



## 2018 Needs Analysis Data Book

Providing Key Statistics and Information on  
Riverside County Prevention and Early Intervention

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### Mental Health Services Act

The Mental Health Services Act (MHSA), also known as Proposition 63, was approved by California voters to impose a 1% income tax on personal income over \$1 million in order to expand and transform county behavioral health service system. It became effective on January 1, 2005. One of the key components of the MHSA is Prevention and Early Intervention (PEI).

### Prevention and Early Intervention

The Prevention and Early Intervention (PEI) component of the Mental Health Services Act is intended to broaden the behavioral health system to become a “help first” approach; by including programs and services for people at risk of developing behavioral health problems, as well as their families, friends, and caregivers.

#### What is Prevention?

- Prevention in behavioral health involves building protective factors and skills, increasing support, and reducing risk factors or stressors.
- Prevention efforts occur prior to a diagnosis of mental illness.
- Generally, there are no limits on prevention programs.

#### What is Early Intervention?

- Addresses a condition early in its manifestation.
- Is of relatively low intensity.
- Is of relatively short duration (less than one year).
- May include individual screening for confirmation of potential behavioral health needs.
- Has the goal of supporting well-being in major life domains and avoiding the need for more extensive behavioral health services.

### Understanding Risk Factors

In order to identify areas of high risk factors that increase the likelihood of developing behavioral health problems, the Research and Evaluation Unit continues to analyze data. The profile of Riverside County residents and risk factors are detailed in the following chapters.

### Acknowledgements

Thank you to all Riverside County residents who have participated in a Prevention and Early Intervention Program and staff who have complied with the data collection protocols. This report would not be a success without the liberal cooperation of the following departments, organizations, and agencies that provided valuable data:

- |   |   |
|---|---|
| <ul style="list-style-type: none"><li>• California Department of Aging</li><li>• California Department of Education</li><li>• California Department of Finance</li><li>• California Department of Justice</li><li>• California Department of Public Health</li><li>• California Health Interview Survey</li><li>• California Office of Statewide Health Planning and Development</li><li>• Centers for Disease Control and Prevention</li><li>• National Alliance on Mental Illness</li></ul> | <ul style="list-style-type: none"><li>• RUHS-Behavioral Health</li><li>• RUHS-Department of Public Social Services</li><li>• RUHS-Probation Department</li><li>• RUHS-Public Health</li><li>• Substance Abuse and Mental Health Service Act</li><li>• U.S. Census Bureau</li><li>• U.S. Department of Health and Human Services</li><li>• World Health Organization</li></ul> |
|---|---|

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# Chapter 1 Riverside County Population & Risk Factors

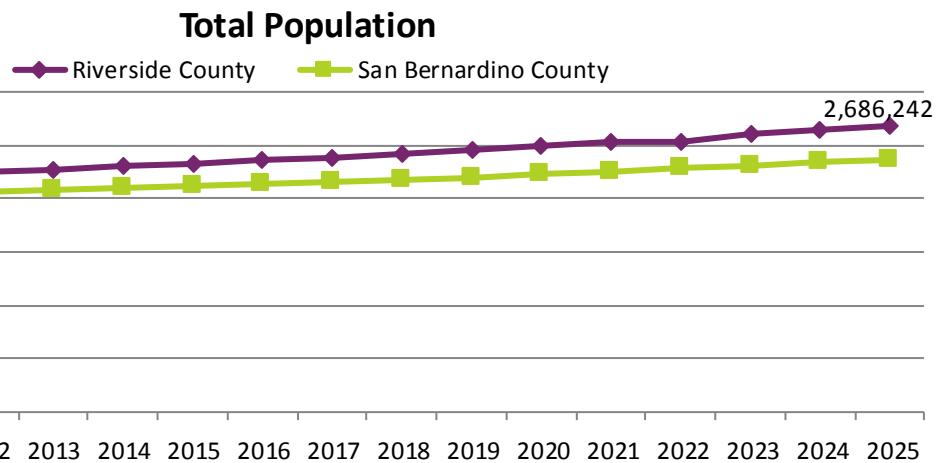
This chapter gives overview of the overall demographics of Riverside County and Mental Health risk factors. Risk factors include age, gender, region, poverty, unemployment, and crime.

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## Demographics

Riverside County (RC) has experienced sustained population growth and is estimated to reach 2,686,242 residents by 2025. In 2017, RC accounted for 6% of the California population. Riverside is the 4th most populous County in California

Figure 1.



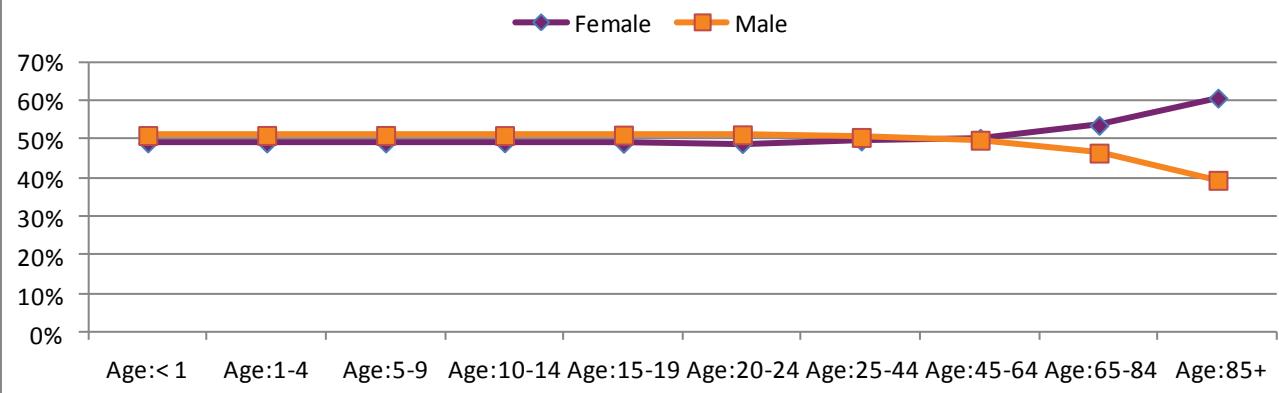
Source: Department of Finance. For more detail, see Appendix.

### Why is this important?

As Riverside County's population grows, more residents may seek services. Behavioral Health will want to ensure there is enough capacity to serve the growing population.

Figure 2.

### Riverside County Population Gender and Age: 2010-2025 Average



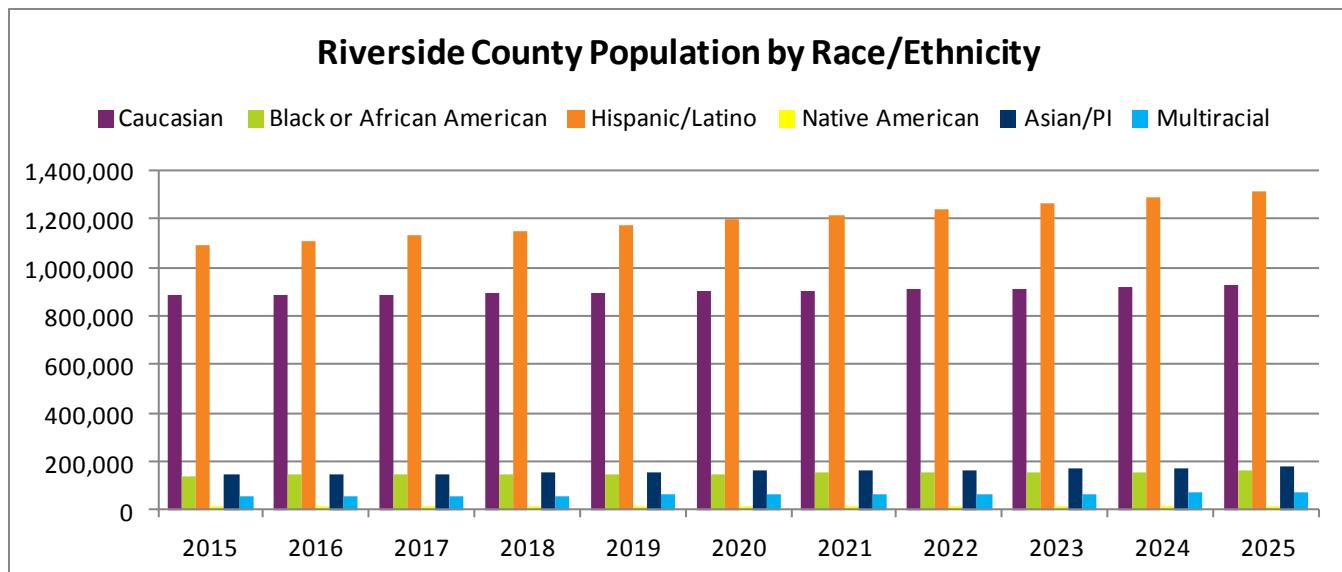
Source: Department of Finance

### Why is this important?

Gender differences by age group can be important for program planning. While providing services, Behavioral Health needs to take into account whether programs are reaching a representative amount of males and females. Gender is nearly always evenly split by male and female except for in older age groups where females account for more of the older adult population than males.

## Demographics

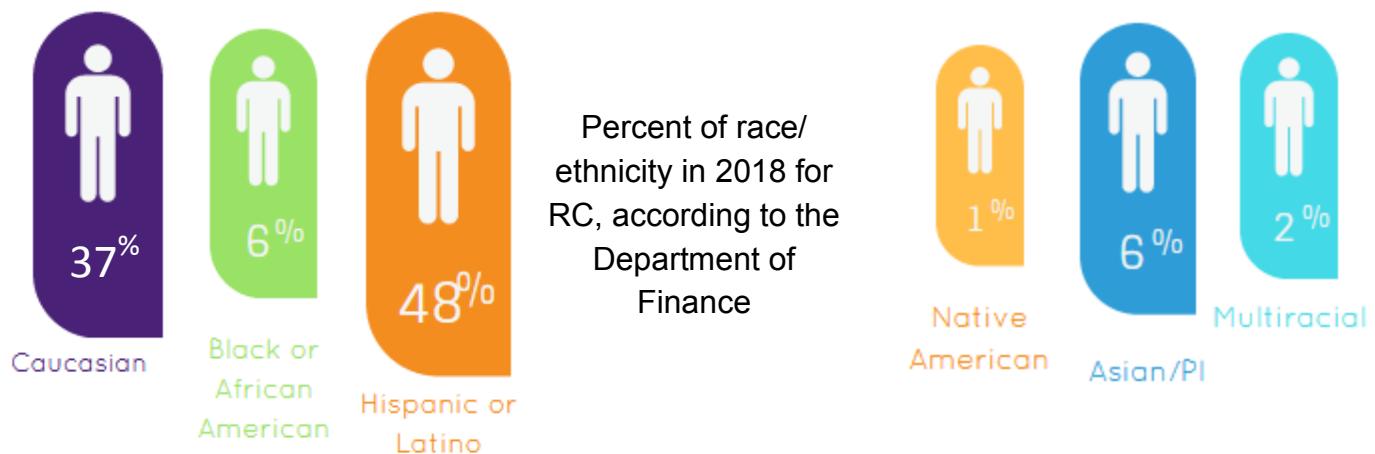
Figure 3.



Source: Department of Finance.

Riverside County's race and ethnic groups are forecasted to stay very similar to previous years with the largest population identifying as Hispanic/Latino followed by Caucasian, Black or African American, Asian/PI, multiracial, and Native American (Figure 3).

The population of Hispanic/Latinos will continue to grow and account for nearly 50% of the Riverside County population.

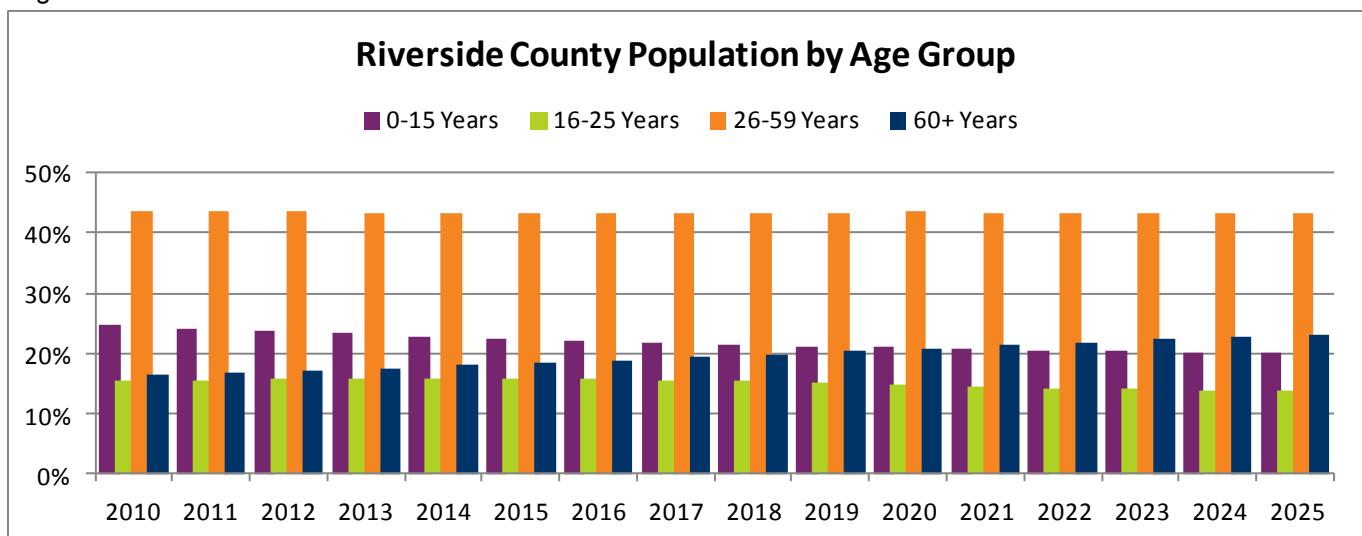


### Why is this important?

Understanding the racial, ethnic, and cultural make up of RC, services and programs that meet the specific needs of the communities can be applied appropriately. Currently, Prevention and Early Intervention offers culturally specific programs to Hispanic/Latinos and Black or African Americans, and is creating programs for Asian/PI and Native Americans.

## Demographics

Figure 4.



Source: Department of Finance. For more detail, see Appendix.

Figure 4 shows the proportions of age groupings in Riverside County based on current mental health programming for children 0 to 15, transition age youth (TAY) 16 to 25, adults 26 to 59 and older adults 60+.



### ADULTS 26-59

Over the 15 year period, the largest age group is consistently 26 to 59 years. On average, 26 to 59 year olds represent 43% of the population and is projected to stay the largest group into 2025.



The second largest age group is 0 to 15, representing an average of 22% of the RC population. This age group has slightly decreased over time.



### OLDER ADULTS 60+

The older adult population (60+) is expected to grow over the next 5 years.



### TAY 16-25

TAY 16-25, on average, is 15% of the population. This age group is also decreasing over time.

#### Why is this important?

Many Prevention and Early Intervention programs are tailored for specific age groups. Understanding the age populations allows the county to find age appropriate programs and services.

## Demographics

Table 1.

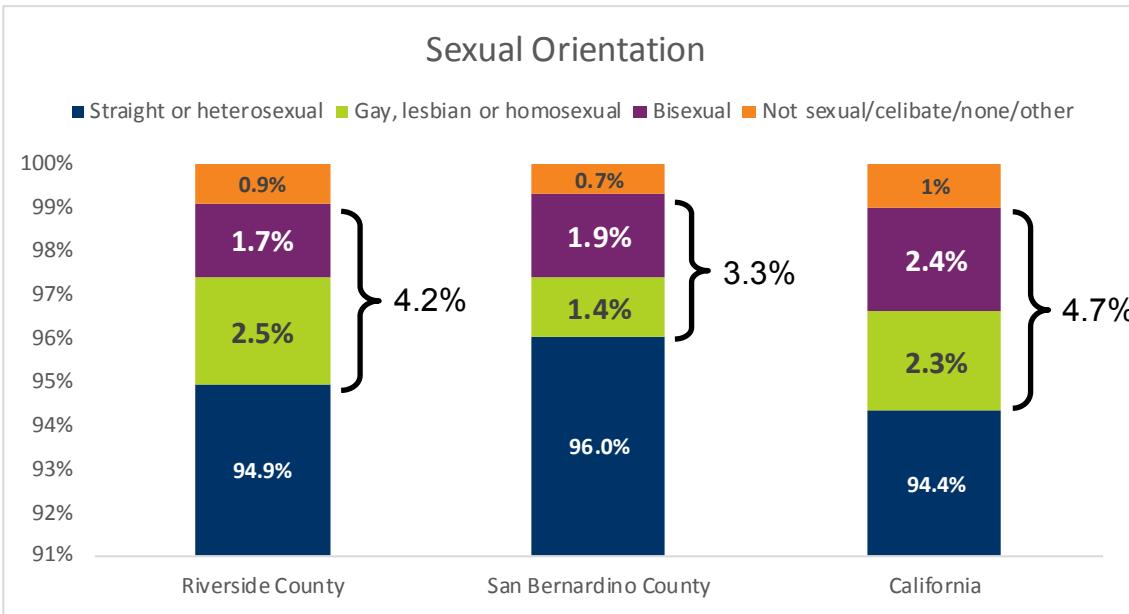
Riverside County Population by Age Group and Race/Ethnicity (2018)				
	Youth 0-15	TAY 16-25	Adults 26-59	Older Adults 60+
Caucasian	25%	25%	36%	62%
Black or African American	5%	6%	6%	5%
Native American or Alaska Native	0%	1%	1%	1%
Asian	5%	6%	7%	6%
Native Hawaiian or Other Pacific Islander	0.3%	0.3%	0.4%	0.2%
Hispanic or Latino	60%	58%	49%	25%
Multiracial	4%	3%	2%	1%

Source: Department of Finance.

### Why is this important?

Race/Ethnicity varies by age group. The majority of Youth, TAY, and Adults in RC are Hispanic or Latino. The majority of Older Adults are Caucasian.

Figure 5



### Why is this important?

4.2% of RC residents identify as LGBTQ. The LGBTQ community is currently an underserved PEI population.

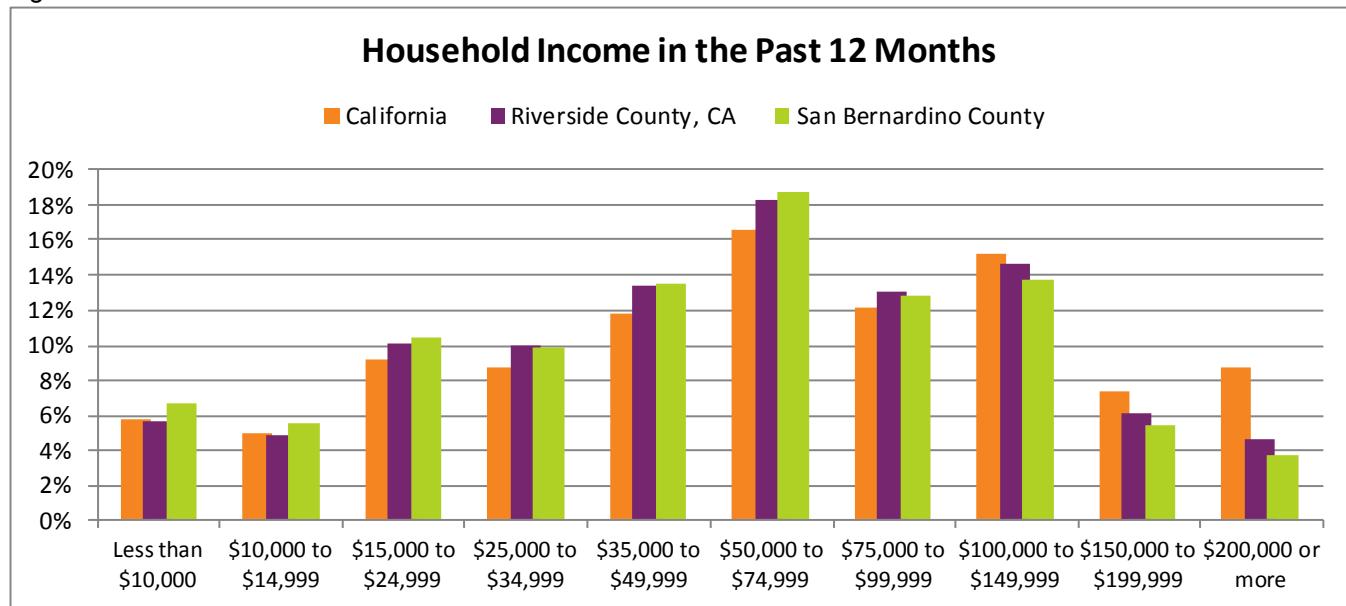
Source: CHIS

### Why is this important?

The LGBTQ community is currently an underserved target population. Understanding the communities representation in the population will help to inform program planning.

## Economics

Figure 6.



Source: ACS Table S1901 (5-Year Estimate)



Source: ACS Table C17002

**38%**

of RC residents were living, at or below, 199% of poverty.

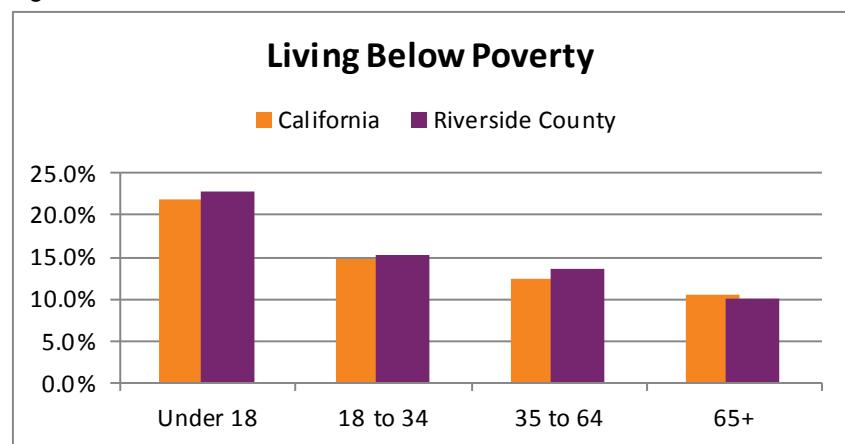
### Why is this important?

Those living in poverty are at a greater risk of poor health including mental health issues than those not living in poverty  
 (World Health Organization, 2003).

**30.3%** have a household median income of \$34,999 or less.

**6.5%** of the population in Riverside County lived below the poverty line.

Figure 7.



Source: ACS Table S1701. For more detail, see Appendix.

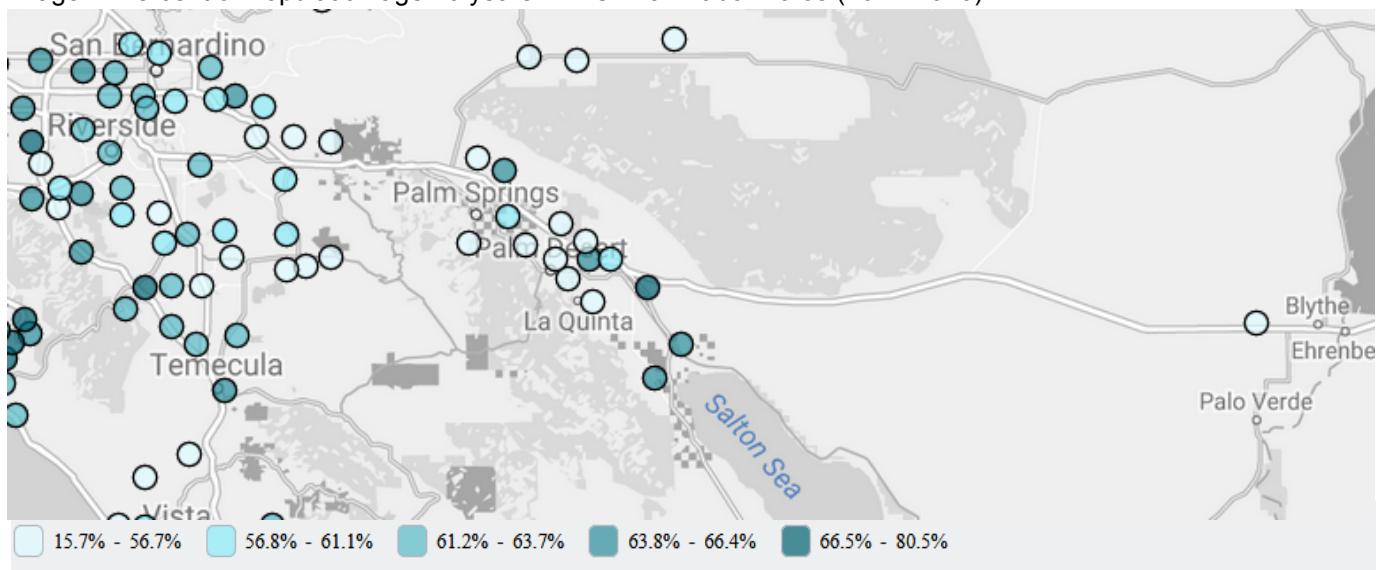
Table 2.

Family/ Household Size	Poverty Guidelines
1	\$12,060
2	\$16,240
3	\$20,420
4	\$24,600
5	\$28,780
6	\$32,960
7	\$37,140
8	\$41,320

Source: Dept of Labor

## Economics

Image 1. Percent of Population age 16 years + in Civilian Labor Force (2012-2016)



Source: Census Quick Facts

- According to the census, 59.9% of Riverside County's population of 16 years and older were employed between 2012 and 2016.
- In 2016, the unemployment rate countywide was estimated to be 8.3%.
- In 2016, the highest rate of unemployment based on Race/Ethnicity was for Native American/Alaska Natives at 18.1%, followed by African Americans at 11.5%.

Table 3.

Employment Status	2015	2016
Employed full-time	49.1%	57.6%
Employed part-time	8.1%	6.6%
Unemployed and looking for work	4.5%*	5.5%
Unemployed and not looking for work	37.8%	30.0%

\*Statistically unstable Source: CHIS

- In 2016, 49.1% of RC adults surveyed by CHIS reported being employed full-time.
- 5.5% of Riverside County adults reported they were unemployed and looking for work.

### Why is this important?

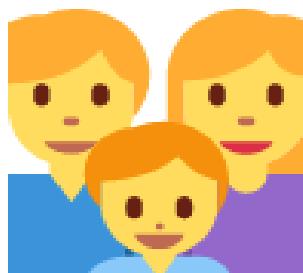
Unemployment can put people at risk for mental distress. Studies have shown that, on average, 34% of unemployed people had psychological problems compared to 16% among those employed (Paul & Moser, 2009).

## Household

Table 4.

Household Type	Riverside County	San Bernardino County	California
<b>Family Households</b>			
<b>Family Households with Children</b>			
<b>Married Parents</b>	73.5%	75.8%	68.7%
<b>Single Father with Children</b>	34.8%	36.9%	31.5%
<b>Single Mother with Children</b>	24.6%	24.2%	22.0%
<b>Grandparents Raising Related Children</b>	3.1%	3.5%	2.7%
<b>Nonfamily Households</b>	7.2%	9.1%	6.8%
	8.3%	10.5%	6.2%
	26.5%	24.2%	31.3%

Source: CP02 ACS 5-Year Estimates and B10001 5-Year Estimates



**24.6%**

Married  
Couple with children



**7.2%**

Single Mother  
with children



**3.1%**

Single Father  
with children



**10.3%**

of family households  
were headed by single  
fathers and/or single  
mothers.

### Why is this important?

Research has shown that single parent families are at a higher risk of economic hardship, children dropping out of high school, and children having behavioral or emotional difficulties (McLanahan & Sandefur, 1994).

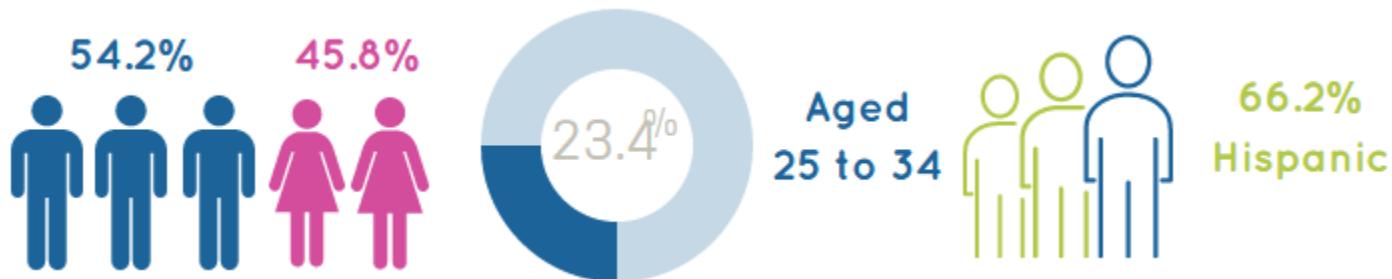
Table 5.

### Health Insurance Coverage in Riverside County

	2012	2013	2014	2015	2016
<b>With Health Insurance Coverage</b>	80%	80%	81%	83%	85%
<b>Without Health Insurance Coverage</b>	20%	20%	19%	17%	15%

Source: ACS table B27001 5 year estimates

### Who were uninsured in 2016?

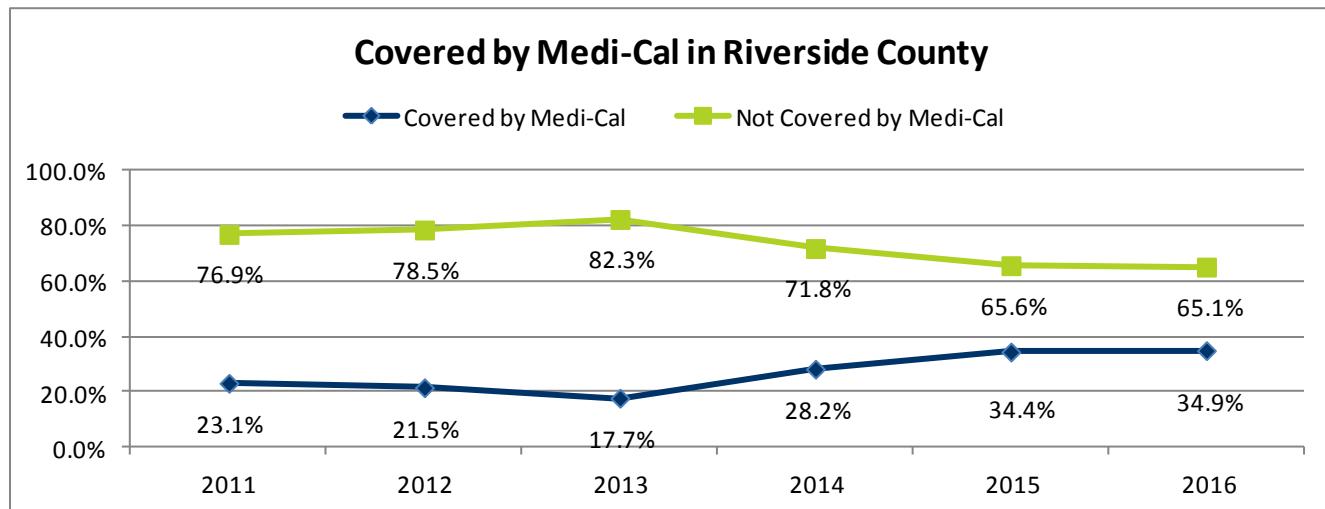


- In 2016, males were uninsured at a higher rate than females.
- Adults age 25 to 34, were uninsured at the highest rate (23.4%) compared to other age groups.
- Two-thirds of Hispanic/Latinos were uninsured.

### Why is this important?

Studies show that those who are uninsured utilize preventative and diagnostic services less than those who are insured. The uninsured tend to be more severely ill and have less therapeutic care than the insured population. The literature has suggested that improving health status from 'poor' to 'very good' can improve annual income earnings by 15% to 30% (Hadley, 2003).

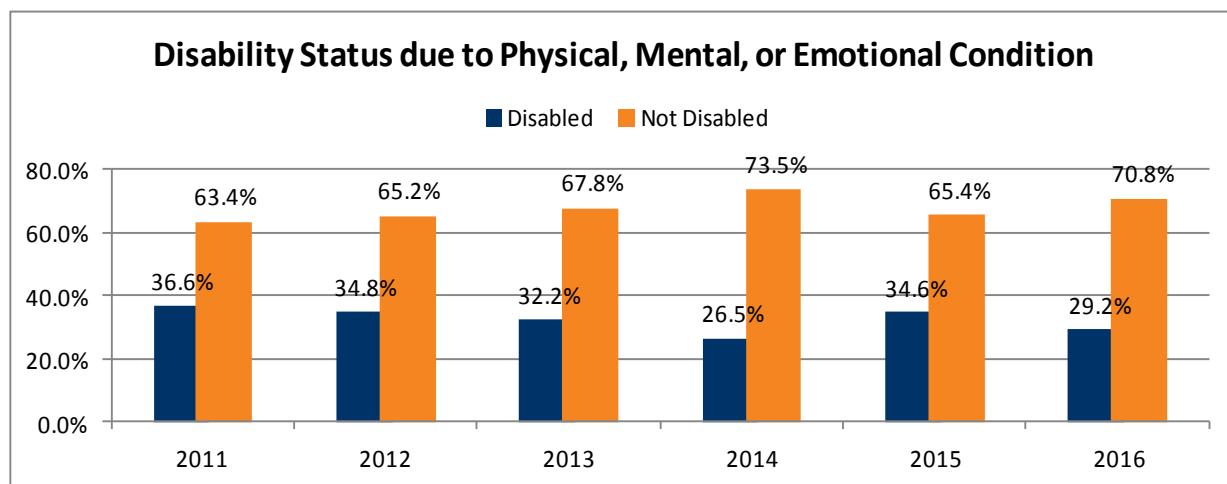
Figure 8.



Source: CHIS

## Health and Unmet Need

Figure 9.



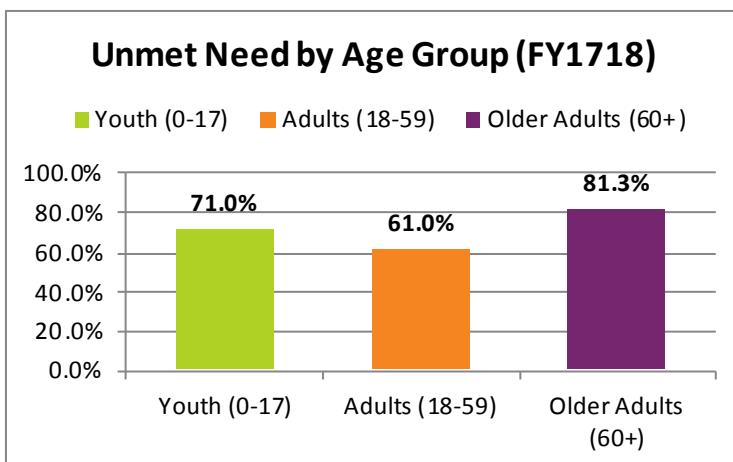
Source: CHIS

### Why is this important?

According to California Healthy Interview Survey (CHIS), on average, 32% of RC residents had a disability due to a physical, mental, or emotional condition.

Project areas in the current MHSA plan focus on the first-onset of mental health needs for older adults, which was the population had the highest unmet need in FY1718.

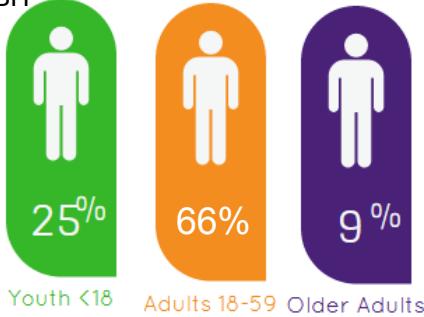
Figure 10.



**80%**

During FY17/18, the older adults in RC had the highest rate of unmet mental health needs.

Source: RUSH-BH



Source: Who We Serve

- Riverside County Mental Health served **51,523** people in FY1718. 25% were youth, 66% were adults, and 9% were older adults.
- **38%** had a history of trauma
- **31%** had a drug or alcohol history

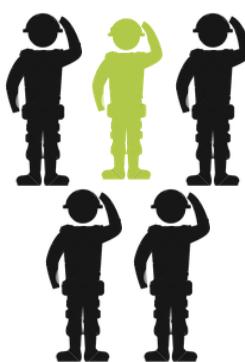
## Social



**7%**

of RC's population were veterans between 2012 and 2016

Source: American Community Survey

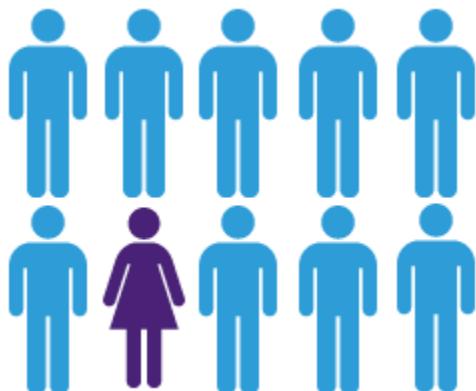


On average, **19%**

of RC's veterans had a disability due to military service between 2012 and 2016

### Why is this important?

Veteran's are at higher risk for mental health needs.

