

# Mental Health Initiative: Retrospective Evaluation



Report By:



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## Executive Summary

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### Background

Regional Access Project Foundation (RAP) is a 501(c)3 public benefit corporation, located in Palm Desert that serves the community in Eastern Riverside County. RAP strives to enhance the quality of life for the residents of Eastern Riverside County by investing in nonprofits, empowering them to effectively serve unmet needs. RAP supports nonprofits in Eastern Riverside County by providing grants as well as capacity-building services. RAP's funding priorities include health, mental health, and juvenile interventions.

In 2014, RAP instituted a Mental Health Initiative (MHI) with the goal of enhancing the mental health quality of life in Eastern Riverside County through grantmaking to support innovative and collaborative efforts. Specifically, RAP issued several requests for proposals (RFPs) that offered the opportunity for community organization to propose programs that would address specific aspects of mental health in the region. To date, RAP has issued seven RFPs.

In 2017, RAP contacted HARC (Health Assessment and Research for Communities), a nonprofit evaluation organization, to design a collective impact evaluation of the MHI. Collective impact involves the collaboration among multiple sectors committed to and making efforts to achieve a common goal for complex social problems such as mental health.

One key aspect of collective impact is shared measurement; that is, all grantees, regardless of their project, would have some of the same evaluation tools. Together HARC and RAP created ten items that 2017 grantees can incorporate into their evaluation. The ten measures cover four domains: 1) mental health quality of life, 2) access to mental health care, 3) stigma related to obtaining mental health care, and 4) the positive impact of services on the client's support network. The 11 grantees who responded to RFPs in 2017 will be able to use this shared measurement, and thus, HARC will be able to do a true collective impact evaluation of RAP's MHI efforts.

Although the first two years of RAP's MHI (2015 and 2016) did not have shared measurement, each grantee did do an evaluation and provide results back to RAP in the form of grantee reports. Thus, the present report attempts to synthesize information from the 12 grantees from 2015 and 2016 and present a comprehensive picture of what they have accomplished with the RAP funding. The goal of the present report is to present this existing information clearly and concisely so that RAP may have some idea of the impact the first two years of MHI have had on the community.

## Results

RAP awarded [insert amount here] to twelve grantees across the five RFPs. Since beginning of the MHI, these 12 programs have had a direct impact on 3,195 people, and an indirect impact on more than 36,800 people. These numbers are certainly underestimates, especially the indirect impact, as very few grantees reported on that field. Additionally, data is missing almost entirely from a few of these grantees (Red Cross, Latino Commission, and UC Riverside School of Medicine). Red Cross data was added via an evaluation report that HARC conducted. Latino Commission and UC Riverside School of Medicine experienced unforeseen issues and had delays in beginning their projects. The unexpected upside to this is that they will now be able to include the collective impact measures in their evaluations going forward.

The impact of these programs can be seen in the decreased symptoms of poor mental health, including:

- Anxiety
- Depression
- General mental health symptoms
- Mental distress
- PTSD
- Stigma regarding mental health

In addition to reducing negative mental health issues, these programs are also increasing the positive mental health aspects, including:

- Anger management
- Coping skills
- Energy, focus
- Happiness, positive outlook on life
- Leadership skills
- Quality of life
- Self-confidence
- Self-control

In sum, it is obvious that these dollars have had a positive impact on the majority of these 3,195 people, and likely many of the 36,800+ individuals indirectly impacted.

The estimates presented above summarize the direct impact that HARC believes these grantees have had, based on the narrative of the grantee reports. This is very similar to the numbers reported by grantees, but not identical. The differences are due to two grantees (Operation SafeHouse and CVHS HOSA) whose narrative differed from the numbers they reported in the numeric fields of the report.

Using only the numbers reported in the numeric fields of the grantee reports, grantees had a direct impact on 12,093 individuals: 48% adults, 38% youth, and 14% seniors. Grantees reported that 524 of these people were below the poverty line (4.3%). Grantees reported that 4,156 individuals were indirectly impacted by their work as funded by RAP.

This report concludes with recommendations for improvements to make to the grantee reporting tools going forward that would eliminate the discrepancies between the narrative of the reports and numeric data.

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## Introduction

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### About RAP Foundation

Regional Access Project Foundation (RAP) is a 501(c)3 public benefit corporation, located in Palm Desert that serves the community in Eastern Riverside County, ranging from Palm Springs and Desert Hot Springs in the west all the way to Blythe in the east at the Arizona border. RAP strives to enhance the quality of life for the residents of Eastern Riverside County by investing in nonprofits, empowering them to effectively serve unmet needs. RAP supports nonprofits in Eastern Riverside County by providing grants as well as capacity-building services. RAP's funding priorities include health, mental health, and juvenile interventions.

### About the Mental Health Initiative

In 2014, RAP instituted a Mental Health Initiative (MHI) with the goal of enhancing the mental health quality of life in Eastern Riverside County through grantmaking to support innovative and collaborative efforts. Specifically, RAP issued several requests for proposals (RFPs) that offered the opportunity for community organization to propose programs that would address specific aspects of mental health in the region. To date, RAP has issued seven RFPs, listed here (individual funding goals in each RFP are illustrated in the table in Appendix A):

1. 2015-1: Prevention for youth ages 12 to 24
2. 2015-2: Public relations and marketing
3. 2015-3: Early intervention for youth ages 6 to 24
4. 2016-1: Mental health services in Blythe
5. 2016-2: Prevention and early intervention (PEI) for adults ages 19+
6. 2017-1: Prevention and early intervention (PEI) for adults ages 18+
7. 2017-2: Prevention and early intervention (PEI) for children/youth ages 6 to 18

In addition to simply funding grantees within these RFPs, RAP's approach included a great deal of collaboration, communication, and capacity building support. Because of this wrap-around style of grantmaking, RAP's MHI is best understood through the lens of collection impact.

### About Collective Impact

Collective impact involves the collaboration among multiple sectors committed to and making efforts to achieve a common goal for complex social problems such as mental health. Because collective impact is a structured approach to problem solving, there are five core aspects to this model: 1) a common agenda, 2) a shared measurement system, 3) mutually reinforcing activities, 4) continuous communication, and 5) a backbone function.<sup>1</sup>

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<sup>1</sup> Guide to Evaluating Collective Impact. Learning and Evaluation in Collective Impact Context. Collective Impact Forum and FSG.

