

Imperial County Behavioral Health Services



Mental Health Services Act

Innovation Project

County: Imperial County Date Submitted June 2, 2021
Project Name: Holistic Outreach Prevention and Engagement (HOPE)



I. Innovation Regulations Requirement Categories

GENERAL REQUIREMENTS

The Innovation Project will be defined by making a change to an existing practice in the field of mental health, including but not limited to, application to a different population.

PRIMARY PURPOSE

The Innovation Project will have the following primary purpose that will be developed and evaluated in relation to the chosen general requirement.

1. Increases access to mental health services to underserved groups
2. Increases the quality of mental health services, including measured outcomes

II. Project Overview

PRIMARY PROBLEM

In Imperial County, youth and young adults ages 13-25 are among the most vulnerable and most difficult populations to engage in mental health treatment. This underserved population, which includes homeless and LGBTQ youth, often times, have unmet mental health needs and face many challenges such as unemployment, substance use, unplanned pregnancy and involvement with the legal system. These socio-economic stressors have a negative impact in this population’s mental health and are a significant contributor to psychiatric emergencies. Some of the existing socio-economic stressors in Imperial County include: high poverty rates, low income employment, lack of transportation and low educational levels. Below is a table, based on 2019 data, that shows the Imperial County rates compared to the California rate:

Table 1: Imperial County’s Socio-Economic Stressors

Population: 181,215	Imperial County	California
Per Capita Income	\$18,800	\$39,393
Median Household Income	\$48,472	\$80,440
Living below the Poverty line	25%	12%
Public transportation	1%	5%
No Degree/HS	28%	16%
High School Diploma	23%	21%
Some College	30%	28%
Bachelor’s Degree	14%	22%
Post Grad	5%	13%

The challenges of navigating adolescence and transition to adulthood are often compounded by unmet mental health needs, which may lead to a psychiatric emergency. A psychiatric emergency is defined by the American Psychiatric Association as “an acute disturbance in thought, behavior, mood, or social relationship, which requires immediate interventions as defined by the patient, family, or social unit.” These psychiatric emergencies, may result in an involuntary hold (5150) or hospitalization, both of which are unfavorable outcomes.



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In FY 18-19, Imperial County Behavioral Health Services (ICBHS) hospitalized 102 individuals, 30 (26%) of whom were youth and young adults between the ages of 13-25. The average length of hospitalization for this population was 10 days.

- 17 were actively receiving mental health services with ICBHS
- 13 were not receiving mental health services with ICBHS.
- 3 of the clients that were actively receiving services with ICBHS had recurrent hospitalizations.

In FY 19-20, ICBHS hospitalized 120 individuals, 21 (18%) of whom were youth and young adults between the ages of 13-25. The average length of hospitalization for this population was 14 days, which is an increase of 29% from FY 18-19.

- 10 were actively receiving mental health services with ICBHS
- 11 were not receiving mental health services with ICBHS.
- 6 of the clients that were actively receiving services with ICBHS had recurrent hospitalizations

Even though the number of youth and young adults hospitalized decreased in FY 19-20, it appears that their mental health conditions became more acute, as evidenced by longer hospital stays. Additionally, In FY 18-19 the majority of youth and young adults hospitalized were active clients; however, the majority of hospitalizations for FY 19-20 involved new or inactive clients, which underscores the need to further our efforts in engaging this population.

In FY 18-19, ICBHS had a total of 1049 crisis admissions (5150s) to our Mental Health Triage Unit (MHTU), 334 (32%) of these admissions were youth and young adults ages 13-25.

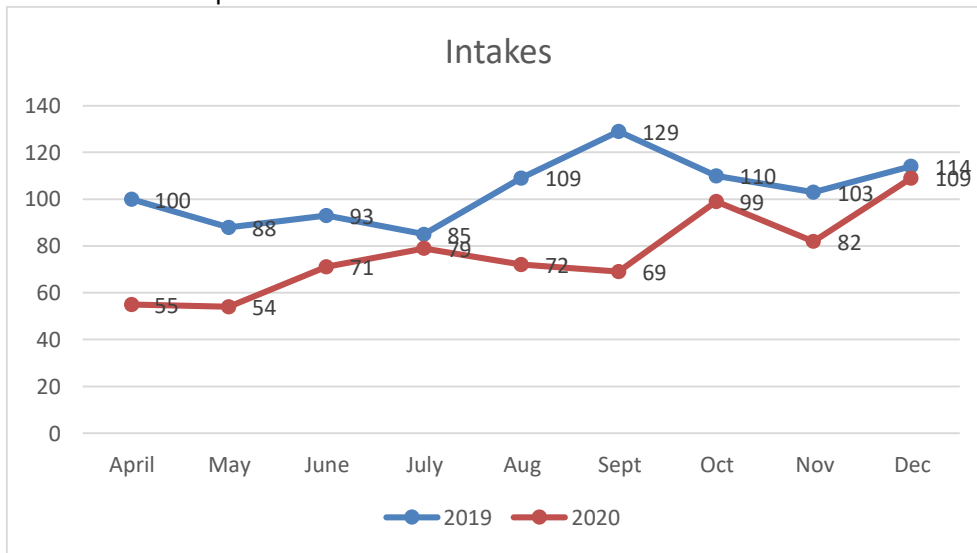
In FY 19-20, ICBHS had a total of 996 crisis admissions (5150s) to our MHTU, 257 (26%) of these admissions were youth and young adults ages 13-25.

Despite our data showing a decrease in crisis admissions, youth and young adults in Imperial County continue to experience mental health symptoms, which at times result in psychiatric emergencies that require immediate interventions from our mental health staff in the outpatient clinics or from community partners such as school staff or law enforcement agencies. Chief Gonzalo Gerardo from the Calexico Police department reported that the volume of calls received related to depression, anxiety and passive suicidal ideation have increased since the beginning of the COVID-19 pandemic and police officers have been spending significant amount of time intervening with youth. School staff have reported that students have expressed feeling isolated, depressed, and have become withdrawn, which has impacted their academic performance. However, our data shows a significant decrease in access to mental health services for this underserved and vulnerable population.

During the months of April through December 2019, ICBHS conducted 931 intake assessments for youth and young adults. Since the onset of the COVID-19 pandemic, the number of youth and young adults accessing services decreased significantly during the same months in 2020, totaling 690, a 26% decrease. As a result of school closures and stay-at-home orders, it became difficult for teachers, physical health care providers, and community partners to identify and refer youth and young adults who may be experiencing symptoms of a mental health condition. This has resulted in low accessibility to services and possible untreated mental illness for this vulnerable population.



Graph 1. Intake Assessments for FY 18-19 and FY 19-20



Historically, ICBHS’s no show rates have been high for this population, averaging a 30% no show rate for the past three fiscal years for the following appointments: Initial Intake Assessment; Initial Psychiatric Assessment; Initial Nursing Assessment; and Psychotherapy appointments. The lack of consistent treatment contributes to the deterioration of their mental health, which affects their overall functioning at home, community, school, and/or employment, and may result in psychiatric emergencies, including crisis interventions, involuntary holds (5150), and hospitalizations. The response to these psychiatric emergencies often times involve encounters with law enforcement, which contributes to the criminalization and stigmatization of individuals with mental illness. These encounters can be traumatic to the individual, which further affects their willingness to engage in mental health services.

Table 2. ICBHS Average No Show Rate for FY 17-18 to FY 19-20

No Show Rate	FY 17/18	FY 18/19	FY 19/20	AVG
Intake	33%	33%	33%	33%
Initial Nursing Assessment (INA)	23%	25%	28%	25%
Initial Psychiatric Assessment (IPA)	31%	34%	27%	31%
Psychotherapy	29%	32%	31%	31%
AVERAGE	29%	31%	30%	30%

In an effort to minimize negative encounters with law enforcement agencies and prevent 5150 admissions, ICBHS and local Law Enforcement Agencies (LEA) implemented the Crisis Co-Response Team (CCRT) Pilot Project in November 2020. The CCRT pilot program began with LEA from the south-end of Imperial County (Calexico PD, El Centro PD and Imperial PD, including the Sheriff Department serving the south-end). Starting March 2021, the CCRT was expanded to include the north-end of Imperial County (Brawley PD, Westmorland PD, Calipatria PD, and Imperial County Sheriff Department serving the north-end). The CCRT is in operation Wednesday to Saturday from 12:00pm to 10:00pm.

The CCRT team consists of ICBHS and LEA staff responding to calls related to a psychiatric emergency. ICBHS



provides crisis intervention services to adults, children and youth in the community. Staff work closely with law enforcement to assess and determine the client's immediate needs. Interventions are provided to the individuals and families in an effort to avoid unnecessary placement of individuals in involuntary holds and hospitalization. This is accomplished by providing services such as a safety/risk assessment, crisis interventions, brief counseling, consultation with licensed clinician, if necessary, collateral services with family, case management and referrals to community resources including ICBHS outpatient mental health and substance use disorder programs.

Since its implementation in November 2020, the CCRT has received 50 calls, 6 (12%) of which were for youth and young adults ages 13-25:

- 4 (67%) calls for youth and young adults met criteria for an involuntary hold (5150); however, the individuals did not require admission to our Triage unit after receiving mental health interventions.
- 2 (33%) calls for youth and young adults did not meet criteria for 5150 hold. These individuals were already active clients of ICBHS and were receiving mental health services; however, they had a history of previous crisis admissions and poor treatment compliance.

The CCRT is designed to resolve immediate concerns, ensure safety, and engage individuals into outpatient treatment services, when indicated, to prevent subsequent crises. However, enrollment of individuals not active in services or compliance of active clients with follow-up treatment too often does not occur following the resolution of a crisis. ICBHS makes significant efforts to engage individuals who have experienced a psychiatric emergency by guiding them through the process of making appointments and/or linking them to their treatment team for follow-up care. Despite these intensive efforts, for this particular population of youth and young adults this approach has not been effective and a new innovative approach that will reduce stigma and motivate participation is needed.

