SAN BERNARDINO COUNTY

Behavioral Health

San Bernardino County Department of Behavioral Health Prevention and Early Intervention (PEI) Annual PEI Report Fiscal Year 2024/2025 Outcomes and Fiscal Year 2025/2026 Updates

San Bernardino County Department of
Behavioral Health - PEI

Introduction

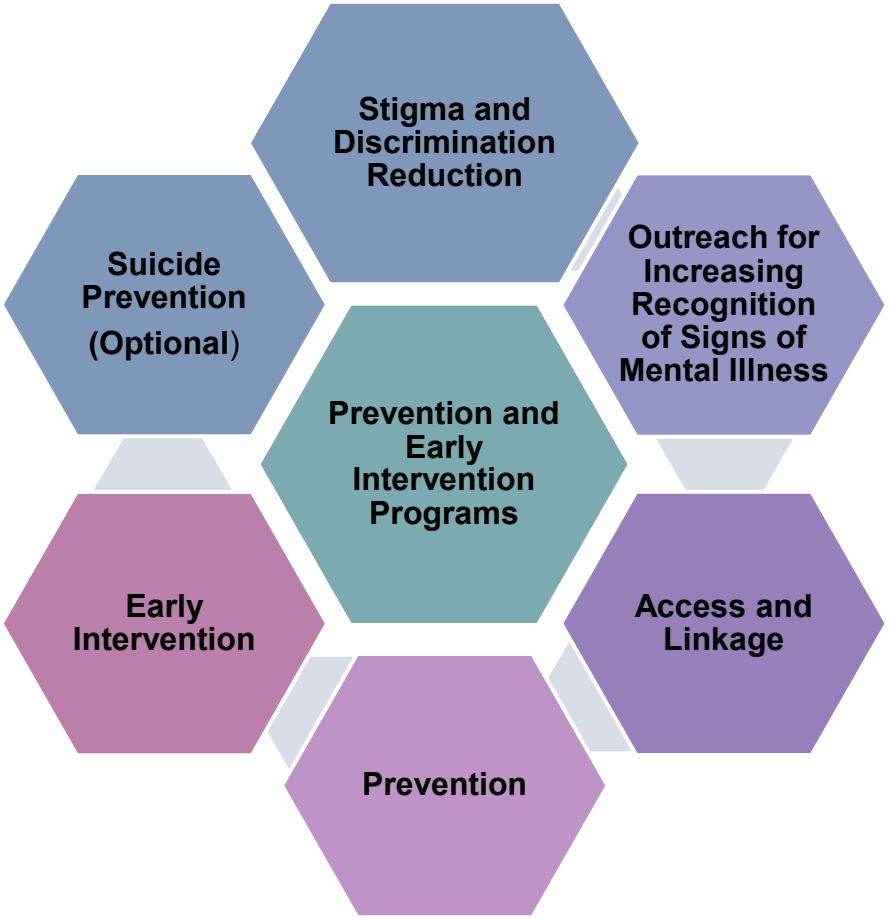
The Prevention and Early Intervention (PEI) program was developed to prevent mental illness from becoming acute and disabling. PEI approach is the promise to improve timely access to services, particularly for populations that have historically been underserved or unserved.

PEI programs are grounded in the principles of cultural competence, community empowerment, collaboration, and inclusion. These values guide the delivery of services that foster recovery, wellness, and resilience for individuals and families. Through strong partnerships with schools, justice systems, primary care, and a wide range of community organizations, PEI initiatives are able to identify individuals at risk and connect them to appropriate resources and support.

PEI programs are dedicated to addressing the priority needs identified by diverse local community stakeholders, fulfilling the critical community and priority population needs delineated in the Mental Health Services Act (MHSA) and effecting transformation within the public mental health system.

There are six (6) State-Defined PEI Programs. These State-Defined programs are Stigma and Discrimination Reduction, Outreach for Increasing Recognition of Signs of Mental Illness, Access and Linkage to Services, Prevention, Early Intervention, and Suicide Prevention, shown in the adjacent image.

State-Defined Prevention and Early Intervention Programs



Introduction, cont.

County PEI programs operate under the State-Defined Prevention and Early Intervention reporting construct as illustrated in the following table.

Local PEI Construct

Stigma and Discrimination Reduction

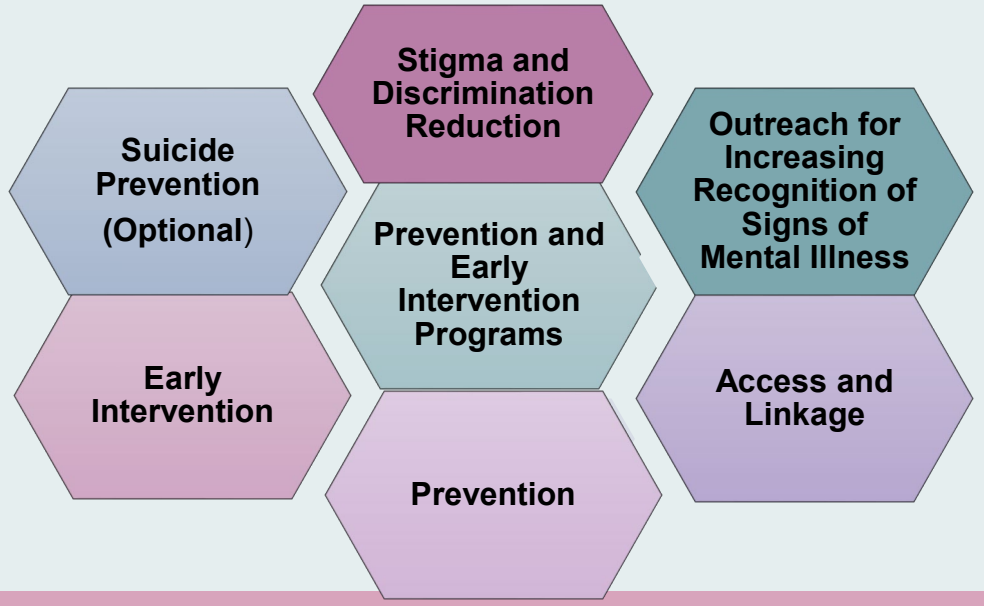
- Native American Resource Center (NARC)

Outreach for Increasing Recognition of Signs of Mental Illness

- *Promotores de Salud* (PdS)
- Community Health Workers (CHW)
- Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT)

Access and Linkage to Treatment

- Child and Youth Connection (CYC)



Prevention

- Preschool PEI Program (PPP)
- Resilience Promotion in African American Children (RPiAAC)
- Lift Program (LP)
- Coalition Against Sexual Exploitation (CASE)
- Older Adult Community Services (OACS)

Early Intervention

- Family Resource Center (FRC)
- Military Services and Family Support (MSFS)
- Community Wholeness and Enrichment (CWE)
- Student Assistance Program (SAP)
- Improving Detection and Early Access (IDEA)

Suicide Prevention (Optional)

- Office of Suicide Prevention (OSP)

Introduction, cont.

MHSA Legislative Goals and Key Outcomes	Local Program
Increase early access and linkage to medically necessary care and treatment:	
• Connect children, adults, and seniors with serious mental illness, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.	- CYC -OACS - SAP - LP
Improve timely access to service:	
• Increase extent to which an individual or family from an underserved population who needs mental health services because of risk or presence of a mental illness receives appropriate services as early in onset as practicable.	- OACS - PPP - MSFS - SAP
Promote, design, and implement programs in ways that reduce and circumvent stigma:	
• Reduce and circumvent stigma, including self-stigma. • Reduce discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services. • Increase service accessibility.	- NARC
Prevent suicide as consequence of mental illness:	
• Improve attitudes, knowledge, and/or behavior regarding suicide related to mental illness.	- MSFS - OSP - CWE - OACS

Acronym	Program	Acronym	Program
NARC	Native American Resource Center	CYC	Child and Youth Connection
SAP	Student Assistance Program	PPP	Preschool PEI Program
CHW	Community Health Workers	LP	Lift Program
OSP	Office of Suicide Prevention	OACS	Older Adult Community Services
MSFS	Military Services and Family Support		

Introduction, cont.

MHSA Legislative Goals and Key Outcomes	Local Program
Increase recognition of early signs of mental illness:	
• Increase identification of early signs of potentially severe and disabling mental illness for potential responders. • Increase support to individuals with mental illness. • Increase referrals for individuals who need treatment or other mental health services.	- CHW/PdS - OSP - SUPPOrT - OACS
Reduce prolonged suffering associate with mental illness:	
• Reduce risk factors. • Reduce indicators. • Increase protective factors that may lead to improved mental emotional and relational functioning. • Reduce symptoms. • Improve recovery, including mental, emotional, and relational functioning.	- OACS - CYC - SAP - FRC - PPP - LP - CASE - MSFS - RPIAAC - IDEA
Reduce stigma and discrimination associated with mental illness:	
• Reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to having a mental illness, being diagnosed, or seeking services.	- RPIAAC - CWE - CHW/PDS

Acronym	Program	Acronym	Program
NARC	Native American Resource Center	CYC	Child and Youth Connection
PdS	Promotores de Salud	PPP	Preschool PEI Program
CHW	Community Health Workers	LP	Lift Program
SUPPOrT	Substance Use Prevention & Pathways to Outreach and Treatment	RPiAAC	Resilience Promotion in African American Children
CASE	Coalition Against Sexual Exploitation	OACS	Older Adult Community Services
OSP	Office of Suicide Prevention	FRC	Family Resource Center
MSFS	Military Services and Family Support	CWE	Community Wholeness and Enrichment
SAP	Student Assistance Program	IDEA	Improving Detection and Early Access

Introduction, cont.

SB 1004 PEI Program Priority Areas
All PEI programs are required to comply with WIC Section 5840.7 enacted by Senate Bill 1004, which requires counties to specify how they are incorporating the following six program-identified priorities in the FY 2025/26 MHSA plan:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
2. Early psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan.
3. Youth outreach and engagement strategies that target secondary school and transition-age youth, prioritizing partnership with college mental health programs.
4. Culturally competent and linguistically appropriate prevention and intervention.
5. Strategies targeting the mental health needs of older adults.
6. Early identification programming of mental health symptoms and disorders, including but not limited to anxiety, depression, and psychosis.

These priorities outlined in WIC Section 5840.7/SB 1004 are integrated into our plan and aligned with our previously outlined strategies, consistent with our community planning process (see subsequent totals for details).

Per WIC section 5840.7/SB 1004, counties are also required to provide an estimate of the share of PEI funding allocated to each priority. The following provides these estimates:

	SB 1004 PEI Program Priority Categories:	Percentage of Funding Allocated to Priority:
1.	Childhood trauma prevention and early intervention to deal with the early origins of mental health needs	68%
2.	Early psychosis and mood disorder detection and intervention; and mood disorder and suicide prevention programming that occurs across the lifespan	2%
3.	Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs	13%
4.	Culturally competent and linguistically appropriate prevention and intervention	7%
5.	Strategies targeting the mental health needs of older adults	3%
6	Early identification programming of mental health symptoms and disorders, including but not limited to, anxiety, depression, and psychosis	7%

Introduction, cont.

PEI Component	Local Program Name	SB 1004 Priority Category					
		1 Child Trauma	2 Early Psychosis	3 Youth Outreach	4 Cultural Comp	5 Older Adults	6 Early ID
Prevention	PEI SI-2: Preschool PEI	x					x
	PEI SI-3: Resilience Promotion in African American Children			x	x		
	PEI SE-1: Older Adult Community Services					x	
	PEI SE-5: Lift						x
	PEI SE-6: Coalition Against Sexual Exploitation (CASE)	x		x			
Prevention and Early Intervention	PEI CI-2: Family Resource Center	x					x
	PEI SE-3: Community Wholeness and Enrichment		x	x			
	PEI SE-4: Military Services and Family Support				x		x
	PEI SI-1: Student Assistance Program	x		x			
	PEI SE-7: Early Psychosis Program/IDEA		x				

Introduction, cont.

PEI Component	Local Program Name	SB 1004 Priority Category					
		1 Child Trauma	2 Early Psychosis	3 Youth Outreach	4 Cultural Comp	5 Older Adults	6 Early ID
Stigma and Discrimination Reduction	PEI-CI-3: Native American Resource Center				x		
Outreach for increasing recognition for early signs of Mental Illness	PEI CI-1: Promotores de Salud/Community Health Worker				x		
	PEI CI-5: Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT)						x
Access and linkage to treatment	PEI SE-2: Child and Youth Connection	x					

Introduction, cont.

PEI Community Program Planning

Description of PEI CPP Process: This includes an explanation of how stakeholders contributed to PEI priorities and the allocation of funding for priorities.

A series of District Advisory Committee (DAC) meetings were held in FY 2024/25. There are five distinct districts within San Bernardino County, each very unique and different. PEI met with each district during their DAC meetings to share specific district information about MHSA, including PEI. Each engagement consisted of a presentation via Webex to reach a broader audience.

- District 1 – January 15, 2025
- District 2 – January 9, 2025
- District 3 – February 12, 2025
- District 4 – January 15, 2025
- District 5 – January 28, 2025

In addition to the District Advisory Committee meetings, PEI presented a comprehensive overview of its programs to the Community Policy Advisory Committee (CPAC) on October 17, 2024.

Invites were sent to the general public, stakeholders, Community Policy Advisory Committee (CPAC), Behavioral Health Commission (BHC), PEI providers, and Office of Equity and Inclusion (OEI).

Committee meetings were advertised on all DBH social media platforms, including Facebook, Instagram, and X.

Key findings as a result of the feedback from these stakeholder engagement meetings identified the following priorities:

The top three priorities for PEI efforts within our community:

- Childhood trauma early intervention to address early origins of mental health and substance use disorder needs.
- Strategies targeting mental health and substance use disorder needs of older adults.
- Strategies addressing needs of individuals at high risk of crisis.

Some of the PEI priorities within our community that are already being met:

- Culturally competent and linguistically appropriate.
- Strategies targeting mental health needs of older adults.
- Childhood trauma early intervention to deal with early origins of mental health and substance use disorder needs.
- Early psychosis and mood disorder detection and intervention and mood disorder programming across the lifespan.

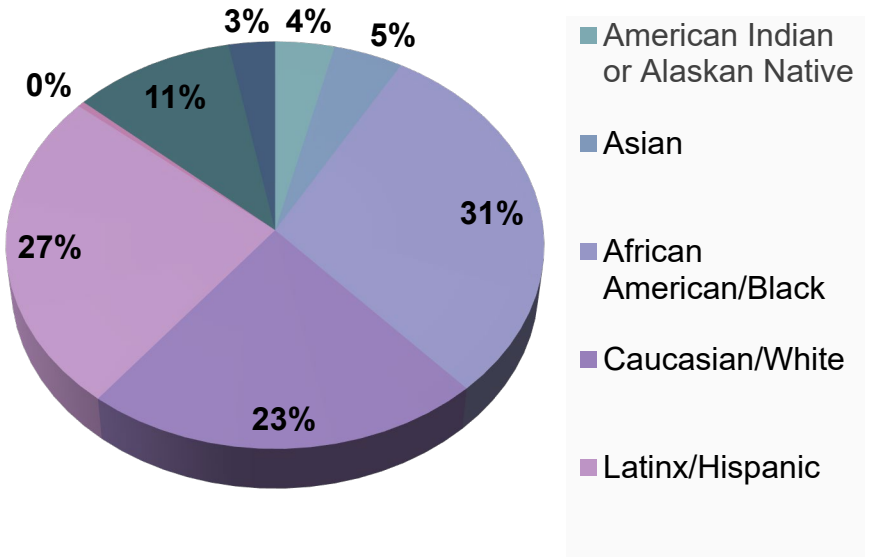
Introduction, cont.

PEI Community Program Planning, cont.

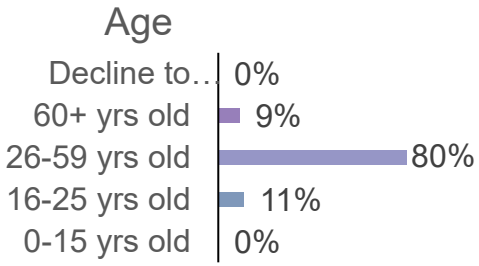
The following graphs show the community demographics of the stakeholders who attended the meetings.

The rich racial diversity of San Bernardino County was reflected in the demographic data of the participants, with 31% identifying as African American/Black, 5% Asian, 23% Caucasian/White, 27% Latinx/Hispanic, and 4% Native Hawaiian/Pacific Islander. In addition, 10% of participants indicated that they identify with more than one race.

Race

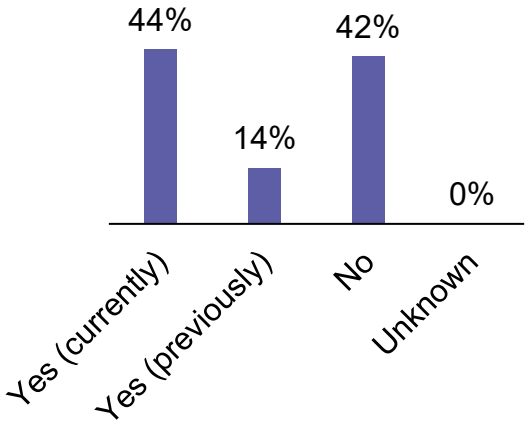


The majority of participants were adults, with 80% reporting that they were between 26-59 years old, 9% were older adults over 59, and 11% TAY-aged youth 16-25.

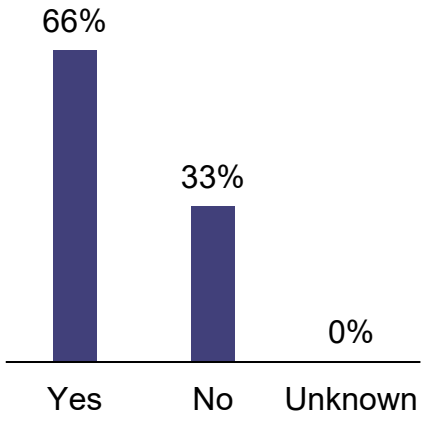


Participants comprised of a mix of individuals with 44% reporting that they are either a current or previous consumer of mental health services and 66% reporting that the are related to a consumer of either mental health or substance use disorder services.

Consumer of Mental Health Services



Related to Consumer of Mental Health and/or Substance Use Disorder Services



Introduction, cont.

PEI Data Collection

Data is collected for PEI programming in various ways throughout the reporting cycle. Program providers enter data into the Data Collection System (DCS) 2.0 portal for activities related to prevention, outreach for increasing recognition of early signs of mental illness, access and linkage, improving timely access, and stigma and discrimination reduction. DBH's Electronic Health Record (EHR) and billing system is myAvatar and will be presented as myAvatar throughout the document. PEI program providers use the myAvatar database to enter data associated with early intervention services.

In addition, PEI outcomes and successes related to increasing knowledge and changes in beliefs and perceptions are measured using tools such as the PEI Outreach Survey and the PEI Stigma and Discrimination Reduction Survey.

Other methods used to collect data include feedback from Community Program Planning meetings, PEI quarterly meetings, and bi-annual and annual reports submitted by the PEI program providers.

Additional information about the data collection methods is described in greater detail in the following sections.

Introduction, cont.

PEI Statewide Projects

PEI Statewide Projects are intended to build PEI capacity across the state and locally via the California Mental Health Services Authority (CalMHSA), a joint powers authority working on behalf of California Public Behavioral Health plans. The effort was jointly initiated with other California counties to make a statewide and local impact by expanding awareness of mental health needs and supports, reducing stigma, preventing suicides, and teaching individuals how to achieve mental wellness.

Participating California counties work with CalMHSA to support the statewide implementation of the Prevention and Early Intervention (PEI) Project through the Take Action for Mental Health initiative, advancing prevention, stigma reduction, suicide prevention, and mental wellness for all Californians.

During FY 2024/25, Take Action for Mental Health reached 2.3 million Californians through media, delivered nearly 9,000 mental health resources to California counties, and supported communities statewide in building cultures of wellness and prevention.
Take Action for Mental Health encourages individuals to take proactive steps for their own mental health and the mental health of others through three core pillars:

- **Check In** – Promoting connection and open conversations about wellbeing.
- **Learn More** – Increasing access to mental health education and information.
- **Get Support** – Encouraging help-seeking behaviors and connection to resources.

Building Engagement Through Social Media
Throughout FY 2024/25, organic social media channels maintained consistent visibility for Take Action for Mental Health, laying the groundwork for deeper engagement during strategic campaign moments:

- Total Reach: 30,868
- Total Engagement: 1,046

Engagement includes interactions such as likes, shares, comments, and other platform-based actions. This steady presence ensured Take Action for Mental Health remained visible to our county between major campaigns such as May is Mental Health Matters Month and Suicide Prevention Week, for those ready to take action.

Introduction, cont.

Training	Description
Directing Change Judges Training	Online trainings that provided an overview of best practices in suicide prevention and mental health messaging, giving volunteer judges criteria to apply in evaluating student-submitted Directing Change videos.
Each Mind Matters Insiders Newsletter	A monthly electronic newsletter created specifically for service providers that provides information about relevant resources, upcoming events and opportunities for providers to get involved in California's Mental Health Movement.
Suicide Prevention 101 for Parents: Recognizing Signs and What to Do	Webinar series providing information for parents including: • Recognizing warning signs for suicide. • How to have a conversation with your teen. • Actions to take if your teen is having suicidal thoughts. • Tips and resources to support emotional and mental health. • Information about raising resilient teens.
Suicide Prevention Week: Share Hope Together for Suicide Prevention	Through sharing of experiences and stories we can connect with and inspire one another. Sharing can create a sense of belonging while also reducing the weight of our burdens – allowing us to take action for suicide prevention together.

Native American Resource Center (NARC)

Program Description and Target Population

The Native American Resource Center (NARC) is a Stigma and Discrimination Reduction program that functions as a one-stop center offering prevention and early intervention services designed to reduce stigma and discrimination surrounding behavioral health services for Native American community members of all ages. They use holistic approaches, recognizing that the mental, physical, spiritual, and emotional self are all interconnected.

NARC provides culturally-based behavioral health services and education through historical and cultural contexts. They use traditional and strength-based Native American practices in their service delivery model. The use of cultural methods in prevention activities such as beading, sewing, herbal medicines, and sharing a meal together helps to ease the discomfort of having conversations about mental illness and reduces the stigma attached to mental illness and accessing mental health services.

The tables below provide an overview of the program's target population, service locations, annual budget allocation, and the types of services offered. The NARC program continually assesses the needs of its participants and responds by updating the services they offer.

Services Offered	• Talking Circles • Wellness Circles • Drumming Circles • Daughters of Tradition • Cultural education and awareness • Cultural arts therapy • Cognitive therapy groups

Program Serves	Children TAY (16-25) Adults Older Adults (60+)
Location of Services	Counseling Centers

Native American Resource Center (NARC), cont.

State Program Positive Results

NARC provides a variety of activities rooted in tradition. The program aims to reduce stigma around mental illness and accessing behavioral health services by emphasizing culturally-focused preventative measures. For instance, using Talking Circles in place of traditional group therapy helps alleviate the stigma associated with engaging in behavioral health activities. Additionally, incorporating traditional Native practices such as beading, art, and storytelling demonstrates how cultural norms can be seamlessly integrated with therapeutic approaches.

Stigma & Discrimination Reduction

Recognizing and acknowledging the behaviors and actions that have caused emotional harm to the Native American community is a crucial first step towards healing and transformation. Educating the community about historical and intergenerational trauma helps in addressing the unique needs of this underserved group.

To assess progress in reducing stigma and discrimination, NARC measures changes in attitudes, knowledge, and behaviors. This is done through surveys that evaluate how participants' perceptions of mental illness have evolved as a result of the activities or presentations they engaged in.

The table below shows a significant increase from FY 2023/24 to FY 2024/25 in both the number of unduplicated participants and the services provided. NARC played a key role and was present at the 2024 San Manuel Pow Wow, a multi-day event that drew thousands of attendees from multiple states.

Number of Participants / Number of Services			
	Actual		
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	5,566	3,334	33,777
Number of Services	5,972	4,153	33,810

Native American Resource Center (NARC), cont.

State Program Positive Results, cont.

Access & Linkage to Services

NARC provides access and linkage to additional services and higher levels of care for participants who need treatment beyond early intervention. Participants needing higher levels of care receive referrals to providers who can appropriately meet their needs.

NARC works closely with Riverside San Bernardino County Indian Health, Inc. (RSBCIHI). RSBCIHI supports NARC with linkage to RSBCIHI's Behavioral Health Services Department or to an outside agency.

FY 2023/24 saw a significant increase in referrals, a trend which continued to FY 2024/25. This rise in referrals is linked to a growing demand for mental health services that exceed basic care.

The adjacent table shows the number of participants who were linked to referrals during the three previous fiscal years.

Access and Linkage to Services Referrals			
	FY 22/23	FY 23/24	FY 24/25
Number of Referrals Provided	4	20	166
Number of referrals to County-funded / administered programs	0	0	0
Number of referrals to other programs	4	20	0
Number of participants who followed through and engaged in services at a County-funded / administered program at least once	0*	0*	0*

*All participants engaged in treatment with the non-county administered service providers to whom they were referred.

Native American Resource Center (NARC), cont.

State Program Positive Results, cont.

Improving Timely Access

NARC enhances timely access to behavioral health services for members of historically underserved populations. They facilitate referrals to appropriate prevention, early intervention, and higher-level care services. This includes individuals who are unserved, underserved, or inadequately served within the care system, who face higher risks of homelessness, institutionalization, incarceration, or out-of-home placements.

NARC also serves ethnic, racial, cultural, and linguistic groups lacking access to mental health programs. Barriers such as misidentification of mental health needs, insufficient engagement and outreach, limited language access, and a lack of culturally competent services make it challenging for these individuals to obtain care.

NARC actively identifies and engages with individuals to assess their needs and provides culturally relevant referrals to meet their behavioral health care requirements.

