Riverside University HEALTH SYSTEM Behavioral Health

Riverside University Health System – Behavioral Health

Cultural Competency Program Plan

Annual Update FY 2022 -2023

A report on FY 2022-2023 and
an outlook for FY 2023-2024

Land Acknowledgment

The Cahuilla (Íviullatem), Cupeño (Kúupangaxwichem), Luiseño (Payómkowichum), Serrano (Marraʻyam), Gabrieleño (Tongva), and Chemehuevi (Nuwuvi) Peoples, and their ancestors have been here since time immemorial. The Cultural Competency Program of Riverside University Health System-Behavioral Health 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.
The Cultural Competency Program 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 undeserved residents of Riverside County. The Cultural Competency Program wants to create relationships built on trust and accountability with its community members.

With this land acknowledgment, the Cultural Competency Program will be respectful and mindful to tribal sovereignty, culture, and beliefs of the Native Americans of this land.

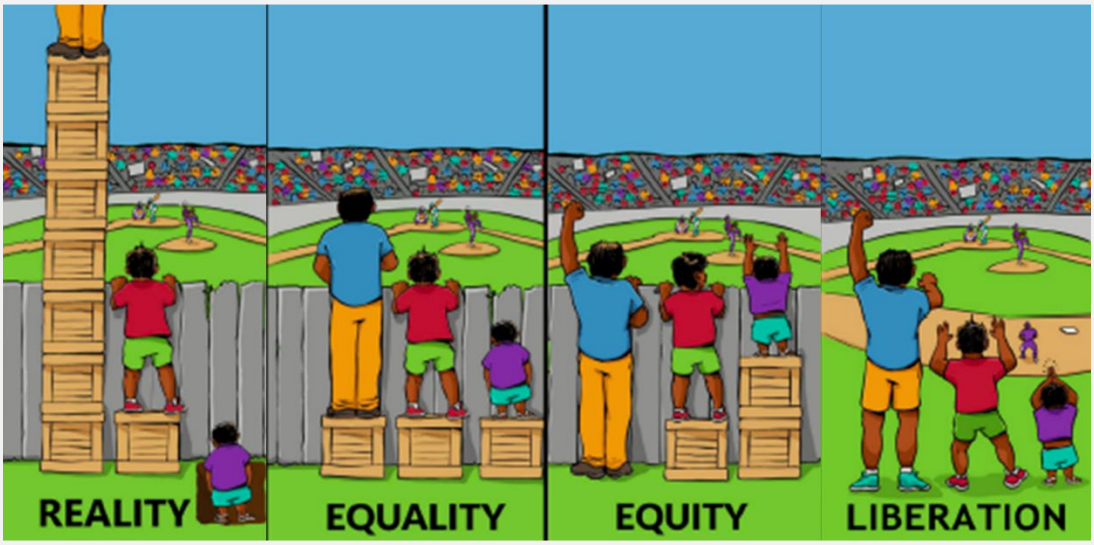
"Palm Canyon", Agua Caliente Reservation, Riverside County
Photo courtesy of Dr. Sean Milanovich, Cahuilla

Purpose

The Cultural Competency Program (CCP) works to continuously develop and improve the cultural and linguistic service delivery within Riverside University Health System - Behavioral Health (RUHS-BH) department. Its goal is to make certain the department is providing equitable behavioral healthcare for all individuals within the diverse community of Riverside County. CCP strives to meet this goal by working with the department's entire system of care. While healthcare inequities exist, CCP works to identify and remove barriers to access and links our underserved, underrepresented, and inappropriately served populations to services to meet their needs. The work is guided by the national Culturally and Linguistically Appropriate Services (CLAS) Standards.

Equity Statement

The RUHS-BH Cultural Competency Program is committed to equity, diversity, inclusion, justice, accessibility, and belonging. The program aims to serve all community members throughout their journey towards wellness and recovery. An additional goal is to increase access to services for populations who were historically inappropriately served by healthcare systems. The CCP understands the value in employing staff who possess life experiences and expertise to make certain the workforce is culturally responsive and uses diversity to promote innovation and quality outcomes for the community.



Accomplishments

The Cultural Competency Program (CCP) worked diligently in the fiscal year 2022-2023 to strengthen the presence of Cultural Community Liaisons (CCLs) in the community. The program engaged community members in various subcommittees to establish robust community representation and advocate for underserved communities in Riverside County. Despite the challenges posed by the Program Manager's position vacancy for several months, the CCP made significant progress in its mission of promoting cultural awareness and inclusivity in the county.

Here are some highlights of the accomplishments:

- **Hired a manager for the program in the first quarter of 2023.**
  - While the position was vacant for nine months of the fiscal year, a candidate was successfully identified and hired to fill the role.

- **The CCP facilitated initiatives to improve the quality of work within and outside the department.**
  - The CCP continues to work with the Quality Improvement team to extend the dedication to equity outside of department walls by ensuring that department contract organizations have cultural competency plans and providing technical assistance to those organizations who need to create or improve their existing plans to meet the required CLAS standards.
  - Participated in the Quality Assurance/Quality Improvement (QI) Committee, helping to identify ways to increase culturally sensitive services to our consumers.

- **Actively participated in PEI Steering Committee.**
  - The CCLs are all members of the PEI Steering Committee and participate in the stakeholder process.

- **Solidified the presence of cultural subcommittees to the Cultural Competency Reducing Disparities (CCRD) committee for the identified underserved populations in Riverside County (Black/African American, LGBTQIA+, Native American, etc.)**
  - The CCLs have well-established cultural advisory committees that meet monthly or bi-monthly with mental health advocates, social influencers, community-based organizations, and department employees. The cultural advisory subcommittees are:
    - African American Family Wellness Advisory Group (AAFWAG)
    - Asian Pacific Islander Desi American & Native Hawaiian (APIDANH)
    - Community Advocating for Gender & Sexuality Issues (CAGSI)
    - Deaf Collaborative Advisory Network (DCAN)
    - Hispanic/Latinx (HISLA)
    - Middle Eastern North African/Mecca (MENA/MECCA)
    - Native American Wellness Advisory Committee (NAWAC)
    - Spirituality & Interfaith
    - Wellness and Disability Equity Alliance (WADE)

- **Actively recruited culturally and ethnically diverse members for all program subcommittees.**
  - The CCP increased community involvement through the cultural subcommittees and selected co-chairs from traditionally underserved populations to advocate for them.

- **Reviewed and improved the Translation Committee's policies and procedures.**
  - The Translation Committee (English/Spanish) has undergone significant enhancements to improve accessibility. The program is committed to continually improving its services to ensure that the community can easily access the resources they need.
    - The program has streamlined the system for submitting requests.
    - Committee membership increased by 150% through recruitment of new members from the Department.
    - The Translation Committee created an approved glossary to aid translators in accessing previously agreed terms.

- **Meet on a quarterly basis with RUHS-BH Evaluation unit to assist with program evaluation.**
  - Quarterly meetings with RUHS-BH Evaluation unit started taking place to determine goal progression and outcomes. These strategies are helping the unit reach the objectives established on data collection and assessment of service needs. This goal had been unmet since 2020.
  - In collaboration with the Evaluation unit, a data protocol and forms were developed to collect data and provide an assessment of services.

- **Established a Cross-County Collaboration**
  - A 10-month cross-county collaboration with San Bernardino County's Department of Behavioral Health. The collaboration focused on assisting in the capacity-building of Black-owned community-based organizations to fill gaps in the infrastructure.

The CCP has faced challenges in filling the vacant position of Veteran's Liaison, which has been unfilled for a year now. The shortage of candidates is not unique to the CCP, as the department struggles to fill vacancies for Clinical Therapists, making it challenging to provide quality mental health services to underserved communities in the county.

Highlights from Cultural Groups

The Cultural Competency Reducing Disparities (CCRD) subcommittees for cultural communities have been established and convene on a monthly or bi-monthly basis, 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.

Community-driven event planning continues to be the focus, with CCLs and the subcommittees acting as advisors and sponsors. The department's role is to educate, provide resources, and increase accessibility to behavioral health services. This approach removes stigma and creates a space to discuss behavioral health openly.

The 2022-2023 Cultural Community Liaisons were:

- Dakota Brown – People with Disabilities
- Riba Eshanzada, LCSW – Middle Eastern/North African
- Shirley Guzman – Hispanic/Latinx
- Hazel Lambert – Black/African American
- Dr. Sean Milanovich – Native American
- Dr. Ernelyn Navarro – Asian American/Pacific Islander
- Kevin Phalavisay – Lesbian, Gay, Bisexual, Transgender, Questioning/Queer, Intersex, Asexual +
- Rachel Postovoit, LCSW – Deaf/Hard of Hearing
- Rev. Benita Ramsey – Spirituality/Faith-Based

African American Family Wellness Advisory Group (AAFWAG)

Cultural Community Liaison, Hazel Lambert

AAFWAG implemented an annual Community Service Recognition Award Ceremony. The recognition ceremony serves to support, encourage, and infuse continuous quality improvement of activities performed by community-based service providers. The recognition ceremony is in its second year and has seen an increase in stakeholders' participation and a pathway to re-establishing trust among the Black/African American communities.

There were many initiatives to strengthen local and civic engagement with elected officials that took place, such as the instrumental passage of state legislation for "Black Health Equity Week."

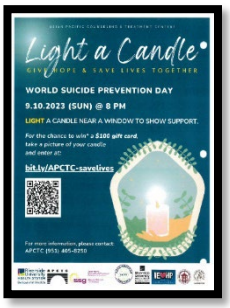
Increased AAFWAG membership with stakeholders from community colleges, universities, senior centers, and parent groups.

AAFWAG sponsored events, workshops, and outreach to provide mental health discussions in the community, such as Black History Month events, Juneteenth events, Mental Health Awareness "Tea for the Soul" event, "Laughing for the Health of It" event, and "Celebrating Recovery" with Hemet Black Voices of the Valley.

Asian Pacific Islander Desi American & Native Hawaiian (APIDANH)

Cultural Community Liaison, Dr. Ernelyn Navarro

In September 2022, for Suicide Prevention Month, the Asian Pacific Islander Desi American & Native Hawaiian (APIDANH) subcommittee, along with partnering agencies and stakeholders, implemented a suicide prevention campaign which included a World Suicide Day "Light a Candle" photo contest, a webinar on "Culture-Based Depression Screening and Evaluations in Chinese American Immigrants," an online panel discussion about lived experiences, and an in-person event focused on "Senior Blues" in the Korean community.



Co-hosted the first Neurodiversity Resource Fair and Workshop for Autism Awareness Month (April 2023), in collaboration with the WADE Alliance.

Supported community partners to apply for the "Stop the Hate" grant funding to support efforts in educating Riverside County residents about violence against Asians and available resources for victims of hate crimes.