Identifying youth and young adults as the target group for this Innovation Project is further supported by community members who participated in the Community Program Planning Process (CPPP) held in the months of February and March 2021. Feedback collected from community forums and surveys indicate that the community's interest is to focus on youth and young adults ages 13 to 25 and the objective of this project would be to 1) *increase mental health access to underserved groups* and 2) *increase the quality of mental health services*. Additionally, stakeholders indicated they wanted the Innovation Project to include a **Wellness** as a component of this innovative project. Given the fact that there has been an increase in psychiatric emergencies among this population and that engaging and retaining youth and young adults in services has been historically challenging, stakeholders and community members agreed that the Innovation project should center on engaging this vulnerable and high-risk population into mental health services. They proposed that incorporating wellness activities in treatment to focus on the person as a whole and not just their mental illness, would motivate youth and young adults to access and remain in services. Tailoring mental health services to include activities that focus on the mind, body and soul that would meet the individual's needs and interests, not only would increase access to services and improve the quality of care, but would also decrease psychiatric emergencies. During the stakeholder meetings, there were recommendations to include peer support specialists in this project as they could assist in reducing stigma, provide support and mentoring, and create a safe space for consumers. The consensus was that integrating peer support specialists in combination with wellness activities using a holistic approach would be an innovative approach that would enhance traditional outreach and engagement efforts that would motivate individuals to participate and remain engaged in services.



PROPOSED PROJECT

ICBHS is proposing the implementation of the Holistic Outreach Prevention & Engagement (HOPE) Program. The innovation aspect of this project is the integration of peer support specialists to engage into treatment new and active clients who have experienced a psychiatric emergency by introducing a holistic approach that will complement existing mental health services. By using a holistic approach in our engagement efforts and in the delivery of mental health services, this project will not only focus on the individual's mental illness symptoms, but will look at the whole person to ensure their mental, physical, social and emotional needs are met, which will build resilience and lead to a more balanced life. This holistic approach will consist of incorporating wellness activities that of the client's interest. This client-driven approach will include activities such as participation in sports, exercise, music, mindfulness, and other forms of expression such as art and dance. ICBHS is proposing to implement the HOPE Program with the intent to engage individuals into treatment by utilizing a non-traditional approach that will look at the whole person and promote a balanced life and builds resilience. Participating in these activities will improve individual's mental health; will help reduce stigma among this age group; and will lead to a pathway of wellbeing.

An integral part of the HOPE program will be the hiring of peer support specialists, ages 18 and older with lived experiences. They will be key in conducting outreach and engagement activities for the identified target population. Peer support specialists will provide information and support for individuals who are new or are currently receiving outpatient services to improve access to services, increase retention rates, and to prevent recurrent psychiatric emergencies. Peer support specialists, by assisting clients to navigate services and by providing support and promoting self-advocacy, will also lead to better quality of care and improved outcomes. According to Substance Abuse Mental Health Services Administration (SAMHSA), peer support specialists provide non-clinical, strength-based support, which can be instrumental in the engagement process. SAMHSA indicates that through shared understanding, respect, and mutual empowerment, peer support specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Youth and young adults are more likely to find comfort connecting to peers than professionals who do not have lived experience. It is expected that peer support specialist will provide support in a non-judgmental manner, which will help reduce stigma and make youth and young adults feel more comfortable with receiving mental health services. The peer support specialist in the HOPE program will instill hope by demonstrating that recovery is possible and encourage youth to strive towards meeting their wellness goals. Peer specialists will assist HOPE participants in navigating the mental health system, and follow-up to ensure that their needs are being met. To prepare the peer support specialist perform these tasks, they will participate in a peer support training that will prepare them to use their lived experiences to help consumers identify and achieve specific life goals related to recovery. Peer support specialists will also receive orientation and training on mental health services and their role within the treatment team. They will work under the supervision of the program supervisor who will monitor their performance and provide feedback, guidance, and support.

Imperial County's Innovation Project will be ***adapting the existing mental health approach*** to increase access to mental health services and improve the quality of mental health services for youth and young adults in Imperial County. This adaptation focuses on changing the way outreach and treatment services are provided to youth and young adults in Imperial County. The implementation of the HOPE program will focus on integrating



peer support specialists and incorporating a wellness component to engage into treatment youth and young adults ages 13 to 25 who have experienced a psychiatric emergency. Peer support specialists will provide services to individuals that are not active in services and have experienced a psychiatric emergency. These psychiatric emergencies may be handled by the MHTU, the CCRT or by staff at the outpatient clinics for active clients. The HOPE program will be an adaptation to the existing mental health outreach and treatment approach by implementing a holistic approach that will integrate peer support specialist in the engagement process and by offering services that incorporate wellness activities to improve individual's mental health and promote a balanced life.

The HOPE program will enhance the current continuum of care and will complement existing practices as follows:

Crisis Co-Response Team (CCRT)

ICBHS has recently implemented a CCRT model involving a mental health practitioner joining law enforcement in responding to psychiatric emergencies/5150 evaluations. The purpose of the CCRT is to resolve immediate concerns, ensure safety, and engage individuals into outpatient treatment services. However, since the implementation of this program, it has been noted that the enrollment and compliance of youth and young adults following a psychiatric emergency too often does not occur. Despite these individuals receiving intensive outreach and engagement services, this approach has not proven to be effective for this age group, as they may experience stigma associated with mental illness or may not feel comfortable with traditional treatment; therefore, they do not access services nor stay engaged. When the CCRT intervenes in calls that involve youth or young adults, they will immediately refer the case to the HOPE program and the peer support specialist will then contact client in efforts to engage and officer services.

Mental Health Triage Unit (MHTU)

The MHTU is an outpatient clinic that provides assessments, interventions and stabilization for individuals experiencing a psychiatric emergency, and coordinates care for individuals placed on an involuntary hold. At the MHTU clients are assessed by a licensed clinician or psychiatrist to determine the appropriate level of care, which may include hospitalization or stabilization in a lower level of care. Once a client is stabilized and discharged from the MHTU, they are linked to their treatment team for follow-up care. When youth or young adults receive services at MHTU due to a psychiatric emergency, the MHTU staff will immediately notify the HOPE program to develop a transition plan. The MHTU and HOPE program will coordinate to ensure that there is a warm hand-off between the MHTU and the HOPE peer support specialist.

Outpatient Clinics

ICBHS has existing systems in place for resolving psychiatric emergencies at the outpatient clinics and out in the community. At the outpatient clinics mental health staff are trained in de-escalating crisis episodes experienced by clients and may refer to additional services and supports as needed. Mental health staff at the outpatient clinics will make a referral to the HOPE program whenever they provide crisis interventions to youth and young adults and feel engagement in services provided by the HOPE program is appropriate.

Referrals to the HOPE program will be generated through the CCRT, Mental Health Triage Unit (MHTU), and outpatient clinics. These individuals who have experienced a psychiatric emergency may require ancillary



supports and services that are client-centered, strength-based, and tailored to their individual needs. The HOPE Program will respond immediately by assigning a peer support specialist, who will be trained on the needs of vulnerable populations and will present a non-judgmental approach when engaging clients and offering a holistic approach to mental health treatment. Upon client's admission to the HOPE program, a MHRT will serve as the wellness coordinator and will assess the client's strengths and needs. The wellness coordinator, the peer support specialist and the youth or young adult will work collaboratively to determine which wellness activities the individual wishes to participate in. This team will work together to develop an individualized wellness plan, which will include goals that are strength-based and client-driven. The MHRT will facilitate and coordinate services amongst treatment providers to ensure client's treatments needs are met. Transportation to mental health appointments and wellness activities will be facilitated by the Mental Health Workers, as needed.

RESEARCH ON INNOVATION COMPONENT

Extensive research was done to identify existing practices utilizing crisis response teams and wellness programs in the mental health setting. This included review of other counties' approved Innovation Projects and review of research studies in scholarly journals. It was identified that there are existing practices utilizing crisis call centers, crisis response teams and wellness programs in the California mental health system; however, there were none that incorporates wellness activities utilizing a holistic approach as the component to engage new or active clients in treatment with the intent to reduce recurrent psychiatric emergencies.

Several Innovation projects have been approved by the MHSOAC that focus on wellness or crisis response teams. There is significant evidence that supports the establishment of crisis co-response teams to address psychiatric emergencies. According to the National Alliance on Mental Illness (NAMI), the lack of mental health crisis services across the U.S. has resulted in law enforcement officers serving as first responders to most mental health crises. Many counties across California have implemented different versions of responding to crises with law enforcement in efforts to provide a better response to individuals experiencing a psychiatric emergency; however, it is not clear if co-response teams are effective in linking individuals to mental health treatment and ensuring their participation in treatment. ICBHS is currently implementing a pilot project with law enforcement, the Crisis Co-Response Team (CCRT), which has provided positive results in reducing the time law enforcement is involved in these incidents. By co-responding with law enforcement, ICBHS staff has the option of providing intervention and preventing involuntary hold and hospitalization when deemed necessary. However, our findings indicate that the majority of youth and young adults served by the CCRT do not access mental health services, despite extensive efforts to engage them. ICBHS was not able to locate a program like the HOPE program, where peer support specialists are part of a holistic approach to the outreach and delivery of mental health services that incorporates wellness activities into traditional mental health treatment as a way to increase access to services and retain individuals in treatment. By incorporating the HOPE program in the continuum of care, an innovative approach to client engagement will be implemented.

Through our research, we found that there have also been several wellness programs implemented in a mental health settings. There has been a lot of research on the benefits of wellness to one's overall mental health. Research shows that specific approaches utilizing a wellness component have been tried in the treatment of trauma, anxiety and depression with positive outcomes. Based on our research most of these approaches have been primarily used as an adaptation to a treatment or therapy model; however, none of them were used as an



engagement tool to reduce stigma and motivate individuals to participate in recommended treatment to reduce or prevent psychiatric emergencies.

In preparation of this innovation plan, a review of the following Innovation Projects was done to see what other counties have proposed related to utilization of wellness as an approach to respond to psychiatric emergencies and to engage youth and young adults in mental health services. While all of these projects focused on addressing psychiatric emergencies and some used wellness as a component of their approach, none used peer support specialists and a holistic approach as an engagement strategy for youth and young adults ages 13-25 who have experienced a psychiatric emergency.