The data for measuring Improving Timely Access is gathered from referrals to prevention services, early intervention treatment, and higher levels of care. The table below represents those who were referred and identified as part of an unserved/underserved population.

The improvement in Timely Access is due to NARC's use of the Screendox electronic health record system, which tracks risk factors related to substance use, mental health, domestic violence, and gambling. This system has enhanced NARC’s ability to collect Timely Access data more accurately.

Improving Timely Access Referrals			
	FY 22/23	FY 23/24	FY 24/25
Number of Referrals Provided	247	313	166

Native American Resource Center (NARC), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	3%	6%	12%	3%	76%
FY 23/24	9%	8%	34%	9%	40%
FY 24/25	10%	9%	20%	6%	56%

Fiscal Year	Veteran Status
% of consumers who identified as a veteran	
FY 22/23	1%
FY 23/24	2%
FY 24/25	3%

Fiscal Year	Sexual Orientation
% of consumers who identified as LGBTQ+	
FY 22/23	<1%
FY 23/24	0%
FY 24/25	0%

Fiscal Year	Disability
% of consumers who identified a physical disability	
FY 22/23	3%
FY 23/24	6%
FY 24/25	4%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	8%	17%	<1%	75%
FY 23/24	15%	49%	0%	36%
FY 24/25	15%	39%	0%	46%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	14%	<1%	<1%	86%
FY 23/24	59%	2%	<1%	39%
FY 24/25	99%	<1%	0%	0%

Native American Resource Center (NARC), cont.

Demographics, cont.

Demographic Observations

- NARC continues to provide culturally appropriate services to the Native American community.
- Due to the increased number of in-person activities, participants were offered the opportunity to complete paper surveys instead of only electronic surveys.
- The program has faced challenges in collecting certain demographic data, citing respondents' hesitance to share this information. Regardless, the program remains committed to providing services even when demographic details are not disclosed.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	2%	8%	<1%
American Indian/Alaska Native	10%	21%	37%
Asian	1%	2%	<1%
Latinx/Hispanic	7%	8%	2%
Native Hawaiian or Pacific Islander	<1%	<1%	<1%
Caucasian/White	3%	4%	3%
More than One Race	2%	6%	6%
Other Race	82%	58%	52%

Native American Resource Center (NARC), cont.

Demographics, cont.

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	0%	0%	0%
Asian Indian/South Asian	0%	0%	0%
Cambodian	0%	0%	0%
Chinese	0%	0%	0%
Eastern European	0%	0%	0%
European	0%	0%	0%
Latinx/Hispanic	7%	0%	0%
Filipino	0%	0%	0%
Japanese	0%	0%	0%
Korean	0%	0%	0%
Middle Eastern	0%	0%	0%
Vietnamese	0%	0%	0%
Other	93%	100%	100%
More than one ethnicity	0%	0%	0%

Native American Resource Center (NARC), cont.

Program Goals

The goals of the Native American Resource Center are to:

- Reduce stigma,
- Reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services, and
- Increase acceptance, dignity, inclusion, and equity for individuals with mental illness and members of their families.

The chart below provides information on the metrics used to meet these goals. The Native American Resource Center utilizes two primary surveys to measure outcomes related to reducing stigma and discrimination.

By administering these surveys, they can measure changes in attitudes, knowledge, and behaviors related to behavioral health services. Challenges such as technology issues and cumbersome paper-based methods have been identified as barriers to effectively administering the surveys. Collaborative efforts between PEI and the provider are underway to design a more effective method of survey distribution.

Program Outcomes

Method used to collect outcome	Description of method	Frequency of use	Number completed
Historical Trauma Survey	Mixed-use survey designed to measure changes in attitudes, knowledge, and behavior through a combination of survey questions, storytelling, and artistic expression	Post-activity	FY 22/23: 0* FY 23/24: 0* FY 24/25: 0*
Stigma Reduction Questionnaire (SRQ) Survey	Survey to measure changes in attitudes, knowledge, and behavior related to mental health services	Post-activity	FY 22/23: 147* FY 23/24: 1,757 FY 24/25: 88*

*Shows areas for improvement in survey distribution.

Native American Resource Center (NARC), cont.

Outcome Discussion

Historical Trauma and Reduction of Stigma

Historical trauma is the cumulative, multigenerational, collective experience of emotional and psychological injury in communities and in descendants. Historical trauma responses are the biological, societal, and psychological symptoms which include changes in the traditional ways of child rearing, family structure, and relationships. These learned behaviors, coping skills, and general mistrust of outside agencies effects help seeking of mental health services. Intergenerational trauma is the transference of emotional, physical, or social pain from one person to their descendants. Survivors of trauma may hold stereotypes about mental health treatment and may be unfamiliar with mental health services which can minimize the need for services. As a result of historical trauma and policies of governmental agencies, Native Americans report fears of removal of their children, forced hospitalization in mental health institutions, and general mistrust.

Stigmatizing ideas stemming from historical trauma are reduced through providing education regarding trauma and the effects on individual, family, and the community which allows for the process of healing unresolved grief and the loss of cultural identity. Through increased awareness of and returning to traditional laws, principles, and values are preventative measures for at risk behaviors.

NARC program participated in Cultural Competency Trainings which discussed how historical and intergenerational trauma effects the family systems and how those families navigate through systems of care. Events such as Native American Heritage Month celebrations have also been a way to share about historical trauma.

Native American Resource Center (NARC), cont.

Outcome Discussion, cont.

Stigma Reduction Surveys

In FY 2023/24, NARC began collecting data on stigma-related outcomes through its independent data system, Screendox. The transition to Screendox has led to a rise in the number of identified respondents. NARC observed that the increasing demand for mental health services suggests a decline in the stigma associated with mental health.

By using both paper and electronic surveys, along with the Screendox system in FY 2024/25, NARC was able to add additional questions to the Stigma Reduction Surveys to better capture respondents' attitudes toward mental health. Efforts are ongoing to explore ways to expand survey distribution and increase response rates.

Percentage of participants who agreed that they would be more likely to engage or support someone living with a mental health challenge			
	FY 22/23 N=147*	FY 23/24 N=1,757*	FY 24/25 N=88*
More likely to seek mental health support if needed	87%	100%	65%
More likely to talk to a friend or family member about mental health needs	84%	0*	73%
More likely to take action to prevent mental health discrimination	83%	0*	71%
More likely to actively and compassionately listen to someone in distress	89%	0*	75%

*Shows areas for improvement in survey distribution.

Promotores de Salud/Community Health Worker (PdS/CHW)

Program Description and Target Population

The Promotores de Salud/Community Health Workers (PdS/CHW) program is categorized as a State Outreach for Increasing Recognition of Early Signs of Mental Illness. The PdS/CHW program is designed to increase awareness of community-based prevention and mental health services in culturally diverse communities. The program promotes mental health awareness, education, and available resources for members of culturally-specific populations throughout the county. Services are designed to increase awareness of and access to the behavioral health system of care. The program targets five specific cultural populations identified by community stakeholders as having the highest need: Latinx/Hispanic, African American/Black, Asian/Pacific Islander, LGBTQ+, and Native American.

The program provides field-based outreach and education to all age groups in many areas of the County. The chart below provides an overview of the program services.

Services Offered	• Mental Health and Substance Use Screenings and Assessments • Mental Health Educational Presentations • Case Management • Resource Referrals • Peer Counseling

Program Serves	Children TAY (16-25) Adults Older Adults (60+)
Location of Services	Community based

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

State Program Positive Results

The PdS/CHW program provides community education on mental health and substance use disorder topics, promotes behavioral health prevention and wellness, and connects community members to local resources within San Bernardino County. The populations served include Latinx/Hispanic, African American/Black, Asian/Pacific Islander, Lesbian, Gay, Bisexual, Transgender, Questioning (LGBTQ+), and Native American communities.

The PdS/CHW program utilizes evidence-based methods to engage the target populations. An effective strategy is recruiting PdS/CHW workers with many of the same social, cultural, and economic characteristics as the target population. This increases the probability that communities will engage with Promotores de Salud or Community Health Workers.

The program relies heavily on recruiting and training community members with lived experience or family members to become PdS and CHW staff and deliver services.

As an extension of Community Health Workers, Peer Providers draw upon their lived experience to help individuals access mental health services and navigate the mental health system.

This peer perspective also helps to reduce stigma associated with accessing services. Due to providers participating in large-scale events drawing people from multiple neighboring states, CHW saw a sharp increase in the number of unduplicated individuals reached in FY 2024/25.

Number of CHW Individuals / Number of Services			
Actual			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Individuals	24,083	37,584	69,645
Number of Services	24,764	37,755	73,338

Number of PdS Individuals / Number of Services			
Actual			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Individuals	40,570	36,949	31,645
Number of Services	47,925	45,833	26,364

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

State Program Positive Results, cont.

Outreach

The PdS/CHW program uses a variety of culturally specific strategies to engage new individuals and train potential responders about the signs and symptoms of mental illness. This information includes recognizing their symptoms and seeking help if necessary. These outreach activities build the capacity of entire communities to identify potential mental health concerns and increase help-seeking behaviors.

During the last three fiscal years, the PdS/CHW program has served 214,700 unduplicated individuals. This figure includes potential responders in the community; these are people in the community who can identify early signs of mental illness and refer individuals to behavioral health services. The PdS/CHW program continues to exceed their annual total of projected unduplicated individuals.

The PdS/CHW program captures information on the number of potential responders trained each year. This enables tracking of the increase in mental health awareness in the community. Between FY 2022/23 and FY 2024/25, the program engaged an average of 71,500 potential responders per year.

Potential Responders			
	Number of Potential Responders		
	PdS	CHW	Total
FY 22/23	34,426	23,800	58,226
FY 23/24	24,279	37,218	61,497
FY 24/25	25,060	69,917	94,977

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

State Program Positive Results, cont.

Outreach, cont.

Potential responders may include, but are not limited to, family members, employers, primary health care providers, school personnel, community service providers, peer providers, law enforcement personnel, and many others. Below are some of the specific potential responders who participated in the program.

- Consumer Family Members
- Families
- Employers
- Leaders of Faith-Based Organizations
- School Personnel
- Child Protective Services
- Peer Providers

Promotores de Salud and Community Health Workers naturally become trusted and reliable members of their communities. These relationships enable them to serve as community liaisons and contribute to the successful delivery of culturally-appropriate services. As cultural brokers in the community, they may also serve as advocates, educators, mentors, and interpreters.

PdS/CHWs engage individuals in both traditional and non-traditional settings to build trust and reduce stigma in their targeted populations. The most commonly used settings to engage potential responders for the PdS/CHW program are listed below.

Types of Settings	
• Cultural Organization • Virtual Platforms • Community Event • Community-Based Organization • Church • School	• Residence • Family Resource Center • Recreation Center • Behavioral Health Clinic • Faith-Based Organizations

PdS/CHWs are engaging with individuals in a variety of cultural and community spaces that range from schools, to homes, to hair salons. PdS/CHWs are constantly discovering new ways to connect with potential responders and community members in their own environments.

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

State Program Positive Results, cont.

Improving Timely Access to Underserved Populations

An additional PdS/CHW program strategy is to improve timely access to services. PdS/CHWs are trained and equipped with the necessary resources to link individuals to possible mental health services as soon as possible and provide support.

Improved data collection efforts have allowed the program to better track referrals to other services. The PdS/CHW program successfully connects underserved populations to timely services. PdS/CHW program providers have improved their efforts in increasing and tracking referrals to prevention, early intervention, and treatment beyond early onset of serious mental illness.

The reduction in referrals provided in FY 2024/25 as compared with the two prior fiscal years is associated with persistent barriers in collecting data and survey completion, which has limited the PdS/CHW program to effectively tailor services. The PdS/CHW program is addressing the challenges and has implemented several strategic solutions at strengthening staffing, rebuilding partnerships, and improving data collection.

Improving Timely Access Referrals			
	FY22/23	FY 23/24	FY 24/25
# of Referrals Provided	15,006	9,004	401
Referred To	• Prevention • Early Intervention • Treatment Beyond Early Onset		

The PdS/CHW program made referrals for the following underserved populations:

- African American
- Asian and Pacific Islander
- Children & Youth at risk of school failure
- Individuals experiencing onset of serious psychiatric illness
- Latinx/Hispanic
- LGBTQ+
- Native American
- Trauma-exposed

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Demographics

Fiscal Year	CHW Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	2%	3%	5%	2%	88%
FY 23/24	2%	3%	7%	2%	85%
FY 24/25	>1%	1%	5%	8%	84%

Fiscal Year	PdS Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	8%	16%	63%	10%	3%
FY 23/24	7%	13%	64%	11%	4%
FY 24/25	3%	8%	34%	2%	0%

Fiscal Year	CHW Sexual Orientation
% of consumers who identified as LGBTQ+	
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	PdS Sexual Orientation
% of consumers who identified as LGBTQ+	
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	0%

Fiscal Year	CHW Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	3%	7%	<1%	90%
FY 23/24	5%	10%	<1%	85%
FY 24/25	5%	9%	0%	86%

Fiscal Year	PdS Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	3%	93%	<1%	4%
FY 23/24	14%	22%	<1%	65%
FY 24/25	33%	55%	0%	12%

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Demographics, cont.

Fiscal Year	CHW Veteran Status
% of consumers who identified as a veteran	
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	PdS Veteran Status
% of consumers who identified as a veteran	
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	CHW Disability
% of consumers who identified a physical disability	
FY 22/23	<1%
FY 23/24	1%
FY 24/25	2%

Fiscal Year	PdS Disability
% of consumers who identified a physical disability	
FY 22/23	<1%
FY 23/24	1%
FY 24/25	<1%

Fiscal Year	CHW Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	6%	<1%	1%	92%
FY 23/24	15%	<1%	1%	84%
FY 24/25	5%	<1%	<1%	82%

Fiscal Year	PdS Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	3%	93%	<1%	4%
FY 23/24	2%	94%	<1%	3%
FY 24/25	10%	37%	0%	0%

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Demographics, cont.

CHW Demographic Observations

- CHW demographic data includes all target population programs for the African American/Black, Latinx/Hispanic, Asian, Pacific Islander, LGBTQ+, and Native American communities.
- CHWs continue their efforts to reach additional members of the African American/Black community.
- There is an upward trend in the response rate for collecting data over the last three years. CHWs continue to discover creative strategies and opportunities for improvement when engaging with members of all the target communities served.

CHW Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	27%	2%	<1%
American Indian/Alaska Native	1%	2%	4%
Asian	1%	1%	13%
Latinx/Hispanic	3%	2%	<1%
Native Hawaiian or Pacific Islander	<1%	<1%	0%
Caucasian/White	1%	4%	<1%
More than One Race	2%	2%	0%
Other Race	66%	88%	<1%

CHW Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	<1%	0%	0%
Asian Indian/South Asian	<1%	0%	0%
Cambodian	<1%	0%	<1%
Chinese	4%	6%	9%
Eastern European	0%	0%	0%
European	<1%	<1%	0%
Latinx/Hispanic	1%	21%	<1%
Filipino	<1%	<1%	<1%
Japanese	<1%	0%	<1%
Korean	<1%	<1%	<1%
Middle Eastern	<1%	0%	0%
Vietnamese	2%	3%	4%
Other	92%	64%	0%
More than one ethnicity	<1%	<1%	0%

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Demographics, cont.

PdS Demographic Observations

- The PdS component of the program continues to successfully capture demographic data. This is in part due to the relationships and trust built within the community.
- The primary language for participants for all three years was identified primarily as Spanish, which aligns with the PdS/CHW program.

PdS Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	<1%	<1%	0%
American Indian/Alaska Native	<1%	0%	0%
Asian	<1%	0%	0%
Latinx/Hispanic	95%	62%	43%
Native Hawaiian or Pacific Islander	<1%	0%	0%
Caucasian/White	1%	1%	5%
More than One Race	36%	<1%	0%
Other Race	24%	37%	0%

PdS Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	0%	<1%	0%
Asian Indian/South Asian	0%	0%	0%
Cambodian	0%	0%	0%
Chinese	0%	0%	0%
Eastern European	0%	0%	0%
European	0%	0%	0%
Latinx/Hispanic	39%	68%	46%
Filipino	0%	0%	0%
Japanese	0%	0%	0%
Korean	0%	<1%	0%
Middle Eastern	0%	0%	0%
Vietnamese	0%	0%	0%
Other	99%	32%	0%
More than one ethnicity	0%	0%	0%

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Program Goals

The goals of the PdS/CHW program are:

- Increase recognition of early signs of potentially severe and disabling mental illness,
- Provide support to individuals with mental illness,
- Refer individuals who need treatment to other mental health services, and
- Provide outreach to individuals to recognize and respond to their symptoms of potential mental illness.

The goals are achieved by deploying trained PdS/CHW into targeted communities. They train community members to recognize and respond effectively to early signs of potentially severe and disabling mental illness and to provide health promotion, education services, alternative activities, or identify risk factors that can contribute to the development of a behavioral health condition. Communities learn about the risk factors that contribute to developing a behavioral health condition.

The effectiveness of the program is evaluated through reflective surveys, which yield a sufficient measurement of improved learning. Surveys are provided after the activity and allow individuals to gauge their level of change in knowledge and comfort level. The table on the following page provides a summary of the tools used and a brief description.

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Program Outcomes

Method used to collect outcome	Description of method	Frequency of use	Number completed
Stigma Discrimination Reduction Surveys	Refers to a compilation of surveys used by the Department of Behavioral Health – PEI programs designed to capture outcomes from Stigma and Discrimination Reduction activities. Examples of surveys used by PdS/CHW programs are the Modular presentation Survey, Measures, Outcomes, and Quality Assessment (MOQA) Survey, and the Stigma Reduction Questionnaire (SRQ).	Post – after each Stigma Reduction presentation	FY 22/23: 828 FY 23/24: 102 FY 24/25: 144
PEI Outreach Survey	The PEI Outreach Survey has 13 questions. The first 9 collect PEI demographic information, and the last 4 gather information on individuals' confidence in recognizing potential mental health challenges and seeking services if needed.	Pre and Post each educational Outreach activity	FY 22/23: 1,571 FY 23/24: 6,759 FY 24/25: 5,707

Outcome Discussion

The PdS/CHW program planning revolves around ensuring the community has access to linguistically and culturally competent mental health information. The program uses evidence-based strategies to reach out to community members and offers a variety of opportunities to learn more about behavioral health concerns surrounding their cultural communities.

Strategies for engagement vary between cultural groups. Some cultural groups are comfortable with utilizing technological tools, while others prefer traditional in-person strategies. Not all cultures experience the same level of comfort with the same approaches. The program continues to explore the most effective methods for delivering culturally appropriate services in their communities and maximizing engagement efforts.

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Outcome Discussion, cont.

An objective of this program is to train potential responders and other members of the community to recognize behaviors or symptoms that may indicate someone who is suffering from a mental health challenge. Furthermore, the program helps people become more comfortable supporting those individuals. That support can include informing individuals of the risks surrounding untreated mental illness and reducing the stigma surrounding accessing services.

The program evaluates success by administering surveys and questionnaires that capture changes in learning, perception, and help seeking behaviors. To measure stigma reduction following engagement, PdS/CHWs utilize the Stigma Reduction Questionnaire (SRQ) to capture individual changes in how they feel after participating in an event or activity. Sample questions include:

As a direct result of this program, I am MORE likely to…

- Socialize with someone who had a serious mental health condition.
- Take action to prevent discrimination against people with mental health conditions.
- Actively and compassionately listen to someone in distress.
- Seek support from a mental health professional if I thought I needed it.
- Talk to a friend or a family member if I am experiencing emotional distress.

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Outcome Discussion, cont.

FY 2024/25 saw providers expressing concern about the challenges of obtaining data. Many reported that participants are hesitant to share any information due to fears around how the data might be used. PEI advises providers to inform participants that any information collected remains with DBH and is used solely for data purposes, not for identification. While PEI encourages collecting demographic data from willing participants, it emphasizes that services and resources should be provided regardless of whether participants provide information.

	As a direct result of this training, I am MORE likely to…	FY 22/23	FY 23/24	FY 24/25
PdS	…talk to a friend or a family member if I was experiencing emotional distress	98%	98%	94%
	…seek support from a mental health professional if I thought that I needed it	97%	97%	94%
	…actively and compassionately listen to someone in distress	98%	98%	94%
	…take action to prevent discrimination against people with mental health…	98%	98%	95%
	…socialize with someone who had a serious mental health condition	96%	96%	94%

	As a direct result of this training, I am MORE likely to…	FY 22/23	FY 23/24	FY 24/25
CHW	…talk to a friend or a family member if I was experiencing emotional distress	72%	72%	*
	…seek support from a mental health professional if I thought that I needed it	73%	73%	*
	…actively and compassionately listen to someone in distress	80%	80%	*
	…take action to prevent discrimination against people with mental health…	86%	75%	*
	…socialize with someone who has a serious mental health condition	88%	72%	*

*Reflects difficulty in obtaining data

Promotores de Salud/Community Health Worker (PdS/CHW), cont.

Outcome Discussion, cont.

Additional stigma survey results below demonstrate a change in attitude of the individuals who received a stigma-reduction activity. FY 2024/25 data shows that as a direct result of PdS activities, 94% of individuals agree or strongly agree that they are likely to feel and view people experiencing mental health challenges in a positive light. Promotores have successfully engaged with community members and provided responders with the resources and the ability to assist friends, family, and community members facing mental health challenges.

	As a direct result of this training, I am MORE likely to…	FY 22/23	FY 23/24	FY 24/25
PdS	…often have unique strengths	98%	91%	94%
	…work hard to be healthy	97%	95%	94%
	…have valuable perspectives and wisdom to share	98%	96%	94%
	…contribute valuable and important things to their family and friends	98%	95%	94%
	…contribute valuable and important things to our community & neighborhood	98%	94%	94%
	…are a valuable and important part of my community & neighborhood	98%	92%	94%

Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT)

Program Description and Target Population

The Substance Use Prevention & Pathways to Outreach and Treatment program (SUPPOrT), previously known as the Inland Empire Opioid Crisis Coalition (IEOCC), is a PEI program categorized as Outreach for Increasing the Recognition of Early Signs of Mental Illness. SUPPOrT is comprised of over forty (40) member organizations participating since 2017. It encompasses a multidisciplinary mix of partners working across sectors that include county agencies, community agencies and institutions, professional partners, and residents working together to educate one another, support, and develop strategies to combat the opioid crisis. SUPPOrT works with the Department of Behavioral Health's Substance Use Disorder Recovery Services (SUDRS) and Public Relations and Outreach Services (PROS) in providing outreach activities.

The SUPPOrT program aims to continue supporting the community by delivering outreach activities to provide access and linkages to prevention, early intervention, and substance use treatment. The SUPPOrT program seeks to collaboratively work on bringing and maintaining community partners, agencies, and professionals together to generate strategies to reduce opioid use and opioid related deaths. In addition, the SUPPOrT program will conduct outreach to raise awareness, provide resources and support, and educate the individuals in the community.

Services Offered	• **Medication Assisted Treatment (MAT) Referrals** • **Substance Use Disorder Services Referrals** • **Behavioral Health Services Referrals** • **Community Education and Awareness**

Program Serves	**Children** **TAY (16-25)** **Adults** **Older Adults (60+)**
Location of Services	School Campuses, Behavioral Health Clinics, In-home

Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT), cont.

State Program Positive Results

The SUPPOrT program delivers outreach activities to provide access and linkages to substance use prevention, early intervention, and treatment. In addition, the program raises awareness by educating individuals in the community and through training on the use of Naloxone/Narcan.

In FY 2024/25, the program increased its outreach efforts to raise awareness and provide substance use and mental health resources at community fairs, workshops, and conferences. The table on the right shows that SUPPOrT engaged 2,259 unduplicated participants at 154 community health fairs.

The SUPPOrT program outreach efforts reached out to 2,472 potential responders in the community. Potential responders are people in the community who can identify early signs of mental illness and refer individuals to Behavioral Health services. Examples of potential responders include community service providers and school personnel.

The SUPPOrT program has successfully distributed the following: 1,695 Naloxone Medication; 1,720 Deterra Medication disposal pouches; and 2,070 Fentanyl test strips. Out of the Naloxone distributions, one report was submitted of an overdose reversal due to the participant receiving training on how to administer Naloxone and save someone's life.

Number of Participants / Number of Actual Services			
	Actual		
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	212	3,662	2,259
Number of Services	216	4,333	4,518

Number of Potential Responders		
FY 22/23	FY 23/24	FY 24/25
212	3,338	2,472

Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	0%	19%	10%	1%	70%
FY 23/24	1%	8%	24%	3%	64%
FY 24/25	2%	17%	64%	15%	2%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	<1%
FY 23/24	2%
FY 24/25	4%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	7%
FY 23/24	3%
FY 24/25	2%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	8%
FY 23/24	6%
FY 24/25	15%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	7%	22%	1%	70%
FY 23/24	12%	24%	0%	64%
FY 24/25	28%	70%	1%	1%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	30%	<1%	0%	70%
FY 23/24	33%	3%	<1%	64%
FY 24/25	95%	3%	1%	<1%

Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT), cont.

Demographics, cont.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	2%	6%	15%
American Indian/Alaska Native	0%	1%	1%
Asian	1%	6%	4%
Latinx/Hispanic	24%	18%	42%
Native Hawaiian or Pacific Islander	<1%	1%	<1%
Caucasian/White	3%	10%	27%
More than One Race	1%	1%	1%
Other Race	1%	1%	<1%
Declined to Answer	69%	56%	4%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	2%	6%	11%
Asian Indian/South Asian	1%	1%	<1%
Cambodian	1%	<1%	<1%
Chinese	0%	<1%	<1%
Eastern European	1%	<1%	2%
European	2%	7%	15%
Latinx/Hispanic	22%	19%	42%
Filipino	1%	1%	2%
Japanese	0%	0%	0%
Korean	0%	1%	0%
Middle Eastern	1%	<1%	<1%
Vietnamese	0%	<1%	<1%
Other	2%	5%	15%
More than one ethnicity	2%	2%	1%
Declined to Answer	65%	54%	<1%

Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT), cont.