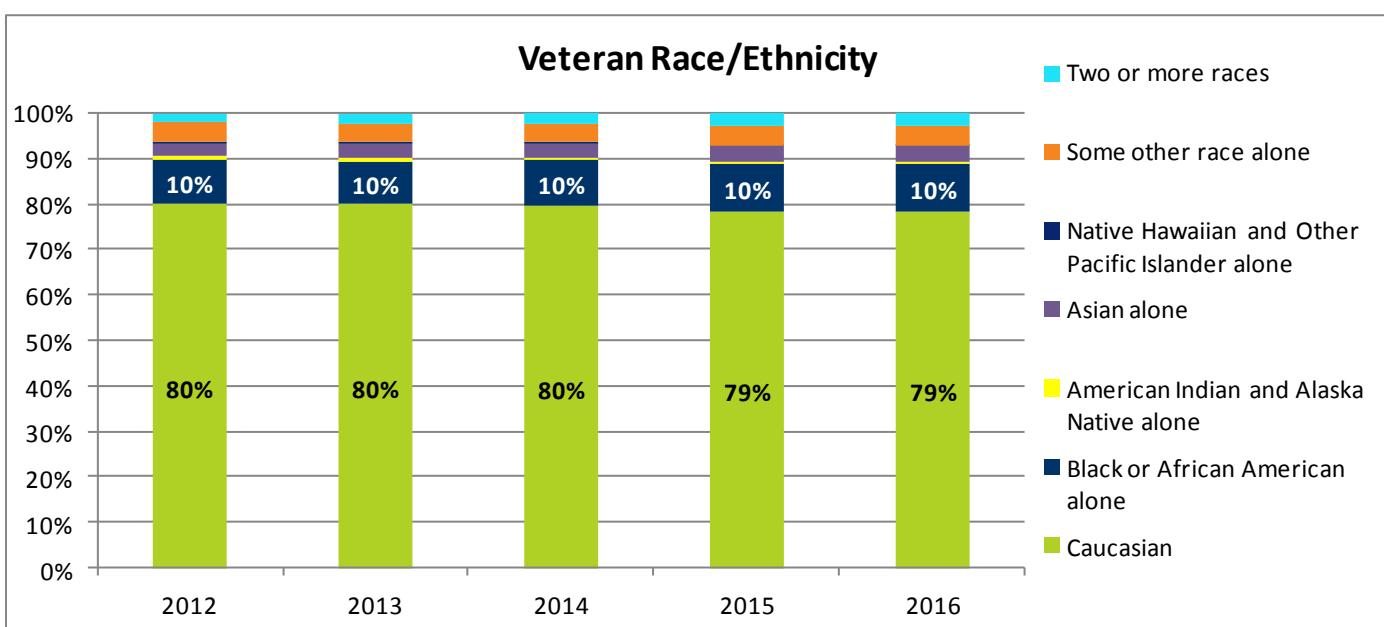


Between 2012 and 2016, on average,

**92%** of veterans were male

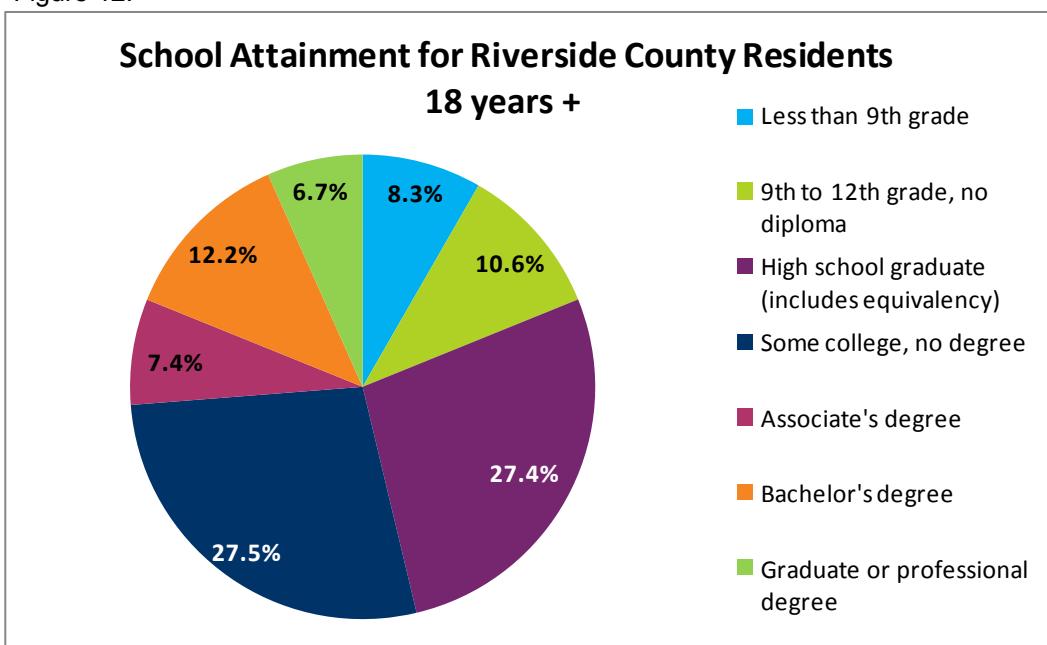
**8%** of veterans were female

Figure 11.



Source: ACS table S2101

Figure 12.


**18.9%**

have no diploma

**26.3%**

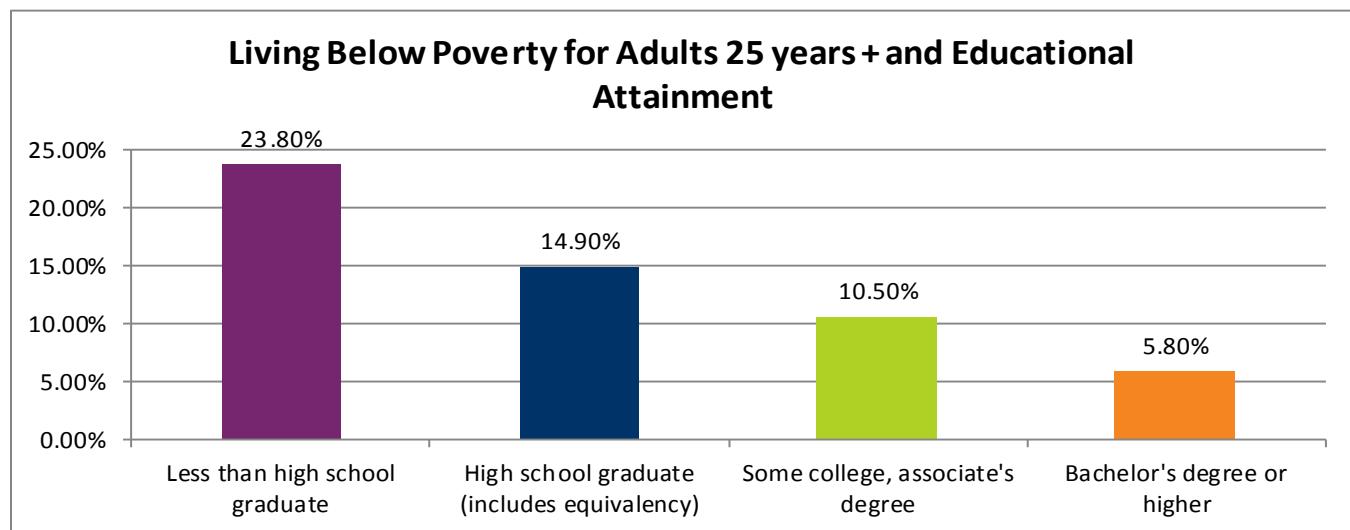
have an Associate's degree or higher

Source: ACS table B15001 5 year estimate

### Why is this important?

According to the Census Bureau, adults who have no high school diploma made up about 19% of the Riverside County population. Of those people without high school diplomas, about 24% lived below the poverty line. Those who had no high school diploma made up a greater share of the population in poverty than other levels of educational attainment.

Figure 13.



Source: ACS table S1701 5 year estimate

## Social

Table 6. Language Spoken at Home for the Population 5 Years and Over

	2012	2013	2014	2015	2016
<b>Speak English only</b>	60%	60%	60%	60%	60%
<b>Speak Spanish</b>	33%	33%	33%	33%	33%
<b>Speak other Indo-European languages</b>	2%	2%	2%	2%	2%
<b>Speak Asian and Pacific Island languages</b>	4%	4%	4%	4%	4%
<b>Speak other languages</b>	1%	1%	1%	1%	1%

Source: Census B16004



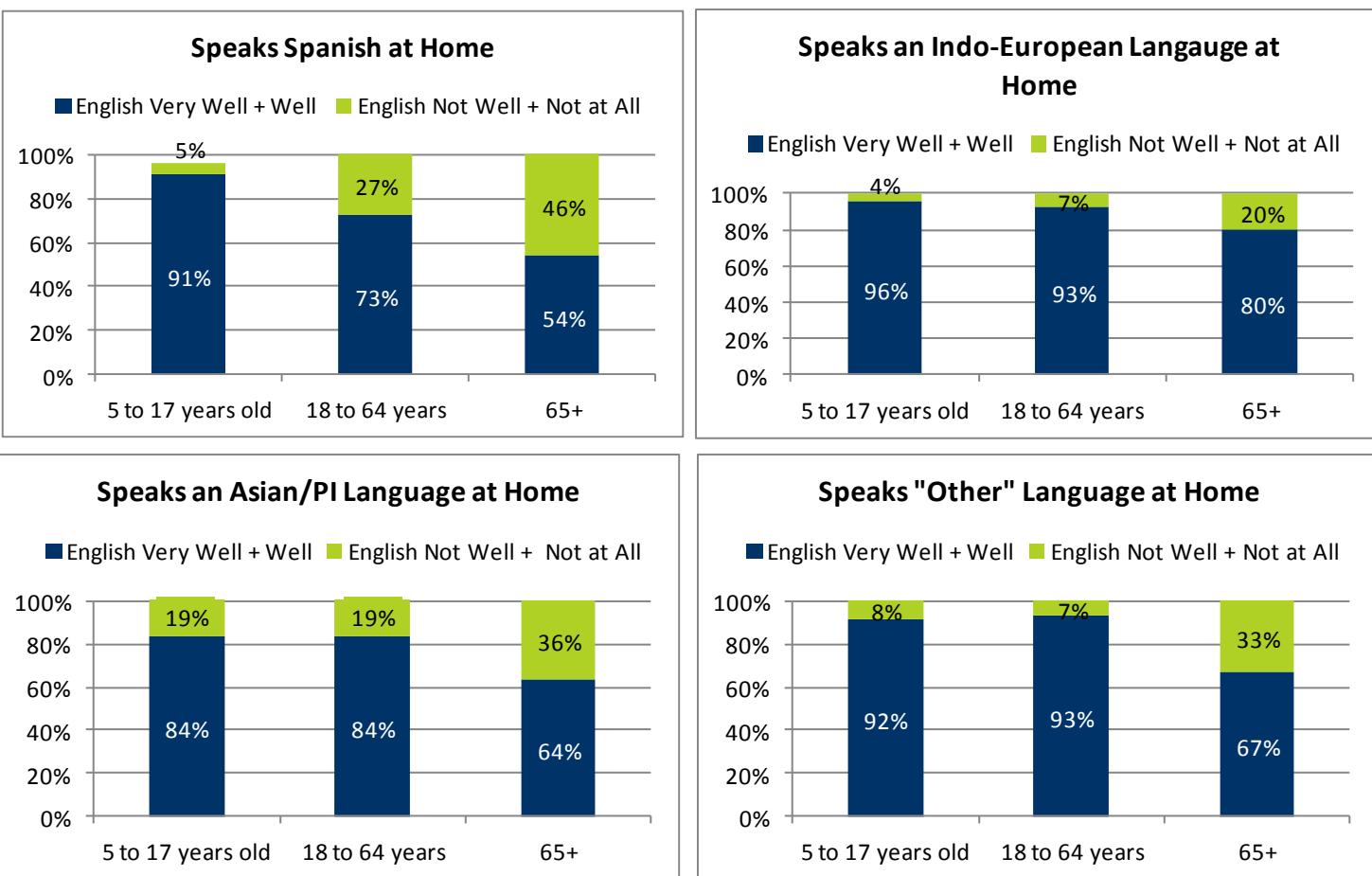
**60%**

(two thirds) of RC residents spoke English at home

**33%**

(one third) of RC residents spoke Spanish at home

Figure 14 . Language Spoken at Home for the Population 5 Years and Over by Age (2012-2016 average)



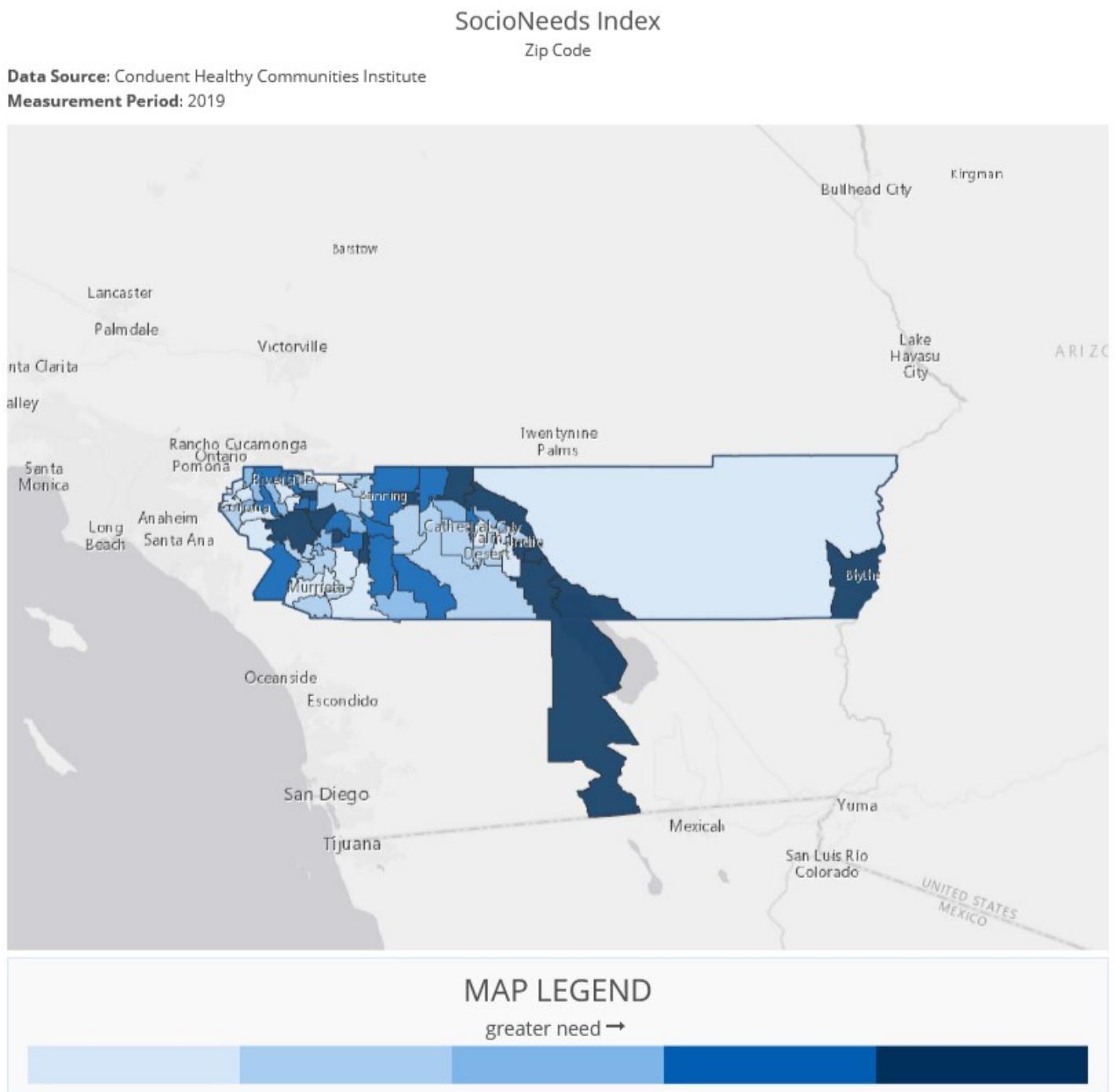
Source: Census B16004

### Why is this important?

Understanding language needs and English proficiency is important for program planning to ensure enough services are offered in languages other than English.

## Social

Image 2. Riverside County Socioeconomic Need



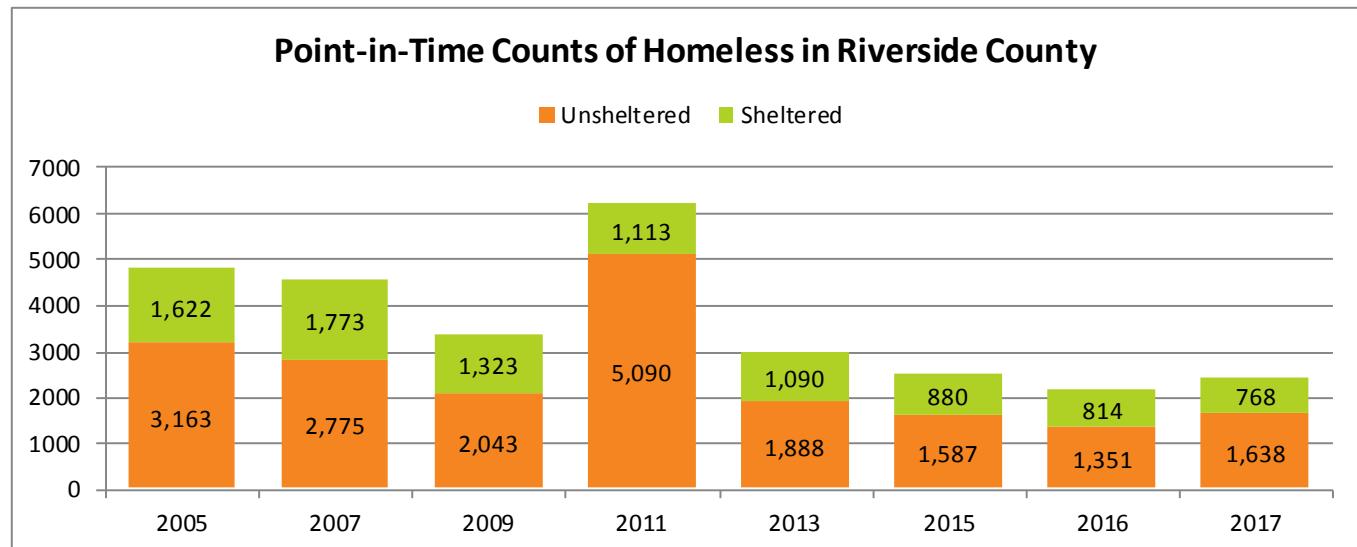
April 3, 2019

[www.shaperivco.org](http://www.shaperivco.org)

- The 2019 SocioNeeds Index, created by Conduent Healthy Communities Institute, is a measure of socioeconomic need that is correlated with poor health outcomes. The index value is created from various social and economic factors that are well known to be strong determinants of health outcomes such as poverty and education. The index ranges from 0 to 100 and the zip codes with the highest values are estimated to have the highest socioeconomic need, which is correlated with preventable hospitalizations and premature death.
- A detailed list of the highest risk zip codes can be found in the appendix.
- Riverside County had an overall index rating of 58.6/100.

## Homelessness

Figure 15.



Source: Department of Public Social Services Point-in-Time Homeless Count and Survey

The Department of Public Social Services conducts a Point-In-Time (PIT) Homeless Count and Survey to get a snapshot of Riverside County's homeless population at one particular point-in-time.

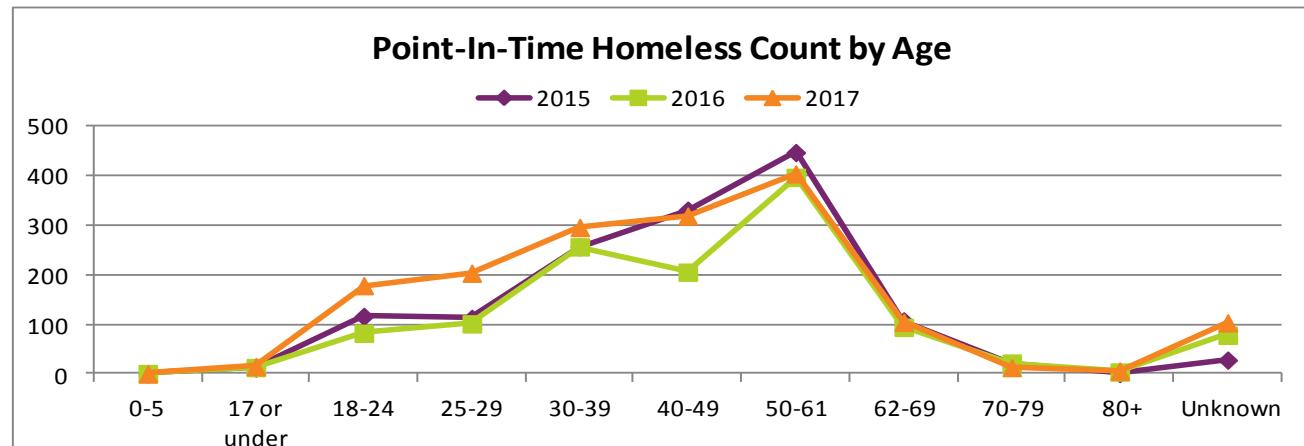
### Why is this important?

Out of the homeless counted, the majority of people were unsheltered, males, and between the ages of 30 and 61. This information can be used to inform target populations.

Table 7. Gender of Homeless People

Gender	2015		2016		2017	
	Count	Percent	Count	Percent	Count	Percent
Female	398	25%	389	29%	445	27%
Male	1,077	68%	940	70%	1,123	69%
Transgender	8	1%	1	1%	8	0%
Don't know or refused	70	4%	13	1%	47	3%
Blank	34	2%	8	1%	15	1%

Figure 16.



## Appendix

Appendix Table 1. Population Proportions

State/County	2016 Population Total	Percentage
California	39,242,698	-
Los Angeles	10,209,897	26.0%
Riverside	2,352,654	6.0%
San Bernardino	2,137,101	5.4%

Appendix Table 2. Riverside County Population Percentages by Race/Ethnicity

Race/Ethnicity	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Caucasian	38%	38%	37%	37%	37%	36%	36%	36%	35%	35%	35%
Black or African American	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%
Hispanic/Latino	47%	47%	48%	48%	48%	48%	49%	49%	49%	49%	49%
Native American	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%	1%
Asian/PI	6%	6%	6%	6%	6%	6%	6%	6%	7%	7%	7%
Multiracial	2%	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%

Appendix Table 3. San Bernardino County Population Percentages by Race/Ethnicity

Race/Ethnicity	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
Caucasian	32%	32%	31%	31%	31%	31%	30%	30%	30%	29%	29%
Black or African American	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%	8%
Hispanic/Latino	51%	51%	51%	52%	52%	52%	52%	52%	53%	53%	53%
Native American	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%	0%
Asian/PI	6%	6%	6%	6%	6%	6%	6%	6%	6%	6%	7%
Multiracial	2%	2%	2%	2%	2%	2%	2%	3%	3%	3%	3%

Appendix Table 4. Riverside County Population Under 0 to 18 Years of Age

Age	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
<1	30,575	31,104	31,648	32,184	32,718	33,197	33,655	34,094	34,472	34,813	35,103
1-4	121,152	121,090	121,958	123,364	125,509	127,660	129,766	131,789	133,702	135,460	137,086
5-9	163,070	160,624	157,422	154,826	153,606	154,154	154,862	156,512	158,632	161,499	164,297
10-14	170,954	170,944	172,350	173,011	171,860	169,440	167,259	164,441	162,310	161,671	162,974
15-18	144,373	143,351	142,535	141,734	141,658	142,936	144,552	145,398	144,482	141,970	179,695
Total	632,139	629,129	627,930	627,137	627,370	629,407	632,115	634,256	635,621	637,437	681,180

Appendix Table 5. Riverside County Adult Population

Age	2015	2016	2017	2018	2019	2020	2021	2022	2023	2024	2025
19-24	225,332	225,874	225,177	223,635	222,109	220,642	218,992	218,234	217,992	218,051	218,334
25-44	593,290	601,931	613,228	626,282	639,609	652,262	665,311	677,989	690,377	702,523	713,262
45-64	561,943	573,181	582,782	590,603	597,128	603,353	609,132	614,634	619,527	624,781	630,319
65-84	271,939	281,624	291,909	303,215	315,571	329,273	343,304	358,104	373,164	388,216	404,715
85+	40,522	41,909	43,116	44,200	45,217	46,420	47,711	49,087	50,641	52,350	54,175
Total	1,693,026	1,724,519	1,756,212	1,787,935	1,819,634	1,851,950	1,884,450	1,918,048	1,951,701	1,985,921	2,020,805

## Appendix

### Ratio of Income to Poverty Level in the Past 12 Months 5-Year Estimates

Table C17002	2016			2015			2014			2013		
	Estimate	Margin of Error	%									
<b>Total:</b>	2,289,086	+/-1,195		2,262,800	+/-1,506		2,232,372	+/-1,497		2,193,762	+/-1,426	
<b>Under .50</b>	156,548	+/-4,433	7%	160,922	+/-5,534	7%	160,263	+/-5,448	7%	153,004	+/-4,468	7%
<b>.50 to .99</b>	220,141	+/-7,375	10%	219,063	+/-6,179	10%	216,474	+/-7,922	10%	202,507	+/-6,870	9%
<b>1.00 to 1.24</b>	120,554	+/-5,192	5%	120,849	+/-4,540	5%	123,329	+/-4,749	6%	122,619	+/-5,411	6%
<b>1.25 to 1.49</b>	126,307	+/-5,141	6%	128,613	+/-5,314	6%	124,838	+/-5,083	6%	125,508	+/-5,118	6%
<b>1.50 to 1.84</b>	173,780	+/-5,290	8%	176,804	+/-6,197	8%	180,123	+/-5,276	8%	177,965	+/-5,821	8%
<b>1.85 to 1.99</b>	70,897	+/-3,926	3%	70,559	+/-3,890	3%	70,024	+/-3,913	3%	67,388	+/-4,237	3%
<b>2.00 and over</b>	1,420,859	+/-10,899	62%	1,385,990	+/-9,972	61%	1,357,321	+/-9,164	61%	1,344,771	+/-11,288	61%

American Community Survey

## Appendix

Zip Code	Index	City	Rank	Pop.
92254	99.9	Mecca	5	13,738
92274	99.8	Thermal	5	26,873
92236	99.2	Coachella	5	46,564
92543	97.4	Hemet	5	36,143
92230	96.7	Cabazon	5	2,527
92240	96.1	Desert Hot Springs	5	40,263
92548	95.2	Homeland	5	6,574
92553	95.0	Moreno Valley	5	78,638
92570	94.9	Lake Matthews	5	61,043
92571	94.2	Perris	5	60,101
92225	93.9	Blythe	5	17,190
92201	93.5	Indio	5	67,683
92241	93.1	Desert Hot Springs	5	9,906
92521	92.2	Riverside	5	682
92583	91.1	San Jacinto	4	33,286
92567	91.0	Nuevo	4	9,062
92509	90.8	Jurupa Valley	4	79,493
92507	90.4	Riverside	4	60,806
92282	89.4	Whitewater	4	1,455
92551	89.1	Moreno Valley	4	36,718
92220	88.8	Banning	4	34,017
92530	87.7	Lake Elsinore	4	55,899
92518	86.9	March Air Reserve Base	4	1,110
92234	86.3	Cathedral City	4	55,793
92545	86.0	Hemet	4	44,602
92544	84.9	Hemet	4	47,557
92501	84.7	Riverside	4	22,252
92539	83.2	Anza	4	5,116
92503	81.1	Riverside	4	92,158

- According to the 2019 SocioNeeds Index, Mecca has the highest index rating at 99.9/100. Thermal and Coachella have the next highest index ratings.
- 29 of the 70 in Riverside County zip codes are ranked as high risk. Those 29 zip codes are shown in the table above.
- Overall, Riverside County has a SocioNeeds Index of 58.6.

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## Chapter 2 Trauma Risk for All Ages

This chapter gives an overview of trauma risks for all age groups in Riverside County. The impact that substance use has with trauma is significantly visible. SAMHSA describes individual trauma as resulting from "an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or life threatening and that has lasting adverse effects on the individual's functioning and mental, physical, social, emotional, or spiritual well-being" (SAMHSA, 2019). SAMHSA states "trauma has no boundaries with regard to age, gender, socioeconomic status, race, ethnicity, or sexual orientation" (SAMHSA, 2019).

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## Substance Abuse

### Why is this important?

Substance abuse is the misuse of alcohol (including underage drinking), use of illegal drugs, and the improper use of prescription or over-the-counter medications. Traumatic events can push an individual to substance use regardless of age. Substance abuse can also put people at risk for trauma.

Table 1.



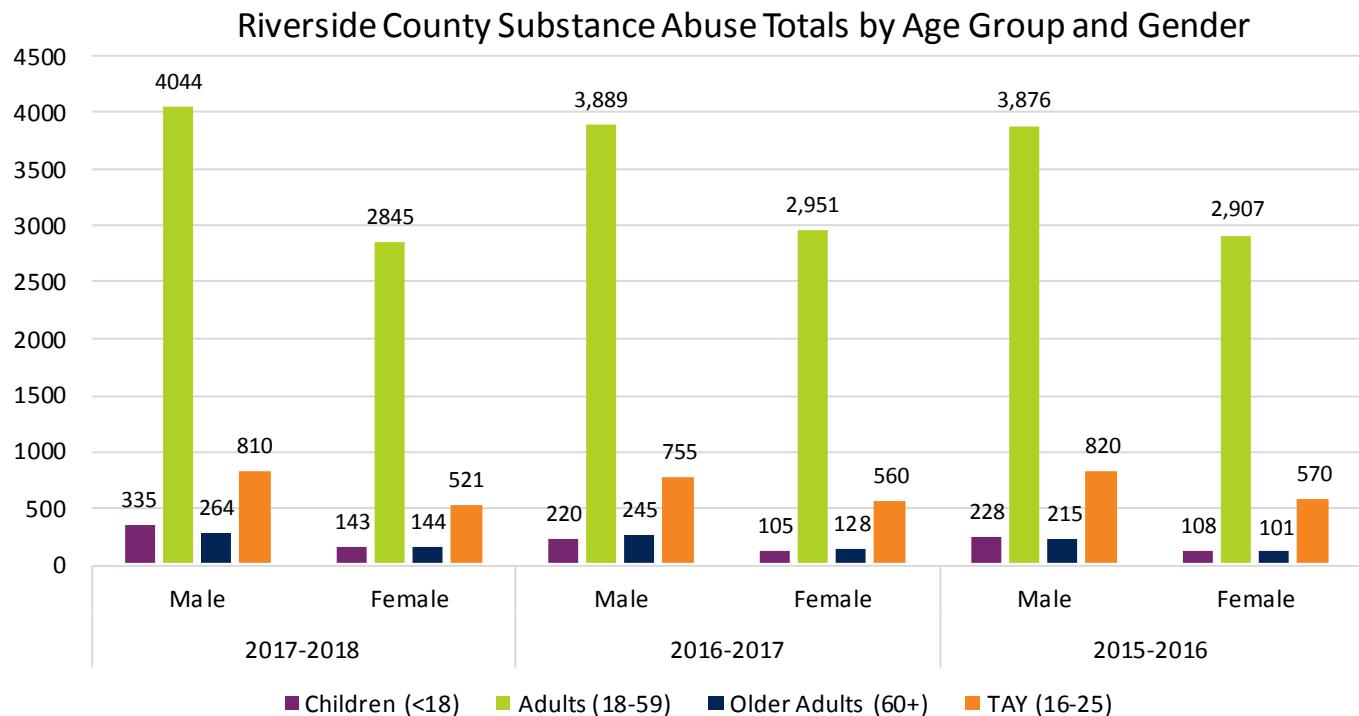
National Surveys on Drug Use and Health: Substate Age Group Table										
		2012, 2013, 2014					2014, 2015, 2016			
		12-17 yrs.	18-25 yrs.	26+	18+		12-17 yrs.	18-25 yrs.	26+	18+
Marijuana Use in Past Year	United States	12.56%	32.37%	10.52%	13.66%	12.56%	32.37%	10.52%	13.66%	
	California	14.79%	33.42%	10.74%	14.27%	13.95%	33.85%	12.93%	16.07%	
	Riverside	<b>13.31%</b>	<b>29.85%</b>	<b>8.09%</b>	<b>11.76%</b>	<b>13.25%</b>	<b>28.09%</b>	<b>10.37%</b>	<b>13.31%</b>	
Cocaine Use in Past Year	United States	0.64%	4.55%	1.34%	1.81%	0.61%	5.17%	1.38%	1.92%	
	California	0.92%	6.17%	1.52%	2.24%	0.91%	7.12%	1.79%	2.59%	
	Riverside	<b>0.97%</b>	<b>5.55%</b>	<b>1.35%</b>	<b>2.06%</b>	<b>1.05%</b>	<b>4.07%</b>	<b>1.31%</b>	<b>1.76%</b>	
Alcohol Use Disorder in Past Year	United States	2.99%	13.20%	5.92%	6.98%	2.40%	11.29%	5.49%	6.32%	
	California	3.03%	13.61%	6.04%	7.22%	2.44%	11.34%	5.97%	6.78%	
	Riverside County*	<b>3.08%</b>	<b>12.74%</b>	<b>5.68%</b>	<b>6.87%</b>	<b>2.55%</b>	<b>10.47%</b>	<b>6.13%</b>	<b>6.85%</b>	
Alcohol Use in Past Month	United States	12.00%	59.80%	55.98%	56.54%	10.12%	58.36%	55.56%	55.96%	
	California	11.88%	57.78%	53.66%	54.30%	10.13%	55.64%	54.21%	54.43%	
	Riverside	<b>11.90%</b>	<b>51.72%</b>	<b>49.94%</b>	<b>50.24%</b>	<b>10.12%</b>	<b>49.31%</b>	<b>51.08%</b>	<b>50.79%</b>	
Tobacco Product in Past Month	United States	7.83%	36.71%	26.15%	27.69%	6.10%	32.68%	24.97%	26.08%	
	California	5.22%	27.78%	18.80%	20.19%	4.02%	23.82%	17.86%	18.76%	
	Riverside County*	<b>4.63%</b>	<b>26.82%</b>	<b>17.60%</b>	<b>19.14%</b>	<b>3.85%</b>	<b>20.65%</b>	<b>19.50%</b>	<b>19.69%</b>	
Illicit Drug** Use in Past Month	United States	9.25%	21.62%	7.55%	9.61%	8.34%	22.75%	8.54%	10.57%	
	California	10.27%	23.65%	9.40%	11.62%	8.89%	25.75%	10.70%	12.94%	
	Riverside	<b>9.75%</b>	<b>20.87%</b>	<b>8.10%</b>	<b>10.25%</b>	N/A	N/A	N/A	N/A	

\*Merged data from Region 13 & Region 19, Imperial County and Riverside County. \*\*Marijuana/hashish, cocaine, heroin, hallucinogens, inhalants, prescriptions used nonmedically, methamphetamine

Source: SAMHSA, Center for Behavioral Health Statistics and Quality, National Surveys of Substance Abuse Treatment Services, 2012-2014, 2014-2016.

## Substance Abuse

Figure 1.



Source: RUHS-BH, Who We Serve Report.

Table 2.

Riverside County Substance Abuse Totals by Region				
FY	West	Mid-County	Desert	Countywide
2017-2018	2,729 (35%)	2,616 (34%)	2,430 (31%)	7,775
2016-2017	2,691 (36%)	2,342 (31%)	2,505 (33%)	7,538
2015-2016	2,852 (38%)	2,287 (31%)	2,296 (31%)	7,435

Source: RUHS-BH: Who We Serve Report.

Table 1 compares substance abuse data from national, state, and county levels. Table 2 compares substance abuse data by regions within Riverside County. From Table 1, the percentages within Riverside County are almost always lower than California's overall data. In Figure 1, the majority of residents receiving substance abuse services are adults (18-59yrs). Also, males are more willing to report alcohol intake and substance abuse than females (NIDA, 2018).

### Why is this important?

As previously stated, traumatic events can push an individual to substance use regardless of age. By 12th grade, about two-thirds of students have tried alcohol, about half of 9th through 12th grade students have reported ever having used marijuana, and about four in ten 9th through 12th grade students reported having tried cigarettes (CDC, 2019). When teens begin drinking at an early age, they increase the chance of becoming addicted to, or continuing to abuse, substances later in life. MHSA programs have the opportunity to build resilient children and adolescents, and reduce the number of adults and older adults having substance abuse.

## Violent Crimes

Figure 2.

### Violent Crimes

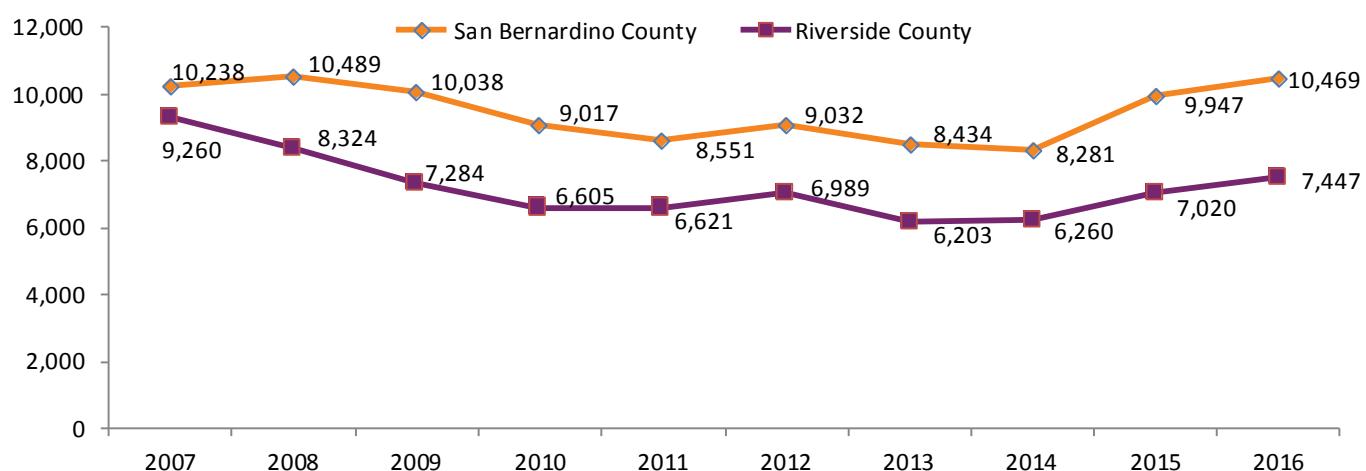


Table 3.

Violent Crimes:	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
California	191,493	185,233	174,579	163,957	155,313	160,629	151,634	151,425	166,588	174,701
Riverside County	9,260	8,324	7,284	6,605	6,621	6,989	6,203	6,260	7,020	7,447
San Bernardino County	10,238	10,489	10,038	9,017	8,551	9,032	8,434	8,281	9,947	10,469

Table 3 demonstrates violent crimes for San Bernardino County, Riverside County, and all California from 2007 to 2016. When comparing both counties, Riverside County has a lower crime rate. Table 4 is a breakdown of the State of California, Department of Justice's violent crime classifications.

Table 4.

Violent Crimes in Riverside County										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
Violent Crimes	9,260	8,324	7,284	6,605	6,621	6,989	6,203	6,260	7,020	7,447
Homicide	105	90	91	87	79	76	94	93	87	99
Rape	525	501	424	374	308	322	341	442	472	500
Robbery	2,948	2,829	2,602	2,152	2,109	2,349	2,103	1,961	2,198	2,276
Aggravated Assault	5,682	4,904	4,167	3,992	4,125	4,242	3,665	3,764	4,263	4,572

### Why is this important?

Living in an advantaged neighborhood includes having more access to hospitals and easier access to mental health services. Studies have demonstrated an association between high violent crime rates and mental illnesses such as depression and social anxiety (Hong, 2012). In 2010, Riverside County had a lower violent crime rate of 3.0 compared to the State's average of 4.4 per 1,000 people (DOJ, 2016).

Source: Department of Justice. For more detail, see Appendix

## Hate Crimes

Figure 3.

