MINUTE ORDER
OF
IMPERIAL COUNTY
BOARD OF SUPERVISORS

Date: June 14, 2022	**Book:** 449	**Page:** 391	**File #:** 560.8B	**M.O.#:** 21
Department: BEHAVIORAL HEALTH			**2nd Page:**	

THE BOARD OF SUPERVISORS OF THE COUNTY OF IMPERIAL, STATE OF CALIFORNIA, on a motion by Supervisor : CASTILLO , second by Supervisor : PLANCARTE and approved by the following roll call vote;

AYES : ESCOBAR, PLANCARTE, M. KELLEY, R. KELLEY, CASTILLO
NAYES : NONE
ABSTAINED : NONE
EXCUSED OR ABSENT : NONE

Adopted the Mental Health Services Act Annual Update for Fiscal Year 2022-2023.

Topic: Mental Health Services **X-Topic:** Fiscal Year 2022-2023

CC:
- ☒ File
- ☐ Ag. Comm
- ☐ Assessor
- ☒ Auditor
- ☒ Behavioral Health
- ☒ CEO
- ☐ County Clerk
- ☐ County Counsel
- ☐ District Attorney
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- ☐ Fire/OES
- ☐ HR - Risk
- ☐ Info/Tech
- ☐ OET
- ☐ Planning
- ☐ Probation
- ☐ Public Health
- ☐ Public Works
- ☐ Sheriff-Coroner
- ☐ Social Services
- ☐ Other...

IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

MENTAL HEALTH SERVICES ACT

ANNUAL UPDATE FISCAL YEAR 2022-2023

POSTED APRIL 14, 2022

IMPERIAL COUNTY Behavioral Health Services

IMPERIAL COUNTY CALIFORNIA

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This MHSA Plan Update is available for public review and comment through May 17, 2022. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on May 17, 2022.

Feedback can also be submitted via Survey Monkey:
MHSA Annual Comment Form 22

Public Hearing Information:
Behavioral Health Advisory Board Meeting
Zoom Link: https://zoom.us/j/91657227220
Tuesday, May 17, 2022, at 12:00 p.m.

Questions or comments? Please contact:
Imperial County Behavioral Health Services
202 N. Eighth Street
El Centro, CA 92243
Phone: (442) 265-1554
Fax: (442) 265-1583
MHSA@co.imperial.ca.us

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Imperial County Behavioral Health Services

Mental Health Services Act
(MHSA)

Annual Update Fiscal Year 2022-2023

Consumers from the El Centro Adults Wellness Center created a piece of art composed of hot glue and paint on canvas. Some of the inspirations for this combination of colors and items were to express a meaning behind an idea. Participants were asked to create a drawing with hot glue and then paint any way they desired. Some participants chose to paint an open green space because it reminded them of the outside, nature, and to them that meant freedom. Freedom to express how they feel about their mental health. Other consumers chose freedom from their symptoms, such as flowers because they grow and they bloom just as they want to grow in their progress toward recovery. Some animals and insects were chosen like the butterfly and the toucan because they fly and again the freedom theme was used. Doing this art wall allowed consumer to express their emotion in fun creative ways. It also helped clients in reducing their symptoms as they focused on something other than their everyday life and worries. This was a way to release their anxiety and to keep them from relapsing.

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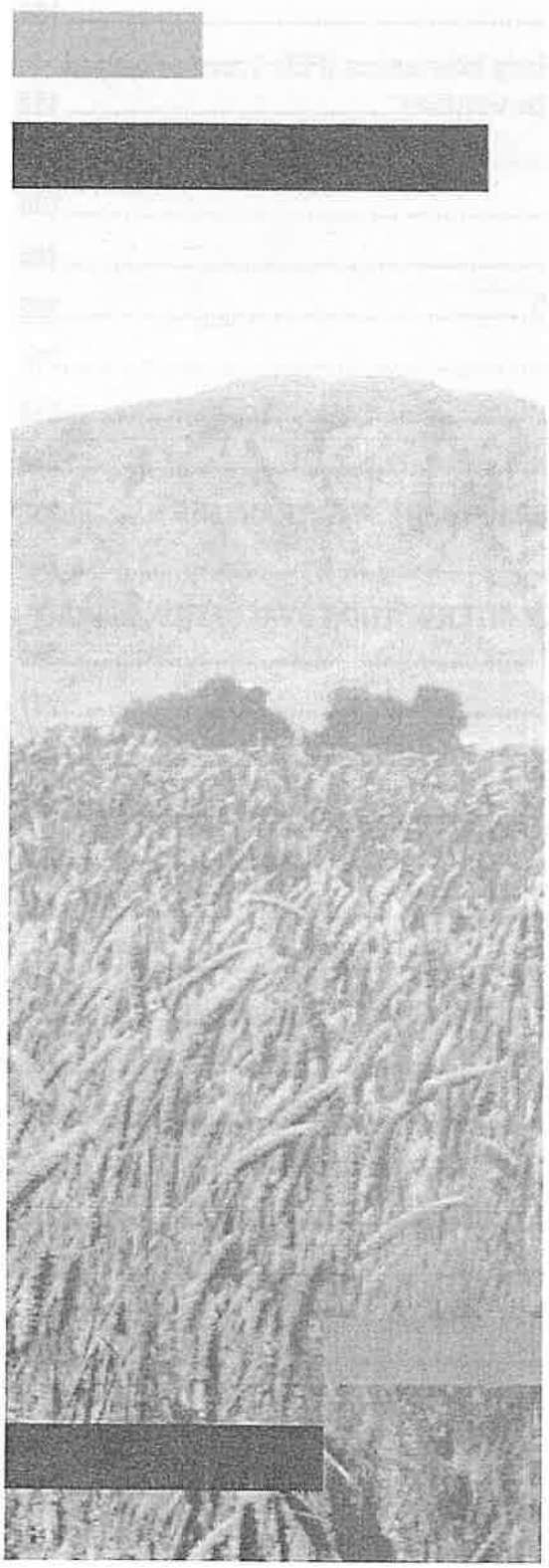