Program Goals

- Reduce prolonged suffering associated with untreated mental illness:
  - Reduce risk factors.
  - Reduce indicators.
  - Increase protective factors that may improve mental, emotional, and relational functioning.
- Reduce stigma and discrimination associated with mental illness:
  - Reduce negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to having a mental illness, being diagnosed, or seeking services.
  - Increase acceptance, dignity, inclusion, and equity for individuals with mental illness and members of families.
- Increase recognition of early signs of mental illness:
  - Potential Responders:
    - Identify early signs of potentially severe and disabling mental illness.
    - Provide support to individuals with mental illness.
    - Refer individuals who need treatment or other mental health services.
  - Individuals:
    - Recognize your own symptoms.
    - Respond to symptoms.

Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT), cont.

Program Outcomes

Method use to collect outcome	Description of method	Frequency of use	Number completed
Outreach Survey	The Outreach Survey has13 questions. The first 9 are used to collect PEI demographic information, and the last 4 are used to gather information on participants' confidence in recognizing potential mental health challenges and seeking services if needed.	After each outreach activity	FY 22/23: 68 FY 23/24: 1,580 FY 24/25: 2,326

Outcome Discussion

The Department of Behavioral Health's Office of PEI, SUPPOrT, and Research and Evaluation teams collaborated in creating an outreach survey that gathers information on participant's knowledge of substance use disorders following an engagement activity. Sample outreach survey questions include:

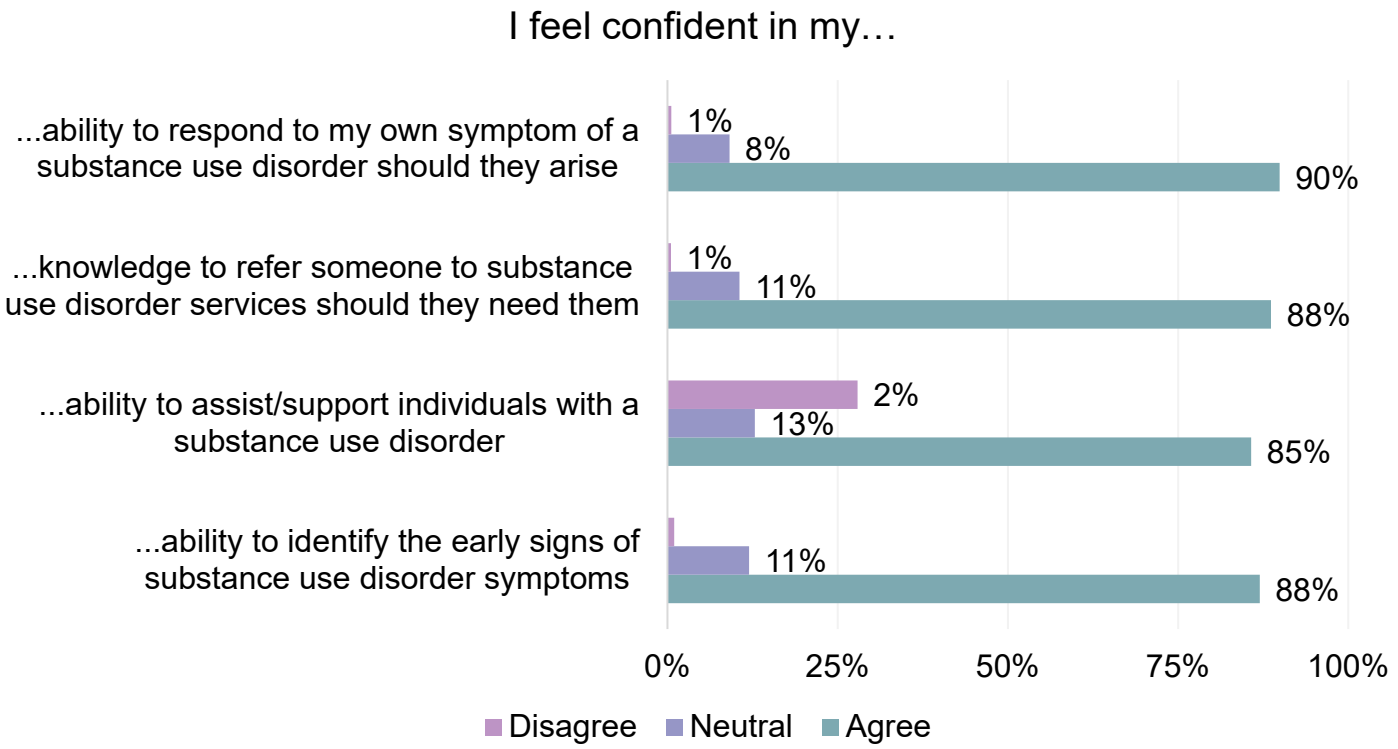
I feel confident in my…

- Ability to identify the early signs of substance use disorder symptoms.
- Ability to assist/support individuals with a substance use disorder.
- Knowledge to refer someone to substance use disorder services should they need them.
- Ability to respond to my symptoms of a substance use disorder should they arise.

Substance Use Prevention & Pathways to Outreach and Treatment (SUPPOrT), cont.

Outcome Discussion, cont.

Outreach survey data illustrates that 90% of participants who completed the survey agree that they successfully increased their ability to respond to their symptoms of a substance use disorder, should they arise. Also, following their activities, 88% of participants agreed that they were more confident in their ability to identify early signs of substance use disorder symptoms and, in their knowledge, to complete a referral for substance use disorder service. The overall outcomes demonstrate that SUPPOrT outreach and educational activities are successfully meeting the intended goals of the program.



Child and Youth Connection (CYC)

Program Description and Target Population

CYC is a State Access and Linkage to Treatment program that connects children suffering from severe emotional challenges to medically necessary care and treatment. CYC is comprised of several components:

- **Screening, Assessment, Referral, and Treatment (SART):** Offers complete treatment for children ages 0 to 6 suffering from social, physical, behavioral, developmental, and/or physiological problems. It's a comprehensive program for at-risk children, many of whom have been subjected to abuse, neglect, or prenatal exposure to hazardous substances.
- **Early Identification and Intervention Services (EIIS):** EIIS provides assistance to children aged 0 to 8 who have social, physical, behavioral, developmental, and/or psychiatric difficulties but do not require the intense therapies provided by SART. Children who participate in EIIS do not always have a history of trauma, and they are usually referred from SART after being examined.
- **Children's Assessment Center (CAC) Pre-Forensic Examination Counseling Services:** The Children's Assessment Center (CAC) is a partnership between Loma Linda University Children's Hospital (LLUCH) and the County to serve children and families who are in need of services in a child-friendly environment. The CAC provides a safe location for the LLUCH physicians and nurse practitioners to perform the necessary forensic medical examinations on children who are victims of sexual and physical abuse. This contract allows the LLUCH medical staff to perform the pre-forensic examination counseling service prior to the exam to reduce the trauma to child victims and their families referred. It is in the best interest of the child to have the LLUCH medical staff provide the pre-forensic examination counseling service since they will be conducting the medical exam.

SART and EIIS Services Offered	• **Assessments** • **Comprehensive Treatment Services** • **Case Management Services** • **Mental Health Education**

The SART and EIIS Programs Serve	**Children**
Location of Services	Desert/Mountain, East Valley, Central Valley, West Valley

Child and Youth Connection (CYC), cont.

Program Description and Target Population, cont.

- **Juvenile Public Defender's Office:** In-home screenings for adolescents involved in the juvenile justice system are provided by the Department of Behavioral Health in collaboration with the Public Defender's Office Juvenile Division.
- **Mentoring Network:** DBH collaborates with Children's Network to conduct mentoring needs assessments of at-risk youth through a collaborative effort of several County departments including the Public Defender's Office, Children's Network, and Children and Family Services. The Mentoring Network identifies new and existing mentoring organizations, links system-involved youth with appropriate agencies and collects and provides mentoring resources.

Program Highlights

The CYC program focuses on access and linkage to treatment where children are assessed and provided the appropriate level of care. In addition to these services, the program also offers prevention and outreach services to increase awareness and access to services.

CYC offers education, outreach, case management, resource referrals, and mentoring as part of the prevention services. These assist in reducing the stigma surrounding mental health services and connecting communities to appropriate resources.

The program's overall success can be measured by the number of participants listed below. Each year, the number of unique participants surpassed our contractual requirements.

Number of Participants / Number of Services			
	Actual		
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	7,111	8,325	12,027
Number of Services	86,701	103,926	57,399

Prevention:

The risk factors for CYC program participants can include neglect and abuse, attachment difficulties, and exposure to substance use disorder.

Prevention activities within the program help to address these risk factors by boosting protective factors such as supportive parenting and education, healthy communication, and social support.

Some of the prevention activities offered include parenting support groups, substance use disorder workshops, multidisciplinary collaboration, and case management.

Child and Youth Connection (CYC), cont.

Program Highlights, cont.

Early Intervention:

SART and EIIS are CYC programs that provide early intervention services, such as treatments and interventions, for children who have been exposed to trauma and/or have impaired functioning but do not require a wide range of ongoing services.

Parent-Child Interaction Therapy (PCIT) and Infant Massage are examples of the treatments administered by this program. The table below illustrates the total number of sessions opened, the number of sessions closed, and the proportion of participants who met their treatment goals for each fiscal year.

The participants are engaged in the program up to 6 years of age for SART and up to 9 years of age for EIIS. If the child still requires additional support, they are transitioned to the appropriate level of care.

Treatment Success by Fiscal Year			
	Total Episodes	Closed Episodes	% Met Goals
FY 22/23	2,538	2,042	23%
FY 23/24	2,408	2,044	39%
FY 24/25	4,391	2,285	52%

A key indicator of effective prevention efforts is how often participants access services. Regular return visits show comfort with the offerings and a willingness to engage in group activities. This ongoing engagement is crucial for fostering a supportive environment that promotes learning and growth.

The following table provides a detailed breakdown of the unduplicated number of participants who utilized prevention services, along with the total number of services provided. This data offers valuable insights into participation trends and the effectiveness of outreach strategies, highlighting the importance of continued support and accessibility in preventive programs.

Prevention	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	2,349	5,079	5,282
Total Services	3,262	4,028	2,534

Child and Youth Connection (CYC), cont.

Program Highlights, cont.

Outreach:

The outreach component of the CYC program provides services to participants to engage, encourage, educate, and/or train potential responders on how to recognize and respond effectively to early indicators of potentially severe and disabling mental illness. These services reach a variety of potential responders in an equally variable number of settings, as detailed below.

Potential Responders Reached			
	FY 22/23	FY 23/24	FY 24/25
Potential Responders	1,037	1,231	1,788

Outreach Types of Responders / Settings	
Types of Responders	**Settings**
• Community service providers • Child protective services personnel • Consumer family members • School personnel • Peer providers • Students and educators • Law enforcement	• Community-based organizations • Community events • Schools • Health centers • County offices • Behavioral health clinics • Hospitals • Various outreach events

Child and Youth Connection (CYC), cont.

Program Highlights, cont.

Access and Linkage to Treatment:

Children needing mental health services are identified through either the Referral, Screening, Assessment, and Treatment (RSAT) assessment process or the full Clinic Day referral to the Screening, Assessment, Referral, and Treatment (SART) centers.

The RSAT process is a collaboration between the Department of Behavioral Health (DBH), Children and Family Services, and the SART providers.

Those children ages 0-5 are referred to SART while children ages 6-17 are referred to DBH's Juvenile Court Behavioral Health Services (JCBHS) program. Both programs offer each referred child a full psycho-social assessment to determine eligibility and need for services.

Through a trans-disciplinary process known as "Clinic Day," each SART center has a public health nurse, pediatrician, occupational therapist, speech and language therapist, and psychologists who can provide additional assessments for other needs. In many cases, the public health nurse functions as case manager by assisting families in reaching appropriate resources.

Children needing ongoing care are referred to appropriate resources provided either through the SART center directly or through partners such as the Inland Regional Center (IRC), medical services, or educational services.

The Healthy Homes Program, a clinical unit with JCBHS, has clinicians who are co-located at the Children and Family Services (CFS) offices throughout the county. The Healthy Homes clinicians conduct assessments for children involved with CFS.

If these children and youth need ongoing services, they are referred to local service providers and programs.

Sometimes, these clinicians will provide short-term mental health services to prevent involvement in a long-term program.

Child and Youth Connection (CYC), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-50	60+	UNK
FY 22/23	36%	3%	26%	1%	34%
FY 23/24	83%	11%	5%	<1%	1%
FY 24/25	4%	5%	45%	3%	3%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	0%
FY 23/24	0%
FY 24/25	0%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	0%
FY 23/24	0%
FY 24/25	0%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	0%
FY 23/24	<1%
FY 24/25	0%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	1%	8%	0%	90%
FY 23/24	46%	54%	0%	0%
FY 24/25	21%	58%	0%	76%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	78%	9%	<1%	12%
FY 23/24	89%	10%	<1%	0%
FY 24/25	25%	38%	<1%	37%

Child and Youth Connection (CYC), cont.

Demographics , cont.

Demographic Observations

The CYC program served the largest proportion of children, meeting its target participant age. In some categories, a large proportion of those declined to answer. Often, this is because it has been deemed inappropriate to ask this age group.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	16%	34%	2%
American Indian/Alaska Native	<1%	<1%	0%
Asian	<1%	2%	2%
Latinx/Hispanic	39%	31%	52%
Native Hawaiian/Pacific Islander	0%	<1%	<1%
Caucasian/White	12%	27%	5%
More Than One Race	1%	6%	0%
Other Race	3%	1%	0%
Declined to Answer	28%	1%	41%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	1%	6%	1%
Asian Indian/South Asian	0%	0%	1%
Cambodian	0%	0%	0%
Chinese	0%	0%	0%
Eastern European	0%	0%	0%
European	0%	0%	3%
Latinx/Hispanic	0%	4%	4%
Filipino	0%	<1%	0%
Japanese	0%	0%	0%
Korean	0%	0%	0%
Middle Eastern	0%	<1%	0%
Vietnamese	0%	<1%	0%
Other	4%	25%	0%
More Than One Ethnicity	0%	0%	0%
Declined to answer	9%	9%	34%

Child and Youth Connection (CYC), cont.

Program Goals

Increase early access and linkage to medically necessary care and treatment:

- Connect children, adults, and older adults with serious mental illness to care as early in the onset as practical to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs.

Improve timely access to services for underserved populations:

- Increased the extent to which individuals or families from underserved populations who need mental health services because of risk or presence of a mental illness receive appropriate services as early in onset as practicable.

Reduce prolonged suffering:

- Reduce risk factors,
- Increased protective factors that may lead to improved mental, emotional, and relational functioning,
- Reduced symptoms, and
- Improved recovery, including emotional and relational functioning.

Reduce stigma and discrimination associated with mental illness:

- Reduced negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to having a mental illness, being diagnosed, or seeking services.

Child and Youth Connection (CYC), cont.

Program Outcomes

Method used to collect outcome	Description of method	Frequency of use	Number completed
Children and Adolescent Needs and Strengths Assessment (CANS)	CANS is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning.	Intake, 6 months, Discharge, Significant life events	FY 22/23: 1,045 FY 23/24: 1,339 FY 24/25: 1,409

Outcome Discussion

The CYC program uses the Child and Adolescent Needs and Strengths – San Bernardino (CANS-SB) assessment to measure outcomes of the early intervention treatments and develop treatment plans and goals. Children and TAY receive the initial CANS-SB assessment within the first 30 days of receiving assistance. Every three to six months, follow-up assessments are conducted. A final assessment is completed after services.

The focus of the early intervention treatment for the CYC program includes:

- Life Functioning is described as the various areas of social interaction present in the lives of children, teenagers, and their families. This domain assesses their performance in the areas of self, family, peers, school, and community.
- The Behavioral/Emotional Needs domain identifies the child’s behavioral health needs.
- The Ages 0-5 Early Childhood domain focuses on elements of a young child’s functioning that are prominent during the first five years of development.

Each CANS-SB assessment domain includes sub-domains that measure more micro-level improvements.

Child and Youth Connection (CYC), cont.

Outcome Discussion, cont.

The Life Functioning domain consists of the following sub-domains utilized to measure a participant's needs in this area: school behaviors, family functioning, and living situation. Each sub-domain has the following explanation:

- School behaviors rate the child's behavior in a school or similar setting.
- Family functioning rates the child's relationships with those in their family. Family should be defined from the child's perspective and who they identify as family.
- Living situation refers to how the child functions in their current living arrangement, which could be with a relative, in a foster home, etc.

The Behavioral/Emotional Needs sub-domains include the following:

- Depression: This rates the symptoms of the child, such as irritable or depressed mood, social withdrawal, and loss of motivation.
- Anxiety: This rates the symptoms of the child, such as excessive fear and anxiety and related behavioral disturbances. Panic attacks can be a prominent type of fear response.
- Anger Control: This refers to the child's ability to identify and manage anger when frustrated.

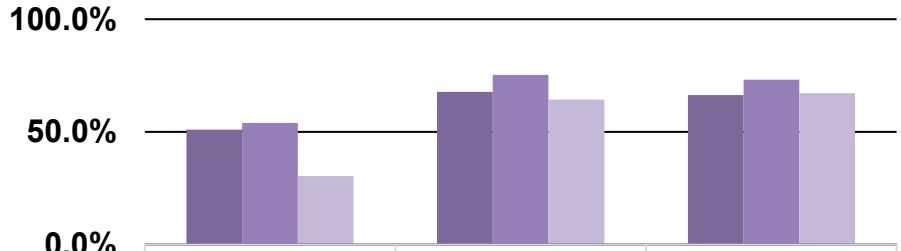
The Ages 0-5 Early Childhood module rates the same sub-domains as the Life Functioning Domain; however, these sub-domains are rated through a lens more focused on the stages of development from ages 0-5 rather than the participant's overall life functioning.

Child and Youth Connection (CYC), cont.

Outcome Discussion, cont.

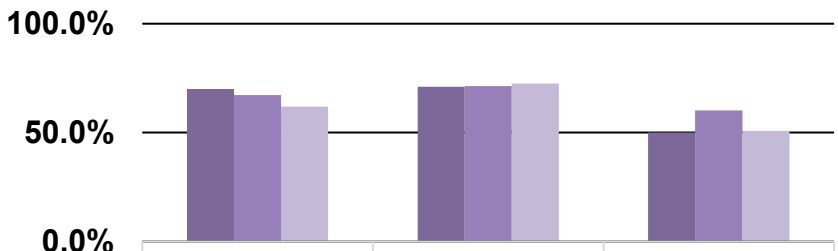
These graphs demonstrate global improvement in life functioning, behavioral/emotional needs, and ages 0-5 early childhood for both EIIS and SART participants of the CYC program. Both programs have maintained an average of 46% improvement in the life functioning domain, 50% improvement in the behavioral/emotional needs domain, and 28% in the ages 0-5 early childhood domain.

CYC SART % Improved by Fiscal Year



	Life Functioning	Behavioral/ Emotional Needs	Ages 0-5 Early Childhood
FY 22/23	51.0%	67.8%	66.3%
FY 23/24	53.9%	75.3%	73.2%
FY 24/25	30.4%	64.3%	67.2%

CYC EIIS % Improved by Fiscal Year



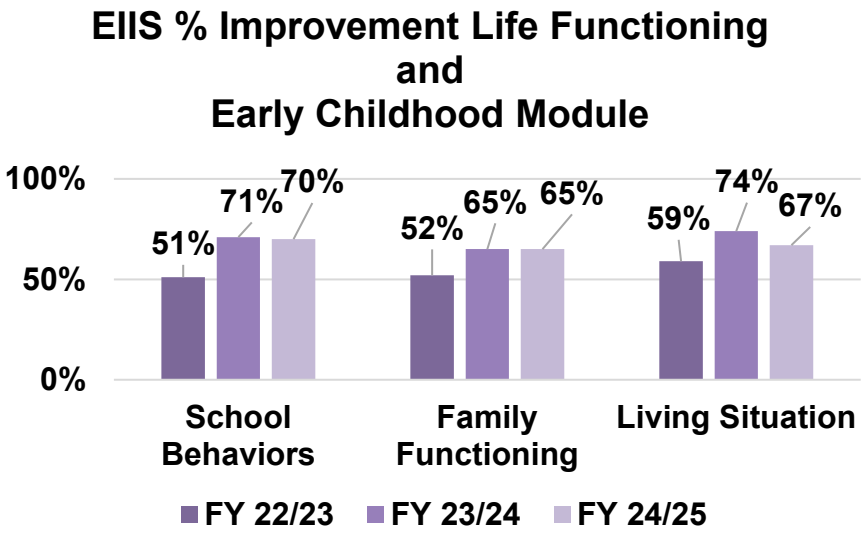
	Life Functioning	Behavioral/ Emotional Needs	Ages 0-5 Early Childhood
FY 22/23	70.0%	71.0%	50.0%
FY 23/24	67.3%	71.3%	60.2%
FY 24/25	61.9%	72.6%	50.8%

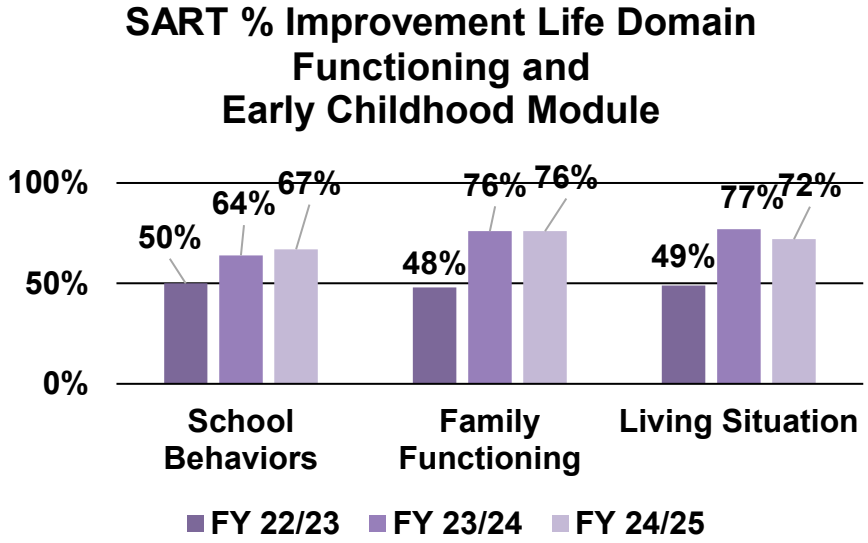
Child and Youth Connection (CYC), cont.

Outcome Discussion, cont.

The following graphs demonstrate the participants' improvement in these sub-domains over the last three fiscal years. The EIIS Program outcomes saw significant improvements from FY 2022/23 to FY 2023/24, particularly in School Behaviors and Living Situation. However, progress plateaued in FY 2024/25, with Family Functioning stabilizing and Living Situation declining.

SART outcomes show strong and sustained improvements across all areas, with notable gains in Family Functioning and Living Situation, though continued focus is needed to sustain progress in Living Situation and further strengthen School Behaviors.

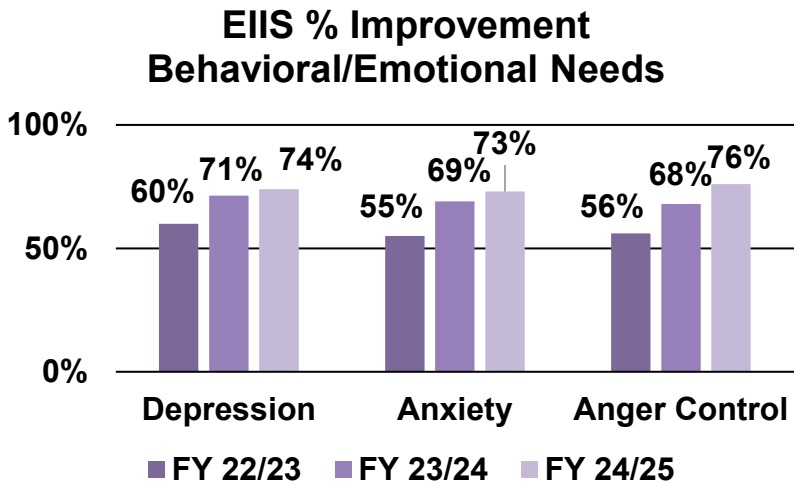


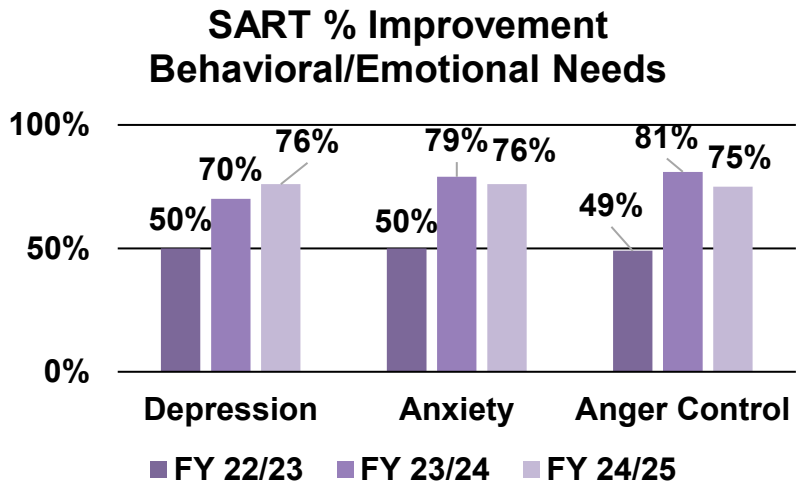


Child and Youth Connection (CYC), cont.

Outcome Discussion, cont.

