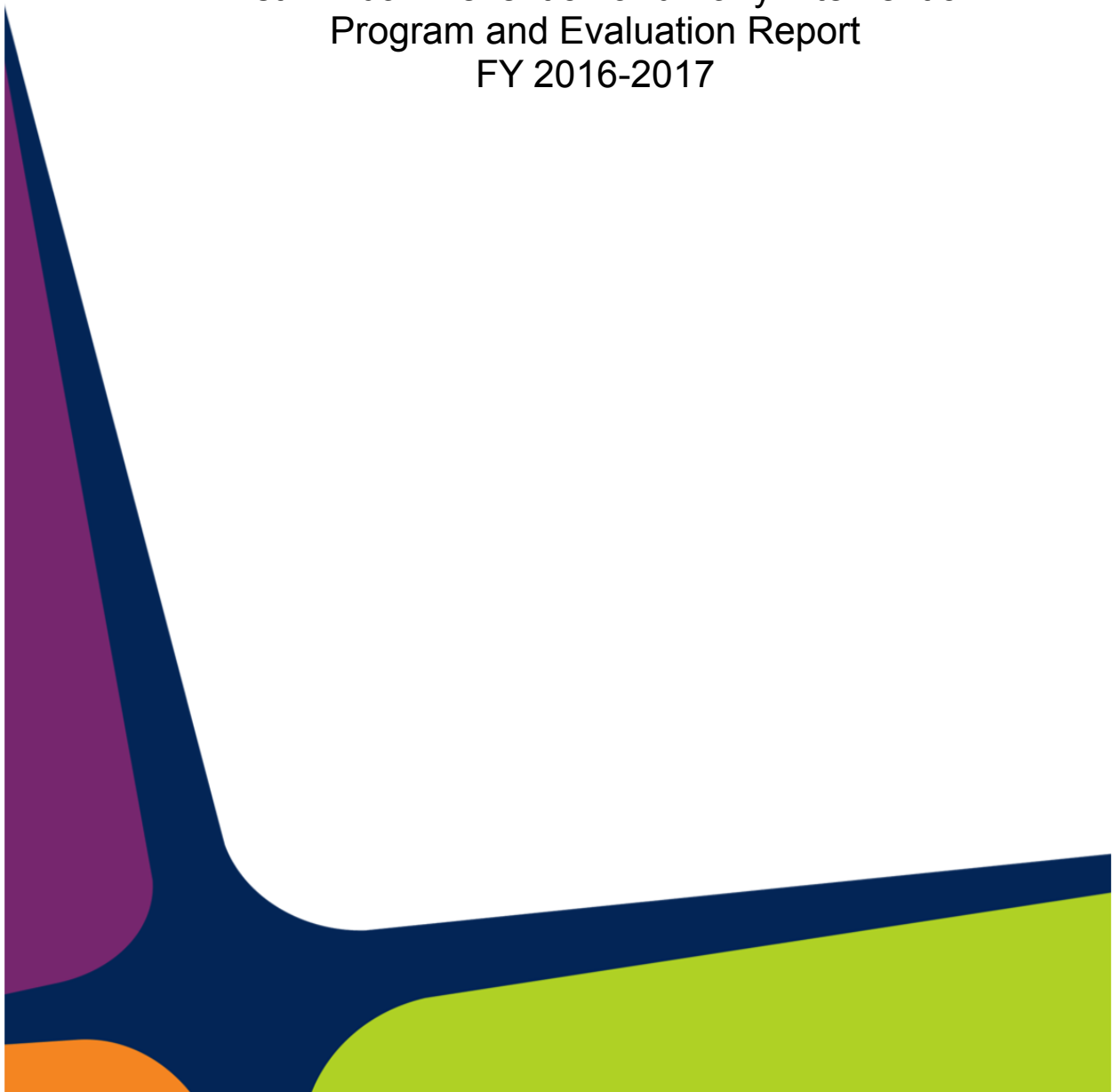




Riverside University Health Systems-Behavioral Health
MHSA
First Annual Prevention and Early Intervention
Program and Evaluation Report
FY 2016-2017



Please find enclosed from Riverside University Health System –Behavioral Health (RUHS-BH) the Riverside County MHSA submission of the first 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.

RUHS-BH is submitting this report in acknowledgement of the waiver and looks forward to including future reports within our County MHSA Annual Plan updates. Since the waiver indicated that the County must submit the first Annual PEI Program and Evaluation Report by December 31, 2017, this submission is being provided as a separate document rather than as a part of the County MHSA Annual Plan update.

RUHS-BH Mental Health Services Act, Prevention and Early Intervention program valued evaluation and data collection early in the process of implementing the County MHSA PEI Plan resulting in a significant amount of data collection occurring before the regulatory data requirements were enacted. While this early work put our MHSA PEI program at an advantage with regards to meeting much of the data collection regulatory requirements there are a few programs where data collection is still an evolving process. As such the following document includes as much data reporting information as possible with narrative explanation where needed.

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 that includes the program name, unduplicated clients served, any demographic data available, and 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.

MHSA Prevention and Early Intervention
PEI Summary
FY 2016-2017

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**Mental Health Awareness
and Stigma Reduction**

8,619 people were reached
by PEI outreach activities

**Parent Education and
Family Support**

684 participants were
served by Mobile PEI,
Triple P, Strengthening
Families Program

**Early Intervention for
Families in Schools**

416 participants were
served by FAST and
Peace 4 Kids

**Transition Age Youth
Project**

9,842 TAY outreached to
by Peer to Peer
446 TAY participated in
Stress and Your Mood
and CAST

**First Onset for Older
Adults**

537 older adults served by
CBT for Late Life
Depression, Care
Pathways, Healthy IDEAS
5,400 were outreached to
by the Office on Aging

26,516 Riverside County
residents were engaged by
Prevention and Early
Intervention Outreach and
Service Programs

**Trauma Exposed
Services for All Ages**

448 people participated in
CBITS and Seeking Safety

**Specialized Ethnic
Community Programs**

124 individuals served by
Building Resilience in
African American Families

Prevention and Early Intervention Services Demographic Overview

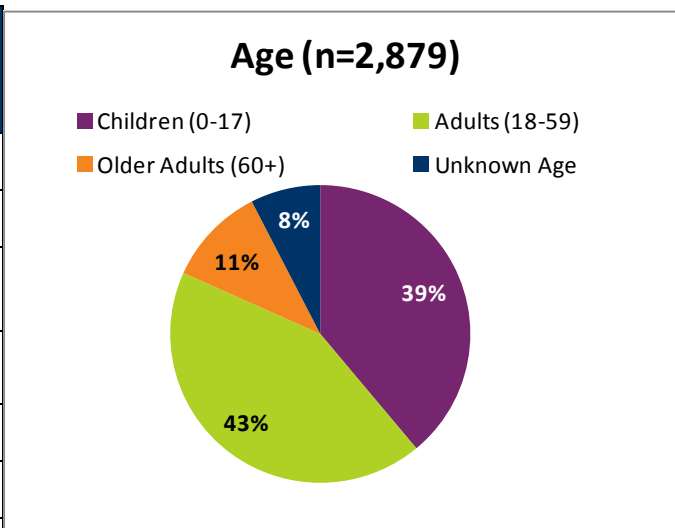
A total of 2,879 individuals and families participated in Prevention or Early Intervention (PEI) services in FY2016-2017. This total does not include outreach. The following details the demographics of the participants.

Table 1

Race/Ethnicity	PEI Participants (n=2879)	County Census (n=2,361,026)
Caucasian	14%	37%
Hispanic/Latino	56%	48%
Black/African American	10%	6%
Asian/Pacific	2%	6%
Native American	.4%	0.4%
Multi-Racial	3%	3%
Other/Unknown	4%	0.1%

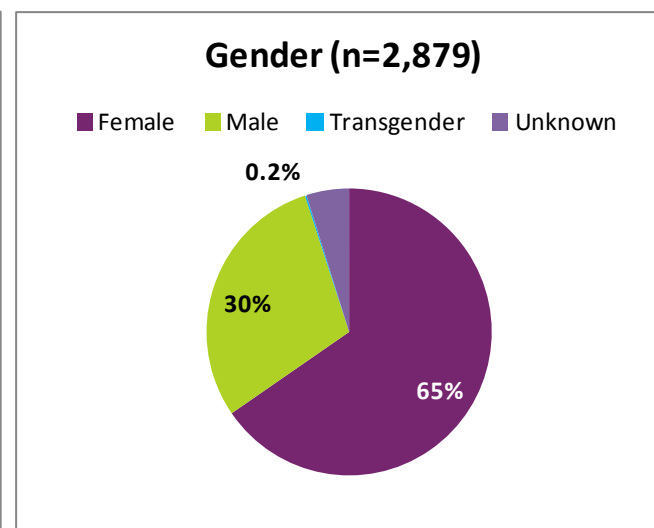
Hispanic/Latinos (56%) comprised the largest proportion of the PEI participants served. Hispanic/Latinos PEI participation reflects the underserved priority populations intended to be reached by the PEI programs, and is also representative of the county population.

Figure 1



The majority of PEI participants were adults (43%). The second largest age group served by PEI programs were children aged 0 to 17 years (39%). Older adults represented 11% of the population served by PEI programs. PEI also focuses on Transition Age Youth (TAY), and 24% of participants were aged 16 to 25 years.

Figure 2



More than half (65%) of PEI participants were female, 30% were male, .2% were transgender, and gender was unknown for 5%.

Prevention and Early Intervention Outreach Demographic Overview

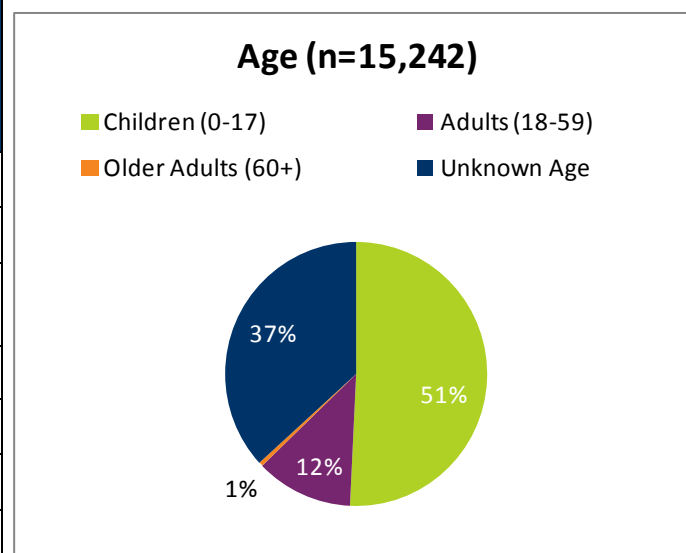
15,242 individuals were reached by PEI Outreach from Peer to Peer Speakers' Bureau and outreach done by the Office on Aging. During FY1617, demographics were only collected by the Peer to Peer Speakers' Bureau. Additional outreach was provided to 8,395 people in a variety of outreach activities under Mental Health Stigma and Awareness.