SECTION A - MHSA ANNUAL UPDATE FY 2022-2023

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SECTION A - MHSA ANNUAL UPDATE FY 2022-2023

Executive Summary

The expansion and transformation of California's county mental health services has been supported by the passing of Proposition 63 also known as the Mental Health Services Act (MHSA). California voters approved the Mental Health Services Act (MHSA) on January 1, 2005. Funding for MHSA is accessible due to its imposing of a 1 percent tax on personal incomes above $1 million and generates enough dollars each year to fund nearly 25 percent of the state's public mental health system. MHSA supports a wide range of prevention, early intervention, treatment services, and the development of the infrastructure, technology, and workforce needed, as well as, supports innovative projects for counties to enhance mental health service delivery. By using the "whatever it takes" approach, California's mental health service systems assists in reducing 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.

During FY 2021-2022 Imperial County residents continued to adapt through the COVID-19 Pandemic and its various strains. As our county moved into a variety of local Health Orders delineating new safety measures against the pandemic, this has continued to significantly impact the norm in which services were provided by MHSA programs. Imperial County Behavioral Health Department continued to recognize the importance in maintaining a strong presence in our community in order to assist with any mental and/or behavioral health impacts. The World Health Organization (WHO) early in the pandemic recognized that mental health would be impacted as there were many uncertainties affecting individuals' day-to-day lives. A recent study by the WHO, "Mental Health and COVID-19: Early Evidence of the Pandemic's Impact", reported as a conclusive remark that, "studies showed that the pandemic has further widened the mental health treatment gap, and outpatient mental health services have been particularly disrupted." (WHO, March 2, 2022) In this annual update, we continue to see the same narratives as in FY 2020/2021 related to the impacts of change due to the pandemic, as well as, the perseverance and the adjustments programs implemented 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 2022-2023:

Community Services and Supports

Community Services and Supports programs is the largest component of MHSA. It focuses 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 to individuals ages 12-25 who have been diagnosed with severe mentally illness and/or are seriously emotionally disturbed youth and young adults. 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.

YAYA-FSP Program staff 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, and music groups are available to YAYA-FSP Program consumers.

During FY 2021-2022, the COVID-19 pandemic continued to have an impact in our community as restrictions continued to be in mandate. YAYA-FSP program, continued to adjust their services as mandates lessened in their restrictions. Telehealth was one of the main service delivery options during FY 2021-2022; however, there was also the option to be seen in-person. As schools, contract sites, transportation services re-opened, services continued while adjusting to current safety regulations and mandates. As of January 2022, eligible Clinicians and Psychiatrist were given the option to participate in a 2-3 day a week Telecommute Pilot Program. The pilot program will be evaluated to ensure it meets the programs needs. During FY 2021-2022, ICBHS was also impacted by the "Great Resignation" as a record number of staff left the department. The department will continue to address staff shortages in order to ensure MHSA services are not further impacted.

Due to the aforementioned challenges, the YAYA program has no significant changes to report for FY 2022-2023. The YAYA-FSP goals and objectives remain to continue to:

- Implement evidence-based practices specific to diagnosis and population;
- 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 of clinicians and Mental Health Rehabilitation Technicians 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;
- Decrease "no-show" rates by implementing a variety of engagement strategies;
- Host or provide a mental health information and awareness presentations at a minimum of once a year.
- 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.

