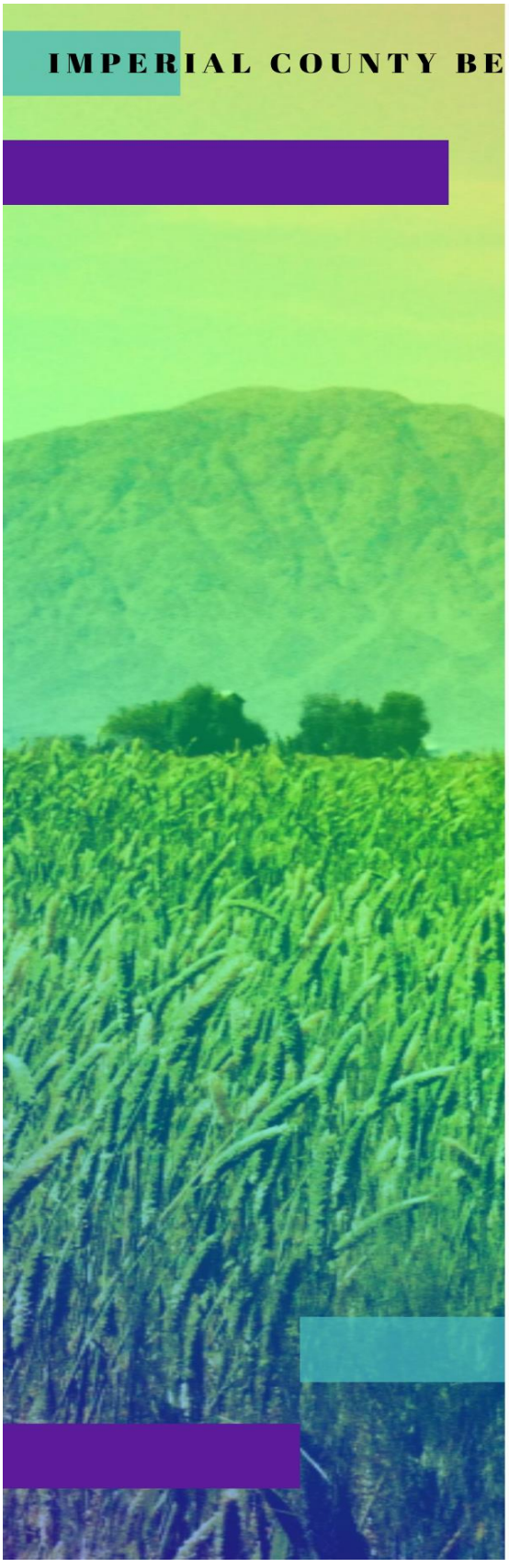
IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

MENTAL HEALTH SERVICES ACT



ANNUAL UPDATE
FISCAL YEAR 2021-2022

POSTED APRIL 19, 2021

IMPERIAL COUNTY Behavioral Health Services Systems of Care

IMPERIAL COUNTY CALIFORNIA

This MHSA Plan Update is available for public review and comment through June 1, 2021. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on June 1, 2021.

We welcome your feedback via Survey Monkey:
https://www.surveymonkey.com/r/MHSAAnnualCommentForm21

Public Hearing Information:
Mental Health Board Meeting
Zoom Link: https://zoom.us/j/91657227220
Tuesday, June 1, 2021, at 12:00 p.m.

Questions or comments? Please contact:
Imperial County Behavioral Health Services
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Imperial County Behavioral Health Services

Mental Health Services Act

(MHSA)

Annual Update Fiscal Year 2021-2022

This artwork was created by a consumer at the MHSA Wellness Center.
The piece placed first in the local California Mid-Winter Fair and Fiesta hosted in Imperial County in 2020.

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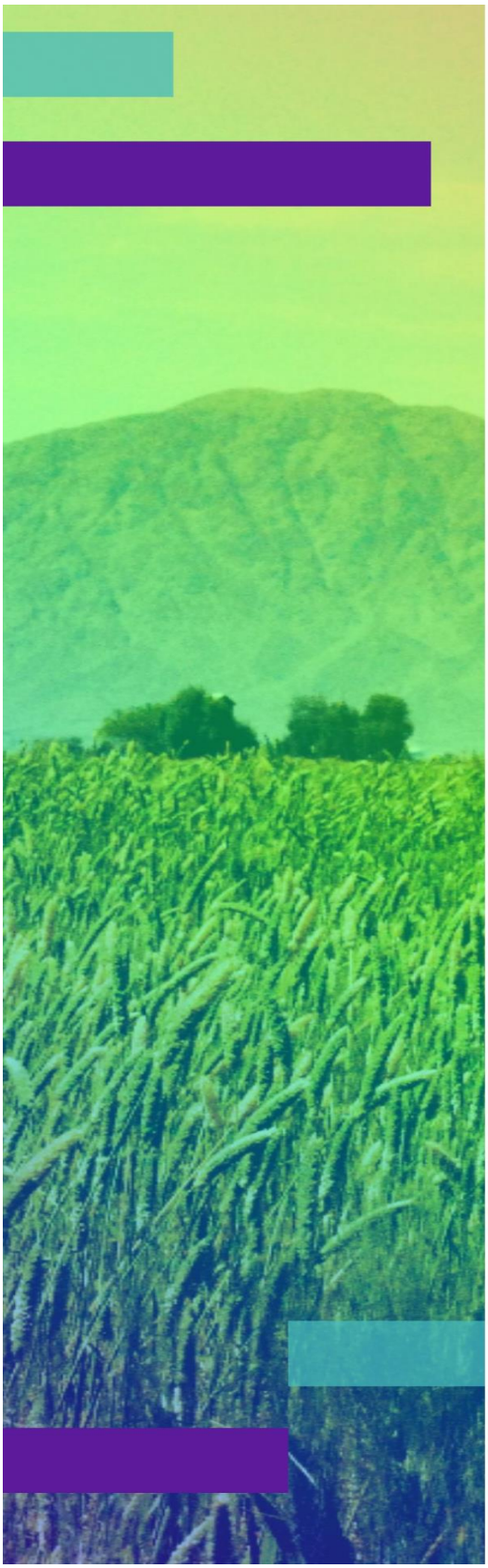


SECTION A - MHSA ANNUAL UPDATE FY 2021-2022

Section A - MHSA ANNUAL UPDATE FY 2021-2022

Executive Summary

California voters approved the Mental Health Services Act (MHSA) on January 1, 2005. MHSA is used to expand and transform California's mental health service systems by providing funds to reduce the long-term adverse impact of untreated severe mental illness and serious emotional disturbance. The goals of MHSA programs is to provide services that promote well-being, recovery, and self-help; prevent the long-term negative impact of severe mental illness; and reduce stigma. Services are culturally competent, easier to access, and more effective in preventing and treating severe mental illness. These are obtained by using the "whatever it takes" approach.

During FY 2020-2021 Imperial County residents, as the world, was impacted by the COVID-19 Pandemic. As our county moved into quarantine rules in March of 2020, just this significantly affected the norm in which services were provided by MHSA programs. Because of this Imperial County Behavioral Health Department recognized it was even more important to maintain a strong presence in our community. The World Health Organization (WHO) early in the pandemic recognized that mental health would be impacted as there were many uncertainties impacting individuals day-to-day lives. The WHO also conducted an early assessment, "The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment" which noted there was a clear indication that mental health systems were to be compromised at a time when they are likely needed most (WHO, 2020). One of the main narratives seen throughout the programs annual update are the impacts of change due to the pandemic, as well as, the perseverance and the adjustments programs engaged in in order to sustain service delivery.

Imperial County Behavioral Health Services (ICBHS), through a stakeholder process that includes consumers, family members, and community partners, has developed and implemented various MHSA programs to meet the specific needs of Imperial County. As a result of this community planning process, the following programs and services will be available during FY 2021-2022:

Community Services and Supports

Community Services and Supports programs, the largest component of MHSA, focus on children and families, transition-age youth, adults, and older adults who suffer from severe mental illness or serious emotional disturbance. Programs provided through Community Services and Supports include:

- ***Youth and Young Adult (YAYA) Services Full-Service Partnership (FSP)*** – provides services and support to severely mentally ill and seriously emotionally disturbed youth and young adults, ages 12 to 25. Services available to YAYA-FSP Program consumers include a variety services to include case management; rehabilitative services; "wrap-like" services; integrated community mental health and substance abuse treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; benefit acquisition; and respite care. Staff within the YAYA-FSP Program are trained to implement and/or refer to the following treatment models: Cognitive Behavioral Therapy (CBT); Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Functional Family Therapy (FFT); Interpersonal Psychotherapy (IPT); Portland Identification and Early Referral (PIER) Model; Dialectical Behavior Therapy (DBT) and Therapy and Aggression Replacement Training (ART). Additionally, health and exercise groups, and Tai Chi classes are available to YAYA-FSP Program consumers.

  During FY 2020-2021, due to the COVID-19 pandemic, the YAYA-FSP program, as others, had to make many changes mainly to their contracted services as many of these facilities were not allowing in person services. The YAYA El Centro clinic site also reverted to their regular hours of operation as it was reported that back in January of 2020 hours were extended to 6:00 p.m. on Tuesdays and Wednesdays in order to minimize no show rates. However, effective March 2020 hours of operation were returned to normal as in-person services seized due to the COVID-19 pandemic and we began to provide services via Telehealth.

  Currently, the Youth and Young Adults program has begun the planning phase, in light of SENATOR JIM BEALL SB 803 - Peer Support Specialist Certification Act of 2020, for the integration of a Peer Support Employment Track for identified consumers that meet the criteria that will be set by the MHP. Said consumers will utilize their lived experience for enriching the support provided to other consumers of ICBHS via functions such as mutual support, community building, providing services, and advocacy. Integration of a Peer Support Specialist employment track will be conducted in a mindful manner to help Peer Supporters retain the distinctive qualities and experience they bring to the organization. The department is currently in the early stage of development. Management from Adults, Children's, Triage, and YAYA divisions have begun to hold meetings to initiate this process. Continue to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency.

  For FY 2021-2022, YAYA-FSP Program will continue to work to maximize the utilization of already existing outcome measurement tools; continue to integrate Group therapy into each clinic as a standard psychotherapy practice; increase the staffing by 1 FTE clinician and 1

FTE Mental Health Rehabilitation Technician at each of at two school districts located at Family Resource Centers in their high school campuses; improve consumers' physical health by increasing the number of consumers referred to the YAYA FSP exercise program at Fitness Oasis; decrease the "No-Show" rate will continue to be implemented to increase consumers' participation in their treatment; host or provide a mental health information and awareness presentations at a minimum of once a year.

Significant changes that will also prompt alterations during FY 2021-2022 to the YAYA-FSP Program include:

- Implementation of Dialectal Behavior Therapy to help in the reduction of Mental Health Triage admissions, and decrease of overall emergency services (i.e. emergency department admissions; inpatient psychiatric hospitalizations) from individuals who have been identified by our outpatient treatment teams to meet the criteria established by the model and MHP for referral to DBT.
- Referral to clients that meet criteria to a new contract with Helping Hearts LLC. The purpose of the contract is to extend auxiliary services to the residents of Imperial County who are in need of social rehabilitation services. Helping Hearts provides specialized psychiatric mental health services in a long-term residential setting for adults discharged from hospitals, it will serve as step-downs from institutes of mental disease (IMD) and Full Service Partnership (FSP)-like consumers who were the traditional board and care (B&C) level of care was unsuccessful.

- ***Adult and Older Adult Services Full Service Partnership Program (Adult FSP)*** – provides services and supports to SMI adults and older adults, ages 26 and older. Services available to Adult-FSP Program clients include case management; rehabilitative services; "wrap-like" services; integrated community mental health services; substance use disorder services; crisis response; and peer support. The Adult-FSP Program provides clients linkage to the following: emergency shelter; permanent housing; emergency clothing; food assistance; SSI/SSA benefits application and/or appeals; DSS Cash Aid application; Section 8 Housing application; substance abuse treatment and/or rehabilitation referral; referrals to general physician and/or dentist; driver's license/ID application; and/or immigration paperwork. Delivery of needed supports and services are provided in the home for older adults who are homebound, do not have transportation, or are unable to access public transportation.

  The Adult-FSP Program staff are trained to implement the following treatment models: Cognitive Behavioral Therapy; Cognitive Processing Therapy; Motivational Interviewing; Cognitive Behavioral Therapy-Anxiety Treatment; Interpersonal Therapy; and Moral Reconation Therapy.

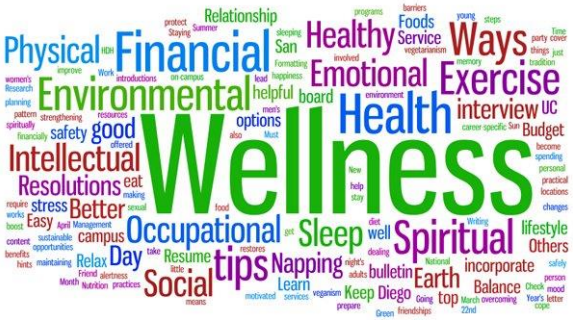
  During FY 2020-2021, the Adult-FSP Program also encountered the need to transfer its delivery of services over to telehealth services due to the COVID-19 pandemic. The clinic site also adjusted and in many instances conducted intensive case management services in order to provide numerous supports to assist at risk and homeless clients. They also needed to support clients who had limited means to stay connected to their mental health services and they did this engaging the clients either by phone, telehealth and in some situations

continued to conduct coordinated in-person visits. All in person trainings and group interventions were also impacted due to the stay at home orders.

Adult FSP clinics also continued to identify clients who would benefit from substance use disorder services. Adult FSP staff refer consumers to SUD-ODS Services and work collaboratively to stabilize consumers and provide needed services to improve the lives of this population.

For FY 2021-2022, the Adult-FSP Program will continue to work toward: reducing the average monthly number of crisis desk admissions and hospitalizations; reduce the number incidents of or risk of homelessness; increase the average monthly number of Moral Reconation Training (MRT) participants who have a history with the criminal justice system; increase the referrals to substance use disorder services of Adult-FSP Program consumers with a co-occurring substance use disorder; improve access to mental health services for the LGBTQ+ community; increase peer support staff or volunteers by one peer or volunteer per program to work specifically with the Adult-FSP population; and increase the access to care for Adult FSP Program consumers who are involved in the criminal justice system. Just as the YAYA-FSP Program, the Adults-FSP is also looking forward to start identifying and referring clients that meet criteria to the Helping Hearts program. The Adults program will add as a goal the monitor the success of clients placed with the Helping Hearts program. The Adults-FSP program will also be pursuing an MRT training for all Mental Health Rehabilitation Technician (MHRT) staff.

- ***Wellness Center*** – The Wellness Center is a network of consumers whose mission is to implement a wellness program of supportive resource services for adults with a significant and persistent mental health diagnosis. Currently, there are two Wellness Center facilities, one in El Centro and one in Brawley, that provide services that focus on social skills, recovery skills, encouragement, wellness, positive self-esteem, and community involvement. The Wellness Center has partnered with outside agencies to offer consumers educational classes and pre-employment, job readiness, and employment training, as well as assist them in obtaining a high school diploma or GED. Consumers also have access to computers and the internet to aid them in completing school assignments (i.e. research, homework, and projects). The Wellness Center staff includes a music instructor who provides group and individual voice and instrumental music instruction. Consumers are also offered the opportunity to attend classes on English as a second language, arts and crafts, photography, self-esteem, life skills, cooking, embroidery/sewing, and computers.



Sadly during FY 2020-2021 the Wellness Centers had to close in order to comply with safety orders due to the COVID-19 pandemic. The center; as well as, contracted service staff engaged clients by other means including phone calls, Zoom sessions, Live videos in Facebook, etc… The Center's staff continued to keep engaged with clients to assess and coordinate any supportive needs such as coping strategies, service linkage, and conduct the

consumers monthly Wellness and Recovery Assessment Plans (WRAP) and the Illness Management and Recovery Scale (IMRS).

For FY 2021-2022 the Wellness Center program plans to continue to engage consumer's day-by-day and prepare for the re-opening of Center sites by June 2021. Their goals will remain the same as last years, as the time the centers were open were cut short due to the stay at home order. The Wellness Centers will continue to provide IMR model sessions; increase consumers referral to vocational and educational programs; improve consumers' overall physical health by increasing consumers' physical activity; increase consumers' independence and social connections by engaging them in their WRAP plans; increase consumers who were able to maintain stable housing, maintain employment, and manage independent living; and assist consumers maintain overall wellness, recovery, and self-sufficiency.

- ***Outreach and Engagement Program*** – provides outreach services to unserved and underserved SED and SMI individuals in the neighborhoods where they reside, including those who are homeless, in order to reduce the stigma associated with receiving mental health treatment and increase access to mental health services. The program also provides education to the community regarding mental illness and symptoms, early identification of mental illness, and resources to improve access to care through local outreach. The program assists individuals in obtaining mental health treatment services from ICBHS by providing information pertaining to programs, services, and the intake assessment process; conducting home visits; scheduling intake assessment appointments; and providing transportation to intake assessment appointments when necessary. The Outreach and Engagement Program is also responsible for conducting outreach in order to ensure SED and SMI clients, and their family members, have the opportunity to participate in the community program planning process.

  The COVID-19 Pandemic affected the various opportunities to conduct face-to-face outreach and engagement in our community; however, the program overcame this limitation by focusing more on social media outreach and concentrating on their engagement efforts for the FSP clinics.

  During FY 2021-2022, the Outreach and Engagement Program will continue to work toward reducing the stigma associated with receiving mental health treatment and increasing access to mental health services.

- ***Transitional Engagement Supportive Services Program (TESS)*** – The objective of the TESS Program is to provide supportive services while individuals transition to outpatient mental health treatment. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care. TESS provides outreach and engagement activities to unserved and underserved SED and SMI individuals over the age of 14. In addition, the TESS Program provides supportive services to assist conservatees who have recently been released from LPS Conservatorship. These services assist the individual with reintegrating back into the community and provide a supportive environment including gaining entry into the mental health system.

Services available to clients at the TESS Program include: initial intake assessment; medication support; mental health services – nurse and rehabilitation technician; targeted case management; and crisis intervention. The TESS Program provides linkage to variety of community resources, including, but not limited to: emergency shelter, clothing and food baskets; permanent housing; SSI/SSA benefits or appeal; DSS/Cash Aid; substance abuse treatment and/or rehabilitation referral; general physician, dentist, and/or optometrist; and other ICBHS program and community resources.

During FY 2020-2021, the TESS Program continued to increase efforts to engage homeless and enroll individuals in the Projects for Assistance in Transition from Homelessness (PATH) Program. The program also continued to pursue successful transfers to the mental health outpatient clinics by linking clients within the 30-day time frame. TESS continued to work on improvising and conducting outreach presentations. TESS continued to work to improve expedited follow-up services and care coordination for those individuals who are placed in a psychiatric hospital.

For FY 2021-2022, The TESS program will continue to stand by the goals and objectives established in the MHSA Three Year Plan as adjustment are made and new avenues are explored to ensure the continuity of services.

- ***Community Engagement Supportive Services Program (CESS) –*** is a program developed to provide outreach and engagement supportive services to individuals 14 years of age and older including those who are homeless or at risk of homelessness. The focus of the CESS program is to address the specific needs of each individual to increase their support system and their willingness for linkage into Mental Health Treatment Services. The goal is to assist individuals with reunification with their family members and/or transitioning them back into the community or a higher level of care.

  For FY 2020-2021, the CESS Program has engrossed their efforts in providing services through Imperial County by increasing awareness through outreach, education, and advocacy by targeting specific age groups and population. The program continued to increase efforts to engage homeless individuals suffering from a severe mental illness by continuing to collaborate with homeless shelters, educate agencies, and the community on mental health issues and services available through Imperial County Behavioral Health Department particularly the Mental Health Triage and Engagement Services. Moreover, the CESS Program continued to link clients to specialized services and programs including SSI/SSDI Outreach, Access, and Recovery (SOAR) program increases access to Social Security disability benefits and the Projects for Assistance in Transition from Homelessness (PATH) Program. CESS continued to provide outreach and engagement in collaboration with a local emergency room department, located in the El Centro Regional Medical Center Hospital. The CESS Program worked on improving successful transfers to the mental health outpatient clinics by linking clients within the 30-day time frame, thus working on preventing individuals from decompensating and being readmitted to the MHTU and/or inpatient psychiatric hospitalization. During FY 2020-2021, CESS successfully transferred individuals, to the mental health outpatient clinics. Subsequently, strong efforts were made to decrease no-show rates by repeated retention calls for those who have not been reached.

Furthermore, if a consumer has not been reached via a retention calls in an attempt to mitigate a “no-show”. The CESS Program remained focused on providing presentations to community agencies in an effort to increase Mental Health Services awareness.

One of the areas currently being assessed within the CESS program is its responsibility of applying some of the phases of the Portland Identification and Early Referral model by providing outreach, engagement, and assessment services to determine criteria for the PIER Model. The PIER Model is an evidence-based early detection and intervention model that focuses on the prodromal phase of a developing psychotic illness and advocates psychosocial interventions and drug treatments that are tailored to the individual.

For FY 2021-2022, The CESS program will continue to stand by the goals and objectives established in the MHSA Three Year Plan. Some of the major changes and planning activities to begin in FY 2021-2022 are:

- Transition the PIER program will become a stand-alone program to strengthen its monitoring of services.
- The development and the implementation of new program but also renaming the program as FSP-Intensive Community Program (ICP).
- Identification of a model to be implemented in the county in order to improve the management of psychiatric emergencies for those individuals refusing to engage in services voluntarily.

- ***Portland Identification and Early Referral model (PIER)*** – is an evidence-based early detection and intervention model that focuses on the prodromal phase of a developing psychotic illness and advocates psychosocial interventions and drug treatments that are tailored to the individual. The objective of the PIER Model is to transition an individual identified with early severe mental illness into an evidence-based treatment model as quickly as possible to improve outcomes in treatment and allow for transition back into the community.

  For FY 2020-2021, the PIER Program continued to receive referrals and conducted conducted Structured Interviews for Prodromal Syndromes (SIPS) to identify client that meet Prodromal or First Episode Psychosis; made continuous efforts in providing educational presentations, conducting outreach and informational booths, and disseminating information throughout the community; PIER conducted informational presentations and training to ICBHS staff. Through referrals received and services provided, for FY 2020-2021; despite the current COVID 19 Pandemic, the program identified the increase and interest in the program.

  For FY 2021-2022 a significant change will be the consolidation of PIER Model (Phase I and II) under PIER FSP for more effective tracking of cost and data, supervision, and reporting. The PIER Program will continue with the goals and objectives established in FY 2020-2021 with the approach to assess ways to modify service delivery as COVID-19 safety measures continue.

Prevention and Early Intervention

The objective of the Prevention and Early Intervention (PEI) programs is to lessen the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. The PEI programs assist in preventing and/or reducing risk factors such as school failure/dropout, prolonged suffering and/or removal of children from their homes that may result from untreated mental illness and increase protective factors that may lead to improved mental, emotional and relational functioning. The PEI programs continue to engage children and youth by delivering services out in the community, all services are provided outside of the norm of outpatient clinics and meet the MHSOAC priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents.

Prevention Programs

- ***Trauma-Focused Cognitive Behavioral Therapy Program (TF-CBT) –*** is a selective prevention program for children and youth exposed to traumatic experiences. TF-CBT is a strategy to reduce the negative outcomes such as school failure/dropout and prolonged suffering from becoming severe and disabling. All TF-CBT prevention services are mobile and provided out in the community in locations such schools, homes and places of worship.

  Due to COVID-19 pandemic, referrals to the program decreased greatly as all the schools in Imperial County closed for face-to-face instruction and transferred to virtual instruction. TF-CBT continued to provide selective prevention services by master level clinicians, as well as linkage and referral services by the clinicians for the child/youth and their parents/legal guardians/caregivers.

  Program goals projected for FY 2021-2022 will remain the same as current year goals where the program will increase clinicians to provide the CBT model; continue collecting demographic and evaluation data to measure the outcome and performance of the TF-CBT Program as a prevention strategy; continue using the PTSD-RI, YOQ, and YOQ-SR tools to measure symptoms and behaviors of children/youth served; provide information on outcomes to community stakeholders who represent the unserved and/or underserved populations of our consumers and their families.

- ***First Steps to Success (FSS) –*** The MHSA FSS is a prevention program that was developed to be provided in a school setting and implemented by school personnel. The MHSA FSS program focuses on the kindergarten population and is a positive reinforcement program designed to assist children in developing pro-social skills that will assist them in being successful at school and home. The goal of the MHSA FSS program is to prevent mental illness from developing.

Program goals projected for FY 2021-2022 will remain the same as current year goals which includes maintaining collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children; continue to expand services to additional elementary schools throughout all Imperial County school districts in order to reach unserved and underserved children; provides training to additional teachers and MHRTs on FSS to ensure successful implementation of the model; increases parents' and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health; collect data for evaluation purposes of the PEI FSS program; and provide information on outcomes to community stakeholders. including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

- ***Incredible Years –*** ICBHS continues to contract with two local agencies in Imperial County for the implementation of the Incredible Years (IY) parenting program. The program targets a priority population of children and youth in stressed families as part of our prevention program. The parenting program addresses the needs of unserved and/or underserved stressed families in order to prevent childhood trauma, prolonged suffering and/or the risk of having their children removed from their homes. ICBHS contracted with the Child and Parent Council (CAP Council) and Teach, Respect, Educate, Empower Self (TREES) to provide the IY in our community. The TREES parenting program focuses more in the outlying areas of the county such as the Salton Sea, Niland, and Winterhaven.

  For FY 2020-2021 both agencies addressed the challenge of not being able to host face-to-face groups due to the COVID-19 pandemic; however, found resilience to continue engaging and implementing the program groups via the virtual world.

  The goals and objectives that are to transfer over to FY 2021-2022 will include providing Incredible Years groups in English and Spanish, in non-traditional and safe environment such as schools, community centers, family resource centers and other community agencies to increase access to unserved and underserved children/youth in stressed families; provide parenting groups, to include Native Americans and other hard to reach population; evaluate the effectiveness of this program by collecting appropriate evaluating data; provide information on outcomes to community stakeholders including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

- ***Rising Stars (RS) –*** is a prevention program that will provide services to school-aged students (K-12) who are identified as current foster children/youth enrolled in local school districts. The goal of this Prevention program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster students. RS staff will provide preventive services such as social emotional learning activities, leadership development, self-esteem enhancement, Developmental Assets workshops, team-building activities, mentoring, academic enhancement, enrichment activities, educational field trips, college-prep workshops, study skills workshops, and Science, Technology, Engineering, Arts and Math (STEAM) workshops. All of the strategies utilized by RS will be culturally competent and linguistically appropriate for the targeted population.

During FY 2020-2021, the contract was IVROP was finalized and by FY 2021-2022 RS began its recruitment of program participants. Recruitment has been limited as schools have closed, yet the program coordinator is collaborating with other service providers in educating them on the program and identifying potential recruitment opportunities. For FY 2020-2021 the programs goals and objectives were to serve at least 225 school-aged students (K-12) who are identified as current foster care students residing in Imperial County; collect relevant demographic data of the participating students; conduct all data gathering for reporting requirements; collect Pre-screening data and Post data from outcome measurement tools; improve the self-esteem, sense of hope, and resiliency of participating foster care students to avoid mental health illness; enhance the social-emotional competencies, developmental assets and other protective factors to reduce negative outcomes for the participating foster care students; provide positive guidance and mentoring services to participating foster care students; and improve the study skills, basic skills competencies and college preparation of targeted students to enhance their educational outcomes and prepare them for higher education. Program goals projected for FY 2021-2022 will remain the same as current year goals.

Stigma and Discrimination Reduction Program

The Stigma and Discrimination program addresses the entire Imperial County community, focusing on reducing the negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or for seeking mental health services. PEI continues to utilize a universal strategy to reduce stigma and discrimination related to mental health. The program also strives to increase the community's acceptance and equity for individuals with a mental illness and their families. On March 2020, due to the Global Pandemic, PEI staff, including master level clinicians and Mental Health Rehabilitation Technicians (MHRTs) began telecommuting and an administrative decision was made to prioritize in providing specialty mental health services during the pandemic crisis.

The program continued to engage the community by hosting a radio show "Let's Talk About It" both in English and Spanish on a weekly basis. The broadcast touches on a variety of educational topics and issues that have significant Behavioral Health impacts.

For FY 2020-2021 the number of stigma activities greatly decreased due to the COVID-19 pandemic; however, for FY 2021-2022 the program will continue to address reduction

opportunities by providing stigma and discrimination reduction activities through trainings and education by providing information and presentations to the community at large in order to further decrease the stigma and discrimination related to a mental health illness; continue to collect demographic information on populations served; continue to implement the Measurement, Outcomes and Quality Assessment (MOQA) Stigma survey developed by California Institute of Behavioral Health Solutions during outreach activities; and provide information on outcomes to community stakeholders including families of children, who also represent the unserved and/or underserved populations of our consumers and their families. Program goals projected for FY 2021-2022 will remain the same as current year goals.

Early Intervention Programs

- ***Trauma-Focused Cognitive Behavioral Therapy Program (TF-CBT)*** – is an early intervention program that addresses the needs of children and youth in the community who have been exposed to trauma. The TF-CBT Program is utilized as an intervention to treat children and adolescents, ages 4 to 18, who have been exposed to a traumatic experience. By providing prevention and early intervention activities, mental health becomes part of the wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment. All services provided by the TF-CBT are conducted out in the community to serve the unserved and/or underserved populations in Imperial County. During the COVID-19 pandemic, all services commenced being provided through the Zoom platform or via telephone, depending on the needs of the clients/families. For high risk cases, face to face visits were provided.

For FY 2020-2021, the early intervention component of the Prevention and Early Intervention Program will continue to focus on implementing the TF-CBT Program in order to prevent the long-term negative effects of child traumatic stress and prevent the development of mental illness. As we move forward into FY 2021-2022, the program will assess and adapt service needs based on transitions of safety rules set by the county.

- ***First Steps to Success (FSS) –*** is a positive reinforcement program designed to assist children in developing pro-social skills that will assist them in being successful at school and home. ICBHS has been using Mental Health Rehabilitation Technicians (MHRTs), rather than school personnel, to provide the early interventions at school. The FSS Program also engages parents of identified kindergarten children.

  For FY 2020-2021, FSS goals and objectives continue to be monitored as the program maintains collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children; continue to expand services to additional elementary schools throughout all Imperial County school districts in order to reach unserved and underserved children;

provides training to additional teachers and MHRTs on FSS to ensure successful implementation of the model; increases parents' and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health; collect data for evaluation purposes of the PEI FSS program; and provide information on outcomes to community stakeholders. including families of children, who also represent the unserved and/or underserved populations of our consumers and their families. Program goals projected for FY 2021-2022 will remain the same as current year goals.

Innovation

The opportunity to learn something new comes from the creation and implementation of an Innovation project. An Innovation project has the potential to transform the mental health system. Innovation programs are novel, creative, and ingenious mental health approaches that promote recovery and resilience and lead to learning that advances mental health.

During FY 2020-2021, ICBHS, stakeholders and community members participated in the Community Planning Process by hosting eight (8) community forums in support of the development of a new Innovation plan to be presented by the end of FY 2020-2021. Sessions were hosted both in English and Spanish and a total of over 300 feedback forms were received.

IMPERIAL COUNTY Behavioral Health Services
Systems of Care

Community Zoom Forums
Mental Health Services Act
Innovation Project

ICBHS is inviting all residents of Imperial County to attend Zoom Community Forums to share ideas on how to develop and implement our new Innovation Project.

We are looking for new creative and ingenious ideas that will help us implement better practices or approaches to mental health.

The Mental Health Services Act (MHSA) provides funding for the Innovation Project of Imperial County's MHSA Plan. This funding will be used to for innovative approaches that will:

- *Increase access to Mental Health services to underserved groups,* ***or***
- *Increase the quality of Mental Health services, including measurable outcomes,* ***or***
- *Promote interagency and community collaboration related to Mental Health services or supports or outcomes,* ***or***
- *Increase access to Mental Health services.*

Our Community Zoom Forum will be held on the following date and time:

Date: March 04, March 11, March 18 and March 25, 2021.
Time: 11:00 a.m. Zoom: https://zoom.us/j/94843893951
6:00 p.m. Zoom: https://zoom.us/j/98903280298

Your feedback can be provided by clicking the following link to access the survey:
https://www.surveymonkey.com/r/InnovationSurvey21

For questions regarding the Innovation Project, please contact
Maria Wyatt, BH Manager at mariawyatt@co.imperial.ca.us or
Rene Felix, Program Supervisor at renefelix@co.imperial.ca.us
You can also call us at 442-265-7530

For FY 2020-2021 the following services were provided through Innovation:

- ***Positive Engagement Team (PET)*** – On March 29, 2019 the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Imperial County Behavioral Health Services' new Innovation Project: Positive Engagement Team (PET) for $2,165,138 for 3 years. The innovative component of the PET project is to utilize dogs, not for therapy, but as a tool to engage consumers into mental health treatment.

  By August 2020, a contract was established with Todd Sosna, Ph.D. Management Consulting (TSMC) to evaluate and analyze the PET project. TSMC developed a *community outreach* survey to be provided to the community at large during outreach events and an *engagement* survey to be provided to clients as they arrived to the outpatient clinic for the intake assessment, initial nursing assessment, initial psychiatric assessment or for their first therapy appointment. The evaluation yielded recommendations intended to augment program efficacy and increase consumer satisfaction:

For FY 2021-2022, the Innovation project will consider the recommendations detailed from the evaluation to develop future goals and objectives. At this time, the project has recruited two (2) additional pet members, Betty Boop and Stevie, who are anxiously waiting to show off their outreach and engagement skills at all clinics and future community events.

Betty Boop

Stevie

Workforce Education and Training

The Workforce Education and Training component provides funding for education and training for all individuals who provide direct or support services in the Public Mental Health System in order to develop and maintain a sufficient workforce capable of providing effective mental health services. During FY 2020-2021, the trainings were provided on the following topics: Mental Health Interpreting and Dialectal Behavior Therapy trainings and a contract was established for the Assertive Community Training.

Activities planned through Workforce Education and Training for FY 2021-2022 include:

- Mental Health Interpreter Training Program;
- Assertive Community Training model;
- Consultation Support will be offered to attendees of the Dialectal Behavior Therapy training.

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CF/TN) component provides resources to promote the efficient implementation of the MHSA, producing long-term impacts with lasting benefits that improve the mental health system. Activities planned through Capital Facilities and Technological Needs for FY 2021-2022 include:

- Installation of Chrome Boxes in Kiosks;
- Installation of Chromebooks;
- Continue with testing phase and implementation of Clinician tool;
- Continue annual staff training.

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MHSA County Compliance Certification

County/City: Imperial

☐ Three-Year Program and Expenditure Plan

☑ Annual Update

Local Mental Health Director	Program Lead
Name: Leticia Plancarte-Garcia	Name: Leticia Plancarte-Garcia
Telephone Number: (442) 265-1602	Telephone Number: (442) 265-1602
E-mail: letyplancarte@co.imperial.ca.us	E-mail: letyplancarte@co.imperial.ca.us
Local Mental Health Mailing Address: Imperial County Behavioral Health Services 202 N. Eighth Street El Centro, CA 92243	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested part for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on _____.

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Local Mental Health Director (PRINT)	Signature	Date

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Imperial

☐ Three-Year Program and Expenditure Plan
☑ Annual Update
☐ Annual Revenue and Expenditure Report

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Leticia Plancarte-Garcia	Name: Josue G. Mercado
Telephone Number: (442) 265-1602	Telephone Number: (442) 265-1277
E-mail: letyplancarte@co.imperial.ca.us	E-mail: josuemercado@co.imperial.ca.us
Local Mental Health Mailing Address: Imperial County Behavioral Health Services 202 N. Eighth Street El Centro, CA 92243	

I hereby certify that the Three-Year Program and Expenditure Plan, Annual Update, or Annual Revenue and Expenditure Report is true and correct and that the County has complied with all fiscal accountability requirements as required by law or as directed by the State Department of Health Care Services and the Mental Health Services Oversight and Accountability Commission, and that all expenditures are consistent with the requirements of the Mental Health Services Act (MHSA), including Welfare and Institutions Code (WIC) sections 5813.5, 5830, 5840, 5847, 5891, and 5892; and Title 9 of the California Code of Regulations sections 3400 and 3410. I further certify that all expenditures are consistent with an approved plan or update and that MHSA funds will only be used for programs specified in the Mental Health Services Act. Other than funds placed in a reserve in accordance with an approved plan, any funds allocated to a county which are not spent for their authorized purpose within the time period specified in WIC section 5892(h), shall revert to the state to be deposited into the fund and available for other counties in future years.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached update/report is true and correct to the best of my knowledge.

Leticia Plancarte-Garcia
Local Mental Health Director
(PRINT)

Leticia Plancarte-Garcia 4/13/2021
Signature Date

I hereby certify that for the fiscal year ended June 30, 2021, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and that the most recent audit report is dated 05/14/20 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2021, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing and the attached report is true and correct to the best of my knowledge.

Shelly Small
County Auditor-Controller / City Financial Officer
(PRINT)

Signature

4/13/2021
Date

[1] Welfare and Institutions Code Section 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

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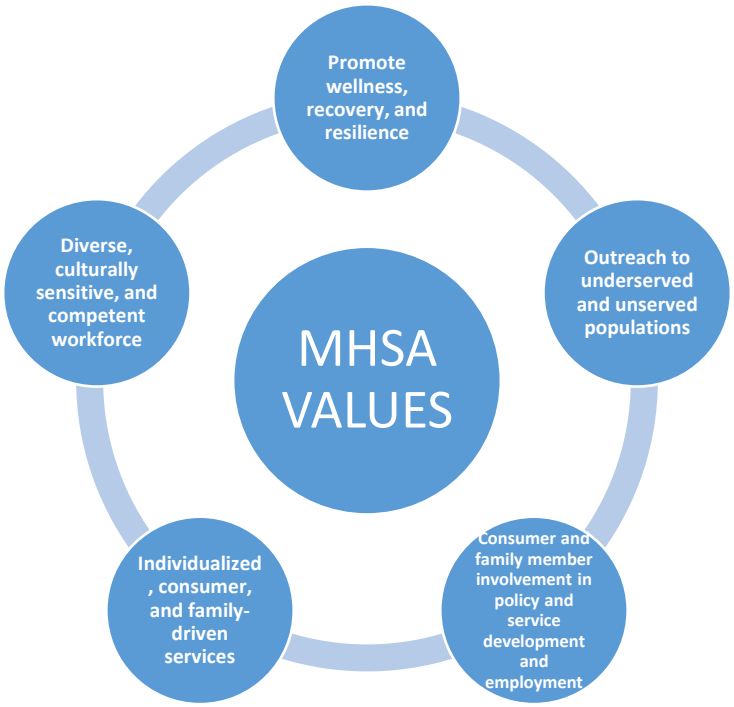
Mental Health Services Act (MHSA) Background

More than 2 million children, adults, and seniors are affected by potentially disabling mental illnesses every year in California. Thirty years ago, the State of California cut back on its services in state hospitals for people with severe mental illnesses, without providing adequate funding for mental health services in the community. Many people became homeless.

To address this issue, Proposition 63 was approved by voters in 2004. Proposition 63, also called the Mental Health Services Act, was enacted into law on January 1, 2005. It places a 1% tax on personal income above $1 million; since that time, it has generated approximately $15 billion. Proposition 63 emphasizes transformation of the mental health system while improving the quality of life for Californians living with a mental illness. (MHSCOA, 2021).

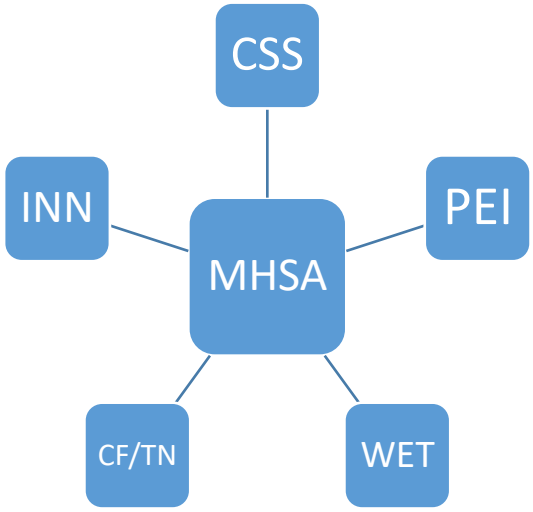
The MHSA provides funding for services and resources that promote wellness, recovery, and resiliency for adults and older adults with severe mental illness and for children and youth with serious emotional disturbances and their family members.

By expanding and transforming mental health services, the MHSA aims to reduce the long-term adverse impact of untreated severe mental illness and serious emotional disturbance.. These services promote well-being, recovery, and self-help, and introduce prevention and early intervention strategies to prevent long-term negative impact of severe mental illness and reduce stigma. All MHSA services are culturally competent, easier to access, and more effective in preventing and treating severe mental illness. Hereto are the core set of values that apply to all MHSA activities:



MHSA funding was distributed to county mental health systems upon approval of their plans for each component of the MHSA. The MHSA is comprised of five major components. Each component addresses critical needs and priorities to improve access to effective, comprehensive, and culturally and linguistically competent county mental health services and supports. These components are:

- **Community Services and Supports (CSS)**
  The programs and services being identified by each county to serve unserved and underserved populations.
- **Prevention and Early Intervention (PEI)**
  Programs designed to prevent mental illnesses from becoming severe and disabling.
- **Workforce Education and Training (WET)**
  Targets workforce development programs to remedy the shortage of qualified individuals to provide services.
- **Capital Facilities and Technological Needs (CF/TN)**
  Addresses the infrastructure needed to support the CSS programs.
- **Innovation (INN)**
  Promotes recovery and resilience, reduces disparities in mental health services and outcomes, and leads to learning that advances mental health in California in the directions articulated by the MHSA.



