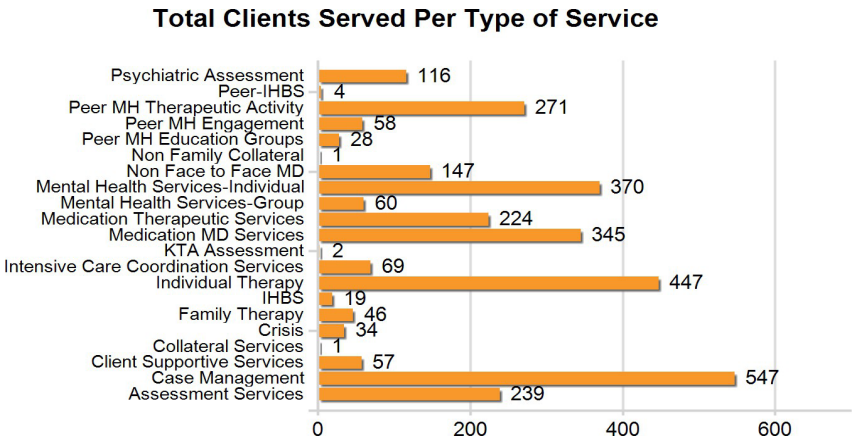
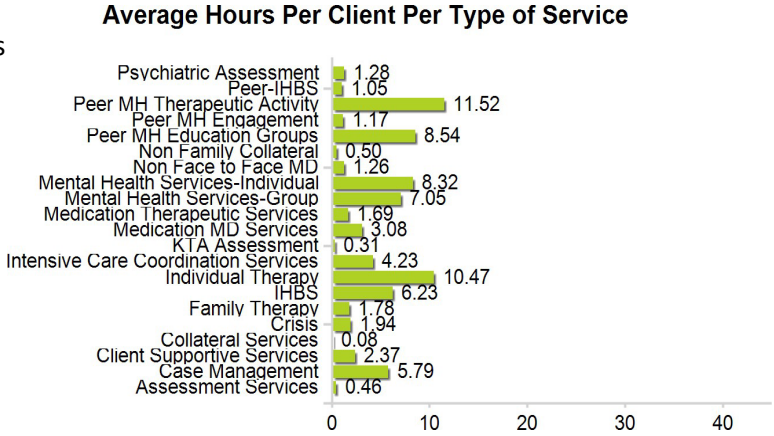


During the 2023/2024 Fiscal year case management, client supportive services and individual therapy were the three services that served the most consumers.

The average number of hours consumers received of each type of service while in TAY FSP programs during the 2023/2024 fiscal year was calculated. As shown to the right, the average number of hours per consumer was highest in Peer MH Therapeutic Activity (11.52 hours).

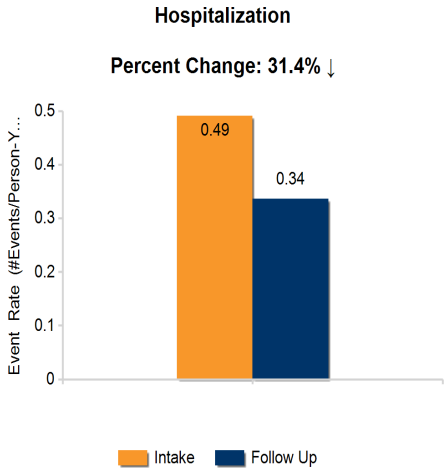


Type of Service	# of TAY	% of TAY	# of Svcs	Avg. # Svcs
Assessment Services	102	17%	117	1.15
Case Management	436	74%	6,125	14.05
Client Supportive Services	5	1%	6	1.20
Clinical Group	1	0%	1	1.00
Crisis	41	7%	73	1.78
Family Therapy	1	0%	1	1.00
Individual Therapy	144	24%	1,068	7.42
Medication MD Services	309	52%	953	3.08
Medication Therapeutic Services	339	57%	3,577	10.55
Mental Health Services-Group	45	8%	334	7.42
Mental Health Services-Individual	418	71%	5,663	13.55
Non Face to Face MD	200	34%	502	2.51
Peer MH Education Groups	35	6%	181	5.17
Peer MH Engagement	49	8%	95	1.94
Peer MH Therapeutic Activity	223	38%	2,380	10.67
Psychiatric Assessment	63	11%	64	1.02

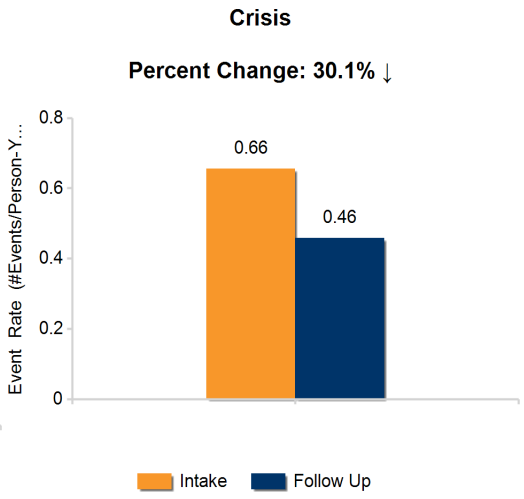
Outcomes

Primary outcomes of interest for FSP include arrests, physical and mental health emergency room visits, incidences of acute hospitalizations, and long-term care. The number of events in the 12 months before FSP enrollment is compared with the rate of 'number of events per person-year' in the program (i.e., follow-up). At follow-up, the number of outcome events occurring while enrolled was summed and divided by the years all individuals had been in the program. Actual counts for each outcome overall and by the program can be found after page 11.

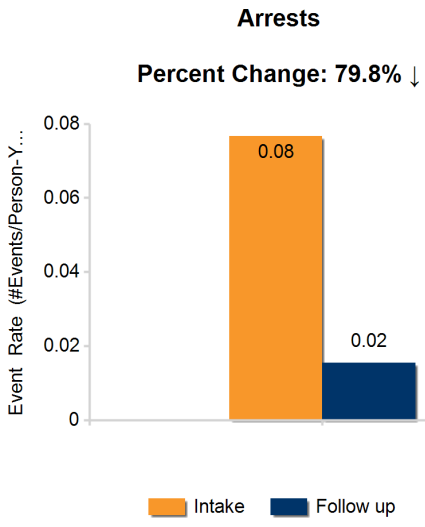
Overall, psychiatric hospitalizations, use of mental health crisis facilities, arrests, and physical health emergencies were reduced.



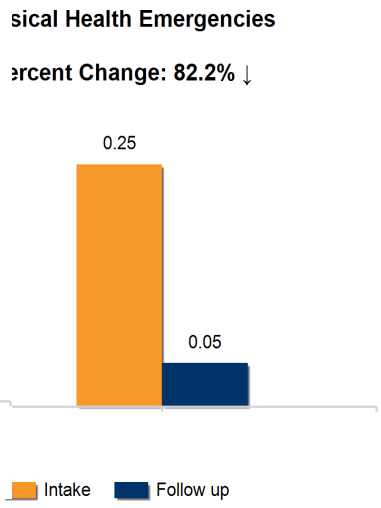
Hospitalizations decreased by 31.4% from intake to follow-up.



Crisis decreased by 30.1% from intake to follow-up.



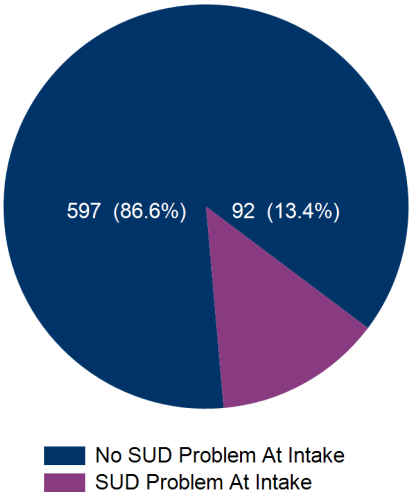
Arrests decreased by 79.8% from intake to follow-up.

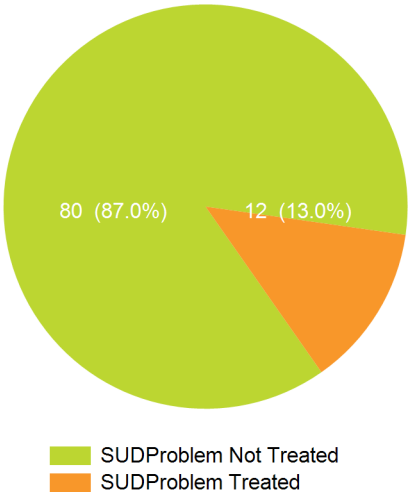


Physical Health Emergency visits decreased by 82.2%.

Outcomes: Substance Use

Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (13.4%). The majority of those who had co-occurring MH and SU problems had not been receiving SU treatment services at intake.

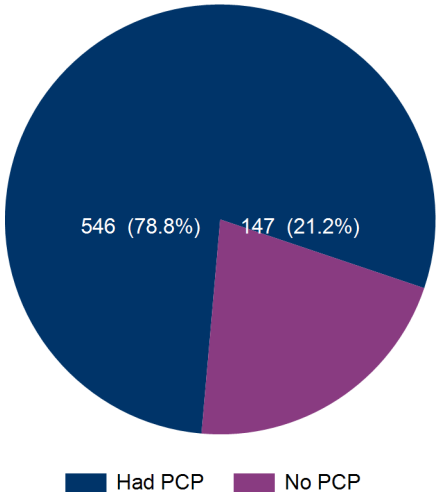




Follow-up: Based on follow-up data reported quarterly, 25.0% (20) of the 80 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional 50 consumers not identified at intake were noted to have an SU problem on follow-up, and 8.0% of them were reported to be in SU services on follow-up.

Outcomes: Primary Care Physician

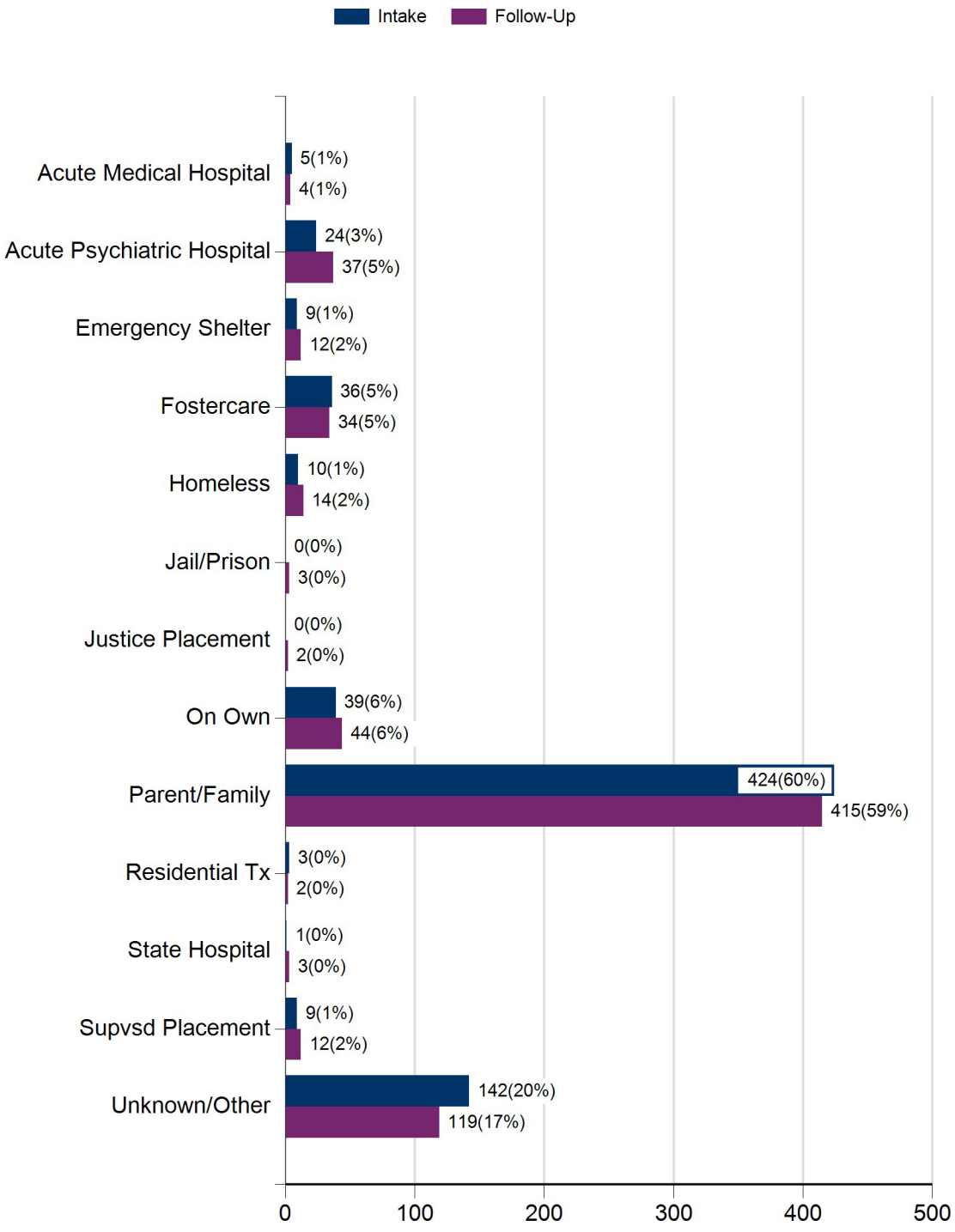
Intake: Some Consumers (21.2%) did not have a primary care physician (PCP) at intake.



Follow-up: Of the 147 consumers who did not have a PCP at intake, 79 (53.7%) obtained one while in the program.

Outcomes: Residential

Overall, the TAY FSP consumers had a decrease in the proportion of homeless or in emergency shelters and an increase in the percentage of consumers living on their own. Residential settings were calculated using the residential category from intake to their latest residential status. The percentages below are for all reporting units.



Outcomes: Residential Days

The following compares consumers' living arrangements in the year before FSP enrollment to their living arrangements while enrolled in the program. Specifically, the number of days spent in each setting in the year before enrollment is compared to the number of days they spent annually in each setting during enrollment. This analysis aims to determine whether days in more stable settings during FSP participation had increased and days in less stable settings had decreased.

Baseline data was obtained from consumers' Partnership Assessment Form, which includes the number of days consumers spent in each residential setting during the 12 months immediately before enrollment. Note that these 12 months preceded their **first** enrollment to any FSP program.

The number of days the consumers spent in each setting while enrolled in an FSP program was tracked through enrollment changes and residence changes noted on Key Event Tracking (KET) forms. When consumers re-enter an FSP program after a lapse in enrollment, their living arrangement is often noted on a KET form or new PAF, but if not, it is considered unknown. To accurately compare a year of pre-enrollment with a year of post-enrollment, data for residential days during enrollment has been annualized.

	12 Months Before Enrollment		Annualized Days During Enrollment		
Living Situation	**# of Days**	**Count (n)**	**# of Days**	**Count (n)**	**Percent change (%)**
	0	0	23,556	101	0%
Acute Medical Hospital	205	27	663	19	223%
Acute Psychiatric Hospital	1,903	108	5,324	98	180%
Community Treatment Facility	395	3	-	1	-100%
Emergency Shelter	1,999	19	4,821	24	141%
Fostercare	4,210	15	4,108	13	-2%
Homeless	4,588	23	2,872	20	-37%
Jail/Prison	281	10	460	7	64%
Justice Placement	129	4	17	1	-87%
On Own	13,062	46	18,906	67	45%
Parent/Family	160,914	481	170,371	504	6%
Residential Tx	544	22	5,705	28	949%
State Hospital	33	3	146	4	342%
Supervised Placement	2,175	16	6,547	13	201%
Unknown/Other	66,887	187	6,694	78	-90%

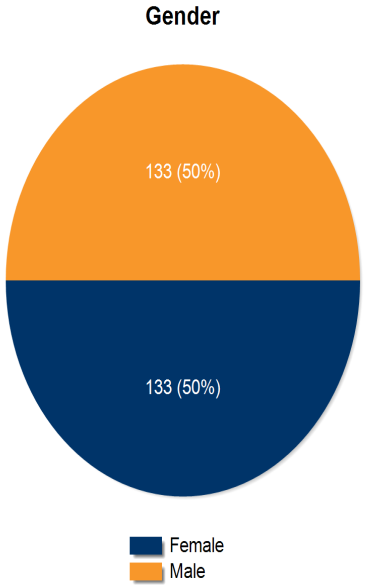
FSP TAY demographics and Outcomes for:
33G2FT Served by this reporting unit: 261

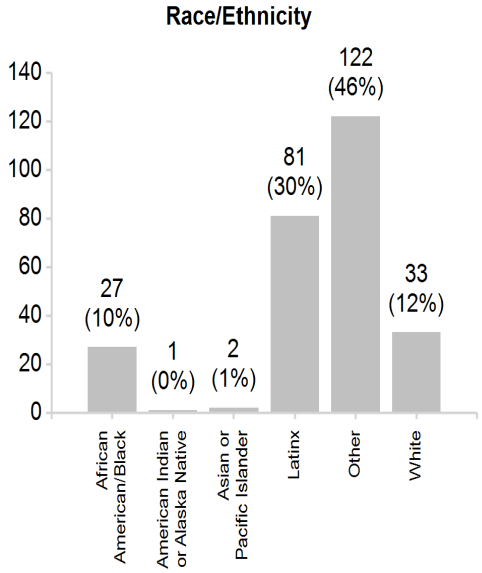
Demographics

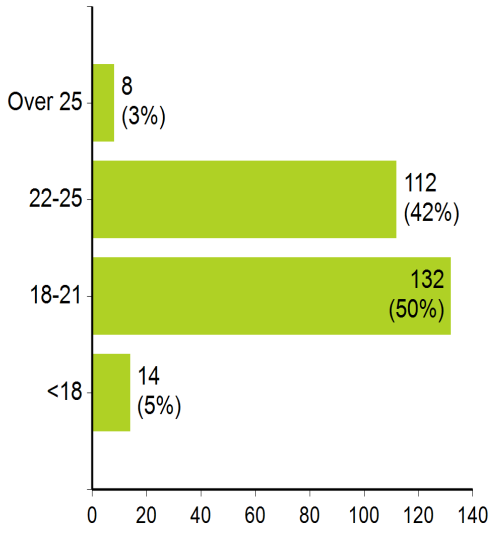
50% of consumers were male and 50% were female.

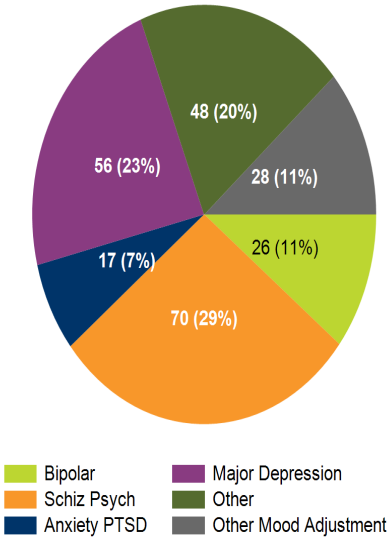
12% of consumers were White, 30% were Latinx, and 10% were Black/African American.

50% of consumers were 18 to 21 years old.







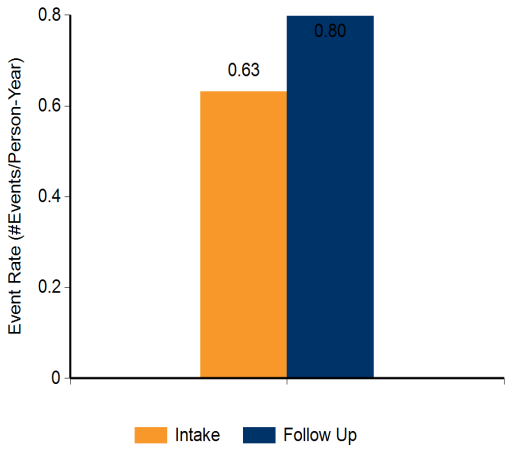


Outcomes for 33G2FT

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

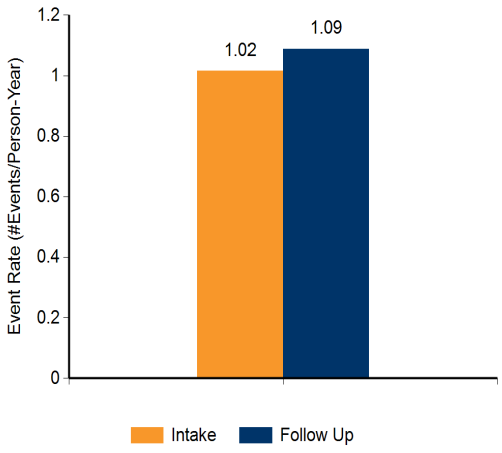
Hospitalization

Percent Change: -26.4%



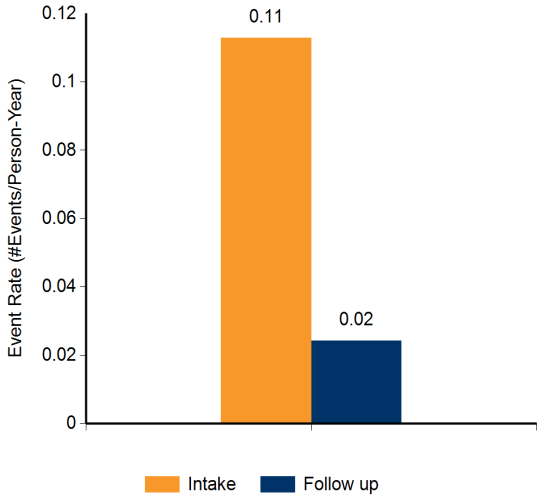
Crisis

Percent Change: -7.2%



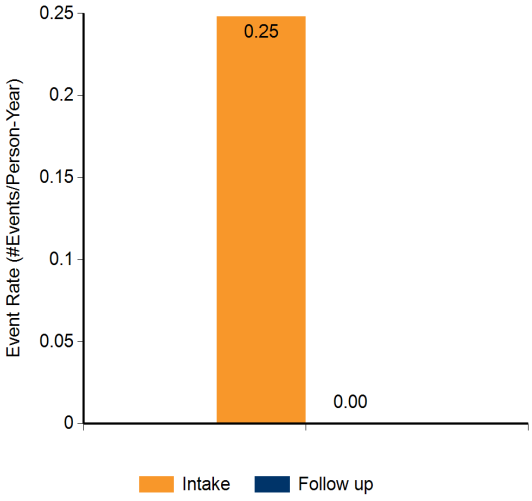
Arrest

Percent Change: 78.6%

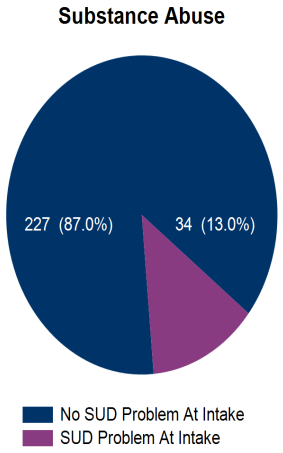


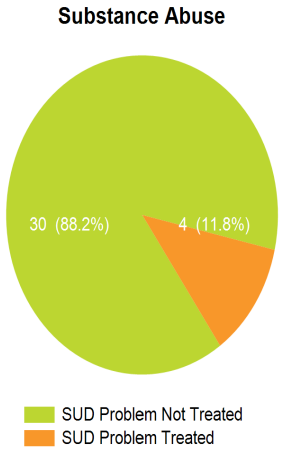
Physical Health Emergencies

Percent Change: 100.0%



Outcomes: Substance Use (33G2FT)

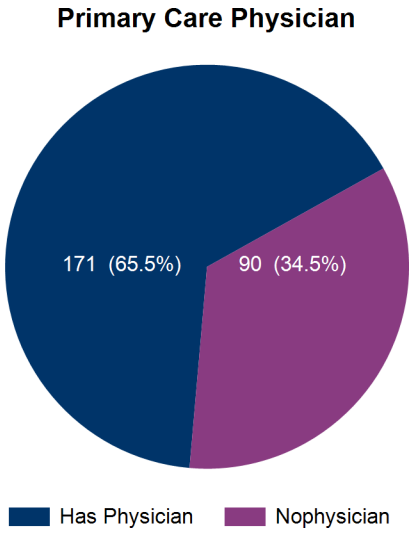




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (13.0%). The majority of those who had co-occurring MH and SU problems had not been receiving SU treatment services at intake.

Follow-up: Based on quarterly follow-up data, 23.3% (7) of the 30 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional 16 consumers not identified at intake were noted to have an SU problem on follow-up, and 13.0% were reported to be in SU services on follow-up.

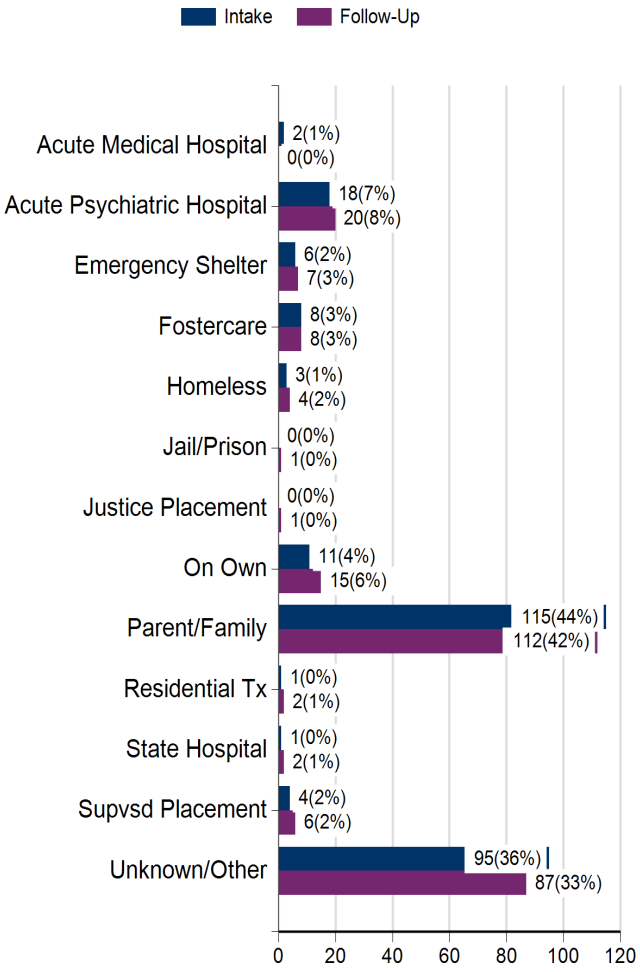
Outcomes: Primary Care Physician (33G2FT)



Intake: Most consumers (34.5%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 90 consumers who did not have a PCP at intake, 37 (41.0%) obtained one while in the program.

Outcomes: Residential & Discontinuance (33G2FT)



Discontinuation Reason	Count	%
Justice system	2	1%
Met goals	26	15%
Moved out of county/area	19	11%
Needs residential care	1	1%
Other	1	1%
Partner cannot be located	69	41%
Partner left program	48	29%
Target criteria not met	2	1%
Total	**168**	**100%**

Length of FSP Partnership for: 33G2FT

TAY Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	21	20	41	15.41%
>= 2 Years and <3 Years	9	7	16	6.02%
>= 3 Years and < 4 Years	5	3	8	3.01%
>= 4 Years and < 5 years	2	1	3	1.13%
>= 90 days and < 1 Year	44	22	66	24.81%
>=5 Years and < 6 years	2	2	4	1.50%
>=6 Years+	1	5	6	2.26%
Under 90 days	85	37	122	45.86%
Total Consumer Enrollments	**169**	**97**	**266**	

Service Detail: 33G2FT

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	30 (32%)	29 (25%)	32 (50%)	48 (61%)	39 (47%)	27 (33%)	31 (37%)	20 (27%)	14 (19%)	17 (18%)	17 (17%)	23 (24%)
2-3	36 (38%)	37 (32%)	21 (33%)	22 (28%)	25 (30%)	28 (35%)	26 (31%)	22 (29%)	21 (29%)	20 (21%)	26 (26%)	26 (27%)
4-7	20 (21%)	37 (32%)	9 (14%)	8 (10%)	16 (19%)	21 (26%)	21 (25%)	20 (27%)	20 (28%)	37 (39%)	30 (30%)	29 (31%)
8-13	8 (8%)	10 (9%)	2 (3%)	0 (0%)	2 (2%)	5 (6%)	3 (4%)	9 (12%)	10 (14%)	17 (18%)	18 (18%)	10 (11%)
14-19	1 (1%)	2 (2%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	1 (1%)	2 (3%)	6 (8%)	2 (2%)	6 (6%)	6 (6%)
20-25	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	1 (1%)	1 (1%)	0 (0%)	2 (2%)	1 (1%)	1 (1%)
26-31	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
32+	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	0 (0%)	2 (2%)	0 (0%)
Monthly Total	95	115	64	79	83	81	83	75	72	95	100	95

Type of Service	% of TAY	# of Svcs	Avg. # Svcs

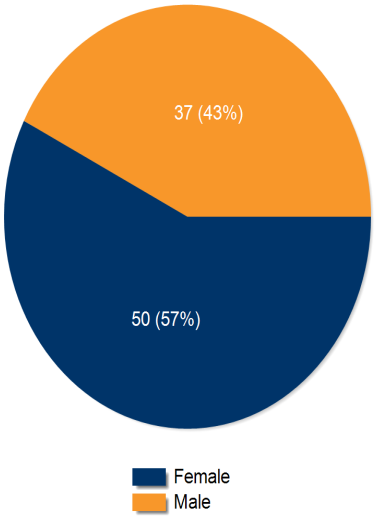
FSP TAY demographics and Outcomes for:
33H6FT Served by this reporting unit: 85
Enrollment: 87

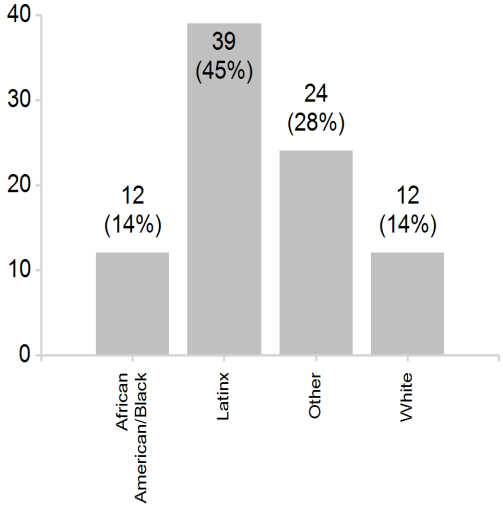
Demographics

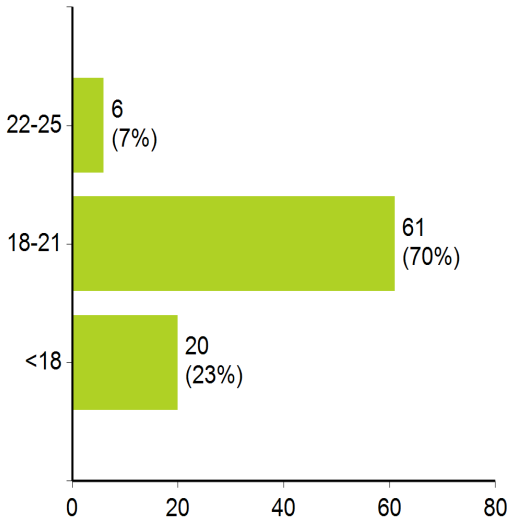
43% of consumers were male and 57% were female.

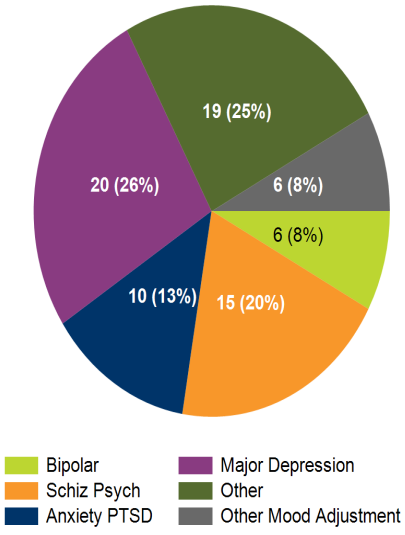
14% of consumers were White, 45% were Latinx, and 14% were Black/African American.

70% of consumers were 18 to 21 years old.



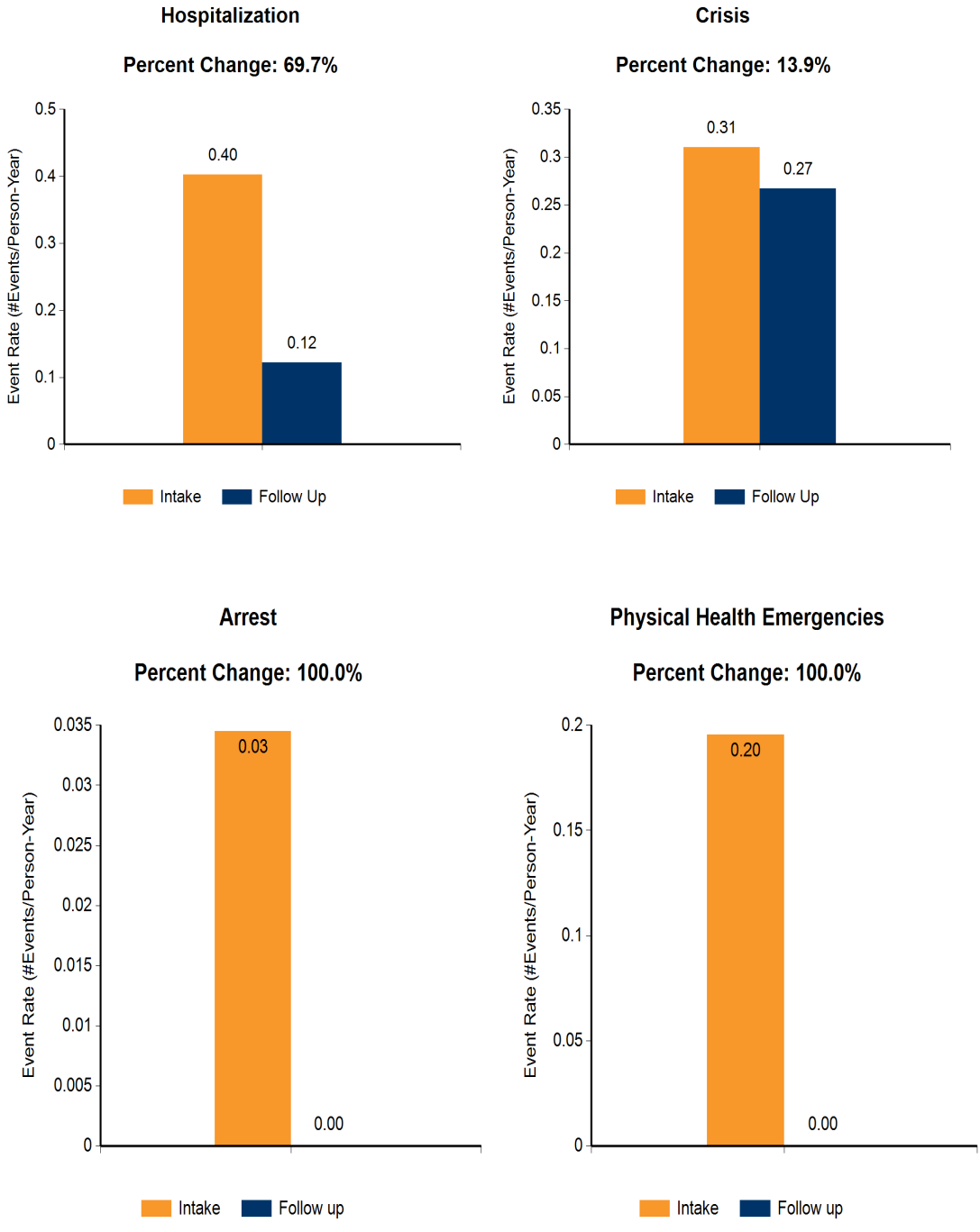






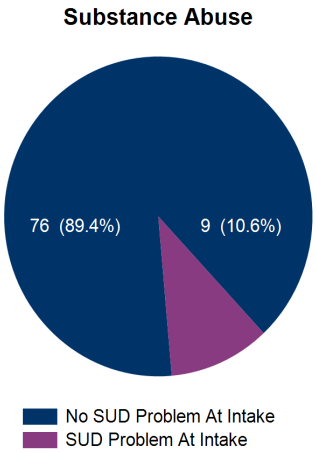
Outcomes for 33H6FT

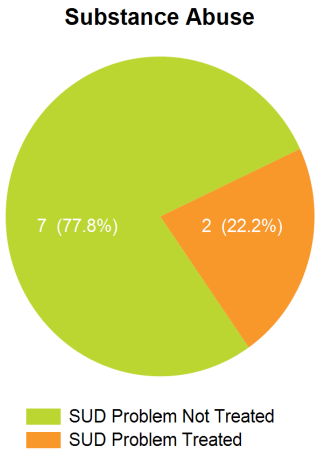
Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.



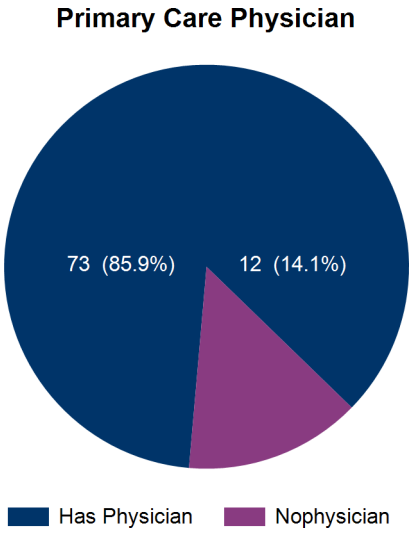
Intake: a significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) issues (10.6%). The majority of those with co-occurring MH and SU problems had not been receiving SU treatment services at intake.

Outcomes: Substance Use (33H6FT)





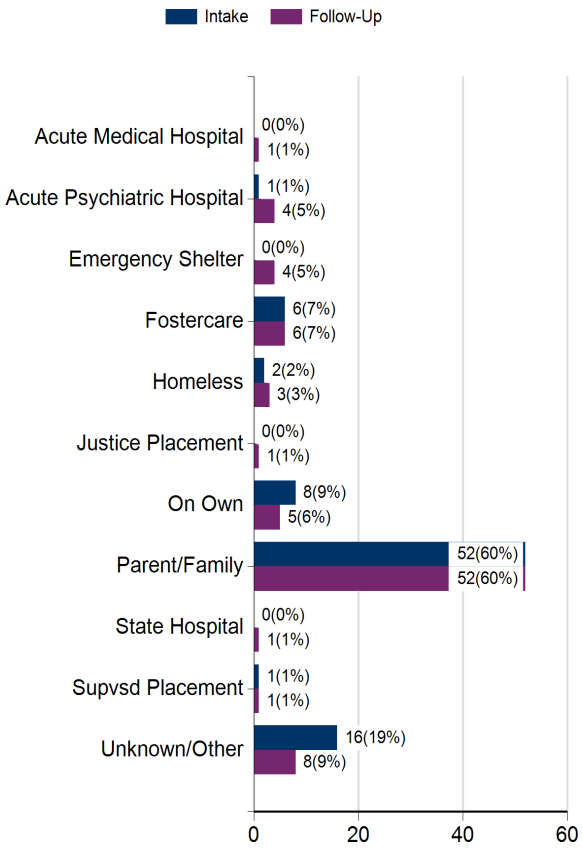
Follow-up: Based on quarterly follow-up data, 42.9% (3) of the 7 individuals with a co-occurring problem and no participation in SU services at intake were now involved in SU services. Additionally, 3 consumers who were not identified at intake were found to have an SU issue during follow-up, and 0.0% of them were reported to be in SU services on follow-up.



Intake: Most consumers (14.1%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 12 consumers who did not have a PCP at intake, 12 (100.0%) obtained one while in the program.

Outcomes: Residential & Discontinuance (33H6FT)



Discontinuation Reason	Count	%
Justice system	1	2%
Met goals	25	45%
Moved out of county/area	7	13%
Partner cannot be located	8	14%
Partner left program	7	13%
Target criteria not met	8	14%
Total	**56**	**100%**

Length of FSP Partnership for: 33H6FT

TAY Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	13	4	17	19.54%
>= 2 Years and <3 Years	10	2	12	13.79%
>= 3 Years and < 4 Years	5	2	7	8.05%
>= 4 Years and < 5 years	3	3	6	6.90%
>= 90 days and < 1 Year	14	16	30	34.48%
>=5 Years and < 6 years	4	0	4	4.60%
>=6 Years+	3	0	3	3.45%
Under 90 days	4	4	8	9.20%
Total Consumer Enrollments	**56**	**31**	**87**	

Service Detail: 33H6FT

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	5 (8%)	2 (3%)	2 (4%)	0 (0%)	5 (9%)	1 (2%)	2 (4%)	2 (4%)	2 (5%)	2 (5%)	3 (8%)	1 (3%)
2-3	5 (8%)	6 (10%)	5 (9%)	8 (15%)	6 (11%)	9 (17%)	10 (19%)	10 (21%)	7 (16%)	5 (13%)	3 (8%)	2 (6%)
4-7	19 (32%)	12 (21%)	17 (30%)	12 (22%)	16 (29%)	16 (30%)	14 (26%)	15 (32%)	10 (23%)	5 (13%)	9 (25%)	8 (24%)
8-13	25 (42%)	28 (48%)	25 (44%)	20 (36%)	18 (32%)	19 (36%)	16 (30%)	15 (32%)	14 (32%)	17 (43%)	9 (25%)	8 (24%)
14-19	4 (7%)	7 (12%)	6 (11%)	9 (16%)	5 (9%)	6 (11%)	6 (11%)	3 (6%)	7 (16%)	5 (13%)	7 (19%)	8 (24%)
20-25	1 (2%)	2 (3%)	1 (2%)	3 (5%)	2 (4%)	0 (0%)	4 (7%)	1 (2%)	4 (9%)	4 (10%)	4 (11%)	3 (9%)
26-31	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (5%)	1 (2%)	1 (2%)	1 (2%)	0 (0%)	2 (5%)	1 (3%)	2 (6%)
32+	1 (2%)	1 (2%)	1 (2%)	3 (5%)	1 (2%)	1 (2%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (3%)
Monthly Total	60	58	57	55	56	53	54	47	44	40	36	33

Type of Service	% of TAY	# of Svcs	Avg. # Svcs

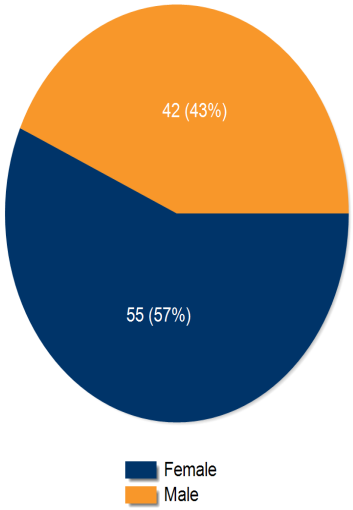
FSP TAY demographics and Outcomes for: 33HWFT Served by this reporting unit: 95

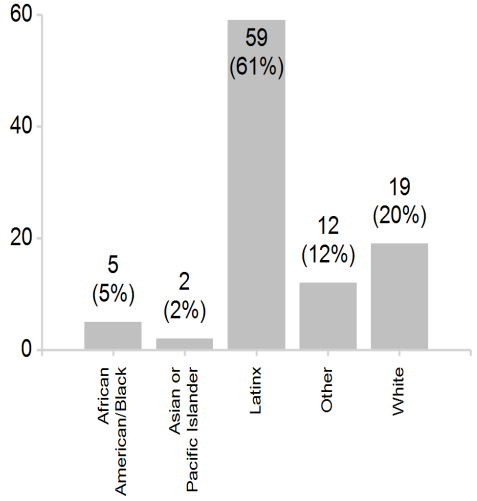
Demographics

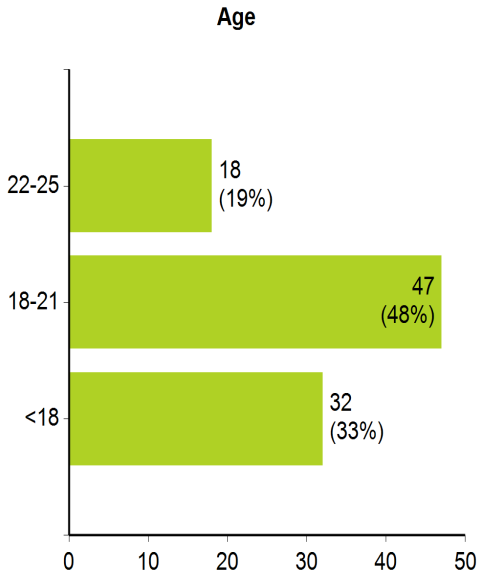
43% of consumers were male and 57% were female.

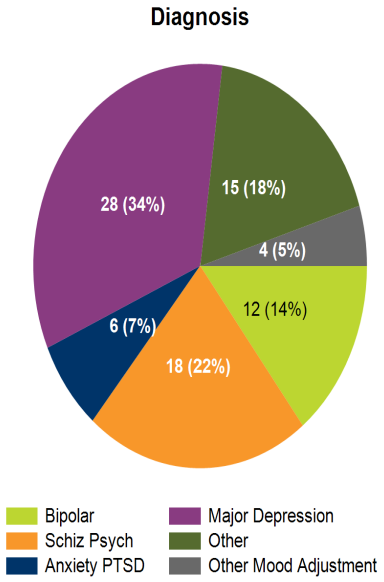
20% of consumers were White, 61% of consumers were Latinx and 5% of consumers were Black/African American.

48% of consumers were 18 to 21 years old.



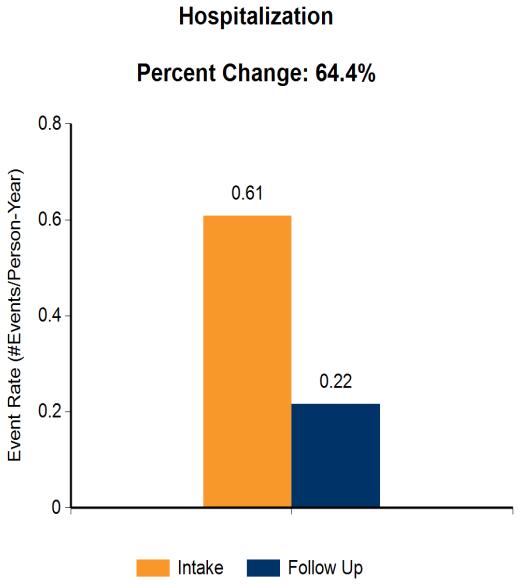


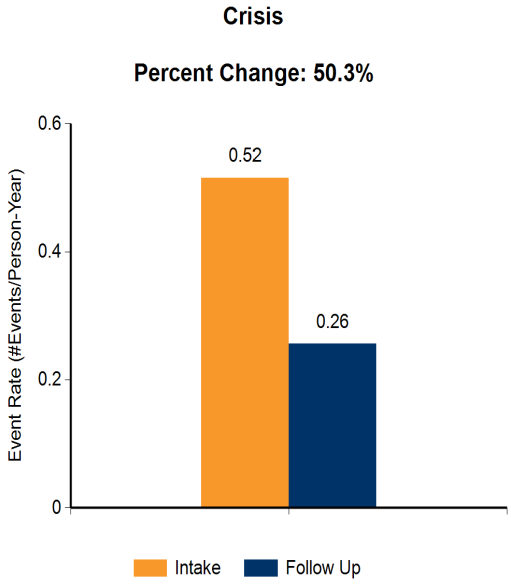


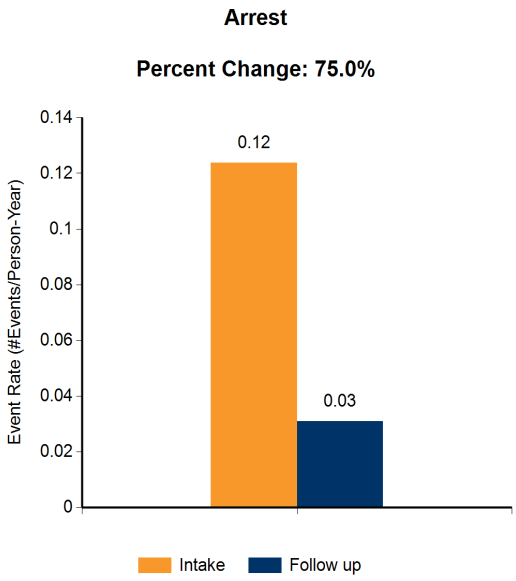


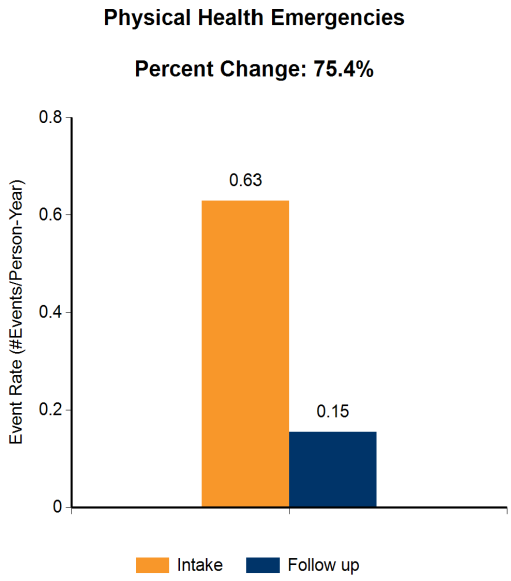
Outcomes for 33HWFT

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

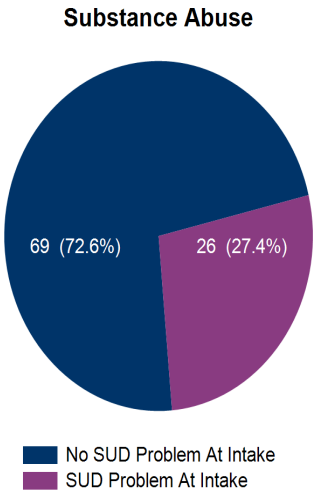


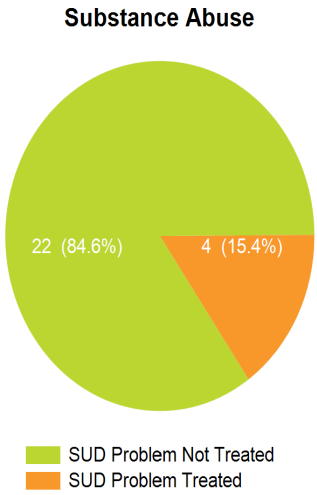






Outcomes: Substance Use (33HWFT)

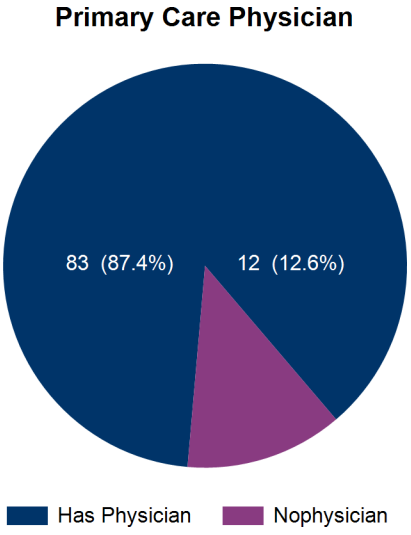




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (27.4%). The majority of those who had co-occurring MH and SU problems had not been receiving SU treatment services at intake.

Follow-up: Based on quarterly follow-up data, 31.8% (7) of the 22 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional 13 consumers not identified at intake were noted to have an SU problem on follow-up, and 8.0% were reported to be in SU services on follow-up.

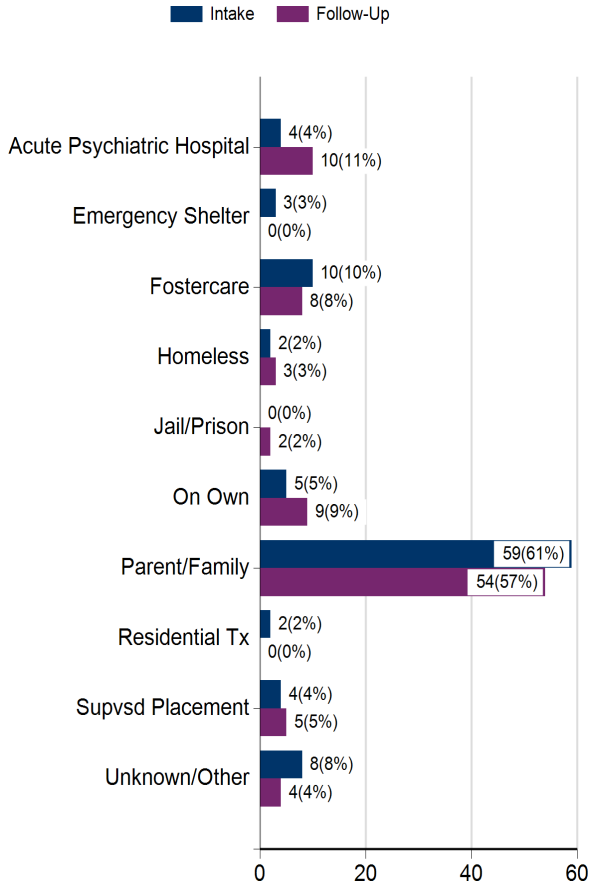
Outcomes: Primary Care Physician (33HWFT)



Intake: Most consumers (12.6%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 12 consumers that did not have a PCP at intake, 11 (92.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33HWFT)



Discontinuation Reason	Count	%
Met goals	6	18%
Moved out of county/area	8	24%
Needs residential care	1	3%
Partner cannot be located	7	21%
Partner left program	9	26%
Target criteria not met	3	9%
Total	34	100%

Service Detail:33HWFT

TAY Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	9	10	19	61.29%
>= 2 Years and <3 Years	4	9	13	41.94%
>= 3 Years and < 4 Years	3	4	7	22.58%
>= 4 Years and < 5 years	2	6	8	25.81%
>= 90 days and < 1 Year	12	14	26	83.87%
>=5 Years and < 6 years	2	5	7	22.58%
>=6 Years+	2	5	7	22.58%
Under 90 days	0	10	10	32.26%
Total Consumer Enrollments	34	63	97	

Length of FSP Partnership for: 33HWFT

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	11 (17%)	10 (19%)	17 (32%)	11 (23%)	3 (7%)	9 (19%)	5 (10%)	9 (16%)	9 (17%)	9 (18%)	4 (7%)	4 (7%)
2-3	25 (38%)	16 (30%)	16 (30%)	13 (27%)	12 (26%)	14 (29%)	13 (27%)	18 (33%)	11 (21%)	9 (18%)	18 (32%)	16 (29%)
4-7	23 (35%)	17 (31%)	12 (23%)	16 (33%)	24 (52%)	12 (25%)	15 (31%)	16 (29%)	23 (43%)	14 (28%)	16 (28%)	26 (46%)
8-13	5 (8%)	9 (17%)	8 (15%)	4 (8%)	4 (9%)	10 (21%)	15 (31%)	9 (16%)	6 (11%)	6 (12%)	11 (19%)	3 (5%)
14-19	1 (2%)	2 (4%)	0 (0%)	4 (8%)	2 (4%)	3 (6%)	1 (2%)	3 (5%)	4 (8%)	5 (10%)	5 (9%)	5 (9%)
20-25	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (2%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)	3 (5%)	2 (4%)
26-31	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	3 (6%)	0 (0%)	0 (0%)
32+	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	2 (4%)	0 (0%)	0 (0%)
Monthly Total	65	54	53	48	46	48	49	55	53	50	57	56

Type of Service	% of TAY	# of Svcs	Avg. # Svcs

34 % of consumers were male and 66% were female.

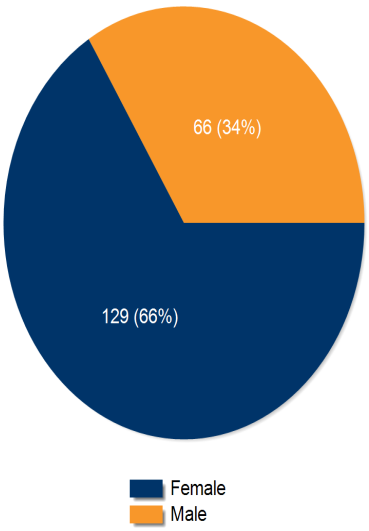
7% of consumers were White, 57% of consumers were Latinx and 8% of consumers were Black/African American.

54% of consumers were 18 to 21 years old.

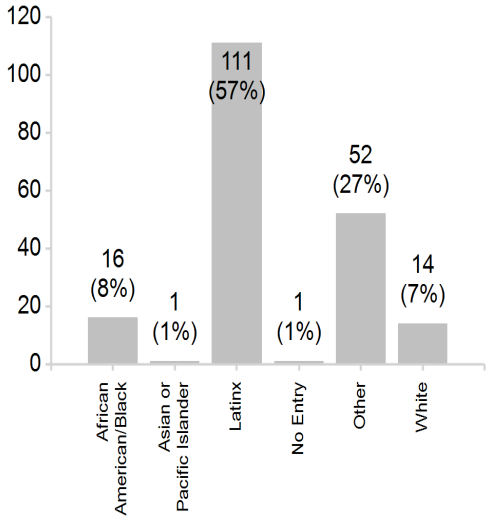
FSP TAY demographics and Outcomes for:
33O2FT Served by this reporting unit: 192
Enrollment: 195

Demographics

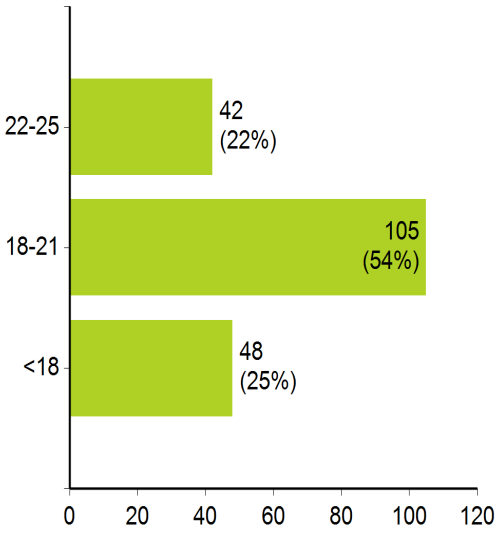
Gender



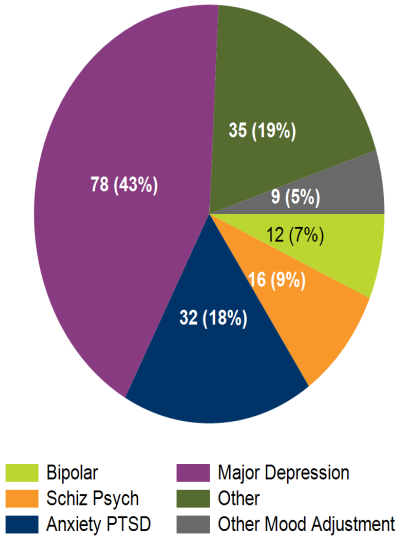
Race/Ethnicity



Age



Diagnosis

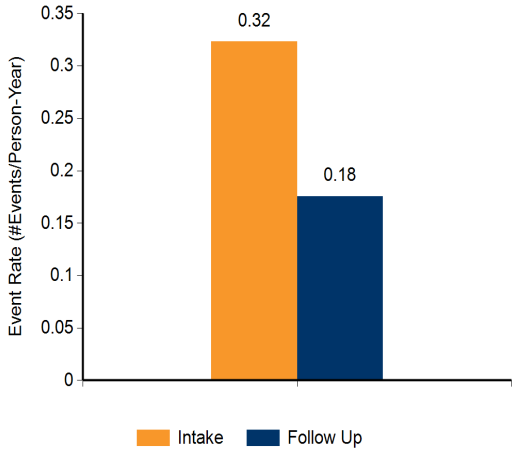


Outcomes for 33O2FT

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

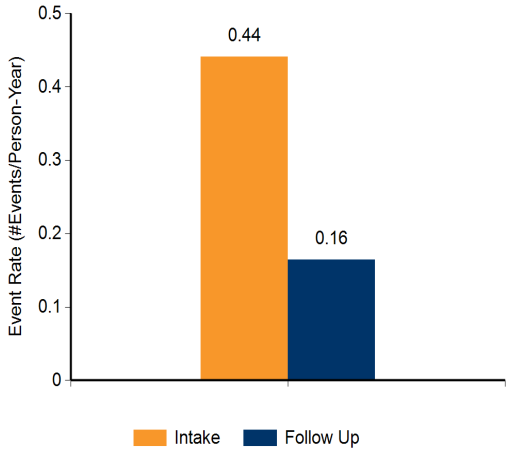
Hospitalization

Percent Change: 45.6%



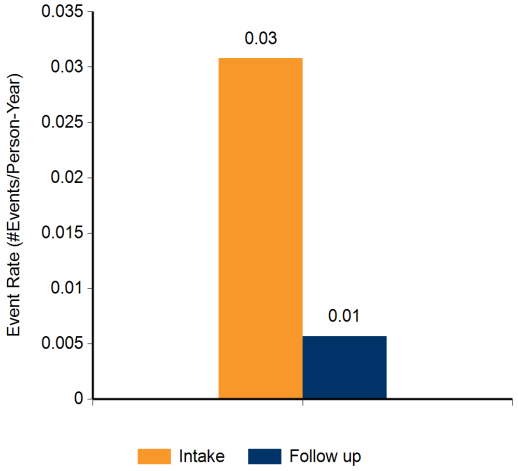
Crisis

Percent Change: 62.7%



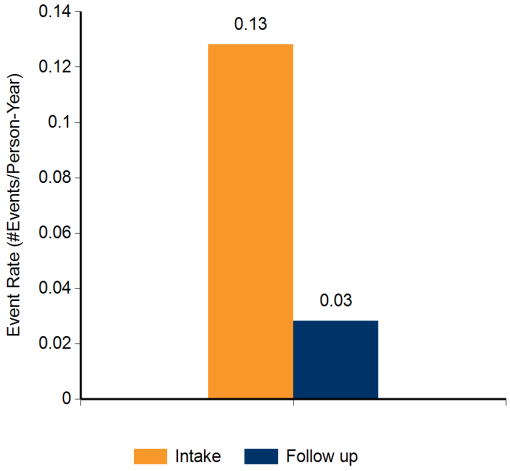
Arrest

Percent Change: 81.6%

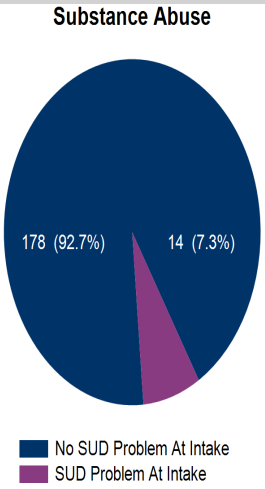


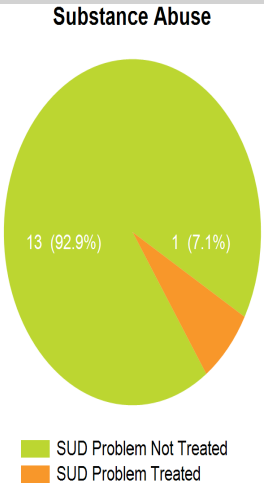
Physical Health Emergencies

Percent Change: 77.9%



Outcomes: Substance Use (33O2FT)

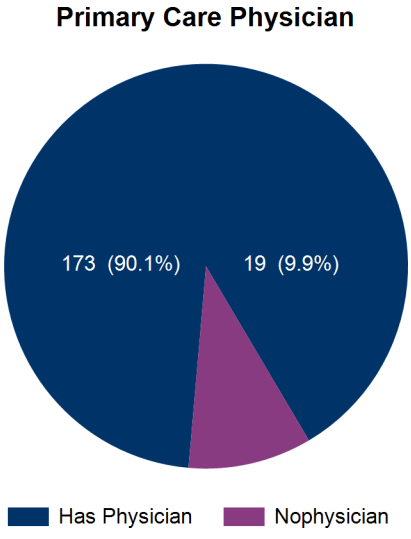




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (7.3%). The majority of those who had co-occurring MH and SU problems had not been receiving SU treatment services at intake.

Follow-up: Based on quarterly follow-up data, 7.7% (1) of the 13 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional 14 consumers not identified at intake were noted to have an SU problem on follow-up and 7.0% were reported to be in SU services on follow-up.

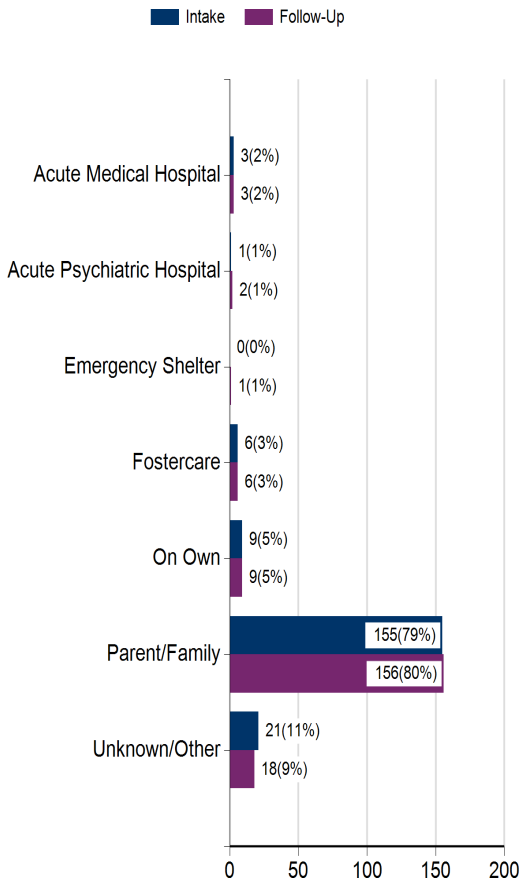
Outcomes: Primary Care Physician (33O2FT)



Intake: Most consumers (9.9%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 19 consumers that did not have a PCP at intake, 14 (74.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33O2FT)



Discontinuation Reason	Count	%
Met goals	14	19%
Moved out of county/area	5	7%
Needs residential care	6	8%
Partner cannot be located	34	47%
Partner left program	13	18%
Target criteria not met	1	1%
Total	73	100%

Length of FSP Partnership for: 33O2FT

TAY Time in Partnership
>= 1 Year and < 2 Years
>= 2 Years and <3 Years
>= 3 Years and < 4 Years
>= 90 days and < 1 Year
Under 90 days
Total Consumer Enrollments

Closed	Open	All Consumers	% of Total
11	20	31	15.90%
9	15	24	12.31%
0	4	4	2.05%
44	55	99	50.77%
17	20	37	18.97%
81	114	195	

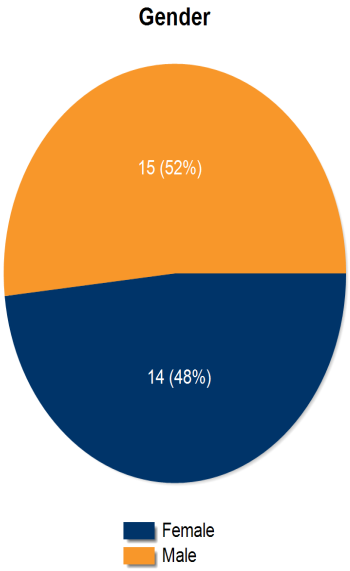
Service Detail: 33O2FT

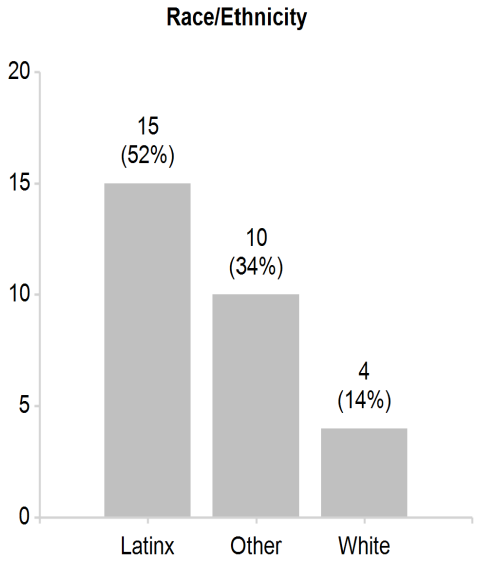
Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	10 (11%)	14 (13%)	19 (18%)	21 (19%)	23 (21%)	27 (26%)	22 (23%)	21 (20%)	19 (18%)	22 (19%)	22 (20%)	20 (20%)
2-3	21 (23%)	22 (21%)	26 (25%)	31 (29%)	28 (26%)	25 (24%)	25 (26%)	27 (25%)	31 (30%)	30 (26%)	37 (34%)	38 (37%)
4-7	26 (29%)	29 (28%)	34 (33%)	28 (26%)	31 (29%)	35 (34%)	28 (29%)	42 (39%)	40 (38%)	39 (34%)	31 (29%)	29 (28%)
8-13	24 (27%)	24 (23%)	19 (18%)	20 (19%)	18 (17%)	13 (13%)	12 (13%)	12 (11%)	10 (10%)	17 (15%)	15 (14%)	11 (11%)
14-19	6 (7%)	11 (11%)	2 (2%)	5 (5%)	5 (5%)	2 (2%)	8 (8%)	3 (3%)	2 (2%)	6 (5%)	2 (2%)	4 (4%)
20-25	3 (3%)	3 (3%)	3 (3%)	3 (3%)	2 (2%)	1 (1%)	1 (1%)	2 (2%)	2 (2%)	1 (1%)	0 (0%)	0 (0%)
26-31	0 (0%)	1 (1%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
32+	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (1%)	1 (1%)	0 (0%)
Monthly Total	90	104	103	108	107	103	96	107	104	116	108	102

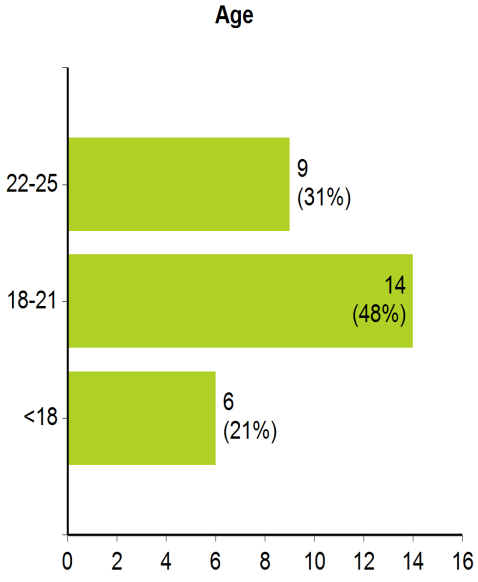
FSP TAY demographics and Outcomes for:
33OPFT Served by this reporting unit: 29
Enrollment: 29

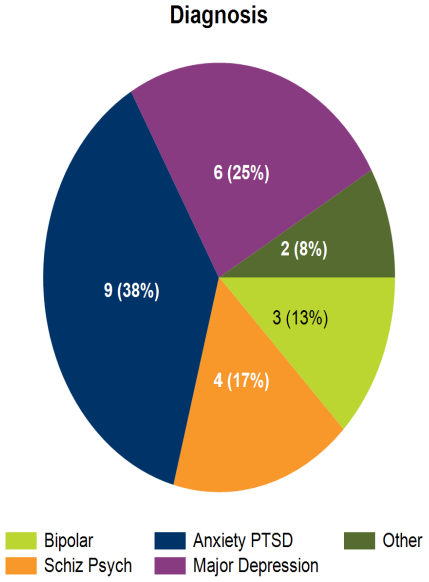
Demographics

52% of consumers identified as male, while 48% identified as female.
14% of consumers were White, 52% were Latinx, and 0% were Black or African American.
48% of consumers were aged 18 to 21 years old.







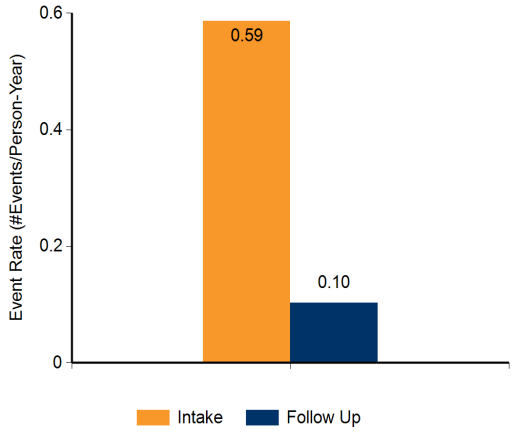


Outcomes for 33OPFT

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

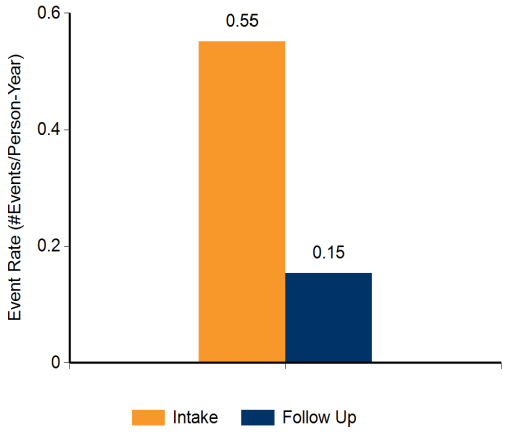
Hospitalization

Percent Change: 82.5%



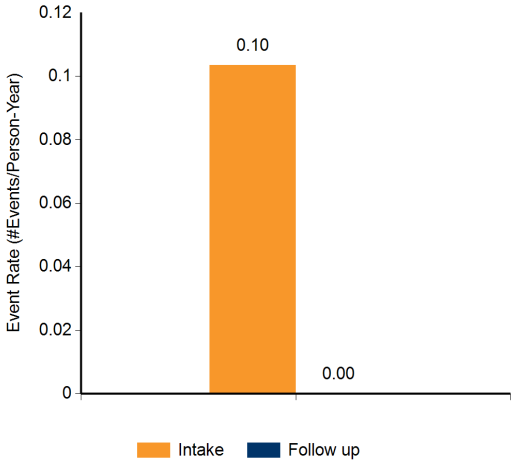
Crisis

Percent Change: 72.1%



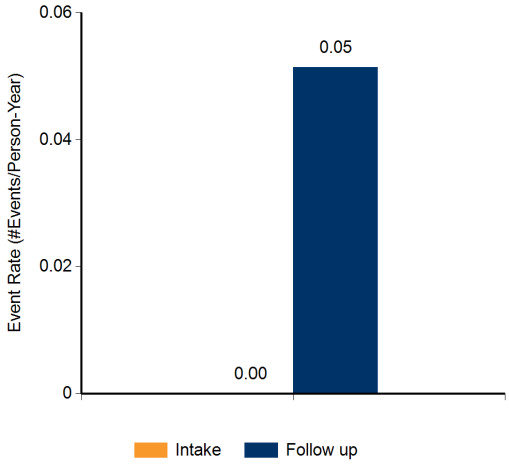
Arrest

Percent Change: 100.0%

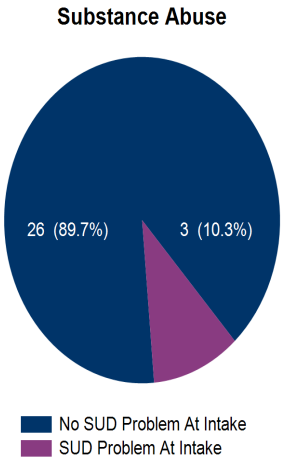


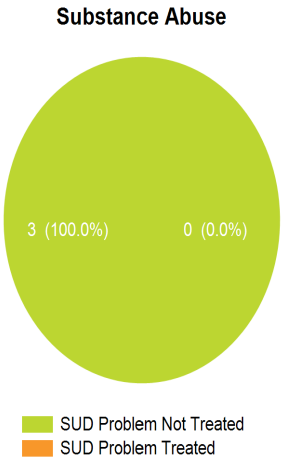
Physical Health Emergencies

Percent Change: 0.0%



Outcomes: Substance Use (33OPFT)

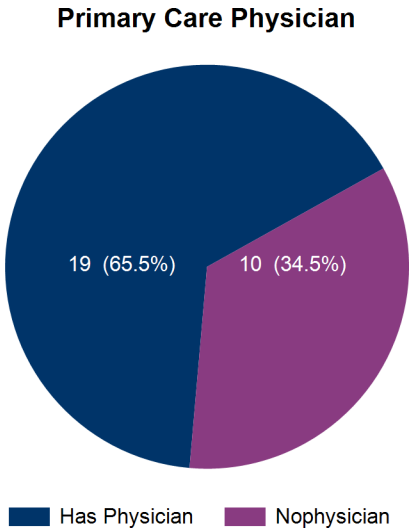




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (10.3%). The majority of those who had co-occurring MH and SU problems had not been receiving SU treatment services at intake.

Follow-up: Based on quarterly follow-up data, 0.0% (0) of the 3 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional 1 consumer not identified at intake was noted to have an SU problem on follow-up, and 0.0% of them were reported to be in SU services on follow-up.

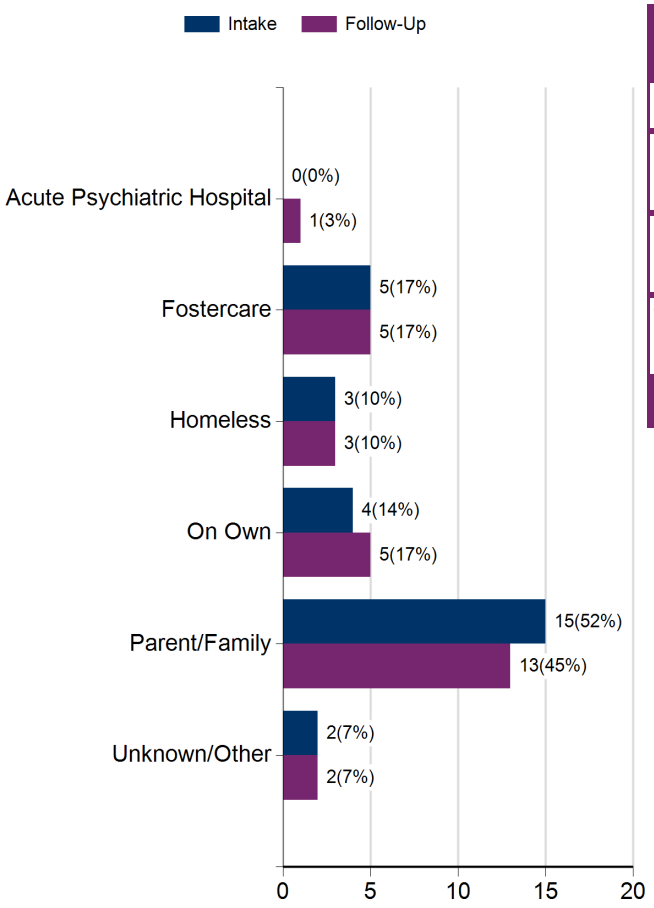
Outcomes: Primary Care Physician (33OPFT)



Intake: Most consumers (34.5%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 10 consumers that did not have a PCP at intake, 3 (30.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33OPFT)



Discontinuation Reason	Count	%
Met goals	2	20%
Partner cannot be located	4	40%
Partner left program	1	10%
Target criteria not met	3	30%
Total	**10**	**100%**

Length of FSP Partnership for: 33OPFT

TAY Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	5	1	6	20.69%
>= 2 Years and <3 Years	1	0	1	3.45%
>= 90 days and < 1 Year	9	3	12	41.38%
Under 90 days	3	7	10	34.48%
Total Consumer Enrollments	**18**	**11**	**29**	

Service Detail: 33OPFT

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	2 (15%)	4 (31%)	3 (21%)	3 (25%)	4 (27%)	2 (29%)	2 (18%)	3 (33%)	1 (17%)	4 (40%)	3 (23%)	2 (18%)
2-3	7 (54%)	2 (15%)	4 (29%)	1 (8%)	6 (40%)	3 (43%)	6 (55%)	3 (33%)	1 (17%)	3 (30%)	3 (23%)	2 (18%)
4-7	3 (23%)	6 (46%)	5 (36%)	4 (33%)	2 (13%)	1 (14%)	2 (18%)	2 (22%)	3 (50%)	3 (30%)	3 (23%)	3 (27%)
8-13	0 (0%)	1 (8%)	2 (14%)	4 (33%)	1 (7%)	1 (14%)	0 (0%)	0 (0%)	1 (17%)	0 (0%)	1 (8%)	2 (18%)
14-19	1 (8%)	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	1 (9%)	1 (11%)	0 (0%)	0 (0%)	2 (15%)	2 (18%)
20-25	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (7%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
26-31	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (8%)	0 (0%)
Monthly Total	13	13	14	12	15	7	11	9	6	10	13	11

Type of Service	% of TAY	# of Svcs	Avg. # Svcs

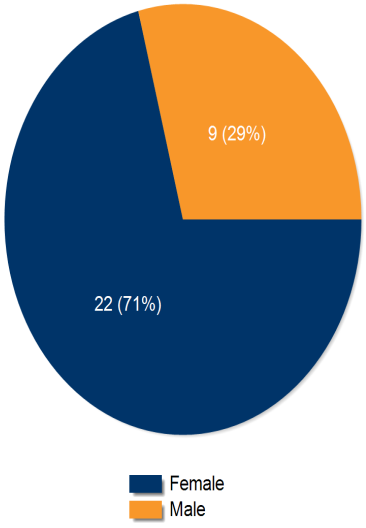
FSP TAY demographics and Outcomes for:
33PBFT Served by this reporting unit: 31
Enrollment: 31

Demographics

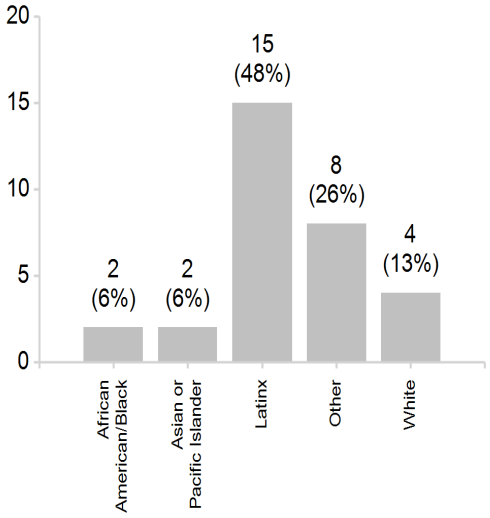
29% of consumers were male and 71% were female.
13% of consumers were White, 48% were Latinx, and 6% were Black/African American.
55% of consumers were 18 to 21 years old.

Outcomes for 33PBF

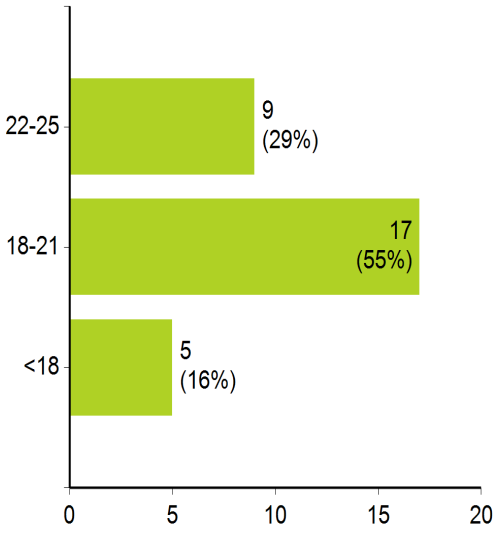
Gender



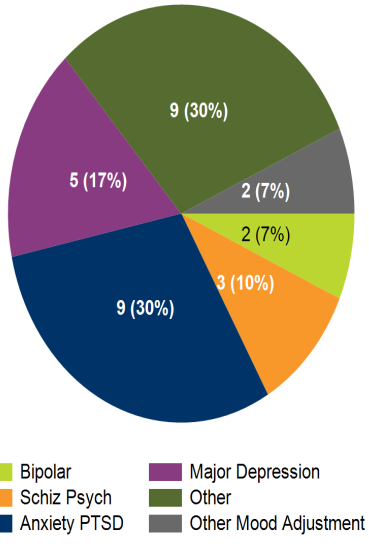
Race/Ethnicity



Age



Diagnosis

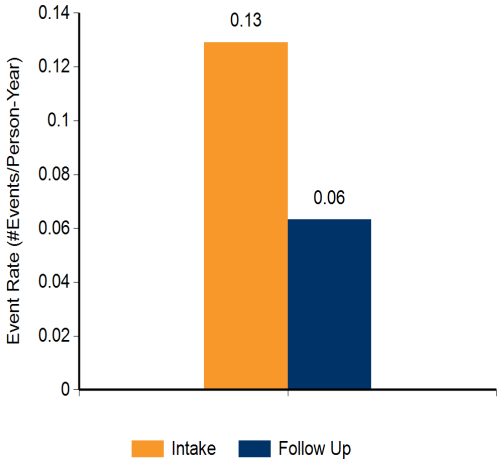


Outcomes for 33PBFT

Primary outcomes of interest for FSP include incidences of acute hospitalizations, crisis intervention, arrests, and physical health emergencies.

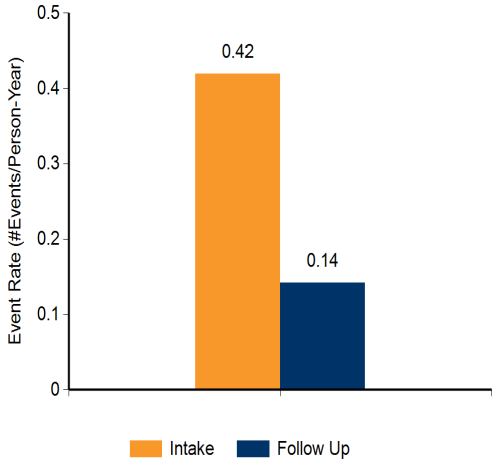
Hospitalization

Percent Change: 51.0%



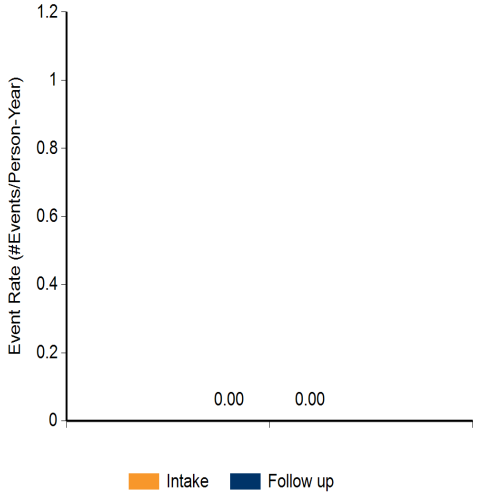
Crisis

Percent Change: 66.1%



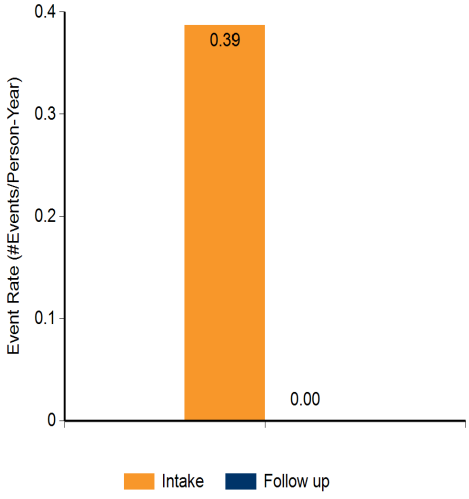
Arrest

Percent Change: 0.0%

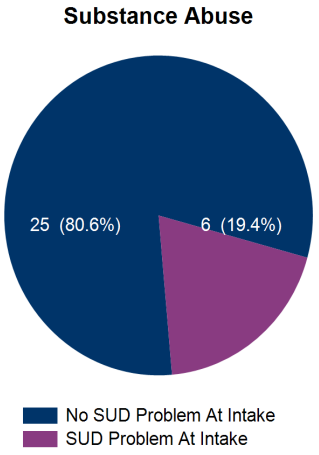


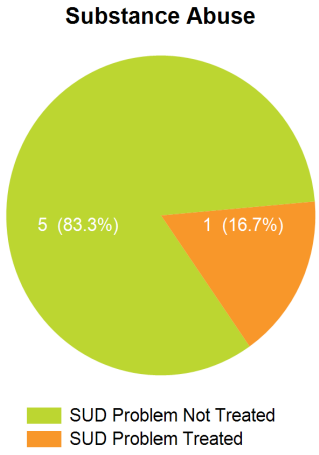
Physical Health Emergencies

Percent Change: 100.0%



Outcomes: Substance Use (33PBFT)

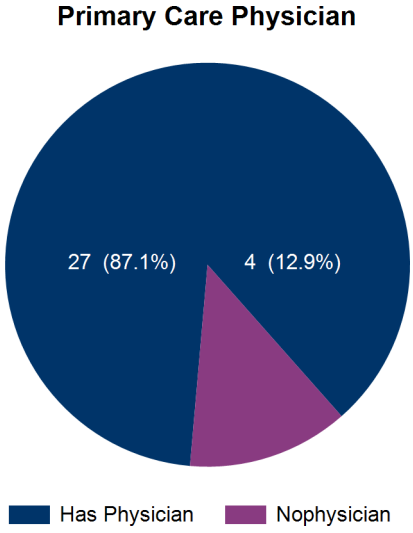




Intake: A significant proportion of consumers enter FSP with co-occurring mental health (MH) and substance use (SU) problems (19.4%). The majority of those who had co-occurring MH and SU problems had not been receiving SU treatment services at intake.

Follow-up: Based on quarterly follow-up data, 0.0% (0) of the five people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional one consumer not identified at intake was noted to have an SU problem on follow-up, and 0.0% of them were reported to be in SU services on follow-up.