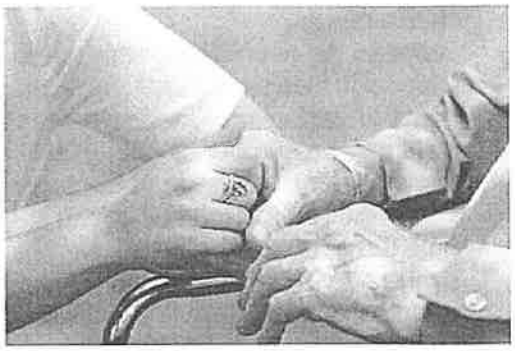
- <u>Adult and Older Adult Services Full Service Partnership Program (Adult FSP)</u> – uses a "whatever it takes" approach to provide consumer – driven, community focused, and recovery and resilient services and supports to SMI adults and older adults, ages 26 and older who meet the FSP criteria. Services 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.
- Home delivery of needed supports and services 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; Dialectal Behavior Therapy, and Moral Reconation Therapy.

During FY 2021-2022, the Adult-FSP Program continued to adjust its service delivery due to the COVID-19 variant restrictions. State and County restrictions would lessen for a period of time, but soon would heighten, having the program return to telecommute services. A few updates for FY 2021-2022 included:

- The pandemic augmented many stressors for the Adult FSP-Program clients. Community Services and Supports funds were accessed more frequently during this FY in support of consumers at risk of homelessness. CSS funds were used to assist clients with groceries, clothing, transportation, and other family needs.
- The Adult-FSP program attempted to host Moral Reconation Therapy (MRT) groups via Zoom. Sadly, these were unsuccessful due to the client's limited access to technology.
- During FY 2021-2022 a Memorandum of Understanding was put in place between ICBHS and the local court system in support of a Diversion Program. The Diversion Program allows a charged defendant to complete a mental health program. With their successful completion of the mental health program the defendants' charges can be dropped during a "Pre-trial Diversion".

The Adult-FSP program has no significant changes to report for FY 2022-2023. The Adult-FSP goals and objectives remain to continue to:

- Reduce the average monthly number of crisis desk admissions and hospitalizations 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 by providing services and supports that will improve consumers' ability to manage independence and increase their ability to work or attend school.

- By the end of FY 2022-2023 will increase the access to care for Adult FSP Program consumers who are involved in the criminal justice system by treating their Mental Health needs.
- Increase the average monthly number of MRT participants 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 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 Adult Clinics and other service locations.
- By the end of FY 2022-2023 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 2022-2023 the goal is to refer and place consumers to the Helping Hearts program with at least 10% of consumers successfully complete the Helping Hearts Socialization Program. Up to date ICBHS clients who met criteria occupy all designated beds.

- **Portland Identification and Early Referral – Full Service Partnership Program (PIER-FSP)** - is an evidence-based early detection and intervention model; which, focuses on the prodromal phase of a developing psychotic illness and advocates psychosocial interventions and drug treatments that are tailored to the individual. It provides Multi-family 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. In addition to group services the program also offers a variety of case management and referral services.

  The PIER-FSP program has been pro-active in its own outreach and education in the community in an effort to increase referrals to provide early detection and intervention of those in the prodromal phase.

  During FY 2021-2022, PIER-FSP challenges, as other programs, dealt with limited staff trained to implement assessments and facilitate groups. Another challenge faced was the impact of the 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. As a consequence to these challenges, it was difficult to engage clients and families. The PIER-FSP program will attempt to increase efforts in education, outreach, and engagement services to ensure that individuals and families are aware of the program, agree to services, and commit to PIER.

  During FY 2021-2022, a significant change identified within the PIER Program was the implementation and consolidation of Phase I and II of the PIER Model. With this significant change, the PIER will now implement the initiation of Phase I and continue with Phase II under the Program, opposed to Phase I initiating through the CESS Program. For FY 2022-2023, the PIER program will strengthen Phase III of the Program as a Full Service Partnership service. No other significant changes are planned at the time of publishing this update.

The PIER-FSP Program will continue to:

- Increase accessibility to Mental Health Services by increasing awareness through education and advocacy by targeting specific age group and population;
- The PIER Program will continue to provide PIER education and outreach 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 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 Mental Health Rehabilitation Technicians and Clinicians on the PIER Model to ensure successful implementation of the model by ensuring that the program is fully staffed.

- **Full Partnership Program – Intensive Community Program (FSP-ICP)** – is to assist individuals experiencing SMI yet are hesitant to engage in services voluntarily. This program focuses on providing individuals with the tools and personal support needed to embrace recovery and self-sufficiency in the community, providing access to medical care, housing, employment or volunteer activities along with intensive case management and medication support services.

  For FY 2022-2023 the FSP-ICP will utilize the Assertive Community Treatment (ACT) Model to provide an evidence-based team approach to address the needs of high utilizers of hospital, crisis, and jail services to improve outcomes. In December of 2021, Mental Health Rehabilitation Technicians, Mental Health Rehabilitation Specialists, Licensed Vocational Nurses, Psychiatrist, Community Services Workers, Program Supervisors, and Management staff finished the ACT Model training. As the division completed its first phase of implementation, it is anticipated that specific goals and objectives related to the program will be developed in the upcoming FY 2022-2023.