Table 2

Race/Ethnicity	PEI Outreach (n=15,242)	County Census (n=2,361,026)
Caucasian	7%	37%
Hispanic/Latino	33%	48%
Black/African American	4%	6%
Asian/Pacific Islander	2%	6%
Native American	1%	0.4%
Multi-Racial	5%	3%
Other/Unknown	49%	0.1%

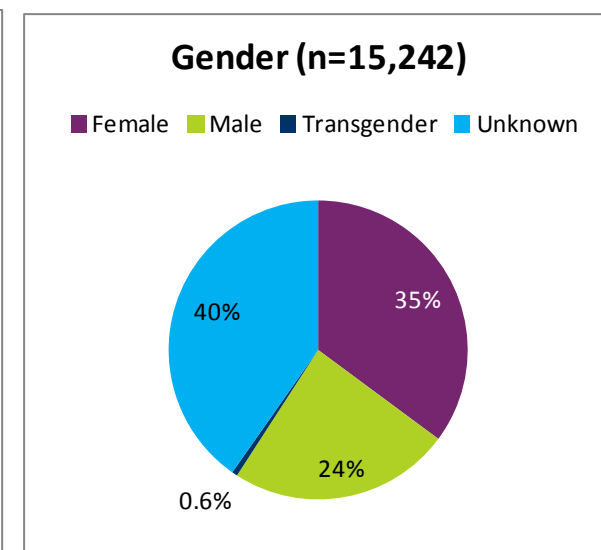
One third of those reached by PEI Outreach were Hispanic/Latino (33%). Race/ethnicity was unknown for 49% of Outreach participants because Office on Aging did not collect demographic information at outreach events, only the Speakers' Bureau events had the opportunity to collect that information.

Figure 4



Half (53%) of those reached were children 0-17, 12% were adults 18-59. TAY were also outreached to and accounted for 35% of the people in outreach efforts. Peer to Peer Speaker's Bureau mostly targets TAY and that is reflected in the ages in the graph above. The unknown amount is large due to the Office on Aging not having the opportunity to collect demographic information at outreach events.

Figure 5



About one third of those reached in PEI Outreach efforts were female (35%), quarter (24%) were male, and 40% were of unknown gender. The unknown amount is large due to the Office on Aging not having the opportunity to collect demographic information at outreach events.

Mental Health Awareness and Stigma Reduction

The goals of this PEI project area is to increase community outreach and awareness about mental health information/resources, and to reduce stigma. These activities are designed to outreach to underserved populations, increase awareness of mental health topics, and to reduce stigma and discrimination. **In total, at least 8,619 people received a form of outreach . Many more were exposed to various media campaigns and/or trainings.** Some programs (Contact for Change and Community Health Promoters) in this project were out to bid on an RFP for new providers in FY1617 and did not provide outreach during the fiscal year.

RUHS-BH Cultural Competency Program- Regional outreach liaisons provide community outreach and engagement activities targeting underserved populations.

Outreach to 3,219

- Outreach and engagement activities included outreach at isolated locations in the Desert region as well as, engagement done at various community events and meetings held across the County.

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

648 Youth attended

- Youth from schools (5 middle schools and 23 high schools) through out Riverside County attended a variety of workshops on mental health topics at the conference.

Peer Navigation Line- A toll free number staffed by peer navigators where the public can talk to a real person who is in their own behavioral health recovery – they have ‘been there’ and have had the same questions, fears, and judgments. They assist the public in navigating the behavioral health system and connect them to resources based upon their individual need.

257 Phone contacts

- The Peer Navigation Line : Listens, informs about choices, helps figure out where the local resources are, helps decide which resources are best, points out good places to start, answers questions about mental health recovery , helps people see the hope.

Mental Health Awareness and Stigma Reduction Continued

It's Up to Us: Media Campaign designed to empower Riverside County residents to talk openly about mental illness, recognize the signs and symptoms of mental illness, recognize the warning signs for suicide, seek help for themselves or others, utilize local resources, and support community members experiencing mental illness.

Narrowcasting

426 Venues

584 Display points

- Narrowcasting as a media strategy places targeted messages in community venues within neighborhoods that reach specific audiences. This placement allows exposure to materials in places people visit frequently and trust (libraries, senior centers, WIC offices, doctor offices etc..).
- Placement is in strategic places such as waiting areas and restrooms. In these strategic settings individuals from the intended priority populations are temporarily “captive” and especially open to sensitive information such as mental illness and suicide prevention.
- Venues have multiple display points with posters, tent cards with messages, and lime green ribbons. 38,877 tent cards and 29,900 lime green ribbons distributed.

Media Mix

TV, Cable, Digital, Radio, Signage

- Media directed audiences to Up2Riverside.org for information, local resources, and the HELPLine. Increased reach and frequency during key awareness months (May – Mental Health month, September Suicide Prevention Month).
- Campaign study found- 81% of Riverside residents are aware of the It's Up to Us media campaign, and 50% discussed a campaign ad or message with someone else.
- People who had seen the campaign were significantly more likely to agree that the ads helped them know where to seek help in their community for mental health problems; where to seek help if someone in their family was showing warning signs for suicide; where to seek help for emotional and behavioral problems in children.

Mental Health Awareness and Stigma Reduction Continued

Call to Care provides training for lay person to initiate and maintain understanding, caring relationships with people from their communities. Trained individuals also participate in outreach events.

**220 participants attended
Training Classes**
68% completed the training

- 86% of participants were Hispanic/Latino, 68% primarily spoke Spanish, 70% were female.
- *"I liked the program very much. I can put all that I learned into practice during my life. Thank you."* - Participant

**59 people attended
Continuing Education
meetings**

- Current Training Class participants also attended Continuing Education meetings.
- Meetings were for participants that had attended the training class and potential new participants. Meeting topics included "Our Mental Health" and "Our Well Being".
- Call to Care staff also attended some public events to promote the program.
- *"Thank you for this workshop. It makes us better people."* – Participant

Toll Free 24/7 Helpline – A crisis suicide prevention hotline which provides referrals and resource information. In the first 6 months of FY16/17, 4,271 people phoned in to the Helpline, 3,560 people phoned in to the Helpline in the last 6 months of FY16/17.

Network of Care- Interactive website available to consumers, family and community members, community based organizations and providers which provides easy access to a variety of behavioral health resources. The website had 182,168 visits and 651,342 page views.

Suicide Prevention Training and Statewide PEI Projects

Suicide Prevention Training – RUHS-BH Prevention and Early Intervention staff were trained as trainers to provide two suicide intervention strategies: ASIST and SafeTALK

Applied Suicide Intervention Skills Training (ASIST)
60 people attended

- RUHS-BH PEI staff provide trainings to community providers, school staff, and community at large.
- This 2-day workshop is for caregivers who want to feel more comfortable, and confident in helping to prevent the immediate risk of suicide.

SafeTALK
106 people attended

- This 3 hour workshop is a training that prepares anyone over the age of 15 to identify persons with thoughts of suicide and connect them to suicide first aid and resources.

Statewide Activities- PEI funds were committed to support overarching statewide campaigns that focused on Suicide Prevention, Stigma and Discrimination Reduction. These statewide activities leveraged local efforts with additional awareness campaigns, such as Know the Signs, Walk in Our Shoes, AB2246 suicide policy training to local schools, and Directing Change.

Each Mind MATTERS

- A total of 56,493 physical, hardcopy materials across Each Mind Matters programs and initiatives were disseminated through out Riverside County.
- In FY1617, 72 Riverside county agencies, schools and organizations received outreach materials, a training, technical assistance or a presentation about stigma reduction, suicide prevention and/or student mental health through the collective efforts of all programs implemented under the Statewide PEI Project.

Directing Change
119 films Submitted
325 County youth participated

- Directing Change offered Riverside County young people the opportunity to participate in the mental health awareness movement by creating 60 second films about suicide prevention and mental health that are used to support awareness, education and advocacy efforts. Directing change videos are used in various suicide prevention, anti-stigma, and discrimination activities in the County through out the year.

Parent Education and Support

The goals of this PEI project are to increase parent/caregiver skills in order to reduce risk factors and increase protective factors in their children. Providing services in non-traditional settings to enhance parental knowledge, skills, and confidence in managing their children's disruptive behaviors. **In total, 684 were served countywide.**

Triple P is a multi-level system of parenting and family support strategies for families with children from birth to age 12. Triple P is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence.

Triple P enrolled 248 parents
82% completed

- 85% of parents were Hispanic/Latino.
- 93% were 18-59 years old, and 87% were female.
- Positive parenting practices increased and inconsistent discipline decreased. Parents' anxiety and depression decreased. Also, children's disruptive behaviors declined in frequency.
- *"I learned to be more consistent with things when I ask my son to do something. More than anything I learned to be a better mother and example for my children."* - Participant

Strengthening Families Program (SFP) is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 6 to 11 years old. This program brings together the family for each session.

SFP enrolled 186 families with 229
parents/guardians
74% of families completed

- Parents became more involved in their children's activities after the program, used more positive parenting techniques and decreased their inconsistent discipline.
- Children's conduct problems, hyperactivity, peer problems, and pro social skills improved.
- Families reported being more cohesive, more expressive, and having less conflict after the program.

Parent Education and Support Continued

Mobile PEI: 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.

PCIT enrolled
125 Children

- PCIT served children with an average age of 4.65 years old, 55% were 3-4 years old. Two-thirds of the children served were male.
- The majority of families were Hispanic/Latino at 51.2%.
- Overall, parents reported being more confident in their parenting skills and their ability to manage their child's behavior.
- Parents reported that their relationship with their child improved.
- Behavior measures showed a decrease in child problem behaviors and improvements in the parents' perception of their behavior as a problem.
- In addition, 3 children received Trauma focused CBT , pre to post scores showed improvement in general mental health functioning.

