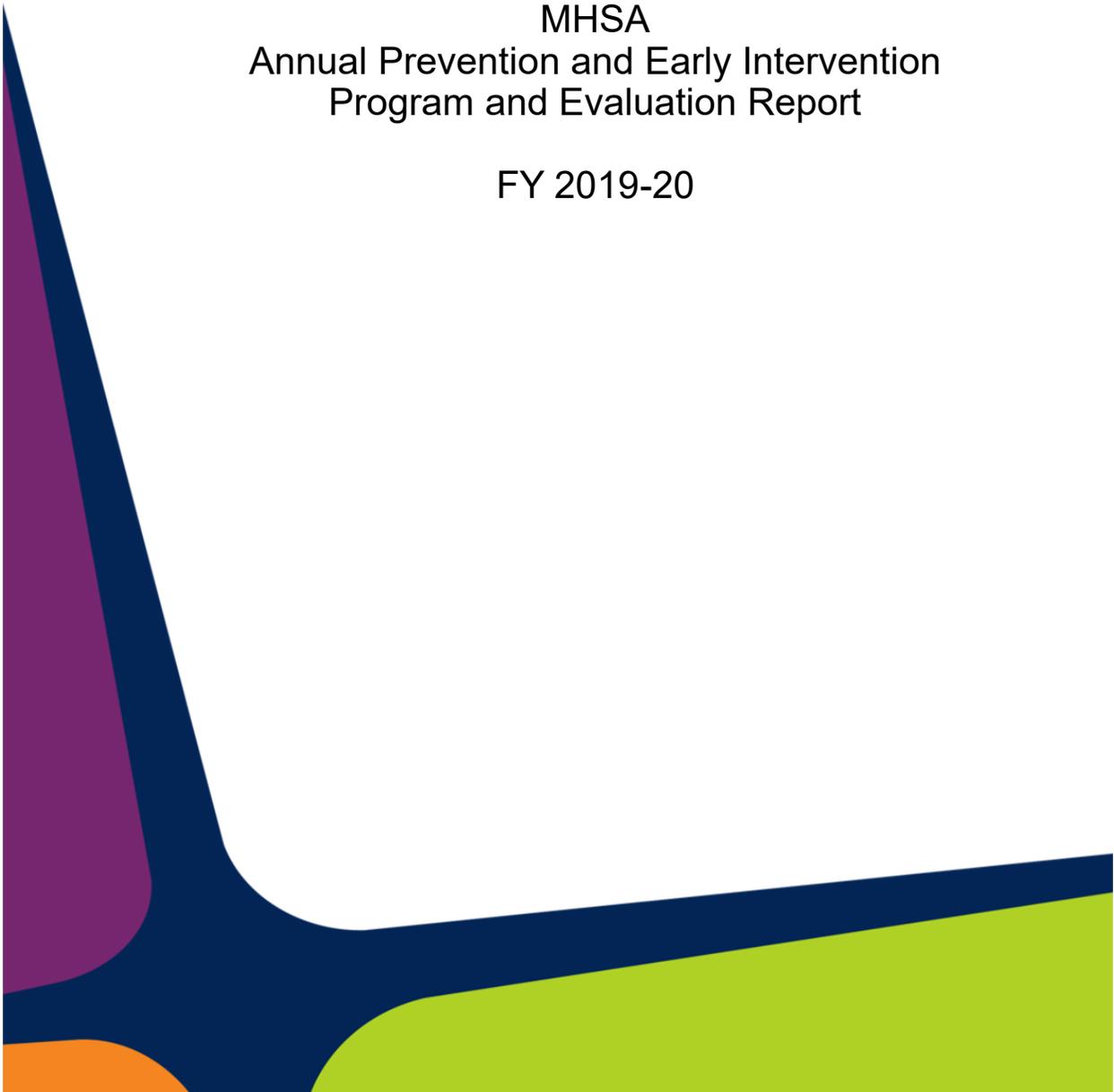




Riverside University Health Systems-Behavioral Health

MHSA  
Annual Prevention and Early Intervention  
Program and Evaluation Report

FY 2019-20



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

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

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

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

**Most of these programs have limited data collection, so more narrative information is included for these programs. Two programs (Contact for Change, Community Mental Health Promoters Program ) collected more detailed demographic data which is provided on the data table at the conclusion of this project area section.**

**Program Type: Outreach**

### **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 FY19/20 the website had 465,487 viewers. Data collection for this program is limited to web hits.

### **Filipino-American Mental Health Resource Center**

The Filipino-American Mental Health Resource Center started in FY17/18. The center provides mental health resources to the Filipino-American and Asian populations in Perris, Moreno Valley, and Menifee. The Resource Center is located in Moreno Valley and is run by the Perris Valley Filipino-American Association. There are two staff members at the center three days a week. The Resource Center staff provide referrals, general mental health information, newsletters, suicide prevention materials, and other outreach engagement with the community. The center also hosts mental health related presentations, which county staff facilitate. In FY19/20, the center hosted 15 mental health related presentations.

**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 Center served 403 people in FY19/20. Given the nature of the contact and focus of this navigation line, demographic data is not currently collected.

**Program Type: Stigma Reduction**

### **"Dare To Be Aware" Youth Conference**

This 17th Annual conference for middle and high school students had 723 youth in attendance. Students from 26 schools were represented from all regions of the county. At-risk and leadership students are identified by school counselors to attend. The day began with an inspiring keynote The students then attended workshops offered during the day about coping strategies, common warning signs of suicide, and how to get help. As a stigma and discrimination reduction one day event data collection is only the number of youth reached.

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

### **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 416,398 page views in FY19/20 with 220,861 users. The website was developed to educate the public about the prevalence of mental illness and ways to reach out and support family and community members.

Video digital personal stories began to be added in December 2011. Digital Storytelling provides a three-day workshop for individuals during which they identify a “story” about themselves that they would like to tell and produce a 3 to 5 minute digital video to tell their story. This activity gives the individual a unique way to communicate something about their life experiences, which could include trauma, loss, homelessness, etc. At the end of the workshop, the participants are then asked to invite whomever they would like to a viewing party. The digital stories are developed in conjunction with the Up2Riverside campaign and can be viewed on at [www.Up2Riverside.org](http://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.

#### **Program Type: Suicide Prevention Trainings**

RUHS-BH Prevention and Early Intervention staff were trained as trainers to provide two suicide intervention strategies: ASIST and SafeTALK, and Know the Signs.

RUHS BH PEI staff provided ASIST trainings to 273 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 was provided to 1,145 people. 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.

RUHS BH PEI department has expanded MHFA training across the county with the goal of stretching its resources to more community members and provided 744 people with MHFA training. The Mental Health First Aid program is an interactive session which runs 8 hours. It can be conducted as a one day 9 hour seminar, two day 4.5 hour seminar, or a four day 2.5 hour seminar. The course covers risk/protective factors and warning signs for mental health. Separate courses are offered for assisting adults and/or youth.

Know the Signs educates participants on how to recognize the warning signs, and have a conversation and find professional help and resources. Focused on three key messages: Know the signs. Find the words. Reach out. This One hour presentation is also available in Spanish. Know the signs presentations were provided to 292 people.

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

### **Program Type: Suicide Prevention**

#### **Toll Free, 24/7 “HELPLINE”**

The “HELPLINE” has been operational since the PEI plan was approved and in FY19/20 the hotline 4,539 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.

#### **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, the decision was made to continue to support the statewide efforts in the current MHSA Plan. 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 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.

During FY19/20 Each Mind Matter (EMM) provided technical assistance to RUHS BH PEI to create a Countywide strategic plan for suicide prevention. EMM presented at stakeholder meetings and provided technical assistance on the building of the Suicide Prevention Coalition and the County Suicide Strategic Plan, Building Hope and Resiliency.

In addition during FY19/20, 38 Riverside County agencies, schools and organizations received EMM 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 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.

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 FY19/20, 173 films were submitted by 562 Riverside County students.

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access and Linkage

Program Name: Contact for Change
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: The Contact for Change program outreaches to individuals and organizations, by working within the community and collaborating with schools, businesses, community organizations, and faith-based organizations, to provide activities that include Speaker’s Bureau “Honest, Open, Proud” presentations and the Educator Awareness Program (EAP). Speaker’s Bureau “Honest, Open, Proud” presentations are utilized to educate and outreach to target audiences to address the unique issues that those with mental illness experience as they relate to mental health and interpersonal issues, with the aim of reducing stigmatizing attitudes. EAP is a program with a specific target audience of educational faculty and administration and increases mental health awareness.
Number of unduplicated individual participants or audience members during FY19/20:

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	1
Transition Age Youth (16-25)	195
Adult (26-59)	551
Older Adult (60+)	102
Declined to Answer	0
Race	
American Indian or Alaska Native	5
Asian	33
Black or African American	64
Native Hawaiian or other Pacific Islander	1
White	717
Other	11
More than one race	42
Declined to Answer	26
Ethnicity	
Hispanic or Latino as follows	
Central American	7
Mexican American	51
South American	1
Multiple Hispanic	1
Other Hispanic	0
Did not specify Hispanic/Latino group	280
Asian as follows	
Filipino	2
Vietnamese	4
Japanese	2
Other Asian	3
Did not specify Asian group	22

Preferred Language	
English	809
Spanish	30
Bilingual	28
Other	1
Declined to Answer	3
Gender	
Male	301
Female	572
Transgender Male to Female	0
Transgender Female to Male	0
Other	4
Declined to Answer	14
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	86
Unknown	12
Other	3
Not LGBTQ/Declined to Answer	770
Disability	
Yes	96
No	737
Declined to Answer	38
Veteran Status	
Yes	48
No	809
Declined to Answer	13

## Program Reflection

### Implementation Challenges:

The emergence of the COVID-19 pandemic created many challenges in being able to outreach to targeted populations and businesses in order to schedule stigma reduction presentations. In particular, the challenge was especially felt with the Educator Awareness Program. With the unexpected and abrupt closure of schools, it was a challenge to try and make contact with school sites to schedule EAP presentations, especially as they themselves were finding new ways to adapt to the pandemic and continuing to meet the needs of their students. Additionally, it is believed that the conversion of the pre- and post-measures to a virtual format over Google Forms led to a decreased probability of the attendees to the presentation to click the required link to complete the measures. Some attendees also experienced difficulties accessing the link to complete measures due to firewalls set up in their computer, blocking access to the link.

### Success:

#### Speaker's Bureau:

Despite the challenges faced with the pandemic, there were 66 Speaker's Bureau presentations held throughout the County, with the Desert Region meeting their contract expectation of 32 presentations. There was a total of 852 individuals that attended a Speaker's Bureau event. The majority of participants were between the ages of 18-39, and the most frequently reported race/ethnicity for each region was Hispanic/Latinx (which is an identified underserved population in the County). Post-test results revealed a statistically significant reduction in participants' stigmatizing attitudes, and statistically significant increases in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Participants reported strong satisfaction with the enthusiasm and knowledge of the Speaker's Bureau presenters, and high likelihood to recommend the program to others.