Table 3: Innovation Projects

County	Innovation Project	Description
Mendocino	Round Valley Crisis Response Services	Culturally response crisis one-stop response system.
San Diego	Urban Beats	Artistic expression, social media workshops and one to one coaching to address the needs of the previously unaddressed needs of the TAY population.
Alameda	Community Assessment and Transport Team (CATT)	Mobile crisis response system to reduce 5150s holds.
Shasta	CARE Center	After-hours services, including family and client psycho-education, peer support, pre-crisis, case management, linkage to supported housing and other community resources.
Ventura	Conocimiento: Addressing ACEs through CORE Competencies	Community building activities which are known to benefit youth with ACEs: community meals, skills building activities.
Fresno	Handle with Care+	A rapid-response team to immediately provide support to children and families following a traumatic event.
Glenn	Crisis Response and Community Connections	MDT to reduce emergency department admissions, help stabilize a person earlier and link client to outpatient and follow-up services sooner.
Mendocino	Health Living Community	Reduce utilization of high-level services by providing Wellness Center style in residential setting.
San Luis Obispo	Holistic Adolescent Health	Incorporate mindfulness skills training and voluntary one on one health coaching to students aged 13-18.

ICBHS also did extensive research that supports the benefits of incorporating a peer support specialist and a holistic approach in mental health treatment:

In the HOPE program, the peer support specialist will play a key role in the implementation and success of this innovation project. According to Substance Abuse Mental Health Services Administration (SAMHSA), peer support specialists provide non-clinical, strength-based support, which can be instrumental in the engagement process. SAMHSA indicates that through shared understanding, respect, and mutual empowerment, peer



support specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Youth and young adults are more likely to find comfort connecting to peers than professionals who do not have lived experience. Peer support specialist will provide support in a non-judgmental manner, which will help reduce stigma and make youth and young adults feel more comfortable with receiving mental health services.

According to Dr. La Noce, founder and CEO of Total Mental Wellness, a comprehensive psychiatric practice that is strongly centered on patient-driven and whole-person care, combining holistic strategies with traditional mental health services, a more detailed plan for healing will optimize clinical results due to the “inseparable and intrinsic relationship between the body and the mind.” She also indicates that holistic activities boost the overall well-being by solving the main cause of depression or anxiety instead of only reducing the symptoms. The following are some holistic activities that she recommends and their benefits:

1. **Exercise:** Working out daily can offer many mental health benefits including boosting concentration, distracting from negative thoughts or worry, improving sleep quality, and enhancing self-esteem.
2. **Yoga:** Yoga is a combination of mindfulness and physical movement with breathwork for an activity that offers many advantages for mental wellbeing. You can go for many types of yoga and get an improved mind-body relationship, calmness, and relaxation.
3. **Meditation:** It’s a method of preparing the mind for concentrating awareness on an object, the current moment, or an activity that causes a relaxed and calm state. Many types of meditation are available in apps today. Using them, you can learn the way of meditating when anxiety or stress is triggered.
4. **Nutrition:** Diet can boost mood regulation and brain health. Foods that enhance your mental health are fruits and veggies, oily fish, pasta and whole-grain bread, low-fat dairy, nuts, yogurt, and seeds.

The following is additional research of interventions that focus on mind, body, and soul:

Mind:

- Transcendental meditation may help ease trauma symptoms, stress.
<http://www.medicalnewstoday.com/articles/313331.php>
- Singleton O, Hölzel BK, Vangel M, Brach N, Carmody J, Lazar SW. Change in brainstem gray matter concentration following a mindfulness-based intervention is correlated with improvement in psychological well-being. *Frontiers in human neuroscience* [Internet]. 2014; 8.

Body:

- The Mental Health Foundation – Feeding Minds: The Impact of Nutrition on Mental Health: <https://globalwellnessinstitute.org/wp-content/uploads/2018/04/Feeding-Minds.pdf>
- The influence of nutrition on mental health: The Links Between Diet and Behavior. Report of an inquiry held by the Associate Parliamentary Food and Health Forum, UK: <https://globalwellnessinstitute.org/wp-content/uploads/2018/04/FHF.pdf>
- Mayo Clinic: Depression and anxiety: Exercise eases symptoms.
<http://www.mayoclinic.org/diseases-conditions/depression/in-depth/depression-and-exercise/art-20046495>
- Kirsten Weir. The exercise effect. December 2011. *Monitor on Psychology*, American Psychological Association. Vol 42, No. 11. <http://www.apa.org/monitor/2011/12/exercise.aspx>



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- Exercise and Depression: Endorphins, Reducing Stress, and More. WebMD:
<http://www.webmd.com/depression/guide/exercise-depression#1>
- Yoga for anxiety and depression. Harvard Medical School.
<http://www.health.harvard.edu/mind-and-mood/yoga-for-anxiety-and-depression>
<http://www.health.harvard.edu/staying-healthy/yoga-benefits-beyond-the-mat>
http://www.health.harvard.edu/press_releases/yoga-can-blunt-harmful-effects-of-stress
- People with major depressive disorder with inadequate response to antidepressant treatment showed significant improvement with the introduction of a yoga breathing technique.
<http://www.psychiatrist.com/jcp/article/Pages/2016/aheadofprint/16m10819.aspx>

Soul:

- Bräuning, I. (2012). The efficacy of dance movement therapy group on improvement of quality of life: A randomized controlled trial. In: Arts in Psychotherapy, Vol. 39 Issue 5.
- Jeong, Y.J., Hong, S.C., Lee, M.S., Park, M.C., Kim, Y.K., Suh, C.M. (2005). Dance movement therapy improves emotional responses and modulates neurohormones in adolescents with mild depression. International Journal of Neuroscience, Vol. 115 (12).

The research supports the utilization of crisis response teams and wellness programs in addressing mental health needs. In Imperial County the youth and young adults ages 13 to 25, have been identified as a group of individuals that are hard to engage in treatment despite intensive outreach and engagement efforts following a psychiatric emergency. Historically, this target population has a high no show rate to Initial Intake Assessments for new clients and follow-up appointments for active clients. This Innovation Project proposes a non-traditional approach that has not been tried before based on our research.

Innovative Component

Imperial County's Innovation Project will be **adapting an existing mental health approach**. In Imperial County a psychiatric emergency can be presented in different settings such as the community, the outpatient clinics or the MHTU. ICBHS' current approach in handling a psychiatric emergency for new or active clients is to assess and determine the appropriate level of care the individual needs. Once the client is stabilized, they are provided with follow-up mental health care in a timely manner. This includes an initial appointment for new clients or follow-up care by the assigned treatment team.

Providing outreach, engagement and follow-up mental health services after a psychiatric emergency is not innovative; however, Imperial County's Innovation Project, the HOPE program, proposes adapting how follow-up care is provided after a psychiatric emergency by integrating peer support specialists and providing a holistic approach as an engagement strategy in an effort to increase access to mental health services and improve the quality of care for underserved populations ages 13 to 25. It is expected that this strategy will decrease stigma related to mental illness, increase attendance to appointments and decrease psychiatric emergencies. The HOPE program will receive referrals from the CCRT program, the Children Outpatient clinics, the Youth and Young Adults Outpatient Clinics and the MHTU. The innovation consists on the integration of peer support specialists and the incorporation of a wellness component providing a holistic approach to engage into treatment youth and young adults ages 13-25 who have experienced a psychiatric emergency. Clients will be encouraged to participate in wellness activities of their interest, which may include mindfulness, fitness, and music/art in addition to traditional mental health services. Incorporating the wellness component to the client's treatment will lead to having a sense of balance and general well-being and improve overall outcomes for this underserved and vulnerable population.



LEARNING GOALS/PROJECT AIMS

The HOPE Program proposes to incorporate two key elements in an effort to increase access to services and improve the quality of mental health services for youth and young adults who have experienced a psychiatric emergency. The following are the quantitative and qualitative learning goals:

Quantitative Learning Goals:

1. Will the integration of peer support specialists result in an increased number of youth and young adults accessing and/or remaining in treatment after experiencing a psychiatric emergency?
2. Will offering a holistic approach that includes wellness activities result in more individuals accessing and/or remaining in treatment after experiencing a psychiatric emergency?
3. Will participation in the HOPE program reduce the number of psychiatric emergencies?

The information to be collected as part of this project will include the following:

- Total number of referrals generated from CCRT, MHTU, Outpatient clinics
- Number of participants in the HOPE program
- Demographic data on the participants
- Pre and Post performance outcome measurement tools
- Data on number of hospitalization and psychiatric emergencies
- Data regarding retention rates and show rates to follow-up appointments
- Admission rates for the youth and young adults

ICBHS currently has established methods that will provide some of the required data. The ICBHS Quality Management unit generates reports that capture the appointment attendance rate on a quarterly basis. Demographical information on clients will be generated from the department's AVATAR - Electronic Health Record (EHR). Information related to staff perception of benefits will be collected through a set of semi-structure interviews. The contract evaluator may develop or utilize other evaluation tools as needed.

Qualitative Learning Goals:

1. Will the integration of peer support specialists result in decreased stigma related to mental illness?
2. Will offering a holistic approach that incorporates wellness activities motivate youth and young adults to access and remain in treatment?
3. Will participation in wellness activities in the course of treatment reduce symptoms of mental illness and result in clients experiencing an overall sense of wellbeing?

The key elements in the HOPE Program is the integration of peer support specialists and the inclusion of wellness activities providing a holistic approach in our outreach and treatment services. It is expected that by changing the current approach to responding to psychiatric emergencies and providing outreach, the stigma related to mental health services will decrease among youth and young adults. The services they receive will be tailored to their individual needs and interests, which will result in better quality of care, and thereby motivating youth and young adults to access services and remain in treatment. We anticipate that improved access and adherence to services will result in a decrease in psychiatric emergencies for this target population.

EVALUATION OR LEARNING PLAN

To monitor and measure the outcomes of the HOPE Program, a mixed methods outcome evaluation strategy will be used. The following is the preliminary evaluation plan that will be adjusted if needed as the program is implemented:



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- Data will be collected on youth and young adults who participated in the HOPE program subsequent to a psychiatric emergency. This data will include client’s participation in outpatient mental health services; subsequent crisis episodes, and psychiatric hospitalizations based on service contact records.
- Emotional wellness and mental health functioning will be based on standardized measures including the 24-item Behavior and Symptom Identification Scale (Basis-24) and Youth Outcome Questionnaire Self Report (YOQ-SR). The Basis-24 is a behavioral health assessment tool for adults 18 and older designed to assess outcome of mental health or substance abuse treatment from the client’s perspective. The YOQ-SR is a 64-item self-report that measures treatment progress for children and adolescents (ages 12-18) receiving mental health intervention.