Parent and Provider consults to
43 parents and 22 providers

- 43 parents received a total of 46 consultations on behavior in their young child. Consultations were provided across 10 school districts.
- The majority of children that were the focus of a consult were between 5-6 years of age.
- 22 provider consults were given to school personnel at 7 school districts for specific children in their classes or for general classroom behavior management.

Parenting Groups enrolled 9 parents
Pro-Social Skills enrolled 8 children

- Parents received Triple P parenting classes and Educate, Equip and Support classes.
- Several children received Incredible Years for school age children and several children received Dinosaur school for children 3-4 years old.
- *"I learned to be more patient with my kids and how to put them in timeout."* - Participant

Early Intervention for Families in Schools

The goals of this project are to partner with school districts to provide a family based intervention to improve protective factors for children, teach parents effective communication skill, improve family functioning, build social support networks, and decrease children's risky social behaviors. Also, to empower parents to be the primary prevention advocates in their children's lives. **In total, 416 people were served countywide in this project area.**

Peace for Kids - Based on Aggression Replacement Training for middle school students provided on campus during school. 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.

371 individual students enrolled in Peace 4 Kids.

Level 1 - 67% completed

Level 2 - 80% completed

Level 3 – 63% completed

- 53% were female, 47% were male.
- 74% were Hispanic/Latino.
- Behavioral difficulties decreased and pro-social skills increased. Use of positive social skills increased.
- *"I learned a lot and felt less stressed. I feel like I can make my life better."*
– Participant

Families and Schools Together (FAST) - A family group program at school designed to build protective factors in children, empower parents to be the primary agents for their children, and to build supportive parent-to-parent groups. The goal of the FAST program is to avoid school failure, violence, and delinquent behaviors by intervening early with community resources, at home, and in school.

45 families enrolled in FAST
80% completed

- 71% of youth enrolled were Hispanic/Latino. 74% were 5 to 8 years old.
- Parents reported their sense of relationships with their children and emotional support significantly increased.
- Parents' reciprocal support significantly improved.
- Teachers reported improved conduct in the participating children.

Transition Age Youth (TAY) Project

The goals of this project are to provide outreach, stigma reduction, and suicide prevention activities for TAY at highest risk of self harm. Targeted outreach will occur to identify and provide services for LGBTQ TAY, TAY in or transitioning out of the foster care system, runaway TAY, and TAY transitioning into college. Reducing symptoms of depression and improving overall functioning with an evidence-based Early Intervention program for depression. Connecting to at-risk youth providing outreach and awareness about depression and suicide. **In total, 10,288 TAY were served by evidence based practices (446) and through outreach events (9,842).**

Stress and Your Mood Program—An evidence based early intervention program to treat depression based on the concepts of Cognitive-Behavioral Therapy . It is provided in settings where the youth feel comfortable i.e.: services targeting LGBTQ youth will be provided at an organization that serves LGBTQ youth and young adults.

213 participants enrolled into
Stress and Your Mood
63% completed

- 77% of participants were Hispanic/Latino, 73% were female, 97% were TAY age.
- Depression symptoms decreased, psychiatric status improved, and overall functioning improved.
- *"I learned how to handle stress and how to break problems down to solve them."* - Participant

CAST – In Peer-to-Peer programming is the Coping and Support Training (CAST) program facilitated by youth peers. CAST focuses on mood management, drug use control, and school achievement.

233 participants enrolled into the
CAST program
58% completed

- Half of the participants were Hispanic/Latino.
- Participants reported having support and encouragement from group leaders.
- Improved self-esteem, personal control of moods, personal control of school, and decision-making.

Transition Age Youth (TAY) Project Continued

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

121 presentations were given
2,966 individuals attended

- 57% of audience members were TAY with an average age of 16 years old. 61% reported being Hispanic/Latino.
- Participants' attitudes regarding recovery from mental health conditions improved after the presentation.
- Participants reported they had a greater willingness to seek mental health services if need after the presentation.

Peer-to-Peer Outreach Events (Cup of Happy)- Designed to educate the public about mental health, depression, and suicide, while also working to reduce stigma towards mental illness among TAY individuals who are considered to be at high-risk. The program outreaches to Gay/Straight Alliances, social services agencies, and the community at large, in order to organize and facilitate small and large TAY group presentations and discussions to local community-based locations, school districts, and college campuses.

524 events were held
6,876 participants attended

- 47% of participants reported being Hispanic/Latino, 54% were female, 36% were male and 1% were transgender.
- Event topics included Stigma Reduction, Coping Skills, Psycho-Education, Program Marketing, and LGBTQI Support.
- *“What was helpful about this activity was talking about what stresses each of us out and learning new ways to deal with them.”* - Participant

First Onset for Older Adults

The goals of this project are to reduce first on-set of depression and to reduce the impact of depression in the older adult population. Although this project focuses on the first on-set in older adults, older adults will also benefit from a variety of other PEI programs including: trauma related services, mental health awareness and stigma reducing activities, parent education, and support programs. **A total of 537 unduplicated older adults and adults transitioning to older adulthood received services from evidenced-based practices (CBT for Late-Life Depression, Care Pathways, Healthy IDEAS and Office on Aging), and 5,400 were outreached to by the Office on Aging.**

Cognitive-Behavioral Therapy (CBT) For Late Life Depression – An early intervention service that reduces suicidal risk and depression. CBT for Late Life Depression is an active, directive, time-limited, and structured problem solving program.

60 participants were served by CBT
for Late Life Depression

- 82% of participants were Caucasian, 65% reported identifying as LGBTQI, 48% were 60-69 years old.
- Depression significantly decreased.
- *"I feel [that] I have come a long way from where I was. At this point in time, I don't know where I would be without this counseling."* - Participant

Care Pathways- 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.

212 individuals enrolled in Care
Pathways
82% completed

- 46% were 60 years old and above, 46% were Caucasian and 35% were Hispanic/Latino.
- Depression symptoms in caregivers decreased from the beginning of the program to the end of the program.
- *"The class was very helpful for me as a caregiver and to help me understand what my mom might be going through. I'm excited to continue on with the support group that meets on Fridays. Thank you."* - Participant

First Onset for Older Adults Continued

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

28 participants received **CBT-LLD** services from the Office on Aging
64% of cases were closed

- 75% of participants were female and 46% were Caucasian, ages ranged from 50 years old to 90 years old.
- Depression significantly decreased, and participants felt better about their emotional well-being after the program.

177 **Referrals** were processed

- 177 individual referrals were processed by the Mental Health Liaisons, and some of those referrals enrolled into CBT-LLD. The unduplicated number of people served by Office on Aging was 193.

5,400 people attended **Outreach Events**

- 3,839 people had contact with the staff at public events.
- 1,249 people were reached during community meetings.
- 311 people attended presentations done by the Office on Aging staff.
- 1 person was contacted by phone.

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

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

- 78% were between the ages of 50 and 79, and 89% reported being Caucasian.
- Participants' depression symptoms significantly decreased.
- Participants' quality of life improved in the areas of relaxation, how they spend spare time, and how they feel about life in general.

Trauma-Exposed Services for All Ages

The goal of this project area is to reduce the negative impact of trauma for youth, TAY, adults, and older adults. Providing interventions early on to reduce the psycho-social impact of trauma for adults and children. **A total of 448 people (adults and children) who had experienced trauma received services from an evidence-based practice (CBITS and Seeking Safety).**

Cognitive Behavioral Intervention for Trauma in Schools - 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.

95 students, grades 5 through 11,
enrolled into CBITS
78% completed

- The majority of students were Hispanic/Latino (64%).
- PTSD symptoms decreased significantly.
- Depression symptoms decreased to below clinical levels.
- *"I learned how to cope with stress and anxiety. How to deal with trauma and depression. How to understand my feeling and how they can be sometimes."* - Participant

Seeking Safety - A present focused, coping skills program designed to help people with a history of trauma and substance abuse. It can be conducted in group or individual format, for female, male or mixed gender groups, for people with both substance abuse and dependence issues, for people with PTSD, and for individuals with a history of trauma but do not meet criteria for PTSD.

353 participants enrolled in
Seeking Safety
40% completed

- 72% of participants were female, 70% were 16-25 (TAY), and 51% were Hispanic/Latino.
- Traumatic symptoms significantly improved.
- Participants reported increased positive coping skills and decreases in negative coping responses.
- *"It helped cope with my fears. Before I wouldn't allow myself to feel but now I know that my feelings are real."* - Participant

Underserved Cultural Populations

The focus of this project is to provide programs to unserved/underserved cultural populations. The unserved/underserved populations in Riverside County will also benefit from the other PEI projects identified previously. Serving Hispanic/Latino, Black/African American, Asian/Pacific Islander, and Native American populations with multiple culturally appropriate Prevention and Early Intervention programs. Only one of the programs was active in FY1617. **In total, 124 people participated in Building Resiliency in African American Families.**

Building Resiliency in African American Families

1. Rites of Passage (ROP): Nine-month rites of passage to empower black male adolescents.
2. Guiding Good Choices (GGC): provides the parents/guardians of ROP children with the knowledge and skills needed to guide their children through early adolescence.

ROP enrolled 58 youth
84% completed

- Youth reported higher levels of ethnic identity after the program.
- Family cohesion improved after the program.
- *"It taught me how to be responsible, respectful, and positive."* - Participant

GGC enrolled 66 parents
100% completed

- 76% of participants were female.
- Parents became more involved with their children and increased positive parenting.
- *"I liked that I was able to be myself. Receive and give support to other parents."* – Participant

Mamás y Bebés (Mothers and Babies)— An evidence-based mood management perinatal group intervention for Hispanic/Latina Women. This program did not provide service in FY1617, instead services were started in FY1718 with a new contracted provider.

Underserved Cultural Populations Continued

Planned Cultural Programs

Native American Resiliency

- Previously PEI provided parenting classes to the Native American population. PEI is working with the Native American community to determine needs and develop PEI services based on a community stakeholder process.

