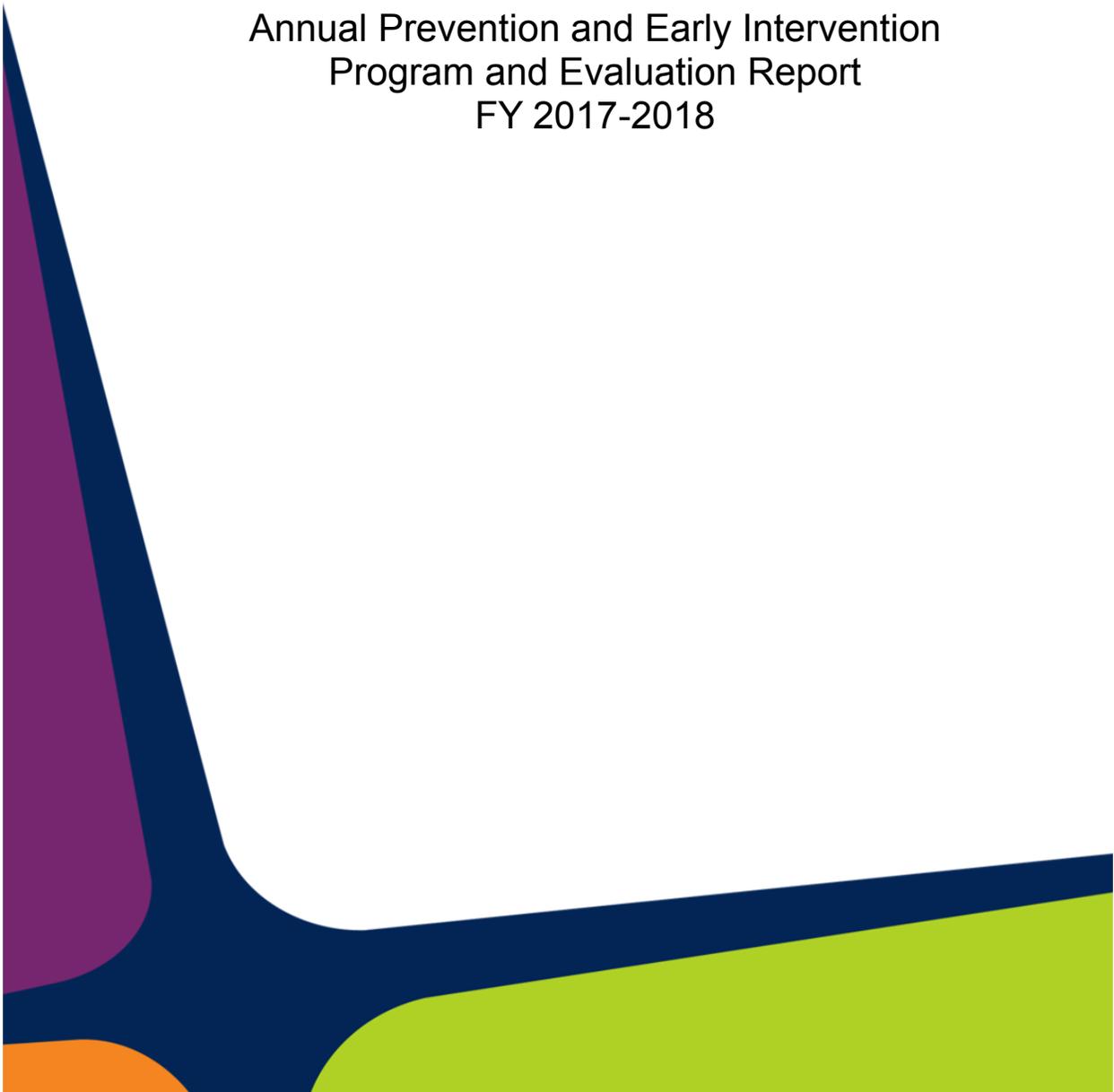




Appendix
Riverside University Health Systems-Behavioral Health
MHSA
Annual Prevention and Early Intervention
Program and Evaluation Report
FY 2017-2018



This appendix provides the data necessary to meet the Annual Prevention and Early Intervention (PEI) Program and Evaluation report in accordance with the CCR regulations and the MHSOAC waiver enacted for PEI data collection and reporting.

The following report is structured according to the RUHS-BH, MHSA PEI Plan project areas, and begins with an overall summary of all PEI participants and PEI project areas; followed by a section for each project area, with a project area narrative and a data reporting table for each PEI program. Each reporting table includes the program name, unduplicated clients served, demographic data, implementation challenges, successes, lesson learned, and relevant examples of successes for each program. The narrative for each project area section that precedes the data tables will address any PEI programs for which data collection and reporting was either not completed due to the nature of the program, or where data collection and reporting is evolving. For any demographic data point that had less than 11 people, the data is not displayed in order to maintain participant anonymity and is indicated with an asterisk.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

The goals of this PEI project area is to increase community outreach and awareness about mental health information/resources, and to reduce stigma. These activities are designed to outreach to underserved populations, increase awareness of mental health topics, and to reduce stigma and discrimination.

Most of these programs have limited data collection, so more narrative information is included for these programs. Two programs (Call to Care and Contact for Change) collected more detailed demographic data which is provided on the data table at the conclusion of this project area section.

Program Type: Outreach

Outreach and Engagement Activities for FY17/18

During FY17/18, the Outreach Coordinators conducted 113 community events and meetings and had contact with 2,667 individuals. In order to reach and engage under and unserved populations, there has been outreach targeted to a range of specific community groups and also strategies for ethnic outreach. Brochures, handouts, and training/educational materials were distributed at all outreach activities. The Outreach Coordinators responded to community requests for presentations about mental health topics and mental health system information.

Network of Care

Network of Care is a user-friendly website that is a highly interactive, single information place where consumers, community members, community-based organizations, and providers can go to easily access a wide variety of important information. The Network of Care is designed so there is "No Wrong Door" for those who need services. In FY17/18 the website had 538,210 viewers. Data collection for this program is limited to web hits.

Program Type: Access and Linkage

Peer Navigation Line

The Peer Navigation Line (PNL) is a toll free number to assist the public in navigating the Behavioral Health System and connect them to resources based upon their individual need. The public can contact the PNL, which is staffed by individuals with "lived experience" who can listen to the caller's worries and talk about their choices, help figure out where local resources can be found, help the person decide which resources are best for them, point out possible places to start, answer questions about mental health recovery, and help the caller see the hope through sharing "lived experience." The Peer Navigation Line had 1,013 contacts in FY17/18. Given the nature of the contact and focus of this navigation line demographic data is not currently collected. Future programming will include navigators working with specific clients post hospital or crisis discharge and additional data collection will be completed on linkage to services.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Program Type: Stigma Reduction

“Dare To Be Aware” Youth Conference

This 16th Annual conference for middle and high school students had 543 youth in attendance. Students from 3 middle schools and 21 high schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with an inspiring keynote. The students then attended workshops offered during the day about coping strategies, common warning signs of suicide, and how to get help. As a stigma and discrimination reduction one day event data collection is only the number of youth reached.

Program Type: Suicide Prevention

Media and Mental Health Promotion and Education Materials

RUHS - BH continued to contract with a marketing firm, Civilian, to continue and expand the Up2Riverside anti-stigma and suicide prevention campaign in Riverside County. The campaign included television and radio ads and print materials reflective of Riverside County and included materials reflecting various cultural populations and ages as well as individuals, couples and families. The website, Up2Riverside.org, was promoted through the campaign as well as word of mouth and as a result there was a total of 102,208 site visits in FY17/18 with 83,533 users. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a “story” about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at www.Up2Riverside.org. There are currently 20 digital stories available for viewing on the Up2Riverside website. They include videos developed by a veteran, a Transition Age Youth, a parent, and one is in Spanish.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Teen Suicide Prevention and Awareness Program (continued)

PEI funded the Riverside County University Health System – Public Health, Injury Prevention Services (RUHS-PH) to continue implementing the teen suicide prevention. RUHS-PH continued their approach of contracting at the district level to serve all high schools and middle schools in each district. This ensured school district support of the program. RUHS-PH provided the Suicide Prevention (SP) curriculum training to a leadership group at each campus.