#### Educator Awareness Program:

There were a total of 11 Educator Awareness Program events held throughout the County. The majority of the events targeted teachers and administrative support staff. A total of 266 individuals attended an Educator Awareness Program presentation. The majority of the participants were between the ages of 30-59 years old. The vast majority of participants identified as Caucasian (47%) or Hispanic Latino (32%). Post-test results showed a statistically significant reduction in participants' stigmatizing attitudes, and statistically significant increases in participants' affirming attitudes regarding empowerment over and recovery from mental health conditions, as well as a greater willingness to seek mental health services and support if they experience psychological challenges. Participants reported strong satisfaction with the enthusiasm and knowledge of the EAP presenters, and high likelihood to recommend the program to others in the education sector, with several positive comments on leaving with a better understanding of how to communicate mental health topics with students and faculty.

### Lessons Learned:

The provider was able to quickly adapt to providing Speaker's Bureau presentations virtually over the Zoom platform, and pre and post measures were adapted virtually over Google Forms. Attendees to the virtual presentations could attend via the comfort and safety of their own home.

### Relevant Examples of Success/Impact:

Attendees to the Speaker's Bureau presentations shared the following comments in their satisfaction surveys:

"I am absolutely inspired by the courage and the personal stories that the presenters shared to us. I love the wellness practices that they shared."

"Thank you for your vulnerability and authenticity. We appreciate your effort in reducing the stigma of mental illness."

"The presentation was informative. I enjoyed the shared experiences, the enthusiasm and overall knowledge of each individual."

## Program Reflection (Contact for Change)

### Relevant Examples of Success/Impact:

“The presenters were very impactful. One comment that stuck w/me that Candice said was people get closer by talking about our struggles instead of our successes.”

“The stories are eye opening to hear both sides of mental health and recovery.”

“Very powerful stories. The presenters helped me learn more about mental health. I really enjoyed this presentation. Thank you.”

Attendees to the Educator Awareness Program presentations shared the following comments in their satisfaction surveys:

“Awesome presentations, means so much more having people that have faced the issues presenting versus just reciting data.”

“Very much appreciate the personal presentations. I wish there was more education/support at the student level and I'm hopeful the provided resources will help. Thank you.”

“The presentation was definitely changed the way I see Mental illness.”

“I appreciated listening to the presenter's personal experiences especially because we work with a lot of students who exhibit symptoms. I would love to be provided with resources to help my students.”

### Outreach Activities

Type of Outreach	Number of Events
Presentation	77

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access and Linkage

Program Name: Promotores (CMHPP)
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: In partnership with the Agency Vision y Compromiso, the Promotores CMHPP program trained lay workers in the community (promotors) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the <b>Hispanic/Latinx community</b>
Number of unduplicated individual participants or audience members during FY19/20: <b>1,855</b>

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	260
Adult (26-59)	1,282
Older Adult (60+)	283
Declined to Answer	30
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	1,841
Other	14
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	1,841
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	0
Spanish	1,855
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	425
Female	1,405
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	25
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	1,855
Disability	
Yes	0
No	0
Declined to Answer	1,855
Veteran Status	
Yes	0
No	0
Declined to Answer	1,855

# Prevention and Early Intervention Program Summary

## Program Information

Type of Program:  Prevention  Early Intervention  Outreach  Access and Linkage

Program Name: African American (CMHPP)
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: In partnership with the Black/African American Health Coalition, the Black/African American CMHPP program trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the <b>Black/African American</b> community.
Number of unduplicated individual participants or audience members during FY19/20: <b>255</b>

## Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	56
Adult (26-59)	146
Older Adult (60+)	22
Declined to Answer	31
Race	
American Indian or Alaska Native	0
Asian	4
Black or African American	164
Native Hawaiian or other Pacific Islander	0
White	20
Other	0
More than one race	3
Declined to Answer	30
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	34
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	4

Preferred Language	
English	255
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	79
Female	149
Transgender (unknown male to female)	2
Transgender Female to Male	0
Other	25
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	2
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	253
Disability	
Yes	0
No	0
Declined to Answer	255
Veteran Status	
Yes	0
No	0
Declined to Answer	255

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access and Linkage

Program Name: Native American (CMHPP)
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: In partnership with the Agency Riverside/San Bernardino County Indian Health Inc. , the Native American CMHPP program trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the <b>Native American</b> community.
Number of unduplicated individual participants or audience members during FY19/20: <b>222</b>

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	87
Transition Age Youth (16-25)	9
Adult (26-59)	17
Older Adult (60+)	3
Declined to Answer	106
Race	
American Indian or Alaska Native	206
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	4
Other	0
More than one race	1
Declined to Answer	9
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	4
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	222
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	30
Female	25
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	167
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	2
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	220
Disability	
Yes	0
No	0
Declined to Answer	222
Veteran Status	
Yes	0
No	0
Declined to Answer	222

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access and Linkage

Program Name: Asian-American/Pacific-Islander (CMHPP)
Project Area as Defined by PEI Plan: PEI#1 Mental Health Awareness and Stigma Reduction
Program Description: In partnership with Asian Pacific Counseling and Treatment Centers, a division of Special Service for Groups, Inc. (SSG) , the Asian-American/Pacific-Islander CMHPP program trained lay workers in the community (promoters) to outreach, bring awareness to topics in mental health, reduce stigma and provide resource referrals to prevention and early intervention services in the <b>Asian-American/Pacific-Islander</b> community.
Number of unduplicated individual participants or audience members during FY19/20: <b>241</b>

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	3
Transition Age Youth (16-25)	79
Adult (26-59)	146
Older Adult (60+)	11
Declined to Answer	2
Race	
American Indian or Alaska Native	206
Asian	0
Black or African American	1
Native Hawaiian or other Pacific Islander	0
White	13
Other	31
More than one race	8
Declined to Answer	9
Ethnicity	
Hispanic or Latino as follows	3
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	3
Asian as follows	179
Filipino	45
Vietnamese	5
Chinese	44
Korean	85
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	222
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	68
Female	169
Transgender Male to Female	0
Transgender Female to Male	1
Other	1
Declined to Answer	2
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	18
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	221
Disability	
Yes	0
No	0
Declined to Answer	241
Veteran Status	
Yes	0
No	0
Declined to Answer	241

## Program Reflection (All CMHPP Programs)

### Implementation Challenges:

A significant challenge was recruiting participants to presentations during the pandemic. Outreach was difficult due to the stay at home orders. It was evident as the team tried to host presentations over zoom that many people did not have internet access. The lack of access made it difficult to get resources to families that were struggling with the stress of the pandemic.

### Success:

During the pandemic, the teams have been able to increase access to needed services especially PEI programs. The teams were able to overcome community distrust and skepticism of online programming to bring resources to the community via Zoom or socially distanced presentations. The program establishes a collaborative partnership between RUHS-BH and key community leaders to promote awareness of mental health topics and resources specifically tailored to these communities.

### Lessons Learned:

Collaboration with the local community and stakeholders (Churches, Schools, Radio Stations, Hospitals, and Community Centers) was key to help get resources to the community during the pandemic.

### Relevant Examples of Success/Impact:

Participants and community leaders were thankful for the presentation that helped them access resources. Some participants expressed gratefulness at understanding there are ways cope with anxiety. Others shared they were happy to have a better understanding of their mental health throughout the pandemic stay at home orders.

## Outreach Activities

Type of Outreach	Number of Events
Presentation	1,417

## PEI Plan Project Area #2: Parent Education and Support

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

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

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:  Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Positive Parenting Program -Triple P

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

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

Number of unduplicated individual participants or audience members during FY19/20: **199**

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	15
Adult (26-59)	177
Older Adult (60+)	5
Declined to Answer	2
Race	
American Indian or Alaska Native	5
Asian	3
Black or African American	12
Native Hawaiian or other Pacific Islander	2
White	173
Other	1
More than one race	2
Declined to Answer	1
Ethnicity	
Hispanic or Latino as follows	
Central American	2
Mexican American	16
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	134
Asian as follows	
Filipino	2
Vietnamese	0
Japanese	0
Other Asian	1
Did not specify Asian group	0

Preferred Language	
English	113
Spanish	84
Bilingual	0
Other	0
Declined to Answer	2
Gender	
Male	30
Female	169
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	4
Unknown	4
Other	0
Not LGBTQ/Declined to Answer	191
Disability	
Yes	10
No	188
Declined to Answer	1
Veteran Status	
Yes	4
No	195
Declined to Answer	0

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:  Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Positive Parenting Program -Triple P - Teen
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Teen Triple P is a multi-level system of parenting and family support strategies for families with children from 13 to age 18. It is designed to prevent social, emotional, behavioral, and developmental problems in children by enhancing their parents' knowledge, skills, and confidence. The program is structured to provide four initial group class sessions for parents to learn through observation, discussion, and feedback. Presentations and small group practice are utilized during sessions and parents receive constructive feedback in the supportive environment of the group.
Number of unduplicated individual participants or audience members during FY19/20: <b>125</b>

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	1
Adult (26-59)	119
Older Adult (60+)	5
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	3
Black or African American	3
Native Hawaiian or other Pacific Islander	1
White	115
Other	2
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	13
South American	0
Multiple Hispanic	0
Other Hispanic	2
Did not specify Hispanic/Latino group	84
Asian as follows	
Filipino	2
Vietnamese	0
Japanese	0
Other Asian	1
Did not specify Asian group	0

Preferred Language	
English	60
Spanish	65
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	18
Female	107
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	1
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	124
Disability	
Yes	7
No	118
Declined to Answer	0
Veteran Status	
Yes	2
No	123
Declined to Answer	0

## Program Reflection (Triple P and Triple P Teen)

### Implementation Challenges:

The emergence of the COVID-19 pandemic caused an unexpected end to in-person service delivery. The provider had to find new ways of engaging with parents, and hosting the parenting class virtually. Some parents in the community were opposed to virtual services and shared that they would prefer to complete their class, or take the class, when the in-person option was available. Other parents had limited access to technology which impeded their ability to access and participate in virtual service delivery.

### Success:

Despite the unexpected COVID-19 pandemic, and impact to service delivery; there was only a 5% decrease in the overall number of parents served Countywide compared to the previous fiscal year. Countywide, both Triple P and Teen Triple P served 324 parents. The majority of parents served in Triple P and Teen Triple P were Hispanic/Latinx, 76.8% and 79.2%, respectively, which is an identified underserved population within Riverside County. Service data showed that Countywide 82.4% of parents completed the Triple P Program, and 77.6% of parents completed the Teen Triple P program. Across both programs, parents had an 81% program completion rate. Parents were overall highly satisfied with both programs. Parents who completed the Triple P program demonstrated the following successes: Analysis of the Alabama Parenting Questionnaire (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 Depression Anxiety Stress Scales (DASS-21) showed that parents experienced a decrease in their depression, anxiety, and stress levels.