Deaf Collaborative Advisory Network (DCAN)

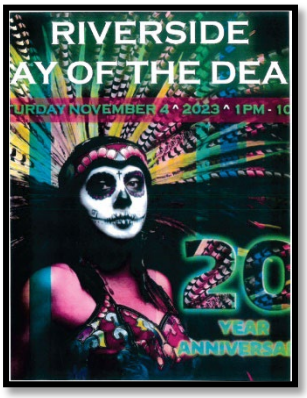
Cultural Community Liaison, Rachel Postovoit, LCSW

Through continued collaboration between RUHS-BH "Help@Hand" Innovation Program, Cultural Competency Program, and the Center On Deafness Inland Empire (CODIE), the TakemyHand live peer chat now has a video chat capability to access live peer support services in ASL. It has hosted 11 chats since it became available in the second half of 2023 with the objective to provide an inclusive and safe space to everyone in our community.

Hispanic/Latinx (HISLA)

Cultural Community Liaison, Shirley Guzman

The efforts to support the RUHS Mental Health Clinic in Blythe have continued throughout the year to improve service quality. The community has seen positive improvements. Consumers report that clinic staff treat them with dignity and respect, give them appointments promptly, return their phone calls, and are satisfied with the services.



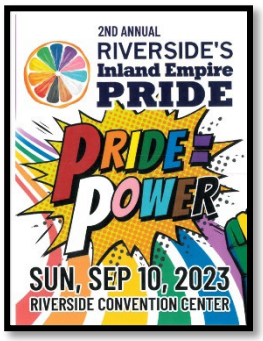
The subcommittee participated in the 20th anniversary of the "Dia de los Muertos" (Day of the Death) event in Riverside, where they celebrated the traditions and culture of the Latinx community. The event was a vibrant and colorful celebration filled with music and dance performances that honored and remembered the departed loved ones. It was an enlightening and enriching experience for those who attended, and the subcommittee was grateful for the opportunity to participate in this beautiful celebration.

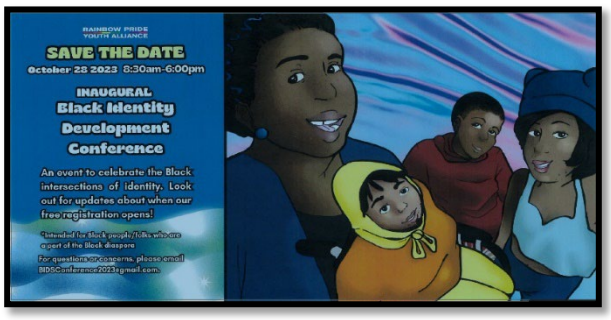
In July, a donation was made to the Backpack Giveaway & Resource Event at the Magnolia Community Health Center in the city of Riverside. The event provided residents with backpacks, school supplies, groceries, and community resources to help them prepare for the upcoming school year. Thanks to the event, many families were able to benefit from the giveaways and ensure that their children had the tools they needed to succeed in school.

Community Advocating for Gender & Sexuality Issues (CAGSI)

Cultural Community Liaison, Kevin Phalavisay

The Community Advocating for Gender & Sexuality Issues (CAGSI) continued work throughout the community. Additionally, CAGSI continued collaborating with several community organizations, including Rainbow Youth Coalition, Borrego Health, The Center, San Bernardino Department of Behavioral Health, Trevor Project, and many other community groups.





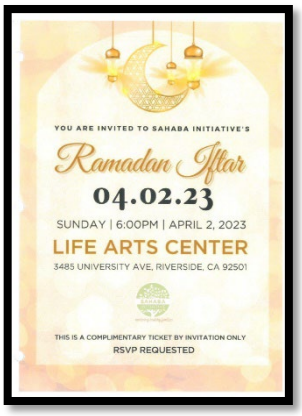
To increase accessibility and celebrate diversity, CAGSI provided ASL interpretation services for the Riverside Pride event.

CAGSI and Rainbow Youth Alliance came together to organize the inaugural Black Identity Development Conference to celebrate the intersections of Black identity.

Middle Eastern and North African (MENA/MECCA)

Cultural Community Liaison, Riba Eshanzada, LCSW

Inclusive Research with UCR School of Public Policy: By partnering with the UCR School of Public Policy, efforts were made to make sure that MENA communities were not overlooked or marginalized in research efforts. This inclusive approach allowed for a more accurate understanding of the challenges, needs, and strengths of the MENA population, ultimately informing policies and programs that better serve the community.



Advocacy and Awareness: Through presentations, meetings, and collaborations with key stakeholders such as PEI providers, Assemblymember Eloise Gómez Reyes, and the Riverside County Sheriff's Department, advocacy efforts were made for the specific needs of the MENA community. These efforts aimed to raise awareness, build bridges, and ensure that the voices of the community were heard and respected in decision-making processes.

Allyship and Interfaith Engagement: Through allyship presentations, interfaith events such as Sahaba Initiative's Interfaith Brunch and Ramadan Dinner, and participation in conventions like the Muslim American Society annual convention, there was promotion of dialogue, respect, and solidarity among different religious and cultural groups within the community.

Native American Wellness Advisory Committee (NAWAC)

Cultural Community Liaison, Dr. Sean Milanovich

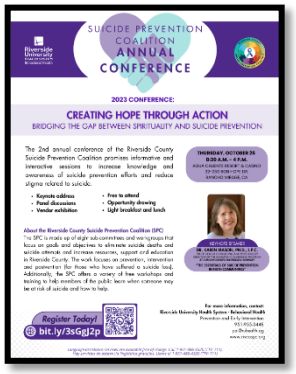
Dr. Milanovich stablished the Native American Wellness Advisory Committee (NAWAC) to bring awareness about mental health and reduce disparities through integration of traditional Native American and Western methodologies. Through NAWAC, Dr. Milanovich has collaborated with over 38 groups in FY2022-2023. The group has focused on reaching out to tribes, individuals, agencies, and non-profit organizations to establish relationships and assist in providing access to mental health services and wellness to the greater community.

There is an understanding that everyone is unique and so is their treatment and care. NAWAC recommends using Native American cosmology and healing practices. NAWAC and the Cultural Competency Program have brought on Cahuilla elder, Kim Marcus from the Santa Rosa Indian Reservation to help open events with traditional prayer, songs, and stories, and share in the transmission of knowledge. Additionally, Mr. Marcus has provided traditional knowledge, healing practices, and training to the Native American community and providers of Riverside County to break down barriers, bring awareness, and destigmatize the American Indian. Based on the recommendations from NAWAC, the Cultural Competency Program has worked to get another vendor to supply culturally appropriate SWAG and materials.

Spirituality & Interfaith

Cultural Community Liaison, Rev. Benita Ramsey

The subcommittee collaborated with the Riverside County Suicide Prevention Coalition to plan their 2nd Annual Conference, which was attended by more than 300 county residents, including providers, community leaders, and educators interested in expanding their knowledge on how to integrate spirituality and religion in suicide prevention efforts.



The subcommittee is developing a training program for mental health professionals in collaboration with RUHS-BH's Workforce Education and Training (WET), focusing on spirituality's significance in person-centered mental health care. The launch of the program is planned for the start of 2025.

Wellness and Disability Equity Alliance (WADE)

Cultural Community Liaison, Dakota Brown

WADE created partnerships with Inland Empire Disability Collaborative, Building Bridges for Special Needs, HARP Positively Aging Project, SoCal Adaptive Sports, Let's Kick Aids Survivor Syndrome, Riverside County Office on Aging, California Department of Rehabilitation, and Public Health Equity Coalition.

WADE sponsored "World Disability Day" at The Living Desert, Building Bridges/Fenixia adaptive Gala: "The Stars Come Out Tonight", and "Autism Acceptance Walk CV" in Palm Desert.

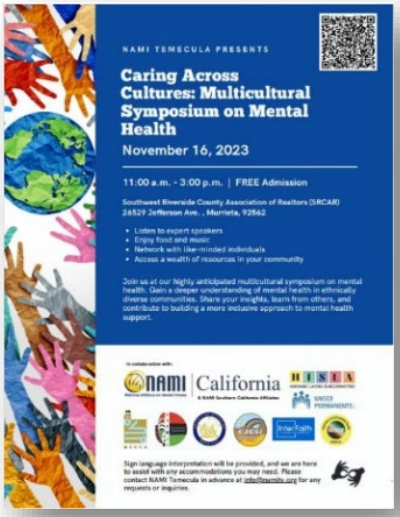
Co-hosted the first Neurodiversity Resource Fair and Workshop for Autism Awareness Month (April 2023), in collaboration with the Asian Pacific Islander Desi American & Native Hawaiian (APIDANH) subcommittee.

In the current fiscal year, WADE is working on adapting products and services for people with low or no vision. They met with the Blind Support Services (BSS) leaders and technicians to brainstorm solutions and learn how to adapt products and services to people with low or no vision. RUHS-BH is now building a BSS Emotional Wellness Hub which includes a county kiosk, charging station, brochure stand, and high-contrast materials accessible to screen readers.

Joint Effort

Cultural Competency Team

The *Caring Across Cultures: Multicultural Symposium on Mental Health* was a significant event in the field of cultural competency this fiscal year. The symposium was organized in collaboration with the National Alliance on Mental Illness (NAMI) and celebrated the diverse cultures within Riverside County. The event featured an expert panel, a keynote speaker, resource tables, music, food, and festivities that highlighted the various traditions of the cultures present. As a result of the success, there is a plan to conduct a symposium in the Western and Desert regions of the County.



THE ENHANCED NATIONAL CLAS STANDARDS

The Enhanced National Culturally and Linguistically Appropriate Standards are organized as one Principal Standard and three themes:

Principal Standard:

1. Provide effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs.

Governance, Leadership and Workforce:

2. Advance and sustain organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources.
3. Recruit, promote, and support a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area.
4. Educate and train governance, leadership, and workforce in culturally and linguistically appropriate policies and practices on an ongoing basis.

Communication and Language Assistance:

5. Offer language assistance to individuals who have limited English proficiency and/or other communication needs, at no cost to them, to facilitate timely access to all health care and services.
6. Inform all individuals of the availability of language assistance services clearly and in their preferred language, verbally and in writing.
7. Ensure the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.
8. Provide easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area.

Engagement, Continuous Improvement, and Accountability:

9. Establish culturally and linguistically appropriate goals, policies, and management accountability, and infuse them throughout the organization's planning and operations.
10. Conduct ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.
11. Collect and maintain accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.
12. Conduct regular assessments of community health assets and needs and use the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area.
13. Partner with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.
14. Create conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints.
15. Communicate the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.