Outcomes: Primary Care Physician (33PBFT)

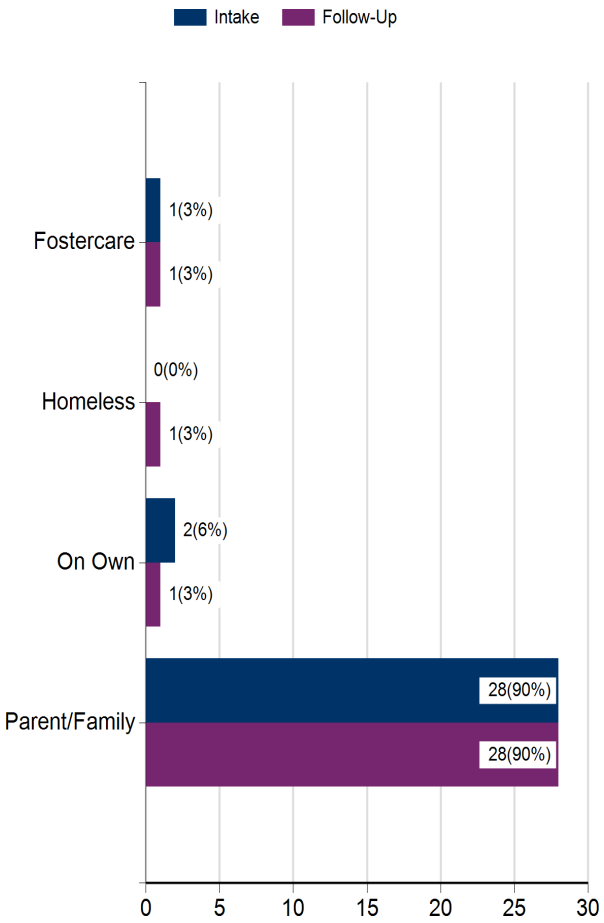


Intake: Most consumers (12.9%) did not have a primary care physician (PCP) at intake.

Follow-up: Of the 4 consumers that did not have a PCP at intake, 2 (50.0%) obtained a PCP while in the program.

Outcomes: Residential & Discontinuance (33PBFT)

Discontinuation Reason	Count	
Total	0	100%



Length of FSP Partnership for: 33PBFT

TAY Time in Partnership	Closed	Open	All Consumers	% of Total
>= 1 Year and < 2 Years	2	6	8	25.81%
>= 2 Years and <3 Years	10	3	13	41.94%
>= 3 Years and < 4 Years	1	4	5	16.13%
>= 90 days and < 1 Year	4	1	5	16.13%
Total Consumer Enrollments	**17**	**14**	**31**	

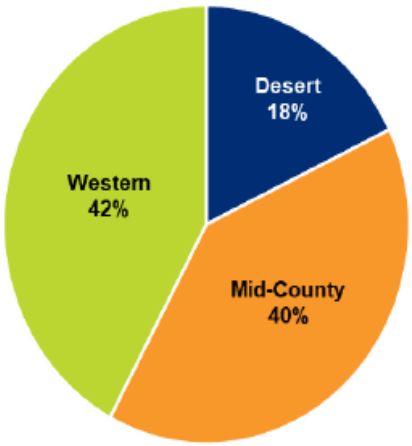
CSS

Service Detail:33PBFT

Service Frequencies	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Apr	May	Jun
0-1	5 (21%)	7 (26%)	2 (10%)	0 (0%)	1 (5%)	0 (0%)	2 (11%)	5 (31%)	1 (7%)	1 (7%)	3 (21%)	1 (7%)
2-3	12 (50%)	8 (30%)	7 (35%)	5 (24%)	11 (50%)	10 (48%)	2 (11%)	3 (19%)	3 (20%)	3 (21%)	2 (14%)	8 (53%)
4-7	7 (29%)	8 (30%)	6 (30%)	6 (29%)	6 (27%)	6 (29%)	9 (50%)	5 (31%)	3 (20%)	8 (57%)	5 (36%)	3 (20%)
8-13	0 (0%)	4 (15%)	4 (20%)	7 (33%)	4 (18%)	3 (14%)	2 (11%)	1 (6%)	7 (47%)	1 (7%)	4 (29%)	3 (20%)
14-19	0 (0%)	0 (0%)	1 (5%)	3 (14%)	0 (0%)	1 (5%)	3 (17%)	1 (6%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)
20-25	0 (0%)	0 (0%)	0 (0%)	0 (0%)	0 (0%)	1 (5%)	0 (0%)	1 (6%)	1 (7%)	1 (7%)	0 (0%)	0 (0%)
Monthly Total	24	27	20	21	22	21	18	16	15	14	14	15

Type of Service	% of TAY	# of Svcs	Avg. # Svcs

TAY FSP



Youth served by TAY FSP was mostly provided by the Western region with 42% (292) of the clients served for the FY 23/24. Followed by the Mid-County 40% (277) and Desert with 18% (124).For a total of 693 clients in the FY 23/24.

The table summarizes the clients served by RU and region

RUs	Desert	Mid-County	Western	Total
33G2FT			261	261
33H6FT		85		85
33HWFT	95			95
33O2FT		192		192
33OPFT	29			29
33PBFT			31	31
Grand Total	**124**	**277**	**292**	**693**

Western Region: Journey TAY FSP

The Journey TAY Program outreaches to youth transitioning from adolescent services to adulthood ages 16 – 25. The program office is located in Riverside, California. Areas served include Norco, Corona, Riverside, Moreno Valley, East Valley, Jurupa Valley, Rubidoux, and adjacent unincorporated areas. Although staffing was challenging for fiscal years 22-23 and 23-24, Journey TAY FSP became fully staffed effective September 2024. The team is comprised of

(1) Behavioral Health Service Supervisor
(2) Office Assistants
(3) Behavioral Health Specialists
(1) Licensed Vocational Nurse
(1) Community Services Assistant
(2) Mental Health Peer Specialists
(3) Clinical Therapists
(.5) Psychiatrist.

3-Year Plan Goal Progress:

• Integrate a substance use counselor into the treatment team to facilitate coordinated care/treatment since half of consumers have substance issues.

- A Substance Use Counselor position was not added to Journey TAY FSP, and this goal was discontinued. The program has been utilizing SU CARES and/or the Substance Use program to provide substance services for Journey TAY consumers who are interested, willing, and able to participate. Additionally, Journey TAY FSP had two staff, one Clinical Therapist and one Family Advocate Peer, trained in Co-Occurring Disorders Treatment in the summer of 2024. The plan is to have these staff develop and facilitate a Co-Occurring consumer group during the summer of fiscal year 24/25.

• Increase partnership with the Family Advocate program to increase support and incorporate family advocate services into the program:

- Journey TAY FSP made referrals, as applicable, to the Family Advocate program until it can hire a Family Advocate for the program.

• Obtain a Family Advocate position, hire and fill the position, and integrate Family Advocate into the treatment team to provide education and support to family members of consumers served.

- A Family Advocate Peer was hired on November 2, 2023. The Family Advocate has been involved in meetings with family members and consumers, the monthly Transition Age Youth (TAY) and Family Focused Housing Collaborative, and the monthly Western Region TAY Collaborative. The Family Advocate attends and translates for families during doctor appointments, helps consumers and families access records through My Health Pointe, and responds to crisis issues in collaboration with the treatment team. The Family Advocate meets with family

members and consumers to assist them in engaging in mental health services, supports family members in attending family mental health presentations, and receives family advocate mental health support groups.

Journey TAY FSP Consumers Served 261 youth FY 23/24. The Journey TAY program had a 25% decrease in hospitalizations in FY 23/24 and a 78% decrease in arrests in FY 23/24. Crisis emergency room use decreased by 7.2%.

Mid-County Region TAY FSP

- Victor Community Support Services TAY FSP

The Victor Community Support Services (VCSS) Transition Age Youth Full-Service Partnership (TAY FSP), located in Perris, offers primarily community and home-based services throughout the region. These services include intensive case management and 24/7 phone support. While some individual services, groups, and medication support are available at the program site, the focus is on reaching youth in their own environments. The program serves young adults aged 16-25 who have long-standing mental health challenges and are at risk of ongoing acute hospitalization, homelessness, or incarceration. A multi-disciplinary team provides comprehensive support and services, encompassing mental health services like individual therapy, medication support, behavioral support, group therapy, and skill building. The team also offers vocational support, housing assistance, peer support services, and family support. Substance abuse referrals and linkages, along with recovery supports, are also integral components of the program.

Program Goals:

1) **Treatment Goal Achievement**

- Target: 70%
- Current Performance: 63%

2) Increase Utilization of ICC, IHBS, and CFTMs

- Target: 50%
- Current Performance:
    - ICC Services- 42%
    - IHBS Services- 21%
    - CFTMs Services- 22%

3) Other Notable Data:

January - December 2024

- Clients Served: 85 Clients

DEMOGRAPHICS

- 44% Male
- 55% Female
- 1% Other
- 10% African American/Black
- 17% Caucasian

- 50% Hispanic/Latinx
- 46% of consumers between 16-19 years old
- 11 clients served with eating disorder diagnosis

3-Year Plan Goals:

1- Models of Care Implementation:

Implement a robust Models of Care framework to improve service delivery, ensure consistency, utilize best practices, and ultimately enhance consumer outcomes. Our Models of Care framework provides a roadmap for effective and efficient service delivery, prioritizing service excellence by addressing the specific needs of the populations we serve. A key component is the use of standardized assessment tools to track client progress and identify areas requiring additional support.

We leverage the following assessments:

- Child and Adolescent Needs and Strengths (CANS): Assesses the mental health needs of children and adolescents.
- Client Assessment of Reintegration Scales (CAIR): Assesses the functional abilities of consumers with mental illness.

CAIR scores play a critical role in our Models of Care, enabling us to:

- Stratify consumers: Match consumers to the most appropriate model of care/program.
- Determine service frequency: Tailor service intensity to individual needs.
- Monitor treatment progress and length of service (LOS): Track client progress over time.
- Evaluate client outcomes: Measure the effectiveness of interventions.

2- Improving Outcome Data through Training:

We are committed to improving outcome data through ongoing staff training in evidence-based practices (EBPs). Over the past year, we have made significant progress in this area, providing training in:

- Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)
- Dialectical Behavior Therapy (DBT)
- Family-Based Therapy (FBT)
- Family Seeing (Family Finding Model)
- Transition to Independence Process Model (TIP)

This investment in staff training ensures the delivery of high-quality, evidence-based care and contributes to improved client outcomes.

- **TAY Expansion**

We submitted a comprehensive response to a Request for Proposal (RFP) aimed at significantly expanding our Transitional Age Youth (TAY) program. This expansion is crucial, as it would enable us to provide vital services to 120 unduplicated young adults in our community who are currently in need of support. These individuals, facing significant challenges as they transition to adulthood, would gain access to housing assistance, job

training, mental health support; through our expanded program, empowering them to achieve self-sufficiency and a brighter future

Desert Region TAY FSP

Oasis TAY FSP

The Oasis TAY FSP is in Indio and provides an array of services that include a combination of field-based services as well as on-site services to consumers ages 16 – 25. Oasis serves the Desert Region except for Blythe. Oasis provides intensive case management services that offer support and crisis response that is available 24/7. The program serves consumers who have a history of cycling through acute or long-term institutional treatment settings, consumers who are unengaged, and/or homeless (or at risk of homelessness). Services are provided by a multidisciplinary team that embraces the principles of recovery and resilience. The services and supports available through Oasis TAY FSP include but are not limited to psychiatric services, individual and group therapy, skill building, vocational services, housing assistance, substance abuse recovery services, peer support and mentorship, family advocacy, educational support, benefits assistance, and family education. Full staffing includes:

(1) Behavioral Health Service Supervisor
(1) Substance Use Counselor
(4) Clinical Therapists
(1) Mental Health Peer Specialist TAY Peer
(1) .5) Psychiatric Nurse Practitioner
(1) Health Peer Specialist Family Advocate
(1) Date and Records Clerk
(1) Quality Assurance.

Notable Data:

- 55% of consumers served were female, 40 % male, and 5 % transgender.
- 63% of consumers served were Hispanic/Latino; 17% Caucasian; 10 % African American/Black; 3% Asian or Pacific Islander; 1% other and 6% unknown.
- Average length of stay is 2.2 years (median 1.5 years).
- Average enrollment date for non-urgent referrals was 6.6 business days.
- Internalizing Disorders: 70% with mood disorders and 47% with anxiety disorders.
- Major Mental Illness: 37% with schizophrenia and other psychoses NOS

Program Specific Challenges:

- Environmental impacts affecting behavioral health (77%)
- Overall, close to 90% have more than one primary mental health diagnosis. There is also a high prevalence of substance use disorder, 26% overall, with 40% having risk in this area.
- In addition, 20% have overdose and/or self-harm risks.

Program Specific Successes:

- Implemented a comprehensive Dialectical Behavior Therapy program, which includes a beginning skills group, intermediate to advanced group, and individual and family skills sessions.
- Stars Behavioral Health Group was awarded a grant to participate in CBT-P training with Stanford University. One clinician will receive Level III certification in the full formulation training, and one is in the CBT-P skills group. All four therapists have completed Level I training in this program.

3-Year Plan Progress Goals

- Maintain an average monthly census of 85-90. Update: We maintained an average monthly census of 66, below our goal. Ongoing goal.

- Increase the number of clinical and mental health services in the clinical and mental health services groups. Update: Increased group services by 100%, with 341 group service entries for fiscal year 2023-2024. For comparison, only 36 group services were entered from July 1, 2023- to December 31, 2023, and 305 were entered from January 1, 2024, to June 30, 2024. Ongoing goal.

- Increase tracking of no-show rate and decrease no-show rate. Update: Increased monitoring of no-show rate; there was a substantial rate of contact between FSP providers, with only 2.3% of no-shows in the past year.

- Begin using and tracking collaborative documentation. Update: We began completing and tracking collaborative documentation in January 2023 and increased CD to 20%.

Annual Goal Highlights:

- Hired and retained staff, including maintaining four full-time Mental Health Clinicians (2 being bilingual) for 12 months or longer and 2 Peer Support Specialists hired in September 2024. Ongoing goal.

- Increase the number of ICC/IHBS services provided and continue tracking, which is an ongoing goal.

Adult Full-Service Partnership (FSP)

FSP Outreach and Facilitated Care Linkage

We conduct outreach and engagement to clients in acute psychiatric hospital care settings (Emergency Treatment Services, Inpatient Treatment Services, and the Desert Psychiatric Health Facility) by connecting them to Full-Service Partnership (FSP) services prior to hospital discharge. This starts engagement and wraps care around the client before they leave the hospital.

Outpatient program liaisons work with acute inpatient treatment staff and engage directly with consumers. This initiates the connection to help navigate outpatient care and encourage ongoing outpatient services. This early rapport-building creates a link to an FSP team, facilitates dedicated outreach and follow-up for consumers in pre-contemplative stages of change, and establishes a familiar face for those needing multiple outreach attempts before seeking care.

Psychiatric Liaisons from outpatient full-service partnership programs play a vital role in bridging the gap between psychiatric facilities and directly operated county outpatient mental health services, facilitating seamless transitions and continuity of care for individuals in need of psychiatric support. Intended outcomes include reducing homelessness, incarceration, and psychiatric hospitalization and increasing independent living and overall quality of life.

Western Region: Jefferson Wellness Center FSP

For FY 23-24, Jefferson Wellness Center Full-Service Partnership.
The Adult Full-Service Partnership (FSP) program is designed for adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive service program. The foundation of Full-Service Partnerships is doing “whatever it takes” to help individuals on their path to recovery and wellness. The Full-Service Partnership program embraces client-driven services and supports each client in choosing services based on individual needs. Unique to FSP programs are a low staff-to-client ratio, a 24/7 crisis availability, and a team approach that is a partnership between mental health staff and consumers.

The Adult FSP program assists with housing, employment, and education while also offering mental health services and integrated treatment for individuals facing co-occurring mental health and substance abuse disorders. Services are delivered in individuals' homes, communities, and other locations. Peer support groups are available. A key element of Full-Service Partnerships is the commitment to offering culturally and linguistically competent and appropriate services. Members have 24/7 access to dedicated professionals who are committed to helping them achieve important goals such as health, well-being, safety, and stability.

The focal populations include those with a serious mental and persistent mental illness that results in difficulty functioning and experiencing chronic homelessness, justice involvement, psychiatric hospitalization, or long-term care needs due to mental health impairments. community resources. The FSP Program implemented expansion efforts in December 2022 to focus enrollment efforts on psychiatrically hospitalized patients at the Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility for the purpose of the post-discharge continuum of care and appropriate FSP level of care linkage.

The program has integrated and assigned a full-time BHS II staff Liaison at ITF to focus on FSP enrollment after psychiatric hospitalization and prevent future hospitalizations and decompensation in the outpatient level of care.

The FSP uses a multidisciplinary team approach when providing services and support. The FSP team comprises a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists II, a Licensed Vocational Nurse, Peer Support Specialists, a Family Advocate, and a Community Services Assistant. The team also consistently collaborates with other community-based agencies, including local shelters, Probation, Vacation programs, Urgent care, CRT, and hospitals. Examples of multi-disciplinary services that are provided include, but are not limited to, Outreach and Engagement; Case Management, which includes linkage to community resources, Assessment, Crisis Intervention, Behavioral Health Services (Individual, family, and group therapies), Medication support (Psychiatric Assessment, Medication services and Nursing support), Dialectical Behavior Therapy (DBT), Seeking Safety, Care Coordination Plan development, Peer Support Services, that includes WRAP and Wellness groups, Women's and Men's Support groups, and Adjunctive and Collateral services, such as Probation, family, and other outside supports

Enhanced Care Management (ECM):

Enhanced Case Management (ECM) was implemented at Jefferson Wellness Clinic FSP on January 1, 2022, and reassigned to the Forensics / Public Guardian / Housing division HHOPE program effective September 19th, 2024.

Progress Data

Below are data highlights for Jefferson Wellness Center for the FY 23-24. This data is from The Full-Service Partnership Adult Outcomes Report for fiscal year 2023 - 2024.

Jefferson Wellness Center FSP:

• The program served and enrolled FSP 366 clients in FY 23/24 at the Jefferson Wellness program.
• More than a third of clients received 8 or more monthly services.
• The services provided were Individual Mental Health Services, Medication Services, and Case Management.
• Arrests were down 97% for Jefferson Wellness Center clients.

• Acute hospitalizations were down 38% for Jefferson Wellness Center clients, and crisis emergency room use decreased by 30%.
• The percentage of clients living independently increased from 14% to 18%.
• Homelessness decreased from 17% to 15%.

Three-year plan goal:

• Increase the frequency of services provided to enrolled FSP clients so that 85 percent receive an average of 5-8 or more services a month to improve member outcomes.

• Increase enrollment of psychiatric hospitalized patients at the Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility to establish a post-discharge continuum of care and appropriate FSP level of care linkage.

• Decrease acute hospitalizations for Jefferson Wellness Center clients and crisis emergency room utilization.

• Continuous focus on lowering criminal justice involvement, reducing homelessness, and fewer hospitalizations and emergency department visits.
• Increase member linkage to housing, substance use disorder services, ECM services, and primary care resources to address physical health needs and adhere to the Cal Aim no wrong door at the point of entry.

Adult Outpatient Clinics FSP Tracks

Western Region: Blaine Street Clinic FSP Expansion

Blaine Street Clinic is an integrated adult outpatient program that provides access to a wide range of recovery and rehabilitation services and supports to adults ages 18 – 59 diagnosed with a severe and persistent mental illness who are living in the Western Region of Riverside County. The clinic offers comprehensive mental and psychiatric treatment services, integrated behavioral health outpatient services, and coordination of medical treatment. Treatment modality includes crisis intervention, psychiatric assessments, recovery management, medication services, case management, and dual-diagnosis treatment. Services are provided by a multidisciplinary staff of mental health professionals: Psychiatrists, Nurses, Clinical Therapists, Clinical Student Interns, Behavioral Health Specialists, Peer Support Specialists, Family Support Specialists, and Community Services Assistants.

Providers collaborate with consumers to develop individualized plans to address each person's goals for recovery. The collaborative care approach encompasses peer-to-peer support, individual and group therapy, recovery-oriented support groups, and specialized group treatment focusing on consumers recovering from both behavioral health and substance use challenges. Additionally, the provision of direct services and collaborative care include but are not limited to building support networks through the inclusion of family and supportive partners in the planning and recovery process, case management to facilitate linkage to community resources, programs, and other agencies as needed, peer and family support services, medical care and health education.

Program:
The FSP target population is adults ages 26-59 who have been diagnosed with a severe mental illness and would benefit from an intensive outpatient service program. The focal population meets one or more of the following criteria: homeless, justice-involved, and high utilizers of psychiatric hospitals or long-term care facilities due to mental health impairments. In December 2022, the FSP program implemented collaborative care processes with the Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility (ITF) for the purpose of linking psychiatrically hospitalized patients to FSP level of care post-discharge. Embedded in Full-Service Partnerships is a commitment to deliver services in culturally and linguistically competent and appropriate ways. In FY 23-24, the Blaine FSP served, and FSP enrolled 191 consumers. Two-thirds of the Blaine FSP served had 4 or more services each month.

- Psychiatric hospitalizations decreased 48%, and crisis usage decreased 22%. Hospitalizations for Physical Health also decreased by 30%
- Arrests decreased 38%

Program Goals:

• Increase FSP enrollment to reach capacity and maximize service delivery. This includes increasing the high utilization of enrollment through collaboration with Riverside County Regional Medical Center (RCRMC) Inpatient Treatment Facility (ITF).

• Increase the average number of services provided to enrolled FSP clients so that 80% receive an average of 5-8 or more services a month to improve member outcomes.

• Reduce severe mental health symptoms, homelessness, incarceration, and psychiatric hospitalization.

• Continuous focus on lowering criminal justice involvement, reducing homelessness, and fewer hospitalizations and emergency department visits.

• Increase field-based treatment modality individual and group treatment.

• Increase member linkage to housing, substance use disorder services, ECM services, and primary care resources to address physical health needs and adhere to the Cal Aim no wrong door at the point of entry.

Desert Outpatient Adult FSP

Other Desert Region Outpatient programs are developing FSP service tracks in outpatient clinics within the Desert Region. These FSP tracks operate in Children's, Transitional Age Youth, Adult, and Mature Adult programs. The Adult Outpatient Clinic program's current FSP consumer census is as follows:
Indio Outpatient Clinic: 145
Banning Outpatient Clinic: 45
Blythe Outpatient Clinic: 14

These clinics have transitioned appropriate current and future consumers into FSP programming within their services. The process of transitioning consumers who meet the criteria for this higher level of need is based on current staffing levels as well as consumer challenges and their ability to benefit from this higher level of care. The Banning Outpatient Clinic has seen success in creating a distinct FSP team inside of the Outpatient clinic. The Indio Outpatient Clinic has also developed distinct FSP service teams due to a significant increase in identified consumers, including the transition of previous Oasis Case Management FSP consumers. The team comprises a Clinical Therapist, a Behavioral Health Specialist, and a Peer Support Specialist. This has resulted in increased field-based services, improved engagement in treatment services to include psychiatry and therapy (group and individual), and increased facilitation of entry into permanent housing. Another contributing factor in the increase of the FSP census in Desert Adult Outpatient programs is the entry of all consumers who enter ITF and PHF units while the consumer is still in the unit. The outpatient staff works collaboratively with liaisons on ITF and PHF to open consumers into services and complete the PAF for

enrollment into FSP services. Upon discharge from the psychiatry facility, the FSP team works to engage the consumer in services.

Evidence-based Practices utilized in Desert Adult Outpatient clinics include Dialectical Behavior Therapy, CORE, and Seeking Safety. Delivering these EBPs in conjunction with providing these more intensive FSP-level services is intended to decrease psychiatric hospitalization and incarceration, increase support to assist consumers with obtaining and maintaining housing, and assist consumers with developing life skills to create sustainable self-sufficiency.

The consumers who have transitioned to this level of care have verbalized that this level of service has benefited their wellness and recovery, including decreasing barriers to accessing care due to staff engaging in field visits and linkage with community resources such as housing. The staff who have been able to provide this level of care have verbalized their enjoyment in working more intensively with this consumer population and acknowledge the challenges when consumers experience relapses in their recovery. The newly defined FSP team has experienced some challenges as the FSP caseload quickly increased due to ITF entries and improved community engagement.

Desert Adult Outpatient Goals:

1. Increase the number of unique FSP consumers served in outpatient clinics.
2. Increase in the number of field-based services provided.
3. Increase engagement in psychiatry and other therapeutic services as evidenced by an increase in a number of services provided.

Desert: Oasis Case Management Team

The success of the Windy Springs program has fostered an examination of programs that could benefit from enhancement to the FSP level of care. One of these programs is the longstanding program of Oasis Case Management.

A central goal of this program is early engagement in intensive case management services to enhance symptom reduction and assist consumers with meeting longer-term goals. This program provides intensive case management and outpatient care.

The Oasis Case Management Team served 427 FSP consumers. We have increased the Oasis Case Management services to include in-reach services to hospitalized consumers. This program aims to improve follow-up care in outpatient FSP or clinic outpatient care. Outpatient care is provided onsite to 50 board and care consumers and includes intensive case management and group and individual therapy services. Evidence-based Practices utilized include Dialectical Behavioral Therapy.

Goals for Oasis Case Management Program:

- Decrease in psychiatric hospitalizations.
- 2. Maintain housing in the least restrictive setting, including entering community housing vs. board and care.

- 3. Improve linkage and follow-up with both FSP and non-FSP outpatient services, as evidenced by consumers entering outpatient RU and transitioning out of the Oasis Case Management program when appropriate.
    - 44% had a schizophrenia psychosis diagnosis
    - 60% of consumers were male and 40% were female.
    - 27% of consumers were White, 44% were Latinx and 9% were Black/African American.
    - 20% of consumers were 40 to 49 years old
    - Acute hospitalizations were down 19.9%, and crisis emergency room use decreased by 15%.
    - Arrests were down by 100%
    - Based on quarterly follow-up data, 1.8% (4) of the 220 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional six consumers not identified at intake were noted to have an SU problem on follow-up, and 2.0% of them were reported to be in SU services on follow-up.
    - Most adults (76.3%) did not have a primary care physician (PCP) at intake. At follow-up, of the 326 consumers that did not have a PCP at intake, 1 (6%) obtained a PCP while in the program
    -

Desert Region: Windy Springs Wellness Center FSP

Currently located at Windy Springs, 19531 McLane Street, Suite B, Palm Springs, CA 92262. The Windy Springs Program, or Desert Adult Full-Service Partnership (DAFSP), is an intensive psychiatric case management program for Desert Region Riverside County residents with severe persistent mental illness, a history of chronic homelessness, and multiple psychiatric hospitalizations. Full Services Partnership (FSP) programs were designed in the Mental Health Service Act to serve consumers in chronic need of stabilization. The FSP also addresses the needs of consumers who have not responded to traditional outpatient behavioral health programs. These services remain a priority for Riverside University Health System – Behavioral Health. Services include: psychiatric care, medication management, intensive case management, crisis services, 24/7 after-hours hotline, housing assistance, Dialectical Behavioral Therapy (individual and group), substance abuse treatment and relapse prevention, peer support care, and family advocacy. Intensive treatment and after-hours care are focused on symptom reduction, coping skill identification, wellness support, relapse prevention, and reduction of emergency services intervention. The goal of the FSP is to assist the consumer in learning new ways to manage behavioral health crises, maintain current residency, stop jail recidivism, stop psychiatric hospitalization, as well as sustain the current level of recovery. Another key component of care with this population is comorbid medical issues. The Windy Springs FSP treats over 250 consumers a month. Approximately 92 of these consumers reside at Roy's Augmented Board and Care, which is in the suite next to the Windy Springs FSP. Additionally, this program supports the PATH, a Housing First program that has a capacity of 26 residents. The Windy Springs staff collaborate with the Residential Care staff of both programs to support these consumers in pursuing their recovery journey.

Assisting consumers with complex issues and multiple behavioral health and substance abuse challenges involves engaging consumers, addressing consumer setbacks, re-engaging in care, and rediscovering wellness goals. This process is often not linear. Thus, staff are empowered to role model self-care and allow for mercy while holding the hope that consumers will make strong wellness choices. Staff work hard to identify consumer needs and meet them where they are at in their recovery journey. A key aspect of care in these settings is for direct care providers to hold the hope of recovery and show compassion while supporting consumers in acceptance and change.

The extreme weather conditions of the Desert Region climate create significant risk for this population, especially during the summer months. For FSP consumers who are homeless or at risk for homelessness, symptom management and the ability to be successful in supportive housing programs or board and care programs is an essential element in maintaining wellness and safety in their daily lives. These housing programs rely on the assistance of FSP staff to successfully support their residents. This FSP support occurs 24 hours a day, 7 days a week. This care can be rewarding when consumers can make sustained lifestyle changes, but also can be challenging when consumers experience a return of symptoms.

Goals for Windy Springs Wellness Center:

1. Decrease in psychiatric hospitalizations.
2. Increase in housing stability and maintenance as evidenced by fewer consumers returning to unhoused status
3. Decrease in the number of conservatees returning to IMD level of care.
4. Decrease in incarceration as evidenced by data gathered.
5. Increase in accessing SUD services.

The data from these programs continues to show improvement in several key life indicators, including a decrease in hospitalizations, a decrease in interactions with law enforcement, an improvement in housing stability, including maintaining housing in the least restrictive environments, a decrease in behavioral health crises, improved follow-through with medical care, and a decrease in the use of non-prescribed medication or recreational drug use.

The Desert Region Windy Springs FSP served 264 consumers in FY 23/24,

- 64% had a schizophrenia psychosis diagnosis.
- Race/Ethnicity data showed 43% of the served were White, 32% were Hispanic/Latinx, and 10% were Black/African American.
- 69% were male, 31% were female, and 52% were age 40 and older.
- The majority of consumers received eight or more services per month.
- Most of the services provided were individual mental health and case management services followed by medication services.
- Arrests were down 100% for Windy Springs consumers.
- Acute hospitalizations were down 57.2% for Windy Springs consumers, and crisis emergency room use decreased by 51%.
- Homelessness decreased from 12% to 6%.

• Residential placement in a supportive care setting increased from 32% to 48%.
• Of the 126 consumers who did not have a PCP at intake, 120 (95.0%) obtained a PCP while in the program.

• 61.3% of the 80 people with a co-occurring problem and no participation in SU services at intake were now participating in SU services. An additional 55 consumers not identified at intake were noted to have an SU problem on follow-up and 61.0% of them were reported to be in SU services on follow-up.

Mid-County Adult FSP

Full-Service Partnership (FSP) aims to provide client-centered care through intensive case management, therapeutic interventions, and a focus on recovery. FSP clients work with clinic staff to become self-reliant by addressing immediate needs and setting personal goals. Staff members assist with creating action plans to address mental health treatment, living arrangements, social relationships/communication, financial/money management, activities of daily living, educational/vocational, legal issues, substance abuse issues, physical health, and psychiatric medications. Each clinic provides personalized services and supports to create a client path to recovery.

Mid-County Adult Clinic Tracks

• Mid-County Behavioral Health Adult Clinics and FSP Tracks
• Hemet Behavioral Health Adult Clinic/ FSP Track-284 enrolled and served.
• Lake Elsinore Behavioral Health Adult Clinic / FSP Track-88 enrolled and served.
• Perris Family Room / FSP Track -73 enrolled and served.
• Temecula Behavioral Health Adult Clinic/ FSP Track-55 enrolled and served.
• Mid-County Behavioral Health Adult clinics served 4,588 consumers in their non-FSP tracks and 500 FSP consumers.
• We have four locations for FSP services throughout the Mid-County region, creating multiple access points and convenience for individuals living outside the county's central metropolitan area. By having FSP services at the clinic sites, there has been an increase in FSP client sustainability.
• All FSP consumers have full access to clinic services, which include clinical and medication assessments, medication management, individual therapy, group therapy, psychoeducational groups, care coordination, and case management. The theoretical models include Cognitive Behavioral Therapy, Dialectical Behavioral Therapy, the Family Room Model, Motivational Interviewing, WRAP Around and others.
• Anticipated Changes: Each clinic will work to increase FSP enrollment. As the department has stepped down from mild-to-moderate clients to other care providers, the focus on clients with serious mental illness necessitates more FSP services. Additionally, all clinics will be reaching and engaging the surrounding community to establish community resources.
• Lessons Learned: It has been discovered that FSP services are essential on the road to recovery of the seriously mentally ill and those showing signs of having severe mental health crises/episodes.

• Challenges: Employee retention is the major challenge for the clinics. Due to other companies offering more flexibility and higher pay, keeping staff members who are not vested in the department has been difficult.

Hemet Behavioral Health Adult Clinic / FSP Track Groups

MONDAYS

- Mindfulness/Journal
- Grief Group
- Interpersonal Skills
- RAP
- Trauma/Codependency
- Self-Esteem
- Grupo De Apoyo Familiar

TUESDAYS:

- Mindful Journaling (10-11:30)
- Interpersonal Skills
- The Art of Story Telling
- Life Skills
- Coping Skills
- The Art of Crochet
- Mindfulness journaling (3-4:30)

WEDNESDAYS:

- RAP
- Cafecita Time (Spanish)
- Chair Yoga
- DBT
- Substance Abuse (CORE)
- RAP (Spanish)
- Mommy and Me (Pending)
- Peer Support
- English Family Group

THURSDAYS:

- Kickback Art
- Creative Recovery
- Anxiety/CBT
- Body Keeps the Score
- Spanish Peer Support

Also help on Thursdays at the clinic is:

- Pathways Success
- NAMI

FRIDAYS:

- Chair Yoga
- Creative Recovery
- Coping Skills
- Mindful Horizons
- Women's Group
- Art-E (Bilingual)
- Rhythmic Expressions

Lake Elsinore Behavioral Health Adult Clinic / FSP Track Groups

- Alternative Perceptions
- Art
- Family Empowerment
- Family Support (English & Spanish)
- Peer Support (English & Spanish)
- Planning for Success
- Women's Empowerment
- Pokémon Go (TAY)
- Inside Out
- Music
- Socialization
- Clinic Orientation (starting next month)

Temecula Behavioral Health Adult Clinic / FSP Track Groups

- Dialectical Behavior Therapy (3 separate groups per week)
- Kick Back Art (once per week)
- Clinic Cinema (Peer-led discussion group viewing a mental health theme movie once per week)
- Vinyl's and Validation (Peer-led discussion group based on music as a recovery tool once per week)

Perris Family Room / FSP Track Groups

- CORE I
- Art and Creativity – English and Spanish
- Mastering Anxiety
- Wise Mind (DBT)
- Peer Support - English and Spanish
- Recovery Management
- Family Support – English and Spanish
- Whole Health
- Ecotherapy
- Modern living
- Inside out

Progress Data:

Data collection is an ongoing aspect of evaluating the operation and efficiency of each FSP track. Priorities include staff responsiveness to consumers in crisis and stabilizing clients in the community. Staff retention is also critical for the continuity of care and to preserve the consistency of the FSP team. The designated case managers are trained and experienced in entering and tracking information in ImagineNet. Each FSP track has a weekly meeting related to the consultation and monitoring of consumers.

Collected data in ImagineNet will prove valuable at directing future services. Incoming staff continue to be trained and are learning to enter required data. The Behavioral Health Services Supervisors are highly engaged and involved in overseeing FSP operations as it represents a huge component of clinical care.

7/1/2023 to 6/30/2024

3377NA	2,027
3377FA	433
33MUNA	838
33MUFA	133
3383NA	1,148
3383FA	132
33MTNA	714
33MTFA	66

3-Year Plan Goal:

• Increase FSP client numbers by 20%, each clinic

• Increase community outreach and engagement through participating in community events and collaborating with community groups

- Follow up on goals: Hemet and Perris Mid-County Adult FSP met their goal to increase numbers by 20%. Hemet had an increase of 30%, and Perris had an increase of 31%. Lake Elsinore was also able to meet their goal. They had an increase of 41%.
- Temecula was unable to meet its goal, and it had a decrease of 3% due to staffing challenges. The clinic operates with 2 case managers, and they don't have a Community Services Assistant to provide transportation to needy clients. Current staff are unable to serve more clients as caseloads increase. They could hire a community service assistant and another BHS but towards the end of the year. This should help increase the population served for the next reporting cycle.

• The second goal is to Increase community outreach and engagement through participating in community events and collaborating with community groups; mid-county Adult Clinics were successful with this goal. Below is a list of events that Lake Elsinore and Hemet were able to participate in to increase community outreach and engagement. Temecula joined forces with Pathways, Mature Adults, SAPT, and the peer resource center and hosted a resource fair called A Decade of Difference to celebrate our 10th anniversary at the Temecula site on Aug 14th. They had food, games, raffles, and resources. The staff did a fantastic job. We had about 95 members sign in. It was a very successful event.

Hemet

- Longest Night- December 19, 2024

- May is Mental Health Month Mid-County – May 2024
- Recovery Happens: Fairmont Park- October 2024

Lake Elsinore

- Quarterly member clinic parties for our members
- May is Mental Health Month- May 2024

Temecula

- Resource fair Aug 2024
- May is mental health month- May 2024

Older Adults Full-Service Partnership (FSP) /SMART

Western Region Older Adult Full-Service Partnership

The Western Region Older Adult Full-Service Partnership (FSP), also referred to as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in the Western region, is a program that serves approximately 216 members who have a history of difficulty engaging in or sustaining treatment in a traditional outpatient behavioral health setting. This program addresses the needs of older adult members who are homeless or at risk of homelessness and suffer from severe and persistent mental illness. Another focus of service is addressing the complicated needs of community members with a history of intermittent stays in acute and/or longer-term care institutions. The Western SMART FSP team utilized a "whatever it takes approach to meet the members where they are in their recovery, whether it is contemplation, acceptance, readiness, etc. The team collaborates with community resources to address social determinants such as the consumer's social, emotional, vocational, educational, and housing needs and/or their support system. An emphasis is placed on integrated care whereby staff connect members to primary care providers, Community Health Centers (CHCs), and other medical resources such as In-Home Supportive Services (IHSS), Enhanced Care Management (ECM), and Inland Empire Health Plan (IEHP) teams, etc.

Services are provided by a multidisciplinary treatment team that includes a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, Family Advocates and Community Service Assistants. Members are assigned to their specific wellness partners and are encouraged to be coauthors of their recovery plan. When facing the reality of the vicissitudes of pursuing wellness, members are supported and encouraged during their journey in an attempt to assist them with identifying healthier ways of responding to life's ongoing challenges. The Western region staff provides a multitude of therapy groups and individual therapy (DBT, Seeking Safety, Grief & Loss, WRAP, COLOR for co-occurring members, Healthy Relationships, etc.) in addition to intense case management, substance abuse counseling, nursing support, psychiatry follow up, peer support and family advocacy. In addition, the nursing team facilitates a "Living Well with Chronic Conditions" group, utilizing coaching and psychoeducation on various topics, which began during the past year.

The SMART FSP team partners with several community entities every week, including Adult Protective Services (APS) embedded staff, IEHP/Molina/ECM teams for integrated care, the Representative Payee's office, Riverside County HHOPE Housing Program and the Housing Authority, in addition to the Office on Aging, Substance Abuse Prevention and Treatment/Arlington Recovery Center-Riverside (SAPT/ARC) and Sobering Center, etc. The collaboration with housing resources and the supportive aspect of re-engagement are essential elements of this program. Another key feature of this program is that staff are trained to be culturally aware of the unique needs of the older adult population and understand this population's perception of medical and behavioral health care. Fostering autonomy of decision-

making is essential in establishing and maintaining consumer trust in the therapeutic relationship. Clinic Supervisors implemented a quarterly meeting in Fall 2023 with the SAPT supervisors and staff to address barriers to treatment for older adult members. These meetings have been instrumental in communicating needs for discharge planning and ongoing treatment.

The Western Region FSP program currently serves 216 FSP members as of January 9, 2025, with some discharging and re-enrolling. The census increased by about 74 members during the past year as the clinic opened an Inpatient Treatment Facility/Hospital (ITF) and admitted clients into FSP programs. Our clinical therapists collaborate closely with ITF staff social workers to engage members for at least 60 days. The clinic Family Advocate has also recently begun to expand engagement by meeting with members at the hospital before discharge to help facilitate a smoother transition to services post-discharge. Our Senior Clinical Therapist and clinic supervisors have successfully tracked the ITF referrals opened to FSP, which have approached 100 since implementation in January 2023.

Members make consistent attendance in the program a priority in their recovery. Members who participate in this program experience a significant reduction in arrests, mental health emergencies, physical health emergencies, homelessness, and acute hospitalizations. Additionally, these FSP participants exhibit an impressive willingness to begin addressing substance abuse issues, especially since the program has had two dedicated substance abuse counselors who have linked many members to inpatient and outpatient treatment, in addition to 1:1 counseling, coaching, and education. The substance abuse counselors continue to facilitate a "Living in Balance"/COLORs group for Co-Occurring Disorders, which is an evidenced-based curriculum modeled after the 12-step program. A very significant gain is that after members participate in treatment, they often show a decrease in living in emergency shelters or homeless settings, and many can regain stable housing and permanent supportive housing. Once their basic needs are met, members can pursue higher-level goals, such as employment or volunteer work. Our FSP Substance Abuse counselors continue to work 1:1 with the members to assist with linkage to the ARC/Sobering Center and residential treatment. Many members have participated in outpatient/residential treatment and maintained sobriety in the past year.

During the past year, a Family Advocate group called "Food for the Heart" was implemented. This group assists clients who are experiencing food insufficiencies. The Family Advocate links members to food banks and other resources to meet their needs so that they are empowered to maintain independence and self-sufficiency. This is a popular, sought-after group. Members consistently provide feedback that this group offsets their increased living expenses from recent inflationary years.

Plans for FY 2024-2025 are to continue the 3-Year Plan

goal to continue to increase the number of FSP members regionally by at least 10% each year. The program receives between 15 and 20 new referrals each week from various sources, such as APS, Office on Aging, self-referrals, ITF/hospital discharges, transfers from other programs, etc., and has seen an approximate 42% increase in consumer referrals.

We also hope to see new innovative, evidence-based practices implemented for older adults (e.g., mindfulness-based stress reduction, Tai Chi, etc.). Staff continue to introduce members

to technology through our Help@Hand Tech Innovations Dept., including participation in the A4i project, many of whom completed the program and received monetary incentives. With the assistance of staff, members have also been enrolled in the Whole Person Health Portal and have completed surveys to obtain financial incentives for participating. Clinic supervisors are proposing/recommending a request for a clinic Nurse Practitioner (NP) to enhance and increase our integrated care services. Adding a nurse practitioner would be invaluable to the clinic as the psychiatrists could more efficiently step down their less acute clients to manage NPs and decrease caseloads. NPs could assist with prescribing/furnishing medications and perform psychiatric diagnostic assessments, overall physical health assessments, TB tests, etc., which can expedite tasks/forms required for housing, disability, benefits, etc.

Mid-County Region: SMART

The Mid-County Older Adult Full-Service Partnership (FSP) programs, also known as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in Mid-County and Southwest Mid-County, currently serves approximately 275 FSP members as of January 9, 2025, with some discharging and re-enrolling. Overall, outcomes in arrest and mental/physical health emergencies, as well as acute psychiatric hospitalizations, were significantly reduced. Additionally, a booming increase in linkage to primary services supports the success of integrative care and the reduction of key medical crisis events. Both FSP programs for the Mid-County region mirror the services provided in the western region, such as the Older Adult FSP SMART program. The target populations are those who are currently homeless or at risk of being homeless and are cycling in and out of jail or prison, as well as cycling in and out of psychiatric hospitals or long-term care facilities due to mental health impairments. Services are provided by a multidisciplinary treatment team, including a Behavioral Health Services Supervisor, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, Family Advocates, and Community Service Assistants. The Mid-County and Southwest FSP programs service multiple cities and municipalities in the southern and mid-regions of the County, bringing geographically accessible FSP services to a large community. A new resource center has enhanced the core services in the Temecula Older Adult Wellness and Recovery Clinic by adding a member computer library where clinic staff can assist members in accessing technology-based resources while improving their computer knowledge and skills.

The 3-Year Plan goal is to increase the number of FSP members and services regionally by 10% annually. Due to a significant increase in referrals and census over the past three fiscal years, we plan to increase staffing by adding three Clinical Therapists, two Behavioral Health Specialists, and two Peer Support Specialists over the next three fiscal years.

Desert: SMART

The Desert Older Adult Full-Service Partnership (FSP), also referred to as Specialty Multidisciplinary Aggressive Response Treatment (SMART) in the Desert region, is a program that currently serves 101 FSP members as of January 9, 2025, who have a history of difficulty engaging in or sustaining treatment in a traditional outpatient behavioral health setting. The

Desert FSP program addresses the integrated needs of older adult members who are homeless or at risk of homelessness in Riverside County Desert areas who suffer from a severe and persistent mental illness. Another focus of our FSP integrated services is addressing the complicated needs of community members with a history of intermittent stays in acute and/or longer-term care institutions. The Desert SMART FSP team utilizes a "whatever it takes approach" to meet the members where they are in their recovery, whether it is contemplation, acceptance, readiness, etc. The team collaborates with community resources to meet the consumer's social, emotional, medical, vocational, educational, and housing needs and/or their support system. Integrated services are provided by a multidisciplinary treatment team that includes Behavioral Health Services supervisors, Psychiatrists, Clinical Therapists, Behavioral Health Specialists, Registered and Licensed Vocational Nurses, Peer Support Specialists, Family Advocates, and Community Service Assistants. Members are assigned to their specific wellness partners and encouraged to be coauthors and partners of their recovery plan. When facing the reality of the vicissitudes of pursuing wellness, members are supported and encouraged during their journey to assist them with identifying healthier ways of responding to life's ongoing challenges. An emphasis is placed on integrated care whereby staff connect members to primary care providers and other medical resources such as In-Home Supportive Services (IHSS), Enhanced Care Management (ECM) teams, etc.

The extreme weather in the Desert areas also complicates the dangers of not maintaining shelter, not complying with medication regimens, not following through with recommended medical care and other risk behaviors. The collaboration with housing resources and the supportive aspect of re-engagement are essential elements of this program. The Desert FSP team works collaboratively with our Behavioral Health Department's housing program (HHOPE) to provide care and support to members residing in supported living apartments in three of the regional apartment complexes (Cathedral Palm Apartments, Legacy Apartments, and Verbena Crossing Apartments). Another key feature of this program is that FSP staff are trained to be culturally aware of the unique needs of the older adult population and possess an understanding of this population's perception of medical and behavioral health care. Fostering autonomy in decision-making is essential in establishing and maintaining consumer trust in the therapeutic relationship.

The Desert FSP program serves 101 members as of January 9, 2025, with some discharging and re-enrolling. The total enrollment last year was 103. Members make consistent attendance in the program a priority in their recovery. The Desert FSP team continues to provide multiple in-person services. Members who participate in this FSP program experience a significant reduction in arrests, mental health emergencies, physical health emergencies, and acute hospitalizations. Additionally, these FSP participants exhibit an impressive willingness to begin addressing substance abuse issues, and about half initiate medical care with a primary physician. A significant gain is that these members show a decrease in living in emergency shelters or homeless settings, and many can regain stable housing.

The 3-Year Plan goal is to increase the number of FSP members and services regionally by 10% each year, as with the Western and Mid-County regional FSP programs. Therefore, we plan to

increase staffing in the Desert FSP program by adding two Clinical Therapists, two Behavioral Health Specialists, and one Peer Support Specialist over the next three fiscal years.

Goals Older Adult SMART FSP:

Western Region

For the 3YPE plan for FY23/24 – FY25/26, the goal is to continue increasing the number of FSP members and services regionally by 10% each year.

Mid-County Region

For the 3YPE plan for FY23/24 – FY25/26, the goal is to continue increasing the number of FSP members and services regionally by 10% each year.

Desert Region

For the 3YPE plan for FY23/24 – FY25/26, the goal is to continue increasing the number of FSP members and services regionally by 10% each year.

CSS-02 General System Development (GSD)

What is GSD?

The expansion or enhancement of the public mental health services system to meet specialized service goals or to increase the number of people served. GSD is the development and operation of programs that provide mental health services to:

1) Children and TAY who experience severe emotional or behavioral challenges.
2) Adults and Older Adults who carry a serious mental health diagnosis.
3) Adults or Older Adults who require or are at risk of requiring acute psychiatric hospitalization, residential treatment, or outpatient crisis intervention because of a serious mental health diagnosis.

GSD: Clinic Expansion

GSD: Clinic Expansion/Enhancements: Youth System of Care

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

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

Transition-age youth (TAY) Peer Support Specialists also bring the lived experience of behavioral health challenges as young adults. TAY Peers can engage youth and provide supportive services such as rehabilitative services and in-home Behavioral Services.

Children's Integrated Service programs served 10,083 (7,259 youth; 2,824 parents and community members) in FY23/24. Across the entire Children's Work Plan, the demographic profile of youth served was 58% Hispanic/Latino, 10% Black /African American, and 14% White. A large proportion (16%) of youth served were reported as "Other" race/ethnicity. Asian/Pacific Islander youth represented 1%, and Multiracial represented 1% of the youth served. Children's clinics use the Child Adolescent Needs and Strengths measure as required by the state to monitor children's outcomes. Overall, CAN scores showed improvements for children/youth; 53% of children's Behavioral/Emotional Health needs Improved. This includes

children with initial scores reflecting a moderate degree of need (action intervention required) or severe (immediate action intervention required). Life Domain Functioning Improved by 48%, and 41 % increased in the Strengths domain.

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

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

The Department continues to collaborate with DPSS through Pathways to Wellness, which is the name given to the program to screen and provide mental health services to DPSS dependents to meet the Katie A. vs Bonita class action settlement conditions. RUHS-BH clinical staff supported the Department's Pathways to Wellness implementation through the TDM process and Child and Family Teaming collaborative team meetings. RUHS - BH staff collaborated with DPSS staff at 140 TDM meetings serving 140 youth in FY 23/24
In addition, Department staff participated in several hundred Child and Family Team (CFT) meetings with DPSS staff and families to support creating a family plan through a collaborative process.

Service enhancements for Therapeutic Behavioral Services (TBS) provided additional staff to case-manage youth receiving TBS. TBS services are provided to children with full-scope Medi-Cal and a number of youths without Medi-Cal through Behavioral Coaching Services (BCS). TBS and BCS services are supplied to minors at risk of hospitalization or higher-level placements. TBS expansion staff coordinated referrals and provided case management to 247 youth in FY23/24 with the outcome of increasing access to TBS services. Contract providers include Charlee Family Care, ChildNet Youth and Family Services, Community Access Network, New Haven Youth and Families, and McKinley.

Additionally, California has mandated that youth receive specialty mental health services such as ICC (Intensive Care Coordination) and IHBS (Intensive Home-Based Services) services. All programs that provide children and TAY services must also provide these services to youth who meet the criteria and participate in the CFTs required by the state. This has been an area of focus in this past year and will continue to be in the coming year. Reports regarding the number of ICC and IHBS services provided to each youth are available. These reports are monitored at the program and administrative level for county-operated programs. Contract providers are given reports during technical assistance meetings and the annual contract monitoring process. A report specific to CFTs is being developed.

Clinic expansion programs also included mentors in each county region to provide groups and other services addressing the needs of youth with co-occurring disorders. The Mentorship

Program offers youth receiving services from our county clinics/programs under the age of 18 an opportunity to connect with a mentor for 6 – 8 months. The mentors have varied life experiences and education. Several of the mentors have consumer backgrounds in Children's Mental Health. They have been very successful in working with the youth that are assigned. One of the mentor program objectives is to link youth to an interest in the community. Parents of participating youth have commented that this program helped their child with school and has improved their confidence.

A standalone First Episode Psychosis (FEP) Program has been established to serve the three regions of the County. The program serves youth and young adult who are experiencing their first psychotic episodes. The Department had historically provided some focused efforts to serve this population. However, it became clear that a dedicated program implementing the evidence-based Coordinated Specialty Care Model was needed. The program includes Clinical Therapists, Transition Age Youth Peers, Parent Partners, Behavioral Health Specialists, and a Psychiatrist. The teams continue to receive technical assistance from UC Davis. This has included multiple training sessions for staff at all levels. UC Davis supports the program to meet the fidelity requirements of the CSC model. Twenty-two youths were enrolled in the FEP program, a Full-Service Partnership Program. FSP Outcomes showed a 61% decrease in hospitalizations and a 69.5% decrease in crisis emergency room use. Suspension and expulsions in school decreased, and attendance and grades improved.

Evidence-based practices (EBP) expanded in the children's clinics include Parent-Child Interaction Therapy (PCIT), Trauma-Focused Cognitive Behavioral Therapy (TF-CBT), and Family Based Treatment (FBT) for Eating Disorders. All were implemented to address the unique needs of the youth population. Staff trained in TF-CBT and FBT continued to expand in FY 23/24. The number of youth served in TF-CBT was 128 youth. The most recent outcomes report showed 52% completed TF-CBT, and over 82 percent of the clients who completed the program completed all of the coping skills phases of the program. 84% of clients completing the program also completed the trauma narrative and processing phase, 28% in-vivo exposure, and more than 75% completed conjoint sessions and enhanced safety. Even amongst clients who did not complete the program, 82% completed psychoeducation, and 66% completed relaxation.

PCIT will continue as a general system development program with an emphasis on expanding capacity by adding four cargo vans that were converted into Mobile Treatment Units to enhance service provision to families with limited resources, such as transportation, and those with geographical barriers. The benefits of utilizing an alternative to the past PEIMS RV units include decreased program expenses, decreased non-clinical duties to operate the RV units, and increased staff focus on consumer services and productivity. Preschool 0-5 has become resourceful in providing services through telehealth, utilizing space at community-based sites, and providing in-home services to continue meeting families' needs. PEIMS staff continue to provide early identification, prevention, intervention, and treatment services to children ages 0-6 and their families in targeted communities across Riverside County.

In addition, a contract expansion with Victor Community Support Services allowed for an additional 0-5 services in the Desert Region of the county, including the expansion of available PCIT services.

Preschool 0-5 Programs include SET-4-School, Prevention and Early Intervention Mobile Services (PEIMS), and the Growing Healthy Minds Initiative. The program uses leveraged funds, including Medi-Cal, MHSA/PEI, and First 5. All program components are implemented through relationships with selected school districts and community-based organization partners. Evidence-based and evidence-informed services are accessible at clinic sites, on mobile units out in the community, and at school sites across Riverside County. Services include a comprehensive continuum of early identification (screening), early intervention, and treatment services designed to promote social competence and decrease the development of disruptive behavior disorders among children 0 through 6 years of age. Services offered within the program are all intended to be time-limited and include the following: Parent-Child Interaction Therapy (PCIT); Parent-Child Interaction Therapy with Toddlers (PCIT-T); Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Incredible Years (IY); Positive Parenting Program (Triple P); Nurturing Parenting; Education Equip and Support (EES); psychiatric consultation and medication evaluation; classroom support for early care providers and educators; community presentations; and participation in outreach events.

The mission of the Growing Healthy Minds Initiative is to work in partnership with the community to increase opportunities for young children across Riverside County to develop skills and abilities that will prepare them for school and life.

A highlight of the Preschool 0-5 Programs is the celebration of the 20th anniversary of implementing PCIT into the program on May 20, 2023.
Preschool staff continues to train staff in Parent-Child Care (PC-CARE) level II to assist with training another system of care providers with low-intensity treatment options for children not requiring high-intensity treatment, such as PCIT or TF-CBT.

The Growing Healthy Minds Collaborative continues to meet monthly via a virtual platform. The collaborative discussions include program updates and training opportunities and provide a networking space for providers who work with the 0 – 5-year-old population. The Collaborative has proven to be a successful effort that includes an average of 40 multidisciplinary participants per month from locations across Riverside County. The collaborative approach is to assist the system of care providers by increasing their knowledge to assist in diagnosing children under the age of 3 using the DC 0-5 manual. The Collaborative continues to discuss meeting the ongoing needs of the community.

Children's clinic staff were also trained to provide the IY Dinosaur School Program in small groups in each outpatient clinic. This program helps children develop positive coping strategies around behaviors related to anger and other intense feelings. Traditionally, this program was only offered in a school setting, but there was an increased service need for children ages 4-8 who have difficulty managing behavior, attention, and other internalizing problems.

RUHS–BH has continued to experience increased demand for services, and the expansion of contracted providers has occurred to expand these services throughout the County of Riverside. There are 44 contract providers supporting the effort to continue expanding services. In addition, with the implementation of AB1051, RUHS-BH is adding contracts with Short-Term Therapeutic Residential Program (STRTP) providers across the state.

Services to youth involved in the Juvenile Justice system have continued even as the County probation department has changed its approach to incarcerating youth. The Juvenile Halls have dramatically reduced their census over the last few years, choosing instead to serve youth in the community. Behavioral Health programming for justice-involved youth was adopted by increasing Wraparound services and converting the Wraparound Program into an FSP program. In addition, RUHS-BH has expanded aftercare services to youth released from the Youth Detention Facility when sentences were completed. In FY 23/24, Wraparound FSP served 161 youth. Outcomes for Wraparound Youth showed that 55% of the youth closing from the program completed the wraparound program. In addition, Wraparound youth showed a 49% decrease in hospitalizations, a 39% decrease in crisis emergency room use, and a 58% decrease in arrests. For youth showing a high need for the CANS measure in Family Functioning, 34% showed improvement, and for those with a high CANS score for Anger Control, 36% showed improved scores. Substance Use and Conduct also improved, with follow-up CANS scores showing a 34% and 32 % improvement, respectively. The State is developing the High-Fidelity Wraparound requirements, and when they are released, the department will ensure that all of the Wraparound requirements are met. This will include, as a part of the Family First Prevention Services Act (FFPSA), that Wraparound is offered to all youth stepping down from the STRTP level of care.

GSD: Clinic Expansion/Enhancements: Adult System of Care

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

Stakeholders' priority issues identified during the CSS planning process for adults were focused on the unengaged homeless, those with co-occurring disorders, forensic populations, and high users of crisis and hospital services. CISA Work Plan strategies included program expansion, full-service partnership programs, and program enhancements throughout the Adult System of Care. Every Adult Clinic now has an FSP tract which has expanded access to more intensive services when needed. The consumer can easily transition from FSP to non-FSP within their home clinic. The Department has committed to expanding crisis and intensive services, which EBP'S In Outpatient Adult includes expansion of full-service partnership tracts in every clinic countywide. These strategies are intended to be recovery-oriented, incorporating cultural competence and evidence-based practices.

This addition of in-patient hospital linkage to FSP and the out-patient system is having a significant impact on clinic volume and capacity. The Department has continued to employ a

full-time Liaison at the In-Patient Facility (ITF) to support consumers' post-hospital discharge linkage to FSP programs and the Out-Patient Clinics.

Recovery-focused support is a key component in the outpatient clinic system. All System Development programs have enhanced services by integrating Peer Support Specialists and Family Advocates into clinics and programs. Peer Support Specialists have continued to serve as an essential part of the clinic treatment team by providing outreach, peer support, recovery education, and advocacy. Planning for Success (Formally known as Wellness Action Recovery Plan) groups have become well established in our adult clinic system due to the work of Peer Support Specialists. Peer Support Specialists working in the clinics as regular Department employees provide continual support for consumers' recovery. See page 116 for more information about all the activities and services that Consumer Affairs and Peer Support Specialists provide.

Family Advocates have been a critical component of enhanced clinic services. They provide families with resources and information on mental health, diagnosis, the legal system, recovery, and health care system navigation. Any family with questions about the mental health care of their adult loved one can consult with Family Advocates when needed. See page 150 for more information about the Family Advocate Program and all the services that they provide in the Adult System of Care.

Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT), EMDR, Seeking Safety, and Co-Occurring Disorder groups are evidence-based practices offered in adult clinics and supported through the Adult Work Plan. Additional treatment for adults with eating disorders is provided using a team approach with behavioral health care staff trained to work and treat Eating Disorders. The Department also committed to implementing an adult trauma-focused practice EMDR and trained 30 practitioners to implement the model throughout the Adult System of Care. The first cohort of staff trained in Eye Movement Desensitization Reprocessing (EMDR) therapy served 47 consumers with this evidence-based practice that is specifically designed for adults who have experienced trauma and or have post-traumatic stress disorder. In the Older Adult System of Care, the Go4Life, a practice developed through the National Institute on Aging, offers seniors whole health benefits related to integrated care.

All adult services staff are mandated to be trained in Trauma Informed Services (TIS) to ensure that all staff are providing services in a trauma-informed approach. This implementation in TIS has continued with various practices throughout the department to reinforce this trauma-informed approach. For example, many staff meetings begin with a TIS moment which may be trauma care from a consumer perspective or trauma care to supporting staff as they do their work.

Evidence-Based Practices in Outpatient Adult Mental Health Services

Our Outpatient Adult Mental Health Services utilize evidence-based practices (EBPs) to provide practical, research-backed treatment for individuals experiencing mental health challenges. These practices are grounded in scientific research and clinical expertise, ensuring

high-quality, patient-centered care that leads to meaningful recovery and improved well-being.

Key evidence-based approaches include:

- **Cognitive Behavioral Therapy (CBT):** Helps individuals identify and change negative thought patterns and behaviors.
- **Dialectical Behavior Therapy (DBT):** Supports emotional regulation and distress tolerance, particularly for individuals with mood disorders.
- **Motivational Interviewing (MI**): Encourages individuals to build motivation for positive change.
- **Medication Management:** Provides psychiatric evaluations and medication support tailored to individual needs.
- **Trauma-Informed Care**: Recognizes the impact of trauma on mental health and integrates strategies to foster resilience.
- **Peer Support & Psychoeducation:** Engages individuals in learning coping strategies and building social support networks.

Our commitment to EBPs ensures that clients receive treatments that are proven to be effective. This leads to better symptom management, increased independence, and a higher quality of life overall.

Pathways to Success

Pathways to Success is a Riverside University Health System—Behavioral Health vocational program that provides services in partnership with the California Department of Rehabilitation. It provides vocational services to individuals 18 years of age and older who are receiving services from any RUHS—BH Western or Mid-County Region program or any RUHS—BH contracted Behavioral Health service provider within the Western and Mid-County Region. The program collaborates with the California Department of Rehabilitation (DOR).

The program will participate in a site review with DOR in June 2024 to address the objectives and goals to sustain the program and enhance and maximize service delivery for Riverside County consumers. The program is expanding its collaboration to the transitional-aged youth FSP programs. The program staff is conducting orientation in the western, mid-county, and desert regions.

Telepsychiatry Program

The Telepsychiatry Program provides accessible, high-quality mental health care through secure, virtual platforms. It allows individuals to connect with licensed psychiatrists and mental health professionals from the comfort of their own homes. Designed to reduce barriers to care, our program serves individuals in remote areas, those with limited mobility, and anyone seeking convenient, confidential psychiatric support.

Through video consultations, our psychiatrists offer comprehensive mental health assessments, medication management, therapy referrals, and crisis intervention when

needed. The program is committed to delivering timely, patient-centered care while ensuring privacy and adherence to all healthcare regulations.

By integrating telehealth technology with mental health services, our Telepsychiatry Program enhances access to care, promotes continuity of treatment, and supports individuals in managing their mental well-being effectively.

Telepsychiatry will move to in-person care. Here are some estimates for service data: These are estimates. Roughly 75% in-person/office, 14% phone, 7% field-based, 1-2% Telepsychiatry. We are going to open the Franklin Adult Residential Facility, which has 84 beds, next month. Roy's Jr.

Adult GSD: RUHS-BH Long-Term Care (LTC) Expansion

The RUHS-BH Long Term Care (LTC) program operates under the auspices of the Riverside University Health System – Behavioral Health, Office of the Public Guardian. It serves conserved individuals with severe and persistent mental illness who often require hospitalization or out-of-home placement. LTC, in collaboration with the Public Guardian's Office, strives to ensure that each Conservatee is served in the least restrictive setting/environment in which the consumer's safety, health, and wellness are the priorities.

For Conservatees in need of residential treatment programs, LTC performs and/or participates in biopsychosocial assessments, treatment planning, recommendations, and linkage services. LTC creates daily partnerships with the Conservatees and their respective Public Guardian Conservators, consumers' family members, psychiatrists and medical experts, hospital staff, placement staff, and other collateral resources. LTC endorses treatment and service plans that are clinically effective and cost-effective for the consumer. Overall, the LTC Program's mission is to promote hope, wellness, and recovery for conserved individuals with serious mental illness and other psychiatric disabilities.

The LTC clinicians and case managers provide case management, supportive counseling, and discharge planning services for Conservatees placed at psychiatric hospitals, IMDs, and residential care facilities (also known as board and care facilities). To streamline the continuum of care for the Conservatees, the LTC staff collaborate closely with the Public Guardian – Lanterman-Petris-Short (LPS) Conservators. LPS conservatorships are used to care for adults with a grave disability who need special care and protection. These conservatorships benefit individuals who are often in need of restrictive living arrangements (such as locked mental health facilities) and require intensive mental health treatment and supportive services to complete activities of daily living.

The LTC staff coordinate their case management services with the consumer's LPS Conservator, and together these staff members assist the Conservatees with navigating through the various levels of care, from inpatient acute hospitalization to long-term care facilities and eventually to the community-based residential placements or homes. While the PG LPS Conservators are tasked with advocating for the least restrictive placement for their

Conservatees, establishing and maintaining benefits, managing their finances, marshaling and safeguarding their property and assets, the LTC team is tasked with coordinating placement plans and transfers and monitoring the consumers at the facilities to ensure appropriate client-centered care.

While the LTC program primarily supports the Public Guardian LPS conservatorship program, it also provides placement assistance for the Public Guardian Probate program. Currently, there are over 1,300 conserved individuals in the Public Guardian LPS and Probate programs.

The LTC program maintains placement contracts with facilities that offer a continuum of long-term care, including Inpatient Treatment Facilities, State Hospitals, Institutions for Mental Disease, Mental Health Rehabilitation Centers, specialized Skilled Nursing Facilities, Assisted Living Facilities, Augmented Board and Care facilities, and Adult Residential Treatment facilities. Additionally, in response to the need for additional safe, secure, and appropriate housing for the growing Conservatee population, RUHS-BH has designed, constructed, and implemented placement facilities operated by contract providers primarily for the Public Guardian's Conservatees. These dedicated placement facilities include:

- Riverside County Telecare Mental Health Rehabilitation Center (MHRC), in Riverside, CA – operated by Telecare Corporation – 79 beds
- Restorative Transformation Center, in Riverside, CA – operated by Telecare Corporation – 30 beds with 10 beds to be available to Public Guardian Conservatees
- Roy's Desert Springs Adult Residential Facility, in Indio, CA - operated by MFI Recovery – 92 beds
- Desert Sage Adult Residential Facility, in Indio, CA - operated by MFI Recovery – 49 beds
- Franklin Residential Care and Behavioral Health Clinic, in Riverside, CA – RUHS-BH's newest augmented board and care facility, which is expected to open in March 2025 and will be operated by MFI Recovery – 84 beds

CONSUMER SATISFACTION SURVEY

According to LTC's 2022-23 plan to design and implement a brief client satisfaction survey geared towards the Conservatee population, a Public Guardian Consumer Satisfaction Survey was created and implemented by the RUHS-BH Research and Technology Department in July 2023. A Total of 157 Conservatees, out of 978 Probate and LPS Conservatees, participated in the survey. Participants resided at various levels of care, including mental health rehabilitation centers (MHRC), an Institute for Mental Disease (IMD), an augmented board and care facility, and board and care facilities. The survey contained seven questions, with six of the questions measuring responses on a Likert scale and the seventh employing an open-ended narrative section. While only 16.1% of all Public Guardian Conservatees completed the survey, factors contributing to the low participation rate in the survey include the Conservatees' severe and persistent mental health impairments, cognitive deficits, developmental disabilities, non-verbal or non-responsive status, and survey administration issues.

SURVEY QUESTIONS	AGREED STRONGLY AGREED	NO RESPONSE RECEIVED
1. I am safe and welcome in my living environment.	72.0%	11.5%
2. I feel like my needs are being met.	77.1%	5.7%
3. I feel like my opinions are taken into consideration.	64.3%	13.4%
4. I am visited enough by my Deputy Public Guardian.	51.6%	8.3%
5. I can easily contact my Deputy Public Guardian.	67.5%	7.6%
6. When staff are not able to help me, they help me understand why.	71.3%	13.4%
7. Comments: Four Conservatees desired more interactions with their Conservator. Three requested placements at a lower level of care, such as a board and care or room and board. Three requested resources, including clothing, food, and medicine. Three were non-verbal but indicated that the Deputy Public Guardian pays their facility payments and monthly personal needs allowance. Twenty-seven Conservatees requested more facility outings, such as going to the DMV or spending time with their family. Finally, twelve Conservatees denied having issues they wished to comment on.		

COMMUNITY REINTEGRATION

The LTC program seeks to generate FSP and CARE Act referrals for all conserved consumers residing in adult residential facilities in Riverside County to ensure that each Conservatee receives wraparound services through regional FSP programs and other outpatient programs. The ultimate goal is to optimize each individual's adaptive functioning and facilitate his or her ability to gain self-sufficiency and live independently with assistance from community-based supports and services without the need for being managed by a court-ordered conservator.

In Fiscal Year 2022-2023, LTC implemented a Full-Service Partnership (FSP) track for LPS Conservatees who have been hospitalized in an acute care setting or have been placed in transitional residential care facilities, such as the Riverside County Telecare Mental Health Rehabilitation Center in Riverside. Referrals for FSP services aim to facilitate the Conservatees' access to wraparound services and enhance their overall functioning and capacity for self-sufficiency while living at community-based facilities. In Fiscal Year 2023-2024, 111 Conservatees were linked to FSP wraparound services. While the residential treatment facilities continued to provide wraparound services for each consumer, the LTC program concurrently offered case management, placement coordination, and linkage services for the Conservatees, to transfer the Conservatees into less restrictive, lower levels of care.

In September 2024, the Long-Term Care team-initiated referrals to the RUHS-BH Community Assistance, Recovery, and Empowerment Act, also known as the CARE Act. The CARE Act program is a collaborative civil court process that provides participants with clinically appropriate, community-based services, including medication management, behavioral health treatment and services, assessment and care planning, case management services, psychoeducation, and linkages to other social services, such as supportive housing resources for persons with schizophrenia and other psychotic disorders. The CARE Act presents an ideal, voluntary opportunity for Public Guardian Conservatees to step down to a lower level of care and still receive support from a professional social services network for up to two years. As of February 2025, seventy-five Conservatees have been identified as appropriate candidates for the CARE Act program. All Conservatees being referred are residing in the board and care or augmented board and care placement level and are demonstrating readiness to live independently and re-integrate into the community. While many of these Conservatees initially expressed anxiety and apprehension about leaving the safety net provided by conservatorship, six Conservatees are actively engaging with the CARE Act outreach team to pursue the possibility of conservatorship termination and community reintegration with support from the CARE Act program.

Adult GSD: Representative Payee Program

The goal of the Representative Payee (RP) program is to provide money management services on a voluntary basis to clients of Riverside University Health System – Behavioral Health (RUHS-BH) who are unable to manage their funds effectively as a result of their mental illness. The Representative Payee services are intended to be time-limited and are provided while the client and their treatment team improve the client's money management skills to the point where Representative Payee services are no longer necessary, or another responsible third party can take over the responsibilities.

All clients in the RP program will have an open episode at a County clinic and an assigned case manager. The Public Guardia's RP program staff provides the accounting functions, but does not provide mental health treatment or case management services to clients

Older Adult System Of Care

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

The OAISOC Work Plan includes strategies to enhance services by providing staffing to serve older adult consumers and their families at regionally based older adult clinics (Wellness and Recovery Centers for Mature Adults) and through designated staff expansion located at adult clinics. Older Adult Clinics are in Desert Hot Springs, San Jacinto, Riverside, Lake Elsinore, and

Temecula, and expansion staff are located at adult clinics in Perris, Banning, and Indio. The Wellness and Recovery Centers have continued to innovate by developing enhanced psychological/psychotherapeutic services as part of assessment and evaluation. Older Adult clinic programs and expansion staff combined served 3,369 older adult consumers through a two-track system: Wellness and Recovery Programs (2,810) and (559) Full-Service Partnership (FSP) Programs at each clinic location.

The clinic Wellness and Recovery Programs track is designed to empower mature adults who are experiencing severe and persistent mental health challenges to access treatment and services to maintain the daily rhythm of their lives. The Wellness and Recovery Centers for Mature Adults provide a full spectrum of behavioral health services, including psychiatric services, medication management, physical health screenings, case management, individual therapy, and group therapies. The clinics currently offer over 27 psycho-educational multi-discipline groups led by therapists, nurses, behavioral health specialists, peer support specialists and family advocates. The groups currently offered include SAMSHA Wellness Curriculum, integrated Fit for Life evidenced-practice holistic health groups, traditional group therapy, healing art, Core, Facing Up, Cognitive Behavioral Therapy for Depression, Anger Management, Cognitive Behavioral Therapy for Psychotic Symptoms, Seeking Safety, Dialectical Behavioral Therapy, Bridges, Grief and Loss, Brain Disorders and Mental Health, Creative Arts, Art Therapy, Computers, Chronic Medical Conditions, Coping skills, and Co-Occurring Disorders.

In addition, we have developed Spanish psychoeducational groups, SAMSHA Wellness Curriculum, for monolingual older adults. Moreover, at three of our Wellness and Recovery Centers (Rustin, Lake Elsinore, and Temecula), we have implemented Drop-in Mindfulness Centers, utilizing the family room model for the older adults we serve. Peer Support Specialists work hand in hand with clinicians and other behavioral health staff to provide the full array of groups. A new resource center has enhanced the core services in the Temecula Wellness and Recovery Center by adding a member computer library where clinic staff can assist consumers in accessing technology-based resources while improving their computer knowledge and skills. The mind-brain technological development for the mature adult group is the going forward addition to this center. The center increases access to other agencies that specialize in Older Adult related services such as RUHS Medical Center, Community Health Centers, The Office on Aging, and Adult Protective Services (APS).

Further, it improves access and maintenance of older adult benefits, entitlements, and resources such as Social Security, Medicare, and Medi-Cal, as well as assistance agencies such as the Health Insurance Counseling & Advocacy Program (HICAP), California Healthcare Advocates, and other essential community partners.

All mature adult services staff have been trained in Trauma Informed Services (TIS) to ensure that all staff are providing services using a trauma-informed approach. This approach has been implemented throughout Riverside University Health System-Behavioral Health.

The proportion of older adults served across the county is close to the county population, with 26% Hispanic/Latino served and a county population of Hispanic/Latino older adults at 32%. The Caucasian group served 44%, and the Black/African American group served 11%. The Asian/Pacific Islander group served 3%, which is less than the county population of 8% Asian/Pacific Islander.

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

GSD: Crisis System of Care

Behavioral health- mobile crisis response teams (MCRT)

Mobile Crisis Teams have been in operation since 2014 and have continued to expand and evolve. The original stakeholders include Law Enforcement, Hospital EDs, Community Health Care Clinics, Schools, Outpatient programs, Adult Protective Services, Child Protective Services, and many more. Additionally, requests directly from the community are also responded to. As of December 31, 2023, mobile crisis response teams are now available throughout the county 24 hours a day, 7 days a week, and 365 days a year.

Mobile Crisis Response teams meet the needs of the community by providing an immediate supportive crisis response focused on successfully diverting consumers in crisis away from emergency departments, law enforcement, incarceration, and psychiatric hospitalizations whenever possible. Mobile crisis response teams are focused on de-escalating, supporting, collaborating with support persons, and developing strong safety plans for all individuals and families that are served. Mobile crisis response teams are typically teams that include a clinical therapist and a peer support specialist. In addition to the crisis response, the team also conducts follow-up support within 72 hours to ensure that the consumer is using the safety plan and to assist with reducing any barriers to using and linking to referrals that have been provided. These teams have been extremely successful in reducing the number of admissions at our County Emergency Treatment Services (ETS).

In FY 23/24, MCRT teams responded to over 2,200 requests for mobile crisis response. Please see the data in the figure below.

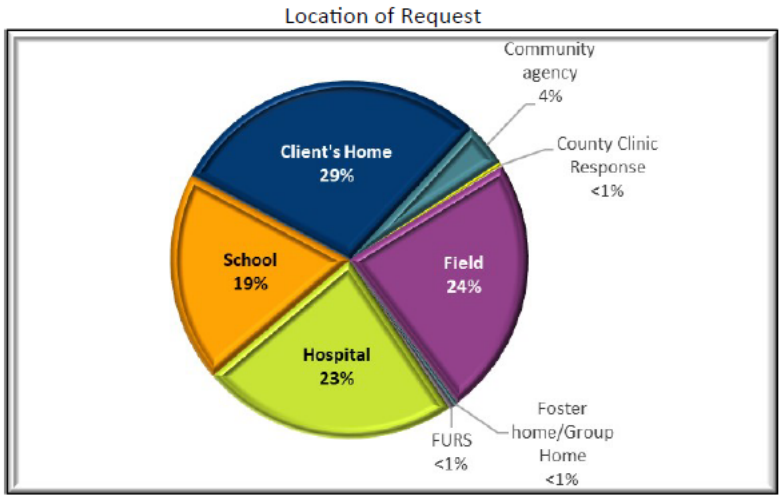
design was to dispatch crisis teams at the request of Law Enforcement and Hospital Emergency Department stakeholders. Over the past few years, the program has evolved to

include dispatching teams to requests from multiple

MCRT Crisis Requests 2,282	
West	843
Mid-County	863
Desert	576

Avg. Num. of Requests per Month
190

Twenty-nine percent of the MCRT requests were to members' homes, followed by 23% at hospitals.



Response times were an hour or less for 58% of responses. A total of 67% of requests for mobile crisis response were diverted from inpatient admission or crisis emergency room use. After MCRT contact, 92% of those served did not show any inpatient psychiatric admissions within 60 days of MCRT team contact. Thirty-four percent (38%) of the consumers MCRT teams served were linked with outpatient care, and 85% of those linked received three or more services.

Goals of the 3-Year Plan:

1. 45% of consumers served will link with outpatient services after contact with the crisis teams.

2. MCRT will increase stakeholders by continuing to promote and outreach to law enforcement, schools, foster homes, group homes, and community colleges.

MCRT will Increase linkage to Mental Health Urgent Cares for youth (13 to 17 years) experiencing a behavioral health crisis.

MCMT=Mobile Crisis Management Teams

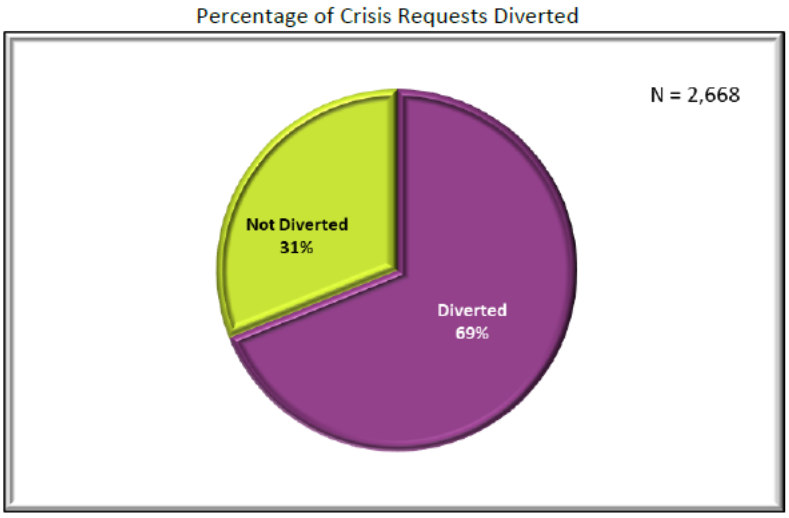
The Crisis Support System of Care expanded in the fiscal year 2021/2022 by planning the addition of 15 Mobile Crisis Management Teams to the four existing teams, resulting in 19 teams. These teams comprise four multidisciplinary staff members: clinical therapists, peer support specialists, behavioral specialists III (substance use counselors), and behavioral health specialists II. These staff have specialty training in crisis intervention, risk assessment, peer support, and intensive case management services to include homeless outreach and housing as well as substance abuse assessment, counseling, and linkage to residential treatment. The MCMT teams respond to crisis calls in the community and provide short-term treatment while assisting consumers in establishing connections to longer-term treatment services.

MCMT staff also engage in outreach activities and events to engage homeless and unengaged individuals in services. In Fiscal Year 23/24, Mobile Crisis Management Teams provided services to all ages and populations throughout Riverside County. An emphasis is placed on collaborating and coordinating with local cities to partner in efforts to engage and prevent crises with vulnerable populations such as homeless individuals and families. The locations for the teams include Perris, Jurupa Valley (2 teams), Desert Hot Springs, Lake Elsinore, Banning (2 teams), Riverside (2 teams), Hemet (2 Teams), Temecula, Menifee, Indio (2 teams), Blythe, Corona, Moreno Valley (2 teams). These teams support the communities and surrounding areas. FY 23/24 was focused on strengthening community partnerships.

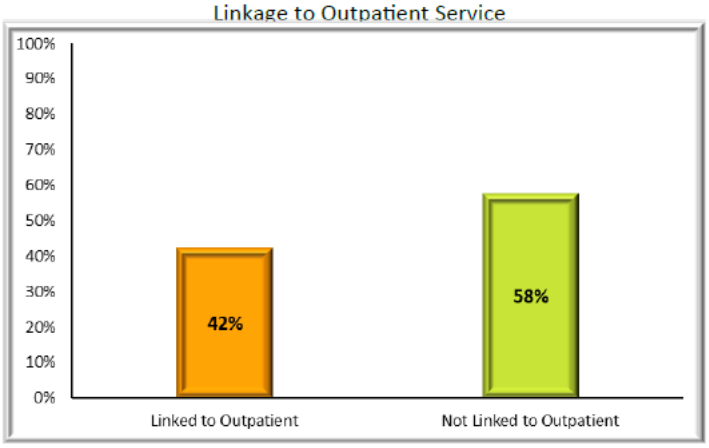
The goals of MCMTs are to be responsive and person-centered and use recovery tools to prevent crisis, support individuals in crisis, and divert unnecessary psychiatric hospitalization whenever possible. Additional goals include engaging and linking individuals and families into behavioral health services and substance use services, as well as reducing law enforcement and emergency department demands from consumers needing behavioral health and substance use services.

During FY 2023/2024, Mobile Crisis Management Teams responded to 3,400 requests for crisis intervention and outreach. They were able to safety plan and divert 69% of crisis requests from an inpatient admission and link 42% of individuals served to outpatient services. Please see the figure below for data.

MCMT Requests 3,411	
Crisis	3,013
Homeless Outreach	296
MCMT Non-Crisis Outreach	97
Welfare Check	5



MCMTs were able to divert 69% of crisis requests from an inpatient admission.



Forty-two percent (42%) of individuals served by MCMTs had an outpatient service after contact with teams. Some of these individuals (n = 421) were participating in outpatient services prior to their contact with teams.

3-Year Plan Goal

e. 55% of consumers served will be successfully linked with outpatient services after contact with the teams.

Community Behavioral Assessment Team (CBAT)

The Community Behavioral Assessment Team (CBAT) is a co-responder team comprised of a clinical therapist and a law enforcement officer (Sheriff or PD). Recognizing the role of law enforcement and the mental health needs of community members, this particular crisis response model was first implemented over 6 years ago with the Riverside Police Department, followed by the Hemet Police Department in 2017. CBAT is a special unit that responds to psychiatric inpatient hospitalizations whenever possible, decreases incarceration, decreases ED admissions, reduces repeated patrol calls, makes appropriate linkages to care and resources, and strengthens partnerships between the community, law enforcement, and behavioral health.

CBAT locations expanded from two teams, Riverside Police Department and Hemet Police Department to three additional sites in FY18/19: Indio Police Department, Southwest Sheriff,

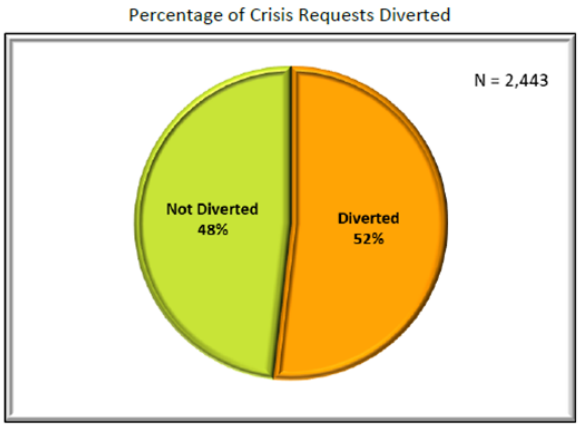
and Moreno Valley Sheriff. FY 19/20, the Riverside Police Department acquired a second CBAT unit, and the Murrieta Police Department with their first.

FY20/21 brought continued CBAT program growth with the approval of 10 additional CBAT units countywide. RUHS BH expanded its collaboration and partnership with the Sheriff's Office (to include) – Perris, Jurupa, Hemet, Palm Desert, Cabazon, Lake Elsinore, and Thermal stations. In addition, 4 Police Departments also adopted the CBAT program – Corona, Menifee, Cathedral City, Murrieta, Banning, and Beaumont Police Departments. (Cabazon, Banning, and Beaumont share a clinician).

The expansion of the CBAT program speaks to its success. The co-responder model has demonstrated the value in emergency response regarding timeliness response to a crisis, the value of two professions working together to address the clinical and legal ramifications, diversion, stigma reduction, and linkage to continued care when possible.

In fiscal year 2023/2024, CBAT responded to over 8200 requests for service. See the data below.

911 behavioral health-related crisis calls, mental health emergencies/5150, substance abuse, and homeless-related crisis. CBAT serves all populations. CBAT provides rapid response field-based risk assessment, crisis intervention, and de-escalation, linkage, and referrals. One of the goals of CBAT is to offer field officers a resource for calls that require more time and specialized attention. In addition, the goal of CBAT is to divert and decrease



CBATs were able to divert 52% of Crisis requests.

CBAT Requests 8,274	
Crisis	3,400
Homeless Outreach	1,710
Welfare Check	3,164

Avg. Number of Calls per Month
690

MPS=Mobile Psychiatric Services

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

OVERVIEW

Mobile Psychiatric Services (MPS) provides field-based services to engage and treat high utilizers of crisis services, including hospital-based services, who frequently have not had success in engaging in traditional outpatient services. MPS outreaches and engages consumers who are identified as having frequent crisis services. The goal is to actively engage consumers where they are and eventually initiate intensive case management services. Once consumers are engaged in services and no longer utilizing frequent crisis services, they will be connected to appropriate and existing outpatient services for continuity of care.

This MPS program provides services including mobile response, psychiatric assessment, medication consultation, assessment, and medication management, case management, therapy, and behavioral management services, substance abuse screening, and referral to

outpatient services for any consumer who is a high user of crisis services but not currently engaged in more traditional outpatient BH services.

The goal is to provide a collaborative, cooperative, consumer-driven process for providing quality behavioral health support services through the MPS team's effective and efficient use of resources. The goal is to empower consumers through case management and street-based medication services and draw on their strengths and capabilities. The goal is to promote an improved quality of life by facilitating access to necessary supports to eventually and effectively engage in the variety of outpatient services that are offered throughout the county, thus reducing the risk of hospitalization.

TARGET POPULATION

High-utilizer consumers could be short-term or long-term. They can be seen in a motel, home, room, and board and/or board and care facilities, sober living facilities, or homeless encampments.

In FY 23/24, MPS provided 2,530 services (an increase of 113% from last FY) to 103 consumers. Thirty-seven percent of those services were medication services we provided mainly in the field.

3-Year Plan Goal Progress

1. Increase the total number of consumers served to 150.

Annual Update: Progress Report on 3-Year Plan

Here is the progress update) on MPS for FY 23/24:
Patients engaged by MPS saw a 44% drop in admissions to mental health crisis service units, a 41% drop in admissions to mental health urgent care, and a 16% drop in inpatient hospitalizations. The county saves an average of $20,000 for every inpatient admission avoided from its general fund.

One of the program's greatest successes is its ability to help its patients begin using clinics and obtain rehabilitative care. One internal review of utilization between July 2018 and March 2020 found that 73% of patients were linked to and received services in county outpatient and/or substance use programs.

A big part of the success of MPS is its staff teamwork, and the patients sense that, too, Weigold said. "If it needs to be done, they're happy to do it…. Nobody gets hung up on, 'Well, that's not my job, that's not my classification.'"

MPS serves most patients for an average of six months to two years. When they demonstrate their ability to meet their behavioral health needs, it prompts one of MPS staff's most challenging conversations: telling a patient they've "graduated" from their service.

> "They've never had somebody who would follow them and assist them with every little thing, whether it's trouble with a roommate at the

rehab to being out of food and the food bank is closed," Weigold said. "There's generally some weeping and wailing over having to leave us."

One 40-year-old homeless man turned his whole life around after MPS started him on medication for his mood disorder and also connected him with simultaneous substance use disorder care. The man got a job, was accepted into his family, and returned to living with them. He then launched a small nonprofit, visiting churches in Southern California to tell his inspiring story and encourage others who are struggling similarly.

Now, the patient visits MPS staff about once a month to say, "Thank you."

Consumers Served: The MPS outreach team served 102 consumers from July 1st, 2023, to June 30th, 2024. The team served primarily the Western region of Riverside. Considerable outreach efforts may be needed to locate and engage the consumers in direct services. Not all consumers are found or agree to accept services.

Direct Services Data: 102 consumers received direct services from MPS. Table 1 summarizes the MPS direct services provided. The mobile psychiatry team provided 2,530 services totaling 3,539 hours to 102 consumers between July 1, 2023, and June 30, 2024. Many of these services were mental health rehabilitation (38%), medication services (30%), consumer support services (14.5%), and case management (6.2%).