In March 2011, the signing of AB 100 into law by Governor Brown created immediate changes to the MHSA. The key changes eliminated the Department of Mental Health and the Mental Health Services Oversight and Accountability Commission (MHSOAC) from their respective review and approval of county MHSA plans and expenditures.

AB 1467, which was chaptered into law on June 17, 2012, requires that the annual update be adopted by the County Board of Supervisors and submitted to the MHSOAC. It also requires that the plans be certified by the county mental health director and the county auditor-controller.

Community Program Planning Process

For FY 2021-2022, the Imperial County Behavioral Health Services (ICBHS) Director, in collaboration with the Mental Health Board, headed the administration of the MHSA community program planning process, as well as the development of the Annual Update. A Steering Committee that includes stakeholders is involved at all levels of the MHSA community program planning process.

The MHSA Steering Committee meets on a quarterly basis to provide input and recommendations to the Department regarding the populations to be targeted for services under MHSA funding and evidence-based practices that would address issues and needs identified in the community. The committee is informed and directly involved by providing ongoing planning, monitoring, and oversight of the MHSA Program planning, development, and implementation.

Stakeholders participating in the Steering Committee include consumers, family members, and peer supporters as well as representatives from law enforcement, education, veteran organizations, social services, community health agencies, and provider and system partners.

Adult consumers, transition-age youth consumers, and family members play an active role in the MHSA community planning process. All stakeholder meetings were held via Zoom during the 2020-2021 fiscal year. Additionally, interpreter services were provided to ensure monolingual Spanish speakers are able to fully participate in the community program planning process.

During FY 2020-2021, the MHSA Steering Committee met on the following dates:

- September 21, 2020
- December 14, 2020
- March 15, 2021
- April 19, 2021
- June 21, 2021 (*Scheduled*)

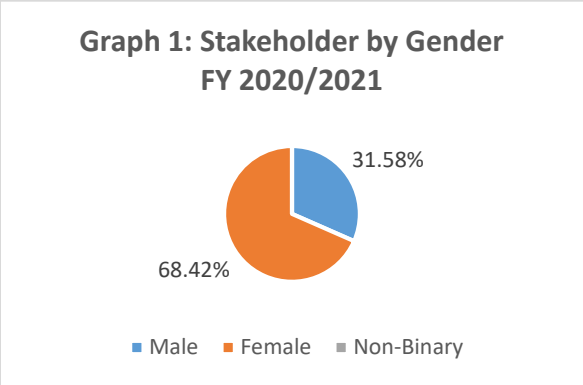
In order to ensure clients with serious mental illness and/or serious emotional disturbance, and their family members, have the opportunity to participate in the

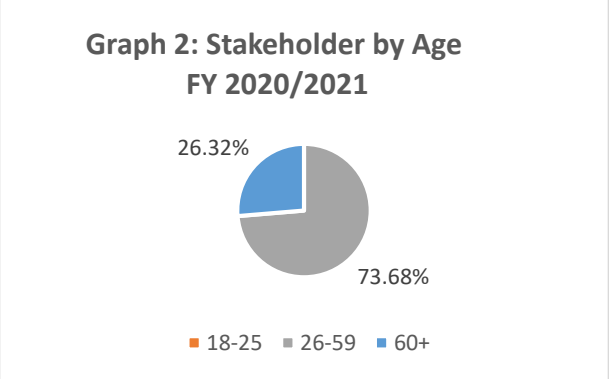
STAKEHOLDER STEERING COMMITTEE

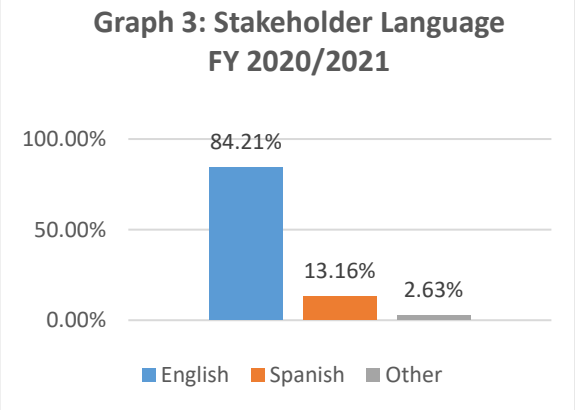
- Center for Family Solutions
- Child Abuse Prevention Council
- Clinicas de Salud del Pueblo
- Department of Social Services
- Imperial County Executive Office
- Imperial County Courts
- Imperial County Office of Education
- Imperial County Probation Department
- Imperial County Public Administrator's Office
- Imperial County Public Health Department
- Imperial County Sheriff's Office
- Imperial County Veterans Services
- Imperial Valley College
- Imperial Valley Drug Rehabilitation Center
- Imperial Valley LGBT Resource Center
- Imperial Valley Regional Occupational Program
- Mental Health Board Members
- National Alliance on Mental Illness
- Teach, Respect, Educate, Empower, Self (TREES) of Imperial County
- National Alliance on Mental Illness
- Etc…

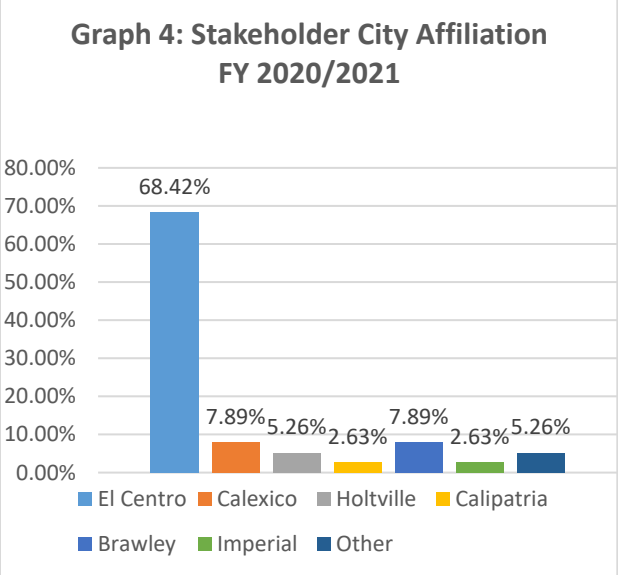
community program planning process, meeting flyers advertising the date, time, location, and purpose of each respective MHSA Steering Committee meeting are posted in the waiting areas of ICBHS clinics and are distributed to consumers, family members, and community members by the MHSA Outreach and Engagement Program's outreach workers. Moreover, the meeting information is also made available to the public through the ICBHS website.

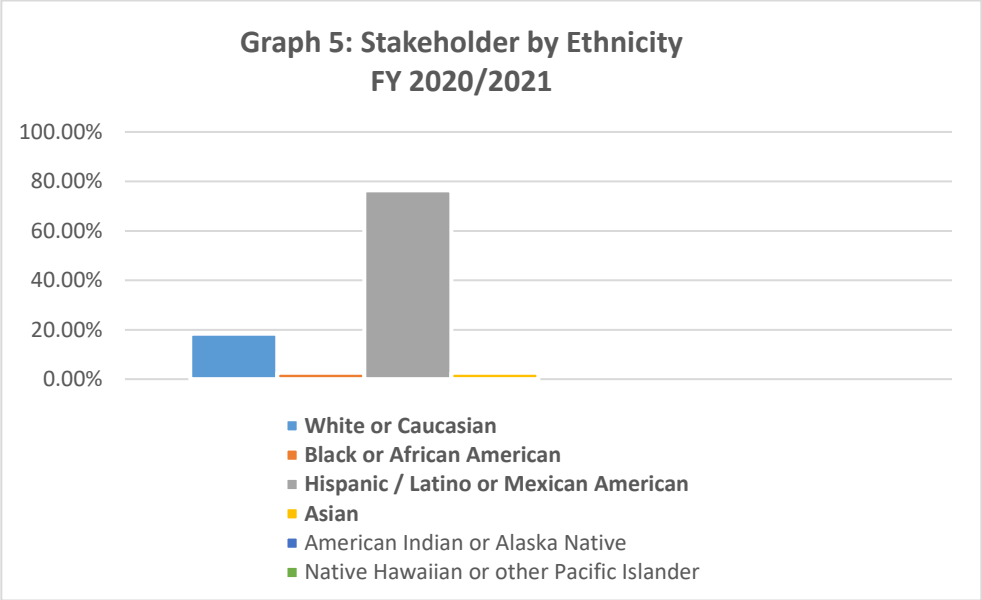
The graphs below summarize the demographics of the stakeholders participating in the community program planning process to ensure they reflect the diversity of the County:

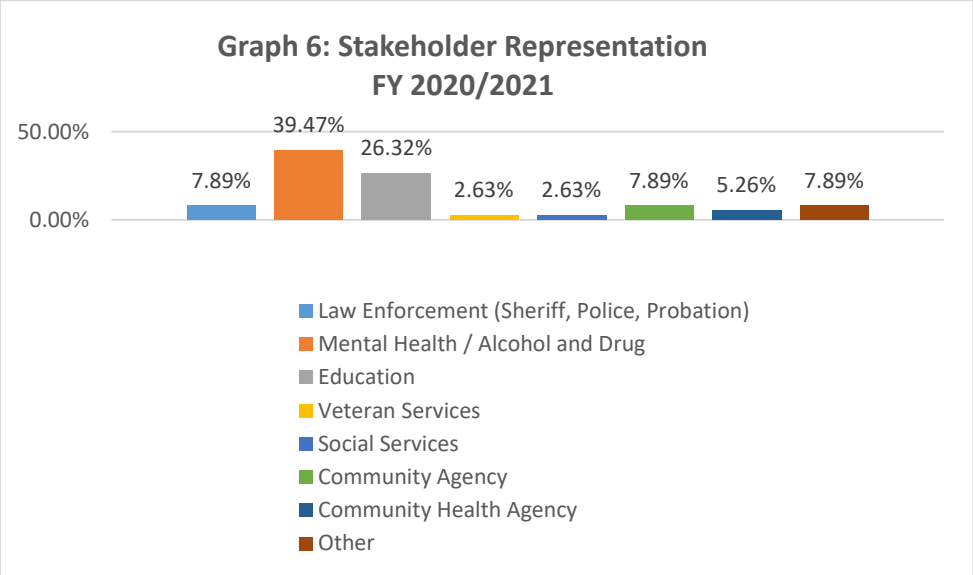












During FY 2020-2021, ICBHS continued a community planning process to identify needed supports and services for unserved and underserved populations. Outreach and engagement to underserved populations continued to expand through the scope of “Let’s Talk About It” and “Exprésate”, the weekly-aired, locally produced and hosted behavioral health radio programs in English and Spanish, the County’s threshold language. Informational shows continued to provide the community with program overviews, referral and access information, the populations each program serves, and contact information through broadcast on three separate local radio stations. KXO Radio provided internet podcast hosting of all the radio shows that aired. With this podcast storing, any community member, friend, neighbor, family member, as well as agency personnel from ICBHS or any community agency, can access the information and refer an

individual to a particular topic that may apply to their recovery at any time. Moreover, anyone can search the archives and listen in support of their own interests and/or needs.

The ongoing outreach and engagement to underserved populations identified in the MHSA processes received a variety of media and advertising support. The local English and Spanish newspapers and their internet sites, *Imperial Valley Women's Magazine*, and the local radio stations are targeted with program advertising. ICBHS also has a weekly radio show broadcasted both in English and in Spanish. The shows have attracted a regular listenership and have established their voice as the local voice of radio wellness in the community.

30-Day Review Process
The FY 2021-2022 Annual Update was posted for a 30-day public review and comment period from April 19, 2021 through June 1, 2021.

Circulation
The FY 2021-2022 Annual Update was distributed through the MHSA Steering Committee, the Cultural Competence Task Force, and the Mental Health Board, as well as to the public via Facebook postings. Advertisement for the Public Hearing was posted in the Imperial Valley Press and Adelante Valle, which is circulated throughout all regions of the county. Residents were able to provide feedback through a Public Comment Form.

ICBHS also facilitated informational outreach Zoom meetings to obtain public feedback regarding the FY 2021-2022 Annual Update. Imperial County made these sessions available as follows:

- April 22, 2021, 5:00 p.m. to 5:30 p.m.
- April 27, 2021, 5:00 p.m. to 5:30 p.m.
- April 29, 2021, 5:00 p.m. to 5:30 p.m.
- May 6, 2021, 5:00 p.m. to 5:30 p.m.

Public Hearing
After the 30-day public review and comment period, a Public Hearing was held by the Mental Health Board on June 1, 2021. The Mental Health Board reviewed the Annual Update for FY 2021-2022 and made recommendations for revision, as appropriate. A summary and analysis of

any substantive recommendations received during the public comment period and at the Public Hearing, including any substantive changes made to the Annual Update in response to public comments, are documented and included as Attachment 1 to this plan.

Annual Update Requirements

MHSA regulations requiere every county mental health program to submit a three-year program and expenditure plan and update it on an annual basis.

This Annual Update for Imperial County's MHSA programs is an overview of the work plans and projects being implemented as part of the County's FY 2020-2021 through 2022-2023 Three-Year Plan.

The Annual Update's purpose is to provide the community with a progress report on the various projects being conducted as part of the MHSA. This report includes descriptions of programs and services, as well as results for the work plans of the following MHSA components:

- Community Services and Supports (CSS)
- Prevention and Early Intervention (PEI)
- Innovation (INN)
- Workforce Education and Training (WET)
- Capital Facilities and Technological Needs (CF/TN)

Implementation Progress Report by Component

Community Services and Support

Community Services and Support (CSS) is the largest component funded under the MHSA. This component focuses on those individuals with serious emotional disturbances or severe mental illnesses for the following populations:

- Children and Families
- Transition-Age Youth
- Adults
- Older Adults

Counties are required to implement the following three components to their CSS programs:

- Full Service Partnerships
- General Systems Development
- Outreach and Engagement

Under the CSS component of the MHSA, counties can request three different kinds of funding to make changes and expand their mental health services and supports. Funding includes:

Full Service Partnership Funds

- to provide all of the mental health services and supports a person wants and needs to reach his or her goals.

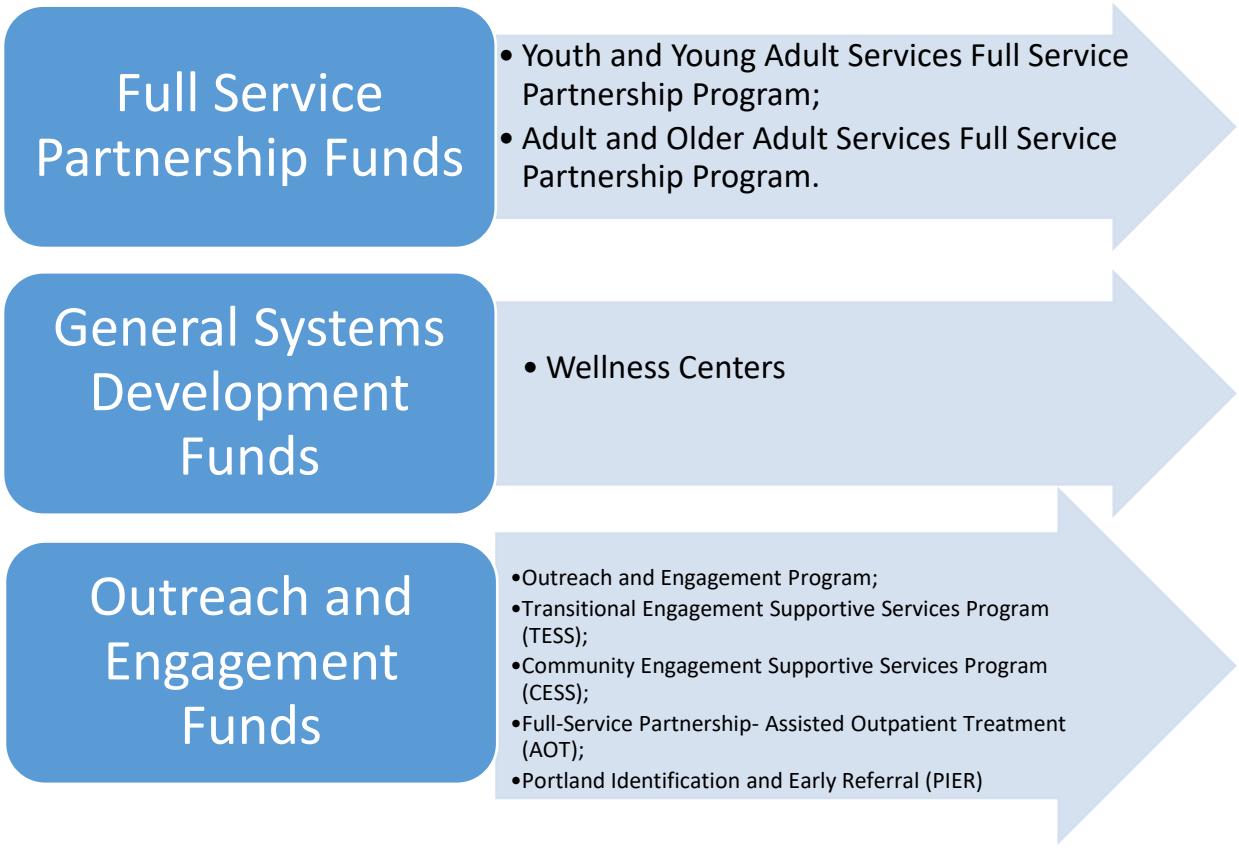
General Systems Development Funds

- to improve mental health services and supports for people who receive mental health services.

Outreach and Engagement Funds

- to reach out to people who may need services but are not receiving them.

Imperial County Behavioral Health Services (ICBHS) has requested funding be used as follows:



Full Service Partnership

Youth and Young Adult Services Full-Service Partnership Program

The Youth and Young Adult Services Full-Service Partnership (YAYA-FSP) Program consists of a full range of integrated community services and supports for youth and young adults, ages 12 to 25, including direct delivery and use of community resources. These services and supports include a focus on recovery and resiliency, shared decision-making that is client-centered, and maintenance of an optimistic therapeutic perspective at all times. Specifically, services include: case management; rehabilitative services; “wrap-like” services; integrated community mental health and substance abuse treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; benefit acquisition; and respite care.

The target populations for each of YAYA-FSP Programs services are as follows:

Seriously Emotionally Disturbed (SED) Adolescents

- Adolescents ages 12 to 15, who, as a result of a mental disorder, have substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or the ability to function in the community; ***and*** who are either at risk of or have already been removed from the home; ***or*** whose mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; ***or*** who display at least one of the following: psychotic features, risk of suicide, or risk of violence due to a mental disorder. These individuals may also be diagnosed with a co-occurring substance abuse disorder.

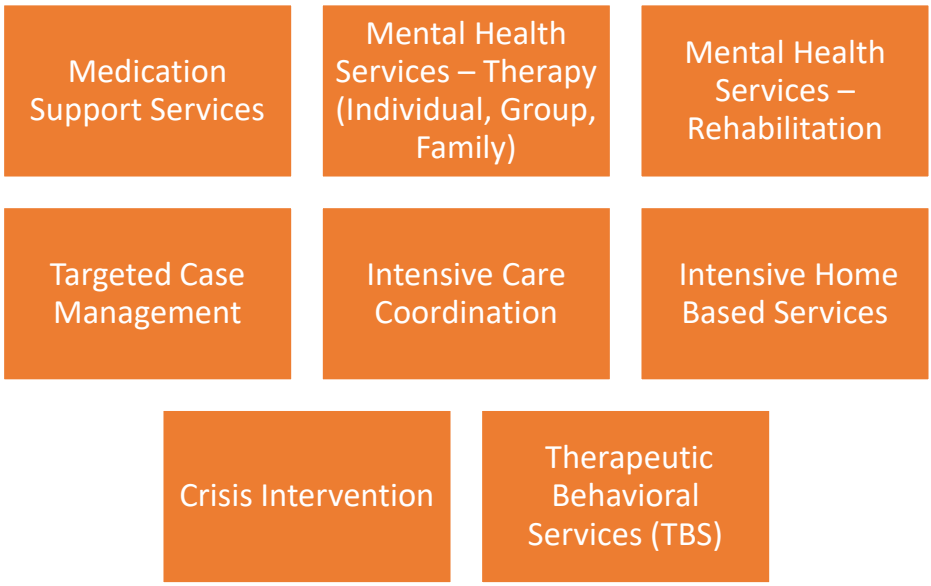
SED or Severely Mentally Ill (SMI) Transition-Age Youth

- Youth ages 16 to 25, who, as a result of a mental disorder, have substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or the ability to function in the community ***and*** are unserved or underserved ***and*** are experiencing either homelessness or are at risk of being homeless; aging out of the child and youth mental health system; aging out of the child welfare system; aging out of the juvenile justice system; have involvement in the criminal justice system; are at risk of involuntary hospitalization or institutionalization; or are experiencing a first episode of severe mental illness. These individuals may also be diagnosed with a co-occurring substance abuse disorder.

SED adolescents, ages 12 to 15, and SED or SMI Transition-Age Youth

- Youth ages 16 to 25, may also meet criteria for the YAYA-FSP Program if they have made recent suicidal attempts, gestures, and/or threats; have frequent Crisis & Referral Desk visits; have any recent psychiatric hospitalization(s); are currently in the juvenile justice system; and/or have a history of delinquent behaviors.

Services available to consumers at the YAYA-FSP Program include:



Staff at the YAYA-FSP Program have been trained on the overall needs of individuals ages 12 to 25. The training provided to staff on treatment models currently being implemented at the YAYA-FSP Program include the following:

Cognitive Behavioral Therapy (CBT): CBT is an evidence-based psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is commonly used to treat a wide range of disorders including anxiety, depression, and addiction. CBT is generally short-term and focused on helping consumers deal with a very specific problem. During the course of treatment, people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior. This treatment is being provided at the FSP clinic sites as well as out in the field by both mental health rehabilitation technicians and clinicians. Within the clinical setting at YAYA, this evidence-based approach is currently being utilized by clinicians on both an individual and collateral (i.e. family/support persons) basis.

Dialectical Behavior Therapy (DBT): DBT is an evidence-based model developed for multi-diagnostic, severe, difficult-to-treat chronically suicidal individuals with both Axis I & Axis II disorders, including those with Borderline Personality Disorder (BPD). It is meant to target and assist with reduction of suicidal behaviors, non-suicidal self-injurious behaviors (NSSI), depression, hopelessness, anger, eating disorders (binge eating, bulimia), PTSD, substance dependence, impulsiveness; and has further been proven to increase adjustment (general & social), positive self-esteem, and treatment retention.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a treatment for children and youth, ages 4 to 18, provided by clinicians at FSP clinic sites, that involves individual sessions with the client and parent as well as joint parent-child sessions. The goal of TF-CBT is to help address the biopsychosocial needs of children and youth, with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life

experiences and includes active participation of their parents or primary caregivers. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents are provided knowledge and skills related to processing the trauma; managing distressing thoughts, feelings, and behaviors; and enhancing safety, parenting skills, and family communication.

Cognitive Processing Therapy (CPT): CPT is a cognitive-behavioral therapy for PTSD and related conditions that focuses on thoughts and feelings. CPT is effective in treating PTSD across a variety of populations such as veterans who have experienced combat, sexual assault victims, and individuals who experienced childhood trauma as well as other types of traumatic events. CPT provides a way to understand why recovery from traumatic events has been difficult and how symptoms of PTSD affect daily life. The focus is on identifying how traumatic experiences change thoughts and beliefs, and how thoughts influence current feelings and behaviors. This treatment is designed for adults ages 18 and over and is provided by clinicians at FSP clinic sites.

Interpersonal Psychotherapy (IPT): IPT is an evidence-based model utilized for the treatment of depression and other mood disorders being provided by clinicians at the FSP clinic sites. The model focuses on helping consumers improve their interpersonal relationships or change their expectations about themselves. IPT also aims to aid consumers in improving their social support system to better manage their current interpersonal distress, thus reducing psychological symptoms caused by these distressed interpersonal relationships. IPT is a time-limited, dynamically informed psychotherapy that works with children ages nine and above and their families.

Motivational Interviewing: Motivational Interviewing is a form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying particular attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Portland Identification and Early Referral (PIER) Model: The PIER Model is an evidence-based early detection and intervention model that focuses on the prodromal phase of a developing psychotic illness and advocates psychosocial interventions and drug treatments that are tailored to the individuals ages 12 +. The objective of the PIER Model is to transition an individual identified with early severe mental illness into an evidence-based treatment model as quickly as possible to improve outcomes in treatment and allow for transition back into the community. Specific goals of the PIER Model include interrupting the very early progression of psychotic disorders and improving outcomes and preventing the onset of the psychotic phase of severe mental illness like bipolar disorder, major depression, and schizophrenia. The emphasis of the PIER Model is on family psychoeducation and supported education and employment for the individual through the family’s participation in a Family Workshop, Joining, and Multifamily Group. The groups provide an opportunity for the family to meet with clinical staff and five to six other PIER Model families to learn more about the illness process, ways to reduce stress, and how to move forward with their lives thus improving outcomes and preventing the onset of the psychotic phase of serious mental illness.

ICBHS has also entered contracts with businesses and agencies in the community that can address the needs of the youth and young adults being served through the YAYA-FSP Program. The following are services currently being contracted by ICBHS and provided to consumers:

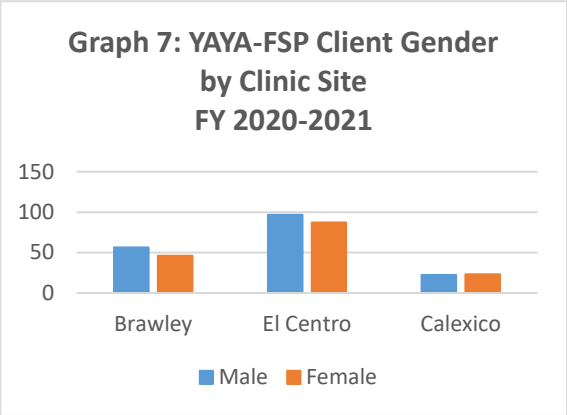
Youth and Young Adults Exercise Program: Studies have shown that exercise improves mental health by reducing symptoms of anxiety, depression, and negative mood, and improving self-esteem and cognitive function. In order to combine the benefits of exercise with traditional mental health treatments, the YAYA-FSP Program provides an exercise program to promote health and wellness and guide participants to a healthier and more active lifestyle. Fitness Oasis Health Club and Spa provides youth and young adult consumers with severe mental illness and/or serious emotional disturbances with physical training and fitness guidance. Consumers referred to Fitness Oasis Health Club and Spa can participate in Zumba, toning, and resistance training classes. Consumers are also provided with education on healthy nutrition and the benefits of exercise. A MOU with Clinicas Del Salud Del Pueblo, Inc., was executed to provide an array of comprehensive primary health care services including a medical clearance examination for individuals participating in the exercise program.

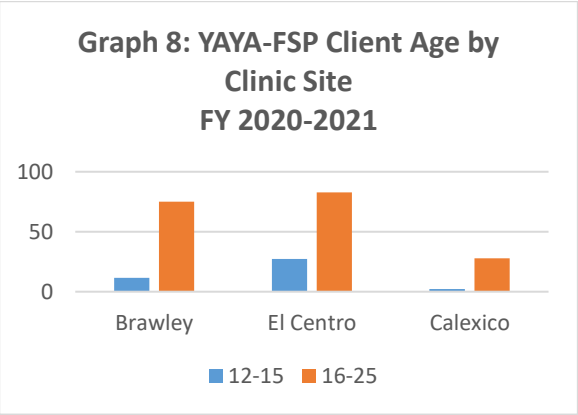
Tai Chi: A certified Tai Chi instructor provides weekly classes to the youth at Juvenile Hall. Tai Chi Chaun is an exercise that brings the individual back to balance. Through Tai Chi classes, participants learn relaxation, mindfulness, and self-regulation techniques.

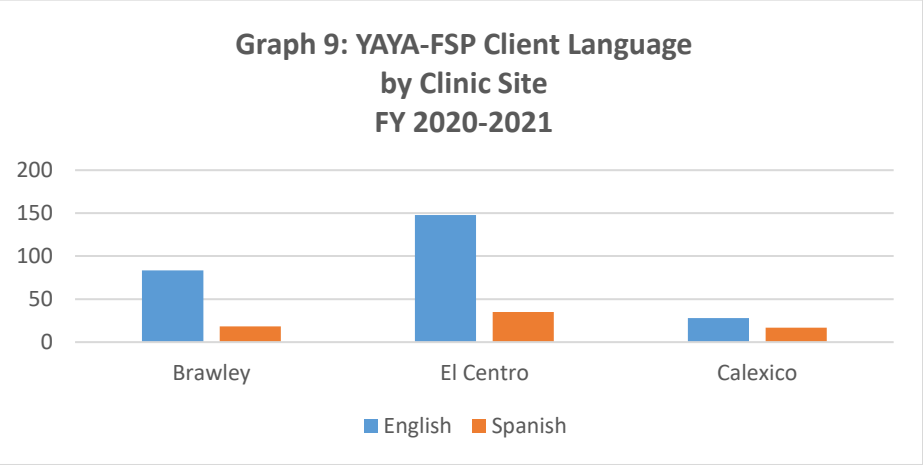
Music Class: Music has been proven to regulate mood, decrease anxiety, reduce impulsivity, and offer an opportunity for expression, therefore ICBHS has contracted with Sergio Alberti to provide a Music Program to our youth and young adults. The consumers participating in the music program have the opportunity to work with a music instructor who meets with them individually to provide them with lessons on an instrument they are interested in or enhance any current skills they might have. These lessons can be either piano, guitar, or singing lessons. The instructor has been successful in fostering an environment where our consumers feel safe and have the opportunity to process their emotions through music.

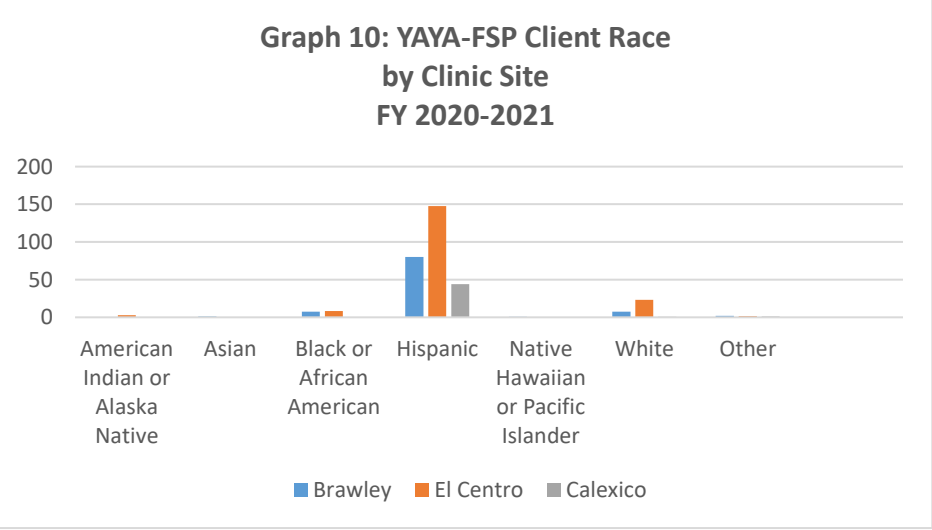
Demographics

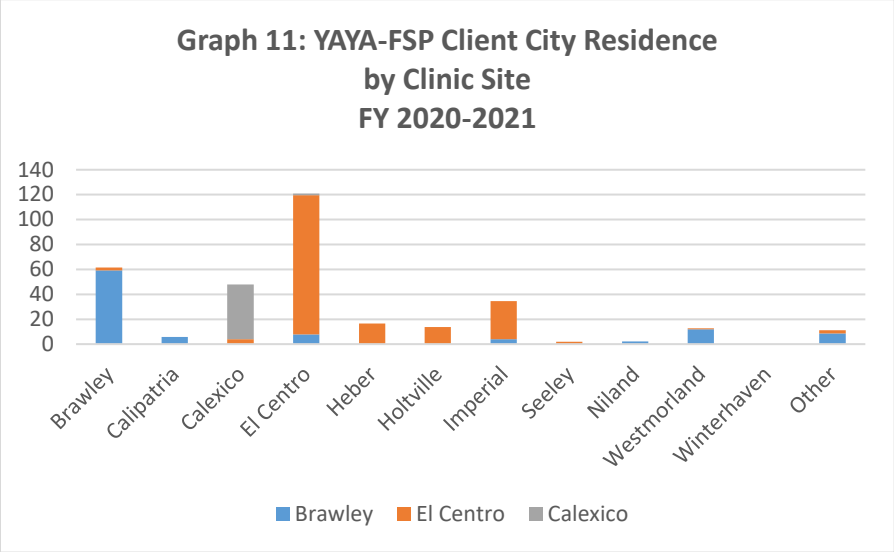
The graphs below provide a demographic summary of the YAYA-FSP Program for the 1st and 2nd quarters of FY 2020-2021:


Graph 7: YAYA-FSP Client Gender by Clinic Site FY 2020-2021
150
100
50
0
Brawley
El Centro
Calexico
Male
Female


Graph 8: YAYA-FSP Client Age by Clinic Site FY 2020-2021
100
50
0
Brawley
El Centro
Calexico
12-15
16-25


Graph 9: YAYA-FSP Client Language by Clinic Site FY 2020-2021
200
150
100
50
0
Brawley
El Centro
Calexico
English
Spanish


Graph 10: YAYA-FSP Client Race by Clinic Site FY 2020-2021
200
150
100
50
0
American Indian or Alaska Native
Asian
Black or African American
Hispanic
Native Hawaiian or Pacific Islander
White
Other
Brawley
El Centro
Calexico



Budget

The number of unduplicated consumers served during FY 2020-2021 (until January 2021) by the YAYA-FSP Program was 297, which 43 of these consumers were ages 12-15 and 254 were transitional age youth 16-25. The total cost was $5,994 per consumer. YAYA-FSP Program is projecting 402 unduplicated consumers to be serve in FY 2021-2022 with the total cost projected to be $5,579 per consumer.

Performance Measures

The YAYA-FSP Program continue to administering Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used to measure child and youth functioning. The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach.

The YAYA-FPS Programs continue administering the Behavior and Symptom Identification Scale 24 (Basis 24) measurement tool to those consumers who are between the ages of 18 and 25. Basis 24 is being administered at the point of intake and annually thereafter. Basis 24 provides a complete patient profile and measures the change in self-reported symptom and problems difficulty over the course of time. Basis 24 measures the consumers' level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional liability, and risk for self-harm.

The following is a list of measurement outcome tools currently being implemented at the YAYA-FSP Program that are specific by diagnosis and age:

Table 1 – YAYA-FSP Measurement Outcome Tools

Instrument Name	Disorder	Age Group	Areas of Measurement
Adult ADHD Self Report Scale *(ASRS-v1.1)*	ADHD	18 +	ADHD Symptoms in Adults
Behavior and Symptom Identification Scale *(BASIS 24)*	General	18 +	Depression and Functioning Emotional Liability Interpersonal Relationships Psychosis Self-Harm Substance Abuse
Center for Epidemiologic Studies Depression Scale - Mood Questionnaire *(CES-D)*	Depression	12 +	Depression
Child and Adolescents Needs and Strengths *(CANS)*	General	6 - 20	Identifies youths and families' actionable needs and useful strengths Domains assessed include: child behavioral/emotional needs; life functioning; risk behaviors; cultural factors; strengths; caregiver resources and needs
Conners 3 ADHD Index - Parent *(3-P)*	ADHD	6 - 18	Aggression Executive Functioning Hyperactivity/Impulsivity Inattention Learning Problems Peer Relations
Conners 3 ADHD Index - Parent Short *(3-PS)*	ADHD	6 - 18	Aggression Executive Functioning Hyperactivity/Impulsivity Inattention Learning Problems Peer Relations
Conners 3 ADHD Index - Self Report *(3-SR)*	ADHD	8 - 18	ADHD Combined ADHD Hyperactive-Impulsive ADHD Inattentive Aggression Conduct Disorder Executive Functioning General Psychopathology Hyperactivity/Impulsivity Inattention Learning Problems Oppositional Defiant Disorder Peer & Family Relations

Instrument Name	Disorder	Age Group	Areas of Measurement
Conners 3 ADHD Index - Self Report Short *(3-SRS)*	ADHD	8 - 18	ADHD Combined ADHD Hyperactive-Impulsive ADHD Inattentive Aggression Conduct Disorder Executive Functioning General Psychopathology Hyperactivity/Impulsivity Inattention Learning Problems Oppositional Defiant Disorder Peer & Family Relations
Conners 3 ADHD Index-Teacher *(3-T)*	ADHD	6 - 18	Defiance/Aggression Executive Functioning (Full Length Only) Hyperactivity/Impulsivity Inattention Learning Problems (Full Length Only) Peer/Family Relations
Conners 3 ADHD Index-Teacher Short *(3-TS)*	ADHD	6 - 18	(Full Length Only) Defiance/Aggression Executive Functioning Hyperactivity/Impulsivity Inattention Learning Problems (Full Length Only) Peer/Family Relations
Eyberg Child Behavior Inventory *(ECBI)*	Disruptive Behaviors	2 - 16	Behavior Problems Intensity Scale – Frequency of Problems Problem Scale – Parent's Tolerance
Generalized Anxiety Disorder Assessment *(GAD-7)*	Anxiety	18 +	Panic Disorder Social Anxiety Post-Traumatic Stress Disorder
Illness Management and Recovery Scale: Client Self-Rating *(IMRS)*	Recovery	18 +	No Domains
Patient Health Questionnaire *(PHQ-9)* **& Spanish**	Depression	18 +	Depression
Pediatric Symptom Checklist *(PSC-35)*	Anxiety Depression ADHD Conduct Disorder	3 - 18	Emotional Problems Behavioral Problems
PTSD Checklist-Civilian *(PCL-C)*	PTSD	18 +	PTSD Symptoms
PTSD Checklist-Monthly *(PCL-5)*	PTSD	18 +	Measures PTSD Symptoms From the Past Month
PTSD Checklist-Weekly *(PCL-S)*	PTSD	18 +	Measures PTSD Symptoms from the Preceding Week

Instrument Name	Disorder	Age Group	Areas of Measurement
UCLA Post Traumatic Stress Reaction Index - Parent *(PTSD-RI-Parent)*	PTSD	3 - 18	PTSD Symptoms
UCLA Post Traumatic Stress Reaction Index - Self Report *(PTSD-RI-SR)*	PTSD	7 - 18	PTSD Symptoms
Youth Outcomes Questionnaire – Parent *(YOQ-Parent)*	PTSD	4 - 17	Behavioral Dysfunction Critical Items Interpersonal Distress Interpersonal Relations Social Problems Somatic
Youth Outcomes Questionnaire – Self Report *(YOQ-SR)*	PTSD	12 - 18	Behavioral Dysfunction Critical Items Interpersonal Distress Interpersonal Relations Social Problems Somatic
Youth Pediatric Symptom Checklist *(Y-PSC)*	Dysfunctional parenting PRAXES Model	11 +	Psychosocial screening tool designed to facilitate recognition of cognitive, emotional, and behavioral problems

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record and it is expected that specific outcome reports for services provided at the YAYA-FSP Program will be available by the end of FY 2019-2020.

The Youth and Young Adults division continued to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency.

Youth and Young Adults continued to improve and make facilities LGBTQ+ friendly and inviting. The YAYA-FSP Program has also ensured that clinical facilities are LGBTQ+ friendly by being designated as LGBTQ+ Safe Zones. This has been done to clearly communicate that clinics are welcoming and receptive locations for the LGBTQ+ community. Staff also continued to attend LGBTQ+ community committees to contribute to making efforts in collecting data to define the unmet needs of LGBTQ+ youth and their families.

Progress Towards Goals and Objectives for FY 2020-2021

During FY 2020-2021 (January 2021) unduplicated consumers served the YAYA-FSP Program was 297, which 43 of these consumers were ages 12-15 and 254 were transitional age youth 16-25.

The program is projecting that the number of consumers that will be service during FY 2021-2022 will be an estimate of 27 ages 12-15 and 254 transitional age youth 16-25.

- Continue to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency. This includes integration of

Interpersonal Psychotherapy (IPT), Cognitive Processing Therapy (CPT), and PRAXES which were added during the previous 3-year MHSA Plan. During this 3-year period, YAYA will include additional EBPs including Dialectical Behavior Therapy (DBT), Functional Family Therapy (FFT) and Aggression Replacement Training (ART). A 5-Day training in was held in November 2020 where 13 Youth and Young Adults clinicians and 2 Administrative Staff participated in Dialectical Behavior Therapy Training. A Two-Day Skills training entitled "Diving Deep into DBT Skills" has been scheduled on March 23-24, 2021 for participation by Clinicians and Mental Health Rehabilitation Technicians. AHLP staff was trained in ART and are currently conducting group sessions. The Department is in the early stages of coordinating training for clinicians on Functional Family Therapy, which has proven to be a valuable therapy model for the population we serve. Presently, 24 Mental Health Rehabilitation Technicians have received training in the PRAXES model. As Mental Health Rehabilitation Technicians continue to provide these sessions we have noted improved relationship dynamics between youth and parents/caregivers.

- With the continued implementation of the Performance Outcome Measurement tools, Youth and Young Adults (YAYA) is in the process of collaborating with Todd Sosna and Max Spear on developing administrative tools and reports for gathering, processing/analyzing, and utilizing outcome measurement tool data in program service enhancement and intervention delivery for specific mental health diagnoses. The aim is to maximize the utilization of already existing outcome measurement tools that have been implemented in YAYA since adoption of evidence based practices/models for mental health treatment of the youth and young adults' population. This information will further be utilized in collaboration with consumers for the purpose of ongoing client plan goal/s development; further evidenced in clinical documentation by references to outcome measurement data when client plans are updated or in treatment progress notes. In addition, this data will also be collected in order to generate reports that are clinic and division specific to ensure the YAYA-FSP Program is maintaining fidelity and meeting the goals set forth by the Department. Staff continue to utilize Performance Outcome Measurement tools on a consistent basis in accordance with the Performance Outcome Measurement Tools Matrix, in order to assist with treatment planning and development of treatment goals.