Strengthening Intergenerational/ Intercultural Tie in Immigrant Families (SITIF)

- This program for the Asian American community is a culturally-sensitive, community based intervention to strengthen the intergenerational relationship. It promotes immigrant parents' emotional awareness and empathy for their children's experiences, cognitive knowledge, understanding of differences between their native and American cultures. It teaches behavioral parenting skills to improve intergenerational intimacy.

Filipino American Mental Health Resource Center

- The resource center will provide Outreach Activities, Referrals, basic mental health information, Support Groups, and Presentations. Service started in FY1718.

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

The programs that are included in the PEI project area #1 workplan are wide-reaching and include activities that engage unserved and underserved individuals in their communities to increase awareness about mental health with an overarching goal to reduce stigma related to mental health challenges. **Most of these programs have limited data collection, so more narrative information is included for these programs. One program (Call to Care) 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 FY16/17

During FY16/17, the Outreach Coordinators conducted 113 community events and meetings and had contact with 3,219 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 FY16/17 the website had 182,168 viewers, a slight increase from the previous year. 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 received 257 calls in FY1617. 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 15th Annual conference for middle and high school students was held on November 29, 2016, with 648 youth in attendance. Students from 5 middle schools and 23 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 presentation from Dee Hankins who shared his personal story and challenged youth to move forward “When Life Throws Curveballs”. The students then attended three out of four workshops offered during the day: “Speak Up, Reach Out,” where two TAY presenters shared their stories of lived experience with overcoming mental health challenges and provided information about coping strategies, common warning signs of suicide, and how to get help; “BFFs, Frenemies, and Other Relationships,” which focused on building and maintaining healthy relationships and moving away from unhealthy ones; “STEP Up,” which gave youth STEPS (Stop, Think, Evaluate, Perform, Self-praise) for making healthy decisions in dealing with peer pressure; and “Label Maker,” which aimed to help youth become better student leaders by discarding negative labels that have been placed on them over time and creating their own personal labels that define what and who they really are. 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 96,850 site visits in FY16/17. 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.

Teen Suicide Prevention and Awareness Program

PEI funded the Riverside County University Health System – Public Health, Injury Prevention Services (RUHS-PH) to continue implementing the teen suicide prevention and

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)

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. It is imperative to create buy in from the students on each campus, and 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
- Conflict resolution

In addition RUHS-PH assist 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. As a way to provide additional services that target the staff and parents of students at the selected school sites, training opportunities are offered. RUHS-PH provides Gatekeeper trainings to school staff. SafeTALK, is 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 57 school sites in FY16/17. RUHS-PH staff continued to provide parent education and staff development activities in FY16/17. 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. FY16/17 provided 13 parent workshops reaching 122 community members. The Statewide Know The Signs team assisted staff in developing the presentation. The staff development component consisted of providing seven SafeTALK suicide awareness trainings impacting 163 community members. As a stigma and discrimination reduction, suicide prevention program data collection is currently number trained and districts enacting campaigns.

Program Type: Suicide Prevention

Toll Free, 24/7 “HELPLINE”

The “HELPLINE” has been operational since the PEI plan was approved and in FY16/17 the hotline received 7,831 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 2016.

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)

Students, their families as well as school advisors and administrators were invited to celebrate the students. PEI staff conducted outreach and awareness at high schools throughout the county to raise awareness about the contest and encourage students to make videos. In FY16/17 119 films were submitted by 250 Riverside County students.

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. Over 56 trainings have occurred 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.

PEI Plan Project Area #2: Parent Education and Support

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 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 FY1617: 224

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	4
Transition Age Youth (16-25)	9
Adult (26-59)	109
Older Adult (60+)	49
Declined to Answer	53
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	190
Other	0
More than one race	0
Declined to Answer	34
Ethnicity	
Hispanic or Latino as follows	188
Central American	4
Mexican American	54
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	130
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	14
Spanish	150
Bilingual	21
Other	0
Declined to Answer	39
Gender	
Male	39
Female	153
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	32
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	224
Disability	
Yes	6
No	141
Declined to Answer	77
Veteran Status	
Yes	0
No	167
Declined to Answer	57

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.
- Recruiting males to participate was a challenge. More females participated in the Training Class (70%) than males (18%).

Success:

- The Call to Care staff conducted 241 outreach events, which totaled 302.5 hours and averaging 1.25 hours per event.
- Literature was distributed at 63% of the events, distributing a total of 3849 forms of literature, mostly in the form of brochures.
- Participants were highly satisfied with the program and the facilitator.
- Participants primarily spoke Spanish (68%) Countywide. Small percentage preferred English (6%)

Relevant Examples of Success/Impact:

Participant's Comments:

- "I would recommend it to others and the instructor was patient and a great motivator."
- "Thank you for this group. I learned a lot and helped me a lot in my personal and family life."
- "I liked the program very much. I can put all that I learned into practice during my life. Thank you."
- "Thank you for this workshop. It makes us better people."
- "Thank you to Catholic Charities for this educational class. The teacher has patience and a wonderful manner. She is a friendly person and easy to understand."

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Presentation	8
Community Meeting	1
Public Event	11
Phone	78
Other	143

PEI Plan Project Area #2: Parent Education and Support

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: 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 FY1617: 249

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	18
Adult (26-59)	220
Older Adult (60+)	4
Declined to Answer	7
Race	
American Indian or Alaska Native	0
Asian	1
Black or African American	21
Native Hawaiian or other Pacific Islander	2
White	209
Other	1
More than one race	12
Declined to Answer	3
Ethnicity	
Hispanic or Latino as follows	192
Central American	0
Mexican American	53
South American	1
Multiple Hispanic	0
Other Hispanic	3
Did not specify Hispanic/Latino group	135
Asian as follows	1
Filipino	1
Vietnamese	0
Multiple Asian	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	87
Spanish	162
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	32
Female	216
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	1
Sexual Orientation	
Lesbian	0
Gay	0
Homosexual, did not specify	1
Queer	0
Other	0
Declined to Answer / Not LGBTQ Population	248
Disability	
Yes	15
No	223
Declined to Answer	11
Veteran Status	
Yes	5
No	234
Declined to Answer	10

Program Reflection

Implementation Challenges:

- Model does not offer a “Train the Trainer” model which made it difficult to maintain facilitators for organizations that had staff turnover.
- Cost of training.
- Providing parent groups in more rural locations, i.e.: Desert region, transportation for parents became a barrier.

Success:

- Countywide the Triple P parenting program was provided to 249 parents.
- Service data showed that Countywide the majority (79.6%) of parents participated in at least six of the eight Triple P sessions. The program completion rate was 81.5% countywide.

Positive Parenting Practices Improved

- 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, and stress levels.

Child Disruptive Behavior Decreased

- 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. Scale scores also decreased significantly indicating that parents reported fewer behaviors as problematic.

Lessons Learned:

- Model can be effective and delivered by experienced facilitators to groups as large as 20 parents rather than 10-12 as initially implemented.
- Level 4 groups were most effectively delivered on elementary school campuses where parents felt most comfortable as the school site was in their community, school was a non-stigmatizing location, and had familiarity with other parents from the campus/community.

Relevant Examples of Success/Impact:

- A total of 197 participants completed the satisfaction survey. Overall, the majority of participants were satisfied with the Triple P program.

Common things learned:

- “I learned to be more tolerant, how to discipline positively. How to reward good behavior, how to help with self-esteem and how to set rules and praise.”
- “Setting rules, how to educate with love, that bad habits can be changed.”
- “I learned to be more consistent with things when I ask him to do something. More than anything I learned to be a better mother and example for my children.”
- “Been more patient with the stages of my son. Been more relaxed, been a better me.”

Common Things Liked

- “That they help you a lot and give you ideas, they make you feel like you’re not alone and there are other mothers in the same situation.”
- “I liked being able to learn steps, ways, and strategies to improve my family circle into a functional family.”
- “It encouraged me to stick with my parenting skills while disciplining.”

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access and Linkage

Program Name: Strengthening Families Program (6-11)

Project Area as Defined by PEI Plan: PEI#2 Parent Education and Family 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 FY1617: 229

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	8
Adult (26-59)	206
Older Adult (60+)	6
Declined to Answer	9
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	217
Other	0
More than one race	0
Declined to Answer	7
Ethnicity	
Hispanic or Latino as follows	212
Central American	2
Mexican American	184
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	26
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	51
Spanish	165
Bilingual	0
Other	0
Declined to Answer	13
Gender	
Male	44
Female	177
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	8
Sexual Orientation	
Lesbian	1
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	3
Other	0
Not LGBTQ/Declined to Answer	225
Disability	
Yes	2
No	219
Declined to Answer	8
Veteran Status	
Yes	2
No	214
Declined to Answer	13

Program Reflection

Implementation Challenges:

The implementation challenges for this program are:

- 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:

- Countywide, 186 families enrolled in the program and 229 individual parents or guardians.
- Outcomes Evaluation showed parenting skills strengthened countywide; parents showed statistically significant improvements on the Alabama Parenting Questionnaire in the areas of parental involvement, positive parenting, and inconsistent discipline. The Family Relationship Index measure showed family strengths such as an increase in family cohesion, expressiveness, and decrease in family conflict. Outcomes also revealed enhanced children's school success. The Alabama Parenting Questionnaire showed parental involvement increased and suggested that parents were more involved in their SFP child's school success at the end of the program. The Strength and Difficulties Questionnaire showed statistically significant improvement in child risk factors. Parents reported statistically significant improvements with their children in regard to conduct problems, hyperactivity, peer problems, pro-social skills, and total difficulties.
- Participants were satisfied with 97% reporting overall satisfaction with the program and 98% were satisfied with the group leaders. Almost all of the participants reported they would recommend this course to others (99%).

Lessons Learned:

The lessons the program has learned to improve implementation are:

- Identify non-stigmatizing sites early before recruitment and make a presentation to that site staff in order to get everyone on board with the mission of the program. This helped reduce complications with opening/closing and assisting with other program related issues.
- It helped to work with schools or community centers. Schools tended to be more challenging because extended hours can conflict with district employment scheduling. Community centers and churches sometimes had more flexibility.