Outcomes from the Eyeberg Child Behavior Inventory (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.

Parents who completed the Teen Triple P program demonstrated the following successes: Outcomes of the Strengths and Difficulties Questionnaire (SDQ) indicated that teen total problems of emotional, conduct, hyperactivity, peer problems decreased significantly upon parent completion of Teen Triple P.

Teen prosocial behaviors significantly increased pre to post.

Analysis of the Alabama Parenting Questionnaire (APQ) measure indicated that overall, parents had a significant increase in involvement with their teen and in positive parenting practices, as well as a significant decrease in poor monitoring practices.

Analysis of the Conflict Behavior Questionnaire (CBQ) indicated a statistically significant decrease in parent's report of general conflict between parent and teen in all regions.

## Program Reflection (Triple P and Triple P Teen)

### Lessons Learned

The provider was able to quickly adapt the modality of service delivery in the face of a global pandemic while continuing to engage parents and meet their needs in the midst of very difficult times.

### Relevant Examples of Success/Impact:

Parents who have completed the Triple P program shared the following statements about how the program has influenced their lives:

- “I learned to be more patient & be more attentive to my children. Praising their good behavior and applying immediately w/ logical consequences.”
- “I liked that I could freely talk about things that were bothering me without being judged. Being able to hear what other people are going through and prepare for the future.”
- “It was very simple to understand and follow along, while also being highly informative to improve mine and my child's behavior.”
- “The friendship developed with the class and the bonding was unexpected. I learned so much that was unexpected, I've enjoyed all parts of this class.”
- “It gave me the tools I needed to succeed as a parent. Helped me develop a good healthy relationship with my daughter. How to have realistic expectations of my children.”

Parents who have completed the Teen Triple P program shared the following statements about how the program has influenced their lives:

- “Better communication with my teen—praise her to increase her self-esteem and better my relationship with her.”
- “I feel more confident in myself about setting down the rules.”
- “I learned to listen better to my child's needs.”

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Strengthening Families Program (6-11)
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: SFP is a family skills training intervention designed to increase resilience and reduce risk factors for behavioral, emotional, academic, and social problems in children ages 6 to 11 years old. This program brings together the family for each session.
Number of unduplicated individual participants or audience members during FY19/20: 135

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	15
Adult (26-59)	99
Older Adult (60+)	1
Declined to Answer	0
Race	
American Indian or Alaska Native	2
Asian	1
Black or African American	1
Native Hawaiian or other Pacific Islander	0
White	111
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	111
Central American	8
Mexican American	70
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	33
Asian as follows	1
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	1

Preferred Language	
English	25
Spanish	74
Bilingual	13
Other	0
Declined to Answer	3
Gender	
Male	34
Female	81
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	20
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	115
Disability	
Yes	2
No	113
Declined to Answer	0
Veteran Status	
Yes	0
No	114
Declined to Answer	1

## Program Reflection (SFP)

### Implementation Challenges:

In any year the common challenge faced is working with schools and community centers to secure a non-stigmatizing site i.e. to hold the program that had at least 2-3 separate rooms that enabled confidential discussion. There is a continued challenge in negotiating hours of flexibility with staff (i.e. security guard to open/close building) at the sites. However, in addition to this, this year it was converting the program to an online program to enable SFP to continue to reach and help Families.

A major challenge this year was COVID-19, which delayed then eroded our ability to continue the in person program. Statewide stay at home orders made it difficult for families to log-on to Zoom and participate. The team followed the guidelines of the Riverside-County Public Health Information officer to maintain safety during the Pandemic.

Another challenge was recruiting families during the pandemic. Many families were skeptical of participating in a program during the pandemic. It was evident not all families had the ability to log-on because they did not have internet access. The program seeks to work with schools and families to identify methods to increase connectivity so that families can participate during pandemic.

### Success:

A major success was that SFP converted to an online program despite the pandemic and family connectivity issues. SFP staff worked to help families understand how to use Zoom. In addition to converting the program online and keep the SFP participants engaged, the creativity of the staff to make online sessions engaging with creative videos, incentives, and activities helped all participants to benefit from the lessons. Countywide, 94 families enrolled in the program, which included 135 individual parents or guardians.

Countywide, parents showed statistically significant improvements on the Alabama Parenting Questionnaire (APQ) in the areas of parental involvement, positive parenting, and inconsistent discipline. The APQ also 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 decreasing child risk factors. Parents reported statistically significant improvements with their children concerning emotional problems, conduct problems, and total difficulties. Family Strengths also showed improvement. Despite the pandemic, the majority of participants were satisfied with 100% reporting overall satisfaction with the program and 100% were satisfied with the group leaders. All of the participants reported they would recommend this course to others (100%).

### Lessons Learned

To conduct outreach in the community Food Banks for recruiting during the pandemic. Many families showed up there and were open to information that could help their families. The programs relationships with school and district staff mattered in helping to recruit families. The program will continue to reach out to foster parent-teacher meetings, Collaboratives, and community center meetings.

## Program Reflection (SFP Continued)

### Relevant Examples of Success/Impact:

Feedback from participants includes:

"I'm really satisfied with the program. I have learned so many techniques to raising happy children. Thank you so much for all you do to help families have a stronger bond and be a happy family :)"

"I am very thankful for my group leaders Carlos & Gloria they are amazing at what they do. They really care about the parents and they really are passionate about what they are teaching. "

"Just want to thank you guys for all the help you guys have given us. I never had a class like this one that was so good and I have done parenting classes before the best things is that you guys add our kids so there in the same page as us and it also helps them. Thanks again.

"Love the instructors. Very energetic and always heard what the people had to say."

"It's a very helpful class. My whole family have learned and are trying to become better communicators to watch other the entire staff are great and awesome. My family appreciates and are thankful to every single person in this staff. "

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Mobile PEI
Project Area as Defined by PEI Plan: PEI#2 Parent Education and Support
Program Description: Three Riverside County mobile units provide mental health services, Parent and Child Interaction Therapy (PCIT), and a variety of prevention interventions to families in the West, Mid-County and Desert regions of Riverside County. The Mobile PEI prevention activities include; pro-social groups, parenting classes, parent consultations, provider consultations, and outreach.
Number of unduplicated individual participants or audience members during FY19/20: <b>380</b>

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	144
Transition Age Youth (16-25)	0
Adult (26-59)	236
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	1
Native Hawaiian or other Pacific Islander	0
White	90
Other	0
More than one race	47
Declined to Answer	242
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	77
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	65
Spanish	21
Bilingual	0
Other	0
Declined to Answer	294
Gender	
Male	95
Female	49
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	236
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	380
Disability	
Yes	0
No	0
Declined to Answer	380
Veteran Status	
Yes	0
No	0
Declined to Answer	380

## Program Reflection

### Implementation Challenges:

- Clients in the remote areas served are often first time recipients of services related to social and emotional health. A lack of awareness and understanding regarding services and the stigma related to mental health present barriers to families accessing needed services.
- Educational and behavioral health systems having different agendas and expectations and at times poor school administrative support can create challenges when working on school campuses. Administrative support at partner school sites is essential to:
- Ensure students in need of services are appropriately identified, referred and linked to needed services.
- Allow students to be excused from class without consequence to participate in activities.
- Having secure access and consistent parking in order to navigate and park a 38.5 foot mobile clinic.
- Maintain HIPPA privacy for clients.
- Decrease barriers and stigma for social and emotional health services.
- Allow staff on campus in order to provide the needed behavioral health services and parenting classes to the community.
- Enhance teacher awareness and develop a better system understanding of social and emotional needs as well as effective prevention, early intervention and treatment services.
- Balancing continuity of care with ongoing vehicle maintenance, mechanical issues related to wear and tear on mobile clinics, driving conditions and unexpected vehicle challenges that may arise and subsequent need to re-arrange or reschedule appointments, offering services at alternative locations such as in the home, school, or within the community.
- Hiring staff for both clinical work and a willingness to operate mobile vehicles including driving and other additional duties as assigned which include:
- Driving and parking of a 38.5 foot-long, 13 foot-tall, 11-ton mobile RV clinic
- Completing daily pre trip inspections including:
  - ⇒ Mileage
  - ⇒ Engine oil
  - ⇒ Leaks
  - ⇒ Tires - Condition, Wear, Pressure
  - ⇒ Lights
  - ⇒ DEF (Levels and Onboard Supply)
  - ⇒ Air Brakes Pressure
  - ⇒ AED Check Form
  - ⇒ Generator – # of Hours of Operation
  - ⇒ Exterior – Cleanliness
  - ⇒ Interior – Cleanliness
  - ⇒ Black/Grey Tanks
  - ⇒ Fresh Water – Record Percent Full
  - ⇒ Filling vehicle with diesel fuel weekly
  - ⇒ Empty waste tanks & fill water tanks weekly
  - ⇒ Mobile clinic set up
  - ⇒ Set out safety cones
  - ⇒ Place pads under jacks beneath vehicle
  - ⇒ Extend pop outs
  - ⇒ Set up tables and chairs
  - ⇒ Set up toys

## Program Reflection

### Implementation Challenges *continued*

- Mobile clinic end of day clean up
- Retract pop outs
- Store tables and chairs
- Clean up toys
- Remove pads from jacks underneath vehicle
- Put safety cones away
- Adequately training clinical staff enabling them to drive, operate, and maintain mobile clinics.
- Adequately staffing all mobile units to meet the high demand of client need throughout the entire span of Riverside County.
- Department staffing challenges. During the FY19/20 there was one vacancy within the PEIMS program. It was necessary to utilize alternative RUHS-BH Preschool program staff to assist with coverage needs and there have been times the Western and Mid-County units were unavailable to provide services due to lack of staff coverage.
- The COVID-19 pandemic had an impact on the total number of services and type of services that were provided by the PEI mobile staff. In March 2020 school campuses were closed due to the COVID-19 pandemic and the mobile units were no longer allowed on school campuses. At that time PEI mobile staff transitioned from face to face services on the mobile units to telecommuting and providing virtual services via Zoom, Skype, or MS Teams or phone. Due to school campuses being closed, there were fewer provider consultations, fewer opportunities for outreach on school campuses and decreased parent consultations compared to previous fiscal years.
- The COVID-19 pandemic brought many challenges within the community and implementation of services across all of Riverside County. PEI Mobile staff continued to reach out to school districts to offer mental health, prevention and early intervention services. School districts reported attending to COVID -19 safety concerns, distant learning changes, challenges and demands, basic needs for children and families and transitions within their own school sites/districts with teachers and educational instruction rather than readily referring to mental health services as they had prior to COVID-19 pandemic.