During FY 2020-2021, group therapy was further integrated into each clinic as a standard psychotherapy practice. Individual therapy was provided when group therapy was not clinically appropriate. Each clinician was maintaining a minimum of one group on their individual caseloads which was being offered on a once-per-week basis in each of the YAYA outpatient clinics and Family Resource Centers. Group Therapy was placed on hold due to difficulties with session adherence prompted by the COVID-19 Pandemic. It is expected that once on-site services are available, Group Therapy will be resumed and No-Show rate reports will be generated on a quarterly basis to focus on retention rates as a measure of efficacy for group therapy integration into or system of care for Youth and Young Adults.

Youth and Young Adult clinicians continued to provide mental health services at two school districts located at Family Resource Centers in their high school campuses. It was previously determined that staffing at its current level was unable to adequately address the demand

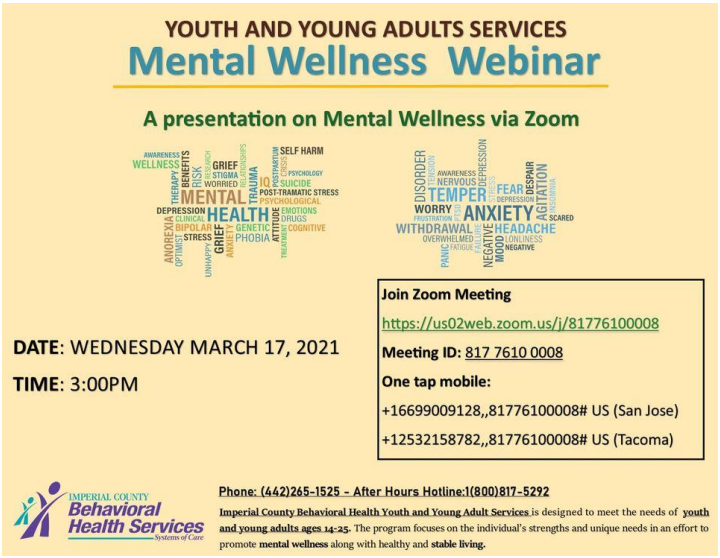
therefore the plan was to increase the staffing at each of these district sites. As a result of the COVID-19 Pandemic, the students being served at these sites significantly decreased in part due to the closure of high school campuses where it made difficult for school personnel to identify students who were in need of mental health services and generate a referral. Since we currently have a low number of referrals, this did not support the need to increase staffing at these sites. It is anticipated that once high school campuses are reopened and classes resume, referrals will increase and additional staffing can be added to meet the need.

Youth and Young Adult staff continue to make efforts to improve consumers' physical health by increasing the number of consumers referred to the YAYA FSP exercise program at Fitness Oasis. Due to the COVID 19 Pandemic, the gym was forced to close, indoor use of the gym, therefore to ensure that consumers continue to participate in an exercise program, Fitness Oasis made modifications to their scope of work. These modifications included live streaming their classes via Zoom and when permitted provided outdoor classes. In spite of these new methods, we noticed a decline in attendance to Fitness Oasis primarily because FSP staff were no longer able to offer transportation or consumers did not have the capability to participate in live-streamed classes. Given that transportation became a barrier in being able to attend Fitness Oasis, consumer support funds were available for those interested in attending a gym in the city where they reside. We did note a significant interest in joining exercise programs in their city of residence. Thirty-one consumers took advantage of this opportunity since it did not pose any transportation barriers. It is expected that we will see in an increase in referrals to fitness programs once COVID-19 restrictions are lifted and FSP staff are able to offer transportation once more.

Efforts will continue to be implemented to increase consumers' participation in their treatment. This will include the use of retention calls, appointment scheduling, motivational reinforcements. All consumers receiving medication support services will be contacted by their nurse to provide information on the medication and diagnosis specific to the client. This will serve reduce the stigma and promote the importance of medication compliance. Additionally, based on statistical data received from our Quality Management Unit reflecting high rates of No-Show for Psychotherapy Service within the youth and young adults population, a Performance Improvement Project (PIP) in September of 2020 was initiated. Via the Psychotherapy Pre-session Engagement Calls Log, clinicians will be tracking all pre-session engagement calls aimed at assisting consumers who might be having difficulties or experiencing challenges attending their upcoming psychotherapy session. YAYA Clinicians have been trained in the

process they will follow for purposes of the PIP, and are aware of what interventions to make use of, with the intent to increase the possibility that their clients will be able to attend sessions as scheduled. Outcomes will also be measured by tracking consumers' attendance to appointments and tracking the decrease of the "no-show" rate.

YAYA FSP clinics made significant efforts to provide mental health information and awareness to consumers, parents, and the community on issues related to adolescents and young adults. Prior to the Pandemic, staff from the Calexico clinic provided presentations to San Diego State University staff and faculty, Calexico Unified School District parents and caregivers, Adult Education staff, Employees at Clinicas de Salud del Pueblo, First Responders, students at the Calexico middle schools, high schools, community school, and continuation school. The presentations served to inform individuals on the signs and symptoms of mental illness, available mental health services at ICBHS and the manner on how to access these services. The community service worker also participated in local health fairs, career days, and high school events to provide outreach and engagement services. During the Pandemic, the requests for outreach presentations included such topics as reducing fears and anxiety during the Pandemic, maintaining mental health and wellbeing, coping with social isolation, self-care during the Pandemic, and identification of possible signs of child abuse. These topics were presented to the community through the recording of weekly videos with the mayor for the city of Calexico. At the El Centro and Brawley YAYA sites, prior to the COVID-19 Pandemic, Community Service Workers from our FSP programs continued collaboration with school partners (Southwest High School, Imperial High School, Brawley Union High School, Central High School) on raising awareness of mental illness for school-aged youth via on-site classroom presentations, and participation in sporting events and other school functions. During the Pandemic, our outreach team displayed initiative and innovation by becoming well-versed in video conferencing modes for communication with our school and community partners (i.e. ZOOM). They were able to continue providing educational presentations, not only to school partners, but also to a broader audience by holding weekly Online Community Mental Health Presentations, titled "A Discussion About Mental Health and How to Get and Give Help".



Notable Performance Measures

Youth and Young Adults (YAYA) is in the process of collaborating with Todd Sosna and Max Spear on developing administrative tools and reports for gathering, processing/analyzing, and utilizing outcome measurement tool data in program service enhancement and intervention delivery for specific mental health diagnoses. The aim is to maximize the utilization of already existing outcome measurement tools that have been implemented in YAYA since adoption of

evidence based practices/models for mental health treatment of the youth and young adults' population.

Notable Community Impacts

At the start of the COVID-19 Pandemic, we recognized that providing outreach and engagement was going to be a vital component for informing the community of available mental health services. We needed to send the message that services were not halted even though the provision of services had changed. Community Service Workers reached out to existing partnerships with schools and community-based organizations to formulate a plan on how this information could be disseminated. One strategy was to continue providing educational presentations, to not only school partners, but also a wider audience by holding weekly Online Community Mental Health Presentations. Zoom videos served as the communications platform for these presentations and social media outlets were utilized to advertise the dates and times these presentations would take place. Aforementioned presentations were well received in the community, which opened up the opportunity to offer these presentations at the local high schools during classroom instruction, thus targeting the population YAYA serves. Another strategy was collaborating with the mayor for the City of Calexico to record weekly videos that broadcasted on social media outlets. As the Pandemic increased the need for services these weekly videos served to inform the community on where they could seek mental health help and also touched on topics such as social isolation, bereavement, loss of income, as well as fears and anxiety that trigger mental health conditions or exacerbate existing ones. All these outreach efforts helped raise awareness about mental health in the community and provided education on where to seek services, thus reiterating that good mental health is essential to overall health and well-being.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

Some of the challenges we faced during the Pandemic was with the Tai Chi, Fitness Oasis, and Music contracts we had in place. Once COVID-19 restrictions were imposed, the sites where Tai Chi classes, Fitness Oasis, and Music classes were provided were abruptly closed. Consequently, these services could no longer be offered to our consumers how it was originally intended. This caused distress for those that were actively engaged and benefiting from these services. Management therefore began to have conversations with contractors to discuss ways in which these services could be provided while abiding with state guidelines. An agreement was reached where Fitness Oasis began to livestream their exercise classes and when permitted, outdoor classes were also offered to our consumers. Some barriers we found with consumers accessing the fitness program was due to lack of transportation or difficulties with navigating the applications where the classes were livestreamed. Nonetheless, Fitness Oasis worked closely with management to make additional modifications such as on demand or individualized classes in an effort to continue to make this service available to consumers. During the Pandemic, music classes were provided utilizing the Zoom application although this proved to be difficult for consumers who did not have access to the instruments they had been using on site. When it was permitted and utilizing all precautions, the consumer was able to go on site and have their session via Zoom. Transportation was also an obstacle when the consumer needed to go on site to participate in the music class. The service that has been placed on hold has been Tai Chi. Given that all local schools have been closed to in person

instruction, and the instructor could no longer be on site, the Tai Chi class that was offered to students at the AHLP program which is located at Southwest High School could no longer be provided. The Tai Chi class that was provided at Juvenile Hall has also ceased since the Probation Department is limiting individuals entering the facility. Management will continue to work on establishing a method to provide Tai Chi classes to our consumers once again.

Significant Changes, Including New Programs

One of the most significant changes to materialize within the Youth and Young Adults (YAYA) Division during this MHSA plan update, is the implementation of Dialectical Behavior Therapy (DBT); which is an evidence-based model developed for multi-diagnostic, severe, difficult-to-treat chronically suicidal individuals with both Axis I & Axis II disorders, including those with Borderline Personality Disorder (BPD). It is meant to target and assist with reduction of suicidal behaviors, non-suicidal self-injurious behaviors (NSSI), depression, hopelessness, anger, eating disorders (binge eating, bulimia), PTSD, substance dependence, impulsiveness; and has further been proven to increase adjustment (general & social), positive self-esteem, and treatment retention. One of the primary aims for implementation of DBT in YAYA during FY 2021/2022 is the reduction of Mental Health Triage admissions, and decrease of overall emergency services (i.e. emergency department admissions; inpatient psychiatric hospitalizations) from individuals who have been identified by our outpatient treatment teams to meet the criteria established by the model and MHP for referral to DBT.

The YAYA-FSP Programs has continued with implementation of Group Therapy as a psychotherapy modality, and was being offered on a once-per-week basis in each of the YAYA outpatient clinics and Family Resource Centers where Specialty Mental Health Services are provided. Group therapy is an option that can be exponentially more effective for youth and young adults than just individual therapy; given that it allows the therapist to observe how participants interact with others, and it helps improve interpersonal skills, while further increasing and strengthening social connection and support. Additionally, group members often complete group therapy with increased confidence and improved communication skills. In an effort to expand psychotherapeutic options for the youth and young adults populations. Group Therapy has currently been put on hold due to difficulties with session adherence prompted by the COVID-19 Pandemic. It is expected that once onsite services are available, Group Therapy will be resumed.

During this FY 2020-2021, a significant change was identified within the YAYA FSP programs. On February 23, 2021, a contract agreement was executed between Imperial County Behavioral Health Services and Helping Hearts California, LLC. The purpose of the contract is to extend auxiliary services to the residents of Imperial County who are in need of social rehabilitation services. Helping Hearts provides specialized psychiatric mental health services in a long-term residential setting for adults discharged from hospitals, it will serve as step-downs from institutes of mental disease (IMD) and Full Service Partnership (FSP)-like consumers who were the traditional board and care (B&C) level of care was unsuccessful. The utilization of a long-term and transitional residential treatment facility will assist the consumers that are no longer in need of hospital-level care, but are determined to be in need of further rehabilitation prior to being reintegrated into the community. The contract with Helping Hearts will allow residents of Imperial County who meets the medical necessity criteria for FSP services to have the

necessary level of treatment to consumers in a less restrictive environment, providing up to 18 months of residential treatment and rehabilitative services prior to reintegration into the community. This will assist in minimizing the risk of repeat hospitalizations, over utilization of emergency services, and non-compliance with regular outpatient treatment services post hospitalization.

Goals and Objectives for FY 2021-2022

- Continue to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency.

- Maximize the utilization of already existing outcome measurement tools that have been implemented in YAYA since adoption of evidence based practices/models for mental health treatment of the youth and young adults' population.

- Continue to further integrate Group therapy into each clinic as a standard psychotherapy practice. Individual therapy will continue to be provided when group therapy is not clinically appropriate. Every clinician will maintain a minimum of one group on their respective caseloads. The data collected will be the same as data collected for individual psychotherapy. It is expected that once on-site services are available, Group Therapy will be resumed and No-Show rate reports will be generated on a quarterly basis to focus on retention rates as a measure of efficacy for group therapy integration into or system of care for Youth and Young Adults.

- Expected to resume our plans to increase the staffing by 1 FTE clinician and 1 FTE Mental Health Rehabilitation Technician at each of at two school districts located at Family Resource Centers in their high school campuses. As a result of the COVID-19 Pandemic, the students being served at these sites significantly decreased in part due to the closure of high school campuses where it made difficult for school personnel to identify students who were in need of mental health services and generate a referral.

- Continue to make efforts to improve consumers' physical health by increasing the number of consumers referred to the YAYA FSP exercise program at Fitness Oasis. It is expected that we will see in an increase in referrals to fitness programs once COVID -19 restrictions are lifted and FSP staff are able to offer transportation once more.

- Efforts to decrease the "No-Show" rate will continue to be implemented to increase consumers' participation in their treatment. This will include the use of retention calls, appointment scheduling, motivational reinforcements. Additionally, clinicians will continue the tracking of all pre-session engagement calls in the Psychotherapy Pre-session Engagement Calls Log. Outcomes will also be measured by tracking consumers' attendance to appointments and tracking the decrease of the "no-show" rate.

- Continue to host or provide a mental health information and awareness presentations at a minimum of once a year. These presentations will provide information to consumers, parents, family on issues related to adolescent and young adult mental health challenges, needs and available services.

- By the end of FY 2021-2022 the goal is to refer and place a minimal of 12 FSP consumers to the Helping Hearts program with at least 10% of consumers successfully complete the Helping Hearts Socialization Program.

Adult and Older Adult Services Full-Service Partnership Program

The Adult and Older Adult Services Full-Service Partnership (Adult-FSP) Program is consumer-driven, community focused, and promotes recovery and resiliency. The Adult-FSP Program provides a "whatever it takes" approach to ensure that all consumers receive the services and assistance that are needed. Services provided by the Adult-FSP Program staff include case management, rehabilitative services, "wrap-like" services, integrated community mental health, alcohol and drug services, crisis response, and peer support.

This program serves all Severely Mentally Ill (SMI) adults who meet the following criteria:

- Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms. This program also serves SMI adults with co-occurring disorders of substance abuse.
- Their mental functional impairment and circumstances may result in disabilities and require public assistance, services, or entitlements.

In addition, adults and older adults must meet the following criterion:

Table 2 - Adult FSP Criterion

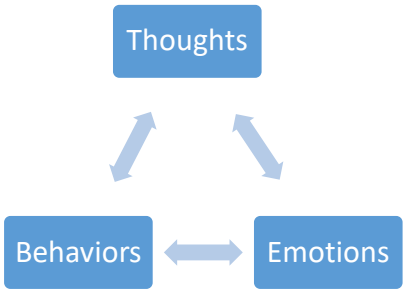
• **Adults (ages 26-59) must meet the criteria in either (a) or (b) below:**	
a.	**They are unserved and:** ○ Homeless or at risk of becoming homeless; ○ Involved in the criminal justice system (i.e., jail, probation, parole); **or**
b.	**They are underserved and at risk of:** 1. Homelessness; 2. Involvement in the criminal justice system (i.e., jail, probation, parole); **or** 3. Institutionalization (i.e., jail, psychiatric hospital, Institute for Mental Disease, Skilled Nursing Facility).
• **Older Adults (ages 60 and older) must meet the criteria in either (a) or (b) below:**	
a.	**They are unserved and:** 1. Experiencing a reduction in personal and/or community functioning; 2. Homeless; 3. At risk of becoming homeless; 4. At risk of becoming institutionalized (i.e., jail, psychiatric hospital, Institute for Mental Disease, Skilled Nursing Facility); 5. At risk for out-of-home care (i.e., nursing home, assisted living facility, board and care); **or** 6. At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. These individuals are identified subsequent to being placed on an involuntary hold (W&IC 5150).
b.	**They are underserved and:** 1. At risk of becoming homeless; 2. At risk of becoming institutionalized (i.e., jail, psychiatric hospital, Institute for Mental Disease, Skilled Nursing Facility); 3. At risk for out-of-home care (i.e., nursing home, assisted living facility, board and care); 4. Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. These individuals are identified subsequent to being placed on an involuntary hold (W&IC 5150); **or** 5. Involved in the criminal justice system (i.e., jail, probation, parole).

The Adult-FSP Program provides a variety of services, in a culturally competent environment, to adults and older adults, ages 26 and older, in all of the adult outpatient clinic locations. Individuals eligible to receive services through the Adult-FSP Program benefit from receiving medication support, therapy, and mental health rehabilitation/targeted case management services, if needed. Additionally, the program's mental health rehabilitation technicians (MHRTs') assist consumers with reintegrating back into the community through linkage of the following applicable services; emergency shelter; permanent housing; emergency clothing; food assistance; SSI/SSA benefits application and/or appeals; DSS Cash Aid application; Section 8 Housing application; substance abuse treatment and/or rehabilitation referral; referrals to general physician and/or dentist; driver's license/ID application; and/or immigration paperwork.

Adult-FSP Program staff promote recovery, resiliency, and hope through full community integration by offering the prior mentioned rehabilitation services and linkage to eligible individuals. Additionally, for the older adult population, delivery of needed supports and services are provided at their homes if they are homebound, unable to access public transportation, or do not have transportation.

Adult-FSP Program clinical staff have been trained in the following evidenced based models and are currently providing these services:

Cognitive Behavioral Therapy (CBT): CBT is an evidence-based psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is commonly used to treat a wide range of disorders including anxiety, depression, and addiction. CBT is generally short-term and focused on helping consumers deal with a very specific problem. During the course of treatment, people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior.



Cognitive Processing Therapy (CPT): CPT is a cognitive-behavioral therapy for PTSD and related conditions that focuses on thoughts and feelings. CPT is effective in treating PTSD across a variety of populations such as veterans who have experienced combat, sexual assault victims, and individuals who experienced childhood trauma, as well as other types of traumatic events. CPT provides a way to understand why recovery from traumatic events has been difficult and how symptoms of PTSD affect daily life. The focus is on identifying how traumatic experiences change thoughts and beliefs, and how thoughts influence current feelings and behaviors. This treatment is designed for adults ages 18 and over.

Motivational Interviewing: Motivational Interviewing is a form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying attention to the language of change. It is designed to strengthen an individual's motivation for and movement toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

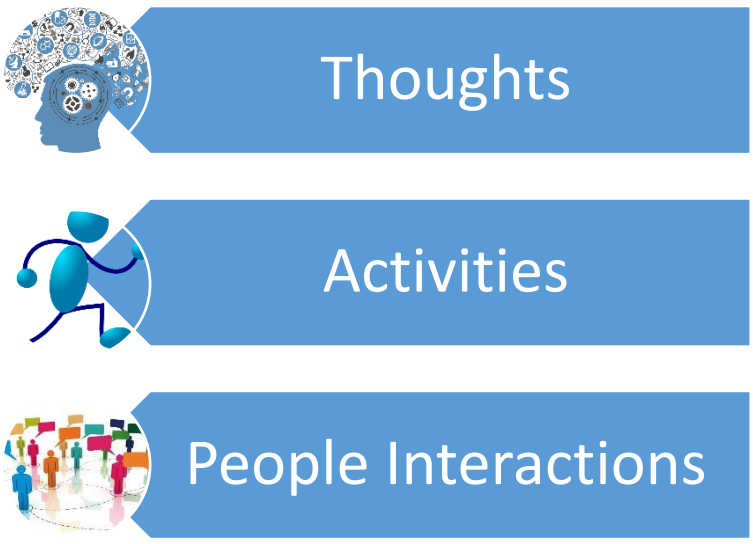
Cognitive Behavioral Therapy-Anxiety Treatment (CBT-AT): CBT-AT is a therapy model used for adult consumers with an anxiety related diagnosis. CBT-AT is based on assumptions that psychological disorders involve dysfunctional thinking. CBT-AT helps consumers modify dysfunctional beliefs that help improve their overall mood and behaviors. It also involves a cognitive conceptualization of the disorder and of the particular client. CBT-AT uses a variety of helpful techniques and strategies to challenge unhelpful patterns of thinking that trigger or increase anxiety related symptoms. Behavior techniques, in particular, help address those behaviors which may be used to reduce anxiety or avoid it altogether, including:

- Engagement in healthy and pleasurable activities;
- Problem solving techniques;
- Utilization of helpful coping skills (relaxation techniques, PMR, etc.);
- Goal setting (short and long-term goal); and,
- Exposure and response prevention.

This model will also help consumers improve their interpersonal skills by:

- Increasing social support as avoidance may progressively decrease with the implementation of this model;
- Improve communication skills;
- Increase acceptance/comfort of anxiety;
- Reduce/eliminate avoidance behaviors which may lead to increased functional behaviors (ability to maintain job, make and maintain relationships with others, decrease avoidant behaviors which interfere with their overall social and interpersonal functioning); and,
- Assisting with problem solving in social situations and when encountering high levels of stress.

This model consists of three major modules, which are four sessions each for a total of 12 sessions, that address the following areas:



Staff provide consumers with psychoeducation prior to starting the CBT-AT module, as well as a relapse prevention component that is provided after the last module. The length of this therapy model is 14 to 16 sessions, which includes initial psychotherapy assessment, CBT, discussion of relapse, and termination phase.

Interpersonal Psychotherapy (IPT): IPT is an evidence-based model utilized for the treatment of depression and other mood disorders. The model focuses on assisting consumers to improve their interpersonal relationships or change their expectations about themselves. IPT also aims to aid consumers in improving their social support system to better manage their current interpersonal distress, thus reducing psychological symptoms caused by these distressed interpersonal relationships. IPT is a time-limited, dynamically informed psychotherapy that works with children ages nine and above, and their families.

Dialectal Behavior Therapy (DBT): On November 2020, Adult Services clinicians participated in a five-day training for Dialectical Behavioral Therapy. Dialectical Behavior Therapy (DBT) is a highly efficacious treatment developed for multi-diagnostic, severely disordered individuals with pervasive emotion dysregulation. DBT is also effective for patients with a variety of complex problems, including eating disorders and substance use, where emotion dyscontrol is often at the core of the patient's problems and/or interfere with long-term maintenance of clinical progress. Clinicians will be able to treat clients presenting with these symptoms and behaviors and participate in consultation calls with the providers.

Moral Reconation Therapy (MRT): MRT is a cognitive-behavioral counseling program, provided at the outpatient clinics, as group and individual counseling, and involves structured exercises designed to foster moral development in treatment-resistant consumers. As long as consumers' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior. They must be confronted with the consequences of their behavior and the effect that it has had on their family, friends, and community. Poor moral reasoning is common within at-risk populations.

MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant consumers. The program is designed to alter how consumers think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

Briefly, MRT seeks to move consumers from hedonistic (pleasure vs. pain) reasoning levels to levels where concern for social rules and others becomes important. MRT research has shown that as consumers complete steps moral reasoning increases in adult and juvenile offenders.

MRT systematically focuses on seven basic treatment issues:

- Confrontation of beliefs, attitudes and behaviors;
- Assessment of current relationships;

- Reinforcement of positive behavior and habits;
- Positive identity formation;
- Enhancement of self-concept;
- Decrease in hedonism and development of frustration tolerance; and,
- Development of higher stages of moral reasoning.

Program Demographics

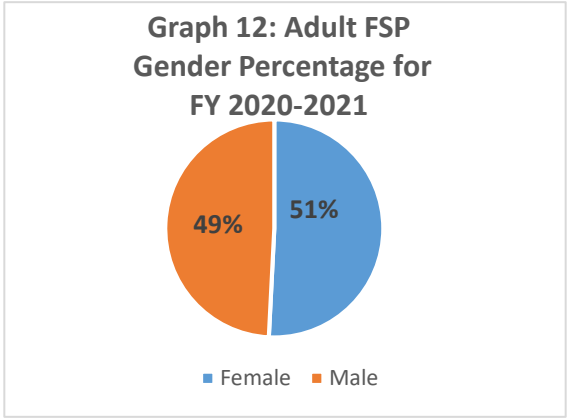
Table 3 - Adult FSP Age Demographics

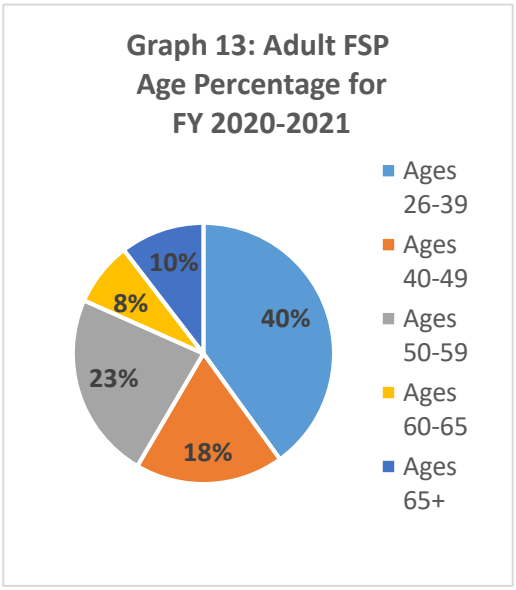
Adult FSP Demographics	2019-2020	2020-2021
26-39	525	526
40-49	275	242
50-59	337	305
60+	235	241
Total:	**1372**	**1314**

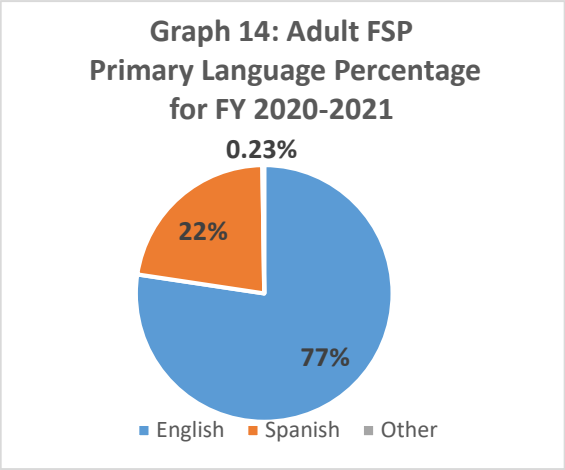
Current Caseload	2019-2020	2020-2021
Calexico MHSA FSP	217	207
Brawley MHSA FSP	316	321
El Centro MHSA FSP Team 1	437	398
El Centro MHSA FSP Team 2	407	391
Total:	**1377**	**1317***

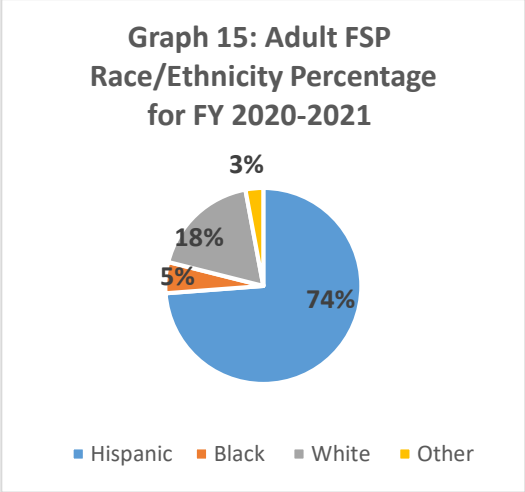
** 3 clients are under the age of 26, Youth and Young Adult clients*

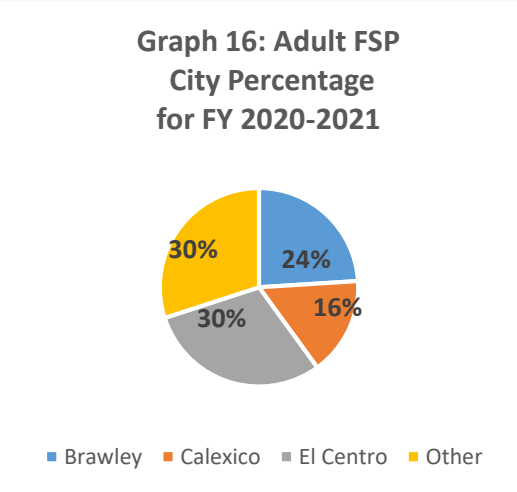
The graphs below provide a demographic summary of the Adult-FSP Program:











Budget

The total operating budget in FY 2020-2021 for the Adult and Older Adults MHSA FSP programs is $6,619,294.00. The Adult FSP Program currently has 1,314 unduplicated consumers served an approximate cost per person of $5,037.51 per FY.

Out of 1,314 cases meeting MHSA FSP Criteria, 1,181 have Medi-Cal coverage, 85 cases are MHSA coverage only and the remainder have other coverage including self-pay or private insurance.

Performance Outcomes

The Adult-FSP Program has continued to implement a standardized method for measuring outcomes by specific disorder, as well as continues to utilize the BASIS 24 at the point of intake and annually thereafter. The BASIS 24 provides a complete patient profile and measures the change in self-reported symptoms and problem difficulty over the course of time. The BASIS 24

also measures the client's level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional liability, and risk for self-harm.

Below is a list of measurement tools that are currently being implemented at the Adult-FSP Program. These tools are specific to diagnosis and include the age and areas that are measured for each tool:

Table 4 - Adult FSP Measurement Tools

Instrument Name	Disorder	Age Group	Areas of Measurement
Adult ADHD Self Report Scale *(ASRS-v1.1)*	ADHD	18 +	ADHD Symptoms in Adults
Behavior and Symptom Identification Scale *(Basis 24)*	General	18 +	Depression and Functioning Interpersonal Relationships Psychosis Self-Harm Substance Abuse Emotional Liability
Patient Health Questionnaire *(PHQ-9)*	Depression	60 +	Depression
Generalized Anxiety Disorder Assessment *(GAD-7)*	Anxiety	18 +	Panic Disorder Social Anxiety Post-Traumatic Stress Disorder
Illness Management and Recovery Scale: Client Self-Rating *(IMR)*	Recovery	18 +	No Domains
PTSD Checklist-Specific Civilian *(PCL-C)*	PTSD	18 +	PTSD Symptoms
PTSD Checklist-Specific Monthly *(PCL-S)*	PTSD	18 +	Measures PTSD Symptoms from the Past Month
PTSD Checklist-Specific Weekly *(PCL-S)*	PTSD	18 +	Measures PTSD Symptoms from the Preceding Week

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record.

Progress Made Towards Achieving 2020-2021 Goals

During FY 2020-2023, The Adult FSP Program's goals are to provide intensive services to people with serious mental illness and co-occurring substance use challenges to maximize their recovery outcomes and perceived wellbeing. The goal is to link consumers to substance use disorder services, provide mental health services to reduce the incidence of homelessness, crisis situations, hospitalizations, and provide opportunities for recovery.

Table 5 - Average Adult FSP consumers admitted (Intake or Transfer) per month for FY 2020-2021

Program	Admissions per Month FY 2020-2021
Adult Brawley MHSA FSP	17
Adult Calexico MHSA FSP	10
Adult El Centro MHSA FSP Team 1	13
Adult El Centro MHSA FSP Team 2	12
Total FY 2020-2021	52

Adult FSP Programs projected an average of 20 new clients admitted for fiscal year 2020-2021. During this fiscal year, all programs averaged a total of 52 cases per month; however, individually, Adults FSP Programs averaged less than 20 new cases per month. Barriers to increase monthly admission included a decrease in intakes and referrals that can be attributed to the COVID-19 pandemic.

Table 6 - Average Adult FSP consumers admitted to the crisis desk and hospitalized per month FY 2020-2021

Program	Admitted to Crisis Desk per Month FY 2020-2021	Hospitalized per Month FY 2020-2021
Adult Brawley MHSA FSP	4	1
Adult Calexico MHSA FSP	2	1
Adult El Centro MHSA FSP Team 1	3	2
Adult El Centro MHSA FSP Team 2	1	2
Total FY 2020-2021	10	6

Adult MHSA FSP Programs set a goal to decrease the average monthly number of crisis desk admissions and hospitalizations from 19 to 10. During FY 2020-2021 Adult MHSA FSP Programs averaged a total of 10 Crisis Desk Admissions per month and a total of 6 hospitalizations per month. MHRT Services are assigned to clients once discharged from the Crisis Desk or upon hospitalization to provide interventions to stabilize the client and prevent future crisis desk admissions and hospitalization.

Table 7 - Average Adult FSP consumers reporting incidents of or risk of homelessness per month for FY 2020-2021

Program	Risk of Homelessness per Month FY 2020-2021	Experienced Homelessness per Month FY 2020-2021
Adult Brawley MHSA FSP	8	11
Adult Calexico MHSA FSP	3	3
Adult El Centro MHSA FSP Team 1	19	11
Adult El Centro MHSA FSP Team 2	1	9
Total FY 2020-2021	31	34

Adult MHSA FSP Programs set a goal to decrease the average monthly number of clients reporting incidents of or risk of homelessness from 24 to 15. During FY 2020-2021 Adult MHSA FSP Programs averaged a total of 31 reports of risk of homelessness per month and 34 reports of incidents of homelessness per month. Clients are assisted through Consumer Supports and Services funding for motel vouchers, deposits and rental assistance. MHRT's provide linkage to local shelters and other means of assistance.

Table 8 - Average Adult FSP consumers who reported involvement in the criminal justice system per month FY 2020-2021

Program	Clients Reporting Involvement in the Criminal Justice System Per Month FY 2020-2021
Adult Brawley MHSA FSP	5
Adult Calexico MHSA FSP	1
Adult El Centro MHSA FSP Team 1	5
Adult El Centro MHSA FSP Team 2	1
Total FY 2020-2021	12

Adult MHSA FSP Programs set a goal to increase the access to care for Adult FSP Program consumers who are involved in the criminal justice system from 5 to 15 per month. During FY 2020-2021 Adult MHSA FSP Programs averaged a total of 12 clients reporting involvement in the criminal justice system. These clients are provided with services tailored to their needs to help them improve their quality of life and succeed in the community.

Table 9 - Average Adult FSP consumers who participate in Moral Reconation Therapy (MRT) per month FY 2020-2021

Program	Clients Participating in MRT Groups per Month FY 2020-2021
Adult Brawley MHSA FSP	1
Adult Calexico MHSA FSP	0
Adult El Centro MHSA FSP Team 1	0
Adult El Centro MHSA FSP Team 2	0
Total FY 2020-2021	1

Adult MHSA FSP Programs set a goal to increase the monthly number of MRT participants from 7 to 15. During FY 2020-2021 Adult MHSA FSP Programs averaged a total of 1 client per month who consistently participated in this model. Due to the COVID-19 pandemic, in person groups were halted. An effort has been made to provide virtual groups; however, clients' inability to connect from home or their lack of access to computer or phone equipment for group virtual sessions created barriers. Adult MHSA FSP plans to resume MRT groups once able to conduct such groups at the clinics.

Table 10 - Average Adult FSP consumers referred to Substance Use Disorder Services per month FY 2020-2021

Program	Clients Referred to Substance Use Disorder Services per Month FY 2020-2021
Adult Brawley MHSA FSP	1
Adult Calexico MHSA FSP	1
Adult El Centro MHSA FSP Team 1	8
Adult El Centro MHSA FSP Team 2	2
Total FY 2020/2021	12

Adult MHSA FSP Programs set a goal to increase the average monthly number of referrals to substance use disorder services of Adult-FSP Program consumers with a co-occurring substance use disorder from 16 to 25. During FY 2020-2021 Adult MHSA FSP Programs averaged a total of 12 clients per month referred to SUD Services. Adult and Older Adult Services clinical staff were trained in the use of the NIDA Quick Screen Tool to assist them in determining the need and the level of urgency for referrals to SUD services. Clinical staff are directed to use the NIDA whenever a client reports any substance use. Additionally, Adult MHSA FSP staff have been working in collaboration with the Substance Use Disorder Treatment programs to increase coordination of care for those clients with co-occurring disorders.

All Adult and Older Adult Outpatient Services are Safe Zones for the LGBTQ+ community. At this time due to the pandemic, all services are provided virtually or by telephone. Clients may come in for services if there is an emergency or are unable to connect virtually or by telephone with their mental health provider.

Notable Community Impact

As of December 2020, Adult FSP Programs approved $62,701.00 for FY 2020-2021 in Community Supports and Services (CSS) funds to consumers who needed financial assistance and to prevent homelessness. The onset of the COVID-19 pandemic brought upon numerous financial stressors to clients receiving mental health services. CSS funds were utilized to assist clients who were experiencing homelessness or at risk of homelessness. Funding was also utilized to assist with groceries, clothing, transportation issues, and other family needs. MHRTs worked diligently to assess the needs of clients and ensure that linkage or assistance was provided to address their needs and other additional stressors brought upon by the pandemic.

Challenges and Barriers and Mitigating Strategies

Since March 2020, services provided to clients were modified to be delivered remotely in order to follow the COVID-19 pandemic response. In an effort to protect clients and staff, clients were scheduled appointments via telephone or Zoom video conference. Those clients that presented to the outpatient clinics in an emergency; required an injectable medication; or clients without the available technology were seen in person by our staff. MHRT continued to provide rehabilitative and targeted case management services (food, transportation, housing, and other linkage opportunities) via telephone or on a face-to-face basis as needed to meet client's needs. Staff were allowed to work from home and provide services via telephone or Zoom video conferencing. Staff that were needed at the outpatient clinics were provided with PPE and clients were screened for COVID-19 symptoms before being seen by staff.

Adult Services was successful at implementing MRT groups at Brawley and El Centro clinics. MRT is a cognitive-behavioral counseling program, provided at the Adult Division clinics located in Calexico, El Centro, and Brawley. MRT combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior. They must be confronted with the consequences of their behavior and the effect that it has had on their family, friends, and community. Poor moral reasoning is common within at-risk populations. We anticipate this model will help reduce

recidivism in the justice system, drug use with increased better decision making to help improve relationships and increase integration into the community. However, these groups stopped after the COVID-19 contingency prevented us from having in person group sessions in an effort to stop the spread of COVID-19. Starting November 2020, an effort was made to provide these groups virtually. Unfortunately, clients' lack of appropriate computer and phone equipment to participate in Zoom sessions created barriers to continue. It is anticipated that once face-to-face sessions can resume, MRT groups will be reinstated.

Significant Changes, Including New Programs

During this FY 2020-2021, a significant change was identified within Adult MHSA-FSP; on February 23, 2021, a contract agreement was executed between Imperial County Behavioral Health Services and Helping Hearts California, LLC. The purpose of the contract is to extend auxiliary services to the residents of Imperial County who are in need of social rehabilitation services. Helping Hearts provides specialized psychiatric mental health services in a long-term residential setting for adults discharged from hospitals, it will serve as step-down from institutes of mental disease (IMD) and Full Service Partnership (FSP)-like consumers whose traditional board and care (B&C) level of care was unsuccessful. The utilization of a long-term and transitional residential treatment facility will assist the consumers that are no longer in need of hospital-level care, but are determined to be in need of further rehabilitation prior to being reintegrated into the community. The contract with Helping Hearts will allow residents of Imperial County who meet the medical necessity criteria for FSP services to have the necessary level of treatment to consumers in a less restrictive environment, providing up to 18 months of residential treatment and rehabilitative services prior to reintegration into the community. This will assist in minimizing the risk of repeat hospitalizations, over utilization of emergency services, and non-compliance with regular outpatient treatment services post hospitalization.

For FY 2021-2022, Adult Services is seeking to expand the number of MHRT's certified to provide Moral Reconation Therapy (MRT). MRT is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior. They must be confronted with the consequences of their behavior and the effect that it has had on their family, friends, and community. Poor moral reasoning is common within at-risk populations. MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation. The goal is to train all MHRT's in this model in order to provide this service to clients at all of our FSP programs (refer to the Workforce Education and Training portion of this Annual Update).

Adult and Older Adult MHSA FSP will refer and coordinate with Substance Use Disorder Clinics in order to provide needed services to clients with a co-occurring diagnosis. Assembly Bill (AB) 2265 took effect on January 1, 2021, where it clarifies that MHSA services can be provided to clients who are dually diagnosed and are in need of SUD services that may not be covered by Medi-Cal. Adult and Older Adult MHSA FSP providers will work with SUD providers, "to assess clients for co-occurring Mental Health (MH) and Substance Use Disorder (SUD), and to treat a

person who is preliminarily assessed to have co-occurring MH and SUD, even if it is later determined they do not qualify for services under the requirements of the MHSA because it is determined the person only has a SUD. If an individual is being treated for co-occurring MH and SUD and it is determined that they are not eligible for services under the MHSA requirements because the individual only has an SUD, then the county must refer that person to SUD treatment services in a timely manner" (DHCS, 2020, Information Notice, 20-057).

Program Goals and Objectives for FY 2021-2022

As a result of the COVID-19 pandemic, all Adult MHSA FSP Programs will continue to pursue the same goals as established in FY 2020-2021 and add a goal to address the new services being linked through the Helping Hearts contract.

The Adult FSP Program will increase the number of consumers for the following age groups.

Table 11 – Adult FSP Consumer Projections for FY 2021-2022

Age Group	FY 2021-2022
26-39	20
40-49	20
50-59	20
60 +	5

The following are the goals and objectives for the Adult-FSP Program to remain in place for FY 2021-2022:

- Reduce the average monthly number of crisis desk admissions and hospitalizations from 19 to 10 by increasing mental health service interventions that will reduce or eliminate impairments in an important area of life functioning because of their mental illness.

- Reduce the average monthly of the number incidents of or risk of homelessness from 24 to 15 by providing services and supports that will improve consumers' ability to manage independence and increase their ability to work or attend school.

- Increase the average monthly number of MRT participants from seven (7) to 15 who have a history with the criminal justice system to help them increase moral reasoning, improve judgement and treatment adherence, and reduce recidivism.

- Increase the number of Adult-FSP Program consumers with a co-occurring substance use disorder from 16 to 25 to be referred for assessment and linkage to substance use treatment.