Under the common agenda, all organizations and individuals involved in the initiative share an understanding of the problem, share a common goal, and have a collective approach to solving that problem. The shared measurement system includes measuring progress among all organizations, allowing for the alignment of goals and shared learning. However, it should be mentioned here that while shared measurement is critical, it is also very difficult to create a one-size-fits all approach.<sup>2</sup> Mutually reinforcing activities include the diversity of activities being performed and how they combine to reach an ultimate goal. Continuous communication includes the open communication of all organizations involved, or simply being on the same page. Finally, the backbone function includes the coordination of organizations for the management of the collective impact.

Within the context of the MHI, the common agenda is the goal of improving mental health in the region. There are many organizations that responded to RFPs, and all are aiming to achieve better mental health of individuals as well as mental health quality service delivery within the Coachella Valley, while RAP serves as the backbone function of the initiative.

However, RAP was missing the component of shared measurement. To address this, in 2017 RAP partnered with HARC, a nonprofit evaluation organization, to design a shared measurement system for grantees going forward. Together HARC and RAP created ten items that grantees can incorporate into their existing pre- and post-program evaluation. The ten measures cover four domains:

- Mental health quality of life (measured by the WHO-5, a well-being index developed by the World Health Organization)
- Access to mental health care (adapted from HARC's Coachella Valley Community Health Survey)
- Stigma related to obtaining mental health care
- Positive impact of services on the client's support network

The new shared measurement tools will be invaluable to measuring the collective impact of the second half of the MHI, as represented by the 11 grantees who responded to RFP 2017-1 and 2017-2.

However, to capture the collective impact of the first half of the MHI (represented by the 12 grantees who responded to the 2015 and 2016 RFPs), HARC undertook a retrospective evaluation. Without a shared measurement tool, it is difficult to aggregate the impact together, but this report attempts to present the evaluation findings clearly and concisely, tying them together whenever possible. The information presented in this report represents information provided by the grantees in their various grantee reports, as well as some information that HARC has as the external evaluator for a few of the grantees.

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<sup>2</sup> Cabaj, M. (2014). Evaluating Collective Impact: Five Simple Rules. *The Philanthropist*, 26(1), 109-124.

This report explores the impact of the 12 grantees who responded to RFPs issued in 2015 and 2016. The 12 grantees are listed here, organized by the RFPs that they responded to:

1. 2015-1: Prevention for youth ages 12 to 24
  - a. Operation SafeHouse
2. 2015-2: Public relations and marketing
  - a. Gilda's Club/Cancer Partners
3. 2015-3: Early intervention for youth ages 6 to 24
  - a. Coachella Valley Youth Leadership (CVYL)
  - b. Focus on Student Success (FOSS)
  - c. Riverside County Latino Commission on Alcohol and Drug Abuse (hereafter referred to as "Latino Commission")
  - d. Safe Schools Desert Cities
4. 2016-1: Mental health services in Blythe: no grantees
5. 2016-2: Prevention and early intervention (PEI) for adults ages 19+, including seniors, with a focus on life and coping skills and tools and services
  - a. ABC Recovery Center
  - b. American Red Cross of the Coachella Valley and Morongo Basin (hereafter referred to as "Red Cross")
  - c. Coachella Valley High School Health Academy/HOSA
  - d. Jewish Family Service of the Desert
  - e. Mizell Senior Center
  - f. UC Riverside School of Medicine

The next section of this report details evaluation results from each of the 12 grantees. For a summary table of the findings, please see Appendix B.

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## Grantee Impact

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### RFP 2015-1

#### Operation SafeHouse

In response to RFP 2015-1, Operation SafeHouse focused on the funding goal of connecting youth (12-24) to services.

#### Activities

SafeHouse implemented a program called the “What’s Up App”, a mobile text line and application for crisis counseling. This program was introduced to youth at the Palm Springs, Coachella Valley, and Desert Sands Unified School Districts. SafeHouse worked with Riverside County Department of Public and Social Services (DPSS) to increase the spread of this texting line and application for children in foster and group home care. Another partnership formed included the Coachella Valley Economic Partnership (CVEP), in which a student intern was mentored in the field of mental health, resulting in increased resources for a database, increased outreach, and further research in the mental health needs of the community.

#### Outputs and Outcomes

The outputs and outcomes described here come from five grantee reports and cover two years of work (calendar years 2016 and 2017). During this time, a total of 889 unique individuals have used the What’s Up SafeHouse app over the past two years: 228 in 2016, and 661 in 2017. In 2017, approximately 31.4% of these people were given referrals to other support systems, such as shelters, counseling, or extracurricular activity organizations.

To date, the What’s Up SafeHouse app has exceeded their goals, as illustrated in the table below. The mobile text line served twice as many individuals as the goal in both years, even when the goal was more than doubled in the second year.

Goal	2016		2017	
	Goal	Actual	Goal	Actual
Text counseling	100	228	250	661
Referrals	50	43	25%	31.3%
Outreach to youth	10,000	2,100	10,000	22,942

According to the most recent grantee report, the most common mental health concerns are about relationships, anxiety/stress, and depression. While less common, the text line does receive texts about extremely serious mental health issues, including suicide (52 people) abuse (27 people) and psychosis (6 people, all numbers are for a six-month period).

In 2017, 80% of the texters disclose on their own—without being prompted—that the service they received through the app helped them.



## **RFP 2015-2**

### **Gilda's Club/Cancer Partners**

In response to RFP 2015-2, Gilda's Club (name since changed to Cancer Partners) focused on the funding goal of raising public awareness and information sharing of existing services.

### ***Activities***

Gilda's Club/Cancer Partners focused on providing public awareness and information sharing for those impacted by cancer and who are, consequently, in need of mental health services. This was accomplished through a variety of activities including "Gilda's on the Go" van, public awareness events, media outreach, publications, volunteer ambassadors, and resource directories.

### ***Outputs and Outcomes***

The outputs and outcomes described here come from two grantee reports (one submitted July 12, 2016 and another submitted November 2, 2016). During this time, Gilda's Club/Cancer Partners served 702 people, including: 67 youth, 244 adults, and 391 seniors. It was also reported that "Gilda's on the Go" van served 598 Spanish-speaking individuals and 345 individuals of color.