The evaluation component will determine if there is a relationship between the integration of a peer support specialist and reduction of stigma and increased access to services. Another factor that will be analyzed is the relationship between the level of participation in wellness activities and improvement in emotional wellness, mental health functioning, participation in outpatient services, and subsequent crisis episodes or psychiatric hospitalization. It is expected that a positive correlation will exist between participation in the HOPE program and emotional wellness, enrollment in outpatient services, and mental health functioning, and an inverse relationship with crisis episodes and psychiatric hospitalization.

The quantitative and qualitative evaluation will be complimented by semi-structured interviews with a sample of HOPE program participants focused on their experiences with and impressions of the wellness activities in advancing their goals, promoting wellness, and preventing significant distress/psychiatric emergencies.

Target participants

The target population for Imperial County’s Innovation Project will be youth and young adults youth ages 13 to 25 years old residing in Imperial County who have experienced a psychiatric emergency. It is estimated that there are approximately 28,000 individuals in Imperial County in need of mental health services who are not accessing available services. Based on ICBHS current caseload of 1412 unduplicated clients within this age group, it is estimated that this project will serve 1000 youth and young adults during the course of its 3-year Innovation Plan. This project intends to target youth and young adults through the HOPE program. The innovation’s target group has a no show rate around 30% to initial and follow-up appointments in the Youth and Young Adults clinical division. Additionally, according to data gathered through review of ICBHS’ records, the Community Program Planning Process (CPPP) and reports from key informants from local Law Enforcement Agencies, schools and the local community college and university, youth and young adults in Imperial County are experiencing an increase in symptoms and behaviors related to mental health conditions, such as anxiety and depression that at times have resulted in psychiatric emergencies and extended hospital stays. The intent of this project is to increase access and engage individuals in treatment to improve attendance and retention rates leading to improved mental health. Additionally, by including peer support specialists in the outreach and engagement efforts and providing wellness activities using a holistic approach tailored to the youth and young adults’ individual needs, the HOPE program aims to decrease stigma and improve the quality of care, thereby improving overall outcomes for this population. Referrals to the HOPE program will be initiated by the CCRT, MHTU and the clinical teams in the Children and Youth and Young Adults Outpatient clinics.

III. Additional Information for Regulatory Requirements

CONTRACTING

The HOPE program plans to contract for some of the wellness activities that will be offered in the HOPE Program. The wellness activities will be targeted specifically to the youth and young adults. Some of the wellness activities



Imperial County Behavioral Health Services MHSA Innovation Project – HOPE Program

may include age appropriate options such as dance (Hip-Hop), mindfulness/meditation, fitness, art, photography and/or music. The evaluation of the Innovation Project will be contracted to Dr. Todd Sosna, Ph.D., Management Consulting (TSMC). ICBHS has previously partnered with TSMC for various projects and his consulting firm has proven to be reliable with vast knowledge on evaluation of mental health practices. TSMC will be evaluating the Innovation Project to determine if the HOPE Program has made an impact in improving the quality of care, decreasing psychiatric emergencies, increasing the retention rate and increasing access to mental health services to underserved youth and young adult populations.

All of the contracts implemented in this Innovation Project will be reviewed by Imperial County's County Counsel. Additionally, ICBHS has a Contracts and Fiscal Unit that will assist in managing the contract between ICBHS and the providers to ensure quality as well as regulatory compliance.

The INN Project is scheduled to be presented to the Imperial County Board of Supervisors on July 13, 2021. The minute order approving the MHSA Innovation Plan and the County Compliance and Fiscal Accountability Certifications of the plans will be submitted to the MHSOAC as indicated.

COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

From February 2021 to March 2021, ICBHS conducted an extensive Community Program Planning Process (CPPP) for the new Innovation Project. However, due to the COVID-19 pandemic and Imperial County being considered one of the highest affected counties, most CPPP activities were conducted via Zoom given established State and County restrictions for in-person meetings. The planning process included developing in English and Spanish the following: Newspaper advertisement, Survey Monkey to collect community input and Demographic data, and an Innovation Project PowerPoint presentation. Paper copies of the survey in English and Spanish were distributed in different locations regularly attended by community members. Distribution of paper copies of the survey was limited to few locations as many offices and businesses limited or denied access to their facilities. To try to reach different groups, including working individuals, Zoom meetings were held in English and Spanish and at different times. In efforts to inform the entire community of the Zoom CPPP meetings, including those in remote locations and individuals who may not have computer or internet access, ads were created in English and Spanish and were advertised in three local newspapers, Imperial Valley Press, Adelante and Desert Review. ICBHS also announced the CPPP process in the ICBHS radio show, "Let's Talk About It". Notice of the meetings were also posted on Imperial County's Behavioral Health Services Facebook page. The newspaper and Facebook ads provided information on what is Innovation related to this project, including the time, date, phone number and an email address where feedback could be provided and staff could be contacted with questions or comments. It also included a link to a survey, asking the community for feedback on the mental health needs they thought the proposed Innovation project should address and the target population that should be served.

During the CPPP process, 16 community Zoom forums held for diverse communities, 8 were conducted in Spanish and 8 were conducted in English. The Spanish Zoom forums were held on Wednesdays at 11:00 am and at 6:00 pm. The English forums were held on Thursdays also at 11:00 am and at 6:00 pm. The forums were attended by individuals who were representative of the cultural, ethnic and racial diversity of our consumers and community. Meetings were also attended by local stakeholders, including families of



consumers; youth with severe emotional disturbance; and adults and seniors with serious mental illness; and representatives from partner agencies. Efforts were made to reach individuals of all age groups. Interviews were also conducted with key informants including representatives from Law Enforcement Agencies, Education, Department of Social Services, Department of Probation and the local community college. Additionally, during the Zoom CPPP meetings, a PowerPoint presentation was presented in English and Spanish that included information on the guidelines and essential purpose of the Innovation Project, available funding, time limits and a link to a Survey Monkey. During these meetings, stakeholder and community members were asked to indicate if they were interested in participating in the meetings to develop the innovation project.

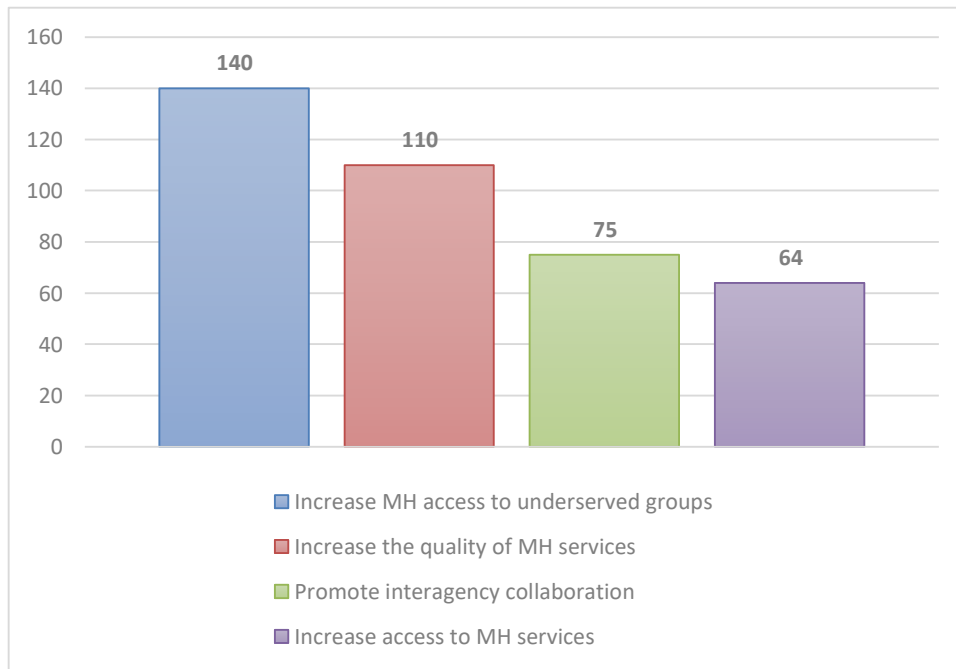
Community input and demographic information was collected from those attending the Zoom meetings via the Survey Monkey. Some stakeholders requested paper copies of the survey and these were emailed or delivered to ICBHS. Ideas for the development of this Innovation Project were also solicited from ICBHS staff members through discussion in unit meetings, as well as from Mental Health Board Members. A total of 389 surveys were submitted by stakeholders and community members. Information was also collected from key informants representing law enforcement, education, Department of Social Services, Department of Probation, members of the Mental Health Advisory Board and the local college. Based on feedback collected from these surveys, respondents indicated their interest in the essential purpose of the Innovation Project is to focus on 1) *increase mental health access to underserved groups* with 140 respondents and 2) *increase the quality of mental health services* with 110 respondents. When providing feedback on the recommended ages that would benefit from the essential purpose of the Innovation Project, 225 respondents indicated youth and young adults ages 13 to 25 would be the target group. Finally, a total of 159 respondents, representing the majority, indicated they wanted the Innovation Project to include *Wellness* services as the scope/strategy to *increase mental health access to underserved groups and to increase the quality of mental health services*. The following tables and graphs outline the results of the feedback obtained during the CPP process in Imperial County:

Table 4

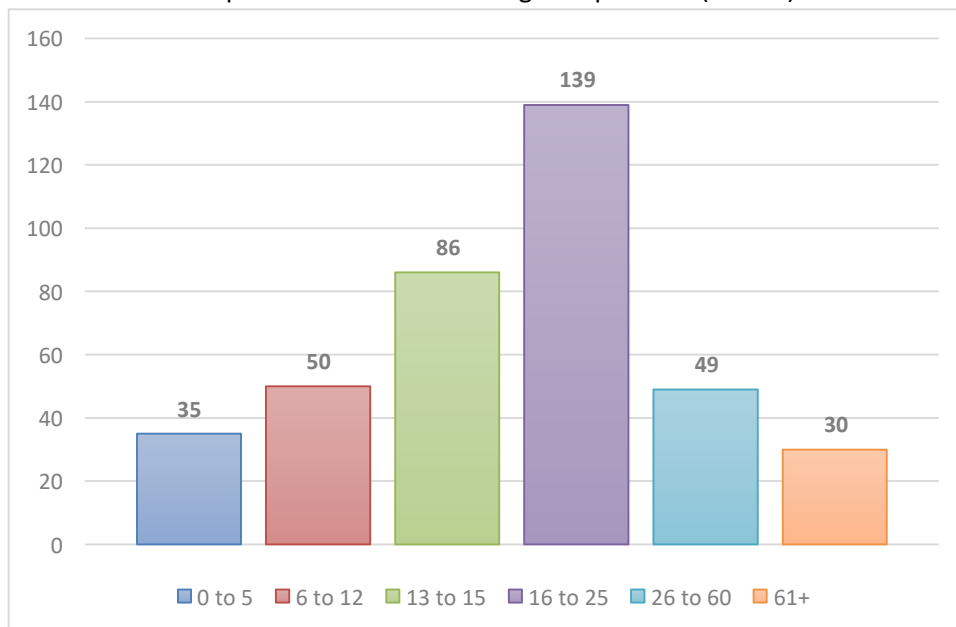
Zoom Community Forums	
Date	Location
3/3/21	ICBHS Staff Meeting
3/3/21	2 in Spanish
3/4/21	2 in English
3/10/21	2 in Spanish
3/11/21	2 in English
3/16/21	Imperial County Mental Health Advisory Board
3/17/21	2 in Spanish
3/18/21	2 in English
3/24/21	2 in Spanish
3/25/21	2 in English
Total	18 Community Forums



Graph 2: Recommended Essential Purpose (N=389)

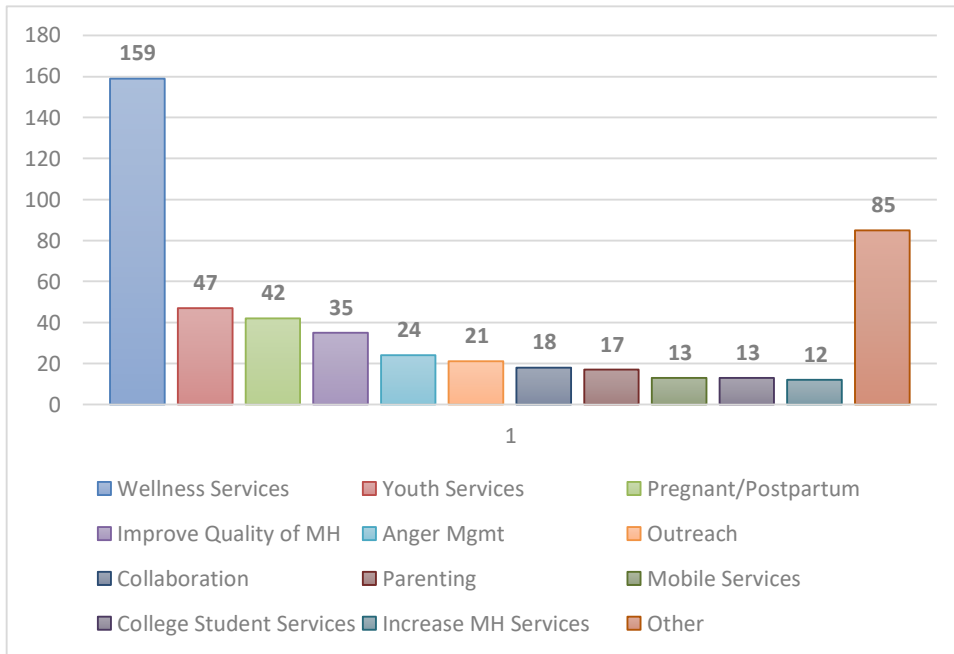


Graph 3: Recommended Target Population (N=389)



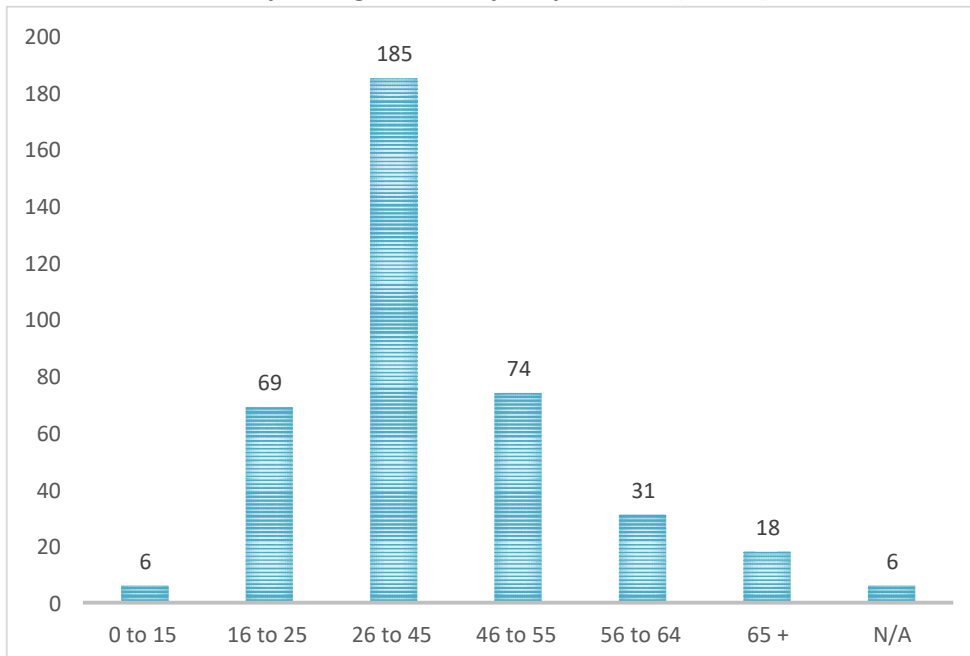


Graph 4: Recommended Practice or Approach (N=389)



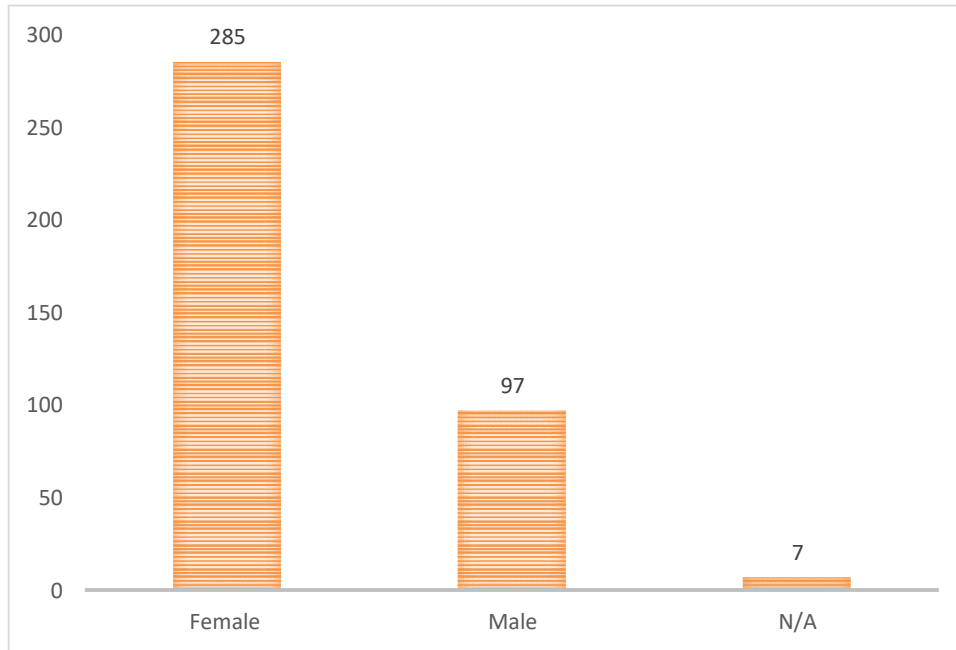
A total of 389 Community Input surveys were completed and submitted from March 3, 2021 to March 26, 2021. The following is a summary of the demographic data collected from the survey respondents on a voluntary basis:

Graph 5: Age of Survey Respondents (N=389)

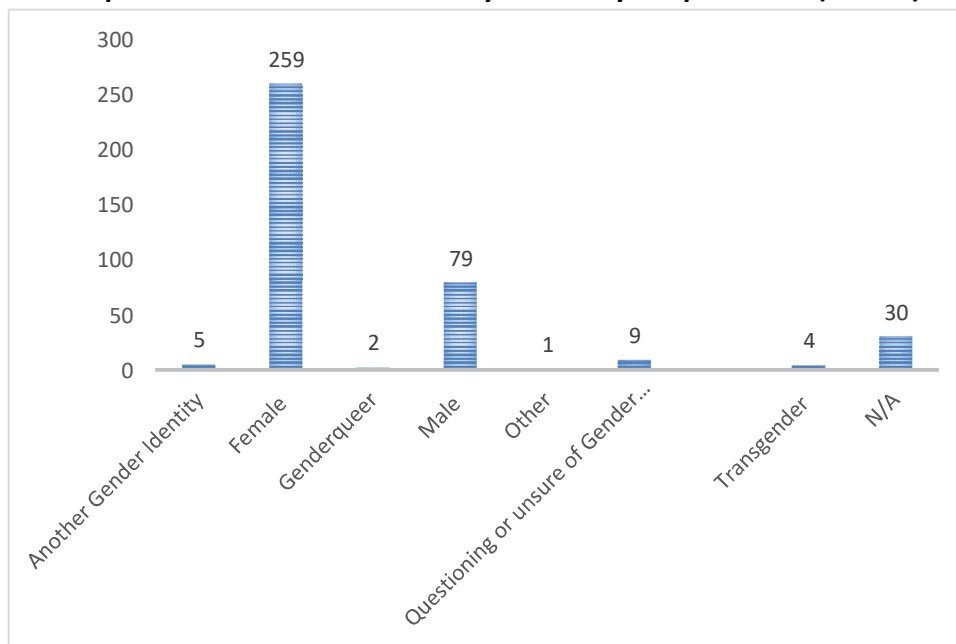




Graph 6: Gender of Survey Respondents (N=389)