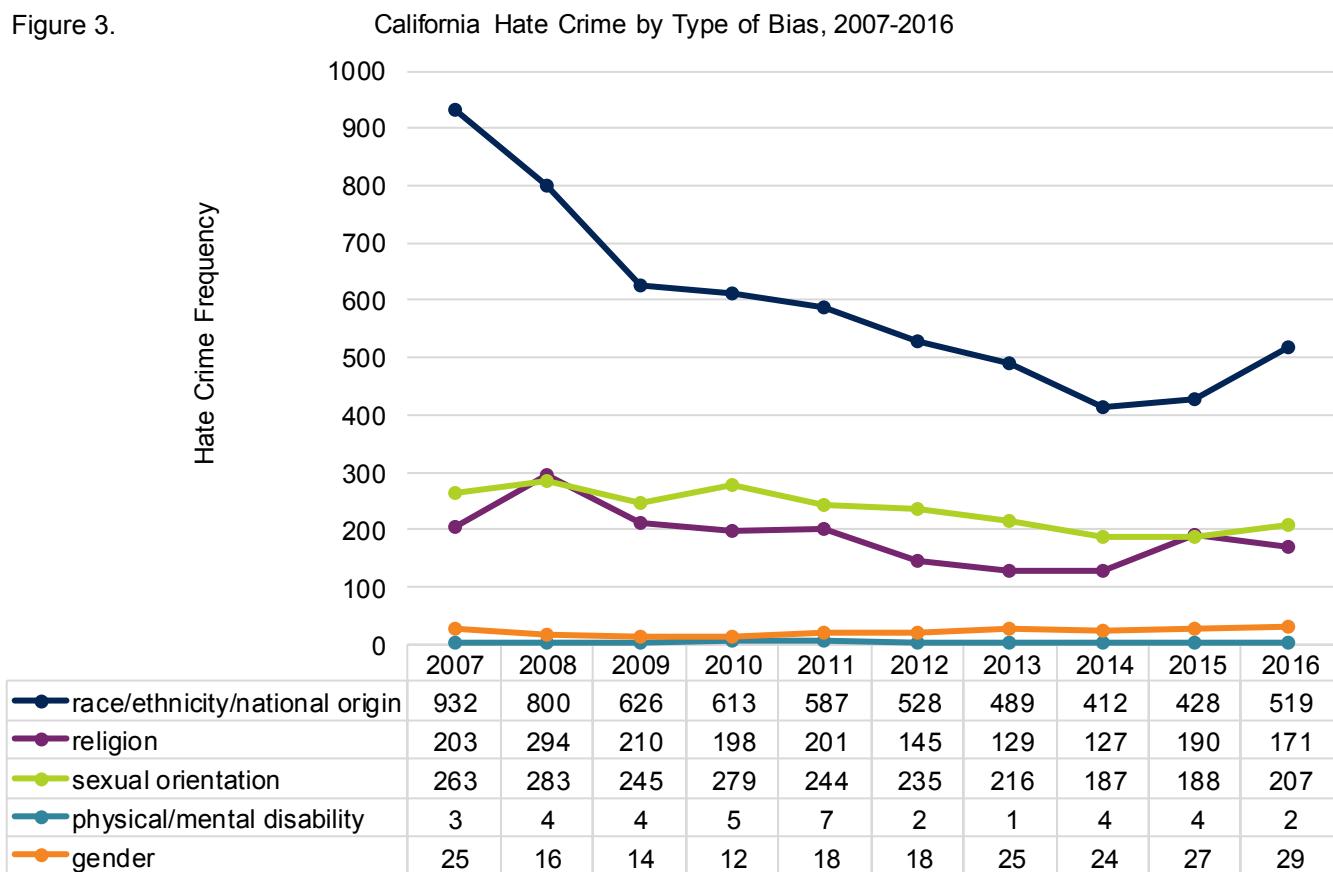
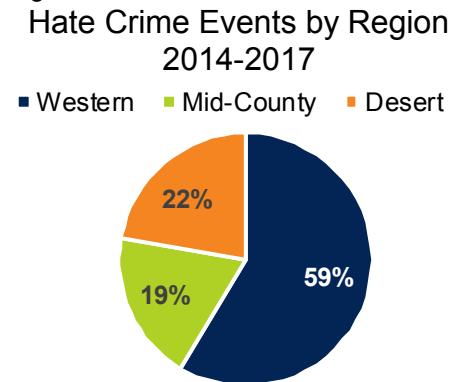


Figure 4.



Race, ethnicity, and national origin were the most frequent types of bias for hate crimes in California from 2014 to 2016; 55% of those hate crimes were towards Black or African Americans. For sexual orientation, 47% of those hate crimes were towards homosexual males. For religion, 62% were towards Jewish people. In a three year span, Riverside County had a total of 111 hate crimes and a total of 132 hate offenses. When looking at Riverside County by region, Western region reported 59% of the 111 events; Riverside (city) was the most reported location for hate crimes for the County from 2014 to 2017.

### Why is this important?

Apart from all victims of violent crimes, victims of hate crime reported having higher levels of depression, anxiety, and anger. Some are also diagnosed with PTSD. To overcome the effects of this experience, studies found that it may take up to five years for a victim to recover from a hate crime (Craig-Henderson, 2006).

Table 5.

Riverside County Hate Crime 2014-2017				
	Events	Offenses	Victims	Suspects
2014	30	38	35	30
2015	26	32	32	21
2016	28	32	31	24
2017	27	30	28	16
Total:	111	132	126	91

Source: Department of Justice.

## Why is this important?

Domestic violence involves violence or abuse by one person against another in a familial or intimate relationship. Domestic violence is most commonly thought of as intimate partner violence, but can also include violence or abuse from a family member.

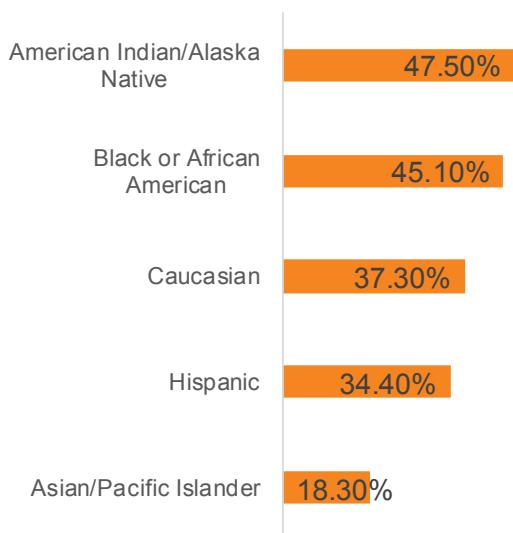


Figure 5.



Figure 6.

### Domestic Violence Statistics for Women by Race/Ethnicity



Source: Center for Disease Control and Prevention

→ in California were victims of contact sexual violence (including rape, being made to penetrate, sexual coercion, and/or unwanted sexual contact), physical violence, and/or stalking by an **intimate partner**, with negative impact such as injury, fear, concern for safety, and/or needing services.

### Sexual Orientation



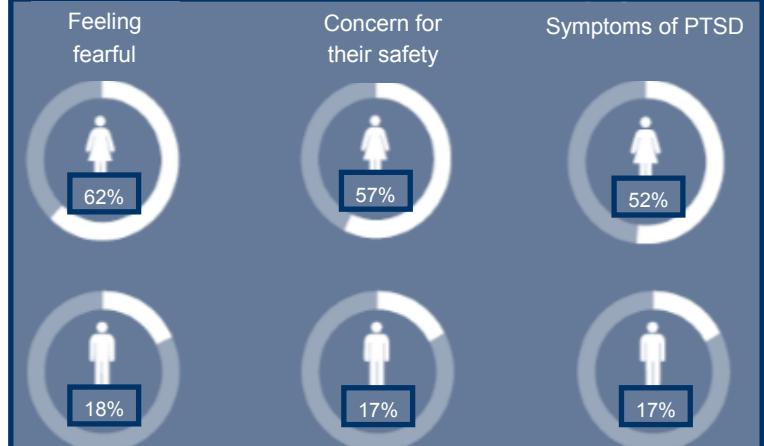
- 2 in 5 Lesbian women
- 3 in 5 Bisexual women
- 1 in 4 Gay men
- 1 in 3 Bisexual men

Were victims of sexual violence, physical violence, and/or stalking by intimate partner

Figure 7.

### Nearly 1 in 4 women and 1 in 7 men have experienced severe physical violence by an intimate partner during their lifetime.

Victims of intimate partner violence commonly report negative impacts such as:



## Adult Protective Services

Figure 8.

### Domestic Violence Related Calls for Assistance

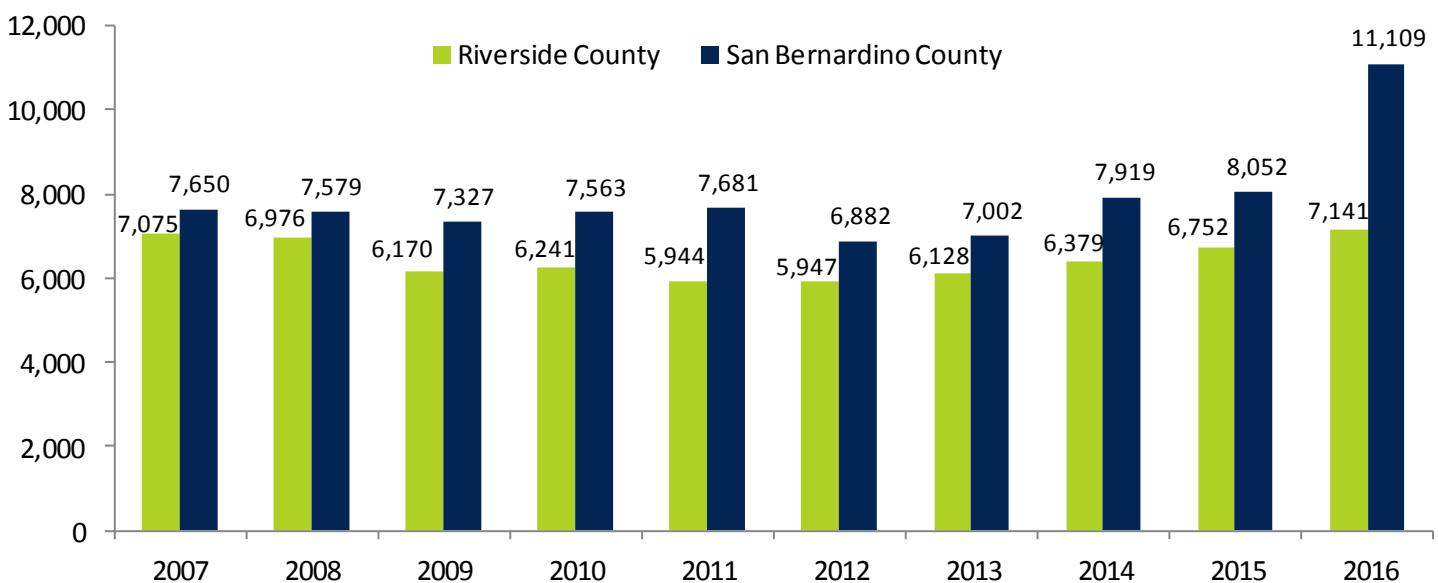


Table 6.

Domestic Violence-Related Calls for Assistance										
Total Calls	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
California	174,649	166,343	167,087	166,361	158,548	157,634	151,325	155,965	162,302	164,569
Riverside County	7,075	6,976	6,170	6,241	5,944	5,947	6,128	6,379	6,752	7,141
San Bernardino County	7,650	7,579	7,327	7,563	7,681	6,882	7,002	7,919	8,052	11,109

Table 7.

Riverside County: Domestic Violence Related Calls for Assistance										
	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<b>Total Calls</b>	<b>7,075</b>	<b>6,976</b>	<b>6,170</b>	<b>6,241</b>	<b>5,944</b>	<b>5,947</b>	<b>6,128</b>	<b>6,379</b>	<b>6,752</b>	<b>7,141</b>
No Weapon Involved	5,300	5,539	5,099	5,086	4,776	4,683	4,861	5,054	5,315	5,465
Weapon Involved	1,775	1,437	1,071	1,155	1,168	1,264	1,267	1,325	1,437	1,676
Firearm	36	61	16	25	22	18	21	59	29	29
Knife or Cutting Instrument	129	141	101	120	93	89	95	108	108	126
Other Dangerous Weapon	550	562	461	420	386	413	342	333	356	405
Personal Weapon	1,060	673	493	590	667	744	809	825	944	1,116

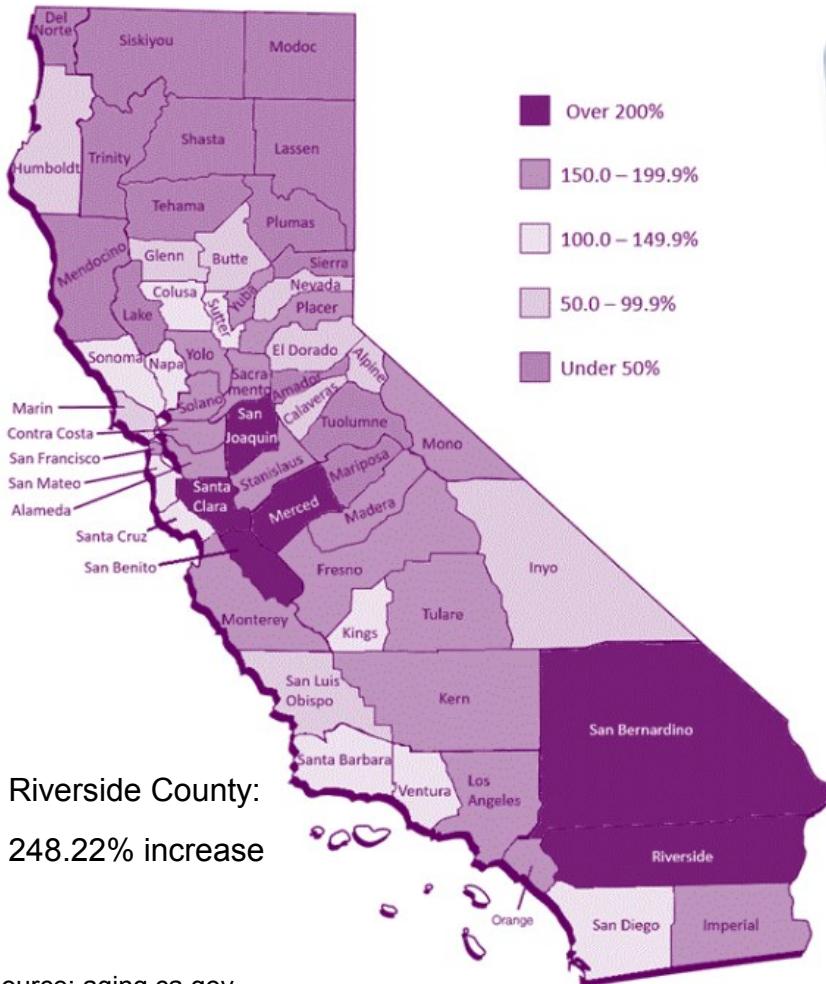
### Why is this important?

Compared to its neighboring county, San Bernardino, each year Riverside County has less domestic violence-related calls for assistance. However there are a significant number of domestic violence related calls for assistance. Most of the calls do not have a weapon involved. Riverside County has services that include free psychiatry counseling, food, clothing, and safe shelters for victims of domestic violence. There are at least 11 shelters located throughout the County that provide services.

## Adult Protective Services

Figure 9.

Percentage Increase for Older Adult Population:  
2010 to 2060



Source: aging.ca.gov

### Elder Abuse

- In California, as many as 50,000 cases of elder and dependent adult abuse go unreported each month.
- Riverside County DPSS states that for each reported case, 4 cases go unreported.

Elder abuse includes physical, mental, sexual, and financial abuse, as well as neglect, self-neglect, and abandonment. Some indicators that may point to abuse are:

- Lack of adequate food, water and other amenities
- Dirty clothing and changes in personal hygiene
- Bruises, black eyes, broken bones
- Bloody, ripped, or stained clothing or sheets
- Harassment, coercion, intimidation, humiliation
- Unexplained purchases by the primary caregiver

### Why is this important?

Among the number of substantiated cases in Adult Protective Services, researchers found that the most common form of elderly abuse was by social service workers (27%), followed by caregiver neglect (24%), financial exploitation (21%), and family members (17%). Self-neglect was the most common cause of reported cases, followed by caregiver neglect and financial exploitation (Teaster et al., 2006). In a U.S. based study, “36% of nursing-home staff reported having witnessed at least one incident of physical abuse of an elderly patient in the previous year, 10% admitting having committed at least one act of physical abuse themselves, and 40% said that they had psychologically abused patients” (World Health Organization, 2018).

Source: RUHS-BH, Department of Public Social Services

## Child Protective Services

Figure 10. **Riverside County: Reported Child Abuse and Neglect by Type of Abuse**

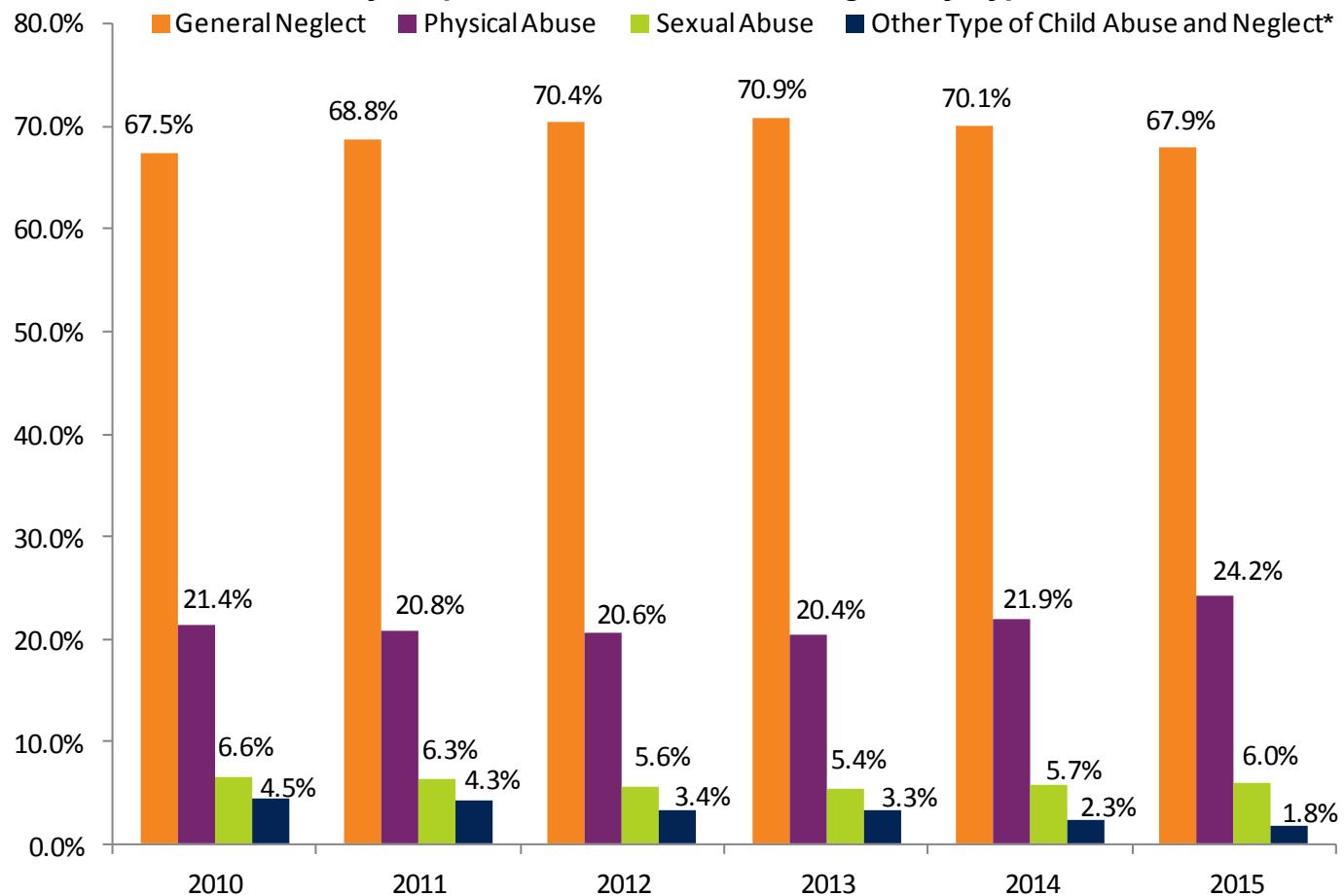


Table 8.

### **Substantiated Child Abuse and Neglect by Type of Abuse**

Riverside County	Percent					
	2010	2011	2012	2013	2014	2015
General Neglect	83.0%	82.8%	86.1%	86.8%	86.9%	87.3%
Physical Abuse	5.0%	5.4%	4.4%	4.7%	4.8%	4.5%
Sexual Abuse	3.1%	2.7%	2.9%	2.3%	2.8%	2.7%
Caretaker Absence/Incapacity	4.4%	4.6%	3.7%	4.0%	3.4%	3.4%
Other Type of Child Abuse and	4.5%	4.6%	2.9%	2.2%	2.0%	2.1%

\*Other type of child abuse and neglect: at risk/sibling abused, caretaker absence/incapacity, emotional abuse, exploitation, severe neglect, and substantial risk.

The most recorded form of child abuse is general child neglect; followed by physical abuse, sexual abuse, sibling abuse, caretaker absence, emotional abuse, and exploitation. The percentage of substantiated general neglect cases for child abuse is above 82%.

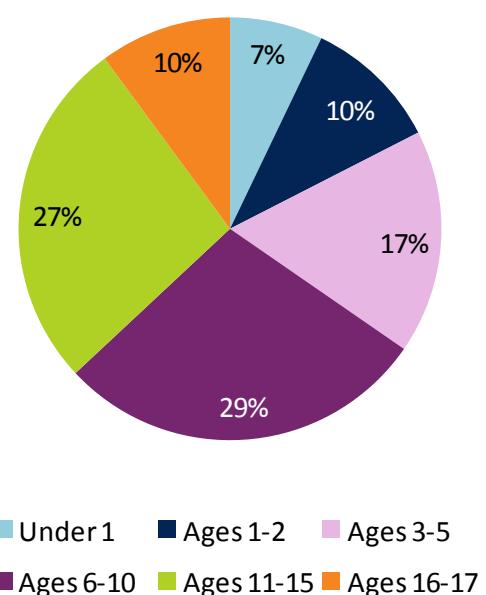
### **Why is this important?**

For some adults, the effects of child abuse and neglect are chronic and debilitating, while other adults have less adverse outcomes, despite their histories (Miller-Perrin & Perrin, 2007). Research indicates that those who experience more than one type of abuse are more likely to experience high levels of trauma symptoms (Richmond, 2009).

## Child Protective Services

Figure 11.

### Riverside County: Reported Child Abuse and Neglect by Age



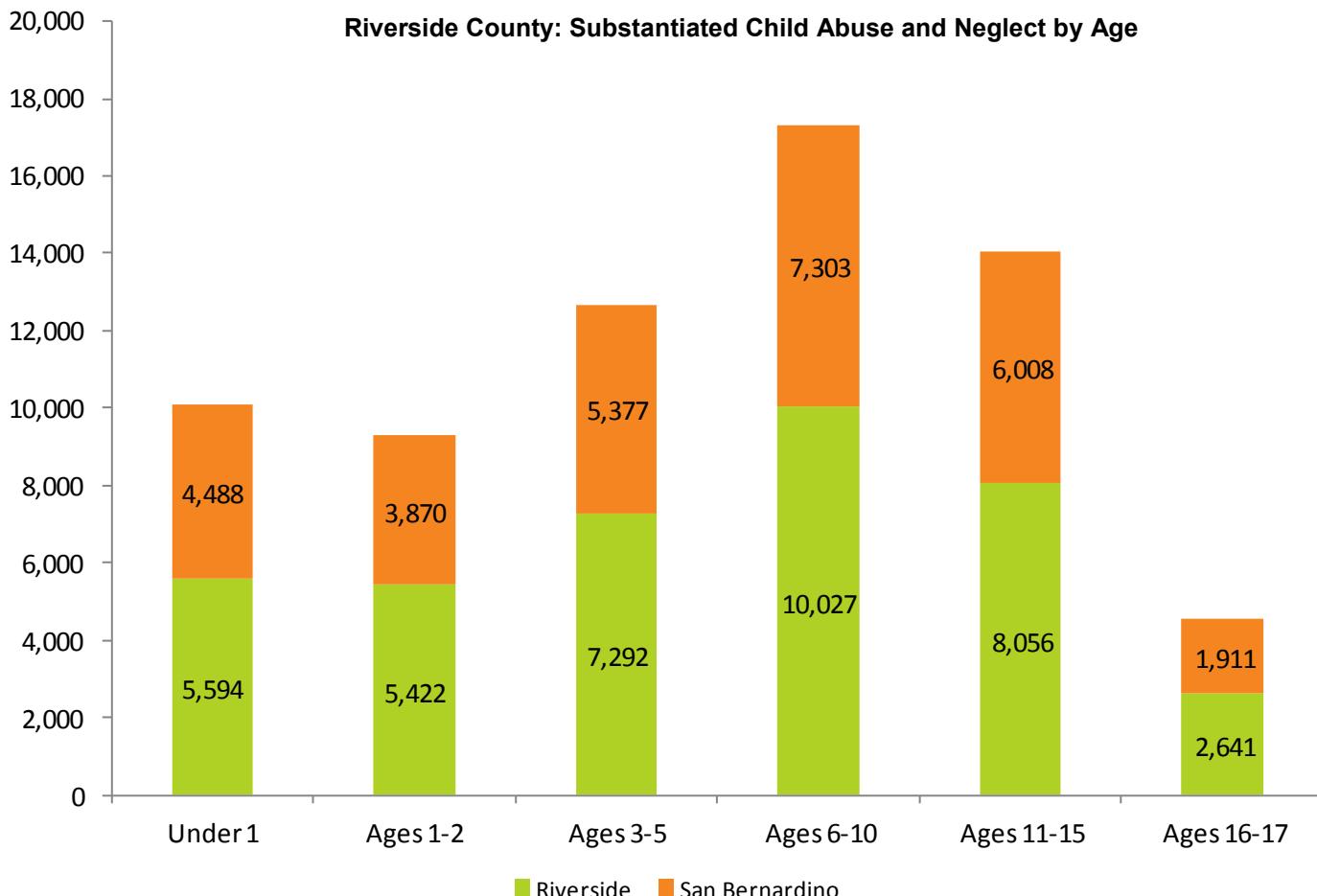
Children ages 6-10 years have the highest reported and substantiated child abuse and neglect cases, followed by children ages 11 to 15. 34% of reported cases are for children 5 and under. Approximately 10% are for teens ages 16 to 17.

Image 1.



Source: darknesstolight.org

Figure 12.



## Child Protective Services

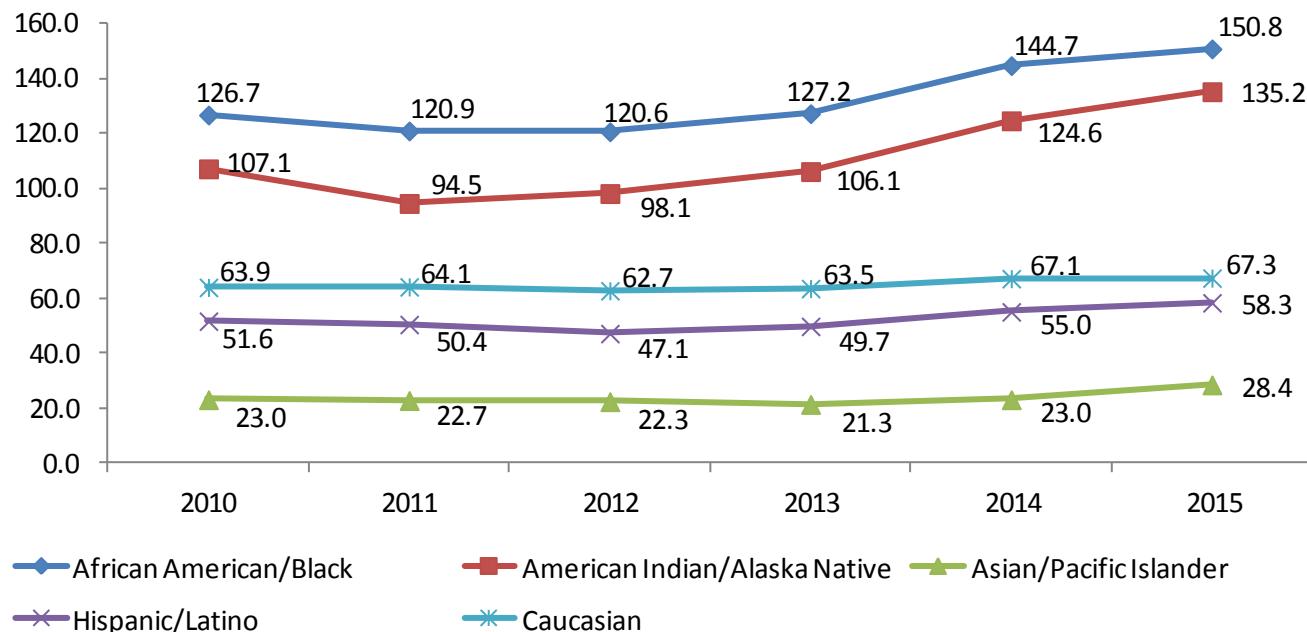
Table 9.

### Reported Cases of Child Abuse and Neglect by Race/Ethnicity

Race/Ethnicity	State/County	Rate per 1,000 people					
		2010	2011	2012	2013	2014	2015
Black or African American	CA	126.6	126.9	130.1	131.5	135.3	133.0
	Riverside County	126.7	120.9	120.6	127.2	144.7	150.8
	San Bernardino County	133.2	136.1	135.8	144.7	153.6	169.9
Native American/ Alaska Native	CA	100.6	100.3	103.2	105.9	113.4	115.3
	Riverside County	107.1	94.5	98.1	106.1	124.6	135.2
	San Bernardino County	82.9	74.8	77.4	64.8	86.5	80.3
Asian/PI	CA	16.9	16.7	17.3	17.0	16.8	17.2
	Riverside County	23.0	22.7	22.3	21.3	23.0	28.4
	San Bernardino County	17.9	19.3	17.0	17.8	21.3	23.9
Hispanic/Latino	CA	50.8	50.3	51.7	52.2	54.1	53.8
	Riverside County	51.6	50.4	47.1	49.7	55.0	58.3
	San Bernardino County	50.0	49.2	49.6	49.6	55.3	58.9
Caucasian	CA	47.1	46.9	47.3	45.6	45.7	45.2
	Riverside County	63.9	64.1	62.7	63.5	67.1	67.3
	San Bernardino County	72.4	70.5	72.5	72.4	77.2	79.1

Figure 13.

### Riverside County: Reported Cases of Child Abuse and Neglect by Race/Ethnicity



### Why is this important?

Black or African American & Native American/Alaska Native children are more likely to have identified child abuse cases. In regards to Native Americans, in some cases, Tribes run their own child welfare systems; in other cases, Tribes receive different degrees of funding and services from States or Counties. In all cases, workers from non-Tribal cultural backgrounds will benefit from learning about Native American history, relevant Federal laws, and cultural considerations (U.S. Department of Health and Human Services, 2018).

## Child Welfare

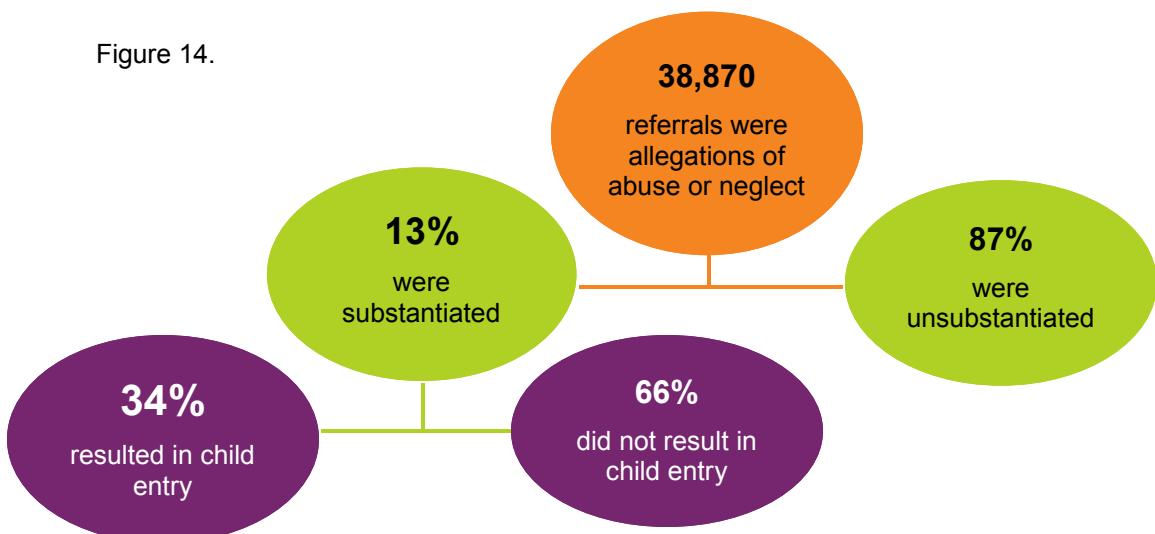
Table 10.

Race/Ethnicity	General Population	Child Welfare Caseload
Hispanic/Latino	60%	54%
Caucasian	25%	24%
Black or African American	6%	15%
Asian/PI	5%	0.7%
Native American	0.4%	0.7%
Two or More Races	4%	6%

Source: Riverside County Department of Public Social Services

- In 2016, 1,801 children entered care for the first time. On July 1, 2016 there were 3,640 children in care.
- **African American or Black youth were over represented in the open child welfare caseload by 10%.**

Figure 14.



Source: Riverside County Department of Public Social Services

In 2016, a total of 38,870 referrals were allegations of abuse or neglect (65.8 per 1,000 children); 13% of those referrals were substantiated (8.8 per 1,000 children), and 34% of allegations that were true, resulted in child entry.

Table 11.

### Children Entering Foster Care in 2016 by Removal Reason

Neglect	Physical	Sexual	Other
94%	4%	1%	1%

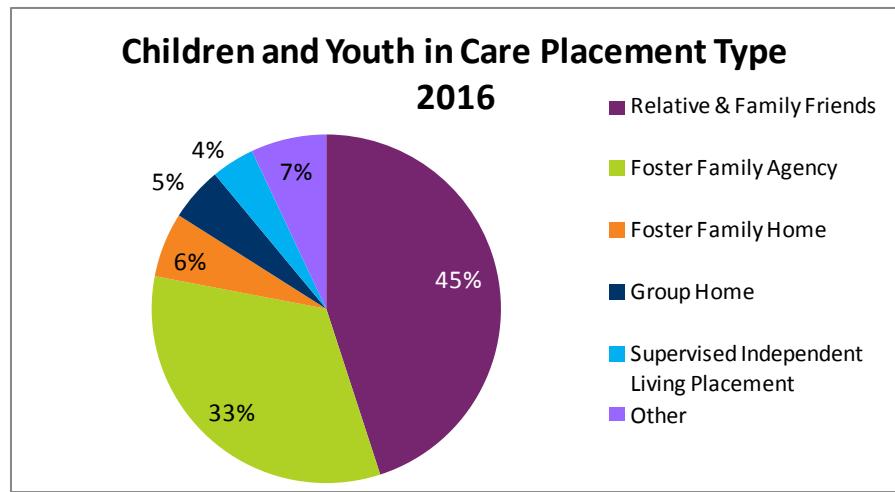
Source: Riverside County Department of Public Social Services

### Why is this important?

Children that were abused are more likely to experience depression, anxiety, eating disorders, PTSD, or other mental health challenges by the age of 21 (U.S. Department of Health and Human Services, 2015).

## Child Welfare

Figure 15.

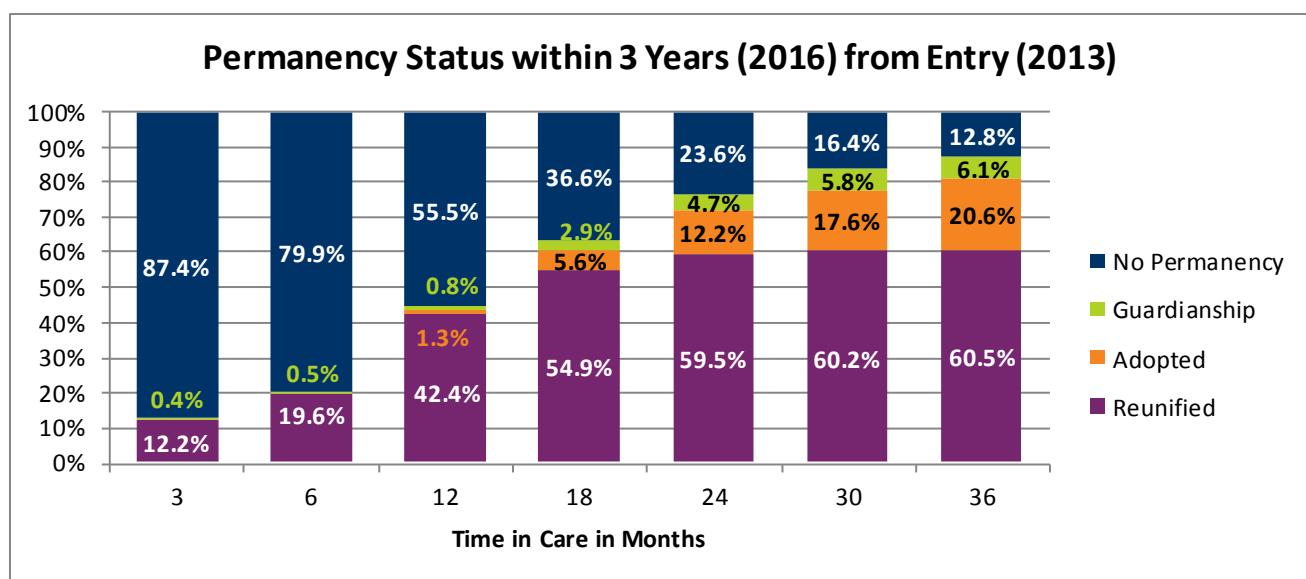


Source: Riverside County Department of Public Social Services

### Why is this important?

"Evidence suggests that the type of placement is related to placement stability, with kinship care and treatment foster care being related to increased stability" (U.C. Davis Center for Human Services, 2008).

Figure 16.



Source: Riverside County Department of Public Social Services

By year 3 (36 months), 87.2% of foster children were in a permanent living situation. However, for children in foster care for a year or less, more than half did not have permanency.

### Why is this important?

Research has shown that frequent relocation can be traumatic, create distrust, make building healthy bonds difficult, and make brain changes. Foster children who are frequently relocated are also more likely to be placed in a group home (Children Now: California Children's Report Card, 2016).



# 13.7

per 1,000 children in 2016 who first entered care were under 1 years old.

Source: Riverside County Department of Public Social Services

### Why is this important?

Each of the other age groups (1-2, 3-5, 6-10, and 11-17) entered care for the first time at a rate of less than 5 per 1,000 children. Infants were entering foster care at higher rates than other age groups. School staff, medical professionals and therapists, and law enforcement need to be trained to recognize the signs of child abuse.