Together with other members of the "Better Together for Community" group (American Cancer Society, Desert Cancer Foundation, Pendleton Foundation, and Susan G. Komen Inland Empire), Gilda's Club/Cancer Partners educated 27,000 people about services provided by these partners. To do so, Gilda's Club/Cancer Partners had a presence at dozens of community events, such as health fairs, wellness events, presentations directly to local leaders, and much more. It also included media outreach such as newspaper articles and an enhanced website.

## **RFP 2015-3**

### **Coachella Valley Youth Leadership**

In response to RFP 2015-3, Coachella Valley Youth Leadership (CVYL) focused on the funding goals of:

- a. Promoting resiliency
- b. Prevent or intervene with misuse of prescription drugs and use of tobacco, alcohol, and/or illegal drugs
- c. Gang prevention and/or intervention alternatives

### ***Activities***

CVYL/ASES (After School Education and Safety) offered a program called Joven Noble Curriculum, targeting youth ages 13 to 17. The program emphasizes rites of passage, character development, and helps male youth to develop pro-social attitudes and behaviors. Under this program, about 45 students at a time were selected at three different school sites. These students met with a mentor once a week for 10 weeks. High school students attended sessions that lasted 90 minutes, while middle school students attended sessions that lasted 50 minutes.

### ***Outputs and Outcomes***

The outputs and outcomes described here come from CVYL/ASES' grantee report and their external evaluation report (by National Compadres Network). This covers the time period from August 2016 to April 2017. During this time, CVYL/ASES served 86 male youth at four school sites. A total of 95% of the middle school student participants and 75% of the high school student participants completed the 10-week program. All of these students were eligible for free lunch (i.e., very low income) and 90% were categorized as "high risk students".

Students in the program engaged in team building activities, conflict resolution training, mentorship, and home visits. The home visits were to educate parents about the program and share current grades with them.

To evaluate the program, the evaluators conducted three focus groups with participating youth (41 total participants). Results indicated that participants learned respect for teachers and parents, and were less likely to get into arguments or fights. Participating youth appreciated the supportive group aspect, and had developed friends they could trust through the group. Most of the youth had plans for the future.

Results of a survey ( $n = 20$ ) demonstrated that participants improved their attitudes towards women and sexuality and were more able to control their anger (reduced rates of getting in arguments with teachers and/or screaming at people). Attitudes towards school significantly improved (i.e., more willing to expend effort at school, less likely to want to avoid school), as did their attitudes towards drugs and alcohol (i.e., less likely to consume drugs/alcohol, more understanding that the impact is far-reaching).

## **FOSS**

In response to RFP 2015-3, FOSS (Focus on Student Success) focused on the funding goals of:

- a. Mental health service delivery in nontraditional settings and/or during nontraditional hours
- b. Prevent or intervene with misuse of prescription drugs and use of tobacco, alcohol, and/or illegal drugs

### ***Activities***

FOSS offered a “Strengthening Families Program”, in which efforts were focused on working with families, providing bonding opportunities and life skills. FOSS aimed to provide this program four times per school year to at least 40 families. Some areas of focus among the families included communication, shyness, participation, and anger problems. Parents were taught the benefits of having nutritious meals and planning family dinners. Throughout the program, families also got together to practice new behaviors, family communication, and problem solving.

### ***Outputs and Outcomes***

The outputs and outcomes described here come from four grantee reports and covers the period from June 2016 to May 2017. During this time, FOSS reported serving 106 youth, 76 adults, and 2 seniors. A total of 88 of these individuals were below poverty level (48%). A total of 67 families attended the program, and 48 graduated. Thus, FOSS exceeded the program goal of reaching 40 families.

All families showed signs of improvement, based on a pre-program-post-program evaluation utilizing a 5-point scale. Specifically, families in the program improved in the areas of having meals together and parents not losing their temper with their children.

There were a few learning points that FOSS reported. One of these included the finding that it is more beneficial to offer the program during the school year. Offering the program during the summer months resulted in lower turnout.

Another was that language barriers were detected between parents and their children. Because of these language barriers, communication was discussed and children were taught that being bilingual is a skill as well as a positive attribute for communicating with their parents.

## **Latino Commission**

In response to RFP 2015-3, Latino Commission focused on the funding goals of:

- a. Mental health service delivery in nontraditional settings and/or during nontraditional hours
- b. Prevent or intervene with misuse of prescription drugs and use of tobacco, alcohol, and/or illegal drugs.

## ***Activities***

Latino Commission plans to operate two residential treatment facilities for youth with substance abuse problems. To date, both facilities have been secured by Latino Commission as planned, and Latino Commission has obtained state licensing as a licensed care facility. Staff has been hired and incoming clients have been identified. Latino Commission has applied for certification of the facilities by the State Department of Health Care, which is pending. Once this has been obtained, Latino Commission will receive a county operating contract by the Riverside University Health System of Behavioral Health to secure ongoing funding for the youth treatment facilities.

## ***Outputs and Outcomes***

The project has not been able to serve anyone yet, as they are still waiting on certification by the State Department of Health Care. Once the program is initiated, clients will be evaluated through pretest and posttest measures detailing attitudes, learning, behavioral changes, changes in drug use, and ability to live substance-free. Additionally, since the program has not yet started, Latino Commission will be able to utilize the shared measurement tools developed by HARC for the grantees of 2017-1 and 2017-2.

## **Safe Schools Desert Cities**

In response to RFP 2015-3, Safe Schools Desert Cities focused on the funding goal of strengthening LGBTQ emotional well-being.

### ***Activities***

Safe Schools Desert Cities hosted an LGBT Youth Empowerment and Leadership Summit. It was designed to provide a weekend experience for youth with a focus on leadership, personal enrichment, resilience, and community.

### ***Outputs and Outcomes***

The outputs and outcomes described here come from three grantee reports and the external evaluation report (by HARC). This covers the period from award until April 2017. During this time, A total of 39 youth participated in the LGBT Leadership Camp. Participating youth took a survey before the leadership camp and after. Results showed improvements in self-leadership and activism. For example, when asked, “How likely are you to ask others to take action to support a cause or group?” at the start, only 9% said “extremely likely”. By the end of the camp, this increased to 35%.

Another question asked, “how likely are you to defend or stand up for other people who are being wronged?” Before the camp, 56% said they were extremely likely to do so, while after the camp this increased to 71%.

The camp also increased self-confidence levels for participating youth. Before the camp, 52% of campers agreed that they were satisfied with themselves. This rose to 67% by the end of the camp. Before the camp, 66% of the campers agreed that they had a lot of things to be proud of. This increased to 80% at the end of the camp, illustrating a substantial increase in confidence.