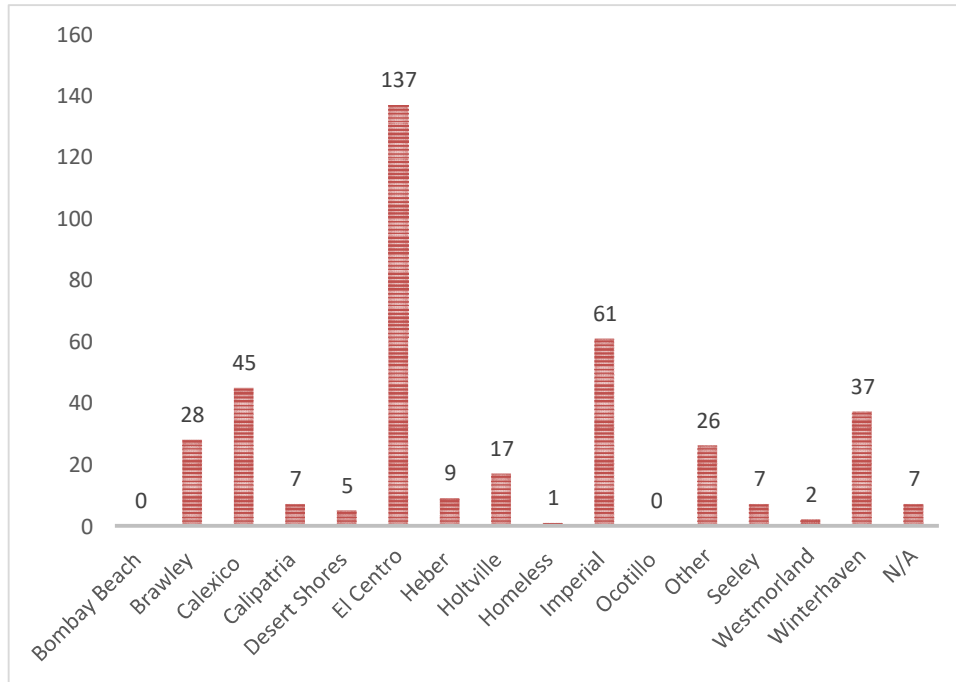


Graph 7: Current Gender Identity of Survey Respondents (N=389)

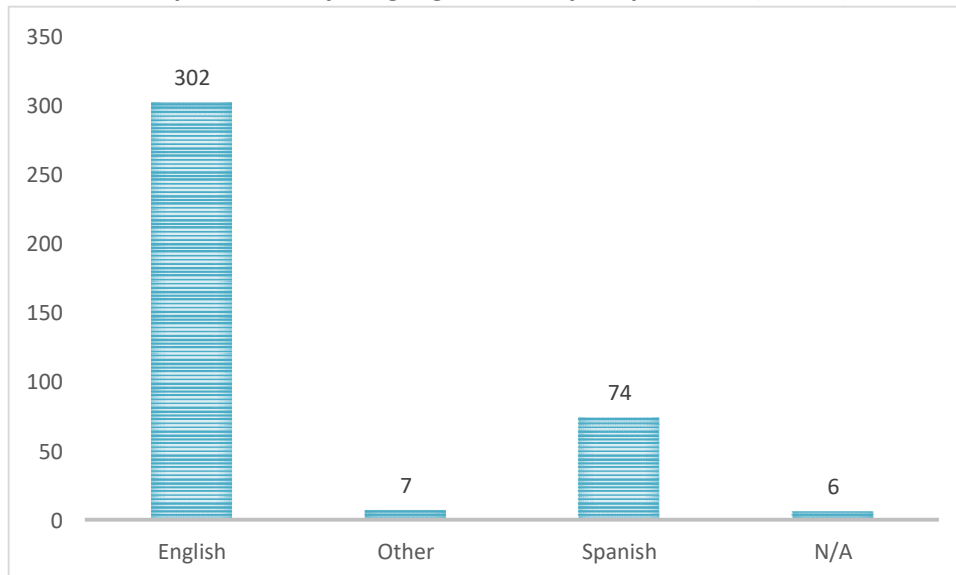




Graph 8: Residency of Survey Respondents (N=389)

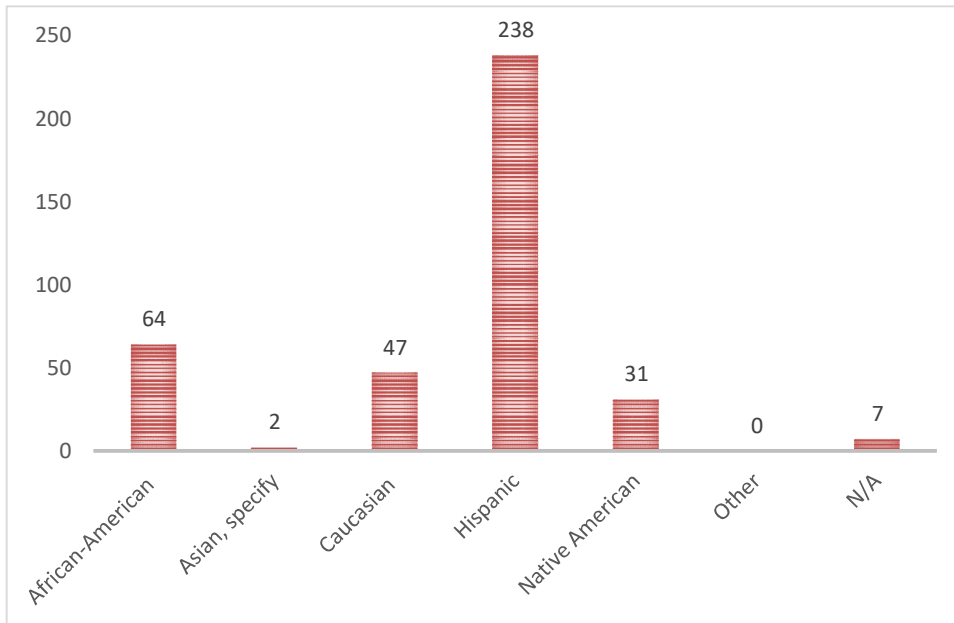


Graph 9: Primary Language of Survey Respondents (N=389)





Graph 10: Ethnicity of Survey Respondents (N=389)



On April 15th, 2021 an Innovation Planning meeting was held via Zoom with community members and stakeholders to go over the survey results. Some of the attendees included community members, consumers and representatives from the following agencies: NAMI, IVC, LGBT Resource Center, San Diego State University – Calexico campus, Brawley Elementary School District, TREES, Area Agency on Aging, El Centro Elementary School District, Central Union High School, Fitness Oasis, Calexico Unified School District. Attendees to the meeting were encouraged to provide innovative ideas on a new project on increasing access to mental health services and improving the quality of mental health services for youth and young adults ages 13 to 25 by implementing a wellness strategy. Based on the submitted proposals, the concept of implementing a holistic approach that would include wellness activities in outreach activities and treatment was created. Recommendations were also made to include peer supporters in engagement activities to increase access to mental health services and improve the quality existing mental health services for youth and young adults, in an effort to decrease and prevent psychiatric emergencies.

From **May 1, 2020 through May 31, 2021**, the proposed MHSA Innovation Project was posted for a 30 day stakeholder review on the ICBHS website: <http://www.co.imperial.ca.us/behavioralhealth/>. Stakeholder and community members had the opportunity to provide feedback by emailing their comments to: MHSA@co.imperial.ca.us or by contacting the MHSA Unit.

On **June 1, 2021** a Zoom Public Hearing was held at 202 N. 8th Street, El Centro during a Special Mental Health Advisory Board Meeting. This gave community members an opportunity to provide feedback on the proposed Innovation Project.

The Innovation Project is scheduled to be presented to the Imperial County Board of Supervisor for approval on **July 13, 2021**.



Primary Purpose

The Innovation Community Planning Process included obtaining information and feedback from community stakeholder and key informants. Based on the feedback received from community members and stakeholders, one common theme emerged: *Increase mental health access and improve the quality of care for underserved groups* and as the primary purpose of developing a new Innovation Project. The following is the data collected from survey respondents indicating the MHSa Innovative Project Category:

Table 5: MHSa Innovation Project Category

Project Category	Number Collected
Increase MH access to underserved groups	140
Increase the quality of MH services, including better outcomes	110
Promote Interagency collaboration	75
Increase access to MH services	64

MHSa Innovative Project Category

ICBHS is proposing an innovative project utilizing a holistic approach as a strategy to engage youth and young adults who have no prior history receiving mental health services, and to enhance the support for individuals who are currently receiving outpatient services in order to improve retention rates and prevent recurrent psychiatric emergencies. ICBHS is proposing to implement the Holistic Outreach Prevention & Engagement (HOPE) Program with the intent to engage individuals utilizing an outreach and engagement approach incorporating wellness activities that promote a balanced life and build resilience. Participating in these activities will help reduce stigma among this age group and will lead to a pathway of wellbeing.

Imperial County’s Innovation Project will be ***adapting the existing mental health approach*** to increase access to mental health services and improve the quality of mental health services for youth and young adults in Imperial County. This program involves implementation of a program that will focus on incorporating a wellness component on engagement and treatment services for youth and young adults (ages 13-25) who have experienced a psychiatric emergency. This will include providing services to individuals that are not active in services and have experience a psychiatric emergency that is handled through the MHTU or CCRT or active clients who are being served at the outpatient clinics. The HOPE program will be an adaptation to the existing mental health approach that will provide holistic specialized services focused on wellness activities including mindfulness, fitness, and music/art bringing a balance of emotional, physical, spiritual and mental health.