- **Wellness Centers** – mission is to implement supportive resource services for adults with a significant and persistent mental health diagnosis. ICBHS has two Wellness Center facilities, one in El Centro which serves most of the southern part of the county and one in Brawley, which serves the Northern part of the county. The Wellness Centers focus on social skills, recovery skills, encouragement, wellness, positive self-esteem, and community involvement.

The Wellness Center partners with outside agencies to offer consumers:

- Educational Services;
- Employment Support Services;

- Life Skill Development;
- Health and Fitness Services;
- Wellness Development Skill; and
- Music and Arts

During FY 2021-2022 the Wellness Centers continued to comply with safety orders due to the COVID-19 pandemic. The center offered services virtual/phone and in-person. As safety order restrictions lessened more and more clients took advantage of the on-site services. Volunteer peer staff also returned to the center; which also allowed them to be pro-active in their recovery within their role as peers.

For FY 2022-2023, the Wellness Center program plans to continue to expand their on-site services as restrictions lessen more and more. Their goals will remain the same as last years. The Wellness Centers will continue to:

- Increase their enrollment into the centers;
- Provide Illness Management and Recovery 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 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 accomplishes this by conducting 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 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.

  During FY 2021-2022 the COVID-19 Pandemic continued to affect 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. The presence of our services as a resource table/booth at the local mall (Imperial Valley Mall) has also been a pro-active way to promote our MHSA services. Incorporating the PET project at this site has been a valuable hook for those hesitant to approach the booth due to stigma. Outreach and Engagement staff were also present at local vaccination clinics as these had a heavy presence of community members seeking vaccination.

Due to the COVID-19 variants, the program mainly conducted their outreach predominantly virtual. For FY 2022-2023 the development of the MHSA Outreach Media Center will provide the necessary technology production expertise to further support outreach efforts. Including those conduct via the weekly radio program "Let's Talk About It" / "Expresate" and other social media platforms. Outreach and Engagement goals for FY 2022-2023 will based off the targeted demographic populations identified in the target penetration rate survey which will be released later this fiscal year.

Behavioral Health Services

https://bhs.imperialcounty.org/
For access to services please contact:
(442) 265-1525 o 1-800-817-5292

Let's Talk About It!

April 2022

Wellness Radio

With Scott Dudley & Maria Wyatt

Tune in:

Thursdays at 8:00 a.m.

Sundays at 7:00 a.m.

Sundays at 7:00 p.m.

Visit www.kxoradio.com for podcasts on demand

Schedule:	Topic:	Guest Speaker:
Week of April 4th	**Teens Mental Health Pandemic Resiliency** Teens were disconnected from their usual social life connections at school and with friends. They had to learn new ways to deal with mental health issues during the pandemic especially with the isolation that the pandemic brought to everyone. Their stories reflect their struggles as well as their growth and success in managing the challenge of the pandemic that affected nearly two years of their high school experience.	**The Coalition for Student Wellness at Southwest High School**
Week of April 11th	**Mental Health First Aid** The Mental Health First Aid program is an interactive training that introduces participants, 16 years of age and over, to risk factors and warning signs of mental health problems. This training, offered to the public by Imperial County Behavioral Health now resuming after pandemic restrictions, builds understanding of the impact of mental health concerns and outlines common treatments. Mental health awareness can build safer and healthier communities	**Marie Arroyo, LMFT** Licensed Marriage And Family Therapist Program Supervisor Adult and Older Adult Services Calexico Anxiety & Depression
Week of April 18th	**Directing Change** Directing Change is a statewide video completion among high school students in which students participate by creating videos that talk about mental health. Submission categories include Suicide Prevention, Mental Health Matters, and Through the Lens of Culture with the goal of reducing the stigma that surrounds mental health. Southwest High School students created several submissions that will be shown at a community wide premier on April 26th at Southwest High. We talk to the teams that created these videos and they share their stories. Join us here and then at Southwest High School on April 26th to celebrate these youth efforts.	**Southwest High School Community Health Workers**
Week of April 25th	**Applied Suicide Intervention Skill Training (ASIST)** This workshop is for caregivers who want to feel more comfortable, confident and competent in helping to prevent the immediate risk of suicide. Over one million caregivers have participated in this two-day, highly interactive, practical and practice-oriented workshop. The Behavioral Health Department has utilized ASIST training for suicide intervention for over 20 years. Now available to our schools and our community members. ASIST contributes to a suicide safer community.	**Dalia Pesqueira, LMFT** Licensed Marriage And Family Therapist Behavioral Health Manager Youth & Young Adults Services

If you have any questions that you would liked answered on the show, please send an email to: wellnessradio@co.imperial.ca.us

Behavioral Health Services

https://bhs.imperialcounty.org/

Para el acceso a los servicios, favor contactar al: (442) 265-1525 o 1-800-817-5292