A post-camp survey demonstrated that all participating youth had a good time at the camp, and felt that the staff were helpful and supportive. All participating campers agreed that camp members were kind to each other, and all agreed that they would recommend the camp to others. Most campers (94%) reported gaining new skills and/or knowledge at the camp.

## **RFP 2016-2**

### **ABC Recovery Center**

In response to RFP 2016-2, ABC Recovery Center focused on the funding goals of:

- a. Mental health service delivery in nontraditional settings and/or during nontraditional hours,
- b. Decreasing stigma associated with obtaining mental health services,
- c. Mental health service delivery providing cultural competencies,
- d. Educating parenting adults on symptoms and signs of mental health issues in children/youth and providing resources,
- e. Mental health service delivery with emphasis on continuum of care and/or coordinated case management for homeless population, and
- f. To intervene with misuse of prescription drugs and/or alcohol and/or illegal drugs.

### **Activities**

ABC Recovery Center's program included providing integrated mental health services in their substance abuse treatment programs, consisting of (1) prevention and early intervention, (2), psychiatric services, (3) psychoeducation, and (4) therapy/counseling. Part of ABC Recovery Center's program involved Illness Management Recovery (IMR), designed to help clients develop coping strategies in overcoming stigma, management of substance use, and educational strategies.

### **Outputs and Outcomes**

The outputs and outcomes described here come from two of ABC Recovery Center's grantee reports and the external evaluation report (by HARC). This covers the period from June 2017 to December 2017. During this time, ABC Recovery Center has served 218 clients and indirectly impacted 600. Most (78%) are men, and most are relatively young (65% in their 20s or 30s). Most of these clients (92%) were living in poverty. Clients were asked to indicate which drug(s) they considered a problem; the most common was methamphetamines ( $n = 108$ ), followed by alcohol ( $n = 89$ ) and heroin ( $n = 63$ ).

Part of ABC Recovery Center's program involved Illness Management Recovery (IMR), designed to help clients develop coping strategies in overcoming stigma, management of substance use, and educational strategies. More than 100 clients attended this program.

Clients are surveyed upon entrance and exit. Of the 218 clients who have completed the entrance survey, 59 completed the exit survey. HARC compared results on the two surveys to assess how change occurred over the course of the program.

After going through the program, clients had reduced symptoms of depression, anxiety, PTSD, and internalized stigma about mental health. Specifically:

- Depression (as measured by the PHQ-9 scale) dropped from 50% of clients at intake to only 17% upon exit.
- Anxiety (as measured by the GAD-7 scale) dropped from 45% of clients upon intake to only 20% upon exit.

- PTSD symptoms (as measured by the PCL-5 scale) decreased from affecting 36% of clients at entrance to 15% upon exit.
- Internalized stigma (as measured by the ISMI-9 tool) dropped from 11% at intake to only 2% upon exit.

These scores indicate that the mental health services and/or medication provided to them within the program helped them to manage their symptoms and become more functional.

Qualitative data indicated that after participating in the program, clients had less depression and were happier with improved outlook and positive thinking as well as improved energy and focus. Clients in the program learned coping skills to manage their mental health; the most common was mindfulness/meditation and making a personal effort.

Clients were also asked to report on how treatment at ABC Recovery differed from other treatment programs they may have been in. Clients report that ABC Recovery has superior staff support, as well as a superior structure of the program.

## **American Red Cross**

In response to RFP 2016-2, American Red Cross focused on the funding goal of decreasing stigma associated with obtaining mental health services.

### ***Activities***

The American Red Cross's program was a series of Reconnection Workshops that focused on supporting veterans in their transition back into civilian life. The workshops operate in a cohort model and focus on individual/small group discussion. Workshop topics include managing anger, supporting children, building communication, and reconnecting with others, among others.

The first six months of the grant period mostly included outreach and marketing efforts to attract prospective clients. These efforts were performed through targeting veteran community organizations. Initial enrollment in workshops was low but has since picked up.

Red Cross experienced some shortcomings during the beginning of their program, and thus, offered some learning points. For example, the times and dates that were offered for workshops resulted in lower turnout. Because of the lower turnout, classes are now offered on Saturday mornings. Another learning point was that many veterans had a difficult time admitting that they may need or want help, which resulted in the adjustment of the program theme from Reconnection Workshop to Resiliency Training.

### ***Outputs and Outcomes***

American Red Cross has yet to release their fully completed grantee report, however, HARC served as the evaluator of their Reconnection Workshops program. Thus, outputs and outcomes are available, and include information from both the evaluation report as well as their first grantee report.

A total of 31 surveys were completed, and so this estimate reflects the amount of people directly served. An estimate for indirectly served was provided in the first grantee report and includes a total of 18 people. However, this is certainly an underestimate, and the amount indirectly impacted will be available at a later date.

Reconnection Workshops took place over three dates; September 30<sup>th</sup>, 2017 (19.4%), January 20<sup>th</sup>, 2018 (58.1%), and February 17<sup>th</sup>, 2018 (22.6%). A total of nine adults (aged 18-55) and 20 seniors (aged 55 and above) participated in the reconnection workshops.

Close to a third (30.8%) of participants reported their branch of service was the Marine Core, with slightly over a quarter (26.9%) reporting Army, and another 26.9% reporting Navy. Most participants were either a family member (41.9%) or a veteran (32.3%). About 61.3% of participants were male, while 38.7% were female, and the average age was 59.5, with a median of 63.

In regard to quantitative data, American Red Cross was interested in positively impacting areas such as communication skills, the ability to manage stress and trauma,



knowledge of depression, relating to children, and managing anger. All of these areas were measured before and after the reconnection workshops.

Participant scores significantly improved on all of these areas from before the workshops to after, with the exception of trauma. This finding would be expected considering trauma is a condition that will likely take more time before noticeable improvement can be detected.

In regard to qualitative data, participants were asked to provide details on the benefits/usefulness of the Reconnection Workshops. Commonly reported benefits included communication skills ( $n = 7$ ) such as asking questions, not blaming/listening, and communication responsibilities/concerns. Coping skills ( $n = 6$ ) was also a reported benefit, and some reported acquiring new resources ( $n = 5$ ). Some also simply enjoyed the social aspects ( $n = 5$ ) of the workshops.