The primary goal of the SP program is to help prevent teen suicide by providing training and resources to students, teachers, counselors, and public health workers. Each high school and middle school within the selected school district are required to establish a suicide prevention club on campus or partner with an existing service group throughout the school year to train them in the Suicide Prevention (SP) curriculum. By focusing on a peer to peer approach with the SP program it helps to bridge the trust among students and utilize the program to its full potential. Individuals in each service group are identified as SP outreach providers with the ability to assist their peers in asking for help if they are in crisis. SP outreach providers have training on topics such as: leadership, identifying warning signs to suicide behavior, local resources to mental/behavioral health services, and conflict resolution

In addition, RUHS-PH assisted each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. One of the required high school club activities is to participate in the annual Directing Change video contest. The remaining activities include handing out SP cards at open house events, school events, and making PSA announcements. This will help to build momentum around suicide prevention and reduce the stigma associated with seeking mental health care services. Trainings are also provided that target the staff and parents of students. RUHS-PH provides Gatekeeper trainings to school staff, and SafeTALK a 3 hour training designed to introduce the topic of suicide intervention. The goal of this training is to equip participants to respond knowledgeably and confidently to a person at risk of suicide. Just as "CPR" skills save lives, training in suicide intervention makes it possible for trained participants to be ready, willing, and able to help a person at risk. In addition, RUHS-PH works with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This will help to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. The program supported 56 school sites in FY17/18. RUHS-PH staff continued to provide parent education and staff development activities in FY17/18. The parent education component provided parents with a 1 to 2-hour presentation on the warning signs, risk factors, and resources available to youth in crisis. FY17/18 provided 14 parent workshops reaching 195 community members. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing 7 SafeTALK suicide awareness trainings impacting 187 community members. There was 1 ASIST Training with 16 school personnel. As a stigma and discrimination reduction, suicide prevention program data collection is currently number trained and districts enacting campaigns.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Program Type: Suicide Prevention

Toll Free, 24/7 “HELPLINE”

The “HELPLINE” has been operational since the PEI plan was approved and in FY17/18 the hotline 6,973 calls from across the county. The HELPLINE is currently going through the process to become a nationally accredited hotline. This means that any person from Riverside County that calls the National Hotline (1-800-273-TALK) will be automatically redirected to the “HELPLINE”. This has many benefits for the caller as it allows for access to local supports and services because the “HELPLINE” is connected to Riverside County 211. The operators also make community presentations regarding suicide prevention. Currently the data available for this program includes the number of calls received. Some demographic data was being collected for this program however the categories differ from those in the PEI regulations, with regards to age and race/ethnic categories.

Prevention and Early Intervention Statewide Activities

In 2010, Riverside County Department of Mental Health committed local PEI dollars to a Joint Powers Authority called the California Mental Health Services Authority (CalMHSA). The financial commitment was for four years and expired June 30, 2014. Through the community planning process for the 2014/2017 3YPE Plan, the decision was made to continue to support the statewide efforts and explore ways to support the statewide campaigns at a local level as a way of leveraging on messaging and materials that have already been developed. This allows support of ongoing statewide activities including the awareness campaigns. The community Planning Process for 2017/2020 3YPE Plan and PEI Steering Committee continued their support for the CalMHSA statewide efforts.

The purpose of CalMHSA is to provide funding to public and private organizations to address Suicide Prevention, Stigma and Discrimination Reduction, and a Student Mental Health Initiative on a statewide level. This resulted in some overarching campaigns including Each Mind Matters (California’s mental health movement) and Know The Signs (a suicide prevention campaign) as well as some local activities. Additional benefits this year of the statewide efforts include suicide prevention and mental health educational materials with cultural and linguistic adaptations. RUHS-BH continues to leverage the resources provided at the state level and enhance local efforts with these campaigns.

The **Directing Change Program** and Student Film Contest is part of Each Mind Matters: California’s Mental Health Movement. The program offers young people the exciting opportunity to participate in the movement by creating 60-second films about suicide prevention and mental health which are used to support awareness, education, and advocacy efforts on these topics. Learning objectives surrounding mental health and suicide prevention are integrated into the submission categories of the film contest, giving young people the opportunity to critically explore these topics. In order to support the contest and to acknowledge those local students who submitted videos, RUHS – BH and San Bernardino Department of Behavioral Health have partnered to host a Directing Change Gala. The Gala is a semi-formal event that was held at the Fox Theater in Riverside in 2017. Students, their families as well as school advisors and administrators were invited to celebrate the students. In FY17/18 180 films were submitted by 458 Riverside County students.

PEI Plan Project Area #1: Mental Health Outreach, Awareness and Stigma Reduction, Suicide Prevention Training and Statewide Projects

Prevention and Early Intervention Statewide Activities (Continued)

Several PEI staff and community partners were trained as trainers in two suicide intervention strategies: **SafeTALK** and **ASIST** (Applied Suicide Intervention Strategies Training). SafeTALK is a 3-hour training that prepares community members from all backgrounds to become suicide aware by using four basic steps to begin the helping process. Participants learn how to recognize and engage a person who might be having thoughts of suicide, to confirm if thoughts of suicide are present, and to move quickly to connect them with resources who can complete the helping process. ASIST is a two-day workshop that equips participants to respond knowledgeably and competently to persons at risk of suicide. Just as "CPR" skills make physical first aid possible, training in suicide intervention develops the skills used in suicide first aid. 232 people have attended trainings in these models since the trainers have become certified. Data collection plans for SafeTALK and ASIST will in the future include more information on the individuals trained.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access and Linkage

Program Name: Contact for Change
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: The Contact for Change program outreaches to individuals and organizations, by working within the community and collaborating with schools, businesses, community organizations, and faith-based organizations, to provide activities that include Speaker’s Bureau “Honest, Open, Proud” presentations and the Educator Awareness Program (EAP). Speaker’s Bureau “Honest, Open, Proud” presentations are utilized to educate and outreach to target audiences to address the unique issues that those with mental illness experience as they relate to mental health and interpersonal issues, with the aim of reducing stigmatizing attitudes. EAP is a program with a specific target audience of educational faculty and administration and increases mental health awareness.
Number of unduplicated individual participants or audience members during FY1718: 2,505

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	1,009
Transition Age Youth (16-25)	555
Adult (26-59)	664
Older Adult (60+)	199
Declined to Answer	78
Race	
American Indian or Alaska Native	24
Asian	97
Black or African American	233
Native Hawaiian or other Pacific Islander	0
White	1,930
Other	23
More than one race	161
Declined to Answer	37
Ethnicity	
Hispanic or Latino as follows	1,349
Central American	25
Mexican American	495
South American	13
Multiple Hispanic	9
Other Hispanic	18
Did not specify Hispanic/Latino group	789
Asian as follows	
Filipino	54
Japanese	10
Other Asian	22
Did not specify Asian group	*

Preferred Language	
English	2,161
Spanish	155
Bilingual	159
Other	*
Declined to Answer	22
Gender	
Male	1,008
Female	1,454
Transgender (did not specify)	*
Other	0
Declined to Answer	36
Sexual Orientation	
Lesbian	*
Gay	*
Bisexual	*
Homosexual, did not specify	161
Other	63
Not LGBTQ/Declined to Answer	2,273
Disability	
Yes	163
No	2,212
Declined to Answer	130
Veteran Status	
Yes	114
No	1,657
Declined to Answer	734

Program Reflection

Implementation Challenges:

Scheduling Educator Awareness Program (EAP) presentations to school sites was challenging due to complications with obtaining required Memorandums of Understandings (MOUs). Furthermore, when there was an MOU obtained by the contractor for a school district, it was still at the discretion of individual school sites within that district to allow presentations to occur. Another challenge with EAP presentations were due to school staff availability and time. Oftentimes presentations could only be scheduled during staff development days (in which there were no students present), or squeezed within the time constraints of pre-existing meetings.

Success:

Speaker's Bureau:

Throughout the county, a total of 2,137 individuals attended a Speaker's Bureau event. The most frequently reported race/ethnicity for each region in the county was Hispanic/Latino. This is an underserved population within the county, and a population that struggles with negative attitudes and stigma regarding mental illness.

Post-test results revealed a statistically significant reduction in participant's stigmatizing attitudes.

Statistically significant increases were found in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Participants reported strong satisfaction with the enthusiasm and knowledge of the Speaker's Bureau presenters, and high likelihood to recommend the program to others.

Educator Awareness Program:

A total of 368 individuals attended an EAP event. Post-test results showed a statistically significant reduction in participants' stigmatizing attitudes, and statistically significant increases in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Participants reported strong satisfaction with the enthusiasm and knowledge of the EAP presenters, and high likelihood to recommend the program to others in the education sector, with several positive comments on leaving with a better understanding of how to communicate mental health topics with students and faculty.

Lessons Learned:

Lessons Learned:

Approaching more private and charter schools for EAP presentations, where an MOU is not as big of an issue. Being able to present the benefits of the EAP presentation directly to the school's principals to get a green light for presentations at that school site.

Effective networking within the community (e.g., outreach at rotary meetings) in order to reach more local businesses for Speaker's Bureau presentations).