### Success

- A total of 3,502 mental health services were provided totaling 3,747.6 hours to children and/or their families during the FY 19/20 (including PCIT, TFCBT, play therapy etc.).
- A total of 144 children in FY 19/20 received mental health 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.
- Parents overall reported feeling more confident in their parenting skills and ability to discipline their child and parents reported feeling their relationship with their child and their child's behavior improved.
- Parent consultations are provided by PEI mobile staff as light touch, early intervention services where parents can, by walk-in or appointment, engage in a discussion regarding concerns related to social and emotional behavioral health concerns and information provided on specific parenting skills. In the FY 19/20 69 parent consultations serviced 61 caregivers in elementary schools and early head starts in 11 different school districts.
- In the FY 19/20 there were 6 provider consultations totaling 11 hours.
- A total of 21 parents in FY 19/20 were enrolled in Nurturing Parenting.
- PEI mobile staff in FY 19/20 participated in 5 outreach events in the community totaling 14 hours and reaching 142 people.
- Although significant challenges occurred during FY 19/20 related to the COVID-19 pandemic several successes were also achieved related to telehealth services and the availability of continued mental health, early intervention and prevention services to children and families. PEI mobile staff were able to navigate technology with families to provide continuity of care in order to achieve treatment goals.

## Program Reflection

### Lessons Learned

- It is essential to maintain regular communication with school administration and staff.
- When new administrators or staff are on board, meet and greet meetings are held allowing staff to tour the mobile clinics, meet the clinical team, and learn about the program.
- Program materials and referral forms are regularly provided to staff.
- Participation in back to school activities, school in service days and such have proven effective to increase program support and awareness.
- The hiring process now includes a site visit to observe the mobile clinics “in action” to ensure a full understanding of what the position entails prior to employment commencement.
- Staff have become adept at troubleshooting issues related to the operation of the mobile units.
- Memorandum of Understanding (MOUs) between RUHS - BH and partner school districts are now kept on mobile units to have as reference should any questions arise regarding presence on campus and services provided and now include language regarding specific health screens as frequently requested by school districts.
- In addition to classroom and behind the wheel drivers training for new staff, there is now an annual refresher training for all PEI mobile and support staff to review driver’s safety and mobile maintenance.
- Current exploration regarding the possibility of having a 50amp plug outlet installed on school campuses to allow mobile units to operate electrical needs without use of diesel generator (generator exhaust and noise are can be disruptive to both school setting and PEIMS services provided).
- Concerns regarding School safety have been on the rise within society and our staff have navigated and learned the various school systems/districts and steps needed in order to provide classroom consultation, classroom observations and services for children on campus within their school setting.
- It is essential to have adequate technology resources available to staff and families in order to address the closure of school campuses and access to face to face services due to the COVID-19 pandemic. It is also imperative that staff and families are trained or educated properly in utilizing platforms such as Zoom, MS Teams, etc. to provide necessary mental health treatment services and light touch interventions.

### Success Story

The PEI Mobile Clinic has been instrumental in delivering services to families with limited resources, including transportation and geographical barriers. Families have been able to access services easier as well as learn techniques and a new way of positive parenting that have changed lives and family dynamics in an encouraging way.

Our PEI Mobile teams are fortunate to have several success stories from children and families. One excellent example is a 4-year-old Caucasian male, Will, from a desert city who was referred by Child Protective Services (CPS) for Trauma Focused Cognitive Behavioral Therapy (TFCBT). Will was removed from the care of his biological parents by CPS due to the home environment being found to be unsafe with drug paraphernalia, no running water and no working electricity and he was placed with his 75-year-old paternal Grandmother who lived in Senior housing apartments. Will had not yet been enrolled in school, and Grandmother had limited knowledge of resources within the community for children and families, therefore mental health services were difficult to identify through a school district and the closest RUHS-BH regional children’s clinic was in another city, 30 minutes away in an area with more traffic.

## Program Reflection

### Success Story *Continued*

The desert PEI mobile clinic was located 10 minutes away from Grandmother's location and she loved that the mobile was easily identified in the community, as it displayed "different emotions of children's faces." Grandmother, though she often was tired of many appointments looked forward to bringing Will to sessions, as parking was accessible and the therapeutic environment was peaceful and inviting. Both Will and Grandmother were consistent with all their weekly appointments and perceived sessions as a fun event rather than a task. Grandmother shared stories about waiting hours for appointments or getting lost at different clinics, as her age limited her ability to move fast and decipher different clinic routines.

None-the-less, Will was able to learn about his feelings and emotions and Grandmother was incorporated in treatment by teaching her the skills he had learned. When Grandmother began treatment services she was guarded and appeared to have difficulties with trust, which she disclosed was due to her traumatic experience with Will's removal by CPS. However, through the intimate setting of the mobile, Grandmother was able to build rapport with mobile clinicians and willingly participated in therapy. Grandmother insisted that mobile clinicians call her "Omi" (which means Grandmother in German), as the therapeutic rapport grew. Due to the accessibility and warm environment of the mobile, Will's father also had the opportunity to participate in various components of his son's therapy. Grandmother has expressed countless times how mobile clinicians have been her "true support" in therapy as she grew to trust them. She has shared how TFCBT has enhanced the relationship with herself and Will and with Will and his father. Throughout, the course of therapy, Will has been able to work through traumatic events within his life and has identified the mobile clinic as his "safe place."

This family and several others throughout Riverside County who are in need of prevention, early intervention and mental health treatment would not have been able to receive the services necessary if not for the PEI Mobile clinics and their availability within the community. The impact these services have for families across Riverside County is significant and truly innovative.

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

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

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

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:  Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Peace 4 Kids

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

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

Number of unduplicated individual participants or audience members during FY19/20: 174

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	142
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	32
Race	
American Indian or Alaska Native	1
Asian	1
Black or African American	7
Native Hawaiian or other Pacific Islander	0
White	99
Other	1
More than one race	34
Declined to Answer	31
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>92</b>
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
<b>Asian as follows</b>	<b>0</b>
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	118
Spanish	15
Bilingual	10
Other	0
Declined to Answer	2
Gender	
Male	52
Female	89
Transgender Male to Female	1
Transgender Female to Male	0
Other	0
Declined to Answer	3
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	9
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	136
Disability	
Yes	7
No	132
Declined to Answer	6
Veteran Status	
Yes	0
No	0
Declined to Answer	174

## Program Reflection

### Implementation Challenges:

Countywide, 174 individual students enrolled in the program with 64% of those completing. A major challenge this year was COVID-19, which delayed, then eroded our ability to continue the school based program despite best efforts to continue the program via zoom. Statewide stay at home orders made it difficult for families to log-on to Zoom and participate. This also became a challenge when coordination of student school schedules and the program schedule because of necessary adjustments and the disruption of classes by the Stay-at-home orders. The team followed the guidelines of the Riverside-County Public Health Information officer to maintain safety during the pandemic.

Another challenge was not all families had the ability to log-on because they did not have internet access. The program seeks to work with schools and families to identify methods to increase connectivity so that families can participate during the pandemic.

### Success:

Behavioral Difficulties Decreased and Pro-Social Skills Increased. A pre to post behavioral measure evaluated changes in behavior and growth in pro-social skills. The Strength and Difficulties Questionnaire (SDQ) showed statistically significant improvements in emotional problems on both student and parent ratings, while improvements in hyperactivity and peer problems were seen with the student and parents, respectively. Pro social skills also significantly improved as reported by student ratings and showed slight improvement in the parent ratings. A pre to post Skill Streaming checklist was completed by the youth to rate their use of positive social skills focused on during the program. Pre to post scores were collected for 113 students, and showed a significant difference in their reports of using positive social skills. Students had reported lower rates of positive social skills before the program and higher rates at the end of the program.

### Lessons Learned:

Reaching out to school and district staff, along with providing an overview of the program and its benefits for students in and outside the program, assisted in a faster return to campus as stay-at-home orders were rescinded.

### Relevant Examples of Success/Impact:

Feedback from participants includes:

“What I learned is to make memories with your loved ones before friends that is what they taught me.”

“I have learned to use the ‘I-Message’ and have integrity overall with people and have learned how to have patience with people and how to use the MELT.”

## 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. A narrative description of the Teen Suicide Awareness program is provided as this program is a suicide prevention program does not collect demographic information.

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

### **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 Awareness Prevention Program (TSAPP). TSAPP 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. TSAPP provided Suicide Prevention (SP) curriculum training to a leadership group at each campus.

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

In addition, RUHS-PH assisted each established suicide prevention club and middle school service group with a minimum of two (2) SP activities throughout the school year. One of the required high school club activities is to participate in the annual Directing Change video contest. The remaining activities include handing out SP cards at open house events, school events, and making PSA announcements. This to builds momentum around suicide prevention and reduces the stigma associated with seeking mental health care services.

Trainings are also provided that target the staff and parents of students. TSAPP provides Gatekeeper trainings to school staff, and SafeTALK a 3 hour training designed to introduce the topic of suicide intervention. The goal of this training is to equip participants to respond knowledgeably and confidently to a person at risk of suicide. Just as "CPR" skills save lives, training in suicide intervention makes it possible for trained participants to be ready, willing, and able to help a person at risk. In addition, RUHS-PH works with Riverside County Helpline to provide suicide prevention and awareness trainings to parents. This will help to ensure that everyone involved with each school site has the opportunity to learn more about suicide prevention and resource awareness. The program supported 96 school sites in FY19/20 and trained 4,072 youth at these school sites. These trained youth then disseminated suicide awareness information at their schools through a variety of suicide prevention activities. By coordinating these on campus activities the trained youth impacted approximately 65,912 youth across many school districts in Riverside County. Evaluations from youth showed that 89% of youth believed TSAPP positively impacted the community, and 69% reported they were able to use the information to help a peer or friend in need.

TSAPP staff continued to provide parent education and staff development activities in FY19/20. 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. FY19/20 provided 237 School personnel and community members participated with safeTALK and ASIST suicide prevention training, 113 Community members received Mental Health First Aid Training, and 882 parents and community members participated in workshops led by TSAPP.

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Stress and Your Mood
Project Area as Defined by PEI Plan: PEI#4 Transition Aged Youth (TAY) Project
Program Description: Stress and Your Mood (SAYM) is an early intervention for depression program based on the Cognitive Behavioral Therapy (CBT) model, with modifications for transition age youth (TAY). SAYM was developed to improve access to evidence-based treatment for TAY with depressive disorders and sub-clinical depressive symptoms, with referrals given to those in need of medication evaluation with prescribing psychiatrists to ensure continuity of care. SAYM services have three phases: Conceptualization; Skills and application training; and Relapse prevention. Services are low-intensity and time limited, and can be provided in either or both group and in individual sessions.
Number of unduplicated individual participants or audience members during FY19/20: 282

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	42
Transition Age Youth (16-25)	240
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	9
Black or African American	23
Native Hawaiian or other Pacific Islander	0
White	44
Other	2
More than one race	22
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	181
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	181
Asian as follows	9
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	9

Preferred Language	
English	265
Spanish	5
Bilingual	0
Other	12
Declined to Answer	0
Gender	
Male	217
Female	59
Transgender Male to Female	2
Transgender Female to Male	4
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	59
Unknown	17
Other	5
Not LGBTQ/Declined to Answer	201
Disability	
Yes	8
No	270
Declined to Answer	4
Veteran Status	
Yes	0
No	280
Declined to Answer	2

## Program Reflection

### Implementation Challenges:

The language in the manual is adolescent focused and doesn't address issues or concerns for young adults (18-25). Program staff come up with more relevant examples and share them with each other to help make the material work better with the older TAY population.