The most useful module, as reported by participants, was communicating clearly ( $n = 17$ ). Participants most commonly reported modules were useful because they learned new skills ( $n = 9$ ), including aspects of social/communication skills, and self-help/self-care skills.

## **CVHS HOSA**

In response to RFP 2016-2, CVHS HOSA focused on the funding goals of:

- a. Decreasing stigma associated with obtaining mental health services
- b. Educating parenting adults on symptoms and signs of mental health issues in children/youth and providing resources

### ***Activities***

CVHS Health Academy implemented a program called, “Our Business of Mental Health”, a media event symposium aimed at reducing stigma of mental illness while providing resources to parents and caregivers of children/youth with mental health issues. The event was held on March 8, 2017 at Eisenhower Medical Center and featured two guest speakers. Students from across the Valley were invited.

The event was also the culmination of a Valley-wide public service announcement (PSA) contest. Students were invited to submit billboards, radio commercials, or TV commercials about mental health. Winners were featured on Mix 100.5 radio station, a billboard on the freeway, and 10 bus shelters throughout the Valley.

### ***Outputs and Outcomes***

The outputs and outcomes described here come from the grantee report submitted in July 2017 and the external evaluation report (by HARC). This covers the period from award to July 2017. Over 300 people attended the “Our Business of Mental Health” event on March 8, 2017. An online survey was used in May to collect data on the feedback from the event. Due to the lengthy delay and the time of year (nearing the release of school), only 34 people participated in the survey.

Results indicated that all participants learned something from the event. Approximately 38% of participants said the event changed the way they felt about people with mental illness, stating that it raised awareness and reminded them to be tolerant and understanding of people with mental illness. Approximately 35% said the event changed the way they felt about the mental healthcare field; most said it increased their interest in potentially joining the field someday. Others expressed admiration and respect for those who do serve in the mental healthcare field.

The billboards and radio ads featuring the winners of the PSA competition reached nearly 10,000 individuals, according to grantee reports.

CVHS HOSA presented at the California State HOSA State Leadership Conference in Sacramento, CA from March 14 to 19, 2019. These twelve students placed in the top ten in their respective fields. All 12 students took a follow-up survey; seven of these said they learned a lot at the event, while the other five said they learned a little but mostly demonstrated what they’d already learned. Six participants said going to the competition made them more certain than ever that a career in the health field is right for them. Ten of the students said that the competition made them more passionate about mental health than before.

## **Jewish Family Service**

In response to RFP 2016-2, Jewish Family Service focused on the funding goals of:

- a. Mental health service delivery in nontraditional settings and/or during nontraditional hours
- b. Reducing vulnerability and isolation (adults ages 55+)
- c. Mental health service delivery with emphasis on continuum of care and/or coordinated case management

## **Activities**

Jewish Family Service offered the Integrated Mental Health and Senior Care Program, in which seniors had broader access to mental health assessment and treatment.

## **Outputs and Outcomes**

The outputs and outcomes described here come from Jewish Family Service's one-year report and covers the full year of the grant (April 2017 to March 2018). During this time, Jewish Family Service was able to serve 1,038 seniors. A total of 1,557 people were indirectly impacted. A total of 60% had income levels at or below 200% of the federal poverty level (Jewish Family Service does not have the ability to track the number that are at or below 100% of the federal poverty level).

Jewish Family Service has been able to obtain high participation levels in their program. Practically speaking, all of their target goals were met or exceeded, as illustrated in the table below.

## **Outputs**

<b>Goal</b>	<b>Obtained to Date</b>	<b>% of Objective</b>
600 seniors will participate in the integrated mental health and senior care program	1,038	173%
200 seniors will participate in mental health outpatient treatment	331	165%
95% of clients with mental health issues will receive comprehensive treatment plans with at least one identified goal	100%	105%
70% of clients attending initial assessments will participate in ongoing therapy of three or more sessions	69%	99%
100 seniors in other JFS programs will receive mental health assessments and/or mental health awareness education	198	198%
300 seniors will receive case management services	707	236%

Jewish Family Service identified several target outcomes (listed in their proposal as “qualitative measures”) for the project. As illustrated in the table below, Jewish Family Service met and/or exceeded the goals relating to those seniors who are retained in ongoing mental health care (defined as at least three mental health outpatient sessions). These seniors are reporting improvements in symptoms and accomplishing their treatment goals.

**Outcomes**

<b>Goal</b>	<b>Obtained to Date</b>	<b>% of Objective</b>
67% of clients with three or more sessions report an improvement in symptoms	70% (n = 215)	104%
67% of clients with three or more sessions achieve at least one treatment goal	73% (n = 227)	109%
25% of all senior clients will be surveyed annually about quality of life	33% (n = 1,038)	132%
Of the 25% who are sampled, 67% will report an improvement in quality of life (average)	78% (n = 342)	116%
Case Management Clients	50% (n = 114)	75%
Let’s Do Lunch! Clients	92% (n = 228)	137%

## **Mizell Senior Center**

In response to RFP 2016-2, Mizell Senior Center focused on the funding goals of reducing vulnerability and isolation in seniors.

### ***Activities***

Mizell initiated a program known as “A Matter of Balance”, an eight-session program in which seniors are educated about home safety and receive cognitive restructuring therapy to address concerns/fears about falling. The program has been well-established at many sites in the West Valley; RAP funding will help Mizell to expand to more sites in the East Valley.

### ***Outputs and Outcomes***

The outputs and outcomes described here come from Mizell’s first six-month report and covers the first half of the grant (April 2017 to September 2017). During this time, a total of 152 seniors were served, and 343 people were indirectly impacted.

Mizell’s most recent report represents the first half of the one-year grant. Over the course of the year, Mizell hopes to have 175 seniors graduate in West Valley sites, and 125 graduate in newly developed East Valley sites. To date (first half of the year), 88 seniors have graduated at existing West Valley sites, and 64 have graduated at East Valley sites (four sites active currently). Thus, it’s clear that Mizell’s goals are appropriate; halfway through the grant year, they have graduated approximately half of the numbers they targeted. Expansion continues; Mizell has trained 15 coaches for Eastern Coachella Valley, and plans to train an additional 12 coaches for the same area.

Surveys are administered to people who are three months post-graduation (at the most recent report,  $n = 46$ ). Of the 29 people who responded to the survey, 90% continue to exercise at least three times per week. Additionally, 27 graduates received a home-safety assessment, resulting in 21 changes to homes.