Relevant Examples of Success/Impact:

Some of the frequent comments regarding the success and impact of the program are the following:

- "The Strengthening Families Program has helped me with my daughter. We have better communication and I have more patience and I'm not permissive with her like I was before starting the classes. I have learned a lot."
- "I have seen in my own family that we converse more. We talk more with our children, about how their teachers treat them, friends, and new friends they make daily. That satisfies me. They teach us communication between parents and children, to be friends, and trust, and especially how to solve a problem we have. Thanks."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☒ Early Intervention ☐ Outreach Access and 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 FY1617: 207

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	133
Transition Age Youth (16-25)	0
Adult (26-59)	74
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	3
Black or African American	3
Native Hawaiian or other Pacific Islander	0
White	25
Other	26
More than one race	12
Declined to Answer	65
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	73
Asian as follows	
Filipino	0
Vietnamese	0
Multiple Asian	0
Other Asian	0
Did not specify Asian group	3

Preferred Language	
English	31
Spanish	22
Bilingual	0
Other	0
Declined to Answer	154
Gender	
Male	83
Female	59
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	65
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Queer	0
Other	0
Not LGBTQ/Declined to Answer	207
Disability	
Yes	0
No	0
Declined to Answer	207
Veteran Status	
Yes	0
No	0
Declined to Answer	207

Program Reflection

Implementation Challenges:

- Educational and behavioral health systems having different agendas and at times poor school administrative support create challenges working on school campuses. Administrative support at partner school sites is essential to: ensure students in need of services are appropriately identified and referred, allow students to be excused from class without consequence to participate in activities, secure consistent parking (to navigate and park 39 foot mobile clinic), maintain HIPPA privacy for clients.
- Balancing continuity of care with ongoing maintenance and mechanical issues related to wear and tear on mobile clinics. Subsequent need to reschedule appointments, offer home visits, and rearrange schedules when mobile clinics are in the shop.
- Hiring staff fit for both clinical work and willingness to operate mobile vehicles including driving, fueling, emptying waste from tanks, etc.
- Adequately training clinical staff enabling them to drive, operate, and maintain mobile clinics.

Success:

- A total of 125 children received PCIT/MH services in the West, Desert, and Mid-County Regions.
- 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.
- Countywide and regionally there was a statistically significant decrease in CBCL Scores for internalizing behaviors, externalizing behaviors, and total problem for children 1.5-5 years of age.
- Countywide, for children over the age of 5, there was a decrease in the external and total problem scores however statistical significance cannot be accurately measured due to small sample size.
- Pre and Post Parent Stress Index (PSI) scores showed a statistically significant decrease across all regions.
- Overall parents felt more confident in their parenting skills and ability to discipline their child. Parents felt their relationship with their child and their child's behavior improved.
- A total of 8 children were enrolled in Incredible Years for FY16/17. After Dinosaur school, there was a 77.7% decrease in the problem score (parent's perception of child's behavior as a problem), and a 9.2% decrease in the average intensity score (frequency of child's problem behaviors).
- In the FY16/17 46 parent consultations served 43 parents in 10 different school districts, 28.3% were provided in Spanish.
- There were 22 provider consultations across 7 different school districts.
- Triple P and EES (educate, equip, support) parenting groups were provided in FY16/17. A total of 8 parents were enrolled in EES, and a total of 4 parents in Triple P. Out of the 4 parents enrolled in Triple P three were also enrolled in EES.
- Mobile staff participated in 11 outreach events throughout the community and reached 622 people.

Lessons Learned:

- It is essential to maintain regular communication with school administration and 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.
- 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.

Relevant Examples of Success/Impact:

A mom and her 5 year old daughter participated in PCIT on the mobile clinic. Primary concerns included aggressive behaviors (temper outbursts, hitting, kicking, pushing, screaming/yelling) and defiance (lingering, ignoring parent directives). The client also had difficulty regulating her emotions and interacting with peers appropriately. At initial pre-treatment observation, mom and client appeared to lack communication and warmth in their relationship, with

Program Reflection

Relevant Examples of Success/Impact:

A mom and her 5 year old daughter participated in PCIT on the mobile clinic. Primary concerns included aggressive behaviors (temper outbursts, hitting, kicking, pushing, screaming/yelling) and defiance (lingering, ignoring parent directives). The client also had difficulty regulating her emotions and interacting with peers appropriately. At initial pre-treatment observation, mom and client appeared to lack communication and warmth in their relationship, with the client often ignoring mom's directives. Mom also had difficulty engaging with client in play. Client would often test limits by ignoring mom, becoming upset when it was time to transition to another task, and had difficulty interacting positively with her younger 3 year old sibling. Mom was receptive to the positive parenting strategies that she was coached on in live sessions and over time she and client demonstrated a warmer and more attentive relationship (mom even shared that client always looked forward to spending special play time with her!). As treatment continued, the client's sibling was included in sessions and mom learned to balance and reinforce their positive behavior resulting in both children respecting each other's space, sharing their toys, and overall improving the quality of their relationship. The client learned to share, use her words, play nicely with her brother and her friends, keep her hands to herself. Additionally she was able to stay calm and take deep breaths when she became upset, enabling her to make better choices. She also learned to follow directions when asked the first time "quick as a bunny" and avoid being put in time out. The family successfully graduated from PCIT treatment with an overall enhanced relationship. Additionally they left treatment with a new consistent structure in place to better foster the client's continued successful development.

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

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 and 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 FY1617: 371

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	371
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	3
Asian	8
Black or African American	32
Native Hawaiian or other Pacific Islander	0
White	309
Other	0
More than one race	16
Declined to Answer	3
Ethnicity	
Hispanic or Latino as follows	276
Central American	2
Mexican American	102
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	172
Asian as follows	
Filipino	5
Vietnamese	1
Japanese	0
Other Asian	0
Did not specify Asian group	2

Preferred Language	
English	217
Spanish	124
Bilingual	27
Other	1
Declined to Answer	2
Gender	
Male	173
Female	198
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	1
Bisexual	5
Homosexual, did not specify	3
Unknown	8
Other	2
Not LGBTQ/Declined to Answer	352
Disability	
Yes	10
No	150
Declined to Answer	211
Veteran Status	
Yes	N/A
No	N/A
Declined to Answer	N/A

Program Reflection

Implementation Challenges:

- Management of the school schedule and the program schedule. Although this program is co-located on the middle school campus, access to students is still limited to avoid missing instruction time in core classes.
- Parent participation in the family component of the program in the evening hours.

Success:

- The Peace 4 Kids program enrolled a total of 371 students in the program. Of the 316 enrolled in Peace 4 Kids Level 1, 67% completed the program. Of the 44 students enrolled in Peace 4 Kids Level 2, 80% completed the program. 16 students were enrolled in Level 3 and 63% completed the program.
- Parents were invited to attend the “Family Time” component of the program. In total, 39 parents participated, 69% attended between 1 and 3 sessions, 28% attended between 4 and 7 sessions, and 3% attended between 8 and 10 sessions.
- 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 and overall behavioral difficulties for both student and parent ratings. Pro social skills also significantly improved as reported by student and parent ratings.
- A pre to post Skill Streaming checklist completed by the youth rating their use of positive social skills showed significant minimal improvements in their use of positive social skills.

Lessons Learned:

- Maintain open communication with teachers and administrators regarding concerns or challenges.
- Build relationships with the parents and youth during recruiting events and follow up with those relationships during the semester to encourage program attendance.

Relevant Examples of Success/Impact:

Students’ Comments After Completing the Program:

- “I learned how to stay calm with the melt. I learned how to handle personal things with the lessons they gave me in PEI.”
- “How to react when I am bullied and how to stop bullying. I also learned how to treat someone like your friends, and your family.”
- “How to help myself. How to help others. How to get along better and how to keep calm.”
- “I learned a lot and I felt less stressed and I feel like I can make my life better.”

Parents comments about what they learned:

- “How to have a better relationship with my family.
- “To have patience and how to understand my children and the importance of spending time together.
- “I learned many ways to handle situations that make me quick to anger. This in turn helped my son shadow positive changes he saw in me!”
- “I love it was family oriented. I appreciated how they had family activities and encourage group participation. I appreciated they offered a translator for the families who didn’t speak English. The activities were able to easily be compared to real life situations.”

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access and Linkage

Program Name: Families and Schools Together

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

Program Description: A family group program at school designed to build protective factors in children, empower parents to be the primary agents for their children, and to build supportive parent-to-parent groups. The goal of the FAST program is to avoid school failure, violence, and delinquent behaviors by intervening early with community resources, at home, and in school.

Number of unduplicated individual participants or audience members during FY1617: 45

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	38
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	7
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	3
Native Hawaiian or other Pacific Islander	0
White	34
Other	0
More than one race	0
Declined to Answer	8
Ethnicity	
Hispanic or Latino as follows	32
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	32
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	0
Spanish	0
Bilingual	0
Other	0
Declined to Answer	45
Gender	
Male	19
Female	19
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	7
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Homosexual, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	45
Disability	
Yes	0
No	0
Declined to Answer	45
Veteran Status	
Yes	N/A
No	N/A
Declined to Answer	N/A

Program Reflection

Implementation Challenges:

- The implementation challenges included recruitment of appropriate FAST team members, the model required having school staff participate on the team. Availability of school staff to participate in an evening program was limited.
- The model also required one team per school site, which did not allow flexibility to deliver program in the community.
- FAST required an extensive data collection of the families which became a barrier to services.

Success:

- The FAST program enrolled 45 families throughout the county. Of the 45 families enrolled, 80% (n=36) graduated and attended 6 or more sessions.
- Pre and Post outcomes were evaluated and significant results were in the following areas: Social Relationships– Parents reported an improved relationship with their child; Social Support– Parents perceived their sources for affectionate support and emotional support as improved by the end of the program; Child's behavior– Parents reported that their child's conduct problems improved at the end of the program.
- Teachers also reported an improvement in children's conduct problems and an increase in pro-social behaviors.
- Parent Satisfaction– Parents rated their satisfaction with program an average score of 9 on a scale of 1= poor and 10= excellent.

Lessons Learned:

- Providing families individualized face to face contact prior to the first session increased enrollment.
- Including school administration in the enrollment process, first session and graduation increased attendance in the program.
- Weekly team and planning meetings are essential to implementing the FAST program.

Relevant Examples of Success/Impact:

- Families expressed that the FAST program contributed to increased communication with families. One example is that we had parents who were separated and/or divorced who were having difficulty co-parenting participate as a family unit. These families expressed that after completing the program that they began communicating in a positive manner and family relationships improved overall.
- San Jacinto school district reported that they have seen more parent involvement, increased attendance, and improved school functioning in the three years that FAST was implemented at their school.