2022 – 2023 Update on 3-Year Plan Goals

Table 1: COMMITMENT TO CULTURAL COMPETENCE IN BEHAVIORAL HEALTH & SUBSTANCE USE PROGRAMS

Objective	Ensure that RUHS Behavioral Health and Substance Use service delivery system meets the cultural and linguistic needs of target populations by developing cultural competency plan requirements that will be distributed to all department clinics and contractors on an annual basis.
Strategies for implementation	• Post cultural competency plan requirements on website — *Complete* • Conduct presentations on requirements at directors' meetings — *Complete* • Conduct presentations on requirements with contract agencies — *Complete* • Develop a monitoring system of compliance with plan requirements — *Complete* • Prepare a list of nontraditional, community-based, and culturally and linguistically appropriate behavioral health and substance use providers. The Cultural Competency Reducing Disparities committee and each of the cultural subcommittees work to identify programs in the community — *Complete* • Create a resource list of consumer operated programs that are culturally, ethnically, and linguistically specific for distribution in the community. Cultural Competency Program Manager works with Consumer Affairs, Family Advocate, and Parent Partner programs to list their programs/activities available for cultural and linguistic specific populations — *Complete*
CLAS Standards Met	1: Provides effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. 9: Establishes culturally and linguistically appropriate goals, policies, and management accountability and infuses them throughout the organizations planning and operations. 10: Conducts ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. 12: Conducts regular assessments of community health assets and needs and uses the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. 15: Communicates the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.

Table 2: DATA COLLECTION AND ASSESSMENT OF BEHAVIORAL HEALTH & SUBSTANCE USE SERVICE NEEDS

Objective	Provide measurable, quantifiable analysis of services by race, ethnicity, language, age, gender, and other relevant areas of the target population to ensure that consumers and family members are receiving comprehensive and respectful care in a manner compatible with their cultural health beliefs, practices, and preferred language on an annual basis.
Strategies for implementation	• Penetration rates for unserved, underserved and inappropriately served populations increase 1.5 to 2% over prior year's rate — *Complete* • Develop a Data Protocol and forms for the Cultural Community Liaisons Program — *Complete* - Summarize results and incorporate into program planning operations • Meet on a quarterly basis with RUHS-BH Evaluation unit to review progress towards outcome goals — *Complete* • Identify populations with higher levels of disparities/low penetration rates — *Complete* • Create list of activities targeting hard to reach populations — *Complete* • Cultural Competence Program Manager collaborates with Quality Management in developing a cultural competency contract monitoring tool — *Complete*
CLAS Standards Met	4: Educates and trains workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. 10: Conducts ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities. 11: Collects and maintains accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery. 12: Conducts regular assessments of community health assets and needs and uses the results to plan and implement services that respond to the cultural and linguistic diversity of populations in the service area. 14: Creates conflict and grievance resolution processes that are culturally and linguistically appropriate to identify, prevent and resolve conflicts or complaints. 15: Communicates the organization's progress in implementing and sustaining CLAS to all stakeholders, constituents, and the public.

Table 3: COMMUNITY ENGAGEMENT

Objective	Increase community outreach and engagement activities in RUHS Behavioral Health and Substance Use system of care by 5%, as recommended by the Cultural Competency Reducing Disparities Committee's ethnic and cultural subcommittees and determine how they will be allocated to the program budget.
Strategies for implementation	• The nine Cultural Community Liaisons continue to outreach and engage members of their targeted populations — *Ongoing* • The subcommittees identify and sponsor events and initiatives that increase the representation of different communities in Riverside County — *Ongoing* • Monthly meetings with Staff Analyst regarding allocation of funds/budget — *In-progress* • Staff Analyst to develop Budget Expenditure Reports as needed — *Complete*
CLAS Standards Met	1: Provides effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. 9: Establishes culturally and linguistically appropriate goals, policies, and management accountability and infuses them throughout the organizations planning and operations. 13: Partners with the community to design, implement and evaluate policies, parties, and services to ensure cultural and linguistic appropriateness.

Table 4: INTEGRATION OF STAKEHOLDERS WITHIN BEHAVIORAL HEALTH AND SUBSTANCE USE SYSTEM

Objective	Continuously recruit members for the Cultural Competency Reducing Disparities Committee (CCRD) and the ethnic and cultural subcommittees. Ensure committee members are representative of the diversity in the community and that they have active participation in the MHSA stakeholder process.
Strategies for implementation	• The nine ethnic and cultural subcommittees are established and continue to increase membership of key stakeholders from their targeted populations — *Ongoing* • Cultural Competency Program Manager maintains a list of members of the committees by organization/ agencies, their self-identified membership affiliation, and language preference — *Complete* • Cultural Competency Program Manager participates in Quality Assurance/Quality Improvement (QI) Committee — *Complete* • CCRD committee and subcommittee members review and provide feedback on MHSA planning — *Complete* • CCRD committee and subcommittee members review the implementation and outcomes of MHSA programs — *Complete* • Members of the Cultural Competency unit actively participate in PEI Collaborative Meetings — *Complete*
CLAS Standards Met	5: Offers language assistance to individuals who have limited English proficiency, at no cost to them, to facilitate timely access to all healthcare and services. 6: Informs all individuals of the availability of language assistance services clearly and in their preferred language, verbally. 9: Establishes culturally and linguistically appropriate goals, policies, and management accountability and infuses them throughout the organizations planning and operations. 13: Partners with the community to design, implement and evaluate policies, parties, and services to ensure cultural and linguistic appropriateness.

Table 5: WORKFORCE DEVELOPMENT

Objective	Develop strategies for recruiting and retaining ethnically, culturally, and linguistically diverse staff at all levels of the department through continuous collaboration with Human Resources and Workforce Education and Training (WET) to better serve the underserved populations identified in the MHSA's WET component.
Strategies for Implementation	• Develop a variety of training for staff with the support of the Cultural Community Liaisons to educate the department's direct service staff in ways to improve the delivery of services under a cultural humility perspective and with practical tools to understand and assist the needs of the different identified communities. - Stronger Together: A Positive Approach to Serving People with Disabilities, Dakota Brown — *Complete* - Integrating Spirituality in Clinical Settings, Rev. Benita Ramsey — *In Progress* - Clinical Skills for Spanish Speaking Therapists, in collaboration with The Lehman Center — *In Progress* • Cultural Competency Program Manager tasked with assessment of current workforce and participates as member of WET Steering Committee — *Not Met* • Include a Human Resources department representative at monthly CCRD meetings for the next fiscal year to identify and implement effective strategies for recruiting and retaining ethnically, culturally, and linguistically diverse staff within the department. — *Not Met*
CLAS Standards Met	2: Advances and sustains organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. 3. Recruits, promotes, and supports a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. 4: Educates and trains workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. 9: Establishes culturally and linguistically appropriate goals, policies, and management accountability and infuses them throughout the organizations planning and operations. 10: Conducts ongoing assessments of the organization's CLAS-related activities and integrate CLAS-related measures into measurement and continuous quality improvement activities.

Table 6: WORKFORCE NEEDS ASSESSMENT

Objective	Collaborate with Workforce Education and Training (WET) unit to plan, organize, and implement an assessment that captures the diversity of the current workforce and identify cultural competency training needs.
Strategies for implementation	• Use CLAS Standards and other tools to design a survey that will gather feedback from RUHS-BH staff regarding training needs and providing culturally responsive services *Complete* • Conduct focus groups and administer survey to RUHS-BH staff *Complete* • Prepare a summary report of the focus groups as well as results from the survey that will be presented to Directors and Managers *Complete*
CLAS Standards Met	2: Advances and sustains organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. 4: Educates and trains workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. 10: Conducts ongoing assessments of the organization's CLAS-related activities and integrates CLAS- related measures into measurement and continuous quality improvement activities. 11: Collects and maintains accurate and reliable demographic data to monitor and evaluate the impact of CLAS on health equity and outcomes and to inform service delivery.

Table 7: WORKFORCE TRAINING

Objective	Provide annual cultural competency training for RUHS-BH staff and contract agencies including management, clinical, and support staff. By the end of 2020, 50% of direct services staff and supervisors will have completed cultural competency training.
Strategies for implementation	• Develop cultural competency foundations training *Complete* • Make workforce training recommendations to Executive Management and secure approval to create cultural competence training policy. *Complete* • Provide RUHS-BH staff and contract agencies staff with culturally specific trainings for at least three (3) underserved communities. *Complete*
CLAS Standards Met	1: Provides effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. 2: Advances and sustains organizational governance and leadership that promotes CLAS and health equity through policy, practices, and allocated resources. 3. Recruits, promotes, and supports a culturally and linguistically diverse governance, leadership, and workforce that are responsive to the population in the service area. 4: Educates and trains workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. 7: Ensures the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided.

Table 8: LANGUAGE CAPACITY

Objective	Building the Department capacity to address language needs by reducing language access barriers and providing consumers and their family members with services and written materials such as forms, brochures, and fliers, in their threshold language.
Strategies for implementation	• Review and update RUHS-BH translation policy and protocol for incoming translation requests and distribute to all program managers — *Complete* • Recruit and select members to fill Translation Committee vacancies — *Complete* • Select Chair of Translation Committee to serve 2-year term — *Complete* • Design a survey to evaluate the quality of interpretation services (in-person and virtual), with input from stakeholders — *In Progress* • Secure ongoing ASL interpretation services for all CCRD committee and subcommittee meetings and community events as needed — *Complete*
CLAS Standards Met	1: Provides effective, equitable, understandable, and respectful quality care and services that are responsive to diverse cultural health beliefs and practices, preferred languages, health literacy, and other communication needs. 4: Educates and trains workforce in culturally and linguistically appropriate policies and practices on an ongoing basis. 5: Offers language assistance to individuals who have limited English proficiency, at no cost to them, to facilitate timely access to all healthcare and services. 6: Informs all individuals of the availability of language assistance services clearly and in their preferred language, verbally. 7: Ensures the competence of individuals providing language assistance, recognizing that the use of untrained individuals and/or minors as interpreters should be avoided. 8: Provides easy-to-understand print and multimedia materials and signage in the languages commonly used by the populations in the service area. 13: Partners with the community to design, implement, and evaluate policies, practices, and services to ensure cultural and linguistic appropriateness.

Goals for 2023-2024

In FY 2023-2024, the Cultural Competency program is working to:

- **Continue to focus on health equity initiatives.** The Cultural Community Liaisons' will work to examine health equity for their targeted population to determine what is working and what is needed in Riverside County. They will help to inform an outreach and engagement plan for targeting the identified populations in conjunction with RUHS-BH.

- **Increase community support by tailoring community outreach and resources.** Expand the collaboration with San Bernardino County Behavioral Health to increase capacity of community organizations to bid on PEI contracts with APIDANH and LGBTQIA+ communities. Train and assist community grassroots organizations with the process of applying for contracts with government organizations.

- **To increase the availability of culture-specific training programs and provide culturally informed direct services to at least four underserved communities in Riverside County to reduce the stigma associated with seeking mental health services within these communities.** The issue of reducing the stigma associated with seeking out mental health services is a critical concern that requires attention from all stakeholders involved in the mental health care sector. Developing culturally specific training programs in collaboration with PEI providers and the Workforce Education and Training unit can significantly address this challenge. These trainings will enable them to provide more effective and culturally appropriate care that meets the community's diverse needs. Such training programs can also help to build trust and rapport between mental health providers and their clients, which is essential for reducing barriers to seeking out mental health services. For example, we are in the process of developing new training programs to address mental health issues within the Asian American community. One of these programs is called "K-Drama and Mental Health," which uses popular Korean drama series to help individuals experiencing mental health challenges. Additionally, we are working on creating an integration of Interfaith and Spirituality training for clinical therapists and a Clinical Skills in Spanish program for Hispanic/Latinx direct service providers.