Evaluation results will be provided in April, which will provide more in-depth information on the impact of this program, including fear of falling and how that fear interferes with social activities for the seniors.

## **UC Riverside School of Medicine**

In response to RFP 2016-2, UC Riverside School of Medicine focused on the funding goals of:

- a. Mental health service delivery using technology for remote and/or rural communities and areas
- b. Decreasing stigma associated with obtaining mental health services
- c. Mental health service delivery providing cultural competencies

### ***Activities***

UC Riverside School of Medicine designed a program, “Bringing Care Home to Underserved Areas”, designed to use telemedicine technology to extend the reach of its faculty and resident psychiatrists to evaluate, diagnose, and treat underserved and homeless patients in the Coachella Valley. The program has a specific focus on the far East Valley, and relied upon a key partnership with Clinicas de Salud del Pueblo.

### ***Outputs and Outcomes***

This project is temporarily on hold, as they were unable to obtain a psychiatry resident to start the 2017-2018 school year. The program director hopes to obtain one for the 2018-2019 school year, and thus, will launch the program then. This means that they will be able to utilize the collective impact measures developed by HARC for the 2017-1 grantees, and thus, will be able to be included in that report.

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## Conclusion

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RAP awarded [insert amount here] to twelve grantees across the five RFPs during the first two years of the MHI. Since beginning the MHI, these 12 programs have had a direct impact on 3,639 people, and an indirect impact on more than 37,518 people. These numbers are estimates based on the entirety of the reports submitted by the grantees.

These numbers are certainly underestimates, especially the indirect impact (as very few grantees reported on that field). Additionally, data is missing almost entirely from two of these grantees (Latino Commission, and UC Riverside School of Medicine). Latino Commission and UC Riverside School of Medicine experienced unforeseen issues and had delays in beginning their projects; the unexpected upside to this is that they will now be able to include the collective impact measures in their evaluations going forward.

The impact of these programs can be seen in the decreased symptoms of poor mental health, including:

- Anxiety
- Depression
- General mental health symptoms
- Mental distress
- PTSD
- Stigma regarding mental health

In addition to reducing negative mental health issues, these programs are also increasing the positive mental health aspects, including:

- Anger management
- Coping skills
- Energy, focus
- Happiness, positive outlook on life
- Knowledge of resources to cope with depression
- Leadership skills
- Quality of life
- Self-confidence
- Self-control
- Stress management

In sum, it is obvious that these dollars have had a positive impact on the majority of these 3,639 people, and likely many of the 37,518+ individuals indirectly impacted.

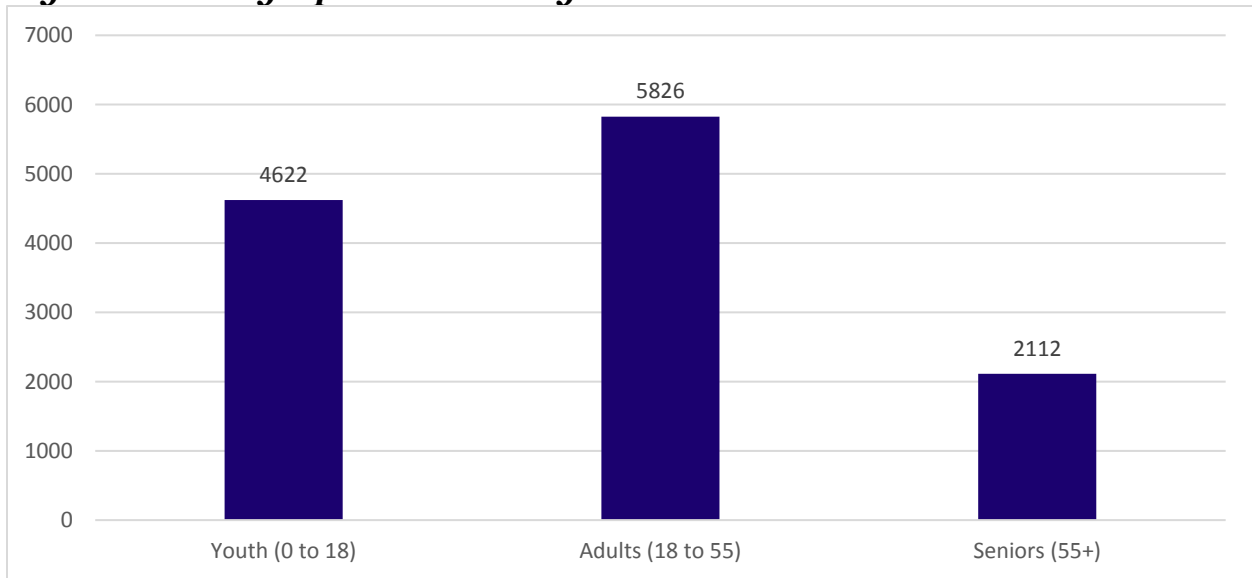
The estimates presented above summarize the direct impact that HARC believes these grantees have had, based on the narrative of the grantee reports. This is very similar to the numbers reported by grantees, but not identical.

For example, Operation SafeHouse reported a total direct impact on 612 individuals across all of their grantee reports. However, upon reading the narrative of the grantee report, it was revealed that they served 228 unique texters in 2016, and another 661 unique texters in 2017, meaning 889 individuals were impacted, rather than the 612 reported. In terms of indirect impact, an estimate of 2,304 was reported. However, after summing all marketing/outreach efforts conducted, the amount indirectly impacted was actually closer to 25,000 youth, rather than the 2,304 reported.

CVHS HOSA reported a direct impact as 9,500. However, after reading the narrative of the report, HARC determined that this estimate was referring to PSAs, bus shelter posters, and billboards, which more accurately reflects indirect impact. There were 300 individuals who attended CVHS HOSA’s event, which likely reflects a direct impact better.

Figure 1 reflects the direct impact by the grantees, based on their reports in the numeric fields of the grantee reports. Overall, the grantees reported direct impact on 12,093 individuals: 46% adults, 37% youth, and 17% seniors. Please see Appendix C for a detailed description of these calculations, and the assumptions made.

**Figure 1. Demographics Served by Grantees**



Note. See Appendix C to understand the calculations behind these numbers.

Grantees reported that 524 of these people were below the poverty line (4.3%). Grantees reported that 4,822 individuals were indirectly impacted by their work as funded by RAP. However, both of these fields were often left blank on the grantee reports.