Clients dropping out once schools shifted to virtual learning was a big challenge. Students did not want to engage in more virtual type of service and/or were struggling to navigate the very sudden "cut off" from their social supports. Along with students not responding to attempts to continue their service at the end of 19/20, schools were not responding to outreach efforts due to "newness" of virtual learning requirements.

### Success:

The cohesiveness of the program provider team served as a support system during the start of the pandemic. Program staff found new way to support each other as they navigated the new challenges that presented themselves.

### Lessons Learned:

Gathering cell phone numbers and email addresses from students during assessment helps with communication. Make sure the client is in a confidential space prior to starting the session-hard to ensure via Zoom.

### Relevant Examples of Success/Impact:

Feedback from participants includes:

- "There are several things I learned in this program, but the most helpful was the coping with the negative thoughts and ways to go around them, that was the most helpful."
- "It is okay to have strong emotions. Even though some things don't go my way, I can find ways to make the situation better. I also learned how to not feel so awkward when meeting new people."
- "In this program I've learned that actions, thoughts, & feelings are all connected. I've also learned methods to turn around downward spirals, as well as how to cope and talk in arguments."
- "How to cope with the stressors in my life especially with specific situations that I originally thought were unmanageable."

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:  Prevention  Early Intervention  Outreach  Access & Linkage

Program Name: Peer-to-Peer: CAST (Coping and Support Training)

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 educates 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 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 FY19/20: 170

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	51
Transition Age Youth (16-25)	117
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	2
Race	
American Indian or Alaska Native	0
Asian	6
Black or African American	8
Native Hawaiian or other Pacific Islander	0
White	21
Other	2
More than one race	4
Declined to Answer	7
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>122</b>
Central American	7
Mexican American	61
South American	1
Multiple Hispanic	1
Other Hispanic	3
Did not specify Hispanic/Latino group	49
<b>Asian as follows</b>	<b>6</b>
Filipino	2
Vietnamese	0
Japanese	0
Other Asian	4
Did not specify Asian group	0

Preferred Language	
English	131
Spanish	20
Bilingual	0
Other	18
Declined to Answer	1
Gender	
Male	56
Female	108
Transgender Male to Female	0
Transgender Female to Male	2
Other (Transgender, but did not specify)	2
Declined to Answer	2
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	29
Unknown	13
Other	0
Not LGBTQ/Declined to Answer	128
Disability	
Yes	9
No	160
Declined to Answer	1
Veteran Status	
Yes	1
No	166
Declined to Answer	3

## Program Reflection

### Implementation Challenges:

There was difficulty with getting into certain schools in dealing with limited space, schools that prioritize academic hours, and counselors who have a lot on their plate, pre-COVID. Of course, once COVID caused stay-at-home orders, having to shift services to virtual was very challenging. Provider had to find ways to make forms/screening measures electronic to allow students to complete them. With campuses closing, outreach stopped during the last quarter of 19/20. During the end of 19/20, students were not responsive to program staff's attempts to engage them in finishing services.

### Success:

General outreach in scheduling classroom presentations prior to the pandemic about program and services, in addition to resource tables with community agencies/partners was very successful. The students that did opt to continue services were engaged on Zoom with their facilitators.

### Lessons Learned

Being adaptable to change is important. When provider transitioned to virtual service, they realized they needed to have more ways to contact students and began gathering cell phone and non-school email addresses (many school issued email address block outside senders so student weren't receiving communication from provider).

During outreach/engagement, advertising the completion incentive helps retrain students. Finding ways to engage students in virtual outreach, info sessions, and raffles have helped students participate.

## Outreach Activities

*This section is only for Outreach programs.*

Type of Outreach	Number of Events
Public Event	
Other (Workshop)	

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

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

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

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Cognitive Behavioral Therapy (CBT) for Late Life Depression

Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults

Program Description: CBT for Late Life Depression is a structured problem-solving program that follows the conceptual model and treatment program developed by Aaron Beck and his colleagues. It includes specific modifications for older adults experiencing symptoms of depression. Clients are taught to identify, monitor, and ultimately challenge negative thoughts about themselves or their situations and redevelop them to be more adaptive and flexible thoughts. Emphasis is also placed on teaching clients to monitor and increase pleasant events in their daily lives using behavioral treatment procedures.

Number of unduplicated individual participants or audience members during FY19/20: 47

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	47
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	47
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>0</b>
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	2
<b>Asian as follows</b>	<b>0</b>
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	47
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	45
Female	2
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	43
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	4
Disability	
Yes	13
No	0
Declined to Answer	0
Veteran Status	
Yes	4
No	0
Declined to Answer	0

## Program Reflection

### Implementation Challenges:

We have had to go 100% virtual in the program due to COVID. Many of our clients have difficulties with technology so our clinicians are spending extra time doing the BDI and other forms in session. Clinicians do send other forms needed for sessions to client via email ahead of the session. However, even with sending ahead of time, many clients are unable to complete ahead of time. Clients are also not enrolling in service at the rate we have seen when services were in-person. Again, it seems to go back to challenges with technology. Some potential clients are opting to wait to engage in service when we are able to do so in-person, feeling like therapy via video conferencing “will not feel like therapy” stating they want in-person connection.

### Success:

We have managed to continue to utilize this program. However, our numbers have decreased due to having to use technology. Our staff has done a wonderful job of uploading all relevant documents and resources to our virtual library and can easily forward all the information to clients. The clients that did opt to continue service via telehealth in 19/20 were able to transition to the new mode of service delivery with support from their clinician.

### Lessons Learned

It has been a bit of a struggle due to people 60+ not always being tech savvy and/or having a printer/scanner at home. Many of our CBT-LLD clients have driven to The Center to leave their packets with our Clinic Administrator. Often, clients will forget to do their BDI before session, and session time is then spent completing that. Sometimes clients have a hard time signing on or there is a problem with our therapy platform.

### Relevant Examples of Success/Impact:

Despite the frustrations of working in a pandemic, and isolated people having to do therapy through a screen, our staff has continued to successfully engage people in this program. The training they receive and the rationale for doing this work have proven to be beneficial to both our clients and the clinic. We consistently receive feedback from clients that although they were resistant at first to participate in this more “structured” way of therapy, they learn so much of their own responsibility and power over their thoughts—and the subsequent impact that it has in the rest of their lives.

### Participant’s Comments:

- “I have been given tools I have used to keep me, help me not turn down. This program will be beyond helpful”.
- “[Staff Name] kept it real. He helped me realize that "it’s not all about me" and my thinking is not crazy, it’s just where I come from. He is an asset to this process and I was so blessed to have him guide me through my "betterment".
- “I feel stronger due to the ability to find a program that can address senior issues, home issues and depression”.

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Care Pathways
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: A 12 session support group for caregivers of older adults. Outreach, engagement, and linkage to the support groups target caregivers of individuals receiving prevention and early intervention services, caregivers of seniors with mental illness, and caregivers of seniors with dementia.
Number of unduplicated individual participants or audience members during FY19/20: 183

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	55
Older Adult (60+)	119
Declined to Answer	9
Race	
American Indian or Alaska Native	0
Asian	7
Black or African American	25
Native Hawaiian or other Pacific Islander	0
White	139
Other	3
More than one race	7
Declined to Answer	2
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>43</b>
Central American	0
Mexican American	15
South American	0
Multiple Hispanic	0
Other Hispanic	1
Did not specify Hispanic/Latino group	27
<b>Asian as follows</b>	<b>7</b>
Filipino	2
Vietnamese	0
Japanese	0
Other Asian	5
Did not specify Asian group	0

Preferred Language	
English	174
Spanish	3
Bilingual	1
Other	1
Declined to Answer	4
Gender	
Male	32
Female	147
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	4
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	3
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	180
Disability	
Yes	16
No	88
Declined to Answer	79
Veteran Status	
Yes	3
No	104
Declined to Answer	76

## Program Reflection

### Implementation Challenges:

The last quarter of FY19/20 was marred by the COVID Pandemic; this affected every aspect of the Care Pathways program from outreach to implementation of workshops. The basis of the program is to break the isolation common to family caregivers entrenched in daily care responsibilities and often tasked with the challenge of 24/7 care of a frail or impaired older adult. The sudden change in mid-March to everyone's life and the need to find a new way to provide support and education through an on-line platform unfamiliar to the agency, as well as the general community, proved daunting.

The response to the Care Pathways program by working caregivers continued to be robust and we planned for 2 evening classes scheduled to start in February and end in May. 27 people expressed interest in the series of in-person education. One meeting site, Palm Springs' Mizell Senior Center, was new and we anticipated building on this new partnership. When COVID was first reported in Riverside County, the initial shutdowns started in the Coachella Valley. Only 3 classes had been offered in the series targeting working caregivers and we were only able to retain and graduate 11 of the original 27 that had expressed interest.

One of our most robust sites in the county was the Kay Cenicerros Senior Center in Menifee, Ca. Over the years the staff and volunteers were educated about the valuable tools provided in the education series and they readily made referrals to community members looking for resources for family caregivers. Often the upcoming class was filled prior to the quarter starting due to referrals from the senior center staff and a nearby community support group facilitator. The pandemic shuttered this center and they did not engage the community with online classes or even a newsletter in which we could advertise. The nearby support group that met regularly at a church was also put on hold.

The 4<sup>th</sup> quarter of the fiscal year was spent reaching out by phone to provide support to those who had already graduated, as well as those waiting to start classes in Spring. All community and senior centers closed, and fairs and outreach events were cancelled. There was no foreseeable impact for how the pandemic would affect us in the months to come. Care Pathways secured a platform by which to offer the hallmark "education in a support group setting" and adjusted the presentations to fit a Zoom meeting. We anticipated that some people may not have the technology needed to join the meetings, but we didn't anticipate the lack of interest in attaining the caregiver education and support in a "less personal" setting. The response we got back from those registered for Spring 2020 was that they were willing to wait for the next "in-person" class. At that time, we didn't know it would be months and not weeks for us to see how the pandemic would mandate the dreaded isolation we were trying to combat among this population. By June, we realized we would need to plan at least for the next quarter to engage with the caregiver community on-line and we anticipated all that could be seen as challenges; what we didn't anticipate, is the chronic fatigue by those family members providing care to a senior and/or children (now that schools were closed) as they too were attempting to adjust to telecommuting, distractions, and the stress of a pandemic deadly to those seniors in their care. The agency was not prepared with a social media presence and lost ground on outreaching to the community. As an example of the significant decrease in outreach opportunities we can compare Quarter 2, Fiscal year 19/20 (pre-pandemic) 10 outreach events with 1296 contacts to Quarter 2, Fiscal year 20/21 (in the midst of the pandemic) with 8 outreach "events" (3 were 1:1) with a total of 64 contacts.