Relevant Examples of Success/Impact:

Participant's Comments:

- "Awesome! I can relate and appreciate this workshop and resources you shared. It will help me, and help me help the young people."
- "Thank you so much! I greatly appreciate the information and understand mental illness from a different perspective."
- "The sharing of stories was important. I found this for myself because I too struggle with mental illness that I have been hiding for years. The presentation showed me it's okay and not a bad thing that I have always heard in my home."

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Presentation	98

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access and Linkage

Program Name: Call to Care
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: Provides training for lay persons to initiate and maintain understanding, caring relationships with people from their communities. Trained individuals also participate in outreach events.
Number of unduplicated individual participants or audience members during FY1718: 292

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	90
Older Adult (60+)	16
Declined to Answer	176
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	122
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	*
Mexican American	30
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	89
Asian as follows	
Filipino	*
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	*
Spanish	70
Bilingual	47
Other	0
Declined to Answer	172
Gender	
Male	17
Female	105
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	170
Sexual Orientation	
Lesbian	*
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	291
Disability	
Yes	*
No	100
Declined to Answer	183
Veteran Status	
Yes	*
No	113
Declined to Answer	178

Program Reflection

Implementation Challenges:

Having participants continue in the training class to completion was a challenge. Half of the participants (50%) completed the training class. Completion was defined as attending 8 out of the 12 sessions. Outreach and engagement across multiple faith groups was also a challenge. Additionally, change in program leadership and staffing contributed to challenges in maintaining fidelity to the program. The program is proprietary to Catholic Charities who declined to renew their contract for this service. Implementation of this particular model is challenged by this change. Therefore, an alternative approach will be utilized to meet the objective of increasing knowledge about mental health, resources, and linkage to faith based communities and leadership.

Success:

Staff conducted 342 outreach events, 3,049 pieces of literature were distributed, and outreach presentations were offered with 204 attendees. 100% of the participants in the program identified as Hispanic/Latino, of which 44% primarily spoke Spanish. Twelve continuing education meetings were held with 133 attendees.

Lessons Learned:

Leadership involvement in program implementation and monitoring of fidelity is critical to success. Outreach across faith communities requires a strategic approach built on partnerships and will need to be employed in new ways for future work with faith based groups.

Relevant Examples of Success/Impact:

Participant's Comments:

- "Thank you for all the knowledge I had acquired. It was very helpful in understanding habits of life and what we go through. You are the best. I enjoy being in your class."
- "The program was very helpful for me. The topics were really good. Thank you for bringing us this program."
- "I was very satisfied with all of the sessions. It has helped me in taking care of my family and changing my attitude and character. The teacher was great! Very professional and great leader."

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Events	342
Literature Distribution	3,049

PEI Plan Project Area #2: Parent Education and Support

The goal of the project is to provide a family based intervention to teach parents effective communication skills, improve family functioning, build social support networks, and decrease children's risky social behaviors in a setting that is de-stigmatizing to a lot of families, which is school. RUHS-BH staff are co-located at two middle school campuses in one of the more resource deficient, high-risk communities in the County.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Positive Parenting Program (Triple P)

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Program Description: Triple P is a multi-level system of parenting and family support strategies for families with children from birth to age 12. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.

Number of unduplicated individual participants or audience members during FY1718: 219 parents

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	182
Older Adult (60+)	*
Declined to Answer	31
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	13
Native Hawaiian or other Pacific Islander	0
White	32
Other	*
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	*
Mexican American	45
South American	*
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	118
Asian as follows	
Filipino	*
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	113
Spanish	106
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	30
Female	189
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	219
Disability	
Yes	201
No	15
Declined to Answer	*
Veteran Status	
Yes	*
No	210
Declined to Answer	*

Program Reflection

Implementation Challenges:

The Triple P program is in its 8th year of implementation for the western Region, 2nd full year for the mid county region, and 1st year for the desert region with the contractor The Carolyn Wylie Center. Program goals were reached for the western and mid county regions. The desert region struggled in its first year due to several factors. The contractor had difficulty hiring and maintaining staff for this region. This region requires a bilingual staff, which made recruitment more difficult. The desert region is also a new territory for this contractor, and they were simultaneously learning about resources, locations, and developing relationships with community organizations and schools.

Triple P program does not offer the Train the Train model, which makes training new staff more challenging for implementation.

Success:

Countywide, the Triple P parenting program was provided to 219 parents. CBO regional provider totals are as follows: Carolyn Wylie (Desert) served 32 parents, Carolyn Wylie (Mid-County) served 94 parents, and Carolyn Wylie (West) served 93 parents.

Analysis of the APQ measure indicated that overall, by the end of the program, participants had shown increases in positive parenting practices, and decreases in inconsistent discipline. Analysis of the DASS-21 showed that parents experienced a decrease in their depression, anxiety, and stress levels.

Outcomes from ECBI measures showed overall decreases in the frequency of children's disruptive behaviors. ECBI Intensity Scale scores decreased significantly from pre to post measure. ECBI Problem Scale scores also decreased significantly indicating that parents reported fewer behaviors as problematic.

Lessons Learned

Contractors who are not familiar with Riverside County, more specifically the desert region, require additional technical assistance and training. Fidelity meetings not only focused on training to the EBP, but a special focus on innovative outreach strategies that were specific to the desert population

Relevant Examples of Success/Impact:

Participant's Comments:

- "How to solve any problem at home. I learned how to deal with my child's behavior, how to make rules, praise and be consistent."
- "More patience with my children, tolerance, time out."
- "Keeping up with consistency is important and praising your child helps a lot. Praising at least four times for every one time you scold your child is the right ratio."
- "How to plan ahead and chart behavior; learn discipline techniques and set ground rules; to also use positive encouragement and ignore bad behavior."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Positive Parenting Program (Triple P) - Teen

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Program Description: Triple P is a multi-level system of parenting and family support strategies for families with children from 13 to age 18. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.

Number of unduplicated individual participants or audience members during FY1718: 64

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	64
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	*
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	55
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	44
Spanish	20
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	*
Female	59
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	59
Other	0
Not LGBTQ/Declined to Answer	0
Disability	
Yes	*
No	57
Declined to Answer	*
Veteran Status	
Yes	0
No	61
Declined to Answer	*

Program Reflection

Implementation Challenges:

The Teen Triple P program is in its 1st year of implementation for all three regions of the county with the contractor The Carolyn Wylie Center. The desert region struggled in its first year due to several factors. The contractor had difficulty hiring and maintaining staff for this region. This region requires a bilingual staff, which made recruitment more difficult. The desert region is also a new territory for this contractor, and they were simultaneously learning about resources, locations, and developing relationships with community organizations and schools. Contractors required additional support and training for developmental issues specific to adolescents. The Triple P program does not offer the Train the Train model, which makes training new staff more challenging for implementation.

Success:

Countywide the Teen Triple P parenting program was provided to 64 parents. Regional totals are as follows: Carolyn Wylie (West) served 39 parents and Carolyn Wylie (Mid-County) served 25 parents. Demographics information showed that most of the parents in Triple P spoke Spanish (69%). The majority of parents served were Hispanic/Latino (85.9%) followed by African American (4.7%), Caucasian (7.8%) and a small portion identified as American Indian (1.6%). Analysis of the APQ showed a statistically significant improvement in parental involvement across all regions, an improvement in positive parenting, and a decrease in poor monitoring and supervision scores. A majority of parents strongly agreed that they were satisfied with the Teen Triple P program. They reported the program provided them with assistance with their teen. In addition they were satisfied with program logistics, and the quality of group leaders

Lessons Learned

Contractors who are not familiar with Riverside County, more specifically the desert region, require additional technical assistance and training. Fidelity meetings not only focused on training to the EBP, but a special focus on innovative outreach strategies that were specific to the desert population. We also learned that we will need to add additional screening questions to determine if parents require a higher level of service than prevention services.

Relevant Examples of Success/Impact:

Participant's Comments:

- "I learned strategies to improve relationships with my children praise their achievements with greater frequency."
- "I learned tools to deal with a difficult teen and I learned that I am not the only one with challenges."
- "I liked the contract between parent and teen. The program gave new insight to parenting that I enjoyed. Thank you for taking your time in commuting and coming to Hemet."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Strengthening Families Program (6-11)
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: SFP is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 6 to 11 years old. This program brings together the family for each session.
Number of unduplicated individual participants or audience members during FY1718: 244 parents/guardians

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	234
Older Adult (60+)	*
Declined to Answer	2
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	235
Other	0
More than one race	0
Declined to Answer	*
Ethnicity	
Hispanic or Latino as follows	234
Central American	*
Mexican American	148
South American	0
Multiple Hispanic	0
Other Hispanic	4
Did not specify Hispanic/Latino group	79
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	37
Spanish	190
Bilingual	13
Other	0
Declined to Answer	*
Gender	
Male	67
Female	172
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	*
Sexual Orientation	
Lesbian	0
Gay	*
Bisexual	*
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	233
Disability	
Yes	*
No	235
Declined to Answer	*
Veteran Status	
Yes	*
No	233
Declined to Answer	*

Program Reflection

Implementation Challenges:

Countywide, 177 families enrolled in the program and 244 individual parents or guardians. Securing a non-stigmatizing site i.e. (school or community center) to hold the program that had at least 2-3 separate rooms that enabled confidential discussion. Negotiating hours of flexibility with staff (i.e. security guard to open/close building) at the sites.