Depression can be a significant barrier to child development. Both programs have been successful in maintaining an average of 70+% improvement in depression. Children who were referred and presented difficulties with regulating anger showed an average improvement of 75%. Reducing anxiety leads to improved behavioral and emotional functioning. The program has seen an improvement of 73%+ within the three-year review period.





Preschool PEI Program (PPP)

Program Description and Target Population

Preschool PEI Program (PPP) is a Prevention program that is a collaborative effort between the Department of Behavioral Health and the Preschool Services Department to serve students enrolled in the County's Head Start program. The PPP supports preschool children ages two through five and educates their parents, caregivers, and teachers. The program is designed to help children learn to understand and manage their emotions. It also promotes and improves participants' academic competence in areas such as language, reading, and social skills.

Program eligibility is based on an enrolled preschool child demonstrating self-regulation or social behavior that potentially affects the child's ability to engage in educational or social experiences effectively.

Services Offered	• **Social-emotional development** • **Screenings & assessments** • **Trauma support** • **Resources and referrals** • **Behavioral health plan development** • **Family support**

Program Serves	**Children, TAY (16-25), Adults, Older Adults (60+)**
Location of Services	Preschool, In Home, and Counseling Centers

Preschool PEI Program (PPP), cont.

Program Highlights

The PPP provides services to preschool-aged children, their parents, and their caregivers. In addition, the PPP provides education and classroom strategies to develop secure and consistent interactions between home and school settings.

As a prevention program, PPP seeks to provide activities and classroom instruction that promote protective factors such as:

- Supportive nurturing and attachment,
- Improving cognitive development,
- Developing social connections with peers, and
- Developing social and emotional competence.

Risk factors typically seen within PPP include ineffective parenting, which results in a lack of attachment, nurturing, and supportive relationships.

The PPP seeks to reduce these risk factors by:

- Assisting parents in better understanding their children's needs and development,
- Fostering stable attachments with parents and caregivers, and
- Developing supportive connections with other significant adults.

Research shows that promoting protective factors and reducing risk factors increase children's and families' mental health and well-being and are associated with a lower likelihood of negative outcomes.

Number of Participants / Number of Services			
Actual			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	409	354	457
Number of Services	1,358	1,075	1553

Preschool PEI Program (PPP), cont.

Program Highlights, cont.

Building social-emotional skills in preschool-aged children helps them learn to recognize, understand, and manage powerful feelings and helps them to develop empathy for others. These skills are important to developing their mental health and well-being. In addition, the family support component helps families create an environment where the children can develop a sense of predictability and safety through nurturing, stable, and consistent relationships with adults. This sense of predictability is further developed in the classroom with regular routines and consistent positive behavior management strategies.

The PPP develops protective factors of emotional self-regulation, positive coping skills, effective problem-solving skills, peer engagement, supportive relationships with family members, and predictability in the home and school environment.

Teacher Training

Teachers within the PPP are trained in classroom management to support children's developmental milestones, emotional literacy, friendship skills, self-regulation, and problem-solving. The teacher education component builds skills to promote children's social, emotional, and academic growth, while encouraging parent involvement to align home and school.

Ongoing evaluations confirm proper use of these strategies, reflected in improvements on the Desired Results Development Profile (DRDP). In FY 2022/23, a drop in preschoolers' self-regulation prompted PSD Class Teacher Coaches to introduce intervention strategies and Second Step curriculum training, alongside Behavioral Health Specialists receiving Teaching Pyramid training.

Support for both curriculums continued in FY 2023/24, with additional training and integrated coaching provided. In FY 2024/25, teachers reported success in classroom management and behavior regulation amongst the students, attributing improvements to the curriculums implemented in the prior fiscal years.

Preschool PEI Program (PPP), cont.

Program Highlights, cont.

Bereavement and Loss

In addition to the social-emotional development strategies that are used within the classroom, this group assists children who have experienced trauma, loss, or separation from a parent or significant care provider in their lives.

This may include a parent, grandparent, or other person close to the child. The loss may be due to death, divorce, separation, foster care, military deployment, homelessness, or parent incarceration.

In previous years, PPP utilized the Trauma, Loss, and Compassion (TLC) model to improve child/family outcomes. The TLC activities help children self-regulate, practice social behavior in a safe space, and to develop healthy coping skills, which decrease aggressive, internalizing, self-isolation, and other self-harming behaviors.

In FY 2023/24, PPP transitioned to a new program to address loss. The Living in Grief Healing Together (L.I.G.H.T.) Program is an eight-week workshop for enrolled PSD children, facilitated by MFT Interns and supervised by a Clinical Supervisor where the team focuses on discussing loss, fostering hope, and understanding emotions. The program works with children who have experienced trauma, specifically grief and loss.

Number of Children Participating in the TLC Group		
FY 22/23	FY 23/24	FY 24/25
76	0	0

Number of Children Participating in the L.I.G.H.T. Program		
FY 22/23	FY 23/24	FY 24/25
0	43	84

Preschool PEI Program (PPP), cont.

Program Highlights, cont.

Access & Linkage to Services

Behavioral Health Specialists within the San Bernardino County Preschool Services Department identify children struggling with learning, behavioral, or emotional challenges, and refer their families to SART (Screening Assessment Referral Treatment) centers and psychological treatment centers to access additional services to support the child and their caregivers.

The program is intended to engage with young children and their families at a very early age. The percentage of families who declined or did not engage in services is indicative of the stigma that still exists in accessing mental health services for young children.

Needs Assessment

PPP, PSD, and their partnering agencies collaboratively identify children ages 0-5 enrolled in preschool classrooms where there are concerns related to self-regulation and social-emotional challenges.

To assess and evaluate at-risk children, the tools Ages and Stages Questionnaire-Social Emotional 2 (ASQ-SE2) and the Desired Results Developmental Profile (DRDP) are used. These assessment tools provide valuable data that helps in identifying children who may need additional support. The data-driven approach ensures that interventions are both relevant and effective.

The partnering agencies lend support by offering direct home and classroom assistance for the children and their families. These partnerships enable PPP to reach a broader segment of the population, particularly those who may not have had access to resources otherwise.

Preschool PEI Program (PPP), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	51%	4%	26%	1%	18%
FY 23/24	54%	5%	33%	1%	7%
FY 24/25	54%	4%	32%	1%	8%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	0%
FY 23/24	0%
FY 24/25	<1%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	0%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	5%
FY 23/24	4%
FY 24/25	4%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	32%	38%	0%	30%
FY 23/24	19%	34%	<1%	46%
FY 24/25	22%	29%	0%	49%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	79%	7%	1%	0%
FY 23/24	84%	6%	1%	9%
FY 24/25	82%	10%	1%	7%

Preschool PEI Program (PPP), cont.

Demographics, cont.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	21%	24%	22%
American Indian/Alaska Native	<1%	1%	<1%
Asian	2%	0%	2%
Latinx/Hispanic	1%	<1%	11%
Native Hawaiian or Pacific Islander	1%	1%	0%
Caucasian/White	4%	28%	31%
More than One Race	31%	6%	3%
Other Race	40%	40%	32%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	2%	<1%	<1%
Asian Indian/South Asian	0%	0%	<1%
Cambodian	0%	0%	0%
Chinese	3%	0%	<1%
Eastern European	0%	0%	0%
European	2%	0%	<1%
Latinx/Hispanic	21%	18%	52%
Filipino	0%	0%	0%
Japanese	0%	0%	0%
Korean	0%	0%	0%
Middle Eastern	1%	1%	0%
Vietnamese	0%	0%	0%
Other	90%	80%	45%
More than one ethnicity	3%	0%	<1%

Preschool PEI Program (PPP), cont.

Demographics, cont.

Demographic Observations

The PPP program has consistently served the targeted demographics over the last three fiscal years.

- The majority of the population served is preschool-aged children.
- The program is designed to support parents and caregivers in providing a nurturing and supportive environment for the children's social-emotional development. As a result, the PPP serves the adult population (TAY, adult, and older adult) and the children who receive services.

Questions related to gender and sexual orientation have a high rate of "Unknown" responses.

- Questions regarding sexual orientation are considered inappropriate to ask for the primary target population of preschool-aged children and contribute to lack of responses in this area.

The overall diversity of the participants within the PPP reflects the diverse community of San Bernardino County.

Preschool PEI Program (PPP), cont.

Program Goals

The PPP aims to reduce risk factors and promote protective factors. Protective factors are associated with lower likelihoods of problem outcomes. Risk factors are associated with a higher likelihood of problem outcomes. Specific objectives of the PPP are to reduce the occurrence of aggressive and oppositional behavior, increase social competency to support overall school functioning, increase overall family functioning, and increase mental and emotional health. Strategies used within the PPP promote positive cognitive, social, and emotional development and encourages a state of well-being that allows the individual to function well in the face of ongoing changing and sometimes challenging circumstances.

Program Outcomes

The instrument employed to assess outcomes within the PPP is the Desired Results Developmental Profile (DRDP). This tool is designed to evaluate various developmental domains, providing valuable insights into the progress of students. By systematically measuring outcomes, the DRDP tracks growth over time and enables PPP to identify areas for improvement.

The Desired Results Developmental Profile

The Desired Results Developmental Profile (DRDP) is an assessment tool used to determine whether the preschool-aged child is at or above the California Foundations age expectations in social-emotional development. Building meaningful and rewarding relationships with others is a part of a child's social-emotional development. Children begin to manage their emotions and acquire a sense of predictability, safety, and responsiveness in their social contexts when they have nurturing, stable, and consistent relationships with adults.

Method use to collect outcome	Description of method	Frequency of use	Number completed
The Desired Results Developmental Profile (DRDP)	Designed for teachers to observe, document, and reflect on the learning, development, and progress of children who are enrolled in early care and education programs and before-and after-school programs.	Fall, Winter, and Spring	FY 22/23: 1,290 FY 23/24: 1,219 FY 24/25: *

*Indicates no data available new program launch

Preschool PEI Program (PPP), cont.

Outcome Discussion

The DRDP assessment is completed in the fall, winter, and spring using observations of the children's work by the children's families and teachers.

Desired Results Developmental Profile									
Social-Emotional Development Domain	FY 22/23			FY 23/24			FY 24/25		
	Pre	Post	Increase	Pre	Post	Increase	Pre	Post	Increase
Identity of Self in Relation to Others	48%	70%	76%	52%	79%	66%	63%	69%	8%
Social and Emotional Understanding	48%	67%	75%	48%	75%	67%	65%	67%	3%
Relationships and Social Interactions with Familiar Adults	52%	70%	80%	54%	81%	67%	73%	75%	3%
Relationships and Social Interactions with Peers	58%	76%	82%	59%	84%	70%	66%	68%	3%
Symbolic and Sociodramatic Play	33%	44%	59%	*	*	*	*	*	*

*Not included in DRDP assessment

The results of the assessment shown in the table illustrate the increase in children's development in five key social-emotional development dimensions of Identity of Self in Relation to Others, Social and Emotional Understanding, Relationships and Social Interactions with Familiar Adults, Relationships and Social Interaction with Peers, and Symbolic and Sociodramatic Play across the previous three years.

Preschool PEI Program (PPP), cont.

Collaborative Partners

- Fatherhood FIRE Program
- 211 Inland SoCal United Way- PSD 211 Specialist
- Cal Baptist University MFT Intern Program
- County Library
- First 5
- Transitional Assistance Department
- Children's Fund
- Victor Community Support Services
- Christian Counseling Services
- Desert Mountain
- Lutheran Social Services
- Foster & Kinship CARE Education
- Childcare Resource Center
- Inland Regional Center
- Dr. Bergin
- Fontana Unified School District
- Colton Bloomington School District
- Needles School District
- West Valley SART

Program Updates

The Preschool PEI Program concluded on June 30, 2025, and was succeeded by the Preschool Building Blocks to Success Program, which launched on July 1, 2025.

Resilience Promotion in African American Children (RPiAAC)

Program Description and Target Population

The Resilience Promotion in African American Children (RPiAAC) program focuses on prevention and early intervention for African American/Black children and youth. The program embraces African American/Black values, beliefs, and traditions, incorporating them into educational and behavioral health services. The program's goal is to promote resilience in African American/Black children to reduce the risk factors that lead to the development of a mental illness and/or substance use disorder behaviors.

Services Offered
• Cultural awareness and empowerment workshops • Professional development presentations • Mental health/SUD screenings • Mental health/SUD education • Counseling services • Case management • Homework assistance • Parenting Workshops

Program Serves	**Children** **TAY (16-25)** **Adults**
Location of Services	School campuses, Family Resource Centers, Community organizations

Resilience Promotion in African American Children (RPiAAC), cont.

State Program Positive Results

The RPiAAC program works in collaboration with local schools to provide programming and activities at school sites that are convenient for students and their families. Individuals undergo screening for risk factors that may result in mental health symptoms and the likelihood of developing an early-onset mental illness. The concerns of impairment and safety are further evaluated to establish the degree of the individual's need of additional services.

RPiAAC providers involve students and parents in planning culturally appropriate and engaging activities for the target audience. Trends from screening tools and survey feedback determine the offered activities.

The RPiAAC program is categorized as a State Prevention and Early Intervention program. The program aims to reduce risk factors such as school failure, dropout, and juvenile justice involvement. It increases protective factors such as positive coping skills, increased knowledge, access to services, and positive self-image. RPiAAC provides a variety of prevention activities and social skill groups through evidence-based curriculums, Peacemakers, and National Curriculum and Training Institute (NCTI) Youth Crossroads.

Services are intended for children who are identified as struggling with behavior in class, maintaining passing grades, absenteeism, and tardiness.

Students are provided a variety of workshops to aid them with time management, conflict resolution, coping with challenges, and managing emotions. These services incorporate culturally specific strategies and approaches.

Number of Individuals / Number of Services Projected vs Actual

	Projected	Actual		
		FY 22/23	FY 23/24	FY 24/25
Unduplicated Individuals	4,753	1,076	1,464	3,067
Number of Services	8,339	7,474	9,136	6,659

Resilience Promotion in African American Children (RPiAAC), cont.

State Program Positive Results, cont.

Prevention

The RPiAAC program implements a variety of prevention services and social skill groups through evidence-based curriculums and activities, such as:

- Peacemakers,
- Meet A Pro,
- Effective Black Parenting Curriculum, and
- NCTI Youth© Crossroads Curriculum.

The Peacemakers and NCTI Youth© Crossroads curricula are used for grades K-12 on school campuses and delivered during school hours and in after-school programs. The students participate in weekly training on varying topics throughout the school year. RPiAAC students that participate in these curriculums learn how to make better choices, resolve disputes through conflict resolution, and learn to have positive peer interactions.

Through the Meet A Pro activities, African American/Black professionals talk with students about their careers, personal experience of racism and discrimination, and how they overcame obstacles to succeed. These activities are intended to influence favorable perceptions of professional accomplishment for African American/Black children and TAY and encourage them to follow their desired career pathways.

The RPiAAC program also provides cultural awareness group sessions for children and TAY. In these sessions, individuals are allowed to share their own background, which allows them to understand cultural differences and similarities in attitudes, beliefs, and values.

Resilience Promotion in African American Children (RPiAAC), cont.

State Program Positive Results, cont.

Early Intervention

RPiAAC utilizes various screening and assessment tools to ensure individuals receive treatment services as soon as mental health concerns are identified.

The RPiAAC program utilizes the Child and Adolescent Needs and Strengths – San Bernardino (CANS-SB) to measure the outcomes of the early intervention treatments and assist in developing the mental health treatment plan.

The program also uses the Pediatric Symptom Checklist (PSC) at intake to assess emotional and behavioral problems in children. The tool assists in recognizing cognitive, emotional, and behavioral problems so that program staff can initiate the appropriate interventions.

The table below shows the number of early intervention services as reported by the RPiAAC program.

Early Intervention Individuals / Services			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Individuals	42	75	82
Number of Services	908	1950	855

RPiAAC providers established relationships with school districts to resume on-campus services. Services are initiated via referral from school staff. The program continues to expand its services to the high desert region of the county.

Early intervention services include mental health screenings and assessments, individual and group therapy, and case management. Successful treatment indicates that the individual has met all their treatment goals when the case has closed. The information in the table below illustrates the program's early intervention data for the last three fiscal years.

Treatment Success by Fiscal Year			
	Total Episodes	Closed Episodes	% Met Goals
FY 22/23	335	51	38%
FY 23/24	467	5	73%
FY 24/25	1,919	1,846	96%

Resilience Promotion in African American Children (RPiAAC), cont.

Outreach

RPiAAC's outreach and education services are designed to incorporate cultural and historical education for African American/Black student populations. This promotes positive social identity and raises awareness among all students about the importance of mental health and wellness. RPiAAC providers build relationships that allow them to integrate themselves into the culture of schools. They engage with school leadership, teaching staff, and students to reduce the stigma associated with mental health services, which allows for services to begin rapidly.

Collaborations with different agencies and stakeholders have allowed the program to identify and target the at-risk African American/Black population. One of the largest barriers faced was the decrease in in-person participation and change in engagement due to the virtual platform presented to students. The table to the right illustrates the number of potential responders reached during each of the three previous fiscal years.

Potential Responders Reached			
	FY 22/23	FY 23/24	FY 24/25
Potential Responders	992	932	1,635

Outreach Settings

- Schools
- Community events
- Community based organization facility

Types of Potential Responders

- Families
- School Personnel
- Community Service Providers
- Peer Providers
- Employees

Resilience Promotion in African American Children (RPiAAC), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	12%	6%	0%	0%	83%
FY 23/24	40%	15%	17%	6%	22%
FY 24/25	18%	5%	0%	0%	78%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	0%
FY 23/24	<1%
FY 24/25	0%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	0%
FY 23/24	6%
FY 24/25	0%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	30%	46%	0%	22%
FY 23/24	34%	52%	<1%	14%
FY 24/25	88%	13%	0%	76%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	89%	1%	<1%	10%
FY 23/24	76%	5%	<1%	19%
FY 24/25	42%	<1%	<1%	57%

Resilience Promotion in African American Children (RPiAAC), cont.

Demographics, cont.

Demographic Observations

- The RPiAAC program has consistently supported the target population over the past three fiscal years, with 32% of those served being children and TAY aged 0-25 years old in FY 2024/25. The changes in the proportion of the target population served underscore the opportunities for improving data collection.
- Although the program focuses on African American/Black students, RPiAAC continues to successfully reach individuals who identify as Latinx/Hispanic.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	70%	59%	56%
American Indian/Alaska Native	0%	0%	0%
Asian	<1%	<1%	<1%
Latinx/Hispanic	25%	12%	25%
Native Hawaiian or Pacific Islander	<1%	<1%	0%
Caucasian/White	2%	17%	8%
More than One Race	6%	2%	4%
Other Race	12%	9%	6%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	74%	41%	49%
Asian Indian/South Asian	<1%	<1%	0%
Cambodian	0%	<1%	0%
Chinese	0%	0%	0%
Eastern European	7%	1%	<1%
European	0%	6%	5%
Latinx/Hispanic	25%	39%	36%
Filipino	1%	0%	0%
Japanese	0%	0%	0%
Korean	0%	0%	0%
Middle Eastern	<1%	0%	0%
Vietnamese	0%	<1%	1%
Other	10%	9%	7%
More than one ethnicity	7%	3%	1%

Resilience Promotion in African American Children (RPiAAC), cont.

Program Goals

Reduce prolonged suffering associated with untreated mental illness by:

- Reducing risk factors,
- Reducing indicators,
- Increasing protective factors that may lead to improved mental, emotional, and relational functioning,
- Reducing symptoms, and
- Improving recovery, including mental, emotional, and relational functioning.

Reduce stigma and discrimination associated with mental illness by:

- Reducing negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to having a mental illness, being diagnosed, or seeking services.

Program Outcomes

Method used to collect outcome	Description of method	Frequency of use	Number completed
Children and Adolescent Needs and Strengths Assessment (CANS)	CANS is a multi-purpose tool developed for children's services to support decision making, including level of care and service planning.	Intake, 3 - 6 months, Discharge, Significant life events	FY 22/23: 32 FY 23/24: 80 FY 24/25: 89
National Curriculum & Training Institute (NCTI)	A complete behavioral change system delivered in a group format, following a precise sequence that leads individuals from a general level of discussion to a specific behavioral commitment.	2 times Initial & completion	FY 22/23: 377 FY 23/24: 689 FY 24/25: 403

Resilience Promotion in African American Children (RPiAAC), cont.

Outcome Discussion

RPiAAC intends to influence the following outcomes with its myriad of services by:

- Improving resilience and feelings of self-efficacy,
- Reducing truancy, drop-outs, suspensions, expulsions,
- Increasing knowledge of risk and resilience/protective factors,
- Reducing family stress/discord,
- Reducing violence,
- Improving school performance, and
- Reducing involvement with law enforcements and courts.

The adjacent chart shows the percent improvement by individuals before and after participation in the NCTI curriculum.

The knowledge gained in the Cognitive Life Skills courses intends to establish positive, goal-directed behaviors that increases protective factors.

NCTI Youth Crossroads				
Curriculum	Results	FY 22/23	FY 23/24	FY 24/25
Cognitive Life Skills	Average Pre-Test	*	1.25	4.80
	Average Post-Test	*	8.25	8.98
	Percent Improvement	*	70%	42%
Alcohol and Substance Use	Average Pre-Test	*	3.70	4.07
	Average Post-Test	*	3.80	4.70
	Percent Improvement	*	2%	9%
Anger Management	Average Pre-Test	*	3.57	3.23
	Average Post-Test	*	3.83	3.50
	Percent Improvement	*	5%	5%

*No data available for comparison

Older Adult Community Services (OACS)

Program Description and Target Population

Older Adult Community Services (OACS) program is categorized as a State Prevention program that provides early intervention services. OACS program services target older adults (ages 60+) who are at risk for developing mental health concerns.

The program was created to address important indicators that can contribute to mental health issues such as depression, isolation, chronic physical health conditions, and lack of family support.

- The Mobile Resource Unit provides mental health and substance use screenings to seniors who live in rural or economically depressed areas.
- Older Adult Wellness Services provides various services to older persons, including transportation to and from medical appointments, basic life functioning requirements, and physical and mental health education programs tailored to their needs.
- The Older Adult Home Safety program assists older adults in maintaining the appropriate personal and home safety level. Older adults receive services and education in personal safety, home safety, preventing falls, and medication management.
- The Older Adult Suicide Prevention program provides suicide prevention education, screenings, and direct support services. These services are delivered to the program's target demographic in a culturally acceptable manner. Those who are experiencing the onset of a mental illness and/or relapse episodes related to a pre-existing psychiatric disorder can benefit from early intervention treatments.

Services Offered	• **Mental Health Education** • **Mental Health/SUD Screenings** • **Case Management Services** • **Home Safety Screenings** • **Transportation Assistance for High Desert Residents** • **Counseling Services** • **Physical Fitness/Wellness Activities** • **Suicide Prevention**

Program Serves	**Older Adults (60+)**
Location of Services	In-home, Senior Centers, Mobile Services, Mental Health Care Facilities

Older Adult Community Services (OACS), cont.

Program Highlights

The curriculum focuses on the causes and risk factors that can lead to suicide and/or suicidal ideation, as well as individuals who have been exposed to trauma or are grieving. Older Adult Peer Counselors, who have been trained in suicide prevention and have access to licensed suicide prevention resources, are also used in the program.

The OACS program is intended to promote healthy aging and assist in maintaining mental health wellness. OACS services must be delivered conveniently and engagingly for participants. It is classified as a prevention program because it aims to strengthen protective factors and decrease risk factors associated with mental health challenges. On the following page, you'll find a list of prevention activities and the associated risk and protective factors.

OACS providers collaborate closely with service coordinators at local senior centers and apartment complexes to design and implement presentations, workshops, and/or groups aimed at addressing the mental health symptom prevention needs within the community.

Participants are screened for mental health symptoms and early onset diagnosis possibility. Impairment and safety issues are evaluated to determine the participant's need severity.

OACS providers, in collaboration with their peer family advocates and program participants, utilize a variety of methods such as suggestion boxes, polling, and analysis of screening tools to assess and determine the activities to be offered.

The table below provides the numbers of participants and actual services rendered by the OACS program over the past three fiscal years.

The implementation of virtual services has notably mitigated transportation-related obstacles. Furthermore, the program consistently meets participation targets, aligning with the prevailing trends in mental health services.

Number of Participants / Number of Services			
	Actual		
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	8,957	8,534	11,773
Number of Services	5,755	4,443	9,154

Older Adult Community Services (OACS), cont.

Program Highlights, cont.

Prevention Activity	Description	Risk Factors Addressed	Protective Factors Addressed
Wellness Activities • Socialization • Fitness • Nutrition • Craft/Art • Group Meals	• Senior social support groups, activities, and education designed to engage seniors in wellness activities to increase social engagement, decrease isolation/loneliness, and foster healthy personal and community interactions to prevent further escalation of mental health symptoms.	• Prolonged isolation • Ongoing stress • Chronic health conditions • Onset of mental illness	• Socialization • Education on mental wellness • Knowledge of physical health • Nutrition education • Improved flexibility and balance • Knowledge and access to services • Positive coping skills
Fall Prevention/Home Safety	• Older adults receive services and education in personal safety, home safety, disaster planning, preventing falls, and medication management.	• Prolonged isolation • Chronic health conditions • Ongoing stress • Lack of family support • Onset of mental illness	• Identification of potential household hazards • Increased safety in home • Knowledge and access to services
Step Down Groups	• Relapse prevention for consumers who have received or are receiving mental health services.	• Onset of mental illness • Depression • Severe trauma • On-going stress	• Positive coping skills • Socialization • Knowledge and access to services

Older Adult Community Services (OACS), cont.

Program Highlights, cont.