MPS was recognized in Psychiatry Online Journal for its unique program and services:
https://psychiatryonline.org/doi/10.1176/appi.pn.2025.02.2.10
Here is the exert of the first section of the journal article content:

Mobile Psychiatry Unit Brings 'Concierge-Level' Service to Highest-Need Patients in Riverside
A mobile psychiatry clinic is bringing medications, mental health rehabilitation, and social services directly to a select list of at-risk residents in one California county, reducing inpatient and crisis service utilization and helping them turn their lives around.

When Scott Weigold, M.D., was called into the office of the medical director at Riverside University Health Services-Behavioral Health (RUHS-BH) toward the end of the day eight years ago, he wondered what it was about.

As it turned out, Weigold—who was a staff psychiatrist at RUHS-BH—was briefed on the results of a new utilization analysis: A relatively small number of Riverside, California, residents—about 350—were responsible for $8 million in mental health crisis and emergency services in just one year. Weigold was tasked with solving this unsustainable situation.
"We noticed right away that these people were not utilizing our regular outpatient clinics," he said. "So, we started discussing how we could arrange care for these people in a humane and clinically responsible way that would also reduce their number of crisis visits, which are hugely expensive, intrusive, and don't provide any ongoing, organized, long-term treatment."

They devised the idea for the RUHS-BH Mobile Psychiatric Service (MPS). “They’ve already shown us that they cannot effectively utilize a brick-and-mortar clinic,” Weigold said. “So, we need to take clinic services to them until they are restabilized and able to use a more traditional clinic.”

MPS has four vehicles roving Riverside County, providing on-the-spot mental health rehabilitation and medication services, substance use care, consumer support, and case management in addition to Weigold, psychiatry residents, a dedicated substance use counselor, a therapist, case managers, peer support specialists, and a community service aide staff the mobile team. At most, two or three of them ride around together at one time to not overwhelm patients.

Unlike some mobile services, MPS is not tasked with responding to 911 calls or adding new clients upon request from courts or caregivers. Instead, this specialized team focuses solely on meeting the needs of county-identified “high utilizers” of mental health emergency services.

A recent internal review found that about 58% of MPS patients had a primary diagnosis of schizophrenia or psychosis, while 14% had primary substance use disorder. Weigold estimates that about 80% are homeless.

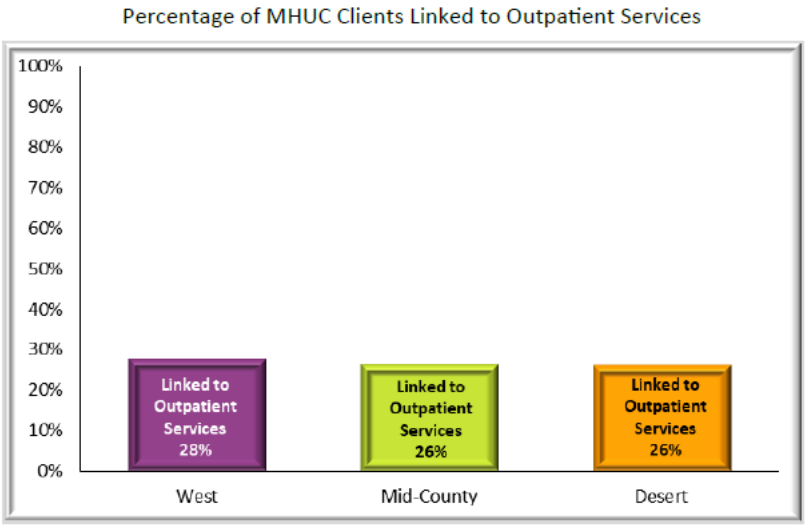
Staff locates patients using old addresses, hangouts, phone numbers, family members, job sites, or prior clinicians. They may also wait until patients appear at various emergency care clinics.

MHUC=Mental Health Urgent Cares

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

MHUCs serve individuals identified, engaged, and referred by Mobile Crisis Teams, Law Enforcement, Crisis Hotlines, and community-based agencies. MHUCs also serve as crisis support for walk-in self/family referrals. While the facilities primarily serve consumers aged 18 and older, the capacity to serve adolescents (ages 13-17) was added in the Desert and Mid-County MHUCs. This results in a more recovery-oriented service delivery and a cost savings from unnecessary higher levels of care. During the 2023/2024 fiscal year, MHUCs had 12,706 admissions and served 6,630 unduplicated clients.

The MHUCs assist consumers at discharge with linkage to outpatient services. The percentage of consumers linked to outpatient services after an MHUC admission varied by MHUC region. Please see the figure below for data.



Continue 3-year Plan Goals:

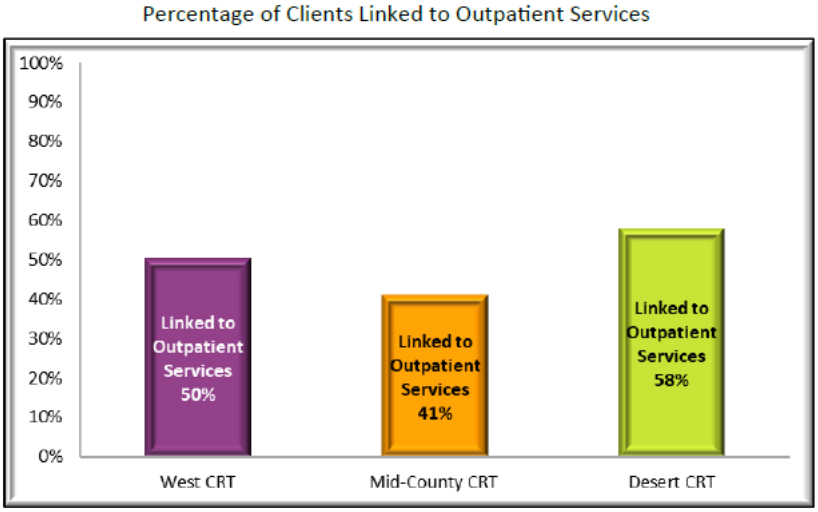
1. 3 year: at least 70% of consumers successfully discharge with referral to mental health or substance use services

2. 3 year: 45% of consumers successfully attended at least one mental health or substance use service post discharge.

CRT=Crisis Residential Treatment

Located in each of the three county regions, Adult CRT facilities are licensed by Community Care Licensing as Social Rehabilitation Programs (SRP). Consumers are offered a 21-day stay, with extensions up to 30 days. The CRT can accommodate 15 to 16 adults aged 18 and older who require crisis stabilization. Nearly 100% of the consumers are Medi-Cal recipients. Emergency Departments, Mental Health Urgent Care centers, Crisis Stabilization Units, Emergency Treatment Services, Psychiatric Hospitals, and the Riverside University Health System – Behavioral Health outpatient system of care refer consumers to this program. It is designed to prevent psychiatric hospitalization, provide a step down from psychiatric hospitalization, and assist consumers in stabilizing their symptoms before transitioning to other forms of treatment, such as residential substance use treatment and traditional outpatient services. Designed to create a home-like service environment, the CRT features a living room with more negligible activity and conversation areas, private interview rooms, a family/group room, eight bedrooms, and cooking and laundry facilities. The goal is to assist consumers with the circumstances leading to their crisis, help them return to a pre-crisis state of wellness, and connect them to peer and other behavioral health services.

During the 2023/2024 Fiscal Year, the Crisis Residential Treatment (CRT) facilities had 928 admissions and served 815 consumers. The CRTs support consumers at discharge by linking them to outpatient services. The percentage of consumers related to outpatient services after admission to a CRT remains consistent across regions and facilities. Please see the figure below for data.



Re-admission rates to the CRTs within 15 days or less were relatively low. See the data below.

Recidivism Rates for CRTs			
Days to Readmission	West	Mid-County	Desert
0 to 15 Days	7%	4%	8%
16 to 30 Days	6%	3%	4%
0 to 30 Days	12%	7%	12%

3-Year Plan Goal

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

2. 60% of consumers will be linked to outpatient services.

GSD: Mental Health Court and Justice Involved

Incompetent To Stand Trial (IST):

For FY 23/24, Riverside County has 168 individuals who were found incompetent to stand trial and are awaiting transfer to a State Hospital for competency restoration with Felonies. These individuals spend an average of 3 months in Riverside County Jail waiting for an available State Hospital bed. The County's mission is to provide intensive community-based psychiatric treatment for these individuals. Rather than allowing them to remain in custody awaiting transfer to a State Hospital for competency restoration, they will be transferred to residential mental health treatment step-down programs where they will receive a wide array of behavioral health services. The ultimate purpose of this program is not restoration for adjudication but rather long-term psychiatric stabilization such that following completion of the Felony Incompetent to Stand Trial (FIST) program, one's legal charges can be dismissed, and he or she may reside in the community with on-going supportive behavioral health services.

During this review period, the IST Diversion program received 40 referrals, of which nine candidates were found to meet the requisite criteria and were accepted into the program. A frequent challenge encountered by behavioral health staff during the assessment and review process is finding out that the client has no interest in receiving mental health/medication services. Knowledge of this is a determining factor for the Court and often leads to a swift rejection of the program so that the Department of State Hospitals is aware that the person will not be diverted and to move forward with placement at one of their facilities.

Laura Law's

The Assisted Outpatient Treatment (AOT) Program, also known as Laura's Law, is a community-based referral initiative for immediate family members, treatment agencies, licensed mental health professionals, peace officers, and judicial officers who believe that someone they know could benefit from court-ordered mental health or substance use services. In this process, a clinical therapist, case manager, and peer support specialist team will engage the consumer and provide outpatient services tailored to their needs. Suppose the consumer continues to decline efforts to involve them in outpatient services. In that case, AOT staff may escalate the referral to the AOT Review Committee and AOT Psychologist for further assessment and decision-making. Suppose the AOT Committee and Psychologist determine that court-ordered services are needed to stabilize the consumer in the community. In that case, a petition will be filed by County Counsel in Civil Court. Should the Court approve the treatment plan submitted with the petition, it will order the consumer to adhere to and participate in the recommended plan for up to six months.

During this reporting period, the AOT program received 99 referrals, of which 13 consumers accessed outpatient services voluntarily, and one was linked through Civil Court proceedings.

HOME (Homeless Outreach, Mediation, and Education) Court –

is an alternative sentencing program developed for those facing criminal prosecution and suffering from homelessness. The program promotes community-based treatment to assist those individuals struggling with homelessness, who are in imminent danger of becoming homeless, and who are facing prosecution for quality-of-life infractions, misdemeanors, and low-level felonies. The overall goal of this program is to reduce recidivism and protect public safety by collaboratively working together with our justice partners, to address and treat the underlying needs of the participants through engagement in FSP-level services, intensive case management, and ongoing support from all members of the program, to ensure that each participant has the resources and opportunity they need to succeed in the community. This will be accomplished by recognizing each participant's accomplishments and efforts to resolve their cases and work towards reintegration as a successful and productive community member. While in the program, participants will focus on gaining residential stability, employment and/or education, substance and mental health rehabilitation, learning life skills, counseling, and family reunification. Throughout FY 23/24, the HOME Court program received 102 referrals from the court.

Overall Program Challenges: Obtaining housing for our consumers participating in the various Mental Health Court programs continues to be a challenge. We are often presented with individuals who are coming directly out of our community jails, who have no income or credit, and/or criminal charges, which causes landlords in an already tight housing market to not rent to them. There is also a constrained supply of beds for individuals for whom we seek institutional housing (such as adult residential facilities).

CARE (Community Assistance, Recovery, and Empowerment) Act

The CARE Act will ensure mental health and other support services are provided to the most severely impaired Californians who too often languish without the treatment they desperately need. CARE will divert and prevent more restrictive conservatorships or incarceration to connect a person in crisis with a court-ordered CARE plan or agreement for up to 12 months, possibly extending for an additional 12 months. Individuals engaged in CARE plans and agreements may be prioritized for various services and programs, including supportive housing. The design of the CARE Act provides support and accountability for individuals with severe, untreated mental illnesses, as well as for local governments responsible for providing behavioral health services. The CARE process functions as a structure for counties to intensively engage individuals who may need additional support to access services consistently over a sustained period.

Specifically, the CARE Act allows certain people, called "petitioners," to request court-ordered treatment, services, support, and a housing plan for certain people 18 years of age or older, called "respondents," who have untreated severe mental illnesses, specifically schizophrenia or another psychotic disorder, and who meet certain health and safety criteria. Petitioners are encouraged to consider alternatives to CARE Act proceedings before filing a petition.

The CARE Act started in Riverside County on October 1, 2023. Over the course of FY 23/24, the CARE Act received 118 Civil Court petitions and 215 Integrated Referrals to assist in linking to it.

Collaborative Courts

Mental Health Court Program:
Riverside County's first Mental Health Court program came into existence in November 2006 under Proposition 63, MHSA funding, and is in the Downtown Riverside area. The Mental Health Court program expanded its service area to include the Desert Region in 2007 and the Mid-County Region in 2009. The Mental Health Court program is a collaborative effort between Riverside University Health System Behavioral Health (RUHS – BH) and our partners in the Riverside Superior Court, Riverside County Public Defender and District Attorneys' offices, local private attorneys, Probation Department, Family Advocate, RUHS-BH community services, as well as private insurance services. Together with our partners, we work to develop a comprehensive 12-month program for each participant (must be at least 18 years of age) consisting of a stable place for the person to live, linkage to outpatient/community services to address their mental health/substance use treatment needs, as well as frequent oversight by the Probation Department and the Court. During FY 23/24, there were a total of 149 referrals received across all three regions, of which 40 were accepted into the program and a total of 76 successfully "promoted" from the program. Certain criteria must be met for the court to consider a participant ready to "promote" from the Mental Health Court program. The criteria require that a participant have a stable place to live, be actively engaged in their outpatient treatment for at least 90 consecutive days, have not produced a positive urinalysis over the last 90 days, and have never been charged with a new crime during their time in the program.

Additional programs under the Mental Health Court include Mental Health Diversion, Veterans Treatment Court, and Military Diversion.

Mental Health Diversion Program:
On July 1, 2018, Penal Code 1001.36, also known as Mental Health Diversion, came into effect as Governor Brown signed the budget. With the passage of this new pretrial diversion law, individuals who are accused of committing a crime may now be eligible to postpone any further action from taking place in their case(s), instead of receiving mental health treatment. During FY 23/24, the Mental Health Court received 641 referrals across all regions from the Riverside County Superior Court to assess individuals and assist the court in determining whether the person met the necessary criteria to be considered eligible for Mental Health Diversion.

As part of the assessment process, Mental Health Court staff will provide the court with a detailed treatment plan, which outlines recommended services for the individual and available housing options. Of the 641 referrals received, the court granted Mental Health Diversion in 226 cases. Because the Mental Health Diversion program may last anywhere from 12 – 24 months, the treatment plan prepared by Mental Health Court staff must also consider this

time when being developed. Should the court find the person eligible for the program and adopt the recommended treatment plan, Mental Health Court staff then work towards implementing the said treatment plan and provide follow-up case management services while the person is in the program. While in the program, participants are expected to be actively engaged in their treatment, remain abstinent from all illicit substances and alcohol, as well as report to the court at least every 30 – 90 days for a progress hearing. During this reporting period, 41 participants completed the Mental Health Diversion program, allowing them to have their charges dismissed and their arrest records sealed.

Veterans Treatment Court/Military Diversion

Veterans Treatment Court continues to positively impact the lives of the men and women who so valiantly served our country, along with those closest to them and the communities in which they live. From July 1, 2023, through June 30, 2024, the Veterans Treatment Court program received 59 new referrals. In addition, 166 referrals were received to assess Active Duty, Reserve, and Veterans interested in the Military Diversion program, which is also offered through the Veterans Treatment Court. Unlike Veterans Treatment Court, Military Diversion allows participants to enter the program without having to plead guilty, which is a unique benefit as it will enable those on Active Duty and in the Reserves to remain serving while they are also receiving treatment. During FY23/24, 82 participants graduated from Veterans Treatment Court or Military Diversion.

Incompetent to Stand Trial (IST) Diversion program

Screening and Assessment

The Incompetent to Stand Trial (IST) Diversion program provides services to justice-involved individuals who are at least eighteen (18) years of age, are being charged with felonies, and have been found incompetent to stand trial by the court. The process begins when a client's defense counsel formally declares a doubt on the record regarding the client's legal competence. The court then appoints at least one doctor (psychologist) to assess the client and determine whether the client is incompetent to stand trial. Should the appointed doctor(s) confirm that the client cannot stand trial, the court will refer the client to the Incompetent to Stand Trial (IST) program for a treatment and placement options recommendation.

Upon referral from the Presiding Judge, the IST clinician will assess the criminal justice-involved individual, either in custody or out, determine the appropriate level of mental health treatment, utilize the HC-20 risk assessment tool, and complete an initial treatment plan to be approved by the Judge. This treatment plan may include a referral to the Mental Health Rehabilitation Center (MHRC) or outpatient mental health services.

Upon the judge's approval of the initial treatment plan, the IST clinician may either refer the individual for outpatient mental health services and follow-up case management services

through the IST program's case manager or place the individual on the waiting list for a bed at the Mental Health Rehabilitation Center.

Sentencing

Because the court has found the person to be "incompetent to stand trial", all court proceedings are suspended until further notice, so the court is unable to sentence the person to participate in the recommended treatment plan; however, the court can order the person to engage in the recommended treatment plan as part of a pre-trial diversionary program, where the person has the opportunity to receive outpatient treatment instead of remaining in custody. If the treatment plan recommends placement at the MHRC, the court will order the person to be released from jail so that RUHS-BH staff may transport the person to the program.

Follow-up and Placement:

Placement for IST Participants is based on an appropriate level of mental health treatment as recommended to the court by the IST clinician. If outpatient services are recommended, the IST case manager will refer the participant to their local clinic to receive mental health/substance use treatment. The participant will also be ordered to return to court at the Judge's discretion, often every 30-60 days. At that time, the IST clinician or case manager will provide the court with a formal written update outlining the client's progress with their treatment plan.

Areas Served:

The IST Diversion program serves Riverside County and is located in the Forensics Administration offices in Downtown Riverside.

Age Range Served:

The Mental Health Court program services criminal justice-involved individuals ages 18 and beyond.

Field-based services include:

- Assessment to determine whether the client should receive services outpatient or within the state hospital.
- Linkage to outpatient mental health/substance use services and resources
- Follow-up services such as case management and advocacy in the courtroom
- Transportation services to and from various appointments, including but not limited to place of residence, clinic appointments, probation appointments, Social Security/Medi-Cal appointments, and court.
- Housing verification
- Interdisciplinary treatment team meetings

HOME Court program

Screening and Assessment

Potential clients are screened by the District Attorney, Public Defender, and a Superior Court Judge for participation in the HOME Court.

Upon referral from the Superior Court Judge, the HOME Court (HC) clinician will assess the justice-involved individual, either in custody or out, determine the appropriate level of mental health/substance use treatment, and complete an initial plan for services to be approved by the Judge.

Upon the judge's approval of the initial treatment plan, the HC treatment team will collaborate with the community-based outpatient mental health/substance use programs and formalize the recommended strategy to be included in the terms and conditions of probation.

Sentencing

After a Superior Court Judge reviews the recommended treatment plan, the client is sentenced based on a consensus between the Judge, the District Attorney, the Public Defender, and the Candidate. To participate in HOME Court, clients must agree to the terms and conditions of the sentencing.

Follow-up and Placement:

Placement for HOME Court Participants is based on an appropriate level of mental health/substance use treatment as recommended by the HOME Court treatment team (clinicians and case manager). During the assessment phase, the HOME Court clinician will collaborate with the candidate, significant other, family, and/or friends about mental health/substance use treatment and placement options.

HOME Court collaborates with the Riverside Superior Court and our Colleagues in the District Attorney's and Public Defender's office, Probation Department, and Riverside County Sheriff's to address the assessment, sentencing, and placement of criminal defendants suffering from mental health/substance use issues to decrease jail recidivism, provide linkage for mental health/substance use treatment, either in outpatient mental health services, substance abuse services, vocational rehabilitation services or dual diagnosis treatment facilities. The program also strives to increase treatment compliance through additional case management services and support from the Riverside County Probation and Sheriff's Department.

Areas Served:

HOME Court program is broken up into four smaller programs designed to cover the whole of Riverside County as follows:

- Riverside HOME Court: Covers the Western region of Riverside County.
- Temecula HOME Court: Covers the Mid-County region of Riverside County.
- Indio HOME Court and Banning HOME Court: Cover the Desert region of Riverside County.

Age Range Served:

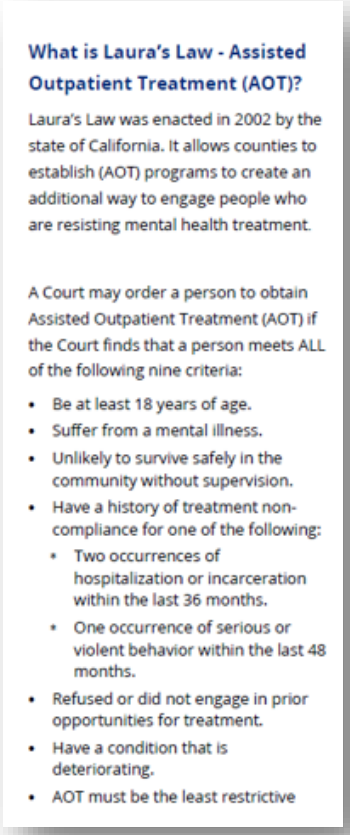
HOME Court program provides services to individuals involved in criminal justice ages 18 and beyond.

Field-based services include:

- Assessment to determine program eligibility
- Linkage to outpatient mental health/substance use services and resources
- Follow-up services such as case management and advocacy in the courtroom
- Transportation services to and from various appointments, including but not limited to place of residence, clinic appointments, probation appointments, Social Security/Medi-Cal appointments, and court.
- Housing verification
- Interdisciplinary treatment team meetings

Laura's Law The Assisted Outpatient Treatment (AOT) program

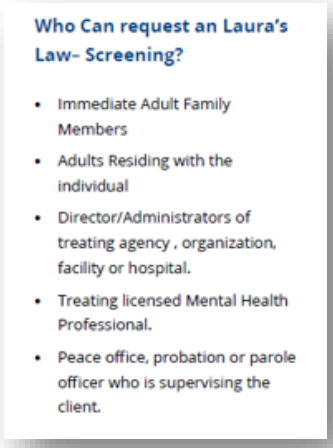
Laura's Law, also known as Assisted Outpatient Treatment (AOT), is intensive court-ordered community-based treatment for individuals struggling with voluntarily addressing behavioral health symptoms. AOT is only used when an individual has demonstrated difficulty or challenges in voluntarily engaging in behavioral health treatment. AOT serves as a bridge to recovery for those released from inpatient facilities and as an alternative to hospitalization. Assisted outpatient treatment's primary objectives are to re-engage the consumer in behavioral treatment while also helping with the reduction of re-hospitalizations, re-incarceration, and homelessness.



Riverside University Health System—Behavioral Health (RUHS-BH) staff perform assisted outpatient treatment; referral and linkage are performed to the nearby county-operated outpatient clinic or full-service partnership (FSP).

Laura's Law Program Design/Model

The Laura's Law program is comprised of the following services and curriculum:



Mental Health Services

- Behavioral health screening
- Mental health assessment
- Therapy (couple, individual, family)
- Group therapy (PTSD, Anger Management, DBT)
- Case management
- Psychiatric evaluation and medication services

Substance Use Disorder Services

- American Society of Addiction Medicine (ASAM) assessment
- Substance Abuse Intake Assessment
- Therapy (couple, individual, family)
- Psychiatric evaluation and medication services

• Linkage to residential treatment as needed

Program Curriculum	Evidence-Based Rating	Brief Program Description
Anger Management	EBP – Well Supported	Class that helps individuals identify triggers for anger and deal with emotions that may lead to reoffending or relapse. The curriculum includes coping skills to address specific behaviors.
CORE	Emerging Practice	The program combines the ideas of change and recovery to assist the client through the re-entry process. Groups focus on both mental health struggles and substance use issues.
Courage to Change (C2C)	Promising Practice	An interactive journaling system designed to address the "Big Six" criminogenic needs of individuals who are working to successfully reintegrate into their communities.
Criminal and Addictive Thinking (CAT)	Promising Practice	A cognitive-behavioral treatment that focuses on distorted core beliefs to change criminal and addictive thinking patterns which lead to re-offending. This program comes with a corresponding workbook that is completed during the course.
Dialectical Behavioral Therapy (DBT)	EBP – Well Supported	A comprehensive treatment used to address complex mental health problems and regulate emotions.
Educate, Equip, & Support (EES)	EBP – Well Supported	Program offered to parents/caregivers raising a child/youth with mental health and/or emotional challenges. Classes provide parents/caregivers with general education about children's mental health challenges, available supports, and community resources.
Facing Up	Emerging Practice	Class that provides simple suggestions for developing a healthy family environment. Allows caregivers opportunities to share challenges in a supportive environment and discusses how to develop a family wellness plan.
Nurturing Parenting	EBP – Well Supported	An interactive course that helps individuals better understand their role as a parent. Program aims to enhance self-care, empathy, and self-awareness among participants.
Seeking Safety	EBP – Well Supported	Counseling model that addresses trauma and/or post-traumatic stress disorder (PTSD) and addiction exploring the relationship between the two. The curriculum teaches safe

Anticipated changes to Laura's Law Program: RUHS-BH anticipates program growth as the community learns more about the program through our media and marketing outreach, including department social media platforms such as Facebook and Instagram. There have been (12) individuals referred to the Laura's Law program in Riverside County. Over time, we expect the number of individuals referred and treated with the assisted outpatient treatment program to be around 100. Hence, we anticipate additional staffing positions will be required

to ensure caseloads of 10:1 to meet the time and commitment demands to assist individuals in AOT.

Lessons Learned: The positive outcomes or lessons learned thus far is the importance of a strong collaboration with the courts, county counsel, and public defender's office, as well as internal and external partners. In addition, the importance of patient rights advocates in educating the consumers about the Laura's Law program and their rights and offering advocacy to navigate the AOT process. Some challenges are vetting the referrals to explore if a least restrictive approach is available to address the concerns as required by law. The challenge relating to this factor is, at times, the person making the referral (e.g., family or community member) does not understand that Laura's Law has strict guidelines on how to be referred to the court for AOT to ensure voluntary or least restrictive services are considered first.

Progress Data: Laura's Law program outcomes are focused on evaluating changes in a consumer's status relative to several quality-of-life domains. Baseline histories are obtained from consumers at enrollment into the FSP program. Follow-up data is collected continuously for key life events (e.g., hospitalizations) and is assessed periodically for other select life domains. Outcome reporting is based on baseline and post-enrollment status comparisons and measures program effectiveness.

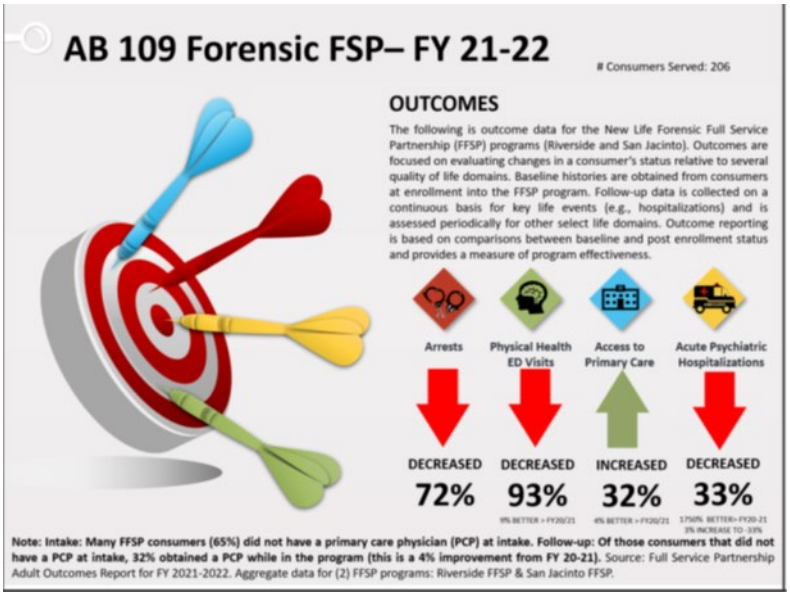
Laura's Law consumers are provided services at New Life FFSP. Below are outcome measures performance for FY 21/22:

What services are provided under Assisted Outpatient Treatment (AOT)?

Laura's Law and AOT will provide recovery-oriented, evidence-based Assertive Community Treatment to adults with serious mental illness. Members may have a secondary co-existing substance use disorder diagnosis. The court order is valid for up to 6 months unless successfully appealed.

Services include:

- Mental Health Treatment.
- Assessment and client planning.
- Educational and vocational services.
- Co-occurring disorder treatment.
- Therapeutic groups.
- Crisis intervention.
- Case management.
- Medication support.



Outcomes indicate that Laura's Law consumers had a 72% reduction in arrests, a 93% decrease in emergency department visits, a 33% decrease in acute psychiatric inpatient hospitalizations, and a 32% increase in access to primary care.

Referral Information

- To Initiate the process of Laura Law referral please call the 24 hours CARES Line number:

  1-800-499-3008
- If appropriate, the LLAOT Screening and Referral Team will conduct the outreach, screening and linkage to services.

In the 2021/2022 fiscal year, more than half of the Laura' Law consumers received 4-7 or 8 or more services a month. The highest average hours of services during the 2020/2021 fiscal year were for mental health group services (27.96 hours), individual mental health services (4.18 hours), and case management (4.26 hours).

3-Year Plans & Goals: The Laura's Law program focuses on (6) primary goals and/or outcome measures:

• Consumer adherence to behavioral treatment in AOT with eventual step-down to voluntary outpatient behavioral health services based on retention and attrition rates
• Increase the number of served to 100 individuals within the 3-year plan
• Reduce hospitalizations
• Reduce arrests
• Reduce physical health emergency admissions
• Reduce mental health emergency department visits
• Increase access to primary care physician

Annual Update: Progress Report on 3-Year Plan

3-Year Plans & Goals: The Laura's Law program focuses on (6) primary goals and/or outcome measures:

• **Goal:** Consumer adherence to behavioral treatment in AOT with eventual step-down to voluntary outpatient behavioral health services based on retention and attrition rates.
Progress Update: In progress. We are continuing to evaluate Laura's Law cases and treatment with the goal of stepdown to voluntary outpatient services. There have been numerous

instances where engagement with our Laura's Law team has led to consumers agreeing to re-engage with outpatient treatment in lieu of their case being sent to courts to mandate treatment.

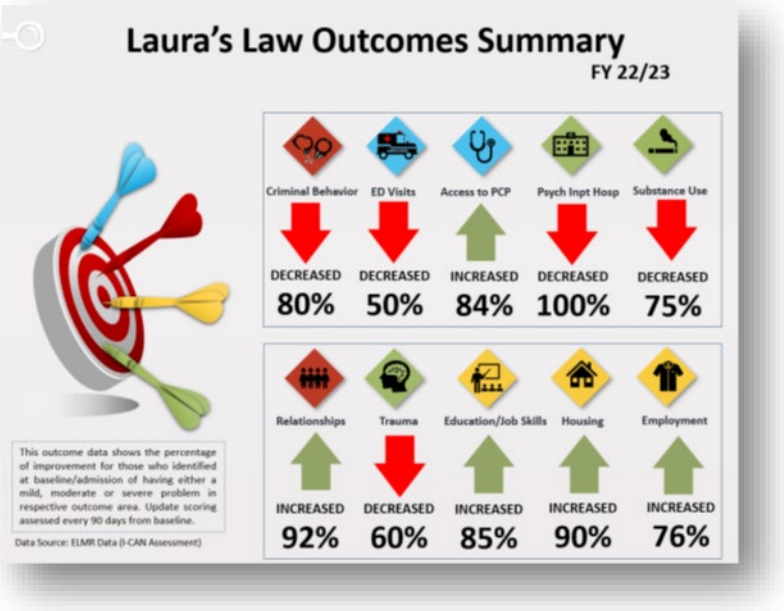
• **Goal:** Increase the number of served to 100 individuals within the 3-year plan. Progress Update: We are on target to surpass our goal of 100 individuals served in Laura's Law within the 3-year plan. We have received (24) referrals for Laura's law in the last two months.
• Goal: Reduce hospitalizations Progress Update: We have prevented psychiatric hospitalizations by 100% by connecting consumers to the least restrictive crisis options, such as linkage to Crisis Stabilization Units, Crisis Residential Treatment, Sobering Centers, and county clinics.

• **Goal:** Reduce arrests Progress Update: We have been able to reduce criminal behavior, including arrests, by 80% compared to consumers' baseline scores.

• **Goal:** Reduce physical health emergency admissions Progress Update: Consumer visits to emergency departments for non-physical health emergencies have decreased by 50%.

• **Goal**: Reduce mental health emergency department visits. Progress Update: This goal was modified and replaced with the following other outcome areas in the table below since the preceding goal above covered the emergency department outcome.
• **Goal**: Increase access to primary care physicians Progress Update: Consumer visits to emergency departments for non-physical health emergencies have improved by 84%.

Below is the Laura's Law Outcomes Summary showing consumer improvements in areas of focus:



Screening and Assessment

Potential referral sources include, but are not limited to, Riverside County Superior Court Criminal/Civil Judges, Attorneys, Law Enforcement, Acute Psychiatric Hospitals, and members of the community.

Upon receipt of a referral, the AOT clinician will attempt to meet with the referred individuals and assess them to determine the appropriate level of mental health/substance use treatment and whether other requisite criteria, such as an unwillingness to engage in outpatient services voluntarily, exist. Suppose the AOT clinician renders a clinical opinion that the client likely meets the necessary criteria for the program. In that case, the case will be forwarded for further review by the AOT Committee. Should the AOT Committee agree with the AOT clinician's findings, the case will be referred to the AOT Psychologist, who will provide a final evaluation of the client and write a formal declaration outlining their conclusions and supporting evidence. The formal declaration is then filed as a petition with the court, who will determine whether the referred individual requires the level of intervention provided by the AOT program.

Sentencing

After a Superior Court Judge reviews the petition and agrees with the findings outlined within, the client is ordered to participate in the treatment plan being recommended for them, which may include but is not limited to, outpatient mental health and/or substance use services.

Follow-up and Placement:

Placement for AOT Participants is based on an appropriate level of mental health/substance use treatment as recommended by the AOT treatment team (clinicians and case manager). During the pre-trial phase, the AOT clinician and psychologist will collaborate with the client, the client's significant other, family, and/or friends about mental health/substance use treatment and placement options.

AOT team collaborates with our outpatient partners/providers to assess those in our community who are suffering from mental health issues to decrease acute hospital utilization and jail recidivism by providing linkage for mental health treatment, either in outpatient mental health services, substance abuse services, vocational rehabilitation services or dual diagnosis treatment facilities. The program also strives to increase treatment compliance by implementing intensive case management services.

Areas Served:

The AOT program is broken up into two smaller programs designed to cover the whole of Riverside County as follows:

- Riverside AOT: Covers the Western and Mid-County region of Riverside County.
- Indio AOT: Covers the Desert region of Riverside County.

Age Range Served:

AOT program provides services to mentally ill individuals ages 18 and beyond.

Field-based services include:

- Assessment to determine program eligibility
- Linkage to outpatient mental health/substance use services and resources
- Follow-up services such as case management and advocacy in the courtroom
- Transportation services to and from various appointments, including but not limited to place of residence, clinic appointments, probation appointments, Social Security/Medi-Cal appointments, and court.
- Housing verification
- Interdisciplinary treatment team meetings

CARE Court

Screening and Assessment

Potential referral sources include, but are not limited to, Riverside County Superior Court Criminal/Civil Judges, Attorneys, Law Enforcement, Acute Psychiatric Hospitals, RUHS-BH staff, and members of the community.

Upon receipt of a referral, the CARE court clinician will reach out to the person who made the referral to gather more information and attempt to meet with the referred individuals and assess them to determine the appropriate level of mental health/substance use treatment, and whether other requisite criteria such as an unwillingness to engage in outpatient services voluntarily exist. Suppose the CARE clinician renders a clinical opinion that the client likely meets the necessary criteria for the program. In that case, the clinician will complete the CARE 100 and forward it to the Administrator, who will review it. If approved, the Deputy Director and Assistant Director will send the case for further review. Should the Deputy Director and Assistant Director agree with the findings, the case will be sent to our attorney, who will file the petition with the court.

Petitions are also filed with the court directly from petitioners without going through CARE court staff. Once filed, CARE court receives these petitions along with other documents that need to be completed by CARE court staff.

Sentencing

This is a civil court, and no sentencing is done. A Superior Court Judge oversees the petition and the care plan/agreement and holds RUHS-BH accountable for providing the treatment needed for the client.

Follow-up and Placement:

Placement for CARE Participants is based on an appropriate level of mental health/substance use treatment as recommended by the CARE treatment team and in agreement with the client and attorneys.

CARE court team collaborates with our outpatient partners/providers to assess those in our community who are suffering from mental health issues to decrease acute hospital utilization and jail recidivism by providing linkage for mental health treatment, either in outpatient mental health services, substance abuse services, vocational rehabilitation services or dual diagnosis treatment facilities. The program also strives to increase treatment compliance by implementing intensive case management services.

Areas Served:
The CARE court program is broken up into two smaller programs designed to cover the whole of Riverside County as follows:

- Riverside CARE court: Covers the Western and Mid-County region of Riverside County.
- Indio CARE court: Covers the Desert region of Riverside County.

Age Range Served:
CARE court provides services to mentally ill individuals ages 18 and beyond.

Field-based services include:

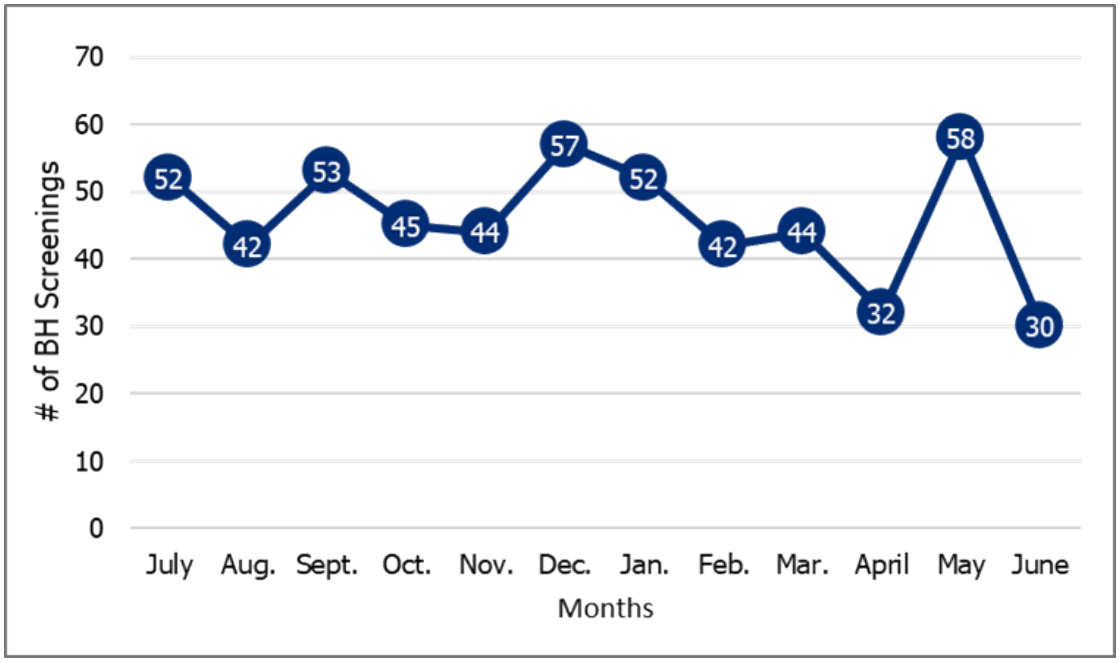
- Assessment to determine program eligibility
- Linkage to outpatient mental health/substance use services and resources
- Follow-up services such as case management and advocacy in the courtroom
- Transportation services to and from various appointments, including but not limited to place of residence, clinic appointments, probation appointments, Social Security/Medi-Cal appointments, and court.
- Housing verification
- Interdisciplinary treatment team meetings

GSD: Juvenile Justice

Behavioral Health Screening

Riverside University Health System-Behavioral Health (RUHS-BH) screens all youth for behavioral health needs at admission into Juvenile Hall. Screening data from Juvenile Justice is collected monthly from the beginning to the end of each calendar month. Between July 1, 2023, and June 30, 2024, 551 screenings were conducted. As shown in **Figure 1**, the number of screenings conducted each month ranged from a low of 30 completed in June to a high of 58 completed in May. Pre-release behavioral health evaluations were also performed for a few youths.

Figure 1: Number of Behavioral Health Screenings Conducted per Month



Behavioral health screenings identify youth with various developmental, behavioral health, and substance abuse issues. **Table 1** shows additional information on screened youth. Very few incoming youth were currently experiencing withdrawal and none were developmentally disabled.

Table 1: Additional Characteristics Screened Youth by Month

	July. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	April. 2024	May. 2024	June. 2024
Substance Abuse History	32	28	33	28	21	26	26	19	18	14	24	13
Current Withdrawal	1	1	1	3	1	1	0	1	0	1	1	0
Developmentally Disabled Youth	0	0	0	0	0	0	0	0	0	0	0	0

Behavioral Health Assessments and Referrals

After screening, some youth are provided with additional assessment services. As shown in **Table 2** below, between 1 and 14 assessments were conducted by RUHS-BH staff monthly within FY 23/24; averaging 3 monthly assessments.

Furthermore, some youth may have already received a behavioral health assessment before their admission into juvenile hall because some youth entering juvenile hall are already receiving behavioral health services when admitted; that information is available to juvenile hall staff via the County Electronic Management of Records (ELMR) system.

Table 2: Number of Assessments Conducted per Month from RUHS-BH Electronic Data System

	July. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	April. 2024	May. 2024	June. 2024
Assessments	3	0	0	1	2	0	1	4	14	6	1	4

Table 3 shows the number of behavioral health referrals, by referral type, that were received each month of FY 23/24 according to the monthly service report. Requests to serve youth come from within the Juvenile Hall itself as well as externally from the court.

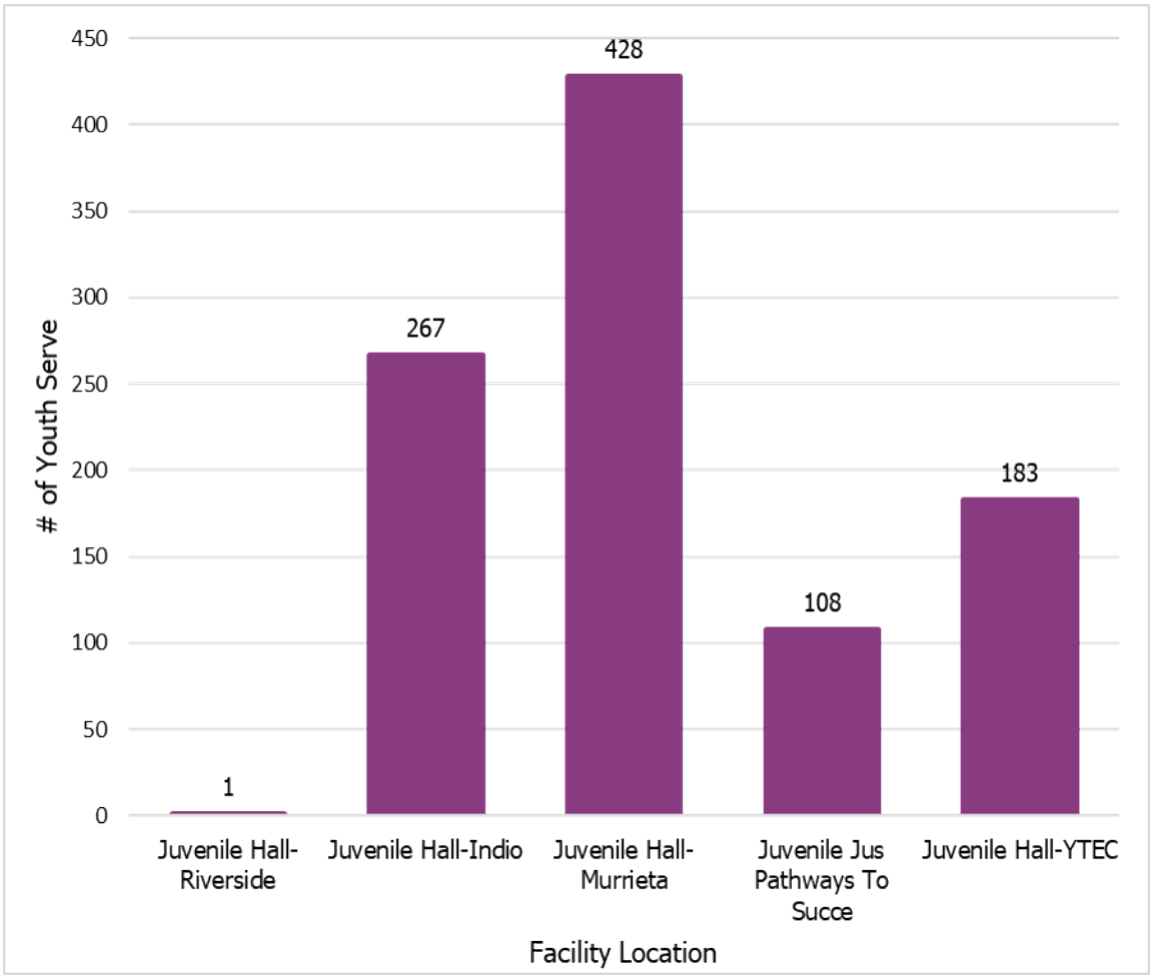
Table 3: Juvenile Hall Referrals per Month

	July. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	April. 2024	May. 2024	June. 2024
Court Referrals	1	1	1	1	0	4	1	1	5	9	17	4
Juvenile Hall Referrals	161	153	103	108	137	113	165	99	142	129	242	117

Behavioral Health Service Data

Service data for all youth served in one of the four Riverside County Juvenile Justice facilities within FY 23/24 was obtained from the RUHS-BH electronic health records (ELMR) system. During FY 23/24, RUHS-BH Juvenile Justice provided behavioral health services to 987 youth. **Figure 2** below shows the number of youth served at each facility. Since, at times, youth are transferred from one facility location to another, youth may be served by more than one facility location over the fiscal year. Also, some youth in the Youth Treatment and Education Centers (YTEC) may start in Juvenile Hall, thus having services in both types of facilities. Due to some youth being served at more than one facility, the total in **Figure 2** below reflects the unique number served at each location and does not sum to the total unduplicated youth (n=647) served within the fiscal year.

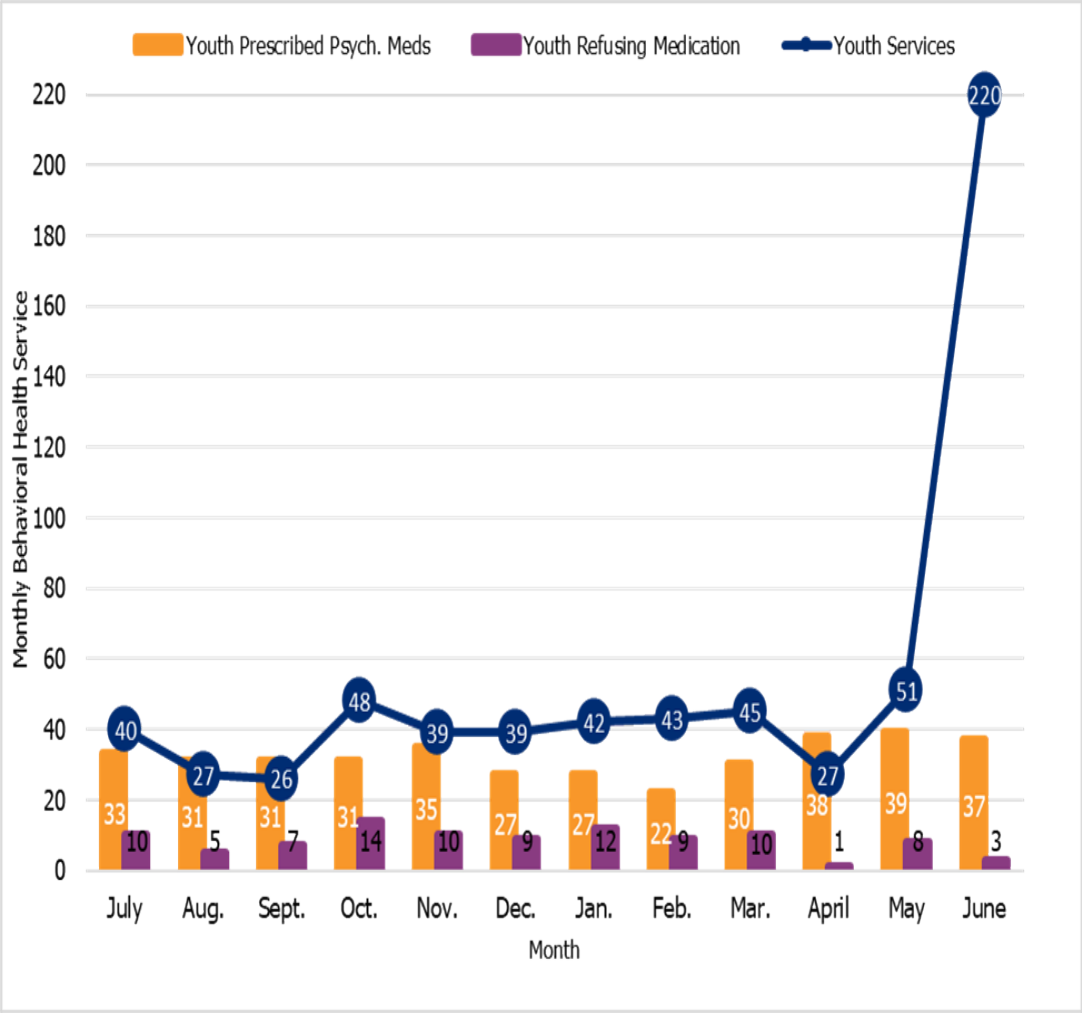
Figure 2. Number of Youth Receiving Behavioral Health Services in FY 23/24 by Facility Location



Behavioral Health Medication Data

Figure 3 illustrates the number of youth served monthly in behavioral health services during FY 23/24. The youth fluctuated between 26 and 220, with notable peaks in October and June. Monthly reports show that 22 to 39 youth were prescribed psychiatric medications, though a portion refused their medication at least once during the month; however, some of those refused their medications at least once during the month.

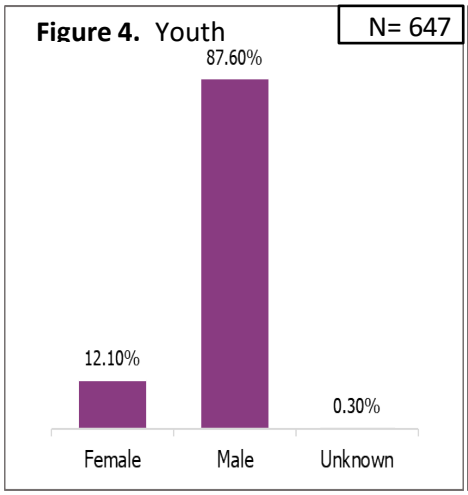
Figure 3. Number of Behavioral Health Cases, Youth Prescribed Medications, and Youth Refusing Medications, per Month

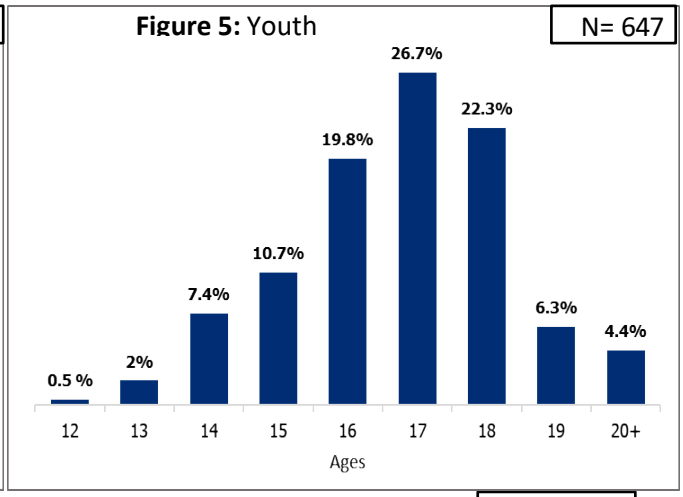


Demographics

Figure 4 shows that during FY 23/24, 87.6% of youth who received services were male, 12.1% were female, and 0.03% were unknown.

Figure 5 illustrates the age distribution of youth served. 68.8% were between the ages of 16 and 18. The largest proportion was 17 years old (26.7%), followed by 16 years old (22.3%). This highlights that there was a concentration of services among older adolescents.

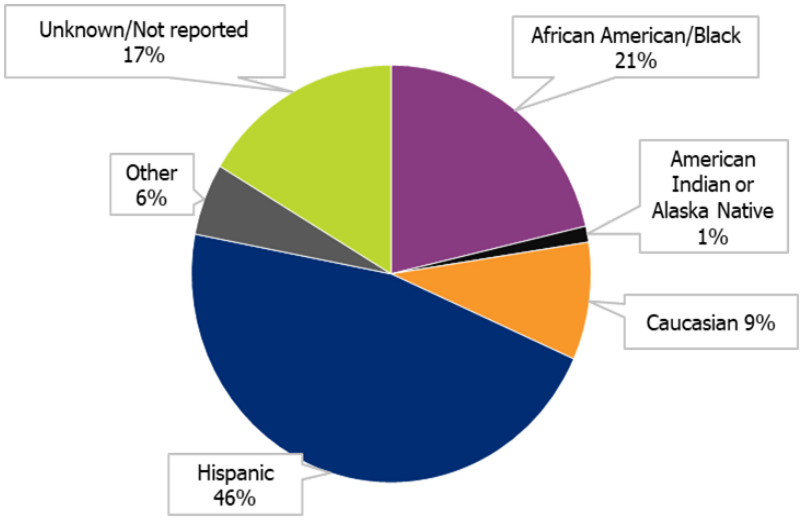




N= 647

Demographic data on the ethnicity of those served within FY 23/24 was gathered from the RUHS-BH electronic health record. As shown in **Figure 6**, the Hispanic/Latino (46%) was the larger group. The next largest reported ethnicities were African American/Black (21%) and 17% unknown/Not Reported. There is some disproportionality of those in Juvenile detention, and that is reflected in the race/ethnicity data for Black/ African American youth, which is a much larger proportion than the 6% of Black/African American youth in the overall County population.

Figure 6. Ethnicity of those Served



Diagnoses

A total of 63% of the 838 youth who accessed RUHS-BH behavioral health services in FY 23/24 had new primary diagnoses available. Since some of the

Youth who were served in juvenile justice had been given more than one primary diagnosis record, and the most recent primary diagnosis is the one that is included in the data reported below.

As shown in **Figure 7**, the most common primary diagnoses were Personality Disorders and Impulse Control, accounting for 50% of the cases. Other prevalent diagnoses include anxiety and Other, both with 13%.

Figure 7. Primary Mental Health Diagnoses of those Served

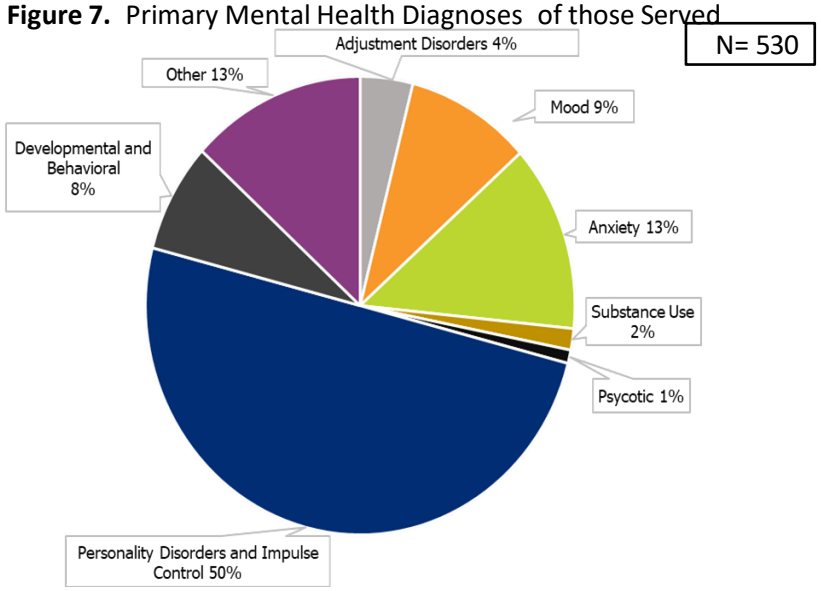
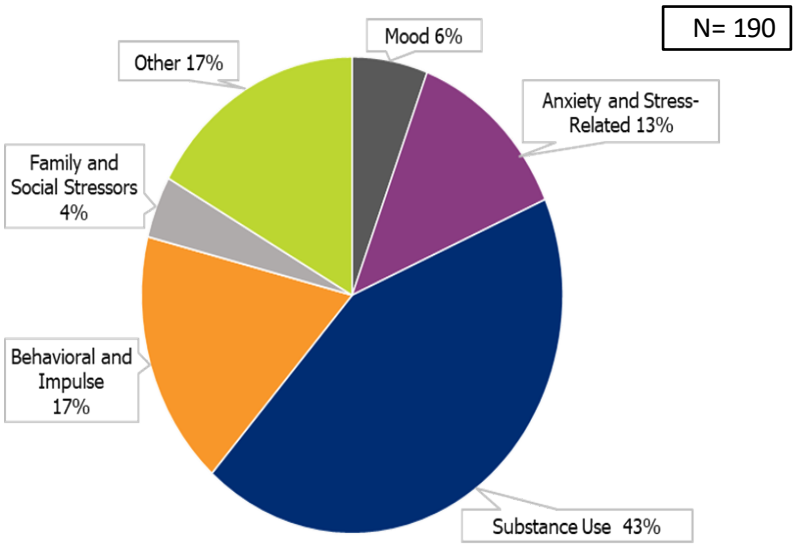


Figure 8 highlights the Primary and Secondary Diagnoses of those youth served. Substance Use constituted the majority at 43%, followed by Behavioral and impulsive (17%) and Anxiety and Stress- Related (13%).

Figure 8. Primary and Secondary SUD Diagnoses of those Served



Service Data

As shown in **Figure 9**, data from the RUHS-BH electronic health record shows that half (72%) of the behavioral health services were provided on an individual and group basis, with case management (14%) being the next most common service provided. Client support services and Psychiatrist Services represent only 0.1% since they had only 9 through 10 services in FY 23/24.

Service Categories	Description
Assessment	Clinical assessment services (non-medication-related)
Psychiatrist Services	Medication-related services, including medication evaluation
Individual Services	Individual sessions with the client and client's family/ non-family
Group Services	Group
Crisis Services	Crisis intervention (75 minutes or more)
Case Management	Case management
Client Supportive Services	Other supportive services

Figure 9. Services Provided by Category

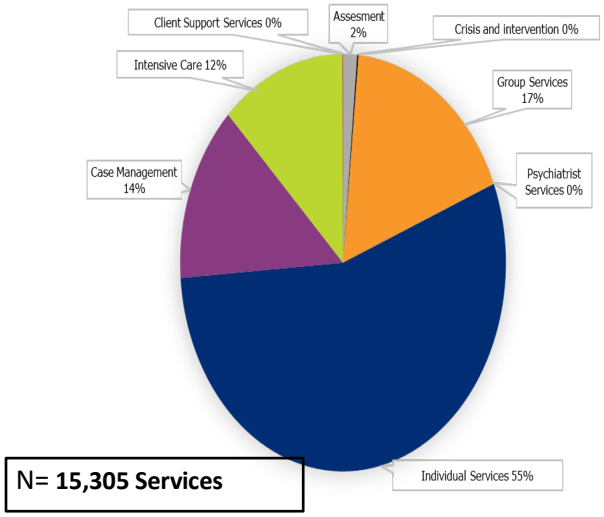
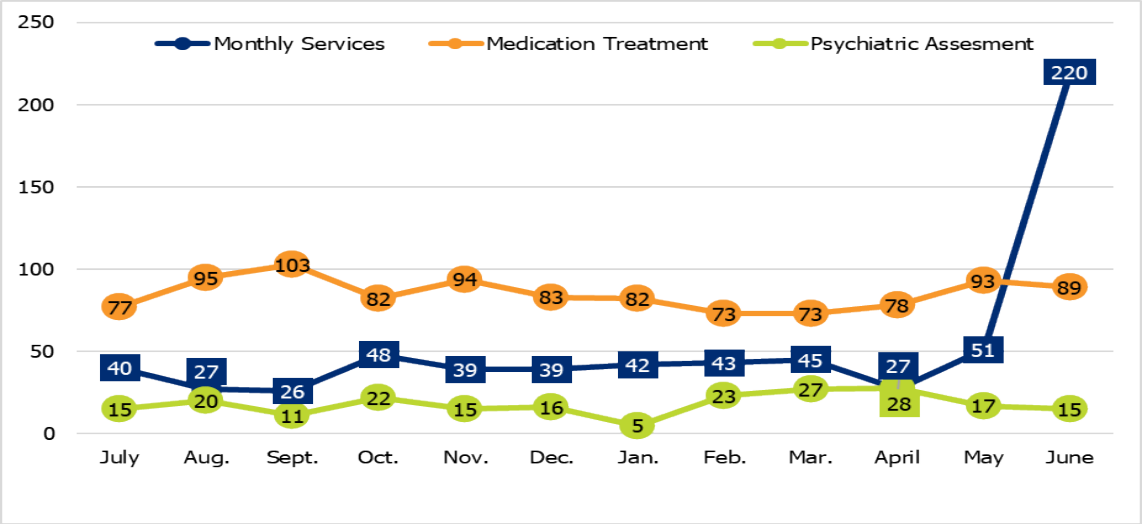


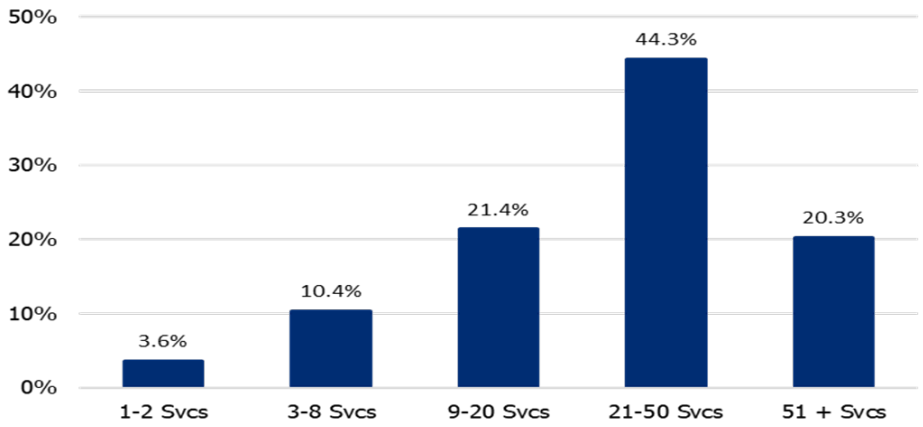
Figure 10 shows that monthly Psychiatric Assessment ranged from 5 to 17 while the medication treatment ranged from 73 to 108 treatments this according to the RUHS-BH electronic health records.

Figure 10 . Number of Psychiatric Services by Month



The number of services each youth receives is influenced by the duration of their stay at Juvenile Hall. As shown in Figure 11 below, 44.3% of youth received between 21 and 50 services, while 20.3% received more than 51 services. Additionally, according to the RUHS-BH electronic health records, 35.4% of the services were combined from 1 to 20 services.

Figure 11. Number of Services Provided to Youth at Juvenile Halls



The hours of service that each youth receives are affected by the duration of their stay at the Juvenile Hall. Figure 12 below shows that 41.5% of the youth received 31+ hours of services. This was followed by 21 to 30 hours, with 23.1%, and 11 to 20 hours, with 16.9%. A combination of 1 to 10 hours had a total of 23% of services that youth received.

Figure 12. Hours of Service Provided to Youth at Juvenile Halls

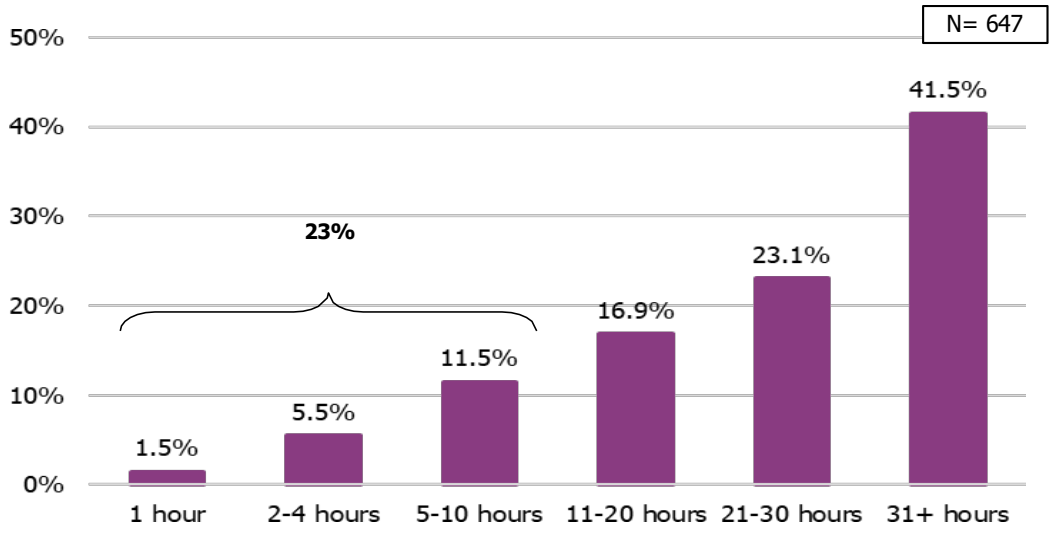


Figure 13 illustrates that 92.3% of youth receiving services at YTEC during FY 23/24 received 21 or more services, according to RUHS-BH electronic health records. Specifically, 62% of youth engaged in 51 or more services, while 29.7% received between 21 and 50 services. Overall, fewer youth accessed lower service levels through FY 23/24, with only 7.7% receiving 20 or fewer services in the year.

Figure 13. Number of Services Provided to Youth at YTECs

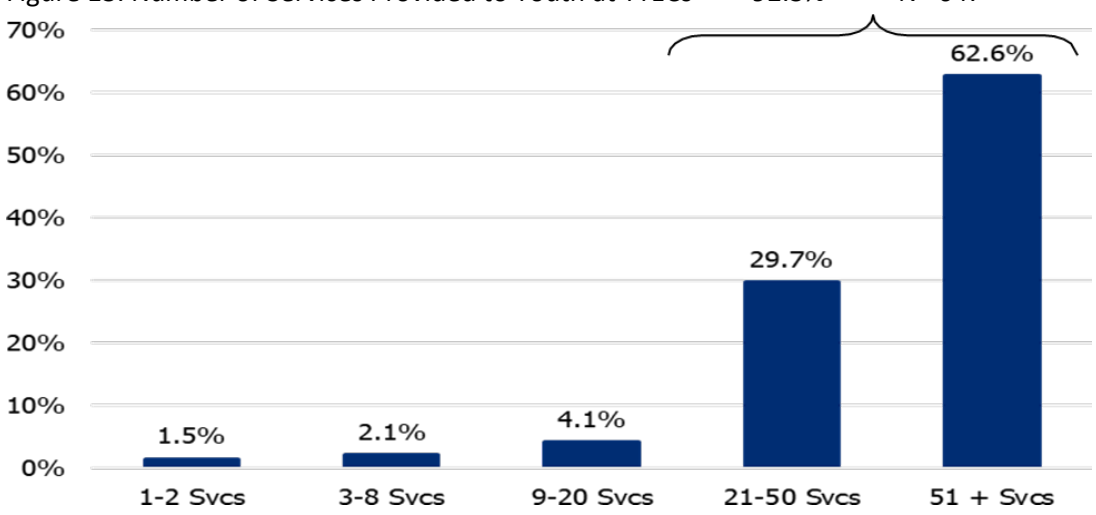
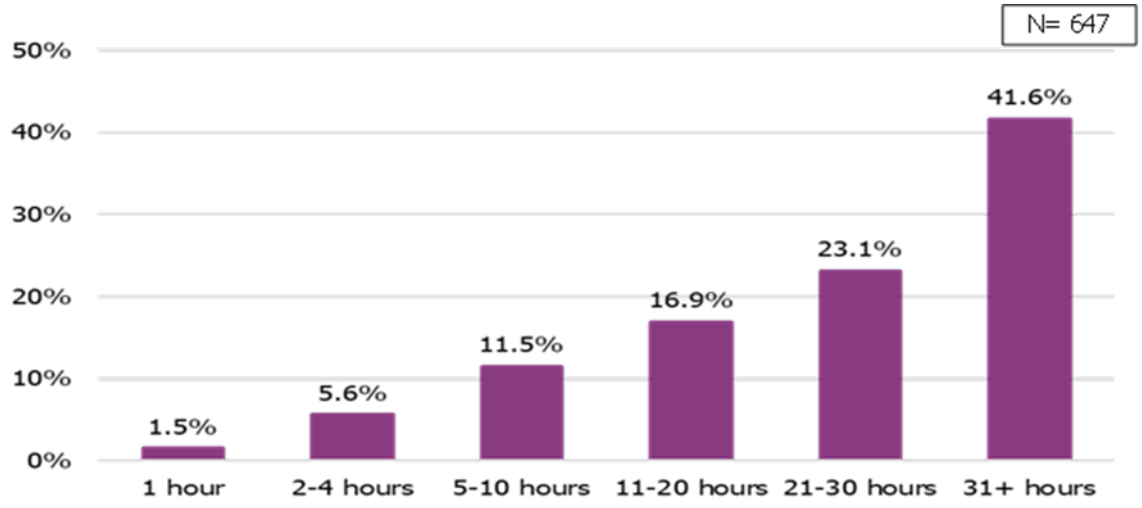


Figure 14 highlights the duration of services provided to youth. Among the participants, 41.6% received 31 or more hours of services, followed by 23.1% receiving 21 to 30 hours of services. Smaller percentages of youth received sorter services durations, with 5.6% receiving 2 to 4 hours and only 10.5% receiving just one hour of services

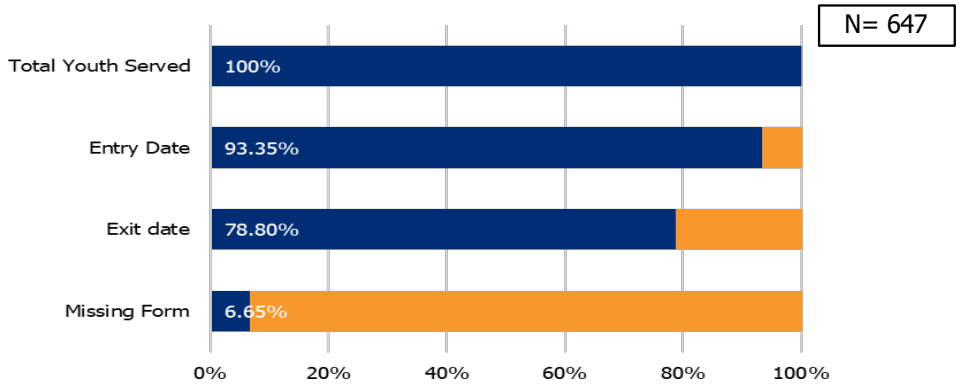
Figure 14. Duration of Services



Behavioral Health Services After JVH/YTEC

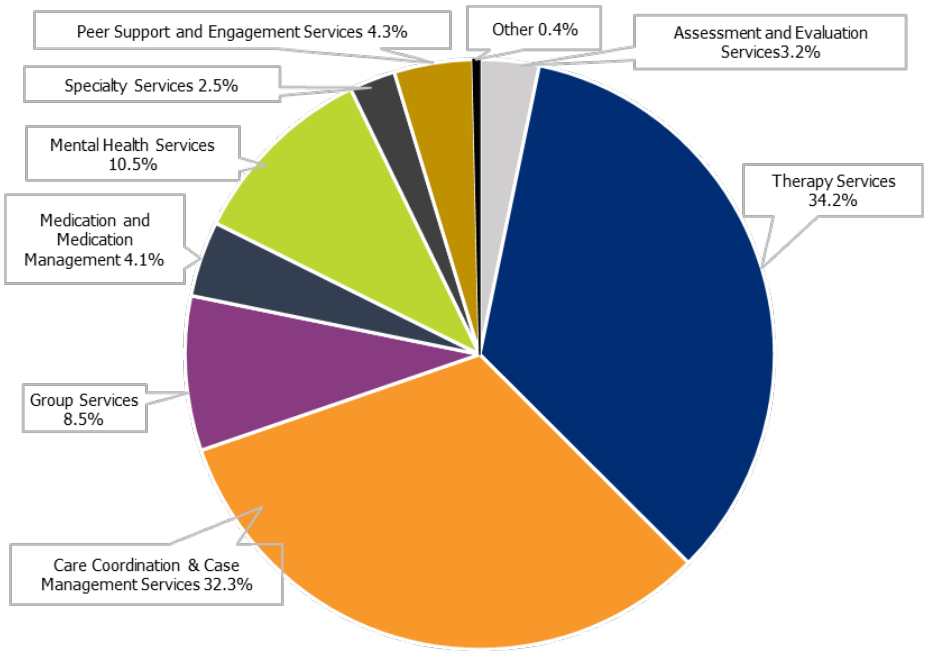
Figure 15 shows that out of the 647 youth served during FY 23/24, 604 individuals had a program entry date in a Mental Health outpatient program, representing 93.35%. Among those, 476 had a closure date, accounting for 78.80% of closures for youth with both entry and exit dates. However, 43 youths were excluded from this calculation as they were not seen in the outpatient system following their JVH/YTEC Mental Health Services discharge. The total close percentage was 73.57% complete closure.

Figure 15. Percentages of youth with Entry and Exit form



Out of the 647 youth served in Juvenile Hall and/or YTEC, 85.8% received behavioral health services at an outpatient RUHS-BH program within 120 days of their last service in custody. Only 7.5% received services during the same period but from the last service day in custody. However, 43 youths were not seen in the outpatient mental health system. According to the RUHS-BH electronic health record (Figure 14), from those who received services, most of the services provided were Therapy Services (34.2%) and Care Coordination & Case Management Services (32.3%), while Specialty Services (2.5%) and Other (0.4%) had fewer services

Figure 16: After Services by Category



Consults: Risk Behaviors / Crisis Issues

RUHS-BH provides Juvenile Justice behavioral health services related to risk behaviors. According to the monthly service report, 0 to 4 School Threat Assessment and Response (STAR) Reports were conducted each month, for 12 reports in FY 23/24, with an average of 1 report per month (See **Table 4**).

Table 4: Youth with STAR Protocol per Month

	July. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	April. 2024	May. 2024	June. 2024
Suicide Watch Consults	17	4	6	23	26	31	10	11	4	14	11	9
Safety Cell Consults	0	0	0	0	0	0	0	0	0	0	0	0
Physical Restraint Consults	0	0	0	0	1	0	0	0	0	0	0	0
4011.6 Consults	0	0	0	0	3	0	0	0	0	0	0	0

	July. 2023	Aug. 2023	Sept. 2023	Oct. 2023	Nov. 2023	Dec. 2023	Jan. 2024	Feb. 2024	Mar. 2024	April. 2024	May. 2024	June. 2024
STAR Reports	0	0	4	2	1	0	1	2	1	0	1	0

GSD: Adult Detention

Behavioral Health – Detention Services provided or offered discharge planning services to over 7,726 consumers during this reporting period. Approximately **1,440 consumers** received Behavioral Health services within **60 days post-release**, reflecting a slight increase from the previous year's total (**N=1400**). Among them, **3.04% (N=336)** were linked to **Full-Service Partnership** services.

Behavioral Health – Detention Services has also expanded its **Medication-Assisted Treatment (MAT)** program to include **Buprenorphine** alongside **Methadone**, partnering with a community **Opioid Treatment Program** to enhance medication treatment options. In collaboration with **Correctional Health Services**, individuals entering custody with an existing MAT prescription (**Buprenorphine or Methadone**) are permitted to continue their medication after being booked into custody. Additionally, those at **high risk of relapse** or experiencing **moderate withdrawal symptoms** can be **initiated on Buprenorphine** as part of their treatment.

Upon release, consumers receive **MAT referrals**, **Narcan Nasal Spray** with education on its administration, and a **five-day prescription** to support their transition to a **Narcotic Treatment Program**. In **Fiscal Year 2023–2024**, Behavioral Health provided MAT medications to **1502 consumers**. As services expand to meet the clinical needs of all eligible individuals, this number is expected to rise significantly.

Behavioral Health – Detention Services remains committed to exploring **innovative and effective strategies** to address the needs of its population. As treatment services grow, the goal remains to provide **critical resources** to those with the greatest needs, ensuring **successful reentry and continuity of care**.

A. **7,726 unique inmates with discharge services (9,612 bookings)**
   - 2,501 unique inmates with discharge planning progress note (2,911)
   - 441 unique inmates with discharge planning group note (460)
   - 7,226 unique inmates offered discharge planning services during MH screening (8,996)

B. **2,070 unique inmates received either individual or group therapy (18,916 services)**
   - 669 unique inmates received individual therapy (1,592)
   - 1,939 unique inmates received group therapy (17,324)

C. **1,502 unique inmates administered at least one dose of MAT classified medication (2,223 bookings)**
   - 1,205 unique inmates administered at least one dose of Buprenorphine HCl-Naloxone HCl Sublingual (1,845)

D. **12,101 bookings with BH service (9,856 unique inmates)**

Row Labels	Count of ID	Percentage of ID I
Mild	4653	38.45%
Moderate	2449	20.24%
Severe	1970	16.28%
None	1945	16.07%
No Rating Provided	593	4.90%
Stepdown_to_Moderate	266	2.20%
Acute	161	1.33%
Minimal	64	0.53%
Grand Total	**12101**	**100.00%**

- **11,071 releases with BH service (8,996 unique inmates)**
  - 336 (3.04%) releases linked to FSP services (based on the new episode)
  - 1,440 (13.01%) of releases linked to MH services within 30 days and 60 days (based on the new episode)
    - 1,210 (10.98%) of releases linked to MH services within 30 days

Row Labels	Count of PATID	Percentage
Severe	385	31.82%
No Rating Provided	262	21.65%
Moderate	212	17.52%
Mild	150	12.40%
Acute	112	9.26%
Stepdown_to_Moderate	51	4.21%
None	38	3.14%
Grand Total	**1210**	**100.00%**

    - 230 (2.08%) of releases linked to MH services within 60 days

Row Labels	Count of PATID	Percentage
Severe	463	32.15%
Moderate	282	19.58%
No Rating Provided	273	18.96%
Mild	201	13.96%
Acute	112	7.78%
None	55	3.82%
Stepdown_to_Moderate	54	3.75%
Grand Total	**1440**	**100.00%**

CSS-03 Outreach, Engagement

Consumer Peer Services: Consumer Peer Services – Adult Consumers, Ages 18 & Up

Consumer Peer Services Vision Statement:

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

Program Narrative

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

During this fiscal cycle, the Consumer Peer Services division continued the implementation of virtual Peer Support programming. The following are examples of how the PSS worked with the behavioral health system to meet those needs one-on-one and in group settings.

Outreach and Engagement: Consumer Peer Services

This reporting year, Consumer Peer Services has focused on the demand for increasing staff. We promoted line staff to fill vacancies in Senior positions and Consumer Peer Services, and added additional Senior Peer Support Specialists to support the entire Department with the following additions:

- SAPT - Desert Region

Peer Operated Programs

Peer-Run Centers Summary:

Peer Support & Resource Centers (PSRC)

Peer Support and Resource Centers operated by RUHS-BH. Peer Support & Resource Centers operate in all three regions of the county. The PSRC provides an open recovery environment for adults and transitional-aged youth (TAY) where they can explore a wide range of mental health and recovery-based services. The centers are consumer-operated support settings for current or past mental health consumers and their families needing support, resources,

knowledge, and experience to aid in their recovery process. Each location offers a variety of support services, including vocational, educational, housing, benefit resources, and activities to support the skill development necessary to pursue personal goals and self-sufficiency. PSRCs are a "step down" from the more intensive programs or levels of care as consumers work toward self-sufficiency and full community integration. This program engages individuals to take the following steps in their recovery process. The PSRCs assist consumers to become less reliant on the costlier Riverside County behavioral health services.

PSRCs also provide alternative levels of care to increase capacity and allow for a lower level in the continuum of care for the Integrated Service Recovery Center's Full-Service Partnership (FSP) clients. Peer-to-peer support continues to be a priority that stakeholders have identified. Peer Support and Resource Centers are a key component of the Peer Support Services Work Plan.

- Recovery-oriented classes are offered five days a week to anyone wishing to connect to natural and community supports.
- Three locations of the Peer Support & Resource Centers
- 261 unique individuals served FV 23/24

Western Region: Downtown Riverside serving 303 Unique Individuals (Staffing - 4 PSS/1 OA/1 SPSS)
2085 Rustin Avenue, Riverside

Mid-County Region: Temecula Re-opened 2/1/23 serving 58 unique individuals (Staffing 3 PSS/1 SPSS)
40925 County Center Drive, Suite 120, Temecula,

Desert Region: Indio – Serving 85 Unique Individuals (Half Staffed) (Staffing 4PSS/1 SPSS)
44199 Monroe Street, Indio, CA

Medi-Cal Peer Certification Program

Building Peer Leaders, A Medi-Cal Peer Support Certification Training (BPL) (Contracted with CalMHSA as a Medi-Cal Peer Support Certification Training Entity)

BPL was successfully re-developed to meet all learning domains as defined under DHCS guidelines for the Medi-Cal certification of PSS. Additional specializations of Family Member/Parent, Unhoused, Crisis, and Justice-Involved training are also provided under contract with CalMHSA.

RUHS-BH and CalMHSA under contract – RUHS-BH Peer Education & Training Team has provided the following training to Riverside County Peer Support Specialists during FY 23/24:

- 101 individuals for Initial Medi-Cal Peer Support Certification
- 0 individuals for Justice-Involved Specialization – 27 Pending 2/2024
- 24 individuals for Family Member/Parent Specialization
- 0 individuals for Crisis Specialization
- 174 individuals in Medi-Cal Code of Ethics

Peer Education & Training Team – 5 positions

- Peer Staff Development Officer
- One Line Staff PSS for Education Program
- Three Senior Peer Support Specialists

The Office of the Riverside Public Guardian has added Consumer Peer Services to their staffing pattern.

RUHS-Medical Center Support

Medical Center continues to call on Consumer Peer Services for individuals receiving palliative care who need extra support

- RUHS-BH Emergency Services
- Consumer Peer Services continues to support Emergency Treatment Psychiatric Hospital by supporting individuals of the Community who seek services with ETS/ITF to normalize the process with stigma reduction interactions and engagements.

MHSA Innovations Technology Suite – Help@Hand Collaborative – Sunset 2/2023

Under the MHSA Innovations Technology Suite, RUHS-BH Research & Technology and the Peer Support Services programs worked collaboratively with a cohort with 14 other counties to explore, plan, develop, and implement technology-based interventions to serve the community, focusing on several populations of focus: LatinX, Rural Communities, the Deaf & Hard of Hearing, Men over 45, LGBTQ+, TAY, and the Re-entry population. These efforts were part of a 5-year grant, where Peer Management and Research & Technology management worked together to meet the community's needs. The TakemyHand Team continues to work within the RUHS-BH system of care to provide the same services to the community.

The Peer Support Specialist Team (Senior PSS, 4 PSS and Peer Program Manager) were heavily involved in the following aspects of this peer-driven project:

- TakemyHand Live Peer Chat https://takemyhand.co – 2021 CSAC Challenge Award Winner
- TakemyHand Peer Operator Training and Marketing Development – Shared with CalMHSA and adopted by CalHOPE and San Francisco County
- A4i (App for Independence), a smartphone app that allows the person experiencing psychosis in the area of auditory hallucinations to see whether sounds are environmental or internal. The app also allows participants to participate in community social media and integrate their activities in the app with their therapy session. The Peer Support Team provided peer-to-peer onboarding of participants and training for clinical care teams in a pilot project – Goal Met
- The Peer Support Team contributed to County wide resource kiosk development, so consumer satisfaction surveys could be completed at the time of each clinic visit in real time and provided training on the use of the kiosk to clinic staff- Goal Partially met, we received some submitted surveys, staff do not seem to be driving consumers to the kiosks to complete surveys.
- The Peer Support Team was an integral part of the UCI Evaluation Team's data collection process for the project, and were the subject of several "spotlight" articles in the UCI Quarterly Evaluation Reports (e.g., LGBTQIAN2+ Spotlight and RUHS-BH TakemyHand Live Peer Chat, etc.) **Goal Met**
- The Peer Support Team began the first Digital Mental Health Literacy classes- – **Goal Met** by providing over 40 classes County wide in our SOC.

- The Peer Support Team developed the RUHS-BH Free Apps Brochure, early Marketing Materials and the Quarterly Newsletter- – Goal Met
- Help@Hand-related Outreach Events – In-person and Virtual - Goal Met

Take My Hand Live Peer Chat

In partnership with MHSA Administration and Research & Technology, the Peer Support Team assigned to the Technology Suite Project continues to work to reach all community members through the TakemyHand Peer Team with the website usable and accessible for the team to continue to develop and adjust training materials and peer support strategies within the scope of SAMHSA core competencies and sustain the integrity of the peer support practice while answering chats.

The Take My Hand Live Peer Chat launched in June 2021 as part of a Statewide technology-based intervention, part of the portfolio of applications in the Help@Hand Collaborative, to reach some of the most difficult-to-engage population groups in the State. During this evaluation period, the Peer Support Team struggled with staffing after the initial staffing structure of utilizing “borrowed” peers from clinics. During the project's rapid deployment, they returned to their assigned Peer positions within the County structure. During this fiscal year, TMH had an average of three (3) full-time Line staff PSS, one (1) Senior PSS, one (1) PSS Supervisor (Consumer Peer Services Program Manager), and one (1) Tech Team Supervisor (MH Services Program Manager) and various staff in Research & Technology assisting with the project. The project's goal is to be fully staffed with 5 full-time Peer Support Specialists and identify project funding sustainability as the funding source ended in February of 2024.

Supporting the Peer Workforce

Since 2006, the Consumer Peer Support Program has been steadfast in the pursuit of providing monthly training and support to the people whose job class is the only class in the RUHS-BH System to have self-disclosure as part of the job duties and expectations.

In this pursuit, Consumer Peer Support Leadership has successfully sustained monthly one-on-one supervision with Senior Peer Support Specialists and Monthly Group Training Supervision for all peer providers.

Peer Support Line Staff Monthly Training & Support Meetings occur at least once a month on a day preselected by the SPSS Team of the Program/Region and the line staff peers of the Program/Region. Each is a 2.5-hour meeting to train on the core competencies, values, and ethics of peer support, explore challenges, provide moral support, practice team building, and provide recovery-oriented education and staff development geared to drive full-time Peer Support Specialist staff to their core competencies of practice on treatment teams. The structured agenda has a recovery theme each month, and the training is oriented to the monthly theme. The goal of the training and education meetings is to increase the skill set and competencies of SAMHSA Core Competencies of Peer Support, National Practice Guidelines for Peer Supporters, and the Medi-Cal Code of Ethics for Peer Support Specialists in California as adopted by DHCS in July of 2021, in preparation of State Certification of Peer Support Specialists, and certificate renewal requirements.

Senior Peer Support Group Supervision Meetings occur each month in a 2-hour session, specifically for Senior Peer Leadership to share learning opportunities and resources, strategize approaches to mentoring line staff Peer Support Specialists (SPSS), and receive coaching and supervision in a group setting. Again, the meetings focus on Core Competencies and Foundational Principles of Peer Support.

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

Operation Uplift—Extended COVID-19 Response—The Medical Center continues to reach out to Consumer Peer Services to provide peer support services to patients and staff alike.

The Peer Support Services Team extended its presence at the RUHS Medical Center and ETS/ITF to provide additional support to staff and the people served at those locations to mitigate feelings related to anxiety and compassion fatigue under stressful and sometimes traumatizing working conditions.

The Peer Support Services division assembled a team to create an ongoing presence for staff but also was instrumental in supporting staff and people served alike. This service is extended to provide hospitalized community members in the Palliative Care Unit of the RUHS Medical Center, as well as supporting behavioral health consumers in Medical Center Inpatient Settings.

The Public Guardian's office requested support for conserved and 51/50-hospitalized community members with beds at the RUHS Medical Center. The Peer Support Services Team responded by creating a 51/50 Sitters Team. Working with hospital staff, Peer Support Specialists provided much-needed relief to nurses working in units with 51/50 holds.

The Emergency Psychiatric Treatment Services Center (ETS) requested support to consumers. Peer Support Specialists were deployed to provide comfort and support to these consumers for long waiting times as ETS census rose. This support is ongoing, with a partnership and exploration of permanent Peer Support Specialist roles in the units at ETS. - **GOAL MET**

RUHS-BH Peer Services continues to support Medical Center staff with peer support for staff bi-monthly and as requested by Medical Center Executive Team.