Success:

Parenting Skill Strengthened

Countywide, parents showed statistically significant improvements on the Alabama Parenting Questionnaire in the areas of parental involvement, positive parenting, and inconsistent discipline.

Family Strengths Improved

Countywide improvements in overall family strengths were observed through the Family Relationship Index. Family cohesion and expressiveness increased, while family conflicts (fighting) decreased.

Enhanced Children's School Success

The Alabama Parenting Questionnaire asked parents and guardians about their involvement in the SFP child's school life in the parental involvement scale. Countywide, parental involvement increased and suggested that parents were more involved in their SFP child's school success at the end of the program.

Reduced Child Risk Factors

The Strength and Difficulties Questionnaire showed statistically significant improvement in child risk factors. Parents reported statistically significant improvements with their children in regard to emotional problems, conduct problems, peer problems, pro social skill, and total difficulties.

Satisfaction

The majority of participants were satisfied with 97% reporting overall satisfaction with the program and 98% were satisfied with the group leaders. All of the participants reported they would recommend this course to others (100%).

Booster

Countywide, 95 parents/guardians attended a booster session 3 months after the end of the program. Participants did not report further improvement on the measures. However, participants were satisfied with the booster session.

Lessons Learned

To develop relationships with the schools early which helps in identifying non-stigmatizing sites early before recruitment. Identifying key stakeholders at Schools and invite, them to come see the program or conduct presentations to get community buy-in

Relevant Examples of Success/Impact:

Participant's Comments:

- Thank you very much to all our instructors, thank you for your time and your work to help us know more about our children and help us to make our family more united.
- I loved the talks and they helped me understand my children better. I have more patience and I listen more to my children. When they do something wrong, I stop and think of the consequences.
- I want to thank everyone for these kinds of programs for our community and especially my family, it helped us a lot and the whole team is very kind, understanding, disciplined and above all they have a lot of experience with the topics. Each time we spoke they gave us a lot of very helpful information.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Mobile PEI

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support

Program Description:

Three Riverside County mobile units provide mental health services, Parent and Child Interaction Therapy (PCIT), and a variety of prevention interventions to families in the West, Mid-County and Desert regions of Riverside County. The Mobile PEI prevention activities include; pro-social groups, parenting classes, parent consultations, provider consultations, and outreach.

Number of unduplicated individual participants or audience members during FY1718: 268

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	134
Transition Age Youth (16-25)	*
Adult (26-59)	130
Older Adult (60+)	*
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	23
Other	0
More than one race	22
Declined to Answer	122
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	95
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	*

Preferred Language	
English	0
Spanish	68
Bilingual	0
Other	0
Declined to Answer	200
Gender	
Male	89
Female	79
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	100
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	268
Other	0
Not LGBTQ/Declined to Answer	0
Disability	
Yes	0
No	0
Declined to Answer	268
Veteran Status	
Yes	0
No	0
Declined to Answer	268

Program Reflection

Implementation Challenges:

- Clients in the remote areas served are first time recipients of services related to social and emotional health. A lack of awareness and understanding regarding services and the stigma related to mental health present barriers to families accessing needed services.
- Educational and behavioral health systems having different agendas and expectations and at times poor school administrative support create challenges when working on school campuses. Administrative support at partner school sites is essential to:
 - Ensure students in need of services are appropriately identified, referred and linked to needed services.
 - Allow students to be excused from class without consequence to participate in activities.
 - Having secure access and consistent parking in order to navigate and park a 39 foot mobile clinic.
 - Maintain HIPPA privacy for clients
 - Decrease barriers and stigma for social and emotional health services.
- Balancing continuity of care with ongoing vehicle maintenance, mechanical issues related to wear and tear on mobile clinics, driving conditions and unexpected vehicle challenges that may arise. Subsequently needing to re-arrange or reschedule appointments, offering services in alternative settings such as in the home, school, or community.
- Hiring staff fit for both clinical work and having a willingness to operate mobile vehicles including driving, fueling, emptying waste tanks etc.
- Adequately training clinical staff enabling them to drive, operate, and maintain mobile clinics.
- Adequately staffing all mobile units to meet the high demand of client need throughout the entire span of Riverside County.

Success:

- A total of 4,500 PCIT/MH services were provided totaling 8324.2 hours to children and/or their families in the 17/18 FY.
- Countywide and regionally there was a statistically significant decrease in the frequency of child problem behaviors and in the extent to which caregivers perceived their child's behavior to be a problem, for clients who completed PCIT.
- Parent consultations are provided by mobile PEI staff as light touch, early intervention services where parents can, by walk-in or appointment, talk about raising their children and discuss the social, emotional and learning issues that they are facing. In the 17/18 FY, 62 parent consultations serviced 58 parents and resulted in 103 referrals.
- In the 17/18 FY, 31 provider consultations were completed with either child-care providers, teachers, parent educations or other school support staff.
- Upon completion of the Nurturing Parenting program, parents reported statistically significant increase in positive parenting practices as well as a statistically significant decrease in inconsistent discipline.
- Mobile staff participated in 4 outreach events throughout the community totaling 14.5 hours and reaching 268 people.

Program Reflection

Lessons Learned

- It is essential to maintain regular communication with school administration and staff
- When new administrators or staff are on board, meet and greet meetings are held allowing staff to tour the mobile clinics, meet the clinical team, and learn about the program
- Program materials and referral forms are regularly provided to staff
- Participation in back to school activities, school in service days and such have proven effective to increase program support and awareness.
- The hiring process now includes a site visit to observe the mobile clinics “in action” to ensure a full understanding of what the position entails prior to employment commencement.
- Staff have become adept at troubleshooting issues related to the operation of the mobile units.
- MOUs between RUHS - BH and partner school districts are now kept on mobile units to have as reference should any questions arise regarding presence on campus and services provided and now include language regarding specific health screens as frequently requested by school districts.
- In addition to classroom and behind the wheel drivers training for new staff, there is now an annual refresher training for all PEI mobile and support staff to review driver’s safety and mobile maintenance.
- Current exploration regarding the possibility of having a 50amp plug outlet installed on school campuses to allow mobile units to operate electrical needs without use of diesel generator (generator exhaust and noise can be disruptive to both school setting and PEIMS services provided).
- Concerns regarding School safety have been on the rise within society and our staff have navigated and learned the various school systems/districts and steps needed in order to provide classroom consultation, classroom observations and services for children on campus within their school setting.

Relevant Examples of Success/Impact:

The PEI Mobile clinics have been instrumental in delivering services to families whom have limited resources, including transportation and geographical barriers. As part of the mobile clinic, families have been able access services easier as well as learn techniques and a new way of positive parenting that have changed lives and family dynamics in a positive way. During some of our graduations, parents have become emotional and expressed their sincere gratitude for the skills they have learned and the availability of resources that they may have not received in other situations. Families have learned to see the glass half full as opposed to half empty. One family shared, “We wished our parents were taught this when we were younger.”

PEI Plan Project Area #3: Early Intervention for Families in Schools

This PEI project area works with children and families with a focus on providing services in non-traditional and natural community settings, e.g., family resource centers, faith based organizations, and child care centers. Providing services in community settings to enhance parental knowledge, skills, and confidence in managing their children's disruptive behaviors. Each component of this project focuses on children and families through a variety of interventions and strategies.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Peace 4 Kids

Project Area as Defined by PEI Plan: PEI#3 Early Intervention for Families in Schools

Program Description: Based on Aggression Replacement Training for middle school student during school with two levels. The program goals are for students to master social skills, school success, control anger, decrease acting out behaviors, and increase constructive behaviors. A parent component is included in the program as well to create social bonding among families. The program takes place at the Desert Hot Springs Middle Schools for 10 weeks.