### Success:

FY19/20 was a great show of effort by staff to meet the many needs of the caregiving community. In the first 3 quarters they were able to enroll over 175 individuals and graduate 142; these graduates accounted for 99% of the contracted goal. The 4<sup>th</sup> quarter classes were dropped as we adjusted to the many changes forced by the pandemic. Staff started tele-commuting, on-line platforms were investigated and tested to connect to our communities, and we touched base via phone with many of our former Care Pathways graduates to ensure they were okay and prepared for what was ahead.

During the October 2019 session, 16 people registered for Care Pathways at the Kay Cenicerros Senior Center in Menifee. Although this was a rather large group, we went on to graduate 14 of those caregivers. This was a very successful and tight knit group. Several caregivers went on to continue to participate in after-care support groups and two were referred to FCSP's case management program.

## Program Reflection

### Success:

We identified the need for another evening class and established a partnership with a Coachella Valley senior center that expanded our services into Palm Springs. Additionally, through outreach efforts we found success in collaborating with St Margaret's Episcopal Church in Palm Desert and successfully graduated 15 of 18 participants (83% completion rate); this was notable as we had recorded the regular retention rate for the desert region averaging 73% over the past 3 years.

Throughout the first three quarters, we provided respite through PEI funding to over 40 caregivers; this accounts for over 1000 hours of care assistance. In the third and fourth quarter we were able to leverage \$25,000 Older Americans Act funding to continue to provide respite during third quarter classes and some minimal respite to caregivers from April – June who found themselves in dire need. This was very important to those who required medical interventions (doctor's appointments, post-surgery or had short term care needs due to illnesses other than COVID).

### Lessons Learned

- Very challenging to turn "in-person" education into Zoom education, where the element of sharing and finding common ground are integral to the successful outcome for the participants; meanwhile everyone is at the mercy of the internet connection.
- Some older adults can use technology, and some can't or won't; this limited the population of caregivers we could reach effectively. Persons of lower socio-economic status were likely not served as readily, due to lack of technology devices and/or internet connectivity costs. There may have been less likelihood the outreach efforts reached them. Working caregivers who typically have experience with technology, were pretty burned out by the evening and had difficult committing to the 12-week series.
- Caregivers who did participate in online learning seldom asked for respite and faced many distractions while in the home environment. There were multiple occasions that caregivers switched off their computer video feed to multi-task, losing the full benefit of the educational materials and the opportunity to connect with others. One caregiver reported she was bathing her mother while listening to the class, while another was cooking dinner. One caregiver reported to sitting in her car in the garage in order to concentrate.
- Social media must be considered in order to stay relevant with outreach efforts, while we are social distancing.

### Relevant Examples of Success/Impact:

Since 2012 "after-care" monthly support groups were held for the Care Pathways graduates and others in the community who were actively caregiving for a family member over 60. These groups initially were suggested by the first graduating Care Pathways class, because they "didn't want to leave." A monthly group was started and then through the years another "after-care" group started in another region of the county and subsequently there were 7 county-wide. In FY19/20 there were 99 participants who attended the "after-care" groups logging over 1500 hours of support. There are some long-time caregivers who have been active from 2012 through FY19/20. Many relationships have been developed through the years in these groups with the consistent means to gather along with support and comraderies they have found lasting friendships. In fact, through the years many regular attendees who experience the loss of the care recipient continue to attend because they know the others, shared their challenges in caregiving, they seek support through their grief, and give back as mentors and sounding boards to the persons who continue on their caregiving journey. The Murrieta support group is an example of deep, lasting friendships formed as a result of Care Pathways. There were 5 persons who experienced the loss of a spouse after having attended the after-care group for 2 or more years; these 5 now check on one another regularly (some daily) even while one moved out of state. They've been given purpose - to continue to support each other. 4 out of 5 are 80+ and they are at risk of isolation and loneliness due to their age, loss of family and friends and the increasing number of medical conditions they are facing. In this group of 5, 3 are men which is remarkable as men often are reticent to join support groups and/or stick with the group over the long term.

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Embedded Staff-Office on Aging
Project Area as Defined by PEI Plan: PEI#5 Early Onset for Older Adults
Program Description: Embedded Staff is a Prevention and Early Intervention program in which Riverside University Health System-Behavioral Health (RUHS-BH) 'Mental Health Liaisons' and the Riverside County Office on Aging work collaboratively to (1) identify older adults who are either at risk of depression or are experiencing the first onset of depression and (2) link them with early intervention programs, such as Cognitive Behavioral Therapy for Late Life Depression (CBT-LLD). Additionally, the Mental Health Liaisons link older adults with other resources and services, as needed, to reduce depression and suicide risk.
Number of unduplicated individual participants or audience members during FY19/20: 24

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	0
Older Adult (60+)	24
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	3
Native Hawaiian or other Pacific Islander	0
White	20
Other	1
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	6
Did not specify Hispanic/Latino group	0
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	21
Spanish	3
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	1
Female	23
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	24
Disability	
Yes	0
No	0
Declined to Answer	24
Veteran Status	
Yes	0
No	0
Declined to Answer	24

## Program Reflection

### Implementation Challenges:

Moved from face-to-face CBT-LLD sessions to over-the-phone sessions due to the COVID-19 pandemic. Some of the older adult clients who did not feel comfortable having over the phone sessions decided to wait until we could have face-to-face sessions or when the COVID-19 pandemic was over. Clinicians increased the communication and feedback with the older adults who decided to continue with the CBT-LLD program, including technical questions such as “can you hear me, ok?”, “Is the phone volume good?”, and “What can I do to help make the sessions better for you?”. The clients could express their concerns and continue participating in the CBT-LLD program.

Cancelation and limited face-to-face outreach events: Clinicians participated in virtual outreach events, created and sent flyers consistently. Clinician participated in collaborative meetings and followed examples from other co-workers/programs to increase participation in outreach events in the community to generate referrals.

### Success:

Due to the changes in outreach events, there was an increase in the CBT-LLD caseload starting in the last quarter FY 19/20. Virtual outreach, networking, and collaboration with OOA programs continue to increase referrals. Built vital collaboration with other agencies and program staff to promote behavioral health resources. There was an increase in behavioral health telehealth resources for consumers.

### Lessons Learned

“When we allow ourselves to adapt to different situations life is easier” -Catherine Pulsifer.  
I learned to work with change – It is what we are teaching our clients every day. I learned the importance of collaboration with others to identify ideas and solutions to deal with challenges.

### Relevant Examples of Success/Impact:

The clients are consistent with their participation in the CBT/LLD program. Increase collaboration with agency staff and other agencies, which generates referrals.

#### Participant’s Comments:

- “Makes me happy to know that there are programs that help people. I enjoyed the program and felt comfortable speaking, I felt that that I can trust someone”.
- “The program helped me control my daily emotions”.
- “This service saved my life”.

## Access and Linkage to Treatment

*This section is only for Access and Linkage programs.*

Number of referrals to SMI treatment programs: 0
Number of participants enrolled into SMI treatment programs: 0
Number of referrals to PEI programs: 19
Number of participants who enrolled into PEI programs: 15
Number of referrals to other Non-PEI programs: 22
Number of other referrals: 68

Note: Not all individuals met criteria for referrals.

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Healthy IDEAS
Project Area as Defined by PEI Plan: PEI#5 First Onset for Older Adults
Program Description: Facilitated by the Riverside County Office on Aging. It is a care management program for older adults who are at high risk for developing mental health problems, primarily depression and anxiety. Healthy IDEAS intervention focuses on behavioral activation and social support and is utilized for those who are demonstrating symptoms of depression and anxiety.
Number of unduplicated individual participants or audience members during FY19/20: 52

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	2
Adult (26-59)	9
Older Adult (60+)	39
Declined to Answer	2
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	7
Native Hawaiian or other Pacific Islander	0
White	40
Other	4
More than one race	1
Declined to Answer	0
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>8</b>
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	8
<b>Asian as follows</b>	<b>0</b>
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	47
Spanish	5
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	17
Female	35
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	52
Disability	
Yes	52
No	0
Declined to Answer	0
Veteran Status	
Yes	1
No	51
Declined to Answer	0

## Program Reflection

### Implementation Challenges:

It can be challenging to get clients to “buy in” to the Healthy IDEAS intervention, because they believe they can overcome their symptoms on their own by distracting themselves with minor activities. Additionally, they do not want to be involved in any therapeutic sessions as they view it as a weakness on their part to seek behavioral health services.

On the other hand, some have already spoken to their Primary Care Physician regarding their depression and have begun taking anti-depressants, which they assume will alleviate their depression without any work on their part. So, they too, are reluctant to participate in Healthy IDEAS.

For these reasons, it takes a second or third phone call to fully explore their depressive feelings, explain depression and present the Healthy IDEAS approach to them. Clients tend to be more receptive when face to face interaction takes place during a home visit to address resistance vs. telephonic, which has been challenging during this time as we are implementing the intervention while socially distanced over the telephone.

Younger adults are being referred to Healthy IDEAS and overall are more receptive to participating in the Healthy IDEAS intervention, as they are less apt to believe that seeking help for behavioral health issues is a sign of weakness.

### Success:

Those who participated in Healthy IDEAS were thankful for having someone who cared about their well-being and appreciated the regular contact while isolated during the pandemic. Clients who scored 16+ have demonstrated a significant reduction in depressive symptoms in their post survey.

### Lessons Learned

These times are more challenging than usual due to remote working, and virtual (primarily telephonic) contact with clients. It takes more time and patience with our clients due to no face to face contact as trust must be reinforced to build rapport. Telephonic contact may distract the client as other calls come in or interruptions occur by others. Phone appointments are proving to be more exhausting for clients. We have learned that more frequent, shorter phone calls are better received, and resulted in a higher participation rate on the clients' part.

### Relevant Examples of Success/Impact:

L.G. is an 81-year-old female who resides with her elderly sister in Desert Hot Springs. When Healthy IDEAS was presented, the participant was delighted to do something to improve her emotional well-being. She was excited to start decluttering her bedroom but did not know how or where to start. Decluttering her room as much as possible was her behavior activation activity. She already had bins and only needed positive reinforcement to start engaging in something she wanted to do that would make her feel good once again. She needed a plan to break down her goal into manageable tasks. She developed a goal to place an unwanted item a day or so in the bin. As the case manager monitored her progress, and provided encouragement, her demeanor changed significantly. She stated that she looked forward speaking to her case manager to share her progress, as her case manager provided emotional support along with assistance in other areas (case management). The client even spoke to her PCP about her depression and her goal, and was placed on an antidepressant, which she now takes.