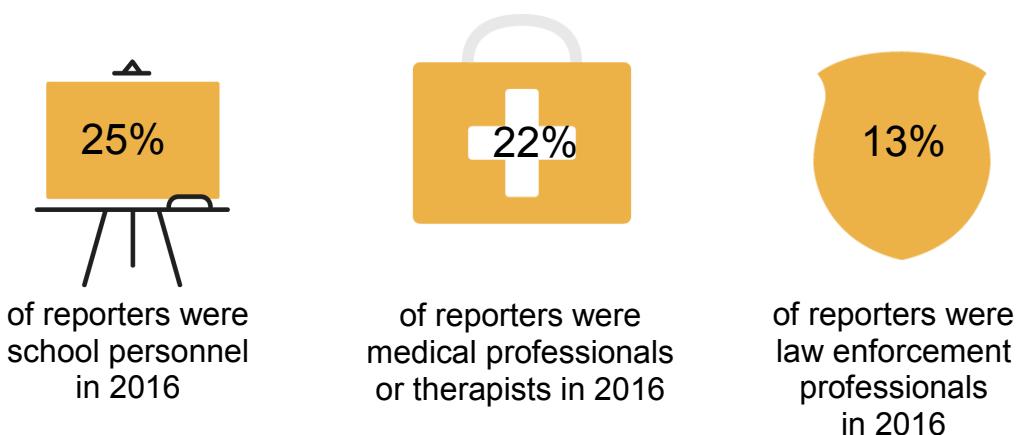
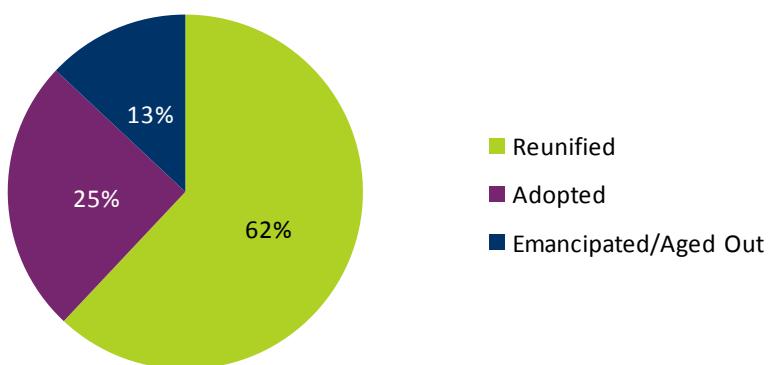


Figure 17.

### 2016 Disposition of Children Exiting Care



### Why is this important?

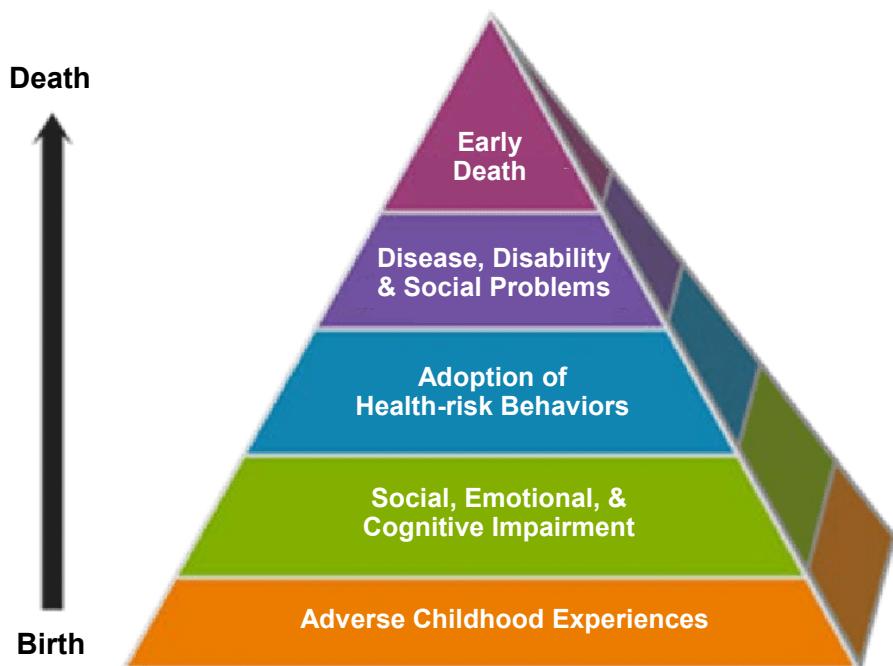
Former foster youth are 2x's more likely to suffer from PTSD than combat veterans (Casey Family Programs, 2005).

Source: Riverside County Department of Public Social Services

## Adverse Childhood Experiences

Adverse Childhood Experiences (ACEs) are stressful or traumatic events, including abuse and neglect. They may also include household dysfunction such as witnessing domestic violence or growing up with family members who have substance use disorders. ACEs are strongly related to the development and prevalence of a wide range of health problems throughout a person's lifespan, including those associated with substance misuse (SAMHSA, 2018). Having one or more ACEs can result in an early death.

Image 2.



A person with 4 or more ACEs is:

Image 3.

More than  $5\times$

as likely to suffer from Depression



Almost  $2\frac{1}{2}\times$

more likely to suffer from Chronic Obstructive Pulmonary Disease



More than  $4\times$

as likely to be diagnosed with Alzheimer's Disease or Dementia



Source: SAMHSA, 2018

## Adverse Childhood Experiences

Figure 18.

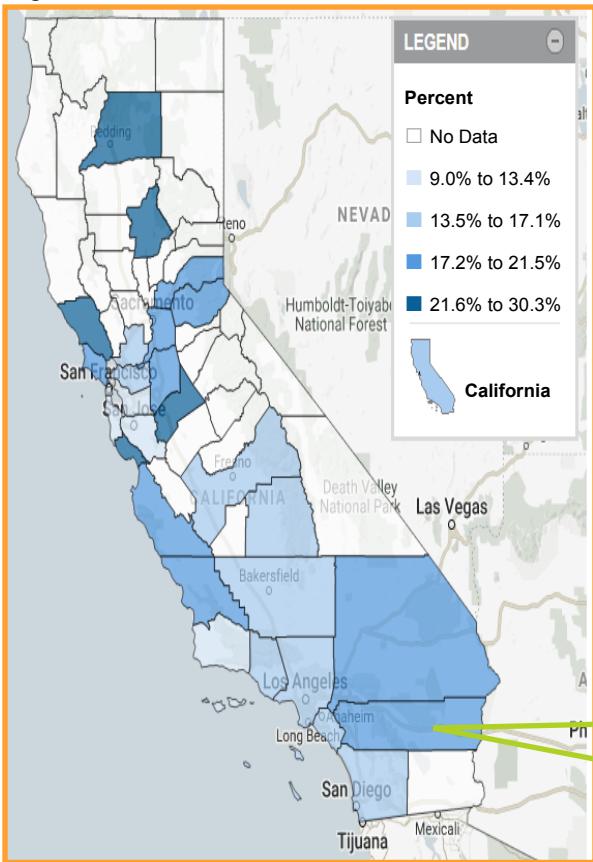
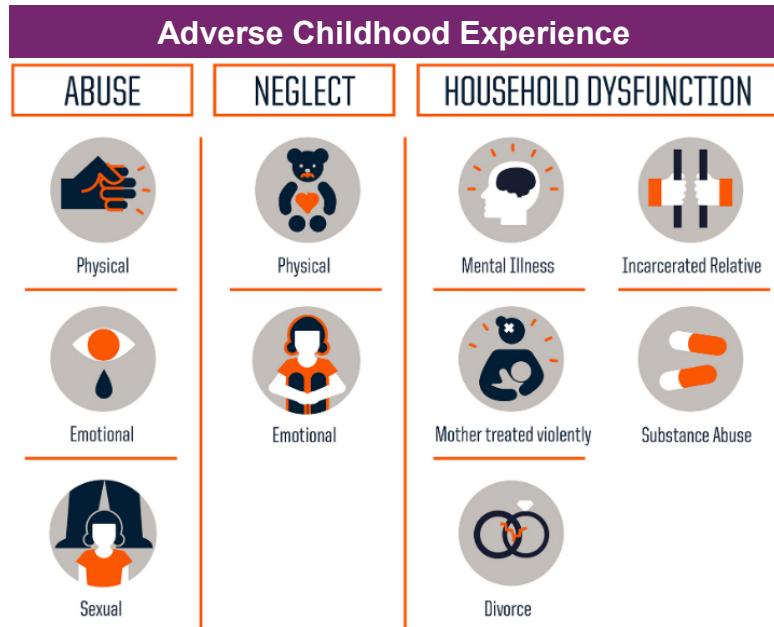


Image 4.



Source: Centers for Disease Control and Prevention

Among Riverside County adults (18 and older) in households with children in 2008-2013, an estimated 19.5% were exposed to four or more adverse childhood experiences before age 18.

Table 12.

### Prevalence of Adverse Childhood Experiences (2008-2013)

Number of ACEs		Household with Children	Household without Children	All Households
0 ACEs	California	3,637,645 (36.8%)	4,919,770 (40.8%)	8,557,415 (39.0%)
	<b>Riverside County</b>	<b>214,144 (33.9%)</b>	<b>228,872 (37.2%)</b>	<b>443,016 (35.5%)</b>
	San Bernardino County	198,295 (33.9%)	265,021 (40.8%)	463,316 (37.5%)
1-3 ACEs	California	4,609,752 (46.7%)	5,296,985 (43.9%)	9,906,737 (45.1%)
	<b>Riverside County</b>	<b>288,869 (45.7%)</b>	<b>272,427 (44.3%)</b>	<b>561,295 (45.0%)</b>
	San Bernardino County	255,173 (43.6%)	276,587 (42.6%)	531,760 (43.1%)
4 or more ACEs	California	1,634,486 (16.5%)	1,845,754 (15.3%)	3,480,240 (15.9%)
	<b>Riverside County</b>	<b>129,174 (20.4%)</b>	<b>113,553 (18.5%)</b>	<b>242,727 (19.5%)</b>
	San Bernardino County	131,859 (22.5%)	107,316 (16.5%)	239,175 (19.4%)

Source: kidsdata.org

### Why is this important?

Using the CDC-Kaiser ACE study, various articles have all reiterated the strong relationship between a higher ACE score and an increased risk for alcohol abuse, depression, illicit drug use, poor work performance, financial stress, suicide attempts, adolescent pregnancy, risk for sexual violence, and poor academic achievement (CDC, 2016). Riverside County is the fourth largest county in California, and has one of the highest prevalence of adverse childhood experiences. Promising methods to promote resilience and prevent or ameliorate the impact of ACEs are also evolving rapidly and focus on developing resilient and safe, stable, and nurturing relationships in the home and community (Sege, 2014).

## Bullying/Harassment

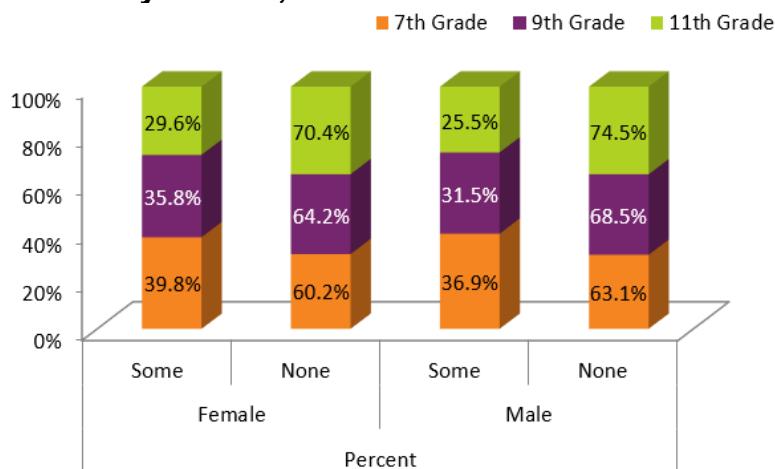
Table 13.

### Bullying/Harassment by Grade Level 2011-2013

School Districts	Grade Level: All	Percent	
		Some	None
	California	33.8%	66.2%
	Riverside County	33.5%	66.5%
School Districts	Banning Unified (School District)	30.6%	69.4%
	Beaumont Unified (School District)	40.0%	60.0%
	Coachella Valley Unified (School District)	26.1%	73.9%
	Corona-Norco Unified (School District)	33.9%	66.1%
	Desert Sands Unified (School District)	30.6%	69.4%
	Hemet Unified (School District)	33.4%	66.6%
	Jurupa Unified (School District)	29.9%	70.1%
	Lake Elsinore Unified (School District)	33.4%	66.6%
	Moreno Valley Unified (School District)	30.4%	69.6%
	Murrieta Valley Unified (School District)	N/R	N/R
	Palm Springs Unified (School District)	32.6%	67.4%
	Palo Verde Unified (School District)	36.7%	63.3%
	Perris Elementary (School District)	52.8%	47.2%
	Perris Union High (School District)	31.9%	68.1%
	Riverside Unified (School District)	35.1%	64.9%
	Romoland Elementary (School District)	50.9%	49.1%
	San Jacinto Unified (School District)	30.4%	69.6%
	Temecula Valley Unified (School District)	35.5%	64.5%
	Val Verde Unified (School District)	32.9%	67.1%

Figure 19.

### Bullying/Harassment by Gender, 2011-2013



Source: Department of Justice.

### Why is this important?

Being bullied can severely affect a child's or teen's self-image, social interactions, or school performance, and can lead to mental health problems such as depression, anxiety, and substance use, and even suicidal thoughts and behaviors. Children who have experienced trauma are more likely to be bullied and to engage in bullying behavior. In some cases, children who experience trauma may develop social or interpersonal difficulties, making them more likely to become targets of bullying. Studies of Adverse Childhood Experiences, or ACEs, have found that children who report more ACEs are also more likely to exhibit bullying behavior (The National Child Traumatic Stress Network, 2019).

Table 14.

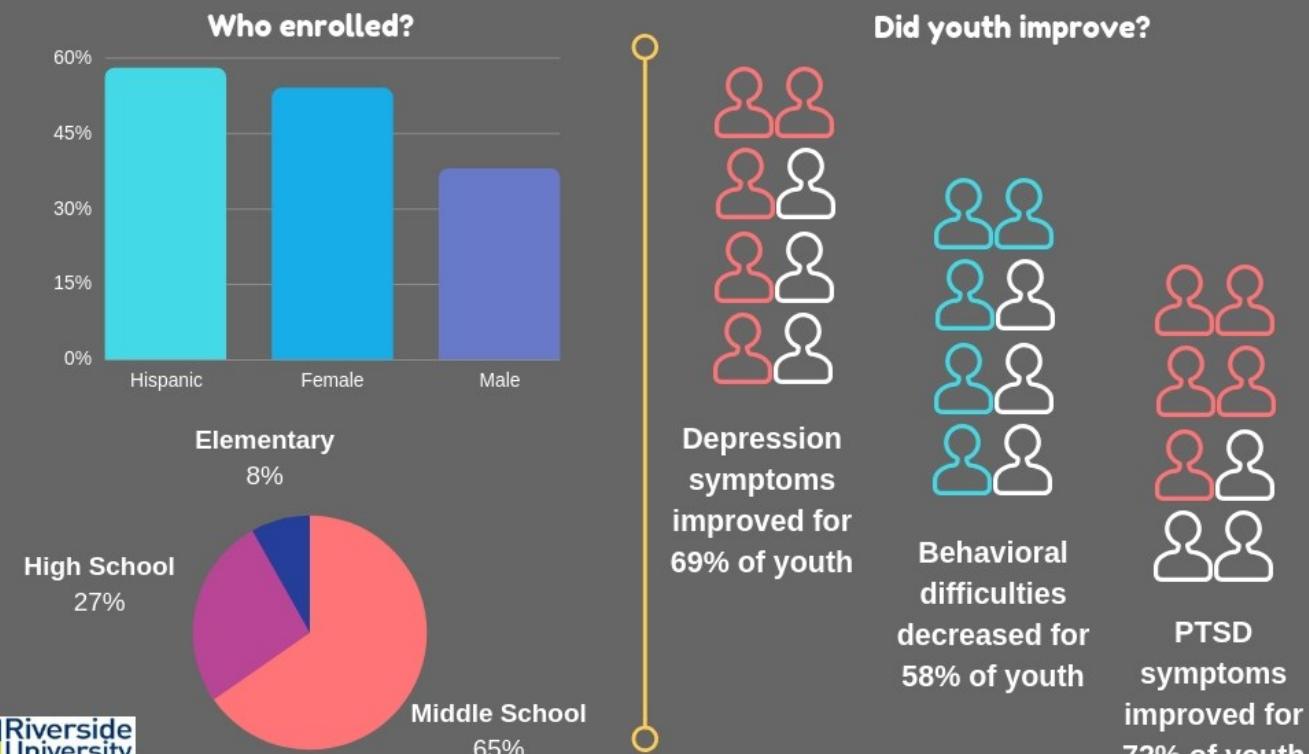
### Bullying/Harassment by Race/Ethnicity 2011-2013

Riverside County	Percent	
	Some	None
African American/Black	40.1%	59.9%
American Indian/Alaska Native	36.5%	63.5%
Asian	41.5%	58.5%
Hispanic/Latino	30.7%	69.3%
Native Hawaiian/Pacific Islander	39.4%	60.6%
White	36.6%	63.4%
Multiracial	36.9%	63.1%
Other	32.3%	67.7%

### Cognitive Behavioral Intervention for Trauma in Schools

CBITS aims to reduce PTSD symptoms while enhancing coping skills, increasing resiliency and raising peer/parent support in elementary, middle and high school students .

Between 2011 and 2017, 1,113 youth have enrolled in CBITS. 69% of youth completed the program.

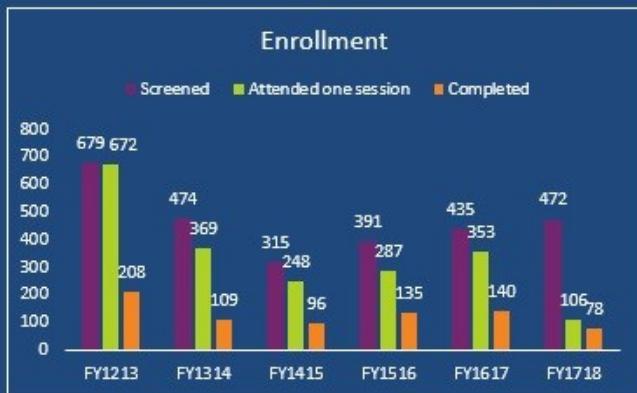


### Why is this important?

Many children in Riverside County are receiving services through the CBITS program. Any child with an ACEs score of one or higher is eligible for CBITS. This evidence-based program has effective outcomes in improving depression and PTSD symptoms.

### Seeking Safety

An evidence-based practice that aims to help participants avoid or interrupt the trauma cycle. It is an integrated therapy treating both PTSD and substance use disorders. The program is based on cognitive-behavioral model of relapse prevention and teaches present focused coping skills.



**2,035 total served**

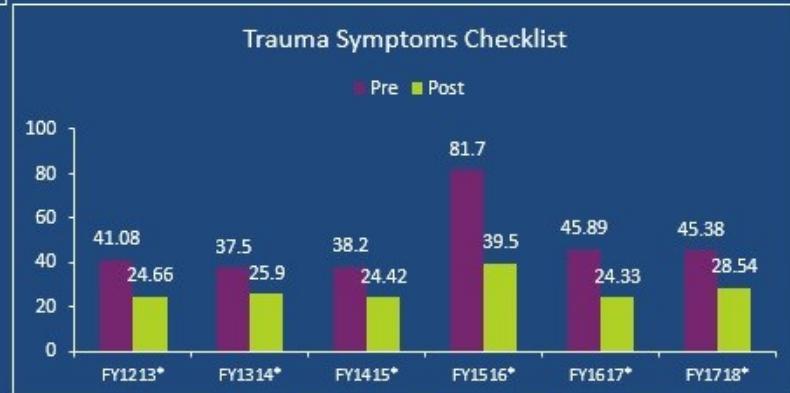
**688 total completed**



Positive coping skills  
**increased** on average 15%



Negative coping skills  
**decreased** on average 17%



Trauma Symptoms **decreased** significantly for participants

### Why is this important?

Many TAY and adults experience PTSD symptoms, and Seeking Safety is an evidence-based program that teaches TAY and adults how to cope with symptoms and break the trauma cycle.

## Dating Violence



- Girls and young women between the ages of 16 and 24 experience the highest rate of intimate partner violence — almost triple the national average.
- Among female victims of intimate partner violence, 94% of those are between the ages of 16-19.
- Violent behavior typically begins between the ages of 12-18.
- The severity of intimate partner violence is often greater in cases where the pattern of abuse was established in adolescence.

Source: Department of Justice

Table 15.

### **Youth Who Have Experienced Dating Violence in the Past Year\* (Student Reported) by Grade Level: 2011-2013**

California	Percent		
	Yes	No	Did not have a boyfriend/girlfriend during the past 12 months
7th Grade	4.1%	42.2%	53.7%
9th Grade	5.0%	45.2%	49.8%
11th Grade	5.9%	48.8%	45.2%
Non-Traditional	11.1%	60.8%	28.2%
All	5.3%	46.1%	48.6%

Riverside County	Percent		
	Yes	No	Did not have a boyfriend/girlfriend during the past 12 months
7th Grade	3.7%	44.0%	52.2%
9th Grade	5.0%	48.6%	46.4%
11th Grade	6.1%	51.5%	42.4%
All	4.9%	47.9%	47.2%

\*Definition: Percentage of public school students in grades 7, 9, 11, and non-traditional students reporting that they have been hit, slapped, or intentionally physically hurt by a boyfriend/girlfriend in the past year.

Source: California Department of Education, California Healthy Kids Survey and California Student Survey

### Why is this important?

Teen girls who are abused physically and sexually are 6 times more likely to become pregnant or contract a sexually transmitted infection (Decker and Silverman, 2005). Adolescents and teenagers who have physically experienced teen dating violence are prone to future victimization in early adulthood.

## Appendix

### Department of Justice Crime Report: Violent Crimes in Riverside County

	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016
<b>Crimes</b>										
<b>Violent Crimes</b>	9,260	8,324	7,284	6,605	6,621	6,989	6,203	6,260	7,020	7,447
Homicide	105	90	91	87	79	76	94	93	87	99
Rape	525	501	424	374	308	322	341	442	472	500
Rape (Forcible Rape prior to 2014)	435	431	354	325	264	284	291	409	431	457
Attempted Rape	90	70	70	49	44	38	50	33	41	43
Robbery	2,948	2,829	2,602	2,152	2,109	2,349	2,103	1,961	2,198	2,276
<b>Weapon</b>										
Firearm	820	777	652	559	578	599	540	472	567	533
Knife or Cutting Instrument	279	241	268	198	193	205	181	199	223	223
Other Weapon	722	725	714	558	590	669	584	541	590	680
Strong-Arm	1,127	1,086	968	837	748	876	798	749	818	840
<b>Location</b>										
Highway	976	952	817	723	678	723	684	575	579	608
Commerical	511	496	501	431	431	481	435	448	496	545
Gas Station	137	87	86	47	65	90	80	76	97	106
Convenience Store	229	217	195	134	152	188	145	130	175	182
Residence	381	400	382	337	322	325	301	280	283	257
Bank	62	51	62	41	52	73	33	35	33	29
Miscellaneous	652	626	559	439	409	469	425	417	535	549
Aggravated Assault	5,682	4,904	4,167	3,992	4,125	4,242	3,665	3,764	4,263	4,572
<b>Weapon</b>										
Firearm	719	719	560	592	601	618	498	658	703	708
Knife or Cutting Instrument	788	771	685	701	642	706	636	634	676	689
Other Weapon	2,551	2,265	1,855	1,625	1,733	1,840	1,439	1,488	1,601	1,714
Hands Fists Feet	1,624	1,149	1,067	1,074	1,149	1,078	1,092	984	1,283	1,461
<b>Property Crimes</b>	70,746	67,428	61,084	59,042	63,242	68,176	65,134	61,434	65,616	65,333
Burglary	18,482	18,319	17,308	16,819	18,275	19,105	16,622	14,411	12,950	12,764
<b>Means of Entry</b>										
Forcible Entry	10,712	10,390	9,829	9,938	11,149	11,842	10,538	8,922	8,948	8,933
No Force	7,770	7,929	7,479	6,881	7,126	7,263	6,084	5,489	4,002	3,831
<b>Location / Time</b>										
Residence	11,035	11,372	11,177	11,121	12,308	12,544	10,380	8,555	8,119	7,745
Night	1,851	2,156	2,398	2,331	2,420	2,599	2,289	1,969	1,851	1,805
Day	3,533	3,720	4,077	4,023	4,728	4,722	4,091	3,357	3,013	2,762
Unknown	5,651	5,496	4,702	4,767	5,160	5,223	4,000	3,229	3,255	3,178
Non-Residence	7,447	6,947	6,131	5,698	5,967	6,561	6,242	5,856	4,831	5,019
Night	1,802	1,774	2,341	2,167	2,227	2,396	2,346	2,226	2,065	2,300
Day	1,404	1,377	2,031	1,926	1,918	2,059	2,171	2,069	899	882
Unknown	4,241	3,796	1,759	1,605	1,822	2,106	1,725	1,561	1,867	1,837
Motor Vehicle Theft	11,962	10,030	8,641	8,228	8,249	9,191	9,885	9,267	10,920	11,610
Automotive	7,898	6,497	5,766	5,695	5,654	6,377	7,032	6,736	7,622	8,049
Trucks and Buses	2,741	2,273	1,811	1,713	1,740	1,886	1,865	1,726	2,187	2,348
Other	1,323	1,260	1,064	820	855	928	988	805	1,111	1,213
Larceny-Theft	40,302	39,079	35,135	33,995	36,718	39,880	38,627	37,756	41,746	40,959
<b>Type</b>										
Pocket-Picking	148	119	95	94	93	103	115	130	161	399
Purse-Snatching	224	210	160	150	105	113	82	100	113	91
Shoplifting	4,576	5,162	5,394	4,850	5,290	5,925	5,946	6,010	6,865	5,943
From Motor Vehicle	16,869	15,300	14,172	13,730	14,306	14,602	13,813	12,393	15,241	14,749
Motor Vehicle Accessories	2,873	2,636	2,418	2,459	2,060	1,964	1,684	1,676	1,945	1,668
Bicycles	740	850	959	873	1,071	1,273	1,247	1,470	1,378	1,293
From Building	5,213	4,979	4,613	4,649	5,034	5,837	5,610	5,929	6,535	6,074
Coin Operated Machine	106	60	83	125	103	85	60	47	63	55
Other	9,553	9,763	7,241	7,065	8,656	9,978	10,070	10,001	9,445	10,687
<b>Value</b>										
Over \$400	14,459	14,357	11,854	11,410	13,176	14,620	13,915	13,413	14,154	14,153
\$200 through \$400	6,375	5,858	5,768	5,581	5,498	6,222	5,979	5,649	6,175	5,480
\$50 through \$199	7,555	7,290	7,003	6,710	7,282	8,072	7,679	7,884	8,809	8,291
Under \$50	11,913	11,574	10,510	10,294	10,762	10,966	11,054	10,810	12,608	13,035
<b>Arson</b>	322	343	283	246	186	241	213	255	234	209
Structural Property	93	96	84	65	55	70	54	79	50	52
Mobile Property	96	110	87	73	38	80	48	50	61	48
Other Property	133	137	112	108	93	91	111	126	123	109

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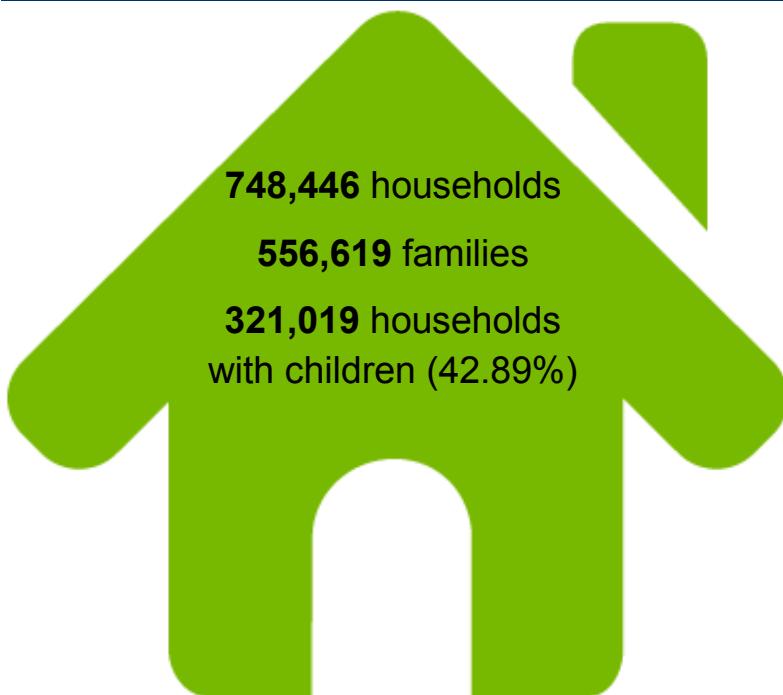
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# Chapter 3 Stressed and At-Risk Families

This chapter gives an overview of Stressed and At-Risk Families; including school district data on absenteeism, family type and poverty, and other factors that can create stressed families.

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## Families



On average,

**3.19**  
people per household

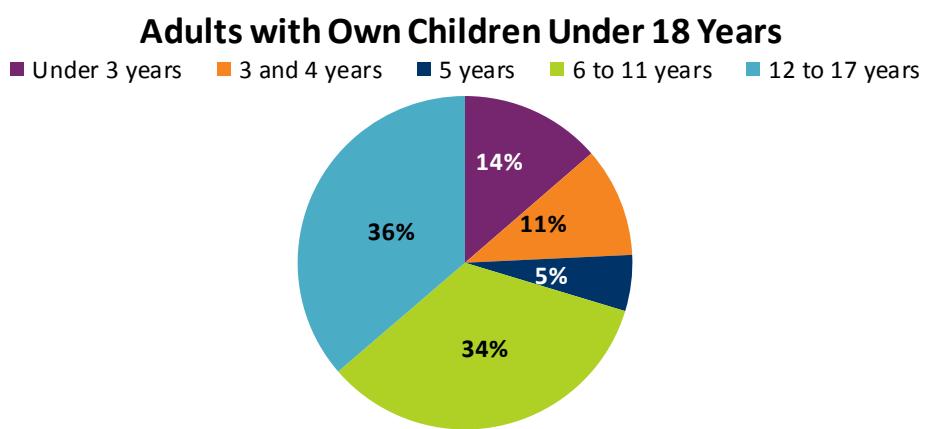
Source: [www.shaperivco.org](http://www.shaperivco.org)

### Why is this important?

Prevention and Early Intervention provides programs to families, such as the Strengthening Families Program and Triple P.

Strengthening Families Program focuses on families with at least one child between the ages of 6 and 11. The 6 to 11 age group, according to the Census, makes up about 34% of the population of children in families.

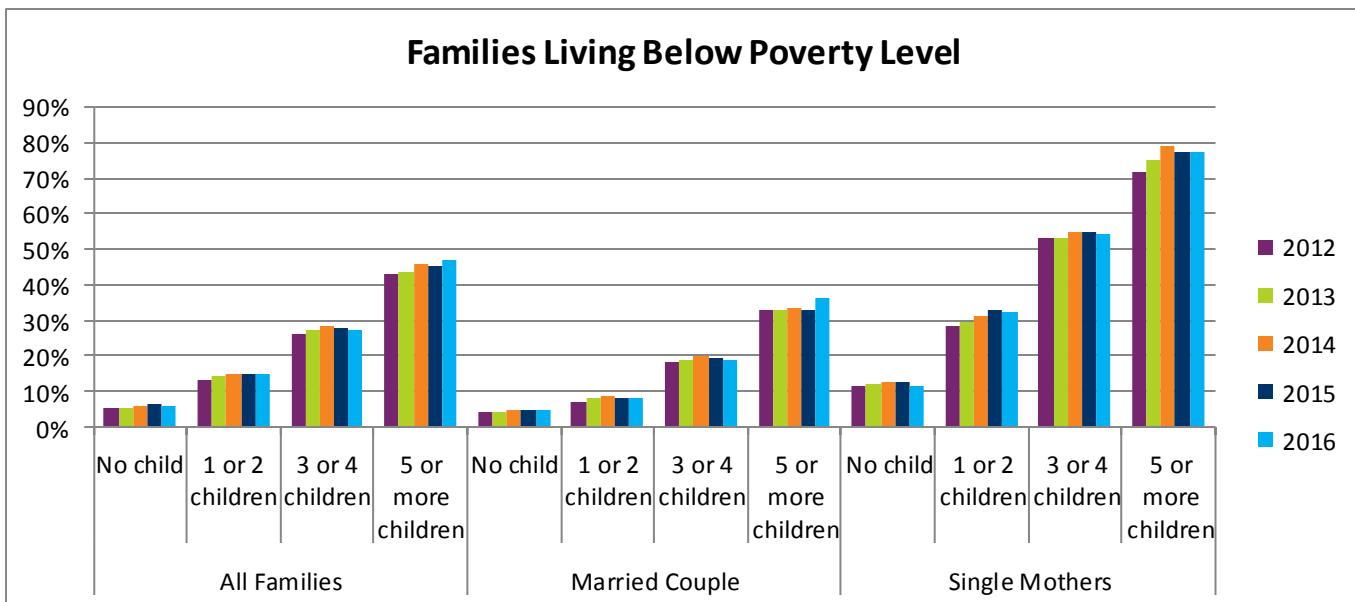
Figure 1. Adults with Own Children Under 18 Years of Age



Source: American Community Survey B09002

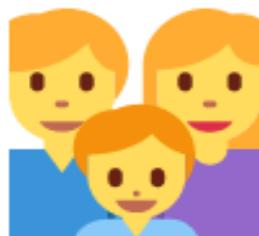
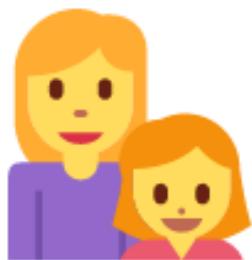
## Families in Poverty

Figure 2.



Source: American Community Survey S1702

- Families with 5 or more children under the age of 18 had the highest rates of poverty.
- Single mothers with children, and especially single mothers with 5 or more children under the age of 18, had high rates of poverty.



**37%**

of single mothers with children lived below the poverty line

**11%**

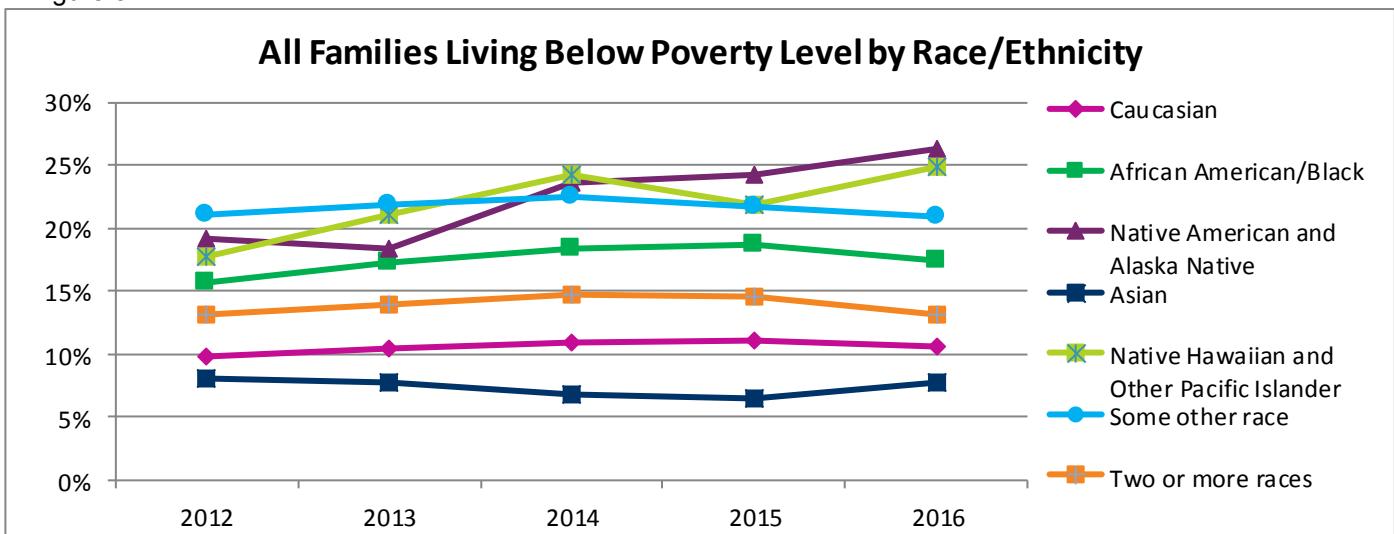
of married couples with children lived below the poverty line

### Why is this important?

Children living in poverty in the United States experience resource disparities such as access to extracurricular activities and playtime, which are beneficial to development (Milteer & Ginsburg, 2012). These adverse experiences put them at greater risk for developing mental health disorders.

## Families in Poverty

Figure 3.



Source: American Community Survey S1702

- The percent of Native American families living below the poverty line increased from 19.2% in 2012 to 26.2% in 2016.
- The percent of Native Hawaiians and Other Pacific Islanders living below the poverty line increased from 17.7% in 2012 to 24.8% in 2016.

Figure 4.

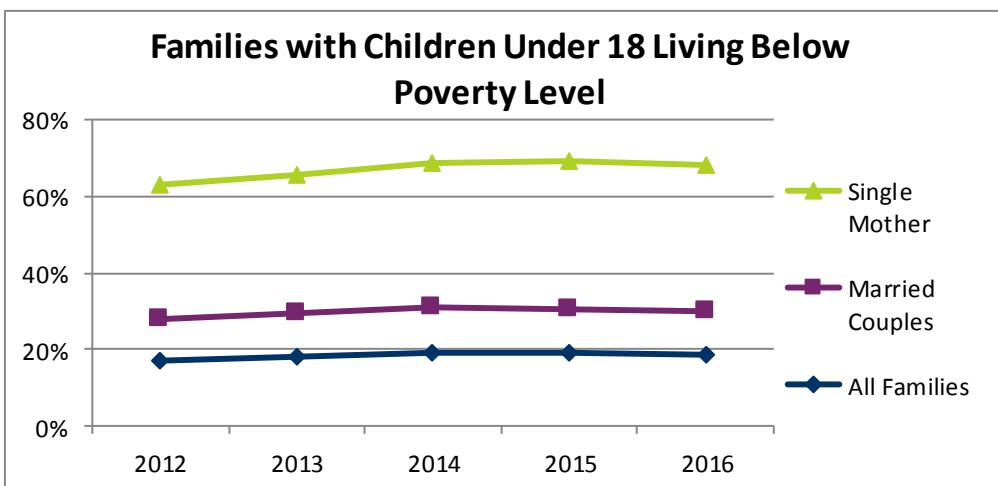


Table 1. Families in Poverty: Hispanic/Latino Origin

Average 2012-2016		
All Families	Hispanic or Latino origin (of any race)	20%
	Caucasian alone, not Hispanic or Latino	6%
Married Couple	Hispanic or Latino origin (of any race)	14%
	Caucasian alone, not Hispanic or Latino	4%
Single Mothers	Hispanic or Latino origin (of any race)	37%
	Caucasian alone, not Hispanic or Latino	18%

Source: American Community Survey S1702

### Why is this important?

Children living in poverty experience greater psychological distress than children not living in poverty. In comparison to children living in current poverty, those living in persistent poverty are significantly predicted to internalize mental health symptoms (McLeod & Shanahan, 1993).