- **To provide equitable access to services for individuals who are deaf or hard of hearing and those with low or no vision, implementing innovative technologies and design strategies to create an inclusive environment.** The program continues to increase ASL interpretation access in all department public meetings and for making closed captions, transcripts, and CART services available for the community when needed. The WADE Alliance is collaborating with Blind Support Services (BSS) to adapt RUHS-BH's products and services for people with low or no vision. Their first project is building a BSS Emotional Wellness Hub, which includes high-contrast materials accessible to screen readers.

Riverside University HEALTH SYSTEM Behavioral Health

Who We Serve
Consumer Population Profile
Fiscal Year 2022-2023

WWS-Fiscal Year 2022-2023
Executive Summary

Summary ▸ In fiscal year 2022-2023, Riverside University Health Systems Behavioral Health (RUHS-BH) provided services to 52,710 consumers through mental health and/or substance use services. In mental health, 44,028 consumers were served through outpatient mental health, and inpatient psychiatric services. In substance use, 11,449 consumers were served through detoxification, residential services, outpatient substance use treatment services, and intensive half day treatment programs (e.g., Drug Court, MOMs). An additional 8,879 consumers were served by RUHS-BH in detention facilities, with 2,539 of those consumers also served by RUHS-BH outside of the detention facility. The grand total of RUHS-BH consumers served in FY22/23 was 61,817 including detention consumers. Statistics for RUHS-BH Detention consumers is provided separately beginning in this report.

County Comparison ▸ When RUHS-BH mental health consumer population was compared to 2023 Riverside County population data, there were higher proportions of children, transitional age youth, and adult consumers in the RUHS-BH consumer population compared to the general population. The proportion of older adult consumers was less than the general population of Riverside County. The RUHS-BH substance use consumer population served a higher proportion of adults than is present in the Riverside County population, but served a lower proportion of Children, transitional age youth, and Older Adults than are present in the Riverside County general population.

Region ▸ For both mental health and substance use, the Western region served the most consumers, followed by the Mid-County region, with the Desert region serving the fewest.

Gender ▸ Overall, within mental health, nearly an equal half of the consumers were male and female (51.2% to 48.8%, respectively). Within substance use, the majority of consumers served were male at 58% of the population. There were some variations by age. In mental health, there were more older adult females (57.1%) than males (42.9%) served; however, for substance use there were more male older adult (64%) than female older adult (36%) consumers served.

Race/Ethnicity ▸ Hispanic/Latinx made up the largest race/ethnic group served, while Caucasians made up the second largest group served for both mental health and substance use. Combined these two groups represent 70% of all the consumers served in mental health and 84.1% of all those served in substance use.

History & Diagnosis ▸ Overall, in mental health, 32.9% of consumers had a history of drug/alcohol use and 74.9% of mental health consumers had Medi-Cal. In substance use, 46.6% were reported to have a mental illness and 86.7% had DMC-ODS Medi-Cal. In mental health, within each region the largest proportion of consumers served had been primarily diagnosed with Mood, Anxiety or Adjustment disorder or Major Depression. This trend changed when looking specifically at primary diagnoses by age groups. Children more often had a diagnosis in the AD/D grouping (which includes Oppositional Defiance, Conduct Disorders, and Attention Deficit) and Mood, Anxiety, or Adjustment disorders. Adults and Older Adults were more often diagnosed with Major Depression or Schizophrenia/Psychosis disorder. In substance use, overall 29% of consumers had an opiate diagnosis, while 25.7% of consumers had an Amphetamine diagnosis. Combined, these two diagnoses accounted for 54.7% of the treatment population. In examining diagnosis by age, children had primarily a Marijuana diagnosis (40%). Almost a third of adults (30.4%) had an Opiate diagnosis, followed by Amphetamines (29.1%). The majority of older adults (51.1%) had an Opiate diagnosis, with Alcohol (24%) being the next highest diagnosis.

WWS-Fiscal Year 2022-2023
Region and Age Group

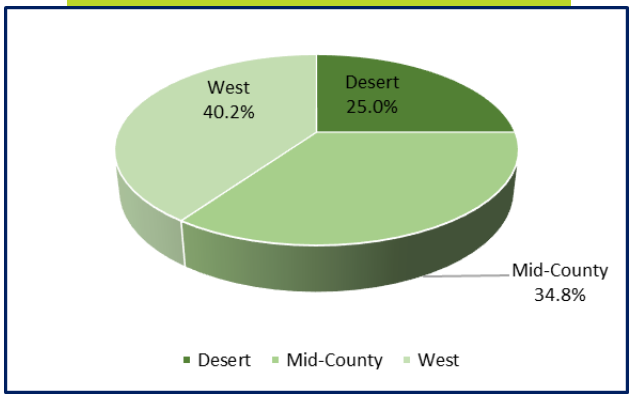
Riverside University HEALTH SYSTEM Behavioral Health

Regional Groups

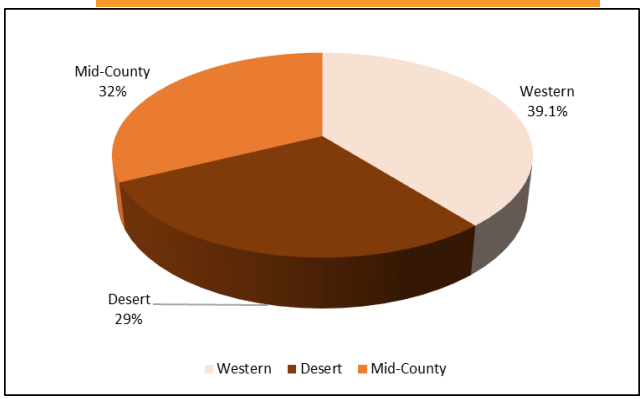
In Mental Health, the Western region served the highest proportion, followed by the Mid-County and Desert regions.

In Substance Use, the Western and Mid-County regions provided similar proportions of services, with Desert region serving less than the other two regions.

Mental Health



Substance Use



Age Groups of Consumers Served

	FY 21-22	%	FY 22-23	%	Change From Previous Yr	FY 21-22	%	FY 22-23	%	Change From Previous Yr
Children (<18 Years)	13,501	31%	14,166	32%	+1%	362	4%	1,014	9%	+5%
Adults (18-59 Years)	25,466	59%	25,419	58%	-1%	8,312	89%	9,777	85.4%	-3.6%
Older Adults (60+ Years)	4,422	10%	4,443	10%	0%	647	7%	658	6%	-1%
Total	**43,389**		**44,028**		**1%**	**9,321**		**11,449**		**10.2%**
Transition Age Youth	9,194	21%	9,290	21%	0%	1,088	12%	1,483	13%	+1%

Age Groups

Overall, the total consumers served by mental health increased (1%) from FY21/22 to FY22/23. This increase was observed across the children's age group. The proportion served in each age group remained consistent. The largest age group served were adults (58%). Substance use primarily served adults, with a slight decrease in older adults (0.5%) from FY 21/22. Moreover, services for children increased by 5% and overall, the number of consumers served in substance use increased (+10.2%) from FY21/22 to FY22/23.

Rounding may provide numbers that are +/- 100% when summed.

WWS-Fiscal Year 2022-2023
Population Comparisons

	Mental Health					Substance Use				
	FY 22-23 Served	%	Riverside County Estimate	%	% Population Difference to Estimate	FY 22-23 Served	%	Riverside County Estimate	%	% Population Difference to Estimate
Children (<18 Years)	14,166	32%	563,269	23.16%	+8.84%	1,014	9%	563,269	23.16%	-14.16%
Adults (18-59 Years)	25,419	58%	1,395,402	55.28%	+2.72%	9,777	85.4%	1,395,402	55.28%	+30.12%
Older Adults (60+ Years)	4,443	10%	524,237	21.56%	-11.56%	658	6%	524,237	21.56%	-15.6%
Total	**44,028**		**2,447,642**			**11,449**		**2,447,642**		
Transition Age Youth	9,290	21%	366,675	15.07%	+5.9%	1,483	13%	366,675	15.07%	+2.07%

Population Comparisons

The table above compares the mental health and substance use population with the general Riverside County population estimates for 2023. In mental health, the older adult population served is less proportionate relative to the county general population of older adults. This is also true in the substance use population where the proportion of older adults served is less than their representation in the overall county population. In both mental health and substance use the proportion served is greatest for adults. In mental health, the proportion of children served is more than their proportion represented in the overall youth population; whereas, for substance use the children population served is much lower relative to their proportion in the general population.

Rounding may provide numbers that are +/- 100% when summed.

**Source: State of California, Department of Finance, Projections-P3 State and County Projection Database , Complete P-3 File Database-Ready Format and Data Dictionary. Sacramento, California, December 2020. Retrieved from* http://www.dof.ca.gov/Forecasting/Demographics/Projections/

WWS-Fiscal Year 2022-2023
Gender

Riverside University HEALTH SYSTEM Behavioral Health

Mental Health

	West	%	Mid-County	%	Desert	%	Total
Male	9,068	51.2%	7,414	48.4%	5,486	49.8%	22,060
Female	8,629	48.8%	7,893	51.6%	5,538	50.2%	21,968
Total	**17,697**		**15,307**		**11,024**		**44,028**

Substance Use

	West	%	Mid-County	%	Desert	%	Total
Male	2,859	64%	2,123	58%	2,067	63%	7,049
Female	1,614	36%	1,550	42%	1,236	37%	4,400
Total	**4,473**		**3,673**		**3,303**		**11,449**

The tables above illustrate gender distributions in the consumer population by region. In mental health, slightly more females were served in the Mid-County and Desert regions than males, while the opposite was observed for West consumers. In mental health, countywide, RUHS-BH serves roughly an equal proportion of females and males in mental health. In substance use, across all regions, more males (63%) were served than females (37%) for FY22-23.

Mental Health

	Children (<18)	%	Adults (18-59)	%	Older Adults (60+)	%	Total	Transition Age (16-25)
Male	6,978	49.2%	13,085	51.5%	1,905	42.9%	22,060	4,257
Female	7,188	50.8%	12,334	48.5%	2,538	57.1%	21,968	5,033
Total	**14,166**		**25,419**		**4,443**		**44,028**	**9,290**

Substance Use

	Children (<18)	%	Adults (18-59)	%	Older Adults (60+)	%	Total	Transition Age (16-25)
Male	571	65%	6,057	61%	421	64%	7,049	905
Female	443	35%	3,720	39%	237	36%	4,400	578
Total	**1,014**		**9,777**		**658**		**11,449**	**1,483**

The tables above illustrate gender served by age group. In mental health, notably more older adults and slightly more transitional age youth served were female. Slightly more adult males were served than adult females. Additionally, the proportion of male and female children served were showed more males served. For all age groups across the regions, more males were served than females by the County substance use providers.