Prevention Activity	Description	Risk Factors Addressed	Protective Factors Addressed
Tai Chi for Arthritis	• To help seniors improve mental and physical balance, reduce accidental falls, and increase strength, mobility, and heart/lung/muscle function. Reducing pain and stiffness, protecting joints, and improving relaxation, vitality, posture, and immunity.	• Reducing mental illness factors • Access to physical and mental health care • Depression • Chronic physical health conditions	• Screenings for mental health and substance use • Knowledge and access to services • Socialization • Positive coping skills
Transportation Reimbursement Escort Program (TREP)	• Transportation reimbursement program provided to seniors in the High Desert communities for their medical appts, medication pick-ups, and errands.	• Prolonged isolation • Access to physical and mental health care	• Transportation assistance • Socialization • Knowledge and access to services
Home Safety Program	• To assist seniors in maintaining personal and home safety through education and services covering personal safety, home safety, fall prevention, and medication management assistance.	• Poverty - Insufficient food, shelter, healthcare • Ongoing stress • Preventive measures	• Access to mental and physical health care • Knowledge and access to services

Older Adult Community Services (OACS), cont.

Program Highlights, cont.

Outreach

Outreach is a primary strategy in the OACS program for increasing recognition of early signs and symptoms of mental illness. As a result of successful outreach efforts, OACS has reached out to over 20,000 participants, also known as potential responders, between fiscal years 2022/23, 2023/24, and 2024/25.

Potential Responders Reached			
	FY 22/23	FY 23/24	FY 24/25
Potential Responders	8,988	8,534	10,450

Potential participants in this program will be involved in various activities. They attend educational presentations to learn about the signs and symptoms of mental illness and age-related difficulties. They also work in multidisciplinary teams with responders/providers from different fields to enhance the team's capabilities. Through collaboration, they gain a better understanding of age-related difficulties, mental health issues, and other challenges affecting older adults.

Responders are well equipped to engage with older adults personally and provide advice on age-related or mental health-related difficulties.

OACS provides education and outreach services in areas where potential responders for this population can be engaged. These include senior centers and primary healthcare facilities. Potential responders come from all types of roles. The table below provides a full list of outreach settings and types of potential responders.

Outreach Types of Responders / Settings	
Types of Responders	Settings
• Community Members • Community Service Providers • Healthcare Providers • Faith-Based Organization Leaders • Family Members • Government Service Staff • Primary Health Care Facilities • Law Enforcement Personnel	• Community Events • Community-Based Organizations • Government Service Offices • DBH Community Clubhouses • Faith-Based Organizations • Senior Centers • Primary Health Care Facilities

Older Adult Community Services (OACS), cont.

Program Highlights, cont.

The early intervention services (EIS) provided by the OACS program offer a comprehensive approach to supporting older adults with emerging mental health concerns. These services are designed to identify mental health issues early and provide timely interventions to prevent the escalation of symptoms. The core components of EIS include:

- Mental Health Screenings and Assessments: Screenings are the first step in identifying potential behavioral health concerns. Licensed professionals conduct thorough evaluations for symptoms of anxiety, depression, and other behavioral health conditions.
- Individual Therapy: One-on-one therapy sessions provide a safe, confidential space for individuals to explore their emotions, challenges, and mental health concerns. Therapy is personalized to meet the emotional and psychological needs of each older adult.
- Group Therapy: Group therapy provides individuals the opportunity to connect with others facing similar challenges. These sessions promote peer support and open communication and help to reduce feelings of isolation.
- Case Management: OACS case managers offer holistic support, coordinating care, making referrals to mental health providers or community resources, and assisting with logistical needs such as transportation or medication access.
- The data on the following pages illustrates the impact of these services over the past three fiscal years, highlighting trends such as the number of individuals served, types of services utilized, and the success rates of early intervention efforts. This information is critical for evaluating program effectiveness and identifying areas for improvement.

Older Adult Community Services (OACS), cont.

Program Highlights, cont.

Early Intervention Services

Early Intervention Services provided by the OACS program include mental health screenings and assessments, individual and group therapy, and case management. The table below illustrates the Early Intervention data for the last three fiscal years.

Number of Open Episodes by Fiscal Year			
	FY 22/23	FY 23/24	FY 24/25
Open Episodes at any time during fiscal year	62	22	47

Early Intervention Services for homebound elders primarily shifted to virtual due to COVID-19's long-term effects. However, telehealth isn't favored among older adults due to limited resources and unfamiliarity with technology. Many lack access to computers or smartphones. Early intervention services have increased since providers returned to in-person services, and seniors have become more comfortable with technology.

Older Adult Community Services (OACS), cont.

Program Highlights, cont.

Early Intervention Services

Treatment Success by Fiscal Year			
	FY 22/23	FY 23/24	FY 24/25
Treatment Successful	15%	32%	43%
Treatment Partially Successful	33%	29%	27%
Treatment Not Successful	44%	36%	27%
Missing or Other	7%	7%	<1%

The above table illustrates the discharge status after treatment. Many episodes opened, resulting in participants meeting their treatment goals successfully. The OACS program assesses the success of the Early Intervention treatment by the following:

1. Treatment Successful: The participant's treatment plan goals were met and/or they received successful treatment.
2. Treatment Partially Successful: Progress was made, but the participant did not meet all the requirements in their treatment plan.
3. Treatment Not Successful: The individual did not make progress or did not complete the treatment.

The "treatment successful" data contains some episodes that may have been opened in a previous fiscal year.

Older Adult Community Services (OACS), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	0%	0%	<1%	29%	71%
FY 23/24	1%	0%	<1%	20%	73%
FY 24/25	<1%	0%	<1%	22%	78%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	<2%
FY 23/24	<1%
FY 24/25	1%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	<1%
FY 23/24	5%
FY 24/25	<1%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	3%
FY 23/24	26%
FY 24/25	1%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	13%	35%	0%	52%
FY 23/24	18%	50%	0%	32%
FY 24/25	10%	57%	0%	85%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	12%	3%	<1%	85%
FY 23/24	27%	3%	<1%	70%
FY 24/25	84%	2%	<1%	26%

Older Adult Community Services (OACS), cont.

Demographics, cont.

Demographic Observations

Historically, older adults have been hesitant to engage in services and share personal information. This reluctance is often rooted in experiences from past eras when government and institutional practices were harmful toward individuals with mental health challenges, members of the LGBTQ+ community, and people from ethnic and minority groups.

This deep-seated mistrust has made capturing accurate demographic data more challenging. In recent years, there has been a decline in participants identifying as male. There has also been an increase in individuals choosing not to answer gender-related questions, reflecting evolving attitudes toward gender identity and privacy.

This trend is particularly concerning given that research shows older adult males, specifically Caucasian/White and Native American men, have some of the highest rates of suicide attempts and deaths. Engaging this demographic remains a priority for the OACS program, which will continue to monitor these trends in the coming years and adapt outreach efforts accordingly.

Additionally, there has been a noticeable decrease in participants identifying as having a physical disability. This decline may be linked to the expansion of telehealth services, which allowed many individuals to receive care from home.

All current OACS providers are committed to continuing the offering of telehealth services, ensuring that participants who require technological assistance receive the support they need to access these services effectively.

Older Adult Community Services (OACS), cont.

Demographics, cont.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	1%	<1%	<1%
Native American or Alaskan Native	<1%	<1%	<1%
Asian	<1%	<1%	1%
Latinx/Hispanic	4%	4%	2%
Native Hawaiian/Pacific Islander	0%	<1%	<1%
Caucasian/White	8%	12%	19%
More than One Race	<1%	<1%	4%
Other	<1%	1%	<1%
Declined to Answer	84%	82%	73%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	<1%	<1%	<1%
Asian Indian/South Asian	0%	<1%	<1%
Cambodian	0%	0%	<1%
Chinese	<1%	<1%	1%
Eastern European	0%	0%	<1%
European	20%	18%	44%
Latinx/Hispanic	4%	1%	6%
Filipino	<1%	<1%	<1%
Japanese	0%	0%	0%
Korean	0%	<1%	<1%
Middle Eastern	0%	0%	<1%
Vietnamese	0%	0%	<1%
Other	2%	1%	1%
More than One Ethnicity	1%	3%	11%
Declined to answer	75%	75%	34%

Older Adult Community Services (OACS), cont.

Program Goals

The State Prevention Program aims to alleviate prolonged suffering from untreated mental health issues. This is achieved by:

- Reducing risk factors and early indicators of mental illness.
- Enhancing protective factors that promote better mental, emotional, and relational health.
- OACS Program - Promoting Healthy Aging.

The OACS Program serves adults aged 60 and above, aiming to foster a healthy aging process through the following initiatives:

- Facilitating access to activities that encourage connections among older adults.
- Providing education and promoting participation in behavioral and physical wellness activities.
- Enhancing personal safety, home safety, and fall prevention measures, while supporting medication management.
- Encouraging older adults to participate in suicide and depression screenings.
- Expanding access to therapy services and promoting early engagement in treatment for mental health conditions.

Older Adult Community Services (OACS), cont.

Program Outcomes

Method used to collect outcomes	Description of method	Frequency of use	Number completed
Adult Needs and Strengths Assessment (ANSA)	A comprehensive assessment of psychological and social factors used for treatment planning. This assessment measures functioning in several important life domains and helps to support decision-making and level of care and service planning, and ensure projected goals are being met.	• Intake • 3 Months • Discharge • Significant Life Events	FY 22/23: 35 FY 23/24: 21 FY 24/25: 20
Satisfaction Survey	Survey that reflects on the usefulness of the service/presentation and the speaker's ability to deliver information. An additional space was provided for narrative feedback.	• Post Service and/or Presentation	FY 22/23: 42 FY 23/24: 828 FY 24/25: *
Outreach Questionnaires	A seven-item questionnaire that assesses a participant's improved knowledge of signs and symptoms that can lead to a potentially severe mental illness.	• Pre/Post Mental Health Education Presentation and/or Activity	FY 22/23: 73 FY 23/24: 347 FY 24/25: *
PHQ-9	Nine-question instrument given to patients in a healthcare setting to screen for the presence and severity of depression.	• Intake • 6 Months	FY 22/23: 30 FY 23/24: 37 FY 24/25: 18

Note: *Indicates data unavailable

Older Adult Community Services (OACS), cont.

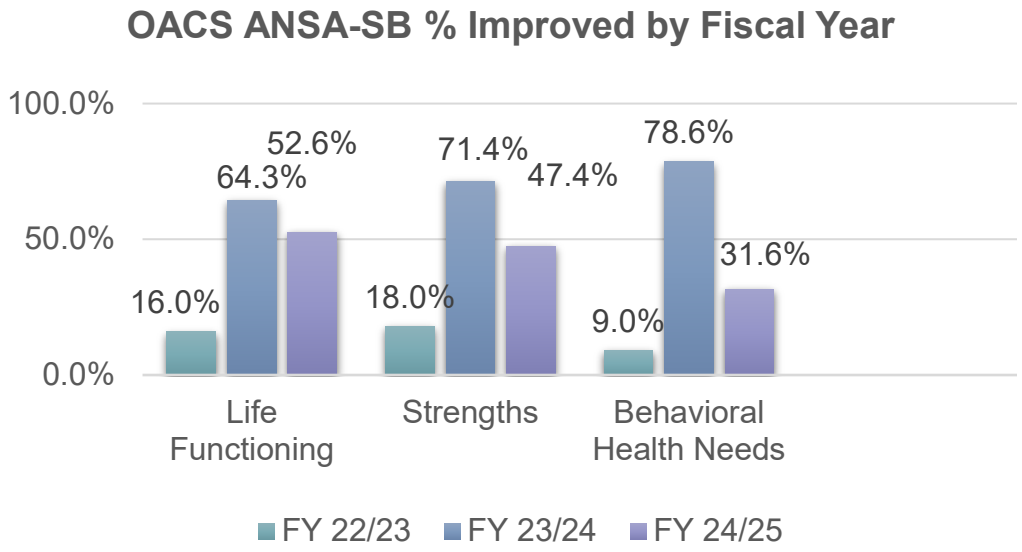
Outcome Discussion

The OACS program uses the Adult Needs and Strengths Assessment – San Bernardino County (ANSA-SB) to measure the outcomes of the early intervention treatments. ANSA-SB is an information integration tool for adults with behavioral health challenges. The tool is used to support individual case planning and the planning and evaluation of service systems. Each dimension is rated on its four-point scale when the ANSA-SB is administered. The ANSA-SB is administered at intake and at three-month intervals until discharge.

The focuses of early intervention treatment for the OACS program are:

- Life Functioning domain evaluates factors like an individual's family relationships, social functioning, residential stability, self-care, and transportation.
- Strengths domain evaluates factors like family support, optimism, talents and interests, spirituality, relationship permanence, community connection, and resourcefulness.
- Behavioral Health Needs, which evaluate factors like thought disorders, depression, anxiety, antisocial behavior, adjustment to trauma, and substance use.

The data shows that individuals in early intervention services saw improvements in Life Functioning, Strengths, and Behavioral Health Needs. However, in FY 2023/24, all three areas saw declines, likely due to the lingering impact of COVID-19. Providers are working on innovative strategies to engage older adults and improve outcomes.



Older Adult Community Services (OACS), cont.

Outcome Discussion, cont.

Outreach Survey Results

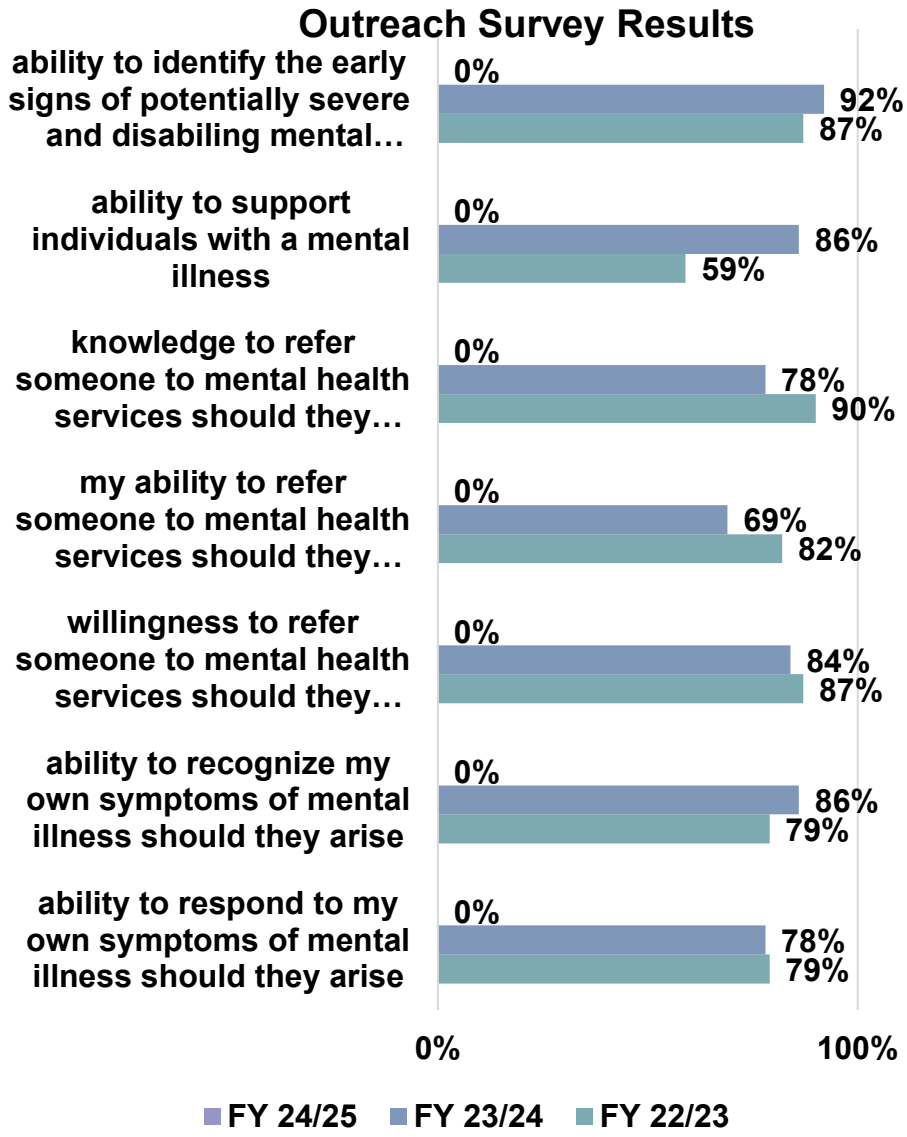
The OACS Program conducts various outreach activities, including:

- Educational sessions for the community to learn more about mental health and wellness.
- Information dissemination events focused on the signs and symptoms of mental illness, as well as age-related challenges.
- Participants in mental health information events complete a survey to evaluate their understanding, comfort level in assisting others, and post-event feelings. The graph on this page displays survey questions and responses from the past three years.

Key findings include:

- Increased confidence: In FY 2023/24, 88% of survey respondents felt confident in recognizing and assisting individuals with mental illness.
- Improved referral knowledge: The survey results show an overall improvement in participants' understanding of the mental health referral process and their intent to seek mental health services if needed.
- These results underscore the success of education and behavioral health promotion strategies in increasing community awareness of mental health issues and available resources.

Note: *Indicates data unavailable



Lift Program

Program Description and Target Population

The Lift Program is a prevention initiative developed through a collaborative effort between the Department of Behavioral Health and the Preschool Services Department. It is designed to enhance the health, well-being, and self-sufficiency of pregnant and parenting mothers, their children, and families.

Priority enrollment is given to first-time pregnant mothers who meet specific guidelines, as well as those facing additional risk factors such as homelessness, teenage pregnancy, child welfare involvement, risk of juvenile justice involvement, or signs of depression.

Pregnant mothers receive in-home visits from registered nurses who provide education on the connection between physical and mental health and the developmental stages of their children. These nurses offer supportive strategies to help ensure that both children and families thrive in their environments.

Referrals to the Lift Program come from a variety of sources, including community hospitals, local high schools, pregnancy resource centers, homeless shelters, faith-based organizations, the Black Infant Health program, and Women, Infants, and Children (WIC) centers.

Services Offered	• **Parent education and support** • **Post-natal depression screenings** • **Nurturing activities to increase maternal attachment** • **Developmental milestones education** • **Life and employment skills development** • **Community referrals**

Program Serves	**Children, Youth, TAY, Older Adults**
Location of Services	In-home

Lift Program, cont.

Program Positive Results

The Lift Program nurses use a variety of tools and assessments that identify potential risk factors and protective factors. These tools and assessments are designed to quickly identify indicators of areas of need, such as depression and nicotine dependency. The tools and assessments used are:

- Edinburgh Postnatal Depression Scale
- Fagerstrom Test for Nicotine Dependency
- Maternal Fetal Attachment Scale
- Life Skills Progression
- Father Skills Assessment
- Teeth for Two

Typically, these screenings take the form of a survey or a conversation. Lift nurses make referrals to partner agencies that specialize in these types of supportive services. These services contribute to the development of protective factors by providing tangible support during times of difficulty and by providing participants with information tailored to their specific needs.

Additionally, this strengthens feelings of social connection as Lift nurses provide support and reassurance. As a result of the early screening and identification process, participants better understand parenting and child development. They discuss the effects of smoking, attachment, and depression on the mother-child bond and the developing child.

Number of Participants / Number of Services Projected vs Actual				
	Projected	Actual		
		FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	120	52	65	67
Number of Services	1,728	360	511	586

Lift Program, cont.

Program Positive Results, cont.

Edinburgh Postnatal Depression Scale

Lift nurses use the Edinburgh Postnatal Depression Scale as an assessment to recognize signs that might indicate a new mother may be experiencing postnatal depression. Scoring between 10 to 30 points on this 10-question scale signifies a high likelihood of participants experiencing clinical depression.

The Lift nurse administers the Edinburgh Postnatal Depression Scale within eight weeks after birth. Based on the assessment results, nurses and Marriage and Family Therapists (MFTs) provide the appropriate interventions, services, and resources.

When a participating mother is identified as experiencing possible postnatal depression, nurses provide early support, education, and resources to help new mothers navigate through their symptoms. Nurses are trained at recognizing signs and continually assess during home visits.

Most new moms in the Lift program who exhibit symptoms improve through working with their Lift nurses, as observed in ongoing assessments conducted by the nurses. If a participating mother is identified as experiencing possible depression, a referral is generated and an MFT is assigned to work collaboratively with the participant and nurse to provide the necessary resources and services.

The chart below presents data on Depression Related Mental Health Needs from the past three years. In the most recent fiscal year, FY 2024/25, 30 mothers were screened for signs of depression with 2 identified as displaying symptoms and subsequentially receiving mental health services.

Identification of Depression Related Mental Health Needs			
	FY 22/23 (N=52)	FY 23/24 (N=65)	FY 24/25 (N=30)
Exhibited signs of depression	6	22	2
Received mental health supportive services	6	6	2
Required clinical intervention	4	0	0

Lift Program, cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-50	60+	UNK
FY 22/23	63%	0%	37%	0%	0%
FY 23/24	0%	8%	32%	0%	60%
FY 24/25	0%	40%	40%	0%	20%

Fiscal Year	Veteran Status
% of consumers who identified as a veteran	
FY 22/23	0%
FY 23/24	0%
FY 24/25	2%

Fiscal Year	Sexual Orientation
% of consumers who identified as LGBTQ+	
FY 22/23	2%
FY 23/24	6%
FY 24/25	5%

Fiscal Year	Disability
% of consumers who identified a physical disability	
FY 22/23	6%
FY 23/24	3%
FY 24/25	0%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	20%	69%	0%	11%
FY 23/24	0%	74%	0%	26%
FY 24/25	0%	88%	0%	12%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	78%	9%	10%	4%
FY 23/24	74%	5%	6%	15%
FY 24/25	75%	9%	7%	9%

Lift Program, cont.

Demographics, cont.

Demographic Observations

The Lift program primarily targets first-time pregnant women, new mothers, and families. Most participants are TAY and adult women. However, there is a small percentage of male participants, which reflects services provided to fathers who are participating in the family services program.

The ethnic/racial diversity of the participants generally reflects the diversity of the population of San Bernardino County.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	0%	18%	27%
American Indian/Alaska Native	3%	3%	0%
Asian	0%	0%	0%
Latinx/Hispanic	0%	0%	6%
Native Hawaiian or Pacific Islander	0%	0%	0%
Caucasian/White	10%	29%	35%
More than One Race	10%	0%	5%
Other Race	50%	50%	27%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	9%	2%	8%
Asian Indian/South Asian	0%	0%	0%
Cambodian	0%	0%	0%
Chinese	0%	0%	0%
Eastern European	0%	0%	0%
European	10%	29%	2%
Latinx/Hispanic	52%	18%	64%
Filipino	0%	0%	0%
Japanese	0%	0%	0%
Korean	0%	0%	0%
Middle Eastern	0%	3%	5%
Vietnamese	0%	0%	0%
Other	80%	72%	18%
More than one ethnicity	50%	50%	2%

Lift Program, cont.

Program Goals

The goal of the Lift Program is to promote healthy outcomes for at risk mothers and their infants by providing home visitation services. Registered nurses provide education and resources to reduce risk factors and promote protective factors.

The goals of the Lift program are as follows:

- Support prenatal care and reduce cigarette, alcohol, and illegal drug use to improve pregnancy outcomes.
- Educate on healthy nutrition to enhance mental health for mother and child.
- Promote child health by guiding parents in care during the first two years of life.
- Provide parenting guidance on nurturing and safe, consistent discipline.
- Help mothers develop future goals, plan pregnancies, build healthy relationships, pursue education, and seek employment.

Program Outcomes

Method used to collect outcome	Description of method	Frequency of use	Number completed
Maternal Fetal Attachment Scale	The Maternal Fetal Attachment Scale is a tool used to determine the attachment between a mother and her unborn child.	1x at the beginning of services	FY 22/23: 52 FY 23/24: 65 FY 24/25: 30
Life Skills Progression Tool	The Life Skills Progression is a tool used to monitor participants' strengths and needs.	1x at the beginning of services	FY 22/23: 52 FY 23/24: 65 FY 24/25: 30

Lift Program, cont.

Outcome Discussion

Nurturing & Attachment			
	FY 22/23	FY 23/24	FY 24/25
I desire this baby / I'm not sorry I became pregnant	100%	90%	97%
I am willing to give up certain things to protect my baby	94%	85%	97%
I read to my baby / unborn child	53%	48%	50%

Family Supports			
	FY 22/23	FY 23/24	FY 24/25
My mate wants this pregnancy	0% No	17% No	3% No
My pregnancy interferes with my relationship with my mate	22% Yes	20% Yes	3% Yes
My family supports my pregnancy	63% Yes	77% Yes	97% Yes
My family will help in caring for my baby	82% Yes	77% Yes	93% Yes

Family support is an important protective factor. New and expectant mothers rely heavily on the encouragement and care they receive from close family and friends throughout pregnancy and during the early years of their newborn's life.

The Family Supports chart reveals a decline in respondents reporting that their partner did not want the pregnancy, along with a significant drop - from 20% in FY 2023/24 to just 3% in FY 2024/25 - in those who felt the pregnancy interfered with their relationship.

Feelings of family support for the pregnancy have steadily increased over this three-year period. Engaging all family members in the Lift program's interventions further strengthens the support network for expectant mothers throughout their pregnancy journey.

The Nurturing and Attachment charts show a consistent increase in indicators of parental bonding across all measures over the past three fiscal years.

Lift Program, cont.

Outcome Discussion, cont.

Life Skills Progression (LSP) Tool

The LSP tool captures a portrait of the behaviors, attitudes, and skills of mothers enrolled in the Lift program. It helps to establish a baseline of participant profile, identify strengths and needs, plan interventions, and monitor outcomes to show that interventions are working.

In the Lift program, the LSP is used to assess needs related to education and employment. As seen in the table below, there is a strong correlation between the education level and stable employment. In FY 2024/25, the percentage of participants with less than a high school education significantly decreased from the past year.