Number of unduplicated individual participants or audience members during FY1718: 425 middle school students

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	425
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	44
Native Hawaiian or other Pacific Islander	*
White	311
Other	*
More than one race	37
Declined to Answer	11
Ethnicity	
Hispanic or Latino as follows	273
Central American	13
Mexican American	217
South American	0
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	72
Asian/PI s follows	
Filipino	*
Cambodian	*
Japanese	*
Indonesian	*
Other Asian	*

Preferred Language	
English	303
Spanish	41
Bilingual	67
Other	0
Declined to Answer	14
Gender	
Male	147
Female	267
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	11
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	17
Homosexual, did not specify	7
Unknown	14
Other	*
Not LGBTQ/Declined to Answer	378
Disability	
Yes	11
No	376
Declined to Answer	38
Veteran Status	
Yes	-
No	-
Declined to Answer	-

Program Reflection

Implementation Challenges:

Coordination of student school schedules and the program schedule is often a challenge of this program. Increasing parental engagement to enhance participation in the family component of the program in the evening hours.

Success:

Behavioral Difficulties Decreased and Pro-social Skills Increased

A pre to post behavioral measure evaluated changes in behavior and growth in pro-social skills. The Strength and Difficulties Questionnaire (SDQ) was collected from students and parents. Outcomes comparing pre to post SDQ scores showed statistically significant improvements in emotional problems, conduct problems, hyperactivity, peer problems, and overall problematic behavior difficulties for both student and parent ratings. Pro social skills also significantly improved as reported by student and parent ratings.

Use of Positive Social Skills Increased

A pre to post Skill Streaming checklist was completed by the youth to rate their use of positive social skills focused on during the program. Pre to post scores were collected for 296 students and showed improvements in their use of positive social skills

Lessons Learned:

Setting up presentation with principles that give an overview of the program helps open communication with teachers and administrators regarding concerns about the program.

Engaging and understanding parental burden has been helpful in building relationships with the parents and youth during recruiting events and follow up with those relationships before program starts.

Relevant Examples of Success/Impact:

Participant's Comments:

- "I learned how to tell how someone is feeling and how to talk to them. I also learned how to handle something when someone is angry. Also, how to handle something when I am angry or upset or even sad."
- "The staff listened to what I had to say. They always know how to make us smile. They were nice and always had a smile on their faces. They were always happy."

PEI Plan Project Area #4: Transition Age Youth (TAY) Project

This project area is designed to address specific outreach, stigma reduction, and suicide prevention activities for (TAY) at highest risk of self-harm. Targeted outreach is used to identify and provide services for LGBTQ TAY, TAY in the foster care system and those transitioning out of the foster care system, runaway TAY, and TAY transitioning onto college campuses.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Stress and Your Mood
Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project
Program Description: Stress and Your Mood (SAYM) is an early intervention for depression program based on the Cognitive Behavioral Therapy (CBT) model, with modifications for transition age youth (TAY). SAYM was developed to improve access to evidence-based treatment for TAY with depressive disorders and sub-clinical depressive symptoms, with referrals given to those in need of medication evaluation with prescribing psychiatrists to ensure continuity of care. SAYM services have three phases: Conceptualization; Skills and application training; and Relapse prevention. Services are low-intensity and time limited, and can be provided in either or both group and in individual sessions.
Number of unduplicated individual participants or audience members during FY1718: 228

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	*
Transition Age Youth (16-25)	220
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	11
Native Hawaiian or other Pacific Islander	25
White	163
Other	*
More than one race	12
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	141
Central American	*
Mexican American	38
South American	*
Multiple Hispanic	*
Other Hispanic	17
Did not specify Hispanic/Latino group	76
Asian as follows	*
Filipino	*
Vietnamese	*
Japanese	0
Other Asian	*
Did not specify Asian group	*

Preferred Language	
English	216
Spanish	12
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	60
Female	165
Transgender Male to Female	*
Transgender Female to Male	*
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	37
Unknown	*
Other	*
Not LGBTQ/Declined to Answer	177
Disability	
Yes	*
No	204
Declined to Answer	16
Veteran Status	
Yes	0
No	214
Declined to Answer	14

Program Reflection

Implementation Challenges:

The program is in its 9th year of implementation delivered by the contractor Operation SafeHouse. The main challenge this year was the contractor expanded to the mid county region for the first time. The contractor had little experience providing services in this region and needed additional support with community engagement, developing relationships, and establishing contracts with schools for the first time.

Success:

A total of 228 participants were served in the SAYM program, and 96.5% were TAY in FY 2017-2018. The majority of those enrolled in the programs were females (72.4%), and predominantly Hispanic/Latino (61.8%). Of the youth served, the majority of participants were 17-18 years of age or younger (70.1%), and 16.2% identified as LGBTQ.

Youths who participated in the SAYM program showed decreases in the frequency of depression symptoms. Overall, the average total scores are still above the clinically significant level of 16 points, although there was still a statistically significant decrease from pre-test.

Pre- to post-comparisons on the average Y-OQ[®]-SR total scores showed a clinically significant decrease of at least 13 points, and the changes are statistically significant ($p < .001$) within the *Interpersonal Distress*, *Somatic*, *Interpersonal Relations*, and *Behavioral Dysfunction* subscales.

Using BASIS-24[®] scale, baseline measurement scores showed that participants' seemed to have heightened levels of excessive emotional reactions and frequent mood changes (*Emotionally Labile* scale), showing some difficulty maintaining relationships (*Relationship* scale), and experiencing some difficulty in overall functioning (*Depression Functioning* scale).

At post-test, results showed a statistically significant improvement within the "Emotionally Labile" and "Depression Functioning" subscales. Overall, there was also a statistically significant decrease in the Total Weighted Score, $t = 2.037$, $df = 18$, $p < .05$.

The agency was contracted to serve an established number of participants in the different regions. In the Desert region, Operation Safehouse met 124.3% of its contract expectations, while in Western/Riverside and Mid-County regions met 78.6% and 64.3% of their contract expectations, respectively.

Lessons Learned

The program expectations may need to be adjusted to address the 18-25 population as well to include more adaptations for the older TAY population. Collaboration with community colleges needs to be addressed.

Relevant Examples of Success/Impact:

Participant's Comments:

- "How to communicate in a clear way with a good tone. Be very alert to control our emotions. Think about a positive to every negative."
- "I learned different strategies to cope with the feeling of helplessness and I learned how to get rid of negative thoughts."
- "I learned that there are more resources available to me than I know I also found that I have other ways to cope with stress and depression."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Peer-to-Peer

Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project

Program Description: The Peer-to-Peer program is designed to provide outreach, informal counseling, and support/informational groups to at-risk youth and families. Additionally, the program is designed to educate the public about mental health, depression, and suicide, while also working to reduce stigma towards mental illness among TAY (16-25 years old) individuals who are considered to be at high-risk. The program outreaches to the community in order to organize and facilitate TAY group presentations and discussions. Other activities include Speaker's Bureau "Honest, Open, Proud" presentations (utilized to focus on the unique issues that at-risk TAY experience as they relate to mental health and interpersonal issues) and Coping and Support Training [CAST] (evidenced-based curriculum with three major goals: Mood Management, Drug Use Control, and Using School Smarts).

Number of unduplicated individual participants or audience members during FY1718: 310

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	52
Transition Age Youth (16-25)	243
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	15
Race	
American Indian or Alaska Native	0
Asian	20
Black or African American	29
Native Hawaiian or other Pacific Islander	*
White	227
Other	*
More than one race	11
Declined to Answer	17
Ethnicity	
Hispanic or Latino as follows	189
Central American	*
Mexican American	91
South American	0
Multiple Hispanic	*
Other Hispanic	*
Did not specify Hispanic/Latino group	84
Asian as follows	20
Filipino	*
Vietnamese	*
Japanese	*
Other Asian	12
Did not specify Asian group	0

Preferred Language	
English	240
Spanish	22
Bilingual	28
Other	*
Declined to Answer	18
Gender	
Male	106
Female	185
Transgender Male to Female	0
Transgender Female to Male	0
Other, Transgender did not specify	*
Declined to Answer	17
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	67
Unknown	22
Other	0
Not LGBTQ/Declined to Answer	221
Disability	
Yes	13
No	232
Declined to Answer	65
Veteran Status	
Yes	*
No	270
Declined to Answer	39

Program Reflection

Implementation Challenges:

The program is in its 9th year of implementation delivered by the contractor Operation Safehouse. The main challenge of the program is staff turnover. Due to the program implemented by TAY peers, for this age group, the workforce is transitory in nature. There are three evidence based practices being used to build resiliency and spread awareness among the TAY age group. Having high turnover has interfered with program implementation and progress toward program goals.

Success:

A total of 5,428 participants attended Peer-to-Peer led groups and activities throughout the County during FY17/18. A total of 2,398 individuals attended a Speakers Bureau event; 51% of whom were TAY, with an average age of 16 years.