Rounding may provide numbers that are +/- 100% when summed.

WWS-Fiscal Year 2022-2023
Race/Ethnicity

	Mental Health					Substance Use				
	FY 22-23	%	Riverside County Estimate	%	% Population Difference to Estimate	FY 22-23	%	Riverside County Estimate	%	% Population Difference to Estimate
Caucasian	10,855	24.7%	788,052	32.4%	-7.7%	5,039	44%	788,052	32.4%	+11.6%
Black/African American	5,185	11.8%	153,510	6.3%	+5.5%	718	6.3%	153,510	6.3%	0%
Asian/PI	838	1.9%	180,179	7.4%	-5.5%	81	0.7%	180,179	7.4%	-6.7%
Hispanic/Latinx	19,988	45.4%	1,258,192	51.7%	-6.3%	5,104	45%	1,258,192	51.7%	-6.7%
Native American	189	0.4%	7,620	0.3%	0.1%	71	0.6%	7,620	0.3%	+0.3%
Other	6,973	15.8%	60,089	2.5%	13.3%	436	4.4%	60,089	2.5%	+1.9%
Total	**44,028**		**2,447,642**			**11,449**		**2,447,642**		

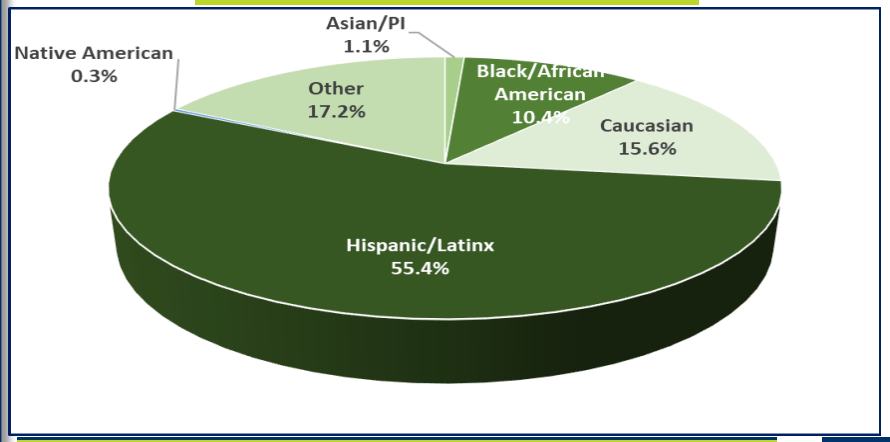
The table above provides a comparison of racial/ethnic groups served by County mental health and substance use providers in comparison to population estimates for the County overall. In the 2022-2023 fiscal year, Hispanic/Latinx consumers made up the largest proportion of the population served in mental health (45.4%). In substance use, Hispanic/Latinx consumers also made up the largest proportion of the population served (45%), followed closely by consumers identifying as Caucasian (44%). Compared to the Riverside County estimate for Hispanic/Latinx individuals, mental health served a proportion close to the reported population in Riverside County (51.7%). In addition, substance use served a proportion similar to the Riverside County population estimate of 51.7% for consumers identifying as Hispanic/Latinx. Although Native American consumers accounted for the smallest proportion of the consumer population in mental health and substance use, their representation in mental health is closely representative of the County population estimate of Native Americans; however, this group is overly represented in substance use compared to the County population estimate. In mental health, the proportion of Caucasian consumers served is less than their representation in the County population estimate, while the proportion of Black/African American consumers served is greater than the County population estimate. In both mental health and substance use, the proportion of Asian/PI consumers served is less than the County population estimate for this group. Lastly, for mental health and substance use, the proportion of consumers who were served and identified as Other (i.e., other race, multiracial, and unknown) was greater than the Riverside County population estimate.

Rounding may provide numbers that are +/- 100% when summed.

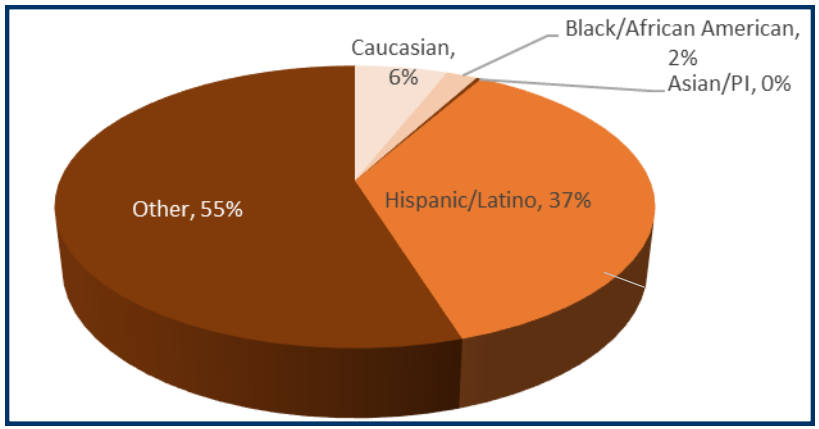
WWS-Fiscal Year 2022-2023
Race/Ethnicity by Age Group – Children

Riverside University HEALTH SYSTEM Behavioral Health

Mental Health



Substance Use



	West	Mid-County	Desert	Totals
Asian/PI	61	68	27	156
Black/African American	601	630	240	1,471
Caucasian	631	1,069	509	2,209
Hispanic/ Latinx	2,894	2,663	2,285	7,842
Native American	18	14	15	47
Other	1,138	863	440	2,441
Total	**5,343**	**5,307**	**3,516**	**14,166**

County Child Population 2023
6%
5.7%
24.1%
59.8
0.3%
4%

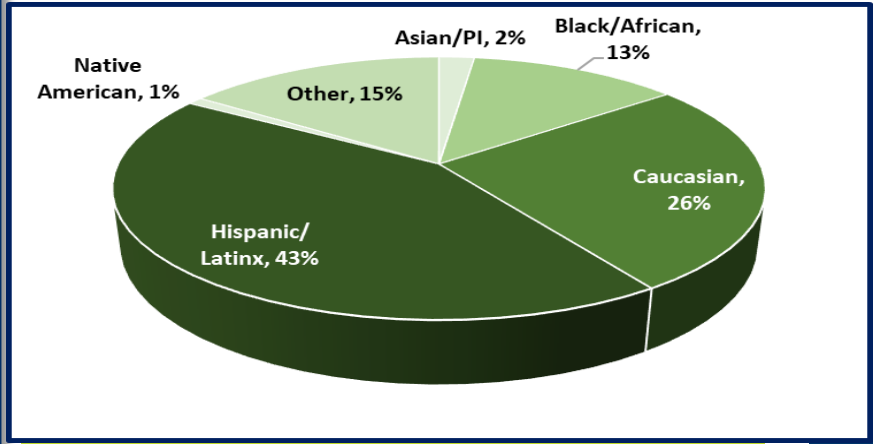
	West	Mid-County	Desert	Totals
Asian/PI	1	2	0	3
Black/African American	8	7	5	20
Caucasian	26	21	11	58
Hispanic/ Latinx	139	61	176	376
Native American	1	0	0	1
Other	182	255	119	556
Total	**357**	**346**	**311**	**1,014**

For children, Hispanic/Latinx were served more than any other race/ethnicity group in mental health for all regions. In addition, the proportion of Hispanic/Latinx children served in mental health was slightly lower than the proportion of Hispanic/Latinx children present in the County child population. In substance use, the proportion of Hispanic/Latinx children served was more than the general County child population. The proportion of Black / African American children served (10.4%) was higher than the general population percentage for both mental health and substance use services.

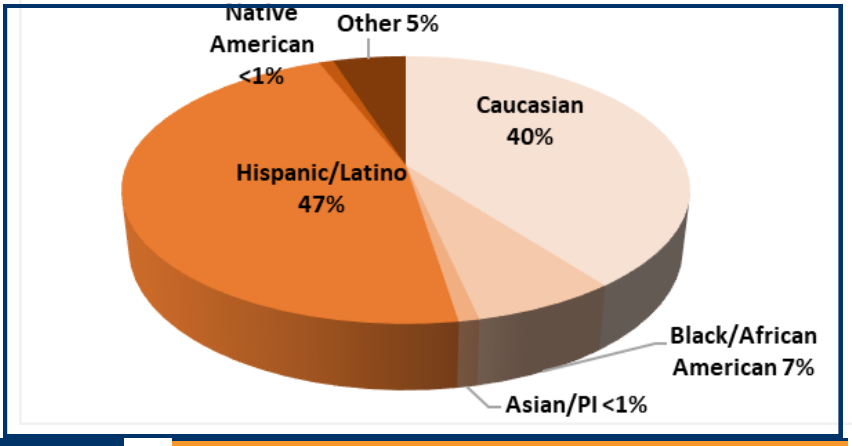
WWS-Fiscal Year 2022-2023
Race/Ethnicity by Age Group – Adults

Riverside University HEALTH SYSTEM Behavioral Health

Mental Health



Substance Use



	West	Mid-County	Desert	Totals
Asian/PI	273	207	71	551
Black/African American	1,615	999	573	3,187
Caucasian	2,466	2,472	1,701	6,639
Hispanic/ Latinx	4,339	3,328	3,360	11,027
Native American	47	33	38	118
Other	1,906	1,335	656	3,897
Total	**10,646**	**8,374**	**6,399**	**25,419**

County Adult Population 2023
7.5%
6.6%
27.5%
55.7%
0.3%
2.4%

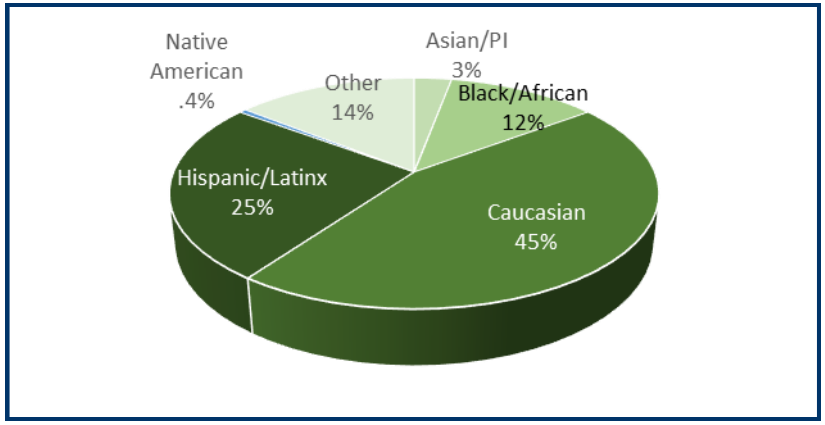
	West	Mid-County	Desert	Totals
Asian/PI	30	26	18	74
Black/African American	311	188	146	645
Caucasian	1,211	1,271	1,017	3,499
Hispanic/ Latinx	1,688	1,177	1,306	4,171
Native American	26	9	28	63
Other	608	442	275	1,325
Total	**3,874**	**3,113**	**2,790**	**9,777**

Among adults, Hispanic/Latinx were served more than any other race/ethnic group in mental health across all regions. In substance use, overall, Hispanic/Latinx were served slightly more than Caucasians with some regional differences. The proportion of Hispanic/Latinx adult consumers served by mental health (43%) and by substance use (47%) was lower than the proportion of Hispanic/Latinx adults present in the County Adult population (55.7%). Conversely, the proportion of Black / African Americans served with mental health was higher than representation in the population.