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 and 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 FY1617: 213

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	6
Transition Age Youth (16-25)	207
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	6
Black or African American	16
Native Hawaiian or other Pacific Islander	1
White	180
Other	3
More than one race	6
Declined to Answer	0
Ethnicity	
Hispanic or Latino, as follows:	163
Central American	0
Mexican American	41
South American	0
Multiple Hispanic	2
Other Hispanic	2
Did not specify Hispanic/Latino group	118
Asian, as follows:	6
Filipino	2
Vietnamese	0
Multiple Asian	0
Other Asian	4
Did not specify Asian group	0

Preferred Language	
English	204
Spanish	7
Bilingual	1
Other	1
Declined to Answer	0
Gender	
Male	56
Female	156
Transgender Male to Female	0
Transgender Female to Male	1
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	1
Queer	0
Other	6
Declined to Answer / Not LGBTQ Population	206
Disability	
Yes	6
No	205
Declined to Answer / Unknown	2
Veteran Status	
Yes	0
No	213
Declined to Answer / Unknown	0

Program Reflection

Implementation Challenges:

- Staff turnover and retention required resulted in ongoing training support and technical assistance.
- Access to the TAY population on high school and college campuses.
- Adapting the SAYM model for the cultural specific needs of the TAY in Riverside County (i.e. Latino Youth).

Success:

- Demographics information showed that SAYM programs served the intended target population of Transition Age Youth (TAY). A total of 213 were served in SAYM, and 97% were TAY in FY 2016-2017. The majority of those enrolled (73%) were females. Of the youth served, the majority of participants were 17-18 years of age or younger (66%), and 14% identified as LGBTQ.

Depression Symptoms Improved

- Youth in SAYM showed decreases in the frequency of depression symptoms. Average scores on the CES-D had a statistically significant decrease. At intake, 79% of the youth had a CES-D score of 16 or greater, indicating clinically significant depressive symptomatology. Following participation in SAYM, average depression scores decreased below the clinically significant level, and 46% of youth had a score below the clinically significant level.

Clinicians' Ratings Showed Improvement in Psychiatric Status

- Clinicians' ratings also showed that youth psychiatric status improved following SAYM intervention. The CGI-I was completed by clinicians after each module and at conclusion of SAYM services to rate the level of improvement relative to the youth's status on enrollment. Clinician ratings of change after the conclusion of Module 1 and 2 showed minimal changes; however, statistically significant changes were noted at post intervention, suggesting youth should complete the intervention in its entirety to reap maximum benefit.

Overall Mental Health Functioning Showed Improvements

- Youth global functioning also improved following the SAYM intervention. Since SAYM serves TAY (youth age 16-25), two measures of general mental health were used: one for adults – the Behavior and Symptom Identification Scale (BASIS-24) and one for youth – the Youth Outcome Questionnaire (YOQ). On the YOQ, higher scores indicate more impairment. Pre- to post- comparisons on the average YOQ total scores showed a clinically significant decrease of at least 13 points.

Lessons Learned:

- Although the program produced great outcomes, DTQI-SAYM has an extensive certification process for providers. There are similar evidence based practices that could provide similar results.
- Contract providers from smaller organizations need a greater amount of technical assistance and support in doing business with a County system.
- Consider cultural adaptations to meet the needs of the Latino youth in Riverside County.

Relevant Examples of Success/Impact:

- A total of 89 participants completed a satisfaction survey. Most participants agreed or strongly agreed that SAYM reduced their depressive symptoms and provided them with information on how to obtain help for depression. Most participants agreed that SAYM helped them know how to obtain help for depression and prepared them to cope with stress in the future.

What Participants Learned...

- "How to manage my time with good things to help me focus on positive activities."
- "I learned how to control my emotions and change my attitude when I'm in a bad mood."
- "How to turn negative thoughts into positive thoughts. How to breakdown goals so there easier to complete."
- "Its ok to be upset as long as you find a healthy way to cope"
- "Being able to cope with issues among other people."

What Participants Liked...

- "I'm not alone. My group makes me laugh. Helps me out."
- "That I got a chance to talk to people that had same problem."
- "What I liked about the program was that we talked about our feelings and how to deal with our stress."
- "I get to be as open as I want and never get judged or feel ashamed."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☒ Outreach ☐ Access and 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 FY1617: 233

Program Demographics

The following demographic information is unduplicated for CAST.

Age	
Children/Youth (0-15)	23
Transition Age Youth (16-25)	191
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	19
Race	
American Indian or Alaska Native	1
Asian	8
Black or African American	16
Native Hawaiian or other Pacific Islander	0
White	164
Other	2
More than one race	20
Declined to Answer	22
Ethnicity	
Hispanic or Latino, as follows:	125
Central American	2
Mexican American	70
South American	1
Multiple Hispanic	0
Other Hispanic	2
Did not specify Hispanic/Latino group	50
Asian, as follows:	8
Filipino	3
Vietnamese	0
Multiple Asian	1
Other Asian	2
Did not specify Asian group	2

Preferred Language	
English	194
Spanish	14
Bilingual	0
Other	3
Declined to Answer	22
Gender	
Male	87
Female	126
Transgender Male to Female	0
Transgender Female to Male	1
Other	0
Declined to Answer	19
Sexual Orientation	
Lesbian	24
Gay	5
Bisexual	0
Queer	0
Other	0
Declined to Answer / Not LGBTQ Population	204
Disability	
Yes	17
No	184
Declined to Answer / Unknown	32
Veteran Status	
Yes	1
No	196
Declined to Answer / Unknown	36

Program Reflection

Implementation Challenges:

The implementation challenges for the Peer to Peer program include:

- Staff recruitment and turn over which requires ongoing need for training and technical assistance.
- Access to the TAY population, i.e.: High Schools and College Campuses bureaucracy.
- Finding creative strategies to engage the TAY population.

Success:

- 6,934 TAY contacts were completed in FY16/17 by our contracted Peer to Peer providers through evidence based programs that were focused on stigma reduction and resiliency building.
- Satisfaction surveys were collected at 66% of the group activities. A total of 2,948 people completed the satisfaction survey, and the surveys averaged an overall rating of 4.39 on a scale from 1-5 (strongly disagree to strongly agree). The items with the highest rating included: "The peer leader was enthusiastic and knowledgeable when sharing the information" (m=4.59), and "I understand that there is help for people who have mental health challenges" (m=4.59).
- Pre- and post-tests were collected from 2,781 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. Post-test results revealed a statistically significant reduction in participants' 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.
- Post tests from the Coping Skills program CAST found statistically significant improvements in participants' self-esteem, control of their moods, and use of the 'Stop, Think, Evaluate, Perform, Self-praise' (STEPS) process in making overall healthy decisions.

Lessons Learned:

- Psycho-educational presentations were less effective than "lived experience stories" presentations in changing attitudes surrounding mental health among TAY.
- Focus groups revealed that TAY requested additional peer mentoring type services and skill based groups.
- Develop training protocols for each component of the Peer to Peer program that would assist with new staff that come on board throughout the year.

Relevant Examples of Success/Impact:

The following statements are direct quotes from TAY who participated in the Peer to Peer program.

- "It helped show that everyone has their differences, and that it is ok to talk about them."
- "What was helpful about this activity was talking about what stresses each of us out and learning new ways to deal with them."
- "It helped me understand that kids do face mental health [issues]."
- "This activity helps calm you down and take your mind off of stress and think of other stuff."
- "The discussion helped expand my knowledge about mental health issues and how to cope with them."
- "This helped me realize that bullies aren't just something you see in the world online but many other places too, and that it isn't a good thing to just leave the problem unsolved. Getting help won't hurt at all—it's the best and only thing to do."

Outreach Activities

This section is only for Outreach programs.

Type of Outreach	Number of Events
Presentation	2,966
Community Meeting	0
Public Event	6,876
Phone	0
Other	0

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 and 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 FY1617: 60

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	1
Older Adult (60+)	59
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	1
Black or African American	3
Native Hawaiian or other Pacific Islander	0
White	51
Other	0
More than one race	0
Declined to Answer	5
Ethnicity	
Hispanic or Latino, as follows:	2
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	2
Asian, as follows:	1
Filipino	0
Vietnamese	0
Multiple Asian	0
Other Asian	0
Did not specify Asian group	1

Preferred Language	
English	54
Spanish	0
Bilingual	1
Other	1
Declined to Answer	4
Gender	
Male	32
Female	28
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	14
Gay	25
Bisexual	0
Queer	0
Other	0
Declined to Answer / Not LGBTQ Population	21
Disability	
Yes	14
No	39
Declined to Answer / Unknown	7
Veteran Status	
Yes	11
No	44
Declined to Answer / Unknown	5

Program Reflection

Implementation Challenges:

- Outreach to the older adult community can be challenging as older adults tend to have more stigma associated with mental illness and there is a general misunderstanding that depression is a normal part of aging.
- Program completion can be challenging as some participants believe that once they start feeling better they can stop their treatment before the structured program has addressed maintenance and relapse prevention.

Success:

- CBT for Late Life Depression was implemented by one contractor to a total of 60 participants within Fiscal Year 2016-2017 (FY 16/17).
- Statistically significant ($p < .001$) change was observed between the pre-test and post-test Beck Depression Inventory II (BDI-II) measures, with participant scores decreasing from moderate symptoms of depression to minimal symptoms of depression.
- All of the items on the Quality of Life survey showed improvement, with nearly 67% ($n=10$) of the total 13 items showing statistically significant ($p < .05$) positive change, indicating that participants were engaging in more social behavior and pleasurable activities.
- The satisfaction surveys that were administered show positive ratings across all items— the highest ratings being for the quality of the service that the participants' received from their practitioner, their likelihood to return to the program if they were to seek help again, and the satisfaction they felt in the support that they received from the program.

Lessons Learned:

- The importance of strategic outreach to the older adult population.
- Ensure clinicians hired for this program have experience and knowledge of Cognitive Behavioral techniques and skills. This helps with shorter time in becoming proficient in the model which creates better outcomes.