The most frequently reported race/ethnicity for each region was Hispanic/Latino. The most frequently reported zip codes were for the cities of Moreno Valley, Perris, and Indio.

Pre- and post-tests were collected from 2,336 individuals. Pre- and post-tests included a compilation of four different questionnaires to measure stigmatizing (AQ-9), recovery (RS-3), empowerment (ES-3), and care-seeking attitudes (CS-6). Since not all items were completed, sample sizes for each questionnaire varied. Statistically significant increases were found in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges.

There were 31 CAST cycles with a total of 310 enrolled participants; 285 of which attended at least one session. Of those 285 participants, 169 completed CAST, representing a 59% completion rate.

401 individuals were screened for CAST; 300 of the total participants, enrolled from a screening.

Participants reported the highest ratings in the overall level of satisfaction with the support they get from the program, and in feeling that their group leader offered useful points of view about the topics that were discussed. Statistically significant improvements were found in participants' self-esteem, control of their moods and school, and use of the 'Stop, Think, Evaluate, Perform, Self-praise' (STEPS) process in making overall healthy decisions

Lessons Learned

The main lesson learned this year is to reduce the program from 4 main activities to 3 main activities. This will help with training, support, and staff retention.

Relevant Examples of Success/Impact:

Participant's Comments:

- "I learned to love myself a little more. Thank you."
- "They helped & encouraged me to pursue education goals & create a plan to pursue my goal."
- "To know other people have similar views and not just opposing ones."

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Presentation	2,398
Public Event	5,428
Other (Workshop)	25

PEI Plan Project Area #5: First Onset for Older Adults

This project focuses on the first onset of depression in the older adult population. Programs in this project include in home services as well as services that are portable. Collaboration includes partners that have experience and expertise with the older adult population in Riverside County, i.e.: Office on Aging. Targeted outreach is used to identify and provide services for underserved cultural populations, specifically LGBTQ older adults.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Cognitive Behavioral Therapy (CBT) for Late Life Depression
Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults
Program Description: CBT for Late Life Depression is a structured problem-solving program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. It includes specific modifications for older adults experiencing symptoms of depression. Clients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and redevelop them to be more adaptive and flexible thoughts. Emphasis is also placed on teaching clients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures.
Number of unduplicated individual participants or audience members during FY1718: 106

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	*
Older Adult (60+)	97
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	71
Other	23
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	23
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	*

Preferred Language	
English	86
Spanish	14
Bilingual	*
Other	0
Declined to Answer	*
Gender	
Male	51
Female	55
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	55
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	51
Disability	
Yes	33
No	73
Declined to Answer	0
Veteran Status	
Yes	0
No	0
Declined to Answer	106

Program Reflection

Implementation Challenges:

Staffing difficulties in the Mid-County region were the biggest challenge for CBT-LLD. The provider was unable to fill the vacancy created midway through the fiscal year.
In Western Region, the provider had challenges with clients completing treatment. Clients did not complete services for a variety of reasons, including moving and health challenges.

Success:

In the Western Region, the provider was able to build successful partnerships with a number of senior centers to outreach to the older adult population. They also did outreach to doctors specializing in treating the older adult population as a way of getting referrals.
The Desert Region provider continued to have success serving the LGBTQ+ population. The Desert provider's client population almost exclusively identifies as LGBTQ-81% of the total clients served by the organization.

Lessons Learned

Staffing in the Mid-County region can be particularly challenging, despite the best efforts of the provider. Having a clinician that is skilled at and comfortable with outreach will be key to program success

Relevant Examples of Success/Impact:

Participant's Comments:

- "Thank you for making the program available to the community and to me. I was sort of paralyzed by events and my thoughts were typical of someone in shock. [Staff name] really helped me get a handle of things quickly. CBT was very beneficial."
- "I am able to move on with my life now. I have great plans for the future. My mind stays on positive things. I am able to keep my mind regulated and think of good things. I do not feel sad anymore, because I stay busy and [am] doing the things I like. I have learned to put the past behind me and look for greater things in life. Reaching for the stars."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Care Pathways
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: A 12 session support group for caregivers of older adults. Outreach, engagement, and linkage to the support groups target caregivers of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia.
Number of unduplicated individual participants or audience members during FY1718: 237

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	93
Older Adult (60+)	130
Declined to Answer	10
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	21
Native Hawaiian or other Pacific Islander	*
White	200
Other	0
More than one race	*
Declined to Answer	*
Ethnicity	
Hispanic or Latino as follows	76
Central American	*
Mexican American	47
South American	*
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	22
Asian as follows	
Filipino	*
Thai	*
Japanese	*
Other Asian	*
Did not specify Asian group	*

Preferred Language	
English	208
Spanish	*
Bilingual	14
Other	0
Declined to Answer	*
Gender	
Male	37
Female	37
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	*
Gay	*
Bisexual	*
Homosexual, did not specify	*
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	229
Disability	
Yes	28
No	175
Declined to Answer	34
Veteran Status	
Yes	18
No	183
Declined to Answer	36

Program Reflection

Implementation Challenges:

Staff changes impacted the program delivery nominally. A new bi-lingual facilitator was hired and trained and a new Office Assistant was transferred into the department after the first quarter. Midway through the year, the program was fully staffed and all regions were covered.

Outreach in the desert communities is challenging because many persons are “snowbirds” and are only in the area for 4-5 months during the winter season. In addition, community agencies are not as likely to collaborate and make referrals as in other regions of the county. More classes are taught in the desert area, with fewer persons per class; therefore more effort and time is spent in preparation and travel. Persons from this region of the county are less likely to attend the series consistently.

Success:

Developed key relationships with other professionals who were able to assist in outreach efforts and in highlighting the program through fairs, classes and conferences.

Multiple opportunities to present at community events resulted in targeted outreach.

Identified a small local newspaper in mid-county in which to advertise, that resulted in significant numbers of inquiries by community members, in otherwise hard to reach areas.

Bi-lingual staff made good connections into various communities with high Latino populations and received referrals from other agencies serving the same population.

Directed outreach to working caregivers through use of the County email system resulted in 2 evening classes. These caregivers reported not knowing of caregiver resources or receiving any assistance or support before entering the classes. Many of these working caregivers reported to returning to work the morning after class, and shared the information with co-workers who were in similar situations. Some of the same co-workers have registered for subsequent classes, word of mouth has generated a lot of inquiries .

Lessons Learned

Assigning specific class locations (senior centers, community centers, etc) to each facilitator enabled them to build rapport with the center staff and establish and maintain relationships with professionals within that community.

Relevant Examples of Success/Impact:

A 56 year old male caregiver registered for the series of classes; he had just started to provide care for his mother with dementia. He reported he reached out to different resources to find assistance because he had no idea what to do with the new caregiving situation; his mother had just moved in with him and his partner. He was very worried about his mother’s increasing need for care and wanted to find what options were available out in the community for them. He found out about Care Pathways and enrolled. He shared his attempts to have his mother apply for Medi-Cal, but was unable to have her apply because she thought this program was for “really poor people.”

Caregivers in the class immediately shared with him that Medi-Cal was not just for “really poor people” but for individuals who were low income and who may benefit from some of the programs like IHSS. After the facilitator explained to the class how IHSS worked and how she could possibly even qualify for Cal Fresh, the caregiver set up a meeting with his mother and other family members to convince his mother that Medi-Cal was an excellent option for her to get extra help with showering as she was embarrassed to have her son to assist.

The family meeting turned out to be a success; as a cohesive voice they were able to convince his mother to apply for Medi-Cal. The caregiver was able to come back to class and share that without the support of the group, he would have not set up a family meeting to discuss Medi-Cal with his mother. He was thrilled about the possibility of having someone help his mother with her Activities of Daily Living (ADL’s) this way he could focus on helping his mother in other ways.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Embedded Staff-Office on Aging
Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults
Program Description: Embedded Staff is a Prevention and Early Intervention program in which Riverside University Health System-Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging work collaboratively to (1) identify older adults who are either at risk of depression or are experiencing the first onset of depression and (2) link them with early intervention programs, such as Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD). Additionally, the Mental Health Liaisons link older adults with other resources and services, as needed, to reduce depression and suicide risk.
Number of unduplicated individual participants or audience members during FY1718: 177

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	*
Older Adult (60+)	17
Declined to Answer	158
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	13
Other	0
More than one race	0
Declined to Answer	152
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	*
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	92
Spanish	60
Bilingual	*
Other	*
Declined to Answer	19
Gender	
Male	35
Female	142
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	177
Disability	
Yes	0
No	0
Declined to Answer	177
Veteran Status	
Yes	0
No	0
Declined to Answer	177

Program Reflection

Implementation Challenges:

Difficulties in understanding the role of the Embedded Staff.