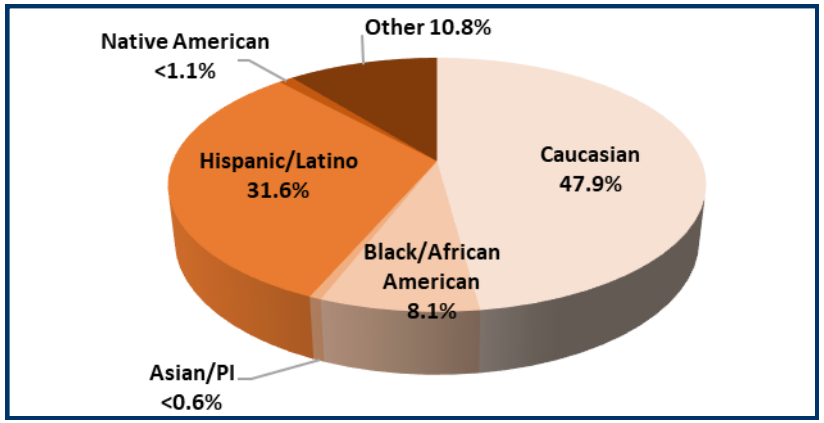
WWS-Fiscal Year 2022-2023
Race/Ethnicity by Age Group – Older

Riverside University HEALTH SYSTEM Behavioral Health

Mental Health



Substance Use



	West	Mid-County	Desert	Totals
Asian/PI	76	41	14	131
Black/African American	274	166	87	527
Caucasian	676	801	530	2,007
Hispanic/ Latinx	412	406	301	1,119
Native American	11	7	6	24
Other	259	205	171	635
Total	**1,708**	**1,626**	**1,109**	**4,443**

County OA Population 2023
8.4%
6%
53%%
31.3%
0.3%
0.9%

	West	Mid-County	Desert	Totals
Asian/PI	2	1	1	4
Black/African American	19	18	16	53
Caucasian	109	114	92	315
Hispanic/ Latinx	79	55	74	208
Native American	2	3	2	7
Other	31	23	17	71
Total	**242**	**214**	**202**	**658**

Among older adults, Caucasian consumers were served more than any other race/ethnic group across both mental health and substance use, and across nearly all regions. For both mental health and substance use,
Black / African Americans were served at higher rate than population percentages, whereas Asian / PI were served at a notably lower rate.

WWS-Fiscal Year 2022-2023
History-Medi-Cal

Mental Health

	West	%	Mid-County	%	Desert	%	Total	%
Medi-Cal	13,049	73.7%	11,397	74.4%	8,541	77.5%	32,987	74.9%
No Medi-Cal	4,648	26.3%	3,910	25.6%	2,483	22.5%	11,041	25.1%
Total	**17,697**		**15,307**		**11,024**		**44,028**	

The table above provides the Medi-Cal status for consumers served by mental health. Overall, 74.9% of the mental health consumers served had Medi-Cal at some point in the 2022-2023 fiscal year. Regionally, there were some differences in mental health with the Desert region showing a slightly higher proportion of Medi-Cal consumers served at 77.5%, while the West region showed 73.7% and Mid-County region showed 74.4% enrolled in Medi-Cal.

Substance Use

	West	%	Mid-County	%	Desert	%	Total	%
DMC-ODS Medi-Cal	3,806	85%	3,148	85.7%	2,974	90%	9,928	86.7%
No DMC-ODS Medi-Cal	667	15%	525	14.3%	329	10%	1,521	13.3%
Total	**4,473**		**3,673**		**3,303**		**11,449**	

The table above provides the Medi-Cal status for consumers served by substance use. Overall, about 86.7% of the substance use consumers served had Medi-Cal at some point in the 2022-2023 fiscal year. In substance use, the Mid-County and Desert regions showed the highest proportion of consumers served with Medi-Cal at 85.7% and 90%, respectively, while the Western region had 85% of consumers who were enrolled into Medi-Cal.

WWS-Fiscal Year 2022-2023
History- Co-Occurring

History Drug/Alcohol use

A history of drug or alcohol use was reported for a nearly a third of the mental health consumers served. There was some regional variation with the Desert region having the highest proportion of consumers with a drug or alcohol history; while, the West and Mid-County region reported a slightly lower proportion of consumers.

Mental Health

History Drg/Ach	West	%	Mid-County	%	Desert	%	Total	%
Yes	5,572	31.5%	4,819	31.5%	4,101	37%	14,492	32.9%
No	12,125	68.5%	10,488	68.5%	6,923	63%	29,536	67.1%
Total	**17,697**		**15,307**		**11,024**		**44,028**	

History Trauma

A history of trauma was derived from the mental health CSI Trauma indicator reported on the diagnosis data in the electronic health record. Overall, 53% had a history of trauma reported.

Mental Health

History Trauma	West	%	Mid-County	%	Desert	%	Total	%
Yes	8,860	50%	8,281	54%	6,276	56.9%	23,417	53.1%
No	8,837	50%	7,026	46%	4,748	43.1%	20,611	46.9%
Total	**17,697**		**15,307**		**11,024**		**44,028**	

History Mental Health

Data on mental illness is collected and recorded for substance use consumers from the California Outcomes Measurement System (Cal OHMS) data fields in the electronic health record. About 46.6% of consumers reported having a mental illness. Of those recorded as having a mental illness, 34.5% had a mental health service recorded in the 2022-2023 fiscal year.

Substance Use

History MH	West	%	Mid-County	%	Desert	%	Total	%
Yes	2,133	47.7%	1,633	44.5%	1,571	47.6%	5,337	46.6%
No	2,340	52.3%	2,040	55.5%	1,732	52.4%	6,112	53.4%
Total	**4,473**		**3,673**		**3,303**		**11,449**	

WWS-Fiscal Year 2022-2023
Diagnosis by Region

Riverside University HEALTH SYSTEM Behavioral Health

Mental Health

	West	%	Mid-County	%	Desert	%	Total	%
AD/D	1,214	6.9%	1,208	7.9%	834	7.6%	3,256	7.4%
Organic	69	0.4%	48	0.3%	19	0.2%	136	0.3%
Drug/Alcohol	206	1.2%	121	0.8%	86	0.8%	413	0.9%
Schiz/Psych	4,250	24%	2,567	16.8%	2,016	18.3%	8,833	20%
Mood/Anx/Adj	4,420	25%	4,543	29.7%	3,035	27.5%	11,998	27.3%
Major Depression	4,035	22.8%	3,389	22.1%	2,997	27.2%	10,421	23.7%
BiPolar	1,475	8.3%	1,468	9.6%	935	8.5%	3,876	8.8%
Other	2,028	11.5%	1,963	12.8%	1,102	10%	5,093	11.6%
Total	**17,697**		**15,307**		**11,024**		**44,028**	

When analyzing countywide FY 2022-2023 mental health consumer primary diagnoses, a large proportion of consumers were diagnosed with Mood, Anxiety, or Adjustment disorder (27.3%), Major Depression (23.7%), or Schizophrenia/Psychosis disorders (20%). Consumers showed less Organic (0.3%) or Drug/Alcohol (0.9%) disorders compared to other diagnoses. Within each region, these patterns were similarly prevalent. The Other diagnosis category comprised 11.6% of consumer diagnoses. Other diagnosis includes eating disorders, sleep disorders, somatic, pervasive developmental disorders, encounter for examination, Z-codes, and missing diagnosis.

Rounding may provide numbers that are +/- 100% when summed.

WWS-Fiscal Year 2022-2023
Diagnosis by Age Group

Riverside University HEALTH SYSTEM Behavioral Health

Mental Health

	<18yrs	%	18-59yrs	%	60+	%	Total	%
AD/D	2,904	20.5%	344	1.4%	8	0.2%	3,256	7.4%
Organic	7	<1%	55	0.2%	74	1.7%	136	0.3%
Drug/Alcohol	22	0.2%	359	1.4%	32	0.7%	413	0.9%
Schiz/Psych	121	0.9%	7,314	28.8%	1,398	31.5%	8,833	20%
Mood/Anx/Adj	5,230	36.9%	6,025	23.7%	743	16.7%	11,998	27.2%
Major Depression	3,031	21.4%	6,150	24.2%	1,240	27.9%	10,421	23.7%
BiPolar	181	1.3%	3,078	12.1%	619	13.9%	3,878	8.8%
Other	2,670	18.7%	2,094	8.2%	329	7.4%	5,093	11.6%
Total	**14,166**		**25,419**		**4,443**		**44,028**	

A large proportion of consumers under the age of 18 were diagnosed with either a Mood, Anxiety, or Adjustment disorder (36.9%) or Major Depression (21.4%) or AD/D (20.5%).AD/D includes oppositional defiance, attention deficit and conduct disorders.

Among adult consumers, Schiz/Psych (28.8%), Mood, Anxiety, or Adjustment disorders (23.7%), and Major Depression (24.2%) were more frequently diagnosed.

For older adults, Major Depression (27.9%) and Schiz/Psych (31.5%) were the most frequent diagnoses.

Variations in diagnosis were observed between age groups. For instance, the observed proportion of services for older adults with Mood, Anxiety, or Adjustment Disorders was lower than that observed for adults. At the same time, the observed proportion of older adults with a diagnosis of Major Depression or Schiz/Psych disorders was slightly higher than that observed in adults. In a related observation, while a Schiz/Psych disorder diagnosis was not uncommon among the adults and older adults served, the proportion observed for children was <1%. Similarly, the opposite occurrence was observed in the high proportion of children receiving services with an AD/D diagnosis, which was observed at a much lower proportion for adults (1.4%) and older adults (0.2%). Differences observed across age groups, particularly those occurring between populations over or under the age of 18 can possibly be attributed to age of first onset, or the primacy of diagnosis.

Rounding may provide numbers that are +/- 100% when summed.