Progress has been made at the RUHS Emergency Treatment Services and Inpatient Treatment Services location to place three full-time Medi-Cal Peer Support Specialists to provide direct services in inpatient settings. Personnel Control Numbers have been approved. Meetings to promote recovery-oriented services and integration of peers on the clinical teams are slated for March and April 2024. **Goal Met.**

Senior Peer Support Expansion in WET and Cultural Competency

Statewide Collaboration Efforts

• Peer Support Services leadership and line staff continued participation in the CalMHSA Innovations Technology Suite Help@Hand Project Cohort, in partnership with RUHS-BH MHSA Administration and Research & Technology to bring experienced Peer Support leadership to the collaborative process at the State level. **Goal met**- MHSA Innovation project completed February 2024

- Provided mentorship and training to the leadership of Santa Barbara, Los Angeles, and Merced Counties as they grow their peer support programs locally
- Peer Support Service Deputy Director continues as a permanent member of the RUHS-BH Executive Team to bring the peer voice to the highest level of leadership in Riverside County
- Provided Emergency Operation Committee personnel training and support regarding mental health and substance use self-care for the Emergency Operations Committee or EOC members.
- Provided feedback and training materials to DHCS (Department of Health Care Services) for planning and technical support for Peer Support Certification.
- Provided subject matter expertise as a listening session facilitator for the DHCS Medi-Cal Peer Support Specialist Certification Program.
- Provided feedback and training to Riverside County contract providers wishing to increase or incorporate peer providers in their workforce.
- Provided feedback and training to Inyo, Santa Barbara, and Orange County on how to incorporate peer providers into their workforce.
- Participated in State Conferences to further widespread knowledge of the Peer Support evidence-based practices.
- Provided subject matter experts on Peer Support State Certification at the SCRP Conference
- Provided subject matter expertise for CIBHS exploring behavioral health equity

Peer Opportunities

Lived experience as a behavioral health consumer is a gift to be given back to the communities in which we live. People with lived experience can, and do, get better. With coordinated support and training, a person who struggles with behavioral health challenges can learn to be with people one-on-one or in a group setting, providing Peer Support. Any person with lived experience in treatment and recovery for a mental health and/or substance use challenge can take a pre-employment training course, provided free of charge to residents of Riverside County, RUHS-BH. These services were brought in-house with RUHS-BH, and this fiscal cycle included building peer leaders - A Medi-Cal peer certification training in preparation for the Peer Certification Program implementation with CalMHSA.

GOALS - Consumer Peer Services

To create an Anger Management Group Curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments – GOAL MET - Taking Action to Manage Anger was launched during the last fiscal cycle. FY 21/22 Many clinics/programs utilized this group curriculum. -**GOAL MET**

To create an Eating Disorders Group Curriculum that adheres to the Peer Support Recovery Model to be delivered to consumers in all clinic and detention environments – Pending

To build upon Peer Support workforce numbers to increase peer provider presence in TAY, specifically in Children's Services System and Detention Environments – still pending- In the recruitment process of 10 additional TAY Peers now. **TAY Peers goal met**- Detention environments still pending

To create a new Peer Support Specialist category for individuals from the Deaf and hard-of-hearing community. To meet the needs of DHH individuals, RUHS-BH Consumer Peer Services is striving to penetrate this hard-to-engage community through peer support. Adding specific Peer Employment Training for DHH consumers to bolster the representation of this community in the peer workforce is still pending. Groundwork with the community liaison is ongoing.

To sustain a "Real Peer Chat" technology instead of leaning on existing Artificial Intelligence programming in smartphone applications and websites. In that creation, the bigger goal is to influence statewide peer support program growth, influencing other Counties to grow peer support programs that assist peer providers to adhere to SAMHSA Core Competencies for Peer Supporters – GOAL MET - with the deployment of the Take My Hand Live Peer Chat under the Innovations Tech Suite Help@Hand Program. A Take My Hand Live Peer Chat smartphone application is currently in production and will be released to the community in the next fiscal cycle. As the Help@Hand statewide collaborative sunsets, Consumer Peer Services and the Research & Technology division are looking to sustain the project after MHSA Innovations funding is concluded. - **GOAL MET**

As a carry-over from FY20/21 Bilingual Spanish PSS Services. With the addition of our new Spanish Language Senior Peers, we will be moving forward to focus energies to the Spanish-speaking community to support and provide more recovery-oriented services in Spanish – This goal was partially met with the hiring of 2 new Senior Peer Support Specialists who are Spanish speaking and will be working to convert all group curricula county vast to Spanish.- In process

Add a new level of Executive Leadership to the Consumer Peer Services Program by creating a Deputy Director position that oversees all Peer Support Services county-wide, to create a structure of training and support for all areas of peer work. This role would provide full oversight of training and compliance of peer support practice for all Adult Consumer Peer Support Specialist and Family Advocates, TAY Peer Specialists and Parent Partners in Children's Services. – **GOAL MET** - with the hiring of the first Deputy Director of Peer Support Services

To increase the Peer workforce by having a minimum of 2 Peers in each of our Behavioral Health and SAPT clinics to serve the community better. Progress made.

Due to capacity restraints of an ever-increasing workforce of peers County Wide positions of SPSS to program-specific and regional vs. simply regional, as we have found the area of Riverside County is too vast to serve efficiently and effectively under the previous model. We have partially met this goal FY21/22 by hiring an additional Senior Peer for SAPT programs. The Consumer Peer Services Program Manager aims to hire additional Senior Peer Support Specialists for Crisis HHOPE and Children's (TAY) ensuring RUHS-BH has region-specific Senior Peers to meet the needs of specific programs. - **GOAL MET**

To retire the “Consumer Affairs” name and unit umbrella from RUHS-BH, and to create one system that supports all disciplines of peer support within the RUHS-BH system of care, the Peer Support Services division. – This goal is partially met by starting the groundwork to rebrand the division and its collaborative efforts. – Progress made.

To minimize and eventually alleviate peer discipline silos. RUHS-BH has a history of sustaining separate programs within the peer support workforce. Peer Support Services is an integrated system that needs to be created as one system instead of completely, separately operated disciplines of peer support. The isolation of each discipline (Consumer Peer, Family Advocate & Parent Partner) has created a lack of inter-disciplinary collaboration and threatens the success of all lived experience peer workers to pass the California State Certification exam. RUHS-BH Peer Support Services understands that all peers practicing peer support under the State Plan will be held to a set of core competencies and a code of ethics required by the State. Efforts have begun to create an integrated team in the Program Management Leadership Team, communicate to the system of this intent, and move forward on training to staff to accomplish this goal. **GOAL MET**

To create a specific interactive Peer Support Services webpage within the new www.ruhealth.org website that provides peer support resources and access to all disciplines of peer support, integrated with all service system programs. **GOAL MET**

To advocate for salary rate increases for line staff PSS, SPSS, and Peer Program Managers, now that State Certification is required, Riverside County has opted in to the State Plan. **GOAL MET**

To incorporate a Staff Development Officer into the Peer Workforce to oversee the Education and Training Program and be the Peer Support and Resource Center staff's onsite supervisor. **GOAL MET**

To expand the leadership team to include a separate Peer Supervisor for the Peer Support & Resource Centers to transition the Staff Development Officer into the sole role of SDO by the end of the three-year plan. **GOAL MET**

To launch the Medi-Cal Peer Support Certification Program by grandparenting all qualified PSS and SPSS current staff and starting the initial certification process for those who do not qualify. **GOAL MET**

To become a CalMHSA Training Entity to provide Medi-Cal Peer Support Certification Training, not only for State certification purposes but also to provide CalMHSA-approved supplemental training in the areas of specialization (Family/Parent/Caregiver, Justice-Involved, Unhoused, and Crisis). GOAL MET

To build capacity for peer support services, recruit staff, and re-open the Temecula Peer Support & Resource Center (**GOAL MET**), and to open three additional Peer Support & Resource Centers regionally placed to increase access to peer support recovery services for individuals not yet engaged in traditional services, or were former behavioral health consumers seeking additional support, education and resources to build upon their recovery. Expansion goal In progress

To update BH Policy 164 – Recruitment, Training & Promotion of Peer Support Specialists to include new language that would change job classification, address the Medi-Cal Peer Support Specialist Certification process, and give new guidance to staff around training and promotion processes**. GOAL MET** – BH Policy 164 has been updated in December 2024.

To establish new job classes more aligned with Medi-Cal Peer Support Certification, seeking automatic promotion for Peer Support Trainees who pass the Medi-Cal Peer Support Certification exam and to change the current job class of Peer Policy & Planning Specialist to Peer Program Manager, as their role in the Department represents. **GOAL MET** - The job class of Peer Policy & Specialist has been upgraded to Peer Program Manager.

To plan develop and launch a peer support workshop for RUHS-BH Medical Center Staff, Supporting Each Other – Peer Support Skills for Healthcare Workers. **Goal in progress**. Training curricula developed and approved.

Contracted Programs

In downtown Riverside, RUHS-BH contracts with RI International to provide peer support and art education in a studio environment. The program "Artworks" Peer Support Specialists provide ongoing support and hands-on assistance to people working toward recovery and resiliency goals with the use of painting, creative writing, multi-media art, crochet and quilling. These services are also offered to area clinics and programs to include art-focused recovery groups, facilitated by Peer Support Specialists.

Parent Support and Training Program: Clinic/Program Parent

The Riverside University Health System – Behavioral Health, Parent Support and Training (PS&T) program was established in 1994 with the aim of developing and promoting client and family-directed nontraditional supportive mental health services for children and their families. The program was created in response to the many obstacles confronting families seeking mental health care for their children and aims to ensure that treatment and support are comprehensive, coordinated, strength-based, culturally appropriate, and individualized.

PS&T programs have been developed across the country to ensure that mental health services for children are family-centered and parent-directed. The program recognizes the importance of engaging and respecting parents and caregivers from the first point of contact. Parents want to be recognized as part of the solution rather than the problem, and PS&T aims to empower them in the care of their children.

The PS&T program emphasizes the importance of meaningful partnership and shared decision-making between parents and staff at all levels. By integrating the parent perspective into the system, services can be improved to better meet the needs of families. The program's strength-based approach recognizes the unique strengths of each family and works to build upon them, rather than focusing solely on deficits or weaknesses PS&T programs provide a range of services, including education, advocacy, and support to parents and caregivers, as well as mental health services to children. These services are culturally appropriate and individualized to meet the specific needs of each family. PS&T programs aim to ensure that families have access to the resources they need to help their children achieve their full potential.

The program emphasizes the importance of family-centered and parent-directed care and works to empower parents and caregivers in the care of their children. By integrating the parent perspective into the system, services can be improved to better meet the needs of families, and children can receive the support they need to achieve their full potential.

Leadership/Coaching - Newly hired Parent Partners are provided training and orientation that includes: How to Facilitate a Support Group; Orienting Parents to the Behavioral Health System; Educate, Equip and Support Facilitator Training; and Nurturing Parenting Facilitator Training. The training is also made available to Parent Partners employed by partner agencies, such as the Department of Social Services, contract service providers, and other community-based agency partners. All trainings/meetings are open to all Parent Partners working within a multitude of systems. Training topics include: Recovery Skills; Telling the Family Story; and Working within the County System as an Employee/Volunteer. A newly implemented training is our Parent Partner supplemental training. The specific content of this supplemental training focuses on more advanced topics, specialized skills, or additional tools and resources to enhance the Parent Partners' ability to support and engage with their peers. It's a positive step to invest in the ongoing professional development of Parent Partners, as it can lead to a more skilled and knowledgeable support network for the community.

There is a monthly county-wide meeting for all Parent Partners (Peer Support Specialists, with Parental/Caregiving of a Minor or TAY aged youth lived experience). There is also a weekly regional Parent Partner meeting to discuss region-specific concerns and to offer additional support. The meeting generally includes a roundtable discussion and updates from each clinic

as well as training and presentations on specific topics. Presentations are provided by both County and contracted providers with topics such as: Community Care Reform (CCR) Implementation, mobile crisis services, Operation SafeHouse, HHOPE (housing), Confidentiality, Mandated Reporting, Team Building, Boundaries, Strengthening Families, CANS and Documentation for Parent Partners. Parent Partners countywide participated in the UACF and UC Davis Parent Partner trainings. Countywide Parent Partner meetings now have an official training component providing opportunities for Parent Partners to earn continuing education credits for their State Peer Certification and are now offered in person or online (hybrid).

Clinic/Program Parent Partners - Parent Partners are hired as County employees for their unique expertise in raising their own child with special needs. At clinic/program sites, in coordination with clinicians, the Parent Partner will work directly with assigned parents, families, and child caregivers whose children receive behavioral health services through the Riverside University Health System – Behavioral Health system of care. Activities include parent-to-parent support, education, training, information and advocacy. This enhances parents' knowledge and builds confidence to actively participate in the process of treatment planning at all levels. Evidence-based programs/classes (listed above) are also provided by Parent Partners at clinic sites. The current number of Parent Partners countywide is approximately 126 including our contracted providers. We have Parent Partner who speak Spanish and one who speaks Punjabi.

Partnerships/Collaboration

PS&T program has continued to partner with the Department of Public Social Services (DPSS) and Probation regarding Pathways trainings for new staff. PS&T along with DPSS have incorporated the changes in both systems to ensure that all children entering the child welfare system are receiving mental health services as needed. This is the avenue, though which, parent and family voices continue to be heard in both systems. PS&T continues to attend Team Decision Making (TDM) and Child Family Team (CFTM) meetings to be a part of the process and a support to the families. PS&T attended 124 CFTM meetings for families. In 23/24, PS&T also was the Provider for DPSS Parent Referrals of approximately 2,500 parents that were referred through DPSS/ACT.

In FY 23/24, PS&T collaborated with Substance Use, Probation and Juvenile Detention programs to provide Triple P parenting classes. 215 parents participated in Triple P through our continued partnership with the Family Preservation Program. 50 parents at the Day Reporting Center (Probation) participated in parenting classes.

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

Parent Support is now partnering with the Youth Training Education Center (YTEC) program through probation in order to provide Parenting classes to youth who are parents and in placement through the Youth Training Education Center. Additionally, we are collaborating

with Probation on a Parenting Support and Resource team for families preparing for their youth to return home from placement through SB 823.

Parent Support and Training Administration

The Parent Support & Training Program is an essential component of Children's Services, designed to provide families with the necessary support and resources to navigate the challenges of raising a child with special needs. One of the most unique aspects of this program is the employment of Parent Partners - individuals who have personal experience raising a child with special needs.

Parent Partners are hired as County employees for their unique expertise and firsthand knowledge of families' challenges and obstacles when raising a child with special needs. These individuals bring a wealth of knowledge and insight into the program, which allows them to connect with families on a deeper level and provide invaluable support and guidance.

The Parent Support & Training Program Manager for Children's Services is responsible for overseeing the Program and ensuring that the parent/family perspective is incorporated into all policy and administrative decisions. The Program Manager works in close partnership with Children's Services Administrators to ensure that the program meets families' needs and provides the highest quality of care.

In addition to the PS&T Program Manager, the program is also staffed by Senior Parent Partners, Parent Partners, a Volunteer Services Coordinator, a secretary, and an Office Assistant. Each Senior/Lead Parent Partner is assigned to a different region of the County to collaborate with the regional Children's Administrator, Children's Supervisors, and regional Parent Partners. They provide coaching and guidance to the regional Parent Partners to ensure best practices while working with families.

The Parent Support & Training Program is an essential resource for families raising children with special needs. By employing Parent Partners and ensuring that the parent/family perspective is incorporated into all policy and administrative decisions, the program can provide families with the support and resources they need to navigate the challenges of raising a child with special needs. Parent Partners are individuals who have firsthand experience with navigating county systems as a parent or caregiver. They play a vital role in supporting other parents going through similar experiences by providing them with information, resources, and emotional support.

One of the agencies that Parent Partners work with is the Department of Public Social Services (DPSS). DPSS provides various services to families, including financial assistance, food assistance, and employment services. Parent Partners can help families navigate these services, provide information on eligibility requirements, and offer support as they go through the application process.

Parent Partners also work with the Probation department to support families involved in the justice system. They can provide parents with information on their legal rights, help them navigate the court system, and connect them with resources that can support their child's rehabilitation or their own.

Parent Partners also collaborate with community centers to offer parenting classes and other educational programs. These classes can cover a range of topics, from child development and behavior management to self-care for parents.

Parent Partners can facilitate these classes, drawing on their own experiences as parents to provide practical advice and support.

Parent Partners work with Children and Youth Mental Health Clinics to provide families with mental health education and 1:1 support. They can help families understand their child's diagnosis, navigate the behavioral health system, and access appropriate services and supports. Additionally, Parent Partners can offer emotional support to parents who may be struggling to cope with their child's behavioral health needs.

Parent Partners play a critical role in supporting families across multiple agencies and programs. By offering a range of services, including parenting classes, mental health education, and 1:1 support, they can help families navigate the child welfare system and access the resources they need to thrive.

The Parent Support & Training Program also employs Senior/Lead Parent Partners who are designated to work with specific populations. These Senior/Lead Parent Partners have specialized expertise in working with families who have unique needs and challenges.

One example is the Senior/Lead Parent Partner who is assigned to “Pathways to Wellness” and works closely with Child Welfare Partners to identify the needs of families. This individual plays a critical role in advocating for the needs of families and ensuring that their voices are heard in the decision-making process.

Another Senior/Lead Parent Partner is housed at one of the Transitional Aged Youth (TAY) Drop-in Centers, (Stepping Stones) working collaboratively with both parents of TAY and TAY who are parents themselves. This Senior/Lead Parent Partner provides support and guidance to these individuals, helping them navigate the challenges of parenting while also dealing with their own unique needs as young adults.

The Parent Support & Training Program also employs a Senior/Lead Parent Partner who is assigned to the Housing Program and works with homeless families. This individual provides critical support and resources to families who are facing the challenge of homelessness, helping them secure safe and stable housing and providing support throughout the process.

In addition, a Senior/Lead Parent Partner is assigned to the Cultural Competency Program, working to engage parents and families of different backgrounds and cultures. This individual plays a vital role in ensuring that services are accessible and inclusive for all families.

Senior/Lead Parent Partner is assigned to several schools in the Hemet Unified School District, assisting students and their families in connecting to necessary resources. This individual plays a critical role in helping families navigate the educational system and ensuring that students receive the support they need to succeed.

Senior Parent Partner has been assigned to SAPT and DRC programs countywide. Facilitating Parenting Classes, providing support to parents in the MOM’s program and Plan of Safe Care and Family Preservation Court.

This fiscal year 23/24, Parent Partners worked to link over 250 families and TAY with our housing partners. Parent Partners within the Administration unit provide support to the

broader community as well. In FY23/24 PS&T reached out to over 3,000 clients including Parents, TAY Youth, community members, and staff with needed information and resources to better advocate for their children, family members, and people they serve.

Services provided include:

Parent-to-Parent Telephone Support Line

The Parent Support & Training Program offers a countywide parent-to-parent support line to provide non-crisis support and education to parents and caregivers who live in Riverside County. This support line is a toll-free 800 number that parents can access for free. It provides an accessible and convenient way for parents to seek support and information without having to attend a support group.

The parent-to-parent support line is staffed by trained Parent Partners who are parents of children with special needs themselves. These Parent Partners are uniquely qualified to provide support, empathy, and guidance to other parents who are experiencing similar challenges.

The support line is available in both English and Spanish, ensuring that all parents can access the support they need regardless of their language preference. Parents can call the support line to ask questions, seek advice, or simply connect with someone who understands what they are going through.

The parent-to-parent support line is a valuable resource for parents who may feel isolated or overwhelmed by their parenting responsibilities. It provides a safe and supportive space for parents to discuss their concerns and receive guidance from experienced Parent Partners. The support line is open during regular business hours, Monday through Friday.

Open Doors Support Group in English and Spanish

The Parent Support & Training Program provides a countywide support group for parents and caregivers who are raising children or young people with mental health, emotional, or behavioral challenges. This support group is open to the community and provides a safe place for parents to share their experiences, receive support, and connect with other parents who are going through similar challenges.

The support group is available in both English and Spanish, making it accessible to all parents and caregivers in Riverside County. The group is facilitated by trained Parent Partners who have firsthand experience raising children with special needs. These Parent Partners provide guidance, empathy, and support to group members as they discuss their concerns and seek solutions to the challenges they face.

The support group provides a space for parents to share resources and information, brainstorm solutions, and support one another in their parenting journey. Group members can ask questions, seek advice, and receive validation and support from their peers. The group also provides an opportunity for parents to develop friendships and social connections with others who understand their experiences.

Due to pandemic era restrictions, classes were provided in a virtual environment.

UPDATE: Open Doors Support group is now in person in both English and Spanish. We have added an Open Doors Support group for TAY aged parents as well. Our newest support group is our Autism Support group which is designed to support parents who have children with Autism Spectrum Disorder.

FY 2023/2024

Current Group locations:

• Open Doors Riverside (Community Parent Support)

- Open Doors Riverside – Spanish (Community Parent Support)
- Open Doors Riverside, TAY parent Support (community parent support)
- Autism Support Group (Community Parent Support)

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

Outreach and Community Engagement –

The Parent Support & Training Program is committed to reducing stigma and building relationships through community networking and outreach. This effort involves providing educational materials, presentations, and other resources to community members, with a focus on access for culturally diverse populations. By engaging, educating, and reducing disparities in access, the program aims to create a more inclusive and supportive community for families raising children with special needs.

In the fiscal year 23/24, the program participated in 80 outreach events countywide. Where we reached out to 3,701 parents, youth, staff and community partners. We provided behavioral Health workshops about parents and children, presentations to staff and community partners.

Community networking and outreach are essential for reducing stigma and building relationships within the community. By providing educational materials, presentations, and other resources, the Parent Support & Training Program helps to educate the public about mental health and behavioral challenges. The program also works to reduce disparities in access to services for culturally diverse populations, creating a more inclusive and supportive community for families.

Outreach Events:

- Back to School Backpack Project 1,500
- Thanksgiving Basket Food Drive 250 baskets delivered
- Snowman Banner Holiday Drive 2,200 gifts delivered countywide
- May is Mental Health Month Events Countywide
- Fall Festival (Children's Celebration) 250 participants
- Holiday Celebration for Families 75 participants

Recovery Happens

Evidence-Based Programs/Classes - The Parent Support & Training program is a vital resource for parents in the community, providing a variety of classes and trainings to support parents in their roles. The program has continued to offer these services at various locations in both English and Spanish, ensuring that all parents in the community have access to the support they need.

During the fiscal year 23/24 the Parent Support & Training program served a total of 4,000 parents in the community through its parenting classes. These classes covered a range of topics, including child development, effective communication, positive discipline, and stress management. The program recognizes that parenting is a difficult job, and it aims to provide parents with the skills and knowledge they need to navigate the challenges that come with it.

In addition to parenting classes, the program also offered parent workshops, which were attended by 300 parents in the community during the fiscal year 23/24. These workshops covered specific topics in more depth, such as building resilience in children, managing challenging behaviors, and supporting children with special needs.

The program also provided educational presentations to the community, with a total of 1000 community members attending these presentations during the fiscal year 23/24 These presentations covered a range of topics, including mental health, substance abuse prevention, and community resources for families.

• Educate, Equip, and Support (EES): Building Hope - The EES education program consists of 13 sessions; each session is two hours and offered only to parents/caregivers raising a child/young person with mental health and/or emotional challenges. Classes are designed to provide parents/caregivers with general education about childhood mental health conditions, advocacy, and parent-to-parent support, and community resources.

• Triple P (Positive Parenting Program) - Triple P is an evidence-based parenting program for parents raising children 0-12 years-old who are starting to exhibit challenging behaviors.

• Triple P Teen – Triple P Teen is an evidence-based parenting program for parents raising young people that are 12 years and older.

• SafeTALK - Most people with thoughts of suicide invite help. Often these opportunities are missed, dismissed or avoided, leaving people feeling more alone and at greater risk. SafeTALK training prepares participants to help by using TALK (Tell, Ask, Listen, and Keep safe) to identify and engage people with thoughts of suicide and to connect them with further help and care.

• Nurturing Parenting - An interactive 10-week course that helps parents better understand their role. It helps to strengthen relationship and bonding with their child, learn new strategies and skills to improve the child's concerning behavior, as well as develop self-care, empathy and self-awareness.

• Strengthening Families – A 6-week interactive course that focuses on the Five Protective Factors. The Five Protective Factors skill-building helps to increase family strengths, enhance child development, and manage stress.

• Mental Health First Aid Youth – Teaches participants to offer initial help to young people with the signs and symptoms of a mental health condition or in a crisis, reviews the unique

risk factors and warning signs of mental health challenges in adolescents ages 12-18. It emphasizes the importance of early intervention and help to adolescents in crisis or experiencing a mental health challenge, and connects them with the appropriate professional, peer, social or self-help supports.

• Parent Partner Supplemental Training - This is a course for parents/caregivers of minor children to navigate mental health, and other systems, to better advise their children. It includes parent-specific peer support practices to prepare parents for possible employment opportunities as Parent Partners in the RUHS-BH system.

• NEW Nurturing Fathers Program – NFP is an evidence-based, 13-week course designed to teach parenting and nurturing skills to men. Each 2 ½ hour class provides proven, effective skills for healthy family relationships and child development.

Special Projects - Donated goods and services benefit children and their families with basic needs such as food, clothing, hygiene items, holiday food baskets, school supplies, gift certificates, as well as cultural and social events. In 23/24 the following projects provided resources to families:

• 20th Annual Back to School Backpack Project: 500 backpacks were distributed to young people at clinics/programs.

• 20th Annual Thanksgiving Food Basket Project:250 food baskets were distributed to families. An additional 22 Holiday meals were distributed as well.

Special Projects (Continued)

• 20th Annual Holiday Snowman Banner Project: 2,200 snowflake gifts were distributed to young people in clinics/programs.

Volunteer Services – PS&T recognizes the importance of community involvement and volunteerism in promoting positive outcomes for young people and their families. We have developed a robust program to recruit, support, and train volunteers from the community, including family members who are engaged in services.

The PS&T Volunteer Coordinator plays a critical role in this process. As a bilingual/Spanish speaker, they are able to reach out to and engage with a diverse range of community members. They coordinate special projects that focus on culturally diverse populations, ensuring that volunteers are equipped with the cultural competency skills necessary to effectively work with these populations.

In terms of recruitment, PS&T actively reaches out to members of the community who may be interested in volunteering. This includes young people who are looking for ways to give back to their community as well as parents who have benefited from the organization's services and want to give back in a meaningful way. PS&T recognizes that volunteers from the community bring a unique perspective and skillset to the table, which can be invaluable in supporting the organization's mission.

Once volunteers are recruited, they are provided with ongoing support and training. This includes regular check-ins with the Volunteer Coordinator to ensure that volunteers are comfortable in their roles and have the resources they need to succeed. Additionally, PS&T provides training to ensure that volunteers have a solid understanding of the organization's mission, as well as the skills necessary to effectively support young people and families.

Volunteering with PS&T provides both parents and young people with an opportunity to "give back" to their community. This not only benefits the community at large but can also be a transformative experience for the volunteers themselves. For young people, volunteering can help them develop valuable skills, build their resume, and give them a sense of purpose and meaning. For parents, volunteering can be a way to deepen their connection to the organization, while also providing them with a sense of fulfillment and accomplishment.

In F/Y 22/23, PS&T had 20 youth volunteers assisting at events 2 parent volunteers working alongside our office assistant, and 1 TAY youth who has dedicated over 200 hours of continuous service.

Workshops/Trainings

Workshops and trainings that focus on parent/professional partnerships and engagement can provide valuable information to staff, parents, and the community about how to effectively collaborate and advocate for services and supports for children with mental health needs. These trainings often include a parent's perspective to address the barriers that parents may face when advocating for their child's mental health needs.

These workshops also address the barriers that parents may encounter when advocating for their child's mental health needs. For example, parents may face challenges in navigating complex systems of care or may feel intimidated or overwhelmed when communicating with mental health professionals. These trainings can provide information and support to parents, empowering them to advocate effectively for their child's needs.

In addition to providing information on parent/professional partnerships and the parent's perspective, these workshops can also address specific topics related to the provision of mental health services to children and families.

GOALS FOR Parent Support and Training

The Parent Support & Training Program is a vital resource for parents, caregivers, and youth in providing education, support, and resources to navigate the challenges of parenting. The program recognizes the changing needs of families and seeks to adapt its services accordingly.

• To continue providing services to parents, caregivers, and youth in a safe and accessible manner. As the pandemic has forced many activities to move online, the program has adapted to ensure that its services remain available virtually. This approach has allowed parents, caregivers, and youth to access services from the comfort of their homes, reducing barriers to participation.

• To keep "COVID babies" in mind. Children born during the pandemic have unique needs and experiences that require special attention. The program recognizes the importance of providing support to parents and caregivers of COVID babies and ensuring that they have access to resources that can help them navigate the challenges of parenting during a pandemic.

• Millennial parents have also been identified as a priority population for the program. This generation of parents faces unique challenges related to work-life balance, financial instability, and the pressures of social media. The program recognizes the need to tailor its services to meet the specific needs of millennial parents and provide them with the tools and resources necessary to raise healthy and resilient children.

• The program seeks to increase engagement with fathers. Fathers play an essential role in child development and parenting, but they are often overlooked or underrepresented in parenting programs. The program recognizes the need to engage fathers and provide them with the support and resources they need to be active and engaged parents.

• The PS&T programs will continue providing the services and support as the previous year as well.

• Homeless families are a continued and very important area of identified need in the community. Families and young people are more successful when housing stabilization is addressed for the entire family. There is a Senior/Lead Parent Partner assigned as a point person to homeless families, assisting to connect them to available housing. Laundry assistance has been a useful engagement strategy. PS&T has a contract with a laundromat to facilitate the ability for families to have continued access to clean clothing. PS&T has also implemented a "Boutique" where families can access a variety of clothing, essential items, and hygiene products when needed.

• One of the main barriers that continue to impact parents/caregivers is the transportation system in our County. PS&T provides classes/trainings to parents in their local area to overcome this barrier. Because of pandemic-era adaptations, we now have virtual capability and can offer a variety of classes/groups remotely.

• The children of parents who are incarcerated are often left out of services and not recognized as being in need. As the parents are released from jail, they transition to the Day Reporting Center (DRC). PS&T provides services on-site (both in person and virtually) at all three of the DRCs in Riverside, Temecula, and Indio. This allows for continuity in their services and facilitates the completion of the Triple P course. Additional services offered at the DRCs include: EES classes and Nurturing Parenting classes in partnership with several agencies that support the AB109 – New Life population.

• PS&T will continue collaborative efforts with the Department of Public Social Services and Probation regarding the Pathways to Wellness (Katie A.) and Continuum of Care Reform (CCR) for the transformation of mental health services to families within systems. PS&T will continue to collaborate on committees, and provide ongoing trainings to staff, community, parents, and young people that are involved with that system. PS&T continues to have a key role in upcoming Child, Family, and Team Meetings, and provides Intensive Home-Based Services to those families. An ongoing need that we are seeing with families, due to COVID-19, is an increase in anxiety, grief, and depression in the children in the community. This is an area of continued awareness and collaboration within the community and school districts for support to families.

• Parent Support & Training is currently advocating to add Parent & Family Support Centers located adjacent to, or within RUHS-BH campuses that provide crisis services to the public. Often, children are placed into care while in crisis inappropriately. The lack of beds for minor children in Riverside County creates challenges for both the child and family members who are seeking help for their child. A minor child can often sit in an Emergency Psychiatric Services Center or ED for hours, and sometimes days, without child-appropriate surroundings. The parents of those children need support when their child is experiencing a crisis, and Parent Partners would be instrumental in supporting the families during that difficult time. PS&T would like to see a minimum of three Parent & Family Support Centers open in the three

regions of Riverside County to provide real-time support, education, and resources, without having to wait for an appointment, when the crisis is developing. This drop-in model would serve families not necessarily engaged in services but provide the vital connections and support they need.

RUHS-BH PS&T is intended to assist families, regardless of whether they are receiving any type of formal mental health services. Assistance will be provided to identify needs, overcome obstacles, and actively participate in service planning for their child and family unit. Focused outreach to specific underserved groups is key. Focus given to African American families, homeless families, and prison-release parents will facilitate increased engagement through outreach, community events, and needed classes or programs (e.g.: anger management classes, building parental advocacy skills on behalf of their children as they navigate multiple public systems, etc.). The ultimate goal is to keep children safe, living in a nurturing environment, and with sustained connection to their families. This will help to avoid homelessness, hospitalization, incarceration, out-of-home placement, and/or dependence on the State for years to come.

Family Advocate Program

The Family Advocate Program (FAP) assists family members to cope with and understand the behavioral health concerns of their adult family members through the provision of information, education, and support. Also, the FAP provides information and assistance to family members in their interactions with service providers and the behavioral health system to improve and facilitate relationships between family members, service providers, and the behavioral health system in general. The FAP provides services in both English and Spanish. Currently, FAP employs eight (8) Senior Peer Support Specialist – Family Advocates (Senior Family Advocate - SFA) and fourteen (14) Peer Support Specialist – Family Advocates (Family Advocate - FA) providing services throughout the three Regions in Riverside County (Western, Mid-County, and Desert). Peer Support is an evidence-based practice for individuals with mental health conditions or challenges. Family Advocate peer support is provided by individuals who self-identify as a family member/caregiver of an adult engaged in behavioral health services or community family member/caregivers who seek assistance with support and systems navigation before having their loved one introduced to available services.
The ten SFAs are assigned regionally to specific sites and countywide. Regionally: two in the Western region, two in the Mid-County region, and two in the Desert region.
Specific sites: one each serving in Lake Elsinore, Hemet, Temecula, San Jacinto, and Perris.
Countywide SFAs provide services with one each assigned to specialized areas: Forensics, Substance Abuse Prevention & Treatment (SAPT), TAY Centers (3 locations), and Outreach & Engagement. The SFA works in collaboration with clinical staff and provides leadership, mentorship, and guidance to FA line staff. The 14 FA line staff work directly with family members of consumers in several clinics, programs, and community sites within Riverside County. Family Advocate Program has added a Crisis email to interact with our Behavioral Health crisis teams. 244 referrals have been made and processed during this fiscal cycle.
The Family Advocate Program offers Support, Education, and Resources in the forms of:

Support Groups

During the height of the pandemic, the FAP responded by fortifying family support through virtual group offerings Countywide. FAP expanded group accessibility by over 100% by allowing the community to access a support group via Zoom 4 times a week, regardless of any clinic affiliation. Each group is formatted to provide a safe space for family members and caregivers to share their experiences, connect to resource information, and receive guidance through an educational process to assist the family member, in building skills, and promoting higher levels of wellness and recovery to the entire family unit.

- Sibling Support Group- All Regions- Online
- Taking Action to Manage Anger- Western- Mid County
- Coffee for the Soul / Café para el Alma- All Regions
- Substance Abuse Family Support- All Region- Online

• Family Planning for Success- All Regions
• Grupo de Apoyo Familiar- Mid County - Dessert
• Crisis Support for Families- All Regions
• Recobrando La Ezperanza- All Regions

Community Presentations

During this fiscal cycle, the FAP hosted numerous informational presentations to family members and the community on topics, including but not limited to:

• "Taking Action to Manage Anger for Families"
• "Empowering Families to Participate"

Community Presentations (continued)

• "Holiday Stress Management"
• "Coronavirus & Mental Health"
• "Advocacy Overview: Education, Support, Resources and Information"
• "Crisis Support Systems"
• "Families, Mental Illness and the Justice System"
• "Meet the Doctor". Through our "Meet the Doctor" series, the FAP collaborates with Riverside University Health System – Behavioral Health (RUHS – BH) psychiatrists to inform and educate families from a provider's perspective on topics such as medication adherence, sleep difficulties, the diagnosis of schizophrenia and bi-polar, among other topics.
• "Meet the Pharmacist"
• "Meet the Clinical Therapist"
• "The In's & Out of Conservatorship"
• "Meet Law Enforcement"

Training

FAP facilitates the following training courses for family members/ caregivers:

• Family WRAP (English and Spanish). Family WRAP is recognized by the Federal Substance Abuse and Mental Health Service Administration (SAMHSA) as an evidence-based practice.
• Family-to-Family (English and Spanish). The National Registry of Evidence-Based Practice (NREPP) listed Family-to-Family as an evidence-based practice.
• DBT for Families (English and Spanish)
• Crisis to Stability
• Real Recovery
• Mental Health First Aid. MHFA is a public education program that introduces participants to risk factors and warning signs of mental health concerns, builds an understanding of their impact and overviews common treatments and supports.

Outreach

FAP networks with community agencies through outreach at local universities, colleges, high schools, and middle schools, providing educational materials and resources to staff and students on mental health and stigma reduction. FAP attends health fairs, and shares information on trainings to culturally diverse populations. Outreach and engagement include May's Mental Health Month Fair, NAMI Walk, Recovery Happens, and numerous public engagements. The Outreach and Engagement Countywide SFA organizes all-inclusive

community mental health events for families to make interpersonal connections to the Mental Health System in Riverside County. FAP hosted its fifth annual "Family Wellness Holiday Celebration" (formerly known as "Posada") attended by approximately 100 family members from diverse communities in a virtual environment. Per community suggestion, the FAP in collaboration with NAMI will explore the implementation of other cultural adaptations of NAMI programs such as "Compartiendo Esperanza" for the Spanish-speaking community, as well as "Sharing Hope" model for the African American community. FAP assists in various anti-stigma campaigns where behavioral health outreach is not traditionally given, such as community centers and faith-based organizations. Outreach takes place in Veteran clinics and hospitals to provide information on NAMI Home Front, an educational program designed to assist military families care for a family member diagnosed with Post Traumatic Stress Disorder (PTSD), Traumatic Brain Injury (TBI), and other diagnoses

Through Family Advocate presentations, trainings, and outreach efforts, RUHS-BH has learned the importance families place on information and education. Feedback surveys collected from family members/ caregivers show an overwhelming amount of requests for information and education.

Many of the families we serve find information and education important because of the role they play in caring for their loved ones.

Families shared their involvement in their loved one's care. Fifty-six percent reported scheduling and providing transportation to their appointments.

Clinics/Sites

The FA line staff members work directly with family members of consumers within their clinics, sites, and programs. FA line staff members are in various clinic settings as well as our crisis teams throughout the County. FA staff assist in enhancing family support services within the outpatient clinics and work directly with clinical staff to advocate for families' integration into treatment. FA staff provide support at the Blaine, Hemet, Corona Wellness, Lake Elsinore, Perris, Temecula, and Indio Adult Behavioral Health Clinics. By promoting the empowerment of family members, they are better able to assist in their loved one's road through recovery, as well as their own. FAs assigned to the Family Rooms emphasize the engagement of families in treatment by offering support, education, and resources to enhance the family member's knowledge and skills and expand their participation and active role in their loved one's treatment. The FAP continuously implements its commitment to providing support, education, and resources to families in the TAY Centers. Education, information, and engagement of parents, family members, and other supportive persons are included in the services and can receive supportive service from Family Advocates. Throughout Riverside County, FAs hold weekly family support groups, TAY family support groups, and a sibling support group. This includes providing individual family support to family members within the behavioral health system, as well as, in the community.– program active

Justice-Involved

FAP works with the Office of Public Guardian (PG) and Long-Term Care (LTC) programs to assist families within the judicial system, Diversion Court, Care Court, and Mental Health Court. Families experience increased struggles with understanding the complexities within the

criminal justice system, such as incarceration, criminal court proceedings, MH Court, Long Term Care, and Public Guardianship. The SFA assists families of individuals with justice involvement to navigate these programs, offering support, providing a better understanding of the system, and offering hope to their loved ones. This SFA provides support, resources, and education to families whose loved one has been placed on conservatorship and/or is at a Long Term Care Facility. This SFA also acts as a liaison between families and the programs to offer additional support and an understanding of the LTC and PG processes, Veterans Mental Health Court, and Detention. The State of California, Council on Criminal Justice and Behavioral Health (CCJBH), recognized the FAP for the support offered to families in the judicial system and its continued contribution to reducing recidivism rates. The FAP developed several family educational series, such as "Families, Mental Illness, and the Justice System", "My Family Member Has Been Arrested" and "The Conservatorship Process," in both English and Spanish to the library of presentations offered countywide to family members, providers, and the community. Family Advocates Program was recently approved to hire three-line staff Family Advocates to assist in the Forensics Programs to meet the increased needs of the community. Family Advocate Program has been tasked to participate in the California CARE Court Program. This program Rather than cycling through jails and emergency rooms, CARE Court gives vulnerable individuals and those who care for them another path to access key services that can help keep them safe. Family members, roommates, clinicians, and others can petition the court to seek approval for this program. Family Advocate Program has been able to support families of 41 participants in this fiscal cycle.

Collaboration

FAP attends and participates in several Behavioral Health Department Committees. Such as TAY Collaborative, Criminal Justice Committee, Behavioral Health Regional Advisory Boards, Adult System of Care, Veterans Committee, and Cultural Competency Committees, to ensure that the needs of family members are heard and included within our system. FAP is part of the Family Perspective Panel Presentations with several RUHS–BH programs and agencies, such as the Graduate Intern Field and Trainee (GIFT) program, Workforce Education and Training (WET) and the Crisis Intervention Team (CIT) training to Law Enforcement. The CIT training includes the family perspective when called upon to de-escalate a mental health crisis. The FAP remains the liaison between RUHS – BH and the National Alliance on Mental Illness (NAMI) to assist the four local affiliate chapters with the coordination and support of the NAMI Family-to-Family Educational Program and will facilitate classes in both English and Spanish as needed. FAP assisted the Riverside and Hemet NAMI affiliates to start the first two Spanish-speaking NAMI meetings in Riverside County. In partnership with the local affiliates, the Spanish NAMI meetings successfully provide much-needed support to our Spanish-speaking communities. Most recently, FAP in partnership with the Filipino American Mental Health Resource Center to engage, support, and educate family members on mental health services. FAP works in collaboration with the Cultural Competency Program outreach and engagement efforts in all three regions. The FA Program was recently approved to add an SFA to the Cultural Competency team to further the efforts within Riverside County.

Volunteers continue to be an essential part of the FAP. SFA mentor volunteers in the day-to-day activities of an FA line staff. Their activities include attending the NAMI Family-to-Family Education Program and family support groups. Under the direction of the SFA, volunteers, and interns are active in outreach and engagement of the underserved populations, as well as co-facilitating the NAMI Family-to-Family classes and family support groups. The FAP continues to join forces with Consumer Peer Services and Parent Support and Training programs to promote collaboration and foster growth in understanding family and peer perspectives.

GOALS - Family Advocate Program

In the upcoming fiscal year, The FAP proposes to increase its involvement and offer new educational support to families and expand services such as:

• Continue to increase Family Advocate Peer Specialist positions to other clinic sites and programs such as Substance Abuse clinics and TAY – GOAL MET – active support groups in all SAPT clinics, held in-person and on virtual platforms.

• Recovery Management for family members Goal Met- Senior Family Advocate SAPT Program has integrated recovery management for family members through outreach and engagement and monthly support groups. GOAL MET.

• Forensics' support groups – GOAL MET – held on virtual platforms Countywide.

• Have an active role in Mental Health Urgent Care – GOAL MET – Senior Family Advocate leads the Inpatient/Outpatient Collaboration Committee that meets monthly with MHUC, Emergency Treatment Services Staff, and BH Staff to troubleshoot challenges with transitions between levels of care and to collaborate within the teams to facilitate timely to services for the people we serve GOAL MET.

• Expand Family Advocate staff into the Crisis Residential Treatment Facility (CRT) – Pending

• Family Advocate providing support and education at the RUHS-Behavioral Health Moreno Valley Medical Center campus. Also, assist with discharge and after-care planning. Goal in progress – The Family Advocate Program has received referrals from the Medical Center Moreno Valley as an after-care process. – Pending

• Expand the collaboration with law enforcement to provide continued education to the community on how to interact with law enforcement on crisis calls. GOAL MET – Family Advocates participate each month in the Crisis Intervention Training with officers from Riverside PD and Riverside County Sheriff's Department. They charge their lived experiences and other insights for the participants. GOAL MET.

• Develop a Family Advocate Email that will be used to get more referrals from the community and County partners. GOAL MET – Crisis referrals for families are now directed to a Family Advocate email and are addressed daily. This service went live on June 28, 2023.

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

Veteran Services Liaison

Riverside University Health System – Behavioral Health (RUHS-BH) offers veteran-specific services through our Veteran Services Liaison (VSL). The VSL provides outreach, engagement, case management, therapy sessions, and a commonality as a veteran to those who need services and support. Motivated by President Lincoln's Second Inaugural Address, RUHS-BH is dedicated "to care for him who shall have borne the battle, and for his widow and his orphan."

The VSL is a Clinical Therapist who serves as a portal to behavioral health care. After 2 years of recruitment for this specialized position, a candidate was selected in August 2024.

Cultural Community Liaison, Felix Gbagbo

The new Veterans Cultural Community Liaison and Clinical Therapist, Felix Gbagbo, MSW, began in August 2024. He joined the existing Riverside County Behavioral Health Commission's Veterans Subcommittee, attending their monthly meeting before being welcomed by the entire Commission at their public meeting on November 6, 2024. The Cultural Competency Program is excited to have a designated individual to assist Veterans with their behavioral health needs irrespective of their disability status, honorable or dishonorable status, targeting anyone who served our nation.

With approximately 112,000 veterans in Riverside County, Felix and the Veterans Subcommittee are committed to reaching as many veterans as possible to provide them with access to housing, veterans' benefits, and health resources. They also work to link them to and navigate the VA system, improving their well-being and quality of life.

Accomplishments thus far:

Advocacy:

Advocated on veterans' behalf to assist with accessing services, resources, and information relating to a higher level of care:

• Advocated for 5250 Psychiatry Hold for Convalescence/Nursing Home and Emergency Room veterans to improve their well-being and to receive the best care

- Financial resources to decrease the stress of potential homelessness for a wheelchair-bound veteran having challenges paying overdue utility bills by speaking with the Salvation Army and the Low Income Home Energy Assistance Program (LIHEAP) on the veteran's behalf; and

• Participated in a Veterans Day Discussion Panel at Temecula Adult Clinic to discuss topics on Mental Health Challenges for Veterans in the County of Riverside

Networking:

Gained additional contacts and learned more about existing services and resources by attending a series of events to network with County, non-profits, and government groups and individuals interested in serving the needs of veterans, including:

- Congressperson, Dr. Raul Ruiz, (Emergency Room Physician) Veterans University Event (Public Library, Hemet)
- Riverside County Veterans' Advisory Committee Meeting (American Legion Post, Riverside)
- BRIDGING THE GAP – Addressing Intersectional Health Disparities and Strengthening Support in the VETERAN COMMUNITY Meeting (Jurupa Valley)
- 2024 Veterans Expo hosted by Senator Kelly Seyarto (Murrieta)
- California Assemblymember, Dr. Corey Jackson (Peer Support Resource Center, Riverside), Veterans Care access and concerns discussion
- 12th Annual Veterans and Community Expo/Planning and Networking Meeting (Cathedral City)

Outreach:

Reached groups who support veterans and veterans directly, shared resources, and offered services and/or assistance in accessing services via resource tables at:

- Veterans Suicide Awareness event (American Legion, Indio), partnering with the RUHS BH Mobile Crisis Management and Response team
- Veterans Safety Standdown (National Guard Armory, March Air Reserve Base, Riverside), again partnering with RUHS BH Mobile Crisis Management and Response team
- 2024 Veterans Expo hosted by Senator Kelly Seyarto (Murrieta) to receive Mental Health educational resources for veterans

Support:

Provided therapy, transportation, assessments, resources, education, and collaborative care to veterans throughout Blythe, Indio, Banning, Temecula, Hemet, and Riverside:

- Veteran consumers seeking behavioral health care
- Transported veterans to and from the Medical Center Prosthetics Unit, Medical Centers, and Apartment Complexes to receive care and placement
- Collaborated care with a retired Army Sergeant 1st Class/Deacon, and an HHOPE Certified Peer Support Specialist to provide grief counseling
- Provided psychoeducation and resources to veterans at Rustin Peer Resource Center regarding Mental Health and navigating the VA System
- Partnered with the HHOPE Street Outreach team and the HHOPE Veterans Outreach team to house unsheltered/homeless veterans and to provide them with psychoeducation, therapy, and assistance with navigating the VA Disability Claims process

Felix Gbagbo has only just begun to honor the commitment he shares with the U.S. Department of Veterans Affairs, demonstrated by their March 2023 update to their mission statement, "To fulfill President Lincoln's promise to care for those who have served in our nation's military and for their families, caregivers, and survivors." As a Navy Veteran and Clinical Therapist, he is well-equipped to inform the Veterans Subcommittee to serve members and veterans in Riverside County.

CSS-04 Housing

Housing

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

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

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

HHOPE Program provides resident supportive services to consumers residing in 706 supportive housing apartments/units across Riverside County, which incorporate various funding streams including, U.S Department of Housing and Urban Development (HUD), State California Department of Housing and Community Development (HCD), No Place Like Home (NPLH), and MHSA funds. HHOPE staff also support various landlords in the MHSA-funded apartments and our emergency shelter motel vendors to ensure safe and available housing options are secured. Our staff also support residents residing in our senior housing developments by providing transportation to and from medical appointments as needed, at no cost to the consumer.

Like other RUHS-BH programs, HHOPE benefits from Peer Support Specialists (PSS) to build consumer engagement and rapport. These staff have a lived experience of accessing the behavioral health system for their own need and have been homeless or have experienced a mental health condition and/or substance use disorder at some point in their lives. HHOPE employs PSS staff throughout all our various programs. Additionally, we have a Senior Peer Support Specialist who oversees multiple responsibilities and mentors our Peer Support Specialists. The PSS role is unique from our other staff as they provide lived experience, promote recovery from behavioral health challenges, provide resources to navigate the many systems of the County, and have an inside perspective of consumer struggles. Each of our

peers, including our senior peer, go above and beyond providing efficient services to ensure the needs of the community are met.

HHOPE serves as the County's lead agency for the Coordinated Entry System known as, Home Connect. The Coordinated Entry System (CES) provides a crisis response system, coordinates supportive services, and housing resources across Riverside County to form a collaborative, no-wrong-door system that connects households experiencing a housing crisis to services and housing. HHOPE continues to be very active in the development and operations of the CES program and works to ensure that individuals with disabilities are protected and treated equitably. HHOPE staff provides ongoing support and education to the community regarding the CES system capabilities and works to improve their operating system continually. In 23/24, CES has fielded over 21,107 calls for homeless assistance and has referred over 644 households for housing assistance/vouchers. Additionally, HHOPE CES staff continues to provide training on the County's homeless assessment, known and referred to as the VISPDAT, and has trained assessors who collected more than 5,370 assessments of homeless individuals/households.

The HHOPE program currently has 16 dedicated mobile homeless outreach teams, primarily composed of a Behavioral Health Specialist II and a Peer Support Specialist on each team. These teams are regionally assigned, providing street outreach and engagement, as well as housing navigation, landlord supports, and linkages to our MHSA services. These teams continue to be integral and are key players in the housing of homeless Veterans initiatives in our community as well as engagement of chronically homeless individuals and families. The Veterans initiatives resulted in Riverside County being awarded as the first large community in the nation to achieve functional zero for Veteran homelessness.

Recognized as innovative in our Housing Crisis program development and street engagement programs, RUHS-BH HHOPE continues to work in collaboration with city government and law enforcement to provide contractual street engagement in targeted areas for the Cities of Palm Desert and Menifee. The City of Menifee project, which began in 2021 and has experienced significant success, has resulted in an extension to provide outreach and engagement services through the end of June 2028. Utilizing an innovative Housing Crisis approach and housing plan development initiatives, these teams are key in linking those on the streets to our behavioral health services and system. HHOPE has also worked with local agencies to provide ongoing training to staff on homeless response program development and is working collaboratively with law enforcement agencies as they develop new homeless-specific services in their programs.

MHSA funding for temporary emergency housing and rental assistance was continued and further supplemented with grant funds from EFSP (Emergency Food and Shelter Program) and ESG (Emergency Solutions Grant) to provide access to emergency motel housing and/or rental assistance. These funds also help support our Housing crisis program, which includes homeless prevention services, which are also informed by a Housing First philosophy. Combined EFSP and ESG funds have provided over 50,915 bed nights of emergency housing for consumers in need for Fiscal Year 23/24.

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

The HHOPE Program continues to support a unique community-based, very-low-demand permanent supportive housing project. The Path follows a low-demand, drop-in model for providing homeless outreach and permanent supportive housing to homeless individuals with serious mental health conditions. This residence operates through a contract with a nonprofit provider whose program model emphasizes peer-to-peer engagement and support. Those seeking permanent housing must have a diagnosed behavioral health challenge and be chronically homeless. The contractor employs a diverse staff, including Peer Support Specialist staff who may have received behavioral health services themselves, and many have experienced prolonged periods of homelessness. HUD permanent supportive housing grants partially fund the Path. All individuals referred to this housing program, must be referred through the County's Coordinated Entry System, Home Connect. The RUHS-BH HUD grants have been successfully renewed in order to support this program through FY 23/24

The Path, located in Palm Springs, opened in 2009 and provides permanent supportive housing for 25 adults. It is located immediately adjacent to a Full Service Partnership clinic operated by RUHS-BH. The Path maintained an occupancy rate of nearly 94.5% occupancy rate across the year.

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

RUHS-BH remains committed to serving the extremely high-barrier individuals including youth, adults and older adults who were formerly chronically homeless with severe and persistent mental health challenges. Many of those we serve are individuals who were high-utilizers of hospitals, jails, and Emergency Medical Services. By continuing to use the Housing First approach without precondition and coordinating matching care with our Full Service Partnership Behavioral Health Clinics we continue to expand our services and provide the needed supports for our target population. As well as proving on-site 24 hr. peer support staff, and 24 hr. on call support to our residents and landlords and a 24 hr. drop in center accessible to those on the streets and law enforcement to avoid incarceration, we were able to assist many residents who were previously some of the highest utilizers in our CoC to maintain stable housing. For FY 23/24, Four hundred and forty-seven (447) residents graduated to living in their own apartments of which two hundred and twenty (220) received no ongoing housing subsidy and the remaining two hundred and twenty-seven (227) received housing subsidy to assist with a portion of their rent.

The HHOPE Program's Mainstream Housing team assists qualified consumers in locating & maintaining housing. Consumers must be between 18-60 years of age with a documentable

disability, transitioning out of institutional or separated settings, or at serious risk of institutionalization, or homeless, or at risk of homelessness, low to no income, and currently receiving services through RUHS-BH clinics. Currently, we are assisting 92 households through this program to receive housing throughout Riverside County.

Both HHOPE Program teams and Mainstream are leveraging MHSA dollars to fund the staff who serve their clients with housing. The use of MHSA funding enables clients to benefit additionally from a Section 8 Mainstream 811. This produces a greater benefit for clients' housing for each MHSA dollar spent.

MHSA Housing Development One Time Funding: RUHS-BH has committed and expended all available MHSA housing development funds held in trust by the California Housing Finance Agency (CalHFA) and will continue to support affordable housing development and development projects as soon as funding becomes available. RUHS-BH leveraged MHSA funds for permanent supportive housing to support the development efforts associated with the creation and planning of more than units of affordable housing throughout Riverside County. Integrated within each MHSA-funded project were units of permanent supportive housing scattered throughout the apartment community.

The MHSA permanent supportive housing program continues to maintain stable housing for over 120 at-risk participants, with each MHSA-funded project consisting of 15 integrated supportive housing units within the larger complex. Each apartment community includes at least one full-time onsite RUHS-BH funded support staff with a dedicated office. Additionally, the HHOPE program staff support the tenants as well as wrap-around support for the landlord to help them with any complications they may experience. The MHSA apartment units operate at 100% occupancy and experience very little turnover, with an ongoing waiting list of more than 500 eligible consumers for housing of this kind. Existing units of MHSA permanent supportive housing will remain available to eligible residents for a minimum period of 20 years from the date of initial occupancy.

HHOPE started offering Enhanced Care Management (ECM) and Community Supports (CS) services in 2022. These two programs follow the CalAIM initiative, which is designed to improve the quality of life and health outcomes of Medi-Cal enrollees, including those with the most complex health and social needs.

ECM is one of the two new HHOPE programs developed which aims to improve Medi-Cal for people with complex needs and who are facing difficult life and health circumstances. ECM focuses on breaking down the traditional walls of health care by extending beyond hospitals and health care settings into communities. This program addresses clinical and non-clinical needs of the highest-need enrollees through intensive coordination of health and health-related services. ECM services meet clients wherever they are – on the street, in a shelter, in their doctor's office, or at home. Clients will have a single Lead Care Manager who will coordinate care and services among the physical, behavioral, dental, developmental, and social services delivery systems, making it easier for them to get the right care at the right time. We are excited about the addition of four Justice-Involved Enhanced Care Management

(ECM) teams to our program. These new teams will focus on providing critical support to individuals involved in the justice system, helping them navigate housing, healthcare, and other essential services. By expanding our ECM efforts, we aim to improve outcomes for justice-involved individuals, reduce recidivism, and promote long-term stability within our community.

Additionally, clients are being connected to Community Supports to meet their social needs, including medically supportive foods or housing supports. Community Supports are designed to address social drivers of health (factors in people's lives that influence their health). A key goal of Community Supports is to allow Members to obtain care in the least restrictive setting possible and to keep them in the community as medically appropriate. HHOPE is currently offering 6 of the 14 CS services available through managed care plans: Housing navigation, housing deposit, housing tenancy, recuperative care, short-term post hospitalization, and sobering centers.

HHOPE has been identified as one of the leading providers of supportive housing in our community and as such has provided ongoing consultation services and specialized training to other Behavioral Health staff and community agencies on landlord services and Supportive Housing best practices. HHOPE has provided additional program specific training provided to new PSH agencies. Our HHOPE Deputy Director has been a presenter at the National Alliance on Ending Homelessness, the nation's premier homelessness conference in both FY 18/19, 19/20, and 22/23. This type of platforms allows HHOPE to share learned experiences and educate others on the best service approach and best practices to support our population.

Looking Ahead

The HHOPE staff will continue to provide a unique Housing Crisis Response program with ongoing landlord and supportive housing supports throughout the community.
There are now 706 units of permanent supportive housing provided by the HHOPE program and delivered to behavioral health consumers in Riverside County. Permanent supportive housing, for people with a behavioral health challenge, remains an integral part of the solution to homelessness in Riverside County. The need for this housing continues to outpace the supply. While there remains much community uncertainty about the ability to expand upon the success of the MHSA permanent supportive housing program due to the loss of various state and federal funding, such as Redevelopment Agency funding in recent years (without any viable alternative), together with the continuing transformation of the complex financial structures that are necessary to develop affordable housing, we continue to press forward and seek every opportunity to provide needed housing opportunities. There are ongoing efforts to collaborate and join with developers and community partners to capture any funding opportunity that will support the production of affordable housing, which includes units of permanent supportive housing for MHSA-eligible consumers. One such effort is the No Place Like Home Program.

On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of behavioral health services and

are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). Key features of the program include:

- Counties will be eligible applicants (either solely or with a housing development sponsor).
- Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services.
- Counties must commit to provide behavioral health services and help coordinate access to other community-based supportive services."

The HHOPE program in collaboration with Riverside County Housing Authority submitted five separate applications to California Housing and Community Development in the amount of $27,688,025 for No Place Like Home (NPLH) Round 1 funding. RUHS-BH was funded for four of these projects for a total award of 23.6M dollars. Round 1 of funding created 162 new units of permanent supportive housing within a total of 419 extremely affordable apartment units. These four projects are now complete and open for occupancy. RUHS-BH also applied for Round 3 and 4 of NPLH funds and was awarded 55.1M dollars for the development of eight additional permanent supportive housing projects. Two of the eight projects are now complete and open for occupancy. Two projects are expected to open in May and June and the remaining four will open between now and the Summer 2026.

Goals

1. HHOPE will diligently work to end homelessness and provide for the housing needs of the individuals we serve.
2. Expand ECM and CS services to serve more households
3. Continue to create innovate and customer service friendly CES tools to improve consumer experience
4. The program anticipates opening the Franklin Residential Care Facility and Behavioral Health Clinic in the next year. This 84 bed facility in Riverside will provide recuperative care and board and care services to adults with severe and persistent behavioral health diagnoses.

Section III

PEI

Prevention and Early Intervention

MHSA Annual Updates 25/26

Prevention and Early Intervention

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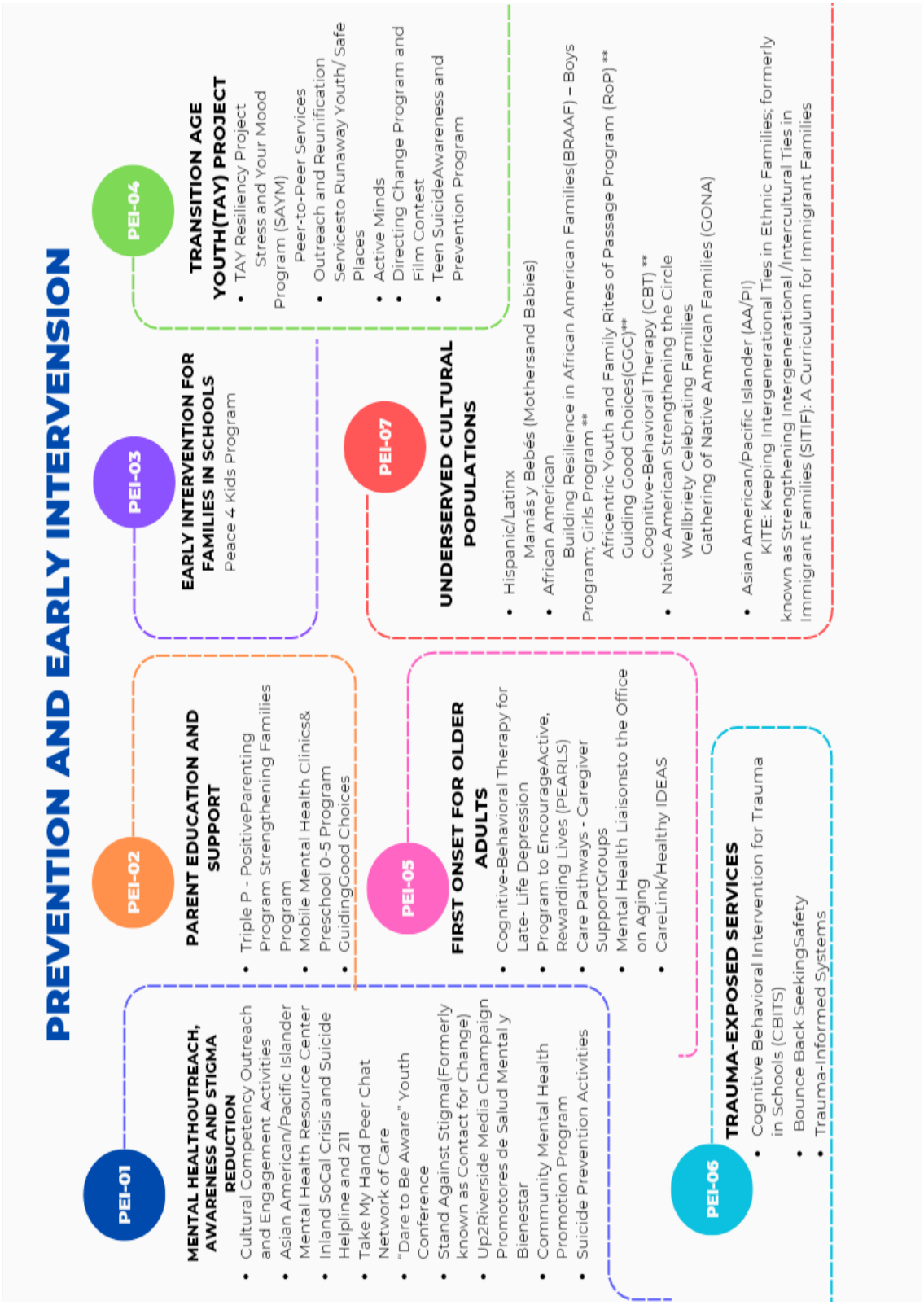


[5] ** denotes programs that will be removed from the PEI plan

PEI Overview

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

- Increase community outreach and awareness regarding mental health within unserved and underserved populations.
- Increase awareness of mental health topics and reduce discrimination.
- Prevent the development of mental health issues by building protective factors and skills, increasing support, and reducing risk factors or stressors.
- Address a condition early in its manifestation that is of relatively low intensity and is of relatively short duration (less than one year).
- Increase education and awareness of Suicide Prevention; implement strategies to eliminate suicide in Riverside County; train helpers for a suicide-safer community.

Programs need to be provided in places where mental health services are not traditionally given, such as schools, community centers, faith-based organizations, etc. PEI programs intend to engage individuals before the development of serious mental illness or serious emotional disturbance or to alleviate the need for additional or extended mental health treatment The PEI unit includes an Administrative Services Manager, five Staff Development Officers (SDOs), one Clinical Therapists (CT), two Social Service Planners (SSPs), one Behavioral Health Specialist (BHS), five Peer Support Specialists

(PSS), one Executive Assistant, and two Office Assistants (OA). The SDOs have completed the process of becoming trained trainers in many of the funded programs, which allows for local expertise as well as cost savings. Each SDO works with their assigned PEI providers to offer training and any needed problem solving and technical assistance, as well as monitoring of model fidelity. The SSP/CTs also offer ongoing support to the PEI providers through technical assistance including, but not limited to, support surrounding outcome measures. The PEI unit was built into the overall PEI implementation plan to ensure that model fidelity remains a priority as well as to support providers in the ongoing implementation of new programs within the community. In FY23/24 two Requests for Proposals (RFP) were released and one new contract was awarded for PEI programs.

In addition to training and technical assistance to PEI providers, the PEI unit coordinates and implements a variety of community-wide activities. Activities include suicide prevention training and coordination including co-leadership of the Riverside County Suicide Prevention Coalition, education, and awareness events such as the local Directing Change Screening and Recognition ceremony, the Dare to be Aware Youth Conference, Send Silence Packing exhibits and community presentations, May is Mental Health month activities, Suicide Prevention Awareness week activities including an awareness walk and more. PEI staff carry out outreach activities focusing on mental health awareness and suicide prevention. Additionally, PEI staff educate the community about mental health and reduce stigma while encouraging help-seeking behavior throughout the year. The PEI team attended 53 outreach events reaching 11,810 community members.

In Riverside County, PEI programs have been in place since September of 2009. The annual update and community planning process has allowed for ongoing community and stakeholder input regarding the programs that have been implemented, an opportunity to evaluate programs and look at new and expanded programs and services. Stakeholder feedback is a critical element in the success of PEI programming. We take the voice of the community seriously and look for ways to improve our communication. To this end, quarterly PEI Collaborative meetings are held to share program highlights and outcomes, current and upcoming PEI activities, receive feedback from the community, and provide a space for provider networking and partnership development to improve the delivery of services. Additionally, a quarterly newsletter, the PEI Pulse, is disseminated electronically and available on our website.

Each year MHSA Administration, including PEI, meets with many stakeholder groups, RUHS-BH committees, and the community to share the MHSA plan, mental health outcomes, and plans for the upcoming year during the community planning process. These diverse groups review the outcomes of programs currently being implemented to make informed decisions about programs and services for the upcoming fiscal year. This input is then shared with the Prevention and Early Intervention Steering Committee. The PEI Steering Committee is made up of subject matter experts who utilize their knowledge to provide feedback, oversight, and recommendation for the

PEI plan The PEI Steering Committee provides recommendation and feedback on the plan for the final draft. The PEI Steering Committee supports the plan as described below.

PEI is largely outreach-based. Programs and providers are typically in the community at natural gathering spaces. Post-COVID, contract providers continue to struggle with recruitment and enrollment across programs. Virtual options are offered, when appropriate. Outcome data demonstrates positive impacts in the lives of participants. This will be further detailed below in each work plan and can also be found in the PEI program and evaluation report in the PEI Appendix to this document.

In Fiscal Year 23/24, program implementation continued serving many communities throughout Riverside County. The PEI Unit continues its commitment to providing training and technical assistance for the evidence-based and evidence-informed models that are being implemented as well as booster trainings related to those models and other PEI topic-specific trainings. In FY23/24, there were 138 training days with 1,767 people trained. Staff Development Officers continued to work closely with PEI contract providers to maintain fidelity to evidence-based/informed models while offering both virtual and in-person services to the community. Our virtual training menu continued into FY23/24 available to anyone who lives and/or works in Riverside County at no cost. The trainings were created and facilitated by PEI Admin staff. Trainings have been available since the fall 2020 and include: Mental Health 101, Self-Care and Wellness, Know the Signs, and Building Resiliency and Understanding Trauma.

The PEI website, https://www.ruhealth.org/behavioral-health/prevention-early- intervention, includes comprehensive information about prevention and early intervention and the variety of services available to the community. This information is easy to find and community friendly. This site serves as the PEI Directory of Services, ensuring contact and program information is up-to-date and readily accessible to the community. The community can also access our training calendar and can easily register for training with the click of a button making it easier to access and benefit from our free community education, both virtually and in-person.

The Annual Prevention and Early Intervention Summit is also provided. The overall purpose of the Summit is to (1) address any challenges PEI providers have been facing in the past year and provide skills they can directly apply to their work in PEI, (2) educate providers about all PEI programs and increase their understanding

of how their program fits into the PEI plan, (3) to increase collaboration, partnership, and referrals between PEI providers, and (4) recognize the contributions of PEI providers in Riverside County and motivate providers to continue the work in the year to come. The Summit was held in the Desert region at the Hilton in Palm Springs. The Summit's theme was "Working Together", with keynote presentations from Mary Obideyi on "Reigniting Connections – Innovative Outreach Strategies for Community Mental Health Services" and Dr. Yvonne Ator on "How to Serve Sustainably and Thrive as A Mission-Driven Professional in a Chaotic Burnout Inducing World." We also had a panel discussion with our Cultural Community Liaisons to discuss helpful and effective engagement strategies for our underserved communities.

Prevention and Early Intervention Statewide Activities – Joint Powers Authority
Program Type: Prevention Program

California counties collectively pool local Prevention and Early Intervention (PEI) funds through the California Mental Health Services Authority (CalMHSA) to support the ongoing implementation of the PEI Project at a statewide level. The PEI Project is a collection of campaigns which seek to expand the awareness of mental health needs and supports, reduce stigma, prevent suicides, and teach individuals how to achieve mental wellness. These campaigns are: Know the Signs, Directing Change, and Take Action for Mental Health. The Take Action for Mental Health campaign helps individuals learn how to take action for the mental health of themselves and those around them through three pillars: Check In, Learn More, and Get Support. In FY23/24, CalMHSA did not renew their contract with Youth Creating Change for the Directing Change Program and Film Contest. CalMHSA has since stated that they do not intend to contract with or provide funds to support Directing Change in the future. Riverside County plans to continue to support this program directly, separate from the JPA.

In 2010, Riverside County Department of Mental Health committed local PEI dollars to the statewide effort. This commitment has continued through the years of PEI program implementation. The effects of the Statewide PEI Project go beyond county lines. Influencing all Californians in the message of *Take Action for Mental Health* is critical for creating a culture of mental wellness and wellbeing regardless of where individuals live, work, or play. Riverside County stakeholders agreed to maintain this commitment for the current 3-Year plan. Stakeholders see the benefit of supporting the statewide efforts and explore ways the statewide campaigns can make the biggest impact at a local level as a way of leveraging on messaging and materials that have already been developed. In FY23/24, the statewide project focused on diversity, equity and inclusion, with a particular emphasis on supporting marginalized communities. Key initiatives included:

- Juneteenth micro-campaign - The Juneteenth Digital Toolkit promotes mental wellness and raises awareness about the significance of Juneteenth, which

celebrates the emancipation of enslaved African Americans. The toolkit includes social media content, activity ideas, and educational resources. These materials encourage conversations, foster unity, and support mental health in Black communities, emphasizing both historical reflection and contemporary issues.

- Collaborations with streetwear designer and influencer Khano Ngo for the AAPI community

- Pride Month (July) - The Pride Digital Toolkit provides resources to support mental health and well-being within the LGBTQIA+ community during Pride Month and beyond. The toolkit includes social media content, educational materials, and activity ideas. These resources promote inclusivity, reduce stigma, and celebrate LGBTQIA+ identities. The goal is to create supportive environments, raise awareness about mental health challenges, and crucial resources. And support for Transgender day of Remembrance.

- Suicide Prevention Week and Month (September) - The Suicide Prevention Activation Kit (digital and physical) provides a range of resources to support individuals and organizations in raising awareness during National Suicide Prevention Awareness Week and throughout the year. Key materials in the kit include guides for creating social media posts, Infographics for awareness campaigns, activity Tip Sheets for community engagement, and downloadable posters tailored for diverse communities. These resources aim to help individuals recognize warning signs, initiate meaningful conversations, and connect with local suicide prevention resources. The goal of the kit is to empower everyone to take action and promote the importance of suicide prevention.

- Winter Wellness (December-January) - The Winter Wellness Digital Toolkit (digital and physical) offers resources designed to help individuals maintain their mental well-being during the colder months. This toolkit addresses the unique challenges of winter, including seasonal affective disorder (SAD) and isolation. It includes practical materials such as wellness tips for managing winter-related stress, activity guides to promote engagement and connection, social media content to raise awareness and encourage self-care. These resources support individuals in prioritizing self-care, staying connected, and engaging in positive activities that promote mental health during the winter season.

- May is Mental Health Matters Month (May) - The May is Mental Health Matters Month 2024 Toolkit (digital and physical) includes essential resources to raise awareness and promote mental health during Mental Health Matters Month in May. The toolkit contains social media content, educational resources, and activity ideas. These resources are designed to reduce stigma, increase

understanding, and encourage open conversations about mental health. They equip individuals and organizations with the tools to engage communities, raise awareness, and create a supportive environment for mental well-being, with a focus on inspiring action year-round.

- Take Action 4 Mental Health also disseminated physical and digital materials for National Rural Health Day and Student Athlete Suicide Prevention.

The PEI Project continues to prioritize outreach to younger populations, with approximately 61.67% of support provided to individuals under 25 years old. Below are the estimates for outreach and program evaluation within this demographic:

- Outreach: 55% of participants are under 25 years old (social media); 55% toolkits and collateral

- Evaluation: 65% of individuals served are under 25

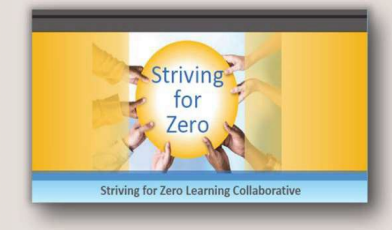
The Take Action for Mental Health website has become a key resource for individuals seeking mental health information and tools with 105,558 sessions and 9,133 resources downloaded.

Funding to the PEI Project supported programs such as:

- Continued production, promotion, and dissemination of the Take Action for Mental Health campaign's materials and messages, providing technical assistance and outreach to members contributing to the PEI Program.

- Providing mental health and suicide prevention trainings to diverse audiences.

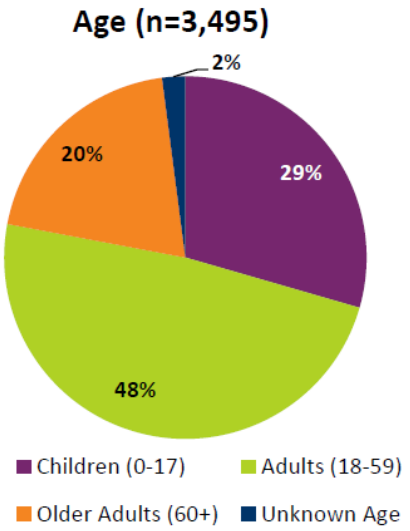
In FY23/24, Riverside County concluded participation in the Suicide Prevention Learning Collaborative through CalMHSA, Striving for Zero. This opportunity provided subject matter experts in the area of suicide prevention to give guidance and support to our local efforts in the implementation of our local suicide prevention strategic plan and assisting with the ongoing work of our local Suicide Prevention Coalition. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these activities.

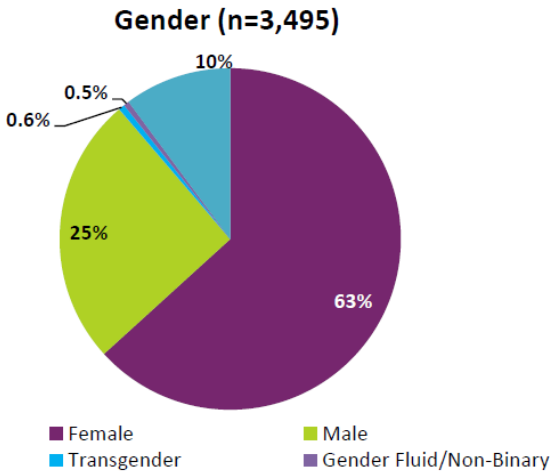


Who We Serve – Prevention and Early Intervention

In FY23/24 121,438 individuals were reached by PEI from a variety of Outreach activities including, depression screening at Community Health Centers. Riverside County residents were engaged by Prevention and Early Intervention outreach and service programs. Of those, A total of 3,495 individuals and families participated in PEI programs (excluding outreach) and an additional 2,878 middle school and high school age youth and 374 school staff, parents and community members participated in suicide prevention training on school sites. This resulted in a total of 6,747 served (not including outreach).

The following details the demographics of the PEI program participants.





Race/Ethnicity	PEI Participants (n=3,495)	County Census (n=2,458,774)
Caucasian	11.9%	32.2%
Hispanic/Latinx	47.0%	51.4%
Black/African American	7.1%	6.3%
Asian/Pacific Islander	3.5%	7.2%
American Indian	1.7%	0.46%
Other/Unk/ Multi-Racial	28.7%	2.5%

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

Each PEI program has an annual outcome report with detailed data outcomes that are available upon request. Specific demographic information, by program, can be found in the PEI Appendix to this document.

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

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

Cultural Competency Program - Outreach and Engagement Activities
Program Type: Prevention Program
The Cultural Competency Program (CCP) is dedicated to eliminating barriers and increasing access for underserved and underrepresented populations through the MHSA values of:

1. Equal access for diverse populations
2. Wellness, Recovery & Resilience
3. Client/Consumer and family-driven
4. Strength-Based and Evidence-Based Practices
5. Community-Driven Based Practices
6. Innovative and Outcome-Driven
7. Cultural Humility and Inclusivity

Research indicates that culturally informed care works. The more people are reached and connected to needed care, the less likely they are to experience the consequences of untreated mental health needs, such as repeated hospitalizations, the use of expensive emergency services, incarceration, school failure, and homelessness. Service delivery would be easier if we were all exactly alike and had the same experiences, but meeting people where they are increasing the likelihood of opening the door to healthier and more productive lives. Some folks do better when matched with a provider who shares or understands their worldview. This can be based on a shared perspective like religion or spirituality, a shared experience like being a military veteran, or a shared cultural history such as being an ethnic minority.

Some of the highlights from this year's Cultural Competency Plan include:
We hired a full-time Veteran Services Liaison or VSL. Our long-standing VSL resigned almost 2 years ago, leaving a vacancy that was difficult to recruit. The VSL is a therapist who not only provides therapeutic and case management services to Riverside County Vets but also promotes behavioral health awareness and stigma reduction to seek care for our military veterans and their families. The incumbent holds a degree to provide psychotherapy and has their own lived experience in the military. In August 2024, we re-filled the position with a veteran Navy corpsman and have begun the process of rebuilding the infrastructure of his role.
We also improved crisis engagement for the Deaf and Hard-of-Hearing Community. In partnership with Hanna Interpreting Services, our program developed remote video American Sign Language interpretation for our 24/7 mobile crisis teams. This allows quality ASL interpretation at any time of day or night when dispatched to assist an ASL speaker in a behavioral health crisis.

We ensured the voices of our 10 identified communities were part of MHSA plan development. Our Cultural Community Liaisons (CCLs) are people from these 10 communities who are

contracted to reduce access barriers to behavioral health care. The CCLs actively provide community education, build care bridges, and make referrals to support and services. They host their own community advisory committees, serve on the steering committee of this PEI plan, and on the steering committee for the MHSA Innovation plan serving people with eating disorders.

We refined and standardized the Cultural Competency Program evaluation protocols. Collaborating with the Department's Evaluation unit, we developed standardized data protocols to create consistent measurements of program outcomes. We measure audiences' responses to training and presentations and the number of direct referrals our program makes to service providers.

We sustained and developed a 10-month cross-county collaboration with San Bernardino County's Department of Behavioral Health. The collaboration focused on capacity building of Black-owned community-based organizations to help fill the gaps in behavioral health care program options. This collaborative continues by looking at capacity building for Asian/Pacific Islander and LGBTQ communities.

We look forward to partnering even more with the community to ensure every Riverside has the opportunity to thrive and contribute to building Riverside County's future.

The collective efforts of the CCP Staff, cultural community liaisons (CCLs), and cultural advisory committees bring a breadth of knowledge and expertise, strengthening our capacity to reduce disparities throughout our behavioral health system of care and barriers to accessing services.

Cultural Competency Reducing Disparities Advisory Committee

The Cultural Competency Reducing Disparities (CCRD) Advisory Committee is a committee including RUHS-BH staff, members of the cultural subcommittees, community-based organizations, community leaders, and consumers. CCRD works to identify cultural barriers and unmet needs with underrepresented populations. Partnering with Workforce Education and Training, CCRD promotes and hosts workforce training.

The CCRD committee prioritized the recommendations as follows:

1. Hiring bilingual staff
2. Cultural Competence Staff Training
3. Sustainability
4. Dissemination of information
5. Availability of Resources

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

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

The subcommittees for cultural communities have been established and convene regularly, with the active participation of community members.
Through their collaboration with the CCLs, these subcommittees have secured sponsorships worth approximately $160,000 to support community service providers in delivering culturally appropriate mental health workshops and outreach events in the identified communities:

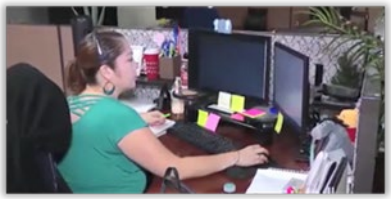
- **Asian Pacific Islander Desi American & Native Hawaiian (APIDANH) –** Dr. Ernelyn Navarro
- **African American Family Wellness Advisory Group (AAFWAG)** – Hazel Lambert
- **Middle Eastern and North African (MENA) –** [currently vacant, managed by CCP team]
- **Native American Council –** Dr. Sean Milanovich
- **Wellness and Disability Equity Alliance (WADE) –** Dakota Brown
- **Hispanic/Latinx (HISLA) –** Shirley Guzman
- **Deaf Collaborative Advisory Network (DCAN) –** [currently vacant, managed by CCP team]
- **Community Advisory on Gender and Sexuality Inclusion (CAGSI) –** [currently vacant, managed by CCP team]
- **Spirituality & Faith-Based –** Rev. Benita Ramsey
- **Veterans (hosted by the Behavioral Health Commission) –** Felix Gbagbo, MSW, Navy Corpsman

Inland SoCal Crisis and Suicide Helpline and 211
Program Type: Suicide Prevention Program

Inland SoCal United Way

A program of Inland SoCal United Way & 211+, the Inland SoCal Crisis and Suicide Helpline is available 24/7 by calling 951-686-HELP (4357). The service is a bilingual hotline staffed by highly trained and compassionate Crisis Counselors who are as diverse and representative as the Inland SoCal Region. They assist with emotional support, suicidality assessment and prevention, coping skills, resource referrals and warm hand-off for mental health services, and help for a range of other mental health related crises and experiences such as suicide loss grief, abuse, domestic violence, struggles with aspects such as identity and relationships, and other sensitive topics. The Helpline also conducts trainings across the region to teach and support residents in identifying and responding to mental health needs in their communities. Mental health services are essential to healthy communities. Everyone deserves access to respect, dignity, and wellbeing – especially in moments of crisis. Understanding the nature of that kind of intervention – who calls and why – informs better response systems.

The Inland SoCal Crisis 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.

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.

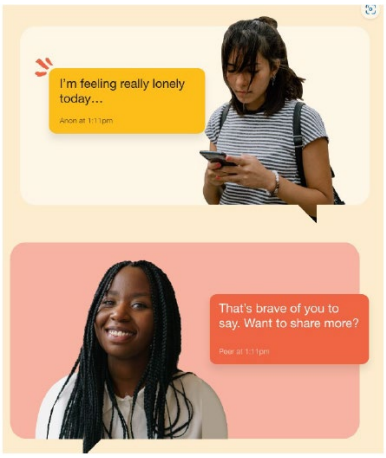
- Workforce Development and Retention: As call volumes rise, ensuring sufficient staffing levels with qualified and well-trained responders is crucial. Ongoing training in evidence-based practices, such as crisis intervention, trauma-informed care, and culturally competent care, is essential. Addressing 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.
A total of 8,312 calls were made to 951-686-HELP for FY23/24. The number of calls went up by 128% from July 2023 (407 calls) to June 2024 (928 crisis calls). Active rescues have decreased by 16% since the prior year (from 62 in 2022-2023 to 52 in 2023-2024). This decrease from all prior years demonstrates that the launch of 24/7 crisis mobile services provided a less intrusive intervention in most situations. In this first partnership year, the Crisis Helpline assessed and warm transferred 174 calls to Riverside County Crisis Mobile Units for in-person support. The number of BIPOC callers has increased by 20% in the last 12 months (although there was no proportional increase in crisis callers).

Take My Hand Peer Chat
Program Type: Suicide Prevention

TakemyHand™ is a peer-to-peer live chat interface operated by RUHS-Behavioral Health Certified Medi-Cal Peer Support Specialists, providing anonymous live chat support using real-time conversations for people 16 years of age or older who are seeking non-crisis emotional support in Riverside County. TakemyHand™ website also offers resources and promotional materials (https://helpathand.info) to the Riverside County community. Access to the LiveChat is available Monday-Thursday 8:00-5:00 and Fridays 8:00-4:00. LiveChat is accessed through the TakemyHand™ website. Website visitors can respond to the LiveChat invitation or utilize the resources available on the website. The program was developed under MHSA Innovations funding. The Tech Suite Innovations project has come to an end. Due to the success of Take My Hand, and in order to keep these services in our County, Take My Hand will be supported, in part, through PEI funding which will cover the chat service technology component only. Details of this service are shared in the Innovation section of the MHSA plan.



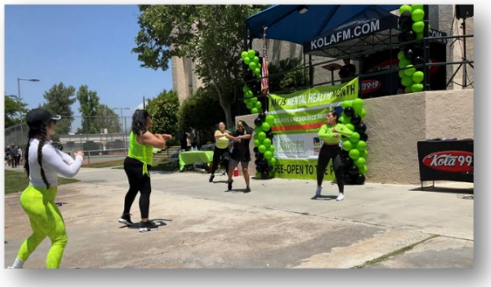
Network of Care

Program Type: Stigma and Discrimination Reduction Program

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 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 FY23/24 the website had an average of 611 Website visits per day and a total of 428,238 page views. Visitors viewed approximately 1,170 pages daily on average. Each visitor viewed nearly 2 pages per visit. Visitors spent an average of over 9 minutes on the site per session, reflecting strong user engagement.

May is Mental Health Matters Month

Program Type: PEI Stigma and Discrimination Reduction Program



The 2024 May is Mental Health Events were held in all three regions of Riverside County. "The Art of Wellness" themed events took place at Fairmount Park in Western Riverside, the Coachella Valley History Museum in the Desert Region, and Valley Wide Regional Park in Mid-County. The events featured free food, culturally diverse music, art and activities to engage roughly 3800 community members in mental health wellness education and resources. Also included in this year's events were screening areas for Directing Change, highlighting video submissions from Riverside County youth that address stigma reduction for mental health, help seeking, and suicide prevention.

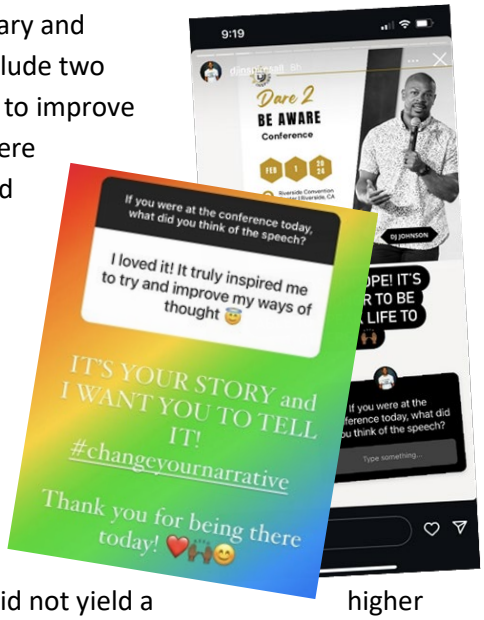
Roughly 300 partner agencies across the County shared their services and resources to community members of all ages and walks of life.

To help increase the reach into the Desert and Mid-County regions, contract providers that have strong ties to their local communities were contracted to organize outreach and help coordinate volunteer efforts. Riverside County Latino Commission covered the Desert region, and California Family Life Center covered the Mid-County region.

"Dare to Be Aware" Youth Conference

Program Type: PEI Stigma and Discrimination Reduction Program

This is a full-day conference for high school and middle school students. The day includes presentations on mental health-related topics along with activities. The 2024 Dare to be Aware youth conference was hosted in February and expanded to include two events this year to improve access. There were conferences held in Riverside and Palm Springs. There was a total of 23 schools countywide that attended the events and a total of 500 youth and advisors in attendance. Both events featured two keynote speakers (DJ Johnson and Gentre Adkins) that shared messages of hope and resilience, giving attendees tools to use in their lives to help bolster their own innate resilience. Students and advisors also received an inspirational activity of chair yoga by Dat Yoga Dude, James Woods, to also add mindfulness, movement, and breathing to their toolbox. Two events did not yield a higher than typical attendance and with the high costs associated with two event venues, the 2025 event will return to one location.