Relevant Examples of Success/Impact:

Satisfaction Survey comments:

- "I feel [that] I have come a long way from where I was. At this point in time, I don't know where I would be without this counseling."
- "My Counselor, Staff Name, was very supportive and that made our sessions beneficial to me. I will miss Staff Name."
- "Good challenging analysis of issues. In depth approach to change. I feel very good going forward from this experience."
- "Staff Name has helped me fulfill my life with the positive choices [that] I have made in my life. These will be great tools for me to continue toward my life in the future. Fulfilled to the fullest. I am very fortunate that I live in a time where there are so many resources and people to help today and in the future. Thank you for this opportunity."
- "I was hesitant to do it but glad that I did."
- "Staff Name was very helpful in guiding me through the sessions and I feel I learned more about myself and what I need to do."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access and 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 FY1617: 212

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	2
Adult (26-59)	93
Older Adult (60+)	114
Declined to Answer	3
Race	
American Indian or Alaska Native	4
Asian	5
Black or African American	18
Native Hawaiian or other Pacific Islander	0
White	173
Other	2
More than one race	6
Declined to Answer	4
Ethnicity	
Hispanic or Latino as follows	76
Central American	0
Mexican American	30
South American	3
Multiple Hispanic	0
Other Hispanic	5
Did not specify Hispanic/Latino group	38
Asian as follows	
Filipino	3
Cambodian	1
Japanese	1
Other Asian	1
Did not specify Asian group	0

Preferred Language	
English	181
Spanish	13
Bilingual	7
Other	0
Declined to Answer	11
Gender	
Male	32
Female	170
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	10
Sexual Orientation	
Lesbian	1
Gay	1
Asexual	2
Homosexual, did not specify	2
Unknown	2
Not LGBTQ/Declined to Answer	204
Disability	
Yes	36
No	126
Declined to Answer	50
Veteran Status	
Yes	11
No	149
Declined to Answer	52

Program Reflection

Implementation Challenges:

- One challenge was teaching the class series through an ASL interpreter. We had the occasion to have 2 caregivers that were deaf enrolled in the same class (they came together but were unrelated and had separate caregiving situations).
- Another challenge was providing education on a topic that was out of our scope of service and outside our professional purview. Many caregivers had reported needing information on proper body mechanics (lifting, shifting, transferring the care recipient).

Success:

- Care Pathways has been implemented since June 2011 and has shown improved outcomes each year. The provider has served a higher number of participants than they were contractually obligated to with a completion rate of 82%, the highest since the program has been implemented.
- Depression decreased based on CESD-20 scores significantly. Feelings of distress also statistically significantly decreased by the end of the program.
- Caregivers reported high levels of satisfaction, 99% of participants who completed a satisfaction survey reported that the support groups helped them in reducing the stress associated with being a caregiver and 100% of participants reported that they would recommend the support group to friends in need of similar help.

Lessons Learned:

- Increased sensitivity and awareness of the hearing impaired community. We learned to slow the pace for the professional interpreters and to make eye contact with these attendees, so as to read cues if they had questions. One additional challenge was that we were sent different interpreter pairs each week so we had to educate each of them as to what the goal was of the program and make sure they spoke out for the attendee even if we were in the midst of the presentation. We also needed to be very aware of the interpreters' time – because they needed to take breaks every 15 or 20 minutes and the other interpreter would take over. This was all new to the staff and adjustments were made along the way. The other attendees also learned a lot from these two caregivers especially as we discussed older adult sensitivity and the hearing impaired. They educated the facilitator and class when they described how important it is for some in the deaf community to read lips and therefore shared the suggestion to wear lipstick and plain clothes (no patterns).
- Body Mechanics: outreach efforts to Eisenhower Hospital's Physical Therapy department in the Coachella Valley resulted in collaboration on a Body Mechanics 2.5 hr program that was offered in 16/17 and its success led us to offer it again in 17/18.
- It is important to give the caregivers an opportunity to provide feedback as to what they need (these needs may change over the years) and then address that need with community partners. We have found that through unique collaborative efforts we have been able to offer more to our caregiving community than we could possibly do alone with our resources and staffing.

Relevant Examples of Success/Impact:

Comments from participants:

- "Without attending this workshop I wouldn't have the tools I needed to be a caregiver."
- "This group and meeting have put me in touch with how to cope with my wife. Group has helped me when I'm alone putting my thoughts together to face tomorrow whatever comes."
- "Talking in the support group is very therapeutic. Almost every situation you encounter, someone has been through it and gives very good advice. Nice to get to know others in the same situation and discuss other topics I might encounter."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☐ Prevention ☐ Early Intervention ☐ Outreach ☒ Access and 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 FY1617: 193

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	60
Older Adult (60+)	127
Declined to Answer	6
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	23
Other	2
More than one race	0
Declined to Answer	168
Ethnicity	
Hispanic or Latino, as follows:	10
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	10
Asian, as follows:	0
Filipino	0
Vietnamese	0
Multiple Asian	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	126
Spanish	45
Bilingual	1
Other	1
Declined to Answer	20
Gender	
Male	41
Female	152
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	1
Bisexual	0
Queer	0
Other	0
Declined to Answer / Not LGBTQ Population	192
Disability*	
Yes	0
No	0
Declined to Answer / Unknown	193
Veteran Status*	
Yes	0
No	0
Declined to Answer / Unknown	193

**Data was not collected*

Program Reflection

Implementation Challenges:

- Embedded staff are clinicians from behavioral health who are co-located at the Riverside County Office on Aging who provide outreach, depression screening, consultation with case managers about mental health disorders, provide referrals and resources, as well as provide direct service to participants who meet PEI criteria.
- A challenge has been generating enough referrals for the direct service program through the Office on Aging outreach events.

Success:

- Within the fiscal year (FY) 2016-2017, Embedded Staff held 124 outreach events for a total of 319.1 hours. The majority of the events took place at a Curtailing Abuse Related to the Elderly (C.A.R.E) venue (19%), community meetings (19%), and health/resource centers (16%).
- The Mental Health Liaisons processed 177 referrals in FY 16/17; where approximately 8% were to CBT-LLD (n=15), with 10% (n=17) of referrals resulting in enrollment in CBT-LLD. Nearly 39% of other referrals were to non-PEI programs (n=69).
- Office on Aging liaisons provided CBT-LLD services to a total of 28 participants, Countywide.

Decrease in Depression Symptoms

- BDI-II pre to post scores showed a statistically significant improvement in symptoms of depression. Based on the average pre to post BDI-II scores, symptoms of depression decreased from moderate to minimal after completing the program.

Improved Quality of Life

- QOL survey results showed that participants felt better in all items about life, in general, with statistically significant ($p<.05$) improvements in how participants feel about the amount of relaxation in their lives, the things they do with other people, the people they see socially, their physical condition, and emotional well-being. Additionally, it was also found that there was statistically significant decrease in the amount that participants' physical/emotional health interfered with their social activities.

Decrease in Anxiety Symptoms

- GAD-7 pre to post scores showed a statistically significant decrease in anxiety symptoms. Based on the average pre to post GAD-7 scores, symptoms of anxiety decreased from mild to minimal from before and after completing the program.

Lessons Learned:

- Co-location of Behavioral Health staff at the Office on Aging is not enough. Communication between the programs is critical for understanding roles, partnering to achieve the program goals, and assisting in a smooth workflow.
- Ensure staff hired into the program are seasoned clinicians, at or close to licensure.

Relevant Examples of Success/Impact:

Satisfaction survey comments:

- "[Staff personnel] was extremely helpful and very patient."
- "[Staff personnel] has helped me so so much. I don't know how I would have made it without her help."
- "Ledoy gracias a Dios que me puso en el camino para conocer el."
- "Gracias a la ayuda pude lidiar con mis problemas y mi depression."
- "A mi me paresio muy bien porque yo me sentia bastante mal per esto me ayudo mucho."

Access and Linkage to Treatment

This section is only for Access and Linkage programs.

Number of referrals to SMI treatment programs: 15
Number of participants enrolled into SMI treatment programs: 6
Number of referrals to PEI programs: 34
Number of participants who enrolled into PEI programs: 28
Number of referrals to other Non-PEI programs: 56

Note: Not all individuals met criteria for referrals.

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access and 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 FY1617: 72

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	19
Older Adult (60+)	53
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	7
Native Hawaiian or other Pacific Islander	0
White	64
Other	0
More than one race	1
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	31
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	31
Asian as follows	
Filipino	0
Vietnamese	0
Multiple Asian	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	58
Spanish	14
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	17
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	3
Not LGBTQ/Declined to Answer	69
Disability	
Yes	54
No	9
Declined to Answer	9
Veteran Status	
Yes	0
No	63
Declined to Answer	9

Program Reflection

Implementation Challenges:

- Only a portion of the care management clientele meet PEI criteria to receive the Healthy IDEAS program. Challenges included staff training to better screen for PEI criteria versus providing the program to every care management client.
- Implementation of Behavioral Activation was particularly difficult. Goals are set to help older adults do pleasurable or task oriented activities. Some consumers were unable to participate fully in all steps of the model and therefore making it difficult to evaluate effectiveness.
- Also, some older adults held significant stigma around depression, talking about, or acknowledging depressive symptoms. They didn't want to discuss their low mood or about activity that addressed managing depression. Sometimes finding specific and important behavioral activation goals were challenging for both staff and the participant as other basic needs priorities became more important than Healthy IDEAS.

Success:

- During Fiscal Year 2016-2017, 72 clients were identified as at risk for depression and were enrolled into Healthy IDEAS. In total, 78% of Healthy IDEAS participants were between the ages of 50 and 79.
- The majority of clients receiving Healthy IDEAS had 1 to 4 contacts. Healthy IDEAS clients received on average 3.6 hours of service. The majority of closed participants (54%) completed the program.
- Depression symptoms for Healthy IDEAS participants showed a statistically significant decrease. The Quality of Life Survey showed the greatest improvements in how participants felt about life in general.

Lessons Learned:

- Embedding the screening as part of overall consumer outreach and providing the first 3 steps of the model at intake helps with qualifying more participants to enroll.
- Also, specifically screening for and hiring staff that have an empowered view of older adults has proven to help in the overall program implementation and participant success.
- Providing the Office on Aging with routine technical assistance and intense support ensured program fidelity and resulted in creative approaches to serving more consumers. Staff also felt more confident due to the integrated support that they received.
- It's important for consumers to understand and evaluate the impact of program participation in their lives as well as to identify the skills they learned in order to empower them to continue to live a more productive life.