WWS-Fiscal Year 2022-2023
Diagnosis by Region

Riverside University HEALTH SYSTEM Behavioral Health

Substance Use

	West	%	Mid-County	%	Desert	%	Total	%
Alcohol	925	20.7%	697	19%	647	19.6%	2,269	19.8%
Marijuana	393	8.8%	313	8.5%	351	10.6%	1,057	9.2%
Hallucinogen	3	0.1%	7	0.2%	3	0.1%	13	0.1%
Sedative/Hypnotic	18	0.4%	14	0.5%	12	0.4%	47	0.4%
Inhalants	3	0.1%	0	0.01%	1	0.01%	5	0.1%
Opiates	1,146	25.6%	585	32.9%	967	29.3%	3,322	29%
Cocaine	46	1.0%	22	.9%	51	1.5%	131	1.1%
Amphetamines	1,285	28.7%	400	20.7%	901	27.3%	2,947	25.7%
Other substance	654	14.6%	634	17.2%	370	11.2%	1,658	0.7%
Total	**4,473**		**1,583**		**1,539**		**11,449**	

The table above provides data on primary substance diagnosis by region. Data on diagnosis was analyzed from ICD-10 most recent primary diagnosis recorded in the electronic health record for consumers served in substance use. Reporting does not differentiate between varying diagnostic categorization under the same substance, including differences between use or dependent diagnoses.

Across all regions, nearly a third of substance use consumers (29%) had a primary diagnosis related to the usage of opiates. Additionally, a third of consumers (25.7%) had a primary diagnosis for amphetamines. Combined, these two diagnoses accounted for 54.7% of the treatment population. Among the total population served, a primary diagnosis related to alcohol (19.8%) was more common than a primary diagnosis related to marijuana (9.2%).

Diagnoses related to opiate use and amphetamines were the highest compared to other diagnoses across all regions and is reflective in each region individually where a primary diagnosis related to opiate use was the highest for its region.

Rounding may provide numbers that are +/- 100% when summed.

WWS-Fiscal Year 2022-2023
Diagnosis by Age Group

Riverside University HEALTH SYSTEM Behavioral Health

Substance Use

	<18yrs	%	18-59yrs	%	60+	%	Total	%
Alcohol	16	1.6%	2,095	21.4%	158	24%	2,269	23%
Marijuana	408	40.2%	635	6.5%	14	2.1%	1,057	9.2%
Hallucinogen	0	0%	13	0.1%	0	0%	13	0.1%
Sedative/Hypnotic	2	.2%	44	0.5%	1	0.2%	47	0.4%
Inhalants	1	0.1%	4	0.01%	0	0%	5	0.01%
Opiates	11	1.1%	2,975	30.4%	336	51.1%	3,322	29%
Cocaine	2	0.2%	119	1.2%	10	1.5%	131	1.1%
Amphetamines	7	.7%	2,844	29.1%	96	14.6%	2,947	25.7%
Other Substances	567	55.9%	1,048	10.71%	43	6.5%	1,658	14.7%
Total	**1,014**		**9,777**		**296**		**11,449**	

The table above provides data on primary substance diagnosis by age group. Data on diagnosis was analyzed from the ICD-10 most recent primary diagnosis recorded in the electronic health record for consumers served in substance use. Reporting does not differentiate between varying diagnostic categorization under the same substance, including differences between use or dependent diagnoses.

Overall, most substance use consumers (29%) had a primary diagnosis related to opiates usage. The second common primary diagnosis was related to Amphetamines usage (25.7%).

Variations between primary substance and age group were observed. For consumers under the age of 18, a diagnosis related to marijuana usage was the most common (40.2%). Less common for this age group were diagnoses related to either opiate (1.1%) or cocaine (0.2%) usage. Moreover, consumers under the age 18 were less observed to have a primary diagnosis related to alcohol usage (1.6%) than compared to the adult age group (21.4%) and older adult age group (24%). Lastly, consumers under the age of 18 were observed to have a high proportion of other substance which includes Z-codes.

Rounding may provide numbers that are +/- 100% when summed.

Who We Serve
Detention
Consumer Population Profile
Fiscal Year 2022-2023

WWS-Fiscal Year 2022-2023

Executive Summary-Behavioral Health Detention Services

Summary ▸ In fiscal year 2022-2023, Riverside University Health Systems Behavioral Health (RUHS-BH) provided Behavioral Health Detention Services to 8,879 consumers.

Region ▸ The Western Region had the most consumers, followed by the Desert, and the Mid-County region, respectively.

Gender ▸ Overall, more male than female consumers were served (80% to 20%, respectively). Across all county regions and age groups, males consumers were served more than female consumers.

Race/Ethnicity ▸ Hispanic/Latinx made up the largest race/ethnic group served, while Caucasians made up the second largest group served. All regions served the Hispanic/Latinx consumers in greater proportions.

Diagnosis ▸ Overall, the most frequent diagnoses were Mood/Anxiety/Adjustment disorders(30%), followed by Drug and Alcohol use (27.5%), and Schizophrenia/Psychosis disorders (25.2%). Diagnoses varied by County region. Drug/Alcohol disorders were frequent diagnosis across all regions, in the Desert region (28.3%), Mid-County region (30.7%) and West he region (24.6%). Among adult consumers, Drug/Alcohol disorders (13.5%) were the most frequent diagnosis. For older adults Schizophrenia/ Psychosis (15.5%) disorders were the most frequent diagnosis. Older adults were more likely to be diagnoses with Major Depression than were adult consumers.

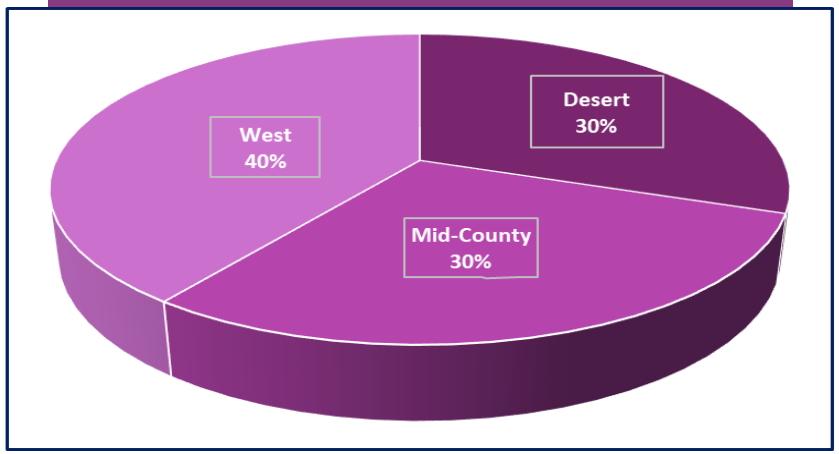
WWS-Fiscal Year 2022-2023
Detention Services - Region and Age

Riverside University HEALTH SYSTEM Behavioral Health

Regional Groups

More adults and older adults from the Western region received Behavioral Health services in Detention facilities.

Behavioral Health Detention Services



Age Groups of Consumers Served

	FY 21-22	%	FY 22-23	%	Change From Previous Yr
Adults (18-59 Years)	9,221	95.7%	8,447	95.1%	-0.6%
Older Adults (60+ Years)	415	4.3%	432	4.9%	+0.6%
Total	**9,636**		**8,879**		
Transition Age Youth	1,278	13.3%	1,018	11.5%	-1.8%

Age Groups

Overall, the total consumers served by behavioral health in detention decreased (4%) from FY21/22 to FY22/23. This decrease was observed for adults while older adults did not increase significantly. The largest age group served were adults (95.1%). At least 11.5% of the adults were transition age youth (TAY) age 18-25. Overall, the number of consumers was fairly consistent across fiscal years.

Rounding may provide numbers that are +/- 100% when summed.

WWS-Fiscal Year 2022-2023
Gender

Behavioral Health Detention Services

	West	%	Mid-County	%	Desert	%	Total
Female	710	20%	494	18.7%	540	20%	1,744
Male	2,824	80%	2,152	81.3%	2,159	80%	7,135
Total	**3,534**		**2,646**		**2,699**		***8,879**

The table above illustrate gender distributions for consumers served by behavioral health detention services by region. Countywide and among regions, RUHS-BH served a higher proportion of males than females (80.4%; 7,135/8,879).

Behavioral Health Detention Services

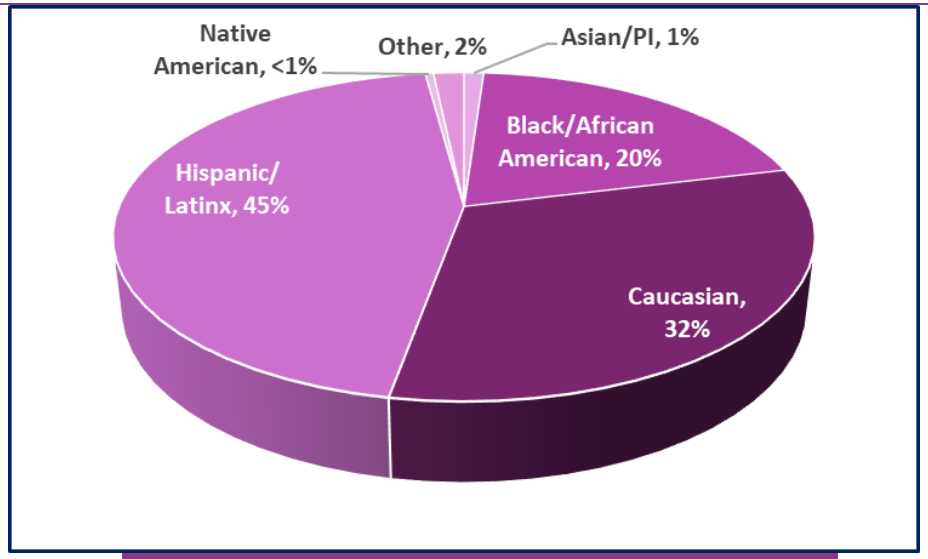
	Adults (18-59)	%	Older Adults (60+)	%	Total	Transition Age (16-25)
Female	1,673	19.8%	71	16.4%	1,744	200
Male	6,774	80.2%	361	83.6%	7,135	818
Total	**8,447**		**432**		***8,879**	**1,018**

The table above illustrate gender served by age group. More males than females were served in each age group.

Eight unknown gender statuses across consumers.

****Rounding may provide numbers that are +/- 100% when summed.***

WWS-Fiscal Year 2022-2023
Race/Ethnicity



Behavioral Health Detention Services

	West	Mid-County	Desert	Totals
Asian/PI	44	27	25	96
Black/African American	829	535	418	1,782
Caucasian	975	952	888	2,815
Hispanic/ Latinx	1,618	1,063	1,316	3,997
Native American	6	17	17	40
Other	62	52	35	149
Total	**3,534**	**2,646**	**2,699**	**8,879**

The table above provides a comparison of racial/ethnic groups served by Behavioral Health Detention Services. Hispanic/Latinx consumers were served the most (45%), followed by Caucasian consumers (31.7%) and Black/African American consumers (20%). The Other category includes other race, multiracial and unknown. Percentages may not sum to 100% due to rounding.