Stable employment lowers risk factors associated with poverty and unemployment while enhancing protective factors related to economic security. The Lift Program supports participants by providing referrals to high school diploma completion programs. Earning a diploma boosts protective factors, including future opportunities, and increases self-esteem through accomplishment.

Additionally, the program offers referrals to the Preschool Services Department Apprenticeship program and other career training options. By securing stable employment, families improve self-esteem, self-efficacy, and overall economic security.

Participant Education Level and Employment Stability

	FY 22/23	FY 23/24	FY 24/25
Less than high school education	2%	17%	7%
Unemployed / work occasionally	69%	72%	7%
Some college	46%	34%	17%
Stable employment	31%	17%	17%

Program Updates

The Lift Program concluded on June 30, 2025, and was succeeded by the Preschool Building Blocks to Success Program, which launched on July 1, 2025.

Coalition Against Sexual Exploitation (CASE)

Program Description and Target Population

CASE of San Bernardino County is a county-wide partnership dedicated to combating the commercial sexual exploitation of children (CSEC). The coalition focuses on educating the community, intervening with at-risk youth, and providing essential services and support to children and teens affected by commercial sexual exploitation. Through education and training, CASE raises awareness about the issue, teaches how to recognize the signs of exploitation, and ensures youth have direct access to resources and treatment.

The CASE team is a multidisciplinary group that includes Child and Family Services (CFS), the Public Defender's Office, Behavioral Health, as well as attorneys from the District Attorney's Office. Probation officers, public health nurses, and advocates from Court Appointed Special Advocates (CASA) and Open Door also contribute to this collaborative effort. Together, these professionals provide comprehensive support to youth identified as victims of commercial sexual exploitation.

CASE's primary goal is to reduce both the number of exploited youth and the risk factors that contribute to exploitation. By emphasizing prevention, the coalition works to decrease vulnerabilities while strengthening protective factors for at-risk children and teens. This multi-agency model aligns with state-level prevention initiatives, aiming to protect vulnerable youth and ultimately prevent commercial sexual exploitation.

Services Offered
• Mental health assessments • Crisis Intervention • Case Management including linkage and referrals • School enrollment assistance • Therapeutic interventions • Transportation assistance • Placement consultation • Outreach and community awareness training

Program Serves	**Children, Youth, TAY**
Location of Services	Foster care placements, hospitals, schools, community settings

Coalition Against Sexual Exploitation (CASE), cont.

State Program Positive Results

The CASE program aims to reduce prolonged suffering from untreated mental illness by identifying signs of CSEC involvement early and connecting youth to needed services. Its goals include:

- Training agency staff to recognize CSEC,
- Raising public awareness,
- Increasing knowledge of community resources, and
- Ensuring access to treatment for potential victims.

Number of Participants / Number of Services Projected vs Actual				
	Projected	Actual		
		FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	1,500	1,661	1,626	1,728
Number of Services	1,500	2,044	1,971	736

Key risk factors among CASE participants include running away, trauma, school challenges, poverty, substance use, and exposure to violence. Protective factors focus on positive adult relationships, community involvement, resilience, peer support, optimism, leadership, and life skills. CASE prevention activities seek to address the risk factors and protective factors with the following services:

- Placement assistance, advocacy, safety planning, and CASE Youth Resource cards to reduce risks for homeless/runaway youth.
- Support, consultations, and advocacy from schools, probation, and the District Attorney to address truancy, curfew, and juvenile justice involvement.
- Safety plans, CFS Social Worker assignment, Child Family Team meetings, mentors, public health, and therapy services for youth facing abuse and neglect risks.

While there appears to be a decrease in the number of services provided in FY 2024/25 in the table to the left, CASE has noted challenges in accurately tracking the number of individuals receiving services. This highlights an opportunity for improvement in their data tracking processes.

Coalition Against Sexual Exploitation (CASE), cont.

State Program Positive Results, cont.

Prevention activities focus on ongoing, individualized engagement between CSEC youth and the multidisciplinary team. In FY 2024/25, there were 61 total CASE participants. The steady increase in participant numbers over the past three fiscal years, as shown in the table below, reflects CASE's continued dedication to serving its target population.

Number of Prevention Participants			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	35	42	61
Number of participants continuing from previous year	24	25	30
Percentage of continuing participants	69%	60%	49%

Girls' Court

A key prevention initiative for CASE is Girls' Court, a program designed for at-risk females ages 12 to 17 who are involved in the legal system. Girls' Court emphasizes building self-esteem and empowerment, helping young women develop the skills they need to succeed. Successful completion of the program results in the sealing of their criminal records before they turn 18, reducing the stigma associated with prior juvenile justice involvement.

Graduation from Girls' Court requires participants to demonstrate progress by meeting program benchmarks and supervision goals. The program supports better outcomes by encouraging continued school enrollment, promoting academic achievement, reducing dropout rates, and working to lower recidivism and incarceration. In FY 2024/25, the program achieved a 33% completion rate, up from 26% in FY 2023/24, reflecting a 27% increase.

Girls' Court Completion Rate			
	FY 22/23	FY 23/24	FY 24/25
Completion Rate	41%	26%	33%

Coalition Against Sexual Exploitation (CASE), cont.

State Program Positive Results, cont.

Outreach for Increasing Recognition of Early Signs and Symptoms of Mental Illness

CASE follows the state strategy of outreach to increase recognition of early signs and symptoms of mental illness as a key approach to engaging child-serving agencies and the community. This strategy helps identify children who may be at risk of sexual exploitation and provides crucial information and resources to support their safety.

The outreach and education efforts focus on training agency staff to recognize signs of commercial sexual exploitation (CSE) in youth, raising public awareness of CSEC issues, enhancing knowledge of available community resources, and improving the ability to identify potential victims. These efforts ensure that youth receive timely access to necessary resources and treatment.

During FY 2024/25, the CASE program delivered educational outreach to 2,060 potential responders. This audience included staff from law enforcement agencies, probation departments, attorneys, school personnel, health care providers, and local community service organizations, demonstrating broad and impactful engagement across multiple sectors.

Coalition Against Sexual Exploitation (CASE), cont.

State Program Positive Results, cont.

When it comes to identifying youth who may be potential CSEC victims, 100% of participants reported being able to recognize key terms related to CSEC victims and the trafficking subculture. Additionally, 100% demonstrated an increased understanding of trauma bonds and the signs of CSEC involvement. This not only highlights the effectiveness of the CASE program's outreach efforts but also reflects the eagerness of the target audience to receive and engage with this information. Early Intervention services are available to CASE participants. However, the CASE team members do not directly provide these services. The multidisciplinary team assesses, refers, and links children identified as needing early intervention support.

Program Goals	
Goal: Raise awareness of CSEC issues	
Ability to define / describe human trafficking	100%
Increased knowledge and awareness of recruiting tactics and locations	100%
Goal: Raise knowledge of available community resources	
Knowledgeable about available resources for CSEC youth	100%
Goal: Identify youth who are potential CSEC victims	
Able to recognize key terms relating to CSEC victims and the subculture of trafficking	100%
Understanding trauma bonds / identifying signs of CSEC involvement **N**=640	100%

Coalition Against Sexual Exploitation (CASE), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	4%	24%	56%	4%	12%
FY 23/24	3%	27%	52%	2%	3%
FY 24/25	6%	32%	51%	4%	7%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22 /23	3%
FY 23/24	2%
FY 24/25	2%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	4%
FY 23/24	3%
FY 24/25	6%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	4%
FY 23/24	4%
FY 24/25	6%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	16%	33%	1%	50%
FY 23/24	14%	28%	0%	58%
FY 24/25	28%	67%	1%	3%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	100%	0%	0%	0%
FY 23/24	48%	2%	1%	49%
FY 24/25	84%	4%	2%	10%

Coalition Against Sexual Exploitation (CASE), cont.

Demographics, cont.

Demographic Observations

- CASE has consistently served the targeted demographics over the last three fiscal years. Females between 16 - 50 are among the highest recipients of CASE services. The demographic totals represent both Prevention and Outreach service demographics.
- The completion of the "CASE Database" allowed the program to begin entering consumer information monthly starting in FY 2023/24, providing a more comprehensive and accurate picture of their data through FY 2024/25.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	13%	10%	8%
American Indian/Alaska Native	1%	<1%	<1%
Asian	4%	6%	2%
Latinx/Hispanic	10%	42%	35%
Native Hawaiian or Pacific Islander	<1%	<1%	0%
Caucasian/White	20%	20%	10%
More than One Race	0%	4%	3%
Other Race	6%	18%	6%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	0%	0%	0%
Asian Indian/South Asian	46%	<1%	0%
Cambodian	0%	<1%	0%
Chinese	6%	0%	0%
Eastern European	0%	<1%	0%
European	0%	0%	0%
Latinx/Hispanic	10%	41%	0%
Filipino	26%	<1%	<1%
Japanese	1%	0%	0%
Korean	0%	0%	0%
Middle Eastern	1%	0%	<1%
Vietnamese	0%	<1%	0%
Other	9%	58%	99%
More than one ethnicity	10%	<1%	0%

Coalition Against Sexual Exploitation (CASE), cont.

Program Goals

Reduce prolonged suffering associated with untreated mental illness:

- Reduce risk factors,
- Reduce indicators, and
- Increase protective factors that may improve mental, emotional, and relational functioning.

Increase recognition of early signs and symptoms of mental illness:

- Raise public awareness of CSEC issues,
- Raise knowledge of available community resources, and
- Identify youth who are potential CSEC victims.

Program Outcomes

Method used to collect outcome	Description of method	Frequency of use	Number completed	
Continuing Engagement	Determine percentage of CSEC youth remain active on the CASE MDT roster from one year to another, demonstrating continuing engagement in the program.	1x at beginning of new year	FY 22/23: FY 23/24: FY 24/25:	24 25 30
Girls' Court	Girls' Court completion requires meeting program requirements including demonstration of healthy lifestyle choices, self-empowerment, pro-social behavior, educational pursuit, and well being.	1x at completion of Girls' Court program	FY 22/23: FY 23/24: FY 24/25:	21% 26% 33%
Outreach Survey	Use survey to gauge effectiveness of educational outreach events designed to increase recognition of indicators of CSEC involvement, including understanding and awareness of trauma bonds and the effect on mental health	1x completed at educational outreach events	FY 22/23: FY 23/24: FY 24/25:	335 275 384

Coalition Against Sexual Exploitation (CASE), cont.

Outcome Discussion

Continuing Engagement

One of the ongoing challenges in working with CSEC youth is maintaining their continued engagement. A key indicator of success is building trust and rapport, which encourages youth to remain connected to essential services. Continued participation in the CASE program serves as a valuable measure of this success. In FY 2022/23, 69% of youth continued with the program from the previous year. While participation adjusted to 60% in FY 2023/24 and 49% in FY 2024/25, these figures reflect the program's sustained commitment to supporting youth through meaningful engagement over time.

Girls' Court

Girls' Court defines successful program completion as achieving established goals, demonstrating healthy lifestyle choices, self-empowerment, pro-social behavior, educational engagement, and overall well-being. In FY 2022/23, 21% of participants graduated from the program, increasing to 26% in FY 2023/24, with FY 2024/25 seeing the highest completion rate of 33%.

Outreach Surveys

Outreach surveys designed to assess the impact of meeting educational goals are conducted during CASE outreach presentations. These surveys evaluate whether participants have gained knowledge and awareness on key topics covered in the presentation, such as increased understanding of CSEC issues, recognizing signs of commercial sexual exploitation (CSE) in youth, awareness of available community resources, and enhanced ability to identify potential CSE victims and connect them with necessary resources and treatment. In FY 2024/25, CASE saw a 40% increase in survey responses compared to the previous FY 2023/24.

Family Resource Center (FRC)

Program Description and Target Population

Family Resource Centers (FRCs) offer a variety of Prevention and Early Intervention services supporting the health and wellness of individuals and families. FRC locations allow services to be tailored to individualized communities' specific needs and cultural requirements. Services and activities are offered at non-traditional locations, such as community centers, where other collateral services are also provided. This reduces the stigma associated with seeking mental health services, increasing the likelihood that community members will use the services.

The earlier people seek mental health intervention, the less intense treatment will be needed. People who receive early intervention learn to apply healthy coping skills and avoid reliance on unhealthy and sometimes dangerous coping mechanisms.

Family Resource Centers offer participants options to participate in activities that foster mental health, such as: raising self-awareness and practicing healthy coping skills in prevention activities; learning about signs and symptoms of mental illness to self-identify early signs; offering individual and family counseling sessions to work on problems and challenges; and allowing recovery to be less difficult and time-consuming.

Services Offered	• After school youth projects and activities • Behavioral health education workshops • Maternal mental health • Personal development • Skills-based education for adults • Family counseling • Individual therapy

Program Serves	Children TAY (16-25) Adults Older Adults (60+)
Location of Services	Community

Family Resource Center (FRC), cont.

State Program Positive Results

FRCs offer a range of Prevention and Early Intervention activities to support mental wellness. Prevention efforts focus on reducing risk and building resilience through parenting classes, NCTI Crossroads© workshops, art and computer programs, job readiness support, and basic needs assistance—all designed to strengthen relationships, foster engagement, and promote healthy lifestyles.

Outreach services educate community partners, such as families, service providers, law enforcement, and schools, on early signs of mental illness through events like film screenings and expert Q&A sessions.

Early Intervention focuses on recovery through individual, family, and group counseling, as well as relapse prevention. The accompanying tables show projected vs. actual participation.

In FY 2024/25, the number of potential responders reached rose sharply, in part due to provider involvement in large-scale community events.

Number of Participants / Number of Services Projected vs Actual

	Projected	Actual		
		FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	32,090	36,383	43,992	42,694
Number of Services	51,011	47,207	35,971	25,784

Potential Responders Reached

	FY 22/23	FY 23/24	FY 24/25
Number of Potential Responders Reached	16,927	8,795	20,600

Family Resource Center (FRC), cont.

State Program Positive Results, cont.

Access & Linkage to Services

FRCs offer access to and connections with services for participants requiring treatment beyond early intervention. Those needing more intensive care are referred to appropriate service providers that can address their needs. Many FRCs facilitate “warm hand-offs” to higher-level providers by making advance calls or providing in-person introductions, ensuring participants can easily connect with their referral partners.

During FY 2023/24, FRCs saw a notable rise in referrals, a trend that continued into FY 2024/25. This increase is tied to the growing demand for mental health services beyond basic care, along with expanded provider outreach within the community. The table below shows the number of participants who received access and linkage referrals in the past three fiscal years.

Access and Linkage to Services Referrals			
	FY 22/23	FY 23/24	FY 24/25
Number of Referrals Provided	46	162	774
Number of referrals to County-funded / administered programs	8	117	91
Number of referrals to other programs	38	45	683
Number of participants who followed through and engaged in services at a County-funded / administered program at least once	18	66	65

Family Resource Center (FRC), cont.

State Program Positive Results, cont.

Improving Timely Access

FRCs help improve timely access to mental health care for historically underserved populations by providing referrals to prevention, early intervention, or higher-level services as needed. These populations may face risks like homelessness or incarceration, and often experience barriers such as limited language access, lack of culturally competent care, and poor outreach. FRCs actively identify and engage individuals, connecting them to services in a culturally responsive way.

In FY 2022/23, an FRC service provider introduced an alternative method for collecting referral data, which significantly contributed to a rise in referrals aimed at improving timely access to services. Continued use of this method in FY 2023/24 led to more accurate reporting and further increases in referrals. In FY 2024/25, a sharp increase in referrals was linked to providers' expanded presence at community events.

Improving Timely Access Referrals			
	FY 22/23	FY 23/24	FY 24/25
Number of Referrals Provided	1,318	1,635	2,008

Family Resource Center (FRC), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	21%	7%	35%	3%	95%
FY 23/24	17%	8%	27%	7%	41%
FY 24/25	18%	4%	25%	5%	48%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	1%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	2%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	2%
FY 23/24	3%
FY 24/25	2%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	17%	31%	<1%	52%
FY 23/24	18%	33%	<1%	49%
FY 24/25	22%	11%	<1%	66%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	65%	18%	<1%	17%
FY 23/24	68%	11%	<1%	28%
FY 24/25	63%	11%	<1%	20%

Family Resource Center (FRC), cont.

Demographics, cont.

Demographic Observations

The FRC program has consistently served the targeted demographics over the last three fiscal years.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	7%	6%	13%
American Indian/Alaska Native	2%	1%	5%
Asian	2%	1%	<1%
Latinx/Hispanic	31%	28%	26%
Native Hawaiian or Pacific Islander	<1%	<1%	<1%
Caucasian/White	3%	21%	17%
More than One Race	19%	4%	2%
Other Race	54%	40%	42%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	3%	2%	2%
Asian Indian/South Asian	1%	<1%	<1%
Cambodian	0%	<1%	0%
Chinese	<1%	<1%	<1%
Eastern European	<1%	<1%	<1%
European	10%	9%	14%
Latinx/Hispanic	31%	10%	20%
Filipino	<1%	<1%	<1%
Japanese	<1%	<1%	<1%
Korean	<1%	<1%	<1%
Middle Eastern	<1%	<1%	<1%
Vietnamese	<1%	<1%	<1%
Other	81%	67%	60%
More than one ethnicity	4%	2%	3%

Family Resource Center (FRC), cont.

Program Goals

The goal of the FRC program is to alleviate prolonged suffering from untreated mental illness. Prevention efforts focus on identifying risk factors, lowering indicators, and enhancing protective factors to improve mental, emotional, and relational functioning. Early intervention provides counseling and treatment that reduces symptoms and supports recovery. Additional objectives include reducing stigma around mental illness and enhancing access to services by connecting participants with severe mental health needs to necessary care, particularly for historically underserved populations.

Method used to collect outcome	Description of method	Frequency of use	Number completed
Children and Adolescent Needs and Strengths Assessment (CANS)	CANS is a multi-purpose tool developed for children's services to support decision-making, including level of care and service planning.	Intake, 3 months, Discharge, Significant life events	FY 22/23: 312 FY 23/24: 348 FY 24/25: 321
Adult Needs and Strengths Assessment (ANSA)	A comprehensive assessment of psychological and social factors used for treatment planning. This assessment measures functioning in several important life domains and helps to support decision making and level of care and service planning, and ensure projected goals are being met.	Intake, 3 months, Discharge, Significant life events	FY 22/23: 237 FY 23/24: 241 FY 24/25: 134
NCTI Crossroads ©	A complete behavioral change system delivered in a group format, following a precise sequence that leads participants from a general level of discussion to a specific behavioral commitment.	2 times Initial & completion	FY 22/23: n/a* FY 23/24: 102 FY 24/25: 92
Life Skills Progression (LSP)	Assesses the strengths and needs of families participating in the Family Support Program. The LSP measures 35 parental skills in areas such as relationships, resources, medical health, mental health, and basic essentials.	2 times Initial & completion	FY 22/23: 193 FY 23/24: 228 FY 24/25: 228

*No data is available for FY 2022/23 due to licensing issues.

Family Resource Center (FRC), cont.

Outcome Discussion

Early Intervention activities such as individual and family counseling offer therapeutic services such as cognitive behavioral therapy and solution-focused therapy. Outcomes are measured using the Child and Adolescent Needs and Strengths – San Bernardino (CANS-SB) Assessments and Adult Needs and Strengths Assessments – San Bernardino County (ANSA-SB).

Child and Adolescent Needs and Strengths Assessment (CANS)

The Child and Adolescent Needs and Strengths (CANS) assessment is an evidence-based, multi-purpose tool that helps develop the level of care and service planning and allows for the monitoring of outcomes of services. The table below shows that children and youth participating in FRCs early intervention activities have made improvements in these domains.

Children and youth availing of FRC resources face a variety of challenges. The following tables show some of the most prevalent subdomains and the corresponding rates of improvement. FY 2024/25 showed improvement across all Domains.

Child and Adolescent Needs and Strengths Improvement in Primary Domains			
	FY 22/23	FY 23/24	FY 24/25
Life Functioning Domain	43.1%	44.2%	51.1%
Strengths Domain	79.1%	78.9%	86.0%
Behavioral Health Needs Domain	37.4%	43.9%	49.2%

Family Resource Center (FRC), cont.

Outcome Discussion, cont.

Child and Adolescent Needs and Strengths Assessment (CANS), cont.

Child and Adolescent Needs and Strengths Improvement in Subdomains			
	FY 22/23	FY 23/24	FY 24/25
Life Functioning Domain			
Family Functioning	61%	74%	70%
Social Functioning	80%	80%	76%
School Achievement	72%	61%	46%
Strengths Domain			
Family Strengths	59%	50%	59%
Interpersonal	69%	63%	64%
Resiliency	76%	68%	76%
Resourcefulness	61%	64%	65%
Behavioral Health Needs			
Depression	74%	70%	73%
Anxiety	68%	77%	72%
Anger Control	63%	71%	72%
Risk Behaviors			
Suicide Risk	71%	86%	55%
Non-Suicidal, Self-Injurious Behavior	72%	75%	61%

Adult Needs and Strengths Assessment (ANSA)

The ANSA is a multi-purpose tool developed for adult behavioral health services to support decision-making, including the level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The ANSA helps care providers decide which of an individual's needs are the most important to address in a treatment plan. The ANSA also helps to identify strengths.

Accurately measuring participant progress relies on completing the ANSA both before and after treatment. In FY 2024/25, a decrease in reported improvement was noted, with providers attributing this to consumers withdrawing from treatment before completion.

Adult Needs and Strengths Improvement in Primary Domains			
	FY 22/23	FY 23/24	FY 24/25
Life Functioning Domain	76.8%	83.4%	65.7%
Strengths Domain	74.2%	80%	53.7%
Behavioral Health Needs Domain	73.2%	79.4%	67.2%

Family Resource Center (FRC), cont.

Outcome Discussion, cont.

Adult Needs and Strengths Assessment (ANSA), cont.

Further analysis of the ANSA domains remains consistent in the decrease of improvement for FY 2024/25. Providers are actively looking into ways to enhance participant engagement and increase completion rates to support better outcomes.

Adult Needs and Strengths Improvement in Subdomains

	FY 22/23	FY 23/24	FY 24/25
Life Functioning Domain			
Family Functioning	71%	81%	62%
Social Functioning	77%	85%	78%
Decision-Making/Judgment	89%	90%	83%
Parenting Roles	83%	88%	84%
Strengths Domain			
Family Strengths/Family Support	66%	60%	45%
Community Connection	76%	85%	68%
Natural Supports	73%	78%	56%
Resiliency	79%	84%	86%
Resourcefulness	77%	89%	71%
Behavioral Health Needs Domain			
Depression	84%	91%	84%
Anxiety	80%	86%	75%
Adjustment to Trauma	82%	88%	67%
Eating Disturbances	89%	91%	85%

National Curriculum and Training Institute (NCTI)

Participants engaged in a variety of NCTI courses with topics including anger management, cognitive life skills, substance use and alcohol, and parenting.

The knowledge gained in courses such as cognitive life skills and parenting intends to improve communication and family relationships, which results in increased protective factors.

The knowledge gained in the alcohol and substance use courses intends to reduce use and dependence on substances, resulting in a reduction of risk factors.

NCTI Percent Improvement All Courses

	Average Pre-Test	Average Post-Test	Percent Improvement
FY 22/23	n/a*	n/a*	n/a*
FY 23/24	5.11	19.62	41.46%
FY 24/25	8.8	9.41	52.95%

*No data is available for FY 2022/23 due to licensing issues.

Family Resource Center (FRC), cont.

Outcome Discussion, cont.

Life Skills Progression (LSP)

LSP surveys collect detailed family information through interviews and observations, measuring growth in key areas such as relationships, resources, medical and mental health, and basic essentials that support mental well-being.

To effectively monitor progress, the LSP must be completed at intake and again at the end of services. The outcomes in the adjacent table show a decline in FY 2024/25 across all measured categories, which providers attribute to consumers not completing the program or the post-service assessment.

To improve outcomes, providers are exploring strategies to boost engagement and completion.

Life Skills Progression Percent Improvement			
	FY 22/23	FY 23/24	FY 24/25
Relationships	13.5%	23%	9%
Resources	18.1%	44%	12%
Medical	8.5%	15%	7%
Mental Health	18%	36%	3%
Basic Essentials	12.8%	14%	8%

Community Wholeness and Enrichment (CWE)

Program Description and Target Population

The CWE program is categorized as a Prevention and Early Intervention program. CWE identifies and helps to manage the early onset of mental health symptoms in transitional age youth (TAY) ages 16-25 and adults ages 26-59 who are experiencing the initial onset of a mental or emotional illness and/or substance use disorder.

The primary goal of the CWE program is to address mental health disorders early in their onset, utilizing the prevention and early intervention services to prevent the onset or reduce the severity of a mental illness. Although prevention and early intervention can be implemented over the lifespan, the benefits are maximized when people are targeted at or around the time of onset of a mental disorder. Utilizing stakeholder feedback and community needs assessments, CWE providers work closely with their communities to understand their needs and ensure they are met. CWE services include screenings, assessments, therapeutic treatment, resources, and education.

TAY, adults, and/or their family members are considered eligible for CWE programs based on risk factors for developing a potentially serious mental illness. CWE providers can evaluate a participant's risk factors using various screenings, including the immediate needs screening tool. The screenings also address experience with mental health, including past services received, to determine the participant's current mental health needs.

Services Offered	• **Screenings/Assessments** • **Case Management, Linkage and Referrals** • **Support Groups (includes suicide bereavement)** • **Mental Health Education** • **Early Intervention Counseling Services**

Program Serves	**TAY (16-25)** **Adults (26-59)**
Location of Services	Central Valley, Desert/Mountain, East Valley, West Valley

Community Wholeness and Enrichment (CWE), cont.

Program Highlights

CWE is a program focused on prevention and early intervention, offering suicide prevention and outreach education. It enhances access to services through assessments and case management, ensuring participants are connected to the appropriate resources. The CWE program seeks continuous solutions, such as telehealth services, to boost the percentage of participants achieving their treatment goals.