- Improve access to mental health services for the LGBTQ+ community by incorporating Safe Zones at all eight (8) Adult Clinics and other service locations.

- By the end of FY 2021-2022 will increase peer support staff or volunteers by one peer or volunteer per program to work specifically with the Adult-FSP population.

- By the end of FY 2021-2022 will increase the access to care for Adult FSP Program consumers who are involved in the criminal justice system of five (5) by treating their Mental Health needs.

- By the end of FY 2021-2022 the goal is to refer and place a minimal of 12 FSP consumers to the Helping Hearts program with at least 10% of consumers successfully complete the Helping Hearts Socialization Program.

General Systems Development

Wellness Centers

The Wellness Center is a network of consumers whose mission is to implement a wellness program of supportive resource services for adults with a significant and persistent mental health diagnosis. The program name is to reinforce how the development of healthy living skills is the foundation for mental health wellness.

Currently, ICBHS has two Wellness Center facilities, one in El Centro, CA and one in Brawley, CA. Services provided at the Wellness Centers focus on social skills, recovery skills, encouragement, wellness, positive self-esteem, and community involvement. The Wellness Centers address educational, employment, inter-personal, and independent living skills. Daily organized and structured activities are consumer-directed and geared to assist consumers towards recovery from mental illness and the restoration of a healthy and independent lifestyle. Consumers experience self-empowerment as they progress towards their recovery and re-integrate into the community.

Services at the Wellness Centers are provided to unserved and underserved consumers who are 18 years of age and older, have been diagnosed with a mental health disorder, and are actively participating in services at one of the ICBHS mental health clinics. Through a series of mental health and other ancillary services, the Wellness Centers focus on promoting healthy living and prevention of the debilitating effects of mental illness.

The Wellness Centers are operated under a friendly and supportive atmosphere where consumers have an opportunity to build a Wellness and Recovery Action Plan (WRAP), set educational and employment goals, join support groups, and work on independent living skills. The services offered provide support and challenge consumers to develop self-sufficiency, self-direction, and recognize their choices from available community resources and agencies. The Wellness Centers encourage family participation in the recovery process of each consumer afflicted by mental illness and drug abuse. The primary focus of the Wellness Center is to reinforce overall consumer wellness, promote recovery and resilience, teach healthy coping skills, and assist consumers in meeting personal goals.

Program Demographics

Table 12 - Wellness Center Age Demographics

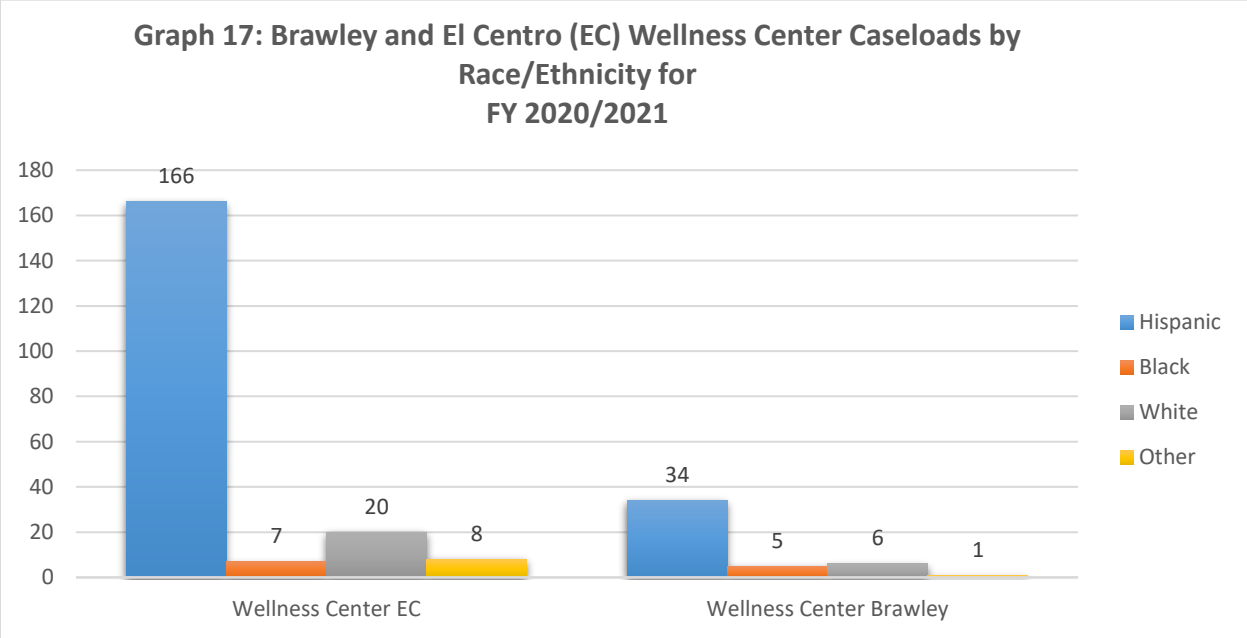
Wellness Center Demographics	2020-2021
26-39	74
40-49	59
50-59	51
60+	39
Total:	**223**

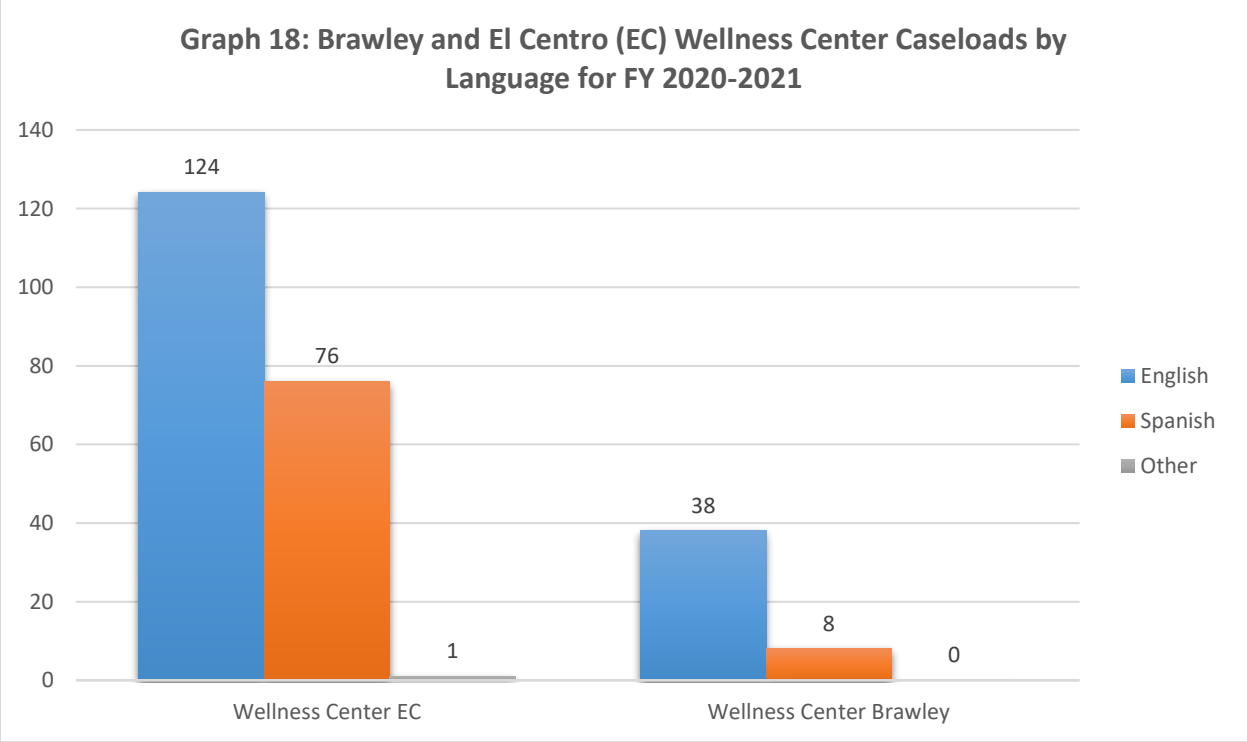
Current Caseload	2020-2021
Brawley Wellness Center	46
El Centro Wellness Center	201
Total:	**247**

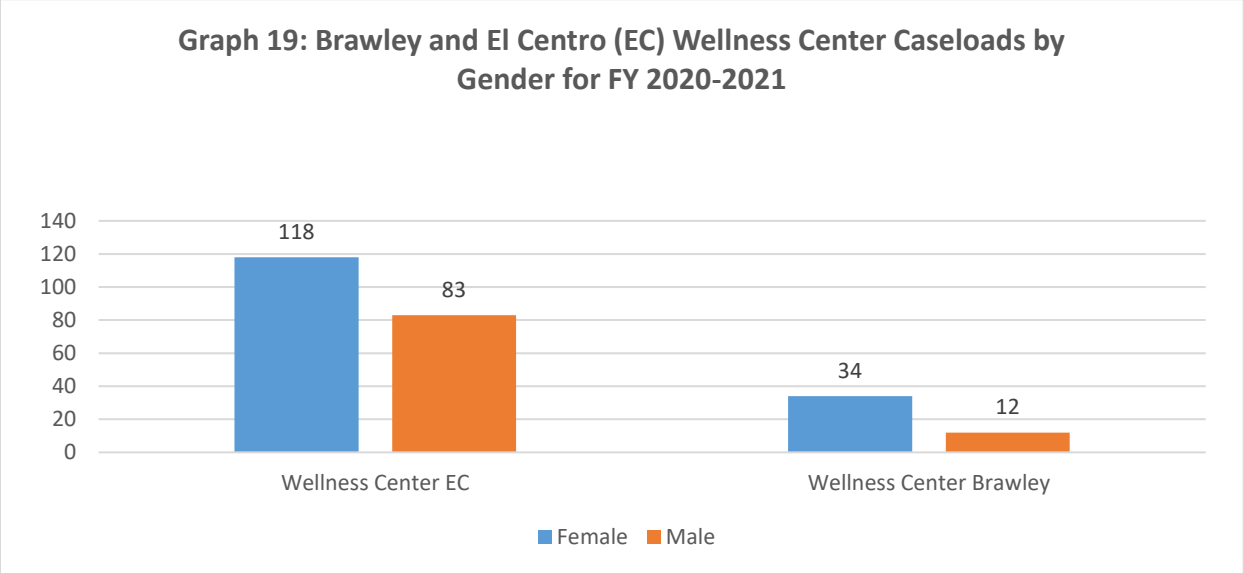
**24 clients are under the age of 26*

The total operating budget in FY 2020-2021 for El Centro Wellness Center and Brawley Wellness Center is $1,489,534.00. The Wellness Center Programs currently has 223 unduplicated consumers served an approximate cost per person of $6,679.52 per FY.

The charts below provide a demographic summary of the Wellness Centers:







Performance Outcomes

Wellness Centers are currently implementing the following Performance Outcome tool:

Table 13 - Performance Outcome Tools Used at the Wellness Centers

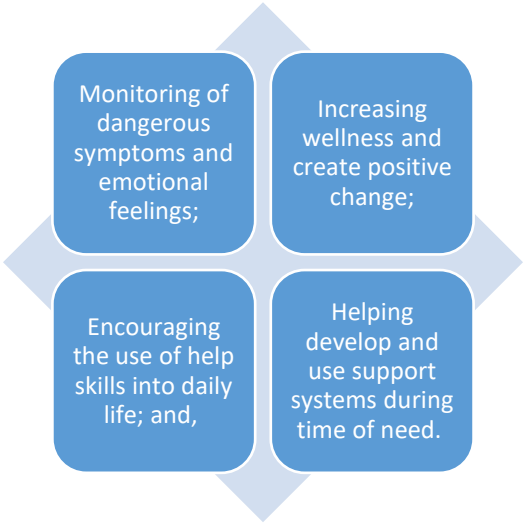
Instrument Name	Disorder	Age Group	Administered
Illness Management and Recovery Scale (IMRS)	Bipolar, Psychosis, Schizophrenia, Depression, Anxiety, Trauma	18 +	At intake-Annually.

The IMRS scores focus on the following areas:

- Progress towards personal goals;
- Knowledge about symptoms, coping methods, and medication;
- Involvement of family and friends in treatment;
- Contact with people outside of family;
- Time in structured roles;
- Symptom distress;
- Impairment of functioning;
- Symptom relapse prevention;
- Psychiatric hospitalization;
- Coping;
- Involvement with self-help activities;
- Using medication effectively;
- Functioning affected by alcohol use; and,
- Functioning affected by drug use.

The Wellness and Recovery Action Plan (WRAP) is also used to assist individuals in gaining insight into their mental illness and increase practice of specific strategies crucial in their recovery. The WRAP focuses on treatment planning and assessing recovery in individuals with severe mental illness. Major components of the WRAP include the following:

In addition, all consumers complete the Consumer Feedback Form, which provides the



Wellness Center staff with information on consumers' satisfaction and personal achievements.

The Wellness Center has partnered with outside agencies, such as the Department of Rehabilitation/Work Training Center, Imperial Valley College (IVC), Fitness Oasis Gym, Imperial Valley Regional Occupation Program, and Clinicas De Salud Del Pueblo, to offer consumers educational classes and pre-employment, job readiness, and employment training, as well as assist them in obtaining a high school diploma or GED. Consumers also have access to computers and the internet to aid them in completing school assignments (i.e. research, homework, and projects). The Wellness Center staff includes a music instructor who provides group and individual voice and instrumental music instruction. Through the aforementioned agencies, consumers are also offered the opportunity to attend classes on English as a second language, arts and crafts, exercise and nutrition courses, photography, self-esteem, life skills, cooking (such as baking and/or cake decorating), embroidery/sewing, and computers.

Table 14 - List of Contracts Serving Wellness Center Participants

Contract Name	Contract Amount	Expires	Performance Goal
Alberti, Sergio $75,000.00 per FY	$225,000.00	2023	Music instruction will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Clinicas de Salud Del Pueblo, Inc. Medical Clearance $6k per FY	$18,000.00	2022	Complete 100% of all medical clearances required to participate in activities.
Department of Rehabilitation $74,631.00 per FY	$222,893.00	2022	Refer 25 consumers to DOR for employment services per FY.

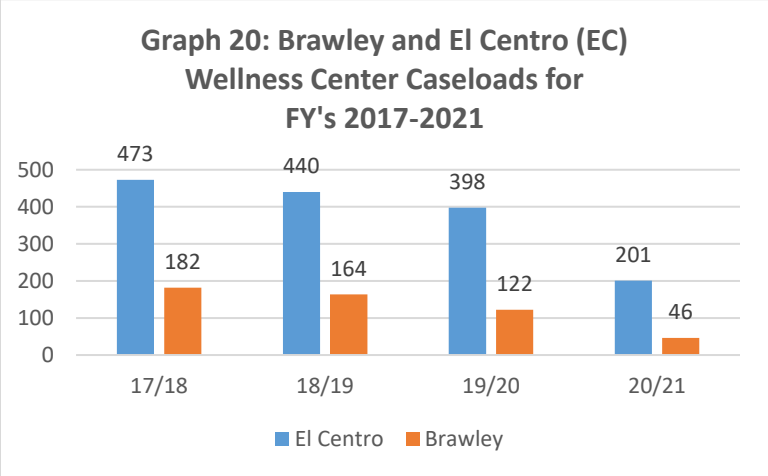
Contract Name	Contract Amount	Expires	Performance Goal
Fitness Oasis Health Club and Spa – Adults $78,000.00 per FY	$234,000.00	2021	Fitness and health services will decrease Body Mass Index (BMI) score as measured before attending the program. Measured during WRAP Plan. Decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Imperial Valley College 2020-2023	$394,897.51	2023	Refer 75 consumers to IVC for educational services per FY.
Imperial Valley Regional Occupational Program - Project ALTO 2020-2023	$609,268.00	2023	Through Educational and Academic support will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Imperial Valley Regional Occupational Program - Project STAR 2020-2023	$1,771,151.00	2023	Through Employment/Life/Social Skills will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.

Wellness Center staff provides bus vouchers and/or arrange for transportation through the ICBHS Transportation Unit based upon the consumer's specific transportation needs.

Progress Made Towards Goals and Objectives for FY 2020-2021

Table 15 - Average Wellness Center Referrals admitted per month for FY 2020-2021

Program	Admissions per Month FY 2020-2021
Brawley Wellness Center	1
El Centro Wellness Center	1
Total FY 2020-2021	2



The goal for FY 2020-2021 through FY 2022-2023 will be to inform and educate Adult consumers of our services and increase referrals and participation. During FY 2020/2021, both El Centro and Brawley Wellness Centers closed in person services due to the pandemic. Contracted services continued remotely and referrals continued to be accepted for remote services. Caseloads for both Wellness Centers dropped an average of 30%.

Table 16 - Average Wellness Center Consumer IMR participation per month for FY 2020-2021

Program	IMR Participation per Month FY 2020-2021
Brawley Wellness Center	7*
El Centro Wellness Center	0
Total FY 2020-2021	7

**Sessions were offered and attended the months of July and October*.

Wellness Centers set a goal to provide IMR model sessions to at least 15 consumers per month to help achieve self-efficiency, wellbeing, and stable recovery. During FY 2020/2021 IMR sessions stopped when in person services were halted due to the pandemic. Virtual sessions were offered and clients who were already enrolled in the sessions were offered to continue. Unfortunately, clients' lack of appropriate computer and phone equipment to participate in zoom sessions created barriers in participation. Wellness Center staff are working on improving attendance and providing regular sessions on a weekly basis virtually.

Table 17 - Average Wellness Center Consumer IMR participation per month for FY 2020-2021

Program	GED/IVC Referrals per Month FY 2020-2021
Brawley Wellness Center	0
El Centro Wellness Center	0
Total FY 2020/2021	0

Wellness Centers set a goal to increase the average number per year of consumers who are referred to services to obtain a GED, certificate, and/or college degree through their participation in the different contracted vocational and educational programs provided through

the Wellness Center from 9 to 15. During FY 2020/2021, new clients were not referred for this service. Clients who were participating in this service prior to pandemic continued the service virtually with the contracted agencies. Wellness Centers staff attend the sessions with clients and follow up with them on their progress and needs.

Table 18: - Average Wellness Center Consumer Fitness Program participation per month for FY 2020-2021

Program	Fitness Program Participation per Month FY 2020-2021
Brawley Wellness Center	8
El Centro Wellness Center	12
Total FY 2020-2021	20

Wellness Centers set a goal to improve consumers' overall physical health by increasing consumers' active participation with contract providers in the exercise/fitness program and participation in nutritional classes. During FY 2020/2021, this service was provided virtually due to the pandemic. An average of 20 participants per month attended the Fitness Program. Progress was not tracked due to clients being at home and not being able to weigh themselves or measure BMI.

Table 19 - Average Wellness Center Consumer WRAP Plan Completion per month for FY 2020-2021

Program	WRAP Plan Completion per Month FY 2020-2021
Brawley Wellness Center	30
El Centro Wellness Center	66
Total FY 2020-2021	96

Wellness Centers set a goal to increase consumers' independence and social connections by engaging them in their WRAP plans in order to strengthen their social supports and increase involvement in pleasurable and social activities with an average of 50 consumers per month. During FY 2020/2021 and average of 96 clients per month completed their WRAPs. Wellness Center MHW engaged clients virtually or through the telephone to complete an average of 96 WRAP Plans per month. This engagement provided an opportunity for Wellness Center staff to connect with clients and refer them to additional services as needed.

Table 20 - Average Wellness Center Consumers Reporting Independent Living Skills per month for FY 2020-2021

Program	Consumers Reporting Independent Living Skills per Month FY 2020-2021
Brawley Wellness Center	48
El Centro Wellness Center	86
Total FY 2020-2021	134

Wellness Centers set a goal to increase number of reporting consumers who were able to maintain stable housing, maintain employment, and manage independent living through participation in IVROP life skills classes, the GED program, and linkage to the Department of Rehabilitation with an average of 15 per month. During FY 2020/2021, an average of 134 clients per month reported Independent Living Skills. Wellness Center staff engage clients via telephone or virtually to assess their level of independent living. Wellness Center staff have the ability to refer clients to services if they report any difficulties or needs.

Table 21 - Average Wellness Center Consumers Reporting Mental Health Treatment per month for FY 2020-2021

Program	Consumers Reporting Mental Health Treatment per Month FY 2020-2021
Brawley Wellness Center	17
El Centro Wellness Center	79
Total FY 2020-2021	96

Wellness Centers set a goal to maintain overall wellness, recovery, and self-sufficiency by engaging consumers in their overall mental health treatment and regular participation in the different programs and support groups provided at the Wellness Centers an average of 50 consumers per month. During FY 2020-2021 an average of 96 clients per month reported following up with their mental health services. Wellness Center MHW's engage clients via telephone or virtually to assess their mental health needs. Wellness Center staff have the ability to refer clients back to their treatment team and connect directly with the assigned outpatient clinic to provide updates as needed.

As a result of the COVID-19 pandemic, Wellness Center activities were suspended for a short period of time until these resumed virtually. Staff working at the Wellness Centers were sent home with unassigned duties until a plan to reinstate program activities was developed. These included peer support staff. As Wellness Center activities begin to be reinstated on-site, peer support staff will also be reinstated. Wellness Center staff has been tasked with following up with peer support staff. A support group for peer support staff will be held on a weekly basis to ensure that they continue to be supported through the course of the pandemic.

Notable Community Impacts

During FY 2020-2021, throughout the pandemic, Wellness Center Supervisors have been participating in the Imperial County Homeless Task Force. Wellness Center Supervisors assist the task force by linking individuals to Mental Health Services/ Full Service Partnership Services for additional services such as hotel vouchers and linkage to other services or community resources because of displacement as a result of COVID-19 pandemic related housing issues.

Challenges and Barriers and Mitigating Strategies

Adult Wellness Centers staff began implementation of IMR in late 2019; however, these groups stopped after the COVID-19 contingency prevented us from having group sessions and the Wellness Centers closed. Starting November 2020, an effort will be made to provide these

groups virtually. Wellness Center staff have identified clients who wish to participate and this model will be provided virtually until in person sessions can resume. IMR consists of 11 modules that cover a variety of topics including Recovery Strategies, Facts about different diagnosis, the Stress Vulnerability Model, Building Social Support, Using Medication Effectively, Drug and Alcohol Abuse, Reducing Relapses, Coping with Stress, Coping with Persistent Symptoms, Getting Your Needs Met, and Healthy Lifestyles. Clients participating in this model participate in these modules during the course of 10 months.

During FY 2020-2021 Brawley and El Centro Wellness Centers had a total of 15 unofficial volunteers, 10 official volunteers, and 9 employees working in an extra help/part-time status. These volunteers and extra help/part-time staff are identified through their participation in Wellness Center services and activities. As part of their recovery, they are provided the opportunity to be leads, run peer groups and/or activities, and obtain part-time employment with the Wellness Center.

Goals and Objectives for FY 2021-2022:

As a result of the COVID-19 pandemic, Wellness Center will continue to pursue the same goals as established in FY 2020-2021:

For FY 2021-2022, the Adult Wellness Center Program will increase the number of new consumers initiating Wellness Center services by the following age groups.

Table 22 – Projections of Consumers Initiating Wellness Center Services

Age Group	FY 2021-2022
26-39	50
40-49	40
50-59	50
60 +	10

The following are the goals and objectives for the Wellness Center for FY 2021-2022:

- Provide IMR model sessions to at least 15 consumers per month at the Wellness Center to help achieve self-efficiency, wellbeing, and stable recovery.

- Increase the average number per year of consumers who are referred to services to obtain a GED, certificate, and/or college degree through their participation in the different contracted vocational and educational programs provided through the Wellness Center from 9 to 15.

- Improve consumers' overall physical health by increasing consumers' active participation with contract providers in the exercise/fitness program and participation in nutritional classes. Progress will be measured by a decrease in consumers' BMI and through consumers' reported physical health improvement with an average of 25 consumers per month.

- Increase consumers' independence and social connections by engaging them in their WRAP plans in order to strengthen their social supports and increase involvement in pleasurable and social activities with an average of 50 consumers per month.

- Increase number of reporting consumers who were able to maintain stable housing, maintain employment, and manage independent living through participation in IVROP life skills classes, the GED program, and linkage to the Department of Rehabilitation with an average of 15 per month.

- Maintain overall wellness, recovery, and self-sufficiency by engaging consumers in their overall mental health treatment and regular participation in the different programs and support groups provided at the Wellness Centers an average of 50 consumers per month.

Outreach and Engagement

Outreach and Engagement Program

The Outreach and Engagement Program is an important component of the MHSA, as the program provides outreach and engagement services to unserved and underserved SED and SMI individuals in the areas where they reside. The goal of the program is to reduce the stigma associated with receiving mental health services and increase awareness and accessibility of the mental health services that are offered in Imperial County.

The Outreach and Engagement Program provides education to the community regarding mental illnesses and their signs and symptoms; resources to help improve access to mental health care; and information regarding mental health services available through ICBHS. Staff provides outreach at many community locations such as local schools, homeless shelters, and self-help group meetings. Staff have completed presentations at the local LGBT Resource Center, the local Housing Authority, faith-based organizations, and community-based organizations.

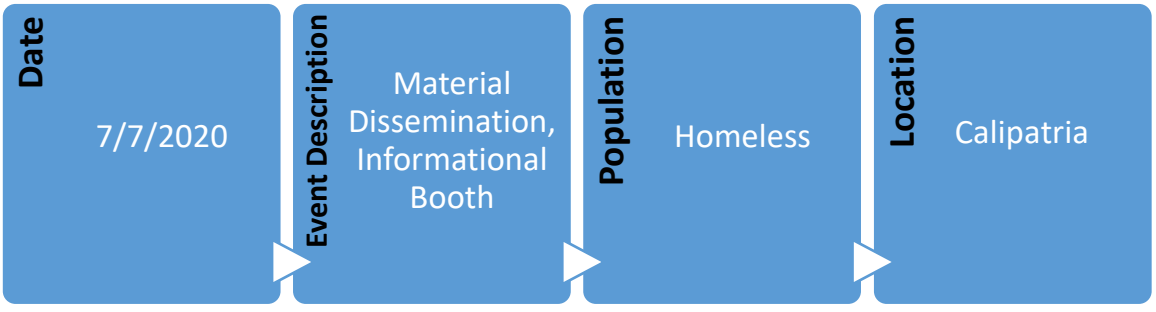
Additionally, the Outreach and Engagement Program assists individuals in obtaining services from ICBHS by providing education on how to initiate services and assistance in scheduling the initial intake assessment appointment. Staff also provide linkage to transportation services for the initial intake assessment appointment.

Notable Performance Measures

During July 2020 to March 2021, the Outreach and Engagement program continued to be significantly impacted due to the COVID-19 Pandemic that began in March 2020.

Outreach Activities

During this current fiscal year the following was an outreach activity conducted in an effort to continue connecting with the hard to reach populations in Imperial County:



The COVID-19 Pandemic urged our Outreach Team to strengthen other means of reaching our community, by making use of the popular Zoom application and other social media outlets. The program also encouraged our contracted grassroots agency, SureHelpline, to adopt social media and communication supported applications in their collaborated services in support of outreach activities.

The following was a video posted on the ICBHS Facebook page promoting the departments contact number for individuals impacted by loss or significant life adjustments due to the COVID-19 pandemic. The video can be viewed by clicking the following link: https://fb.watch/4rNEmyn91v/.

The ICBHS Facebook page has become an invaluable tool in promoting the ICBH services but also a great platform in sharing other important information to our Facebook followers, to include, training opportunities, community events, and other important updates, including those concerning the COVID-19 pandemic.

"Promotion of "Let's Talk About It" radio show to engage the community through our departments' social media Facebook page."

Engagement Activities

The following table is the average of engagement activities conducted during the first two (2) quarters of FY 2020-2021.

Table 23 - Summary of Engagement Activities

Unit	Total No Shows	Total Clients Contacted	% of Clients Contacted	Telephone Calls	Total Letters Mailed	Total # of Rescheduled Appts.	% of Rescheduled Appts.
Adults	91	30	33%	61	61	12	13%
Crisis & Engagement	74	27	36%	48	48	10	14%
Children's	86	30	35%	56	56	14	16%
Youth & Young Adults	108	33	31%	75	75	14	13%
Total	**359**	**120**	**33%**	**239**	**239**	**50**	**14%**

Notable Community Impacts

One of the many notable community impacts from FY 2020-2021 was the implementation of the transition to a reliance upon virtual outreach due to pandemic restrictions. Virtual outreach has been developed through a synergy of four primary outlets, print media, electronic social media, radio/podcasts, and virtual meeting platforms such as Zoom or Facebook Live. Born of necessity, virtual outreach targeted groups and aspects of community mental health most impacted by the pandemic, whether it was student isolation, elder isolation, substance use, managing pandemic anxiety, or managing pandemic grief. A notable example of this outreach was an effort to engage and support the first responder community with the development of a brief online accessible first responder webinar designed to be viewed in a meeting/muster environment, along with confidential free phone counseling for first responders in the law, fire, emergency medical and hospital worker populations. Another example is a radio calendar built on pandemic-influenced show topics including several local student led peer mental health support clubs presenting on how their peer mental health support during a stay at home pandemic has evolved.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2020-2021

The challenge of this fiscal year has undoubtable been the pandemic which ceased traditional person to person, face to face outreach activities and greatly impacted data-gathering relative to a model that was unable to be continued due to the pandemic. This challenge was addressed by an emphasis on electronic, aural, and print media outreach as addressed above.

Significant Changes, Including New or Discontinued Programs, for FY 2020-2021

No significant changes in program structure occurred during FY 2020-2021.

Significant Changes, Including New or Discontinued Programs, for FY 2021-2022

As in previous years, measurable outcome goals are targeted to selected demographic populations indicated in the target penetration rate survey. For fiscal years 2020-2023, ICBHS will target 10% increases in outreach contacts to all identified demographic targets that have an ongoing baseline of contacts. For example, if the contact target for women was 6000 in FY 2020, it will be increased to 6600 in 2021, provided that it remains a demographic target. The numbers will be contingent upon the resumption of more normalized person-to-person contacts and will be built upon the numbers of FY 2018-2019, the latest year prior to the impacts of pandemic restrictions to data gathering, collection and reporting.

Another significant change will be the installation and development of a MHSA Outreach Media Center using MHSA Outreach funding that will provide the technology and production expertise to support existing media outreach efforts, including the radio shows Let’s Talk About It and Expresate, social media platforms and content, as well as advancing electronic forms of community engagement, including various community-offered behavioral health training. This change emerged from the pandemic-induced reality of conducting outreach with severely limited contact, placing additional emphasis on electronic means of outreach. When completed, the Outreach Media Center is expected to host behavioral health outreach content from the

department, our consumers, and other community and student groups relative to community behavioral health.

Transitional Engagement Supportive Services Program

The Transitional Engagement Supportive Services (TESS) Program provides outreach and engagement services with a special emphasis to unserved and underserved population including Severe Emotional Disturbed (SED) and Severe Mentally Ill (SMI) individuals ages 14 and older. The TESS Program serves individuals who have been discharged from Lanterman-Petris Short Act (LPS) Conservatorship by the courts, acute care psychiatric hospitals, Imperial County Behavioral Health Services (ICBHS), and Mental Health Triage Unit (MHTU). The objective of the TESS Program is to provide supportive services while individuals transition to outpatient mental health treatment. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care.

Services through the TESS Program include individualized mental health rehabilitation and targeted case management services to youth and young adults, adults, and older adults who are experiencing symptoms and/or behaviors that interfere with their family/social functioning, educational/employment functioning, community functioning, physical functioning, activities of daily living/self-care and or have recently experienced a personal crisis in their life requiring individual with reintegrating back into the community by linking the individual to educational and employment programs, housing-related assistance programs, and linkage to outpatient mental and/or medical services. Additionally, if applicable, the TESS Program assists individuals with linkage to the Substance Use Disorder (SUD) program for treatment services.

Outreach and Engagement services are vital components provided through the TESS Program. The Mental Health Rehabilitation Technicians (MHRTs) will contact local community shelters on a weekly basis to establish contact with potential clients living in such facilities and provide them with educational resources including services offered by ICBHS. TESS program creates an infrastructure that supports partnerships with the local hospitals, schools, law enforcement and any other community agencies with the goal to begin the referral process and expand accessibility to mental health services to the unserved and underserved population. Additionally, TESS Program focuses on reaching a wide diversity of backgrounds and perspectives represented throughout the county, including hard-to-reach populations such as the homeless population or at risk of homelessness. The TESS program provides case management, linkage to housing placement, evidence based treatment, benefit application assistance and linkage to employment services in an effort to reduce homelessness and improve the mental health of this population.

Once the referral has been established, the TESS MHRT will continue to provide aftercare follow-up services, with the objective of ensuring service delivery to individuals in obtaining mental health services and/or substance use treatment services. These person-driven services along with evidence-based practices are provided by treatment team members with varied education and training which include Psychiatrists, Nurses, Psychiatric Social Workers, Mental Health Counselors, MHRTs, Community Service Workers, and administrative staff members.

Services available to clients at the TESS Program include:

- Initial Intake Assessment
- Initial Nursing Assessment
- Initial Psychiatric Assessment
- Medication Support;
- Mental Health Services-Nurse;

- Mental Health Services- Rehabilitation Technician;
- Targeted Case Management; and
- Crisis Intervention

The TESS Program provides linkage to a variety of community resources, including, but not limited to:

- Education and Employment
- Emergency Shelter
- Permanent Housing
- Emergency Clothing
- Emergency Food Baskets
- SSI/SSA Benefits Application or Appeal
- DSS/Cash Aide Assistance Application
- Section 8 Housing Application
- Substance Use Disorder Treatment Referral
- Finding a primary care physician, dentist and/or optometrist
- Referral to Other MHSA Programs
- Linkage to Developmental Disability Agencies
- Other ICBHS programs and community resources

The TESS Program assists in expediting services to individuals upon prescreening evaluation to have been found to be in imminent need of services due to high risk of decompensation or homelessness, or in need of linkage to community resources. The TESS program has also been a vital component for linking individuals who have been placed in an acute and psychiatric facility due to an active mental health crisis. These individuals are assigned a MHRT for the purpose of securing safe hospital discharge planning and offering to secure immediate access to mental health services.
The TESS Program has a 30-day time frame to complete the expedited mental health services process and integrate the client to outpatient treatment via the intake process, which consists of an initial intake assessment, initial nursing assessment, and initial psychiatric assessment.

Performance Outcomes

The TESS Program administers the BASIS 24 outcome measurement tool to establish a baseline of symptoms and impairments to those clients age 18 years and older. The areas of measurement include depression/functioning, relationships, self-harm, emotional liability, psychosis, and substance abuse. The BASIS 24 is administered at the time of initial intake assessment and is re-administered on an annual basis. During FY 2020-2021, the TESS Program administered 70 BASIS 24 tools by the TESS Program.

The TESS Program also administers the Child and Adolescent Needs and Strengths (CANS). A multi-purpose tool developed for children's services; 6-20 years of age to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. During FY 2020-2021, 18 CANS were administered by TESS Program.

Additionally, TESS Program also administers the Pediatric Symptom Checklist (PSC-35). The PSC-35 tool is developed for ages 3-18 years of age to assess for cognitive, emotional, and

behavioral problems that reflect caregiver perception of their Childs's Psychosocial Functioning. It can be sued to screen, inform treatment planning, and measure change over time. During FY 2020-2021, 2 were administered by the TESS Program.

Lastly, TESS Program also administers the Pediatric Symptom Checklist (PSC-Y). The tool will assess areas of Interpersonal Distress, Somatic, Interpersonal Relations, Social Problems, Behavioral Dysfunction, and Critical Items for clients' ages 11-20 years of age. During FY 2020-2021, 8 were administered by the TESS Program.

Information and scores for the measurement outcome tools are submitted through the AVATAR electronic health record. The following is a list of measurement outcome tools currently being implemented at the TESS Program that are specific by age:

Table 24 - TESS Measurement Outcome Tools

Instrument Name	Disorder	Age Group	Areas of Measurement
Behavior and Symptom Identification Scale *(BASIS 24)*	General	18 +	Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm
Child and Adolescent Needs and Strengths (*CANS*)	General Tool	6-20	Behavioral/Emotional Needs Functioning, Risks, and Strengths
Pediatric Symptom Checklist *(PSC-35) English*	*General Instrument*	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms
Pediatric Symptom Checklist *(PSC-35) Spanish*	*General Instrument*	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms
PTSD Checklist-Specific Civilian (PCL-C) & Spanish	*Diagnosis Specific: Post-Traumatic Stress Disorder (PTSD)*	18 +	PTSD Symptoms
Y_PSC Score Entry Form *(PSC Y) English*	*General Instrument*	11-20	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items

Instrument Name	Disorder	Age Group	Areas of Measurement
Y_PSC Score Entry Form *(PSC Y) Spanish*	*General Instrument*	11-20	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items
Structured Interview for Prodromal Syndromes *(SIPS)*	Psychotic Disorders	12-25	Usual Thought Content/Delusional Ideas Suspiciousness/Persecutory Grandiose Ideas Perceptual Abnormalities/Hallucinations Disorganized Communication

The TESS Program continues to work towards successfully linking individuals to mental health services. The following is a comparison of the number of individuals served through the TESS Program with the number of successful transfers to outpatient mental health services:

- FY 2020-2021, TESS served 298 individuals of which 96 were currently active from the previous FY 2019-2020, 106 referrals received from the Mental Health Triage Unit, 16 Hospitalizations, 15 Out of County Hospitalizations, 65 Self/Pre-Screens. In addition, 55 were successfully transferred, 13 were screened out, 33 pending transfers to Mental Health Outpatient Clinics, and 140 unsuccessful linkages due to non-compliance, declined further services, or relocated out-of-county.

Table 25 - TESS Program Referrals and Discharges

TESS Program Referral Outcome Overview	
FY 2020-2021	
Mental Health Triage Unit Referrals	106
Mental Health Triage Hospitalizations	16
Out of County Hospitalizations	15
Self/Pre-Screens	65
Total Referrals	**202**
TESS Program Discharges	
FY 2020-2021	
Successful Linkages to Mental Health Outpatient Clinics:	55
Screened out – Did not meet medical necessity	13
Unsuccessful Linkages:	133
Transfers to other agency providers:	7
Total Discharges	**208**

The table and charts below provide a demographic summary of the individuals who have been served during this FY 2020-2021:

Table 26 - TESS Demographics

Demographic Category	TESS FY 2020-2021
Gender	
Female	90
Male	112
Other	0
Not Reported	0
Total	**202**
Age Group	
0 to 13	2
14 to 25	64
26 to 59	119
60+	17
Not Reported	0
Total	**202**
Ethnicity	
Hispanic	139
Black	10
White	47
Alaskan Native	1
Asian Native	2
Other	3
Total	**202**

Budget

The number of individual clients served in FY 2020-2021 was 202 individuals. **The average cost per person was $1,450.23.**

Progress Made Towards 2020-2021 Goals and Objectives

The TESS Program has focused on increasing accessibility to Mental Health Services by increasing awareness through outreach, education and advocacy by specific age group. During FY 2020-2021, the TESS Program served a total of 202 individuals.

- The TESS Program has continued to increase efforts to engage homeless individuals suffering from a severe mental illness by continuing to collaborate with homeless shelters, educate agencies, and the community on mental health issues and services

available through Imperial County Behavioral Health Department. In order to better serve and ensure this population receives good quality of care and services, ICBHS continues working closely with WomenHaven Center for Family Solutions. This agency collaborates with ICBHS by providing accessible services to this population such as emergency lodging, linkage to long term placement, and other support services. In addition to this, ongoing community presentations have been conducted with strong efforts in reaching the community, however, with emphasis to reach our homeless population. Outreach presentations are conducted throughout Imperial County including the outlying areas of the north end.

- TESS has also continued to enroll individuals in the Projects for Assistance in Transition from Homelessness (PATH) Program. The PATH program is designed to support and deliver services through outreach and engagement to those who are homeless or at risk of homelessness, and to those who are the hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance use. With our hardest efforts made, during FY 2020-2021 the TESS program engaged a total of 39 homeless individuals into Mental Health Services. Additionally, the TESS Program has continued to focus on improving delivery of services by training one (1) Mental Health Rehabilitation Technician on SOAR services. The SOAR program increases access to Social Security disability benefits for eligible children and adults who are experiencing or are at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder. In addition, it will assist in reducing the impacts of homelessness and promote recovery by increasing access to SSI/SSDI for individuals with disabling conditions. Due to the current COVID 19 Pandemic, during FY 2020-2021, TESS was unable to train any new staff on SOAR services, however, TESS will continue to work on establishing this goal as identified in the MHSA Three Year Plan for FY 2020-2023.

- TESS Program worked on improving successful transfers to the mental health outpatient clinics by linking clients within the 30-day time frame, thus working on preventing individuals from decompensating and being readmitted to the MHTU and/or inpatient psychiatric hospitalization. Clients that have recently been discharged from MHTU and/or inpatient hospital continue to be scheduled for an initial intake assessment within three days; for any other referrals received, clients are scheduled within a seven day period. Upon completion of the initial intake assessment, the client will have an initial nursing assessment and initial psychiatric assessment for medication support scheduled within a three-week period, via telehealth services, in order to expedite service delivery. This continues to be accomplished by expediting services and increasing efforts to decrease no-show rates by repeated retention calls for those who have not been reached. Furthermore, if a consumer has not been reached, via a retention call, a Community Service Worker conducts a home visit to increase the consumers' engagement into services and to attempt to mitigate a "no-show". During FY 2020-2021, the TESS Program successfully transferred 55 individuals, with an average of 8 successful transfers per month to the mental health outpatient clinics. The COVID -19 Pandemic has played a strong contributing factor to reaching the proposed goal. With strong intentions and efforts, TESS will continue to work diligently during these uncertain

times in order to successfully meet the goal identified in the MHSA Three Year plan, for FY 2020-2023.