¡Exprésate! Radio Bienestar

Abril 2022

88.7 Radio Bienestar

Sintoniza todos los Miércoles a las 8:00 am

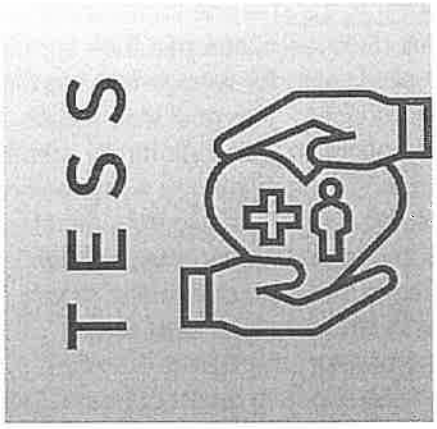
Con Dalia Pesqueira y Patricia Arevalo-Caro

Visite www.kxoradio.com para radio transmisiones a petición.

Si le gustaría tener respuesta a su pregunta en el programa, envíe un correo electrónico: expresate@co.imperial.ca.us

Fecha:	Tema:	Orador Invitado:
Semana del 4 de abril	**Resiliencia Ante Una Pandemia de Salud Mental para Adolescentes** Los adolescentes estaban desconectados de sus conexiones habituales de la vida social en la escuela y con los amigos. Tuvieron que aprender nuevas formas de lidiar con los problemas de salud mental durante la pandemia, especialmente con el aislamiento que la pandemia trajo para todos. Sus historias reflejan sus luchas, así como su crecimiento y éxito en el manejo del desafío de la pandemia que afecta casi dos años de su experiencia en la escuela secundaria.	**La Coalición para el Bienestar Estudiantil en la Preparatoria Southwest**
Semana del 11 de abril	**Primeros Auxilios de Salud Mental (Conocida pos sus siglas en Ingles como MHFA)** El programa de Primeros Auxilios de Salud Mental es un taller interactivo que introduce a los participantes mayores de 18 años, los factores de riesgos y las señales de advertencia de problemas de salud mental. Este entrenamiento ofrecido al publico por Salud Mental del Condado de Imperial que ahora se reanuda después de las restricciones pandémicas, aumenta la comprensión del impacto de los problemas de salud mental y describe los tratamientos comunes. La concientización sobre la salud mental puede construir comunidades más seguras y saludables.	**Marie Arroyo, LMFT** Terapeuta Matrimonial y Familiar con Licencia Estatal Supervisora de Programa Servicios para Adultos y Personas de la Tercera Edad Calexico Clinica de Ansiedad y Depresión
Semana del 18 de abril	**Dirigiendo el Cambio** Dirigiendo el Cambio es una finalización de video a nivel estatal entre estudiantes de secundaria en la que los estudiantes participan creando videos que hablan sobre la salud mental. Las categorías de envío incluyen Prevención del Suicidio, Asuntos de Salud Mental, y A Través de la Lente de la Cultura con el objetivo de reducir el estigma que rodea a la salud mental. Los estudiantes de la preparatoria Southwest crearon varias presentaciones que se mostraran en un estreno comunitario el 26 de abril en la preparatoria Southwest. Hablemos con los equipos que crearon estos videos y comparten sus historias. Únase a nosotros aquí y luego en la preparatoria Southwest el 26 de abril para celebrar estos esfuerzos de la juventud.	**Trabajadores de Salud Comunitarios de la Preparatoria Southwest**
Semana del 25 de abril	**Entrenamiento de Habilidades Aplicadas para la Intervención del Suicidio (Conocida pos sus siglas en Ingles como ASIST)** Este taller es para cuidadores que desean sentirse más cómodos, confiados y competentes para ayudar a prevenir el riesgo inmediato de suicidio. Más de un millón de cuidadores han participado en este taller de dos días, altamente interactivo, practico y orientado a la practica. El Departamento de Salud mental ha utilizado el entrenamiento ASIST para intervenciones de suicidio más de 20 años. Ahora disponible para nuestras escuelas y miembros de nuestra comunidad, ASIST contribuye a una comunidad más segura contra el suicidio.	**Mayra Andrade** Especialista de Mejoramiento de Calidad Administración de Calidad

- **Transitional Engagement Supportive Services Program (TESS)** – TESS provides outreach and engagement activities to unserved and underserved SED and SMI individuals over the age of 14. The objective of the TESS Program is to provide supportive services while individuals transition to outpatient mental health treatment from hospital and/or crisis discharges. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care. These services assist the individual with reintegrating back into the community and provide a supportive environment including gaining entry into the outpatient mental health system within 30-days from the start of the in-take process.



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 2021-2022, though the Pandemic limited the program resource and linkage capacity, the TESS program was able to increase engagement and linkage services to individuals recently discharged from acute psychiatric hospitalizations. Challenges encountered included the recruitment of new staff, limited outreach opportunities, and the pandemic did not facilitate outreach to the homeless, which is a difficult factor itself due to their transient nature. A significant change that occurred in FY 2021-2022 was the incorporating short-term mental health therapy services; however, the retention of qualified Clinicians is the programs current goal.