Stand Against Stigma:

Program Type: PEI Stigma and Discrimination Reduction Program

The program goals of this project are to reduce stigma regarding mental illness and to increase community awareness within target populations regarding mental health information and resources. This is an interactive public education program in which consumer speakers share their personal stories about living with mental illness and achieving recovery. The target audiences and goals are:

- Employers: to increase hiring and reasonable accommodations
- Landlords/Housing officials: to increase rentals and reasonable accommodations
- Health care providers: for provision of the full range of health services
- Legislators and other government-related individuals: for support of greater resources for mental health
- Faith-based communities: for greater inclusion in all aspects of the community
- Media: to promote positive images and to stop negative portrayals
- Community (e.g., students, older adults, service clubs, etc.): to increase social acceptance of mental illness

- Ethnic/Cultural groups: to promote access to mental health services

The program consists of a small team of presenters who share their lived experience with mental illness and their recovery journey to reduce stigma and spread messages of hope. 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. To help increase community access to presentations, the provider worked on promoting open, virtual presentations for community members to attend. Efforts were made to advertise and promote those regional, virtual presentations; 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. The biggest lesson learned from FY23/24 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 the 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 and wellbeing.

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."

Up2Riverside Media Campaign
Program Type: PEI Stigma and Discrimination Reduction Program

RUHS - BH continued to contract with a marketing firm, Civilian, to maintain and expand Up2Riverside.org, a paid media campaign for mental health awareness, stigma reduction, and suicide prevention (as well as substance use and prevention) in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples, and families. Up2Riverside.org includes social media in its overall digital presence. This website has many resources for community members to access. There are downloadable mental wellness kits, the Mental Health Back to School Toolkit, and information about important campaigns such as May is Mental Health Month and Suicide Prevention Awareness Month.

In FY23/24, Civilian designed a new website for a more modern/current look and feel, and refreshed/reworked content throughout the site, creating an overall better user experience for website viewers. The campaign would benefit from updating the commercial ads, but production (video shoot) was not able to move forward.

Emails continued to be responsible for the largest volume of site sessions (38% of total paid sessions), with the lowest Cost Per Click ($0.45) and cost per session ($0.52), making this channel a very cost-effective manner to share a longer form message and entice users to learn more on the website. The campaign introduced Spotify as a new tactic and while the primary Key Performance Indicators for Spotify is awareness (impressions), it is worth noting that the Spotify companion banner outperformed the industry benchmark of 0.05% and generated a total of 853 site sessions, proving the success of this tactic and need to include it in future plans to test further.

In doubling Paid Search's budget Year-Over-Year this campaign saw a 2.36x increase in site sessions while maintaining the overall Cost Per Click benchmark of $1.35 (Paid Search was responsible for generating 13.51% of all paid sessions). Success of this tactic was due to both the increase in budget, as well as optimizations throughout the campaign.
The FY 23/24 paid media campaign delivered a total of 61M+ impressions and 344K+ clicks and was responsible for 81% of all website sessions. The campaign also sustained 242 total display points at 113 venues in Hemet and San Jacinto through narrowcasting efforts to share educational and resource information for the campaign with the general public.

Promotores de Salud Mental y Bienestar Program and Community Mental Health Promotion Program (CMHPP)
Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness Program

The Promotores(as) de Salud Mental y Bienestar program is an outreach and education approach to build a relationship with the Latinx community and increase access to mental health services while reducing the stigma associated with mental illness. Because Promotores(as) come from the communities they serve, they can address access barriers that arise from cultural and linguistic differences, stigma, and mistrust of the system. Furthermore, since they usually provide services in the community when and where it is convenient to community members, they help decrease barriers due to limited resources, lack of transportation, and limited availability. In addition to coming from the communities they serve, Promotores(as) can be characterized by three Ps:
Presence in the community, Persistence, and Patience – these build trust in the community. Relationships with the community is one of the key factors that distinguish Promotores(as) from other health workers. The program includes a series of 10 mental health topics that are offered to the Latinx community in 1-hour presentations. The topics include anxiety, depression, mental health, schizophrenia, self-care, substance abuse, suicide prevention, trauma, bipolar disorder, and grief & loss. The schizophrenia presentation has been replaced with the culturally specific La Clave curriculum. Resources are also provided.

The Community Mental Health Promotion Program (CMHPP) is an ethnically and culturally specific mental health promotion program that targets: Native Americans, Asian Americans/Pacific Islanders, and Middle Eastern/North African (MENA). A similar approach to the Promotores model, the program focuses on reaching un/underserved cultural groups who would not have received mental health information and access to support and services. The promotors received a 40-hour training in which they are educated on topics in mental health, given a list of culturally competent local resources, and are empowered to create a plan of action as a group to address the unique mental health needs of their community. They provide 1-hour presentations on 10 different mental health topics in non-stigmatizing community locations such as local churches, community centers, schools, and parks. The topics include anxiety, depression, mental

health, schizophrenia, self-care, substance abuse, suicide prevention, trauma, bipolar disorder, and grief & loss. Resources are also provided.

In fiscal year 2023/2024, the following agencies provided the CMHP Program to each of their respective underserved populations: Visíon y Compromiso (Hispanic/Latiné); Riverside-San Bernardino County Indian Health, Inc. (Native American); Special Services for Groups (Asian American/Pacific Islander); Sahaba Initiative (Middle Eastern/North African). 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. Throughout the County, the majority of those in attendance indicated Spanish as their primary language (85%). Furthermore, the program expanded to include service to the Mid-County region in FY23/24, and the provider was able to provide a total of 3,476 presentations with a total of 11,862 people in attendance.

Visión y Compromiso

Promotores
3,476 Presentations
11,862 Attended

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 FY23/24 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.

Native American
143 Presentations
1,083 Attended

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 FY23/24 the provider held a total of 47 presentations in English, Korean, and Chinese with 1,028 in attendance. immerse

ssg
Special Service for Groups

Asian American/
Pacific Islander
47 Presentations
1,028 Attended

Sahaba Initiative started their contract approximately halfway through FY23/24 and were able to establish an office location in the Riverside area and hire two full-time staff to serve in 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.

Some of the challenges that the providers faced during FY23/24 included finding key organizational leaders that they could connect with to champion their programs and bring them to the community members for presentations. Other providers faced staffing challenges and had 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 the 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. Additionally, 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. 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 in Native American, the different cultures that make up Asian American/Pacific Islander, 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 lucrative 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.

The providers in the CMHP program 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.

The outreach efforts have been a great success in leading workshops and building relationships within the different communities.

Feedback from participants includes:

- "It helps me understand more about my sister and to know how to help her."

- "It is very useful to know the symptoms so we can help someone or detect the disease early."
- "Making me more comfortable to talk about depression with my friends and family."
- "It brings awareness and helps people understand where others are coming from."
- "The mindset to think about things again and make an effort to put into practice."
- "Learned different ways to cope with stress."
- "The information shared in the training series were useful."

Suicide Prevention Activities

Program Type: Suicide Prevention Program

The past several years has included a larger focus on suicide prevention in Riverside County. A local strategic plan was developed, and the goals/objectives of the plan are being addressed through the Riverside County Suicide Prevention Coalition. Our local efforts are designed to align with and enhance the statewide goals for suicide prevention.

Building Hope and Resiliency: A Collaborative Approach to Suicide Prevention in Riverside County is the Riverside County suicide prevention strategic plan. As part of our statewide partnership, PEI participated in a suicide prevention learning collaborative. The plan was created through a data-driven process with community stakeholder feedback. In June 2020, the strategic plan was released. The plan identifies specific goals and objectives to address suicide in Riverside County and is in line with the California statewide strategic plan, *Striving for Zero.* In September 2020, the Riverside County Board of Supervisors passed a resolution adopting this strategic plan as a countywide initiative.

Riverside County Suicide Prevention Coalition: To bring the strategic plan to life, a Suicide Prevention Coalition was established. The Coalition kicked off in October 2020. Currently, the Coalition is led in partnership by RUHS Behavioral Health (PEI) and Public Health (Injury Prevention) and includes eight (8) sub-committees: Measuring & Sharing Outcomes, Effective Messaging & Communications, Upstream, Prevention-Trainings, Prevention-Engaging Schools, Prevention-Higher Education, Intervention, and Postvention. The Coalition meets quarterly and offers learning opportunities in suicide prevention best practices and is where sub-committees share ongoing progress.

Riverside County is one of 10 counties selected by the California Department of Public Health (CDPH) for a grant: The Youth Suicide Prevention and Response Network (YSPRN) pilot focused on developing a system flow map for supporting youth in suicidal crisis with the goals of filling any gaps in support identified in Riverside County. It is a partnership with RUHS-PH, RUHS-BH, RCOE, and United Way (Helpline). This funding supported the development of the Suicide Fatality Review Team, rapid surveillance data collection, suicide risk screening training for schools, development of a crisis call dashboard for our local Helpline, development of a system flow map

to improve understanding and services for youth in suicidal crisis, and a portion of the annual SPC conference in October 2024.

Sub-committees meet monthly. Below is an update on the activities of each sub-committee for this reporting period.

Measuring & Sharing Outcomes (Data) sub-committee

- Data Brief: Suicides in Riverside County 2018-2022
    - RUHS-PH and BH worked together to develop this brief and it can be found by scanning the QR code
- CDPH grant: Monthly Rapid Surveillance of youth suicides and attempts shared with county partners to better inform our work.
- CDPH grant: Suicide Fatality Review Team
    - The review team is currently focused on youth 25 years old and younger. This multi-disciplinary team works together to review 2-3 suicide deaths per meeting looking for opportunities to prevent future suicides. Shared data from involved partners is used to identify risk and protective factors for suicide that are unique to Riverside County with the goal of making recommendations for local policy and practice changes to help reduce suicide risk and promote safety.

Effective Messaging sub-committee

- 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. Hosted a Safe and Effective Messaging and Communication Workshop in January 2025 for Public Information Officers and individuals that interact with the media and public to report out after a suicide loss.

Upstream sub-committee

- 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 sub-committee

- 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

- CDPH grant funding will allow RUHS-BH to bring Collaborative Assessment and Management of Suicidality (CAMS) training to our staff. CAMS is an evidence-based approach to treating people suffering from serious thoughts of self-harm. The goal is to have 140 RUHS-BH clinicians and RUHS-BH contracted clinicians certified in this model by June 2025.

Prevention: Engaging Schools sub-committee

- Increased school district participation in the sub-committee
- Co-chairs completed the school-based Suicide Risk Screening T4T making this training available to school districts throughout Riverside County, through a grant with CDPH.
  - The goal of the training is to provide educators and other adults with the confidence and tools to assess suicide risk in youth.
  - The training prepares educators and outreach staff how to effectively identify and respond to suicide risk. School staff are trained how to use the Columbia-Suicide Severity Rating Scale to determine the risk of suicide and how to deliver assistance to the youth once assessing their risk.
  - Partnership between RCOE, PH, and BH with trained facilitators to provide this to school districts throughout Riverside County.

Prevention Higher Education sub-committee

- Created a series of videos for students and staff including “How to Help a Student in Distress” and “Employee Self-Care.”
- Hosted Art with Impact workshops which aim to promote mental wellness by creating space for young people to learn and connect through art and media.
- The Active Minds 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. In October 2023 PEI funded an exhibit at University of California, Riverside and Mt. San Jacinto College. The exhibits were well received by students and faculty.

Intervention sub-committee

- Continued distribution and advertisement of the Care Transitions Flyer as well as the launch of the Firearm Lock Distribution project distributing nearly 1,000 gun locks and attending approximately 10 community events this fiscal year.

Postvention sub-committee

- Active Postvention response continued with on-scene support from the Trauma Intervention Program (TIP) volunteers following a loss to suicide. Volunteers provide resource kits to loss survivors. For FY23/24 TIP received a total of 649 calls to their dispatch center. Of those 55 were suicide deaths. 62 LOSS kits were distributed.

- Clinical Bereavement Counseling for Suicide Loss, launched in November 2024, is short-term grief counseling for survivors of suicide loss provided at no cost to residents of Riverside County. This pilot project will offer 6-8 free sessions to suicide loss survivors through community-based clinicians who are trained in a specific approach to support suicide bereavement. The manual was developed specifically for Riverside County by Dr. Sally Spencer-Thomas, a leader in the field of suicide prevention and bereavement. This is the first program of its kind in the country. PEI partnered with IEHP to train several of their providers to offer this as a benefit to their members. Suicide Loss survivors can request this service by visiting the TIP website at: https://tiprivco.org/bereavement-counseling/. Applications for clinicians who would like to get trained to provide this service for PEI are being accepted on an ongoing basis, until the County determines it has obtained enough providers to adequately address the needs of the County, issues a new procurement for this program, or funding is no longer available. You can find the application at www.rivcospc.org.

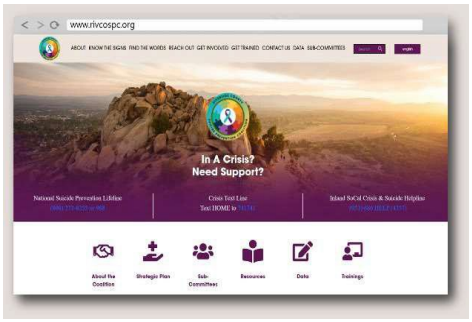
- Peer Support Groups for Suicide Loss launched in January 2025. The SPC and PEI partnered with the American Foundation for Suicide Prevention (AFSP) to train community members/volunteers to facilitate support groups for suicide loss survivors. This support was nearly non-existent in Riverside County up to this point. PEI will provide ongoing support for facilitators, in partnership with AFSP, to ensure groups are available to community members in need.

- **Out of Darkness Walks** - For the second year the Suicide Prevention Coalition was a Regional Lifesaver Sponsor for the American Foundation for Suicide Prevention's (AFSP) three Out of Darkness Walks, the events were in Riverside, Coachella Valley, and Inland Empire (Rancho Cucamonga). There was great community participation in the walks and resulted in raising a substantial amount of funds for AFSP research. The coalition hosted an outreach table at each event to spread awareness about our current efforts. Through our outreach, several individuals expressed interest in

becoming facilitators for Peer Support Groups for survivors of suicide loss here in our county.

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
- 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.



- 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?

Man Therapy - The SPC/PEI continued to support Mantherapy.org with local advertisement and resources. Man Therapy is a web-based campaign focused on men that uses humor and male stereotypes to start the conversation and get men to think differently about their mental health. Man Therapy aims include helping men to explore how gender socialization influences their relationships and mental health, to reduce stigma about mental health and suicide, to empower men to seek help, and to reduce suicide risk. Its approach is around hope and resilience, while integrating humor throughout the website. Nearly 5,000 head inspections (online risk screening) were completed this fiscal year.

Suicide Prevention and Mental Health Awareness Trainings

The PEI Administration team coordinates and facilitates the following trainings for individuals who live and/or work in Riverside County. You can find out more and register for free for any of

these trainings here: https://www.ruhealth.org/behavioral-health/prevention-early-intervention. In FY23/24, the training team delivered the following trainings:

Some comments from participants include:

safeTALK

- In-person 3-hour suicide alertness training
- **31 trainings; 503 participants for FY23-24**

Applied Suicide Intervention Skills Training (ASIST)

- In-person 2-day suicide intervention skills training
- **19 trainings; 327 participants for FY23-24**

Mental Health First Aid

- Offered with Youth and Adult focus
- In-person 8-hour mental health awareness and crisis support training
- **17 trainings; 231 participants for FY23-24**

Mental Health 101

- Mental Health vs. Mental Illness
- 90-minutes
- **7 trainings; 77 participants for FY23-24**

Self-Care and Wellness

- Interactive activities to promote self-care and wellness
- 2-hours
- **5 trainings; 79 participants for FY23-24**

Building Resiliency and Understanding Trauma

- Understanding Adverse Childhood Experience; Impact of trauma on well-being and health; building resiliency
- 2-hours
- **8 trainings; 185 participants for FY23-24**

Know the Signs

- Suicide prevention training – learn the signs, find the words, reach out to resources to support someone.
- 2-hours
- **17 trainings; 108 participants for FY23-24**

- "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."
- "This training helped my school community to not be afraid and it [the training] will help them build capacity within their role."
- "Very informative, kept my attention & was engaging which made it more comfortable to speak out & participate."
- "Thank you for sharing this valuable information. I fully support all efforts to stop the stigma of needing mental health support."
- "This training was extremely helpful. The trainers are very knowledgeable, welcoming, and helpful."
- "The training was very smooth and informative. Presenters engaged all and did well. I liked learning the PALS."
- "ASIST was a fun and helpful training. The guidance and experience obtained is invaluable to me personally and professionally."

PEI-02 Parent Education and Support

Triple P (Positive Parenting Program)

Program Type: Prevention Program

The Triple P Parenting Program is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. In FY23/24 RUHS - BH continued to contract with one well-established provider to deliver the Level 4 parenting program for both parents of children 2-12 as well as parents of teens 12-17 in targeted communities in the West, Mid- County, and Desert regions of Riverside County. The service delivery method of Level 4 Triple P is a series of group parenting classes with active skills training focused on acquiring knowledge and skills. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Following the initial series of group sessions, parents receive three follow-up telephone sessions to provide additional consultation and support as parents put skills into practice. The group then reconvenes for the eighth and final session where graduation occurs.

For FY23/24 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.

Recruitment into the Spanish and Teen classes remained a significant challenge for FY23/24. 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. 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 through the County.

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.

Feedback from participants included:

- "[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."

Mobile Mental Health Clinics and Preschool 0-5 Program

Program Type: Prevention Program

The Preschool 0-5 Program is made up of multiple components including SET-4-School, Prevention and Early Intervention Mobile Services (PEIMS), and the Growing Healthy Minds Initiative. The program is operated using leveraged funds including Medi-Cal, MHSA/PEI, and First 5. All program components are implemented through relationships with selected school districts and community-based organization partners. Evidence based and evidence informed services are accessible at clinic sites, on mobile units out in the community, and at school sites across Riverside County. Services include a comprehensive continuum of early identification (screening), early intervention, and treatment services designed to promote social competence and decrease the development of disruptive behavior disorders among children 0 through 6 years of age. Services offered within the program are time-limited and include the following: Parent- Child Interaction Therapy (PCIT); Parent Child Interaction Therapy with Toddlers (PCIT- T); Trauma Focused Cognitive Behavioral Therapy (TF-CBT); Incredible Years (IY); Positive Parenting Program (Triple P); Nurturing Parenting; Education Equip and Support (EES); psychiatric consultation and medication evaluation; classroom support for early care providers and educators; community presentations; and participation in outreach events.

Growing Healthy Minds is the newest component of Preschool 0-5 Programs. The mission of the Growing Healthy Minds Initiative is to work in partnership with the community to increase opportunities for young children across Riverside County to develop skills and abilities that will prepare them for school and life.

The mobile units were in need of much repair and ongoing maintenance. The Department made the decision to downsize the mobile units to sprinter vans and with limited to no access available on school campuses during the COVID pandemic, it seemed a good time to make this transition. The new vans were delivered early in 2024, however, there were delays related to manufacturing issues that impacted their use within the community. We anticipate roll-out of the vans in March 2025.

The Preschool 0-5 Program under RUHS 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 FY23/24 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 West, Desert, and Mid-County 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.

Implementation Challenges:

During FY23/24, the Preschool 0-5 Program (PEI) 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 FY22/23 to 300 in FY23/24, 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.

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 awareness 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.

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. I will forever be grateful to all of you, and I know my little one is just as grateful. With many thanks.

Strengthening Families Program (6-11) (SFP)

Program Type: Prevention Program

SFP is an evidence-based program that emphasizes the importance of strong family relationships and building family resiliency. The program seeks to make family life less stressful and reduce family risk factors for behavioral, emotional, academic, and social problems in children. This program brings together families for 14 weeks, for 2 ½ hours each week.

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.

Children's conduct and emotional problems improved.
Parental involvement improved and families were strengthened.

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.

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.

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 the 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.

SFP Enrolled 117 families made up of 144 individual parents/guardians. 85% completed the program.

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."

Guiding Good Choices

Program Type: Prevention Program

Community feedback regarding the ongoing need for parent support as well as impacts to children over the past several years indicate the need and desire for more prevention options. Guiding Good Choices has been in the PEI plan as a component of work plan 7. In the coming 3-year plan, PEI will expand this model and select providers to deliver this service through the competitive bid process.

Guiding Good Choices is an evidence-based practice that focuses on the prevention of substance use and other problem behaviors. The group targets parents of children ages 9-14, who DO NOT have a substance abuse issue—this is a prevention program. It is a 5- week, 2-hour, group for 10-12 parents. The program consists of five 2-hour workshops, usually held one time per week for five consecutive weeks. Workshop topics are appropriate for a wide and diverse audience. Here's what each workshop covers:

- Getting Started: How to Prevent Drug Use in Your Family
- Setting Guidelines: How to Develop Healthy Beliefs and Clear Standards
- Managing Conflict: How to Control and Express Your Anger Constructively
- Avoiding Trouble: How to Say No to Drugs & Other Problem Behaviors (Children are invited this session)
- Involving Everyone: How to Strengthen Family Bonds

Due to staffing shortages, the RFP has been delayed. This program is on hold as we navigate the changes related to the Behavioral Health Services Act.

PEI-03 Early Intervention for Families in Schools

Peace4Kids

Program Type: Prevention Program

Peace 4 Kids is based on five (5) components (Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills). The program goals include: helping students master social skills, improving school performance, controlling anger, decreasing the frequency of acting out behaviors, and increasing the frequency of constructive behaviors. There is also a parent component, which strives to create social bonding among families and within families while teaching social skills within the family unit.

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. As was shared in our previous update, the PEACE4Kids program was released for competitive bid for school districts in May 2022. The goal is to have PEACE4Kids programs in at least one school district per region. Unfortunately, no bids were received. Due to staffing shortages, the re-release of this RFP has been delayed. This program is on hold as we navigate the changes related to the Behavioral Health Services Act.

PEI-04 Transition Age Youth (TAY) Project

This project includes multiple activities and programs to address the unique needs of TAY in Riverside County. As identified in the PEI Work Plan this project focuses on specific outreach, stigma reduction, and suicide prevention activities. Targeted outreach for each activity focused on TAY in the foster care system, entering college, homeless or runaway, and those who are Lesbian, Gay, Bisexual, Transgendered, and Questioning (LGBTQ).

TAY Resiliency Project: Stress and Your Mood (SAYM)/Peer-to-Peer

Program Type: Early Intervention Program/Prevention (respectively)

The **TAY Resiliency Project** includes the delivery of Stress and Your Mood as well as Peer- to-Peer services. These two programs have been in the PEI plan since implementation began. These two plans have been packaged into one contract for a service provider to deliver the full scope of both programs. Connecting the programs into one contract did not result in higher levels of inter-program referrals. In last year's report we noted the intent to re-release for competitive bid and separate the programs into two distinct contracts, one for Stress and Your Mood and one for Peer-to-Peer. This will allow for a greater range of service providers to bid for contract. This plan is on hold as we navigate the changes related to the Behavioral Health Services Act.

The **Stress and Your Mood (SAYM)** program is an evidence-based early intervention used to treat Transition Age Youth who are experiencing depression. Demographics 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 FY23/24, and 100% of the participants were TAY.

SAFEHOUSE

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%

- **244** participants enrolled
- **68%** completed
- Depression decreased
- Psychiatric status improved
- Overall functioning improved
- *"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." -* Participant

with 166 out of 244 youths completing the program, and 2 participants continuing their SAYM services in the FY24/25. 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.

The **Peer-to-Peer program** utilizes Transition Age Youth (TAY) Peers to provide formal outreach, informal counseling, and support/informational groups to other TAY who are at high risk of developing mental health problems. Specific target populations within TAY include homeless youth, foster youth, LGBTQ youth, and youth transitioning into college. The providers also educate the public and school staff about mental health, depression, and suicide. The components of this program include Speakers' Bureau Honest, Open, Proud presentations, Coping and Support Training (CAST), Directing Change workshops, Peer Mentorship, and general outreach activities.

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.

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. Social media outreach and engagement have increased during the program year. 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. The provider will 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.

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 firsthand 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".

"My point of view on this has changed now that I've heard an impactful story firsthand and how people can grow and better themselves."

- "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."

Outreach and Reunification Services to Runaway Youth (Safe Place)

Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness Program

In Riverside County, there are currently over 250 Safe Place locations, including all the fire stations, police stations, Riverside Transit Agency (RTA) and Sunline buses. Safe Place allows Operation Safehouse to have "virtual doors" throughout the community; by displaying the "Safe Place" symbol in various locations, their goal is to provide assistance to youth who see the sign and ask for help at any of these locations. 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. This program includes targeted street outreach and engagement to the TAY population to provide needed services to return them to a home environment. Outreach includes training and education for business owners, bus drivers, and other community agencies to become aware of at-risk youth who may be homeless or runaway and seeking support. Trained individuals assist youth in connecting them to safety and additional resources. Outreach includes going to schools to provide students with information on available resources, including crisis shelters; going to places where youth naturally congregate, such as malls; and working with organizations most likely to encounter the youth. Crisis intervention and counseling strategies are used to facilitate the reunification of the youth with an identified family member.

Due to staffing shortages, there was no training conducted and/or no training data submitted for Safe Place Trainings between July 2023 to June 2024 for Desert region and Western/Mid-County region. The provider conducted a total of 37 Educational Presentations, with a total attendance

- **A total of 3,289 individuals were provided services by Operation Safehouse**
- **A total of 117 youth entered or were placed/referred to a Safe Place location (TLP).**

of 2,348 people. The provider has continued helping youth in finding suitable housing by getting them into shelters, transitional programs, and treatment centers. We have continued partnering with other departments throughout the agency to reach schools, law enforcement, transit agencies, and other community entities that would benefit from our services. Due to these efforts, we continue to see an uptick in referrals and youth coming forward. 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.

The objective 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.

A success story:

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 he slept outside. He spent the night at the 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.

FY2

Active Minds/Send Silence Packing

Program Type: Suicide Prevention Program

Active Minds is a student-run club on college and university campuses to promote conversation among students, staff, and faculty about mental health. In FY10/11, FY11/12, and FY13/14 RUHS - BH provided seed funding for four campuses in Riverside County to start up chapters on campus. The college and university campuses that now continue to have Active Minds chapters are the University of California Riverside, College of the Desert, Riverside City College, Mount San Jacinto College, and Moreno Valley College. Student activities include providing information to students and faculty regarding mental health topics and promoting self-care. The development of the chapters and the positive working relationships between county mental health and the local college campuses continued to be of interest both at the local and state level. Maintaining student participation in the club, particularly at the community college level, has been a challenge. The RUHS-BH PEI team has worked with advisors and club presidents to provide technical assistance, outreach materials, and ongoing support to assist them with club activities and planning for the future. Additionally, suicide prevention training has been offered on their campuses for both faculty and students. Since 2011, RUHS-BH has partnered with Active Minds and local college and university campuses to bring the Send Silence Packing exhibit to Riverside County with the goal of inspiring and empowering a new generation to change the conversation about mental health. The exhibit has been updated. 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 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, most 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 because of the information they received. The Active Minds 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. In October 2023 PEI funded an exhibit at University of California, Riverside and Mt. San Jacinto College. The exhibits were well received by students and faculty.

Directing Change Program and Film Contest

Program Type: Suicide Prevention Program

The statewide Directing Change Program and Student Film Contest offers young people the exciting opportunity to participate 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. To support the contest and to acknowledge those local students who submitted videos, RUHS – BH has partnered with RUHS-Public Health and Riverside County Office of Education to co-host a local event to recognize Riverside County youth who enter the statewide contest.

In FY23/24 203 Riverside County films were submitted from 26 schools and CBOs with 580 participants. Riverside County's Eleanor Roosevelt High School won 1st place in the Suicide Prevention Category titled "Speaking Up" for both our local recognition ceremony as well as the statewide contest. You can view it here: https://vimeo.com/916108816. The Riverside County recognition ceremony also featured an Art Gallery Walk, recognizing the youth who submitted and won the state's monthly Hope & Justice contests throughout the academic year. The monthly contest throughout the year offers the opportunity for youth to submit a variety of media entries. Riverside County youth won 1st place in September 2023, November 2023, January 2024, and February 2024. In addition, Riverside youth received 3rd place in September 2023 and January 2024.

On May 16, 2024, Riverside County hosted the 8th local recognition and screening ceremony in partnership with RUHS-Public Health and Riverside County Office of Education (RCOE). Nearly 300 students, advisors, families, and other community members were in attendance. 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 a couple of new elements such as the Hope & Justice Art Gallery to honor monthly contest winners and a musical performance by the November Hope & Justice first place winners! Riverside County also has its own landing page on the Directing Change website where you can find winning films from every year of the contest: https://directingchangeca.org/riversidecounty/.

RUHS-BH, PH, and RCOE will co-host again the Riverside County Screening and Recognition Ceremony on May 15, 2025 at the Fox Theater in Riverside. As mentioned earlier in this document, CalMHSA will no longer provide funding support for this statewide program. Riverside County youth and schools have participated robustly in the statewide program and film contest and local support and recognition of these students has been a key element in our local PEI plan. Therefore, RUHS-BH PEI will continue to provide funding support directly to Youth Creating Change, the creator of the Directing Change Program and Film Contest. This funding provides local dollars to support the statewide program while ensuring we get local benefits that include monthly technical assistance with the Youth Creating Change team, subject matter experts for local presentations, mini-grant awards to local youth and schools, targeted outreach to Riverside County schools and students, and support for our local youth to attend the statewide ceremony. In addition, this includes maintenance of Riverside County's local landing page on the Directing Change statewide website, promotion of the program with Riverside County youth, schools, and organizations, and consultation regarding general local suicide prevention efforts.

Teen Suicide Awareness and Prevention Program (TSAPP)

Program Type: Suicide Prevention Program

Riverside University Health System – Public Health, Injury Prevention Services (IPS) continued to implement the teen suicide prevention and awareness program in sixteen school districts throughout Riverside County in FY23/24. The 16 districts served were Alvord USD, Banning USD, Beaumont USD, Corona- Norco USD, Desert Sands USD, Hemet USD, Lake Elsinore USD, Menifee USD, Moreno Valley USD, Murrieta USD, Nuview USD, Riverside USD, San Jacinto USD, Palm Springs USD, Temecula USD, Val Verde USD.

Through the coordinated effort of our school sites, student groups and community partners, the provider successfully accomplished the following this school year:

- Conducted eighty-nine (89) Teen Suicide Prevention trainings to over (2,878) high/middle school students.
- Conducted one (1) ASIST training, impacting (32) staff members
- Conducted four (4) SafeTALK trainings, impacting (102) staff/community personnel
- Conducted one (1) MHFA training, impacting (6) community RUHS personnel
- Conducted one (1) Youth MHFA training, impacting (31) school staff personnel
- Conducted thirty (30) Parent/Community workshops, reaching approximately (203) members

- Distributed a total of (29,129) resources and incentives.
- Coordinated (144) Suicide Prevention campaigns, impacting (114,509) students across Riverside County
- Cost ratio average of approximately $4.54 was spent on each student impacted by the program

Additional risk behaviors will be addressed this year, focusing on the dangers of underage alcohol use, harm reduction strategies for alcohol consumption, and connecting students to resources. Community trainings on substance use and overdose prevention, including updated information on underage alcohol and cannabis use, will also be offered, with an emphasis on the LGBTQ community. A comprehensive School-Based Substance Use Prevention Toolkit will be developed and distributed to local schools, and a youth-driven cultural competency committee will meet up to four times a year to guide substance use prevention efforts for youth.

The provider developed a post survey and retrospective evaluation to be distributed to the student body at participating school sites. The purpose of the post survey process was to determine how successful TSAPP has been in reaching the goal of raising awareness around the issue of teen suicide and promoting the resources available to youth. The purpose of the retrospective evaluation was to see the effectiveness of the program and to analyze how students benefited from the TSAPP program. We received a total and 2,463 post-surveys from the middle and high school sites. Once the program was concluded for the school year, 631 retrospective surveys were completed by middle and high school students. All the students who

completed the retrospective evaluation participated in the training and campaigns.

Student Training Results

Based on the goals of the program, an evaluation process was established that was conducted for the students that participated in the training component. A total of 2,463 evaluations were returned to IPS after the student's trainings were completed. The results were as follows:

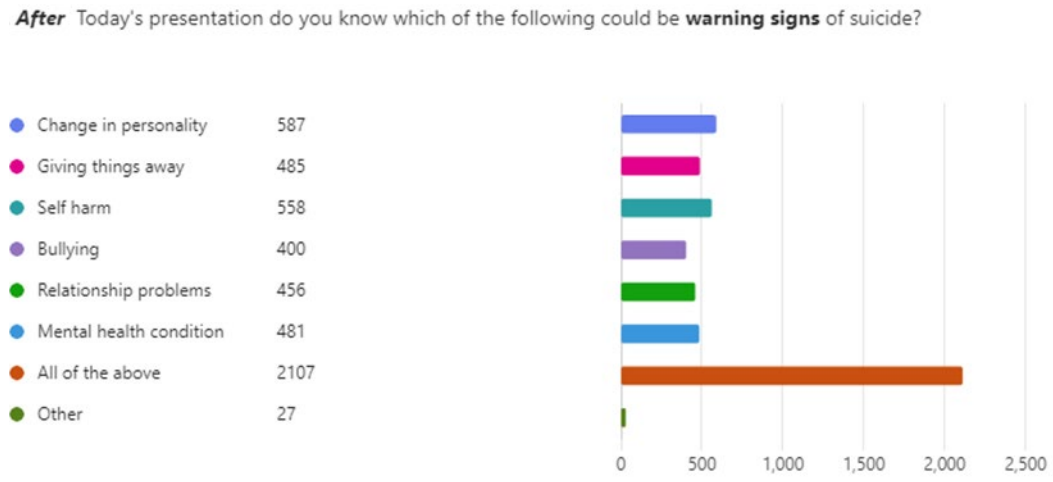
- 90% felt that after the presentation, they were more knowledgeable about the resources available to someone who may be in crisis.
- 90% correctly identified risk factors presented in the post survey.
- 85% correctly identified potential warning sides of suicide.
- 89% correctly answered the next step to take if they were concerned about a friend who thinks they are depressed or thinking about suicide.

- 90% felt more knowledgeable about the resources available to someone who may be in crisis.

Student Retrospective Results

Upon completion of the program, a retrospective evaluation was conducted that was disseminated to the students who were trained and participated in the campaigns. The survey was disseminated virtually and received a total of 631 responses. The results were as follows:

- 76% can correctly identify all warning signs of suicide.
    - "The most memorable moment for me is learning about mental health and if anyone is having any suicidal thoughts I know where to go or where to call."
    - "My most memorable moment participating in the Teen Suicide Awareness Prevention Program was figuring out how to help care for someone with depression or suicidal thoughts/ feelings and know what procedures to take."



- 84% of students can correctly identify all risk factors of suicide.
    - "My most memorable moment was when me and other students made posters for suicide awareness month."
    - "Focusing on suicide prevention becomes especially important to build social connections, raise awareness, and provide hope. Reaching out to loved ones for their mental health and wellbeing could be lifesaving."
- 84% of students correctly answered the next step to take if they were concerned about a friend who thinks they are depressed or thinking about suicide.
    - "The most memorable moment in the TSAPP program was when I got to learn exactly what to do in this situation if I hadn't gone through this training, I wouldn't have any idea what to do or what the signs are if someone were thinking about suicide."

- "A memorable moment about participating in Teen Suicide Awareness Prevention Program was the way we went into depth and all the information about a way to communication."

- 86% felt more knowledgeable about the resources available to someone who may be in crisis.

    - "My favorite memorable moment participating in the TSAPP was learning all of the resources that were actually available for everyone and getting to discuss it."

    - "My most memorable moment while participating in the Teen Suicide Awareness Prevention Program was seeing the stats about how common suicide was, because it put a real-life perspective on it."

Some difficulties did come up this school year, despite ongoing collaborations with local districts and attempts to offer resources and training to the student body. The biggest problem was fulfilling the requests for training from every school, which ranged from training the entire school assembly style to training several classes simultaneously. We also encountered difficulties in communicating with school advisers at times, and it became difficult for program staff to obtain all necessary documentation from the school sites. Program employees achieved the necessary goals despite these obstacles.

As we engaged with school sites and provided training to students, we learned that school site personnel and parents/caregivers were also interested in suicide prevention education. As a result, we offered training for staff on how to identify warning signs of suicide, strategies for asking the direct question of suicide and tips on how to provide a warm handoff to the next level of care. This really helped staff feel more comfortable in dealing with suicide. Parents and caregivers were also offered similar training with extensive community resources shared during these presentations. The feedback was positive from participants, and we learned that addressing youth suicide needs to encompass training and resources for everyone involved in a youth's life.

Students were asked, "What was your most memorable moment participating in the Teen Suicide Awareness Prevention Program?" Below are some examples of responses received:

- "My favorite memorable moment participating in the TSAPP was learning all of the resources that were actually available for everyone and getting to discuss it."

- "The most memorable moment in the TSAP program was when I got to learn exactly what to do in this situation if I hadn't gone through this training, I wouldn't have any idea what to do or what the signs are if someone were thinking about suicide."

- "Listening and understanding about what to do when someone comes to me with suicidal thoughts."

- "My most memorable moment was when me and other students made posters for suicide awareness month."

- "My most memorable moment while participating in the Teen Suicide Awareness Prevention Program was seeing the stats about how common suicide was, because it put a real-life perspective on it."
- " Focusing on suicide prevention becomes especially important to build social connections, raise awareness, and provide hope. Reaching out to loved ones for their mental health and wellbeing could be lifesaving."

PEI-05 First Onset for Older Adults

There are currently five programs in this Work Plan and each of them focuses on the reduction of depression to reduce the risk of suicide.

Cognitive-Behavioral Therapy for Late-Life Depression

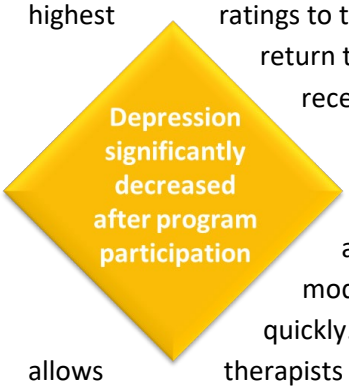
Program Type: Early Intervention Program

This program focuses on early intervention services that reduce suicide risk and depression. Cognitive Behavioral Therapy (CBT) for Late-Life Depression is an active, directive, time-limited, and structured problem-solving approach program. 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.

120 participants were served by the CBTLLD program

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.



Some successes in implementation this year include sustainable training practices. As new staff are onboarding into agencies, they are trained quickly by a PEI Admin staff that is a certified trainer in this model, which allows providers to 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. There has been an increase in visits and requests for program presentations from senior living facilities, primarily in the Desert region. There was an increase in Spanish-speaking and in-person services countywide.

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.

Providers are continuing to see that "one size fits all" does not work for outreach—each region is more responsive to different kinds of outreach. ICRC has found that the Western Region clients really want to have in-person sessions while their Desert Region clients request telehealth services.

Clients that completed the program had the following to say about their participation in the CBT-LLD program:

- "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."

"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"

- "[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!!"
- "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."

Program to Encourage Active, Rewarding LiveS (PEARLS)

Program Type: Prevention Program

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. The PEARLS intervention is time limited and, ideally, distributed over a period of 19 weeks. Each session is structured and designed to assist participants in defining and solving their problems, becoming more socially and physically active, and experiencing more pleasant activities. This program is provided by one contract provider countywide.

109 participants were served within the PEARLS program

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 FY23/24. This represents a 36% increase from the FY22/23 total of 80.

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. Countywide, the reduction in anxiety symptoms as measured by the GAD-7 was statistically significant for PEARLS participants completing the program which reduced 40% from "moderate" to "minimal" countywide. The Quality-of-Life survey showed statistically significant improvement for participants in eight of the nine questions: "health", "life in general", "emotional well-being", "spare time", "time with others", "friendship", "social activity", and "pleasant activities".

56% of the participants successfully completed the program.

Depression and anxiety symptoms significantly decreased.

The provider struggled with getting consistent referral sources in the Desert and Mid-County. 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. Mantaining 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). A "one size fits all" approach for outreach does not work. Each of the three regions in our county are unique and require different approaches. 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.

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."

Care Pathways - Caregiver Support Groups

Program Type: Prevention Program

A Memorandum of Understanding (MOU) was continued with the area Office on Aging (OoA) to provide the Caregiver Support Groups in all three regions of the county. The support groups target individuals who are caring for older adults who are receiving prevention and early intervention services, have a mental illness, or have dementia. Their program, called "Care Pathways", consists of a 12-week cycle that provides education and support on a variety of topics that

caregivers face. Support Group topics include: Living with Dementia; Signs of Stress & Stress Reduction Techniques; Communicating in Challenging Situations; Legal Issues Related to Challenging Situations; Managing Medications; How to Talk to the Doctor; Learning From Our Emotions; Taking Charge of Your Health; Grieving—Natural Reaction to Loss; Health Lifestyles; and Preventing Caregiver Burnout. 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.

During FY23/24, 116 individuals participated in the Care Pathways program support groups. The majority (78%) of participants were female and 43% were age 60 or older. Half (50%) of the support group participants had been providing care for 2 years or less. The caregiver's relationship to the person being cared for was often a parent (51%) or a spouse (28%). A highlight for this year is participant outcomes which demonstrate decreases in depression scores and feelings of distress, as well as self-reports of high caregiver satisfaction. For example, in the Mid-County region, CES-D 20 mean scores from intake to follow up showed a decrease in depression of 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 their understanding and coping skills.

116 people enrolled
75% completed program

These positive results for numerous caregivers participating in Care Pathways are not only a source of pride for Office on Aging implementation, but also a source of inspiration. We aim to increase our reach to enroll, educate and support many more caregivers that can benefit from participation and graduation. To support that goal, in Q4 of FY23/24, we developed a relationship with Public Authority to assist us in our outreach efforts by requesting a list of caregivers in Riverside County. We 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 class there to serve more caregivers in the desert location that has proven to be successful on many fronts.

Outreach and enrollment proved to be a significant challenge to implementing Care Pathways for FY23/24. 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.

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.

A success story:

Spousal caregiver (81) cares for his wife (78) with Alzheimer's. He was referred by the Office on Aging 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.

Feedback from participants included:

- "Thank you for this resource and the presenters were wonderful. This program came at the right time for me. I had so many unanswered questions and they helped fill in the gaps. Many thanks!"
- "I needed this to help me with my coping skills. I'm so grateful for all of the help I have gotten."

- "Relief of my stress level and depression of my dad getting old and losing his ability of hearing, sight and mobility. Glad to talk to others in my same situation."
- "Excellent instructor great selection of topics: ELDER Law, Death, Stress Management Etc…"
- "The class has been very helpful to me to helping me identify some of the emotions that I've felt with being a caregiver."

Mental Health Liaisons to the Office on Aging

Program Type: Outreach for Increasing Recognition of Early Signs of Mental Illness, Prevention, and Access and Linkage to Treatment

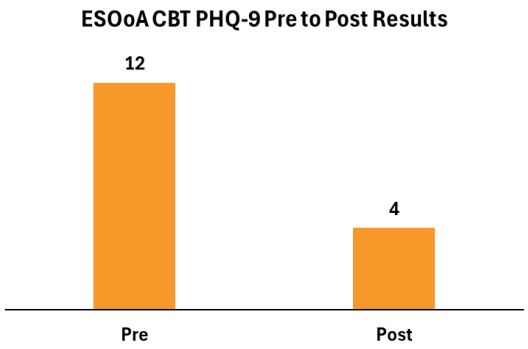
There are RUHS - BH Clinical Therapists embedded at the two Riverside County Office on Aging locations (Riverside and La Quinta). They provide a variety of services and activities including screening for depression, providing the CBT for Late-Life Depression program, providing referrals and resources to individuals referred for screening, educating Office on Aging staff and other organizations serving older adults about mental health-related topics, as well as providing mental health consultations for Office on Aging participants. In FY23/24, two Clinical Therapists staffed this program.

The primary goals of this program are for the Riverside University Health System - Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging to work collaboratively to identify older adults who are either at risk of depression or are experiencing the first onset of depression and to link these older adults to 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.

In FY23/24, 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 FY23/24; where approximately 2.8% led to CBT-LLD 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. 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 support and CARES Line information, has been useful. Clients have responded that they were able to get connected to ongoing support and services.



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. Working with clients with increasing cognitive decline is challenging. The change in cognition also exacerbated symptoms of depression and anxiety. Despite agreeing to be referred to therapy services, potential clients are not always ready to engage in the process. They want someone to validate their concerns and listen. Many are also not aware that the 24/7 warmlines exist and those end up being a good outlet for them.

Participants of CBTLLD 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]

CareLink/Healthy IDEAS Program

Program Type: Prevention Program

CareLink is a care management program for older adults who are at risk of losing placement in their homes due to a variety of factors. This program includes the implementation of the Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) model. Healthy IDEAS is a depression self-management program that includes screening and assessment, education for clients and family caregivers, referral and linkages to appropriate health professionals, and behavioral activation and is most often provided in the home.

One hundred fifty-one participants were enrolled in CareLink during FY23/24 Fiscal Year. Twenty-three CareLink participants were identified as being at risk for depression and were enrolled into the Healthy IDEAS program. The majority (65%) of Healthy IDEAS participants were between the ages of 50 and 79. Depression symptoms for Healthy IDEAS participants showed a statistically significant decrease. In addition, participants' satisfaction with their emotional well-being increased. 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. CareLink participants reported they were satisfied with many aspects of the program. Participants reported home visits and telephone contacts as being the most helpful features of the program. CareLink participants reported that the CareLink staff were courteous, efficient, caring, knowledgeable, respectful, accessible, and helpful.

23 Older Adults enrolled in Healthy Ideas

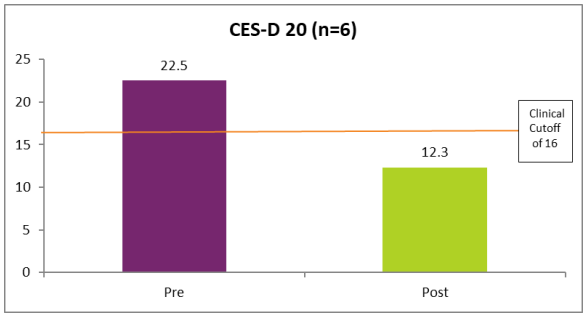
Participants' depression symptoms significantly decreased.

Implementation challenges continue with finding appropriate clients for the intervention that meet prevention requirements of new onset of depression/anxiety, a score 16 or above on the CES-D, are not currently receiving treatment i.e. therapy or meds, have no recent history of treatment, are willing to participate when they do score 16+ on the CES-D, and are cognitively able to participate.

We have 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. We are now scheduling periodic check-ins with DPSS units to remind them of Office on Aging programs, highlighting and emphasizing HealthyIDEAS. Another lesson learned this year is homelessness does not preclude participation in HealthyIDEAS. In the past, when someone was homeless, they would not even be considered for enrollment in case management or HealthyIDEAS. Having an existing client become homeless while in service gave us an opportunity to try the program and it was successful.

Results from satisfaction surveys indicate participants' satisfaction with the amount of time they spend with other people and how they feel about their health in general increased. The greatest improvement was seen in the participants' knowledge of how to get help for depression, how they felt about their life in general, and the amount of relaxation time they had. A couple of success stories are shared here:

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. 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 HealthyIDEAS 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 HealthyIDEAS 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 HealthyIDEAS 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 HealthyIDEAS 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-06 Trauma-Exposed Services

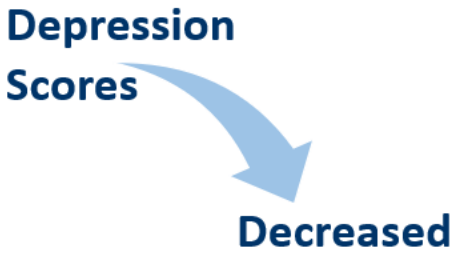
Cognitive Behavioral Intervention for Trauma in Schools (CBITS)

Program Type: Prevention Program

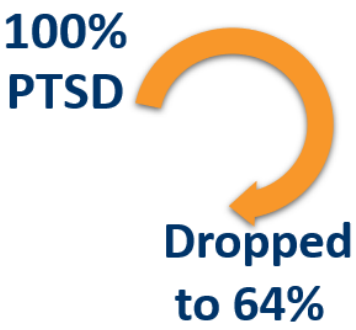
Cognitive Behavioral Intervention for Trauma in Schools (CBITS) is designed to reduce the duration and harmful effects of trauma for youth (ages 10-15 years) most at risk of developing mental health problems as a result of direct and/or indirect traumatic experiences. CBITS aims to increase resiliency 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. Four providers were contracted to provide CBITS services. 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 psychoeducation, relaxation, social problem solving, cognitive restructuring, and exposure to help children reduce symptoms related to traumatic experiences and depression.

Grades 5-10th 313 students enrolled in CBITS, 84% completed

CBITS had a high program completion rate during FY 23/24. Countywide, there were 313 students enrolled in the program. 263 students completed at least 8 sessions, for a completion rate of 84%! Intake data showed that 62% of participants had witnessed physical trauma and 79% had someone close to them die. Most youth reported multiple types of traumas. Baseline PTSD symptom scores indicated that all participants were at or beyond the 14-point threshold exhibiting moderate to severe PTSD at the beginning of the program. This percentage decreased to 64% by the end of the program. While only 36% of youth showed a decrease to below the cutoff score of 14, overall, 78% of youth who completed the program showed a decrease in their total Child PTSD Symptom Checklist score. 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. CDI-II average scores showed that depression symptoms improved with total CDI-II scores countywide decreasing. Additionally, CDI-II average scale scores for Emotional Problems and Functional Problems decreased. Countywide, the total score and each CDI-II scale score showed statistically significant decreases in symptoms.



Partnerships with individual school sites across districts served allowed the processes for screening and implementation to be improved. There were fewer hiccups with scheduling space at schools, getting consents back from families, and having passes sent for students to attend group. As new staff are onboarded into agencies, they are trained quickly by a PEI Admin staff that is a certified trainer in this model, which ensured there was no disruption to service delivery. Overall, staffing was stable across all providers during the program year. Providers were able to deliver service at new school sites during the program year, broadening the reach of the program across districts. 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 for crisis 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.



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 isn't enough time for

all 10 weeks of program, it is best to combine sessions at the end of group. 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.

72% of youth agreed or strongly agreed that the program taught them how to better cope with stress. 77% of youth agreed or strongly agreed that the program has prepared them to cope with stress if something difficult happens in the future. 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."

Bounce Back

Program Type: Prevention Program

Bounce Back is an adaptation of the CBITS model for elementary school students (grades K-5). Community feedback and impacts from the pandemic highlight the need for trauma support to the elementary school population. The expansion of CBITS to include this adaptation in school settings increases access for youth where they are, improves their social-emotional development, and supports the school environment.

Bounce Back is a cognitive-behavioral, skills-based group intervention aimed at relieving symptoms of child posttraumatic stress disorder (PTSD), anxiety, depression, and functional impairment among elementary school children (ages 5-11) who have been exposed to traumatic events. It is used most for children who experienced or witnessed community, family, or school violence, or who have been involved in natural disasters, or traumatic separation from a loved one due to death, incarceration, deportation, or child welfare detainment. It includes 10 group sessions where children learn and practice feelings identification, relaxation, courage thoughts, problem solving and conflict resolution, and build positive activities and social support. It is designed to be used in schools with children from a variety of ethnic and socio-economic backgrounds and acculturation levels. It also includes 2-3 individual sessions in which children complete a trauma narrative to process their traumatic memory and share it with a parent/caregiver. Bounce Back also includes materials for parent education sessions.

This program was released through a competitive bid process in FY24/25. Once the program is implemented, outcomes will be included in the annual report.

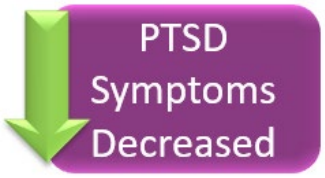
Seeking Safety

Program Type: Prevention Program

This is an evidence-based present-focused coping skills program designed for individuals with a history of trauma and substance abuse. It can be conducted in group or individual format, for female, male or mixed-gender groups, for people with both substance abuse and dependence issues, for people with PTSD, and for individuals with a history of trauma but do not meet the criteria for PTSD. The program addresses both the TAY and adult populations in Riverside County.

Seeking Safety served **154** participants with **79%** completed

In FY23/24, 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. They were able to table and outreach at different school sites to cast a wide net for students to voluntarily sign-up. Additionally, 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 quarter of participants identified as LGBTQ+ (30.5%). After completion of the program, participants demonstrated decreases in PTSD symptoms and increases in positive coping skills. 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 programs, 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 actual 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 their preference to provide their own mental health services and have restricted access for outside service providers to be on campus. 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.

Feedback and comments from conclusion of service questionnaires:

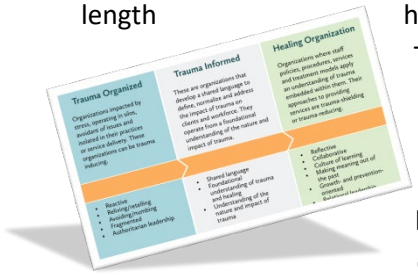
- "I came in broken and am leaving more confident. [Facilitator] was amazing. I'm grateful for this program."
- "Thank you [facilitator] for your patience and allowing for me to be myself. For this to be a class on zoom, you were able to make me feel like you were in the room with me with your energy."
- "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."
- "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."

"Every session taught gave me at least one meaningful coping skill and I often learned surprising insights about myself and my situation."
-Participant

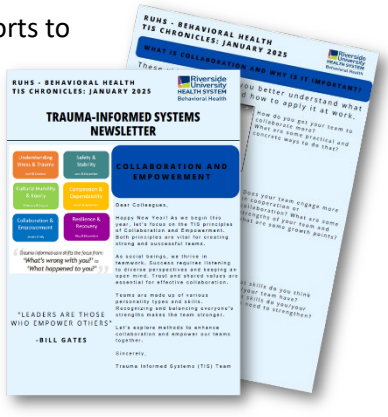
Trauma-Informed Systems

Program Type: Prevention Program

The Community Planning Process continues to identify trauma as an area of high need in Riverside County. In January 2014 the members of the PEI Steering Committee discussed in length how to best address this need through PEI efforts.



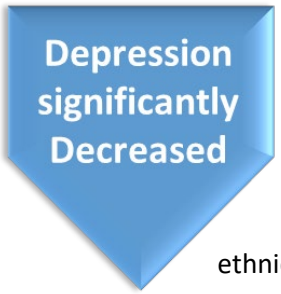
The discussion centered on focusing efforts to develop a trauma-informed system and communities in addition to services for TAY and adults who have experienced trauma. There is currently a countywide effort focusing on trauma and resiliency now known as Resilience Initiative through Support and Empowerment (RISE) under the leadership of RUHS-Public Health. RUHS-BH continues to partner in these efforts to maximize benefits to the community. RUHS-BH



received training and consultation in Trauma-Informed Systems. This effort is implemented and supported in partnership between the PEI and WET Administration teams. Implementation kicked off in April 2019 with leadership training in Trauma 101. Recently we added additional trainers to our team and currently have 22 trainers. Trauma Informed Systems (TIS)101 training is offered eight times per year and is a mandatory training for all Behavioral Health staff.

In FY 23/24 we trained 228 staff. The Champions group has grown to include representation from across the county and service system. PEI Admin staff review the TIS principles of the month at every fidelity meeting with PEI contract providers to encourage them to incorporate these principles into their organizations and the PEI work they are contracted to do. A monthly TIS Newsletter is created by the Champions group and distributed to all RHS-BH staff.

PEI-07 Underserved Cultural Populations



This Work Plan includes programming for underserved ethnic populations within Riverside County. The programs include evidence-based and evidence-informed practices that are effective with the populations identified for implementation. In addition to the programs identified below it is important to note that each of the populations were identified as priority populations in all the PEI programs being implemented. Demographic information, including ethnicity and culture, is gathered for PEI programs to ensure that the priority populations are receiving the programs. The mental health awareness and stigma reduction activities also include a focus on the unserved and underserved populations throughout the county.

Hispanic/Latinx & African American/Black Communities:

Mamás y Bebés (Mothers and Babies)

Program Type: Prevention Program

Mamás y Bebés (MyB) is a perinatal intervention program, 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. With increased awareness of the persistent and dire maternal health needs of African American women, this program was expanded to include African American women as a target group to serve. The program is offered in all three regions of the county by three different community-based organizations.

A total of 329 women were screened by the program in FY23/24. Of the 329 screened, 255 were enrolled and 231 fully graduated from the program. Most of the women (83.1%) identified as Hispanic/Latinx, followed by those identifying as White (6.7%), African American (3.5%), Multiple

(2.7%) and Asian American (2.0%); 51.4% reported English as their primary language, while 41.6% reported Spanish and 6.7% reported bilingual with both English and Spanish. Of the participants who enrolled in the program: 91% (n=231) completed the program.

Since MyB is a prevention program, screening at intake is used to rule out symptoms consistent with a major depressive episode. The participants scoring below a 5 were eligible to enroll in this preventive program. Screening data showed 78% (n=255) of the women who were screened and enrolled into the program were experiencing symptoms consistent with having mild depression. Note: In January 2020, RUHS-PEI changed the eligibility criteria to screen for mild depression and not enroll moderate to major depression to follow the PEI model. Pre and post scores were available for 231 women. 26% (n=60) scored between 16 and 24 at intake, which indicates clinically meaningful depression symptoms; 24.7% (n=57) scored above 24, which may be an indicator of major depression. From pre-test to post-test, outcomes data indicated that depression symptoms decreased, and it was a statistically significant decrease. At intake, the average CES-D score was 13 and after completing MyB the score decreased to 8.43.

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 3 providers get most of their participants via self-referral from seeing the flyer in a variety of social media sites/groups. 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 is a significant lack of culturally relevant support for grief & loss 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. Providers need new strategies to engage our common-sense partners (like physicians and schools) to help meet the needs of the community and program.

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. The program material requires some adjustment to be more culturally relevant to the African American/Black community. This will be further explored in the year to come.

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. The program does provide childcare, but many moms have children of a variety of 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.

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."

<u>African American/Black Communities:</u>

Building Resilience in African American Families (BRAAF) Program

Program Type: Prevention Program

BRAAF is a 9-month program for middle school Black youth that includes three components: the Africentric Youth and Family Rites of Passage program, developed by Dr. Aminifu Harvey (RoP), Guiding Good Choices (a 5-week parent workshop), and Cognitive-Behavioral Therapy (CBT) based clinical intervention, as needed. The RoP component runs throughout the academic year and youth meet at the contract providers location 3 days per week for 3 hours per day. Nguzo Saba and RIPSO principles are foundational elements to each lesson and interaction with youth and their families.

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 Request for Proposals (RFP), the competitive bid process, 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.

FY22/23 focused on a return to project intent as it was designed by the African American Family and 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. This included:

- Increased program structure and focus on program fidelity – clarification of program components.
- A comprehensive training plan was put in place.
- A contract between RUHS-BH PEI and a BRAAF consultant was put in place for the development of Master BRAAF training and includes the following:
    - The development of a comprehensive Rites of Passage manual based upon the research and teachings of Dr. Aminifu Harvey (developer of this program).
    - The development of a 3-day Foundational BRAAF training for all staff.
    - The development of a full program module curriculum.
    - On-site technical assistance, training, and program support by the BRAAF Master Trainer/Consultant for all contractors that included assistance with lesson planning and contractor orientation for new staff.
- Guiding Good Choices – development of local trainers (RUHS-BH PEI staff) to ensure quality training that adheres to model fidelity and supports sustainability.

After receiving a full year of this high-level of support and technical assistance, FY23/24 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.

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. Program outcomes demonstrate little to no change in participants. Program fidelity and contract compliance challenges continued despite the resources/actions that were put in place. The current structure and poor participation in BRAAF demonstrate that it 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 the African American Family Wellness Advisory Group (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 use this data to inform the service delivery system on how to meet these needs.

FY23/24 Data outcomes for the BRAAF Boys Program:

Africentric Youth and Family Rites of Passage Program (ROP)

This is a nine-month after-school program for African American males in middle school (11-13 years old) and their caregivers/families. The program focuses on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in Family Empowerment dinners. Family enhancement and empowerment dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Community guest speakers/experts are included in the monthly presentations.

In FY23/24, 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 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.

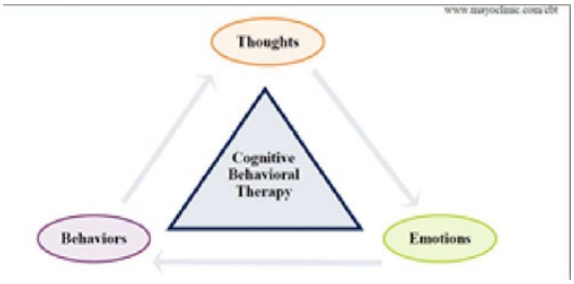
Guiding Good Choices (GGC)

This prevention program provides parents of children in grades 4 through 8 (9- 14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family and teach skills that allow children to resist drug use successfully.

A total of 19 parents participated in the 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.

Cognitive Behavioral Therapy (CBT) - CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of anxiety, depression, address emotional crisis, family intervention, and provide coping skills. CBT intervention is implemented under the guidance/consultation of the RUHS - BH Staff Development Officer. 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.



FY23/24 Data outcomes for the BRAAF Girls Program:

Africentric Youth and Family Rites of Passage Program (ROP)

This is nine-month after-school program for African American girls in middle school (11-13 years old) and their caregivers/families. The program focuses on empowerment and cultural connectedness. The youth meet three times per week and focus on knowledge development and skill building. The program includes caregivers and family members who participate in Family Empowerment dinners. Family enhancement and empowerment dinners are held monthly for a minimum of 2 hours each meeting, over 9 months of the program. The objectives of the dinners are to empower adults to advocate on behalf of their families and to work toward community improvement. Community guest speakers/experts are included in the monthly presentations.

Sixteen participants between the ages of 11 and 14 enrolled in the program during the FY23/24. Of the 16 youth, 12 completed the program. The completion goal was 15. The program target is 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.

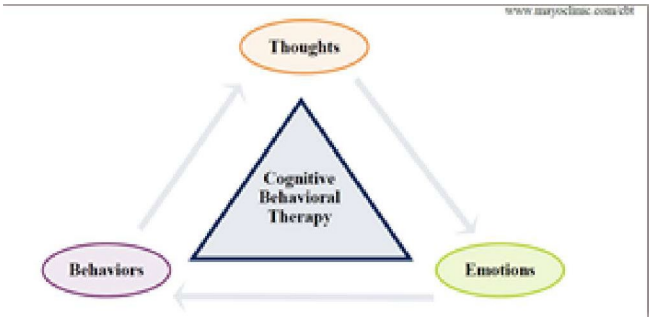
Guiding Good Choices (GGC)

This prevention program provides parents of children in grades 4 through 8 (9-14 years old) with the knowledge and skills needed to guide their children through early adolescence. It seeks to strengthen and clarify family expectations for behavior, enhance the conditions that promote bonding within the family and teach skills that allow children to resist drug use successfully.

A total of 19 parents participated in at least one session of GGC, 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, no significant changes were observed across the remaining subscales from pre- to post-assessment.

Cognitive Behavioral Therapy (CBT) CBT is tailored to include individual, family, and/or group intervention to reduce symptoms of anxiety, depression, address emotional crisis, family intervention, and provide coping skills. CBT intervention is implemented under the guidance/consultation of the RUHS - BH Staff Development Officer.

Twelve youth participated in 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 scores from the CDI-II, there was no statistically significant change evident in either emotional behavior or functional problems.



Qualitative Feedback

Quantitative data outcomes do not tell the full story of the impacts of the BRAAF program. To address concerns that have arisen over the years regarding initial distrust as well as capturing impacts that are difficult to assess via pre/post measurement tools, we have added qualitative evaluation to this project. This is done through focus groups at the program end with youth from both the boys' and girls' programs as well as their parents. 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. Through analyzing responses, evaluations staff can identify shared and common knowledge, which allows culturally sensitive topics to be discussed in a safe environment. Participants often provide mutual support in expressing feelings and help the shyer members to open up. The focus group session may last

one to two hours and consist of a Staff Development Officer to help lead the discussion and multiple evaluation staff as note takers.

Some comments received in focus groups and satisfaction surveys include:

- "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 disliked 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."

Native American Communities:

Celebrating Families! Strengthening the Circle

Program Type: Prevention Program

The "Celebrating Families: Strengthening the Circle" program includes two (2) evidence-based practices and one (1) culturally based intervention. Wellbriety Celebrating Families (WCF) is a cognitive behavioral, support group model written for families in which there are risks for alcohol/substance use, domestic violence, child abuse, or neglect. Cognitive-Behavioral Therapy is a time-sensitive, structured, present-oriented form of psychotherapy that has demonstrated to be effective for a range of problems including depression, anxiety disorders, alcohol, and drug use problems, and other behavioral health challenges. Gathering of Native Americans (GONA) is a culture-based intervention and planning process where community members gather to address community-identified issues. It uses an interactive approach that empowers and supports the Native American/American Indian tribes with traditional songs, drumming, prayers and stories.

The primary goals of the "Celebrating Families: Strengthening the Circle" program are to increase positive 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. The setting for service delivery is not traditional mental health settings and assist participants in feeling comfortable seeking services from staff that are knowledgeable and capable of identifying needs and

solutions for Native American/American Indian families. The contracted provider is expected to provide the following level of service to each of the geographic regions of Riverside County: at least two group cycles, per region, per year; a cycle will consist of 11 weeks and each cycle shall serve a minimum of 6 families and maximum of 15 families. A family shall consist of parent(s)/caregiver(s) and at least one child aged 3 to 17 years. The total number of families expected to complete the Wellbriety Celebrating Families curriculum is at least 20 per year, per region. Completion is defined as a family completing 7 out of 11 sessions. The contract deliverable is to provide services to 60 families that meet graduation requirements countywide.

There was a total of seven WCF class cycles completed countywide during the FY23/24. The total number of parent participants who qualified to enroll in the WCF program was 37. Of these, 23 participants completed the program (62.2% completion rate). All enrolled participants were asked to complete pre packets at intake, and post packets at completion; however, only 12 matched pre-post measures could be used for comparison of pre to post scores. Some of the measures were either missing from the packets or were not completed entirely. For this outcomes report, only 12 matched pre-post measures were analyzed. 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. Overall parenting measures showed positive results from pre-post; however, due to the insufficient sample size, analysis using paired samples T-Tests was not possible.

A total of **126** Native American/American Indian individuals were served during the FY 2023-2024, through the combined GONA events and Celebrating Families program.

The Wellbriety Celebrating Families program was able to provide services to families throughout each region. Additionally, the provider was able to engage the local schools in their 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.

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 FY23/24. 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 one organization to provide services, all communication with parents and families

enrolled in the program had to go through the other organization first, leaving them to rely on the partner organization to make contact, keep up with engagement, and following up about completion of program outcome measures, which resulted in a lot of missing data. 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 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.

During FY23/24, there were no participants enrolled in the CBT program, due to less interest from clients, employee turnover, as well as unavailability of clinician who could be solely assigned for this program from the contracted organization.

Program participants shared what they had learned after participating in the Wellbriety Celebrating Families program:

- "I learned that disciplining while angry is inappropriate. It's best to calm down first."
- "Mental health is important."
- "Family boundaries and the importance of teaching kids values and morals, taking care of physical, mental, spiritual, and emotional well-being."
- "Do not turn to substances for coping mechanisms."
- "How much what I do have a say on the next generation, healthy boundaries, and living skills on family and community."

Feedback from community members who participated in the GONA event:

- "I like how much information there was. I feel like I learned a lot."
- "It was nice."
- "Felt like I could share without getting judged."

Asian American/Pacific Islander Communities:

Keeping Intergenerational Ties in Ethnic Families (KITE)

Program Type: Prevention Program

Intergenerational/Intercultural conflict is a significant stressor in immigrant families that occurs because of differential acculturation between migrant parents and their children (Ying, 2007). Formerly known as Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF): A Curriculum for Immigrant Families, the name of the program was changed to a more culturally appealing name by the community-based provider, KITE. More specifically, Strengthening Intergenerational/Intercultural Ties in Immigrant Families (SITIF) is a community-based educational intervention that aims to strengthen the intergenerational relationship between immigrant parents and their school-age children and adolescents. Parents are introduced to methods that may be used to cope with the stresses of parenting and migration, that are adapted from a course on the prevention of depression (Munoz & Ying, 2002). The KITE program was designed to offer Prevention and Early Intervention services for Asian American Pacific Islander (AAPI) parents with school aged children and adolescents (ages 6 to 17 years old). The KITE program is designed to target parents' affection, cognition, and behaviors. Through the KITE program, parents are expected to learn to effectively empathize with their child's perspective, to cognitively understand variations in the ethnic and American Cultures and its impact on their child's development, values and their intergenerational relationship, as well as to develop effective behavioral parenting skills. Parents are introduced to methods that may be used to cope with stresses of parenting and migration. The KITE program also incorporates cultural competency principles, including but not limited to, awareness of cultural differences, knowledge of cultural contents (i.e. norms, customs, language, lifestyle, etc.), accurate assessment and differentiation of culture and pathology, and use of culturally competent interventions. KITE is an 8-session program, with 2-hour sessions held weekly and offered in the parents' preferred language. Currently, they are offered in Simplified Chinese, Korean, and combination of English/Tagalog languages. It is an intensive program where detailed curriculum is followed, in which parents need to complete weekly homework assignments, and are individually reviewed by the trained instructors. The provider is contracted to deliver the parenting educational group series to a minimum of 40 parents per region, per year. Each group will have a minimum of 6 and a maximum of 20 parents enrolled. Program completion is defined as completing 6 out of 8 sessions. Additionally, the provider is expected to implement at least 10 "Community Education/Outreach Workshops" per region, per year, with each specific Asian immigrant parent group (i.e., Chinese, Korean, or Filipino).

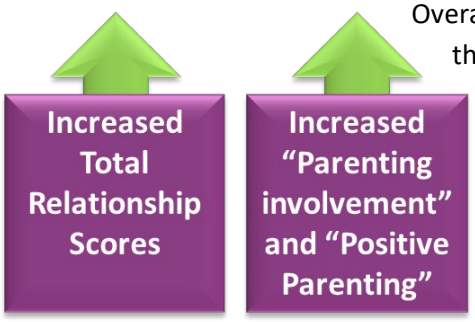
For FY23/24, KITE parenting classes were completed using a combination of virtual (via Zoom), as well as in-person (offered at churches or local schools) options, depending on participants' schedules and preferences. The provider conducted a total of 21 parent workshops in the Western and Mid-County 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.

Over 92% participants were satisfied with KITE program

PEI

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.

The pre-post Strength and Difficulties Questionnaire (SDQ) analysis showed that there were decreases in the average scores in Hyperactivity Scale, Emotional Symptom Scale, Peer Problems Scale, and Conduct Problems Scale. Additionally, there was an increase in the Prosocial Scale. Overall, average scores on the SDQ pre-measures were within the normal range across all SDQ scales, which suggest that parent participants did not view their children's strength and difficulties as an issue, at enrollment into the KITE program. The pre-to-post analysis using a paired samples T-Test showed statistically significant results on all items of the SDQ scale, as well as the Total Difficulties scale. Additionally, the pre-post Alabama Parenting Questionnaire (APQ) analysis showed a 6.7% increase on the Parenting Involvement Scale and a 5.1% increase on the Positive Parenting Scale, while Inconsistent Discipline Scale showed a 7.5% decrease, and Other Discipline Practices Scale showed a 2.9% decrease. Both Parenting Involvement and Positive Parenting scales showed statistically significant results. The pre-post Relationship analysis showed that the total scores increased from pre-to-post measures, which was statistically significant. Overall, analysis of the post-satisfaction surveys showed highly positive results.



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.

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 FY24/25.

While participant recruitment remains a challenge, the provider will actively encourage in-person participation in workshops and parenting groups in FY24/25. 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.

In FY23/24, 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 FY24/25, 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."

Section IV

Inn

Innovation

MHSA Annual Updates 25/26

Innovation

The Riverside County Innovation Component projects of the Mental Health Services Act were designed to increase the quality of and access to mental health services for all members of the County through interagency and community collaboration. The projects provide a mechanism to affect change in the mental health field through the examination of a challenging problem via creative and evolving solutions.

MINDFUL BODY & RECOVERY PROGRAM

Our current plan was approved by the MHSOAC on February 22, 2024, followed by approval by our Riverside Board of Supervisors on July 9, 2024. Project implementation began in August 2024. Over the past year, we have actively shaped a new Riverside County Innovation plan, an Eating Disorder Intensive Outpatient and Training Program, entitled The Mindful Body and Recovery Program. This Five-Year, $29 Million plan was approved by the State in February 2024. Designed to address the challenges of treating eating disorders, this project is creating an Eating Disorder Hub where we can examine how to best treat, train, and educate our Riverside County Community through an integrated care approach.

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

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

Early implementation of the project started in August of 2024. Since then, The Mindful Body and Recovery Program has hired, trained, and onboarded staff, developed a strategic plan, and begun building its operational infrastructure. Moving forward, our next steps include welcoming members, creating, collecting, and distributing informational materials, and collaborating with plan partners to educate the community. Currently housed at the Perris Valley CHC, The Mindful Body and Recovery Project is set to relocate by the end of 2026 to the Mead Valley Wellness Village as part of the Capital Facilities project.

Our previous 5-year Innovation Plan, Help@Hand (Help at Hand), ended on February 26, 2024. The Help at Hand Innovation Plan explored the best ways to bring technology-based mental health tools into the public mental health service system. Riverside County planned and implemented nine (9) projects, all in alignment with the initial goals and objectives. Eight of the nine projects have been transitioned into our standard system of care to continue to serve the Riverside County community, with the ninth one continuing to inform our work with the Deaf and Hard-of-Hearing Community (DHoH). Information on the Help at Hand project can be accessed at https://HelpatHand.info.

The 722-page Help@Hand Statewide Evaluation Final Report compiled by the University of California, Irvine Help@Hand Evaluation Team can be found in the reports section of our Riverside County Website at https://HelpatHand.info. This research & evaluation outcomes report highlights the innovative research learnings and accomplishments of the (12) California counties and (2) cities that participated in the Five-Year Help@Hand California Statewide Collaborative of Digital Health Solutions Program. Take the opportunity to explore the full report which contains valuable research insights, lessons learned, and key takeaways beneficial to transform the Digital Health Arena.

Following, please find the Riverside County Final Report supplemented by two Whole Person Health Score reports on the digitization of the tool by the University of California, Irvine Help@Hand evaluation team and validation of the tool by the Patient-Reported Outcomes, Value, & Experience (PROVE) Center at Brigham and Women's Hospital, affiliated with Harvard Medical School.

Help@Hand

Innovation Project

Evaluation Report

2021-2024

Riverside University Health System—

Behavioral Health- Evaluations Unit

CONNECTING PEOPLE
WITH CARE

RIVERSIDE

Authors: Suzanna Juarez-Williamson and Yuniar Praheswari– RUHS-BH Research and Technology Evaluations Unit

RUHS-BH Help@Hand Innovation Program

Riverside University Health System-Behavioral Health (RUHS-BH) joined the Hep@Hand Statewide Innovation Collaborative after putting forward a Mental Health Services Act (MHSA) plan to use innovation funds to bring technology based mental health solutions to the public mental health system in Riverside County. The Help@Hand collaborative was designed to provide opportunities for counties and cities to implement highly innovative technology solutions from a suite of applications designed to educate users on the signs and symptoms of mental illness, improve early identification of emotional behavioral destabilization, connects individuals seeking help, and increase user access to mental health services when needed. The five-year RUHS-BH Innovation project focused on a set technology based mental services and solutions to increase access to unserved and underserved communities.

Target Populations

Hearing and Visually Impaired Communities Higher Risk Populations:

First Onset Re-entry

FSP Consumers Eating Disorders Suicide Prevention

Traditionally Underserved Communities:

Hispanic/Latino American Indian African American

Asian-Pacific Islander LGBTQ

Deaf and Hard of Hearing

INN

Celebrating Five Years of Innovation Changing Lives Through Technology

Project Evaluation

TakemyHand™

Take my Hand

Live Peer Chat

TakemyHand™

TakemyHand™ is a peer-to-peer live chat interface operated by RUHS-Behavioral Health Certified Medi-Cal Peer Support Specialists, providing anonymous live chat support using real-time conversations for people 16 years of age or older who are seeking non-crisis emotional support in Riverside County. TakemyHand™ website also offers resources and promotional materials (https://helpathand.info) to the Riverside County community. Access to the LiveChat is available Monday-Thursday 8:-5:00 and Fridays 8:00-4:00. LiveChat is accessed through the TakemyHand™ website. Website visitors can respond to the LiveChat invitation or utilize the resources available on the website.

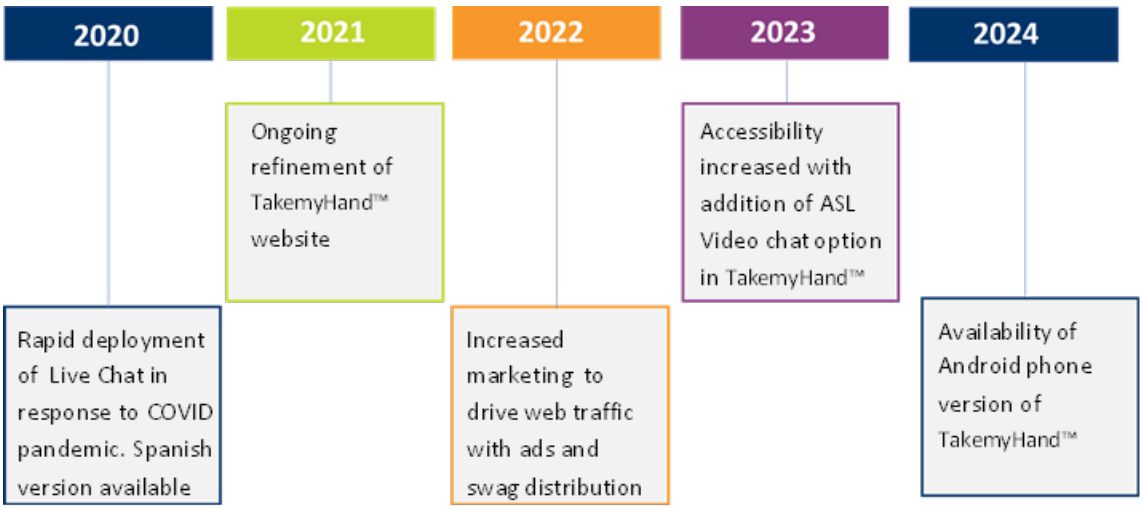
Implementation and Functionality Highlights:

TakemyHand™ was developed in response to RUHS-BH Peer workforce stakeholder input. Peer Support Specialist with lived experience developed the idea for a digital tool with an anonymous live chat, after reviewing the array of other digital tools available for piloting in the Help@Hand project. RUHS-BH Peer Support Specialist input was integral to the development and implementation of this product.

The TakemyHand™ framework developed is a website that uses the LiveChat Inc chat engine within the website. Training of Peer Support Chat operators was an important component of the product deployment.

The RUHS-BH Consumer Affairs Manager of the Peer Support specialist program established the expectations for the Peer Chat operators and developed a document for Peer Support Specialist to sign in as acknowledgement for their duties on the peer chat. In addition, the Senior Peer Support Specialist worked collaboratively with other staff to write a training manual on the functions of the LiveChat and how to operate accepting LiveChats. The training manual also covered goals and parameters of interactions and how to handle inappropriate response from people using the chat. Training occurred as new Peer Chat operators joined the team. Marketing strategies were implemented to inform the community including, billboards, bus shelters ads, bus wraps, radio (rural city), Google Ads, Department Facebook, Instagram, NAMI San Jacinto Facebook, LinkedIn.

Key Implementation Milestones



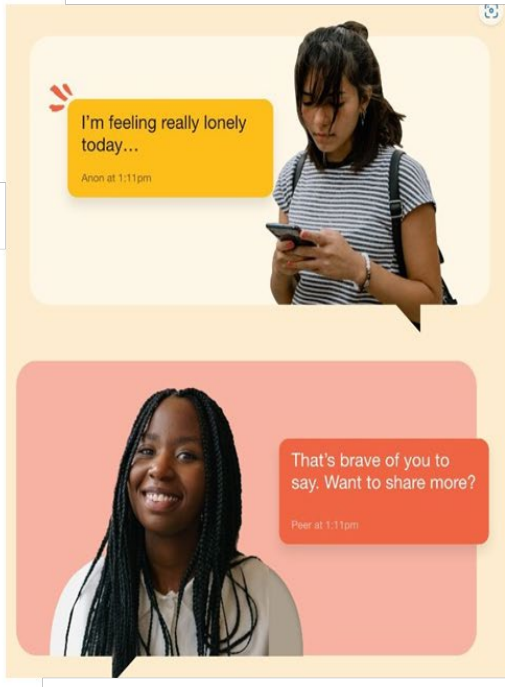
TakemyHand™

Welcome to TakeMyHand Peer Chat! A new resource brought to you by Riverside University Health System-Behavioral Health Help@Hand. Peer Chat Operators can provide emotional support to anyone experiencing feelings concerning behaviors or situations that may cause distress. TakeMyHand Peer Chat is an effort to provide support to our community. We are currently in an evaluation phase.

Please Note: TakeMyHand Peer Chat is not an emergency service. If you think you have a psychiatric or medical emergency, call 911 and request a Mobile Crisis Response Team. If you are an immediate danger to yourself or others please request the Community Behavioral Assessment Team.

CHAT NOW!

Anonymous. Safe. Always Free.



- Safe and anonymous
- Always free
- Data is never stored or shared
- Designed to help you feel better

This Is Your Opportunity To Be Heard, Validated And Empowered.

Like us, you most likely learned that you aren't supposed to talk about your struggles or challenges. Which can often leave you feeling more alone. Why not partner with TakemyHand Live Peer Chat to arrive at new solutions to a challenge?

Our peers can help. We are here to listen and support. We care for you.

We Offer:

1. Coping skills and resources
2. Safe space that's judgment free
3. A sounding board and good ear to listen

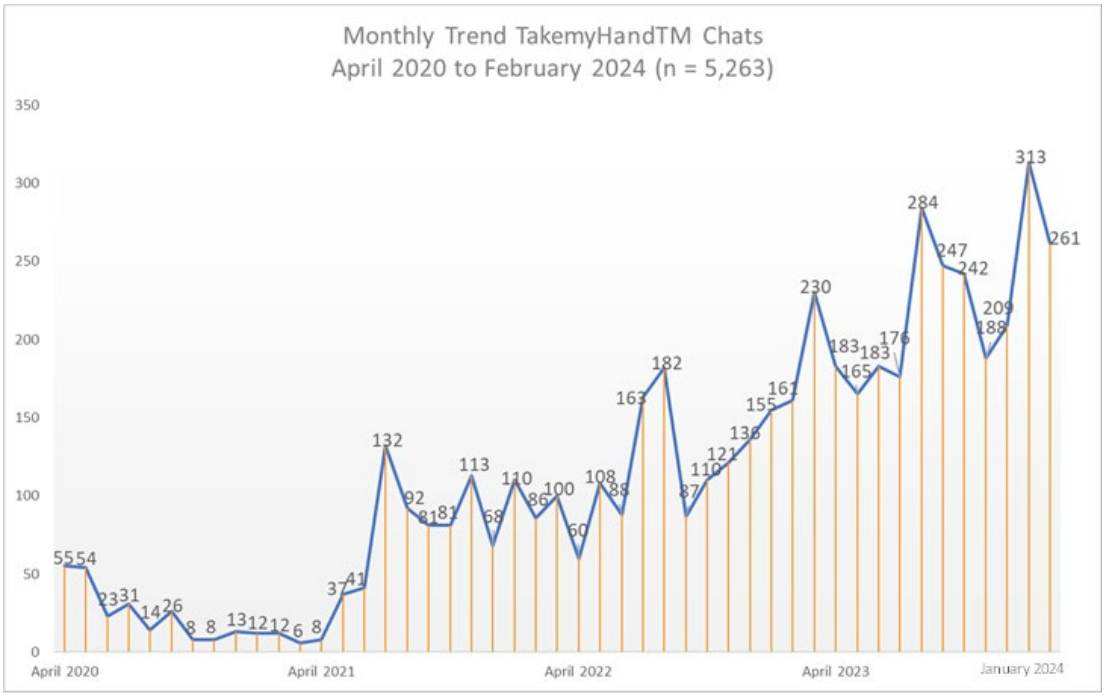
Hey there, need support? Tap here to start a live Peer support chat...

TakemyHand™

Evaluation Summary:

- Evaluate the overall use of TakemyHand™ Live Peer Chat
- Examine any feedback from chat users willing to complete the post chat survey

Between April 2020 to February 2024, the TakemyHand™ had a total of 5,263 chats. The total chats count by month varied, but has generally increased as the years of implementation progressed, with early 2024 having the most frequent chats. Over the most recent 6 months the average number of chats daily was 7 chats and the monthly average was 202 chats.



Total Live Chats: 5,263

Total Number of 1st Time Visitors: 3,772 (71.7%)

Average Chat Duration: 17:12

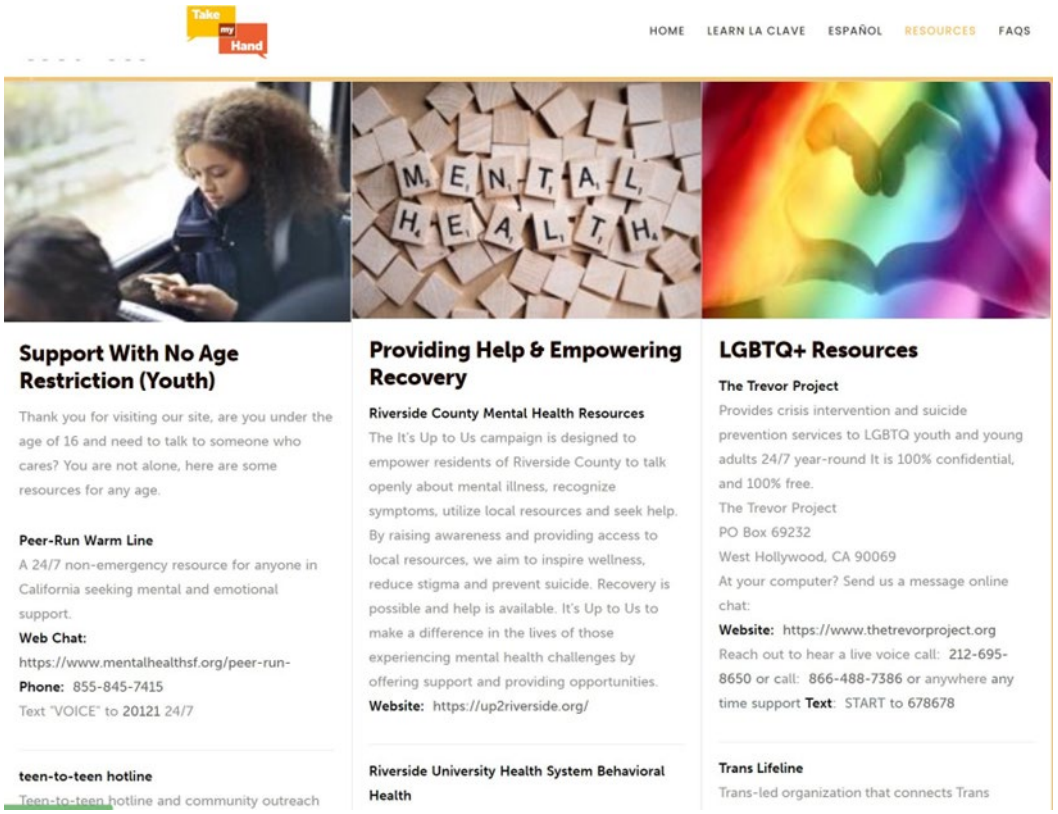
Average Response Time Answering Chat: 1:06

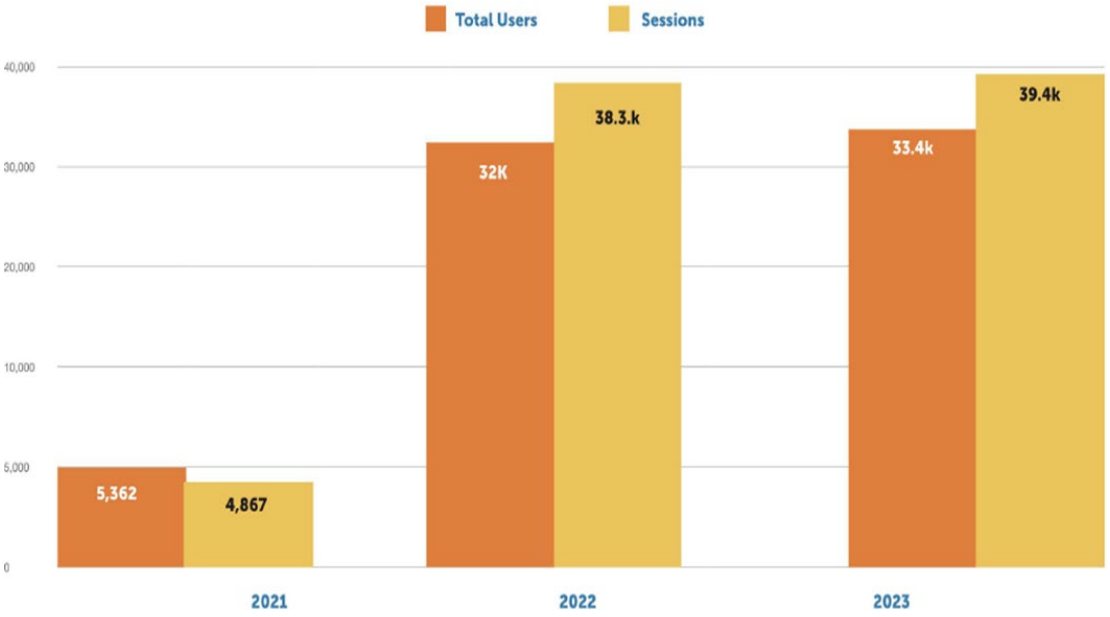
Most recent 6 months data:

- **Average Chats per month: 202**
- **Average Chats per day: 7**

TakemyHand™

The TakemyHand™ website provides resource in addition to the opportunity for Live Chat





TakemyHand™

Feedback from chat participants was solicited at the completion of TakemyHand™ chats with a built in prompt: *We want you to have a voice in how this chat service takes shape. Take a few seconds to answer questions that will make TakemyHand™ as peer-to-peer focused and responsive as possible*. Items focused on:

- **What was your experience using TakemyHand™ chats?**
- **Was the TakemyHand™ chat experience what you expected?**
- **Would you participate in TakemyHand™ chat again?**

The response rate to the survey questions was relatively low given the number of chats, however slightly more than 300 survey responses were collected. Chat participants chose to respond to some questions and not others so the sample size varied. Most survey items were in the form of a statement and participants were asked to rate the item according to ta Likert scale. Space for comments were available. Some demographic information was also requested.