- The TESS program continues to work on improvising and conducting outreach presentations. During FY 2020-2021, TESS completed a total of 13 Outreach and Activities presentations to various agencies in the community. The following is a breakdown of the presentations completed:

Table 27 - TESS Outreach Activities

TESS Outreach Activities	
FY 2020-2021	
Total Outreach Presentations	0
Informational Booth/Brochures Disseminations	13
Total Outreach Activities	**13**

Table 28 – List of Community Agencies

Community Agencies
El Centro Regional Medical Center & Outpatient Clinic
Campesinos Unidos
IV Housing Authority
Faith Assembly Church
Clinicas de Salud del Pueblo (Calexico & El Centro Clinics)
Veterans Affair-Imperial Valley Outpatient Clinic
Imperial Valley Family Medical Group Pharmacy
Pioneers Memorial Hospital
Sun Valley Behavioral Health
Blossom Valley Inn
Parkers Pharmacy

- The TESS Program continued to work to improve expedited follow-up services and care coordination for those individuals who are placed in a psychiatric hospital. Via mental health rehabilitation technician services, the TESS Program continued to assist hospital social workers to ensure follow-up care is implemented by coordinating placement, scheduling mental health outpatient appointments, and linkage to other community services. Additionally, to improve follow-up services and care coordination for those individuals who are placed in a psychiatric hospital Mental Health Rehabilitation Technicians are conducting hospital visits for those clients who have reoccurring and/or frequent hospitalizations for care coordination with both the client as well as the hospital treatment team working on the case. During FY 2020-2021, TESS received 41 hospitalizations of which 18 were out of county hospitalizations. Upon out of county hospitalization discharge, 16 received a follow-up appointment to Mental Health Services and 2 declined further services. The TESS Program will continue to collaborate with hospital social workers to ensure follow-up care is implemented by coordinating immediate placement, scheduling mental health outpatient appointments, and changing

county Medi-Cal codes to assist individuals in accessing services in their county of residence, therefore, reducing out of county hospitalizations.

Notable Community Impact

- The TESS Program continued with strong intensions to provide services to the unserved and underserved population that are the hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance abuse disorders. During FY 2020-2021, TESS was significantly impacted by the COVID-19 Pandemic. The current pandemic limited our resources and linkage capacity, which affected admissions process, transfer rates, and the availability of our staff. Despite the significant impact, TESS continued with strong intensions of providing services to the aforementioned population. TESS will continue to conduct outreach and engagement efforts in order to expedite delivery of services to those who continue to be impacted by severe mental illness and/or co-occurring substance use disorders.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2020-2021

- A challenge encountered with administering the CANS tool was the limitation in sending clinicians to be trained. Due to the current pandemic, limited slots were available making it difficult to train staff and adhere to the guidelines. As CANS is required to be administered, strong efforts will be made to train all clinicians on the administration of the tool virtually.

- Barriers that were faced during FY 2020-2021 were a result of the COVID 19 Pandemic. Such challenges included shortage in staff, and limited outreach and engagement. Subsequently, community partners reduced collaboration during the pandemic in order to adhere to state regulations, which resulted in minimal outreach and engagement efforts made. Additionally, ICBHS implemented strict safety measures mandated by the state to ensure the safety of staff and their clients; therefore, a reduction of referrals was evident by the impact In an effort to continue providing outreach and engagement services, TESS will collaborate with other entities on new approaches to continue serving individuals either virtually and/or out in the community with precaution.

- Another barrier that continued to be identified by the TESS Program was the ability to meet the demands that involved the ability to provide transportation. For FY 2020-2021, the TESS program continued to have one vehicle assigned to the program; however, it will be alleviated as the program has been approved, and is in the process of receiving an additional vehicle in order to provide support and help clients attend their clinical appointments.

- An additional challenge identified for the program, TESS, has been to hire additional staff to meet the needs of the programs growing caseload. A contributing factor is the TESS program has undergone and continues to undergo changes of staff due to

personnel promotions, leaving the program for educational and career growth, or transfers. This has left current MHRTs with high caseloads and thus limited time to see and provide assistance with their clients. As the program finds different avenues and sources to mitigate through this challenge, TESS will continue providing ongoing training to staff to implement new strategies on assisting clients through these difficult times, and as new hires come on board, a more thorough and hands on training will be implemented to ensure new staff are able to provide services independently at a faster pace.

Significant Changes, Including New or Discontinued Programs for FY 2020-2021 through 2021-2022

During this FY 2020-2021, a significant change identified within the TESS program was the use of tele-psych and telehealth services. Due to the current COVID 19 Pandemic, the TESS program implemented new strategies to continue providing services to the aforementioned identified population. The services consisted of virtual case management services, intake assessments, initial nursing assessment, initial psychiatric assessments, and outreach and engagement services.

Goals and Objectives for FY 2021-2022

Due to the current COVID-19 Pandemic, TESS was unable to meet goals; however, as adjustment are made and new avenues are explored, it is projected goals previously established will be met in the future. New approaches and avenues are currently being explored to ensure the continuity of services proceeds as usual, and that that targets populations are reached.

- TESS will continue working on increasing accessibility to Mental Health Services by 5% by increasing awareness through outreach, education, and advocacy by specific age group.

Table 29 - TESS Service Goal

Age Group	FY 2021-2022
14 to 25	116
26 to 59	247
60+	40

- TESS will continue to engage homeless individuals by increasing accessibility of mental health services by 5% each year.

- TESS will continue to improve delivery of services to those who are homeless or at risk of homelessness who are the hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance use; TESS will continue to train One (1) Mental Health Rehabilitation Technician per FY on SOAR training and monitor those cases for a least 90 days;

- To successfully transfer ten (10) individuals on a monthly basis to the outpatient clinics within 30 days of admission by completing the entire intake process which includes: intake assessment, initial nursing assessment and initial psychiatric assessment prior to transfer;

- To continue to increase community outreach presentations to the community. TESS will be engaging in outreach events twice monthly to educate and reach the unserved and unserved population. Additionally, staff providing outreach services will continue to identify key community agencies, and participate in meetings and/or multi-disciplinary teams with the purpose of educating, informing, and creating a networking system that will increase the number of referrals;

- TESS will continue scheduling mental health appointments to ensure linkage to mental health treatment and assisting with the accessibility of services to those individuals that are hospitalized out-of-county and are not returning to Imperial County, the target goal for TESS is to link 20% of hospitalized individuals into treatment.

Community Engagement Supportive Services

Community Engagement Supportive Services (CESS) is a program developed to provide outreach and engagement supportive services to individuals 14 years of age and older including those who are homeless or at risk of homelessness. The focus of the CESS program is to address the specific needs of each individual to increase their support system and their willingness for linkage into Mental Health Treatment Services. The goal is to assist individuals with reunification with their family members and/or transitioning them back into the community or a higher level of care. Services provided by the CESS program include an expedited Intake process and linkage to Mental Health Outpatient treatment services based on medical necessity. In addition, CESS program provides screening and referral services on site at Imperial County Jail to individuals who will soon be released from incarceration to ensure individuals are successfully reintegrated back into the community and linked to Mental Health Services.

Services provided by the CESS program include:

- Initial Intake Assessment
- Initial Nursing Assessment
- Initial Psychiatric Assessment
- Medication Support;
- Mental Health Services-Nurse;
- Mental Health Services- Rehabilitation Technician;
- Targeted Case Management; and
- Crisis Intervention
- Substance Use Disorder Treatment Referral (SUD)
- Outreach and Engagement Services
- Linkage to Community Resources
- Emergency Shelter Placement
- Emergency Clothing
- Emergency Food Baskets
- SSI/SSA Benefits Application
- DSS / Cash Aide Assistance

Additionally, the CESS Program continues to utilize the Portland Identification and Early Referral model by providing outreach, engagement, and assessment services to determine criteria for the PIER Model. The PIER Model is an evidence-based early detection and intervention model that focuses on the prodromal phase of a developing psychotic illness and advocates psychosocial interventions and drug treatments that are tailored to the individual. The objective of the PIER Model is to transition an individual identified with early severe mental illness into an evidence-based treatment model as quickly as possible to improve outcomes in treatment and allow for transition back into the community. Specific goals of the PIER Model include interrupting the very early progression of psychotic disorders and improving outcomes and preventing the onset of the psychotic phase of severe mental illness like bipolar disorder, major depression, and schizophrenia. Under the CESS program the PIER is implementing Phase I and Phase II of the PIER Model. Phase I consists of providing outreach and engagement services to potential PIER individuals and educating the community at large. Phase II entails in depth evaluation via the Structured Interview for Prodromal Syndromes (SIPS) assessment to determine admission criteria.

During FY 2020-2021, PIER Model completed 17 Outreach and Engagement activities as part of Phase I and 14 SIPS completed for Phase II PIER Model. Below illustrates the breakdown for Phase I and Phase II activities:

Table 30 - CESS Referrals to PIER Model

PIER Model Referral Outcome Overview	
FY 2020-2021	
Phase I	
Outreach Presentations	N/A
Informational Booths	17
Brochure Dissemination	92
Phase II	
SIPS completed	14

Performance Outcomes

The CESS Program administers the BASIS 24 outcome measurement tool to establish a baseline of symptoms and impairments to those clients age 18 years and older. The areas of measurement include depression/functioning, relationships, self-harm, emotional liability, psychosis, and substance abuse. The BASIS 24 is administered at the time of initial intake assessment and is re-administered on an annual basis. During FY 2020-2021, CESS Program administered 136 BASIS 24.

The CESS Program also administers the Child and Adolescent Needs and Strengths (CANS). A multi-purpose tool developed for children's services; 6-20 years of age to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. During FY 2020-2021, zero CANS were administered.

CESS also administered the Pediatric Symptom Checklist (PSC-35). The PSC-35 screening tool is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. During FY 2020-2021 one (1) tool was administered.

Information and scores for the measurement outcome tools are being submitted through the AVATAR electronic health record. The list on the following page is a list of measurement outcome tools currently being implemented at the CESS that are specific by age:

Table 31 - CESS Measurement Outcome Tools

Instrument Name	Disorder	Age Group	Areas of Measurement
Behavior and Symptom Identification Scale *(BASIS 24)*	General	18 +	Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm

Instrument Name	Disorder	Age Group	Areas of Measurement
Child and Adolescent Needs and Strengths (*CANS*)	General Tool	6-20	Behavioral/Emotional Needs Functioning, Risks, and Strengths
Pediatric Symptom Checklist *(PSC-35)* ***English***	*General Instrument*	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms
Pediatric Symptom Checklist *(PSC-35)* ***Spanish***	*General Instrument*	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms
PTSD ***Checklist-Specific Civilian*** *(PCL-C)* ***& Spanish***	*Diagnosis Specific: Post-Traumatic Stress Disorder (PTSD)*	18 +	PTSD Symptoms
Y_PSC Score Entry Form *(PSC Y)* ***English***	*General Instrument*	11-20	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items
Y_PSC Score Entry Form *(PSC Y)* ***Spanish***	*General Instrument*	11-20	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items
Structured Interview for Prodromal Syndrome *(SIPS)*	Psychotic Disorders	12-25	Usual Thought Content/Delusional Ideas Suspiciousness/Persecutory Grandiose Ideas Perceptual Abnormalities/Hallucinations Disorganized Communication

During FY 2020-2021, the CESS Program received, 279 community referrals because of these outreach efforts. Below illustrates a breakdown of the referral outcome.

Table 32 - CESS Referral Overview

CESS Program Referral Outcome Overview	
FY 2020-2021	
Total Community Referrals	**279**
Well-Path	10
Spread the Love charity	17
Medical Treatment Center	16
Department of Social Services	4
Local Hospitals	3
Relative/Family member referral	11
Emergency Homeless Task Force	38
Jackson House	1
Day Out Center	2
Law Enforcement	6
County Jail	75
Imperial County Behavioral Health Services	86
Imperial Valley College	3
Other	7
Total Clients Served	136
Admissions	111
Total Screened Out (did not meet Service Necessity)	25
Total Pending Admission (Pre-Registration)	143
CESS Program Discharges	
FY 2020-2021	
Successful Linkages to Mental Health Outpatient Clinics	56
Screened out – Did not meet medical necessity	25
Unsuccessful Linkages	37
Total Discharges	**118**

The table and charts below provide a demographic summary of the individuals who have been served during this FY 2020-2021:

Table 33 – Client Demographic for the CESS Program

Demographic Category	CESS FY 2020-2021
Gender	
Female	63
Male	73
Other	N/A
Not Reported	N/A
Total	**136**
Age	
0 to 13	0
14 to 25	24

26 to 59	96
60+	16
Not Reported	N/A
Total	**136**
Ethnicity	
Hispanic	100
Black	0
White	35
Alaskan Native	1
Asian Native	N/A
Other	0
Total	**136**

Budget

The number of individual clients served in FY 2020-2021 were 136. **The average cost per person was $$3,641.42.**

Progress Made Towards 2020-2021 Goals and Objectives

- For FY 2020-2021, the CESS Program has served a total of 279 individuals. CESS has engrossed their efforts in providing services through Imperial County by increasing awareness through outreach, education, and advocacy by targeting specific age groups and population. During this FY, CESS received 279 referrals of which 111 met medical necessity, and 25 did not meet medical necessity. In addition to this, CESS transferred 56 to the outpatient clinics.

- The CESS Program has continued to increase efforts to engage homeless individuals suffering from a severe mental illness by continuing to collaborate with homeless shelters, educate agencies, and the community on mental health issues and services available through Imperial County Behavioral Health Department particularly the Mental Health Triage and Engagement Services. Presentations at local agencies and in the community have continued to be conducted with strong efforts in expanding outreach to the homeless population in the outlying areas of Imperial County such as the north end. In additional to this, CESS also continues to work in partnership with WomenHaven Center for Family Solutions, which collaborates with CESS by providing emergency lodging, linking to long-term placement, and other supportive services. During this FY, CESS referred 32 individuals to WomanHaven for emergency lodging, of which 18 received a 45-day extension to continue stabilizing and securing placement for the clients. Moreover, the CESS Program has continued to focus on improving delivery of services by training one (1) Mental Health Rehabilitation Technician on SOAR services. The SOAR program increases access to Social Security disability benefits for eligible children and adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or co-occurring substance use disorder. In addition, it will assist in reducing the impacts of homelessness and promote recovery by increasing access to SSI/SSDI for individuals with disabling conditions. In addition to this, CESS continued to

enroll individuals in the Projects for Assistance in Transition from Homelessness (PATH) Program. During FY 2020-2021, CESS engaged a total of 10 homeless individuals into Mental Health Services. The PATH program is designed to support and deliver services through outreach and engagement to those who are homeless or at risk of homelessness, and to those who are the hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance use.

- During this FY 2020-2021, CESS continued to provide outreach and engagement in collaboration with the local emergency room department, located in the El Centro Regional Medical Center Hospital. This collaborative approach includes a Mental Health Rehabilitation Technician stationed at local emergency rooms with the objective to identify the target population and provide outreach and engagement services and linkage to mental health/substance use treatment and other support services such as emergency shelter thereby averting a crisis admission or linkage to higher level of care. For this FY 2020-2021, CESS did not obtain any referrals from this approach. A contributing factor to this was the current COVID-19 Pandemic.

- The CESS Program worked on improving successful transfers to the mental health outpatient clinics by linking clients within the 30-day time frame, thus working on preventing individuals from decompensating and being readmitted to the MHTU and/or inpatient psychiatric hospitalization. During FY 2020-2021, CESS successfully transferred 56 individuals, with an average of 8 successful transfers per month to the mental health outpatient clinics. To accomplish the successful transfers with intensions of expediting services, clients continue to be scheduled for an initial intake assessment within seven days from receiving a referral. Upon completion of the initial intake assessment, the client will have an initial nursing assessment and initial psychiatric assessment for medication support scheduled within a three-week period, via telehealth services, in order to expedite service delivery. Subsequently, strong efforts were made to decrease no-show rates by repeated retention calls for those who have not been reached. Furthermore, if a consumer has not been reached via a retention call, a Community Service Worker conducts a home visit to increase the consumers' engagement into services and to attempt to mitigate a "no-show".

- The CESS Program remained focused on providing presentations to non-profit organizations, social services agencies, school districts, health clinics, shelters, local physician offices, law enforcement agencies, local hospitals, home health agencies, the Mexican Consulate, and colleges, with the objective of expanding accessibility to mental health services and drug and alcohol services. This included expanding outreach and engagement services to the underserved and unserved population of the outlying areas of Imperial County such as the east and north-end of the county. During FY 2020-2021, the CESS Program completed 19 Outreach presentations in an effort to increase Mental Health Services awareness.

The following is a breakdown of the presentations completed:

Table 34 – Outreach and Engagement Activities Conducted by CESS

CESS Program Outreach and Engagement Activities	
FY 2020-2021	
Total Outreach Presentations	19
Informational Booth/Brochures-Disseminations	95

Table 35 – List of Community Agencies

Community Agencies
Imperial Valley Regional Occupational Program
Neighborhood House
Guadalupe Shelter
Blossom Inn
Brawley Wellness Center
Clinicas de Salud del Pueblo El Centro
Farmacia del Pueblo El Centro
Planning Access Care Treatment Program
El Redentor
Niland Church
Spread the Love
Women Haven
Imperial County Behavioral Health Services

CESS continued to improve mental health service delivery at the Imperial County Jail by conducting initial intake assessments for those individuals who are scheduled to be released. Upon release, the CESS Program continued expediting services for those individuals to have an initial nursing assessment and an initial psychiatric assessment for medication support within the three-week time frame. Additionally, a full time MHRT assigned to the Imperial County Jail, provides outreach and engagement services within the jail; as well as, provides and assist with linkage, discharge planning, and referral of clients to the CESS program. This process begins 90 days prior to individuals release date which assist inmates in their transition into the community and decreases the chances of re-incarceration. Additionally, since the integration of the County Jail referral process into the CESS Program, administrative staff from ICBHS and the County Jail have been meeting on a monthly basis to develop effective ways to improve the delivery of mental health services and/or other community services to individuals who are reintegrating into the community. During FY 2020-2021, 62 Jail referrals were received.

The CESS Program facilitates Moral Recognition Therapy (MRT) groups to adult offender populations suffering from a substance use disorder, dual diagnosis or mental illness. As a cognitive behavioral approach, MRT seeks to increase the individual's awareness on the impact of skillful decision making by enhancing appropriate behavior through the development of higher moral reasoning. As a result, programs that have implemented MRT have shown a significant reduction in the rates of recidivism. During FY 2020-2021, CESS had 36 MRT groups with a total of 15 participants completing the groups.

Notable Community Impact:

- CESS continued with strong intensions to provide services to the unserved and underserved population that are the hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance abuse disorders. During FY 2020-2021, CESS was significantly impacted by the COVID-19 Pandemic. The current pandemic limited the resources and linkage capacity, which affected admissions process, transfer rates, and the availability of our staff. Despite the significant impact, CESS continued with strong intensions of providing services to the aforementioned population. CESS will continue to conduct outreach and engagement efforts in order to expedite delivery of services to those who continue to be impacted by severe mental illness and/or co-occurring substance use disorders.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2020-2021

- A significant challenge that was encountered during FY 2020- 2021 was the increase of referrals for the homeless population. Due to the current pandemic, this population was limited in housing resources. During this FY, CESS collaborated with the Homeless Task Force in efforts to provide support to the aforementioned population. Though the collaboration was vital, CESS did not part take in any Homeless Task Force meetings. As an approach to better serve the population, CESS will take part in the Homeless Task Force Meeting to contribute information, and assist with formulating better ways to serve this population.

- A challenge encountered with administering the CANS tool was the limitation in sending clinicians to be trained. Due to the current pandemic, limited slots were available making it difficult to train staff and adhere to the guidelines. As CANS is required to be administered, strong efforts will be made to train all clinicians on the administration of the tool virtually.

- A significant barrier encountered this FY 2020-2021, was the collaboration between our local emergency room departments. Due to the COVID 19 Pandemic and restrictions, CESS was unable to collaborate with the local hospitals to engage and educate individuals on mental health services. In order to continue this strong collaboration, CESS will work closely with the hospitals to come up with other ways to engage and educate individuals on mental health services.

- Barriers that were faced during FY 2020-2021 were a result of the COVID 19 Pandemic. Such challenges included shortage in staff, and limited outreach and engagement. Subsequently, community partners reduced collaboration during the pandemic in order to adhere to state regulations, which resulted in minimal outreach and engagement efforts made. Additionally, ICBHS implemented strict safety measures mandated by the state to ensure the safety of staff and their clients; therefore, a reduction of referrals was evident by the impact. With strong efforts in continuing providing outreach and engagement services, CESS will collaborate with other entities on new approaches to continue serving individuals either virtually and/or out in the community with precaution.

- Another barrier that continued to be identified by the CESS Program was the ability to meet the demands that involved the ability to provide transportation. For FY 2020-2021,

the CESS program continued to have one vehicle assigned to the program; however, it will be alleviated as the program has been approved, and is in the process of receiving an additional vehicle in order to provide support and help clients attend their clinical appointments. In addition to this, due to the COVID-19 Pandemic, providing transportation to clients was limited due to the lack of Personal Protective Equipment (PPE). In order to mitigate this barrier, CESS has ordered substantial amount of PPE, and had provided training to staff on how to conduct the appropriate screening prior to transporting clients.

- An additional challenge identified has been for the program, CESS, to hire additional staff to meet the needs of the programs growing caseload. A contributing factor to this is the CESS program has undergone and continues to undergo changes of staff do to promotions, leaving the program for educational and career growth, and transfers. This has left current Mental Health Rehabilitation Technicians with high caseloads and thus limited time to see and provide assistance with their clients. As the program finds different avenues and sources to mitigate through this challenge, CESS will continue providing ongoing training to staff to implement new strategies on assisting clients through these difficult times, and as new hires come on board, a more thorough and hands on training will be implemented to ensure new staff are able to provide services independently at a faster pace.

- Another challenge or barrier for the CESS program is the difficulty in engagement and retention of clients. Individuals living with serious mental illness are often difficult to engage in ongoing treatment, and dropout from treatment is all too common. Due to the complications in engaging this population into treatment this population often time has exacerbation of symptoms, re-hospitalization, and do not fully realize the potential benefits of treatment. Thus, increase efforts were made in outreach and engagement with the use of Community Service Workers being used to re-engage those that decline services or are hard to locate. Moreover, this barrier was also faced by the current pandemic. Due to the limited resources, and adhering to local orders, services were not provided unless virtual. CESS encountered difficulties with engaging clients to services, as most of this population was limited with electronic resources to meet the virtual standards. In addition to this, most clients were not receptive to virtual treatment. Through further training and different approached, it is anticipated CESS will be able to engage clients provide services out in the community with proper PPE.

- Another challenge has been with the inmate population suffering from a severe mental illness receiving and obtaining needed mental health service upon release from incarceration. Often times individuals released from Imperial County Jail face lower penetration rates into mental health services and are hard to engage after release due to the inability to contact clients after their release. Thus, to mitigate this barrier the CESS program has collaborated with the Imperial County Jail to assign a full time Mental Health Technician on site. This Mental Health Rehabilitation Technician (MHRT) provides outreach and engagement services and assist with linkage, discharge planning, and referral of inmates to the CESS program while the individuals incarceration and continues after their release date. This approach has begun to improve the delivery of mental health services to individuals who are reintegrating back into the community.

Significant Changes, Including New or Discontinued Programs for FY 2020-2021 through 2021-2022

- A significant change for FY 2021-2022, The CESS program will utilize the Workforce Education and Training (WET) component to establish a contract with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the Assertive Community Treatment (ACT) model. The ACT model is an evidence based practice that offers treatment, rehabilitation, and supportive services using a person-center, recovery-based approach to individuals that having diagnosed with serious mental illness. This training will serve as the support needed to further develop a new program initially named Full Service Partnership (FSP) Assisted Outpatient Treatment (AOT). The significant change is not only in the training, the development and the implementation of new program but also renaming the program as FSP-Intensive Community Program (ICP). The contract is currently in review and is pending to be finalized by Imperial County Board of Supervisors.

- An additional significant change added to FY 2020-2021 includes the program structure of the Psychosis Identification and Early Referral (PIER). Initially, PIER was structured to initiate Phase I & II, which involved outreach and engagement and the Structured Interview for Prodromal Syndromes (SIPS), within the CESS Program. However, through increase of services and referrals, there is a clear demand for Phase I & II be integrated with Phase III and become a standalone program. Oppose to the CESS program initiating PIER, PIER will now stand alone and initiate and provide services that will include Phase I, II, and III as its own program.

- A large component of the Community/Transitional Engagement and Supportive Services programs (CESS and TESS) is to provide outreach and engagement to individuals with SMI in community, who are discharged from crisis or inpatient settings, or who are being released from the jails and support individuals to connect to the appropriate ongoing treatment. However, in a recent collaborative planning process to improve County management of psychiatric emergencies, community partners expressed frustration over the inability to adequately support individuals who refuse to engage in services voluntarily. Thus, the plan is to expand FSP services by implementing a new program which will target adults (ages 18+) with a serious mental illness (SMI) throughout the entire County with the goal of aiming to interrupt the cycle of hospitalization, incarceration, and homelessness and promote wellness and recovery for adults with serious mental illness who have been unable and/or unwilling to participate in mental health services on a voluntary basis. Management staff will identify a model and how the model will be applied and will work on determining the steps needed to implement.

Program Goals and Objectives for FY 2021-2022

- Increase accessibility to Mental Health Services by 5% through increasing awareness through outreach, education, and advocacy by targeting specific age group and population.

Table 36 – CESS Service Goals

Age Group	FY 2021 – 2022
14 to 25	92
26 to 59	245
60+	25

- To continue to engage homeless individuals by increasing accessibility of mental health services by 5%;

- Improve delivery of services to those are homeless or at risk of homelessness who are the hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance use; CESS will train one (1) Mental Health Rehabilitation Technician per FY on SOAR training and monitor those cases for a least 90 days;

- To improve collaboration with homeless shelters and educate on mental health services to identify possible referrals by having at least one (1) presentation per month and keep track of referrals from the homeless shelter;

- To continue successfully transfer six (6) individuals per month to the outpatient clinics within 30 days of admission by completing the entire intake process which includes: intake assessment, initial nursing assessment and initial psychiatric assessment prior to transfer;

- To continue to increase community outreach presentations to the community. CESS will be engaging in outreach events by three (3) times per month to educate and reach the unserved and unserved population. Also, staff providing outreach services will identify key community agencies, will participate in meetings and/or multi-disciplinary teams with the purpose of educating, informing and creating a networking system that will increase the number of referrals;

- Continue to improve mental health services delivery at the County jail by conducting initial intake assessments for those individuals who are scheduled to be released. CESS will be assisting in expediting services upon release from jail. CESS will continue to keep track of jail referrals to provide outreach and successfully transfer to the outpatient mental health services.

Psychosis Identification and Early Referral - Full Service Partnership Program

Effective February 1, 2019, The Portland Identification and Early Referral – Full Service Partnership (PIER-FSP) was implemented as part of the Phase III of PIER Model. The PIER-FSP program provides Multifamily Groups (MFG) that provide the opportunity for families (client with parents, siblings, partners, and/or other social supports) to meet with clinical staff and other PIER families to learn more about the troubling symptoms. These services and supports include a focus on recovery and resiliency, shared decision-making that is client-centered, and maintenance of an optimistic therapeutic perspective at all times. Additionally, The PIER-FSP program offer the following services:

- Mental Health Services
- Mental Health Services-Rehabilitation Technician
- Targeted Case Management
- Crisis Intervention
- Outreach and Engagement Services
- Linkage to Community Resources
- Emergency Shelter Placement
- Emergency Clothing
- Emergency Food Baskets
- SSI/SSA Benefits Application
- DSS / Cash Aide Assistance

During FY 2020-2021, PIER-FSP program received 16 referrals for Phase III of the PIER Program. Below illustrates the breakdown for referrals received:

Table – 37 PIER Referrals and Demographics

PIER FSP	FY 2020-2021
Referrals	
Total Referrals received	16
CESS-FSP Pier	9
Total individuals served	34
Total SIPS	14
• **Prodromal**	7
• **First Episode Psychosis**	6
• **Screen Out**	1
Total MFG Groups	0
• **Male / female groups**	0
Total Discharges	11
Total unsuccessful linkages	7
Total Consultation Calls	
MFG Calls	0
SIPS Calls	0
Joining sessions	27
Demographics	
Female	21
Male	13
Other / or not reported	0
Age Groups	
Cohort 2 - 14-17 yrs	0

PIER FSP	FY 2020-2021
Cohort 3 - 17-23 yrs.	0
Ethnicity	
Hispanic	28
White	4
African American	2
Total	**34**

Budget

The number of individual clients served in FY 2020-2021 was 34 individuals. **The average cost per person was $1,087.08.**

Progress Made Towards 2020-2021 Goals and Objectives

- For FY 2020-2021, the PIER Program received 16 referrals. PIER conducted 14 SIPS, of which 2 remained pending for a SIPS assessment. Through the extensive assessment, it was identified 7 met criteria for Prodromal, and 6 met criteria for First Episode Psychosis; 1 was screened out.

- The PIER Program has made continuous efforts in providing educational presentations, conducting outreach and informational booths, and disseminating information throughout the community. For FY 2020-2021, PIER attended 17 informational booths, disseminated 92 brochures, and provided educational information to 25 sites. In addition to this, the PIER Program provided 3 informational presentations.

- For FY 2020-2021, PIER conducted a total of (3) informational presentations and training to ICBHS staff. ICBHS staff were trained and informed on the referral process, and on how to identify clients that would benefit from the PIER model. Concluding these presentations, a total of (7) referrals were received.

- Through referrals received and services provided, for FY 2020-2021, the PIER Program collected the following demographics: the program served 21 females and 13 males; a total of 34 individuals served. Of the aforementioned individuals serviced, all remain on the waiting list to take part in Cohorts. Moreover, for FY 2020-2021, the PIER program has a total of 11 discharges; 1 resulted in being screened out; 3 clients declined services due to sufficient progress made; 4 non-adherence to treatment; and 3 declined services.

- Currently, the PIER Program has 9 individuals trained in the PIER model; 2 of which are assigned to the PIER Program; a Clinician and a Mental Health Rehabilitation Technician (MHRT). Despite the current COVID 19 Pandemic, the increase and interest in the program has been made evident; therefore, the need to assign another trained staff to the program is required. It is projected for an additional MHRT to be assigned, and an additional clinician to be trained in the SIPS and PIER model.

Notable Community Impact:

The PIER-FSP program, which began effective on February 01, 2019 continues to provide outreach and education to the community in an attempt to increase referrals to provide early

detection and intervention of those in the prodromal phase. This is an effort to intervene and provide early intervention to individuals, thus preventing escalation of symptoms and need of higher level of treatment/care. PIER attended 17 informational booths, disseminated 92 brochures, provided educational information to 25 sites and 3 informational presentations to the community in an attempt to educate the community, individuals, and families on the services and benefits of the program. Consequently, the PIER-FSP program received 14 referrals from these outreach events and presentations.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2020-2021

- For FY 2020-2021, the PIER Program continues face the same challenge with limited staff trained, and/or assigned to the program. Subsequently, the program faces a significant challenge with not having sufficient staff trained to implement the SIPS assessment. Contributing factors to this is due to staff promotions, leaving the program for educational and career growth, and departmental transfers. This has led to a difficultly in providing outreach to the community, coordinating staff to facilitate the multi-family groups, as well as the scheduling of the SIPS.

- Another barrier the PIER program continues to face for FY 2020-2021 is the difficulty in engagement of clients and families. The target population for this program are often times difficult to engage into treatment. Due to this complication this population often time have exacerbation of symptoms and do not fully maximize services. Thus, increase efforts will be made in education, outreach, and engagement services to ensure that individuals and families are aware of the program, agree to services, and commitment to PIER.

- A new challenge faced this FY 2020-2021 is the current COVID 19- Pandemic. This challenge has resulted in limiting the resources and avenues to provide educational information and conduct outreach out in the community. In addition to this, in person groups have been impacted due to the pandemic; as the program shifts to implement the model virtually, some of the consumers do not have the technology and/or resources to meet the needs of the program.

Significant Changes, including new or Discontinued Programs for FY 2020-2021 through 2022-2023

The CESS Program is now responsible for implementing Phase I and Phase II of the Portland Identification Early Referral (PIER) Model. Phase I consists of providing outreach and engagement services to potential PIER individuals and educating the community at large. Phase II entails an in-depth evaluation via the Structured Interview for Prodromal Syndromes (SIPS) assessment to determine admission criteria. Effective February 1, 2019, the expansion of the PIER Model was implemented into the Mental Health Triage and Engagement Division called Portland Identification and Early Referral – Full Services Partnership (PIER-FSP) Program. This new MHSA FSP program is responsible for implementing Phase III of PIER Model which involves families and support persons meeting with clinical staff in a group setting to learn more about symptoms and ways to reduce stress through the multi-family groups. A significant change will be the consolidation of PIER Model (Phase I and II) under PIER FSP for more effective tracking of cost and data, supervision, and reporting.

For this FY 2020-2021, the consolidation of phases I and II to the PIER FSP (phase II), continue to undergo the planning and development of the program structure.

In addition this this, a significant change for FY 2020-2021 has been the new approach on how the program will run, and how the model will be implemented. Due to the current pandemic, the program has now implemented services and conducted outreach and engagement services virtually. Also, the PIER program has coordinated with other community agencies on future implementation of “drive-thru” outreach events in efforts to continue educating the community.

Program Goals and Objectives

The following are the goals and objectives for the PIER Program for FY 2021-2022 through FY 2022-2023.

- The PIER Program will continue to increase accessibility to Mental Health Services by 5% through increasing awareness through education and advocacy by targeting specific age group and population

Table 38: PIER Service Goals and Objectives

Age Group	FY 2021 - 2022
14 to 25	6
26 to 59	6
60+	none

- The PIER Program will continue to provide PIER education and outreach one time per month through trainings, presentations, informational booths, and dissemination of information to the community and within the department in order to increase clients referred and served.

- The PIER Program will continue to teach community members, support person (s), and ICBHS staff on a monthly basis on how to identify those who are showing either prodromal or active symptoms of major psychotic disorders through outreach, trainings and presentations.

- Collect demographic and evaluation data to measure the outcome and performance of the PIER program as a prevention of the first episode of psychosis, and to determine if the program has had any impact on the clients and their families.

- Provide training to two Mental Health Rehabilitation Technicians and two Clinicians on the PIER Model to ensure successful implementation of the model by ensuring that the program is fully staffed.

Prevention and Early Intervention

The goal of the Prevention and Early Intervention (PEI) programs is to lessen the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. The PEI programs assist in preventing and/or reducing risk factors such as school failure/dropout, prolonged suffering and/or removal of children from their homes that may result from untreated mental illness and increase protective factors that may lead to improved mental, emotional and relational functioning. The PEI programs, such as Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), First Step to Success (FSS) and Incredible Years (IY), assist in identifying one of the Mental Health Oversight and Accountability Commission's (MHSOAC) priorities of *childhood trauma*. Imperial County Behavioral Health Services' (ICBHS) PEI programs continue to engage children and youth by delivering services out in the community, all services are provided outside of the norm of outpatient clinics and meet the MHSOAC priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents.

Table 39 – Prevention and Early Intervention Programs

Prevention and Early Intervention Programs FY 2019-2020				
Prevention	Early Intervention	Stigma and Discrimination	Outreach for Increasing Recognition of Early Signs of Mental Illness	Access and Linkage to Treatment
• TF-CBT Prevention • Incredible Years • First Step to Success Prevention • Rising Star	• TF-CBT Early Intervention • First Step to Success Early Intervention	• Stigma and Discrimination	• TF-CBT Prevention • TF-CBT Early Intervention • First Step to Success Early Intervention • First Step to Success Prevention *(New)* • Stigma and Discrimination • Outreach and Engagement* • Transitional Engagement Supportive Services* • Community Engagement Supportive Services Program*	• TF-CBT Prevention • TF-CBT Early Intervention • Incredible Years • First Step to Success Early Intervention • First Step to Success Prevention *(New)* • Stigma and Discrimination • Outreach and Engagement* • Transitional Engagement Supportive Services* • Community Engagement Supportive Services Program*
***Programs are provided under the MHSA CSS component**				

Prevention Programs

MHSA PEI: Trauma Focused Cognitive Behavioral Therapy (TF-CBT) – Prevention

Program Description

In keeping aligned with the priorities established by the Mental Health Services Oversight and Accountability Commission (MHSOAC). ICBHS continues to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as a selective prevention program for children and youth exposed to traumatic experiences. TF-CBT has been implemented as a strategy to reduce the negative outcomes such as school failure/dropout and prolonged suffering from becoming severe and disabling. All TF-CBT prevention services are mobile and are provided out in the community in locations such schools, homes and places of worship.

The TF-CBT Program continues to be a vehicle in serving the unserved and/or underserved populations in the community. TF-CBT also addresses the needs of one of the priority populations: children and adolescents, ages 4 to 18, who have been exposed to a traumatic experience. As a prevention program, children/youth do not meet the diagnostic criteria to meet medical necessity for Specialty Mental Health Services however, they are at risk of developing symptoms and behaviors. The goal of the TF-CBT model is to prevent mental illness from developing. TF-CBT assists the child/youth recognize the potential signs and symptoms of a mental disorder and to learn skills to overcome the negative effects of traumatic life events. TF-CBT can be provided in an abbreviated form, in consultation with clinical supervisor, for those children who do not require the complete treatment format. The program has also contributed to increasing access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment by being mobile out in the community. The program has also helped foster a “help first” system by facilitating access and linkages to supports to prevent the development of mental illness.

For FY 2019-2020, referrals to the program decreased greatly due to the COVID-19 pandemic, as all the schools in Imperial County closed for face-to-face instruction and transferred to virtual instruction. However, TF-CBT continued to provide selective prevention services to 86 children/youth and to approximately 108 parents/legal guardians/caregivers at a cost of $1,548 per child/parent. This cost includes the provision of TF-CBT therapy sessions by master level clinicians, as well as linkage and referral services by the clinicians for the child/youth and their parents/legal guardians/caregivers.

Program Demographics

Table 40 - Demographic information for TF-CBT FY 2019-2020

Age Group	Total	Percentage
0 - 15	84	98%
16 - 18	2	2%
Total	**86**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	50	59%
Male	36	41%
Total	**86**	**100%**

Gender Identity	Total	Percentage
Female	50	59%
Male	36	41%
Total	**86**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	86	100%
Total	**86**	**100%**
Race	**Total**	**Percentage**
White	85	99%
Other	1	1%
Total	**86**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	83	97%
Non-Hispanic or Non-Latino:		
European	2	2%
African	1	1%
Total	**86**	**100%**
Language	**Total**	**Percentage**
English	84	98%
Spanish	2	2%
Total	**86**	**100%**
Veteran Status	**Total**	**Percentage**
No	86	100%
Total	**86**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	86	100%
Yes	0	0%
Total	**86**	**100%**

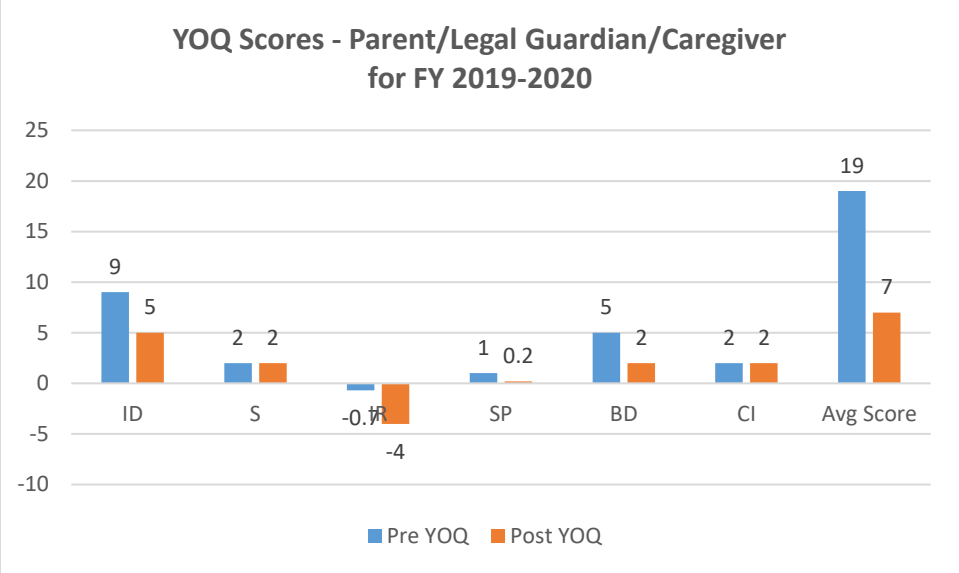
Achievement of Performance Outcomes

ICBHS continues to measure performance outcomes for the TF-CBT program to determine the effectiveness of the program. The TF-CBT utilizes the following outcome tools: Youth Outcome Questionnaire (YOQ) and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI). Data from these outcome tools is gathered and entered into the department's information system (AVATAR). However the AVATAR system is currently unable to provide statistical information on PRE and POST data. ICBHS has contracted with Dr. Todd Sosna to work with the department's Information System department to develop and generate reports to evaluate the effectiveness of the program as a prevention strategy. In the meantime information extrapolated from the AVATAR system is manually entered into a log to calculate the PRE and POST data.