## **Recommendations Going Forward**

As mentioned in the introduction of this report, true collective impact relies on a shared measurement, which RAP and HARC have put into place for future grantees. This system of shared measurement will also be able to be used for three of the twelve grantees listed in the present report, as delays kept them from starting. Thus, the Latino Commission and UC Riverside School of Medicine's projects will include the shared measurement, as will the seven grantees receiving funds from 2017-1 and those who will be awarded funds from 2017-2.

RAP's grantee reporting form is well crafted and designed to provide important information for RAP to understand its impact through each grant. However, grantees fill these reports out inconsistently. Many do not enter the dates of the reports; as a result, it is difficult to assess which period the narrative can be linked to and whether the outcomes/outputs are specific to that reporting period or cumulative across the entire grant. Making the "starting date of reporting period" and "ending date of reporting period" fields mandatory would help in tracking, as would explicitly stating whether numbers reported should be per reporting period or cumulative over the course of the entire grant.

Some grantees do not enter important numbers such as the number of people directly impacted and the number of people indirectly impacted. Others put these numbers in, but they don't match up with the narrative. Making these fields mandatory and asking for details to accompany each one would improve the quality of data gathered by the grantee reports. This is made evident by the information reported above regarding direct and indirect impact estimates provided by Operation SafeHouse and CVHS HOSA.

Additionally, some grantees do not include important evaluation findings in their reports to RAP. HARC staff noticed this, as HARC serves as the external evaluator for a few of these grantees. In reviewing the grantee reports, HARC staff noticed that they left out some key outputs and outcomes that were listed in the evaluation reports that HARC delivered to the grantees. Perhaps this omission was due to the assumption that RAP staff would read not only the grantee report but also the attached reports. However, the result is that some of the grantee reports do not include a great deal of information on the outcomes achieved. It is entirely possible that this is also the case for other grantees for whom HARC is not the external evaluator (i.e., they may have good evaluation data, but are not including it on their grantee reports to RAP). This means the grantee reports present an incomplete picture of the accomplishments of the grantees. In the future, grantees should be explicitly instructed to include the basic conclusions of their evaluation reports in their grantee reports, in addition to attaching the full report from the evaluator.

The present report is only as good as the grantee reports (given that that was the source of all data for the present report). To improve the quality of the data collected in grantee reports, RAP should provide some training or guidance on how to complete the grantee reports. This will ensure that the grantee reports are more consistent and that they include metrics that can easily be tallied to track RAP's collective impact. A more in-

depth explanation of what should be considered direct impact and what should be considered indirect impact would also be beneficial, as some grantees seem to have different definitions than others.

Additionally, to gain a more complete picture of RAP's collective impact through these twelve efforts, HARC recommends that RAP authorize some follow-up to ensure that the present report accurately represents the outcomes achieved by each of them. A telephone interview with each grantee to confirm facts and probe for additional evaluation data would make the present report more accurate and more comprehensive.

## Appendix A: RFPs and Funding Goals

### RFPs Relevant to This Report

RFP	Focus	Funding Goal for Each RFP
<b>2015-1</b>	Prevention for youth ages 12 - 24	Connecting youth (12-24) to services
		Training and education for school personnel and youth-oriented service providers
		Prevention curriculum proposal for school-age children and youth
<b>2015-2</b>	PR & marketing	Mental health services providers network – breaking down silos
		Public awareness and information sharing of existing services
<b>2015-3</b>	Early intervention for youth ages 6 - 24	Mental health service delivery in nontraditional settings and/or during nontraditional hours
		Promoting resiliency
		Prevent or intervene with misuse of prescription drugs and use of tobacco, alcohol, and/or illegal drugs
		Suicide prevention or intervention
		Strengthening LGBTQ emotional well-being
		Gang prevention and/or intervention alternatives
		Cyber bullying prevention and/or intervention
Cutting or self-harm prevention and/or intervention		
<b>2016-1</b>	Mental health services in Blythe	
<b>2016-2</b>	Prevention and early intervention (PEI) for adults ages 19+, including seniors	Mental health service delivery in nontraditional settings and/or during nontraditional hours
		Mental health service delivery using technology for remote and/or rural communities and areas
		Decreasing stigma associated with obtaining mental health services
		Mental health service delivery providing cultural competencies
		Reducing vulnerability and isolation (adults ages 55+)
		Educating parenting adults on symptoms and signs of mental health issues in children/youth and providing resources
		Mental health service delivery with emphasis on continuum of care and/or coordinated case management
		Caregiver services for adults and/or older adults who care for a family member(s) with mental health and related issue(s)
To intervene with misuse of prescription drugs and/or alcohol and/or illegal drugs		

### RFPs Relevant to Shared Measurement Going Forward

RFP	Focus	Funding Goal for Each RFP
<b>2017-1</b>	Prevention and early intervention (PEI) for adults ages 18+	Mental health service delivery in nontraditional settings and/or during nontraditional hours
		Mental health service delivery using technology for remote and/or rural communities and areas
		Decreasing stigma associated with obtaining mental health services
		Mental health service delivery providing cultural competencies
		Educating parenting adults on symptoms and signs of mental health issues in children/youth and providing resources
		Mental health services focusing on special populations, such as: veterans, disabled, LGBT (list not all-inclusive)
		Mental health service delivery with emphasis on continuum of care and/or coordinated case management for homeless
		Mental health programs to prevent suicide and/or reduce self-harm
<b>2017-2</b>	Prevention and early intervention (PEI) for ages 6 - 18	To intervene with misuse of prescription drugs and/or alcohol and/or illegal drugs
		Mental health service delivery in nontraditional settings and/or during nontraditional hours
		Mental health service delivery using technology for remote and/or rural communities and areas
		Programs and/or service delivery promoting and increasing resiliency
		Reduce stigma associated with obtaining mental health services and/or increase understanding of signs and symptoms of mental health issues and provide resources
		Mental health services focusing on special populations, such as: disabled, LGBT (list not all-inclusive)
		Mental health service delivery with emphasis on continuum of care and/or coordinated case management
		Collaboration and coordination of service providers for mental health programs to reduce depression and/or prevent bullying, suicide and/or reduce self-harm
To intervene with misuse of prescription drugs and/or alcohol and/or illegal drugs		

## Appendix B: Summary of Grantee Evaluation Results

The information in this appendix is based on complete information provided in the narratives of the grantee reports.