For FY 2022-2023 the TESS program will continue with the established goals and further strengthen the delivery of short-term therapy services:

- TESS will continue working on increasing accessibility to Mental Health Services through outreach, education, and advocacy by specific age group;
- TESS will continue to engage homeless individuals by increasing accessibility of mental health services;
- 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;
- To successfully transfer 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, and;
- 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.

- Community Engagement Supportive Services Program (CESS) – 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. 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. In addition, the CESS Program provides supportive services to assist conservatees who have recently been released from LPS Conservatorship and those recently released from the local county jail.

The program continues 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. 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. The CESS Program worked on improving successful transfers to the mental health outpatient clinics by linking clients within the 30-day time-frame from the start of the intake-process.

During FY 2021-2022 a few challenges the program faced, mainly revolved around the COVID-19 Pandemic which contributed to limited outreach opportunities, decrease in staff available to conduct the outreach activities, as well as the physical restrictions to access inmates at the local county jail. As with TESS; the CESS program also planned and initiated short-term mental health therapy services for clients.

For FY 2022-2023, the CESS program will continue to:

- Increase accessibility to Mental Health Services increasing awareness through outreach, education, and advocacy by targeting specific age group and population;
- To continue to engage homeless individuals by increasing accessibility of mental health services;
- 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;
- To improve collaboration with homeless shelters and educate on mental health services to identify possible referrals;
- To continue successfully transfer individuals 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, and;
- 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.

Prevention and Early Intervention (PEI)

For the purpose of this report, the PEI section describes the outcomes covering the reporting period for FY 2020-2021. In an effort to incorporate the PEI Annual report as part of the MHSA Annual Update for FY 2022-2023, significant changes, challenges, and goals and objectives for FY's 2021-2022 and 2022-2023 were also briefly included in this report:

At the earliest signs of mental health problems, the Prevention and Early Intervention (PEI) programs are accessible support services where its goals are to lessen the need for additional or extended mental health treatment. 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. PEI programs 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 prevention program for children and youth ages 4 to 18 years of age exposed to traumatic experiences. TF-CBT is a strategy to reduce the negative outcomes associated to traumatic experiences. All TF-CBT prevention services are mobile and provided out in the community in locations.

  During FY 2021-2022, the re-opening of schools was fruitful with an increased number of referrals. The challenge faced by the program was the effect of the "Great Resignation" where the program had a limited number of qualified staff to provide TF-CBT services. The program adjusted to a minimal enrollment and looks forward to the retention of qualified staff.

  Program goals projected for FY 2022-2023 will remain the same as current year goals where the program will increase clinicians to provide the TF-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) – is a prevention program that was developed to be provided in a school setting and implemented by school personnel. Its positive reinforcement among the kindergarten (ages 4 to 6) population is 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.

During FY 2021-2022 there was an increase in FSS services as school districts moved toward in-person learning. FSS, Mental Health Rehabilitation Technicians (MHRTs) work with teachers inside the classroom and with the children's family at home. As a consequence of the "Great Resignation" a number of MHRTs resigned during this FY. The department is moving forward in hiring additional staff in support of the continuation of FSS services.

Program goals projected for FY 2022-2023 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;
- Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model;
- 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;
- 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** – 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 continued to contract with two local agencies in Imperial County for the implementation of the Incredible Years (IY) parenting program: Child and Parent Council (CAP Council) and Teach, Respect, Educate, Empower Self (TREES).

  During FY 2021-2022 The TREES parenting program which focused more in the outlying areas of the county such as the Salton Sea, Niland, and Winterhaven ended their contract with ICBHS. The CAP Council continued to provide the IY curriculum via Zoom.

  For FY 2022-2023, the IY program will try to find another provider to implement the curriculum at hard to reach areas; as well as continue with the goals and objectives established:

  - IY 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; 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.

- Rising Stars (RS) – is a prevention program for current foster children/youth enrolled in local school districts (K-12). 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, and;
  - Enrichment activities: educational field trips, college-prep workshops, study skills workshops, and Science, Technology, Engineering, Arts and Math (STEAM) workshops.

  At the later part of FY 2020-2021 RS began its recruitment of program participants. Recruitment was limited as schools remained closed until they returned to in-person learning during FY 2021-2022. The program coordinator collaborated with other service providers in educating them on the program and identifying potential recruitment opportunities. The programs goals and objectives for FY 2022-2023 will remain the same as last years as the program continues to grow in its enrollment:

  - Serve 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.