During FY 2019-2020, a total of 86 children/youth were served and 31 successfully completed the TF-CBT model. Out of 31 successful completions, 19 children/youth and parents/legal guardians/caregivers completed a pre and post YOQ and UCLA PTSD tools. Some of the contributing factors to this discrepancy included: 1) COVID-19 pandemic, and 2) Pre or Post data was not obtained after numerous attempts by our clinicians. The following graphs include

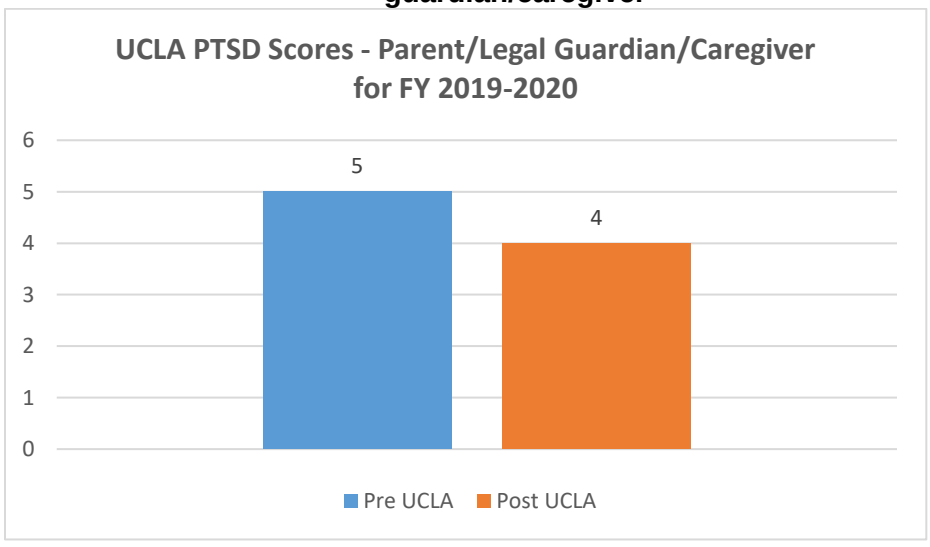
outcome data based on pre and post outcome evaluation tools completed by children/youth and their parents/legal guardians/caregivers during FY 2019-2020:

Graph 21: YOQ Pre (n=27) and Post (n=14) tool completed by Parent/legal guardian/caregiver



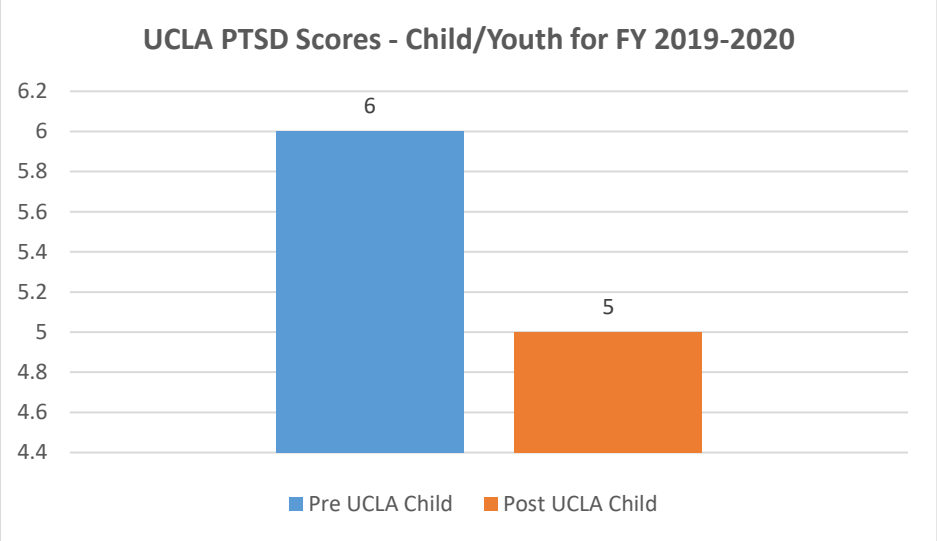
This tool assesses the parent/guardian/caregiver's perception in several areas of the child's mental health functioning. Areas measured include interpersonal distress; somatic distress; interpersonal relationships; critical items such as paranoid ideation and suicide; social problems; and behavioral dysfunction. The Post-scores indicate a reduction in parent's perception of the minor's symptoms in all areas measured by this tool.

Graph 22: UCLA PTSD Index Pre (n=32) and Post (n=26) completed by Parent/legal guardian/caregiver



This tool measures symptoms and frequency of symptoms associated with PTSD as reported by the parent/guardian/caregiver. The Post-score indicate a reduction in all symptoms measured by this tool.

Graph 23: UCLA PTSD Index Pre (n=12) and Post (n-11) completed by Child/Youth



This tool measures symptoms and frequency of symptoms associated with PTSD as reported by the child/youth. The Post-score indicate a reduction in all symptoms measured by this tool. Please note that children in this group do not meet the medical necessity criteria for PTSD upon entering services therefore significant change may not be noted.

Based on the overall scores of the above mentioned assessment tools, children/youth who have experienced a traumatic event in their lives, have improved their overall functioning and have had a reduction in the symptoms and frequency of symptoms after completing the TF-CBT model. Prior to the COVID-19 pandemic, the program received constant referrals from schools, community agencies, and children's mental health outpatient treatment clinics. However, during the pandemic referrals decreased as school's priority was to provide instructional educational via Zoom and navigate all the new challenges faced. For FY 2019-2020, the TF-CBT Prevention program served 194 individuals. This total included 86 children/youth and 108 parents/legal guardians/caregivers. Below is the breakdown out of the 86 children/youth served:

Table 41 - Total Children Served FY 2019-2020

Total No.	Percentage	Status
31	36%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
4	5%	Transferred, averaging within 10 calendar days, to a higher level of care – Treatment Services.
5	6%	Transferred, averaging within 1 calendar day, to a higher level of care – Early Intervention Services.
28	32%	Declined services either at intake or during therapy.
18	21%	Actively being served as of June 30, 2020.
86	**100%**	**Total**

Program Goals and Objectives for FY 2020-2021

1. Increase staff to 2 FTE clinicians to continue providing TF-CBT as a selective prevention strategy to children and youth in order to prevent functional impairments of a traumatic event.
2. Continue collecting demographic and evaluation data to measure the outcome and performance of the TF-CBT Program as a prevention strategy as well as to develop and generate outcome evaluation reports.
3. Continue using the PTSD-RI, YOQ, and YOQ-SR tools to measure symptoms and behaviors of children/youth served to monitor and evaluate the outcomes of children/youth served after prevention services were provided.
4. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Program goals projected for FY 2021-2022 will remain the same as current year goals.

MHSA PEI: First Step to Success - Prevention

Program Description

The MHSA First Step to Success (FSS) was first implemented on March 2014 to March 2019, as an Innovation Project. The goal of the MHSA FSS was to utilize an evidence based model as a vehicle to develop an effective collaborative relationship between mental health and education to provide services to underserved children ages 4 to 6. On March 31, 2019, MHSA Innovation funding for the FSS project ended. With stakeholder approval the FSS transitioned from an Innovation Project to a prevention program as a component of the ICBHS MHSA PEI programs. The MHSA FSS is a prevention program that was developed to be provided in a school setting and implemented by school personnel. The MHSA FSS program focuses on the kindergarten population and is a positive reinforcement program designed to assist children in developing pro-social skills that will assist them in being successful at school and home. The goal of the MHSA FSS program is to prevent mental illness from developing or becoming disabling.

For FY 2019-2020, the MHSA FSS Program provided services to 89 children and approximately 111 parents/legal guardians/caregivers at a cost of $466 per child/parent. This cost includes the expense of implementation of the MHSA FSS program at 42 classrooms in 12 school sites; salaries for 4 full-time and 7 part-time MHRTs who worked closely with school staff on a daily basis, providing prevention services to children in a school setting; and providing collateral services as well as linkage and referral services to parents/legal guardians/caregivers. However, all part-time MHRTs were temporarily laid off as all schools in Imperial County closed for face to face education due to the COVID-19 pandemic. The remaining full-time staff continued providing prevention services to children and their parents.

Table 42 - Demographic information for MHSA FSS FY 2019-2020

Age Group	Total	Percentage
0 - 15	89	100%
Total	89	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	25	25%
Male	64	75%
Total	89	**100%**
Gender Identity	**Total**	**Percentage**
Female	25	25%
Male	64	75%
Total	89	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	89	100%
Total	89	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	3	3.5%
Asian	1	1%
White	82	92%
Black/African American	1	1%
Other	2	2.5%

Total	89	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	76	85%
Non-Hispanic or Non-Latino:		
Chinese	1	1%
European	6	7%
African	1	1%
Other	5	6%
Total	89	**100%**
Language	**Total**	**Percentage**
English	41	
Spanish	48	
Total	89	**100%**
Veteran Status	**Total**	**Percentage**
No	89	100%
Total	89	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	89	100%
Total	89	**100%**

Achievement of Performance Outcomes

The MHSA FSS program obtained the following performance outcomes. For FY 2019-2020, 89 children were served. The table below is the breakdown of the 89 children served:

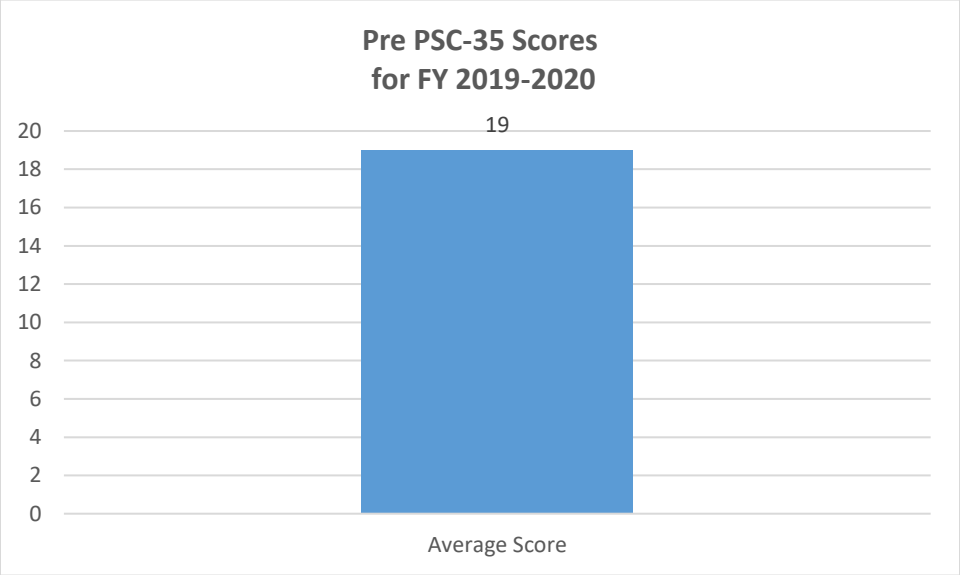
Table 43 - Total Children Served FY 2019-2020

Total No.	Percentage	Status
5	6%	Successfully Completion – Did not require higher level of care and are not actively receiving mental health treatment.
46	53%	Transferred, averaging within 1 calendar day, to a higher level of care – Early Intervention Services.
1	.50%	Transferred, averaging within 10 calendar days, to a higher level of care – Treatment Services.
36	40%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
1	.50%	Actively being served as of June 30, 2020
89	**100%**	**Total**

The MHSA FSS program applies outcome measurement tools to measure and assess client's progress. The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool, completed by the parent/guardian, and is designed to facilitate the recognition of cognitive, emotional, and behavioral problems at the earliest signs. The PSC-35 is a psychosocial screening tool completed by parents/legal guardians/caregivers, designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. Out of the 89 clients served, 69 clients were provided a PSC-35 during the assessment phase, 20 clients did not complete a tool as a result of being discharged

or declined services prior to completion of a PSC-35. All of the clients who completed a pre PSC-35 did not complete a post PSC-35, due to being transferred to a higher level of care for Early Intervention or Treatment services. Post PSC-35 scores can be obtained under the First Step to Success – Early Intervention program. Below are the pre scores for the PSC-35 tool.

Graph 24: Pre PSC-35 Scores completed by parent/legal guardian/caregiver (n=69)



For children ages 4 to 5, the PSC cutoff score is 24 and for children ages 6 through 16, the cutoff score is 28. The above graph indicates a PSC score of 18, which suggests the children being served under the MHSA FSS program do not need further mental health assessment or evaluation, due to having very little or no impairment.

Program Goals and Objectives for FY 2020-2021

1. Maintain collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children.
2. Continue to expand services to additional elementary schools during FY 2020-2021, in efforts to cover all Imperial County school districts in order to reach unserved and underserved children.
3. Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model.
4. Increase parents' and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health.
5. Collect data for evaluation purposes of the PEI MHSA FSS program.
6. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Program goals projected for FY 2021-2022 will remain the same as current year goals.

Incredible Years

Program Description

ICBHS continues to contract with two local agencies in Imperial County for the implementation of the Incredible Years (IY) parenting program. The program targets a priority population of *children and youth in stressed families* as part of our prevention program. Through these two contracts, ICBHS continues to provide a parenting program to address the needs of unserved and/or underserved stressed families in order to prevent *childhood trauma*, prolonged suffering and/or the risk of having their children removed from their homes. The IY was selected as parenting program to meet the needs of our community; focusing on strengthening parenting competencies and fostering positive parent-child interactions and attachments for infants to children, up to the age of 12 years. IY is a comprehensive evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote children's development in a positive environment, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social and emotional development. The IY program is conducted as a group of up to 12 parents with two trained facilitators. The program involves 10 to 18 two-hour weekly meetings. Parenting skills are taught through a combination of video vignettes, role-playing, rehearsals, homework and group support. This model was also selected because it meets the linguistic and cultural needs of our community, as the program materials are available in English and Spanish.

ICBHS contracted with the Child and Parent Council (CAP Council) and Teach, Respect, Educate, Empower Self (TREES) to provide the IY in our community. The CAP Council started providing services during FY 17/18. For FY 18/19, ICBHS contracted with Teach, Respect, Educate, Empower Self (TREES) to increase the effort of providing the Incredible Years parenting group in the far northern and eastern areas of Imperial County. Even though ICBHS continues to make every effort to provide services in these distant outlying areas of Imperial County, we have still encountered challenges in increasing penetration rates for the unserved and underserved Native American population and other very hard to reach populations. By contracting with the TREES, they have been focusing on providing services in Salton Sea, Niland, and Winterhaven. Below are the demographic and outcome information for both contract providers:

Budget and Demographic Information

Child and Parent Council (CAP Council)

For FY 2019-2020, the CAP Council conducted 30 parenting groups, providing services to 520 parents at an average cost of $494 per parent. This cost includes staffing, childcare, mileage, phone and internet service, insurance, mileage reimbursement, books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs.

Table 44 - Demographic Information for CAP Council FY 2019-2020

Age Group	Number	Percentage
0 - 15	0	0%
16 - 25	46	9%
26 - 59	450	87%
60+	24	4%
Total	520	**100%**

Sex Assigned at Birth	Total	Percentage
Female	402	77%
Male	118	23%
Total	520	**100%**
Gender Identity	**Number**	**Percentage**
Female	350	68%
Male	100	19%
Decline to Answer	70	13%
Total	520	**100%**
Sexual Orientation	**Number**	**Percentage**
Bisexual	1	0%
Heterosexual/Straight	332	64%
Different Identity	5	1%
Decline to Answer	182	35%
Total	520	**100%**
Race	**Number**	**Percentage**
Am. Indian/Alaska Native	13	3%
Asian	2	.50%
Black or African American	23	4%
White	461	89%
Native Hawaiian or Other Pacific Islander	3	.50%
Other	18	3%
Total	520	**100%**
Ethnicity	**Number**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	420	80%
Central American	1	.50%
Other	8	2%
Non-Hispanic or Non-Latino:		
African	23	4%
Asian Indian/South Asian	1	.50%
Korean	8	2%
European	41	8%
Other	18	3%
Total	520	**100%**
Language	**Number**	**Percentage**
English	139	27%
Spanish	226	43%
English and Spanish	154	30%
Other Language	1	0%
Total	520	**100%**
Veteran Status	**Number**	**Percentage**
Yes	11	2%
No	509	98%
Total	520	100%

Identifies with any Disability or Special Needs	Number	Percentage
Yes	30	6%
No	442	85%
Declined to Answer	48	9%
Total	520	**100%**
Disabilities or Special Needs	**Number**	**Percentage**
Difficulty Seeing	7	23%
Difficulty Hearing	3	10%
Difficulty Speech	2	8%
Mental Health	4	13%
Physical Mobility	7	23%
Chronic Health	7	23%
Total	30	**100%**

Teach, Respect, Educate, Empower Self (TREES)

For FY 2019-2020, TREES conducted 12 parenting groups, providing services to 146 parents at an average cost of $918 per parent. This cost includes staffing, childcare, mileage, phone and internet service, insurance, mileage reimbursement, books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs. The cost per parent for TREES is much higher than the cost for the CAP Council due to targeting very hard to reach populations in the farthest regions of Imperial County. Imperial County expands over 4,597 square miles and is comprised of seven incorporated cities including Westmorland, and seven unincorporated areas, such as Niland and Salton Sea, some of which are located more than 45 to 60 minutes apart from each other.

Table 45 - Demographic information for TREES FY 2019-2020

Age Group	Number	Percentage
16 - 25	42	29%
26 - 59	104	71%
Total	**146**	**100%**
Sex Assigned at Birth	**Number**	**Percentage**
Female	104	71%
Male	42	29%
Total	**146**	**100%**
Gender Identity	**Number**	**Percentage**
Female	104	71%
Male	42	29%
Total	**146**	**100%**
Sexual Orientation	**Number**	**Percentage**
Heterosexual/Straight	146	100%
Total	**146**	**100%**
Race	**Number**	**Percentage**
Am. Indian/Alaska Native	26	18%
Black or African American	9	6%
White	100	68%
Other	11	8%
Total	**146**	**100%**

Ethnicity	Number	Percentage
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	81	56%
Non-Hispanic or Non-Latino:		
African	9	6%
European	19	13%
Other	37	25%
Total	**146**	**100%**
Language	**Number**	**Percentage**
English	76	52%
Spanish	70	48%
Total	**146**	**100%**
Veteran Status	**Number**	**Percentage**
No	146	100%
Total	**146**	**100%**
Identifies with any Disability or Special Needs	**Number**	**Percentage**
No	146	100%
Total	**146**	**100%**
Disabilities or Special Needs	**Number**	**Percentage**
No	146	100%
Total	**146**	**100%**

Achievements of Performance Outcomes

Child and Parent Council (CAP Council)

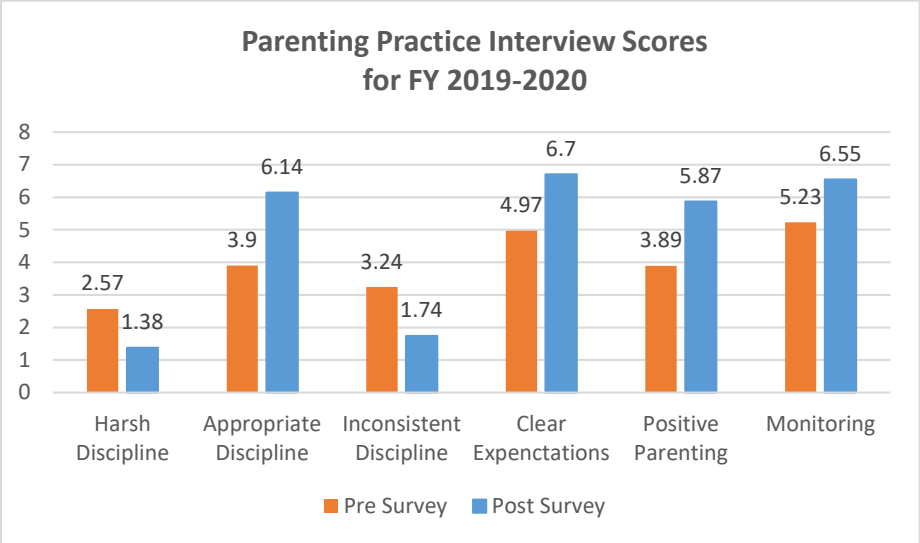
For FY 2019-2020, the CAP Council conducted a total of sixteen (16) groups were conducted in Spanish and fourteen (14) groups were in English, serving a total of 520 parents. The CAP Council received a total of 337 referrals from various agencies and community agencies. Below is a breakdown of the referrals:

Table 46 - Demographic information for CAP FY 2019-2020

Referee	No of Referrals
Self-Referral	166
Child Protective Services	60
Imperial County Behavioral Health Services	11
Court Orders	50
Other Community Agencies	50
Total	337

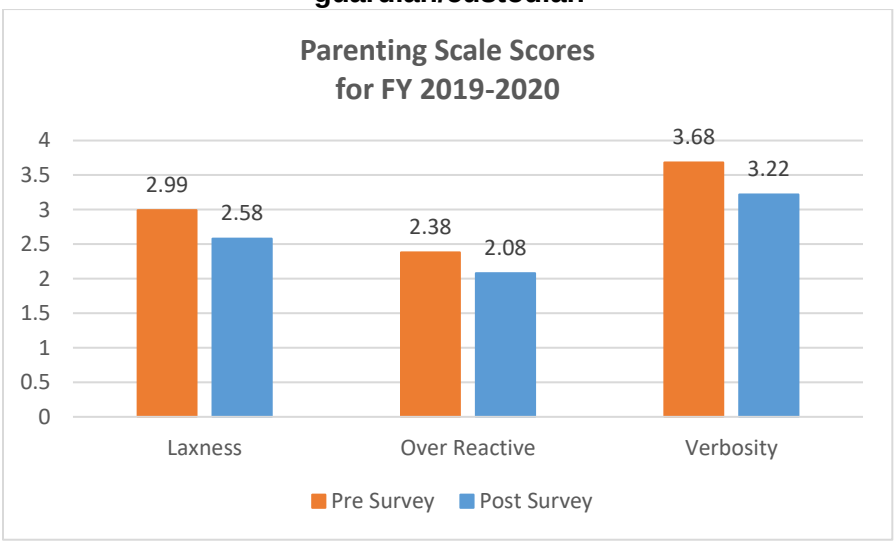
Additionally, the CAP Council provided parents with pre and post outcome tools to measure parenting skills. The Parenting Practices Interview (PPI) tool is for parents/legal guardians/caregivers with school-aged children. The Parenting Scale (PS) is for parents/legal guardians/caregivers with toddlers and the Karitane Parenting Confidence Scale (KPCS) is for Infants. Below are Pre and Post cumulative scores for the 3 tools:

Graph 25: Pre and Post PPI Scores completed by parent/legal guardian/custodian



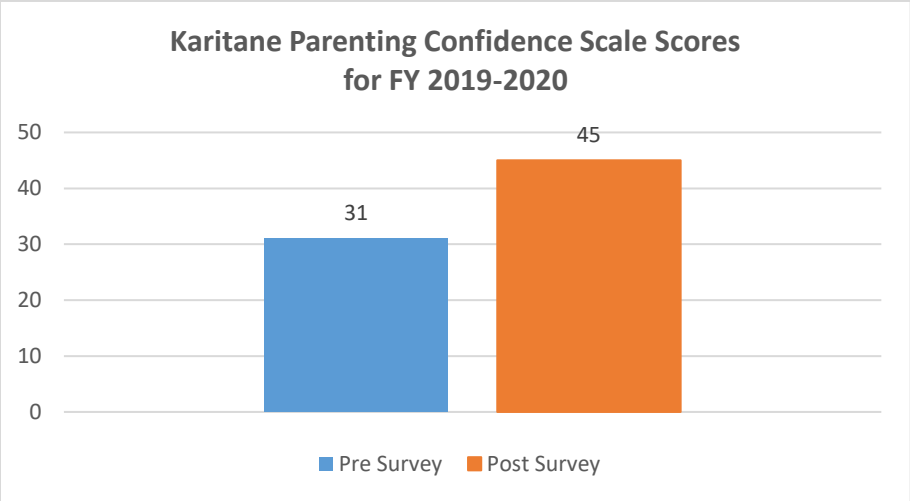
The PPI tool measures parenting practices which include hard discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring. In Graph 25, a lower post-score compared to the pre scores demonstrate a reduction in *Harsh* and/or *Inconsistent Discipline*. A higher post score compared to the pre score demonstrates improvement of *Appropriate Discipline, Clear Expectations*, and *Positive Parenting*. A high *Monitoring* score might indicate a style of "helicopter" parenting and a low score might indicate a style of "free-range" parenting.

Graph 26: Pre and Post Parenting Scale Scores completed by parent/legal guardian/custodian



The PS tool is a 7-point scale. Low scores indicate good parenting and high scores indicate dysfunctional parenting. Based on Graph 26, all post scores are lower than the pre-scores, which indicate an increase in positive parenting skills.

Graph 27: Pre and Post KPCS Scores completed by parent/legal guardian/custodian



The KPCS tool measures how confident the parents/legal guardians/custodians are feeling in raising a newborn/infant. Higher scores indicate feeling confident. In Graph 6, the post-score demonstrate parents were more confident upon completion of the program.

Based on the data obtained from the 3 tools given to parents/legal guardians/custodians before and after completion of the parenting groups, it can be determined that the IY curriculum has been effective in addressing the needs of the unserved and underserved target population of children at risk of exposure to trauma. The results indicate decrease in scores in the areas of harsh discipline, inconsistent discipline, laxness, over reactive and verbosity and an increase in scores in the areas of appropriate discipline, clear expectations, positive parenting and confidence. Data will continue to be collected and evaluated to determine if the IY Program has long lasting effects on parents and children by children being raised in supportive structured environments, to prevent the development of mental illness.

Teach, Respect, Educate, Empower Self (TREES)

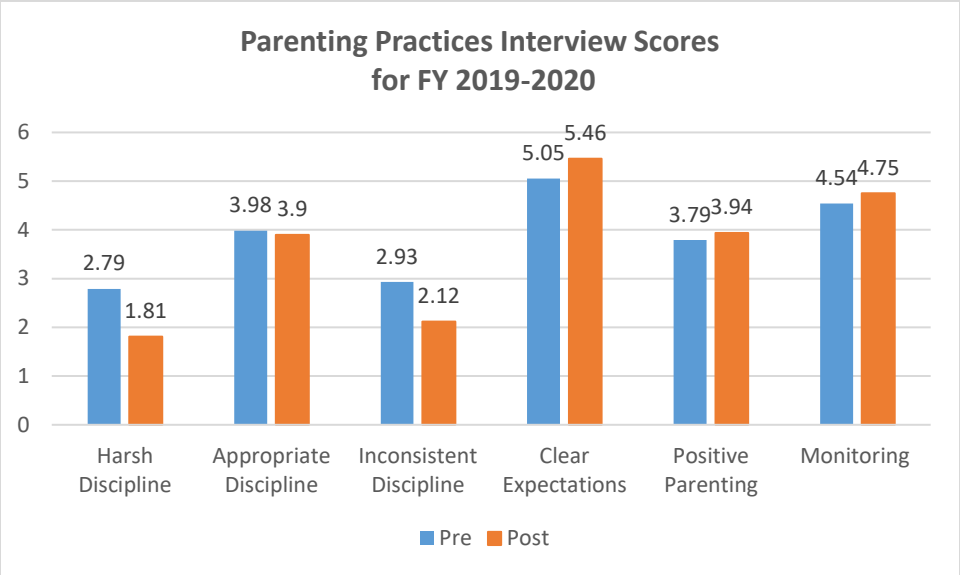
For FY 2019-2020, TREES conducted 12 parenting groups, eight (8) groups were conducted in English and four (4) groups were conducted in Spanish, serving a total of 146 parents. TREES received 146 referrals to the Incredible Years parenting group. Below is the breakdown of the referrals:

Table 47 - No. of Referrals for FY 2019-2020

Referral Source	No of Referrals
Self-Referral	77
Schools	35
Community	29
Social Services	5
Total	146

Parents were provided with a pre and post outcome tool to measure parenting skills. The Parenting Practices Interview (PPI) tool was also provided to parents/legal guardians/caregivers with school-aged children. Below is the Pre and Post cumulative scores for the PPI tool:

Graph 28: Pre and Post PPI Scores completed by parent/legal guardian/custodian



Based on the data obtained from the PPI tool given to parents/legal guardians/custodians before and after completion of the parenting groups, it can be determined that the IY curriculum has been effective. Graph 28 shows a decrease in scores in the areas of harsh discipline and inconsistent discipline and an improvement in the areas of appropriate discipline, clear expectations, and positive parenting.

Program Goals and Objectives for FY 2020-2021

1. Provide Incredible Years groups in English and Spanish, in non-traditional and safe environment such as schools, community centers, family resource centers and other community agencies to increase access to unserved and underserved children/youth in stressed families.
2. Provide parenting groups, to include Native Americans and other hard to reach population, in community settings with accessible hours and in cities where the need is identified by consumers and community partners.
3. Evaluate the effectiveness of this program by collecting appropriate evaluating data. Fidelity to the IY model will be closely followed to replicate proven outcomes. Demographic information and outcome data will be collected using measurement tools to determine if the model has had any impact on the children/youth and their families.
4. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Program goals projected for FY 2021-2022 will remain the same as current year goals.

Rising Stars - IVROP

Program Description

On December 16, 2019, during the MHSA Steering Committee meeting comment period, a stakeholder from the Imperial Valley Regional Occupational Program (IVROP), reported on the challenges faced by foster care students and the lack of supportive services available to them in Imperial County. Additionally former foster care students gave testimonials on their experiences in being in the child welfare system and the hardships they encountered. Stakeholders present during the MHSA meeting acknowledged their hardships.

On February 18, 2020, during the monthly Imperial County Mental Health Board meeting public comment period, Luis Torres, stakeholder representing IVROP and former foster students gave a brief presentation on the challenges faced by foster care youth related to their exposure to trauma, placement changes, and lack of consistency of adults and support systems in their lives. The Chairman of the Mental Health Board requested to add to next month's meeting agenda for discussion the topic of services to foster care children and youth.
On March 16, 2020, during the MHSA Steering Committee comment period, Luis Torres, stakeholder representing IVROP provided a brief presentation on foster care youth. The manager of the Prevention and Early Intervention (PEI) programs informed the stakeholders and family/community members present of IVROP's proposal was consistent with the goals of the PEI program, as the recommended program would provide prevention services to children and youth in the foster care system. Stakeholders and family/community members present during the meeting did not object and were in favor of implementing services for youth in foster care under the PEI Program. It was agreed that a final proposal would be presented to stakeholders during a special MHSA Steering Committee meeting to give family/community members and stakeholders an opportunity to get involved and provide feedback.
On April 14, 2020, a written program proposal and funding request from IVROP was received. After review of the proposal it was determined that this would be submitted as a new Prevention Program as it meets the priorities as established by the Mental Health Services Oversight and Accountability Commission (MHSOAC), which includes:

1. Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.
2. Youth outreach and engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.
3. Culturally competent and linguistically appropriate prevention and intervention.

Towards the end of FY 2019-2020 Imperial County Behavioral Health Services (ICBHS) commenced in developing a contract with the Imperial Valley Regional Occupational Program (IVROP) to implement a new Prevention Program under the Prevention and Early Intervention (PEI) component. This new program, Rising Stars will target foster youth ages 5 to 18. Rising Stars (RS) will be a prevention program that will provide services to at least 225 school-aged students (K-12) who are identified as current foster children/youth enrolled in local school districts. The goal of this Prevention program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster students. RS staff will provide preventive services such as social emotional learning activities, leadership development, self-esteem enhancement, Developmental Assets workshops, team-building activities, mentoring, academic enhancement, enrichment activities, educational field trips,

college-prep workshops, study skills workshops, and Science, Technology, Engineering, Arts and Math (STEAM) workshops. All of the strategies utilized by RS will be culturally competent and linguistically appropriate for the targeted population.

Foster care students commonly experience childhood trauma and Adverse Childhood Experiences (ACEs) during a vulnerable period in their life. In a recent report by the Center for Disease Control and Prevention, "*Preventing Adverse Childhood Experiences*", examples of ACEs were described as follows: experiencing abuse or neglect, growing up in household with substance abuse, suicide within the family, witnessing violence within the home, mental illness within the family or having an incarcerated parent. The Department of Health and Human Services reported in 2018 that abuse, neglect and drug abuse accounted for the majority of circumstances that were associated with the removal of the child from their biological family. Foster care students commonly experience various forms of ACEs which increases the likelihood of negative outcomes throughout their childhood and as adults. Foster care students who have experienced childhood trauma and ACEs are at risk of developing depression, high anxiety, post-traumatic stress disorder, substance use disorders and/or other mental health disorders.

IVROP has over ten years of experience collaborating with ICBHS to provide preventive and supportive services to Imperial County youth. IVROP staff has established an effective and collaborative partnership with various ICBHS programs during this time. IVROP management staff also has twenty years of experience working with children/youth in the Child Welfare System (CWS) and helping vulnerable students reach their goals. IVROP has successfully worked with local school districts for over thirty (30) years, which has led to strong working relationships that have supported local students. The collaboration with ICBHS, CWS and local school districts will facilitate the primary goals of providing preventive services to foster care students. Additionally, Rising Stars will collaborate with ICBHS staff, CWS staff, staff from the local school districts and other community stakeholders to help foster care students overcome the impact of trauma. It is expected a contract between ICBHS and IVROP will be fully executed during FY 2020-2021.

Program Goals and Objectives for FY 2020-2021

1. Project RS will serve at least 225 school-aged students (K-12) who are identified as current foster care students residing in Imperial County.

2. RS staff will collect relevant demographic data of the participating students to meet PEI regulations.

3. All data gathered will be presented in the public accountability reports of this Prevention and Early Intervention (PEI) program, except where publishing data would violate student privacy or state/federal regulations. Other RS program relevant data that will be collected includes on an annual basis:
    a. Total number of program activities coordinated throughout each fiscal year.
    b. Participation hours will be tracked using attendance rosters and spreadsheets to include pre and post attendance records for all students.
    c. Total number of referrals to ICBHS or community stakeholders.
    d. Total number of referrals from DSS and/or school districts.
    e. Number of students participating in each program component or strategy.
    f. Number of students successfully completing current grade and advancing

4. RS staff will collect Pre-screening data and Post data from the following outcome measurement tools:
    a. ACE Questionnaire (will only be provided once at admission).
    b. Y-PSC 35 and Care Giver PSC-35.
    c. Child and Youth Resilience Measure.
    d. Hope Index results.
    e. Developmental Assets Profile survey.
    f. TABE Assessment for students enrolled in academic services.

6. Improve the self-esteem, sense of hope, and resiliency of participating foster care students to avoid mental health illness.
    a. At least 70% of students will participate in self-esteem, hope, and resiliency activities.
    b. At least 80% of students will participate in restorative circle activities.
    c. At least 60% of students will display higher results in post Hope index and Resiliency Scale.

7. Enhance the social-emotional competencies, developmental assets and other protective factors to reduce negative outcomes for the participating foster care students.
    a. At least 75% of students will attend Social Emotional Learning activities.
    b. At least 75% of students will attend Developmental Assets workshops.
    c. At least 60% of students with siblings will participate in sibling connection events.
    d. At least 60% of students will display improved results in post-DAP surveys.

8. Provide positive guidance and mentoring services to participating foster care students.
    a. At least 70% of students will participate in mentoring activities.
    b. At least 60% of students will participate in career mentoring activities.
    c. At least 70% of students will participate in peer-led activities.
    d. At least 70% will have an increase in mentors or social capital.
    e. At least 60% of students will display improved results in post-DAP surveys.

9. Improve the study skills, basic skills competencies and college preparation of targeted students to enhance their educational outcomes and prepare them for higher education.
    a. At least 75% of students will participate in academic supportive activities.
    b. At least 70% of students will participate in STEAM exploration activities.
    c. At least 60% of students will participate in summer academy or camp activities.
    d. At least 75% of students will participate in college preparation activities.
    e. At least 60% of students will display improved results in post-TABE assessment.
    f. At least 90% of high school will remain in school or obtain diploma/GED.

Program goals projected for FY 2021-2022 will remain the same as current year goals.

Stigma and Discrimination Reduction Program

Program Description

PEI continues to utilize a universal strategy to reduce stigma and discrimination related to mental health. The program addresses the entire Imperial County community, focusing on reducing the negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or for seeking mental health services. The program also strives to increase the community's acceptance and equity for individuals with a mental illness and their families. Due to the COVID-19 pandemic the PEI staff were unable to conduct any stigma related activities. On March 2020, PEI staff, including master level clinicians and Mental Health Rehabilitation Technicians (MHRTs) began telecommuting and an administrative decision was made to prioritize in providing specialty mental health services during the pandemic crisis. However, ICBHS continued broadcasting the "Let's Talk About It" and "Expresate" radio shows on a weekly basis. The radio uses the show for educational purposes on issues and topics that have significant Behavioral Health impacts. The show is broadcasted in English and Spanish on several stations in Imperial County and is made available on podcast, http://talks.kxoradio.com/.

Table 48 - Radio Shows FY 2019-2020

Date	Topic	Guest
7/4/19	Transgender: Understanding the Gender Umbrella	Dr. Ebony Williams, Psy.D.
7/11/19	Imperial Valley LGBT Resource Center	Rosa Diaz, Chief Executive Officer Imperial Valley LGBT Resource Center
7/18/19	Quality Behavioral Healthcare for LGBTQ Populations	Scott McClure, Ph.D.
7/25/19	LGBTQ Youth Engagement	Brian Phillips, Mental Health Rehabilitation Technician and Johanna Pinedo, AMFT, Mental Health Counselor for Youth and Young Adult Services, ICBHS
8/01/19	Supporting and Self-Support for LGBTQ Youth and Adults	Lee-Anne Gray, Psy.D.
8/8/19	Vista Sands: Positive Behavior Support for Elementary Age Children	William Murguia, Mental Health Rehabilitation Specialist, Vista Sands Program, ICBHS
8/15/19	First Step to Success-Early Intervention	Jessica Pineda, Program Supervisor Jessica Martinez-Smith, ACSW, Psychiatric Social Worker Children Services, ICBHS

Date	Topic	Guest
8/22/19	Adolescent Habilitative learning Program (AHLP)	Jessica Aviles, Program Supervisor and Brian Phillips, Mental Health Rehabilitation Technician Youth and Young Adult Services, ICBHS
8/29/19	Too Good For Drugs	Perla Varela & Michelle Villarreal Community Service Workers Adolescent Substance Use Disorder Services, ICBHS
9/5/19	Psychological Impacts of a Polarized Culture	Kirk Schneider, Ph.D. President of the Humanistic Psychology Division of the American Psychological Association
9/12/19	The Mental Health Support of Pet Ownership	Devon Apodaca, Executive Director, Humane Society of the Imperial County
9/19/19	Mindfulness	Dr. Ellen Langer, Ph.D. Professor, Harvard University
9/26/19	The Superstars: Live at World Mental Health Day	Sergio Alberti, ICBHS
10/03/19	Trauma-Informed Substance Treatment	Tonier Cain, CEO and author of Healing Neen
10/10/19	When Love Goes Into Food: Mental health Support From a Meal	Rina Godoy & Roberto Perez, owners Antojitos Como en Casa Restaurant
10/17/19	Split Thought: Media Isn't The nemy, It's The Solution	Rico Rivera, Owner Split Thought Brand
10/24/19	The Value of Healthy Sleeping to Mental Health	Albert Romero, Certified Sleep Technician, Imperial Valley Sleep Center
10/31/19	Incorporating a Tai Chi Practice for a Healthier Mind and Body	Marco Calderon, Tai Chi Instructor
11/7/19	Children and Adolescent Clinic Overview	Jose Lepe, Behavioral health Manager, Children's Services, ICBHS
11/14/19	Smartphones: Have They Taken Over Youth's Life?	Jonathan Fonseca, ACSW, Psychiatric Social Worker, Youth and Young Adults Services, ICBHS
11/21/19	Moral Reconation Therapy (MRT)	Joaquin Zambrano, Program Supervisor, Adult Services ICBHS
11/28/19	Soar Above Stigma	Jackie Valadez, Advisor, Southwest High School HOSA: Future Health Professionals Simran Singh, Student, SHS HOSA Project Leader
12/02/19	World Mental Health Day Summit: Inclusion	A Selection of Community Members
12/07/19	Young Love: Concerns and Mental Health Issues in Adolescent Romance	Andrea Platero, APCC, Counselor, Youth and Young Adult Services, ICBHS
12/19/19	The Ever Forward Club	Ashanti Branch M.Ed., Founder/Executive Director of The Ever Forward Club
12/26/19	Season of Gratitude	Juan Flores, LMFT, Behavioral Health Manager, Youth and Young Adult Services, ICBHS

Date	Topic	Guest
1/02/20	Coping Cat therapy for Childhood Anxiety Disorders	Phillip C. Kendall, Ph.D., Professor, Temple University
1/09/20	Teen Challenge: Stress, Anger Management & Mindfulness	Dalia Pesqueira, LMFT, Program Supervisor , Youth and Young Adult Services, ICBHS
1/16/20	Interpersonal Psychotherapy (IPT)	Marilyn Moskowitz, LCSW, LMFT, ICBHS
1/23/20	Mindfulness	Dr. Ellen Langer, Ph.D., Psychologist, Professor Harvard University
1/30/20	Positive Engagement Team (P.E.T.)	Devon Apodaca, Executive Director of the Imperial County Humane Society
2/06/20	Teen Dating Violence Awareness	Judith Klein-Pritchard, Director of Legal Services WomanHaven
2/20/20	Little Flower Yoga for Kids	Jennifer Cohen Harper, MA, Founder Little Flower Yoga
2/27/20	Cognitive Processing Therapy (CPT)	Andrea Platero, APCC, Clinical Counselor, Youth and Young Adults, ICBHS
3/05/20	Exploring the Links Between Nutrition and Mental Health	Dalia Rodriguez, Owner, Fitness Oasis Health Club and Spa
3/12/20	Applied Suicide Intervention Skills Training (ASIST)	Sylvia Bazan, AMFT, Behavioral Health Manager, Community Engagement and Supportive Services Program, ICBHS
3/26/20	Mental Health First Aid	Patricia Arevalo-Caro, LPT, Program Supervisor, ICBHS
4/09/20	Coronavirus (COVID-19) and Mental Health	Collett Ashurst, RN, Imperial County Public Health Department
4/16/20	Moral Reconation in Jail Groups	Dominic Vallejo, Mental Health Rehabilitation Technician, Community Engagement and Supportive Services Program, ICBHS
4/23/20	The Whole-Brain Child Revolutionary Strategies to Nurture Your Child's Developing Mind	Dan Siegel, MD, Psychiatrist, Professor and Author, UCLA School of Medicine Mindful Awareness Research Center
4/30/20	Evidence-Based Practices in Children's Services: Coping Cat for Anxiety	Lillian Vera, LCSW
5/21/20	May is Mental Health Month Event at IVC	A Selection of Community Speakers
6/11/20	Post-Traumatic Stress Disorder (PTSD) in Children	Helen McClain, LCSW
6/18/20	Adult Anxiety and Depression Services	Marie Arroyo, LMFT, Program Supervisor Adult Services, ICBHS

For FY 2019-2020 the Stigma and Discrimination Reduction Program staff provided 4 educational groups 150 school staff, parents and professionals in the community, at a cost of approximately $878 per contact. The number of stigma activities greatly decreased due to the

COVID-19 pandemic. Under the CARES Act, several of the PEI clinical staff were not working full-time and the majority of their time was spent providing specialty mental health services to their clients. Approximately 15 percent of staff time is dedicated to stigma and discrimination reduction activities and it is projected the same percentage will continue for the next fiscal year; as well, as an increase of stigma activities once the pandemic ends. The number of attendees and surveys were collected from small groups; however, it has not always been possible to obtain all the surveys as completing surveys are on a voluntary basis.