The client made progress with her goal, but began slowing down, due to her health declining. She stated that hearing her case manager over the phone brought a little sunshine to her day. One of the things the client enjoyed the most was the phone calls and checking on her well-being overall. She said she would like to meet her case manager face to face, but understood why it was not possible, due to the pandemic. Although the case manager was initially skeptical that this intervention would be as effective over the phone, this client and many others proved that it could work well telephonically.

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:  Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: PEARLS

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

Program Description: The **Program to Encourage Active and Rewarding Lives (PEARLS)** is an evidence-based program designed for people aged 60 years or older, who are experiencing minor depression or dysthymia. PEARLS is an in-home intervention that utilizes an empowering, skill-building approach based on three core elements: program solving treatment (PST), social and physical activation, and pleasant activity scheduling. These three elements contribute to the empowerment of participants by encouraging them to engage in behaviors that will help them reach their goals.

Number of unduplicated individual participants or audience members during FY19/20: 66

### 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+)	64
Declined to Answer	1
Race	
American Indian or Alaska Native	2
Asian	1
Black or African American	7
Native Hawaiian or other Pacific Islander	0
White	54
Other	0
More than one race	1
Declined to Answer	21
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>16</b>
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	1
<b>Asian as follows</b>	<b>1</b>
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	1

Preferred Language	
English	0
Spanish	0
Bilingual	0
Other	0
Declined to Answer	88
Gender	
Male	13
Female	53
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	66
Disability	
Yes	0
No	0
Declined to Answer	66
Veteran Status	
Yes	0
No	0
Declined to Answer	66

## Program Reflection

### Implementation Challenges:

Outreach has been perhaps the biggest challenge. It is such a gigantic arena in which provider operates and can reach out to - networking with & presentations to community groups and organizations, professionals, agencies, medical care/healthcare, groceries, libraries, senior apartments, grocery stores, churches, etc. - to reach potential clients. It sometimes seems overwhelming. Trying to capture every opportunity to talk about PEARLS is an enormous task. Trying to build those relationships and keep them current is an ongoing (never-ending) task.

A very close second challenge is being sure not to lose track of increasing skill level, so that program staff are enrolling those seniors who are truly motivated and will successfully complete the program. So balancing focus on outreach and supervision/skill building with staff sometimes feels like a challenge. Program staff commented that they would like to continue to focus on improving their process for identifying at screening those clients who are ready to make change, and therefore motivated to work in PEARLS.

Finally, another major challenge has been providing this program during COVID. The look of outreach has changed as a result. Most clients facilitators work with now are via the phone, as so many do not have capability or comfort level with Zoom. Not seeing the Counselor face to face may impact the client's commitment to the program.

### Success:

Despite COVID, the number of referrals and enrollees have gone up. Whereas in the first year most of our referrals came from within the agency, now at least half, if not more, are from outside the agency. Staff now are more experienced and competent in the program and better at working with their clients. Program staff have adapted to working virtually - with clients and in doing outreach.

Program supervisors have provided ongoing support and training to Counselors around the initial screening, making a concerted effort to shore up the follow-up process and become more efficient with the first meeting with potential participants. Provider was able to successfully reduce the amount of time from screening to enrollment in the program by being sure they are asking the right questions during the first encounter. Counselors have been receptive to the ongoing coaching around this issue.

The working relationship with the psychiatrist that Provider has contracted with has been stable and helpful. He is engaged in the case presentations and provides great, helpful feedback around medications and how participants might be impacted by their medications.

### Lessons Learned

The shift to virtual implementation has been stressful, not just for the program staff, but for participants as well. Provider has learned that participants need extra reassurance and help around technology. Mailing forms to participants so they have a packet of the needed handouts has been incredibly helpful in making sure the participants are able to fully participate in services, even via phone.

## Program Reflection (PEARLS)

### Relevant Examples of Success/Impact:

Feedback from participants includes:

“I did receive a lot of help from the program and I feel strong like I can do anything. When I first started all I could do is cry and I feel a lot stronger now.”

“I benefited from PEARLS as it has been supportive and how to articulate what my problems are in order to resolve them.”

“I did benefit because I felt more comfortable. It motivated me to keep on going and understand better different things. Things like going out to the store or the gym, all that is good for me and my health. This program helped me for all that”

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

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

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

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Cognitive Behavioral Intervention for Trauma in Schools
Project Area as Defined by PEI Plan: PEI#6 Trauma-Exposed Services for All Ages
Program Description: CBITS is a cognitive and behavioral therapy group intervention to reduce children’s symptoms of Post Traumatic Stress Disorder (PTSD) and depression caused by exposure to violence.
Number of unduplicated individual participants or audience members during FY19/20:

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	196
Transition Age Youth (16-25)	3
Adult (26-59)	0
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>121</b>
Central American	3
Mexican American	95
South American	0
Multiple Hispanic	1
Other Hispanic	3
Did not specify Hispanic/Latino group	25
<b>Asian as follows</b>	<b>0</b>
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	175
Spanish	4
Bilingual	14
Other	0
Declined to Answer	8
Gender	
Male	75
Female	122
Transgender Male to Female	0
Transgender Female to Male	3
Other	0
Declined to Answer	1
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	24
Yes, did not specify	8
Unknown	25
Other	5
Not LGBTQ/Declined to Answer	139
Disability	
Yes	0
No	0
Declined to Answer	0
Veteran Status	
Yes	0
No	0
Declined to Answer	0

## Program Reflection

### Implementation Challenges:

Switching to a virtual platform during the end of the 2019-2020 school year presented a number of challenges. One of the bigger challenges was related to the limited availability for group time to “after school” hours. This shift resulted in students declining to continue participation in the program because they did not want to engage through their computer after their school hours were complete. Many students decided to stop their participation in the group, were unable to be contacted, or stopped the screening process once school campuses closed.

It has also been harder to engage with caregivers around getting consent for their student(s) to participate in CBITS on a virtual platform. Finding a time to connect with caregivers around caregiver info sessions was also a challenge as they found themselves having to juggle new roles & responsibilities during stay-at-home-orders in the beginning of the pandemic.

When students did decide to continue with their group and/or engage in the screening process at the end of the 19/20 school year, program staff couldn't verify/guarantee confidentiality. Since students were at home with their families, there was the possibility that others would be in the same space. Staff would make their best efforts to ask if students were in a confidential space, but there was no way to guarantee that someone wouldn't walk in during group.

### Success:

The students are still able to participate in the program even though everything is virtual and those that did choose to continue services after the campuses closed were consistent and completed the program. Program staff have worked to make documentation electronic/fillable to make it easier for students and/or caregivers to complete, saving time at the end of the 19/20 year when collecting post-measures.

### Lessons Learned:

Being adaptable to change is important. When provider transitioned to virtual service, they realized they needed to have more ways to contact students and began gathering cell phone and non-school email addresses (many school issued email address block outside senders so student weren't receiving communication from provider).

During outreach/engagement, advertising the completion incentive helps retrain students. Finding ways to engage students in virtual outreach, info sessions, and raffles have helped students participate.

### Relevant Examples of Success/Impact:

Feedback from participants includes:

“I liked how it showed how to help better with suicide and it helped us with our video.” (DC)

“It reminded me that there is help out there & being hopeful is one of the best things you can do to move forward.” (DC)

“It allowed me to discuss things that I can't discuss at home, such as feelings of being discriminated against, and understand more about others in my position.” (LGBT Support Group)

“I learned how to build my self-esteem and learned how to stay positive even through hard times, whether it's about school or general life.” (Mentoring)

## PEI Plan Project Area #7: Underserved Cultural Populations

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

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

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Building Resilience in African American Families (BRAAF) - Boys
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 FY19/20:

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	45
Transition Age Youth (16-25)	0
Adult (26-59)	39
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	84
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	0
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	84
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	47
Female	37
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	49
Disability	
Yes	2
No	82
Declined to Answer	0
Veteran Status	
Yes	1
No	83
Declined to Answer	0

## Program Reflection

### Implementation Challenges:

A major challenge this year was COVID-19, which delayed, then eroded our ability to continue the in person program due to Statewide stay at home orders. The program converted its program to online, however many families faced difficulties to log-on to Zoom and participate. Throughout this challenge, the team followed the guidelines of the Riverside-County Public Health Information officer to maintain safety during the Pandemic.

Another challenge was getting the families to stay engaged with Zoom when many families were tired and “zoomed out”. In addition to that many families were skeptical of participating in a program during the pandemic especially having a camera on in which other BRAAF participants could see the inside of their home. It was evident not all families had the ability to log-on because they did not have internet access. The program seeks to work with schools and families to identify methods to increase connectivity so that families can participate during the pandemic.

### Success:

A major success was that BRAAF converted to an online program despite the pandemic and family connectivity issues. A total of 49 participants were enrolled in the Rites of Passage Program with 63% completing the 9-month program. BRAAF staff worked to help families understand how to use Zoom. In addition to converting the program online and keep the BRAAF participants engaged, the creativity of the staff to make online sessions engaging with creative videos, incentives, and activities helped all participants to benefit from the lessons.

### Lessons Learned

The program has continued to invest time to engage fathers in program participation. This has enhanced bonds with the boys. The program has invested more time to recruit parents that are a good fit for the program. This has led to stronger family participation. The team continues to address response bias through the use of early relationship building that includes a building of non-judgmental relationships during recruitment for the program. Strengthening family cohesion through intentional parent support groups and encouraging more dialogue between children by assigning mutual talking points over the session/activity for parents to discuss.

### Relevant Examples of Success/Impact:

#### Participant's Comments:

Participants stated about the program

- “I learned new ways of communication.”
- “I liked that I received a lot of encouraging words and support from the program.”
- “I learned to be patient.”
- “I met new people I knew I could be their friend.”
- “I loved everything about BRAAF, in the mountains we went on a hike I loved it.”
- “Having something to do after school with other kids.”
- “Now I am thinking positively I learned to not talk down on myself or my people.”
- “Taught us so much history about our ancestors that we do not get in school.”
- “Learning things we do not learn in school like our black history.”

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:     Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Building Resilience in African American Families (BRAAF) - Girls
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 FY19/20:

### Program Demographics

The

Age	
Children/Youth (0-15)	18
Transition Age Youth (16-25)	0
Adult (26-59)	17
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	32
Native Hawaiian or other Pacific Islander	0
White	1
Other	0
More than one race	1
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	1
Asian as follows	
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	0

Preferred Language	
English	35
Spanish	0
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	0
Female	35
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	35
Disability	
Yes	1
No	34
Declined to Answer	0
Veteran Status	
Yes	1
No	34
Declined to Answer	0

## Program Reflection

### Implementation Challenges:

A major challenge this year was COVID-19, which delayed, then eroded our ability to continue the in person program due to Statewide stay at home orders. The program converted its program to online, however many families faced difficulties to log-on to Zoom and participate. Throughout this challenge, the team followed the guidelines of the Riverside-County Public Health Information officer to maintain safety during the Pandemic.