An integral part of the HOPE program will be the hiring of peer support specialists, age 18 and older with lived experiences. According to Substance Abuse Mental Health Services Administration (SAMHSA), peer support specialists provide non-clinical, strength-based support, which can be instrumental in the engagement process. SAMHSA indicates that through shared understanding, respect, and mutual empowerment, peer support specialists help people become and stay engaged in the recovery process and reduce the likelihood of relapse. Youth and young adults are more likely to find comfort connecting to peers than professionals who

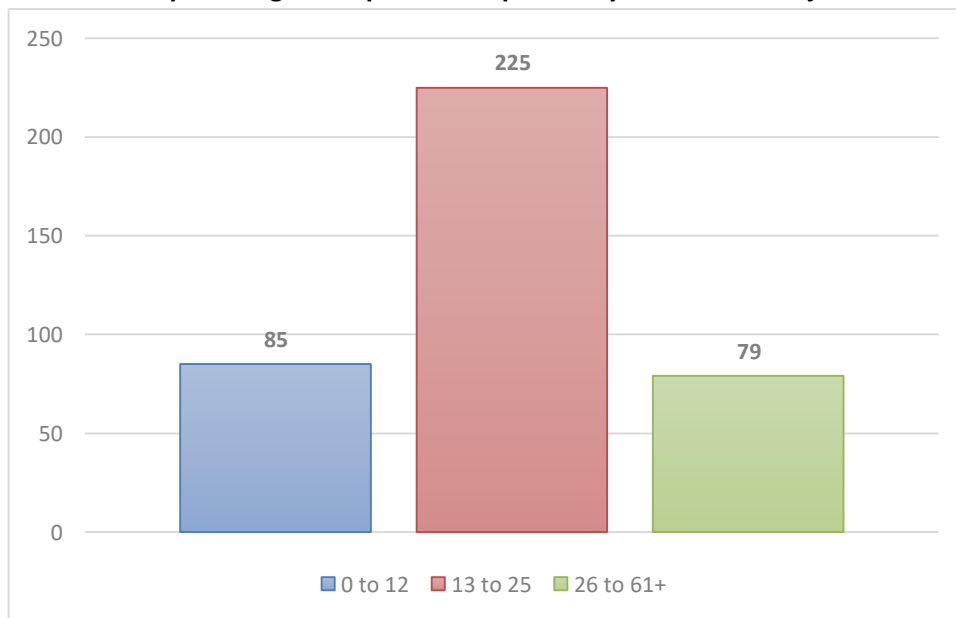


do not have lived experience. Peer support specialist will provide support in a non-judgmental manner, which will help reduce stigma and make youth and young adults feel more comfortable with receiving mental health services. The peer support specialist in the HOPE program will instill hope by demonstrating the recovery is possible and encourage youth to strive towards meeting their wellness goals. Peer specialists will assist HOPE participants in navigating the mental health system, and follow-up to ensure that their needs are being met.

Population

Based on the feedback received from stakeholders, key informants and community members during a the Zoom CPPP forums, Imperial County’s Innovation Project will provide direct services to mental health youth and young adults, ages 13 to 25. The following is the data collected from survey respondents indicating the age groups to be impacted by the Innovation Project:

Graph 11: Age Groups to be Impacted by Innovation Project



Based on ICBHS current caseload of 1412 unduplicated clients, it is estimated the Innovation Project will serve 1000 youth and young adults during the course of its 3-year implementation of the Innovation Project.

MHSA GENERAL STANDARDS

A) Community Collaboration

During the COVID-19 pandemic, ICBHS has continued to take steps in engaging stakeholders in the Community Program Planning Processes and will continue to involve community members throughout the implementation of the Innovation Project. Stakeholders will also have the opportunity to participate and provide feedback and recommendations at the quarterly MHSa Steering Committee Meetings. Other efforts to keep the community informed of the Innovation Project and its progress will be through the MHSa - ICBHS’ Outreach and Engagement program where the Innovation Project will be included in presentations to the community. The Innovation Project will also be presented in the weekly radio shows “Let’s Talk About” (English) and “Exprésate” (Spanish).



B) Cultural Competency

ICBHS has a well-established Cultural Competency Plan that ensures staff receives extensive training on different aspects of cultural competence. Staff assigned to this project will receive needed trainings to ensure they understand and effectively address the needs and values of the racial/ethnic, cultural, and linguistic needs of community members they serve. As of 2020, 181,215 of Imperial County's population was Hispanic-Latino. Currently 85% of ICBHS staff who provide direct services to clients is bilingual in English and Spanish. Staff assigned to this project will be representative of the population served.

C) Client Driven

The Innovation Project has been guided and developed based on feedback from stakeholders who presented their ideas and concerns through their participation in Zoom forums. Stakeholders voiced their desire to focus this innovation project to *increase mental health access and improve the quality of care for underserved groups* of Imperial County targeting youth and young adults. ICBHS will ensure they will continue to be an integral part of the implementation, evaluation and decision-making process, related to this project by continuously engaging them at all levels. The objective of the Innovation project is on developing a new approach to *increasing mental health access and improving the quality of care for youth and young adults*. Clients/parents/legal guardians/care givers will have an active role and decision making in the implementation process on the Innovation Project.

D) Family Driven

Family members will be considered vital to the success of the Innovation Project. Family members will also be invited and included in the MHSA Steering Committee meetings where they will be able to convey their feedback on whether the new Innovation Project has increased mental health access to their family members.

E) Wellness, Recovery, and Resilience Focused

The principles of wellness, recovery, and resilience will be embedded in the HOPE program. By using a holistic approach in our engagement efforts and in the delivery of mental health services, this project will not only focus on the individual's mental illness symptoms, but will look at the whole person to ensure their mental, physical, social and emotional needs are met, which will build resilience and lead to a more balanced life. The MHRT and peer support specialist will work with consumers to develop a comprehensive wellness plan that includes activities that are client-centered, client-driven and tailored to the consumer's interests. This individualized, holistic approach will build trust between the consumer and the treatment team members, which will in turn motivate the consumer to engage in services. The peer support specialist will provide information and support for consumers who are new or are currently receiving outpatient services. Peer support specialists, by assisting clients navigate the mental health system and by providing support and promoting self-advocacy, will also lead to better quality of care and improved outcomes. It is expected that peer support specialist will provide support in a non-judgmental manner, which will help reduce stigma and make consumers feel more comfortable with accessing and receiving mental health services. The peer support specialist in the HOPE program will instill hope by demonstrating that recovery is possible and encourage consumers to strive towards meeting their wellness goals.



F) Integrated Service Experience for Clients and Families

A key element to ensure an integrated service experience for clients and families is the active involvement of stakeholders at all levels. Stakeholders are representative of the cultural, ethnic and racial diversity of our consumers and community, and include families of children with severe emotional disturbance and adults and seniors with serious mental illness and their significant support system as appropriate. They also represent the unserved and/or underserved populations in our community. Their involvement in this process promotes empowerment, respect, self-responsibility and self-determination, which are essential for achieving wellness and recovery. The HOPE team members will provide services in a non-judgmental manner, creating a safe space for consumers and their families. The HOPE program will build on ICBHS' team-based approach to the delivery of services. Peer support specialists will help the consumer navigate the service delivery system and will support consumers through their participation in wellness activities. The Mental Health Rehabilitation Technician (MHRT) will serve as the wellness coordinator and assess the consumer's individual interests, strengths and needs, and work with the consumer, his/her support system, and the peer support specialist to develop a comprehensive wellness plan. The MHRT will facilitate and coordinate services amongst treatment providers. Another key role of the MHRT will be to assist the consumer with linkage and referral to additional services such as mental health services and/or community resources to ensure the consumer's overall needs are met. The Mental Health Workers will transport consumers to mental health appointments and wellness activities, as needed.

CULTURAL COMPETENCE AND STAKEHOLDER INVOLVEMENT IN EVALUATION

Based on the US Census, as of Date Imperial County has a population of 181,215 of which 85% of the population is Hispanic, 10% is Caucasian and the remaining 5% is comprised of Blacks/African American, Asian American, and Native Americans. ICBHS staff is representative of Imperial County's demographic population and most of the staff are individuals who are residents of this area. ICBHS provides ongoing training to all staff on cultural competency to address the needs and values of Imperial County's population.

ICBHS will ensure there is meaningful stakeholder participation in the evaluation of the Innovation Project. ICBHS staff will provide evaluation results and implementation status to stakeholders on the Innovation Project during the quarterly MHSa Steering Committee meetings. During the MHSa meetings stakeholders will have the opportunity to ask questions, provide feedback and recommendations based on the evaluation results. Presentation on the progress of the project will also be provided to community partners.

INNOVATION PROJECT SUSTAINABILITY AND CONTINUITY OF CARE

ICBHS will ensure the Innovation Project is evaluated and adjusted, if needed. Findings of the HOPE Program will be presented to stakeholders on a regular basis and upon completion of the three-year period. If it is determined the HOPE Program provided expected outcomes, ICBHS and stakeholders will make the determination to continue the project without Innovation funds. Should the determination be to continue providing services after the completion of the Innovation Project, various funding sources can be utilized by integrating this practice in current programs, including MHSa-Community Services and Supports (CSS) and MHSa-Prevention and Early Intervention (PEI). Realignment funds will also be used if needed for the project to be self-sustaining.



The Innovation Project will provide services to residents of Imperial County ages 13 to 25, who experience mental illness and have experienced a psychiatric emergency. During the consumers' participation in the HOPE Program, they will receive services from the regional teams without discrimination to their gender, sexual orientation or ethnicity. The primary purpose of developing a new Innovation Project is to enhance the current service delivery system by *increasing mental health access to youth and young adults in need of services* **and** by *increasing the quality of mental health services*. High-risk youth and individuals with serious mental illness (SMI) are often difficult to engage. The main strategies the Innovation Project will implement to enhance the continuum of care are the integration of peer support specialist and the utilization of wellness services/activities as a bridge to *increase mental health access to services youth and young adults in need* **and** *improve the quality of care*, in particular difficult to engage populations. Upon completion of the three-year project, ICBHS would have implemented a seamless system offering a holistic approach which incorporates peer support specialists as a natural support for consumers who will receive a variety of mental health services and wellness activities proving an opportunity to live balanced lives.

COMMUNICATION AND DISSEMINATION PLAN

ICBHS will ensure stakeholders are involved in the communication efforts by disseminating information utilizing sources such as social media and meetings where stakeholders can have a voice. During the quarterly MHSA Steering Committee, data and evaluation results will be disseminated to stakeholders in Imperial County. Stakeholders who regularly attend these meetings include ICBHS beneficiaries as well as members of the community, nonprofit agencies and local government agencies such as Probation, Sheriff, Social Services, Education, County CEO, Area Agency on Aging, and San Diego Regional Center. Additionally, utilizing local magazine and newspaper articles and broadcasting on radio show (all in English and in Spanish) on the Innovation Project will maintain Imperial County residents informed on the implementation process. During the radio show broadcasts, community members are encouraged to contact ICBHS for any questions and comments.