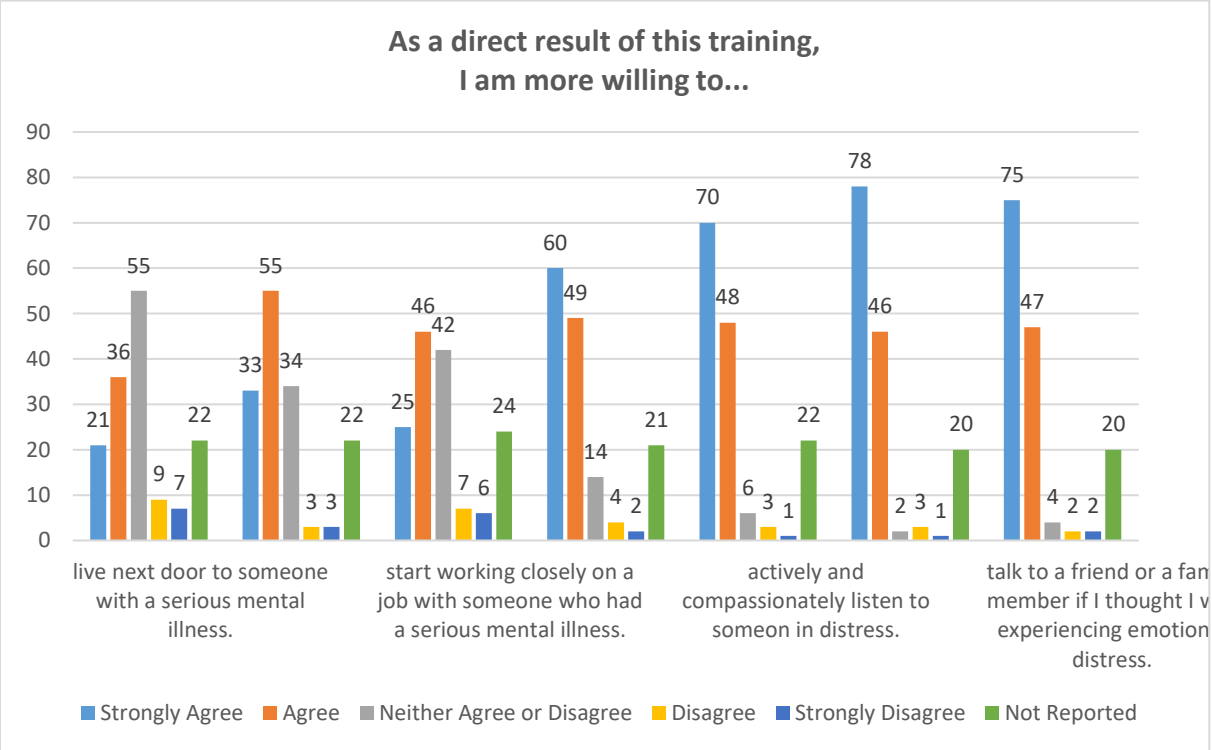
Table 49 - No. of Presentations and No. Served FY 2019-2020

Program	Type of Presentation	No. of Presentations	No. Served
Stigma and Discrimination Reduction	Educational Groups	4	150
	Totals	**4**	**150**

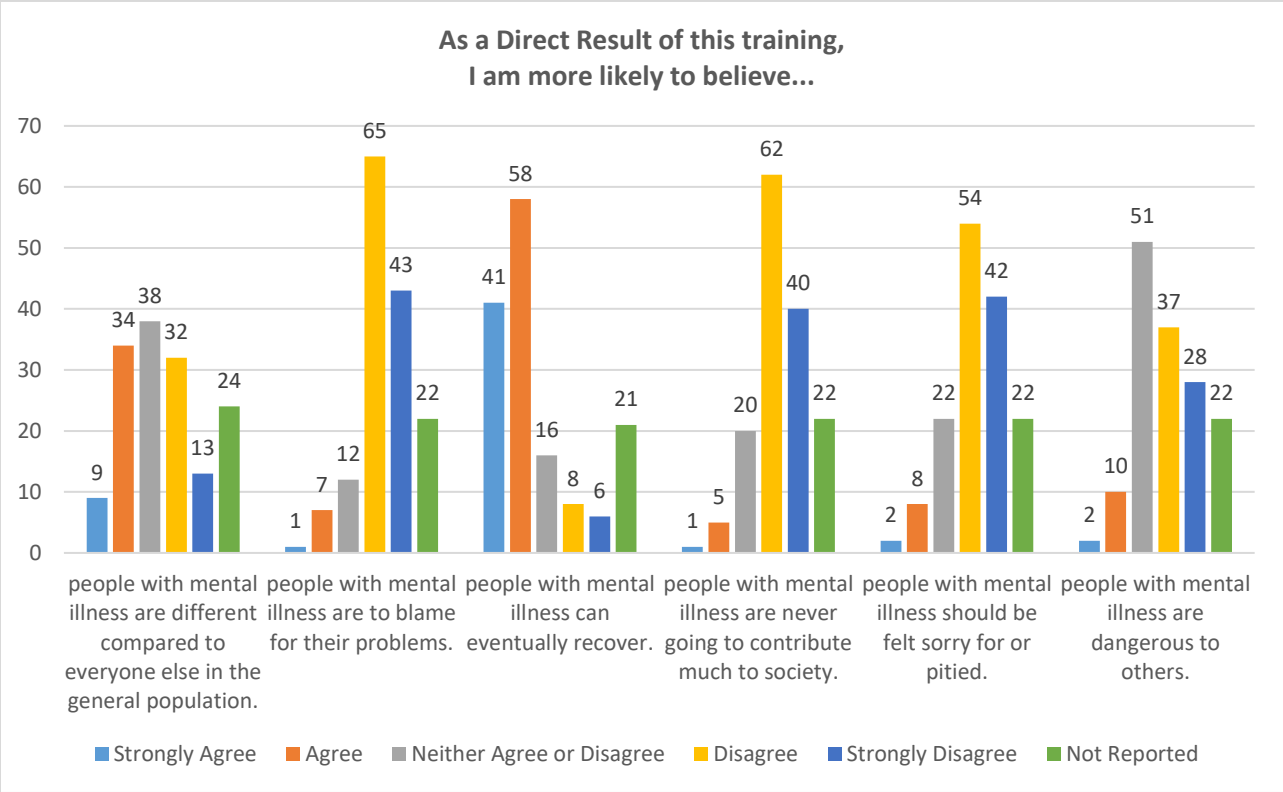
Achievement of Performance Outcomes

The Stigma and Discrimination Reduction program continues to work towards decreasing the stigma and discrimination that is associated with mental illness. School staff, parents and the community have become aware of the different types mental health disorders and have become familiar with services provided by ICBHS to meet the needs of individuals and their families who are affected by mental illness. PEI staff provided the Stigma and Discrimination Reduction Program Participant Questionnaire (SDRPQ) to attendees after the educational group. The survey asked the attendees about their experiences and views in relation to people who have a mental health illness. For FY 2019-2020, 150 surveys were collected. Below are the results of the Pre and Post Stigma surveys.

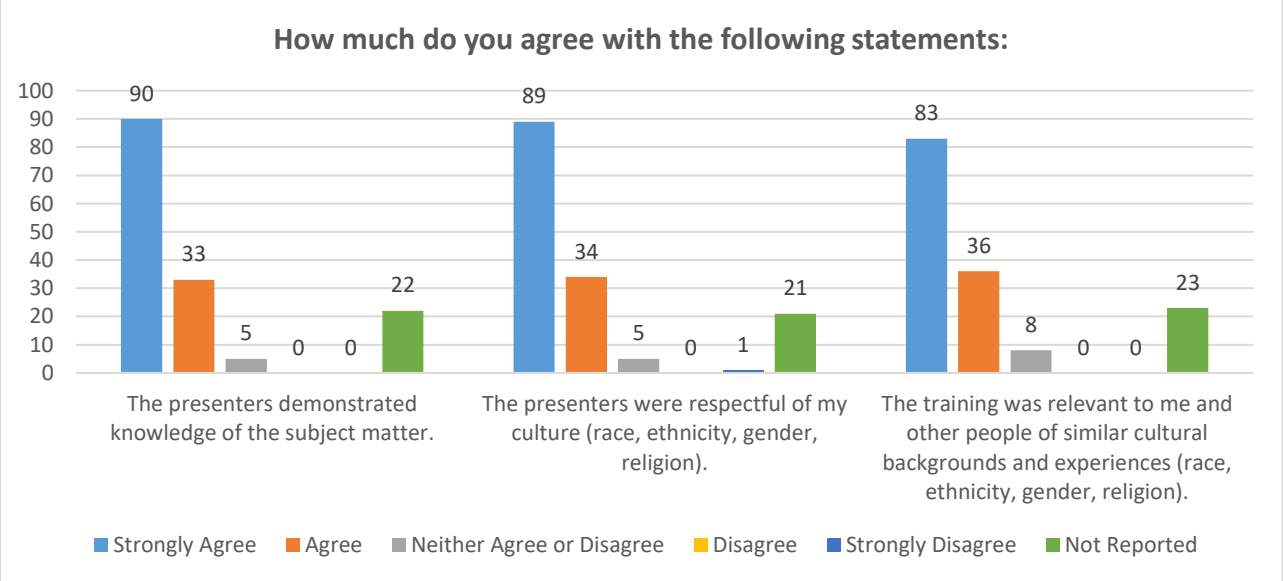
Graph 29: SDRPQ Results for FY 2019-2020



Graph 30: SDRPQ Results for FY 2019-2020



Graph 31: SDRPQ Results for FY 2019-2020



Based on the results from the **SDRPQ** surveys, providing stigma and discrimination reduction activities create a change in how individuals view and perceive people who have a mental

health illness. For FY 2019-2020 an Analyst was hired that assisted in gathering all the PEI required demographic data to develop output and outcome reports on a quarterly basis.

Program Goals and Objectives for FY 2020-2021

1. Provide stigma and discrimination reduction activities through trainings and education by providing information and presentations to the community at large in order to further decrease the stigma and discrimination related to a mental health illness
2. Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting.
3. Continue to the Measurement, Outcomes and Quality Assessment (MOQA) Stigma survey developed by California Institute of Behavioral Health Solutions during outreach activities.
4. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Program goals projected for FY 2021-2022 will remain the same as current year goals.

Early Intervention Program

MHSA PEI: Trauma Focused Cognitive Behavior Therapy (TF-CBT) – Early Intervention

Program Description

ICBHS has continued to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program. TF-CBT assists the child/youth, ages 4-18, to overcome the negative effects of a traumatic life event, such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to natural disasters (earthquakes), terrorist attacks, war trauma, and/or cyber bullying. The goal of this program is to provide early intervention services to prevent the development of serious mental illness or serious emotional disturbance, or to alleviate the need for additional/higher level or extended mental health treatment. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment. All services provided by the TF-CBT are conducted out in the community to serve the unserved and/or underserved populations in Imperial County. During the COVID-19 pandemic, all services commenced being provided through the Zoom platform or via telephone, depending on the needs of the clients/families. For high-risk cases, face-to-face visits were provided. Services are provided in English and Spanish in non-threatening settings that provide a safe environment, such as the home, schools, community centers, and family resource centers.

For FY 2019-2020, TF-CBT has provided services to 88 children/youth and approximately to 110 parents/legal guardians at a cost of $1,339 per child/parent. This cost includes therapy sessions conducted by a Licensed Clinical Social Worker and master level clinicians; as well as, linkage and referral services to the child/youth and their parents/legal guardians/caregivers.

Program Demographics

Table 50 - Demographic information for PEI: TF-CBT FY 2019-2020

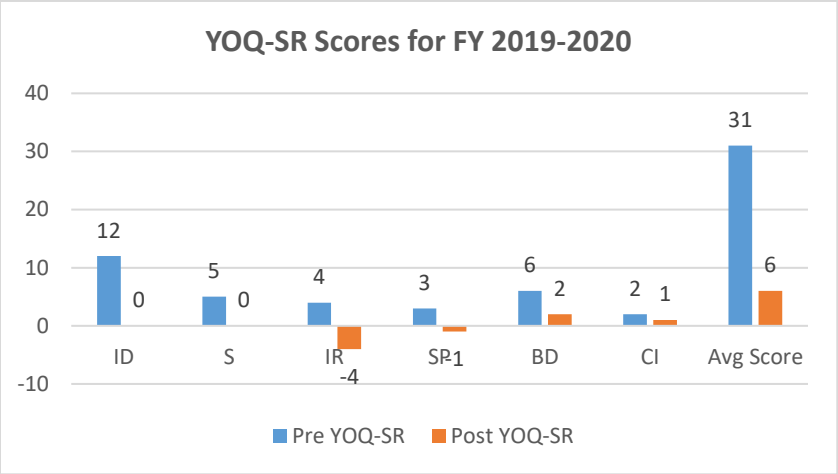
Age Group	Number	Percentage
0 - 15	85	97%
16 - 18	3	3%
Total	**88**	**100%**
Sex Assigned at Birth	**Number**	**Percentage**
Female	55	63%
Male	33	37%
Total	**88**	**100%**
Gender Identity	**Number**	**Percentage**
Female	55	63%
Male	33	37%
Total	**88**	**100%**
Sexual Orientation	**Number**	**Percentage**
Heterosexual/Straight	88	100%
Total	**88**	**100%**

Race	Number	Percentage
White	88	100%
Total	**88**	**100%**
Ethnicity	**Number**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	86	98%
Non-Hispanic or Non-Latino:		
Other	2	%
Total	**88**	**100%**
Language	**Number**	**Percentage**
English	86	98%
Spanish	2	2%
Total	**88**	**100%**
Veteran Status	**Number**	**Percentage**
No	88	100%
Total	**88**	**100%**
Identifies with any Disability or Special Needs	**Number**	**Percentage**
No	88	100%
Total	**88**	**100%**

Achievement of Performance Outcomes

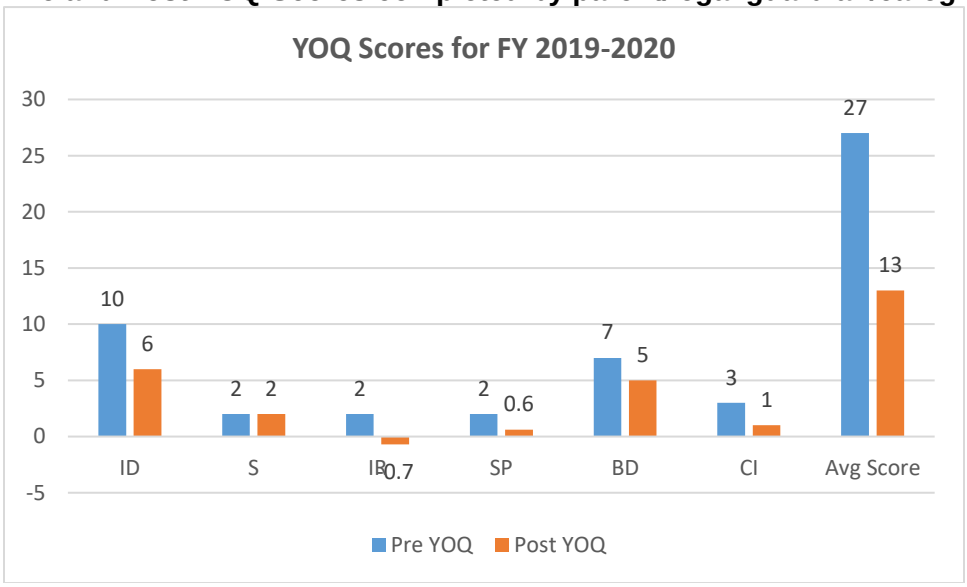
ICBHS continues to measure performance outcomes for TF-CBT as an early intervention component of PEI. Information on this program is gathered and outcome measurements data is entered into the department's information system (AVATAR). Additionally, performance outcome tools: Youth Outcome Questionnaire (YOQ) and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) are manually entered into a log. ICBHS Information Systems department is currently working with a contract agency to develop and generate reports to evaluate the effectiveness of the program as an early intervention program. During FY 19/20, a total of 88 children/youth were served and 22 completed successfully the TF-CBT model. However, several tools were not obtained after several attempts made by the clinicians. Below are the scores for the YOQ and UCLA outcome tools.

Graph 32: Pre (n=4) and Post (n=1) YOQ complete by child/youth



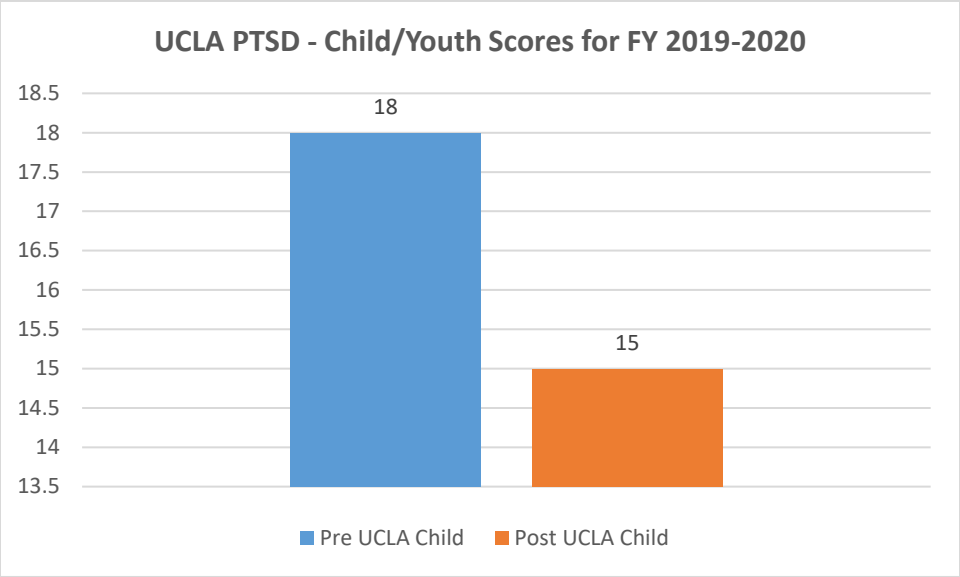
The YOQ-SR is a self-reporting tool completed by the child/youth and measures changes in functioning. Areas measured include interpersonal distress (ID); somatic distress (S); interpersonal relationships (IR); critical items (CI) such as paranoid ideation and suicide; social problems (SP); and behavioral dysfunction (BD). The post-scores indicate a reduction in all symptoms measured by this tool.

Graph 33: Pre and Post YOQ Scores completed by parent/legal guardian/caregiver (n=20)



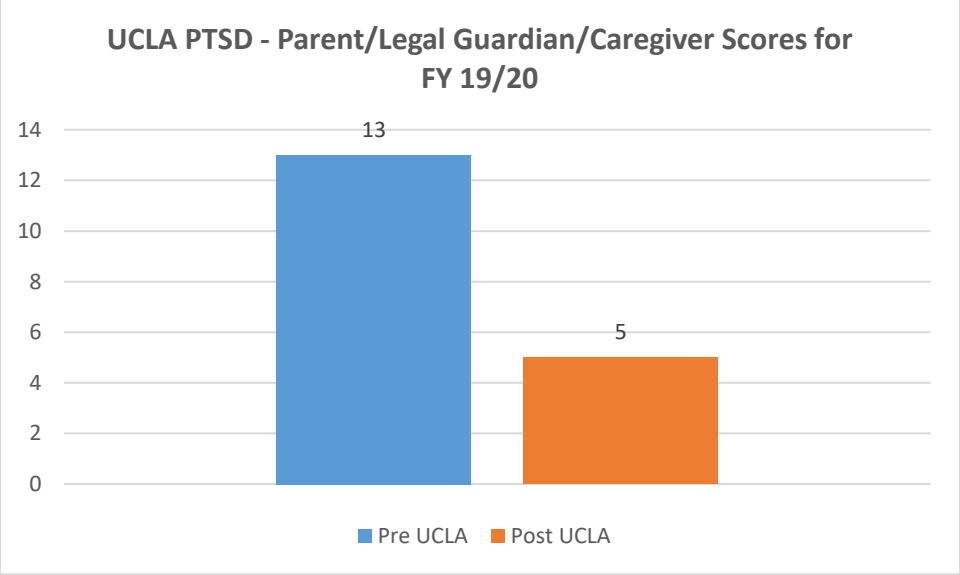
The YOQ tool assesses the parent/guardian/caregiver's perception in several areas of the child's mental health functioning. Areas measured include interpersonal distress (ID); somatic (S) distress; interpersonal relationships (IR); critical items (CI) such as paranoid ideation and suicide; social problems (SP); and behavioral dysfunction (BD). The post-scores indicate a reduction in parent's perception of the minor's symptoms in all areas measured by this tool.

Graph 34: Pre (n=8) and Post (n=4) UCLA Scores completed by child/youth



The UCLA PTSD is a self-measuring tool completed by the child/youth and it measures symptoms and frequency of symptoms associated with PTSD.

Graph 35: Pre (n=31) and Post (n=20) UCLA Scores completed by parent/legal guardian/caregiver



The UCLA PTSD tool measures symptoms and frequency of symptoms associated with PTSD as reported by the parent/guardian/caregiver. The post-scores indicate a reduction in all symptoms measured by this tool. Providing TF-CBT as an early intervention program continues to be effective in improving the mental health and overall functioning of children/youth who were exposed to trauma. This is evidenced by a decrease in scores in the YOQ and UCLA scores based on data collected from children/youth and parent/caregiver.

For FY 19/20, The TF-CBT program served 88 children/youth. Below is the breakdown out of the 88 children/youth served:

Table 51 -Total Children/Youth Served FY 2019

Total No.	Percentage	Status
22	25%	Successfully Completion – Did not require higher level of care and are not actively receiving mental health treatment.
27	31%	Transferred, averaging within 10 calendar days, to a higher level of care – Treatment Services.
3	3%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services.
22	25%	Declined services either at intake, during therapy, or moved out of county
14	16%	Actively being served as of June 30, 2020
88	**100%**	**Total**

Based on the outcomes, the PEI TF-CBT program continues to show to have a positive impact in the lives of children and youth, and our community. However, there are still challenges to overcome. The proposed staffing for the TF-CBT Program for 2019-2020 was to have 2 full-time clinicians trained in the TF-CBT model; however all hiring was frozen due to the COVID-19 pandemic.

Program Goals and Objectives for FY 2020-2021

1. Provide TF-CBT as an early intervention strategy to children and youth in order to overcome the functional impairments of a traumatic event.
2. Collect demographic and evaluation data to measure the outcome and performance of the TF-CBT Program as an early intervention strategy.
3. Utilize the PTSD-RI, YOQ, and YOQ-SR overtime to measure symptoms and behaviors of children/youth served and monitor the outcomes in order to evaluate the development of serious mental illness after early intervention (PEI TF-CBT) services were provided.
4. Collect demographic information on populations served, when possible, for purpose of program evaluation and reporting.
5. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Program goals projected for FY 2021-2022 will remain the same as current year goals.

First Step to Success

Program Description

From March 2014 to March 2019, ICBHS utilized Innovation funds to implement the First Step to Success (FSS) project. ICBHS utilized the FSS project as a vehicle to develop an effective collaborative relationship between mental health and education. Prior to the implementation of the FSS program, the penetration rates for young children in Imperial County, was below the state and small county averages. The FSS Program was developed to implement a long-lasting interagency collaboration between mental health and education in order to provide and increase mental services to young children. Based on the success of this program, in increasing penetration rates above state and small county averages to provide services to children ages 4 to 6, and in creating a collaborative relationship with school districts, the FSS program transitioned to an early intervention program as part of ICBHS PEI programs. This has allowed ICBHS to continue to sustain this successful program and continue to provide early intervention services to unserved and underserved children in Imperial County.

The FSS is a program that historically has been implemented by school personnel and focuses on the kindergarten population. The FSS Program is a positive reinforcement program designed to assist children in developing pro-social skills that will assist them in being successful at school and home. ICBHS has been using Mental Health Rehabilitation Technicians (MHRTs), rather than school personnel, to provide the early interventions at school. The FSS Program also engages parents of identified kindergarten children. The MHRT works with the parents/legal guardians/caregivers one (1) hour per week for twelve weeks using a promising evidence-based model: Parents Reach Achieve and Excel through Empowerment Strategies (PRAXES). Through this intervention, parents/legal guardians/caregivers developed and implemented skills on how to support their child has learned skills and enhance their school success.

For FY 2019-2020, the FSS Program provided services to 101 children and approximately 126 parents/legal guardians/caregivers at a cost of $1,832 per child/parent. This cost includes the expense of implementation of the FSS program at 42 classrooms in 12 school sites; salaries for 4 full-time and 8 part-time MHRTs who worked closely with school staff on a daily basis, providing interventions to children in a school setting; and providing collateral services as well as linkage and referral services to parents/legal guardians/caregivers.

Table 52 - Demographic information for FSS FY 2019-2020

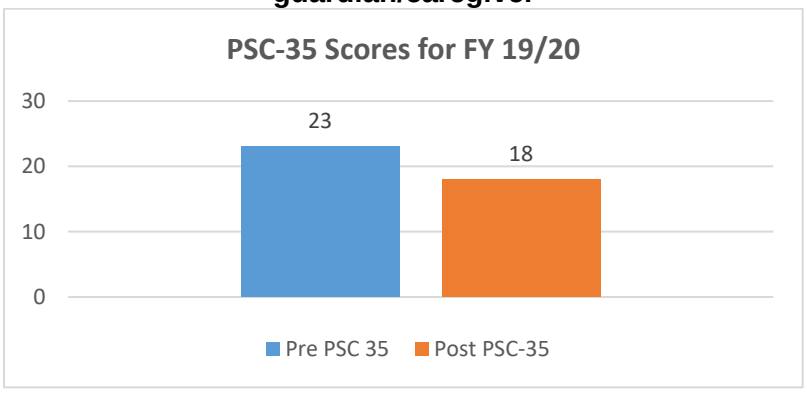
Age Group	Total	Percentage
0 - 15	101	100%
Total	**101**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	23	23%
Male	78	77%
Total	**101**	**100%**
Gender Identity	**Total**	**Percentage**
Female	23	23%
Male	78	77%
Total	**101**	**100%**
Sexual Orientation	**Total**	**Percentage**

Heterosexual/Straight	101	100%
Total	**101**	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	2	2%
Asian	2	2%
White	93	92%
Black or African American	1	1%
Other	3	3%
Total	**101**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	86	85%
Other	7	7%
Non-Hispanic or Non-Latino:		
Chinese	2	2%
African	1	1%
European	2	2%
Other	3	3%
Total	**101**	**100%**
Language	**Total**	**Percentage**
English	45	45
Spanish	56	56
Total	**100**	**100%**
Veteran Status	**Total**	**Percentage**
No	101	100%
Total	**101**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	101	100%
Total	**101**	**100%**

Achievement of Performance Outcomes

The FSS program obtains outcome measurement tools to measure and assess client's progress. The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems at the earliest signs. Fifty-seven (57) parents/legal guardians/caregivers completed a Pre PSC-35 and twenty-nine (29) completed a Post PSC-35. Below are the pre and post scores for the PSC-35.

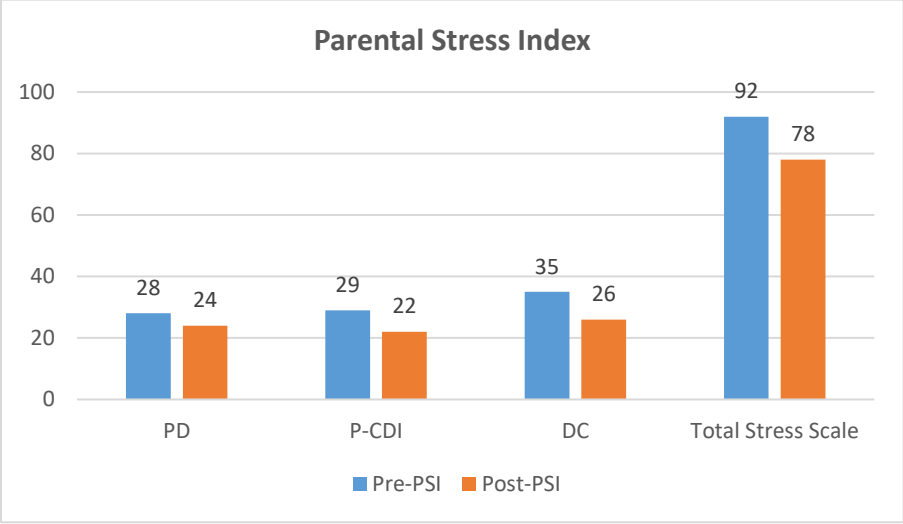
Graph 36: Pre (n=57) and Post PSC-35 (n=29) Scores completed by parent/legal guardian/caregiver



The PSC-35 is a psychosocial screening tool completed by parents/legal guardians/caregivers, designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. The post scores indicate parents reported improvement upon completion of the program.

The FSS program has also been collecting information on the effectiveness of the PRAXES model. The Parental Stress Index (PSI) is administered to parents/legal guardians/caregivers in the first session of PRAXES and during the last session. The PSI evaluates the level of stress in the parent–child system and measure the domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI) and the Difficult Child (DC), which combine to form a Total Stress scale. Fifteen (15) parents/legal guardians/caregivers accepted to participate in the PRAXES model and twelve (12) completed all 12 sessions of the PRAXES model.

Graph 37: Pre (n=15) and Post (n=12) PSI Scores completed by parent/legal guardian/caregiver



Based on the data obtained from the PSI tool given to parents/legal guardians/caregivers before and after completion of the PRAXES model, it can be determined the curriculum has been effective. The PSI is a measure used for evaluating the parenting system and identifying issues that may lead to problems in the child or parent's behavior. The areas include parental distress, parental-child dysfunctional interaction, difficult child, which combined, form a total stress scale. This tool focuses on three major domains of stress: child characteristics, parent

characteristics and situational/demographic life stress. Graph 37 shows a decrease in scores in all areas measured by this tool. The FSS program has shown to be effective as an early intervention program based on the decrease in the overall total scores of the post PSC-35 and PSI. For FY 2019-2020, 101 children were served. Below is the breakdown of the 101 children served:

Table 53 - Total Children Served FY 2019-2020

Total No.	Percentage	Status
17	17%	Successfully Completion – Did not require higher level of care and are not actively receiving mental health treatment.
6	5%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services
20*	20%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services
13	13%	Declined services either at intake or afterwards, or moved out of county
45	45%	Actively being served as of June 30, 2020
101	**100%**	**Total**

*13 out of the 20 clients that were transferred to a higher level of care for additional services such as medication support, IHBS or ICC; continued to receive MHRT services FSS.

Program Goals and Objectives for FY 2020-2021

1. Maintain collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children.
2. Continue to expand services to additional elementary schools during FY 2020-2021 in efforts to cover all Imperial County school districts in order to reach unserved and underserved children.
3. Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model.
4. Increase parents and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health.
5. Collect data for evaluation purposes of the PEI FSS program.
6. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Program goals projected for FY 2021-2022 will remain the same as current year goals.

Innovation

Positive Engagement Team

Program Description

Imperial County Behavioral Health (ICBHS) experiences difficulties in engaging hard to reach populations in need of mental health services. ICBHS has utilized several strategies in efforts to increase access to services to unserved and underserved populations. These efforts have included conducting presentations; facilitating educational groups; providing trainings to community members; conducting a weekly radio shows/podcasts focusing on mental health topics; and developing advertisement campaigns including billboards, newspaper, magazine and radio ads. Additionally, the geographic composition of our community is considered a barrier to many people in accessing services. Imperial County expands over 4,597 square miles and is comprised of seven incorporated cities including Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland, and seven unincorporated areas, some of which are located more than 45 minutes apart from each other. To better serve the community and provide access to mental health services, ICBHS has opened several outpatient clinics across Imperial County. ICBHS has collaborated with several agencies that include, schools, law enforcement, social services, non-profit organizations, health care providers and other community agencies in an effort to increase access to services and provide mental health services to populations in need. However, despite all these efforts, ICBHS has not been able to reach the number of consumers estimated to be in need of mental health services as the current penetration rate for Imperial County continues to be low based on its population when compared to State and other small counties.

ICBHS conducted an extensive Community Program Planning Process (CPPP) in efforts to include community members and stakeholders by providing feedback on the community needs, and through their participation in the decision-making around the designing and implementation of the Innovation Project. Feedback from community members was received during community forums and through the completion of surveys, which were available in English and Spanish. Stakeholders involved in this process included community members, consumers, consumer representatives or caregivers, behavioral health employees, and representatives from community agencies including education, probation, CASA, LGBT Resource Center, social services and other service agencies. Based on this feedback, an Innovation Project was developed focusing on increasing access to services and increasing client retention in services. On March 29, 2019, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved Imperial County Behavioral Health Services' new Innovation Project: Positive Engagement Team (PET) for $2,165,138 for 3 years. The goal of the PET project is to *increase access to services* for hard to reach populations by reducing stigma related to mental health, increasing penetration rate and improving appointment attendance.

The innovative component of the PET project is to utilize dogs, not for therapy, but as a tool to engage consumers into mental health treatment. Using dogs in a mental health setting is not innovative; however Imperial County's Innovation Project plans to 1) integrate dogs at outpatient clinics to provide an inviting and friendly clinic environment to engage consumers in treatment; and 2) integrate dogs in outreach activities as a way to gain individual's interest and take the opportunity to provide education on mental illness and services to increase access to services.

This strategy will lead to the reduction of stigma related to mental health and increase motivation to participate in treatment and keep appointments.

To implement the PET project and have trained dogs for the engagement and outreach strategies, ICBHS contracted, on July 2020, with the Humane Society of Imperial County (HSOIC). The HSOIC provided dogs trained in obedience; trained dog handlers; health care, grooming, and feeding of dogs; and transportation for the daily delivery of dogs to designated clinics or locations where services and outreach activities were provided. On August 2020, ICBHS also contracted with Todd Sosna, Ph.D. Management Consulting (TSMC) to evaluate and analyze the PET project. TSMC developed a *community outreach* survey to be provided to the community at large during outreach events and an *engagement* survey to be provided to clients as they arrived to the outpatient clinic for the intake assessment, initial nursing assessment, initial psychiatric assessment or for their first therapy appointment. All surveys were developed in English and in Spanish.

Achievement of Performance Outcomes

During the first quarter of FY 2019-2020, the PET project mainly focused on hiring staff, training four dogs and their handlers (four). Activities did not commence until the second quarter. Once activities commenced they involved doing outreach out in the community by attending health fairs, Farmer's Markets and community activities provided by local agencies or cities. During the activities the dogs and their handlers were present, while the Community Services Workers assigned to the PET project were handing out ICBHS brochures, talking about ICBHS services and providing surveys to community members. Below is a table showing the number of events conducted by the Community Service Workers and the number of surveys completed by community members and ICBHS clients.

Table 54 - Total Activities Served FY 2019-2020

Activities	Events	Surveys
Outreach in the Community	29	463
Outpatient Clinics	N/A	292

Below is the breakdown of the Engagement and Outreach surveys for FY 2019-2020.

Outreach Survey (n=463)

Survey Language	
English	306
Spanish	157
No Response	0

Question 1	
Very aware	125
Somewhat aware	191
Not aware at all	146
No Response	1

Question 2	
More likely than before	295
As likely as before	142
Less likely than before	22
No Response	4

Question 3	
I liked having the dog	407
The dog did not affect my experience	27
I did not like having the dog	15
There was no dog at the event	11
No Response	3

Question 4	
Yes, _____	301
No	124
There was no dog at the event	10
No Response	28

Question 5	
Yes, the dog made me more likely to approach	345
The dog did not affect my decision to approach	81
No, the dog made me less likely to approach	14
There was no dog at the event	10
No Response	13

Question 6	
More likely than before	313
As likely as before	123
Less likely than before	24
No Response	3

Clinic Survey (n=292)

Survey Language	
English	220
Spanish	72
No Response	0

Question 1	
It was not difficult to get here	251
It was somewhat difficult to get here	29
It was very difficult to get here	10
No Response	2

Question 2	
Travel (car trouble, bus schedule, etc.)	51
Finding caretaker (childcare, elder care, etc.)	14
Motivational (not wanting to go, feeling bad, etc.)	35
Other: _____	45
I have not missed any appointments	140
No Response	7

Question 3	
None (0)	122
Between one and five (1-5)	73
Six or more (6+)	10
This is my first appointment	83
No Response	4

Question 4	
Yes	60
No	232
No Response	0

Question 5	
I like that there is a dog	261
I do not care that there is a dog	27
I do not like that there is a dog	2
No Response	2

Question 6	
More likely than before	179
As likely as before	102
Less likely than before	5
No Response	6

Based on responses from both surveys, our community members and our beneficiaries enjoyed having the dog present at the clinic and at outreach events and were more likely than before to seek mental health services by having the dog present at the clinic. However, on March 2020, all outreach events stopped due to the COVID-19 pandemic and stay at home orders. Additionally, none of the dogs were allowed at the clinics, as all routine non-urgent appointments were conducted using video conferencing (Zoom) or phone. At the end of the FY 19/20, all four dogs were adopted by members in the community and are now in their forever homes.

TSMC completed the first evaluation report. The evaluation report is based on survey responses, admission trends and interviews, to evaluate if having dogs present at the clinics had a positive impact in the attendance to appointments. Based on the report the clinics that were assigned dogs did not see improved rates of attendance in the first six months. This may be attributable to the short timeframe of operation and its relatively limited visibility to date. An additional factor was the early stages of the COVID-19 pandemic. There is reason to believe that increasing attendance may well be achieved as the program becomes more publicized. However, there were overwhelmingly positive reports from staff, consumers, and community members, which underscore the potential value of the Innovation Project.

TSMC made several recommendations based on findings from the first year of implementation. The following recommendations intend to augment program efficacy and increase consumer satisfaction:

Increase publicity about the program:
TSMC findings also emphasized the necessity for consumers to be aware of the PET program, in order to enhance attendance. From the first time appointments are scheduled, all early clinic-consumer interactions such as reminder or rescheduling calls ideally will include mention of the clinic dogs. It was also recommended for images of dogs to be included, when appropriate, on ICBHS promotional materials that may not bear directly on the PET program.

Survey those who missed appointments:
In order to better, understand consumers' reasons for missing appointments, it is important to also survey consumers when they miss their appointments, with calls triggered by missed appointments. This may also improve the reliability of the data by reaching out to consumers immediately following their missed appointment, rather than asking them weeks or months later to think back and remember distant events.

Interview consumers who adopted PET dogs:
While none of the consumers have adopted a PET dog, the ones that do, will have a unique and potentially more profound response. Topics of discussion might include reasons for adopting, changes in consumers' behavioral health symptomatology after adopting, and changes in consumers' broader social, professional, or academic lives.

Capitalize on the dogs' narratives/stories:
Finally, creating connection between the consumers and the dogs can be beneficial by having the consumers identify with the animals as well. By highlighting the animals' resilience and capacity for health, happiness, and productivity, even after the uncertain beginnings that led them to the Humane Society. Pamphlets or handouts that reveal some of the specific

challenges these actual dogs have faced and overcome may help promote the possibility of recovery and wellness.

Program Goals and Objectives for FY 2020-2021

1. Provide surveys to individuals during their initial appointments, during outreach events, missed appointments, and provide data to TSMC for evaluation purposes.
2. Obtain service-level data to measure the following:
3. Number of outreach activities,
    a. Demographic information on individual completing the surveys,
    b. Number of dogs trained for the project.
4. Obtain survey data from consumers/legal guardians/caregivers about their experience related to the presence of dogs at the clinic to evaluate the following:
    a. Has the presence of dogs in outpatient clinics or programs assist in engaging consumers into treatment and reduce the number of individuals not attending appointments?
    b. Has the presence of dogs in outpatient clinics and programs improve individuals' perception of mental health and reduce stigma associated with mental illness?
5. Obtain survey data from community members during outreach events to evaluate the following:
    a. Has the presence of dogs during outreach activities increase the number of individuals that will access mental health services?
    b. Has the presence of dogs during outreach activities improve individuals' perception of mental health and reduce stigma associated with mental illness?
6. Disseminate information on the progress of the PET Innovation Project to the community at local MHSA Steering Committee Meetings, Mental Health Board Meetings, newspaper, magazines, and radio shows.

All featured dogs were adopted and found their forever family in 2020.

Program goals projected for FY 2021-2022 will be further developed with consideration of the evaluation recommendations provided by TSMC.

Workforce Education and Training

The Workforce Education and Training (WET) component provides education and training for all individuals who provide direct or support services in the Public Mental Health System. The mission of WET to develop and maintain a sufficient workforce capable of providing consumer and family-driven, culturally competent services that promote wellness, recovery, and resiliency, and lead to evidence-based, value–driven outcomes. WET has five separate funding categories, which include Workforce Staffing Support, Training and Technical Assistance, Mental health Career Pathway Programs, Residency and Internship Programs, and Financial Incentive Programs. The following evidence-based and promising practices trainings have been completed to date through the WET component:

Training and Technical Assistance

Action 1: Evidence-Based and Promising Practices Trainings

For FY 2021-2022, the following training and technical assistance activities are planned:

Mental Health Interpreter Training

The Interpreter Training Program has two components: (1) Mental Health Interpreter Training for Interpreters and (2) Mental Health Interpreter Training for Interpreters is designed to immerse bilingual staff, who currently serve as interpreters in a mental health setting, in the principles and practices of interpreter communication skills. Topics for the training included a discussion on federal and state regulations, communication in high and low context cultures verbal and non-verbal communication, the interpreting process, roles of the interpreter, interpreter techniques, and mental health terminology.