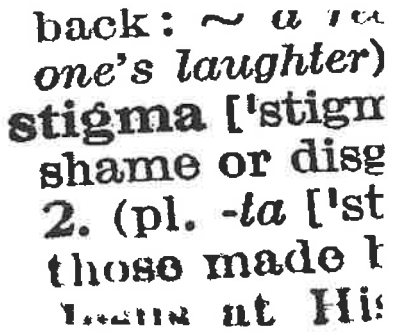
Stigma and Discrimination Reduction Program

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. As the pandemic continued

During FY's 2020-2021 and 2021-2022, 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. Due to the limited opportunity to conduct outreach activities, the collection of surveys was also very limited.

On March 14, 2022, the Mental Health Services Act Steering Committee was informed that the end of the Positive Engagement Team (PET) project would be on March 31, 2022. The PET project coordinator presented some qualitative information in support of the engagement service the PET project had in the community and the clinics. Because of the welcoming support the pets presence provided, it was proposed that the PET project transition as a PEI program under Stigma and Discrimination. Attendees of the meeting presented their own testimonials of the foreseen benefits of the PET project becoming a PEI program. Members did not object to the proposal. Effective July 1, 2022 the existing Stigma and Discrimination Reduction Program will be renamed as the Positive Engagement Team (PET). Goals and objectives for the new program will be developed during FY 2022-2023.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Outreach for Increasing Recognition of Early Signs of Mental Illness

The goal of this program is to provide families, school personnel, community members, and service providers education in identifying of early signs of mental health illness and engage them to seek mental health services. MHRT's from the First Step to Success (FSS) Program and Clinicians providing Trauma Focused Cognitive Behavioral Therapy (TF-CBT) are trained to provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness.*

Some of the challenges in continuing with these services were both impacted by the COVID-19 restrictions and the "Great Resignation". As schools re-opened during FY 2021-2022, staff will continue to educate on the identification of early signs and continue to promote outreach services for linkage.

For FY 2022-2023 the Outreach Services for Increasing Recognition of Early Signs of Mental Illness goals and objectives are to:

- Provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* by providing information, trainings, and presentations to the community;
- Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting.
- Provide information on program outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

Access and Linkage to Treatment Program

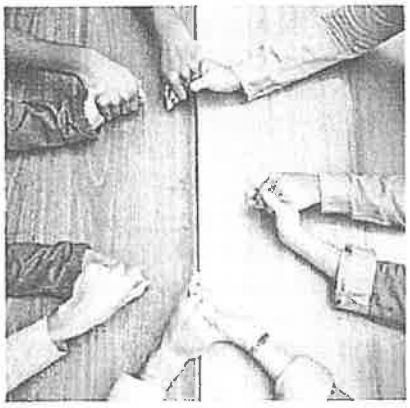
Access and Linkage services are provided through the Prevention and Early Intervention programs of TF-CBT and FSS. Access and Linkage services connect children/youth and their parents/legal guardians/caregivers to appropriate mental health treatment. All clients linked to the aforementioned programs are screened and assessed by Clinicians for mental health services. If a child meets medical necessity they are linked to Early Intervention services or to treatment if necessary. If they do not they are linked to Prevention services along with their supports in order to prevent the child/youth developing mental health issues.

Due to the COVID-19 pandemic, the Access and Linkage program faced the same challenges as PEI program as referrals decreased. As safety restrictions have allowed for in-person learning at schools and more community activities are taking place the Access and Linkage program will:

- Provide *Access and Linkage services* by providing information, trainings, and presentations to the community;
- Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting, and;
- Provide information on program outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

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 FY 2020-2021 school remained closed and services continued to be 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 with safety precautions.

During FY 2021-2022, the early intervention component of the Prevention and Early Intervention Program continued 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.

For FY 2022-2023, TF-CBT as an early intervention strategy goals and objectives will be to:

- Provide TF-CBT as an early intervention strategy to children and youth in order to overcome the functional impairments of a traumatic event.
- Collect evaluation data to measure the outcome and performance of the TF-CBT Program as an early intervention strategy.
- Utilize measurement outcome tools to monitor outcomes and effectiveness of TF-CBT as an early intervention.
- Collect demographic information on populations served, when possible, for purpose of program evaluation and reporting.
- Provide information on program outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

- **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. Mental Health Rehabilitation Technicians (MHRTs) are collocated at schools, to assist school personnel, to provide the early interventions at school. The FSS Program also engages parents of identified kindergarten children.

For FY 2020-2021, schools in Imperial County were closed due to the safety orders related to the COVID-19 Pandemic. Although school instruction continued virtually this impacted the number of students referred and the number of students and families that could be provided the service.

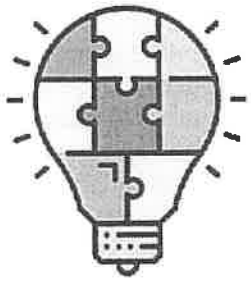
As school began opening back to in-person instruction during FY 2021-2022 FSS goals and objectives continued to be reintegrated in the school setting and to the families of referred children.

For FY 2022-2023 the FSS program will 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.