The tables below show the number of individuals receiving Prevention and Early Intervention services over the past three fiscal years and the total services provided. CWE faced significant challenges in delivering these services due to immigration raids, which caused hesitation in treatment. Staffing shortages complicated the provision of services.

Number of Participants/Number of Services			
Prevention	**FY 22/23**	**FY 23/24**	**FY 24/25**
Unduplicated Participants	2,091	2,572	2,960
Number of Services	8,306	5,668	2,094

Early Intervention	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	2,429	1,372	1,915
Total Services	853	3,248	3,097

Prevention

Early onset of mental illness can be linked to risk factors such as trauma, stressful life events, and isolation. The CWE program focuses on prevention through supportive groups and offers topics like relapse prevention, depression, anxiety, and suicide bereavement support.

Early Intervention

The CWE program provides early intervention services, including evidence-based treatments, therapies, and relapse prevention services, to promote early recovery and functional outcomes for mental illness. The table on the next page displays the number of episodes opened and closed, as well as the proportion of participants who met their treatment goals for each fiscal year.

Community Wholeness and Enrichment (CWE), cont.

Program Highlights, cont.

Outreach

The CWE engages new participants and educates potential responders about the signs and symptoms of mental illness, as well as to recognize their symptoms and seek services if needed. These outreach services allow individuals to identify signs and symptoms in their friends, family, and themselves, leading to a greater likelihood of seeking services for behavioral health needs.

The following table illustrates the number of potential responders reached and the types of settings where outreach occurred over the last three fiscal years. The community continues to adjust and show increased engagement, as illustrated in the data for FY 2024/25

Potential Responders Reached			
	FY 22/23	FY 23/24	FY 24/25
Potential Responders	1,648	1,033	1,828

Treatment Success by Fiscal Year			
	Total Episodes	Closed Episodes	% Met Goals
FY 22/23	430	289	67%
FY 23/24	352	187	42.25%
FY 24/25	313	185	59.11%

Outreach
Types of Responders / Settings

Types of Responders	Settings
• Community service providers • Families • Employers • Primary health care providers • School personnel • Leaders of faith-based organizations • Peer providers • Consumer family members	• Community events • Community-based organizations • Social media outreach • County facilities • Family resource centers • Faith-based organizations • Schools • Virtual platforms

Community Wholeness and Enrichment (CWE), cont.

Program Highlights, cont.

Access & Linkage

The CWE program is designed for individuals with early-onset behavioral illnesses, as well as those with severe mental illnesses. While the program employs the Access and Linkage to Treatment strategy, CWE providers sometimes need to refer participants to a higher level of care when necessary. Over the past three fiscal years, the CWE program has made several referrals to treatments beyond early-onset conditions. All of these individuals were actively engaged in the program.

Improve Timely Access to Treatment

The CWE program occasionally provides referrals as part of the Improve Timely Access to Services strategy. Over the past three years, CWE providers have made referrals for early intervention or treatment beyond early onset services. Like Access and Linkage, CWE providers make relatively few referrals for Improve Timely Access, as their agencies can deliver these services within their programs.

Improve Timely Access to Services			
	FY 22/23	FY 23/24	FY 24/25
Number of Referrals	0	10	7
Participants Engaged	0	10	7
Average # of Days Participant Engaged	0	0	0

Underserved Populations	
• Trauma-exposed • Co-occurring • Justice-involved • TAY-age foster children • Military/Veteran	• LGBTQ+ • Homeless • African American/Black • Latinx/Hispanic • Pacific Islander

Community Wholeness and Enrichment (CWE), cont.

Program Highlights, cont.

Suicide Prevention

The CWE program places a strong emphasis on providing support for suicide prevention. Its primary goal is to deliver services aimed at reducing the incidence of suicide within the community. The program actively distributes information to raise awareness about the signs and symptoms that may indicate someone is at risk for suicide.

The CWE program organizes a variety of educational opportunities focused on suicide prevention. One of the key components includes offering gatekeeper training programs such as Applied Suicide Intervention Skills Training (ASIST), Safe TALK, and Question, Persuade, Refer (QPR). These trainings are designed to enhance the community's ability to respond to suicide-related crises effectively.

The program tailors training sessions to meet the specific needs of diverse communities. Organizations are encouraged to contact the program to request specialized training sessions. Over the past three fiscal years, a total of 1,735 individuals have received training in suicide prevention through the CWE program. This demonstrates the program's commitment to equipping the community with essential skills and knowledge in this crucial area.

Suicide Prevention Training			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	304	345	1,086

Community Wholeness and Enrichment (CWE), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	<1%	14%	40%	<1%	45%
FY 23/24	<1%	16%	55%	<1%	27%
FY 24/25	<1%	7%	32%	<1%	59%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	Disability
	% of consumers who identified a physi1.35cal disability
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	10%	23%	1%	66%
FY 23/24	17%	38%	4%	41%
FY 24/25	16%	32%	<1%	52%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	76%	15%	0%	9%
FY 23/24	68%	29%	0%	3%
FY 24/25	82%	6%	<1%	12%

Community Wholeness and Enrichment (CWE), cont.

Demographics, cont.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	2%	5%	4%
America Indian/Alaska Native	<1%	<1%	0%
Asian	<1%	<1%	4%
Native Hawaiian/Pacific Islander	<1%	<1%	<1%
Latinx/Hispanic	15%	42%	19%
Caucasian/White	12%	14%	17%
More than One Race	2%	7%	3%
Other	3%	11%	1%
Declined to Answer	65%	36%	56%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	<1%	3%	<1%
Asian Indian/South Asian	0%	<1%	<1%
Cambodian	0%	0%	0%
Chinese	0%	<1%	<1%
Eastern European	<1%	<1%	<1%
European	10%	14%	13%
Latinx/Hispanic	15%	42%	12%
Filipino	<1%	<1%	0%
Japanese	0%	0%	0%
Korean	0%	0%	<1%
Middle Eastern	0%	<1%	<1%
Vietnamese	0%	<1%	<1%
Other	3%	11%	55%
More than One Ethnicity	7%	7%	2%
Declined to Answer	79%	36%	17%

Community Wholeness and Enrichment (CWE), cont.

Program Outcomes

Program Goals

The primary objective of the CWE program is to address mental health disorders early on in their development by utilizing prevention and early intervention services to avert or lessen the severity of mental disorders.

Prevention and Early intervention throughout a person's lifetime can yield the greatest benefits, particularly when young people are at or near the onset of mental health disorders. To identify and help manage early mental health symptoms, the CWE program uses collaborative approaches and short-term interventions.

The CWE program services reduce and prevent crises by providing support early in the emergence of a mental health concern.

They also provide support and education to the families. These services include information on how to support a family member who is experiencing a mental health crisis.

Respite care is an important element of this program. Family members are provided with information on identifying the signs and symptoms of a potential mental health concern. They have access to services that can help reduce the stressors associated with caring for a loved one suffering from mental disorders.

Method used to collect outcome	Description of method	Frequency of use	Number completed
Adult Needs and Strengths Assessment (ANSA)	A comprehensive assessment of psychological and social factors is used for treatment planning. This assessment measures functioning in several important life domains and helps to support decision-making, level of care and service planning, and ensuring projected goals are being met.	• Intake • 3 months • Discharge • Significant life events	FY 22/23: 244 FY 23/24: 171 FY 24/25: 173

Community Wholeness and Enrichment (CWE), cont.

Outcome Discussion

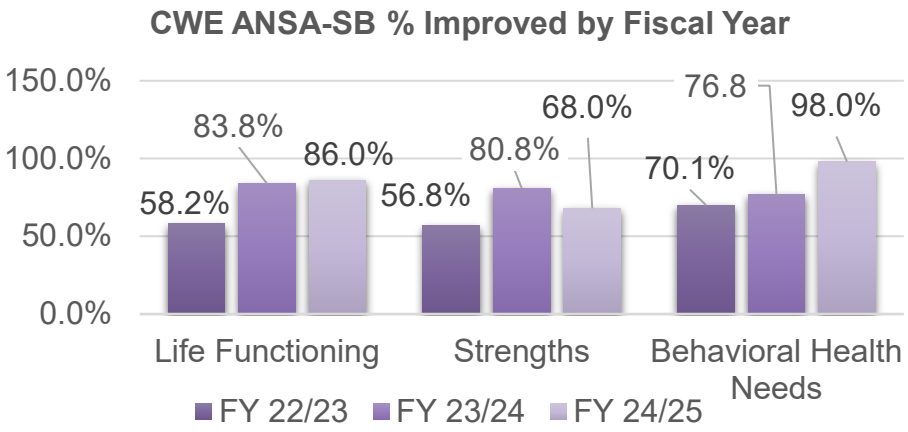
The CWE program uses the Adult Needs and Strengths Assessment – San Bernardino County (ANSA-SB) to measure the outcomes of early intervention treatments.

ANSA-SB is an information integration tool for adults with behavioral health challenges. It supports individual case planning and the evaluation and development of service systems. The ANSA-SB assessment involves rating each dimension on a four-point scale. This assessment is conducted upon intake and at three-month intervals until discharge.

The ANSA-SB measures the readiness of early intervention participants to engage in services. CWE focuses on three primary domains:

- The Life Functioning domain evaluates factors like an individual's family relationships, social functioning, decision-making, self-care, and knowledge of illness.
- The Strengths domain evaluates family support, optimism, interpersonal and social connectedness, relationship permanence, vocational skills, and resilience.
- Behavioral Health Needs, which evaluates factors like thought disorders, depression, anxiety, antisocial behavior, adjustment to trauma, and substance use.

Fiscal Year 2024/25 demonstrates remarkable advancements in Life Functioning. Behavioral health needs saw the most improvement between the fiscal years 2023/24 and 2024/25, while Strengths experienced the largest improvement in FY 2023/24. This data will be used to enhance future programming.



Community Wholeness and Enrichment (CWE), cont.

Outcome Discussion, cont.

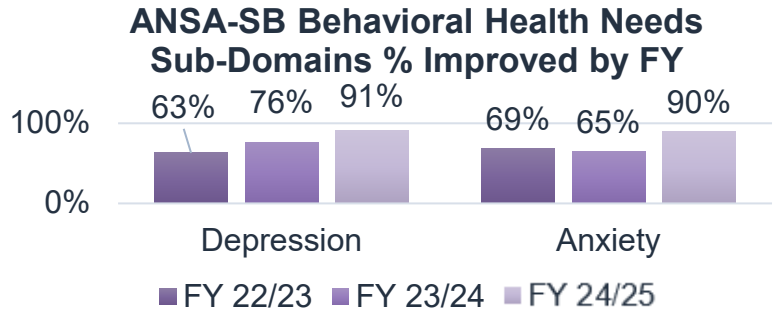
Each domain contains sub-domains that measure:

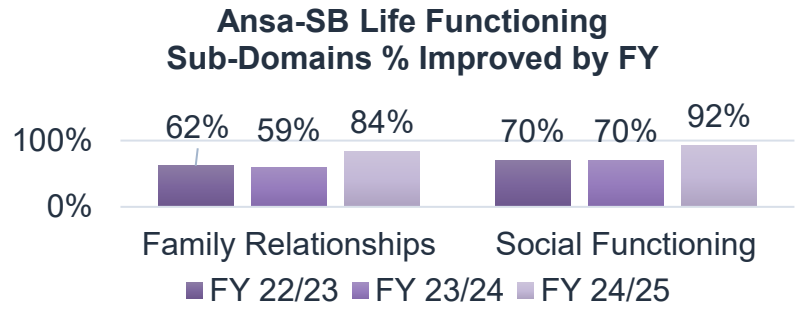
- Depression,
- Anxiety,
- Family Relationships,
- Social Functioning,
- Interpersonal/Social Connectedness, and
- Resilience.

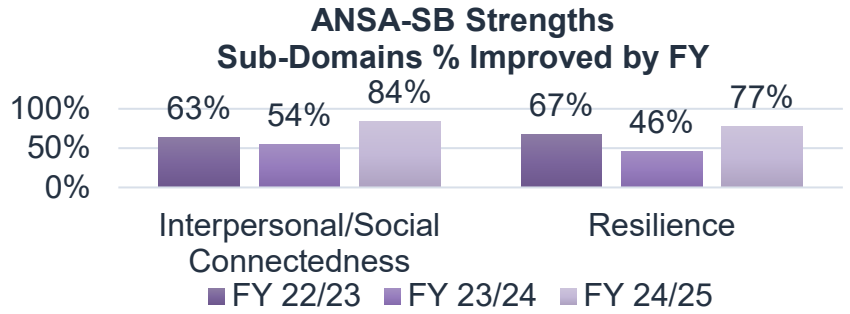
Overall, the data indicated variable improvements across fiscal years, with notable progress in addressing Depression and Anxiety in FY 2024/25.

The data indicated that there was an initial decline in improvement for both sub-domains; however, Social Functioning improved in FY 2024/25, while Family Relationships continued to show progress.

Additionally, the data revealed a trend of improvement in both Interpersonal/Social Connectedness and Resilience, with a particularly notable increase in Resilience in FY 2024/25.







Military Services and Family Support (MSFS)

Program Description and Target Population

The Military Services and Family Support (MSFS) program is a Prevention and Early Intervention program that targets active-duty military service members of all branches, veterans, and retired military personnel and their families.

This program addresses the challenges military members and their families face due to circumstances unique to military life. Due to the stigma of mental health discussion in the military community, it can be difficult for those experiencing a mental health concern to seek help as they fear retaliation, loss of job/status, or embarrassment.

Through mental health promotion activities and building relationships with the military communities, the MSFS program can offer and assure confidential services. Services are offered in any setting that makes the individual comfortable, including the individual's homes or nearby public places.

Utilizing stakeholder feedback and community needs assessments, MSFS providers work closely with their communities to understand their needs and ensure they are met.

MSFS services include screenings and assessments, therapeutic treatment, resources and education.

Services Offered	• **Mental Health Education** • **Mental Health/Substance Use Disorder screenings** • **Case Management and Referrals** • **Psychoeducation** • **Counseling Services** • **Suicide Prevention**

Program Serves	**Children** **TAY (16-25)** **Adults** **Older Adults (60+)**
Location of Services	Central Valley, Desert/Mountain, East Valley

Military Services and Family Support (MSFS), cont.

State Program Positive Results

The MSFS program is classified as a Prevention and Early Intervention initiative. In addition to providing prevention and early intervention services, the program also offers outreach education and suicide prevention. MSFS employs the Access and Linkage, as well as Improve Timely Access strategies, to ensure individuals are connected with the appropriate services to meet their needs.

In FY 2024/25, the number of services provided declined in comparison to previous fiscal years due to ongoing challenges faced by providers, including staffing transitions and vacancies in critical positions such as licensed clinicians, which created a gap in services provided.

Number of Individuals / Number of Services Projected vs Actual				
	Projected	Actual		
		FY 22/23	FY 23/24	FY 24/25
Unduplicated Individuals	3,605	3,480	3,917	2,238
Number of Services	6,990	7,118	7,701	653

Prevention

The risk factors associated with military service include experience of trauma, isolation, moral injury, substance use, and stress.

To combat these risk factors, prevention services seek to build protective factors in individuals, including supportive care, inclusion, and services relevant to military experience.

The following table illustrates the number of prevention participants and the number of services received by fiscal year. The program depends on local military bases for access to service members and military families. The program continues to build rapport with new military base leadership.

Prevention Individuals / Services			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Individuals	414	400	1,908
Number of Services	1,344	1,350	1,720

Military Services and Family Support (MSFS), cont.

State Program Positive Results, cont.

Outreach

The MSFS program provides engaging outreach services that educate and train potential responders to recognize and respond to early signs of potentially severe and disabling mental illness.

Providing outreach services to this at-risk group helps responders recognize signs in themselves and others. Recent leadership transitions at military installations have limited access to service areas, reducing opportunities for outreach. MSFS providers continue to find ways to collaborate with all community and military partners. The table below shows the number of potential responders reached.

Potential Responders Reached			
	FY 22/23	FY 23/24	FY 24/25
Potential Responders	2,533	2,869	1,741

The following table summarizes the responder types and the settings where they were engaged.

Outreach Types of Responders / Settings	
Types of Responders	Settings
• Community service providers • Military Personnel or Veterans • Peer Providers • School Personnel • Employers • Families • Law Enforcement Personnel • Cultural Brokers	• Community Events • Community-Based Organizations • Faith-Based Organization • Schools • Recreation Center • Virtual Platforms

Early Intervention

Early intervention services, treatments, and interventions are aimed at addressing and promoting recovery and related functional outcomes for a mental illness early in its emergence. Services are provided to individuals identified as experiencing the first onset of a serious mental illness. These treatment services include developing a treatment plan with goals that are meaningful to the individual.

Military Services and Family Support (MSFS), cont.

State Program Positive Results, cont.

Early Intervention, cont.

The table below illustrates the total number of early intervention episodes opened in each fiscal year, the number of episodes closed in the fiscal year, and the percentage of individuals who met their treatment goals. FY 2022/23 saw a decrease in overall episodes and the percentage of individuals who met their goals.

The decrease is attributed to many individuals not completing their early intervention treatment plan. Changes in the leadership at the military base limited access to military families engaged in services. There has been progress in reestablishing those relationships to gain access.

Treatment Success by Fiscal Year

	Total Episodes	Closed Episodes	% Met Goals
FY 22/23	88	51	18%
FY 23/24	42	40	65%
FY 24/25	38	*	*

*No data available for FY 2024/25.

Access & Linkage to Treatment

Access and Linkage to Treatment services are integrated into the MSFS program to connect individuals and/or their family members with severe mental health concerns to care and treatment that will meet their needs as early as possible in the onset of these conditions.

The table below illustrates the number of referrals made to a higher level of care each fiscal year. It also includes those referred to a County or non-county funded entity and those that were referred and engaged in treatment. MSFS providers can provide referrals to County-funded programs and occasionally to a non-county funded provider, such as a private physician.

Access and Linkage to Services Referrals

	FY 22/23	FY 23/24	FY 24/25
Number of Referrals	21	30	30
County-Funded	7	14	2
Non-County Funded	8	11	28
Individuals Engaged	15	30	30

Military Services and Family Support (MSFS), cont.

State Program Positive Results, cont.

Improve Timely Access to Treatment

The Improve Timely Access to Treatment strategy focuses on providing appropriate services based on accessibility, cultural and language appropriateness, transportation, family focus, available hours, and cost of services to increase access to appropriate mental health services for underserved populations.

The MSFS program services are available in whatever setting is most comfortable to an individual, whether it is virtual, in a clinical setting, or in-home. The Improve Timely Access to Services strategy aims to refer individuals of underserved populations to prevention, early intervention, or higher level of care services.

The program aims to serve underserved populations which include active military troops, recently retired military/veterans, and their families. The adjacent table provides a sample of the underserved populations serviced this past fiscal year.

Over the last three fiscal years, individuals were engaged within an average of eight days from the date of referral. The Improve Timely Access to Services table illustrates the number of individuals who were given a referral to a prevention, early intervention, or higher level of care service, the number of those referred who engaged in services, and the average number of days from date of referral to date involved in services. This displays the ability of the MSFS program to provide linkage and referrals in a timely manner to individuals with needed services as soon as possible.

Improve Timely Access to Services			
	FY 22/23	FY 23/24	FY 24/25
Number of Referrals	96	53	154
Individuals Engaged	19	4	53
Average # of Days Individual Engaged	6.89	8.7	*

*Indicates no data available.

Underserved Populations	
• Trauma-exposed	• African American
• Co-occurring	• Military/Veterans
• At risk children and youth	• Pacific Islander
• Latinx/Hispanic	• Individuals experiencing onset of serious psychiatric illness
• LGBTQ+	

Military Services and Family Support (MSFS), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-50	60+	UNK
FY 22/23	12%	8%	35%	6%	39%
FY 23/24	18%	12%	45%	14%	11%
FY 24/25	12%	11%	54%	11%	3%

Fiscal Year	Veteran Status
	% of Individuals who identified as a veteran
FY 22/23	13%
FY 23/24	14%
FY 24/25	21%

Fiscal Year	Sexual Orientation
	% of Individuals who identified as LGBTQ+
FY 22/23	2%
FY 23/24	1%
FY 24/25	11%

Fiscal Year	Disability
	% of Individuals who identified a physical disability
FY 22/23	0%
FY 23/24	0%
FY 24/25	10%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	30%	46%	<1%	24%
FY 23/24	36%	54%	<1%	10%
FY 24/25	30%	49%	<1%	20%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	98%	<1%	0%	2%
FY 23/24	98%	1%	<1%	0%
FY 24/25	89%	<1%	<1%	0%

Military Services and Family Support (MSFS), cont.

Demographics, cont.

Demographic Observations

- The MSFS program is successful in serving children, TAY, and adults at 12%, 11%, and 54%, respectively. This aligns with the program's goal of serving those with military service.
- The program increased service to veterans over the past year.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	11%	13%	13%
American Indian/Alaska Native	1%	<1%	1%
Asian	1%	2%	2%
Native Hawaiian or Pacific Islander	2%	1%	2%
Caucasian/White	6%	43%	46%
More than One Race	31%	6%	6%
Other Race	39%	19%	20%

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	2%	4%	5%
Asian Indian/South Asian	4%	1%	<1%
Cambodian	0%	1%	0%
Chinese	0%	3%	<1%
Eastern European	<1%	<1%	<1%
European	3%	3%	<1%
Latinx/Hispanic	10%	3%	<1%
Filipino	<1%	4%	<1%
Japanese	<1%	2%	0%
Korean	0%	2%	0%
Middle Eastern	<1%	6%	<1%
Vietnamese	0%	2%	0%
Other	73%	60%	24%
More than one ethnicity	17%	8%	36%

Military Services and Family Support (MSFS), cont.

Program Goals

Increase early access and linkage to medically necessary care and treatment:

- Connect children, adults, and older adults with severe mental illness to care as early in the onset as practicable to medically necessary care and treatment, including, but not limited to, care provided by County mental health programs.

Improve timely access to services for underserved populations:

- Increase the extent to which individuals or families from underserved populations who need mental health services because of risk or presence of a mental illness receives appropriate services as early in onset as practicable.

Reduce prolonged suffering:

- Reduce risk factors.
- Increased protective factors that may lead to improved mental, emotional, and relational functioning.
- Reduced symptoms.
- Improved recovery, including emotional and relational functioning.

Reduce stigma and discrimination associated with mental illness:

- Reduced negative feelings, attitudes, beliefs, perceptions, stereotypes, and/or discrimination related to having a mental illness, being diagnosed, or seeking services.
- Increased acceptance, dignity, inclusion, and equity for individuals with mental illness and members of families.

Military Services and Family Support (MSFS), cont.

Program Outcomes

Method used to collect outcome	Description of method	Frequency of use	Number completed
Adult Needs and Strengths Assessment (ANSA)	A comprehensive assessment of psychological and social factors used for treatment planning. This assessment measures functioning in several important life domains and helps to support decision making and level of care and service planning, and ensure projected goals are being met.	Intake, 3 months, Discharge, Significant life events	FY 22/23: 36 FY 23/24: 27 FY 24/25: 41
PTSD Checklist for Active and Veteran Military (PCL-M)	A comprehensive assessment of psychological and social factors used for treatment planning. This assessment measures functioning in several important life domains and helps to support decision-making and level of care and service planning, and ensure projected goals are being met.	Every three months for duration of treatment	FY 22/23: 7 FY 23/24: 5 FY 24/25: 25

Outcome Discussion

The Adult Needs and Strengths Assessment - San Bernardino County (ANSA-SB) is a comprehensive assessment of psychological and social aspects used for treatment planning by MSFS early intervention providers. This assessment evaluates functioning in various essential life areas and aids in decision-making, level of care and service planning, and ensuring that planned goals are realized. Based on the individual's response, he/she receives a rating from 0 to 3, with 0 revealing there is no evidence of needs and 3 requiring immediate and/or intensive action.

The Life Functioning Domain focuses on the different areas of social interaction in an individual's life. This can include how they function individually, within family, peer, school, and community realms.

The Strengths Domain refers to the individual assets an individual can use to advance healthy development. Identifying areas where strengths can be built is a significant element of service planning.

Military Services and Family Support (MSFS), cont.

Outcome Discussion, cont.

The Behavioral Health Needs Domain identifies the behavioral health needs of an individual.

The table below illustrates the percentage of individual improvement within the Life Functioning, Strengths, and Behavioral Health Needs domains.

Domain improvement leads to improved recovery including emotional and relational functioning. These improvements reduce the prolonged suffering related to an untreated mental health concern.

FY 2024/25 showed an increase in the Life Functioning domain, while decreases were observed in both the Strengths and Behavioral Health Needs domains. It is important to note that a gap in services has contributed to changes in assessment, monitoring, and effectiveness. As such, the percentages presented may not accurately reflect a decline in improvement.

	MSFS ANSA % Improved by FY	FY 22/23	FY 23/24	FY 24/25
Domains	Life Functioning	44.8%	66.7%	80%
	Strengths	34.5%	76.2%	60%
	Behavioral Health Needs	41.4%	76.2%	60%

Military Services and Family Support (MSFS), cont.

Outcome Discussion, cont.

Each domain includes sub-domains that help to evaluate the individual's readiness to participate in early intervention services.

In the domain of Life Functioning, the sub-domain of Family Relationships evaluates and rates the individual's relationships with their family members: spouse/partner, children, and other family members. The sub-domain of Social Functioning rates social skills and relationships for an individual.

In the Strengths domain, the Interpersonal/Social Connectedness sub-domain measures an individual's social and relationship well being. The Resilience domain measures an individual's ability to recognize their internal strengths and use them to manage their daily life.

The percentages reported for the sub-domains in FY 2024/25 may appear inconsistent when compared to previous years due to a gap in therapeutic services. Providers also noted that many participants either did not complete the full course of therapy or did not complete the post-assessment following treatment.