Post-LiveChat Survey Items

Overall this chat was helpful

Strongly Agree-Agree-Neither Agree or Disagree-Disagree—Strongly Disagree

My overall experience using TakemyHand™ chat was...

Very Positive –Positive-Somewhat-Positive-Neutral Somewhat Negative-Negative-Very negative

This chat experience was what I expected

Strongly Disagree-Disagree-Neither Agree or Disagree-Agree-Strongly Agree

The support provided in this chat fit my needs

Strongly Disagree-Disagree-Neither Agree or Disagree-Agree-Strongly Agree

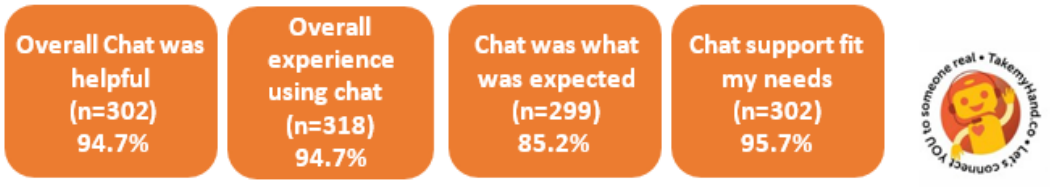
I am likely to participate in the TakemyHand™ chat again.

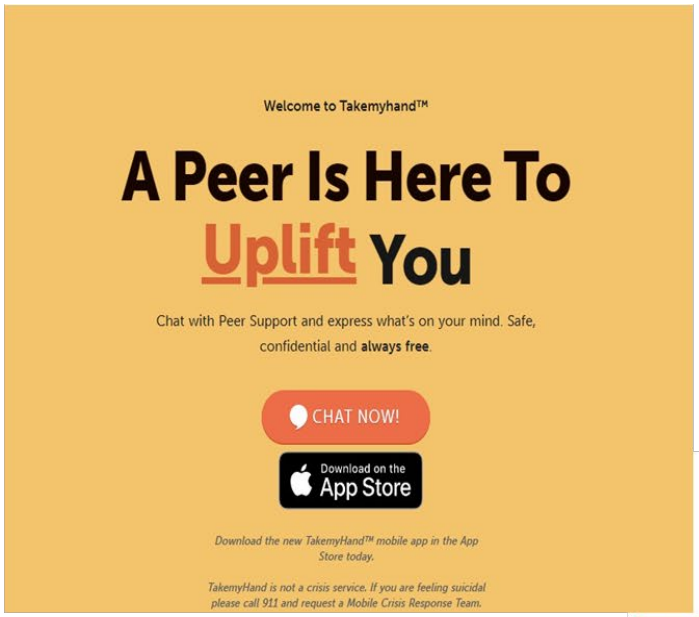
Yes–No

There were Technical problems during the chat Yes–

No

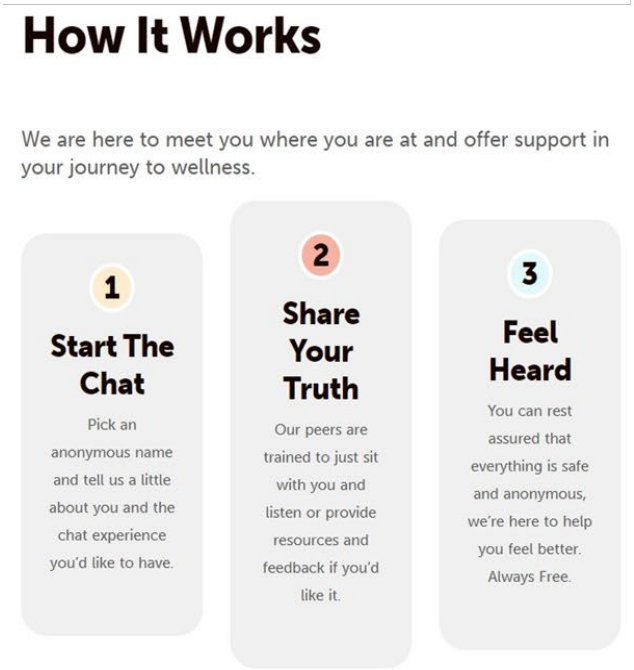
Overall, the TakemyHand™ chat participants responded that their experience was positive, helpful, what they expected, fit their needs, and the Chat was something they were likely to participate in again.





A Spanish version of the TakemyHand™ website was implemented in May 2020. Website visitors can choose the Spanish icon on the TakemyHand™ website to use a Spanish version. Spanish speaking Chat operators were also available.

Were there technical problems during this



I am likely to participate in the TakemyHand™ Chat again

YES

95% (n=300)

CHAT NOW!

Chat Participants comments:

Most of the comments were related to appreciation for the chat and the Peer Support Specialist.

"Thanks for helping me realize what to do."
"Thanks for what you do you seem amazing by the way."
"Very kind and helpful will make you feel better at the end of the day."
"I enjoyed our conversations, she is friendly, caring and wonderful peer, friend."
"Thank you for your help and the great resources Christopher. You went above and beyond!"
"Thank you (PSS) for being here for me today."
"Always an excellent supportive listener. Thank you!"
"The Chat was Fantastic!"
"(PSS) is awesome! He is very helpful, friendly, and empathetic! I appreciated him so much for his kind
words and wisdom. Thank you!"
"Thank you for being here for me today!"
"Third time speaking with Christopher and I am so thankful for him and his words of encouragement. You are
having a huge (positive) impact in my life and I hope you know that you're a very special person. Thank you!"
"(PSS) is a wonderful coach and very attentive, resourceful. love talking to her. Thank you!"
"Thanks (PSS) for helping me get my resources today."
"The chat was very nice, helpful!"
"(PSS) was nice and understands how I feel."
"(PSS) was so deeply empathetic and helpful. I am so grateful for the support. Thank you!"
"(PSS) is a super peer support specialist. Thank you!"
"Our chat was a Great Help!"
"Thank you for being here for me today!"
"(PSS) is a caring peer support specialist. Thank you!"
"Thank you! Theresa is excellent at listening and cares."
"Very helpful, patient, and a good listener."
"You're awesome!"
"(PSS) is a great listener and super helpful. Thank you."
"(PSS) is excellent! Thanks!"
"You are good."
"It prevented hospitalization and gave us new coping skills and knowledge that I do have someone to reach
out to in crisis right now."

Testimonials collected from participants

Caring testimonials from our Chat Patrons

"I just want to say that I spent about an hour talking with Christopher and I have not left feeling a conversation in my entire life with so much growth as I did with him. Christopher listens, is empathetic and just very mature. I give him 100 stars out of 10—he was that great to me! Thank you so much and I hope to talk with you soon!" 5/23/2023

I've been wanting to write you an email and introduce myself. And tell you what I think and feel about the Take My Hand App on my phone that I currently use a lot to chat with real Peer Supports. I can even name a few of them so I will, Ilene, Lisa, and Juan have been super mental health peer support specialist.

They deserve a raise too. All that they have heard from me has been possibly hard to hear, and I want them to know that I really appreciate them! This is one of those many moments when you hope you meet them one day. They have said I am very resilient and that I would be a great mental health peer support.

"My point in writing this email has been because I want to you to know that the peer supports on the Platform Take my Hand need and should be recognized for their hard work. That they do to support us all on a daily. They have said they are not AI bots. I hope they really aren't also." *12/28/2023*

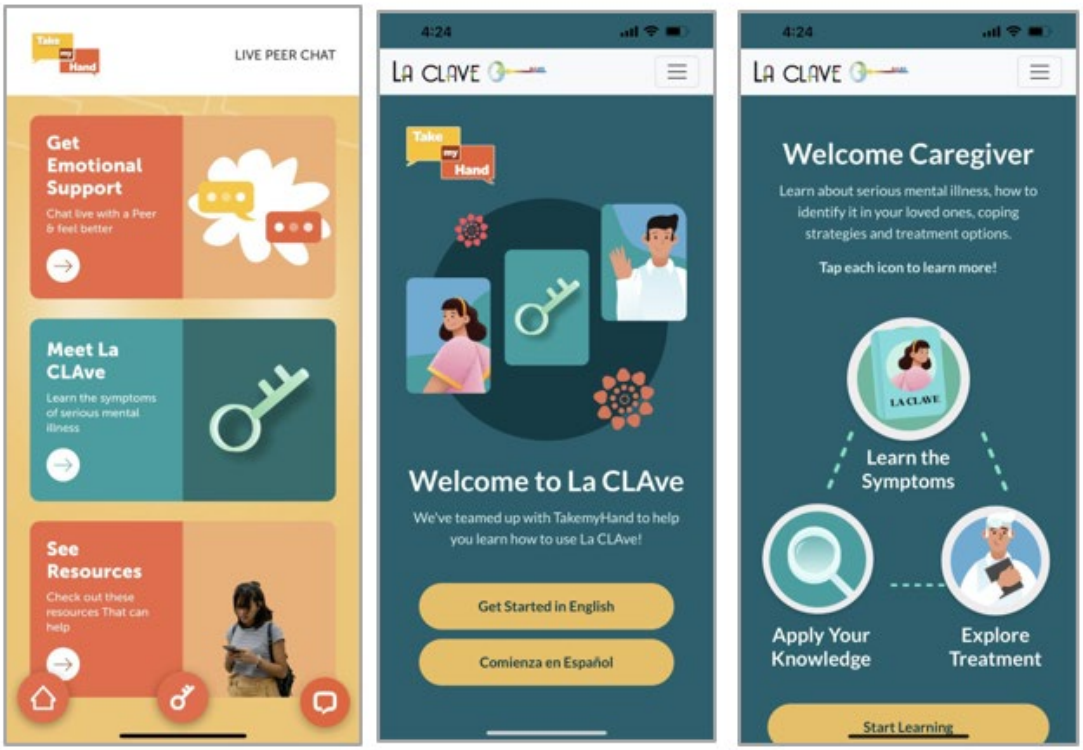
TakemyHand™

Future Directions:

TakemyHand™ has transitioned beyond the implementation during the Help@Hand project. The website and LiveChat is locally maintained and operated by RUHS-BH. Certified Peer Support Specialists manage the LiveChat during business hours. The ChatBot is available during non-business hours to respond to chat requests and steer chat visitors to the resources page on TakemyHand™ . The volume of chats per day is relatively low at about 7 per day, and is manageable for the staff that complete other duties in addition to the chat. Outreach to drive traffic to the site will continue.

Future plans for enhancement for TakemyHand™ is to include a Wellness check-in survey that could be used to encourage and support help seeking through the resource page, and also could increase use of the LiveChat.

The addition of La CLAve as a tool to increase mental health literacy and to increase access to resources will continue. This component could be developed further to support the implementation of the RUHS-BH First Episode Psychosis program.



INN

Project Evaluation

APP for INDEPENDENCE A4i

App for Independence (A4i)

RUHS-BH piloted the App for Independence (A4i) a digital technology for individuals with schizophrenia spectrum diagnoses. A4i is a phone app designed for those with schizophrenia symptoms and is built to engage both the consumer and the mental health providers serving that consumer. The app features include: Notes sent by the consumer to their mental health provider, a Newsfeed that supports connection to a community of people with similar challenges, Check-Ins to track mood, sleep, and goals, medication reminders, and an ambient sound detector to aid those with auditory hallucinations to differentiate environmental sounds from hallucinations. A4i features also include a clinical dashboard for providers to view client Notes sent, and client responses to A4i mood, sleep, goals and medication Check-Ins. The provider dashboard is meant to accessed by the clinic "Care Team" who provide services at the County clinic.

Implementation Highlights:

The process for selecting A4i as a pilot app was a collaborative process involving the RUHS-BH Peer Support Specialists (PSS) staff assigned to the Help@Hand project. PSS staff reviewed multiple digital apps to make recommendations on potential apps for RUHS-BH to pilot. The criteria included reviewing apps that could support the high-risk population of focus. After reviewing multiple digital apps, the PSS staff recommended A4i or Focus as potential apps to test in a pilot for high risk populations. A series of focus groups with RUHS -BH consumers were conducted to gather feedback on which app the consumers preferred for the pilot. Due to the COVID pandemic in 2020 the focus groups were conducted on Zoom. During the focus groups the functions of each app were shared with app screen shots or with actual sharing of the app in Zoom screen share. A4i was preferred by consumers slightly more than the Focus app because of the additional features available in A4i.

The A4i pilot implementation required managing multiple project components including: training staff in the use of the A4i, managing smart phone devices distributed to consumers for use during the pilot, and development of training materials, welcome packets for consumers, and protocols. Initially the team of Peer Support Specialist staff for the Help@Hand project used the A4i app to become familiar with the features and functionality.

Pilot participant recruitment began by marketing the pilot to County clinic supervisors through a series of emails and presentations. Recruitment initially focused on the adult Full Service Partnership programs with expansion to additional populations in Older Adult clinics and TAY Drop-in centers. Clinic staff referred consumers they believed fit the criteria of Schizophrenia Spectrum diagnosis, and who would be interested in participating, and could benefit from using the A4i app. The piloting of the A4i app was designed to occur over a six-month. Period. However, the recruitment was targeting at least 90 consumers which occurred over a period of months. Since recruitment was occurring in a rolling process, consumers enrolled over he course of the pilot. Consumers graduating from the pilot completed 6 months using the A4i.

A4i Pilot

A4i Participant On-Boarding & Features and Functionality

RUHS-BH Help@Hand Peer Support Specialist contacted referred participants to engage the consumer and further describe the expectations and benefits of participating in the pilot. If the consumer agreed an orientation appointment was set with a Peer at a location convenient to the consumer. Sometimes the orientations were done in the clinic sometimes at a home visit or other community location. The orientation appointment was designed to be a welcoming and engaging process. The RUHS-BH Peer Support staff designed a Welcome Packet to use during the orientation. The Welcoming packet included a consent to participate in the pilot, which outlined the benefits and responsibilities of being in the A4i pilot, and the incentives consumers would receive for participation. The consumers were given a Smartphone with a phone plan including data. Participants were asked to sign a Device Agreement and Waiver for the Smartphone. The phone was preloaded with the A4i App and several other mental health digital tools. The Welcome packet also included content on the other digital mental health apps loaded on the phone.

The RUHS-BH Help@Hand Peer Support Specialist also created workflow documents for the Help@Hand Peer team and the County clinic staff with enrolled participants outlining the process steps for entire pilot. In addition, a manual with screen shots was created for the County clinic to use as a reference guide on the use of the A4i and how to view the dashboard.

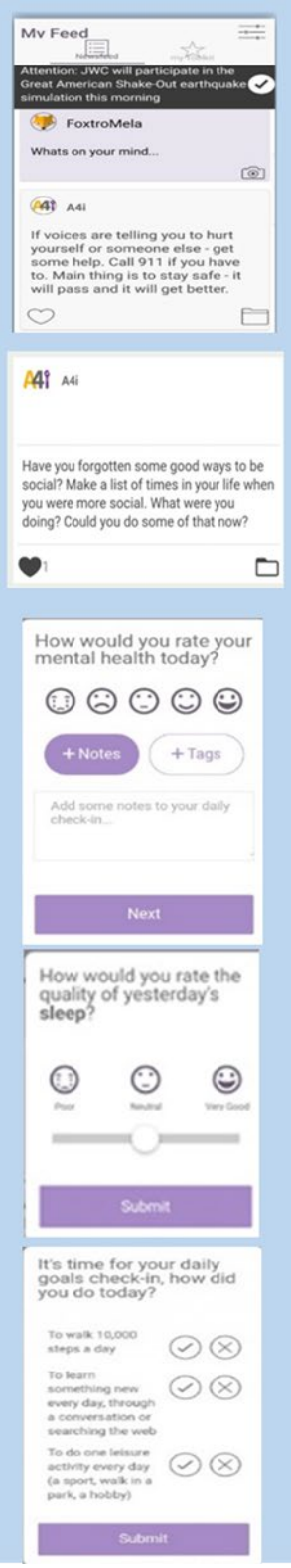
Early in the pilot it was clear the Help@Hand Peer Support Specialist would need to support the County clinics with the functions that would typically be completed by the County Clinic “Care Team”. The County clinics varied with regards to their need for this type of support. Help@Hand Peer Support Specialist moderated the post to the feed to ensure the A4i consumers’ post could be put on the Newsfeed, and created and posted their own content to the Newsfeed to support consumers with recovery focused messages.

Peer Support Specialist also supported consumers with any technology issues with the County issued phone, and with challenges navigating the A4i App. The communication between the Peer Support Specialist and the A4i consumer proved invaluable in finding challenges with how the A4i app functioned. This communication combined with information from the one month interviews was relayed to the A4i developers, MemoText, during weekly meetings. MemoText was very responsive and creative in upgrading making adjustments and upgrading the A4i app features based on the feedback form users. These were rolled out as quickly as possible to support A4i consumers as they used the app through out the pilot.

A4i Pilot

A4i Features and Functionality

Newsfeed



A4i has developed a "newsfeed" similar to a social media platform that allows user and providers to post content to a community of A4i users providing a safe space for support. Newsfeed content is reviewed by staff before it is posted including consumers posts. A4i directly delivers content to the Newsfeed. A4i created posts and prompts can be uniquely designed for each user's need. These posts make suggestions and provide support and resources relevant to coping with symptoms of schizophrenia, psychosis, thought process challenges, motivation and anxiety. Each user's posts can be tailored to their needs based on a short questionnaire.

Content on the Newsfeed was also generated by the Peer Support Specialist or Care team members. The newsfeed platform was interactive as the community of A4i consumers can also post to the feed. This provides additional content for support.

Anonymous A4i users can support each other and react to post. A4i users can interact with posts on the news feed in two ways: by liking a post which will show for all the users, or by selecting the heart icon. User could save posts to a folder in the app tool kit for later use.

Daily Mental Wellness Check-In

This feature is especially important for an A4i user and the care team to track the users mood. This check-in appears in the clinical dashboard for providers to follow-up with their consumer based on their self-report of mood. A4i prompts automatically when the app is opened by asking, "How would you rate your mental health today?" User can rate themselves from sad to happy.

Daily Sleep Check-In

The feature functions similar to mental Wellness check in each day the user is prompted to rate their sleep quality. A4i also monitors mental health and sleep quality trends that can alert the care team members for negative trends, which will also trigger email notifications to the clinical staff.

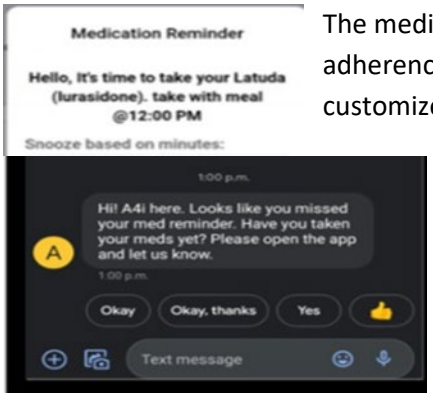
Goal Achievement Check-In

The A4i app has a Goal-Setting tool to aid users on their journey to wellness. After

setting up their goals the app will track goal achievements through check-ins. The daily prompt and data from responses provides the opportunity for the consumer to monitor their success. A4i will send support in the form of coping skills and suggestions to assist in their success as well as alert the care team when there are patterns of challenges. This feature is built in the A4i app to aid in the users' success , and can be customized with the user's care team during registration. Setting and meeting personal goals no matter how small is an important element to supporting the consumer on their journey to wellness.

A4i Features

The medication reminder



The medication reminder feature is used to help support medication adherence and improve successful outcomes, and it can be customized for each medication name, time it should be taken, and any special instructions. Setting up medication reminders is simple and can be done through either the A4i app or the care team portal. Each reminder can be snoozed for 15, 30, or 60 minutes if it is not convenient to take the medication at the set time. Users are able to indicate when they have taken a medication ahead of time, if they have already marked the medication as taken the reminders for that medication and time is turned off. (Note: only for medication reminders that are under the TODAY section set time).

A4i also tracks medication adherence based on interactions and responses from the user over time to track adherence patterns and
escalate notifications to clinical staff for "low medication adherence

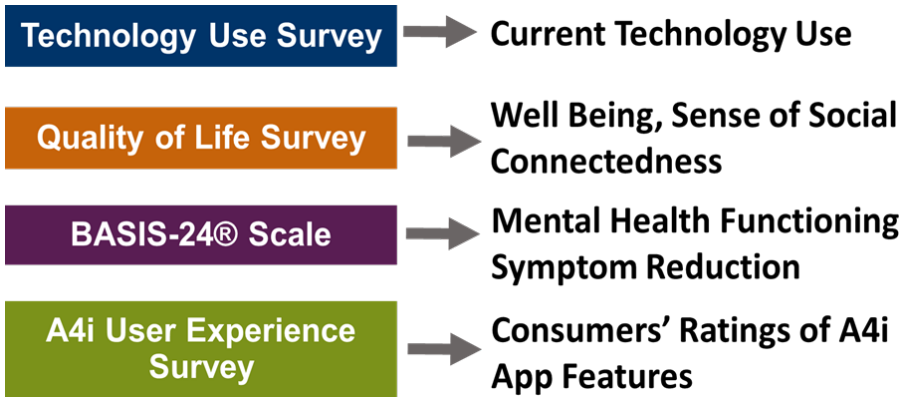
A4i Pilot

Evaluation Summary

The main goal of this pilot implementation is to test the impacts of using the A4i application in a real-world community outpatient setting to support consumers with schizophrenia spectrum disorders. This pilot will seek to understand if the A4i application is feasible to deploy in a community mental health clinic with the intended target populations. Program evaluation will examine the extent to which individuals with
schizophrenia spectrum or other psychoses are able to efficiently utilize and benefit from the features of A4i. Key Evaluation Questions:

- Evaluate pilot participants experience with A4i regarding acceptability, likeability, usability, usefulness of features, successful adoption (frequency of use, retention rate); and any variations in these factors
  among different target populations.
- Evaluate pilot participants reported increases in social connectedness; well-being; sense of connection to care team; and symptom reduction.
- Evaluate the impact of using A4i on consumers setting goals and goal attainment.
- Evaluate the extent to which the A4i technology can be used by the clinical care team to detect changes in mental health status that would prompt care team staff to initiate an intervention.

A4i Evaluation Survey Measures



Data collection for the pilot used an engagement approach . Since the Help@ Hand Peer Support Specialist (PSSS) were completing welcoming and orientations with consumers, they incorporated intake data collection into their welcoming and orientation process. The consumers received incentives for the completion of measures and qualitative interviews. The PSS maintained a tracking sheet to ensure they collected 3-month and 6-month follow-up data. The PSS also assisted with scheduling qualitative interviews with a graduate student from Claremont Graduate University to independently collect the interview data from consumers. PSS staff ensured consumers received their incentives for completing the intake, and follow-up survey packets.

A4i Pilot

A4i Pilot Measures

The figure below shows the A4i Data Collection interval schedule and the measures collected as pre-to post and those that were collected only once.

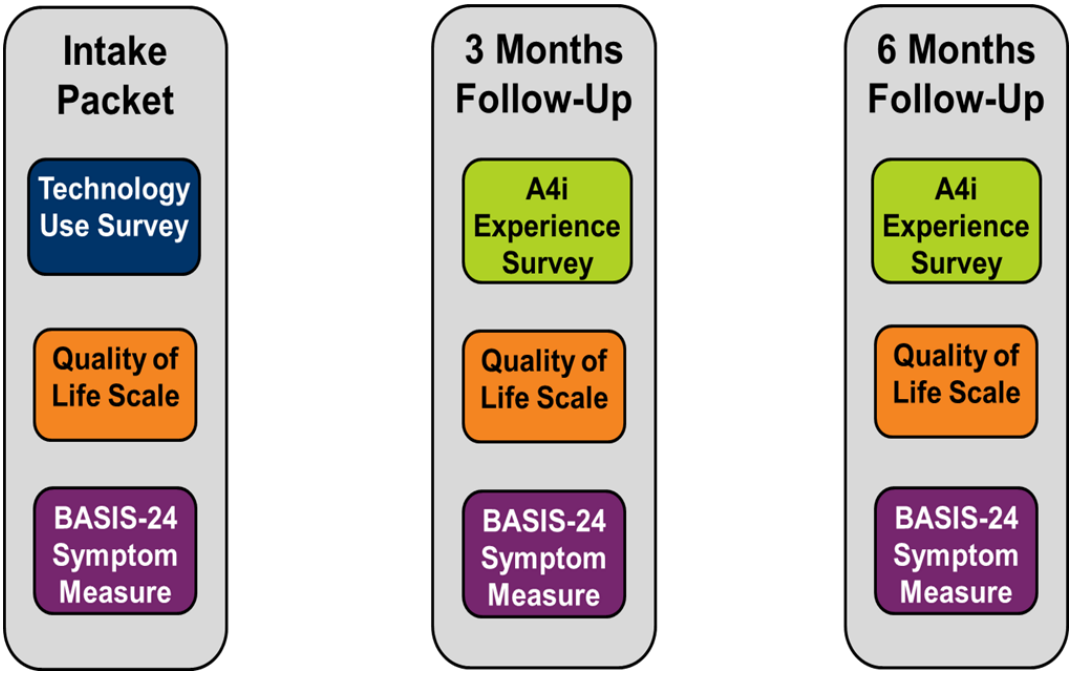
Technology Use Survey-This survey was used specifically to gather information on the participant's current use of technology including devices they use, any experience with technology, and experience with mental wellness applications. Participants were asked to complete this survey at intake. The survey consisted of 12 questions, and the questions focused on the use of phones, computers, and internet use (e.g. do you use any smartphone application, total number of hours/week of using computer/phone, what do you usually use your computer/phone for, etc.).

Quality of Life and BASIS-24:

Quality of Life and the BASIS-24 were collected 3 times to obtain pre, mid, and post data (a 3-month data collection was included in the event consumers left the pilot prior to the 6-month end of the pilot).

A4i Experience Survey:

This survey was used specifically to gather participants' experience with the A4i app and was also administered at 3 months and at 6 months.



A4i Pilot

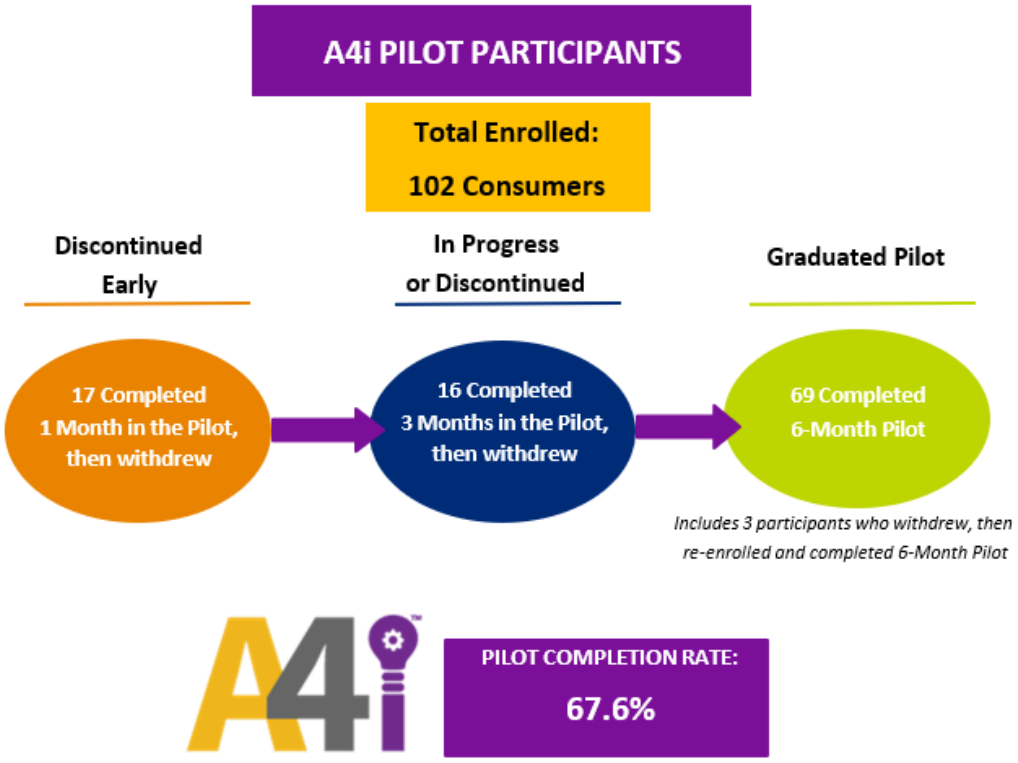
A4i Pilot Participants

A total of 102 consumers enrolled in the A4i pilot. Enrollment occurred between 2021 and 2023. The data below shows the pilot completion rate for the A4i enrolled consumers.

A4i Summary of Completion

Total counts of participants who completed 1 Month in the A4i Pilot (*completed Intake Form, received A4i Phone, and registered as a user for the A4i Application*) then withdrew from the program:	**17**
Total counts of participants who completed 3 Months in the A4i Pilot (*completed Intake Form & 3-Month Outcomes*) then withdrew from the program:	**16**
Total counts of participants who completed 6 Months in the A4i Pilot (*including 3 participants who withdrew then re-enrolled and completed the program*):	**69**

Total counts of enrolled participants: **102**



A4i Pilot

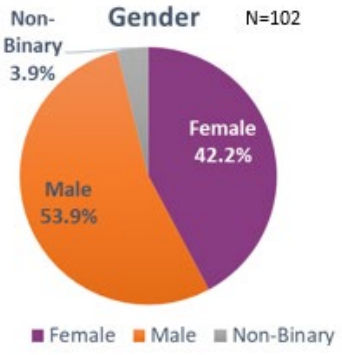
A4i Pilot Demographics

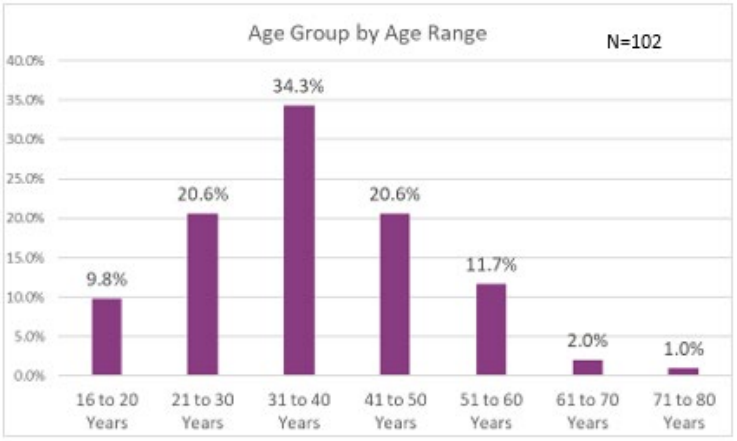
The following figures provide the demographics of the A4i pilot participants (n = 102).

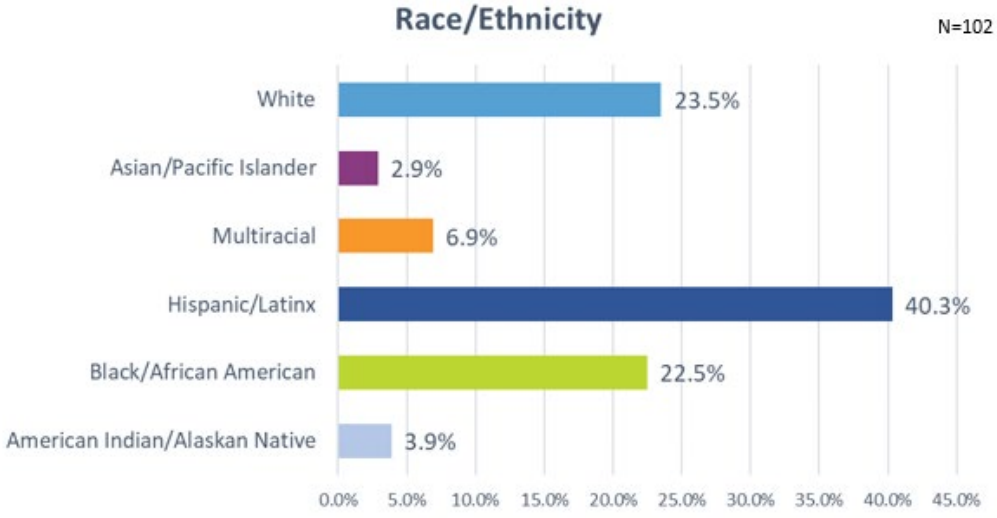
- More than half the A4i participants were Male (53.9%, n = 55), followed by Female (42.2%, n = 43), while 3.9% (n = 4) reported they were Non-Binary.

- Most A4i consumers were Adults (78.4% ,n = 80) between the ages of 26 to 59 years old, with many (34%)reported an age between 31 to 40 years old.

- The majority of A4i participants were Hispanic/Latinx (40.3%, n = 41), followed by White(23.35%, n = 24) and Black/African American (22.5%, n = 23). The remaining participants reported they were Multiracial (6.9%, n = 7), or American Indian/Alaskan Native (3.9%, n = 4), or Asian/Pacific Islander (2.9%, n = 3).





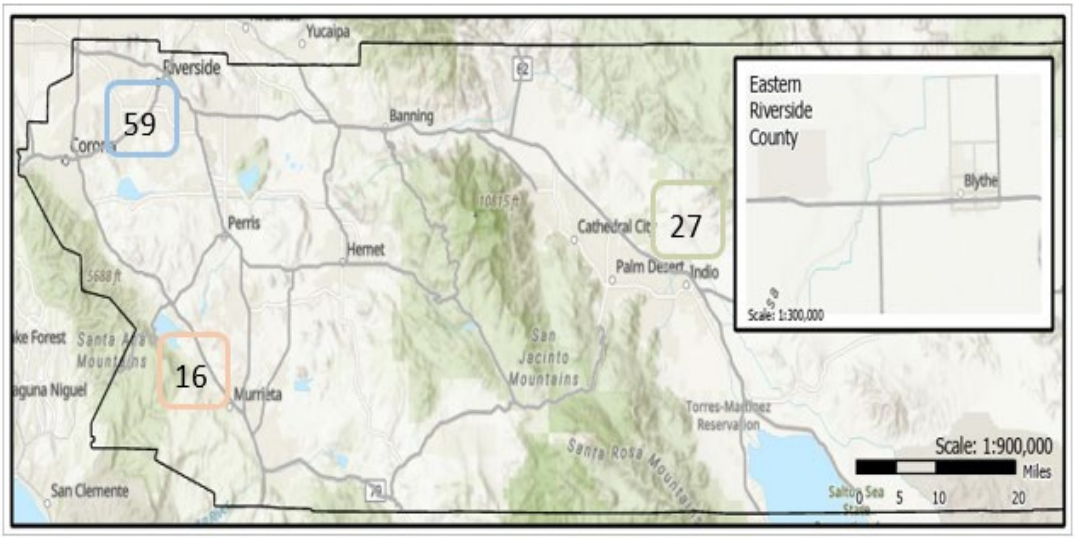


A4i Pilot

A4i Pilot Demographics

Additional demographics for A4i pilot participants (n = 102).

- 20% of A4i consumers reported they identify as LGBTQI
- 92% reported their preferred language as English.
- 59% reported that and a disabling condition and a few indicated they were Hard of hearing.
- The majority of enrollments in A4i: 52% occurred in 2023, and nearly a third (32%) occurred in 2022.



Western Region

West Adults FSP-27
Re-Entry Adult FSP-12
West Adult Clinic-9
Peer Support
Recovery Center -6
West TAY –1
West Older Adults-4

Mid-County Region

Lake Elsinore Adult Clinic-9
Temecula Peer Support Recovery Center-7

Desert Region

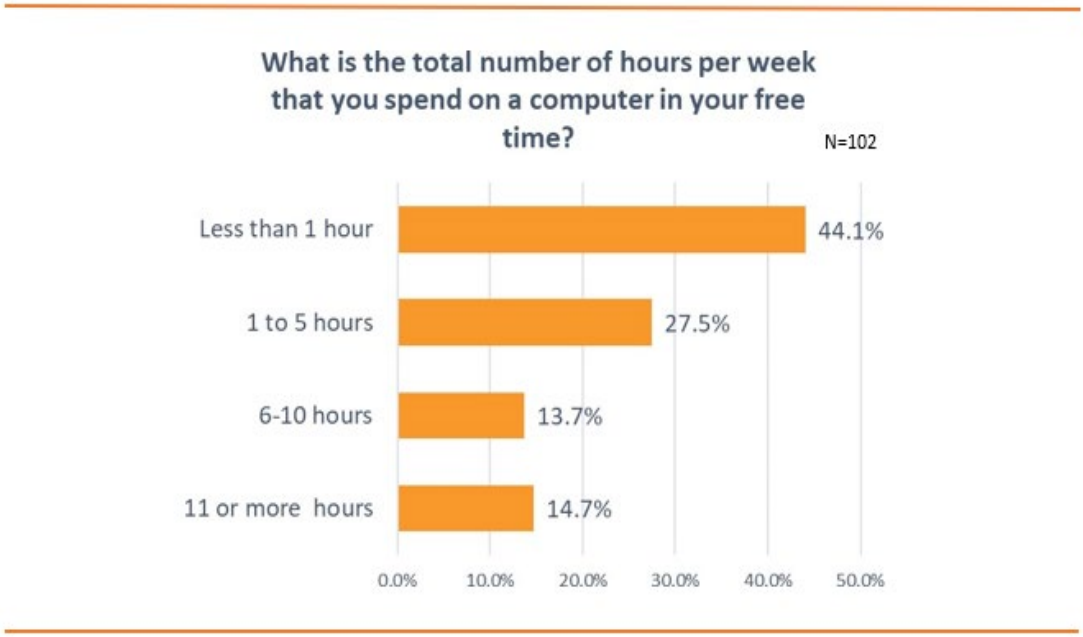
Windy Springs FSP-2
Indio Peer Support Recovery Center-13
Desert TAY-12

A4i Pilot

A4i Pilot Enrollment Technology Use Survey

Technology Use survey results showed:

- A4i consumers used technology devices, including Smart phones (88%), and more than half 58% use a laptop/desktop, a slightly less than a third used a tablet, 24% used a basic phone. Only 2% reported not using one of these technology devices.
- A4i consumers frequently used computers and their phone to access the internet.

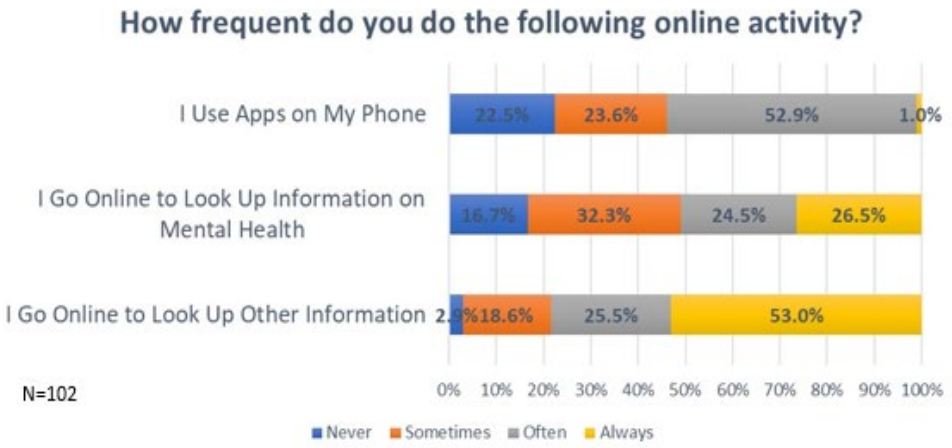


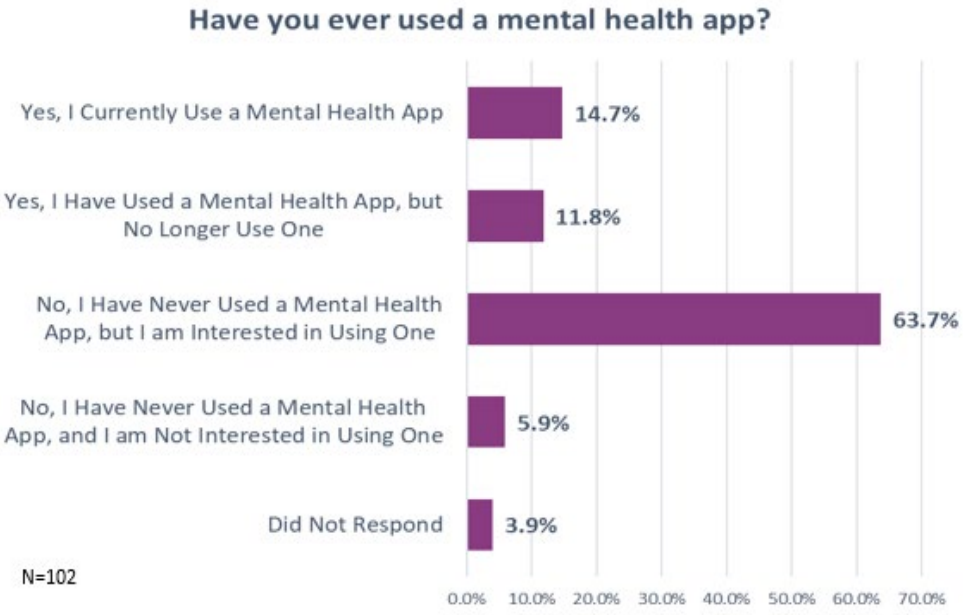
A4i Pilot

A4i Pilot Enrollment Technology Use Survey

Technology Use survey results showed:

- More than half of A4i consumers (54%) reported they use phone apps.
- Half of A4i consumers (51%) reported they go online to look up information on mental health.
- More than three quarters reported they go online to look up other information.
- Nearly two-thirds (64%) reported they have never used a mental health app but were interested in using one.





A4i Pilot

A4i Pilot Enrollment Technology Use Survey

Technology Use survey results showed:

- Most of A4i consumers (83%) felt confident "*Using their Phone or Computer/Tablet to Get Information"*
- Many (80%)reported they felt confident using phone apps

Comments and the types of apps A4i consumers have used were also collected. Below are a list of phone applications consumers reported using, and comments collected on the technology use survey.

Phone Apps Used
"I used A4i previously."
"Calm, Calm Music."
"Calm, Relax Melodies, Head Space."
"Daily Journal, Wobot, Breathe, Fabulous."
"DBSA App."
"You Tube."
"Finch, I am Sober."
"Fixer App (IEHP)."
"I am Sober app."
"Journaling app."
"Meditation app."
"Meditopia."
"Web-Care."
"WRAP."
Internet Use
"I have never used a mental health app, but I looked up online for tips and advice to be a better healthier individual."
"I never used one but I'm interested so I can be in tune with my emotions and find a healthy way to help myself cope with what I'm going through."
"I tried using the phone app once. I don't remember what happened. I returned the phone and said I wasn't interested and would be going back to school. I would like to try again. My communication is just okay for me."
"Nami Forum Board & YouTube."
"Researched to learn more about apps."
"Telehealth app for doctor appointments."

A4i Pilot

A4i Pilot Enrollment Technology Use Survey

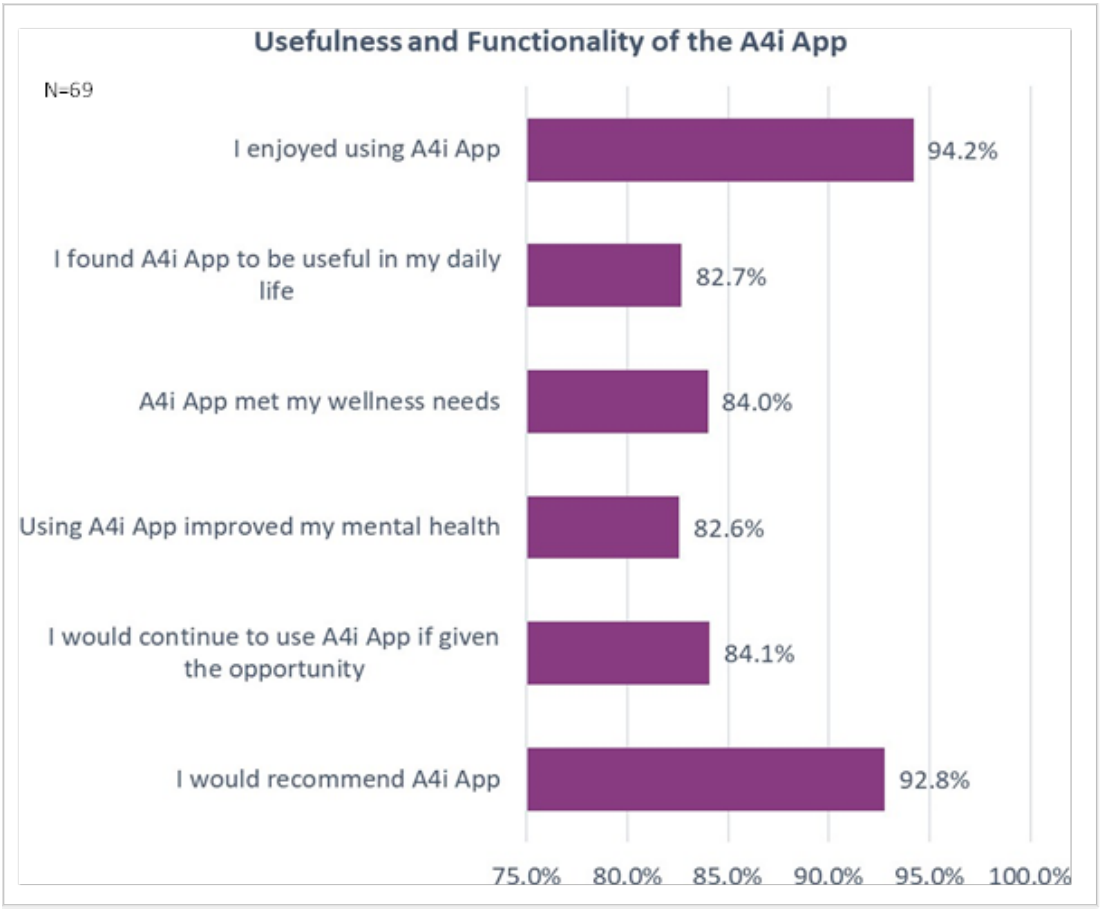
After participating in using the A4i app for at least 6–months consumers were asked to complete the A4i User Experience survey. Only data for those completing 6-months in A4i was used for analysis. The User Experience Survey had 38 questions focusing on the functionality of the app and any benefits the consumers believed they gained from using the app. The results of 69 consumers who completed the A4i pilot are included in the following data. Percentages below reflect "Agreed" or "Strongly Agreed" responses to the survey item statements.

Usefulness of A4i and Functionality

Most responses were positive with regards to usefulness and functionality. The top 4 were as follows:

- 94.2% enjoyed using the A4i App.
- 92.8% would recommend the A4i app.
- 89.8% thought A4i was easy to use.
- 86.9% thought the information on A4i is credible and trustworthy.

The figure below reflects items related to benefits of the A4i app and continued use of A4i.



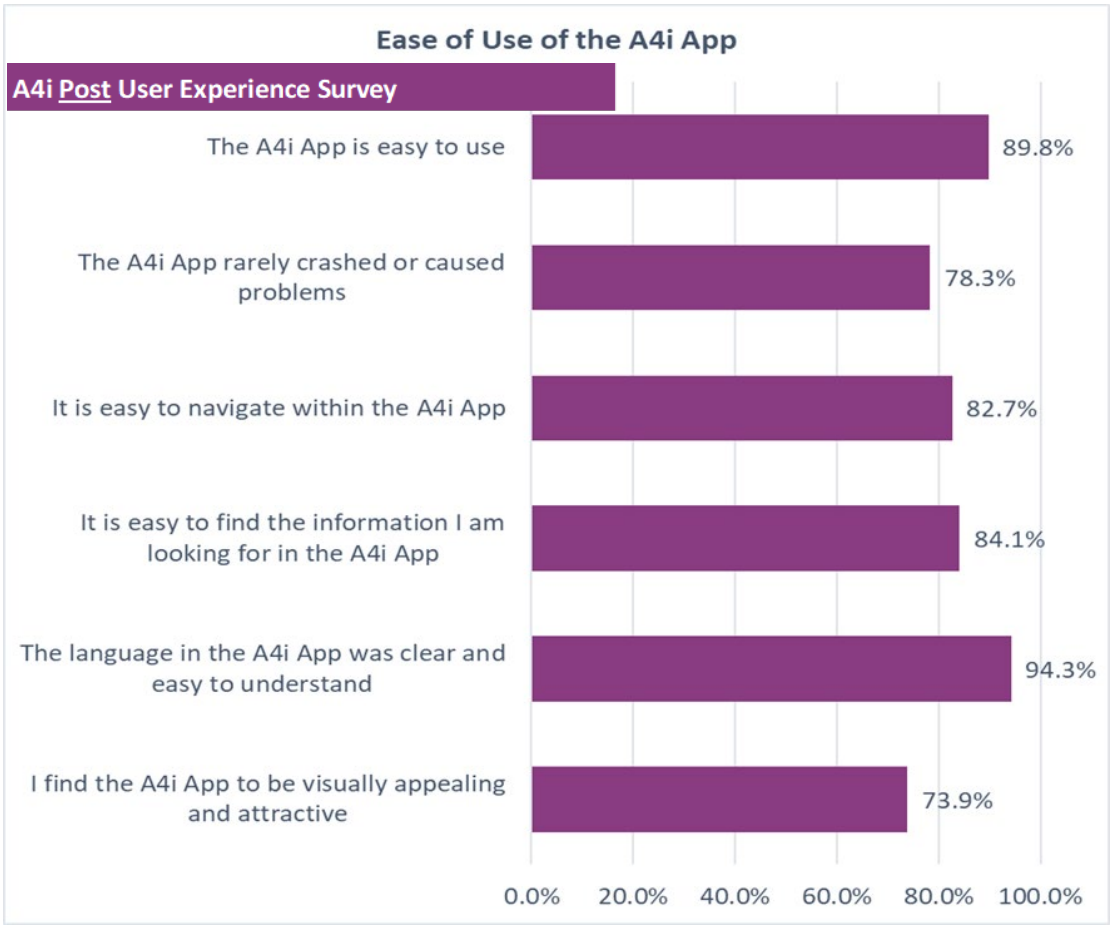
Most responses on ease of use were positive . However two aspects of the app had lower ratings on the survey;1). “I find the A4i app visually appealing” and ,2). “The A4i app rarely crashed or caused problems”. For these two items ratings were slightly more than 70 % were rated at agreed or strongly agreed. Early in the deployment of A4i, several features mostly the Check-Ins for medication, mood, sleep and goals were challenging due to the timing of when the check-in appeared in the app. It was early feedback from consumers that contributed to A4i developer upgrades during the pilot. This feedback was gathered in 1 month interviews and from PSS as they provided tech support for A4i users.

A4i Ease of Use

Most responses were positive with regards to ease of use. Percentages are agreed or strongly agreed with the item statement. The top 4 were as follows:

- 94.3% the language was easy to understand.
- 89.8% the A4i app was easy to use.
- 84.1% easy to find information looking for in app.
- 82.7% easy to navigate within the app.

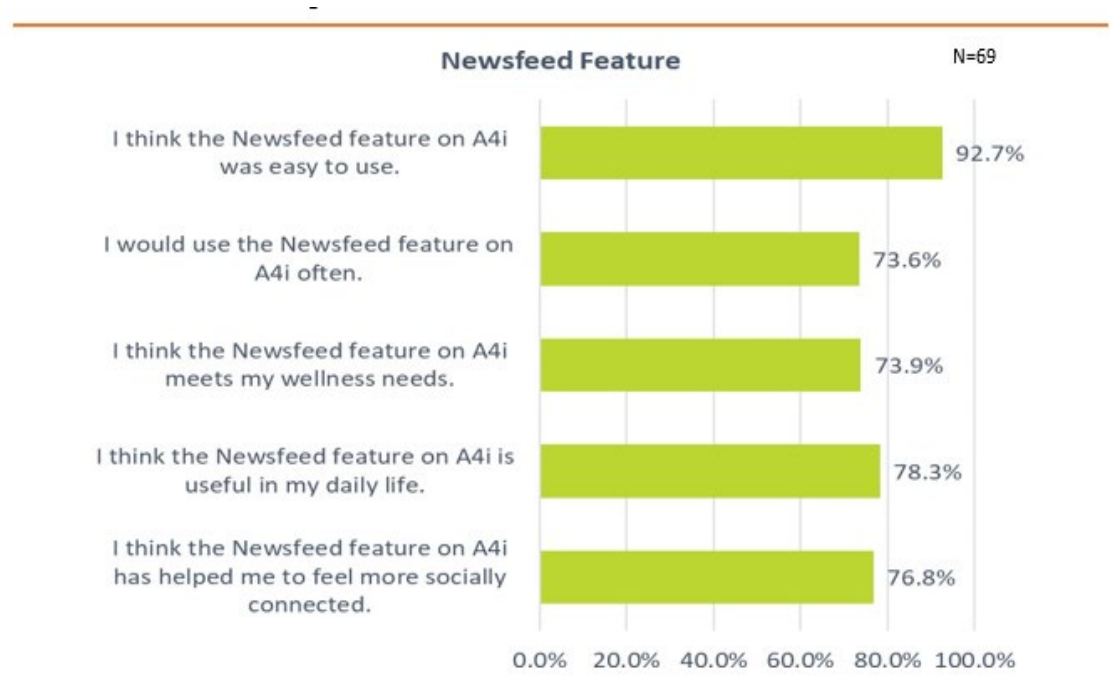
The figure below reflects items related to benefits of the app and continued use of A4i.



A4i Pilot

A4i Post User Experience Survey

User experience with specific features in the A4i app also showed positive experiences. In particular, the Newsfeed feature. The Goal tracking feature showed some positive responses as well. A4i app utilization data showed the Goal tracking feature was used far less often than the Newsfeed.



A4i Pilot

A4i Post User Experience Survey

Below are other items analyzed from the A4i User Experience surveys of graduated participants (n = 69). Percentages below reflect "Agreed" and "Strongly Agreed" responses to other A4i app features.

Content and Security

- ⇒ 75% of participants trust A4i with their personal information.
- ⇒ 87% of participants felt that the information on A4i is credible and trustworthy.
- ⇒ 96% of participants felt that the content in A4i is appropriate for them.

Costs of Using A4i

- ⇒ 93% felt they have the resources necessary to use A4i app.
- ⇒ Only 13% felt concerned about the costs associated with using A4i app.

Culture and Values

- ⇒ 89% felt A4i values and respects cultural differences
- ⇒ Only 46% felt that A4i demonstrates knowledge about their culture, while 23.5% felt neutral.

Notes Feature

- ⇒ 81.2% felt the Notes feature on the A4i app was easy to use
- ⇒ Only 50.0% used the Notes feature often, while 23.5% felt neutral about using the Notes feature

A4i Pilot

A4i Utilization Data

Utilization data was available directly from the A4i app. Files of user activity in A4i were provided on a monthly basis. In examining the consumers' use of the A4i features, the data was analyzed based on the number of times consumers engaged in the activity in the app. User data directly available from the app is recorded as an activity logged. Using this data is was possible to determine how frequently a feature was used.

User Engagement Data by Activity Type

Posting to Feed

- 91% of consumers used Newsfeed feature.
- 28,290 "Post to Feed" were recorded.
- 92% of consumers used the feature at least 10 times.

Medication Reminder

- 50% of consumers used the "Medication Reminder.
- A total of 13,082 "Medication Reminder" logs were recorded.
- 86% used the "Medication Reminder" feature at least 10 times.
- 94.2% confirmed in the app whether Medication was taken.

Goals Check In

- 82% used the "Goals Check In" feature.
- A total of 5,461 "Goals Check In" logs were recorded.
- 78.6% used the "Goals Check In" feature at least 10 times.

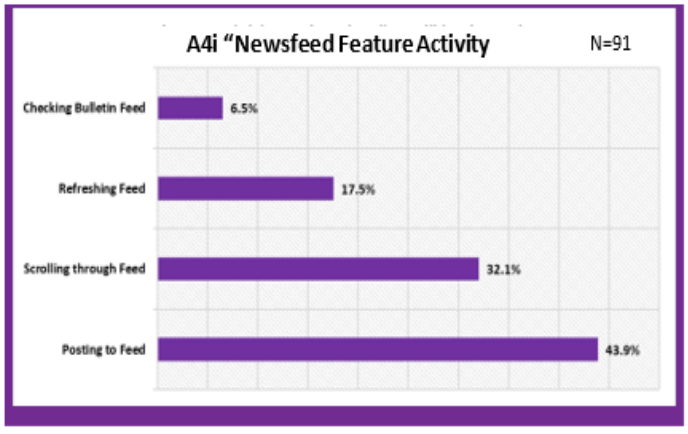
Notes to Care Team

- 65% of consumers used "Notes to my Care Team" feature. At least once.
- 266 "Notes to my Care Team" were recorded.

Sound Detector

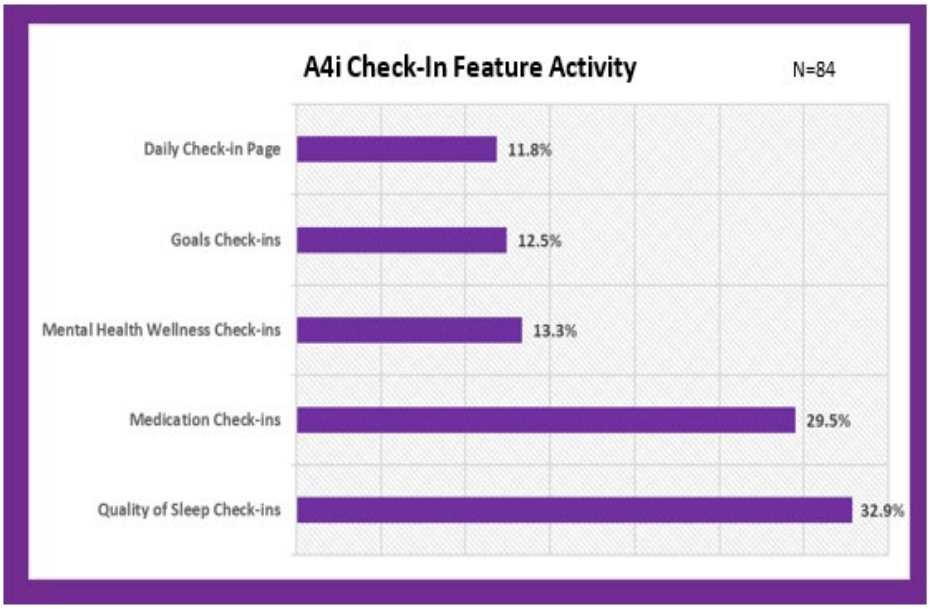
- 66% of consumers used the "Sound Detector" feature.
- A total of 1,003 "Sound Detector" logs were recorded, 46% were identified as "Correct Sound Detection".

The Newsfeed feature was the most frequently used feature. Activity in this feature showed, consumers more frequently posted to the feed when they used this feature.

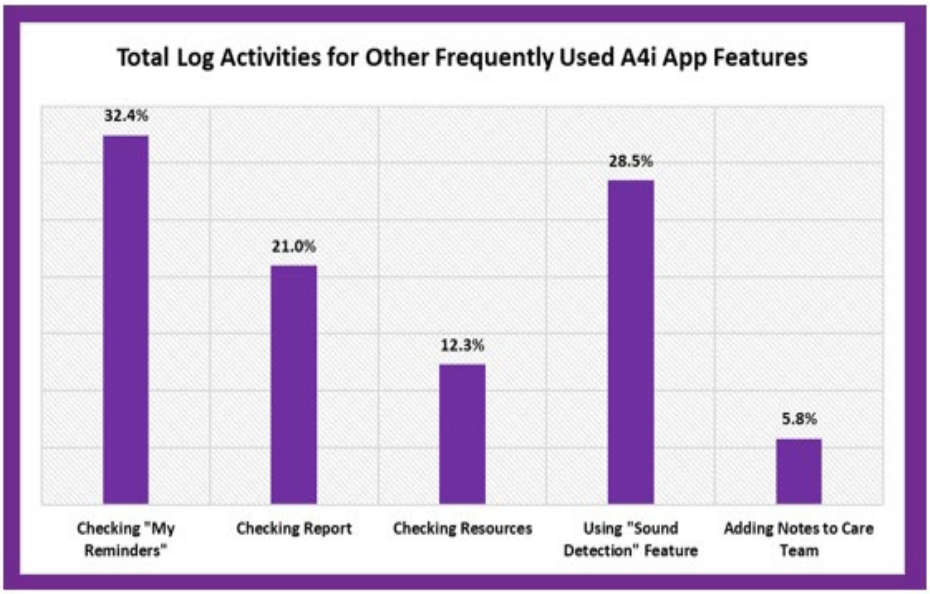


A4i Utilization Data

The second highest most frequently used feature was the A4i app Check-Ins feature. The total combined activity logs for Check-Ins was 44,046. Check-in activities were more frequent for Sleep Quality Check-ins (33%) and Medication Check-ins (30%).



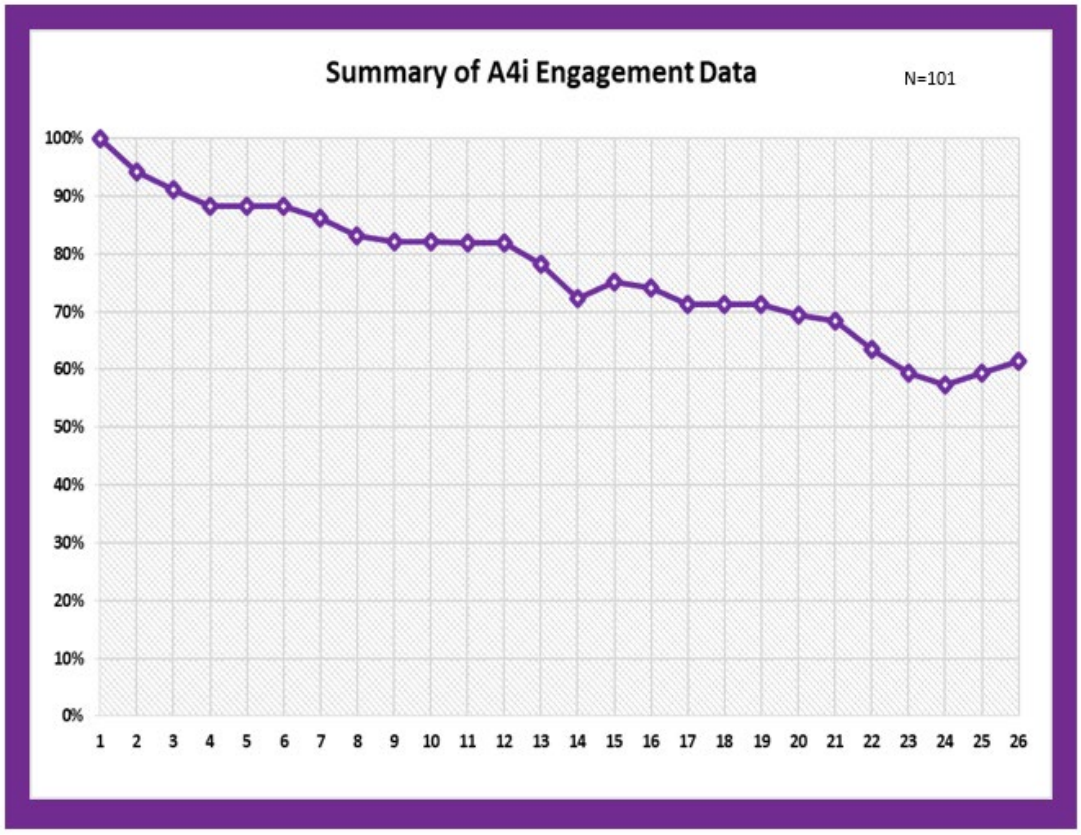
Other activities available in A4i included; **My Reminder**, **Report**, **Resources**, **Sound Detector**, and **Notes** features. The total count of activities for these 5 features was **4,625**. Of these, the most frequently used were *"My Reminder"* feature (32.4%), and *"Sound Detection"* feature (28.5%).



A4i Pilot

A4i Utilization Data

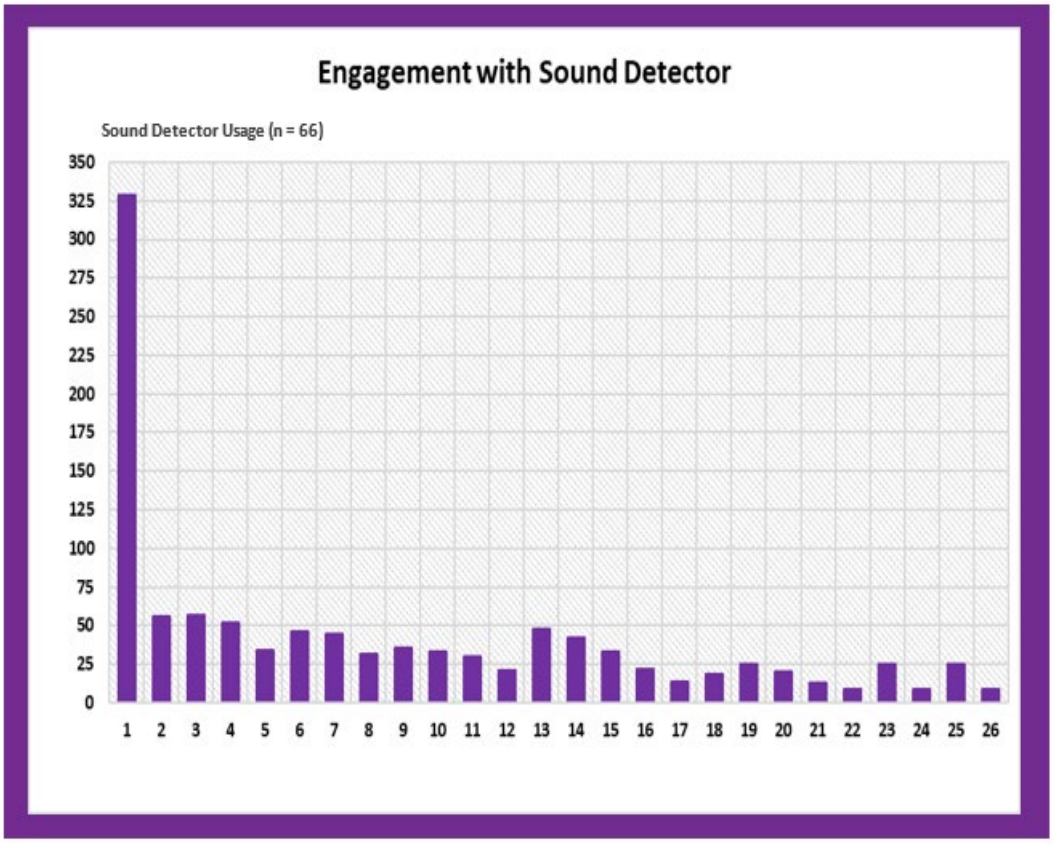
A4i engagement data from 102 participants who enrolled, installed, registered, and engaged in the app showed fairly consistent use across the 6-month pilot. Of 102 participants who enrolled in the A4i pilot, 1 never installed the app, therefore the data is only based on 101 participants. Observed weekly, the following plot provides a summary of the proportion of consumers engaged in the A4i app each week of the pilot. There was some decline in use over time, however the rate of participation remained relatively high by the end of the pilot. The average engagement in the app each week was **76.9%**. The weeks are each consumers first week and so on, rather then just a representation of a six- month period.



A4i Pilot

A4i Utilization Data

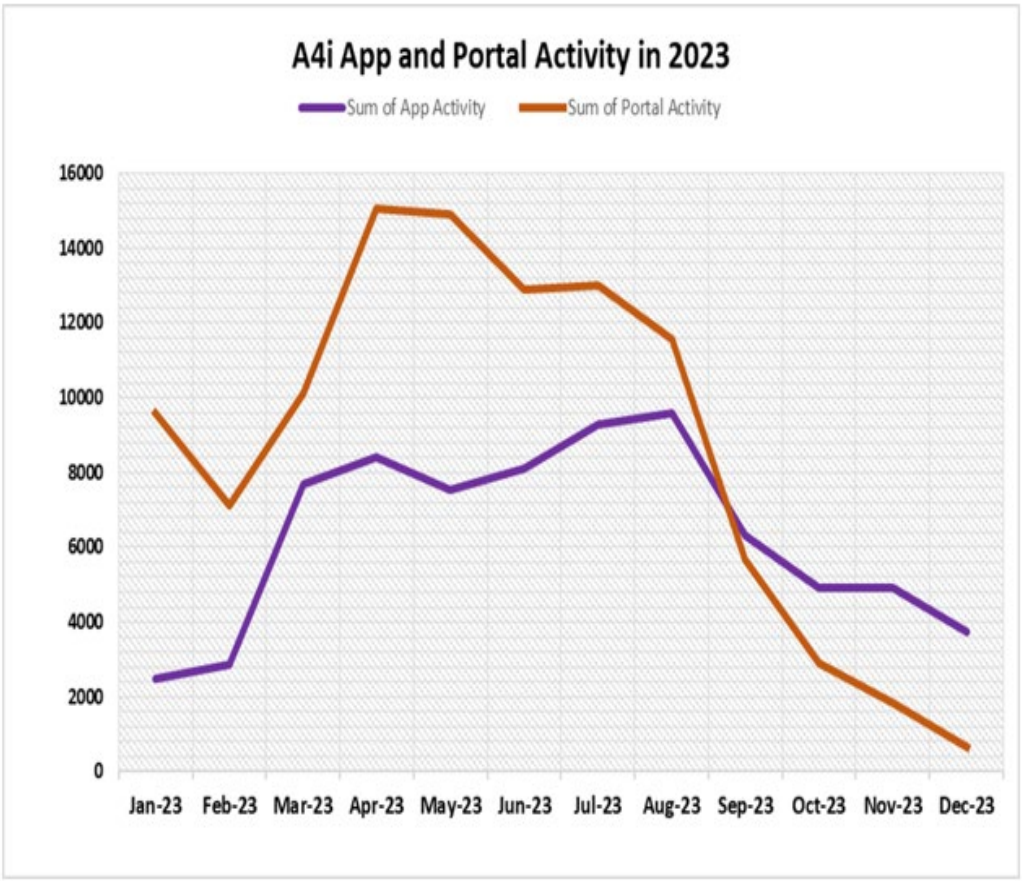
Engagement in the sound detector feature across the 26 weeks varied with 66 of the consumers using the sound detector at least once. There was some decline in use over time. Observed weekly, the following plot shows the number of times the sound detector was utilized each week. The weeks are each consumers first week and so on, rather then just a representation of a six-month period. The initial spike in the first week could have been those testing out this feature. More consistent use was found among a smaller number of consumers. In qualitative interviews when asked about this feature some consumers indicated they did not have the auditory hallucinations symptom, while others relied on the sound detector and reported it was quite helpful for managing auditory hallucinations. Fewer consumers used the sound detector after the first month; approximately 20 consumers accounted for the activity on sound detector after the first month, and closer to the end of the pilot approximately 11 to 15 consumers were using the sound detector feature.



A4i Pilot

A4i Utilization Data

There was some evidence of parallels in A4i app portal use by clinicians and the use of the A4i app by consumers. This figure below shows the monthly activities of consumer app users plotted with the Peer Support Specialists/Care team activity on the portal. The relationship between staff activity in the A4i app and the engagement of consumers became apparent in the qualitative interviews, where it was found that the consumers reporting high A4i use also reported the most communication and engagement with their mental health provider, and had discussed the use of the app with their Care team.



A4i Pilot

A4i Consumers Outcomes Evaluations

A4i consumers outcomes evaluation included measuring changes in quality of life, in particular increases in social connectedness, and well-being. Outcomes evaluation also included measuring symptom reduction and a sense of connection to clinic care team. A quasi-experimental pre-to-post data collection was implemented.

Pre-to-post outcome survey measures included:

- **Quality of Life Scale**—A 9-item questionnaire used to collect general quality of life, well being, and sense of social connectedness.
- **BASIS-24 Symptom Measure**—The Behavior and Symptom Identification Scale (BASIS) has 24 items measuring degree or frequency of difficulty/distress across serval symptom domains (depression/ functioning, relationships, self-harm, emotional lability, psychosis, substance abuse).

Quality of Life Survey Results

The Quality of Life (QOL) measure was administered at enrollment into the pilot (pre-measure) and at three and six months. Since 50% of those that dropped out of the pilot dropped in the first month, post data analysis only included those that completed the six month pilot (N=69). Pre to post measures were compared for improvements in quality of life. The following table shows the percentage of consumers rating high satisfaction between 4-6 at pre measure and post and the percentage of increase. The increase is percentage of consumers that rated their QOL higher on the post measure. Overall, some improvements were found in participants self-ratings of QOL. Emotional well-being and feelings about meaningful activity in their lives showed the most improvement.

Quality of Life - Items (Meaningful Activity and Relationships) (n = 69)	Satisfaction Increased—*Ratings 4-6*		
Scale of 1 (Unhappy/Terrible) to 6-(Delighted)	Pre	Post	% Increase
1. How do you feel about your life in general?	47.8%	63.8%	**33.5%**
2. How do you feel about your emotional well-being?	43.5%	71.0%	**63.2%**
3. How do you feel about the way you spend your spare time?	52.2%	58.0%	11.1%
4. How do you feel about the amount of meaningful activity (e.g. work, school, volunteer, leisure) in your life ?	47.8%	65.2%	**36.4%**
5. How do you feel about the amount of time you spend with other	43.5%	65.2%	**49.9%**
6. How do you feel about the amount of friendship in your life?	53.6%	62.3%	16.2%

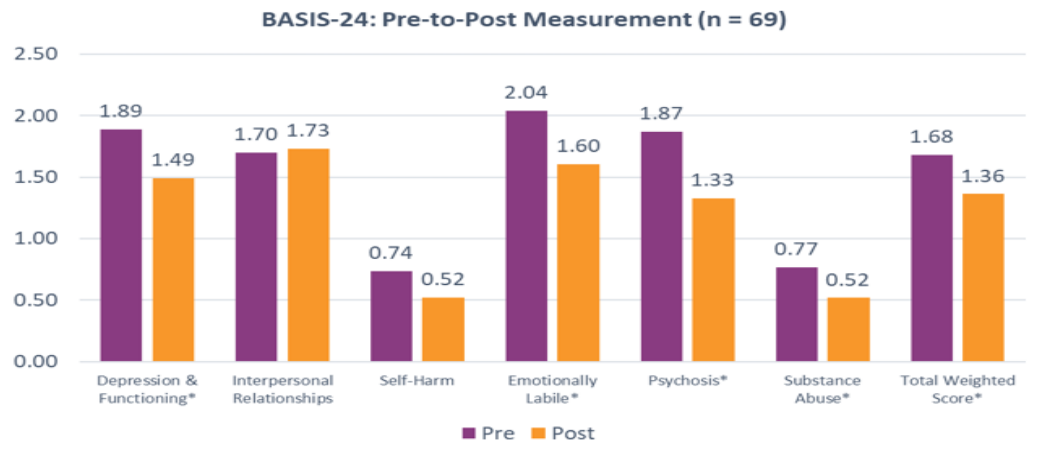
Quality of Life Survey Results

The Quality of Life (QOL) measure ratings on satisfaction with life and a sense of belonging are shown in the table below. Overall, dis-satisfaction decreased and satisfaction increased. The highest rating increase was in the feeling of satisfaction with feeling a part of their community at 81.8%.

Quality of Life - Survey Items (n = 69) (Satisfaction with Life and Sense of Belonging)	Dis-Satisfaction Decreased *Ratings 1-4*			Satisfaction Increased *Ratings 7-10*		
Scale of 1 (Not Satisfied) to 10 (Completely Satisfied)	Pre	Post	% Decrease	Pre	Post	% Increase
7. How satisfied are you with your life as a whole?	26.1%	17.4%	**-33.3%**	42.0%	66.7%	**58.8%**
8. How satisfied are you with feeling part of your community?	29.0%	24.6%	**-15.2%**	31.9%	58.0%	**81.8%**
9. How satisfied are you with your personal relationships?	30.4%	13.0%	**-57.2%**	43.8%	68.1%	**55.5%**

BASIS-24– Survey Results

The 24-item Behavior and Symptom Identification Scale (BASIS-24) measures six major areas of difficulty and/ or distress including: Depression, Functioning, Relationships, Self-Harm, Emotional Lability, Psychosis, and Substance Abuse. Similar to Quality of Life Scale, the BASIS-24 measure was administered at enrollment and at 3-months and 6 months. Only data for consumers that completed 6-months of the pilot was included in the analysis. The responses from 69 A4i participants who completed the Pilot were analyzed using paired samples T-Tests. Overall, participants' scores on BASIS-24 improved with statistically significant decreases ($p < .05$) [6]from baseline to post-measures in the following 4 areas: Depression and Functioning (-21.0%), Emotionally Labile (-21.4%), Psychosis (-29.0%), Substance Abuse (-32.4%), as well as on the Overall Total Weighted Scores (-19.1%).



[6] *Statistically significant results (p<=.05)*

A4i Pilot

A4i Consumers Structured Interviews

Qualitative Analysis

As part of the evaluation process, interviews were conducted with A4i enrolled participants to gather their feedback on A4i, including features they used, challenges, and any perceived benefits of using A4i. Interviews scheduled at 1 month were done to determine if their were any technological issues or challenges the consumers were experience. This section includes data from the initial interviews, as well as final interviews.

Initial Interview—1 month after consumer enrolled in A4i and used the A4i app. 75 interviews were completed (88% of consumers enrolled).

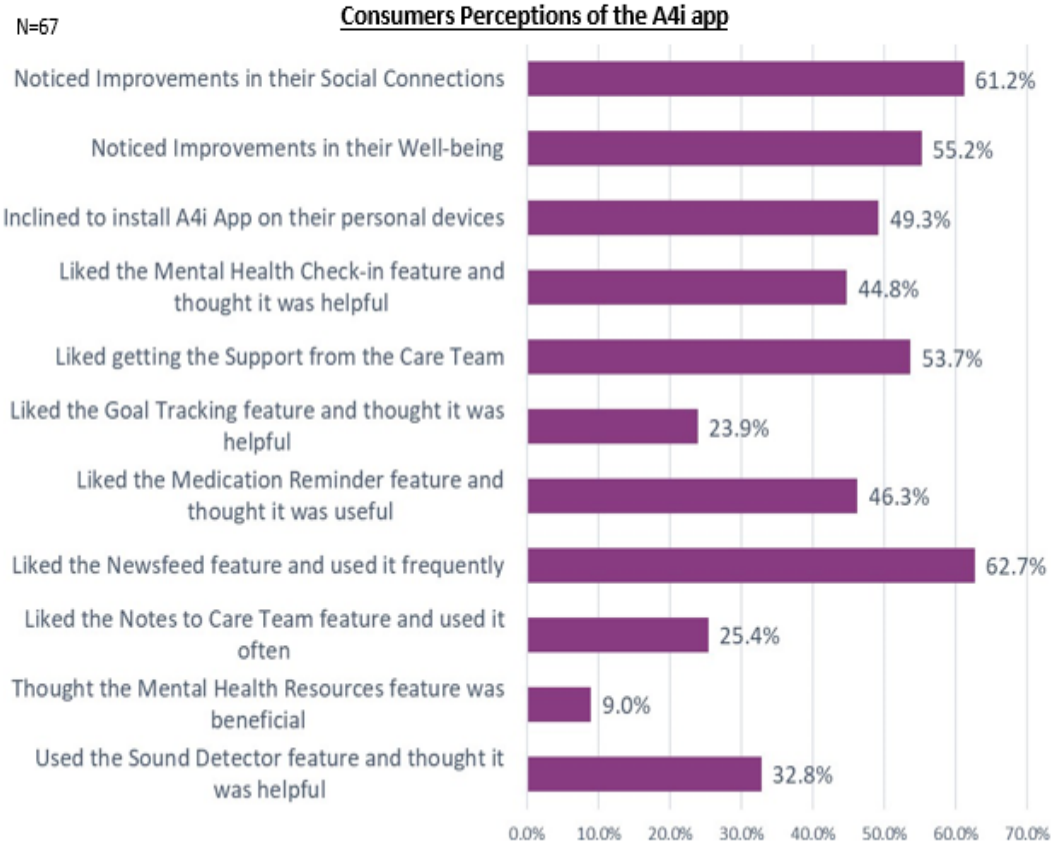
Final Interview—6 months after consumer enrolled in A4i and completed the A4i pilot. 67 of the 69 graduates of the pilot participated in the final interview.

Key Findings from 6-Month Interviews

- **Increased Social Connections**-Most participants reported that A4i helped then improve their social connections. Several consumers expressed a heightened sense of belonging within a community that shares similar personal struggles after engaging with the app. One participant articulated that "*Knowing that there are people on the app, sharing their experiences and posting mental health quotes, allowed me to feel connected, knowing that others have shared experiences and I don't feel alone.*"
- **Increased engagement**-Most participants mentioned that they liked the "Newsfeed" feature because it helped them to engage with other participants anonymously. Consumers enjoyed the Newsfeed commenting that it was similar to Facebook but aimed towards Mental Health. One participant noted, "*I liked it that when I go there I can post and also see other people's posts. It keeps me in touch with people and I don't ever feel so alone. I also get to share things that are going on in my life and it just makes me feel better.*"
- **Connection to Care Team**-Participants also liked the "Notes to my care team" feature because it helped them connect with their care team members, and they generally got responses right away. One participant expressed, "*I liked how I can just message my care team and I would get a response so I always felt connected like my problems were being taken care of.*"
- **Increased Support**-Participants also reported receiving valuable support from their care team via the app. Most participants expressed that the app facilitated easier and more accessible communication with their care support person when needed. Furthermore, they received significant emotional support from members of their care team. One participant articulated, "*I think it helped me a lot because there is someone I can reach out to if I'm feeling some type of way because there is no judgment. I feel like they actually genuinely care.*"

- **Improved Well-Being**-Most participants mentioned that A4i ***improved their well-being***. Enhanced well-being was expressed as a reduction in feelings of isolation and loneliness, increased self-awareness regarding mental and physical health, and a decrease in the impact of daily stress and anxiety. For instance, one of the participants highlighted how the app aided in medication management: *"The app helped me with my timing, particularly my medication intake. Using the reminders feature, I set reminders for 11 am and 11 pm. If I miss a dose, I see the reminder in the morning and take it then. It prevents me from accidentally double-dosing because I forget whether I've taken it or not."* Another participant shared, *"The app helps because when I check in, it keeps me calm. It's a significant support."*
- **Resources**-Participants also expressed positive sentiments on the resources that were provided in the app, as well as other Mental Health apps that had been pre-installed on the County phones. The following apps were frequently mentioned as being useful to them: *TakemyHand, Sleep App, PTSD Coach, Mind Shift, YouTube, Wiser, Super Better, My Healthpointe, Happy Color,* and *Don't Panic.*
- Most participants indicated they were inclined to ***install A4i on their personal device*** and would like to ***continue using the A4i app*** after completing the Pilot.

The following graph is based on the 6-month qualitative interviews and reflects the frequently of expressed experiences/perceptions of A4i from the consumers comments coded for themes.



A4i Pilot

A4i Consumers Structured Interviews Features Comments

Participants' Comments, Feedback and Experience from A4i Pilot and Reception to A4i App

22 participants (32.8%) stated that they liked the ***Sound detector*** feature, although some noted that they did not use this feature often. Those who used this feature also noted that they liked how this feature provided tips on how to cope with hallucinations.

Sound Detector and Sound Analysis

Comments from participants:

- ⇒ *"I liked knowing that I could use this as a reality check, like I was hearing voices and I could test this to see if I really was hearing voices or if it was just a background noise. So that was good."*
- ⇒ *"I've used it but don't use it often. Sometimes just to check if I'm really hearing things."*
- ⇒ *"Well, I have schizophrenia. So every time I hear a sound, I use that because it helps a lot. Helps me knowing what sounds are only my hallucination or not."*
- ⇒ *"This tool has helped me with identifying noises. I liked it."*
- ⇒ *"I like this tool. It's helpful to go with paranoia. To see if I hear natural sounds, or if that's not real, you know? So I've used that like, a few times when absolutely needed and I thought it was great."*

N=67

Notes for My Care Team

17 participants (25.4%) mentioned that they used the ***Notes to my care team*** feature in the A4i app and liked that they would get direct responses from their care team.

Comments from participants:

- ⇒ *"I liked having a place like a journal where I can put notes to my care team."*
- ⇒ *"I liked having this because I can tell my care team when I needed space and they wouldn't bombard me either. She would still check in on me but kind of understood that, okay, I understand you're tired."*
- ⇒ *"I liked how my care team helped me realize that mental health issue is real, like really real and also helped me that I wasn't alone in this. I didn't even realize how much support I got and how much they were supporting me. Even the posts helped."*
- ⇒ *"I liked how I can just message my team and I would get a response, so I always felt connected like my problems were being taken care of."*

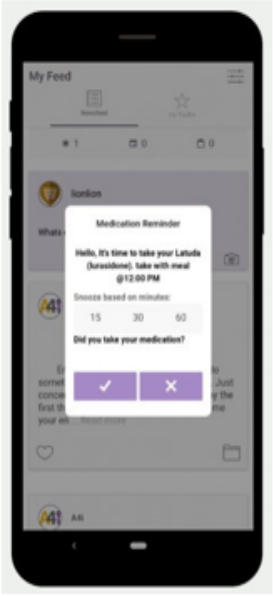
A4i Pilot

A4i Consumers Structured Interviews Features Comments

Participants' Comments, Feedback and Experience from A4i Pilot and Reception to A4i App

31 participants (46.2%) noted that they used the ***Medication reminder*** frequently, and liked how it helps them with their regimen of taking medications.

Medication Reminders

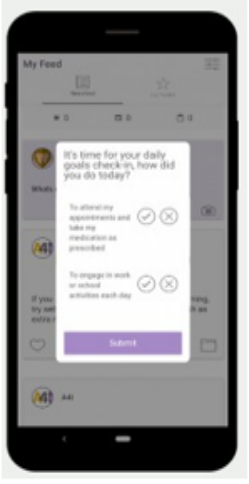


Comments from participants:

- ⇒ *"Once they fixed it and I found a nice rhythm of using it, I really liked using it."*
- ⇒ *"I think it helps more to be more consistent with my regimen of taking medications."*
- ⇒ *"I like it because I can logged my meds and that helps. I felt great."*
- ⇒ *"The medication one was a big reminder because at first I'd forget to take it and was confused, but now that I've been using that for a little over six or seven months, I just naturally take my medication before the alarm goes off. That was helpful."*
- ⇒ *"I've been up and down on everything, so for me to be reminded to take my meds through the app helps me a lot."*

16 participants (23.9%) mentioned that they liked the ***Goal tracking*** feature.

Goal Tracking



Comments from participants:

- ⇒ *"I'm bipolar so I'm like everywhere. Using goals tacking helped me to stay focused on my goals aspect on completing them and building up my confidence in the fact that I completed a goal to help me articulate better."*
- ⇒ *"The goal tracking helped me with staying consistent with my schedules and to actually follow through."*
- ⇒ *"I like to be able to track on the goals and things like that. It just feels like I'm on point with it or know where I'm at."*
- ⇒ *"I liked the goal tracking thing, it was helpful for me."*

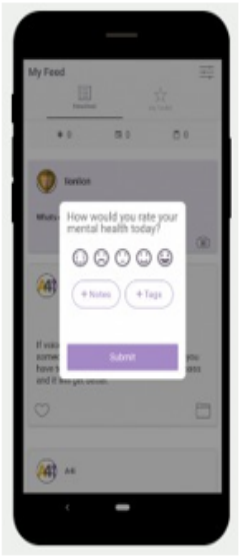
A4i Pilot

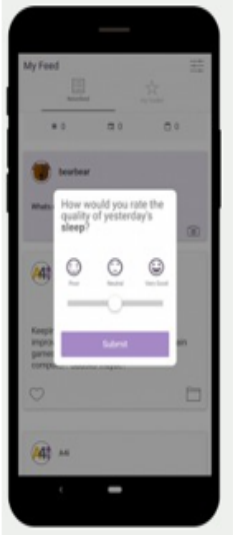
A4i Consumers Structured Interviews Features Comments

Participants' Comments, Feedback and Experience from A4i Pilot and Reception to A4i App

30 participants (44.7%) mentioned that they used the ***mental health wellness check-ins*** feature frequently.