Research has shown that children living in single and stressed families have a high rate of behavioral problems (Roy, Raver, & Cybele, 2014).

## Strengthening Families Program

SFP is a 14 session prevention program for children ages 6-11 and their families.

Since 2013, 618 families enrolled with 70% of families completing the program.

**In FY 2016-2017, the program's goals were met:**

**THE 2016-2017 PARTICIPANTS**

186 Families  
74% Completed

93% Hispanic/Latino

68% Mothers  
15% Fathers

**PARENTING SKILLS INCREASED**



70% of parents improved positive parenting practices



68% of parents became more consistent in discipline

**FAMILIES BUILT STRENGTH**



50% of families reduced their conflicts



55% of families increased their cohesion and expressiveness

**ENHANCED SCHOOL SUCCESS**



65% of parents/guardians became more involved in their child's school

**REDUCED RISK FACTORS**



57% of parents reported their child's behavioral difficulties decreased

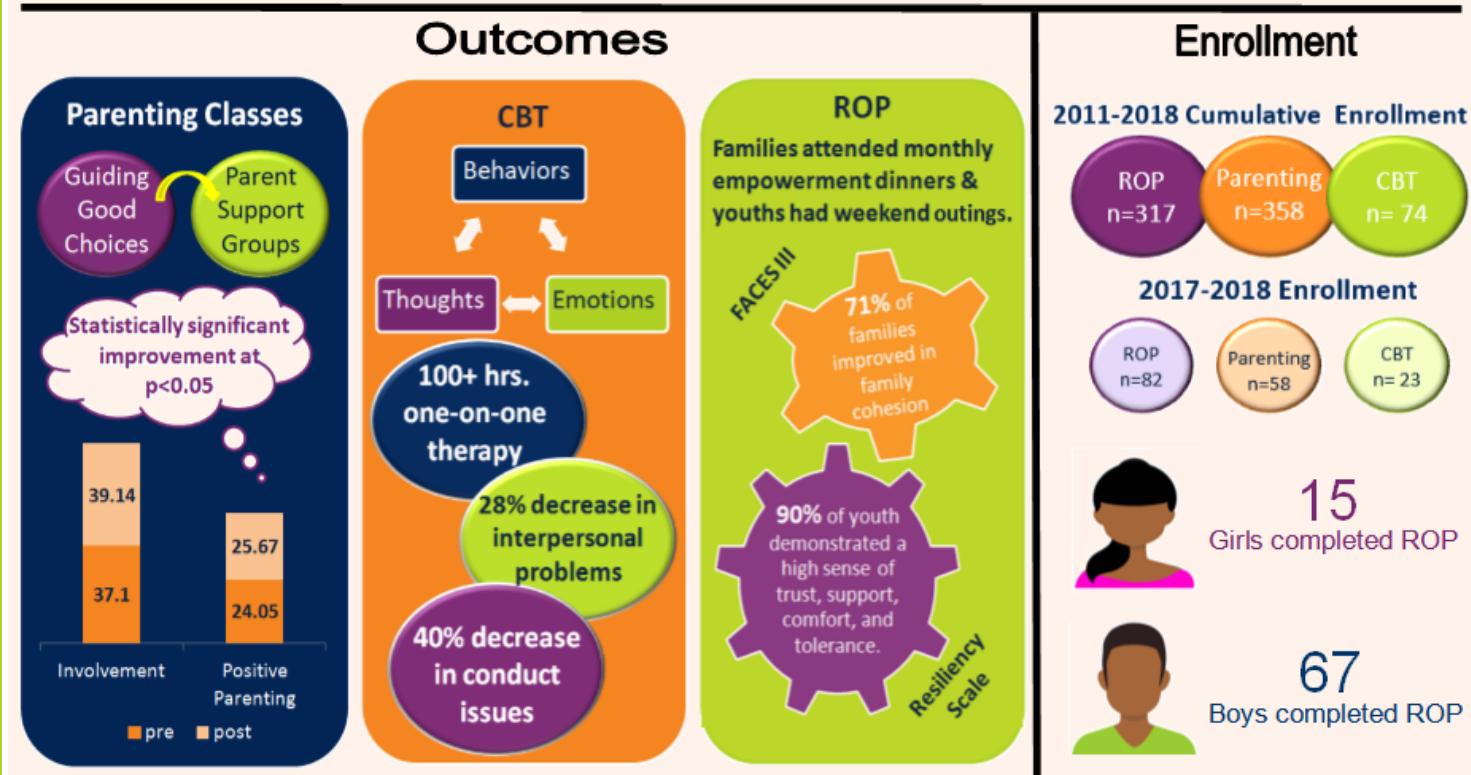
### Why is this important?

On average, 34% of children in Riverside County are between the ages 6 and 11. Families with children 6 to 11 that attend the program have the opportunity to meet other families and learn to strengthen parenting skills, build family strengths, enhance youth's school success, and reduce behavioral, emotional, and social problems in high-risk children.

# Building Resilience in African American Families

## Program Overview

BRAAF is a 9 mo. evidence informed program that empowers middle school age boys & girls (11-14) and support their parents/caregivers with tools and skill building activities



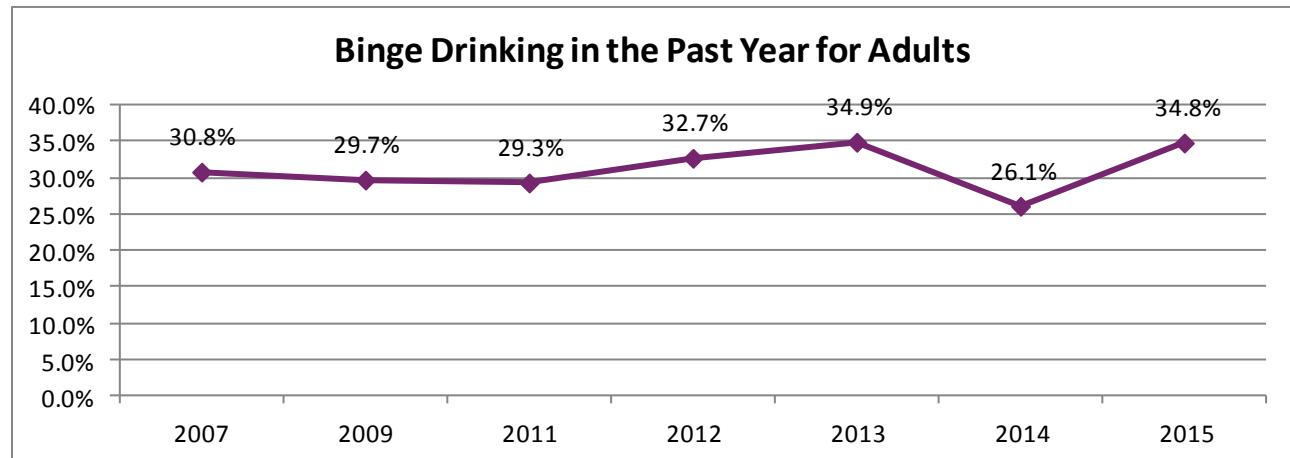
## Why is this important?

BRAAF was developed in response to the requests and needs of the Community along with the African American Family Wellness Advisory Group. This program aims to cover:

- \*Skill development based on Africentric values
- \*Affirm Ethnic Identity and Brotherhood or Sisterhood
- \*Symptoms of Trauma, Depression, and Anxiety
- \*Increased Resiliency
- \*Strengthening Family Cohesion
- \*Build Positive Parenting Support/Skills

## Drug and Alcohol Use

Figure 5.



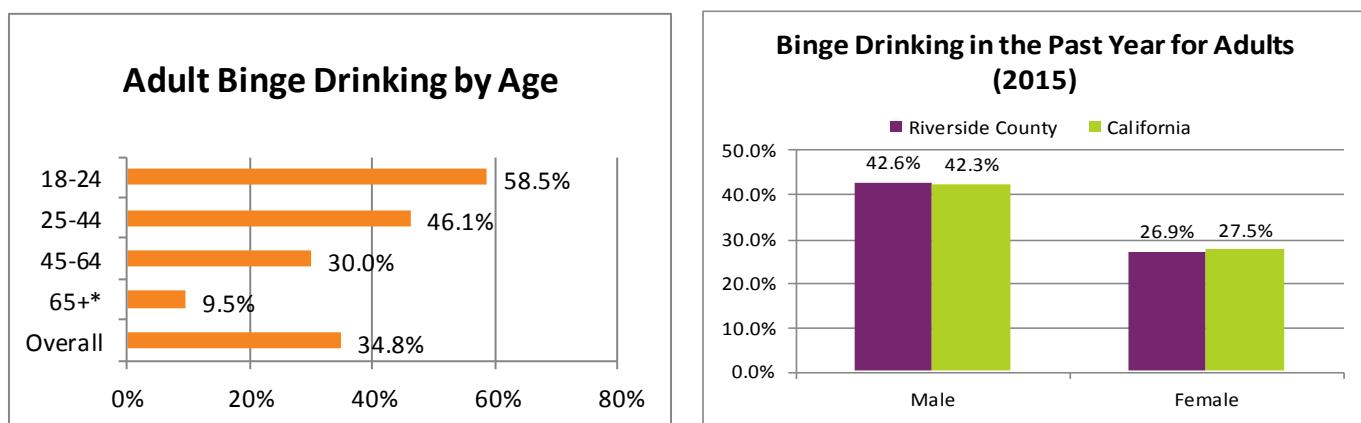
Source: CHIS

The California Healthy Communities Survey defined binge drinking as **consuming 4 or more drinks on one occasion** in the past year.



**31.2%** of RC adults reported binge drinking at least once in the past year (on average) between 2007 and 2015.

Figure 6.



\*Value may be statistically unstable and should be interpreted with caution

Source: CHIS

**18 to 24 year olds reported the highest rate of binge drinking.** Adults within the Transition Age Youth group, 18 to 24 year olds, reported high rates of binge drinking at least once.

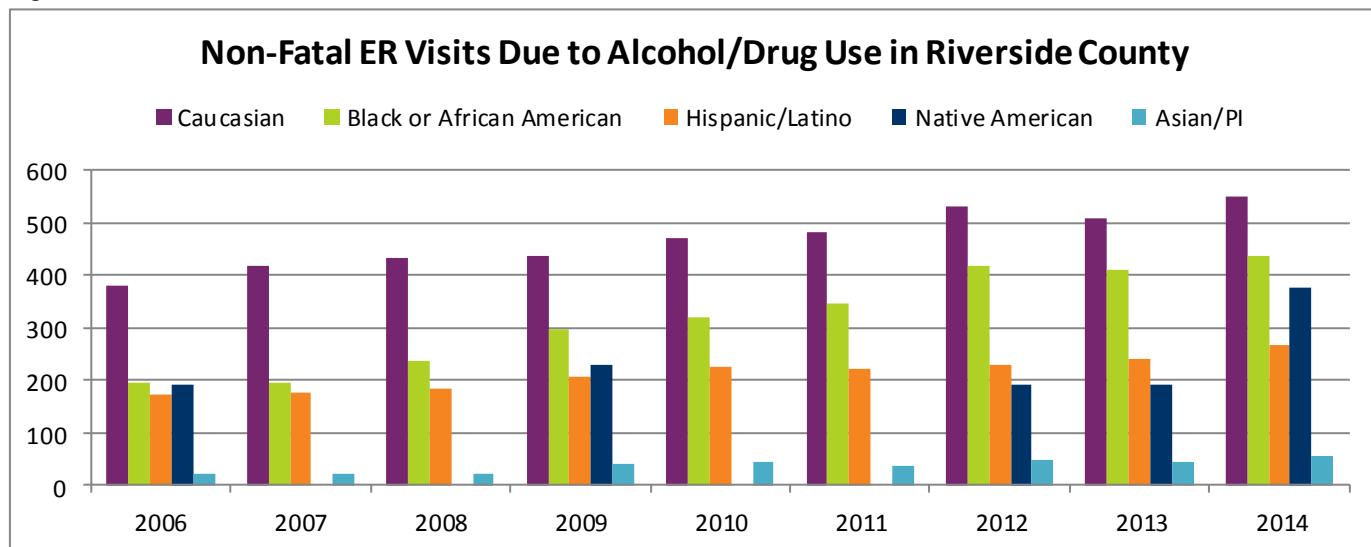
In Riverside County, **more males (42.6%) reported binge drinking** than females (26.9%) at least once in a year.

### Why is this important?

A study in 2015 found that alcohol and drugs are risk factors in nonconsensual sexual contact on college campuses (Cantor, Fisher, Chibnall, Townsend, Lee, Bruce, & Thomas, 2015). TAY who are of college age binge drink at higher rates in Riverside County, putting them at risk for substance use, intimate partner violence and sexual assault. Substance use is closely correlated to intimate partner violence and sexual assault (Office of the Surgeon General, 2016).

## Drug and Alcohol Use

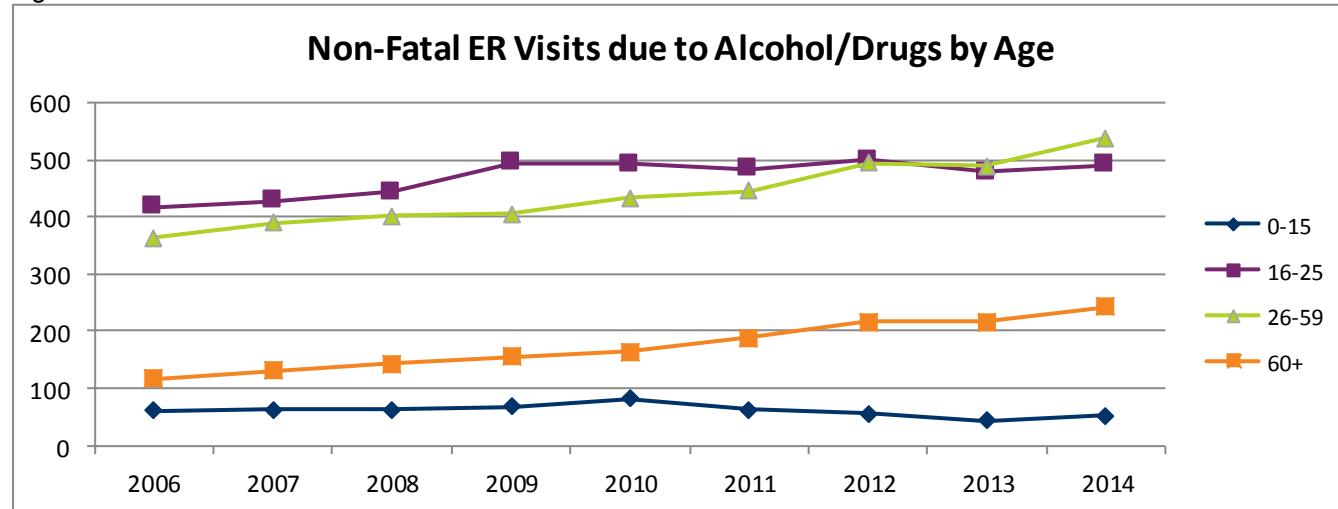
Figure 7.



Source: California Department of Public Health

- In Riverside County, Caucasians have consistently had higher rates of ER visits due to alcohol and drug use than other races/ethnicities. The ER rates for Black and African Americans increased during the 8 year period (Figure 7).
- The 16-25 (TAY) and 26-59 age groups had higher rates of non-fatal ER visits due to alcohol/drugs per 100,00 people.

Figure 8.



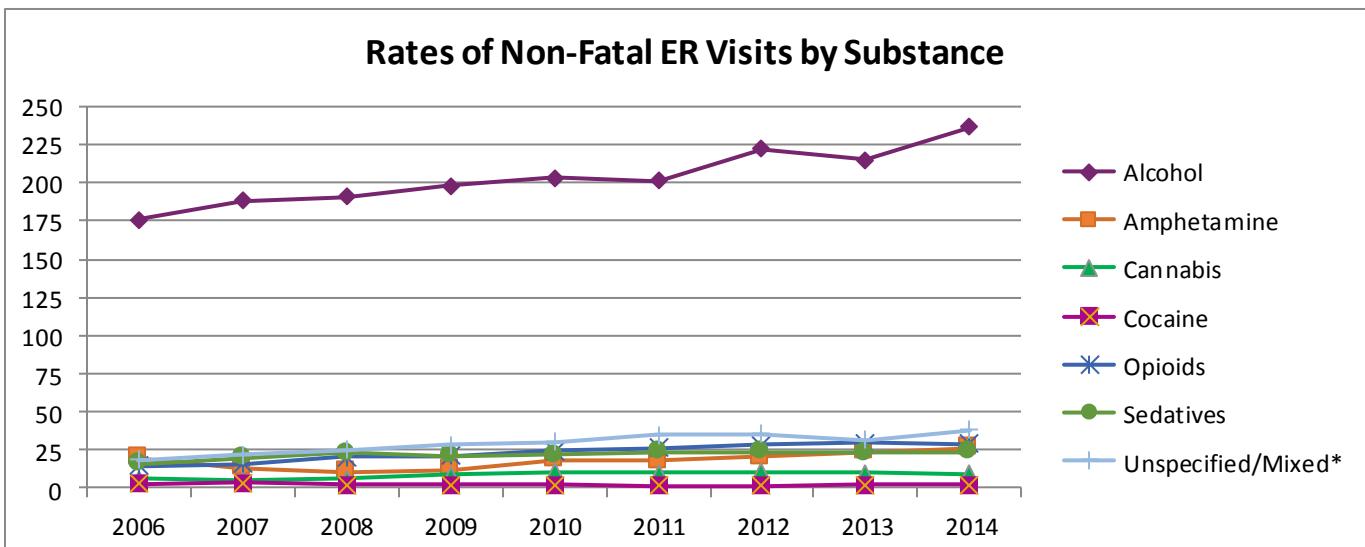
Source: California Department of Public Health

### Why is this important?

Alcohol and other substances affect the developing brain. Brain development is not complete until about age 21-23 in women and 23-25 in men (Hanson, Medina, Padula, Tapert, & Brown, 2011; Squeglia et al., 2015). TAY may need more education and prevention for substance use topics, as TAY have higher rates of ER visits due to alcohol/drug use and also have developing brains.

## Drug and Alcohol Use

Figure 9



\*Includes general drug classifications such as psychostimulants, prescription drug abuse, drug dependent newborns, and having taken multiple substances.

Source: California Department of Public Health



Alcohol was the primary substance that brought RC residents to the ER.



**ADULTS  
26-59**

On average, adults went to the ER due to alcohol at a rate of **306.6** per 100,000 people.



**TAY  
16-25**

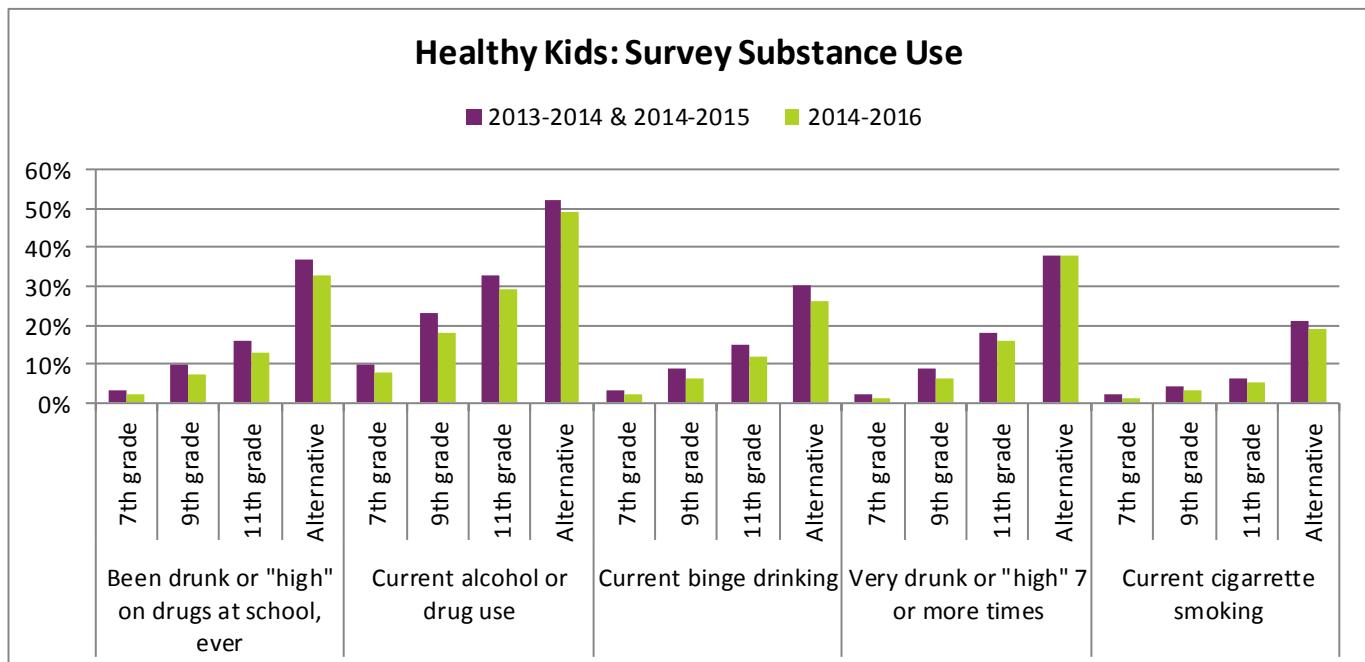
On average, TAY went to the ER due to alcohol at a rate of **270.6** per 100,000 people.

### Why is this important?

According to the CDC, there are more than 2,200 alcohol overdose deaths in the United States each year. Men account for 76% of those who die from alcohol overdose. Adults between the ages of 35 and 64 also account for 76% of alcohol overdose deaths (CDC, 2016).

## Drug and Alcohol Use

Figure 10.



Source: California Healthy Kids Survey

- The students in “Alternative” (continuation, community day, and other alternative school types), reported higher rates of substance use.



### 1 in 3 18-25 year olds

in California reported using marijuana in the past year in (NSDUH, 2014-2015).

**8%**

of 18-25 year olds  
in California reported using marijuana for the first time in (NSDUH, 2014-2015).



**Half** of 18-25 year olds  
in California reported drinking alcohol in the past year in (NSDUH, 2014-2015).

### Why is this important?

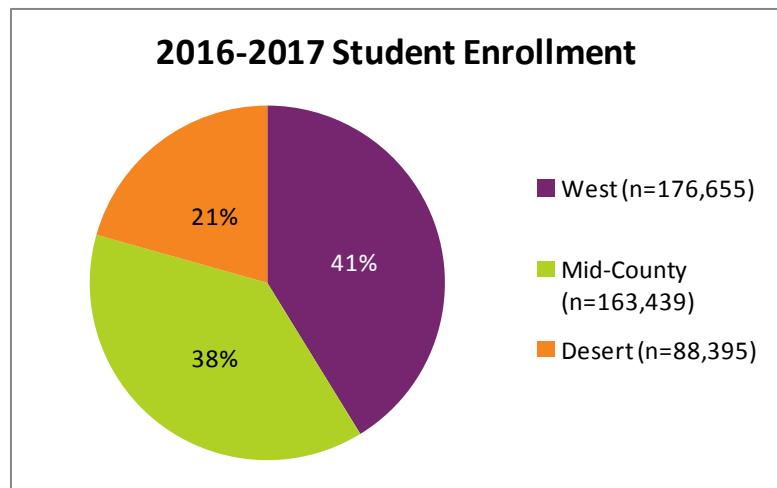
“The odds of [alcohol] dependence [decrease] by 14% with each increasing year of age at onset of use, and the odds of [alcohol] abuse [decrease] by 8% (Grant & Dawson, 1997).”

If prevention programs can help adolescents and adults delay the onset of alcohol use, then those individuals have a greater chance of neither abusing alcohol nor developing alcohol dependence.

The peak age for alcohol and marijuana dependency tends to be 18 (Wagner & Anthony, 2002).

## Schools

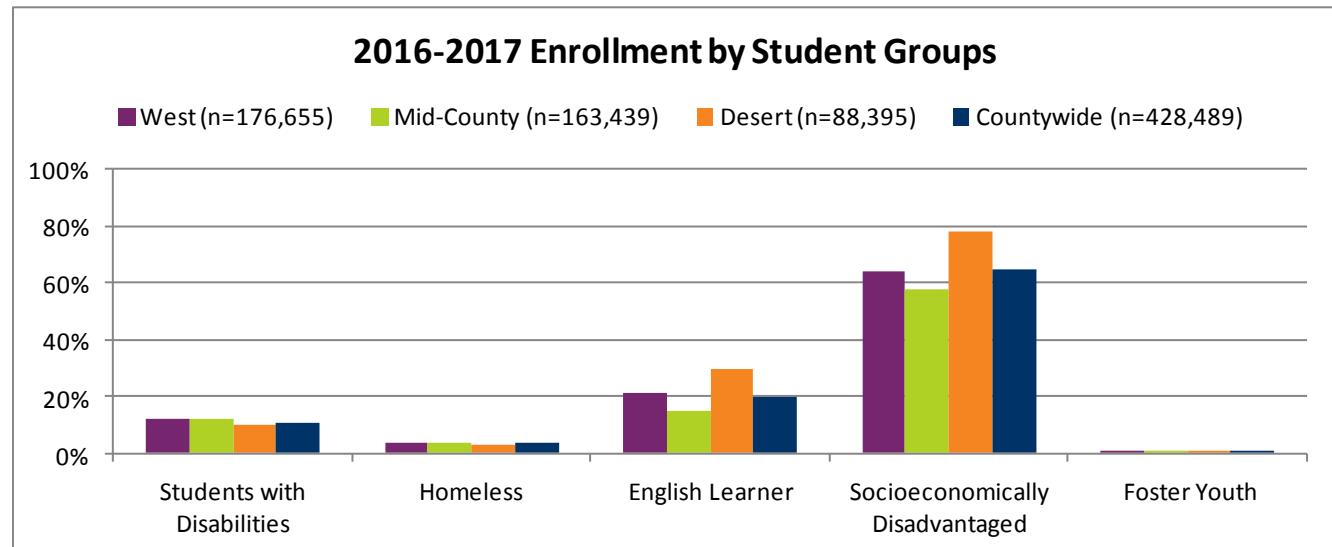
Figure 11



- 41% of students were enrolled in Western region schools (41%).
- Nearly 80% of students were enrolled in the Western and Mid-county regions combined.

Source: Riverside County Office of Education

Figure 12



Source: Riverside County Office of Education

- The Desert school districts had the highest percentage of socioeconomically disadvantaged students (78%).

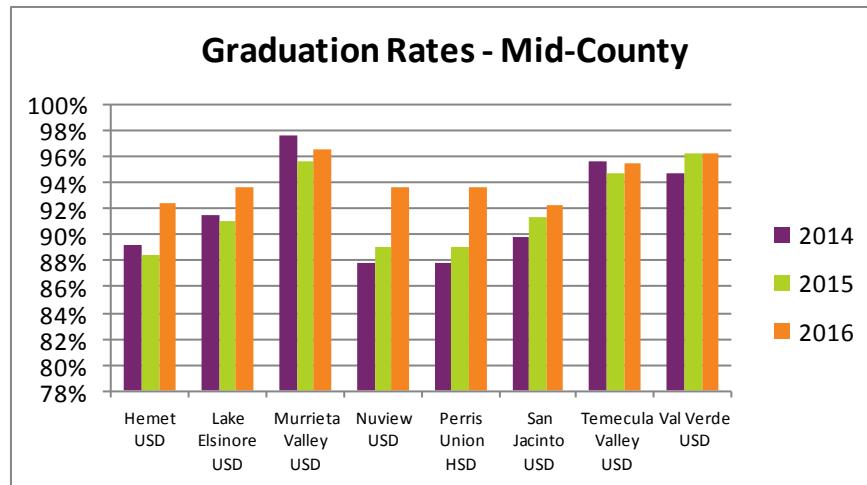
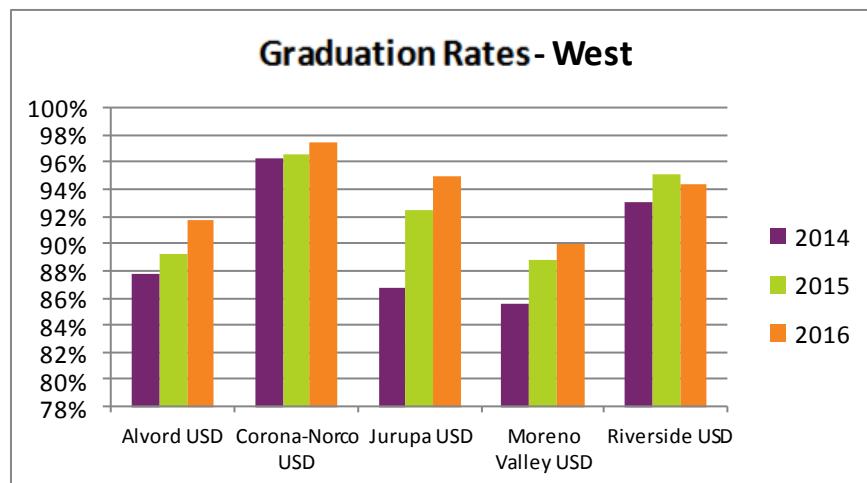
### Why is this important?

During the 2016-2017 school year, about 60% of Riverside County students were socioeconomically disadvantaged. Research has shown that socioeconomically disadvantaged students achieve at lower levels in school. However, with good attendance, disadvantaged students can have higher literacy skills than students with higher socioeconomic status students during kindergarten and first grade (Ready, 2010).

“Sustained exposure to disadvantaged neighborhoods has a severe impact on high school graduation that is considerably larger than effects reported in prior research”  
(Wodtke, Harding, & Elwert, 2011).

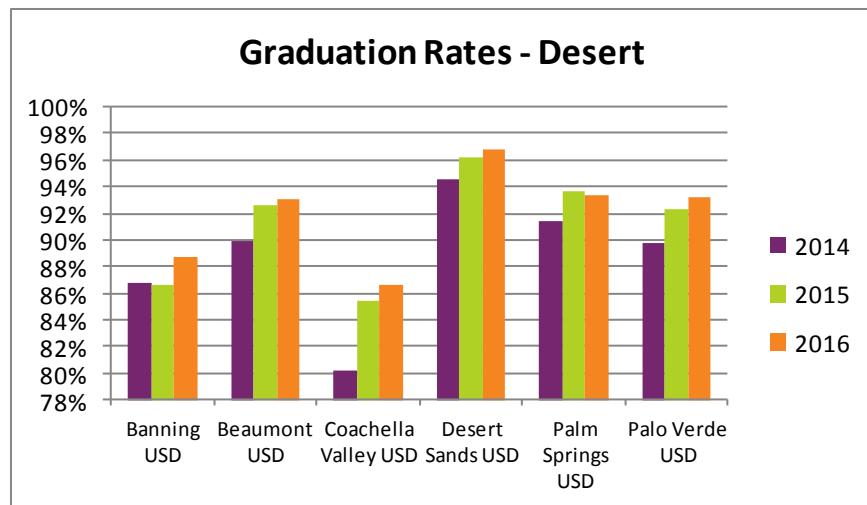
## Schools

Figure 13.



### Why is this important?

According to the California Children's Report Card, the lifetime cost for a high school dropout is \$392,000 in California. There are 56,756 high school drop outs per year in the state. That's over a \$22.2 billion lifetime cost for California high school dropouts.



Source: California Department of Education

### Riverside County Graduation Percentages

2014

90%

2015

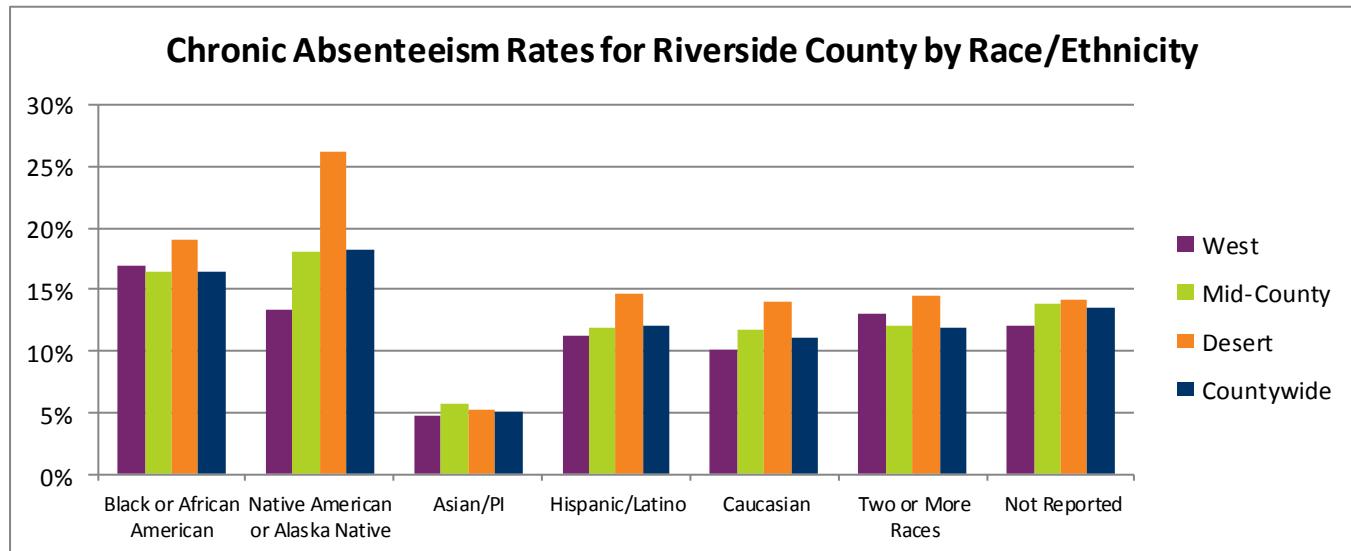
92%

2016

93%

## Schools

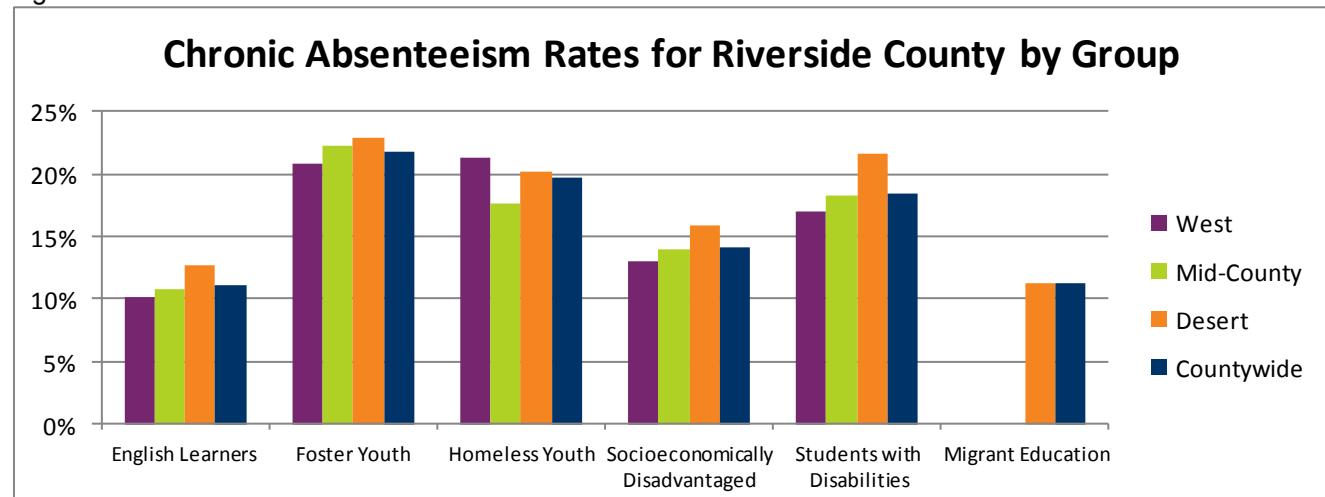
Figure 14.



Source: California Department of Education

- There were a total of 404 Native American or Alaska Native students with Chronic Absenteeism for academic year 16-17. Accounting for 18.3% of the total Native American or Alaska Native students Countywide.
- The Desert region typically has higher rates of chronic absenteeism.

Figure 15



Source: California Department of Education

- Foster youth and homeless youth have the highest rates of chronic absenteeism.

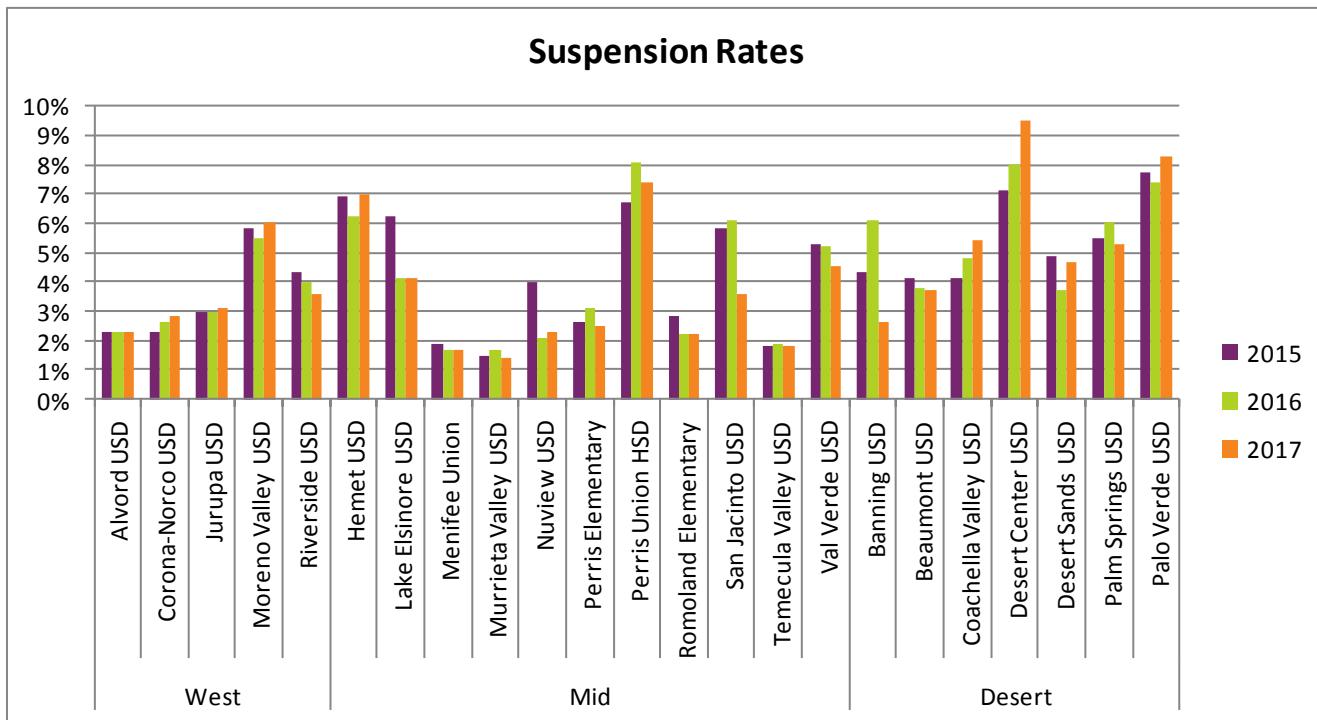
### Why is this important?