RFP	Grantee	Project	Direct Impact	Indirect Impact	Type of Impact
2015-1	Operation SafeHouse	What's Up Safehouse mobile text line for crisis counseling for youth <i>(figures are for 2016 and 2017)</i>	889 people	25,000+	80% said the texting helped them mentally, 31% were referred to support services. Indirect impact includes outreach via school and community presentations and marketing materials.
2015-2	Gilda's Club/ Cancer Partners	Mental health services for people impacted by cancer	702 people		
2015-3	Coachella Valley Youth Leadership (CVYL)	Mentoring program for teens for 10 weeks	86 youth		Increased respect for others, increased self-control, improved anger-management skills, improved attitudes towards school, improved attitudes towards drugs/alcohol.
2015-3	Focus on Student Success (FOSS)	Strengthening Families Program	184 people (106 youth, 76 adults, 2 seniors)		Improvement in behaviors (having meals together as a family, parents not losing their temper with their children).
2015-3	Latino Commission	Residential treatment facilities for youth with substance abuse problems	None yet	None yet	To be determined; project start date has been delayed; will be able to use collective impact measures

2015-3	Safe Schools Desert Cities	LGBT Youth Empowerment and Leadership Summit	39 youth		Improvements in youths' self- confidence, leadership, and activism.
2016-2	ABC Recovery Center	Integrating mental health treatment into substance abuse treatment program	218 adults	600	Decreases in depression, anxiety, PTSD, and internalized stigma about mental health. Increases in happiness, positive outlook, energy, and focus. Learned coping skills to manage mental health.
2016-2	American Red Cross	Veteran Reconnection Workshops	31	18	Significant improvement in communication skills, the ability to manage stress, knowledge of signs of depression, relating to children, and managing anger.
2016-2	Coachella Valley High School HOSA	“Our Business of Mental Health” media event symposium	300 people	10,000	Increased knowledge about mental health, increased interest in joining the mental health field, increased respect for those in the mental health field.
2016-2	Jewish Family Service of the Desert	Integrated mental health and senior care program	1,038 seniors	1,557	70% of clients in mental health out- patient treatment improved their symptoms, 78% of seniors (across multiple programs) reported improved quality of life
2016-2	Mizell Senior Center	“A Matter of Balance” fall prevention program for seniors	152 seniors	343	Continued exercise, adjustments in the home to prevent falls
2016-2	UC Riverside School of Medicine	Telemedicine project bringing UCR SOM psychiatry faculty and residents to CV	None yet	None yet	To be determined; project start date has been delayed; will be able to use collective impact measures
<b>Total</b>	<b>12</b>		<b>3,639</b>	<b>37,518</b>	

## Appendix C: Grantee Numeric Reports of Impact

The data presented in this appendix are directly from the grantee reports' numeric fields (with the exception of CVYL, who did not fill out a traditional grantee report):

- How many youth were served (18 years old and under)?
- How many adults were served (ages 18 to 55)?
- How many seniors were served? (over 55 years old)
- How many persons below poverty level were served?
- Please provide your estimated number of people indirectly impacted.

They do not reflect any alterations based on numbers presented in the narrative, which is different than the information gleaned from the narratives on two grantees: Operation SafeHouse and CVHS HOSA.

Several grantees completed multiple reports. Some only included numeric data in one of their reports; in that case, that numeric data is represented here and the other reports are not.

Other grantees had multiple reports containing numeric data. Each of these reports are represented in the table in this appendix. Some of these reports are independent: that is, their numbers pertain to unique individuals and can be summed to quantify their overall impact. Others appear to be cumulative: that is, each progressive report counts the same individuals again. For these situations, all information is displayed in the table as found in the reports, but the earlier reports are crossed out and not included in the totals. In this manner, the final totals more accurately represent the unique number of individuals served over the entire grant.

For example, FOSS submitted four reports. In the first, no numbers were reported on the number of individuals served who were below poverty. On the second report, 33 were reported. On the third report, 55 were reported. On the fourth and final report, 88 were reported. Since 33 plus 55 equals 88, the fourth and final report appears to capture the individuals from the entire grant period, and thus, that is the number that is included in the total.

Another example is Safe Schools Desert Cities. Each of the three reports include a direct impact of 39 youth. It is HARC's belief that this is the same 39 students who attended the leadership camp, and thus, only 39 should be counted (not 39 x 3, which would be 117 impacted).

Organization	Report Date	Reporting Period	Direct Impact				Indirect Impact
			Youth	Adults	Seniors	Below poverty	
Operation SafeHouse	12/30/16	Not specified	36			36	
	2/13/18	7/1/17 to 12/31/17	288	288			2,304
Gilda's Club/ Cancer Partners	11/2/16	Not specified	67	244	391		
CVYL	5/15/17	8/1/16 to 4/30/17	86				
FOSS	<del>10/12/16</del>	Not specified	<del>10</del>	<del>13</del>	<del>0</del>		
	1/11/17	Not specified	35	31	0	33	
	4/12/17	Not specified	61	32	2	55	
	5/31/17	Not specified	106	76	2	88	
Latino Commission	4/28/17	Not specified					
Safe Schools Desert Cities	<del>10/12/16</del>	Not specified	<del>39</del>				
	1/11/17	Not specified	39				
	4/30/17	Not specified	39				
ABC Recovery Center	<del>8/22/17</del>	<del>6/1/17 to 12/31/17</del>		<del>87</del>	<del>4</del>	<del>87</del>	<del>160</del>
	2/13/18	10/1/17 to 12/31/17		209	9	200	600
American Red Cross	<del>12/7/17</del>	<del>5/8/17 to 11/8/17</del>		<del>2</del>	<del>4</del>		<del>18</del>
	3/27/18	Note: HARC report Not official RAP report		9	20		
CVHS HOSA	7/6/17	Not specified	4,000	5,000	500	200	
Jewish Family Service	<del>10/10/17</del>	<del>4/1/17 to 9/30/17</del>	<del>0</del>	<del>0</del>	<del>594</del>		<del>891</del>
	4/15/18	4/1/17 to 3/31/18	0	0	1,038		1,557
Mizell Senior Center	10/10/17	4/1/17 to 9/30/17			152		343
UC Riverside							
<b>TOTAL</b>			<b>4,622</b>	<b>5,826</b>	<b>2,112</b>	<b>524</b>	<b>4,822</b>