Wellness Check-Ins





Comments from participants:

⇒ *"I like how the app is asking how I was feeling for the day. I also like knowing that there were other people that were going through same things that I'm going through."*

⇒ *"The app gives me a social outlet when I check in. I like how it asks me if I took my meds, checking my mental state, and kind of gives me a reminder where I need to be and how I need to adjust so I can focus on myself."*

⇒ *"I feel like I'm being productive because I'm recording everything I'm doing. So it's like I'm more accountable for my actions, and that's helpful."*

⇒ *"I liked how let's say I have a bad day or bad mood or something, then I would get a call from my support person and she checked on me. Like how I'm feeling in the day, is everything okay? I thought things like that were great."*

⇒ *"I liked the daily check-ins, and that helped me set my day. I would plug in the responses and then it was kind of like, okay, a promise to myself that I was going to achieve those goals for that day."*

⇒ *"I think the check in allows you to keep awareness, like how you're doing, like your mental state. That allows you to be up to date and it puts it on the puts it on your, your radar, something that you start to think through because I think when you know, you know that you're just living life but you don't necessarily partake in realizing, how was yesterday, how was today. Tomorrow might be better but how would you know, it's like everyday is just everyday. But I think the check in is trying to tell you that you could kind of gauge life, like when you're upset or what's going on. So if I didn't get rest today, and then I don't feel good or anything like that. Then I can check in and kind of like, you know what, I didn't get much sleep yesterday so okay I'm going to try to do better, I'm going to try to get better. And honestly say like, using the check in, I started to manage my sleep more. I started to take note to learn something new does make my day a little bit better. So it's like I try to learn something new every day. I try to apply it for next time, and tell myself that it's not just all bad, like I can set a goal to myself to be better tomorrow, and I want to mark the smiley face all the way from now on."*

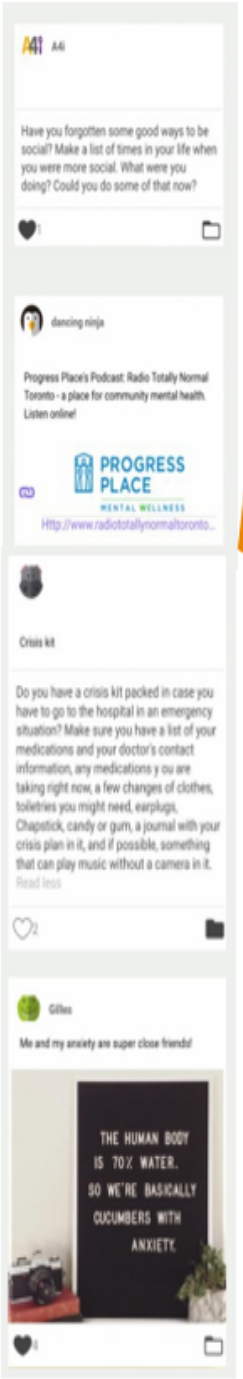
A4i Pilot

A4i Consumers Structured Interviews Features Comments

Participants' Comments, Feedback and Experience from A4i Pilot and Reception to A4i App

Most participants expressed positive sentiments toward the ***Newsfeed*** feature of the A4i app, and 42 participants (62.7%) mentioned that they used it frequently.

Newsfeed



Comments from participants:

⇒ *"I liked it a lot. It reminds me of a mental health Facebook, kind of. It's cool because everybody who's on this app has some mental health challenges, and we're here to see that people are doing good. It makes me feel better about myself knowing that if they can get through it, I can too."*

⇒ *"I liked posting and reading other people's posts because it reminds me to hang in there, or something like that. Sometimes when I post I know I won't get a response, but I already felt better by just getting it off your chest."*

⇒ *"I like knowing that there other people sharing their experiences with others and posting stuff like mental health quotes, and I like that. It allows me to also feel connected and don't feel alone."*

⇒ *"The newsfeed was really helpful for me because I felt like I wasn't alone. It felt like there were people who talk to you and people who know and understand that they had health issues too. So for me that was good. That was comforting."*

⇒ *"I like reading other's people comments on how the cope with their schizophrenia. And saying to continue moving forward with their lives so I felt better. Also I like being able to talk to someone at any given time and calling my support specialist and even telling them whatever it is. It's good to know."*

⇒ *"I've done, okay, I don't really have too many bad days, but there's times where moments start going sideways and so I go on and log into it and start reading other people's stuff. It makes me feel better. It takes me out of my head. Any kind of distraction you take me out of my head is a good thing."*

⇒ *"I like submitting my post on the newsfeed. And then the peer support team could read them and stuff, and then they get back to me. I liked that."*

⇒ *"I like seeing updates and everybody else' posts. You can like kind of see everybody else's words like, Have fun today, or Have a good day, or Happy Monday. Things like that, but it's been helpful, and I can honestly say it's really helpful when, when things are slow, or things are hard, because then it kind of keeps us focused because it's like a constant positive. You know, like, it's just you're reading like mostly positive things about other people. So it's kind of like, okay I also need to stay positive."*

A4i Pilot

A4i Consumers Structured Interviews Features Comments

Participants' Comments, Feedback and Experience from A4i Pilot and Reception to A4i App

36 participants (53.7%) stated that they liked the Support from Care team throughout the Pilot and that the Care team gave them the motivation to continue.

Support from Care Team

Comments from participants:

- ⇒ *"If they weren't there, I probably could have done it on my own but probably would not do anything. But knowing that they look at my progress and then check on me and leave notes for me, it was like a natural light and a small Facebook for me. I also like how it tells us everyday, like good morning, to check messages and stuff like that. So for me that helps a lot."*
- ⇒ *"I liked the support and knowledge from the peer team like coaching and having someone there to talk to you about things."*
- ⇒ *"I really like how I can reach out if I'm feeling some type of way and there's no judgement. I feel like they actually genuinely care, you know. I was going through a little rough patch, and she was like, we haven't heard from you. How are you doing? It was consistent, you know. She didn't just text me one time. She texted me multiple times, just to make sure I was doing okay. And that's good. Because a lot of people in this day and age, they're not really worried about anybody else except for themselves. And I didn't feel that from the care team. They genuinely cared about me."*
- ⇒ *"At one point, I almost stopped eating. My peer support was with me every step of the way. It's like she knows exactly what I was going through and everything. Like she's got it on there, you know, and she wants to know exactly what I ate and all that because she wants to make sure I'm eating and I'm doing better. And it really helps when I can tell her my story."*

A heartful note from participant from the final interview:

"I want to commend you guys, for even thinking of this app or whoever thought of this app. I want to commend you for what you're doing with mental health, because this app is very helpful. It's very intuitive; reading, grabbing grasp of thinking that there is hope that we can overcome our mental disabilities. You guys made that somewhat possible for someone like me. I will retain a lot of aspects as far as mental health even somewhat suicidal tendencies that I had. You guys helped me overcome whatever emotions that I was going through and guide me to where I'm at now. And I thank you for that."

A4i Consumers Structured Interviews continued

Key Findings from Initial 1-month Interviews

Initial interviews were conducted approximately one month after participants enrolled and engaged in the A4i app. The feedback from the initial interviews completed in late 2022 and early 2023 contributed to A4i app development. The A4i app developers took into account the Pilot Participants' feedback as well as the Care Team's feedback in modifying the app features to be more user friendly. Overall, 31 participants expressed that there were issues with the app in the beginning of the pilot, but after getting help from the Care Team and after the issues had been fixed by the A4i team, most A4i consumers reported they liked the app. One of the most frequently mentioned issues was related to the medication reminder feature. Most expressed that the original earlier version in the app did not really function as a reminder, rather it was more of a check at a certain time of day to record if they had taken their medication. If they missed the check-in there was no way to go back and updated it which resulted in inaccurate results on the clinical dashboard. This feature of the app was updated to allow consumers to record their medication check in for the previous day. Check-in features had the times for notifications updated to be more in line with consumers activity which was also based on consumers feedback.

Challenges in Using A4i App

A small number of participants expressed that they encountered some challenges with A4i while partici- pating in the Pilot, and some of their comments are noted below:

- 8 participants (11.9%) ***did not find the app helpful*** or felt that the ***app made no difference*** to them. Some also mentioned that they did not like having separate phones to carry.
- 4 participants (5.9%) noted they ***did not get the support they needed*** while they were in the Pilot. Some also felt that the app did not provide enough support for what they personally need.
- 7 participants (10.4%) noted that ***the app was confusing***. One participant expressed, "*Maybe the daily goals are kind of hard for me because I work all the time and I just don't have time to do some of the goals that I have*." Another expressed that "*using the app was a headache*," while the rest mentioned that "*the medication reminders really confused them*" or "*did not help much*". One participant men- tioned, "*I marked the medication on the bubble and when I check in in the morning and evening it just constantly says that I did not take medication so I'm not going to lie, I got frustrated and just stopped using the app*." A few of the participants also expressed that the sound detector feature was on the difficult side for them and it was hard to comprehend what it was and/or how to use it.

One participant expressed that the ***A4i Pilot should have been made more extensive*** and ***longer than six months***: "*I feel like haven't really gotten the chance to dig into it and to really evaluate how each aspect of the app works in my daily living as a mental health patient and also as an employed person with a job. So I was saying maybe after 6 months is a good way to check in, but maybe the program should be like a year, you know, or 12 months before it actually concluded. Because in my situation, it would be so much more effective. Because I know that some people periodically get off the beaten path and you know, they're just at the wrong side of the trail. They can't keep up or they can't follow along anymore. And the program is built to be totally extensive, you know, a very careful, thoughtful way to introduce yourself and you're in the program to use the app and it's for people who really needs them. So I feel like for that reason, it should have been longer, like extended to 12 months*."

A4i Pilot

Future Directions

The collaboration with A4i continued after the conclusion of the Help@Hand Innovation. The partnership with Memo Text has resulted in upgrades to the app and has provided opportunities for RUHS-BH to
continue the availability of the app to RUHS-BH consumers. A number of consumers chose to continue using the A4i app and when needed were allowed to keep the phone provided in the pilot.

Project Evaluation

Deaf and Hard of Hearing Mental Health Needs Survey

CODiE
CENTER ON DEAFNESS - INLAND EMPIRE

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Deaf and Hard of Hearing MH Needs

RUHS-BH started the Deaf and/or Hard of Hearing Needs Assessment project in order to improve services for the Deaf and/or Hard of Hearing (DHoH) community in Riverside County. The city of Riverside has a California School for the Deaf, which is one of only two such schools in the state. The school has been in operation for 70 years and serves deaf children and youth age 3-21 years old. Riverside also has a California Home for the Deaf Adult. This history has contributed to a large deaf and hard of hearing community in Riverside County. This community is one of the largest in the United States and it has been thriving and growing since 1953.

People who are deaf experience the typical mental health issues of the general population. However, deaf people are subject to a significantly greater number of mental health risks than their hearing counterparts. Access to necessary mental health treatment services is lacking. It has been estimated that less than 2% of deaf individuals in need of mental health treatment receive it. It is speculated that an even smaller proportion of deaf individuals from ethnic minority groups receive appropriate services[7]. Studies on deaf mental health concerns are limited.[1] Given the DHoH community is an underserved cultural group in Riverside county, initial plans to develop digital tools started with a needs assessment survey to better understand the DHoH perspective on mental health needs.

Implementation Highlights:

RUHS-BH leveraged the existing relationship between the Center on Deafness Inland Empire known as CODIE and the RUHS-BH Cultural Competency program. CODIE has been a key RUHS-BH stakeholder for a number of years. CODIE was asked to assist with the review of the survey items and the dissemination of the survey to the DHoH community. CODIE contributed suggestions for modifications on language and urged RUHS-BH to consider the use of ASL videos to collect the survey. It would not have been possible to create and distribute the survey without the assistance CODIE provided. The following are the key implementation steps taken to conduct the survey

- Creation of the survey draft which was then reviewed by CODIE for suggestions and edits. The initial survey had too many items, so a shorter survey was created and language was edited.
- Qualtrics was used as the platform to build the survey for distribution. A contract with Red Pepper, a Qualtrics implementation consulting firm, was established to assist with the survey build and survey security.
- CODIE suggested using the services of Sorenson Communications, an industry leader in providing communication tools for DHoH, to produce ASL videos of the survey items. RUHS-BH then contracted with Sorenson communications to create ASL videos of each survey item.

[7] Mental health care for DHH individuals: Needs, risk factors, and access to treatment. Retrieved from https:// www.nationaldeafcenter.org/mental-health-research

- Once the ASL videos were completed, 81 videos were embedded in the Qualtrics survey. RUHS-BH evaluations staff learned the process for embedding the videos with guidance from Red Pepper.
- Distribution began with the creation of links to the survey for email distribution by CODIE to their contacts in the DHoH community. RUHS-BH collaborated with CODIE to create a script for the email describing the purpose for the survey and the availability of an incentive for completing the survey.
    - The email distribution process was laborious for CODIE staff, and the survey response rate was low. Additional methods to distribute the survey were developed including posting the survey link on the CODIE website with an ASL video and a text description for access to the survey. A pre-survey was developed to try and limit the survey respondents to members of the DHoH community. The pre-survey included an introduction and a series of questions about the potential respondents language and association with DHoH community. A CODIE employee created an ASL video to post on the CODIE website using the following script.

Riverside University Health Systems-Behavioral Health wants to improve services for Deaf and Hard of Hearing people. Would you like to help us learn about the mental health needs of Deaf and Hard of Hearing people by completing a survey? Please answer a few short questions in the link below and a second link to the full survey will be emailed to you.
We would really like to know what you think. Your thoughts matter!

- If the potential survey respondent completed the Pre-survey on the CODIE website, met the criteria, and provided their email, a link to the full survey was sent with the following message.

Email Message

Hi Name, (name was auto-filled from Pre-Survey completed)

You recently provided your email after completing a survey invite on the CODIE website. Thank you for providing your email so you could receive the Survey link below. There will be an incentive provided for completing this survey.
Riverside University Health Systems-Behavioral Health wants to improve services for Deaf and Hard of Hearing people. By completing this survey you will help us learn about the mental health needs of Deaf and Hard of Hearing people.

- Pre-Survey Items:

Only those indicating yes to at least the first question were provided the following prompt to receive and email response with a link to the survey.

Deaf and Hard of Hearing MH Needs

Are you Deaf or Hard of Hearing (Deaf, Late Deafness, DeafBlind, Hard of Hearing)?

Do you use an assisted hearing device?

Are you fluent in American Sign Language (ASL)?

If you are interested in completing this survey, please enter your contact information below to receive a link to the survey. Those providing an email and completing the survey will receive a gift. First name, Last name , Zip code and email were required to receive an emailed link.

- An informed consent was presented electronically when the respondent clicked on the survey link . The respondent was required to acknowledge consent prior to the full survey opening. Participants also had the option to download a copy of the consent form.

Please review and sign the following consent to participate form. You will also be able to download a copy to keep for your records.

- Respondents completing the full survey received a $25.00 gift card for their participation. Incentive gift cards were not distributed automatically after completing the survey. Instead a list of survey completers were regularly provided to CODIE to confirm if the gift card should be provided. The incentive was later increased to $100 to encourage more responses.
- In order to qualify for the incentive, respondents had to be 18 years of age, reside in Riverside County and had to identify as being part of the DHoH community.
- Additional security measures were embedded within the Qualtrics survey to avoid bot attacks. Despite these efforts after collecting 46 surveys, a cyber bot attack in January 2023 on a single day resulted in a closing of the web survey on the CODIE site and a new survey link being created with additional security embedded in the survey. Also a QR code for the survey was generated for CODIE to provide to potential survey respondents.
- CODIE offered to solicit survey respondents at various CODIE events using the QR code. They also held an event at their office to bring in people to complete the survey using the QR code link.

DHoH Survey Content

The survey was focused on understanding DHoH mental health needs, and the strategies used to manage their mental health needs. The survey was constructed to cover four broad areas:

- General technology use including the use of mental health apps.
- Mental health needs
- Use and interest in mental health resources
- Important considerations for mental health apps

At the beginning and at the conclusion of the survey a list of resources were provided:

***24/7* The Peer-Run Warm Line**

Deaf and Hard of Hearing MH Needs

Mental Health Association of San Francisco
https://www.mentalhealthsf.org/peer-run-warmline/ *855-845-7415*
Riverside University Health System – Behavioral Health
Providing Help Empowering Recovery
https://www.rcdmh.org/
To access Riverside County Behavioral Health services call the central access phone line at
CARES Line
Community Access, Referral, Evaluation and Support
800-499-3008
For TTY Users: Use your preferred relay service or dial **711** then **1-800-499-3008**.
24/7 Mental Health Urgent Care Riverside: (951) 509-2499
Palm Springs: (442) 268-7000
Perris: (951) 349-4195
HELPLine
Providing Help / Empowering Recovery Free, confidential crisis/suicide intervention service 24/7
951-686-HELP or 951-686-4351
Crisis Text Line
Text **HOME** to **741741**
24/7
Teen Text Line
Text **TEEN** to **839863** Anonymous line staffed by Peers 6-9pm Daily
Take my Hand Live Peer Chat
Partner with a Peer Support Specialist who has walked through their own struggles and is here to listen to you, just a few keystrokes away.
https://takemyhand.co

Please know resources are available to you.

National Suicide Prevention Lifeline

You can chat with a Lifeline counselor 24/7 by:

Online chat – Click the Chat button at

https://suicidepreventionlifeline.org/help-yourself/for-deaf-hard-of-hearing/
For TTY Users: Use your preferred relay service or dial 711 then 1-800-273-8255.

TTY: (800) 799-4TTY (4889)

Deaf and Hard of Hearing MH Needs

DHoH Survey Results

The DHoH survey data was collected between August 2022 though February 2024, a total of 73 people completed the survey. The QR code was used the most to complete the survey.

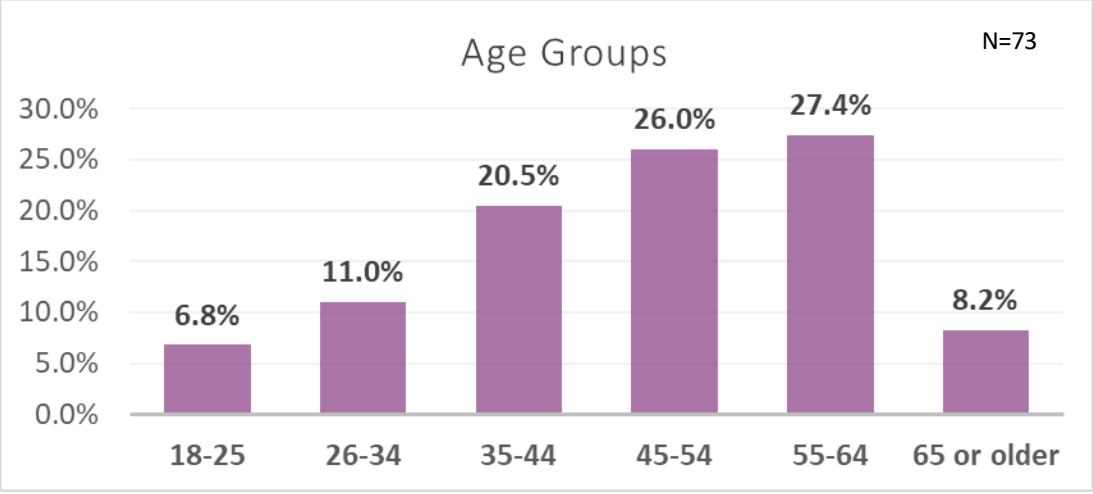
Ema	Web	QR
37	21	44

A set of eligibility questions were embedded at the beginning of the full survey to further determine eligibility to participate in the survey. Respondents were asked: age, identifications with DHoH community, and residing in Riverside County. All respondents indicated they were part of the DHoH community.

Do you identify as part of the Deaf and/or Hard of Hearing Community? Yes, 100%

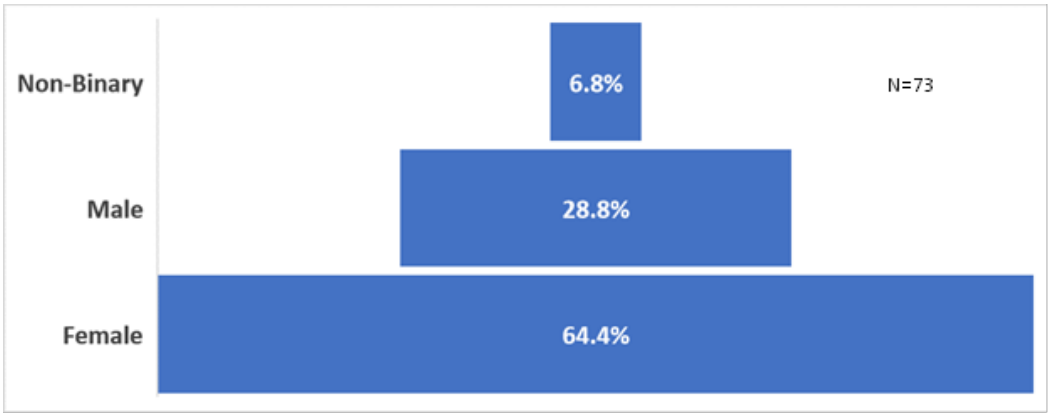
Nearly one half of the respondents (46%) were between 35 and 54 years of age.

How old are you? (Select one answer.)



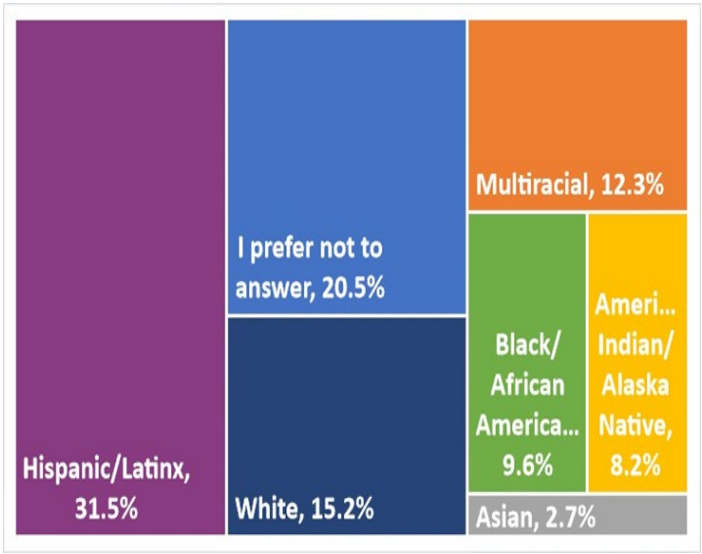
Deaf and Hard of Hearing MH Needs

DHoH Survey Results Demographics



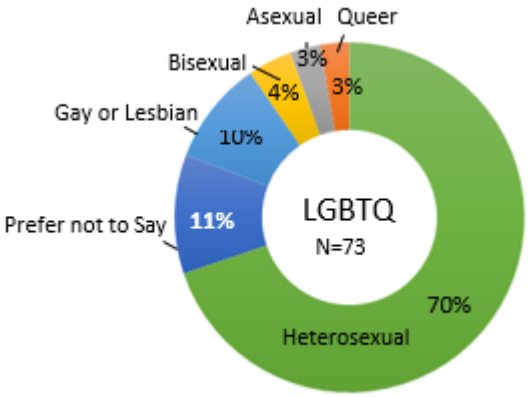
The majority of survey respondents reported as female (64%) . Also a small proportion indicated they were Non-Binary. Identification as transgender was asked as a separate survey item. A small proportion 2.7% reported they identified as Transgender.

Race/Ethnicity N=73



The majority of DHoH survey respondents reported their race/ethnicity as Hispanic/ Latinx (31.5%, n = 23), although it is also noted that 20.5% of the participants (n = 15) chose not to answer this question. White and Multi-racial, respectively. were the second and third most frequently reported race/ethnic group.

Demographic data collected for LGBTQ showed that 20% of respondents were a member of the LGBTQ population.

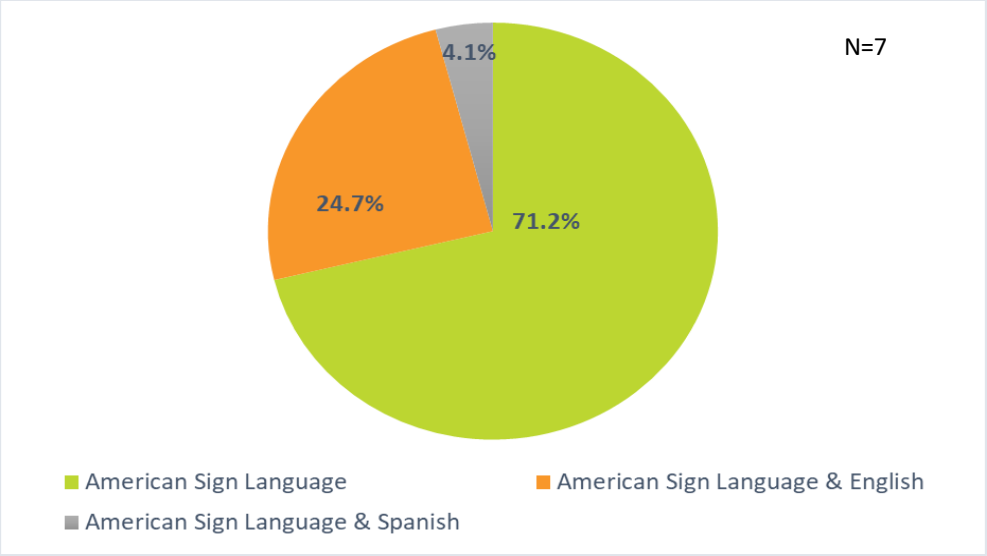


Deaf and Hard of Hearing MH Needs

DHoH Survey Results Demographics

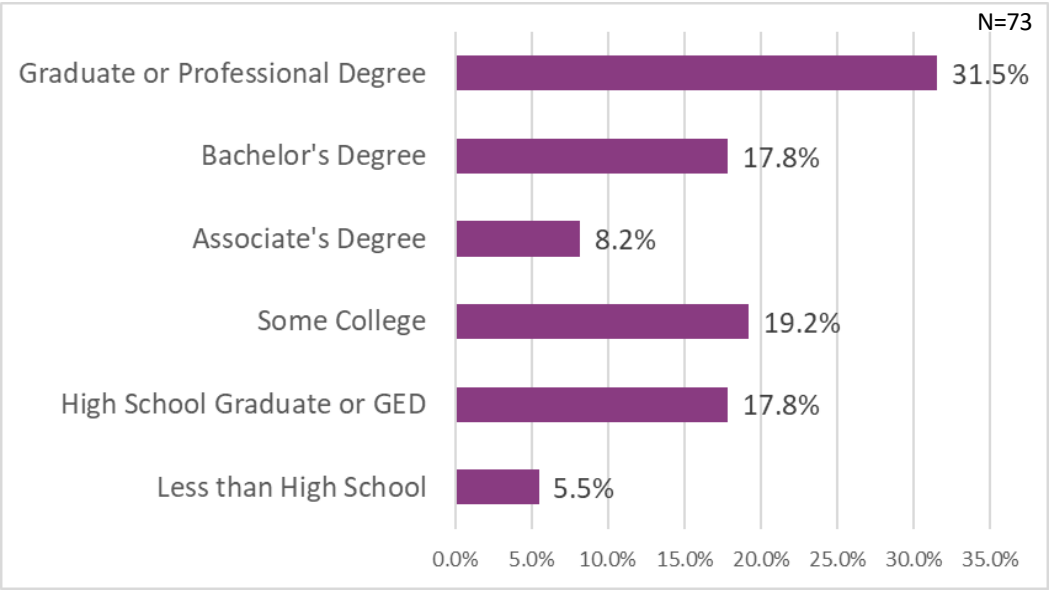
The majority of survey respondents reported American Sign Language (ASL) as their preferred method of communication (71%). Nearly a quarter indicated English and ASL (24.7%). A smaller proportion indicated ASL and Spanish was their preferred communication method

Preferred Method of Communication



A third of the respondents indicated they had a graduate or professional degree. Slightly more than a quarter had an Associates or Bachelors degree, and only a small proportion had less than a high school education.

Highest Level of Education



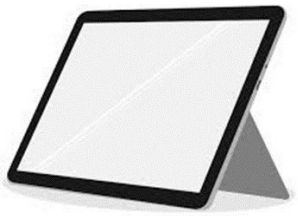
Deaf and Hard of Hearing MH Needs

Survey Responses:

General Technology Use

The first component of the Survey had questions on "General Technology Use." Respondents were asked about their use of smartphones/tablets, and laptops/desktops, availability of a mobile plan, and consistent and reliable access to Wi-Fi .

Use of Smartphones, tablets, laptops/desktops

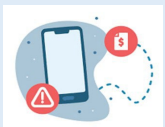

- 67% reported using both smartphone and a computer laptop or tablet
- 26% reported using a Smartphone or tablet only

N=7

Reliable Access to Wi-Fi

- 92%
- 4%
- 3% Not

Have a Mobile Phone Plan



- 85%
- 3% No
- 8% Prefer not

N=73

Note if the respondent indicated they used a Smartphone they were asked if they had a mobile plan

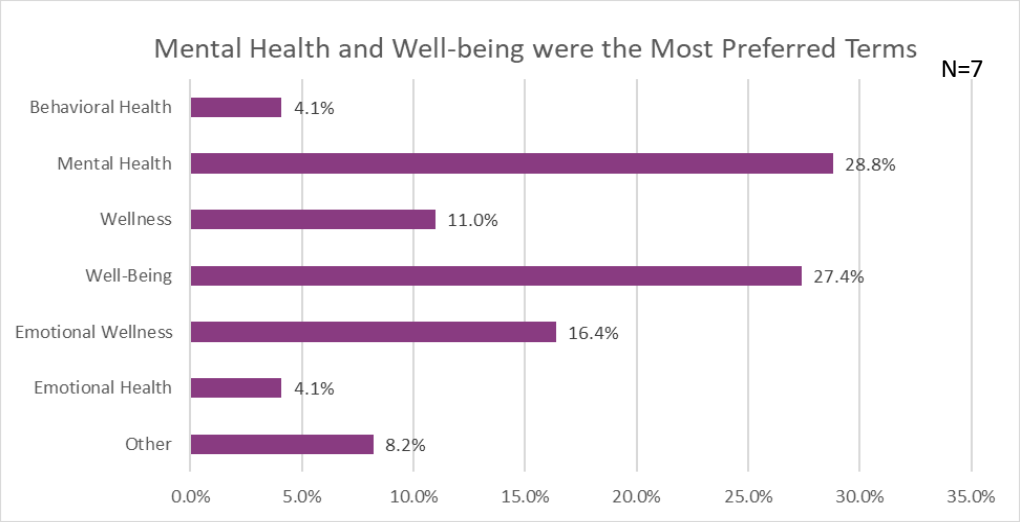
Deaf and Hard of Hearing MH Needs

Survey Responses:

Mental Health Needs

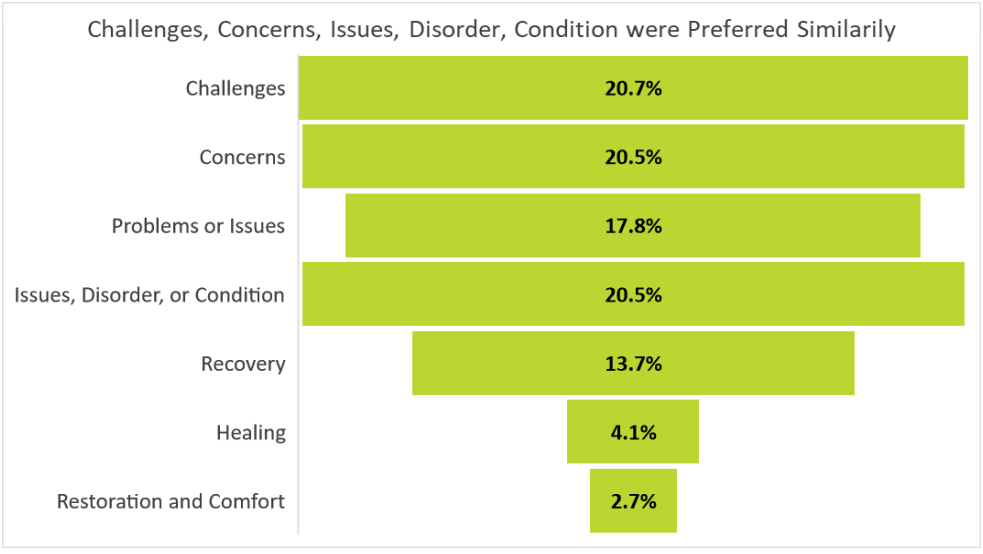
Survey items for mental health needs included items related to the language used to describe mental health, any needs the respondent has experienced, help seeking, and stigma.

Which of the following terms about your emotional, mental, or psychological health do you prefer the most?



How do you rank the following terms generally used to refer to challenges related to your mental, emotional, or psychological health?

N=73



Deaf and Hard of Hearing MH Needs

Survey Responses:

Mental Health Needs

A series of statements were used to inquire about the respondents mental health. How they have been feeling during the past 30 days. For each statement, respondents were asked to indicate how often they experienced common mental health needs. Items were rated on a Likert Scale where 1 = None of the time, and 5 = All of the Time. The table below represents the responses. An additional survey any previous or current history of a mental health challenge.

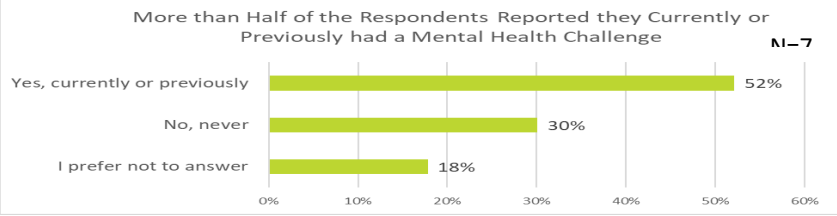
How have you been feeling during the past 30 days?

Survey Items N=73	*None of*	*A little of*	*Some of*	*Most of*	*All of*
Are you tired out for no good reason?	*0.0%*	*43.8%*	*45.2%*	*11.0%*	*0.0%*
Are you nervous?	*0.0%*	*65.8%*	*30.1%*	*4.1%*	*0.0%*
Are you so nervous that nothing could calm you down?	*0.0%*	*80.8%*	*17.8%*	*1.4%*	*0.0%*
Are you hopeless?	*0.0%*	*79.5%*	*17.8%*	*2.7%*	*0.0%*
Are you restless or fidgety?	*0.0%*	*65.8%*	*28.8%*	*5.5%*	*0.0%*
Are you so restless that you could not sit still?	*0.0%*	*75.4%*	*16.4%*	*8.2%*	*0.0%*
Are you depressed?	*0.0%*	*67.1%*	*24.7%*	*6.8%*	*1.4%*
Do you think everything was an effort?	*0.0%*	*52.1%*	*34.2%*	*9.6%*	*4.1%*
Are you so sad that nothing could cheer you up?	*0.0%*	*79.5%*	*17.8%*	*1.4%*	*1.4%*
Do you feel worthless?	*0.0%*	*83.6%*	*15.1%*	*1.4%*	*0.0%*

Overall, respondents showed positive feelings in their mental health needs in the past 30 days (mostly selecting "*a little of the time*" and "*some of the time*" on almost all of the statement items), with only 2 items showing a rating higher than 10% for "Most of the time" and "All of the time":

- **Feeling tired out for no good reason (11.0%)**
- **Thinking that everything was an effort (13.7%)**

Have you ever experienced a mental health challenge ?



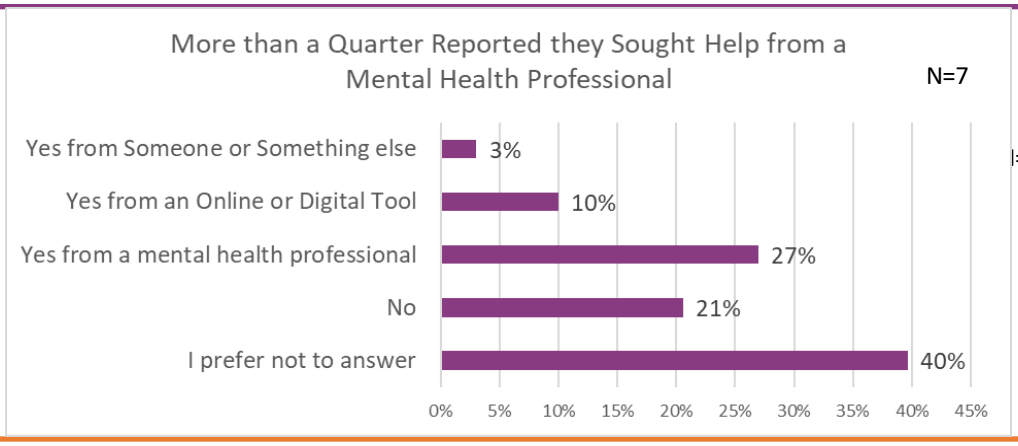
Deaf and Hard of Hearing MH Needs

Survey Responses:

Mental Health Help Seeking and Stigma

Several items were focused on help seeking, and several focused on stigmatizing beliefs about mental illness.[8]

Did you seek help for your mental or

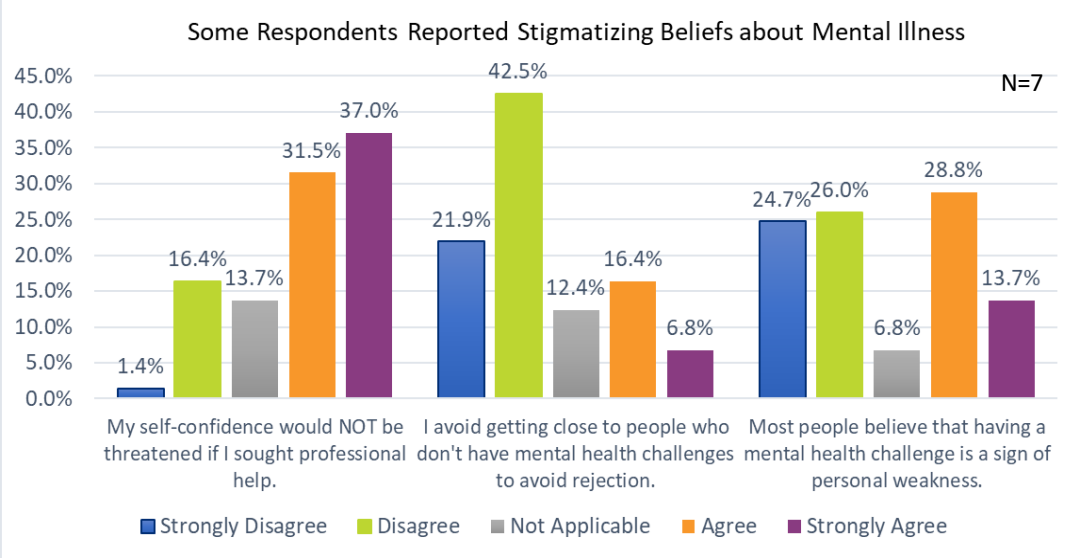


N=73

I=73

What are your thoughts about mental health challenges and getting mental

More than 40% of respondents had the perception that most people thought having a mental health challenge was a personal weakness. This finding indicates the many respondents had a perception that mental illness is stigmatized in the community. Nearly a quarter (23%) reported they avoid getting close to people who do not have a mental health challenge to avoid rejection. This finding seems to indicate that those with a mental health challenge have some fear of personally experiencing stigma for their mental challenges.



[8] For those that indicated someone or something else (n=2) one response was an ASL Counselor, another was Close friends.

Deaf and Hard of Hearing MH Needs

Survey Responses:

Use and Interest in Mental Health Resources

A series of survey items focused on the resources and strategies respondents would use, or would like to use to managing their mental health. The items were in the form of a statement and for each of the survey items, respondents were asked to select one of the following choices:

- *I currently use this resource*
- *I don't use the resources and I don't want to use it.*
- *I would like to use this resource*
- *I do not use this resources and do not want to use it*

Survey Items N=73	*I currently use this resource*	*I would like to use this resource*	*I do not use this resource and do not want to use it*
Informal Support (e.g. Talking or Spending Time with Family or Friends)	**60.3%**	31.5%	8.2%
Professional Mental Health Services (e.g. counseling with psychologist, clinical social worker, etc.)	17.8%	**49.3%**	32.9%
Mental Health Hotlines, Warm Lines, or Peer Chats (e.g. National Suicide Prevention Line)	5.5%	41.1%	**53.4%**
Riverside's TakemyHand™ Live Peer Chat	5.5%	**54.8%**	39.7%
Social Media (e.g. Facebook, Twitter, Tik Tok)	**39.8%**	26.0%	34.2%
Online Forums or Communities (e.g. Mental Health Forum, BeyondBlue)	11.0%	42.5%	**46.5%**
Mental Health Websites (e.g. Moodygm, Psychology Today)	15.0%	**42.5%**	**42.5%**
Mental Health Mobile Apps (e.g. 7 Cups, Headspace, Moodpath)	6.9%	**43.8%**	**49.3%**
Exercise Program or Physical Activities	35.6%	**43.9%**	20.5%
Art Activities (e.g. Painting, Writing, Listening to or Creating Music)	38.4%	**45.2%**	16.4%

Do you currently use or do the following?

Overall, "*Informal Support*" (60.3%) and "*Social Media"* (39.8%) were selected most frequently as a support the respondents currently used. Interestingly, nearly half (49%) indicated they would like to use mental health services, and more than half would like to use the TakemyHand™ LiveChat/website. In addition, more than 40% reported they would like to use mental health websites, open forums or communities, mental health hotlines, or mental health mobile apps. In terms of resources the respondents did not use and did not want to use, 53% reported mental health hotlines was not a resource they wanted. While many were interested in using mental health mobile apps, 49% indicated they do not use them and would not want to use them. About a third reported they do not use mental health services and would not want to use that resource.

Deaf and Hard of Hearing MH Needs

Survey Responses:

Challenges Accessing Mental Health Resources

Participants were asked another set of question about the type of challenges they have experienced while accessing Mental Health-related resources, and the majority responded "Yes" to the following statements:

- **There is limited support for American Sign Language (89%)**
- **The waiting time to access resources is too long (75%)**
- **I question whether the resources are helpful (73%)**
- **I prefer to deal with issues of my own (55%)**
- **I question how serious my needs are (67%)**
- **I question whether the resources are helpful (72.6%)**

What challenges do you experience when accessing Mental Health related resources?

Survey Items	*Yes* N= 73	*No*
There is limited support for American Sign Language (ASL)	89.0%	11.0%
The waiting time to access resources is too long	75.3%	24.7%
I prefer to deal with issues on my own	54.8%	45.2%
I question how serious my needs are	67.1%	32.9%
I don't think anyone can understand my problems	46.6%	53.4%
I question whether the resources are helpful	72.6%	27.4%
I don't have time	30.1%	69.9%
I worry about what others will think of me	39.7%	60.3%
I have a bad experience with mental health resources in the past	46.6%	53.4%
I am not comfortable using technology nor have the resources to use technology	23.3%	76.7%

Overall, limited support for ASL was the most frequently report challenge (89%) along with long wait times for access (75%). Some survey free response comments also touched on the need for ASL counselors. One respondent indicated, "I prefer anonymity, so if in ASL then live person can see me. Deaf community is too small and familiar with each other. Live text-based chat would work."; another respondent noted, "The counselors in California are limited, I either know them or they are helping my friend (conflict of interest)." Interestingly, nearly three quarters (73%) indicated they question whether the resources are helpful, and more then two thirds (67%) questioned the seriousness of their needs. A fairly large proportion indicated they had a bad experience with mental health resources in the past . More than half reported they prefer to deal with issues on their own. Not having enough time, and comfort with technology were not reported challenges for more than two-thirds of respondents.

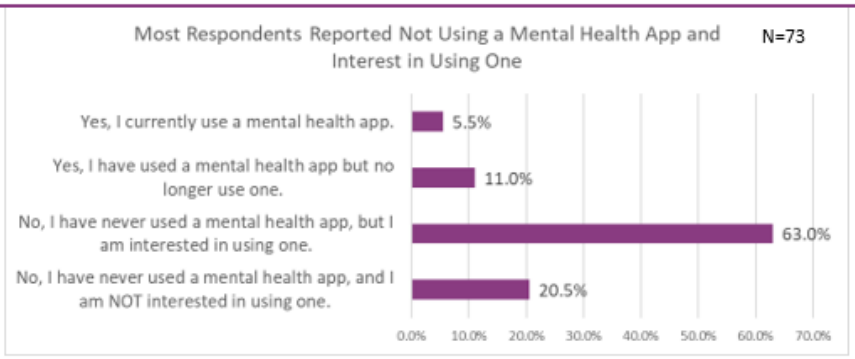
Deaf and Hard of Hearing MH Needs

Survey Responses:

Important Considerations for a Mental Health App

The survey also included a set of questions about the use of mental health apps ,and what would be important considerations for mental health apps. Items were rated on a scale from Not At All Important (1) to Extremely Important. Responses to mental health app use indicated 63% had not used an app before but were interested in using one.

Have you ever used a mental health app?



The majority of respondents indicated that all of the app considerations were either "Very Important" or "Extremely Important", except for Artificial Intelligence or Chatbot (41.1% responded "*Not At All Important*"). The following is a summary of responses rated as either "Very Important" or " Extremely Important":

- **Referral to Clinical Mental Health Services Outside of the App (67.1%)**
- **Education or Information on Signs and Symptoms of Mental Health Illness, Causes, and Treatments (78.1%)**
- **Self-Tracking Mental Health Symptoms (74%)**
- **Telehealth (69.8%)**
- **Peer Support and Chat (67.1%)**
- **Crisis or Emergency Support (79.4%)**
- **Suicide Prevention (83.5%)**
- **Mental Health Screening (79.5%)**

What do you think of the importance of the	*Not At All Important*	*Slightly Important*	*Moderately Important*	*Very Important*	*Extremely Important*
Referral to Clinical Mental Health Services Outside of the App	4.1%	15.1%	13.7%	**37.0%**	**30.1%**
Telehealth (Direct Connection to Clinical Mental Health Services	5.5%	9.6%	15.1%	**35.6%**	**34.2%**
Peer Support and Chat (with a Certified Peer Support Specialist)	4.1%	12.4%	16.4%	**32.9%**	**34.2%**
Education or Information on How to Spot the Signs and Symptoms of Mental Illness, Causes, and Treatments	1.4%	4.1%	16.4%	**37.0%**	**41.1%**
Self-Tracking Mental Health Symptoms (e.g. Mood and	5.5%	6.8%	13.7%	**43.9%**	**30.1%**
Crisis or Emergency Support	2.7%	8.2%	9.7%	**30.1%**	**49.3%**
Mental Health Screening	4.1%	8.2%	8.2%	**41.1%**	**38.4%**
Suicide Prevention	6.8%	4.1%	5.6%	**30.1%**	**53.4%**
Artificial Intelligence or Chatbot	**41.1%**	13.7%	13.7%	15.1%	16.4%

Deaf and Hard of Hearing MH Needs

Survey Responses:

Important Considerations for a Mental Health App

The survey also included a set of questions about the what would be important for a mental health app specifically for a person who is deaf or hard of hearing. Items were rated on a scale from **Not At All Important**
(1) to **Extremely Important (5)**.

When thinking about using an app to support mental health what aspects are important to you ?

Survey Items N=73	***Important***	***Not Important***
The app supports American Sign Language (ASL)	98.6%	1.4%
The app connects me directly with a person who knows American Sign Language (ASL)	94.5%	5.5%
The app contains a lot of visuals and images	97.3%	2.7%
The app has video with captions	97.3%	2.7%
The app is available in languages other than English	87.7%	12.3%
The app is free	95.9%	4.1%
The app is sensitive to my culture, race, ethnicity, gender, and/or sexuality	84.9%	15.1%
People I interact with on the app are similar to me	84.9%	15.1%
My personal information will be kept private	98.6%	1.4%
The app will not have a negative effect on my device (e.g. app will not drain my phone battery, take up too much memory, or use up my data plan)	90.4%	9.6%
Parts of the app can be used offline	87.7%	12.3%

Overall, the respondents endorsed all of the app considerations as important. The top four items are listed below:

- **My personal information will be kept private (98.6%)**
- **The app supports American Sign Language (98.6%)**
- **The app has video with captions (97.3%)**
- **The app contains a lot of visuals and images (97.3%)**

Deaf and Hard of Hearing MH Needs

Survey Responses:

Respondent Comments for a Mental Health App

The survey also included a section for respondents to type in comments about the symptoms or issues they felt were important for a mental health app to cover.

What symptoms or mental health concerns would you like an app for mental health to cover? (Example: depression, loneliness, anxiety, eating disorders, etc.)

Free responses general themes

- **Depression and Anxiety**

"Depression, loneliness, anxiety, social skills."
"Depression with ASL direct service."
"Depression, anxiety, feelings of disconnect." "Anxiety, suicidal thoughts, and depression."
"Suicide."
"Loneliness and feeling like no one really gets it. My hearing makes me feel limited."

- **General Emotional Wellness or All Aspects of Mental Health** *"Emotional health and wellness, and physical health and wellness." "Health in general."*

"Everything, really. It's important to give 100% access to everything for Deaf people."
"All common issues."
"Any emotions , Any trauma , Any frustrations , struggles , hardship . Anything a person feels and needs support. It shouldn't have limit."
"All mental health should be covered. We should be able to access the resources at all times."
"All aspects of mental health."
"Stress, health issues."

- **Relationships**

"Grieving and understanding the stages of losing someone."
"How to get out from unhealthy relationship. How to identify toxic (gaslighting, metal/verbal abuse, etc.)."
"Talk about loss in family. Talk about breaking ups from a long relationship."

- **Specific Mental Health Concerns** *"Insomnia from anxiety" "Eating disorders" "Emergency panic attacks" "Trauma and PTSD."*

- **Access**

"Helping and feedback with videophone and important have ASL providers for deaf/hard of hearing." "Symptoms or mental health concerns based on deaf community experience - how symptoms might impact ASL, visual, and etc."

Deaf and Hard of Hearing MH Needs

Survey Responses:

Important Considerations for a Mental Health App

What else would you like to share with us?

(This could include but is not limited to: sharing more about the types of technologies you use, resources you use to support your mental health and well-being, and Deaf and Hard of Hearing culture)

Free responses in general themes

Most additional comments focused on various ways to increase access.

- **Access**

“24/7 access regardless of location” "Caption phone apps are helpful."

"Even though the mental app don't specifically provide service for the deaf community. It would be lovely if there is development to support ASL on the app."

"I use yoga and meditation app, also strength your mind and spiritually those app are amazing but unfortunately most don't have captions."

"Need options available in both ASL, visuals, and English. If in ASL, have available in written form (as captions, or transcript)."

"Highly recommend to improve with the direct service in ASL."

“Everything seems to be for kids and as an adult your just out of luck." "No AI. Very difficult to use non-human aspects of an app."

"Spread more awareness."

"This research is a very helpful concept to identify and work on improving deaf community. Thank you."

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:

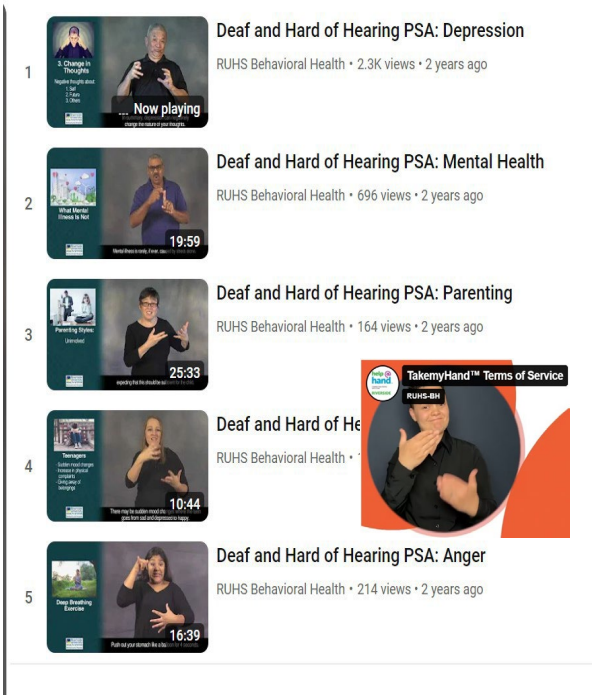
- 89% indicated there is limited support for American Sign Language
- 75% indicated the waiting time to access services is too long.
- 67% questioned the seriousness of their needs.
- 73% indicated they question whether the resources are helpful.
- 40% had the perception that most people thought having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



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

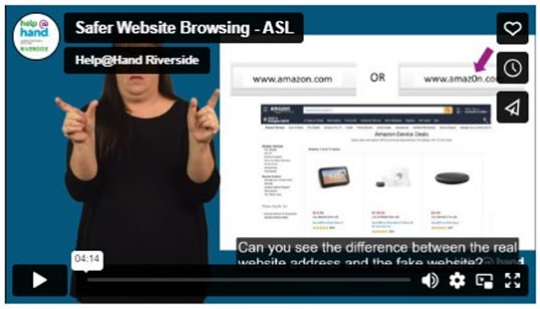
Welcome to the Help@Hand Digital Mental Health ASL Literacy Video Page

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.

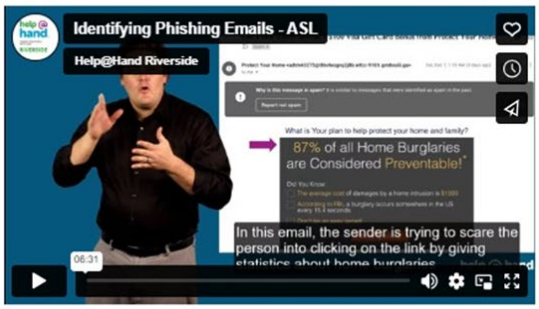
"Tips for Staying Safe Online" Video Series

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

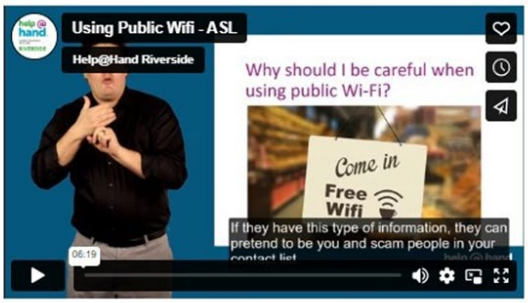
Initial Actions to Address Needs:

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)

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

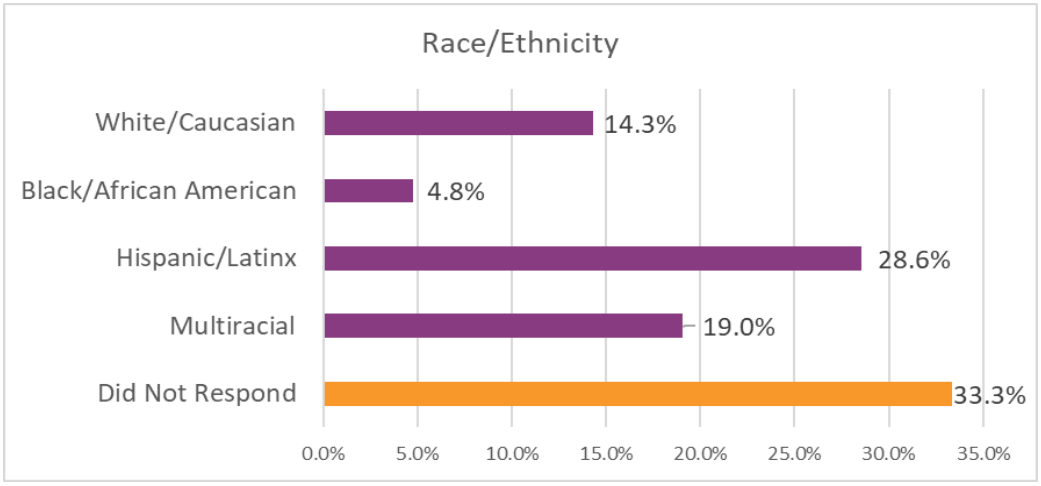
Demographics RR Pilot Participants

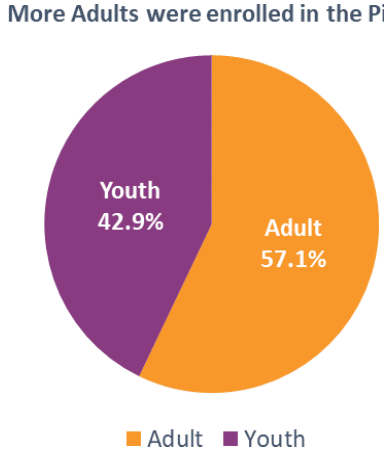
Recruitment of consumers to pilot the Recovery Record (RR) app resulted in 26 total participants that were enrolled and linked to RUHS-BH staff, and 21 clinicians were linked to these RR consumers during the pilot.

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

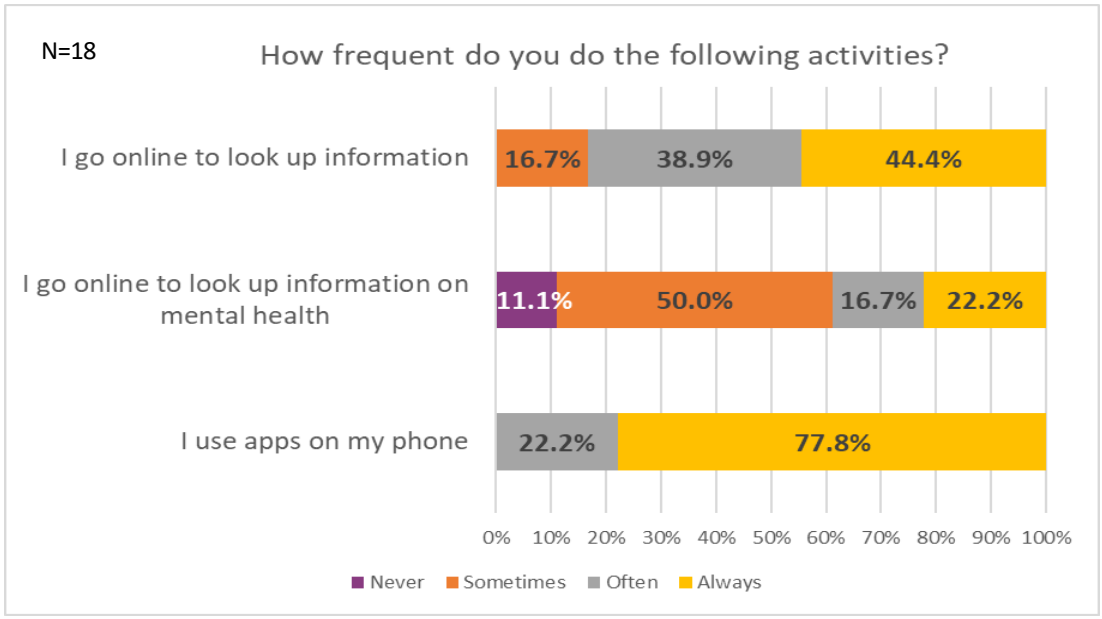


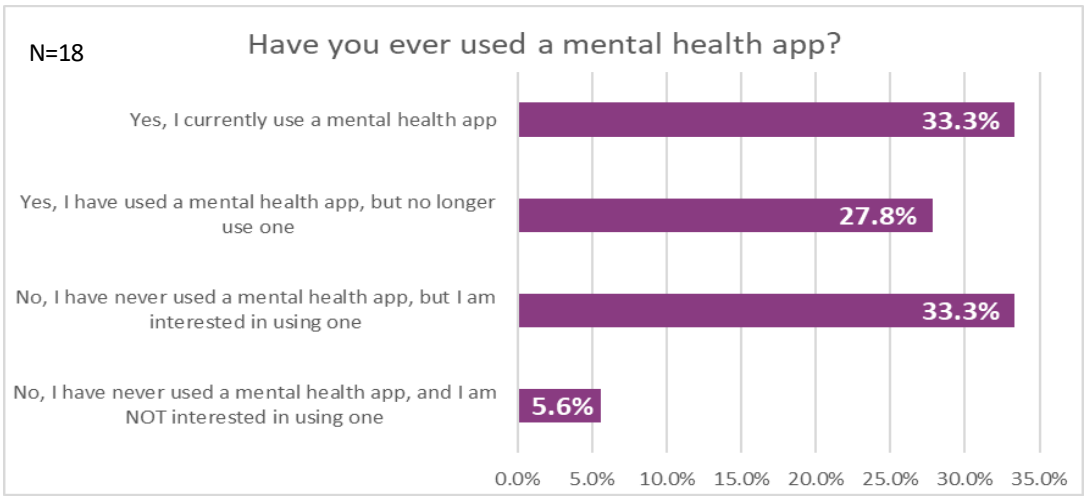


Recovery Record Pilot

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.

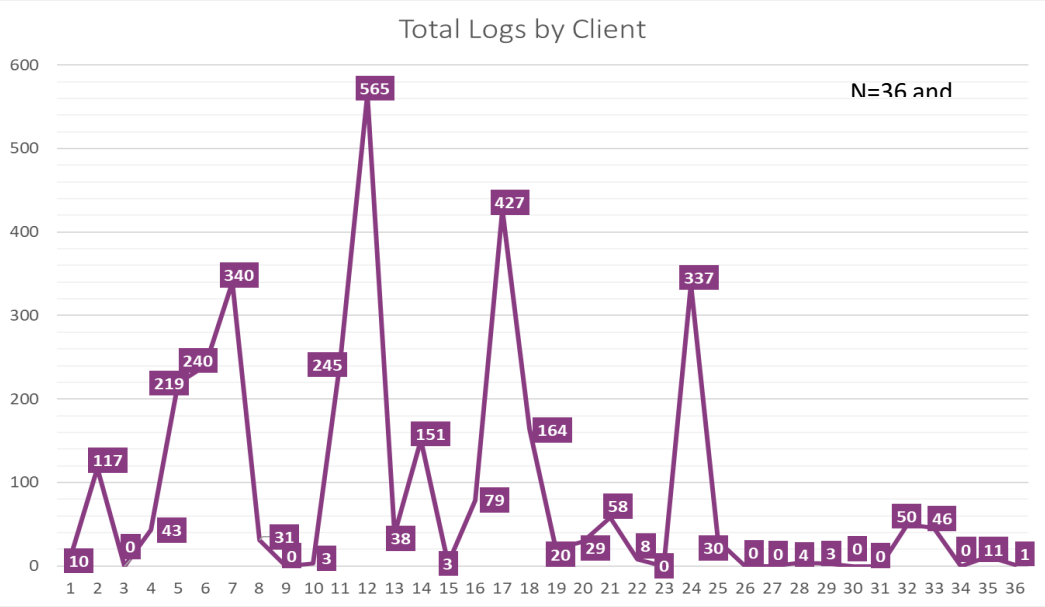
Recovery Record Pilot

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.

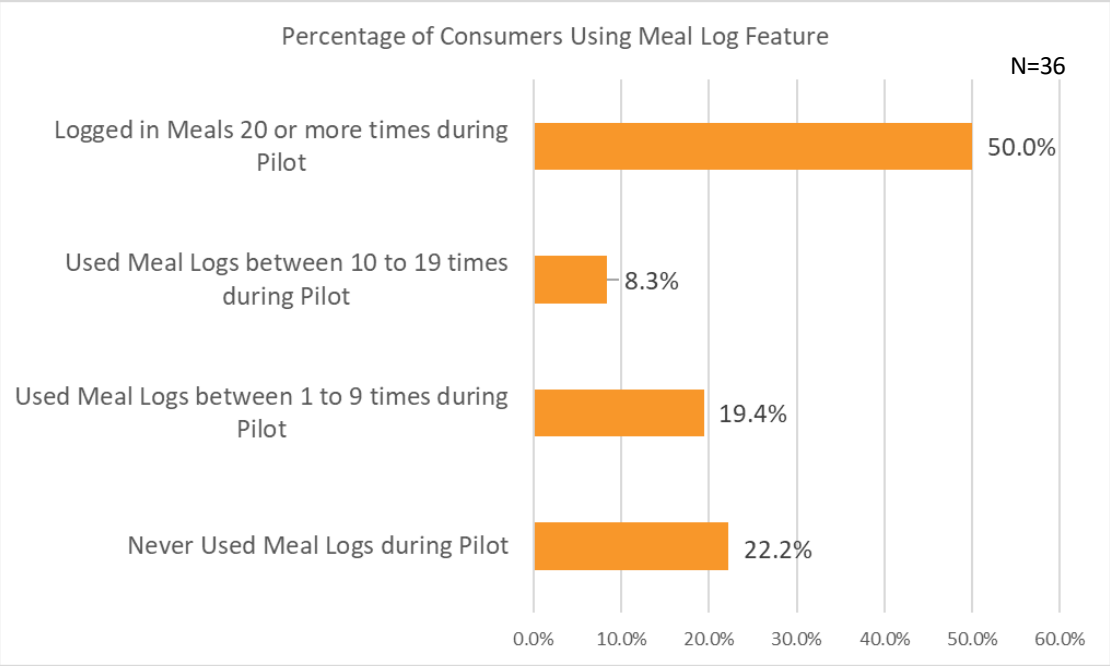


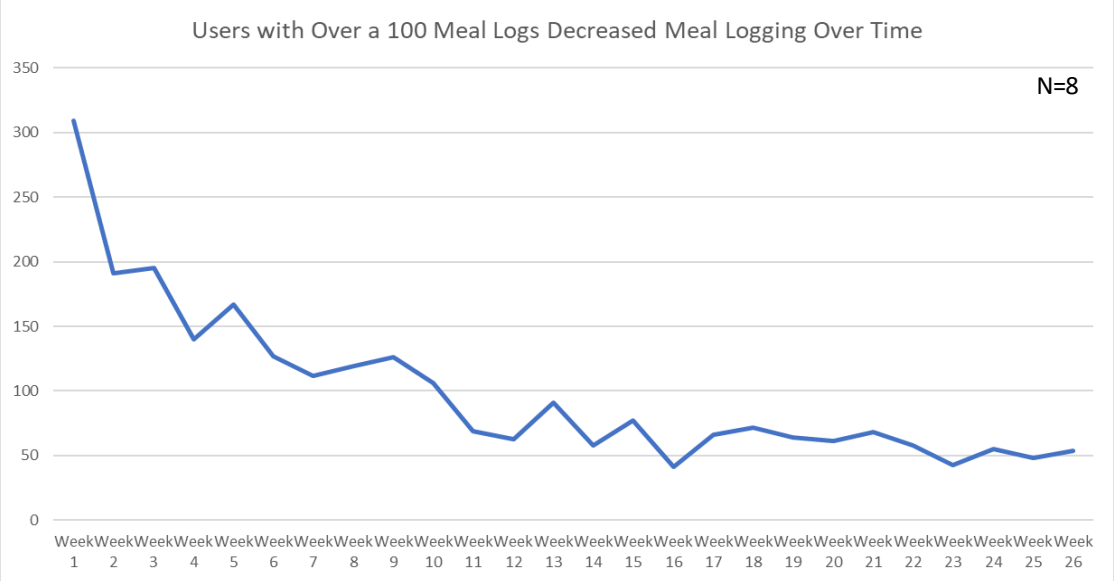
There was wide variation in logging in the RR app with 76% of the clients logging in the app at least once. Nine consumers had 0 log entries and did not use the app. More than a third (36% ,n=13) only logged from 0- 3 times, and 33% logged greater then 3 times but less than 51, and 31% logged between 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.

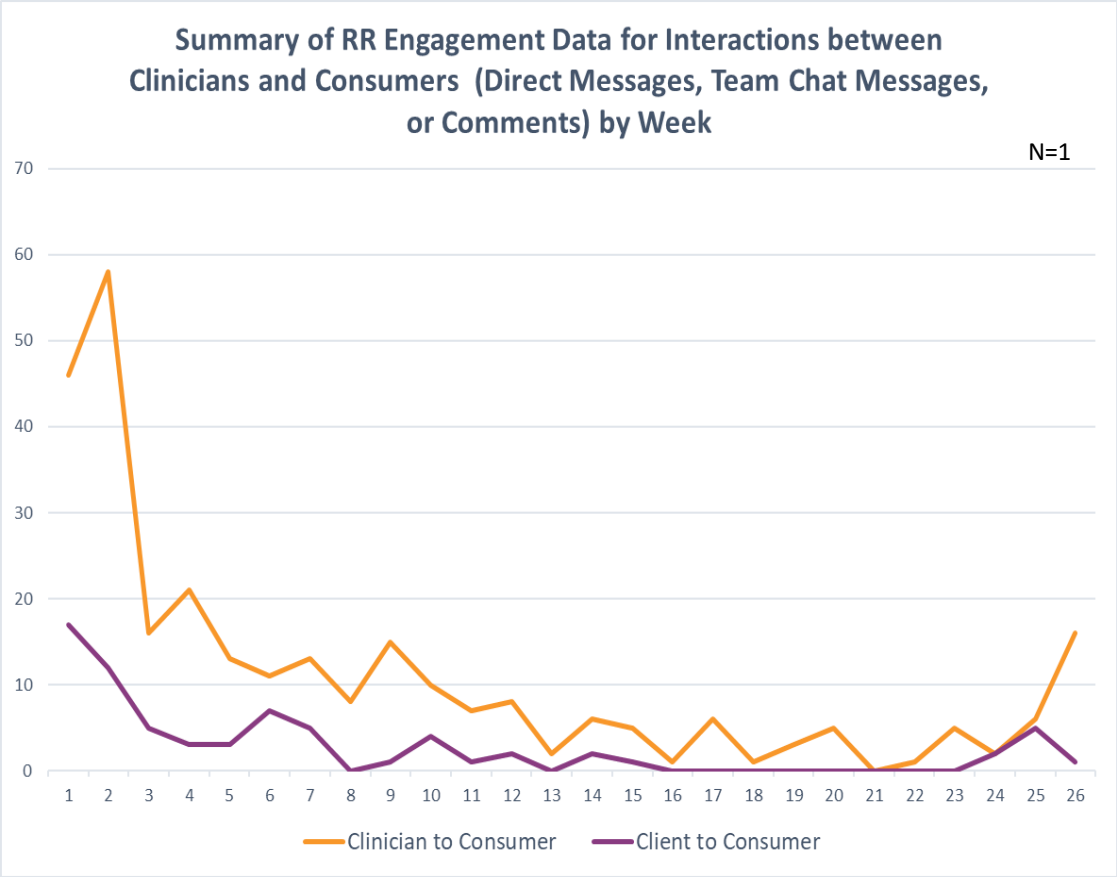




Recovery Record Pilot

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.

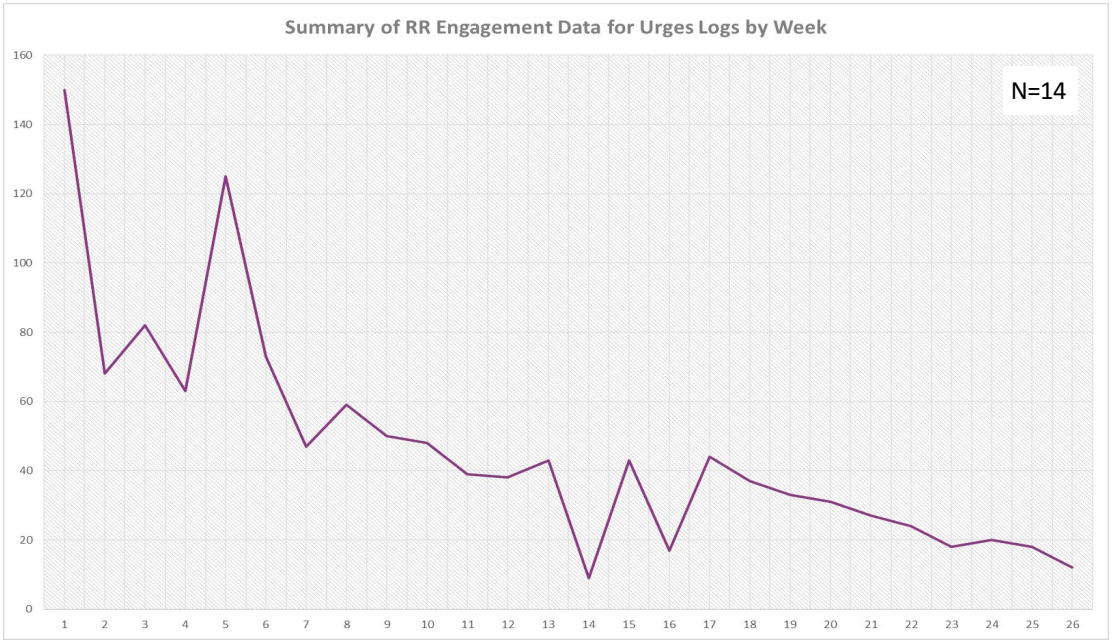
- Use of the messaging feature was low overall and declined over time.



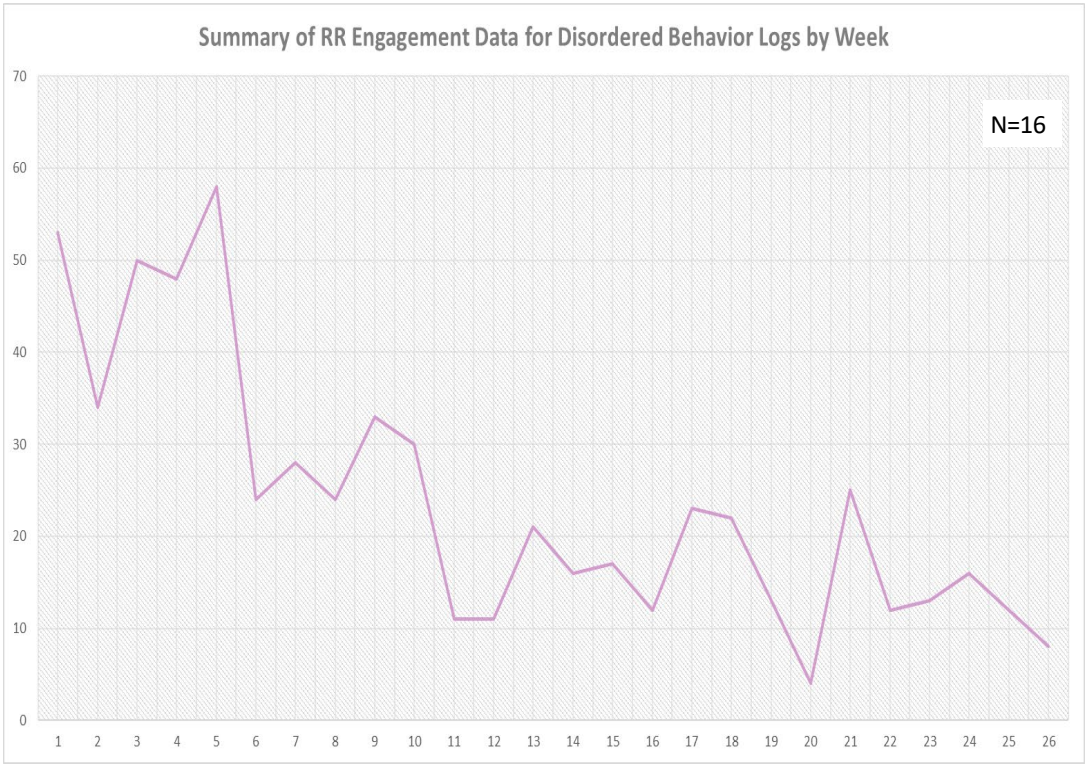
- 16 out of 37 clients (43.3%) used the messaging feature to interact with their Clinicians during the Pilot (i.e. through Direct Messages, Team Chat Messages, or Comments).

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.

Weekly Skills and Goals

- 50% felt it helped them to achieve their goals
- 50% felt it was useful in their daily life
- 66.7% felt it met their wellness needs
- 33.4% used this feature
- 66.7% felt it was easy to use

Community Coping Skills

- 33.3% felt it helped them to feel more socially connected
- 66.7% felt it was useful in their daily life
- 66.7% felt it met their wellness needs
- 33.4% used this feature
- 66.7% felt it was easy to use

Meal Planner

- 66.7% felt it was easy to use
- 66.7% used this feature often
- 66.7% felt it helped them to remember information they wanted to communicate to their clinician

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.

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.

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

Don't Panic

Offered in English/Spanish

This app includes a number of tools that assist in connecting with one's thoughts and feelings, managing mood swings, and recognize indicators of sadness and anxiety. Tools also include coping with extreme emotions and ways to manage suicidal thoughts.

PTSD Coach

Offered in English/Spanish

This app offers knowledge about PTSD, details on professional care, a PTSD self-assessment tool, opportunities to connect with support, and tools that can help to cope with the demands of daily life.

SuperBetter

Offered in English

This app incorporates gaming to overcome hurdles in many aspects of life. As they strive for epic victories, players can adopt a secret identity, activate power-ups, battle opponents, accomplish objectives, and check-in with allies.

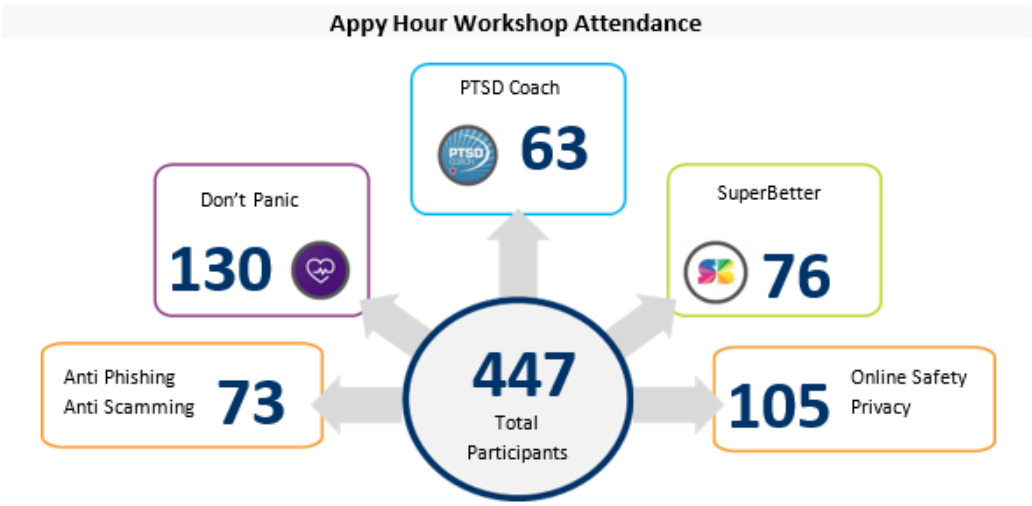
Additional Workshops

- **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.

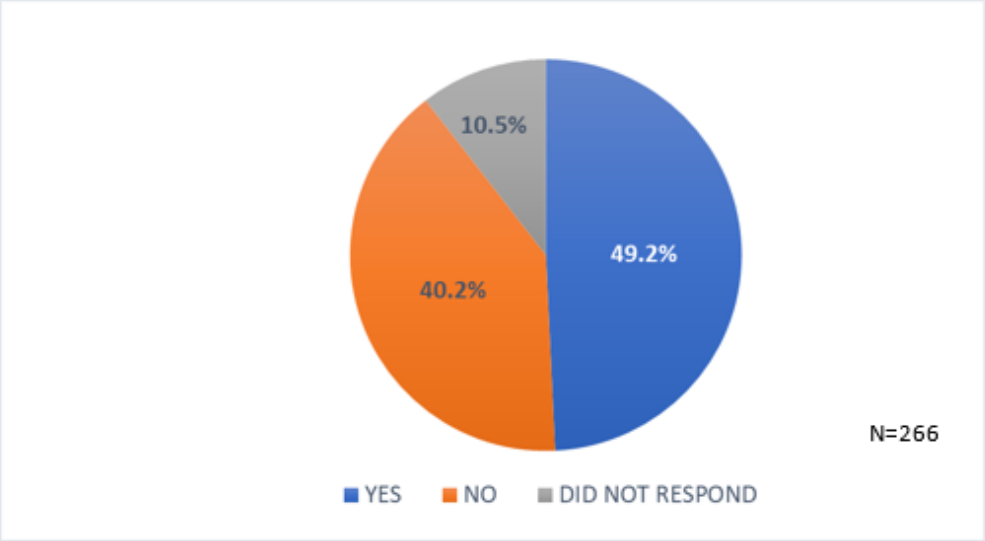
There are two different types of post-satisfaction surveys distributed at the end of the workshops, based on the type of topic attended by consumers: Wellness App surveys and Internet Safety surveys. Each type of survey was analyzed separately.

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?

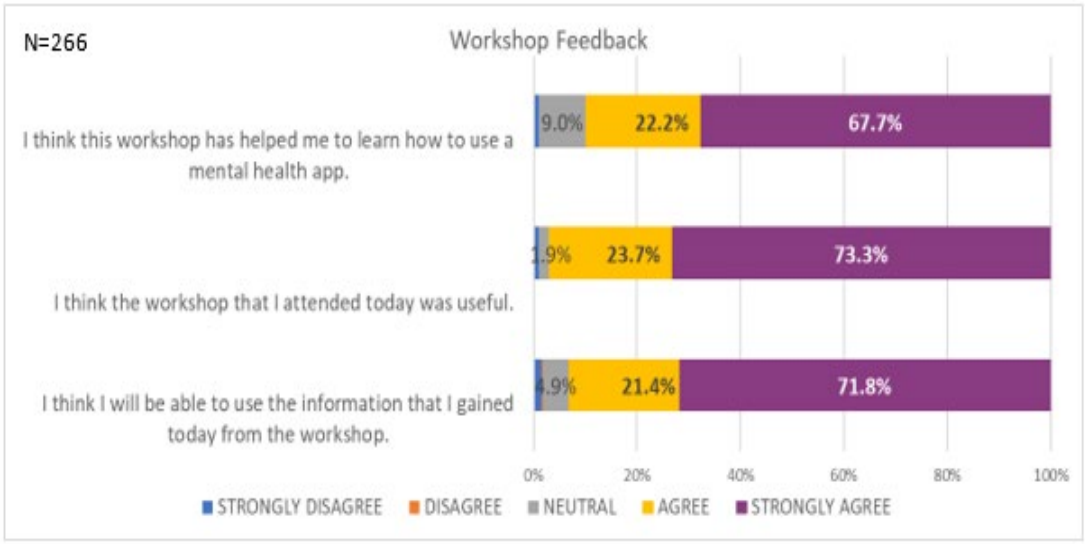


Digital Mental Health Literacy

DMHL Appy Hour Workshops Satisfaction

Appy Hour Satisfaction Survey Summary: Wellness App Series

Don't Panic PTSD Coach SuperBetter



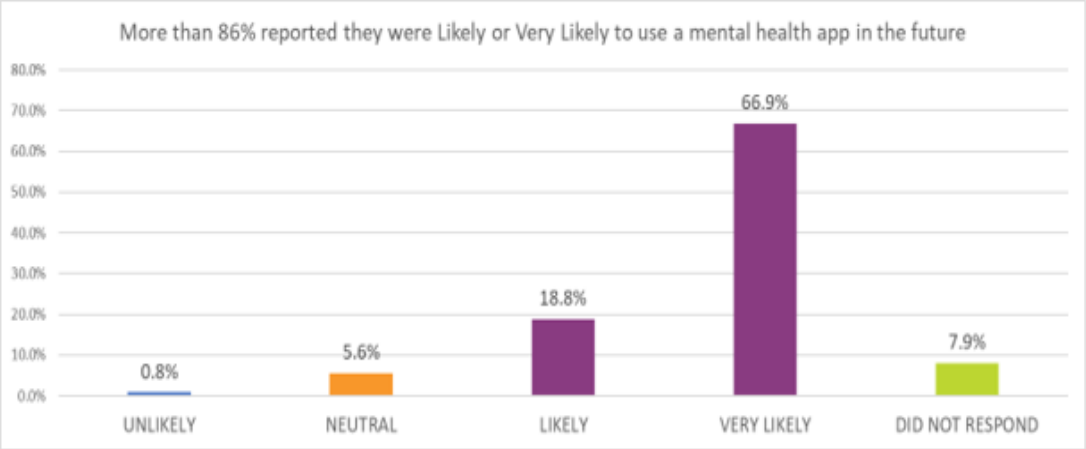
Digital Mental Health Literacy

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.

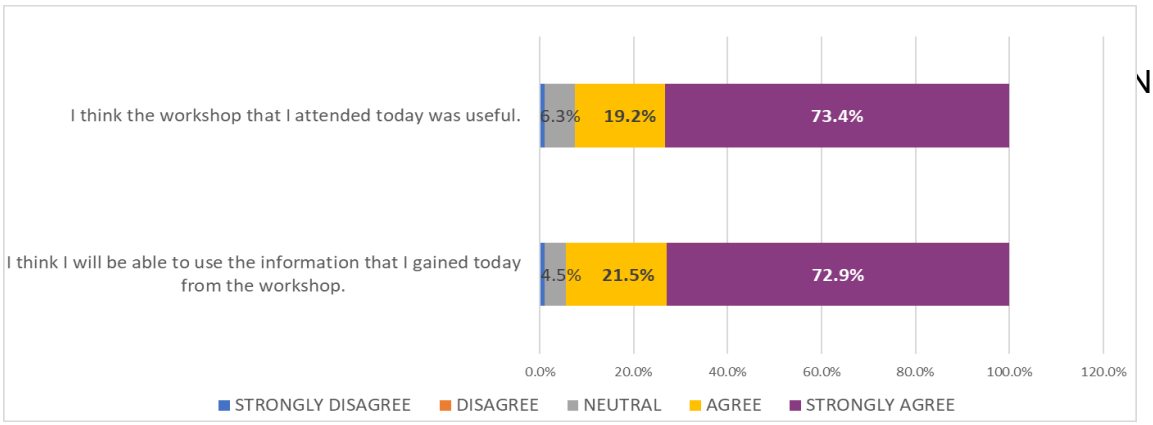
Satisfaction Survey Summary: Online Safety and Anti-Phishing/Scamming

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



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:

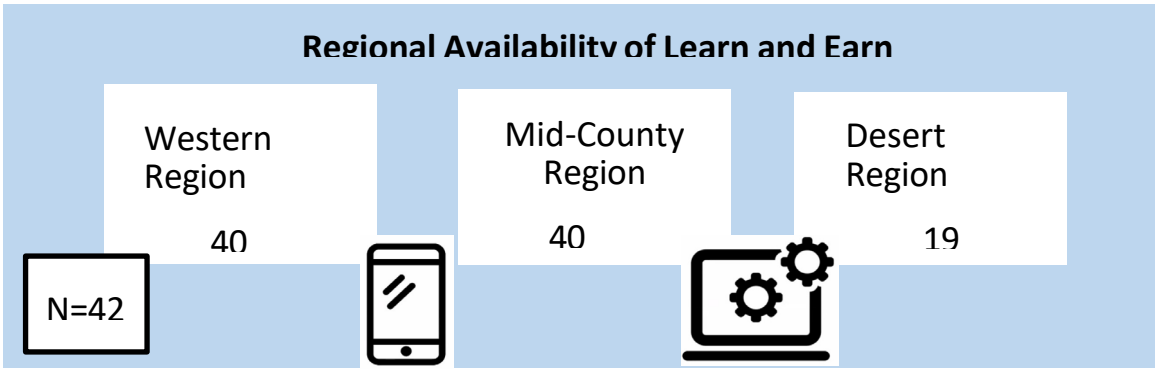
- Creation of user guides and presentations to consumers
- Trained consumers on how to use the ***myHealthPointe*** application
- Trained consumers on completing the Whole Person Health Score online by scanning QR codes
- Translated training materials in Spanish and facilitated Spanish trainings when 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

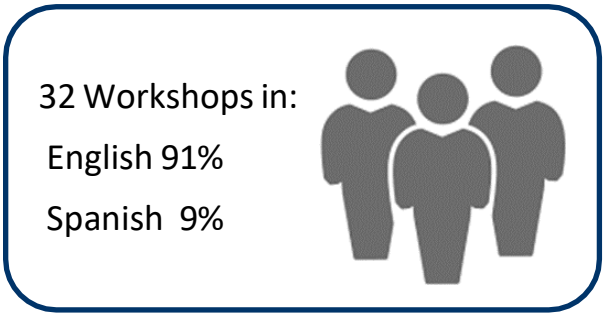
Evaluation Summary:

- 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

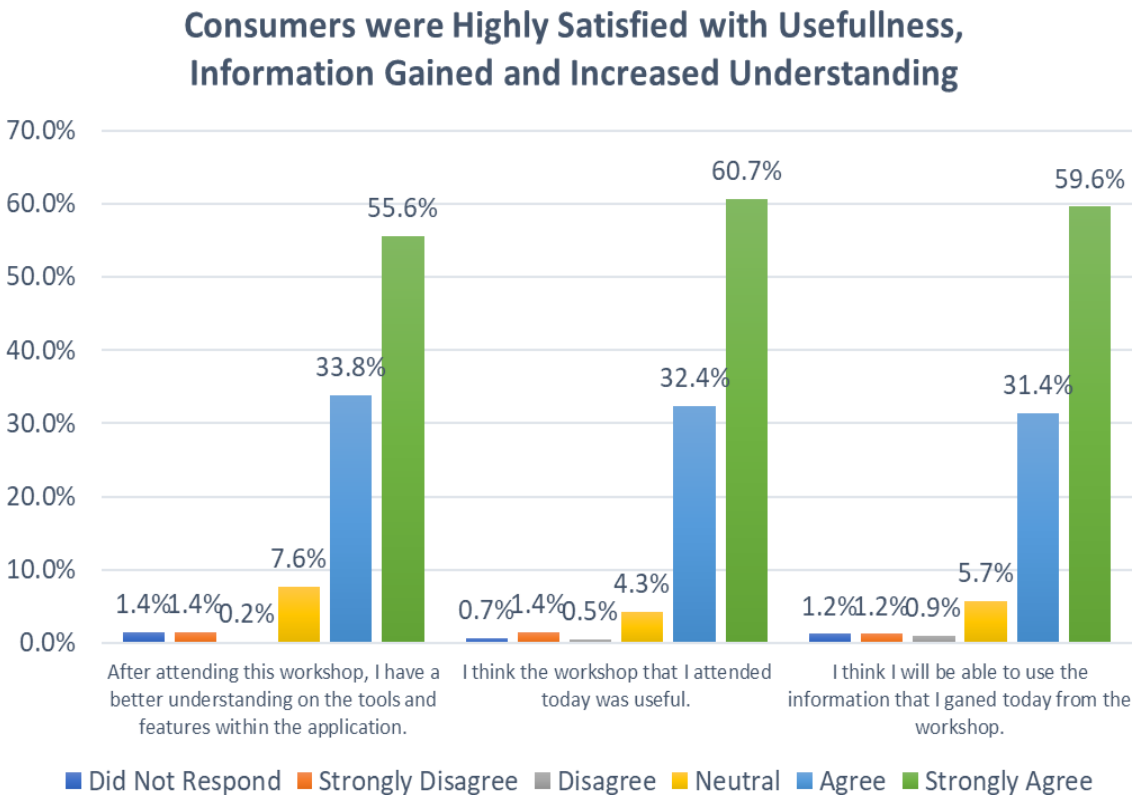
Consumers were asked to complete a learn and earn post survey at the completion of the workshop. Three items focused on benefits gained from the workshop were rated on a scale of 1 to 5 with 1 corresponding to *"Strongly Disagree"* and 5 corresponding to *"Strongly Agree".*

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.