Students with chronic absenteeism are more likely than other students to drop out. Attending school leads students to succeed in school. School, family, and community partnerships can decrease chronic absenteeism (Sheldon & Epstein, 2004).

Chronically absent preschoolers and kindergarteners are 3 times more likely to repeat a grade. Chronically absent 1st grader students are 4 times less likely to read at their grade level, and chronically absent high school students are 2 times less likely to graduate on time (California Children's Report Card, 2016).

## Schools

Figure 16.



Source: California Department of Education

### Why is this important?

Students who have been suspended are six times more likely to repeat a grade five times more likely to drop out of high school, and three times more likely to be in the juvenile justice system (Losen, Martinez, & Gillespie, 2012).

Table 2. Tier 1 Schools

District	School
Coachella Valley Unified	West Shores High
Palm Springs Unified	Desert Hot Springs High
Perris Elementary	Good Hope Elementary
Riverside County Office of Education	Riverside County Community

Source: California Department of Education

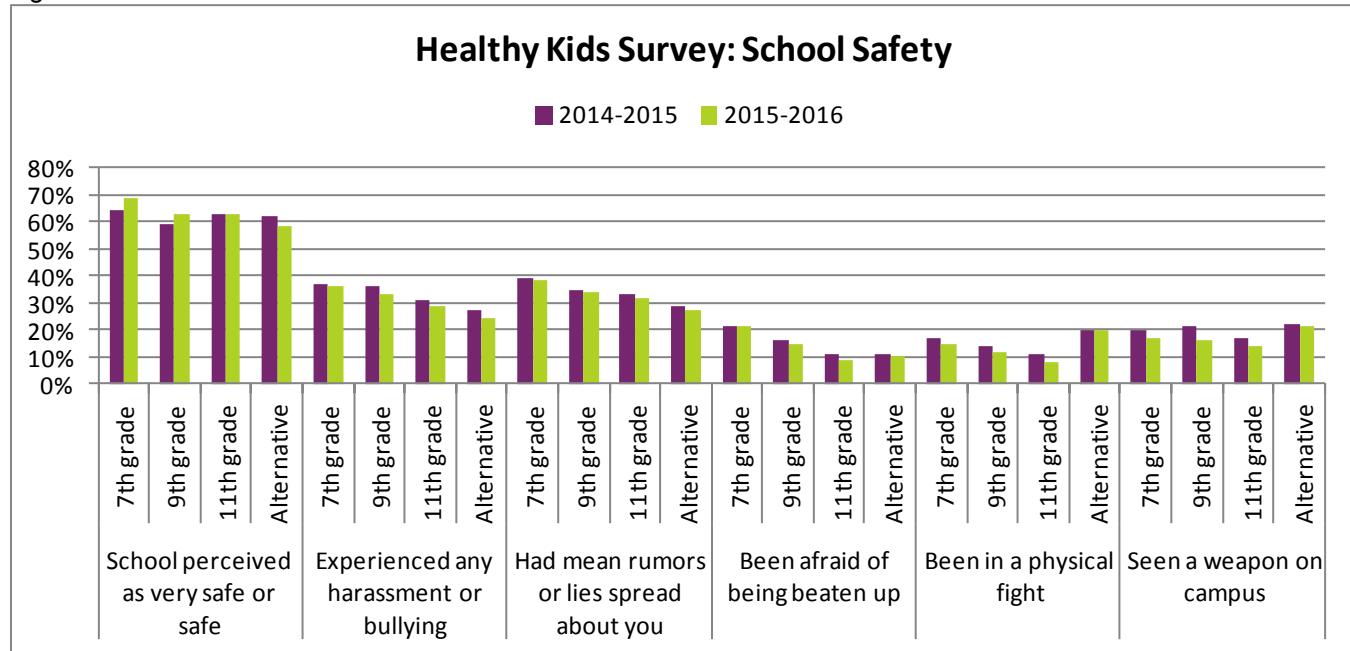
Table 3

Gang Involvement				
	Grade 7	Grade 9	Grade 11	Alternative
2011-2013 All CA*	8.3%	7.5%	8.0%	-
2013-2015 All CA*	6.3%	6.4%	3.3%	-
2014-2015 RC	6%	6%	6%	8%
2015-2016 RC	5%	5%	5%	9%

\*Riverside County did not have a county specific report during the 2011-2013 and 2013-2015 reporting periods in the California Healthy Kids Survey.

## Schools

Figure 17.



Source: California Healthy Kids Survey



Most students reported feeling safe at school.

However, about **a third** of all students reported having experienced any harassment or bullying.



**13%** of teens reported receiving threats of violence or physical harm by peers in the past year (CHIS, 2011-2016).



### Why is this important?

Research suggests that perceived school safety and school climate are largely influenced by individual factors (race/ethnicity and sex). School-level factors (school size and faculty turnover) and classroom factors (the concentration of students with behavioral problems and classroom size) are also significant predictors of perceived school climate. Therefore, classroom environment is important to consider when wanting to improve school climate (Koth, Bradshaw, & Leaf, 2008).

# PEACE 4 KIDS

Teaching Moral Reasoning, Empathy, Anger Management, Character Education, and Essential Social Skills to Middle School Students in Desert Hot Springs

## THE STUDENTS



- 67% of the 317 students in Level 1 graduated
- 80% of the 44 students in Level 2 graduated
- 63% of the 16 students in Level 3 graduated



371 individual students enrolled



- 47% of students were male
- 53% of students were female

## BEHAVIOR IMPROVED



Students and Parents reported significant decreases in emotional difficulties



Students and Parents reported significant conduct improvements



"I learned how to control my anger and to not talk back as much."

## SOCIAL SKILLS INCREASED



Students' problems with peers decreased



Students and Parents reported significant increases in pro-social behaviors. For example being kind to peers



"I learned self-control, how to be kind to others and how to talk to others when I'm upset or hurt."

## Why is this important?

Due to the challenges that middle school age youth face, the Peace 4 Kids program was implemented in Desert Hot Springs.

The program teaches youth moral reasoning, empathy, anger management, and other essential social skills.

# CAST

CAST (Coping And Support Training) is an **EVIDENCE-BASED** program that is **FULLY FUNDED** by Riverside County to be held on **SCHOOL CAMPUSES** and be used to meet AB-2246 needs. The program is **LED BY PEERS** who are **FULLY TRAINED** by County staff, with monthly quality and fidelity monitoring.

## 3 GOALS



## IMPROVEMENTS WITHIN FY 16/17

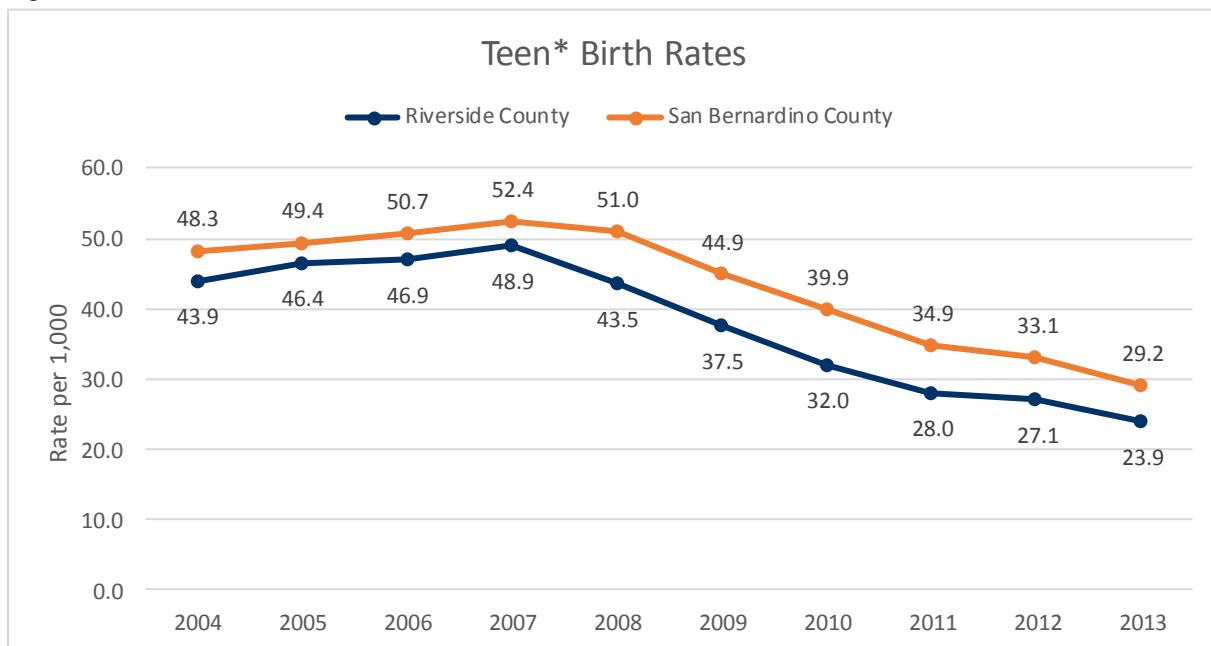


## Why is this important?

This program aims to improve students' school success, drug use control, and mood management. As seen in this chapter, school success, such as graduating from high school, and not using drugs or alcohol increase life outcomes.

## Teen Pregnancy

Figure 18



Source: California Department of Finance

\*Young women ages 15-19

- Riverside County had a lower teen birth rate than San Bernardino County between the years of 2004 and 2013.
- The teen birth rate declined between 2004 and 2013.

### Why is this important?

Infants born to teen mothers are at a higher risk for physical, social, and emotional challenges.

Teen mothers are also more likely to give birth to premature babies or babies with low birthweight (Child Trends Databank, 2014).

Children born to teen mothers are at an increased risk for academic and behavioral problems (The National Campaign to Prevent Teen Pregnancy, 2007).

Children born to teen mothers are also more likely to go into the foster care system and become teen parents themselves (Ng & Kaye, 2013).

## PEI Program for Expecting Mothers

### Mamas y Bebes:

A perinatal early intervention program

Designed to prevent the onset of major depressive episodes during pregnancy and postpartum. It is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues.



*Before the program, 1 in 3 were experiencing depressive symptoms*

Since 2011, Riverside County has served **636** women



→ 82% Hispanic  
32% TAY (16-25 yrs)  
68% Adults (26-47 yrs)  
61% Spanish as primary language



**87%** of women's mood levels dropped to normal levels

100% agreed that this program has taught them how to get help for depression while they are pregnant and after the birth of their baby



92% would recommend this program to someone else who is pregnant

### Why is this important?

Major depressive episodes are common before and after pregnancy. This program provides a safe space for mothers to seek help and learn how to cope with their feelings of sadness.

During the screening phase, if women score high in the depression measure, a minimum of two clinical referrals are handed for further resources.

## Appendix

Use in the Past Year for California (2014-2015) NSDUH				
	12-17 years old	18-25 years old	26 years +	18 years +
Marijuana Use	14.1%	32.7%	12.3%	15.4%
Cocaine Use	0.9%	5.9%	1.6%	2.3%
Heroin Use	0.09%	0.55%	0.15%	0.21%
Alcohol Dependence	1.1%	6.0%	3.3%	3.7%

Use in Past Month California (2014-2015) NSDUH				
	12-17 years old	18-25 years old	26 years +	18 years +
Alcohol	10.9%	56.9%	55.6%	55.8%
Marijuana	8.3%	20.5%	7.9%	9.8%
Tobacco	4.3%	25.8%	18.2%	19.4%

Graduation Rates					
	2014		2015		2016
West	Alvord USD	88%	89%	92%	
	Corona-Norco USD	96%	97%	97%	
	Jurupa USD	87%	93%	95%	
	Moreno Valley USD	86%	89%	90%	
	Riverside USD	93%	95%	94%	
Mid	Hemet USD	89%	89%	92%	
	Lake Elsinore USD	92%	91%	94%	
	Murrieta Valley USD	98%	96%	97%	
	Nuview USD	88%	89%	94%	
	Perris Union HSD	88%	89%	94%	
	San Jacinto USD	90%	91%	92%	
	Temecula Valley USD	96%	95%	96%	
	Val Verde USD	95%	96%	96%	
Desert	Banning USD	87%	87%	89%	
	Beaumont USD	90%	93%	93%	
	Coachella Valley USD	80%	85%	87%	
	Desert Sands USD	95%	96%	97%	
	Palm Springs USD	91%	94%	93%	
	Palo Verde USD	90%	92%	93%	

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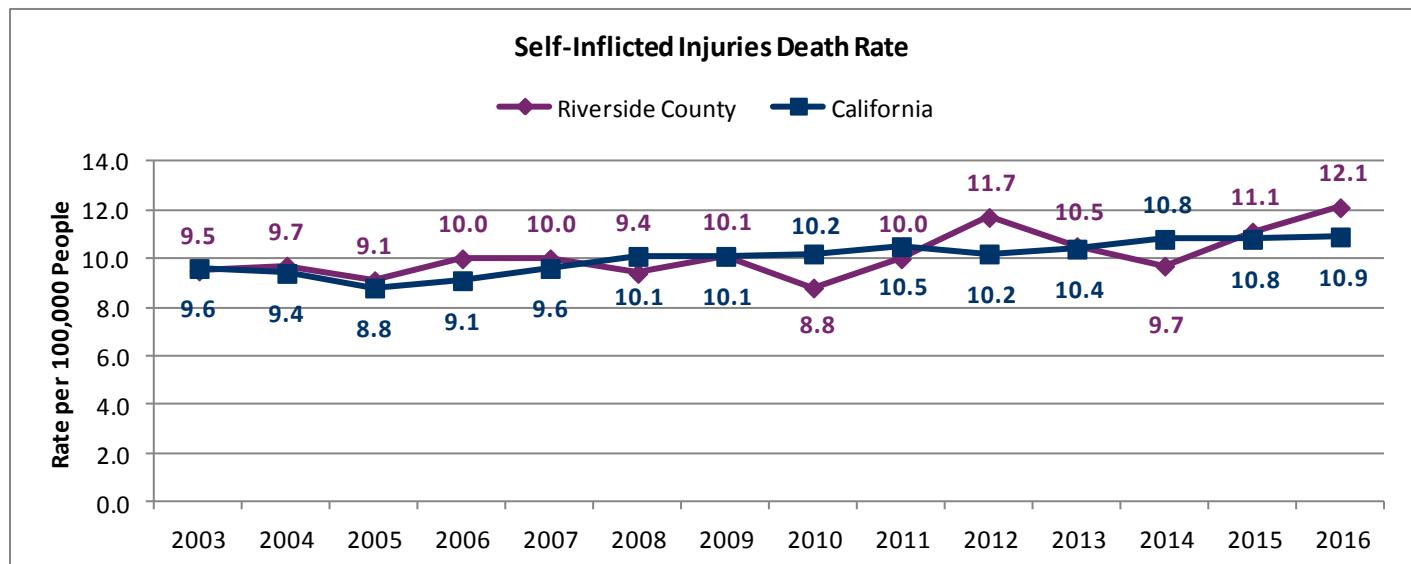
## Chapter 4 Suicide Risk and Depression

Suicide is a significant problem in Riverside County. Between 2003 and 2016, approximately 3,042 people died by suicide. In order to understand who is most at risk for self-inflicted injuries and death, the following information from the California Department of Public Health details the demographic characteristics of Riverside County citizens who have died from self-inflicted injuries or had ER visits due to self-inflicted injuries. All rates are per 100,000 people.

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## Overview of Suicide Deaths

Figure 1 Suicide Rates in Riverside County and California



Source: California Department of Public Health: Death Statistical Master Files

**27.4%**

increase in suicide death rates between 2003 and 2016 in Riverside County

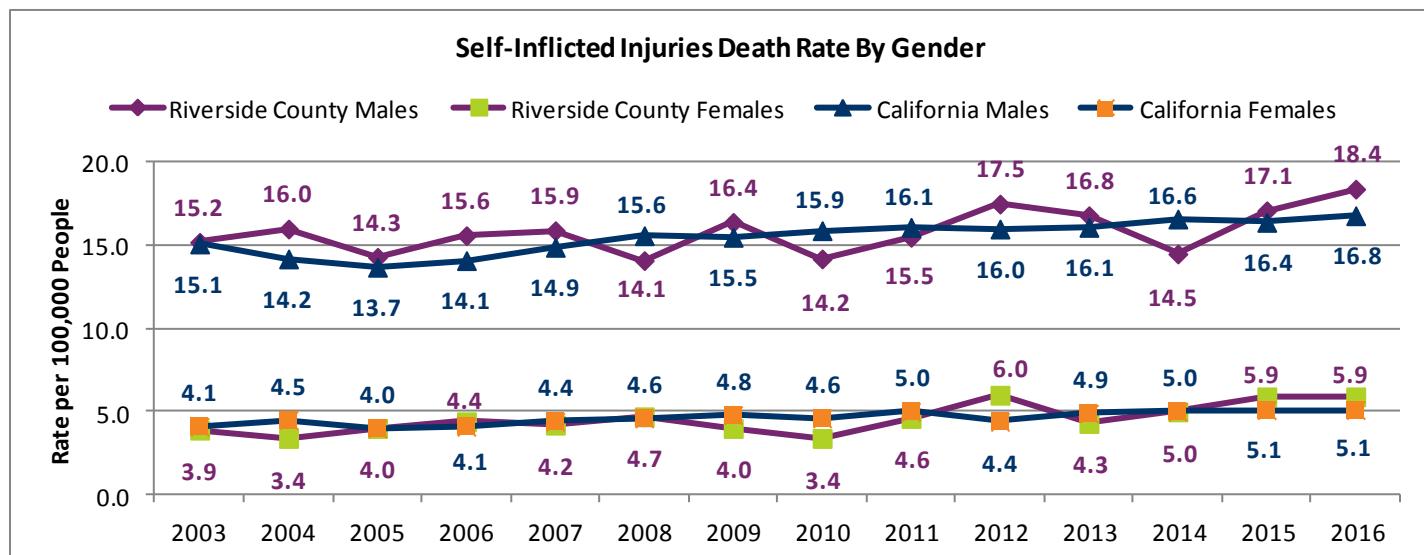
2003 to 2016:

**3,042** people died by suicide in Riverside

**13.5%**

increase in suicide death rates between 2003 and 2016 in California

Figure 2 Suicide Rates by Gender in Riverside County and California



Source: California Department of Public Health: Death Statistical Master Files



On average, women in RC died of suicide at a rate of **4.6**



On average, men in RC died of suicide at a rate of **15.9**

### Why is this Important?

On average, death by suicide is about 3.5 times higher for men than women in RC. Gender specific outreach will be needed.

## Overview of Suicide Deaths

Table 1 Suicide Rate in Riverside County and California by Race/Ethnicity

		Suicide Death Rates by Race/Ethnicity														
		2003	2004	2005	2006	2007	2008	2009	2010	2011	2012	2013	2014	2015	2016	
Riverside County	Caucasian	15.2	15.6	15.1	17.0	15.8	17.4	17.7	15.2	18.8	21.6	2.0	18.5	21.5	22.4	
	Black	*	*	*	*	*	*	9.0	*	*	*	*	*	*	*	
	Hispanic/Latino	4.2	4.6	4.6	3.7	5.8	3.7	4.1	4.2	3.6	5.0	3.5	4.7	4.8	6.1	
	Native American	*	*	0.0	*	*	0.0	*	*	0.0	*	*	*	*	*	
	Asian/PI	*	*	*	*	*	*	*	*	*	*	*	*	*	*	
California	Caucasian	15.7	14.9	14.4	15.2	15.9	17.3	17.5	17.7	18.5	18.1	18.7	19.5	19.1	19.0	
	Black	6.0	6.0	5.9	5.7	7.1	7.7	6.1	7.4	7.1	7.4	7.5	5.9	7.3	7.4	
	Hispanic/Latino	4.2	4.4	4.1	3.9	4.2	4.1	4.2	4.5	4.5	4.2	4.5	4.9	5.0	5.5	
	Native American	*	12.7	*	*	14.1	*	*	16.2	6.1	18.4	14.7	15.2	14.5	24.7	
	Asian/PI	5.6	6.5	5.5	5.8	6.9	6.4	7.0	6.9	7.1	6.6	6.6	6.8	7.2	7.1	

\*Rates are not displayed due to being unreliable with fewer than 20.

Source: California Department of Public Health: Death Statistical Master Files

**4.5 per 100,000**

Average rate of Riverside County Hispanic/Latinos who died by suicide

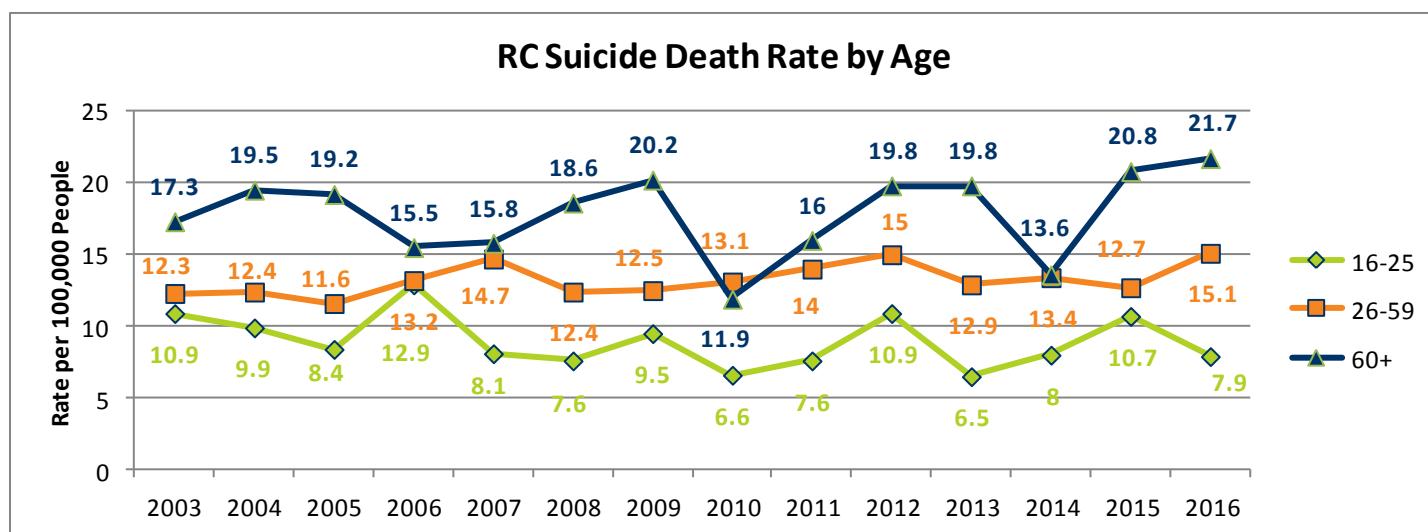
**16.7 per 100,000**

Average rate of Riverside County Caucasians who died by suicide

### Why is this Important?

Examining racial and ethnic difference will inform programming and outreach needs. Caucasians are at a higher risk of suicide. The average suicide death rates in RC are nearly **4 times higher** for Caucasian than Hispanic/Latinos.

Figure 3 Suicide Rate in Riverside County and California by Age



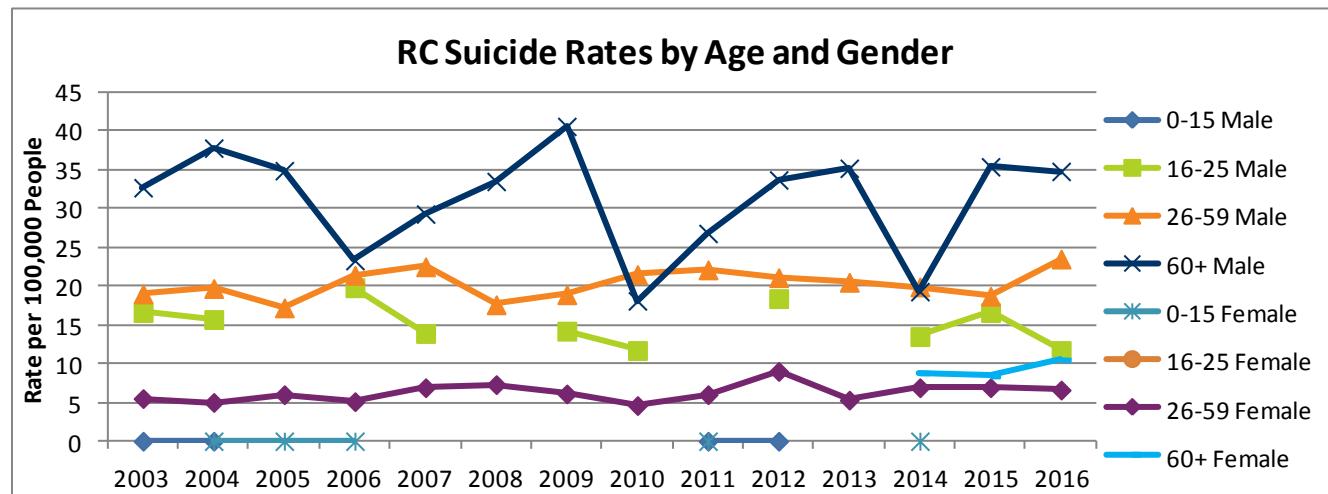
Source: California Department of Public Health: Death Statistical Master Files

### Why is this Important?

Between 2003 and 2016, older adults (60+) in Riverside County died by suicide at higher rates than other age groups. Older adults are at a higher risk of suicide. The rate is not shown for youth 0-15 due to the low number of cases. Rates typically cannot be calculated if there are less than 20 cases, due to statistical instability.

## Overview of Suicide Deaths

Figure 4 Suicide Rate in Riverside County by Age and Gender



Source: California Department of Public Health: Death Statistical Master Files

**31.1 per 100,000**

Average rate of Riverside County Older Adult Males (60+) died by suicide

**20.3 per 100,000**

Average rate of Riverside County Adult Males (26-59) died by suicide

**15.2 per 100,000**

Average rate of Riverside County TAY Males (16-25) died by suicide

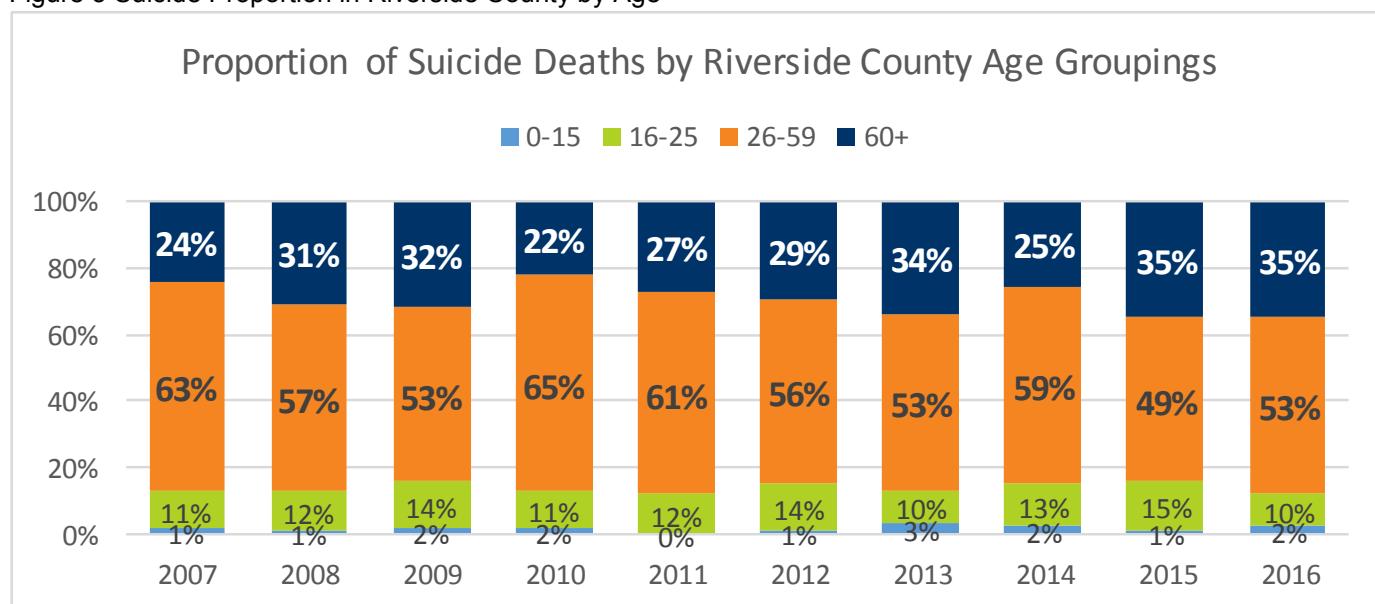
**6.2 per 100,000**

Average rate of Riverside County Adult Females (26-59) died by suicide

### Why is this Important?

Males in Riverside County are at a higher risk of dying by suicide. The highest rate of suicide is for the Older Adult Male (60+) population, with a rate of 31.1 per 100,000 suicide deaths per year between 2003 and 2016. Adults and older Adults accounted for about 57% of suicide deaths between 2007 and 2016.

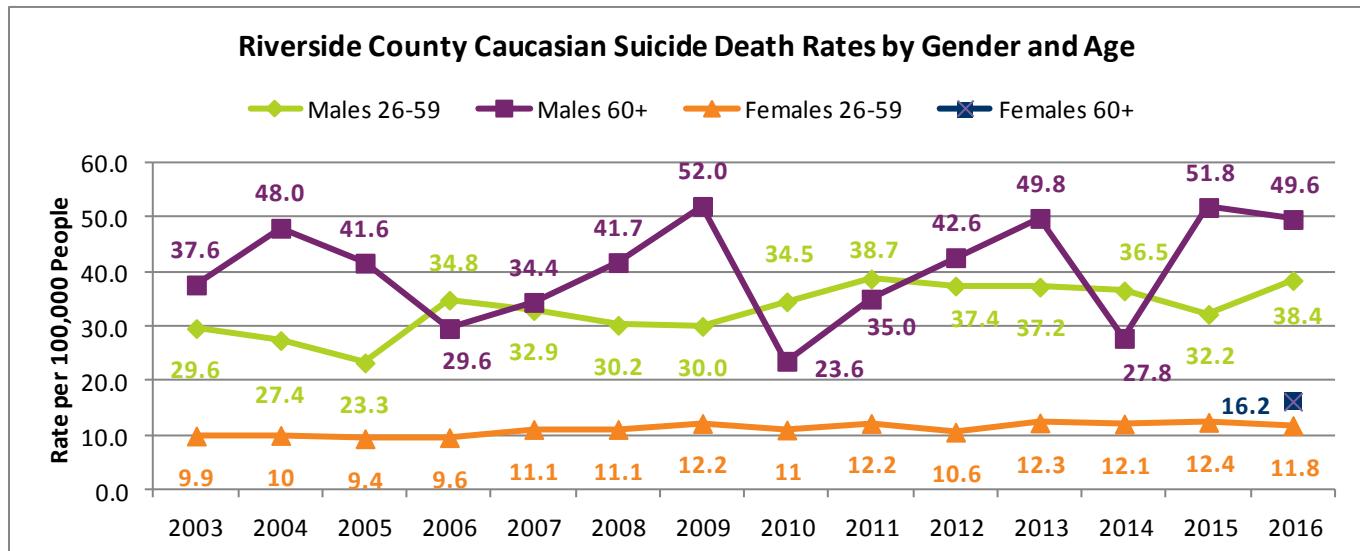
Figure 5 Suicide Proportion in Riverside County by Age



Source: California Department of Public Health: Death Statistical Master Files

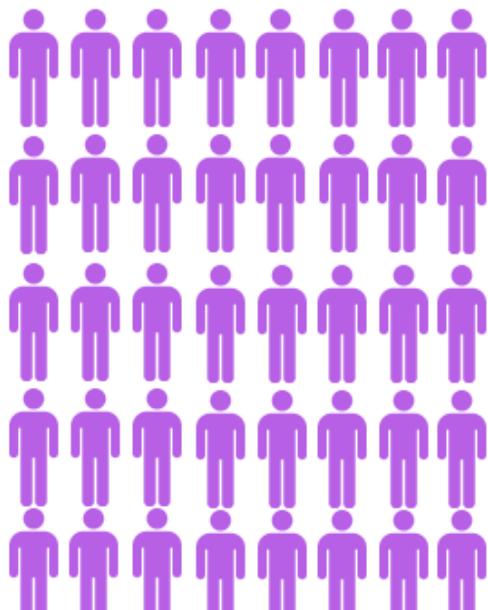
## Population At Risk

Figure 6 Suicide Rate in Riverside County and California for Caucasian Males and Females

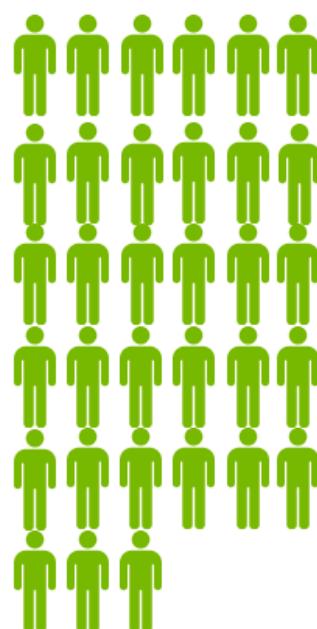


Rates are not displayed if they are based on fewer than 20 because they are not reliable.

**On average, between 2003 and 2016:**



**40.4**  
per 100,000 Caucasian males  
aged 60+  
died by suicide.



**33.1**  
per 100,000 Caucasian males aged 26-59  
died by suicide.



**11.1**  
per 100,000 Caucasian females aged 26-59  
died by suicide.

### Why is this Important?

In Riverside County, Caucasians consistently had higher suicide death rates per 100,000 people. Specifically, Caucasian adult and older adult males died by suicide at higher rates than females and other age groups. Older Caucasian males had the highest rate at 40.4 per 100,000 in the population.

## Means of Suicide Deaths in Riverside County

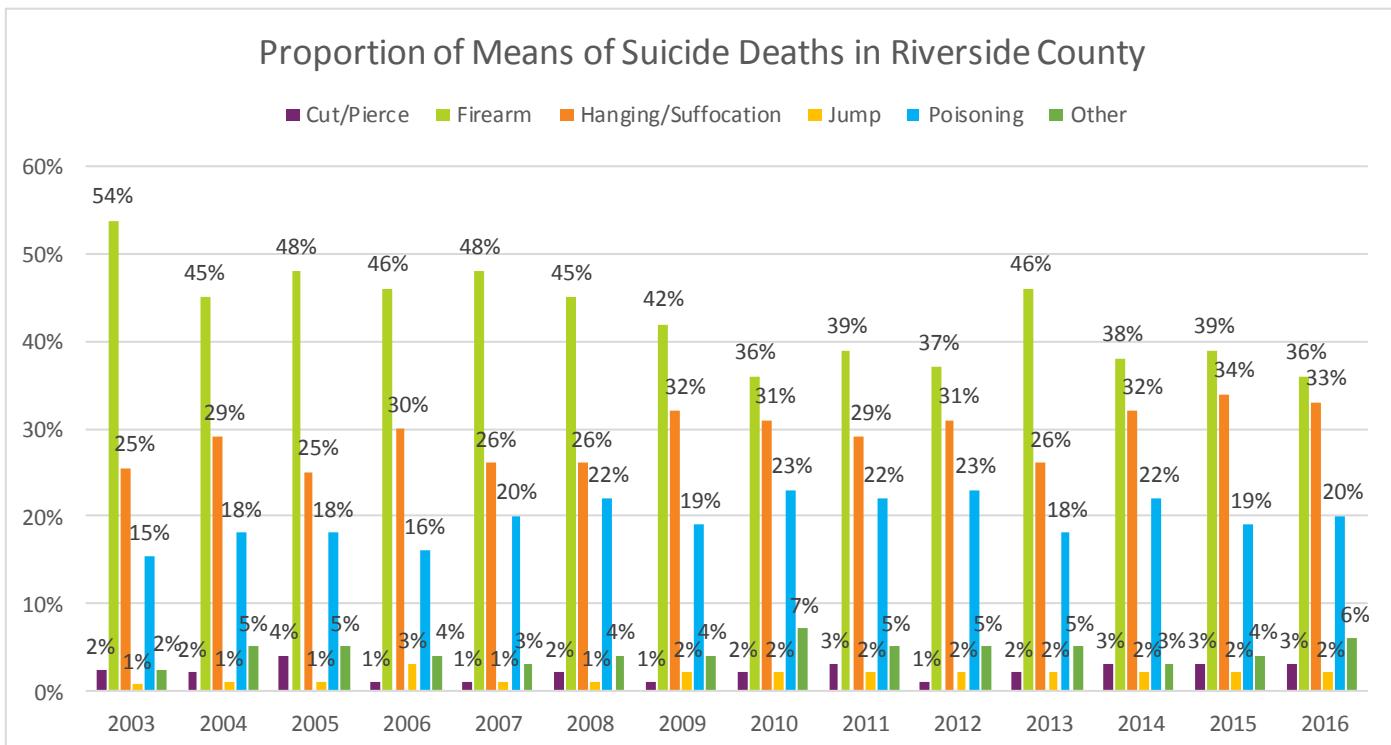
Table 2. Riverside County Means of Self-Inflicted Death 2016

Cause of Death	N	Population	Rate
Cut/Pierce	9	2,359,588	*
Firearm	103	2,359,588	4.4
Hanging/Suffocation	93	2,359,588	3.9
Jump	6	2,359,588	*
Poisoning	57	2,359,588	2.4
Other	18	2,359,588	*

In 2016, the highest rate of self-inflicted death in Riverside County was by firearms (rate of 4.4 per 100,000 people). Hanging/Suffocation was also high at 3.9 per 100,000.