Success:

The Embedded Staff attended a total of 96 outreach events during the year, providing 158 referrals. The Embedded Staff worked hard to cultivate a more open partnership with the Office on Aging and provided educational programming for the staff to help them understand their specialized role.

Lessons Learned

Continuing to cultivate the working relationship between the Embedded Staff and the Office on Aging is essential to a smooth referral process and implementation of the program. Educating the staff at Office on Aging about the specifics of their role and depression in older adults is important to the success of the program

Relevant Examples of Success/Impact:

Participant's Comments:

- "I am very grateful to [Staff personnel] and [Staff personnel] for their invaluable help that they have given me. All this time to get out of my depression. I hope I do not fall in the same way because it really is very sad."-

Access and Linkage to Treatment

This section is only for Access and Linkage programs.

Number of referrals to SMI treatment programs: 0
Number of participants enrolled into SMI treatment programs: 0
Number of referrals to PEI programs: 19
Number of participants who enrolled into PEI programs: 15
Number of referrals to other Non-PEI programs: 1
Number of other referrals: 79

Note: Not all individuals met criteria for referrals.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Healthy IDEAS
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: Facilitated by the Riverside County Office on Aging. It is a care management program for older adults who are at high risk for developing mental health problems, primarily depression and anxiety. Healthy IDEAS intervention focuses on behavioral activation and social support and is utilized for those who are demonstrating symptoms of depression and anxiety.
Number of unduplicated individual participants or audience members during FY1718: 78

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	21
Older Adult (60+)	56
Declined to Answer	0
Race	
American Indian or Alaska Native	*
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	67
Other	0
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	27
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	63
Spanish	15
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	21
Female	57
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	*
Unknown	*
Other	0
Not LGBTQ/Declined to Answer	76
Disability	
Yes	76
No	*
Declined to Answer	0
Veteran Status	
Yes	*
No	76
Declined to Answer	0

Program Reflection

Implementation Challenges:

The challenges reported by the Care Management staff include the number of participants willing to participate in the Healthy IDEAS program. The participants reported that depression is a negative behavioral health diagnosis. Those participants who have a faith system were more challenged in acknowledging their depression. In their view being depressed demonstrated lack of faith in God. Most participants' goals were to get their social or environmental needs met; their behavioral/emotional needs were among their lowest priorities. They wanted assistance with Medi-Cal application, advocacy with In-Home Supportive Services, minor home repairs, food resources, transportation or other resources. Clients believed that by obtaining these items their depression would resolve.

Success:

According to the MHSa Prevention and Early Intervention Healthy IDEAS FY 2017-2018 Report, CareLink and Healthy IDEAS program successfully addressed issues identified in the care plan while reducing depression. On an average client's depression score decreased by 7 or more points. On the Quality of Life Survey participants reported the greatest improvement in how they felt about their life in general.

Lessons Learned

This year continued to demonstrate the importance of skills of the Care Manager to navigate barriers to participants' reluctance to participate in the Healthy IDEAS Program. Care Managers were able to increase the level of participants by utilizing Motivational Interviewing as well as education.

Relevant Examples of Success/Impact:

One participant enjoyed the visits and interacting with the Social Worker, especially when we played Sudoku (behavior activity). Having the interaction and being concerned for her well-being is what gives her the ability to be positive and see every day on a better note. Healthy IDEAS and anti-depressants combined helped the participant to enjoy life once again. Participant stated that her symptoms (crying spells, isolating self and lack of interest) have reduced significantly. And being active is what she enjoys. In addition, having the support from the Social Worker assisted in reducing her symptoms.

PEI Plan Project Area #6: Trauma-Exposed Services for All Ages

Through the community planning process the high need for services for trauma exposed individuals was a priority. This project includes programs that address the impact of trauma for youth, TAY, and adults.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Cognitive Behavioral Intervention for Trauma in Schools
Project Area as Defined by PEI Plan: PEI#6 Trauma-Exposed Services for All Ages
Program Description: CBITS is a cognitive and behavioral therapy group intervention to reduce children’s symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.
Number of unduplicated individual participants or audience members during FY1718: 74

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	73
Transition Age Youth (16-25)	*
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	*
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	43
Other	*
More than one race	*
Declined to Answer	15
Ethnicity	
Hispanic or Latino as follows	
Central American	*
Mexican American	39
South American	*
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	*
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	49
Spanish	*
Bilingual	*
Other	0
Declined to Answer	16
Gender	
Male	30
Female	44
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	*
Bisexual	*
Homosexual, did not specify	*
Unknown	0
Other	*
Not LGBTQ/Declined to Answer	66
Disability	
Yes	0
No	0
Declined to Answer	74
Veteran Status	
Yes	-
No	-
Declined to Answer	-

Program Reflection

Implementation Challenges:

Staff turnover in the Mid-County region mid group cycle was a challenge for the provider. Mid-County was also an expansion to the provider's current contract. They had less time to do outreach and begin implementing services since it was enacted mid-year.

Parent/Caregiver and teacher engagement, as required by the model, is also difficult. Often caregivers are unable to come to meet in person or difficult to reach via phone. Teachers also do not have time to meet individually regarding students in the group.

For schools that rely on referrals for CBITS group vs larger-scale screenings, getting enough referrals to form a group has been difficult. Getting buy-in from administrators on the benefits of screening on a larger scale has been a challenge for the provider.

Success:

Even with staffing challenges and the shortened implementation time in the Mid-County region, 34 students were enrolled in services.

Western Region facilitators worked closely with referring counselors to establish a larger pool of students to screen.

Lessons Learned

Teaming and matching facilitators together makes a big difference in the success of program implementation in the field.

Relevant Examples of Success/Impact:

Participant's Comments:

- "That our actions can be helped by thinking about it also that not all the things that happen to me are my fault."
- "I learned to control my breathing. My anxiety definitely calmed down. I don't feel sad as often anymore. I learned to talk about it with kids younger or my age."
- "I learned to deal with the stress and old memories I have."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Seeking Safety
Project Area as Defined by PEI Plan: PEI#6 Trauma-Exposed Services for All Ages
Program Description: An evidence based practice that utilizes cognitive-behavioral therapy model for relapse prevention and coping skills to help participants with PTSD and substance use disorders. It is conducted in group or individual formats.
Number of unduplicated individual participants or audience members during FY1718: 106

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

*Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	78
Adult (26-59)	27
Older Adult (60+)	0
Declined to Answer	*
Race	
American Indian or Alaska Native	*
Asian	*
Black or African American	15
Native Hawaiian or other Pacific Islander	0
White	75
Other	0
More than one race	*
Declined to Answer	*
Ethnicity	
Hispanic or Latino as follows	
Central American	*
Mexican American	23
South American	*
Multiple Hispanic	0
Other Hispanic	*
Did not specify Hispanic/Latino group	29
Asian as follows	
Chinese	*
Vietnamese	*
Japanese	0
Other Asian	*
Did not specify Asian group	0

Preferred Language	
English	98
Spanish	*
Bilingual	*
Other	*
Declined to Answer	*
Gender	
Male	43
Female	62
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	*
Sexual Orientation	
Lesbian	*
Gay	*
Bisexual	12
Homosexual, did not specify	*
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	86
Disability	
Yes	16
No	82
Declined to Answer	*
Veteran Status	
Yes	*
No	103
Declined to Answer	*

Program Reflection

Implementation Challenges:

It has been challenging to reach the adult population for Seeking Safety services. Targeted outreach was attempted for locations where adults were likely to frequent (i.e., community centers, community colleges, parents of high school students where the Seeking Safety program was being offered); however, the acquisition and retention of adult participants has been challenging throughout the county.

Success:

Most of the Seeking Safety participants identified as Hispanic/Latino (50%), which is an identified underserved population within Riverside County.

Participants reported a decrease in trauma-related symptoms following participation in the program. Participants' pre to post measure scores showed a statistically significant decrease across the total score and all subscales of the Trauma Symptom Checklist 40 (TSC—40).

Furthermore, comparison of pre to post scores showed an improvement in positive coping response subscales and a decrease in negative coping responses to life stressors. All of these changes were statistically significant, except for changes in mental disengagement.

Overall responses to the satisfaction survey, given upon completion of the program, were positive. Participants found the program to be helpful and would recommend Seeking Safety to others

Lessons Learned:

It was found that the retention rates between closed groups versus open groups was higher and the group participants in the closed groups attended group more regularly.

Follow-up of group participants by facilitators in between sessions also increased the likelihood of participants returning to complete the program.