- a) *Keywords/phrases*
- Holistic
 - Psychiatric Emergencies
 - Peer Specialist
 - Wellness Coordinator
 - Outreach, Prevention and Engagement

TIMELINE

A. Total timeframe (duration) of the INN Project:

HOPE Project: **3** Years **0** Months

B. Expected start date and end date of your INN Project:

HOPE Project: Start Date: (FY 2021-2022) End Date: (FY 2023-2024)



C. FY 2021-2022

- Develop and execute contracts with providers to perform wellness activities
- Submit a request to Board of Supervisors to fund new positions for the proposed project.
- Recruiting and Training Staff
- Work with evaluation consultant to develop protocols on the methodology to collect necessary data
- Development of policies and procedures
- Program implementation
- Present project outcomes to the MHSA Steering Committee and Mental Health Board
- Submission of annual innovative project report to the MHSOAC

FY 2022-2023

- Continue implementation of project
- Continue training of staff
- Continue working with evaluation consultant on data collection and outcomes
- Present project outcomes to the MHSA Steering Committee and Mental Health Board
- Submission of annual innovative project report to the MHSOAC

FY 2023-2024

- Continue implementation of project
- Continue training of staff
- Continue working with evaluation consultant on data collection and outcomes
- Develop a plan for sustainability and transition the innovation project to another MHSA components
- Present project outcomes to the MHSA Steering Committee and Mental Health Board
- Submit final innovative project report findings to MHSOAC

IV. Innovation Project Budget and Source of Expenditures

BUDGET NARRATIVE

Imperial County’s proposed Innovation Project: Holistic, Outreach, Prevention and Engagement (HOPE) is planning on utilizing funds in the amount of \$1,578,341.90 that are subject/potential to reversion if not approved on or before June 30th, 2021. The total amount of the proposed budget totals to **\$3,455,605**.

Personnel Cost

ICBHS is allocating **\$1,919,318** to personnel cost for the span of the proposed three-year Innovation Project:

Salaries (Non-Direct Service Staff): The cost of the Administrative Staff will total **\$547,522**.

- *Program Supervisor* (1 FTE): Will oversee the daily functions and activities of the proposed project and ensure data is collected for the purpose of evaluating the effectiveness of the proposed project.
- *Office Assistant* (1 FTE): Will provide clerical support to the supervisor and direct services staff; process referrals; assist to gather evaluation data; and assist the individuals in the project and the community by providing information on the proposed project, mental health services and community resources.



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Direct Salaries (Direct Service Staff): The majority of the personnel cost allocated for 6 FTEs position that will provide direct services to the youth and young adults will total **\$1,324,048**.

- *Mental Health Rehabilitation Technicians* (2 FTE): Are paraprofessionals who will assess the needs of youth/young adults in the proposed project; provide direct supportive services and interventions; secure and link clients to wellness activities; and coordinate the delivery of holistic treatment approach.
- *Mental Health Workers* (2 FTE): Will assist in providing transportation to the youth/young adults to the proposed wellness center. They will also assist transport client to other appointments, if needed. They will also assist, if needed, the mental health rehabilitation technicians and the community service workers in providing services.
- **Peer Support Specialists/Community Service Workers* (2 FTE): Individuals with lived experiences that will assist in the engagement process and will provide supports to the youth and young adults participating in this project. (*Note: ICBHS is currently working with the Human Resource Department to implement the Peer Support Specialist position. Individuals with lived experiences will be hired as Community Service Workers until the new position is established.)

Indirect Salaries: The cost of indirect salaries will total **\$47,748**.

- *Director/Deputy Director* (.05 FTE): Will oversee the overall function and the effectiveness of the proposed project to make appropriate decision making.
- *Administrative Secretary* (.05 FTE): Will provide clerical support to the Director/Deputy Director on proposed project activities.

Operating Cost

ICBHS is allocating **\$767,473** of the total budget to the operating cost of this 3-year Innovation Project.

- *Program Expenditures* will total **\$316,742**. These will include expenses incurred to operate this project consisting of but not limited to communication, household, office supplies, rent and utilities.
- *Administrative Cost* will total **\$450,731 (15%)** to cover the expense of supporting the program. Expenses consist of but not limited to payroll, compliance and contract unit.

Non-Recurring Cost

ICBHS is allocating **\$52,314** of the total budget to non-recurring cost that consist of purchasing 2 vehicles.

- The vehicles will be used to transport mental health appointments and wellness activities, if needed.

Consultant/Contract Cost

ICBHS is allocating **\$716,500** of the total budget for consultations/contracts and service providers.

- **Evaluation:** The contract cost for the evaluation of the HOPE Program will be **\$166,500**. ICBHS will contract with Todd Sosna Management Consulting (TSMC). TSMC will provide findings on whether the proposed project was effective in meeting the learning goals. TSMC will work with ICBHS' IT department to extrapolate data and will make recommendations for changes to the proposed project, if needed. TSMC will develop evaluation reports on a yearly basis.
- **Wellness Vendors/Contracts:** ICBHS is allocating **\$550,000** for wellness activities that will be provided to consumers. Some wellness activities will be contracted to providers while others will be paid directly to providers for services such as fitness instructor, art teacher, nutritionist, etc.



BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY

Budget and Source Revenue & Expenditure FY 2021-22 THROUGH FY 2023-24

REVENUE	2021-2022	2022-2023	2023-2024	TOTAL
<i>(Revenue by Allocation Fiscal Year)</i>				
INN Re-allocated Funds <i>(Potential for Reversion)</i>	\$ 1,080,871	\$ 219,967	\$ -	\$ 1,300,838
FY 2015-2016 <i>(Contigent MHSa ARER- Potential for Reversion)</i>	\$ -	\$ 277,504	\$ -	\$ 277,504
FY 2016-2017 <i>(Contigent MHSa ARER)</i>	\$ -	\$ 452,181	\$ -	\$ 452,181
FY 2017-2018 ""	\$ -	\$ 217,535	\$ 270,457	\$ 487,992
FY 2018-2019 ""	\$ -	\$ -	\$ 505,245	\$ 505,245
FY 2019-2020 ""	\$ -	\$ -	\$ 431,845	\$ 431,845
Total Revenue	\$ 1,080,871	\$ 1,167,187	\$ 1,207,547	\$ 3,455,605
PERSONNEL COSTS	2021-2022	2022-2023	2023-2024	TOTAL
<i>(Salaries, wages, benefits)</i>				
1. Salaries <i>(Program Supervisor, Office Asstnt.)</i>	\$ 178,893	\$ 181,471	\$ 187,158	\$ 547,522
2. Direct Salaries <i>(MHRT, MHW, CSW)</i>	\$ 419,886	\$ 441,077	\$ 463,085	\$ 1,324,048
3. Indirect Salaries <i>(Director, Deputy Director, Admin. Sec)</i>	\$ 15,402	\$ 16,173	\$ 16,173	\$ 47,748
4. Total Personnel Costs	\$ 614,181	\$ 638,721	\$ 666,416	\$ 1,919,318
OPERATING COSTS	2021-2022	2022-2023	2023-2024	
5. Direct Costs	\$ 97,893	\$ 105,724	\$ 113,125	\$ 316,742
6. Indirect Costs	\$ 140,983	\$ 152,242	\$ 157,506	\$ 450,731
7. Total Operating Costs	\$ 238,876	\$ 257,966	\$ 270,631	\$ 767,473
NON-RECURRING COSTS	2021-2022	2022-2023	2023-2024	
<i>(Equipment, Technology)</i>				
8. Direct Costs <i>(Vehicle)</i>	\$ 52,314	\$ -	\$ -	\$ 52,314
9. Indirect Costs	\$ -	\$ -	\$ -	\$ -
10. Total Non-Recurring Costs	\$ 52,314	\$ -	\$ -	\$ 52,314
CONSULTANT/CONTRACT COSTS	2021-2022	2022-2023	2023-2024	
<i>(Clinical, training, facilitator, evaluation)</i>				
11. Direct Costs <i>(Wellness Providers, etc.)</i>	\$ 110,000	\$ 220,000	\$ 220,000	\$ 550,000
12. Indirect Costs <i>(Project Evaluation Contract)</i>	\$ 65,500	\$ 50,500	\$ 50,500	\$ 166,500
13. Total Consultant Costs	\$ 175,500	\$ 270,500	\$ 270,500	\$ 716,500
OTHER EXPENDITURES	2021-2022	2022-2023	2023-2024	
<i>(Please explain in budget narrative)</i>				
14. Direct Costs	\$ -	\$ -	\$ -	\$ -
15. Indirect Costs	\$ -	\$ -	\$ -	\$ -
16. Total Other Expenditures	\$ -	\$ -	\$ -	\$ -
BUDGET TOTALS				
PERSONNEL COST <i>(Line 1)</i>	\$ 178,893	\$ 181,471	\$ 187,158	\$ 547,522
DIRECT COST <i>(Add 2 ,5, 8 & 11)</i>	\$ 627,779	\$ 766,801	\$ 796,210	\$ 2,190,790
INDIRECT COST <i>(Add 3, 6 & 12)</i>	\$ 221,885	\$ 218,915	\$ 224,179	\$ 664,979
NON-RECURRING COST <i>(Line 10)</i>	\$ 52,314	\$ -	\$ -	\$ 52,314
OTHER EXPENDITURES <i>(Line 16)</i>	\$ -	\$ -	\$ -	\$ -
TOTAL INNOVATION BUDGET	\$1,080,871	\$1,167,187	\$1,207,547	\$ 3,455,605



BUDGET CONTEXT

ICBHS will be utilizing only approved allocated MHSa Innovation funds and interest monies accrued within the proposed project's duration. ICBHS does not anticipate in using any other funding source should proposed project be approved.

PUBLIC COMMENTS

The Innovation Project was posted for the required 30 days. During the Review Period of May 1, 2021 to May 31, 2021 and during the Public Hearing held on June 1st, 2021, the following feedback was provided and incorporated in this Innovation Project:

1. Provide clear description on what constitutes psychiatric emergency.
2. Provide clear description of wellness activities.
3. Include description evaluation tools listed on page.
4. Increase supervisor time to a full-time position to ensure adequate supervision of Innovation Project.
5. Provide a more extensive period for community involvement to ensure the needs of the community are considered.

The Public Hearing was attended by members of the Mental Health Advisory Board, ICBHS staff and members of the public. The feedback was positive and supportive of the HOPE Innovation Project.