Another challenge was getting the families to stay engaged with Zoom when many families were tired and “zoomed out”. In addition to that many families were skeptical of participating in a program during the pandemic especially having a camera on in which other BRAAF participants could see the inside of their home. It was evident not all families had the ability to log-on because they did not have internet access. The program seeks to work with schools and families to identify methods to increase connectivity so that families can participate during the pandemic.

### Success:

A major success was that BRAAF converted to an online program despite the pandemic and family connectivity issues. A total of 49 participants were enrolled in the Rites of Passage Program with 63% completing the 9-month program. BRAAF staff worked to help families understand how to use Zoom. In addition to converting the program online and keep the BRAAF participants engaged, the creativity of the staff to make online sessions engaging with creative videos, incentives, and activities helped all participants to benefit from the lessons.

### Lessons Learned

The program has continued to invest time to engage fathers in program participation. This has enhanced bonds with the boys. The program has invested more time to recruit parents that are a good fit for the program. This has led to stronger family participation. The team continues to address response bias through the use of early relationship building that includes a building of non-judgmental relationships during recruitment for the program. Strengthening family cohesion through intentional parent support groups and encouraging more dialogue between children by assigning mutual talking points over the session/activity for parents to discuss.

### Relevant Examples of Success/Impact:

#### Participant's Comments:

- Participants stated about the program
- “I learned new ways of communication.”
- “I liked that I received a lot of encouraging words and support from the program.”
- “I learned to be patient.”
- “I met new people I knew I could be their friend.”
- “I loved everything about BRAAF, in the mountains we went on a hike I loved it.”
- “Having something to do after school with other kids.”
- “Now I am thinking positively I learned to not talk down on myself or my people.”
- “Taught us so much history about our ancestors that we do not get in school.”

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:  Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Mamas y Bebés
Project Area as Defined by PEI Plan: PEI #7 Underserved Cultural Populations
Program Description: Mamás y Bebés (MyB) is a prenatal intervention, focused on both Spanish and English speakers, designed to prevent the onset of major depressive episodes (MDEs) during pregnancy and postpartum. The intervention is an 8-session course that uses a cognitive-behavioral mood management framework, and incorporates social learning concepts, attachment theory, and socio-cultural issues. The program helps participants create a healthy physical, social, and psychological environment for themselves and their infants.
Number of unduplicated individual participants or audience members during FY19/20: 60

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	22
Adult (26-59)	38
Older Adult (60+)	0
Declined to Answer	0
Race	
American Indian or Alaska Native	1
Asian	1
Black or African American	5
Native Hawaiian or other Pacific Islander	0
White	49
Other	0
More than one race	4
Declined to Answer	0
Ethnicity	
<b>Hispanic or Latino as follows</b>	<b>45</b>
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	45
<b>Asian as follows</b>	<b>5</b>
Filipino	0
Vietnamese	0
Japanese	0
Other Asian	0
Did not specify Asian group	5

Preferred Language	
English	32
Spanish	28
Bilingual	0
Other	0
Declined to Answer	0
Gender	
Male	0
Female	60
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	0
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	60
Disability	
Yes	0
No	60
Declined to Answer	0
Veteran Status	
Yes	0
No	60
Declined to Answer	0

## Program Reflection

### Implementation Challenges:

At the start of the pandemic our biggest challenge was adjusting to the virtual format. There were several concerns we encountered: parents who were uncomfortable with video conferencing, and parents who, due to COVID-19, had serious external barriers to attend classes. For the first concern, providers noticed that many moms were uncomfortable being on camera or did not know how to work with the technology. Program staff began offering a variety of virtual options: virtual video conferencing, virtual tele-conferencing and individual, 1:1 session between the participant and the facilitator. These options let mothers choose the one that worked best for them and their lifestyle.

Due to the pandemic, providers noticed that there was an increase in the number of mothers who came to the program with serious external barriers, such as unemployment, housing instability and health concerns. These external factors impacted their ability to address their own internal needs. Providers found that being able to provide the free diapers as an incentive was a huge help for these parents, and our facilitators were able to work with them 1:1 to provide resources and referrals to additional agencies to support their needs. The open enrollment and flow of the class sessions also proved to be beneficial, as the parents could pick up classes at any time.

Recruitment of participants, overall, has been more difficult since program staff are unable to reach out in-person due to the pandemic. The population the program is aimed at reaching has reservations about registering digitally or does not feel comfortable sharing personal information electronically-which might also coincide with the challenges/discomfort around technology that participants expressed.

### Success:

Providers have had the most success with offering a variety of enrollment options. The flexibility of offering both phone and video options has helped ease the concerns of parents who were uncomfortable with virtual programming. Program facilitators have been able to provide hands-on support with virtual challenges. Facilitators even offer to demo the virtual platform prior to enrollment, walking interested moms through the process beforehand. With this high engagement and assistance, staff have seen that participants feel more comfortable with the virtual offerings than at the start of the pandemic.

When the pandemic forced the stay-at-home orders, it took a few weeks to figure out how service was going to continue. Once groups/service resumed, there were very few participants who dropped out of the program.

Providers found ways to engage participants outside of their virtual group using various apps to help them stay connected to each other since that is such a vital piece of the Mamas y Bebés program.

### Lessons Learned

Offering classes virtually has taught us how to be more flexible and in-touch with the needs of our moms. To better meet the needs of participants, program staff began offering classes virtually in the evenings, for working mothers who were unable to meet at during daytime options. Due to the ease of virtual scheduling, it has been easier to accommodate schedule changes, and the moms are less restricted by needing to find transportation.

## Prevention and Early Intervention Program Summary

### Program Information

Type of Program:  Prevention     Early Intervention     Outreach     Access & Linkage

Program Name: Keeping Intergenerational Ties in Immigrant Families (KITE)
Project Area as Defined by PEI Plan: PEI #7 Underserved Cultural Populations
Program Description: Keeping Intergenerational Tie in Immigrant Families (KITE) is a – An evidence-based parenting program based on the Strengthening Intergenerational Ties in Immigrant Families (SITIF) curriculum designed for the Asian American community that teaches behavioral parenting skills to improve intergenerational intimacy. It is a culturally-sensitive, community based intervention to strengthen the intergenerational relationship, and promotes immigrant parents’ emotional awareness and empathy for their children’s experiences, cognitive knowledge, understanding of differences between their native and American cultures.
Number of unduplicated individual participants or audience members during FY19/20: 94

### Program Demographics

The following demographic information is unduplicated.

Age	
Children/Youth (0-15)	0
Transition Age Youth (16-25)	0
Adult (26-59)	92
Older Adult (60+)	0
Declined to Answer	2
Race	
American Indian or Alaska Native	0
Asian	94
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	0
Other	0
More than one race	0
Declined to Answer	0
Ethnicity	
Hispanic or Latino as follows	0
Central American	0
Mexican American	0
South American	0
Multiple Hispanic	0
Other Hispanic	0
Did not specify Hispanic/Latino group	0
Asian as follows	94
Filipino	5
Korean	17
Chinese	67
Other Asian	3
Did not specify Asian group	2

Preferred Language	
English	11
Chinese	63
Korean	18
Other	0
Declined to Answer	2
Gender	
Male	81
Female	11
Transgender Male to Female	0
Transgender Female to Male	0
Other	0
Declined to Answer	2
Sexual Orientation	
Lesbian	0
Gay	0
Bisexual	0
Yes, did not specify	0
Unknown	0
Other	0
Not LGBTQ/Declined to Answer	94
Disability	
Yes	4
No	85
Declined to Answer	5
Veteran Status	
Yes	1
No	90
Declined to Answer	3

## Program Reflection

### Implementation Challenges:

This program seeks to serve the diverse underserved community of Asian-Americans/Pacific Islanders (AAPI). Accessing this population was more challenging in Mid-County region, where there is less of this population located/concentrated. The provider worked to provide outreach workshops in order to help decrease stigma around mental health and programs to improve parenting skills. Additionally, the emergence of the COVID-19 pandemic caused an unexpected end to in-person service delivery of parenting classes and outreach workshops. The provider had to find new ways of engaging with parents and the AAPI community virtually.

### Success:

There were a total of 94 parent participants who enrolled in a total of 6 KITE Program Parenting Class Series (4 class series were offered in Chinese, 1 class series was offered in Korean, and 1 class series was offered in a combination of Tagalog/English), and 74 parent participants had successfully completed the program. Despite the fact that some of the participants were unable to complete the program due to the COVID-19, the total completion percentage is still relatively high at 78.72%. Additionally, there were a total of 23 workshops offered during the fiscal year 2019-2020, with a total of 209 attendees.

Parents who completed the KITE Program Parenting Class Series demonstrated the following successes: Analysis of the Strengths and Difficulties Questionnaire (SDQ) showed that there were slight increases in “Emotional Symptoms” Scale (a 0.2% change from 2.76 to 2.96) and “Peer Problems” Scale (a 0.12% change from 2.30 to 2.42), and decreases on the “Conduct Problems” Scale (a 0.11% change from 2.04 to 1.93) and “Hyperactivity” Scale (a 0.23% change from 4.22 to 3.99).

Analysis of the Alabama Parenting Questionnaire (APQ) showed 5.25% increase on both “Parenting Involvement” and “Positive Parenting” scales, while “Inconsistent Discipline” scale showed a 3.2% decrease, and “Other Discipline Practices” scale showed a 1.8% decrease.

Analysis of the Relationship Questionnaire showed that the total scores increased 3 points from pre-to post-measures (from 33.5 to 36.5,) and showed overall increases on all items.

The majority of parent participants reported on post-satisfaction surveys that they were highly satisfied with the program (with 95% or more responding to either “Strongly Agree” or “Agree” to all of the survey statements).

### Lessons Learned:

The program was able to quickly adapt the modality of service delivery in the face of a global pandemic while continuing to engage parents and meet their needs in the midst of very difficult times. The provider found different platforms to engage with the AAPI community (e.g., WeChat to engage the Chinese community, Associations of different Filipino churches, etc.) and utilized incentives for continued engagement of parent participants in the parenting classes and for community members attending outreach workshops.

### Relevant Examples of Success/Impact:

Parents who have completed the KITE parenting program shared the following statements about how the program has influenced their lives:

- “Before my eldest daughter did not want to listen to me. Maybe I talked and preached too much. Now I try to listen to her, understand her mood and feeling, with empathy and I message to talk. She has become very fond of communicating with me. Often says, Mommy you are very good. I'm very pleased too.”
- “I think the most important theme is how to promote mutual understanding between parents and children, which helps to change the authoritarian management model of Chinese parents.”
- “I realized that I had a different growth environment and cultures from my children. I'm now less irritable and will listen patiently. More willing to help them.”
- “Try to understand the children's feelings. My voice and attitude have changed a lot. Became more patient with kids.”