Relevant Examples of Success/Impact:

Participant's Comments:

- "This service helps me to be more friendly and confident. I know many ways to solve my problems positively."
- "The overall program really helped. I came into the program with frequent thoughts of self-harm/suicide but now I'm overall excited for the future."
- "Seeking Safety has been a great help to me. I had bad urges to smoke and I would lash out, but being here has helped me work on PTSD and my self-esteem."

PEI Plan Project Area #7: Underserved Cultural Populations

Through the community planning process, input was solicited from key community leaders from unserved and underserved cultural populations. The key community leaders gathered feedback and information from the communities that they represent and provided specific PEI recommendations regarding needed services. Specific interventions for the following underserved groups are included: Hispanic/Latino, African American, Native American, and Asian American.

Some of the programs previously implemented in this project area were out to bid in the FY17/18, and new programs are currently out to bid as well.

The following tables in this section include data tables for the programs in this project area with the unduplicated served, demographics, successes, challenges and lessons learned.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Building Resilience in African American Families (BRAAF) - Boys and Girls

Project Area as Defined by PEI Plan: Underserved Cultural Populations

Program Description: This project is a multi-intervention strategy with prevention and early intervention programs being provided throughout Riverside County. The primary program goals of this project are to reduce the risk of developing mental health problems and to increase resiliency and skill development for the African American population in Riverside County who are most at risk of developing mental health issues. The BRAAF Project will utilize four evidence-based practices: Africentric Youth and Family Rites of Passage Program (ROP), Cognitive Behavior Therapy (CBT), Guiding Good Choices (GGC), and Parent Support Groups in three different Riverside County regions.

Number of unduplicated individual participants or audience members during FY1718: 146

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	82
Transition Age Youth (16-25)	0
Adult (26-59)	64
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	138
Native Hawaiian or other Pacific Islander	*
White	*
Other	0
More than one race	*
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	*
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	*
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	144
Spanish	0
Bilingual	*
Other	0
Declined to Answer	0
Gender	
Male	82
Female	64
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	*
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	144
Disability	
Yes	*
No	140
Declined to Answer	0
Veteran Status	
Yes	*
No	141
Declined to Answer	0

Program Reflection

Implementation Challenges:

The implementation challenges of this program are related to response bias from the parents when filling out the Alabama Parenting Questionnaire (APQ). Parents complete the APQ measure which assesses several dimensions of parenting—positive and negative parenting practices—that are the target of many parent management interventions. Parents are reticent to openly share the challenges of parenting in the beginning of the program. This is especially prominent amongst African American communities whom have been targets of unethical re-search methodology for the sake of science.

Success:

The program is designed for African American girls and boys between ages 11 and 14. The goal of the MAAT program is empowerment of black adolescents through a nine-month rites of passage program. The girls saw a significant increase in resiliency. At intake, youth reported an “average” sense of relatedness according to the Resiliency Scale scoring categories, and at follow-up they moved to “high” sense of relatedness.

3 months prior to beginning ROP, 75% of the youths did not have any sudden drop in school performance while 25% did. Since participating in ROP, 86% of the youths did not have any sudden drop in school performance and there was a decrease in school suspensions.

Results showed youths reported having higher levels of ethnic identity achievement after completing.

Lessons Learned

It is important to understand the family burden when establishing relationships with participating families to reduce anxiety and build trust at recruitment opportunities.

To continue to address response bias, utilize Participatory evaluation that includes the parents’ feedback regarding parental challenges and clarifying the assessment tool is meant to reflect a measurement of growth.

To continue to identify hopes and dreams for all program participants and show how the tenets of the program can support them.

Strengthen family cohesion through connection and empowering support of the staff, especially the parent partner, throughout the week.

Relevant Examples of Success/Impact:

Participant’s Comments:

- “Get along better with my family.”
- “Once my mom met another girl’s mom [from ROP], she is more fun and wants to go do things together.”
- “Before program I wanted to hit my siblings, but I have learned restraint.”
- “Yes, I am nicer to family members. Started respecting elders and sisters more.”
- “Learned to be more grateful for what I have, because I know some people don’t have that.”
- “The self-control and manners class was useful.”

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: The target population to be served is African American children and their parents/guardians that live in communities with high rates of poverty and community violence.

Number of referrals to a PEI RUHS-BH program: 0

Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Mamas y Bebés
Project Area as Defined by PEI Plan: Underserved Cultural Populations
Program Description: Mamás y Bebés (MyB) is a prenatal intervention, focused on both Spanish and English speakers, designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The intervention is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The program helps participants create a healthy physical, social, and psychological environment for themselves and their infants.
Number of unduplicated individual participants or audience members during FY1718: 9

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	*
Adult (26-59)	*
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	*
Native Hawaiian or other Pacific Islander	0
White	*
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	*
Central American	0
Mexican American	*
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	*
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	*
Spanish	*
Bilingual	*
Other	0
Declined to Answer	0
Gender	
Male	0
Female	*
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	*
Disability	
Yes	0
No	*
Declined to Answer	0
Veteran Status	
Yes	0
No	*
Declined to Answer	0

Program Reflection

Implementation Challenges:

The program was in its first year of implementation for our contractor Reach Out. The MYB contract began in Dec 2017 and the contractors were trained and began outreach in January 2018. This was also the first contract with Riverside University Health Systems Behavioral Health for Reach Out. Due to named challenges, program implementation required guidance with the population, community, and outreach strategies. Learning about local resources and services connected to this priority population was challenging and interfered with program goals.

Success:

The contractor developed a relationship with a community hospital and a family resource center and began providing group services to several mothers. Simultaneously, the PEI team provided training and support by using live observations and debriefing for the group facilitators. Group facilitators became more skilled in the evidence based practice and obtained fidelity scores of 80%. By the end of the fiscal year 17/18, eight women completed the program

Lessons Learned

Contractors who are not familiar with Riverside County and who have not provided maternal mental health services before require additional technical assistance and training. Fidelity meetings not only focused on training to the EBP, but a special focus on innovative outreach strategies.

Relevant Examples of Success/Impact:

Outcome scores for those who completed both a pre and a post measure indicated that depression symptoms significantly decreased among the women who participated in the program ($t=4.212$, $p\text{-value} = 0.014$). Average scores at intake (pre) indicated that women were within clinically meaningful levels of depression with an average score of 26.40. The post measure provides evidence of a significant decrease in depression levels as the score reduced to an average of 8.80, which indicates that women indicated no symptoms of depression after completing the program.

Participant Comments:

- "I liked everything. I am grateful that programs like these exist. Many thanks."
- "I loved this class because it helped change my behavior towards a positive behavior."
- "Very interesting topics."
- "The interaction between the girls in the group is really good, really helpful and safe."

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: Hispanic/Latino

Number of referrals to a PEI RUHS-BH program: 0

Number of referrals to Mental Health Treatment (county clinic or private provider): 0

Prevention and Early Intervention Program Summary

Program Information

Type of Program: Prevention Early Intervention Outreach Access & Linkage

Program Name: Filipino-American Mental Health Resource Center
Project Area as Defined by PEI Plan: Underserved Cultural Populations
Program Description: The Filipino-American Mental Health Resource Center is a newly funded project that started in FY2017-2018 intended to provide mental health resources to the Filipino-American and Asian populations. The Resource Center staff provides referrals, general mental health information, newsletters, suicide prevention materials, and other outreach engagement with the community. The center will also host quarterly mental health seminars and monthly support groups, both of which will be facilitated by Cultural Competency staff.
Number of unduplicated individual participants or audience members during FY1718: 14

Program Demographics

The following demographic information is unduplicated. *If less than 11, the number is not reported.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	14
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	14
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	14

Preferred Language	
English	0
Spanish	0
Bilingual	0
Other	0
Declined to Answer	14
Gender	
Male	0
Female	0
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	14
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	14
Disability	
Yes	0
No	0
Declined to Answer	14
Veteran Status	
Yes	0
No	0
Declined to Answer	14

Program Reflection

Implementation Challenges:

An implementation challenge is targeting the Asian American and Filipino American population at the new Moreno Valley location.

Success:

The resource center has hosted successful monthly mental health support groups at their new Moreno Valley location. Each mental health support group has focused on various mental health topics.

Lessons Learned

Continued strategic outreach needs to be conducted in order to increase awareness of the resource center and to reach the Asian American and Filipino American population.

Relevant Examples of Success/Impact:

Community members are becoming aware of the resource center acquiring information about mental health resources offered through their center. The PVFAA center has referred individuals to services offered through RUHS-BH.

Improving Timely Access to Services for Underserved Cultural Populations

This section is only for Underserved Cultural Population programs.

Target Population: Asian American and Filipino Americans

Number of referrals to a PEI RUHS-BH program: 0

Number of referrals to Mental Health Treatment (county clinic or private provider): 0