	ANSA Life Functioning Sub-Domains % Improved by FY	FY 22/23	FY 23/24	FY 24/25
Domains	Family Relationships	44.8%	66.7%	50%
	Social Functioning	34.5%	76.2%	100%

	ANSA Strengths Sub-Domains % Improved by FY	FY 22/23	FY 23/24	FY 24/25
Domains	Interpersonal/ Social Connectedness	17%	67%	50%
	Resilience	56%	82%	50%

Military Services and Family Support (MSFS), cont.

Outcome Discussion, cont.

The Behavioral Health Needs sub-domain of Adjustment To Trauma is used to help the individual define their difficulties related to a traumatic experience. Improvement in an identified need reflects that an individual has reduced a debilitating level of trauma symptoms. The Anxiety sub-domain measures improvement in an individual's anxiety symptoms such as excessive fear and anxiety related to behavioral disturbances. Improvement in the Depression sub-domain may indicate a decrease in symptoms such as an irritable or depressed mood, social withdrawal, and sleep disturbances.

The adjacent table illustrates the comparison of individual pre and post scores on the Post-Traumatic Stress Disorder (PTSD) Checklist for Active and Veteran Military members (PCL-M). The PCL-M uses 17 questions to assess the degree to which individuals experience symptoms of PTSD, such as trouble falling or staying asleep, being "hyper alert" or watchful and on guard, or feeling jumpy and/or easily startled. Higher scores indicate a greater intensity of PTSD symptoms.

	ANSA Behavioral Health Needs Sub-Domains % Improved by FY	FY 22/23	FY 23/24	FY 24/25
Domains	Adjustment to Trauma	47%	80%	0%
	Anxiety	50%	50%	0%
	Depression	50%	91%	50%

	PTSD Average Scores Pre and Post by FY	FY 22/23	FY 23/24	FY 24/25
Domains	Pre	63	65	*
	Post	46	52	*

*No data is available for FY 2024/25.

Student Assistance Program (SAP)

Program Description and Target Population

The Student Assistance Program (SAP) employs a school-based approach to provide targeted services to students in kindergarten through 12th grade who require interventions for substance abuse, mental health, academic, emotional, and/or social issues. SAP links education, programs, and services within and across school and community systems to form a support network for students.

SAP's target population consists of K-12 students and their families who have the following characteristics: trauma exposure, the onset of serious psychiatric illness for the first time, families in distress, at risk of dropping out of school, and/or becoming involved with the juvenile justice system.

The SAP program prioritizes schools and school districts with high rates of students from underserved ethnic/cultural groups, poverty, low academic achievement, suspension, expulsion, dropouts, children/youth in foster care, at risk of juvenile justice involvement, and/or community violence.

Services are not intended for those who have previously been diagnosed with a mental health condition, as well as students whose needs have been identified and should be met as part of an Individual Education Plan (IEP).

Services Offered	• **Mental Health and Substance Use Screenings and Assessments** • **Mental Health Educational Presentations** • **Critical Incident Stress Debriefing** • **Individual and Group Counseling** • **Alcohol and Drug Education and Intervention**

Program Serves	**Children, Youth, TAY (16-25)**
Location of Services	School Campuses, Mental Health Clinics, In-home

Student Assistance Program (SAP), cont.

Program Highlights

SAP uses a school-based approach to provide focused services to students needing interventions for substance use, mental health, academic, emotional, and/or social issues. It is a process that connects students to a network of supports. SAP identifies students in need and links them to services that can fully assess their needs. Once assessed, students are connected with the appropriate level of services and ongoing support.

The SAP falls into the State Prevention and Early Intervention Program reporting structure. The program includes both prevention and early intervention activities to provide students with a comprehensive system of care.

Prevention

SAP prevention activities offer education, outreach, and support to help students and school staff understand mental wellness.

Prevention activities are readily available to all students and staff. Referrals can be made to additional services such as screening and assessments. These referrals can be made by school counselors, teachers, and/or parents.

SAP delivers presentations at school assemblies and offers after-school group activities. They are provided with useful information on the signs and symptoms of mental illness as well as substance use disorders.

The following includes some of the topics that are presented by the SAP program:

- Substance Use Education and Interventions,
- Conflict Resolution,
- Self-Control/Anger Management,
- Healthy Dating and Relationships,
- Psychoeducational/Social Skill Building,
- Grief Processing/Critical Incident Debriefing, and
- Suicide Prevention.

Number of Participants / Number of Services			
	Actual		
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	50,221*	56,608	47,517
Number of Services	67,095*	58,432	44,893

*FY 2022/23: reported numbers were incorrect; actual numbers have been updated.

Student Assistance Program (SAP), cont.

Program Highlights, cont.

Early Intervention

The program's core component consists of professionally trained teams. These teams are comprised of school personnel and staff from community behavioral health agencies.

SAP team members are trained to identify potential learning barriers and make recommendations that will benefit both the student and their families. They work collaboratively to meet the needs of the student most effectively and practically.

The SAP team plans and implements services to improve students' well-being. They include ongoing support to ensure the students are successful in their treatment program.

When a student's needs exceed the scope of the program, the SAP team connects the student and their families to additional community resources and services, including referrals to a higher level of care.

The following table includes data on the number of children and youth served by early intervention services.

Early Intervention Participants / Services			
	FY 22/23	FY 23/24	FY 24/25
Unduplicated Participants	570	905	6,387
Total Services	7,958	12,384	9,818

SAP early intervention services significantly depend on school site referrals from prevention services. When schools transitioned to distance learning, these prevention services were temporarily suspended. However, with children now returning to traditional learning sites, there has been an increase in the utilization of these services.

The table below presents an overview of consumer successes. Data indicates a slight decline in treatment plans over the past three fiscal years. During the pandemic, many consumers were displaced and moved out of their program service areas, leading to interruptions in their services. Additionally, some consumers lacked the necessary technology or adequate space for a successful transition to telehealth services.

Treatment Success by Fiscal Year			
	FY 22/23	FY 23/24	FY 24/25
Treatment Successful	38%	37%	28%
Treatment Partially Successful	18%	28%	15%
Treatment Not Successful	36%	23%	29%
Missing or Other	7%	12%	9%

Student Assistance Program (SAP), cont.

Program Highlights, cont.

Outreach

The SAP program is intended to minimize barriers to learning, support students in developing academic and personal successes, and shorten the duration of untreated mental illness. To reach potential responders, the SAP program extends information and education in various settings. School staff meetings, community meetings, and schoolwide psychoeducation are used by all providers. The tables to the right show the settings in which Outreach is carried out and the types of potential responders who took part in the education activities.

San Bernardino County Superintendent of Schools, in collaboration with the DBH, host a multi-day Wellness Conference that trains and supports all those who work closely with children and youth. In July 2024, over 900 people attended the conference to learn about positive behavior interventions for the classroom, including identifying behavioral issues and referring to services. Through this partnership, schools also have access to year-round training and support for the implementation of the Positive Behavioral Intervention and Supports (PBIS) model on their school site campuses.

Outreach Settings

- Schools
- Community Events
- Health Fairs
- Family Resource Center
- Community Based Organization Facility
- Faith-Based Organizations
- Southern Region Student Wellness Conference
- Behavioral Health Clinics
- Student Attendance Review Board Meetings
- Shelters

Types of Potential Responders

- Families
- Parents
- Community Members
- School Officials/Staff
- Community Service Providers
- Law Enforcement
- Peer Providers
- Student Attendance Review Boards
- Mediators
- Prevention/Treatment Professionals
- Social Service Providers

Student Assistance Program (SAP), cont.

Demographics

Fiscal Year	Age (yrs. old)				
	0-15	16-25	26-59	60+	UNK
FY 22/23	55%	17%	14%	<1%	13%
FY 23/24	29%	10%	6%	<1%	55%
FY 24/25	26%	10%	13%	2%	50%

Fiscal Year	Veteran Status
	% of consumers who identified as a veteran
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	Sexual Orientation
	% of consumers who identified as LGBTQ+
FY 22/23	<1%
FY 23/24	2%
FY 24/25	<1%

Fiscal Year	Disability
	% of consumers who identified a physical disability
FY 22/23	<1%
FY 23/24	<1%
FY 24/25	<1%

Fiscal Year	Gender Identity			
	♂	♀	⚧	UNK
FY 22/23	5%	12%	0%	83%
FY 23/24	15%	22%	0%	63%
FY 24/25	20%	22%	0%	68%

Fiscal Year	Primary Language			
	ENG	SPAN	OTH	UNK
FY 22/23	71%	5%	<1%	24%
FY 23/24	34%	2%	<1%	63%
FY 24/25	48%	4%	<1%	49%

Student Assistance Program (SAP), cont.

Demographics, cont.

Demographic Observations

- The SAP program has consistently served the targeted demographics over the last three fiscal years. Children and Youth are the significant participants.
- The SAP program serves high numbers of adults with the annual Wellness Conference.
- Family support services also contribute to the number of adults served by the SAP program.
- There has been a significant increase in participants declining to answer demographic questions partly due to the age of participants and some thinking the questions are inappropriate to ask.
- The ethnic and racial participation is consistent with the demographics of the general population of San Bernardino County.

Race	FY 22/23	FY 23/24	FY 24/25
African American/Black	9%	5%	11%
American Indian/Alaska Native	0%	<1%	<1%
Asian	4%	2%	2%
Native Hawaiian/Pacific Islander	1%	<1%	<1%
Caucasian/White	19%	7%	9%
Latinx/Hispanic	27%	16%	20%
More than One Race	5%	2%	4%
Other Race	<1%	<1%	3%
Decline to Answer	34%	66%	90%

Student Assistance Program (SAP), cont.

Demographics, cont.

Ethnicity	FY 22/23	FY 23/24	FY 24/25
African	<1%	1%	1%
Asian Indian/South Asian	0%	0%	<1%
Cambodian	0%	0%	0%
Chinese	0%	0%	0%
Eastern European	0%	0%	<1%
European	1%	1%	<1%
Latinx/Hispanic	4%	3%	1%
Filipino	0%	0%	<1%
Japanese	0%	0%	0%
Korean	0%	0%	0%
Middle Eastern	0%	0%	<1%
Vietnamese	0%	0%	<1%
Other	5%	3%	3%
More than One Ethnicity	3%	1%	<1%
Declined to answer	87%	91%	90%

Student Assistance Program (SAP), cont.

Program Outcomes

The State program is designed to reduce the impact of untreated mental illness by addressing risk factors and enhancing protective factors. The Early Intervention goal aims to alleviate symptoms and improve recovery outcomes. The SAP program contributes to these objectives by minimizing learning obstacles, promoting academic and emotional success, and reducing the duration of untreated mental illness. The effectiveness of the SAP program is assessed using specific measurement tools as detailed in the accompanying table. Challenges related to staff retention have impeded the timely updating of data.

Method used to collect outcome	Description of method	Frequency of use	Number completed
Children and Adolescent Needs and Strengths Assessment (CANS)	CANS is a multi-purpose tool developed for children's services to support decision-making, including level of care and service planning.	Intake, 6 months, Discharge, Significant life events	FY 22/23: 465 FY 23/24: 595 FY 24/25: 516
Pediatric Symptom Checklist (PSC 35)	PSC is a 35-item parent-completed questionnaire that assesses a broad range of emotional and behavioral problems in children. It is used as a screen for psychosocial problems in pediatric well-child visits, school enrollment, and entry into other systems of care for children from 4 to 18 years of age. With repeat administrations, it is also used to assess changes in functioning over time.	Initial, 6 months, Discharge	FY 22/23: 737 FY 23/24: 466 FY 24/25: 555
Measurement Outcomes and Quality Assessment (MOQA_SP/SDR)	The MOQA surveys are used to gather information regarding the stigma associated with mental health needs. Forms of MOQA used are Stigma and Discrimination Reduction (SDR), Suicide Prevention (SP), and Outreach.	Completion of SDR, SP, or Outreach activity	FY 22/23: 229 FY 23/24: 66 FY 24/25: *
Client Satisfaction Survey	Client satisfaction surveys are used to determine whether the participants are gaining useful and valuable information from the program and to determine whether the participants are engaging in the program in a way that is satisfying and enjoyable.	Completion of services	FY 22/23: 162 FY 23/24: 188 FY 24/25: *

*Reflects difficulty in collecting data.

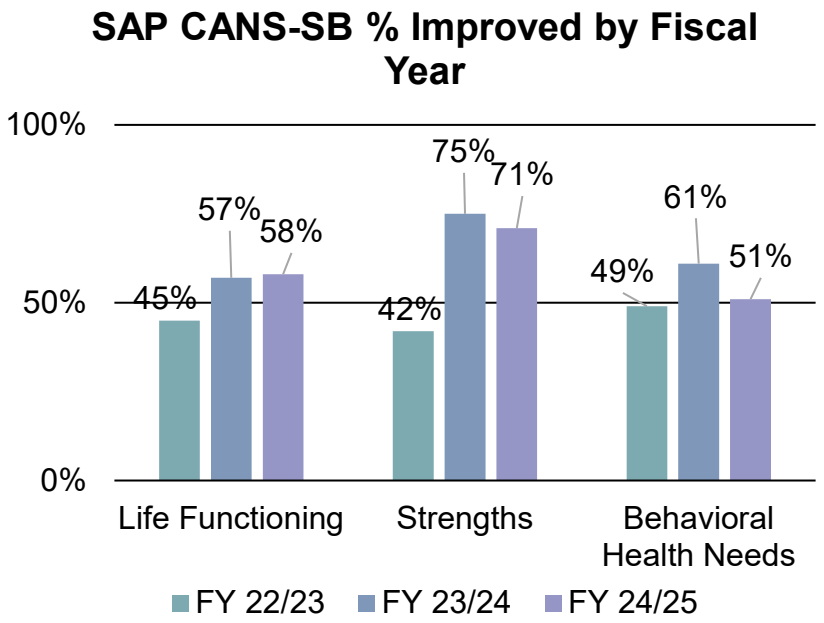
Student Assistance Program (SAP), cont.

Outcome Discussion

The SAP program uses the Children and Adolescent Needs and Strengths – San Bernardino (CANS-SB) assessment to measure outcomes of the early intervention treatments, as well as to develop treatment plans and goals. Within the first 30 days of receiving assistance, children and TAY receive the initial CANS-SB assessment. Every three to six months, follow-up assessments are conducted, and a final assessment is completed at the conclusion of services. The CANS-SB includes three primary domains used to evaluate early intervention needs. The domains utilized by the SAP program include:

- Life Functioning addresses various areas of social interaction present in the lives of children, teenagers, and their families. This domain assesses their performance in the areas of self, family, peers, school, and community.
- The Strengths domain describes the assets of the child/youth that can be used to advance healthy development. Addressing a child's strengths while also addressing their behavioral/emotional needs leads to better functioning and better outcomes.
- The Behavioral/Emotional Needs domain identifies the behavioral health needs of the child.

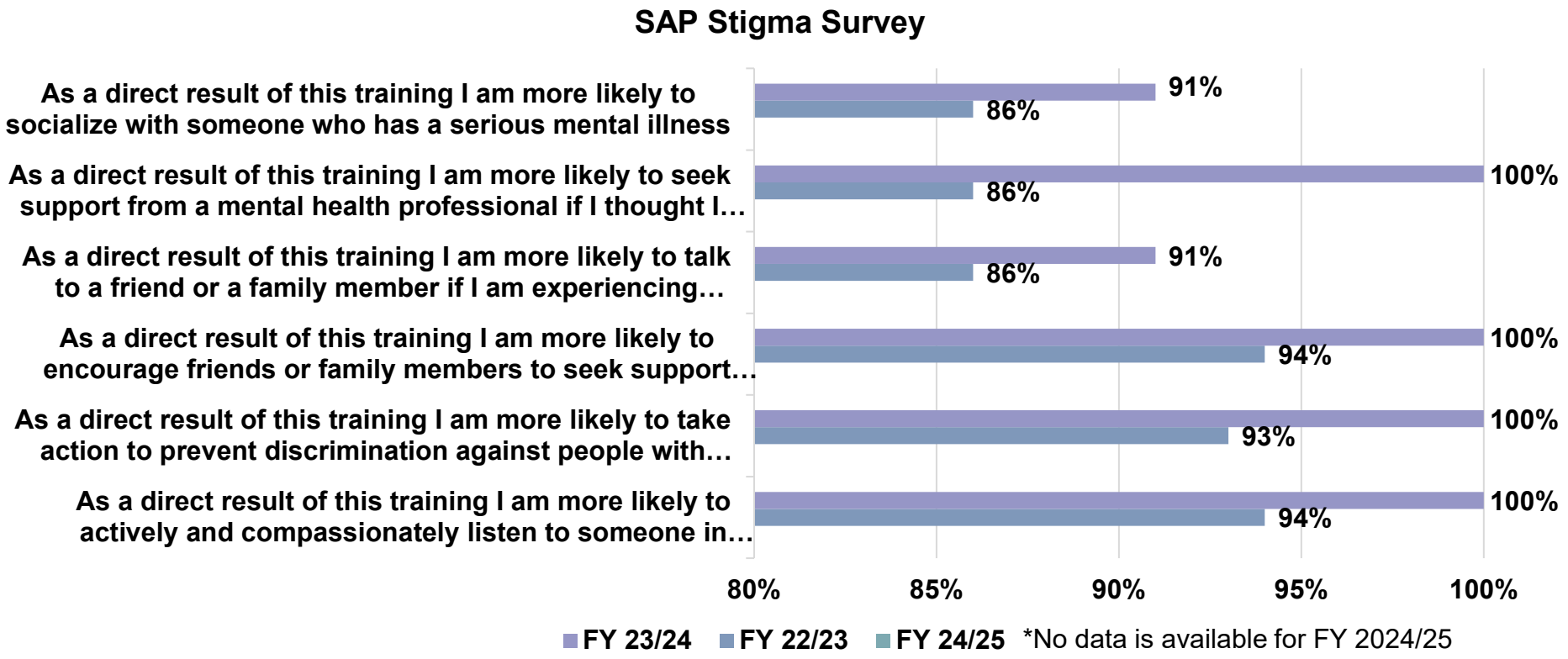
The following graph illustrates the overall improvement in the elements of Life Functioning, Strengths, and Behavioral/Emotional Needs among participants in the SAP program.



Student Assistance Program (SAP), cont.

SAP Stigma Surveys

Stigma surveys assess the impact of prevention efforts and curricula on youth's knowledge, attitudes, and behaviors regarding behavioral health. These surveys are conducted after activities aimed at reducing negative perceptions and discrimination against mental illness and promoting acceptance and inclusion for individuals with mental health challenges and their families. Staff retention issues have hindered data updates.



Improving Detection and Early Access (IDEA)

Program Description and Target Population

Psychosis is a serious mental health condition in which thought and emotion are so disrupted that one loses contact with external reality. Early warning signs and symptoms, which can last from a few days to several weeks or years, typically predict the start of a serious and long-lasting mental condition accompanied by psychotic symptoms. This phase of forewarning is a powerful point at which intervention can help to reduce worsening of mental symptoms, distress, and functional impairment. Individuals at this early stage are at a Clinical High Risk (CHR) of developing a serious illness.

The Improving Detection and Early Access (IDEA) Program supports Transitional Age Youth (ages 16–25) who are at high risk of developing psychosis or experiencing their first episode. Youth as young as 12 may be considered on a case-by-case basis. The program offers early intervention, treatment, and supportive services to help them and their families navigate challenges, build coping skills, and improve communication, to promote wellness and recovery during this important stage of life. The IDEA program aims to serve a total of 26 unduplicated participants annually through the TAY One-Stop Centers.

Services Offered	• **Mental Health and Substance Use Screenings and Assessments** • **Mental Health Educational Presentations** • **Individual and Group Counseling** • **Case Management** • **Family Education and Support** • **Supported Employment and Education**

Program Serves	**TAY (16-25)**
Location of Services	TAY Centers, Mental Health Clinics, Hospitals

Improving Detection and Early Access (IDEA), cont.

Existing Efforts

The Department of Behavioral Health (DBH) continues to offer a continuum of services that includes prevention and early intervention, crisis assistance, and a variety of outpatient and short-term residential treatments that vary in intensity based on the needs of consumers.

Phase I: Needs Assessment

The DBH Outpatient Clinics and DBH Specialty Programs were identified as initial locations to be trained in identifying Clinical High Risk. A training and education outreach strategy was implemented.

Phase II: Program Support Staff Recruitment

The IDEA Program is staffed with a coordinated specialty care team including: a clinic supervisor, clinical therapists, peer and family advocate, mental health specialist, social worker, and support staff.

Phase III: Clinical High-Risk Training and Education

IDEA program staff conducted training and education sessions at DBH Outpatient Clinics and DBH Specialty Programs throughout San Bernardino County.

These sessions focused on recognizing early signs and symptoms of psychosis and provided an overview of the new referral process to connect individuals experiencing their first episode of psychosis to the IDEA program. In the first year, these efforts reached over 270 staff, with additional sessions planned for community partners, schools, and other potential responders during the upcoming year.

Strategies for recruiting new participants:

- The IDEA clinic is located at the One Stop TAY Center in San Bernardino. This location ensures convenience and accessibility.
- Using existing system tools such as CANS/ANSA to identify participants within our own system of care.
- Conduct education and outreach to DBH clinics, DBH Community Crisis Response Team (CCRT), Community-Based Organizations (CBOs), schools, and medical facilities.
- Collaborate with other counties to manage Medi-Cal insurance changes for participants, thereby preventing gaps in service for participants switching from one county partner to another.

Improving Detection and Early Access (IDEA), cont.

IDEA Program Implementation

The IDEA program had a debut year receiving referrals from mental health clinics and community partners throughout the county. The IDEA program provided Coordinated Specialty Care services to a total of four participants.

Program participants this year ranged in ages from 14 to 23. The Coordinated Specialty Care team worked with participants and their families to identify their needs and worked on addressing their particular challenges. Clinical therapists provided individual counseling, while peer and family advocates and other team members provided individual support, family education, educational support services, as well as linkage and referral to needed resources.

Participants showed improvement in their respective CANS and ANSA scores in key areas such as daily functioning, emotional and behavioral needs, behavioral health, and risk factors. They also showed growth in strengths like optimism, community involvement, social connections, job readiness, resourcefulness, resilience, overall well-being, and goal progress.

Office of Suicide Prevention (OSP)

Program Description and Target Population

The Office of Suicide Prevention (OSP) is categorized as a stand-alone Suicide Prevention Program. As legislation evolves and suicide prevention efforts expand across the state, DBH has considered how to meet the changing needs of the communities. Recent community planning supports the need to strengthen the infrastructure surrounding suicide prevention by enhancing our current programming.

Our office has worked closely with Public Relations & Outreach Services (PROS), the Office of Equity and Inclusion (OEI), and the Community Education Program (CEP) to identify community needs, amplify messaging, and expand our reach. These partnerships have enabled us to develop strategies that are culturally responsive, community-informed, and effective in engaging new participants across San Bernardino County. In addition, we have aligned our efforts with the California Department of Public Health's Office of Suicide Prevention, using their Zero Suicide framework as a guiding model. Participation in the Striving for Zero Academy has further shaped our approach, equipping our team with evidence-based strategies to help in the reduction of suicide.

Services Offered	• **Suicide Prevention Outreach and Education** • **Critical Incident Stress Debriefing** • **Countywide Strategic Planning Coordination**

Program Serves	**Children, Youth, TAY, Adults, Older Adults**
Location of Services	Countywide
Unduplicated Participants	2,305

Office of Suicide Prevention (OSP), cont.

State Program Strategies

Prevention

OSP has implemented a range of practices and activities to raise awareness about suicide linked to mental illness. In collaboration with the Department of Behavioral Health (DBH) and the Public Relations and Outreach Services (PROS) team, the agency launched three public campaigns.

- “Promote Hope”
- “Let’s Talk”
- “Never a Bother”

The campaigns emphasize that mental health support is always accessible and that seeking help should never be a burden or inaccessible. These campaigns also enforce how anyone at any age can prevent suicide.

SafeTALK and Applied Suicide Intervention Skills Training (ASIST) are offered countywide to equip community members with the skills to recognize and respond to signs of suicidal ideation. Both of these trainings are Evidence-based. The Zero Suicide Academy is an initiative that aligns with the county’s “Striving for Zero” framework to promote a comprehensive, system-wide approach to suicide prevention.

Outreach

Our outreach efforts are designed to reduce stigma and promote help-seeking behaviors, while partnerships with schools, law enforcement, healthcare providers, and community organizations ensure that individuals at risk are identified and referred to appropriate treatment pathways. OSP conducted over 17 outreach presentations and 42 modular presentations. OSP also maintains a robust online presence and distributes educational materials that guide individuals and families on how to access mental health services, reinforcing a message of hope and recovery throughout the county. We also partnered with culturally focused agencies to tailor messaging and materials, making our services more accessible and relevant to diverse populations across San Bernardino County.

Office of Suicide Prevention (OSP), cont.

Program Highlights

Highlights

OSP reached a total of 2,305 participants through a combination of evidence-based trainings, including Mental Health First Aid, SafeTALK and ASIST, community presentations, tabling events, and awareness campaigns. These efforts, delivered in partnership with the DBH, Public Relations and Outreach Services (PROS) team, spanned all five districts within San Bernardino County and engaged a diverse range of individuals including our youth, educators, healthcare professionals, and residents from underserved communities.

OSP serves as a resource to ensure that individuals and families have access to timely, appropriate, and culturally relevant support. We've expanded our resource network through partnerships with Soluna Mental Health and other local agencies, offering referrals, printed materials, and digital directories. Our team also provides navigation support to help participants access services such as counseling, crisis lines, and peer support.

These efforts have proven effective in bridging gaps in care, improving service utilization, and fostering trust within the community, especially among populations historically underserved by mental health systems. These practices strengthen our outreach and recruitment strategies for suicide prevention, outreach, and education efforts for San Bernardino County.