INN

Project Evaluation

MAN THERAPY

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)

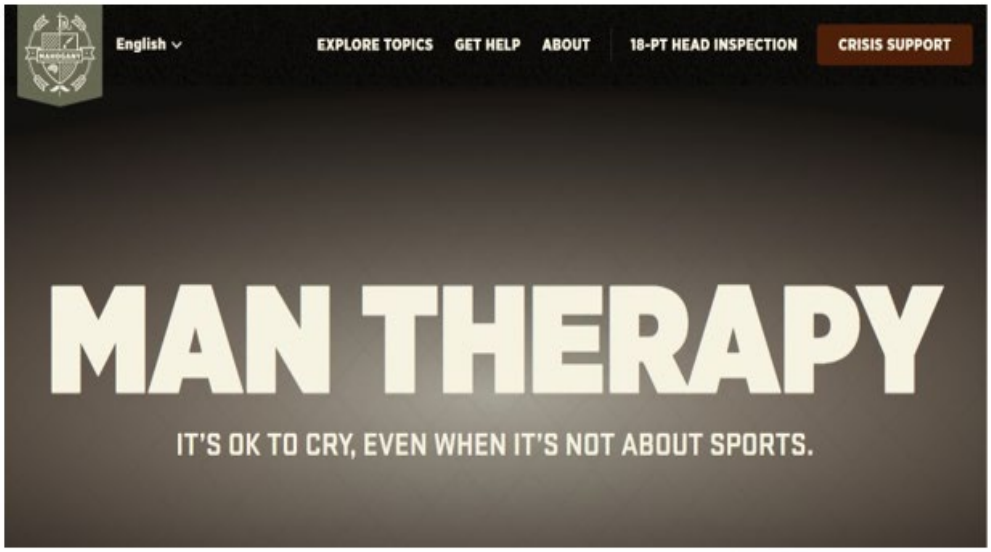
MAN THERAPY uses an impact model approach to drive traffic to the website content.

Strategy: Drive community awareness, action and outreach with branded marketing assets.

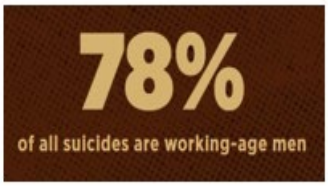
Strategy: Mental health screening, access to psycho-educational tools, connection to national and local resources, and navigation to care.

Strategy: Provide confidential, aggregate user engagement data at the state and community level

Man Therapy Website (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

Posters and T-Shirts

Sunline Bus Ads

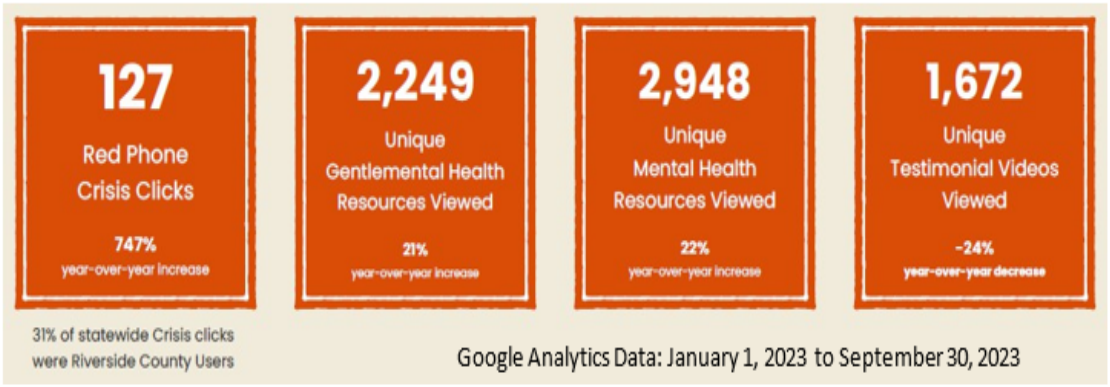
Man Therapy Basic Engagement Data (January 1st to September 30th, 2023) - Google Data

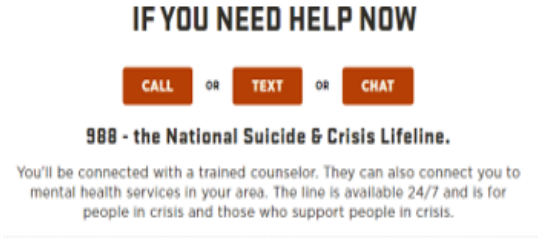
Region	Sessions	Users	New Users	Pageviews	Average Session Duration	Head Inspection Completed	Crisis Action (Red Phone Click, Chat Click, and Vets
Western	3,781	3,035	2,963	6927	1:52	775	17
Mid County	5,387	4,882	4,796	9057	1:28	1311	14
Desert	5,012	4,451	4,374	8155	1:27	1161	9
Countywide	14,180	12,368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

Man Therapy Basic Engagement Data (October 1st, 2023 to February 29th, 2024) - GA4 and Mixpanel Data

Region	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	*Data only available from December 15th for Total Countywide*
Mid County	9,051	8,406	8,255	9,051	1:44	3,421	
Desert	8,949	8,253	8,080	8,949	1:32	3,055	
Countywide	28,478	26,368	2,5834	28,478	1:40	9,593	105

Man Therapy Mental Health Resources Views and Crisis Actions





MAN THERAPY Website Future Direction

- Support to continue the RUHS-BH collaboration with MAN THERAPY was approved using MHSA funding from Prevention and Early Intervention as part of the County Suicide Prevention Coalition work.
- Peer Support Specialist trained as MAN THERAPY Ambassadors will continue community outreach, as well as other avenues within the department to market the mantherapy.org website.
- The Spanish version of MAN THERAPY will continue.
- Swag and marketing materials not distributed will be utilized as well.
- Links to the MAN THERAPY site will be available on the County Suicide Prevention Coalition Website.

National Suicide Prevention Lifeline

Call 988-or *(800)273-8255

Local Inland Empire Resource

Inland SoCal Crisis Suicide Helpline: (English/Español) **(951)686-HELP (4357)**

INN

Project Evaluation

La CLAve

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

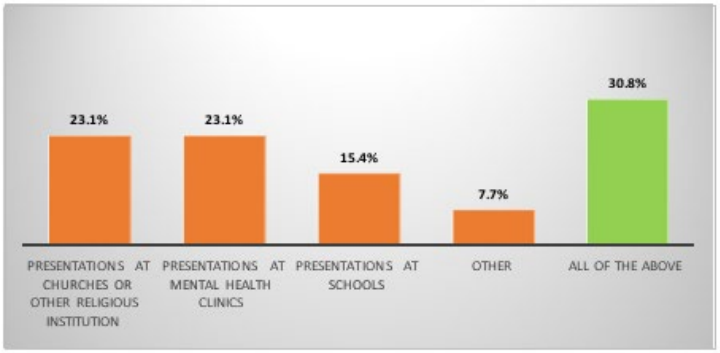
La CLAve Kick-Off Event

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?

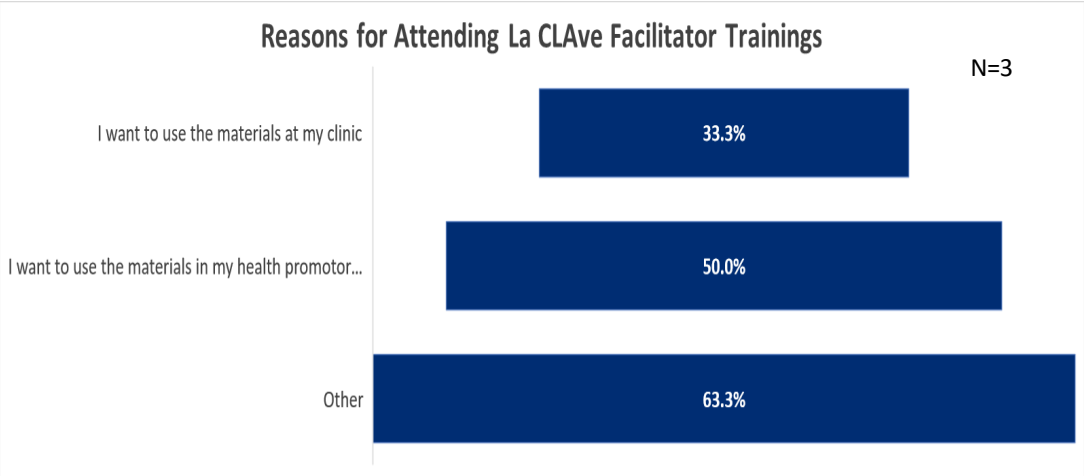


In June and August of 2023, RUHS-BH Help@Hand project hosted four in-person facilitator trainings and one hybrid training. At the conclusion of the training a feedback survey was distributed to evaluate attendees satisfaction with the training, trainers, and content. More than a third of those trained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

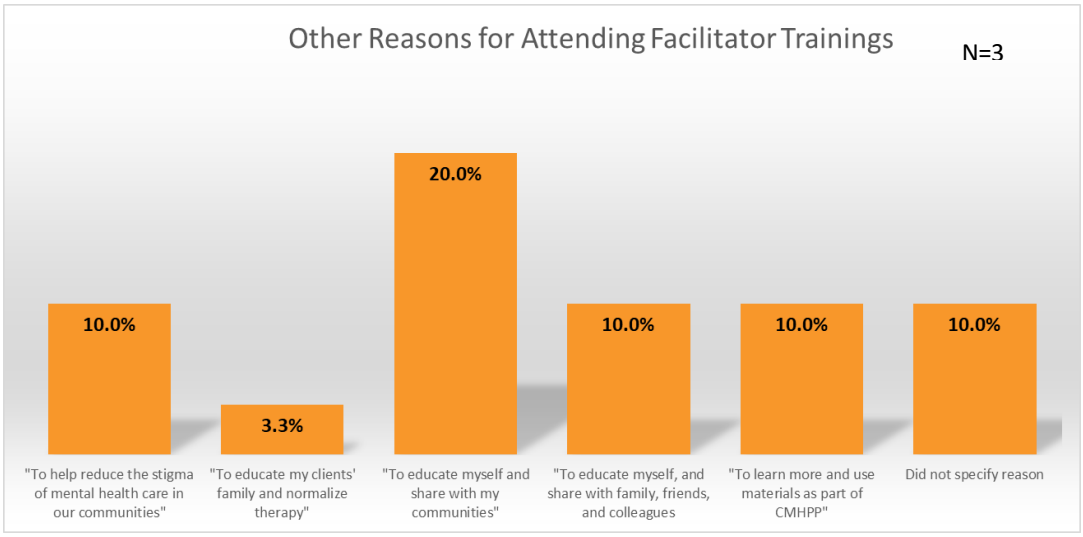
73% of Attendees reported that were Hispanic/Latinx

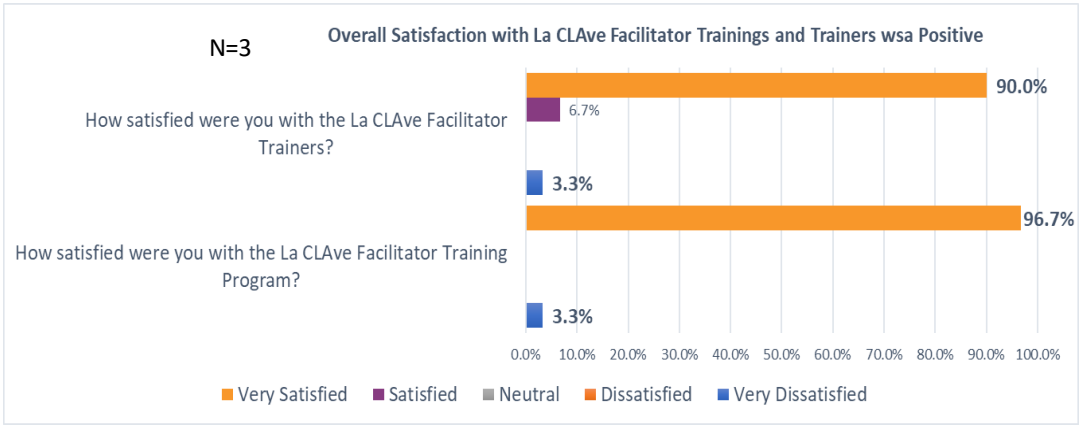
33 Facilitators Trained

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

What I Liked—Attendees Comments

"The trainers answered all our questions and kept me engaged. They were patient, encouraging and well informed."

"It was very interactive, loved the rehearsing part."

"The different perspectives and multimedia ways to help people understand psychosis and approach resources."

"The practice, the ability to learn from Dr. Lopez himself, and Dr. Lopez sharing the history of La CLAve."

"I really appreciate the mission behind La CLAve."

"Easy for community to understand the signs of SMI."

"We need to be creative to reach our communities from different cultures."

"Grateful to have been a part of this training."

"The curriculum is well written easy to follow, learner friendly!"

"The tools provided. Easy to follow manual."

100% of the training attendees indicated they would recommend the training to others

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

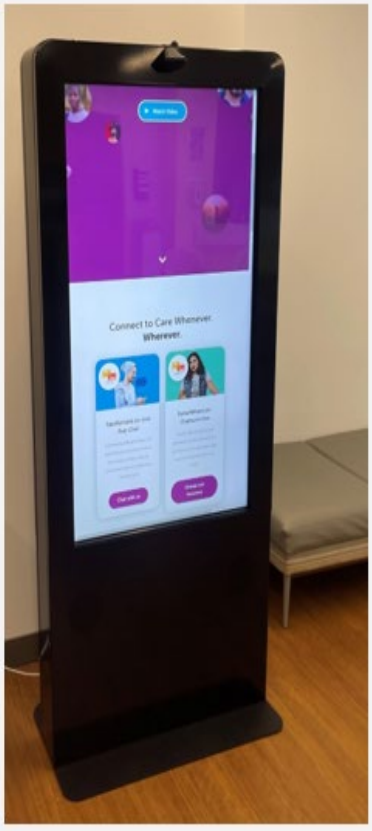
RUHS-BH applied the La CLAve marketing strategies across multiple other initiatives. This application of La CLAve into other department projects included :

- 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

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.

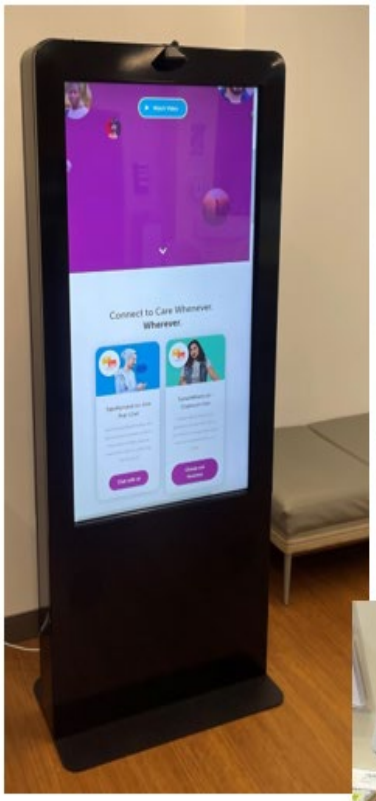
Phase I of the implementation occurred between 2021-2022. This phase included the installation of 32 iPad Pro Kiosks and 8 large 55" Kiosks in public behavioral health outpatient clinic facilities. In phase II during 2022-2023, an additional 37 Kiosks were deployed at new sites some of which were the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

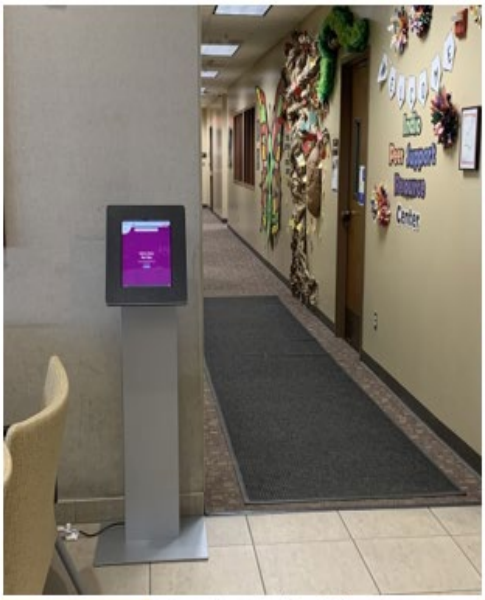
Overall, in Phase I and Phase II RUHS-BH deployed 77 Kiosks: 62 iPad Pro style and 15 larger 55" Kiosks. Additionally, RUHS-BH purchased 10 iPad Pro size Kiosks bolted on tabletops to fulfill requests from other community organizations.

Kiosks Locations

Outpatient Mental Clinics 41 Kiosks at 32 facilities across the County	Substance Abuse Clinics 6 Kiosks at 6 sites across the County	Mental Urgent Care facilities 3 Kiosks one in each region of the County	Peer Support and Recovery Centers 5 Kiosks at 3 Regional facilities
Residential Facilities 7 Kiosks at 6 sites Adult residential and Crisis residential	Adult and Youth Probation facilities 2 Kiosks at 2 sites	Medical Facilities 7 Kiosks at 4 primary care clinics and 2 hospitals	Community Organizations 7 Kiosks at y sites including 2 College campuses

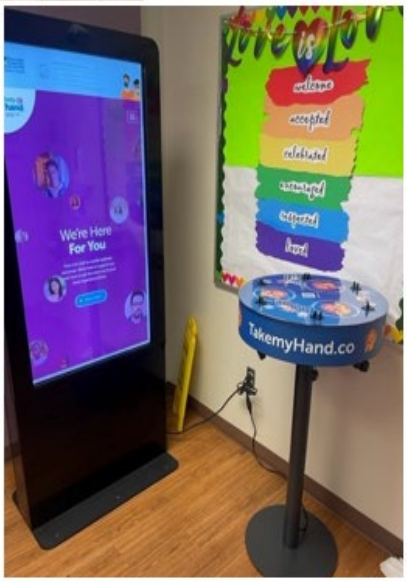
An interactive map showing the locations of the Kiosks can be accessed at: https://arcg.is/bmLmv

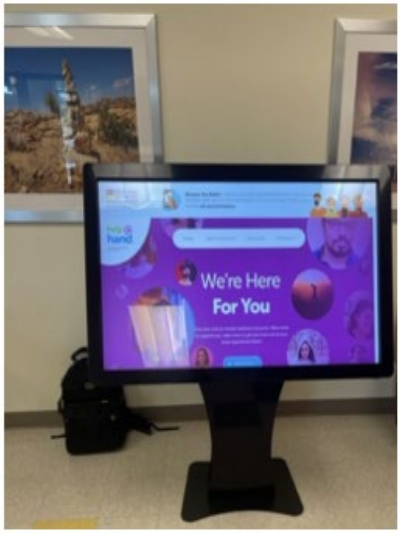




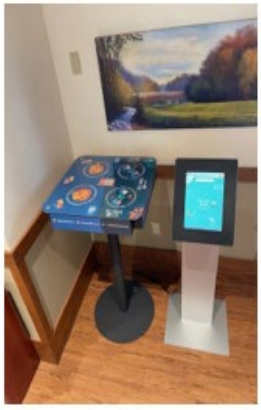
Kiosks were located in general areas in the lobby or open public spaces.

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.



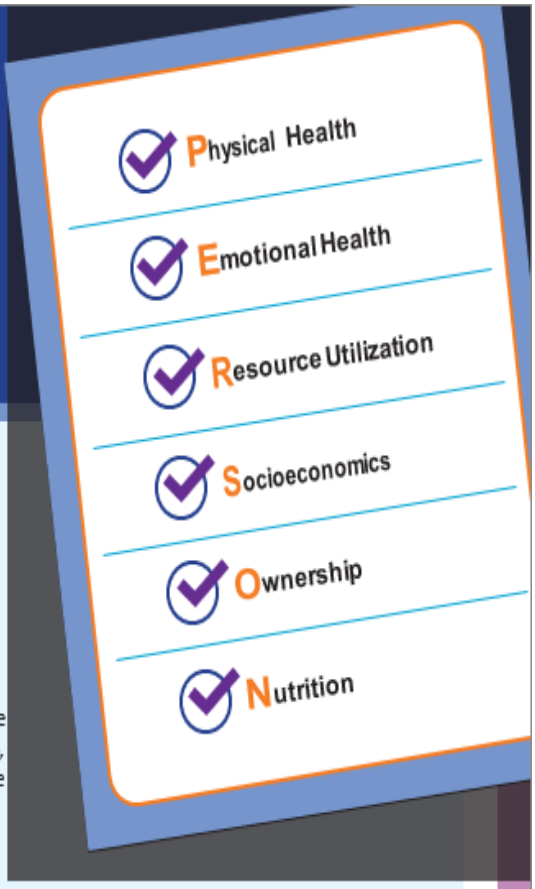


Dual branding to support La CLAve dissemination was rolled out on Kiosks in 2023.



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 Person Health Score (WPHS) tool is a 28-question assessment that provides a "snapshot" of an individual's health across six domains: physical health, emotional health, resource utilization, socioeconomics, ownership, and nutrition and lifestyle.[53]

In January 2023, RUHS and RUHS-BH began distributing the digital version of the adult WPHS assessment tool to patients, clients, and consumers. The tool was distributed by three differe departments:

- **Medical Center/Community Clinics:** RUHS medical clinici and patient navigators emailed and texted unique links to patients seen at RUHS and Riverside Community Health Clinics. Patients also had the option to complete the assessment on iPads and kiosks located at County locations.
- **Behavioral Health:** At first, RUHS-BH selected the Corona clinic to automatically distribute texts and emails to their 70 consumers in their current caseload. Consumers received a unique link of the WPHS assessment survey. This approach was not successful; only three consumers completed the assessment. The team decided to introduce the WPHS during their "Learn and Earn" digital literacy workshops. In addition, all RUHS-BH Staff members were invited to have their consumers take the WPHS survey. Staff was provided with a "WPHS Overview and Guide – A Clinical Perspective" and consumers were offered an incentive for taking the WPHS. Consumers could access the assessment on County iPads and kiosks, through a text or email link, and by a QR code located on flyers, banners, and promotional materials.
- **RivCoONE:** RivCoONE is an integrated services delivery initiative in Riverside County. Through RivCoONE, RUHS distributed WPHS tools to community members who access various County services, such as Riverside County Department of Public School Services, Riverside County Probation, Riverside County Veterans Services, and Riverside County Office on Aging.

This section includes findings from the WPHS assessment tool and is organized by departments that distributed the survey (e.g., Medical Center/Community Clinics, Behavioral Health, and RivCoONE). The information was shared by RUHS and represents WPHS response data collected from January 2023-January 2024.[54]

[53] More information on the Whole Person Health Score can be found at: https://www.ruhealth.org/news/whole-person-health-score. An assessment can be completed at: https://www.riversidehel-pathand.org/.

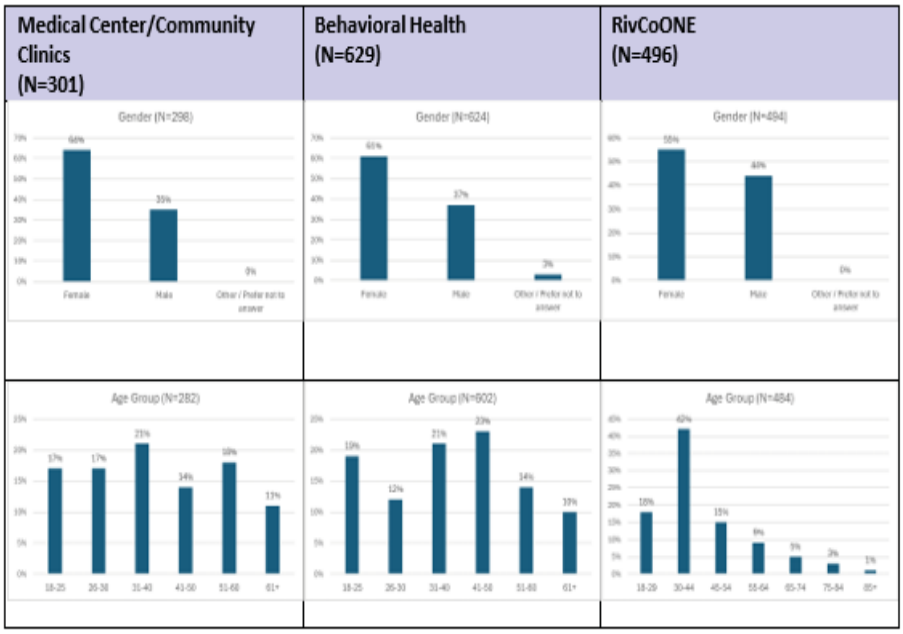
[54] RUHS published preliminary findings from the implementation of the WPHS assessment (Khura, 2022). The WPHS assessment tool has not yet been validated and discussions are underway with an external agency to validate the tool in the future.

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

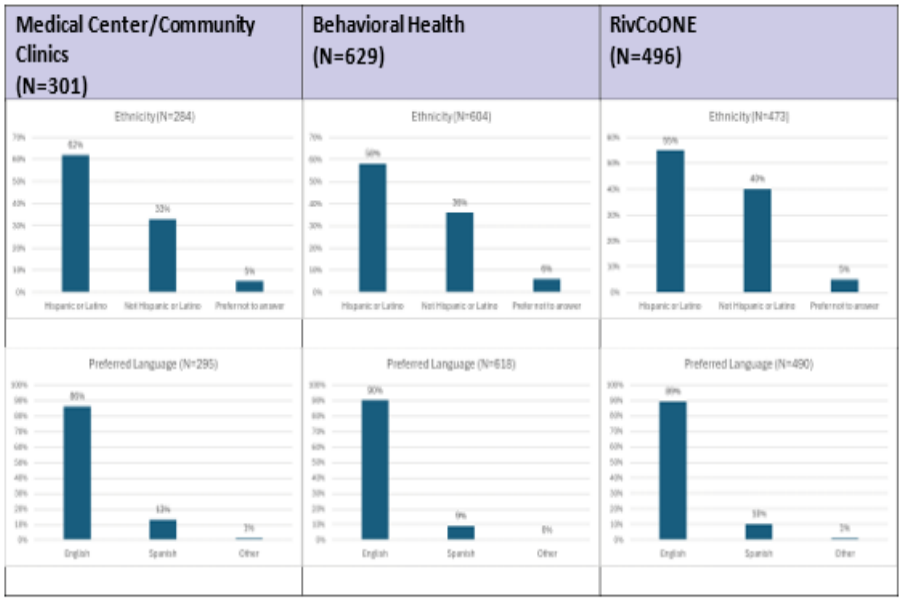
DEMOGRAPHICS

This section presents a summary of the demographics of individuals who completed the WPHS assessment through the Medical Center/Community Clinics, Behavioral Health, and RivCoONE.

More people who completed the WPHS self-identified as females than males. Age varied across cohorts.[55]



The most commonly reported ethnicity was Hispanic or Latino and the most commonly reported race was White. The most commonly reported preferred language was English.



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

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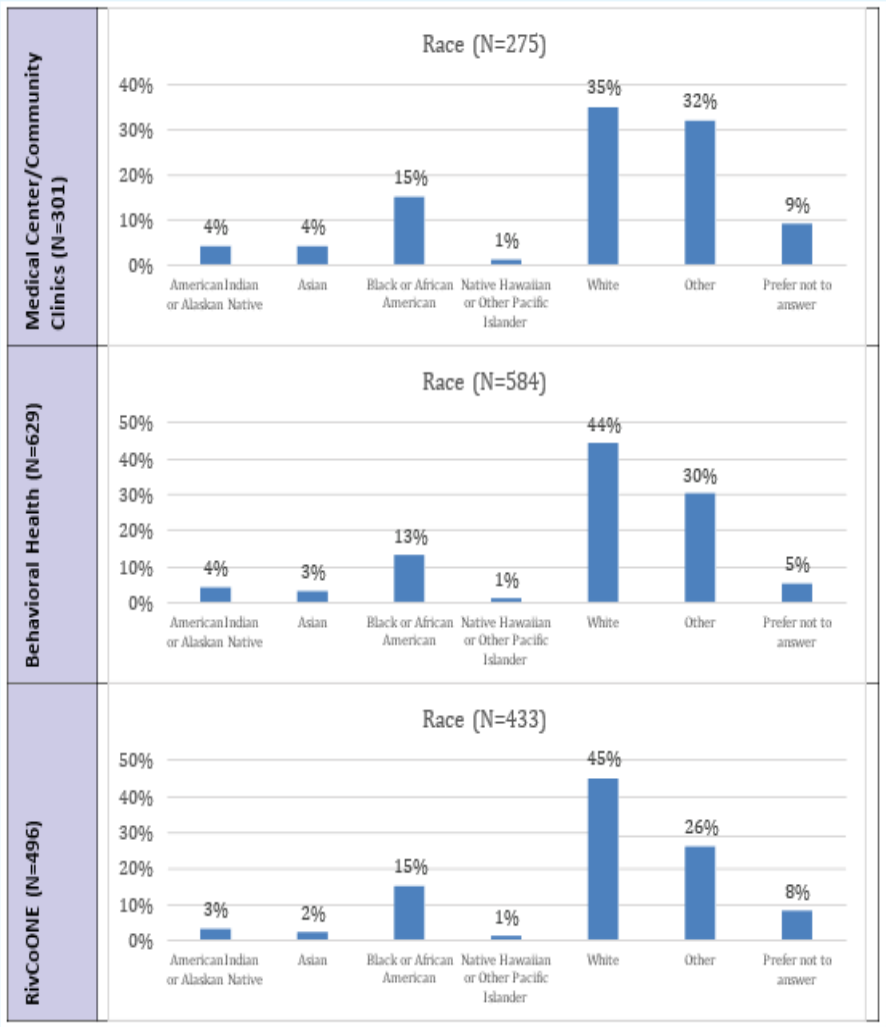

DISTRIBUTION OF WPHS ASSESSMENT SCORES BY DOMAIN

The WPHS assessment tool includes a rating across each of six domains: 1) physical health; 2) emotional health; 3) resource utilization; 4) socioeconomic; 5) ownership; and 6) nutrition and lifestyle.

Overall scores for each domain were assigned a color (green, yellow, red, or grey) and letter designation ("A" being best and "Z" being worst) to represent a holistic snapshot of the individual's health status.

A-F	**Good:** You are doing well in this area of health.
G-O	**Fair:** This area of health is likely impacting your overall well-being. Consider seeking additional support or help.
P-Z	**Needs Improvement:** This area of health is already impacting your overall well-being and needs immediate or continued attention.
NS	**Not Scored:** A question went unanswered. As a result, a score could not be calculated.

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A summary of the distribution of scores by domain is below. The distributions below indicate those completing the tool needed more support in the domains of emotional health, socioeconomics, and nutrition and lifestyle than the other domains (physical health, resource utilization, and ownership).

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POTENTIAL AREAS FOR INTERVENTION

Emotional Health: Trust primarily affected lower emotional health scores across all three departments. Individuals who did not have someone that they can talk to about their problems, worries, or themselves were more likely to have their emotional health impact their overall wellbeing.

Potential areas for intervention could include connecting individuals to a social worker or therapist to allow for space to talk about their problems and worries.

Socioeconomics: Many variables affected lower socioeconomic scores (e.g., lack of transportation, living situation, lack of money, finances, education, job status). The primary variable affecting the score varied across the three departments.

- **Medical Center and Community Clinics:** Finance primarily affected lower socioeconomic scores. Those rating poorer overall household finances were more likely to have their socioeconomics impact their overall wellbeing.
- **Behavioral Health:** Education primarily affected lower socioeconomic scores. Those with lower levels of education were more likely to have their socioeconomics impact their overall wellbeing.
- **RivCoONE:** Lack of transportation primarily affected lower socioeconomics scores. Those experiencing transportation issues were more likely to have their socioeconomics impact their overall wellbeing.

Potential areas of intervention include connecting individuals to accessible General Education Development (GED) resources and social service programs that can assist with financial support and transportation options.

Nutrition and Lifestyle: Many variables affected lower nutrition and lifestyle scores (e.g., smoking, alcohol and drugs, and eating habits). Smoking and alcohol and drugs primarily affected scores across all three departments. Those who smoked more frequently and/or reported using alcohol or drugs in a way that affected their life or someone else's life negatively were more likely to have their nutrition and lifestyle score impact their overall wellbeing.

Potential areas of intervention include connecting individuals with a medical provider to support smoking cessation and supporting individuals with substance use and addiction services.

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Whole Person Health Score Overview and Guide For the Clinical Perspective

A participant takes the Whole Person Health Score, which is a **6-letter score** that provides a **snapshot of health** (each letter representing a different dimension):

Physical Health: looks at your current physical and medical conditions

Emotional Health: looks at your emotional, mental, and spiritual well-being

Resource Utilization: looks at how you use health care services

Socioeconomics: looks at your living situation, finances, and resources

Ownership: looks at how you view your own health and ability to make change

Nutrition and Lifestyle: looks at your health habits

4 ranges are identified: Green, Yellow, Red, Grey.

Letters range from A to Z for each dimension ("A" being the best and "Z" being the worst)

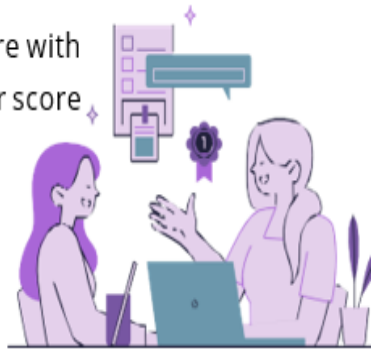
Based on a **28-question assessment**

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

A-F	**Good:** You are doing well in this area of health.	**P-Z**	**Needs Improvement:** This area of health is already impacting your overall well-being and needs immediate or continued attention.
G-O	**Fair:** This area of health is likely impacting your overall well-being. Consider seeking additional support or help.	**NS**	**Not Scored:** A question went unanswered. As a result, a score could not be calculated.

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 wellbeing.



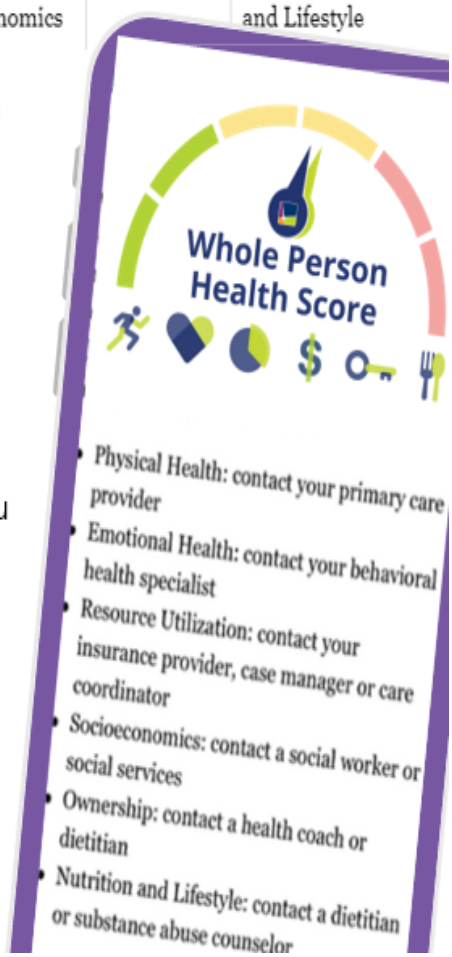
For Example:

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

C	F	A	F	N	Q
Physical Health	Emotional Health	Resource Utilization	Socio-economics	Ownership	Nutrition and Lifestyle

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

After some time implementing changes brought on through this new awareness, the consumer may come to you with a new Whole Person 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
WORKFORCE
01
Workforce Staffing Support
Training & Tech Assist
02
03
Financial Incentives
Career Pathway
04
05
Residency / Internship

Workforce Education and Training

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

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.

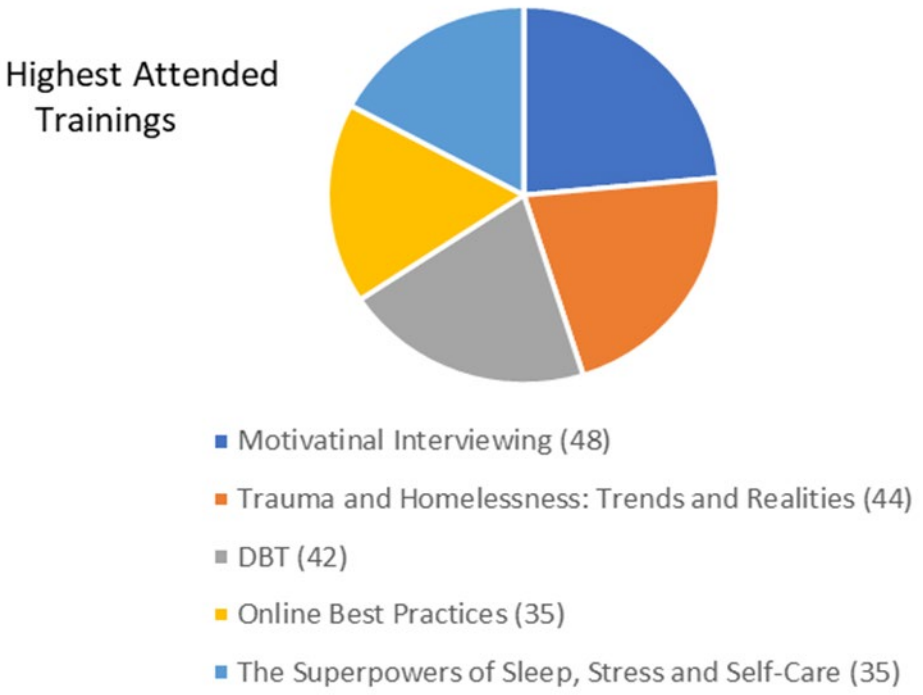
The WET team added five new trainers to the NCI training team, although two trainers left the department, resulting in a total of seven NCI trainers. In May 2023, the NCI hybrid model was rolled out department-wide, further expanding the program's reach and ensuring that staff are well-equipped to handle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

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

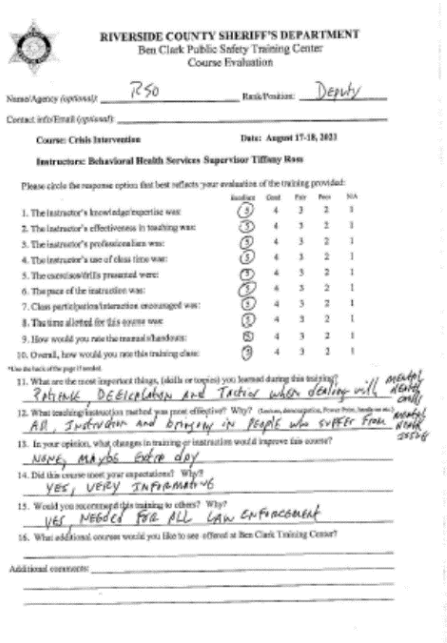
16% made a suicide attempt.

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, 2023

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? Patience, DEESCALATION and Tactics when dealing with mental health crisis
12. What teaching/instruction method was most effective? Why? All, Interaction and Training in People who suffer from mental illness
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

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

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:

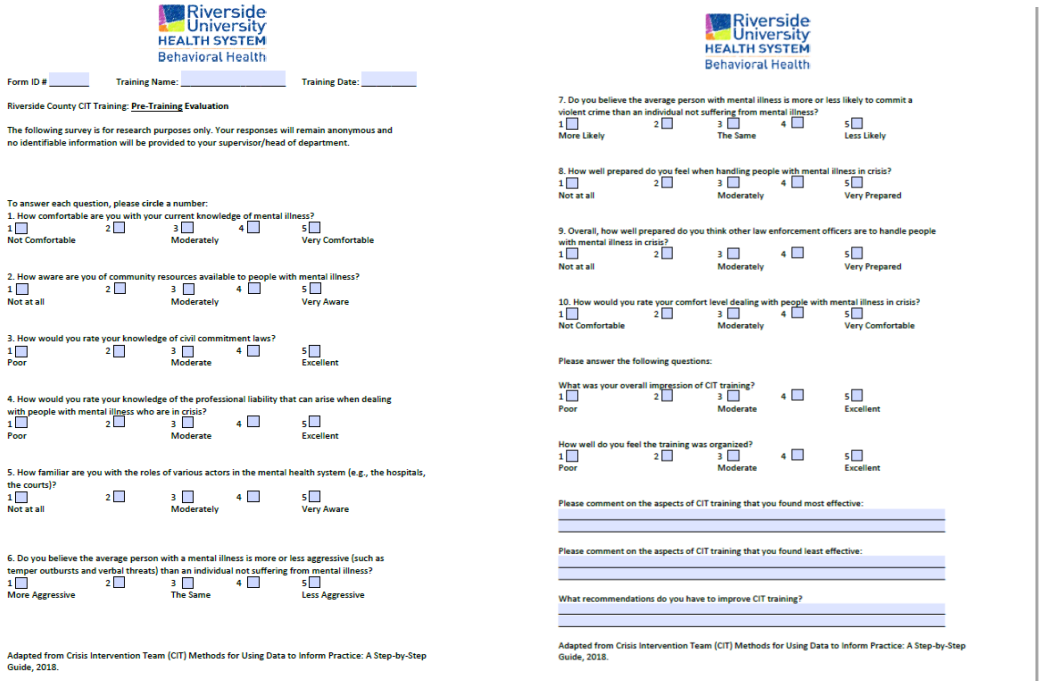
• Goal: Expand CIT Training Program and curriculum to also include in-person, virtual and hybrid trainings for other first responders such as firefighters, paramedics and emergency medical technicians (EMTs). A specialized training will be developed where 40-hour CIT curriculum will be reduced in 8 hours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

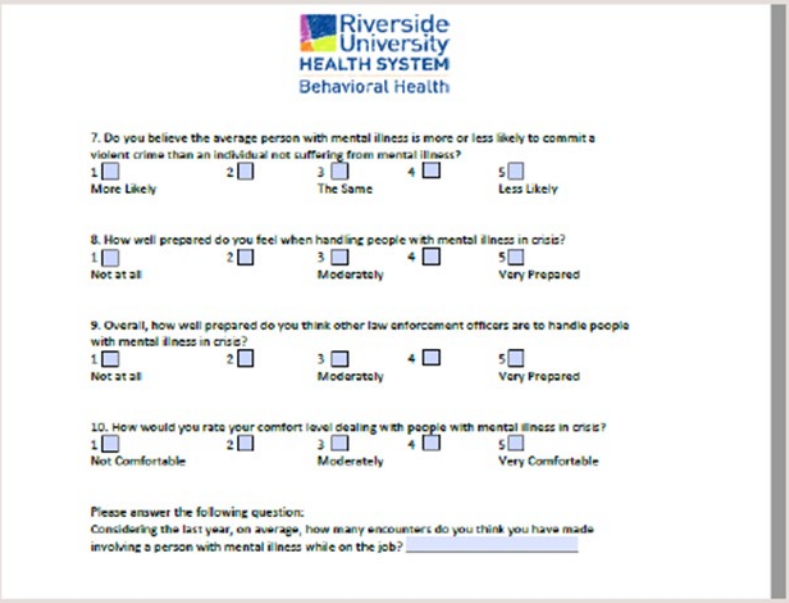
What recommendations do you have to improve CIT training?

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

WET

WET

- 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? _____

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

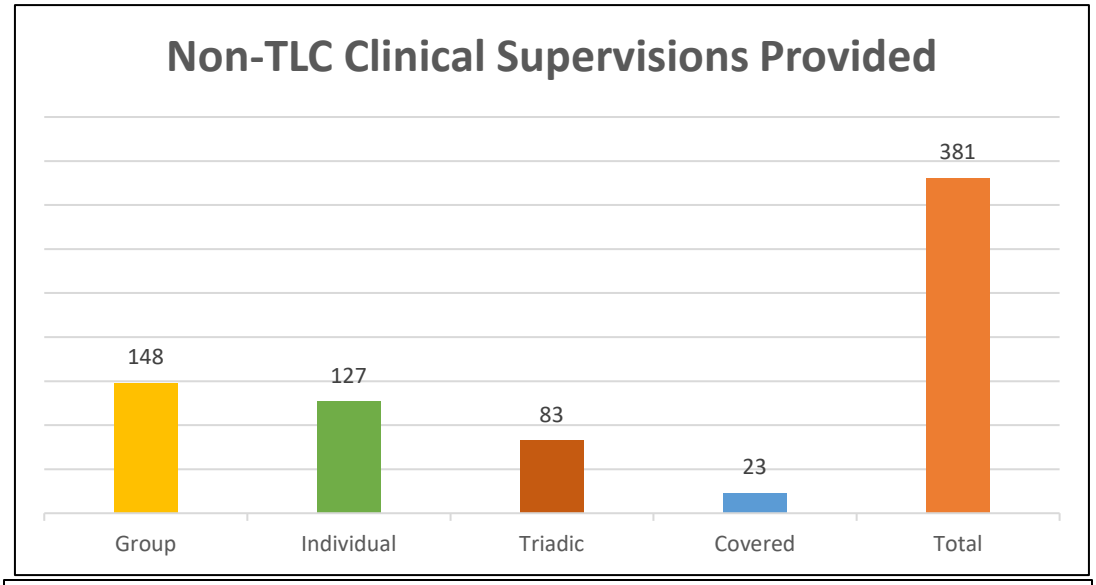
13. Please comment on the aspects of CIT training that you found most effective:

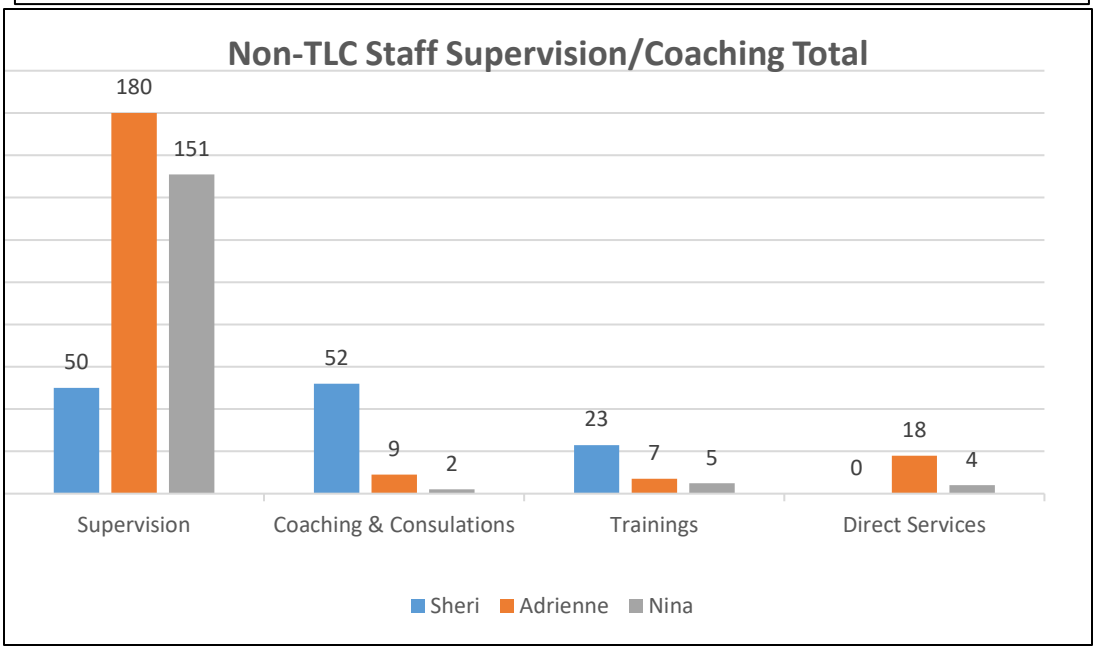
It was very valuable to get to hear what we are supposed to be doing with these patients. Also, the numbers of who to call for help with mental patients

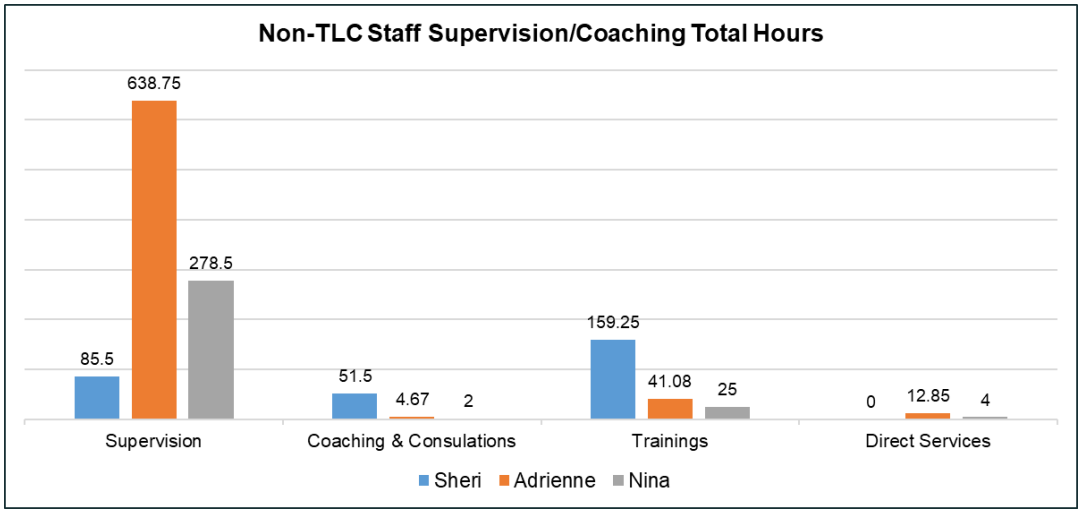
Post-Test 2

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

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

Pipeline and Outreach Efforts

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

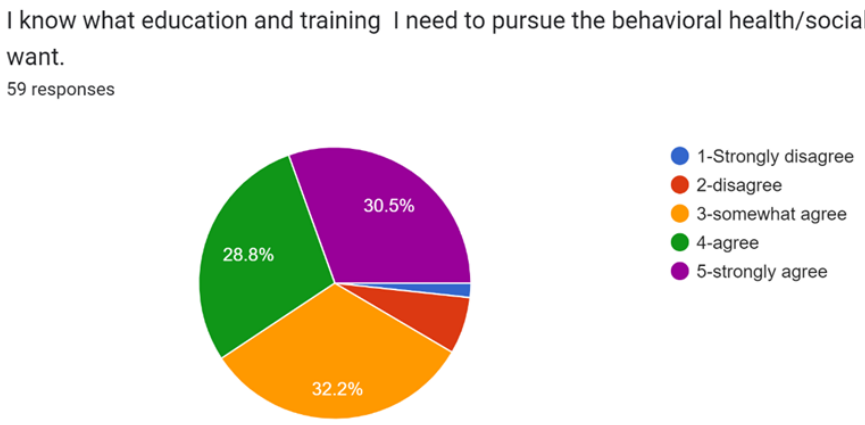
In November 2022, in partnership with Vista Del Lago High School's Community Health Worker Academy, WET hosted the first-ever virtual Get Psyched event. Over 100 students participated in the virtual workshop, which provided them an opportunity to explore various

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.

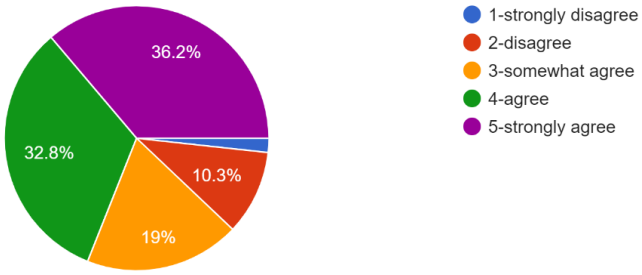
These outreach efforts continue to effectively raise awareness about career opportunities in behavioral health, reduce stigma, and foster the development of a diverse and qualified workforce within the public behavioral health system. Post-event measures indicated positive feedback and engagement from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

Pre-Test Results-



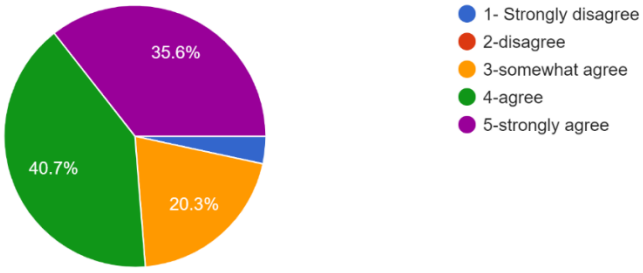
I am interested in pursing a career in behavioral health.

58 responses



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

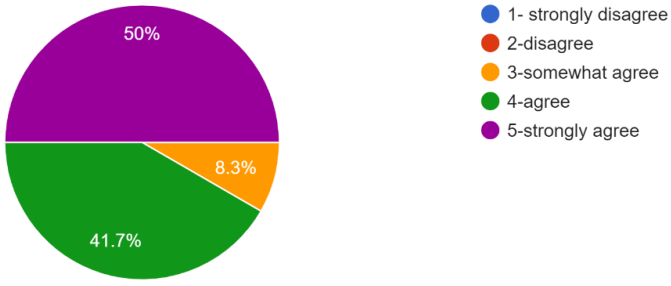
59 responses



Post Test Results-

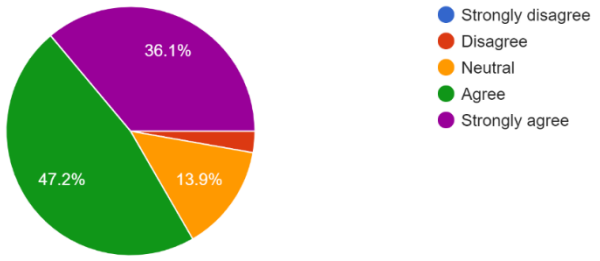
I know about different types of careers that I can pursue in the behavioral health field.

36 responses



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

36 responses



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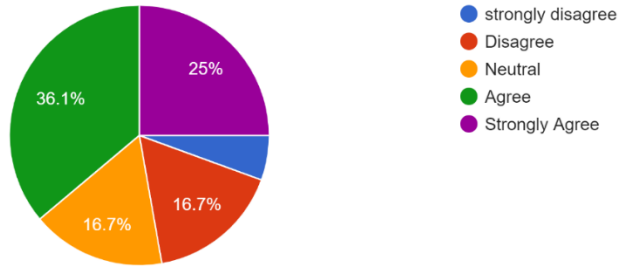


Statements from participant surveys of the Get Psyched 2023 Event:

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.

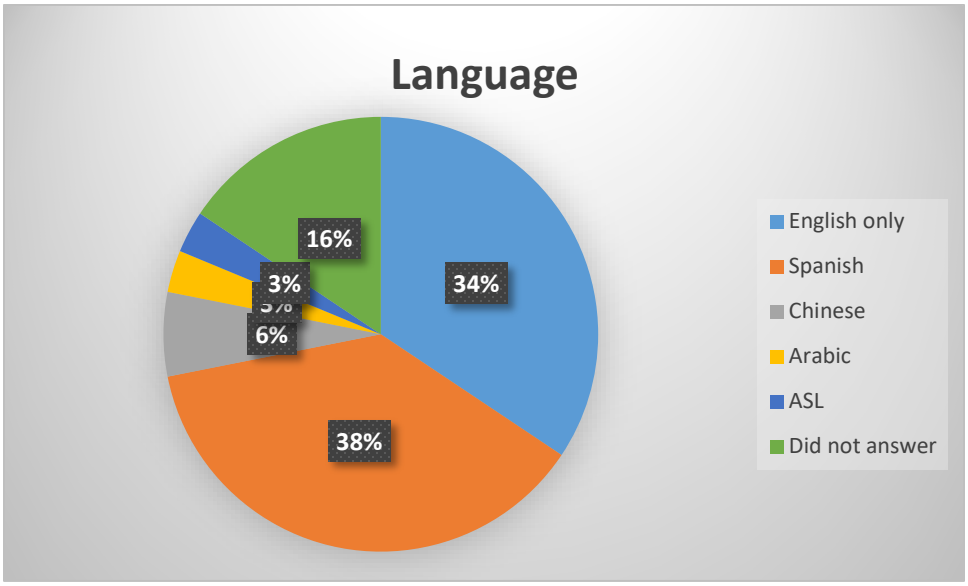
CLAS Program, Clinical Supervision Workgroup and Clinical Supervision Supports

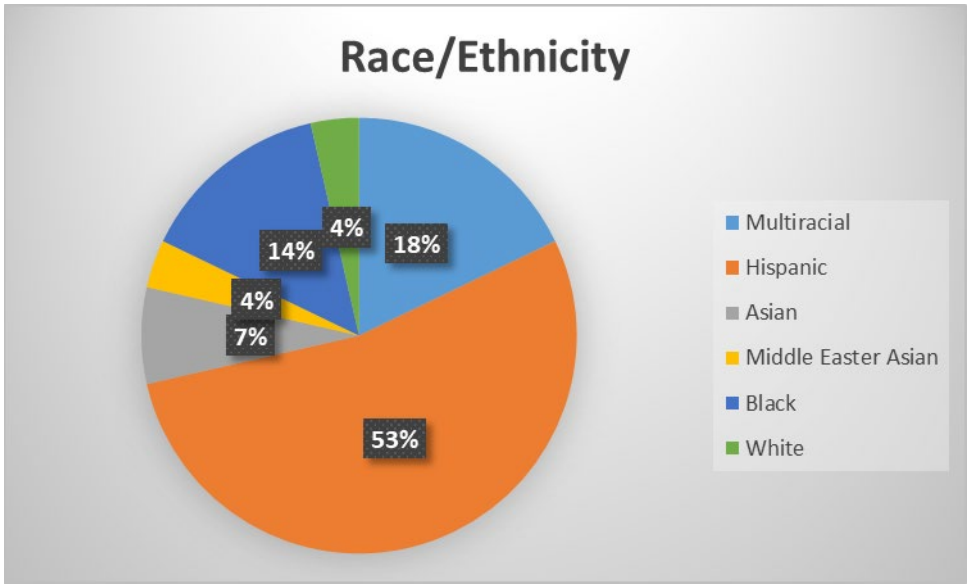
Clinical Licensure Advancement Support (CLAS) Program

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.*

WET

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:

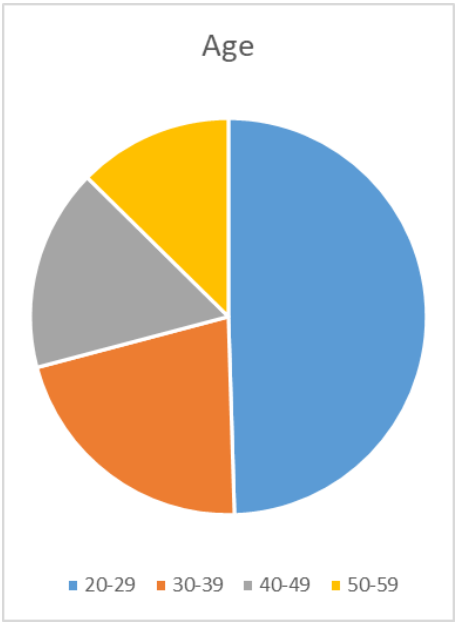
- The Graduate Internship Field & Traineeship Program
- Alcohol and Other Drugs (AOD) Program and Mentored Internship Program(MIP)
- Psychiatric Residency Program Supports

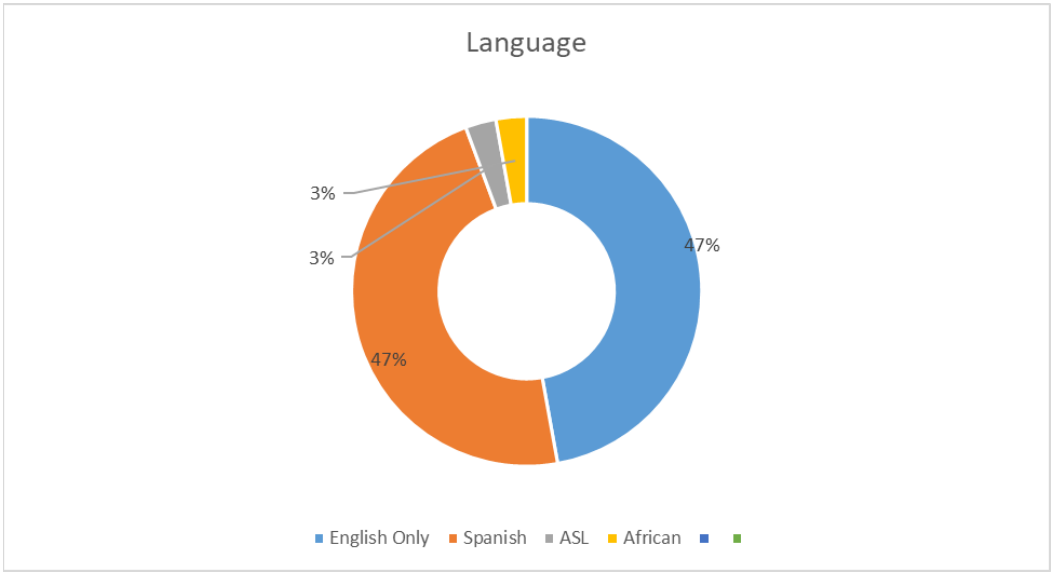
Graduate Internship, Field, and Traineeship (GIFT) Program

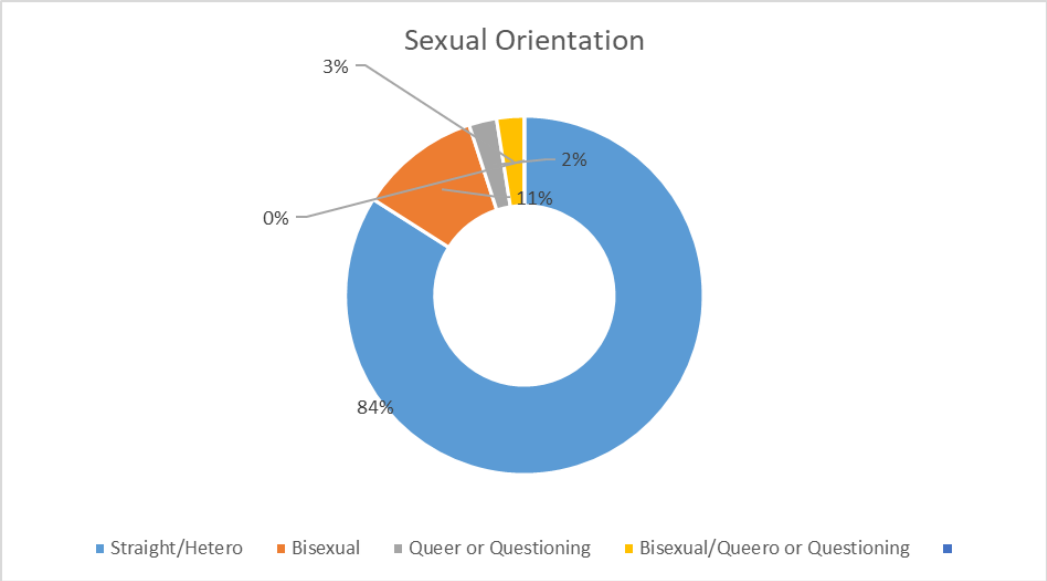
The Graduate Intern, Field, and Traineeship (GIFT) Program, as part of Workforce Education and Training, is a highly competitive and sought-after program in the region and continues to remain one of the largest internship programs in the Inland Empire. The Staff Development Officer of Education (SDO), 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.

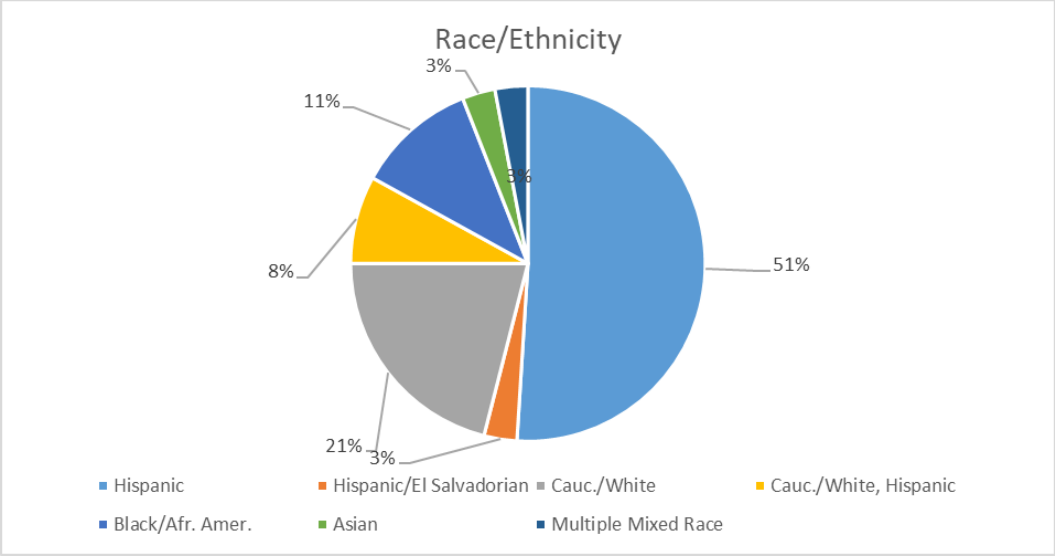
The 2023-2024 cohort, which consists of both GIFT and 20/20 Program students, consisted of 37 students, and represented 10 university programs, all of which have RUHS-BH completed Affiliation Agreements. In 2023-2024, the GIFT Program received 120 applications and coordinated internships for 37 master 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.

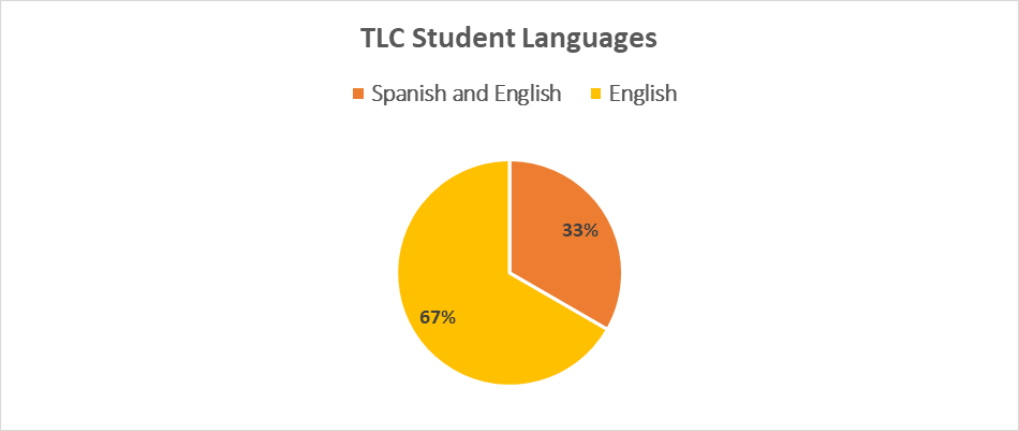
GIFT & The Lehman Center (TLC)

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

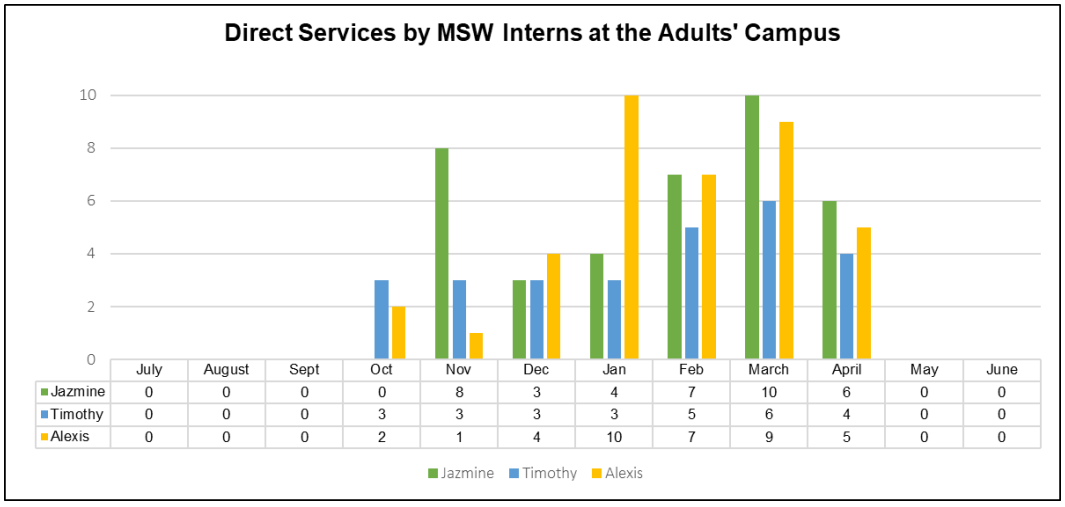
Non-TLC Trainings (19)

	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

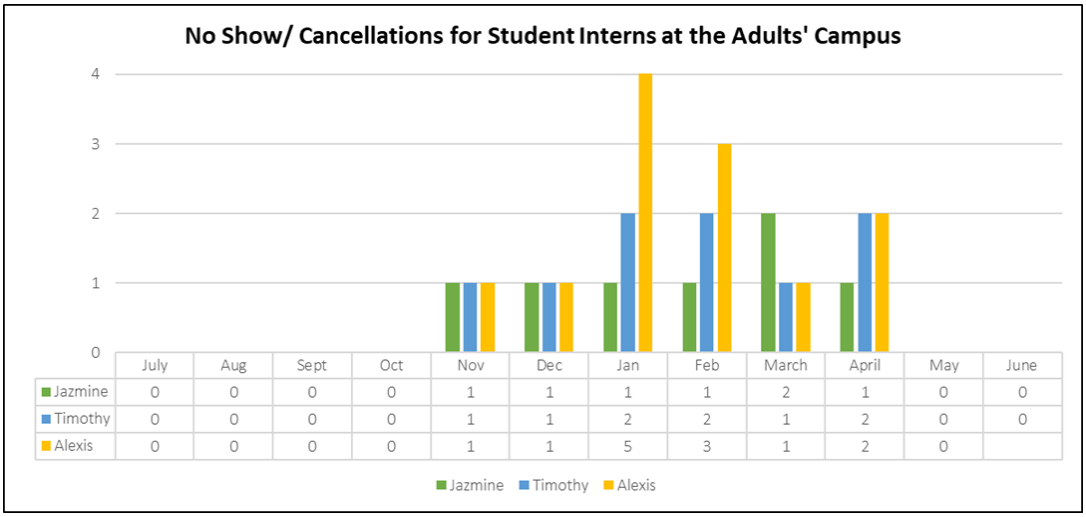
One of the biggest challenges was the continuing challenges made to CalAims. Due to the Cal-Aim shifts, we had to make and adjust changes to trainings, our training binder, processes/procedures, documentation, etc. The process from the county and the state was slow and affected the development of our 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.

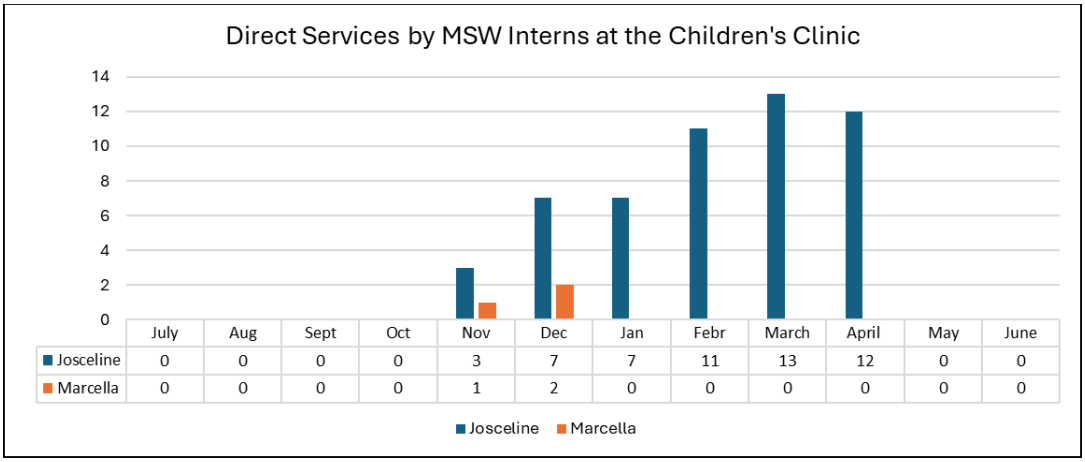
See below, the last graph for this section demonstrates overall services for both the Children's and Adult Campuses.



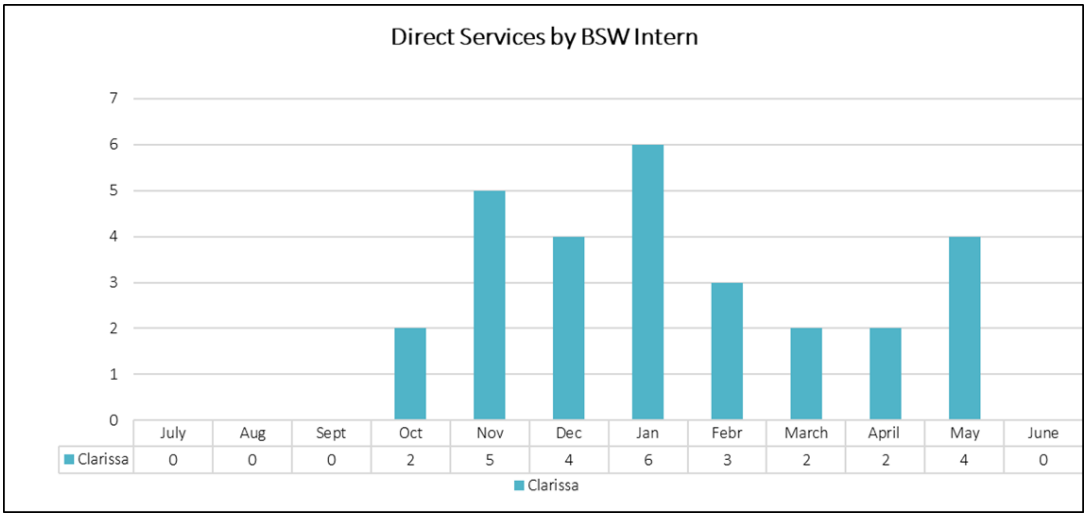
	July	August	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Jazmine	0	0	0	0	8	3	4	7	10	6	0	0
Timothy	0	0	0	3	3	3	3	5	6	4	0	0
Alexis	0	0	0	2	1	4	10	7	9	5	0	0



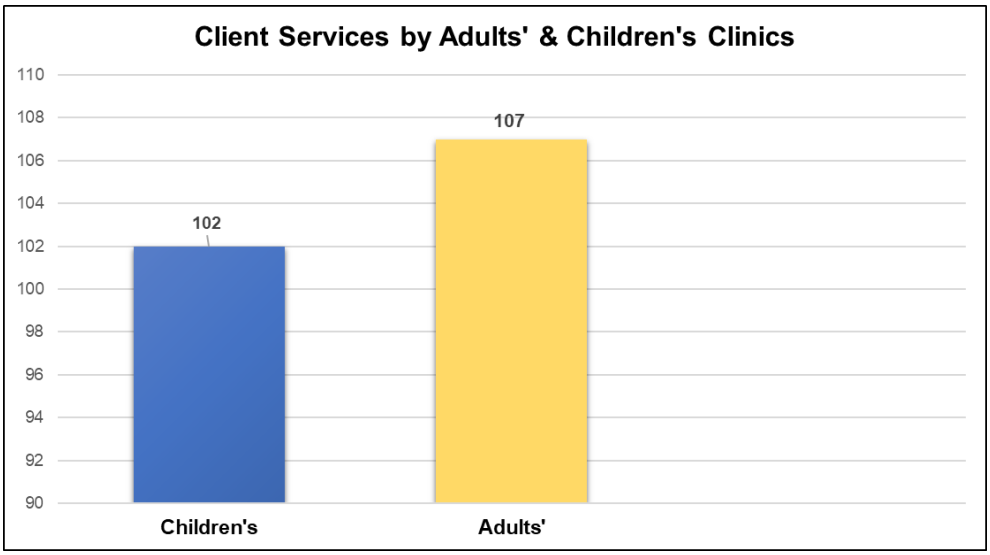
	July	Aug	Sept	Oct	Nov	Dec	Jan	Feb	March	April	May	June
Jazmine	0	0	0	0	1	1	1	1	2	1	0	0
Timothy	0	0	0	0	1	1	2	2	1	2	0	0
Alexis	0	0	0	0	1	1	5	3	1	2	0	



	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



	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



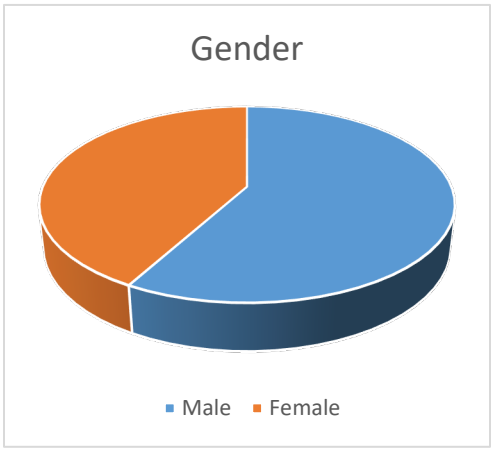
Alcohol & Other Drugs (AOD) Program and MIP

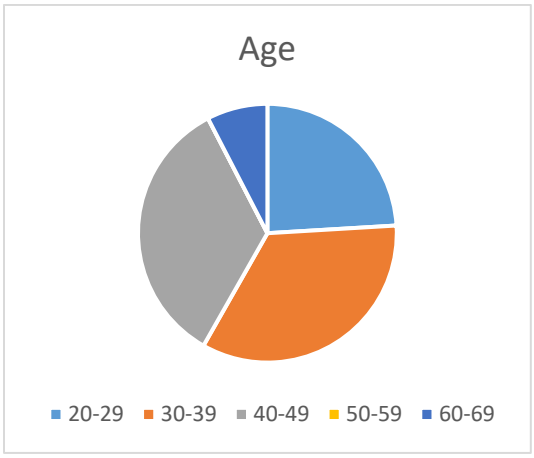
Alcohol & Other Drugs Internship Program

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.

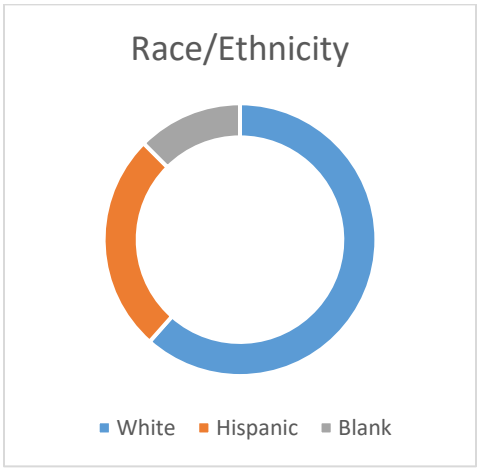
In 2023-2024, the AOD Student Internship Program placed 11 students in the Substance Abuse, Prevention and Treatment (SAPT) clinics for internship. During this process, WET was able to update and establish new affiliation agreements with substance abuse counselor programs at various universities/schools 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.

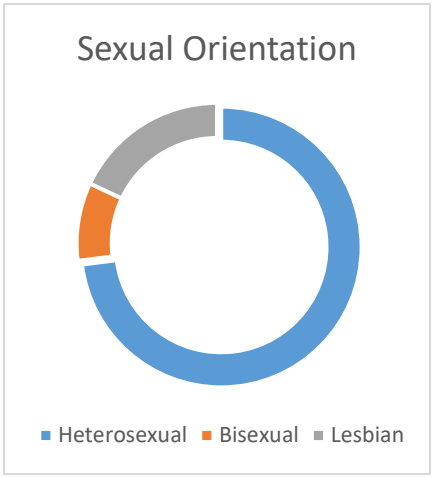
Of the 11 students placed, the primary gender was female, with the majority ranging from ages 30 to 59, and one-quarter being fluent Spanish speakers. Our goal in the AOD Program for the future is to continue to support and build this program and strengthen the working relationships with our partners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


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

WET

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).

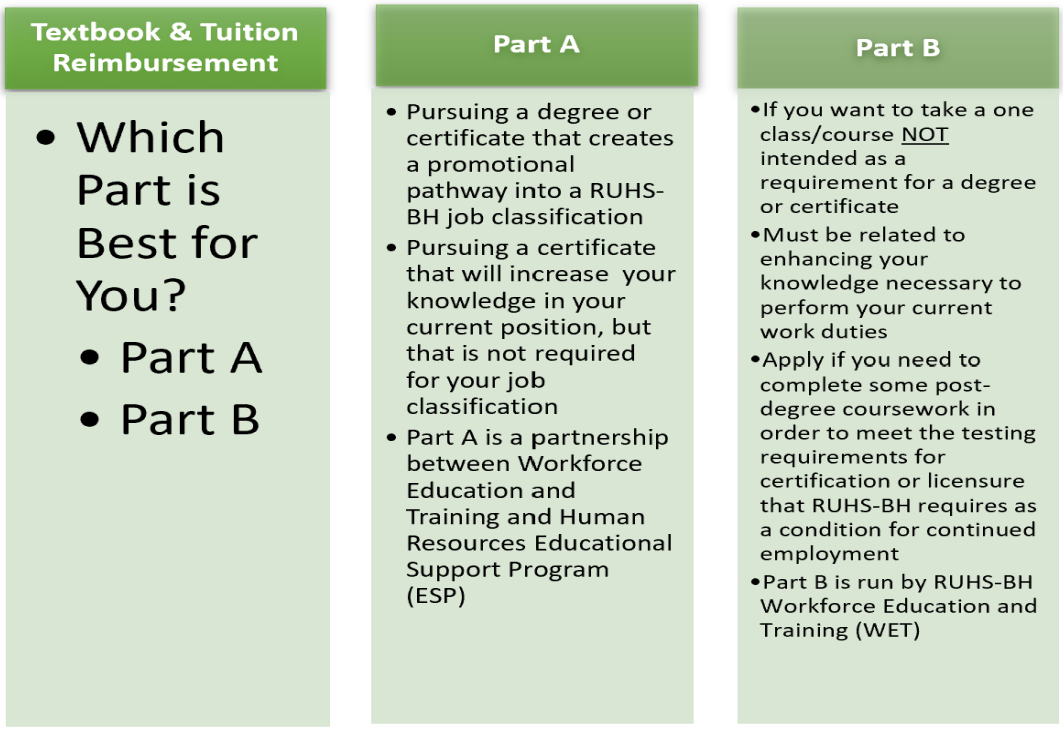
The program parameters were revised in 2013, 2016, and 2019 to strengthen the program, streamline the application process, and enhance quality selection. In addition, significant changes were made to the selection process, the number of candidates to be accepted, and the commitment agreement. In 2022, 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:



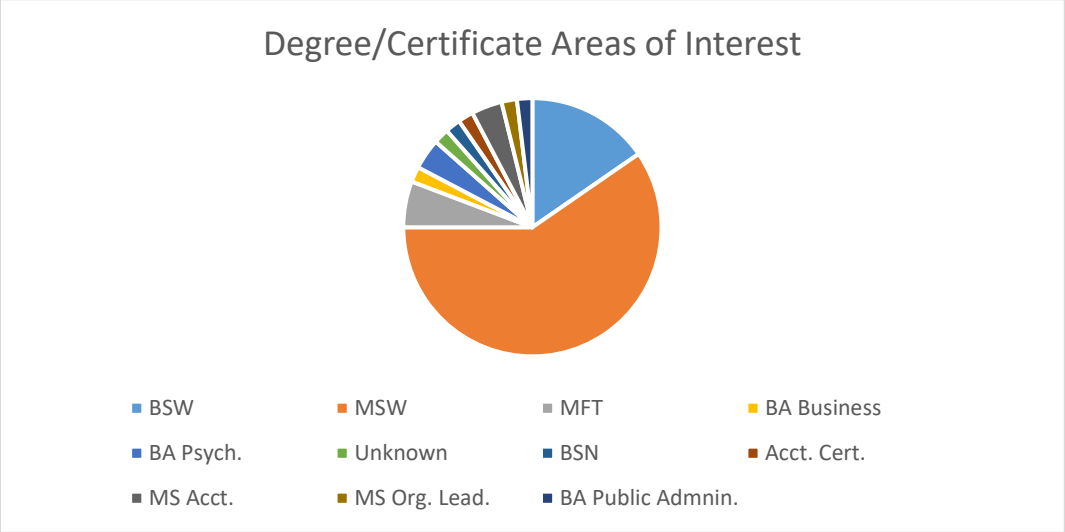
Since its inception in 2013 to FY 2023-2024, there have been over 176 employees who have accessed or benefitted from Textbook & Tuition Reimbursement. Employees have benefited from this incentive program, earning degrees, certificates, or credentials with their Career Development Plans supporting the 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
   - ○ 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

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%					

	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 Estimated 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%					

FUNDING

	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	43,880,910	54,684,466	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	67,550,515	141,081,586	4,400,390	70,337,872	38,986,725
2. CSS-03 Outreach, Engagement	10,236,057	4,269,081	3,956,906	72,039	1,530,551	407,480
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	204,443,023	4,581,822	84,461,765	61,293,819
FSP Programs as Percent of Total	102.3%					

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

FUNDING

FUNDING

	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

	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 Adults	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 Adults	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

	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

FUNDING

	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

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

FUNDING

	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

	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

FUNDING

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

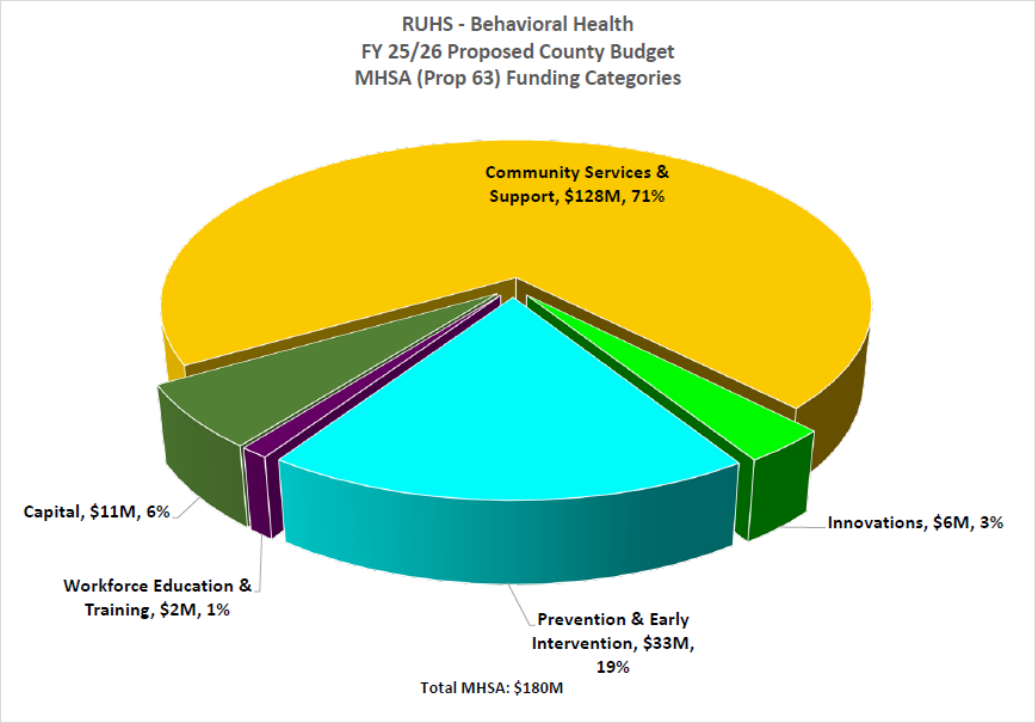
	Fiscal Year 2023/24					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs - Capital Facilities Projects						
1. Monroe Capital Project	500,000	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

	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

FUNDING

FUNDING

	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				



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

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.

5. **Comment:** Peer to Peer weekly support Groups, Peer groups such as Arts, Music, 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.

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

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

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.

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.

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 practice, 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 the area of 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 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 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 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 gives additional selection points for any employee applying to the 20/20, a workforce advancement program for paraprofessional employees to attend clinical therapist graduate 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 county HR Education Support Program to develop to create a cohort for Desert region paraprofessional employees and our contractors through UMass Global University, an on-line university, who wanted to pursue a clinical social work degree. Cohort participants get discounted tuition and additional supports.

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.

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.

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 cultural informed outreach and informed services in the MHSA Annual Update FY 25/26.

Overall Plan Satisfaction

Plan Satisfaction	%
Very Satisfied	37%
Somewhat Satisfied	13%
Satisfied	13%
Unsatisfied	5%
Not reported	32%
	100%

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.

PEI Plan Project Area #1: Mental Health Outreach, Awareness, and Stigma Reduction

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.”