Source: California Department of Public Health: Death Statistical Master Files

Figure 7 Proportion of Means of Suicide in Riverside County



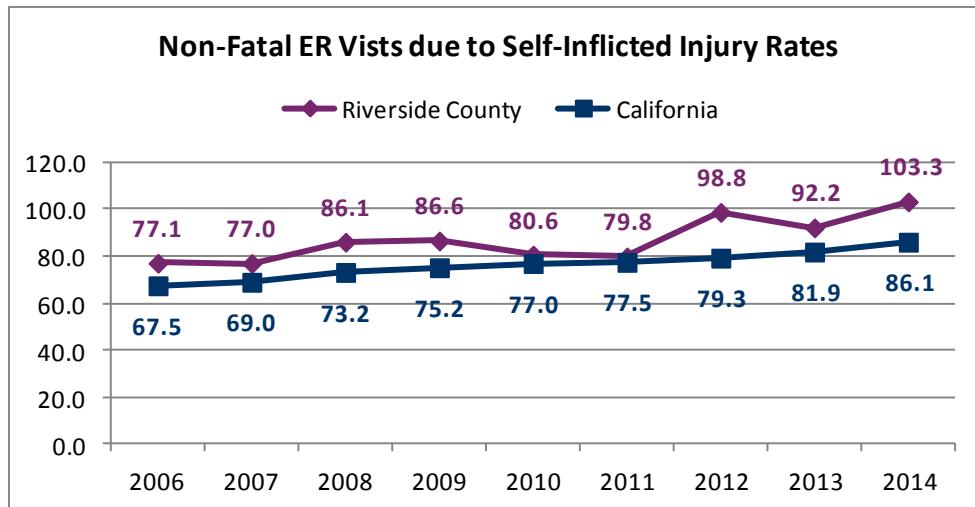
### Why is this Important?

Between 2003 and 2016, firearms and hanging/suffocation accounted for the largest proportions of the means of self-inflicted death in Riverside County.

## Non-Fatal Self-Injury in Riverside County

Not all suicide attempts result in death. The following information is the demographics of emergency room visits for Riverside County and California residents who had non-fatal self-inflicted injuries. All rates are per 100,000 people.

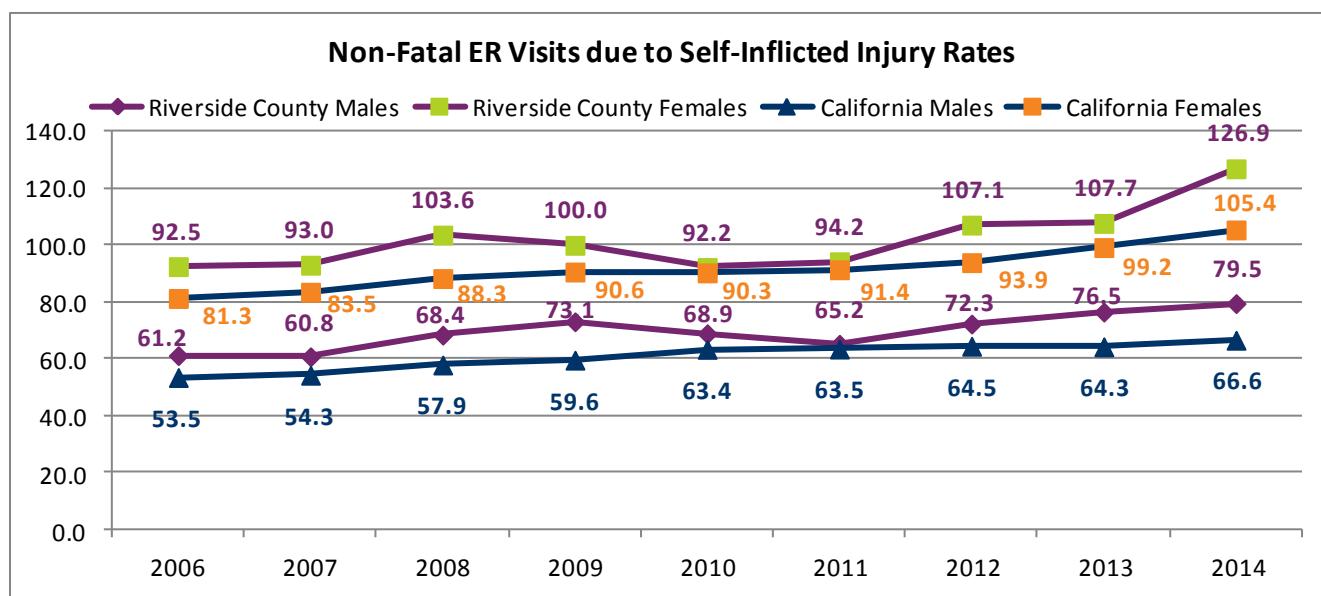
Figure 8. Emergency Room Visits due to Non-Fatal Self-Inflicted Injuries



Overall, Riverside County had slightly higher rates of ER visits due to non-fatal self-inflicted injuries than California.

Source: California Department of Public Health

Figure 9. Emergency Room Visits due to Non-Fatal Self-Inflicted Injuries by Gender



**101.9**  
average  
rate for RC  
females

### Why is this Important?

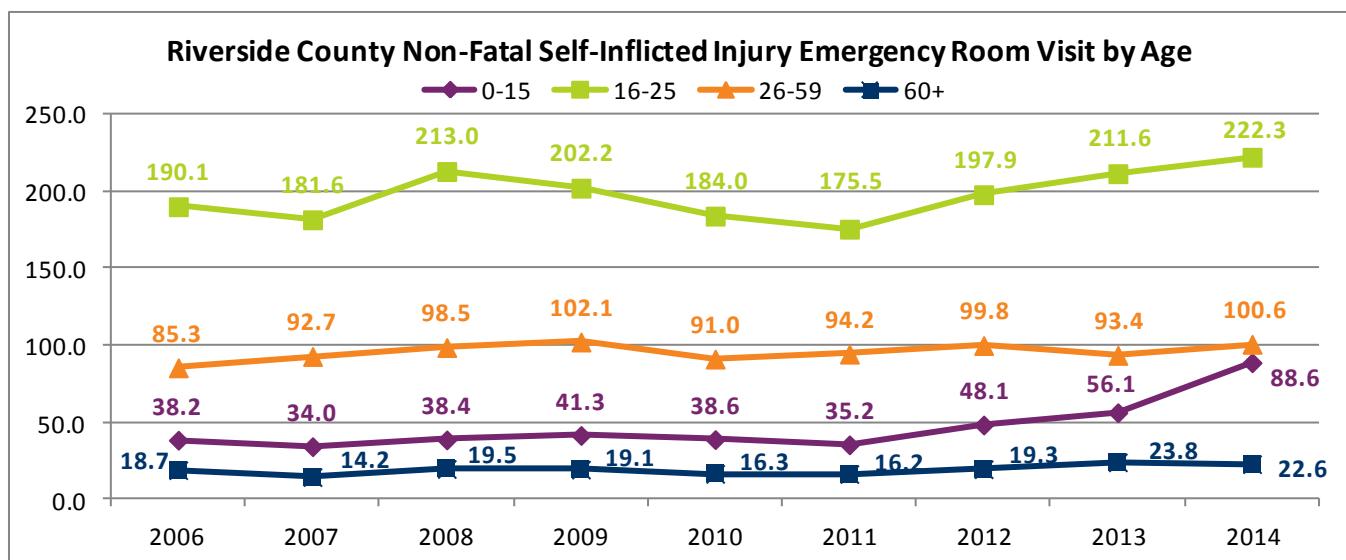
While females have lower suicide death rates, females have higher non-fatal suicide attempts. This will be important for outreach and program planning.



**69.5**  
average  
rate for RC  
males

## Non-Fatal Self-Injury in Riverside County

Figure 10 Emergency Room Visits due to Non-Fatal Self-Inflicted Injuries by Age



Source: California Department of Public Health

### Average rates between 2006 and 2016:



Table 3 Emergency Room Visits due to Non-Fatal Self-Inflicted Injuries TAY age by Gender

	2006	2007	2008	2009	2010	2011	2012	2013	2014
Male	160.5	146.7	179.1	176.8	167.2	167.2	177	204.9	181
Female	230.2	223.5	259.5	233.1	211.4	211.4	232.5	231.4	274.3

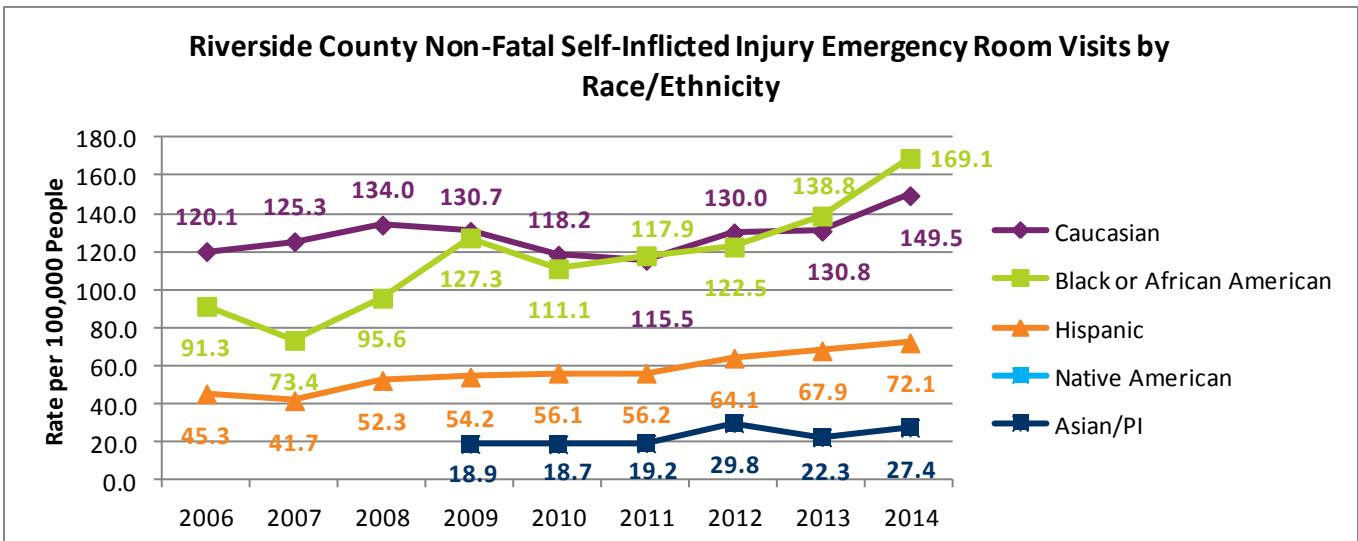
Source: California Department of Public Health

### Why is this Important?

TAY (16-25) visited the ER at higher rates than other age groups for non-fatal self-inflicted injuries. Research has found that “suicide rates are higher among boys than girls, girls have higher rates of suicidal ideation and attempted suicide” (Cash & Bridge, 2009). The ER visit rates for non-fatal self-inflicted injuries in RC follows the trend found in research, with females having higher rates of suicide attempts than males.

## Non-Fatal Self-Injury in Riverside County

Figure 11. Emergency Room Visits due to Non-Fatal Self-Inflicted Injuries Ethnicity



Source: California Department of Public Health

Non-fatal self-inflicted injuries that resulted in ER visits were recorded for Caucasians at a higher rate than other races/ethnicities in most years. However, in 2011, 2013, and 2014 Black or African Americans in Riverside County had ER visits for self-inflicted injuries at a higher rate than Caucasians.

**85.2%**

increase in ER rates for non-fatal self injury from 2006 to 2014 for Riverside County Black or African Americans

**59.2%**

increase in ER rates for non-fatal self injury from 2006 to 2014 for Riverside County Hispanic/Latinos

**45.0%**

increase in ER rates for non-fatal self injury from 2006 to 2014 for Riverside County Asian/PI

**24.5%**

increase in ER rates for non-fatal self injury from 2006 to 2014 for Riverside County Caucasians

### Why is this Important?

- Understanding the population most at risk will be important for outreach and program planning.
- Black or African Americans in RC had the highest percent increase in suicide attempt rates from 2006 to 2014.
- Caucasians had consistently high rates of suicide attempts.

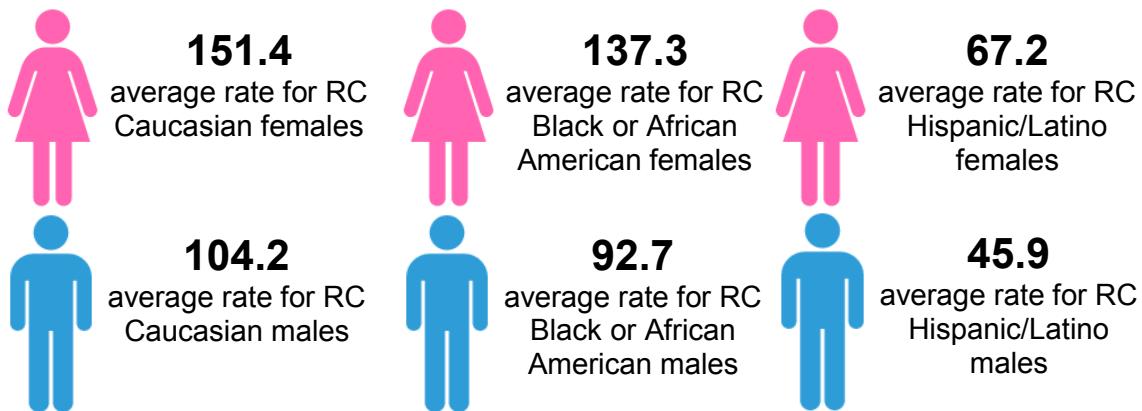
## Non-Fatal Self-Injury in Riverside County

In Riverside County, Caucasians and African Americans consistently have higher rates of ER visits due to suicide attempts than other races/ethnicities. Also, females have higher ER visit rates than males. In order to better understand these groups, the following tables detail the gender information for age groups and for Caucasians, African Americans, and Hispanic/Latinos being treated in the ER for non-fatal self-injuries. All rates are per 100,000 people. Rates are not shown for Native American or Asian/PI due to having unreliable rates with fewer than 20 occurrences.

Table 4 ER Visits due to Non-Fatal Self-Inflicted Injuries by Gender in Riverside County

Riverside County Rates of Non-Fatal Emergency Room Visit due to Self-Inflicted Injury By Gender and Race/Ethnicity										
Gender	Race/Ethnicity	2006	2007	2008	2009	2010	2011	2012	2013	2014
Males	Caucasian	97.2	99.0	105.1	113.8	105.3	97.1	101.3	106.7	112.8
	African American	61.8	66.3	72.9	88.7	77.8	99.0	106.7	117.9	92.7
	Hispanic/Latino	35.4	32.5	43.3	44.3	47.0	44.2	54.1	57.6	55.7
Females	Caucasian	141.5	150.9	162.3	147.3	130.9	133.6	158.1	154.6	185.4
	African American	101.3	80.6	118.7	166.7	144.9	136.5	137.6	157.8	191.
	Hispanic/Latino	55.4	51.0	61.5	64.1	65.4	68.3	74.1	78.4	88.5

Source: California Department of Public Health



### Why is this Important?

Caucasian females in Riverside County consistently have the highest rates of non-fatal self-inflicted injuries in 2006, 2007, 2008, and 2012. African American females had the highest rates of self-inflicted injuries in 2009, 2010, 2011, and 2013. Caucasian males mostly had higher rates of self-injury than African American males across all years (Table 4).

## Non-Fatal Self-Injury in Riverside County

In Riverside County, females have higher ER visit rates than males. In order to better understand these groups, the following tables detail the rates broken out by age group by gender.

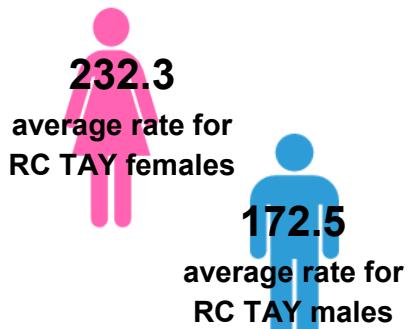
Table 5 ER Visits due to Non-Fatal Self-Inflicted Injuries by Gender and Age

Riverside County Rates of Non-Fatal Emergency Room Visit due to Self-Inflicted Injury by Gender and Age										
Gender	Age	2006	2007	2008	2009	2010	2011	2012	2013	2014
Males	0-15	17.6	13.8	18.8	19.9	20.2	17.0	20.7	19.4	37.9
	16-25	160.5	146.7	179.1	176.8	167.2	159.5	177.0	204.9	181.0
	26-59	70.4	78.6	80.0	89.0	79.4	76.2	81.2	81.2	86.2
	60+	18.9	*	18.8	21.6	17.5	14.6	21.4	19.5	22.9
Females	0-15	59.4	55.2	58.7	63.6	57.8	54.2	76.6	94.4	141.5
	16-25	230.2	223.5	259.5	233.1	211.4	194.8	232.5	231.4	274.3
	26-59	100.1	106.9	117.0	115.1	102.5	112.3	118.4	105.7	115.1
	60+	17.4	15.6	20.1	17.0	15.3	17.7	17.5	27.4	22.4

\*Rates are not displayed for ages due to unreliable rates with fewer than 20

Source: California Department of Public Health

- Females between the ages of 16 and 25 had the highest rates of ER visits due to suicide attempts than any age group.
- For Males the highest rates of ER visits due to suicide attempts were for the 16 to 25 years old age group.
- TAY are at a high risk for self-inflicted injuries.
- Female TAY are at the highest risk.



MHSA programming for the TAY age group includes a PEI Early Intervention program, Stress and Your Mood ,treating the early signs of depression

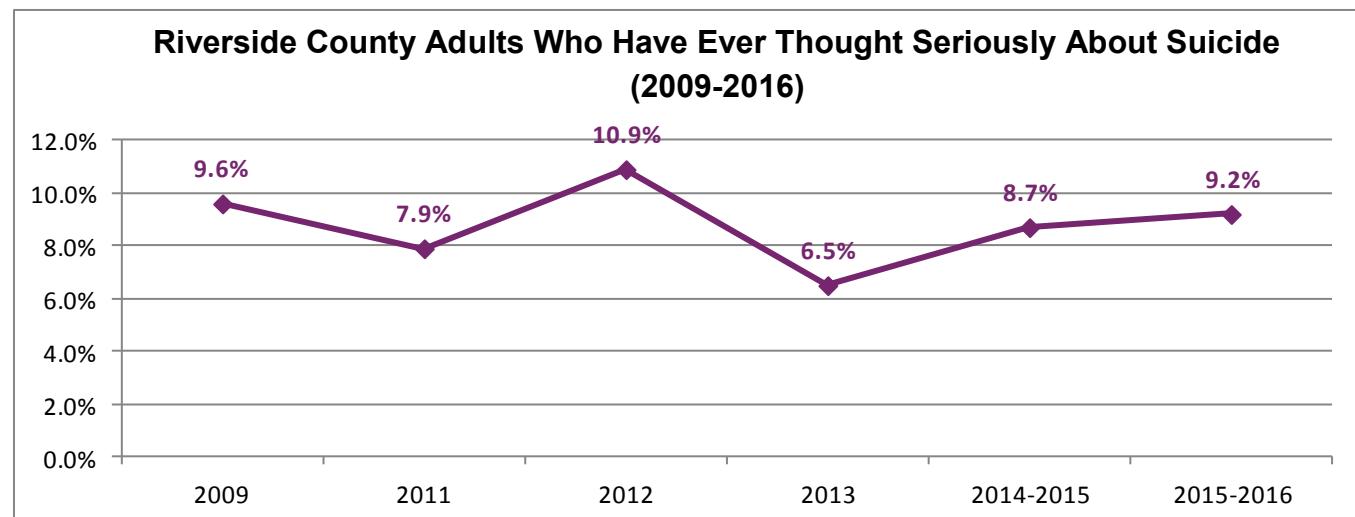
**Stress and Your Mood (SAYM)**

<b>Program Design</b>	<ul style="list-style-type: none"> <li>• Early intervention for depression based on Cognitive Behavioral Therapy.</li> <li>• Three phases: Conceptualization, Skill and application training, and Relapse prevention</li> <li>• Targeted at TAY</li> <li>• Individual or group sessions</li> </ul>
<b>Goals</b>	<ul style="list-style-type: none"> <li>• Improve access to evidence based treatment for youth with depressive disorders and sub-clinical depressive symptoms.</li> </ul>
<b>Screening</b>	<ul style="list-style-type: none"> <li>• The average participants was experiencing excessive emotional reactions and frequent mood changes</li> <li>• Difficulty maintaining healthy relationships</li> <li>• Experienced difficulty functioning due to depressive symptomatology</li> </ul>
<b>Enrollment and Completion</b>	<ul style="list-style-type: none"> <li>• In FY2011-2016, 683 youth enrolled and 66% completed the program.</li> <li>• Demographics: 72% were female, 80% were under 15-18 years, and 66% were Latino/Hispanic.</li> </ul>
<b>Outcomes</b>	<ul style="list-style-type: none"> <li>• Decrease in depression symptoms</li> <li>• Psychiatric status improved</li> <li>• Youth global functioning improved</li> <li>• Improvements in Depression Functioning, Relationships, and being Emotionally Labile</li> </ul>

## Additional Suicide Related Data

The California Health Interview Survey (CHIS) is a random-dial telephone survey that provides population-based, standardized health-related data from households selected from all 58 counties in the state. The survey is designed to provide information on the physical and mental health status of California's adults and children. In the mental health section of the survey, adults were asked: "Have you ever seriously thought about suicide?" The following information is from the CHIS 2015-2016 measurement period through the [www.ShapeRivCo.org](http://www.ShapeRivCo.org) website.

Figure 12.



Source: CHIS

- In Riverside County, 6.5% to 10.9% of adults had serious thoughts about suicide. The trend has been decreasing, but not significantly. Compared to other counties, Riverside County is in the best, or 50th percentile, of adults seriously thinking about suicide.
- During 2015-2016, 10.8% of adults age 45-64 had seriously thought about suicide, which was higher than the overall 9.2% for Riverside County. 16.1% of 18-24 years olds (16.1%) seriously thinking about suicide may be statistically unstable and should be interpreted with caution.
- 9.4% of females and 8.9% of males (adults) in 2015-2016 seriously thought about suicide. There was not a significant difference between male and female adults ever seriously thinking about suicide in Riverside County.

Table 6.

Riverside County Adults Who Have Ever Thought Seriously About Suicide 2015-2016	
Age	Percent
18-24*	16.1%
25-44	7.4%
45-64	10.8%
65+	5.4%

\*Value may be statistically unstable and should be interpreted with caution

No significant differences between groups

Table 7.

Riverside County Adults Who Ever Thought Seriously About Suicide 2015-2016	
Sex	Percent
Female	9.4%
Male	8.9%

No significant differences between groups

## Additional Suicide Related Data

Suicide among adolescents is a serious public health issue in the United States. It is a leading cause of death for youth; approximately 4,600 lives are lost each year due to suicide. However, many more adolescents survive suicide attempts than actually die. Approximately 157,000 youth receive medical care at ERs for intentional self-inflicted injuries each year. Risk factors include depression, physical/mental illness, alcohol/substance abuse, incarceration, and loss or stressful life events. Gender differences are apparent: although females are more likely to report attempting suicide than males, males are more likely to actually die by suicide than females. Studies show that addressing psychiatric illness through early recognition, intervention, and treatment is an effective way to combat suicidal behavior.

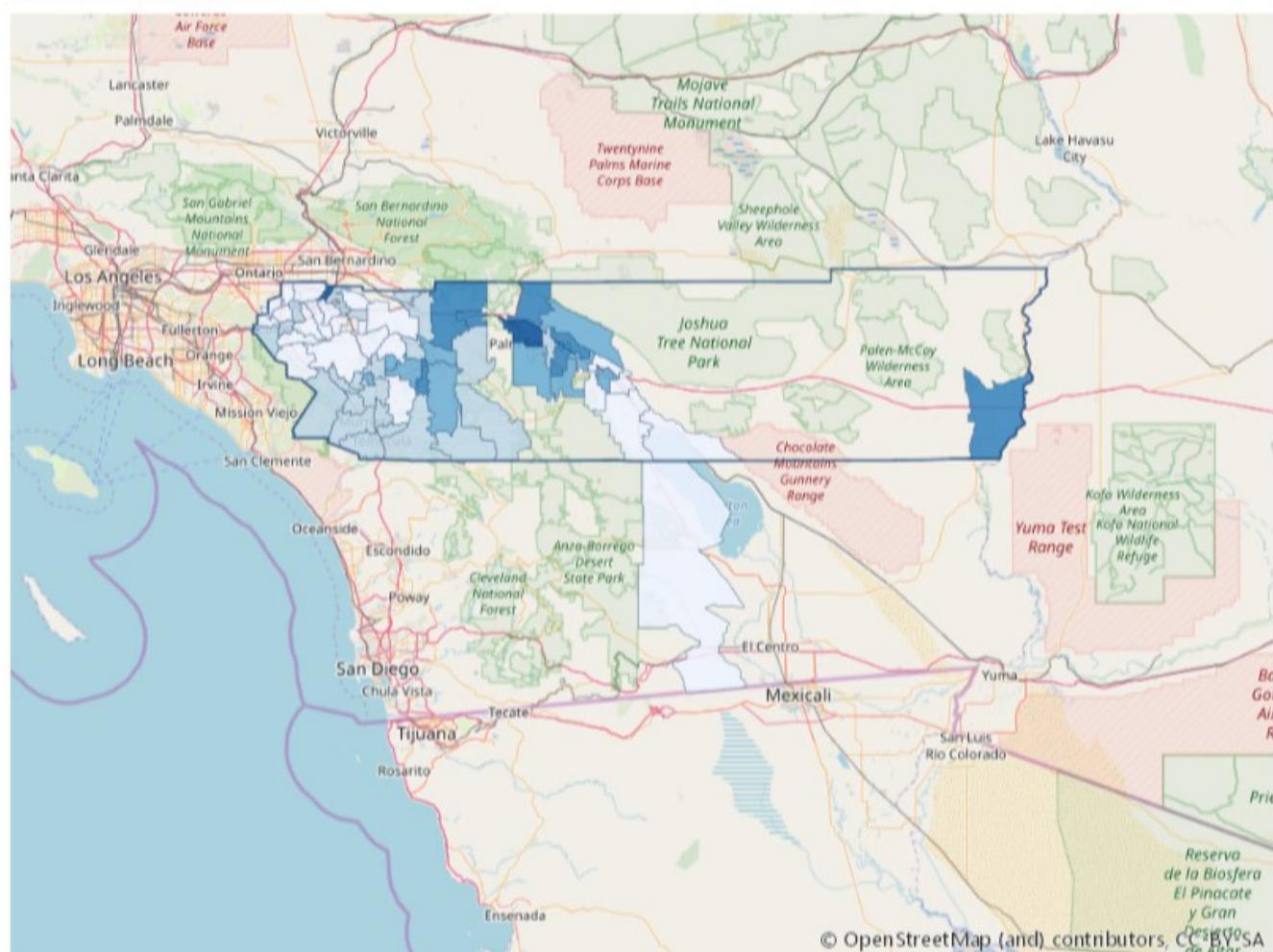
- In the map of Riverside County below, there are 65 Zip Code values. The lowest ER visit is **8.2** (92508 Riverside), and the highest rate is **385.5** (92258 North Palm Springs). This information was obtained from County Health Rankings through the ShapeRivCo.org website.

Age-Adjusted ER Rate due to Suicide and Intentional Self-inflicted Injury

Zip Code

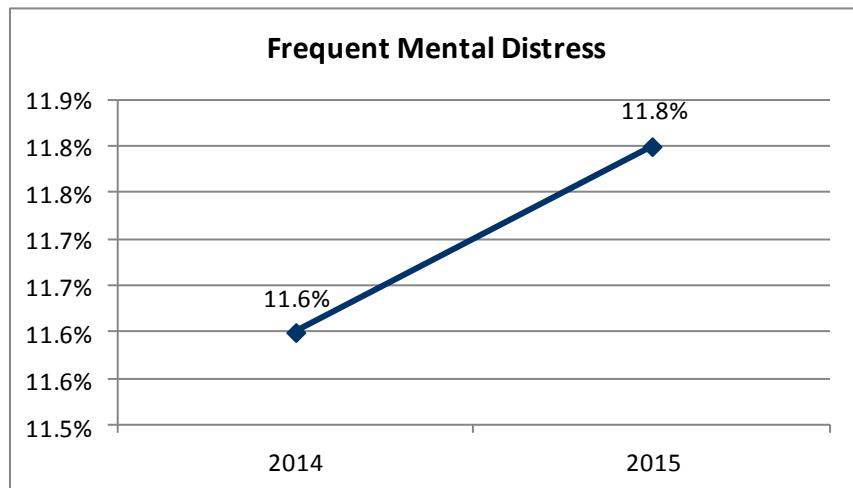
Data Source: California Office of Statewide Health Planning and Development

Measurement Period: 2015-2017



## Additional Suicide Related Data

Figure 13. Adults with Frequent Mental Distress in Riverside County



Source: CHIS

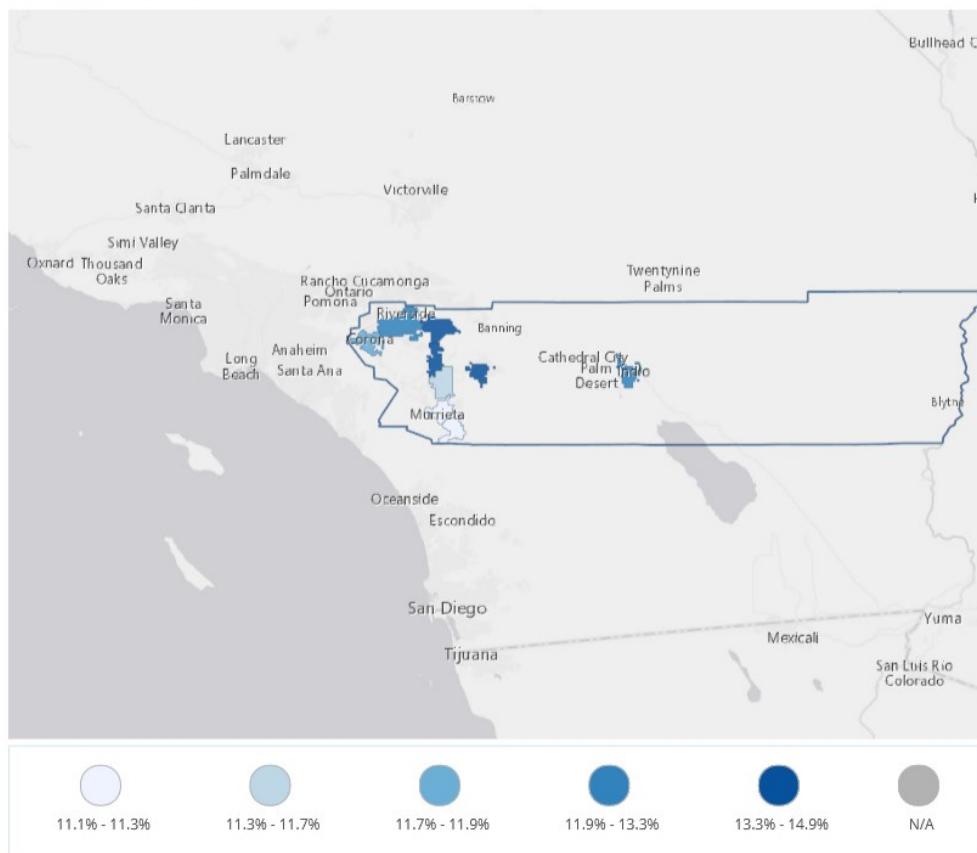
Figure 12 shows the percentage of adults who stated that their mental health (stress, depression, problems with emotions) was not good for 14 or more of the past 30 days.

- In 2014, 11.6% of adults in Riverside County reported that they had mental distress. Overall, 10.0% of Californian adults reported mental distress.
- In 2015, that slightly increased to 11.8% of adults.

### Poor Mental Health: 14+ Days

Census Place (City)

Data Source: CDC - 500 Cities Project  
Measurement Period: 2016



The map of Riverside County shows cities included in the CDC—500 Cities Project, for 2016, where adults were asked about their mental health in 14 or more days of the past month.

- The lowest percentage of adults reporting mental distress in the past 14 days was 11.1% (Murrieta and Temecula).
- The highest percentage of adults reporting mental distress in the past 14 days was 14.9% (Perris).

April 3, 2019

[www.shaperivco.org](http://www.shaperivco.org)

## Depression

Table 8 Chronic Sad or Hopeless Feelings, Past 12 Months

	Grade 7	Grade 9	Grade 11	Alternative
2011-2013 All CA*	25%	31%	33%	-
2013-2015 All CA*	26%	32%	34%	-
2014-2015 RC	27%	33%	34%	38%
2015-2016 RC	26%	32%	35%	37%

\*Riverside County did not have a county specific report during the 2011-2013 and 2013-2015 reporting periods in the California Healthy Kids Survey.

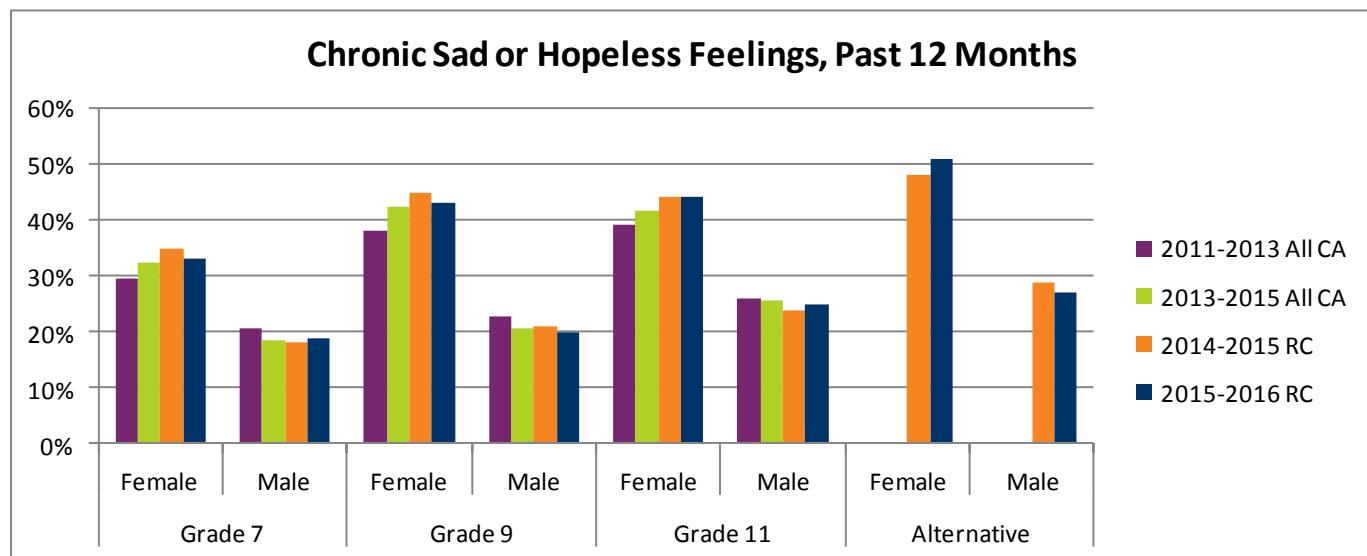


About a third of 9th graders and a third of 11th graders from all of California and Riverside County reported feelings of chronic sadness or hopelessness.

### Why is this important?

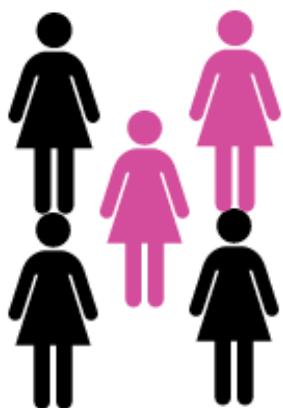
Identifying the early signs of depression and providing prevention and early intervention programming is a primary goal for MHSA PEI. Female students reported chronic sad or hopeless feelings in the past 12 months more frequently than male students in all grade levels and years. Understanding the population affected will help inform outreach and programming.

Figure 14. Healthy Kids Survey—Chronic Sad or Hopeless Feelings



Source: Healthy Kids Survey

- The California Healthy Kids Survey reported that female students felt chronic sadness and hopelessness at higher rates than male students in 7th, 9th, 11th grades, and alternative schools.



- About 2 in 5 female 9th graders reported feelings of chronic sadness or hopelessness in 2014-2015 and 2015-2016 school years.
- 2 in 5 female 11th graders reported chronic sad or hopeless feelings during the same school years.
- 1 in 5 male 9th graders reported chronic sadness or hopelessness.

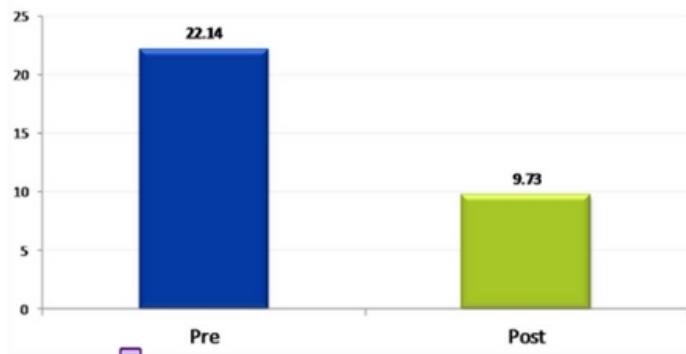


## PEI Program for Depression

Given the high suicide risk for Older Adults in Riverside County. Several PEI Prevention and Early Intervention programs are focused on identifying and treating depression in the older adult population. Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD) is a 20 week early intervention program for treating depression in Older Adults. The Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)-is a 10 week prevention program for the early signs of depression. Finally PEI Care Pathways provides caregiver support groups in a 12 week program supporting older adult caregivers. Groups focus on coping with the stress associated with caring for a loved one, which can often lead to depression. Outcomes for these program have shown them to be effective in decreasing depression.

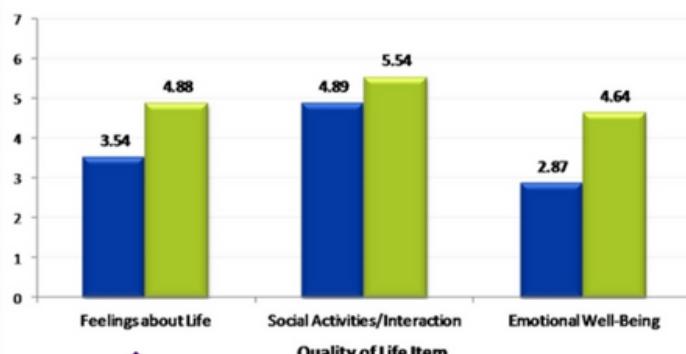
## CBT-LLD: Outcomes

**BDI-II Avg.  
Pre & Post Results**



Depression Decreased  
(Moderate -> Minimal Symptoms)

**QOL Item Avg.  
Pre-to-Post Results**



Quality of Life Improved

"I am so glad there is a program like this for people like me."

"I feel my mind is healing."

"I was hesitant to do it  
but glad that I did."