For fiscal year 2020-2021, two trainings were offered to staff virtually. The first training was held on April 26-29, 2021 followed by a second training on May 24-27, 2021. The interpreters training is a 4-virtual day, 3.5 hours per day at 14 hours total each training.

Goals and Objectives for FY 2021-2022

We will continue to offer the Mental Health Interpreter Training for Interpreters the upcoming fiscal year 2021-2022 to ensure communication among our clients is being delivered accurately. Due to the uncertainty of the quarantine rules in place due to the COVID-19 Pandemic, the department will plan accordingly to host trainings either on-site or virtually.

Budget Justification

Training and Technical Assistance
The budgeted amount includes the cost of the proposed training/consultation, travel expenses (when applicable), and administrative overhead. These costs were based on

our experience with similar trainings, research on pricing conducted for the purposes of this plan, and comparable existing contracts**.**

Table 55 – Mental Health Interpreter Training

Item	Estimated Total
(1) Two Day Interpreter Training for FY 2021-2022	$11,000
Total Item	**$11,000**

Assertive Community Treatment Model Training and Support Services

For FY 2020-2021, the CESS Program goal was to pursue the Assertive Community Treatment (ACT) as the foundation training in support of the development of the Full-Service Partnership – Assisted Outpatient Treatment (FSP-OAT) program. ACT has shown to be effective in a variety of measures including reduction in hospital days and housing stability. The ACT is an extensively researched evidence-based practice that consists of a transdisciplinary team who provide intensive services to people with SMI and co-occurring substance use challenges to maximize their recovery outcomes. The training will also review the fidelity measure (TMACT) and its application for Full-Service Partnership teams, including those serving individuals with criminal justice system.

Goals and Objectives for FY 2021-2022

For FY 2020-2021, ICBHS pursued contract services with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the ACT model. Training will serve as the support needed to further develop the ICBHS FSP-AOT program.

The plan for FY 2021-2022, the Center for Evidence-Based Practices at Case Western Reserve University is to provide training and support to ICBHS staff on the ACT model. Training will serve as the support needed to further develop the ICBHS FSP-AOT program. Contracted activities will include programmatic and clinical consultations, clinical trainings, and evaluation services.

Budget

Table 56 - Assertive Community Treatment Training

Item	Estimated Total
ACT Training for FY 2021-2022	$43,200
Total Item	**$43,200**

Dialectal Behavior Therapy (DBT) Comprehensive Implementation and Training Initiative

Imperial County Behavioral Health Services (ICBHS) entered into a contract with the Portland DBT Institute for the training and implementation of the DBT model, which will consist of a yearlong intensive training and consultation for therapists, substance use disorder counselors, mental health rehabilitation technicians, and administrative staff. The first five-day intensive training took place in November 2020, in which 64 staff from the clinical divisions were trained. A two-day skills training was scheduled for March 2021 and the second intensive five-day training was scheduled for May 2021. Clinical staff from the Children Services, Youth and Young Adult Services, Adult Services, Triage and Engagement and the Substance Use Disorder Treatment programs have begun to identify clients that meet criteria for DBT and have started providing services. The identified model leaders are assigned to participate in consultation calls with the Portland Institute in which they receive ongoing guidance and direction on DBT interventions, implementation, and treatment.

DBT is a broad-based cognitive-behavioral treatment originally developed for chronically suicidal individuals diagnosed with borderline personality disorder (BPD). Consisting of a combination of individual psychotherapy, group skills training, telephone coaching, and a therapist consultation team, DBT was the first psychotherapy shown through controlled trials to be effective with BPD. Since then, multiple clinical trials have been conducted demonstrating the effectiveness of DBT not only for BPD, but also for a wide range of other disorders and problems, including severe emotional dysregulation and its associated cognitive and behavioral patterns.

DBT is based on a dialectical and biosocial theory of psychological disorder that emphasizes the role of difficulties in regulating emotions and behaviors. Emotion dysregulation has been linked to a variety of mental health problems stemming from patterns of instability in emotion regulation, impulse control, interpersonal relationships, and self-image. DBT skills are aimed directly at these dysfunctional patterns. The overall goal of DBT is to help individuals' change behavioral, emotional, thinking, and interpersonal patterns associated with problems in living and developed disorders such as substance use, eating disorders, post-traumatic stress, suicidal and self-harming behaviors, and severe anxiety and depression.

Goals and Objectives for FY 2021-2022

During FY 2021-2022, Portland DBT will offer consultation support to for staff that attended training.

Budget

No budget is necessary, as all training components were fulfilled in FY 2020-2021.

Moral Reconation Therapy (MRT) for Mental Health Rehabilitation Technicians

ICBHS is seeking to expand the number of MHRT's certified to provide Moral Reconation Therapy (MRT). MRT is a cognitive-behavioral counseling program that combines education, group and individual counseling, and structured exercises designed to foster moral development in treatment-resistant clients. As long as clients' judgments about right and wrong are made from low levels of moral reasoning, counseling them, training them in job skills, and even punishing them will have little long-lasting impact on their behavior. They must be confronted with the consequences of their behavior and the effect that it has had on their family, friends, and community. Poor moral reasoning is common within at-risk populations. MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

Goals and Objectives for FY 2021-2022

For FY 2021-2022, the goal is to train all MHRT's in this model in order to provide this service to clients at all FSP programs in the ICBHS system.

Budget

The department is considering contracting with Correctional Counseling Inc., and is estimating the cost for this training to be approximately $52,385.

Table 57 - Moral Reconation Training

Item	Estimated Total
Host 2 (4-Day) Training for 35 Staff (total staff to be trained 70)	$42,700
1 Day Supervisor Overview for 20 Staff	$3,000
200 Workbooks	$5,000
Shipping and Handling of Materials	$1,685
Total Item	**$52,385**

Statewide MHSA Workforce Education and Training Plan (OSHPD Five Year Plan) – Southern Counties Regional Partnership Program

ICBHS continued to participate in the Statewide MHSA Workforce Education and Training Plan (OSHPD Five-Year Plan). As part of the Southern Counties Regional Partnership (SCRP), ICBHS continued to collaborate and plan for the process of loan reimbursements or stipends for

those individuals pursuing a Masters programs or the residency program for a medical student entering the mental health field.

During this fiscal year, the SCRP is pursuing an agreement with Cal-MHSA to become the fiscal agent of the program. Once this is established, in FY 2021-2022, a one-time match funding will be submitted to Cal-MHSA in the amount of **$54,173.00**. The counties final allocation will be $356,542 for loan reimbursements and stipends. The goal and objective to continue during FY 2021-2022 is to continue to collaborate with SCRP in the coordination of additional agreements with educational institutions, which are to assist in the coordination of stipend or loan reimbursement applications and award management.

Table 58. WET Budget

Trainings for FY 2021-2022	Estimated Amounts
Mental Health Interpreter Training	$11,000
Assertive Community Treatment Training	$43,200
Moral Reconation Therapy	$52,385
SCRP	$54,173
Grand Total	**$160,758**

Capital Facilities and Technological Needs

One of five components of MHSA, Capital Facilities and Technological Needs (CF/TN), provides resources to promote the efficient implementation of MHSA programs. The planned use of CF/TN funds should produce long-term impacts with lasting benefits that move the mental health system towards the goals of wellness, recovery, resiliency, cultural competence, prevention/early intervention, and expansion of opportunities for accessible, community-based services for clients and their families which promote the reduction of disparities to underserved groups.

A. Client and Family Empowerment

a. Consumer Portal Kiosks

Since the implementation of MyHealthPointe back in 2016, the Consumer Portal has been available for clients to enroll and to take advantage of the benefits of using the portal. Some of the benefits of using the portal include appointment reminders via secured texts, current and past medication lists, viewing lab results, and links to other sites related to support for mental health treatment. Consumers have the ability to view this information anywhere and at any time when a computer and internet access is available. ICBHS has now 2 active locations where kiosks are installed to provide a point of access for consumers wishing to enroll or use MyHealthPointe. Consumers who are part of these teams have higher enrollment rates than consumers who are not. ICBHS is planning to install additional kiosks at the following clinics:

1. Children's Team 5 and Team 12 – 120 North 8th Street, El Centro
2. El Centro Children and Adolescent – 801 Broadway Street, El Centro
3. Adult El Centro Anxiety and Depression – 1699 Main Street, Suite A, El Centro
4. Adult Brawley MHSA FSP – 205 Main Street, Brawley
5. Adult Brawley Anxiety and Depression – 220 Main Street, Brawley
6. YAYA Brawley Clinic – 1535 Main Street, Brawley
7. Children's Team 6 – 195 South 9th Street, Brawley
8. FRC-San Pasqual – 676 Baseline Road, Winterhaven

The implementation of the kiosks has proven difficult, assigned computers to the existing kiosk locations were in some instances made unavailable by individuals tampering with software within the computer or with actual hardware. When Imperial County was victim to a cybersecurity breach in 2019 it became more apparent that the initial technology that was being used to accomplish MyHealthPointe desired access to the consumer portal was not optimal. In thinking and planning strategies to accomplish this goal, Imperial County IT department recommended the use of Chromebooks that are less expensive, easier to configure, less vulnerable to tampering and provide the needed access to the internet through Google Chrome.

Goal Updates for FY 2020-2021

The current COVID-19 pandemic has played the biggest factor as it stopped entirely all non-essential services for the county and its clinics, and therefore forcing to delay original installation goal of June 2021 for the Chrome Boxes. As COVID-19 continues to affect County day-to-day operations, Behavioral Health must adhere to OSHA safety guidelines, even thou equipment has already been procured. Currently clinics are closed to clients which forced Information Systems to delayed installation of Chrome Boxes on pending clinics.

Goals and Objectives for FY 2021-2022

Once safety guidelines allows for clinics to continue normal day-to-day operations the goal for Information Systems this upcoming year is to complete the installation and setup of the remaining locations listed above. As previously mentioned Information Systems is already in possession of the remaining Chromebooks and is collaborating with Purchasing for the additional needed equipment to install kiosks at the pending locations.

b. Wellness Center Computers Upgrade

The Wellness Centers at El Centro and Brawley have computer labs where clients can use 10 existing computers to complete General Education Diploma courses and to complete other homework assignments. It is a great tool to have and provides consumers with the access to technology. The computers were installed several years ago and are in need of major upgrades to a more current software and hardware. This is another project that was postponed due to the impact Imperial County suffered due to the cyber security breach in April 2019.

ICBHS plans to upgrade computers to provide consumers with more current technology. In considering the best technology to provide this platform, Imperial County IT department recommended the use of Chromebooks that are less expensive, easier to configure, less vulnerable to tampering and provide the needed access to the internet through Google Chrome. There are several advantages to this platform, from a client perspective, it offers the same benefits as a computer. Clients would be able to access needed websites as well as needed software for completion of assignments. From an Administrators perspective, there is less maintenance needed, updates are pushed to a single machine compared to several machines, there is better security from viruses and hacking

attacks and users are less prone to accidentally damage the Chromebook by deleting systems files.

Goal Updates for FY 2020-2021

The current COVID-19 pandemic also has played a role on this project, as it limits Information Systems and County IT deploying equipment due to safety guidelines. As the pandemic delayed hardware deployment and use, it forced ICBHS to come up with alternatives solutions for clients to access technology such as e-learning platforms via zoom. Currently development of Google Slides and Google Drive is being explored as an alternative to provide interactive learning sessions for clients to continue their studies in an engaging manner.

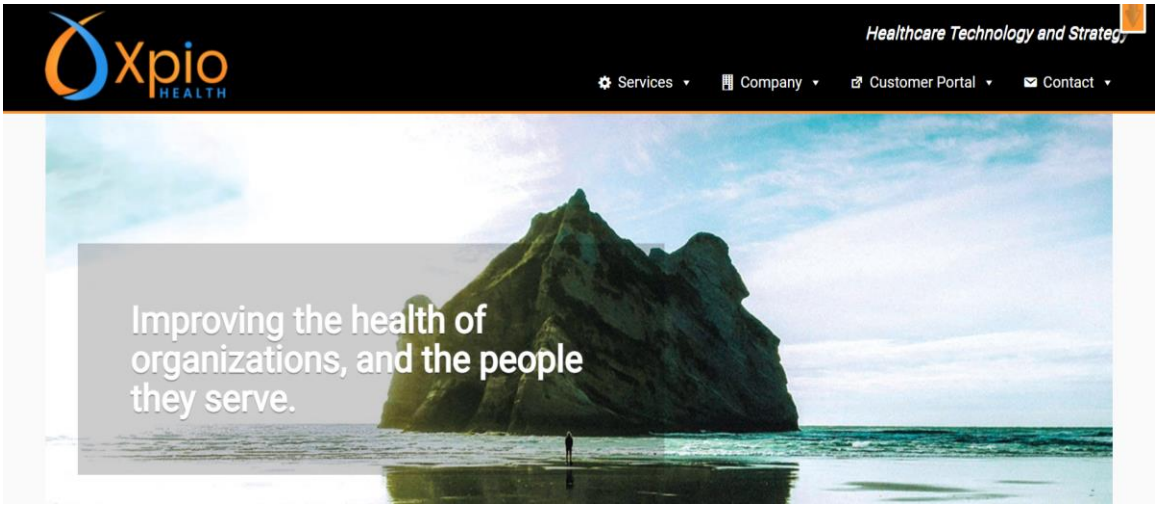
Goals and Objectives for FY 2021-2022

Once safety guidelines allows for Information Systems staff to continue normal day-to-day operations the goal for this upcoming fiscal year is to complete replacement of current workstations for Chromebooks at both El Centro and Brawley wellness centers and have them up and running. Once onsite classes are able to resume, we are also planning to upgrade our current internet and WIFI capabilities at both sites that will render a faster and more reliable connection to internet services and online e-classes.

B. Consultant– Meaningful Use, Staff Training, and EHR

a. <u>XPIO Contracted Services</u>

ICBHS contracted with XPIO Health, a consultant who has the skills to support the Department's efforts with meeting Meaningful Use Objectives and are currently going into phase 3, which covers adherence to HIPAA Security rules and requirements as well as the Annual Security Risk Assessment. They also provide services that deliver completed trainings that are available in the ICBHS e-learning platform to provide training for all ICBHS staff in the areas of HIPPA security, privacy and compliance. Additionally, they serve as consultants for troubleshooting issues as ICBHS is transitioning into the full electronic health record.



XPIO Health dedicated staff who are experienced in managing Eligible Professionals (EPs) through the phases of Meaningful Use; have helped organizations realized funding from the incentive program offered by CMS. For ICBHS, they managed 11 doctors whom completed the work through Stage 2 of Meaningful Use. They provided CMS registration maintenance, EHR system registrations, documentation repository to preserve required reports and documents, address post-file questions, and advisory support for the configuration and development of Volume and Quality Measure reports. Currently, XPIO is providing technical assistance on how best to set up MyAvatar to ensure that data and reports match the requirements for the Meaningful Use Stage 3.

XPIO also provides a platform to conduct the Security Risk Assessment (SRA). The process of conducting SRA requires an evaluation of possible risks to the ability of ICBHS to provide computer and system services, and helps in drafting the contingency plan as well. XPIO assists ICBHS preparing the annual SRA and assists with the testing of the contingency plan. The process of testing the contingency plan continues to further and strengthen and refining plan to ensure that ICBHS is better prepared in case of an emergency.

Additionally, ICBHS works with XPIO on meeting CMS, DHCS and HIPAA Privacy and Security regulations that require staff be trained at time of hire, as well as annual “culture of compliance”. XPIO assists in preparing content that ICBHS provides in online training through the e-learning platform at ICBHS. This platform enables staff development unit to process status reports, send reminders and notify supervisors of staff’s registration and attendance to the training. XPIO assisted with the following trainings; HIPPA Security, HIPPA Privacy, and Compliance.

Goal Updates FY 2020-2021

ICBHS and XPIO worked together to analyze and complete the Security Risk Assessment for 2020. Based on the Security Risk assessment findings, ICBHS is currently evaluating observations and findings with the goal of implementing remediation strategies and completing contingency plan of action. Training material for HIPPA security, privacy and compliance were provided to XPIO and it is expected the trainings will be available for staff by June 2021.

Goals and Objectives for FY 2021-2023

The goals for the upcoming year include the annual preparation of the three trainings on HIPPA security, privacy and compliance. It also includes continued work with XPIO to complete attestation for Meaningful Use Stage 3 for the eligible professionals that qualify for the program; the goal is to complete Stage 3 by the end 2021.

b. Staff Training

Technology changes are increasing rapidly and Information Systems staff need to stay current on the upcoming changes of the electronic health record, MyAvatar. The vendor of the application, NetSmart, provides the opportunity for structured module trainings, an annual national conference and annual regional conferences. These trainings also provided some networking opportunities and much was learned from other counties on

how to best work with the client plant. Additionally, four staff will be attending the annual nationwide conference offered by the vendor.

Goal Updates for FY 2020-2021

Due to the current COVID-19 pandemic, attending annual conference in person was not attainable as our Electronic Health Record provider Netsmart, canceled their onsite annual training conference. Netsmart was able to provide a series of live webinar sessions in lieu of the annual conference, which was a benefit to all Information Systems staff as they were able to attend and participate in various sessions. Additionally all Information System staff are participating in Netsmart Executive Learning Program, which is a year round live training webinar sessions related to the electronic health record. To date the sessions completed include; Reporting Certification and Non-Billing Certification Training. Additionally, Information System staff have signed up for the upcoming trainings; RADPlus Modeling, MyAvatar PM Billing, MyAvatar CWS for end users, Billing Certification and Advance Reporting Certification.

Goals and Objectives for FY 2021-2022

The goals for the upcoming year is to continue empowering Information Systems staff by attending virtual sessions and trainings as offered by NetSmart. Once safety guidelines allows it, the goal for the upcoming to year is for Information Systems staff to attend the annual conference offered by NetSmart.

C. Telecommunications Mobile Solutions

As ICBHS is in the final stages of going fully electronic on all health records through all the clinics, the current pandemic situations (COVID-19) has identified areas of opportunity for the clinics and department mobile solutions. ICBHS needs to have information and equipment more readily available in order to provide continued services. The electronic health record vendor NetSmart has a solution in place that is currently being utilized to deploy mobile electronic devices. The name of the tool is Clinician, which enables a user to access and update client plans, progress notes, service entries, client demographics and other forms in MyAvatar. This tool allows clinical staff to go out in the field without the need of internet connection, provide services from home and

document services provided. The solution allows the view of stored data and the creation of new data within the mobile device during the offline session and once the clinical staff comes back to the office and connects the device to the system it synchronizes the data to the electronic health record. ICBHS would like to purchase additional equipment for the use of this tool in order to fully exploit and take advantage of the technology to facilitate the transition to a full electronic health record so that information is still available to clinical staff even when out of the office and/or during emergency situations.

As the county faces new situations, challenges and emergencies, ICBHS needs to expand the way it has traditionally provided services and the way it meets the needs of the community and clients while still providing and ensuring integrity (encrypted) and safety of its employees. Telecommuting via different platforms with the use of web cameras have been an efficient and safe way to provide services, hold meetings and continue daily activities in uncertain times as faced with COVID-19 pandemic. The use of technology at ICBHS has been able to function by reaching and servicing clients with the deployment of mobile devices for services.

The Clinician platform, which is currently being tested out in the field, has proven to allow ICBHS to maintain continuation of services; the tablets have a touchscreen that will allow for signature collection without the need for a separate signature pad.

Goal Updates for FY 2020-2021

The current COVID-19 pandemic affected this project, as it prevented clinical staff to complete testing of the Clinician tool; the pandemic has completely halted clinical staff for going out into the field for home visits. ICBHS has purchased and received 20 of the 50 laptops, this equipment has been essential as it enables ICBHS clinical staff to telecommute and provide services to clients from their home using such laptops. Webcams have been a bit harder to acquire due to excessive demands, webcams have been essential to conduct day-to-day operations and critical for client sessions via zoom, so far ICBHS has received 50 of the 100 webcams.

Goals and Objectives for FY 2021-2022

The goal for ICBHS for the upcoming year is to complete testing phase and implement the Clinician tool once safety guidelines permits clinical staff out in the field. The pending equipment to be order are 30 Dell Windows laptops and 50 webcams that will assist with staff telecommunications needs deployment. The goal is to purchase the pending equipment by June 2021. This will provide additional tools necessary for ICBHS clinical staff and for each program to provide services to clients and meet the needs on the field.

Budget

Table 59: Budget for CF/TN Activities

Client & Family Empowerment		
Consumer Portal Kiosks		
Chrome Books (8)	$	4,400
Titan Edge Wall Mounted Workstation (8)	$	12,000
Remodeling Costs to ensure privacy (if needed)	$	16,000
Subtotal:	**$**	**32,400**
Wellness Center Computer Upgrade		
Hosted Server / Implementation	$	52,612
El Centro Wellness Center (10)	$	6,000
Brawley Wellness Center (10)	$	6,000
Subtotal:	**$**	**64,612**
Consultant – Meaningful Use, Training, EHR		
Module Training (2 yr.)	$	15,000
Annual National Conference (2 yr.)	$	24,000
Consultant Contract (2 yr.)	$	60,000
Subtotal:	**$**	**99,000**
Telecommunications Mobile Solutions		
Licenses	$	24,800
Professional Services	$	60,000
Windows 10 Dell Tablets (30)	$	60,000
Subtotal:	**$**	**150,800**
GRAND TOTAL:	**$**	**340,812**

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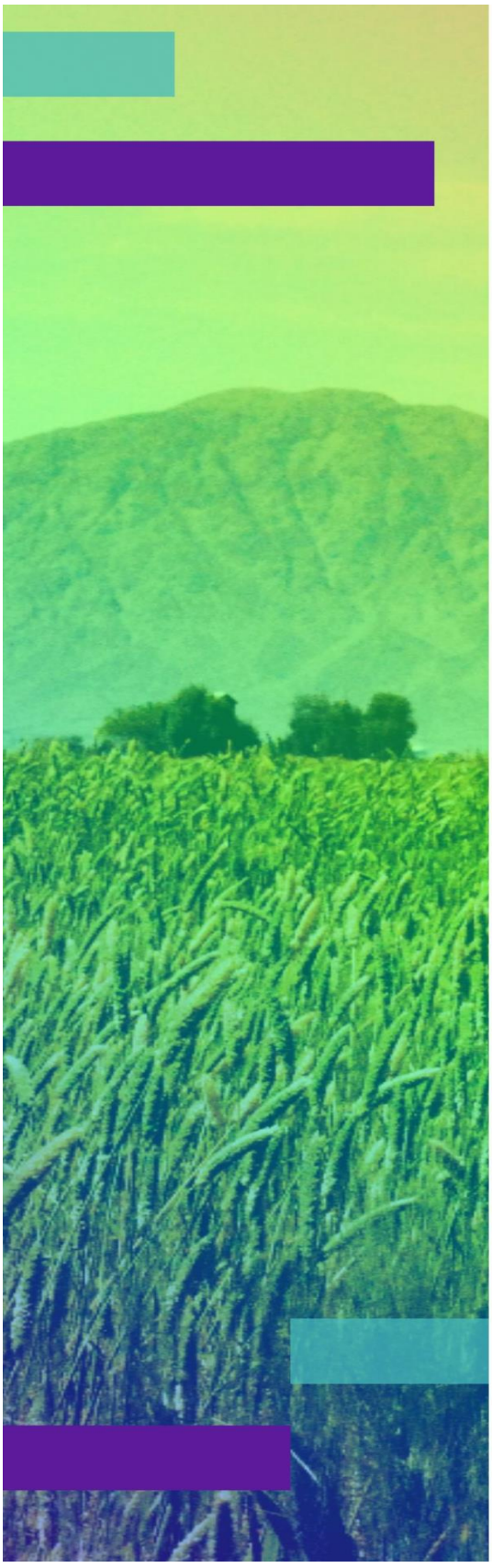


MHSA FUNDING SUMMARY

MHSA Funding Summary

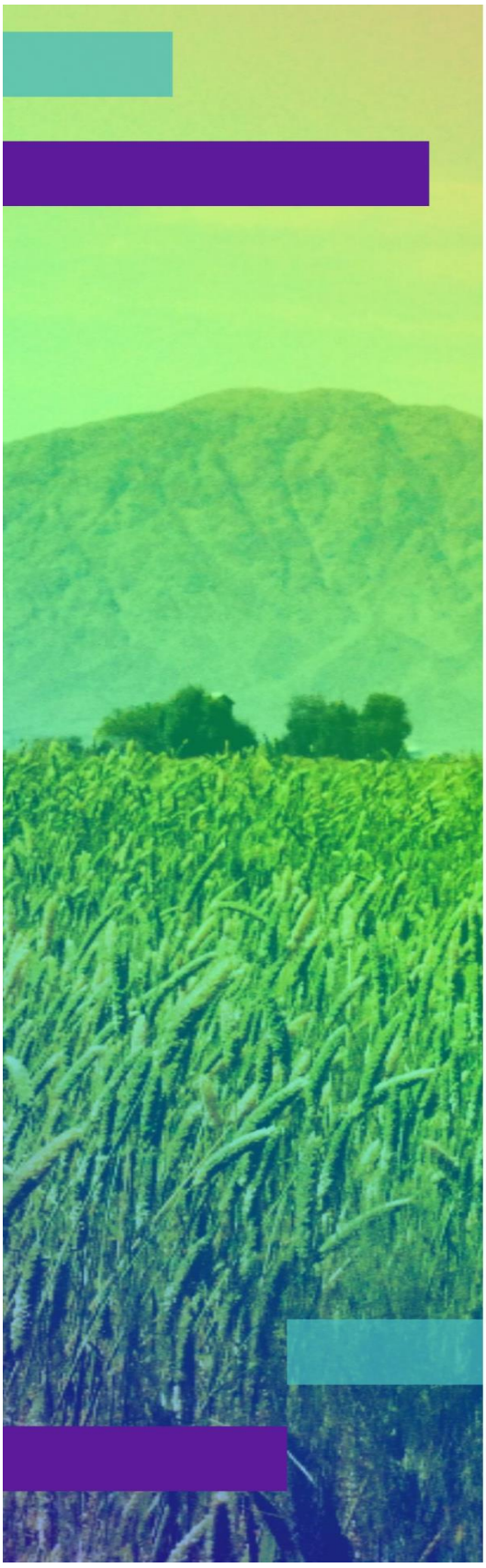
FY 2021-2022

County: **IMPERIAL** Date: **4/13/21**

	MHSA Funding					
	A	B	C	D	E	F
	CSS	PEI	INN	WET	CF/TN	Prudent Reserve
A. Estimated FY 2021/22 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	5,637,788	5,908,203	1,874,542	197,798	191,295	
2. Estimated New FY2021/22 Funding	6,522,687	1,630,672	429,124			
3. Transfer in FY2021/22[a/]	(309,178)			155,478	153,700	0
4. Access Local Prudent Reserve in FY2021/22						0
5. Estimated Available Funding for FY2021/22	11,851,297	7,538,875	2,303,666	353,276	344,995	
B. Estimated FY2021/22 MHSA Expenditures	6,759,714	1,465,590	614,831	160,758	340,812	
C. Estimated FY2021/22 Unspent Fund Balance	5,091,583	6,073,285	1,688,835	192,518	4,183	

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CF/TN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2021	430,047
2. Contributions to the Local Prudent Reserve in FY 2021/2022	0
3. Estimated Local Prudent Reserve Balance on June 30, 2022	430,047



SECTION B – REALLOCATED UNSPENT FUNDS

Section B - Reallocated Unspent Funds

During FY 2017-2018, ICBHS requested authorization to utilize reallocated unspent funds (MHSUDS Information Notice No. 17-059) for the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components. The reallocated unspent funds total to $131,375 for CSS and $691,964 for PEI. These funds were spent and reported in our FY 2019-2020 Mental Health Services Act Annual Revenue and Expenditures Report (ARER).

Imperial County no longer continue to have Community Services and Support (CSS) and Prevention and Early Intervention (PEI) Reallocated funds.

MHSA Funding Summary

Re-Allocated Funds

County: **IMPERIAL** Date: **4/13/21**

	MHSA Funding					
	A	B	C	D	E	F
	CSS	PEI	INN	WET	CF/TN	Prudent Reserve
A. Estimated Reallocated Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	0	0	0			
2. Estimated New FY2021/22 Funding	0					
3. Transfer in FY2021/22[a/]	0					
4. Access Local Prudent Reserve in FY2021/22	0					
5. Estimated Available Funding for FY2021/22	0	0	0	0	0	
B. Estimated FY2021/22 MHSA Expenditures	0	0	0			
C. Estimated FY2021/22 Unspent Fund Balance	0	0	0	0	0	

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CF/TN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

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2. Contributions to the Local Prudent Reserve in FY 2021/2022	0
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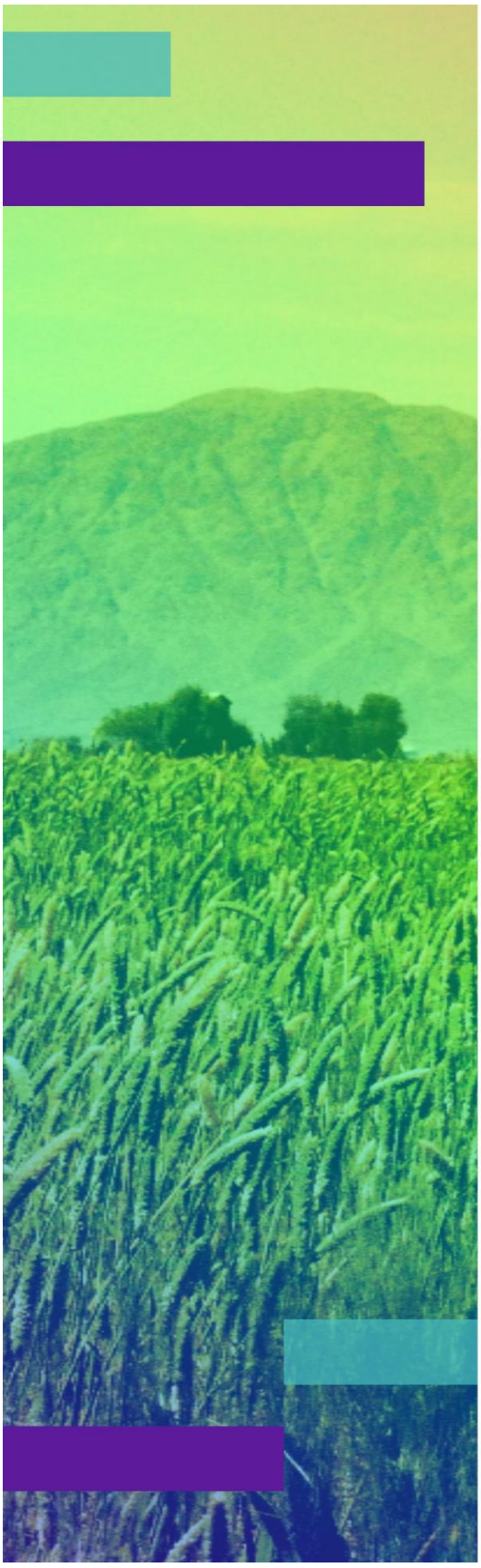


SECTION C - PRUDENT RESERVE ASSESSMENT

Section C – Prudent Reserve Assessment/Reassessment

State of California
Health and Human Services Agency

Department of Health Care Services

IMPERIAL COUNTY Behavioral Health Services Systems of Care

County/City: County of Imperial

Fiscal Year: 2019-2020

Local Mental Health Director

Name: Andrea Kuhlen

Telephone: 1-442-265-1602

Email: andreakuhlen@co.imperial.ca.us

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Andrea Kuhlen — Local Mental Health Director (PRINT NAME)

Andrea Kuhlen — Signature

3/27/19 — Date

In accordance with DHCS MHSUDS Information Notice No. 19-037 dated August 14, 2019 regarding Prudent Reserve Funding Levels and Mental Health Services Act Implementation of Welfare and Institutional Code WI 5847 (b)(7) and 5892 (b)(h), Imperial County made an initial Assessment of our Local Prudent Reserve Levels. The assessment was part of FY2019-2020 MHSA Plan Update.

As established by W&I code 5892 (b) "County……" Imperial County will conduct a Prudent Reserve Reassessment by the fifth year from our initial assessment to be in compliance with W&I 5892 (b)

[1] Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (02/19)

Mental Health Services Act

Prudent Reserve

FY 2020-2021

Prudent Reserve Maximum Level

Welfare Intitutional Code 5892 (b)2; 5847 (7)

"County is required to establish a Prudent Reserve that does not exceed 33% of the average Community Servces and Support revenue received for Local Mental Health Service Fund (LMHSF) in the preceding five years."

"Establishment and maintenance of a prudent reserve to ensure the county program will continue to be able to serve children, adults, and seniors that it is currently serving pursuant to Part 3 (commencing with Section 5800), Part 3.6 (commencing with Section 5840), and Part 4 (commencing with Section 5850)"

Calculation & Establish Prudent Reserve Level

Fiscal Year	Received Amount
2015-16	$ 7,086,999
2016-17	$ 9,043,624
2017-18	$ 9,759,832
2018-19	$ 10,801,280
2019-20	$ 8,582,483
TOTAL	$ 45,274,218

Funds Received:	$	45,274,218
CSS Component Only (76%)	$	34,408,406
CSS Component - Five Year Average	$	6,881,681
CSS Component Five Year Average:	$	6,881,681
Maximum Level of Prudent Reserved (%):		33%
Maximum Level of Prudent Reserved:	$	2,270,955
Imperial County Establish a Prudent Reserve Level	**$**	**2,026,098**
Imperial County Establish a Prudent Reserve Level %		29%

Prudent Reserve Current Level

Maximum Level of Prudent Reserved:	$	2,026,098
Imperial County Prudent Reserve Balance as of: **June 30, 2021**	**$**	**430,047**

Reference Page

The Act, 2021, p.1
The Act | Mental Health Services (https://mhsoac.ca.gov)

WHO, 2020, The impact of COVID-19 on mental, neurological and substance use services: results of a rapid assessment. Geneva: World Health Organization; 2020, p.20
The impact of COVID-19 on mental, neurological and substance use services (who.int)

DHCS, 2020, Information Notice, 20-057
https://www.dhcs.ca.gov/Documents/CSD_KS/IN%2020-057/BHIN-20-057-MHSA-Funds-for-Substance-Use-Disorder-Treatment.pdf

APPENDIX 1

Definition of Acronyms

ACEs	Adverse Childhood Experiences
ADHD	Attention Deficit Hyperactivity Disorder
Adult-FSP	Adult and Older Adult Services Full-Service Partnership
ART	Aggression Replacement Training
BASIS 24	Behavior and Symptom Identification Scale 24
BMI	Body Mass Index
CAP	Child Abuse Prevention Council
CBT	Cognitive Behavioral Therapy
CBT-AT	Cognitive Behavioral Therapy-Anxiety Treatment
CBT-DT	Cognitive Behavioral Therapy-Depression Treatment
CESS	Community Engagement and Supportive Services
CF/TN	Capital Facilities and Technological Needs
CiBHS	California Institute for Behavioral Solutions
CPT	Cognitive Processing Therapy
CRD	Crisis and Referral Desk
CSS	Community Services and Supports
CSW	Community Service Worker
CWS	County Welfare Services
CY	Calendar Year
CYRM-R	Child and Youth Resilience Measure
DA	Developmental Assets
DAP	Developmental Assets Profile
DS	Development Specialist
DSS	Department of Social Services
DSPS	Disabled Students Program and Services
FERPA	Family Educational Rights to Privacy Act
FFT	Functional Family Therapy
FSP	Full Service Partnership
FSS	First Step to Success
FTE	Full Time Equivalent
FY	Fiscal Year
GED	General Education Development
HIPAA	Health Insurance Portability and Accountability Act
HITECH	Health Information Technology for Economic and Clinical Health Act
ICBHS	Imperial County Behavioral Health Services
ICC	Intensive Care Coordination
IHBS	Intensive Home Based Services
IMRS	Illness Management and Recovery Scale
INN	Innovation
IPT	Interpersonal Psychotherapy
IVC	Imperial Valley College
IVC EOPS	Extended Opportunities Program and Services
IVROP	Imperial Valley Regional Occupational Program
IY	Incredible Years

LEA	Local Educational Agencies
LGBT	Lesbian, Gay, Bisexual, Transgender
LPS	Lanterman Petris Short Act
MAOQ	Measurement, Outcomes, and Quality Assessment
MESA	Math Engineering Science Achievement
MFT	Marriage and Family Therapist
MHRT	Mental Health Rehabilitation Technician
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
MHTU	Mental Health Triage Unit
MOU	Memorandum of Understanding
MRT	Moral Reconation Therapy
PATH	Projects for Assistance in Transition from Homelessness
PEI	Prevention and Early Intervention
PIER	Portland Identification and Early Referral
PPI	Parenting Practices Interview
PRAXES	Parents reach Achieve and Excel through Empowerment Strategies
PSC (PSC-35)	Pediatric Symptom Checklist
PSI	Parental Stress Index
PTSD	Post-Traumatic Stress Disorder
PTSD-RI	Post-Traumatic Stress Disorder Reaction Index
RCP/OP	Resource Center Program-Outpatient Program
RIBS	Reported and Intended Behavior Scale
RS	Rising Stars
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Seriously Emotionally Disturbed
SEL	Social Emotional Learning
SIPS	Structured Interview for Prodromal Syndromes
SMHS	Specialty Mental Health Services
SMI	Severely Mentally Ill
SOAR	SSI/SSDI Outreach, Access, and Recovery
STEAM	Science, Technology, Engineering, Art and Math
TABE	Test of Adult Basic Education
TESS	Transitional Engagement Supportive Services
TF-CBT	Trauma Focused-Cognitive Behavioral Therapy
TK	Transitioning Kindergarten
TREES	Teach, Respect, Educate, Empower Self
WET	Workforce Education and Training
WRAP	Wellness and Recovery Action Plan
YA	Youth Advocates
YAYA	Youth and Young Adult
YAYA-FSP	Youth and Young Adult Services Full Service Partnership
YOQ	Youth Outcome Questionnaire
YOQ-SR	Youth Outcome Questionnaire-Self Report
YOQ-Parent Report	Youth Outcome Questionnaire-Parent Report

ATTACHMENT 1

During the 30-day public review and comment period, Imperial County Behavioral Health Services (ICBHS) Department invited feedback on the MHSA Annual Update for FY 2021-2022 via Zoom Forums, Survey Monkey, email, and phone call.

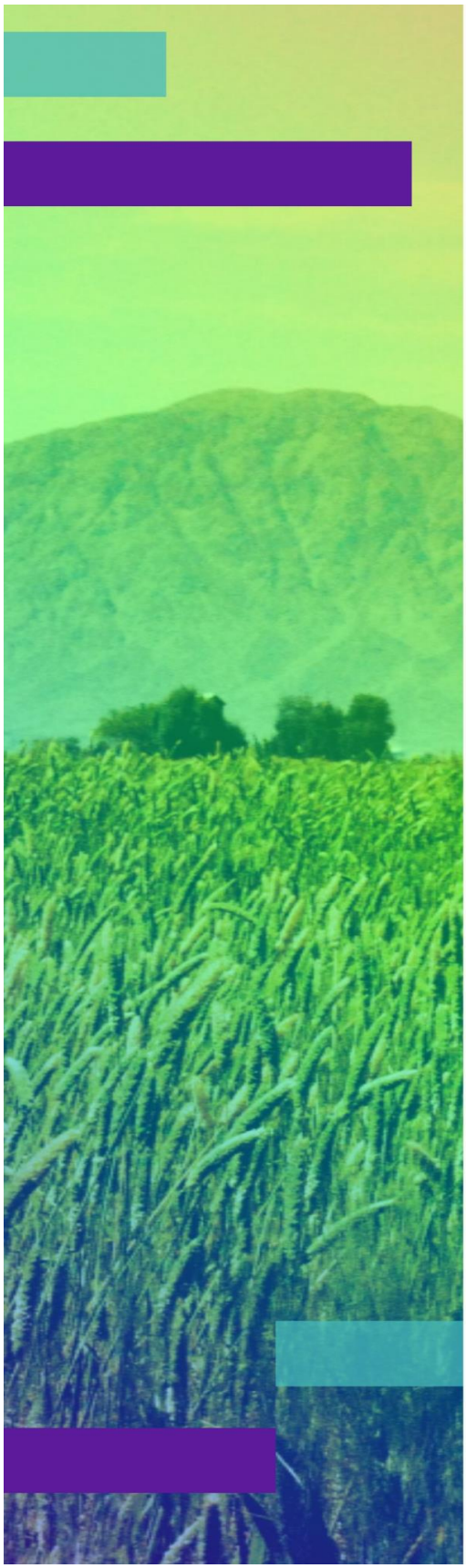
Announcements of the 30-day public review and comment period were shared among stakeholder e-mail distribution lists, posted on the ICBHS website, newspaper ads and on the ICBHS Facebook page.

The announcements included the information related to the following Community Forums and of the Public Hearing that was held during the ICBHS Mental Health Board meeting:

Date	Name of Event	Event Format	Comment
Thursday, April 22, 2021	Community Forum	Zoom Conference	
Tuesday, April 27, 2021	Community Forum	Zoom Conference	
Thursday, April 29, 2021	Community Forum	Zoom Conference	
Thursday, May 6, 2021	Community Forum	Zoom Conference	
Tuesday, May 18, 2021	ICBHS Mental Health Board *Presentation	Zoom Conference	
Tuesday, June 1, 2021	ICBHS Mental Health Board *Public Hearing	Zoom Conference	

There were no significant changes to the MHSA Annual Update by close of the review period on Tuesday, June 1, 2021.

The Imperial County Mental Health Board recommended the ICBHS MHSA Annual Update for FY 2021-2022 be presented to the Imperial County Board of Supervisors for their final review and approval of the plan.



Published By:
Imperial County Behavioral Health Services
(ICBHS), April 2021

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