WWS-Fiscal Year 2022-2023
Diagnosis by Region

Riverside University HEALTH SYSTEM Behavioral Health

Behavioral Health Detention Services

	West	%	Mid-County	%	Desert	%	Total	%
AD/D	5	0.1%	5	0.1%	9	0.1%	19	0.2%
Drug/Alcohol	422	4.8%	368	4.1%	377	4.2%	1,167	13.1%
Schiz/Psych	514	5.8%	273	3.1%	299	3.4%	1,086	12.2%
Mood/Anx/Adj	459	5.2%	349	3.9%	371	4.2%	1,179	13.3%
Major Depression	179	2.0%	132	1.5%	172	1.9%	483	5.4%
BiPolar	131	1.5%	54	0.6%	75	0.8%	260	2.9%
Other	1,824	20.5%	1,465	16.5%	1,396	15.7%	4,685	52.8%
Total	**3,534**		**2,646**		**2,699**		**8,879**	

When analyzing FY 2022-2023 countywide consumer primary diagnoses, a large proportion of consumers were diagnosed with Mood/Anxiety/Adjustment disorders (30%), Drug/Alcohol disorder (27.5%), or Schizophrenia/Psychosis disorders (25.2%). Consumers showed few AD/D (0.6%) disorders compared to other diagnoses. Diagnoses varied by region. In the Western region, Schizophrenia/Psychosis disorders were the most frequent diagnosis (29.7%), Drug/Alcohol disorders were the most frequent diagnosis in the Mid-County (30.7%) and the Desert (28.3%) regions. The Other diagnosis category comprised 1.7% of consumer diagnoses. Other diagnosis includes eating disorders, sleep disorders, somatic, pervasive developmental disorders, encounter for examination, impulse and missing diagnosis. Missing diagnosis was relatively high (51.9%)

Rounding may provide numbers that are +/- 100% when summed.

WWS-Fiscal Year 2022-2023
Diagnosis by Age Group

Behavioral Health Detention Services						
	18-59yrs	%	60+	%	Total	%
AD/D	19	0.002%	0	0.0%	19	0.6%
Drug/Alcohol	1,132	13.4%	35	8.1%	1,167	27.5%
Schiz/Psych	1,019	12%	67	15.5%	1,086	25.2%
Mood/Anx/Adj	1,127	13.3%	52	12.0%	1,179	30%
Major Depression	444	5.2%	39	9.0%	483	11.8%
BiPolar	246	2.9%	14	3.2%	260	6.8%
Other	4,460	52.7%	225	52.0%	4,685	51.9%
Total	**8,447**		**432**		**8,879**	

Among adult consumers, Drug/Alcohol disorders (13.5%), Mood, Anxiety, or Adjustment disorders (13.3%), and Schizophrenia/Psychosis disorders (12.1%) were more frequently diagnosed. For older adults, Schizophrenia/Psychosis disorders (15.5%), Mood, Anxiety, or Adjustment disorders (12%) Drug/Alcohol disorders (8.6%), were the most frequent diagnoses. Older adults were more likely to be diagnoses with Major Depression than were adult consumers.

MHSA Prevention and Early Intervention
Who We Serve
FY 2022-2023

Riverside University HEALTH SYSTEM Behavioral Health

Mental Health Awareness and Stigma Reduction

- Community Mental Health Promoter Program
- Stand Against Stigma
- Integrated Outreach and Screening

Parent Education and Family Support

- Mobile PEI
- Triple P & Teen Triple P
- Strengthening Families Program

Early Intervention for Families in Schools

Transition Age Youth Project

- TAY Peer to Peer
- Stress and Your Mood
- CAST
- Teen Suicide Awareness Prevention Program

First Onset for Older Adults

- CBT for Late Life Depressions,
- Care Pathways,
- Healthy IDEAS,
- Office on Aging
- PEARLS

Trauma-Exposed Services for All Ages

- CBITS for children
- Seeking Safety for TAY and adults

Underserved Cultural Populations

- BRAAF
- Mamás y Bebés,
- Keeping Intergenerational Ties in Ethnic Families (KITE)
- Celebrating Families AI
- Asian/PI Mental Health Resource Center

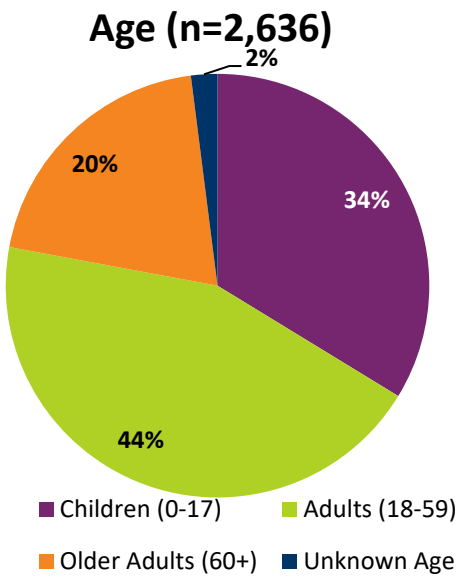
Riverside County Residents were engaged by Prevention and Early Intervention Outreach and Service Programs

Prevention and Early Intervention Services Demographic Overview

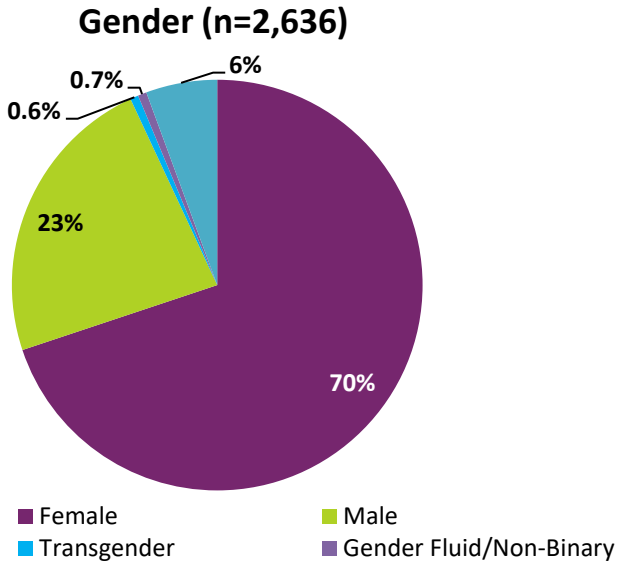
A total of 2,636 individuals and families participated in Prevention or Early Intervention (PEI) services in FY2022-2023. An additional 4,267 middle school and high school age youth and 693 school staff, parents and community members participated in suicide prevention training on school sites. This resulted in a total of 7,596 served and does not include outreach. The following details the demographics of the 2,636 participants for which demographic data is collected.

Race/Ethnicity	PEI Participants (n=2,636)	County Census (n=2,447,642)
Caucasian	15%	32.4%
Hispanic/Latinx	50%	51.7%
Black/African American	9%	6.3
Asian/Pacific Islander	6%	7.4%
American Indian	1.4%	.03%
Other/Unkn/ Multi-Racial	20%	2.5%

Hispanic/Latinx (50%) comprised the largest proportion of the PEI participants served. Hispanic/Latinx, American Indian and Asian/PI, Black/African American participation reflects the underserved priority populations intended to be reached by the PEI programs and is also representative of the county population.



The majority of PEI participants were adults (44%), many of whom were participating in parenting programs. The second largest age group served by PEI programs were children (34%). Older adults represented 20% of the population served by PEI programs. PEI also focuses on Transition Age Youth (TAY), and 22% of the 2,636 participants were aged 16 to 25 years (not shown in the graph).



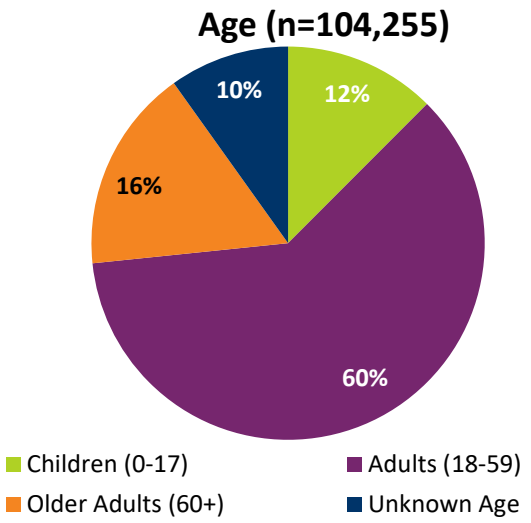
More than half (70%) of PEI participants were female, 23% were male,0.6%, were transgender, and 0.7% were gender fluid or non-binary. Gender was unknown for 6%.

Prevention and Early Intervention Outreach Demographic Overview

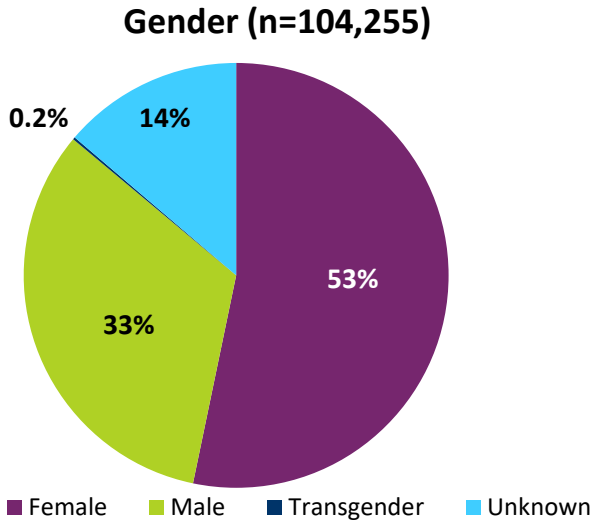
In total 104,255 individuals were reached by PEI from a variety of Outreach activities including, Depression screening at Community Health Centers, specific outreach to TAY youth and Older Adults and outreach activities provided under Mental Health Stigma and Awareness presentations, and Suicide Prevention trainings.

Race/Ethnicity	PEI Participants (n=104,255)	County Census (n=2,447,642)
Caucasian	15%	32.4.%
Hispanic/Latinx	62%	51.7%
Black/African American	8%	6.3
Asian/Pacific Islander	4%	7.4%
Native American	1%	.03%
Other/Unkn/Multi-Racial	12%	2.5%

The largest group of those reached by PEI Outreach were Hispanic/Latinx (62%). Race/ethnicity was unknown for some Outreach participants because the programs did not have the opportunity to collect demographic information at outreach events.



The largest age group reached were adults 18-59 (60%), 12% were children 0-17. TAY were also outreached to and accounted for 15% of the people in outreach efforts. Peer to Peer Speaker's Bureau mostly targets TAY and that is reflected in the ages in the graph above. The unknown amount is due to programs not having the opportunity to collect demographic information at outreach events.



Females made up the largest group of those reached in PEI Outreach efforts (53%), 33% were male, and 14% were of unknown gender. The unknown amount is largely due to the programs not having the opportunity to collect demographic information at outreach events.