"I've learned how to help myself!"

"My awareness of state of mind  
has increased."

Prevention and Early Intervention  
Riverside University Health System-Behavioral Health

### Why is this important?

The Cognitive Behavioral Therapy for Late Life Depression focuses on helping Riverside County residents 60 years of age or older with depression symptoms that have occurred within the last year. A therapist provides the service at the participant's home. Participants report decreased depression and increased quality of life after finishing the program.

## PEI Program for Depression

**Program to Encourage Active, Rewarding Lives for Seniors (PEARLS)**-An intervention for people 60 years and older experiencing minor depression dysthymia. The program is designed to reduce symptoms of depression and improve health-related quality of life.

Since 2011: **567**  
older adults have been served

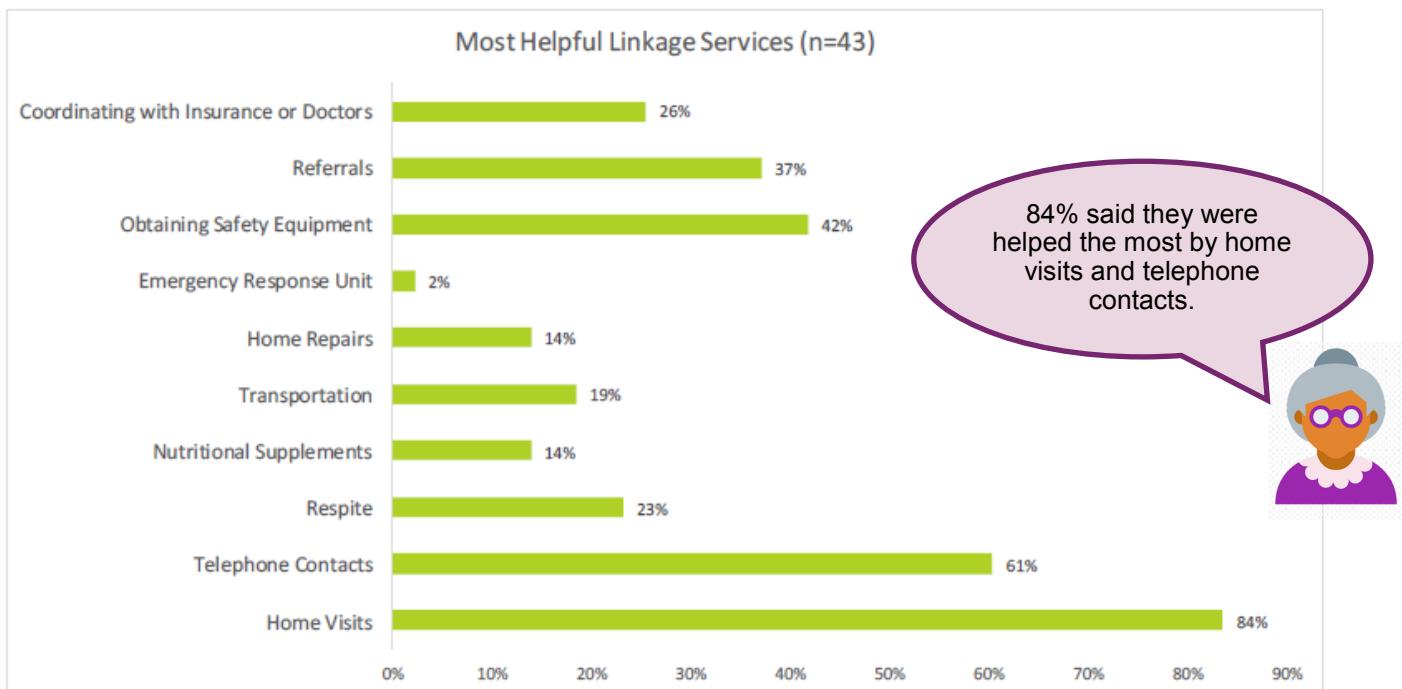


2015-2016 Data Evaluation:

97 participants were served by PEARLS  
63% completed

- Depression and anxiety symptoms decreased, and satisfaction in feelings of well-being and relationships with family increased.
- Increased social activities, participation in pleasant activities, improvement in the ways time was spent, and the amount of friendship in their lives were reported.
- *"I benefitted by actually turning thoughts and actions around into something positive. I feel good about me and know what direction I am going in. I am confident and I owe it all to PEARLS."* - Participant

**CareLink & HealthyIDEAS**-A care management program facilitated by the Office on Aging for older adults with high risk for developing mental health problems. Healthy IDEAS focusses on behavioral activation and social support. It is utilized for those who show symptoms of depression and anxiety.



2017-2018 Data Evaluation:

76 clients were identified as at risk for depression and enrolled into Healthy IDEAS.

- 89% were between the ages of 50 and 89, 51% reported being Caucasian, and 34% were Hispanic/Latino.
- Participants' depression symptoms significantly decreased.
- Participants' quality of life improved in the areas of relaxation, how they spend spare time, and how they feel about life in general.

# Care Pathways

## Caregivers' Support Group

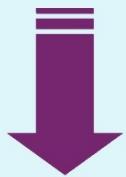


**1,755**  
caregivers  
enrolled in the  
program

**73%**  
of caregivers  
completed the  
program



**58%**  
of caregivers  
cared for  
someone with  
dementia



**65%**  
of  
caregivers'  
depression  
symptoms  
decreased



**98%**  
of caregivers would  
recommend the  
support group to a  
friend



**96%**  
of caregivers  
were satisfied  
with the support  
received from the  
group

"The group was definitely a blessing to the mental stress as a caregiver. I learned so much about behaviors and solutions. At the moment I am attending school and my group has been a benefit."

Riverside University Health System—Behavioral Health  
Prevention and Early Intervention FY1112-FY1718

## Why is this important?

Care Pathways is a program for caregivers of family and friends. The main goals of the Care Pathways program's are to reduce the risk for depression and to impact the caregivers' sense of well-being. This is done by reducing the emotional distress of caregivers by providing useful information and the opportunity to share and bond with others.

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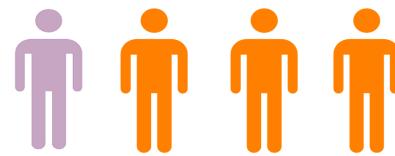
# Chapter 5 Stigma and Discrimination Reduction

Most people who live with mental illness have, at some point, been blamed for their condition. They have been illegally discriminated against, with no justice. This is the unwieldy power that stigma holds. Stigma causes people to feel ashamed for something that is out of their control. Worst of all, stigma prevents people from seeking the help they need (NAMI, 2017). The goal of Prevention and Early Intervention is to increase community outreach to underserved populations, increase awareness of mental health topics, and reduce stigma and discrimination.

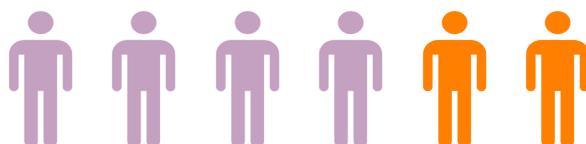
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## Behavioral Health Overview

One in four adults—approximately 57.7 million Americans—experience a behavioral health disorder in a given year (WHO, 2013).



450 million people world-wide have a behavioral health problem (NAMI, 2016).



Treatments are available, but nearly two-thirds of people with a known behavioral disorder never seek help from a health professional (NAMI, 2016).

**RUHS-BH has served **49.17%** more consumers since 2003**

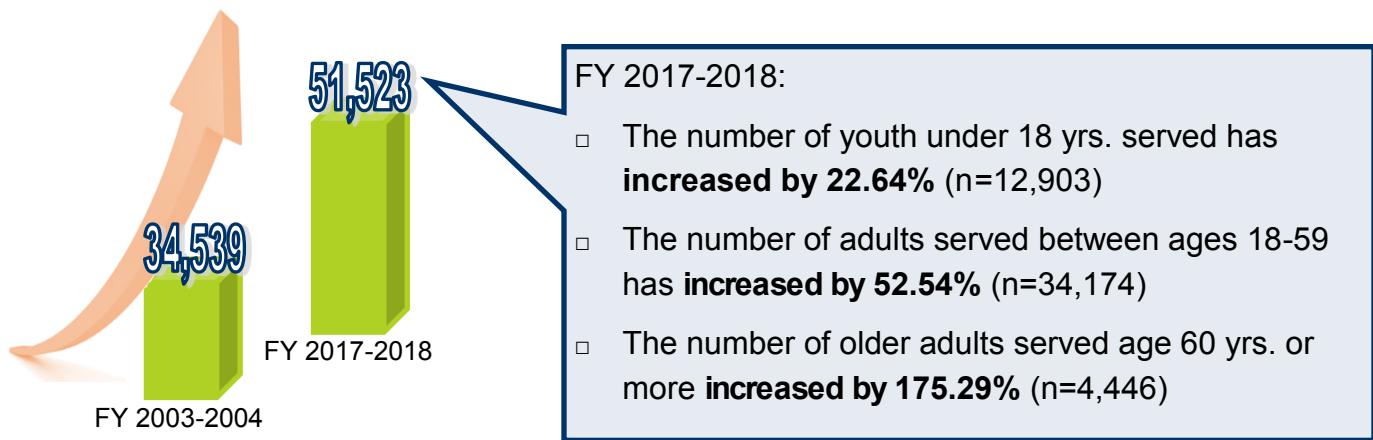
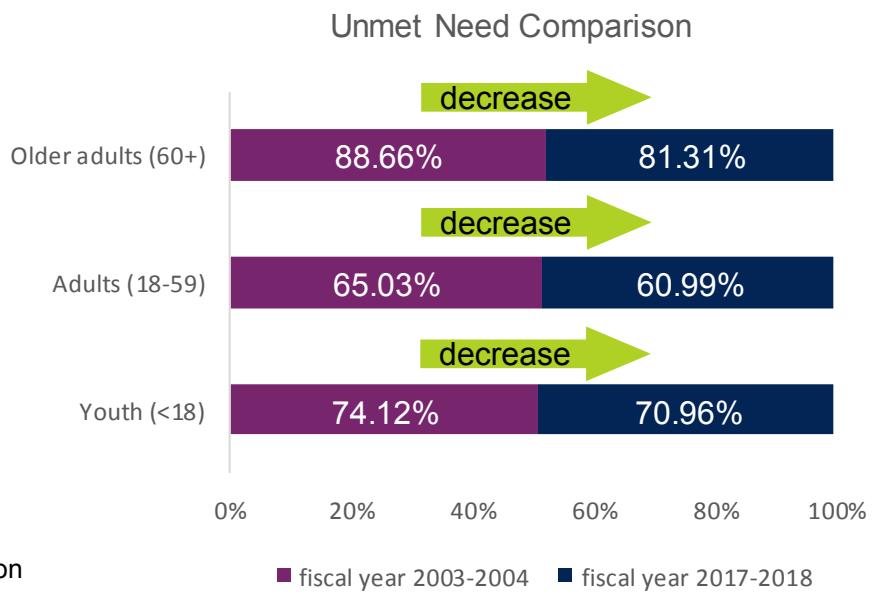


Figure 1.

Due to more people receiving services, overall Unmet Need has slightly decreased for behavioral health. The Unmet Need is an estimate of how many mentally ill individuals in the County are not receiving the mental health services needed. Decreases in Unmet Need indicate more people receiving services. It is good to see Unmet Need decrease.

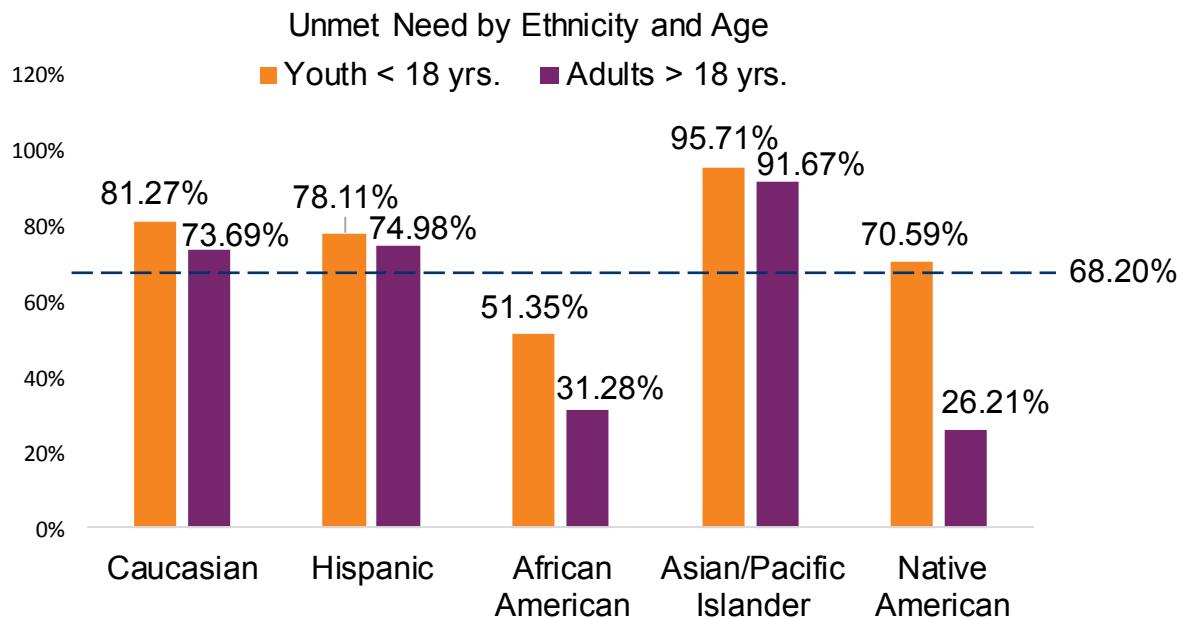
**The overall Unmet Need decreased from 71.40% to 68.20% since 2003 to 2018.**

Source: RUHS-BH Research and Evaluation



## Behavioral Health Overview

Figure 2.



To understand current disparities in Unmet Need, the overall Unmet Need (68.20%) can be used to make comparisons. Ethnic groups with Unmet Need at rates greater than 68.20% are worse off than groups with Unmet Need at less than 68.20%. For youth, except African American youth, Unmet Need was greater than the overall average. In adults, African American and Native American have the smallest Unmet Need percentages compared to the other three ethnic groups.

Source: RUHS-BH Research and Evaluation

### Why is this important?

Literature shows that behavioral health **stigma** and **discrimination** are of the main reasons why individuals choose to not seek services and can be a reason as to why we have high Unmet Needs.

Some barriers related to stigma and discrimination that may undermine care seeking and service participation are:

- Poor behavioral health knowledge
- Lack of a support network that promotes care seeking
- Perceived cultural irrelevance of many treatments
- Lack of insurance and/or financial constraints

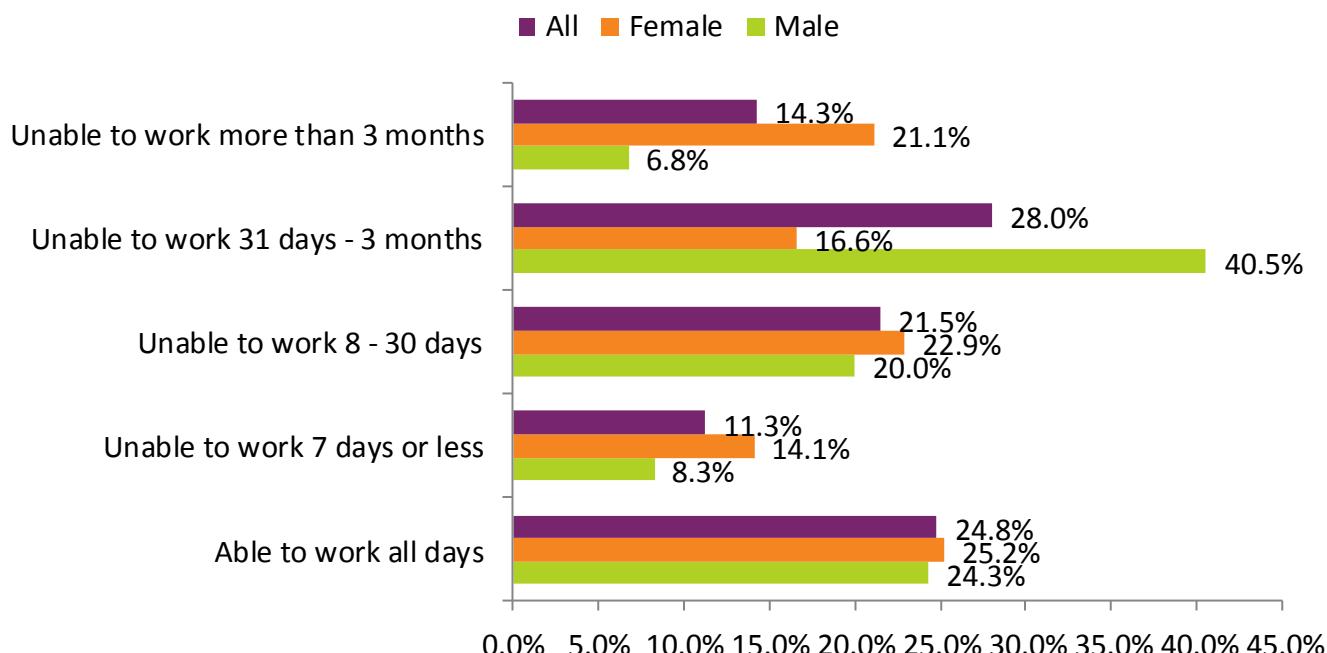
## The Impact of Stigma and Discrimination

Stigma and discrimination are often cited as reasons why people with Behavioral Health issues avoid getting treatment (Ashwood, 2016).

This stigma delays, and potentially prevents, treatment-seeking among those experiencing behavioral health problems. People with behavioral health problems say that the social stigma and discrimination they experience influence their ability to find and maintain housing, work, and social relationships.

Figure 3.

### Number of Days Unable to Work due to Behavioral Problems (2016)



Source: CHIS

In the year 2016, about one fourth of individuals reported that they were able to work all days, even though they were experiencing a behavioral problem. 28% of Riverside County residents were unable to work 31 days to 3 months and 21.5% were unable to work 8-30 days due to a behavioral health problem.

#### Why is this important?

Untreated mental health needs has been shown to lead to difficulties in functioning. CHIS data has shown that Riverside county residents experiencing a behavioral health problem were most often unable to work 31 days to 3 months. Behavioral health challenges that interfere with functions like work can lead to more challenges like housing and meeting basic needs.

## Fighting the Stigma

Stigma is the negative stereotype, and discrimination is the behavior that results from this negative stereotype.

Many believe that people with behavioral health problems are violent and dangerous, when in fact they are more at-risk of being attacked or harming themselves than harming others. This is one example of the many misconceptions people have about behavioral health.

### Taking Action:

Using MHSA funds, for the past decade, California Counties funded statewide anti-stigma projects administered by CalMHSA. Currently these projects are being implemented through the three year CalMHSA Statewide Prevention and Early Intervention (PEI) Project Phase III Implementation Plan.

Table 1. Phase III Implementation Plan Logic Model: July 1, 2017—June 30, 2020		
Short Term Outcomes Achieved:	Projected 10 Year Outcomes:	Projected 20 Year Outcomes:
Increased knowledge and skills for recognizing signs and facilitating help-seeking	Increased intervention and provision of support by a community helper	Reduced discrimination against persons with behavioral illnesses
Decreased stigma against persons with behavioral health challenges	Increased proactive inclusion of individuals with behavioral health challenges	Reduce social isolation and self-stigma
	Increased community encouragement and acceptance of seeking services early	Improve functioning at school, work, home, and in the community
	Increased knowledge and skills for recognizing signs and facilitating help-seeking	Reduced suicidal behavior
		Reduced societal costs related to untreated behavioral health

Source: CalMHSA.org

Statewide anti-stigma campaigns are using social marketing to reduce stigma and prevent suicide.

### Independent evaluation shows:

- 81% of Californians are aware of brands created by Statewide PEI Projects.
- After one year of Stigma and discrimination reduction initiatives, nearly 1.5 million more Californians are socially inclusive with people with behavioral health challenges.
- 15.4% more Californians who are exposed to Each Mind Matters turn to help for behavioral health challenges.
- Adults exposed to the Know The Signs campaign report gains in confidence to intervene with those who might be at risk of suicide.
- 13% of Californians have seen someone wearing a lime green ribbon, and nearly half of those had a conversation about behavioral health because of it.

Source: CalMHSA.org

## Reducing the Stigma

### In Riverside County:

One of the top goals of Prevention and Early Intervention is to reduce stigma and discrimination. In order to do so, Riverside County provides wide reaching Behavioral Health awareness programs that include activities to engage unserved and underserved communities.



Across Riverside, the It's Up to Us campaign is designed to empower residents to talk openly about mental illness. By raising awareness and providing access to local resources, the aim is to inspire wellness, reduce stigma, and prevent suicide. The website, Up2Riverside.org, was promoted through the campaign, as well as by word of mouth. As a result there were a total of 137,844 site visits in FY 15/16, 96,850 site visits in FY 16/17, and 102,208 site visits in FY 17/18. In the last two years, a total of 59,171 tent cards have been given to the community to promote the campaign in their work settings, and a total of 47,595 lime green ribbons have been distributed.

### Prevention and Early Intervention Statewide Activities:

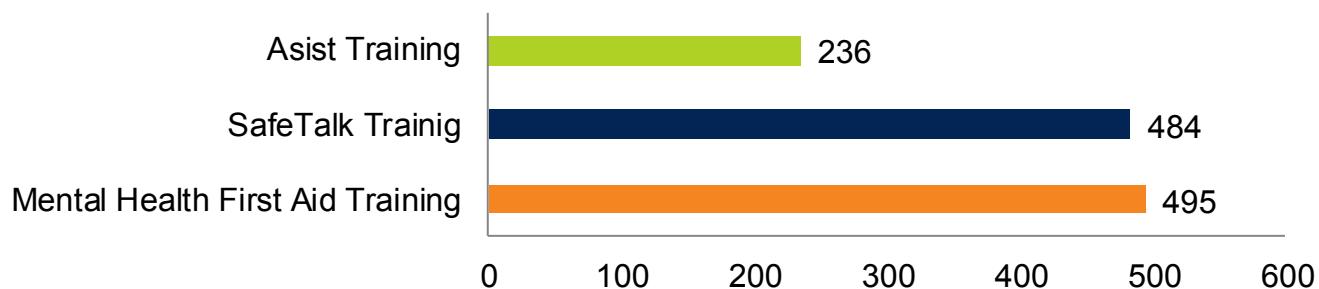
Parallel to California's stigma and discrimination reduction plan, RUHS-BH is focused on prevention and early intervention. Each year, PEI promotes the Directing Change contest, which is a part of Each Mind Matters, California's Mental Health Movement. The video contest aims to prevent suicide and reduce stigma and discrimination related to mental illness for the TAY group. Since 2015, a total of 712 videos have been submitted throughout Riverside County by high schools and colleges.

**Directing Change**  
Since 2015, a total  
of 712 videos  
have been  
submitted



Figure 4.

**Number of Individuals attending trainings to reduce stigma and discrimination**



Source: RUHS-BH PEI Department (2015-2018)

RUHS-BH also participates and invites community members to participate in Mental Health First Aid, SafeTALK, and ASIST trainings. These trainings improve knowledge, attitudes, and beliefs about mental illness, and encourage participants to feel more prepared to help those in distress (CalMHSA, 2016). Since 2015, the trainings have reached over 1200 participants.

## PEI Programs for Stigma Reduction

**Contact for Change** – a new program designed to reduce stigma regarding mental illness and to increase community awareness within target populations regarding mental health information and resources.

### Speakers' Bureau

**2,361 Attended**

- 2,361 participants attended a Speakers' Bureau presentation. Speakers Bureau Involves presenters with lived experience of mental health challenges sharing their personal story of recovery.
- 54% of attendees were Hispanic/Latino, 22% Caucasian, 10% Black/African American.
- Pre to post measures showed decreases in stigmatizing attitudes and increases in positive attitudes towards recovery and empowerment.

**362 people attended 22 Educator Awareness Program**

- Involves presenters with lived experience of mental health challenges sharing their personal story of recovery.
- Target audience: educational faculty and administration.

**Dare to Be Aware Conference** – Full day mental health awareness conference for middle and high school students with the goal of increasing awareness and reducing stigma related to mental illness.

**543 youth attended**

- Youth from schools (3 middle schools and 21 high schools) through out Riverside County attended a variety of workshops on mental health topics at the conference.

**Speaker's Bureau** – “Honest, Open, Proud” presentations are utilized to educate and outreach to at-risk TAY, caregivers, educators, and TAY service providers on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues, with the aim of reducing stigmatizing attitudes.

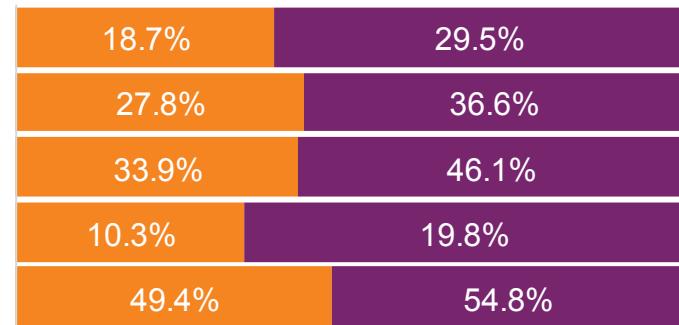
**38 presentations were given  
2,398 individuals attended**

- 51% of audience members were TAY with an average age of 16 years old. 61% reported being Hispanic/Latino.
- Participants’ attitudes regarding recovery from mental health conditions improved after the presentation.
- Participants reported they had a greater willingness to seek mental health services if need after the presentation.

Figure 5.

### Percentage that "Strong Disagree" with the Following Stigmatizing Attitudes Pre and Post (n=4,145)

I think that most people with mental illness are unable to take care of themselves  
I think that most people with mental illness are dangerous  
I think that most people with mental illness will not recover or get better  
I think that most people with mental illness are unpredictable  
I think that most people with mental illness are to blame for their problems



■ Pre ■ Post

Scores in stigmatizing attitudes improved after the participants completed any of the three PEI programs highlighted here.

Source: RUHS-BH Research and Evaluation

## Building a Support Network

The four most stigmatized behavioral problem are:

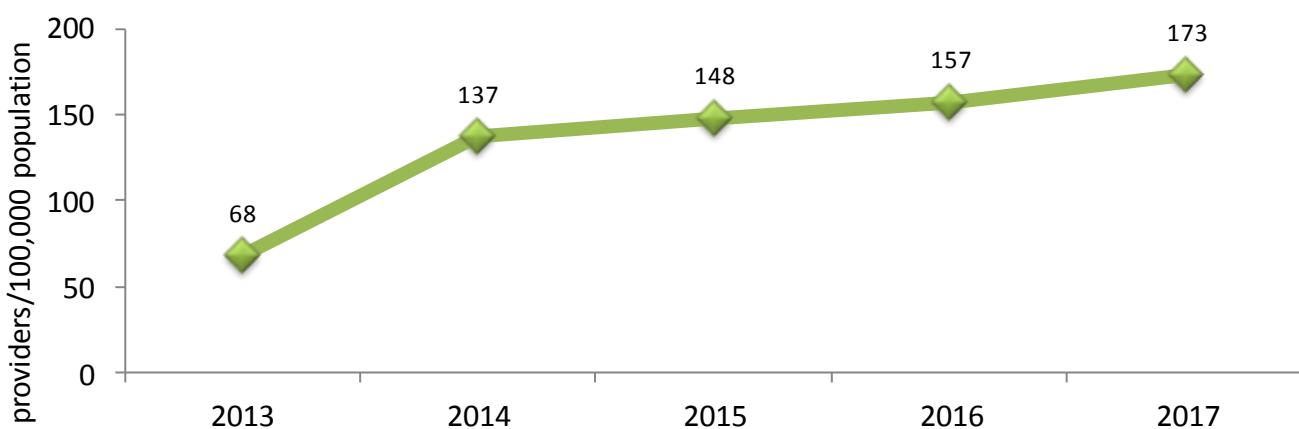


**8 yrs.**

**The average delay between onset of symptoms and intervention is 6-8 yrs. (SAMHSA, 2017)**

Riverside County is working together with practitioners who understand the community's needs and culture with the goal of strengthening the relationship between the population and mental health providers. Every year, Riverside County has increased the provider to population rate. Figure 6.

Number of Behavioral Health Providers per 100,000 People (2013-2017)



Source: Shaperivco.org

### Why is this important?

Depression is the most diagnosed behavioral health problem, and one of the most stigmatized (statistics on depression can be found in previous chapter). Due to the stigma of being diagnosed with a behavioral health problem, individuals refrain from seeking clinical help. When they do choose to seek help, the illness has already advanced. On average, the delay time between first experiencing any symptoms to intervention is 6-8yrs. In RC, the number of behavioral health providers per 100,000 people has been increasing. Having more providers available, encourages clients to enter and continue treatment.

## Stigma and Discrimination through a Cultural Lens

Ethnic minority communities experience the most barriers when it comes to behavioral health. Campaigns are targeting behavioral health literacy, cultural competence, and family engagement to tackle barriers that delay or prevent care seeking.

### Barriers Faced by Multicultural Communities



#### Hispanic/Latino<sup>\*</sup>

- Afraid of being labeled as “locos” (crazy)
- Tend to be very private and often do not want to talk in public about challenges
- Language barrier
- Latinos account for 1/3 of uninsured
- Legal status



#### African American<sup>\*</sup>

- Believe they can just snap out of it
- Rely heavily on faith and community support rather than turning to professional care
- Reported experiencing the most prejudice and discrimination in the health care system



#### Asian American/Pacific Islander<sup>+</sup>

- Think a mental illness reflects poorly on family lineage and thereby diminishes marriage for other family members too
- Choose to bear the illness alone
- Language barrier



#### Native American<sup>+</sup>

- More likely to seek a spiritual healer rather than professional care
- Face economic barriers
- Many Native American health providers are in reservation areas, but only 1/3 NA actually live in reservations.



#### LGBTQ<sup>\*</sup>

- Get denied care by behavioral health clinics due to homophobia, bias, and/or discrimination
- Do not feel welcomed in clinics
- Face family rejection

### Why is this important?

Minorities have less access to treatment, are less likely to receive treatment, and more likely to experience poor quality of care and higher levels of stigma. Less access refers not just to the availability of behavioral health services, but lack of transportation, childcare, obtaining time off from work, etc. Other barriers minorities face are racism, bias, and/or homophobia. This stigma and discrimination creates a culturally insensitive health care system. Some ways to reduce this stigma and discrimination in the behavioral health system and also faced by minorities living with a behavioral health problem, are talking about it and educating communities in a language they understand.

Sources:

\*NAMI, 2016

+SAMHSA, 2001

## Stigma and Discrimination through a Cultural Lens

Figure 7.

Number of BH Providers that Offer Direct Services split by Language Capacity

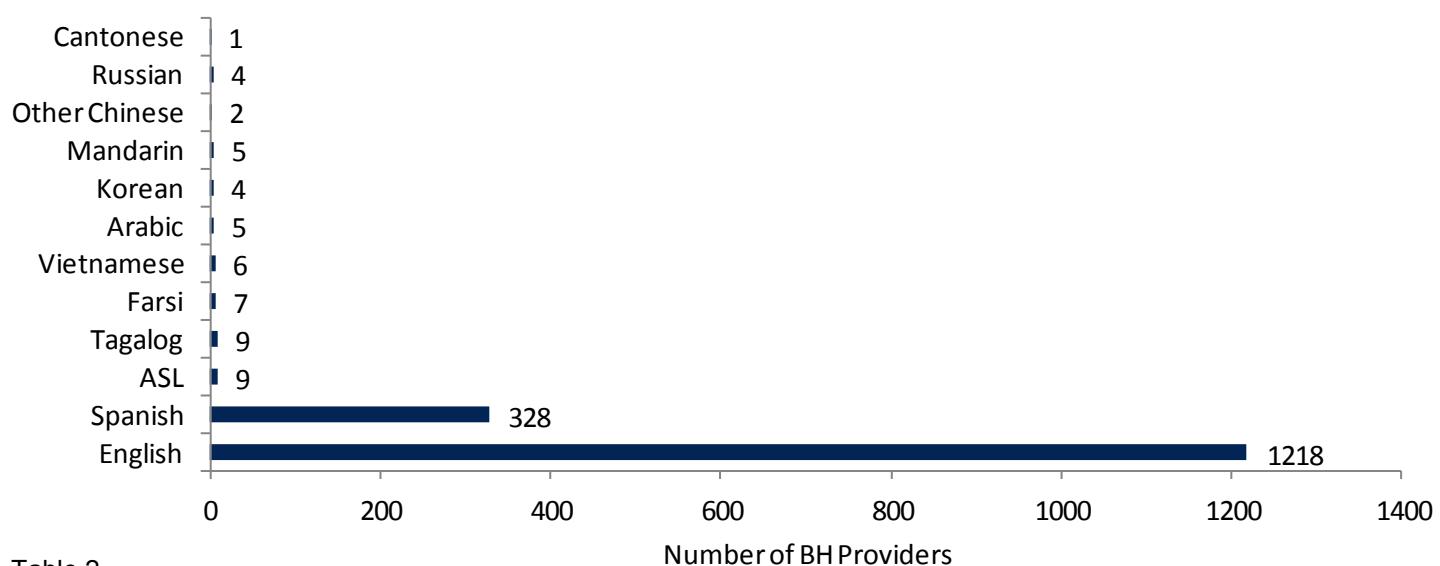


Table 2

BH Providers that offer Direct Services split by Language Capacity and Profession (n=1,325)

Job Title	Arabic	Cantonese	English	Farsi	Korean	Mandarin	Other Chinese	Russian	Spanish	Tagalog	Vietnamese	ASL
Certified Counselors*	1		119	1					20	1		1
Clinical Social Workers	2	1	76						19			1
Licensed Clinical Psychologists*			1									
Licensed Clinical Social Workers*			5						1			1
Licensed Eligible Practitioners			31						10			
Licensed Professional Clinical Counselors*			13						1			
Licensed Psychiatrists	1		75	5	1	1	1	2	9	2	2	
Licensed Vocational Nurses			29						7	1		
Marriage and Family Therapists	1		287	1				1	83	1	3	2
MH Rehabilitation Specialists			14		1	1			10			1
Nurse Practitioners			6							1		
Nurse Practitioners*			1									
Occupational Therapists			1									
Other Qualified Providers		433		2	2	1		150	2	1		
Physician Assistants			3									
Physician Assistants*			1									
Physicians			6					1				
Physicians*			14							1		
Psychiatric Technicians			4									1
Psychologists			24		1			1				1
Registered Counselors*			64						16			1
Registered Nurses			8						1			
Registered Nurses*			3									

\*substance abuse provider

### Why is this important?

Language is one barrier individuals face when seeking professional help. RC has about 1,325 BH providers that offer direct services in 11 different languages other than English. Because Spanish is the second most common language in RC, more providers are fluent or certified in Spanish and are able to speak the language of their consumers.

## Stigma and Discrimination through a Cultural Lens

Riverside County has developed culturally focused committees to understand the needs and demands of its diverse community. These groups are consultants to the department and are a part of the larger cultural competency reducing disparities committee.

Committee	Purpose
African American Family Wellness Advisory Group	African American Outreach and Education efforts focus primarily on educating and engaging the community on reducing the stigma associated with mental health. The committee has successfully recruited a diverse group of individuals that dedicate themselves to reducing the disparities of this underserved population.
Promotores de Salud Mental	An outreach program that addresses the need of the county's diverse Latino community. Behavioral health education presentations, health fairs/public events, tabling, and going door to door are a few examples of the many forms this group outreaches to the community to reduce behavioral health stigma.
Asian American Task Force	The AATF is a committee of the cultural competency program at the RUHS-BH. It is organized to bring the Asian American Pacific Islander (AAPI) population in Riverside County together with providers and community health resources for the purpose of networking, education, advocacy, and community building.
American Indian Council	AIC is formed under the cultural competency program at RUHS. The goal is to bring awareness through written material and presentations on behavioral health issues, cultural definitions of behavioral health, and how the forces of history, colonization, and oppression impact behavioral health.
Deaf and Hard of Hearing Community	The goal is to use outreach and early intervention as a means of engaging the special needs of DHH community. Collaboration with the Center on Deafness-Inland Empire (CODIE) and RUHS will reduce barriers with stigma and will result in an increased ability to identify and engage the DHH community.
Community Advocacy for Gender and	The goal of CAGSI is to assist the RUHS-BH in reducing disparities in the behavioral health system by ensuring the implementation of culturally competent services and advocating for, and implementing, prevention and early intervention strategies for the LGBTQ community.
Transgender Youth Empowerment	TYEP targets vulnerable transgender youth who possess leadership potential but lack opportunities to develop in a positive way. Monthly empowerment sessions are hosted for teens ages 13-21 to develop skills in leadership, civic engagement, critical thinking, team building, and other virtual areas.

Source: RUHS-BH PEI

### Why is this important?

It is important to understand each communities' culture; to not only speak their language, but to understand the communities' unique needs and challenges as they relate to behavioral health. RC collaborates with these communities in a variety of ways to better understand their needs and provide outreach and programming that addresses those needs. Future plans for reducing stigma and discrimination are currently in progress. RC plans to encourage collaboration among faith-based organizations and to continue to increase its relationship within Asian American communities and LGBTQ communities.

## PEI Programs for Outreach

**Mental Health Liaisons to the Office on Aging**-Clinical therapists are embedded in two Office on Aging locations (Riverside & La Quinta). They screen for depression and provide the CBT for Late Life Depression program when needed. Staff provides case consultations plus referrals and resources to anyone screened. The clinicians also provide mental health education to Office on Aging staff and other providers serving older adults.

**Since 2014: 15,600  
older adults have been outreached**



2017-2018 Data Evaluation:

**19** participants received CBT-LLD services from the Office on Aging  
**74%** of cases were closed

- 79% of participants were female and 58% were Hispanic/Latino, ages ranged from 50 years old to 90 years old.
- Depression significantly decreased, and participants felt better about their emotional well-being after the program.

**158** Referrals were processed

- 158 individual referrals were processed by the Mental Health Liaisons, and some of those referrals enrolled into CBT-LLD.

**3,343** people attended Outreach Events

- Events took place at senior centers, Curtailing Abuse Related to the Elderly (C.A.R.E) venues, health fairs, or various RUHS-BH Meetings.

**Promotores de Salud Mental**-An outreach program that addresses the needs of the county's diverse Latino community. Provides culturally appropriate community-base mental health education by Promotores, who are members of the community they serve.



**Since 2011: 92,000  
people have been  
outreached**

2015-2016 Data Evaluation:

Reached 16,789 people through 2,308 events

- Promotores program targeted the Hispanic/Latino community (95%)
- Attendees reported they would recommend the presentations to family and friends.
- *"It was helpful to realize what we should do about depression, to see a psychologist, that we all go through depression. I liked the class and this disorder can be treated in time"* - Participant

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