Relevant Examples of Success/Impact:

- Satisfaction items were collected for those participants enrolled in Healthy IDEAS and closed from the program. Participants reported that the most helpful aspects of the program were the home visits, phone contacts, and referrals. An overwhelming majority indicated participating in the CareLink/Health IDEAS program helped to reduce their depression symptoms and helped them to function better. All of the participants said they would recommend Healthy IDEAS to friends.
- Participants in the Healthy IDEAS program stated that the program helped them to live better lives and reduce their depression.
- Participants also reported that their health in general was better, that they felt their relationships and amount of time spent with others was much improved, and their overall quality of life improved in all aspects.

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 and 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 FY1617: 95

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	95
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	2
Black or African American	2
Native Hawaiian or other Pacific Islander	1
White	79
Other	0
More than one race	9
Declined to Answer	2
Ethnicity	
Hispanic or Latino as follows	61
Central American	2
Mexican American	50
South American	1
Multiple Hispanic	0
Other Hispanic	2
Did not specify Hispanic/Latino group	6
Asian as follows	
Filipino	1
Vietnamese	1
Multiple Asian	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	88
Spanish	1
Bilingual	6
Other	0
Declined to Answer	0
Gender	
Male	32
Female	63
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	1
Gay	0
Bisexual	5
Pansexual	1
Unknown	6
Homosexual, did not specify	3
Not LGBTQ/Declined to Answer	79
Disability	
Yes	5
No	87
Declined to Answer	3
Veteran Status	
Yes	N/A
No	N/A
Declined to Answer	N/A

Program Reflection

Implementation Challenges:

- Access to campus: district policies can create barriers for community providers to gain permission to provide services on campus.
- A lack of participation by parents and teachers for the parent and teacher education sessions.
- School calendars/schedules, specifically related to testing days, prevent access to students to conduct the group intervention.
- Receiving consent forms from parents/caregivers in a timely manner.
- Securing a consistent and confidential room to hold weekly group meetings.
- Staff turnover and timeliness in receiving training in the evidence-based practice can cause delays in program implementation.

Success:

- A total of 95 participants enrolled during the 16-17 FY, and attended at least one session in the CBITS program across two contracted agencies. In total, 74 (78%) completed the program, defined as completing 8 or more sessions.
- Intake data showed that 93% of youth served had witnessed physical trauma, and 92% reported they experienced emotional trauma. Outcome evaluations in youth completing at least 6 sessions showed a statistically significant decrease in trauma symptoms and a decrease in the severity of PTSD symptoms. Baseline scores indicated 96% of participants were at or beyond the 14-point threshold exhibiting moderate to severe PTSD at the beginning of the program. Following the CBITS program, 48% of participants were at or below this threshold.
- Analysis of the Strengths and Difficulties Questionnaire measure showed small improvements in youth's total strength and difficulties
- CDI-II scores showed that depression symptoms significantly improved across all scales. The areas of Negative Mood and Functional Problems showed the largest improvements.

Lessons Learned:

- Ensure staff who are hired to facilitate the model have familiarity with Cognitive-Behavioral therapeutic techniques and have "buy-in" to the use of a manualized evidence-based practice.
- The pathway to gain access to school campuses is through a Memorandum of Understanding (MOU) between the agency and the district. This document should be in place prior to the start of the school year to ensure timely access to students and avoid delays in program implementation.
- Anticipate staff turnover and train additional staff to act as a back-up and have in-house trainers in the model available to support implementation, address barriers, and provide more frequent trainings at a lower cost.

Relevant Examples of Success/Impact:

Some youth comments in response to the satisfaction survey item "Things I learned in the program are:"

- "How to cope with stress and anxiety. How to deal with trauma and depression. How to understand my feeling and how they can be sometimes."
- "That everyone has problems and that some people can be there for me and understand what I've been through."
- "When there is a problem don't think badly right away, there is almost always a solution and do not doubt yourself. Be a problem solver. Ways to deal with stress."

Prevention and Early Intervention Program Summary

Program Information

Type of Program: ☒ Prevention ☐ Early Intervention ☐ Outreach ☐ Access and 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 FY1617: 352

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	244
Adult (26-59)	95
Older Adult (60+)	5
Declined to Answer	8
Race	
American Indian or Alaska Native	3
Asian	21
Black or African American	53
Native Hawaiian or other Pacific Islander	5
White	230
Other	7
More than one race	22
Declined to Answer	11
Ethnicity	
Hispanic or Latino as follows	176
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	176
Asian as follows	
Filipino	0
Vietnamese	0
Multiple Asian	0
Other Asian	0
Did not specify Asian group	21

Preferred Language	
English	321
Spanish	9
Bilingual	11
Other	3
Declined to Answer	8
Gender	
Male	93
Female	253
Transgender Male to Female	1
Transgender Female to Male	2
Other	0
Declined to Answer	3
Sexual Orientation	
LGB Unspecified	30
Lesbian	0
Gay	0
Bisexual	0
Unknown	11
Other	0
Not LGBTQ/Declined to Answer	311
Disability	
Yes	37
No	290
Declined to Answer	25
Veteran Status	
Yes	4
No	333
Declined to Answer	15

Program Reflection

Implementation Challenges:

- Implementation challenges in this program were typically around outreach and screening. This program requires extensive outreach to and screening of many people, but results in a smaller number of participants who actually complete the program. Outreach and screening seem to be two areas that continue to challenge, no matter the provider. Outreach and program delivery also seem to be challenging for the adult population (participants ages 26-59 y.o.).
- Program implementation challenges included facilitators' inability to link PTSD and Substance Use to a group topic and to effectively address these behavioral symptoms with participants.
- Fidelity to the model became an implementation challenge for some.
- Another implementation challenge was the program's open group format. Most providers were challenged to provide full groups that reached the expected numbers of people to be served and to facilitate the progressive discussion of group topics over time when membership shifted from group to group.

Success:

Traumatic Symptoms Improved

- TSC-40: Comparison of pre to post scores showed a decrease in trauma-related symptoms following participation in the program. Participants' scores showed a statistically significant decrease across the total score and all subscales of the TSC—40.

Coping Skills Improved

- Coping Inventory: 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.

Participants were satisfied with program

- Satisfaction Survey: Overall responses to the satisfaction survey, given upon completion of the program, were positive.

Lessons Learned:

- It's important to be creative in developing and implementing outreach. More thought needs to go into an outreach plan prior to implementation.
- Also, after training the facilitators in the model, it is important to continue to observe groups for fidelity purposes. The earlier that fidelity observations can be done, the more the facilitators learn through feedback about improvements.

Relevant Examples of Success/Impact:

Comments from participants:

- "It helped cope with my fears. Before I wouldn't allow myself to feel but now I know that my feelings are real."
- "It was amazing. I actually used the safe coping skills daily and I got/gained the understanding of myself about to know myself."
- "Really felt coming to these workshops helped me stay more sane, and realize how important it is to be safe, especially with yourself."
- "This was the most positive experience that I have ever had. I've never been able to speak honestly and be understood."
- "New tools and ideas were always offered. Questions/comments always given a chance to be expressed."
- "I learned how to cope with trauma that I never thought I would get over. I still randomly have thoughts of the trauma but I now know how to deal with it in a way that won't hurt me."

PEI Plan Project Area #6: 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 FY2016-2017, 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 and Linkage

Program Name: Building Resilience in African American Families (BRAAF)

Project Area as Defined by PEI Plan: PEI#7 Underserved Cultural Populations

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

Number of unduplicated individual participants or audience members during FY1617: 124

Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	58
Transition Age Youth (16-25)	0
Adult (26-59)	66
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	118
Native Hawaiian or other Pacific Islander	0
White	6
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	4
Central American	0
Mexican American	4
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	0
Vietnamese	0
Multiple Asian	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	122
Spanish	0
Bilingual	2
Other	0
Declined to Answer	0
Gender	
Male	74
Female	50
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Queer	0
Other	0
Declined to Answer / Not LGBTQ Population	124
Disability	
Yes	10
No	114
Declined to Answer	0
Veteran Status	
Yes	8
No	116
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 research methodology for the sake of science.

Success:

- The program is designed for African American males between ages 11 and 15. The goal of the MAAT program is empowerment of black adolescents through a nine-month rites of passage program.
- A total of 58 African American male participants enrolled in Rites of Passage program services in FY 16/17 across three contracted providers. At intake, most were middle school aged and had “average” school grades when starting the program. About 84% of all participants that enrolled completed the program (n=49).
- Results showed youths reported having higher levels of ethnic identity achievement after completing ROP. County-wide scores on the Cohesion subscale showed a significant increase from pre to post test. In the Guiding Good Choices part of the program that is largely directed towards parents, county results show statistically significant improvements in the involvement scale and positive parenting scale.
- Overall, Parents and youth that completed the program indicated that they were either satisfied or very satisfied with program activities. Both youth and parents reported very good or excellent satisfaction with regard to how staff treated them.

Lessons Learned:

- Seek to establish early bonds with family to reduce anxiety and build trust at recruitment opportunities.
- To address response bias, the RUHS-BH Research and Evaluation team is developing a Participatory evaluation that includes the parents feed back regarding parenting questions to get a better picture of parental challenges.
- Identify hopes and dreams for all program participants and connect those to the tenets of the program.
- Strengthen family cohesion through connection and empowering support of the staff, especially the parent partner, through out the week.

Relevant Examples of Success/Impact:

A youth participant resident of Desert Hot Springs, California is the product of a single parent home, where he resides with his mother and his five siblings. Although family is important to him, the incarceration of his father in March 2016 lead to a pivoting downward spiral in his life. Upon entering the Rites of Passage program, he wrestled with an inability to read, he lacked effective communication skills, he also struggled to accept positive redirection. Upon completion of the Rites of Passage program he has exhibited that he now appreciated the value of positive redirection, self-confidence, and stronger family cohesion. By way of resources provided through the program, he has tremendously improved his ability to read, and he has developed health coping skills to deal with the absence of his father until his anticipated return home in 2019. Perhaps the greatest achievement along his journey in the Rites of Passage program was his ability to utilize the Nguzo Saba principles to lead his brothers with his action. One of the ways he did this was utilizing the skills gained in the program to seek out a personal tutor weekly to improve his literacy, which demonstrated to his brothers through self-determination success is possible.

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.
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Number of referrals to a PEI RUHS-BH program: 124

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