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 2021-2022, ICBHS had two Innovation projects in place:

- Positive Engagement Team (PET) Project
- Holistic Outreach and Prevention and Engagement (HOPE) Project

For the purpose of this report, the PET Innovation section describes the outcomes covering the reporting period for FY 2020-2021. In an effort to incorporate the PET Innovation update as part of the MHSA Annual Update for FY 2022-2023, significant changes, challenges, and goals and objectives for FY's 2021-2022 and 2022-2023 were also briefly included in this report:

- Positive Engagement Team (PET) – The innovative component of the PET project was to utilize dogs, not for therapy, but as a tool to engage consumers into mental health treatment. As of March 2022, the PET project was evaluated qualitatively

During FY 2020-2021, the PET project faced a major obstacle as Imperial County, along with the rest of the California, went into lockdown due to COVID-19. All PET project services such as client engagement at outpatient clinics and community outreach engagements were put on hold. Due to state and federal safety measures, none of the dogs, pet handlers, or Community Service Workers were allowed at the clinics as all routine non-urgent appointments were conducted using telehealth or telephone.

A mitigation approach in order to continue to engage clients was to move to virtual engagements. Surveys of the impact of the dogs' presence was also collected virtually or by phone. As restrictions lessened during FY 2021-2022, the PET project soon joined in a number of community outreach events, such as at ICBHS resource booth at the IV Mall as well as participated in drive-thru/parade events.

Tank joined the PET Project early in 2022!!

As of FY 2021-2022, ICBHS clinics fully reopened and PETs were able to re-engage clients in the clinical setting. The PET project also made modifications to have a six (6) month rotation, in which some clinics would have pet engagements at their clinics and others will not. This would allow for obtaining and comparing outcomes for clinics with dogs vs clinics without dogs.

On March 14, 2022, during the MHSA Steering Committee meeting, stakeholders were informed that Innovation funding for the PET project would end on March 30, 2022. Based on the overwhelming positive responses from surveys, the recommendation was made to transition the PET Project from an Innovation Project to a new Stigma and Discrimination Reduction Program under the Prevention and Early Intervention (PEI) program. The transition would allow ICBHS to continue providing direct outreach and client engagement activities to reduce the negative feelings, attitudes and/or discrimination related to being diagnosed with a mental illness, having a mental illness or to seeking mental health services. The goal of the new PET program is to utilize dogs as a vehicle to engage the community on mental health services by increasing acceptance, inclusion and equity for individuals with mental illness and members of their families. Stakeholders present during the MHSA meeting did not object transitioning the PET program from Innovation to a Stigma and Discrimination Reduction program under the PEI component.

Project Goals and Objectives for FY 2022-2023 is that the Positive Engagement Team (PET) Project will have transitioned from an Innovation Project over to become a Stigma and Discrimination Reduction under PEI. Program goals and objectives will be

developed for the new PEI program based on the consultant's evaluation and the data collected from previous fiscal years.

- **Holistic Outreach and Prevention and Engagement Project (HOPE)** – is a newly developed Innovation project to be offered to youth and young adult clients who have experienced a psychiatric emergency. The project was developed after conducting an extensive Community Program Planning Process (CPPP) supported by Zoom presentations and surveys collected via Survey Monkey platform. 41% of survey respondents agreed that wellness health services should be the area of focus. Fifty-seven percent of respondents noted that the population of focus should be youth and young adults ages 13 to 25. ICBHS developed the HOPE project and presented this to the Mental Health Services Oversight and Accountability Commission (MHSOAC) on June 24, 2021. The project was approved and later presented to the Imperial County Board of Supervisors on July 13, 2021.

  The project is to use a holistic approach among youth that recently experienced psychiatric emergencies. The end goal is to prevent future psychiatric emergencies including involuntary holds and/or hospitalizations. Clients will be encouraged to participate in an array of activities such as exercise, nutrition, mindfulness, dance, art, etc., in order to improve social, emotional, physical, and mental balance.

  As the project continued to be in its development stage during FY 2021-2022, the COVID-19 pandemic had not facilitated its official intake launch due to many safety restrictions. As local health orders have lessened its restrictions, the project has increased its outreach and referral intake. The project's first intake took place in February of 2022 and its focus at this time is to continue to promote and engage clients enrolled in the HOPE project.

  The goals for FY 2022-2023 for the project include:

  - Collect data from referrals generated from CCRT, MHTU and Outpatient clinics;
  - Collect data of total participants in HOPE project;
  - Collect demographic data of participants;
  - Administer and collect data of Pre and Post Outcome Measurement Tools;
  - Collect data of number of hospitalization and psychiatric emergencies;
  - Collect data regarding retention rates and show rates to follow-up appointments;
  - Collect data of admission rates for youth and young adults services;
  - Fulfill vacant positions, and;
  - Purchase 2 vehicles.

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 2021-2022, the trainings provided on the following topics: Mental Health Interpreting and Assertive Community Treatment (ACT) Model Training, Portland Identification

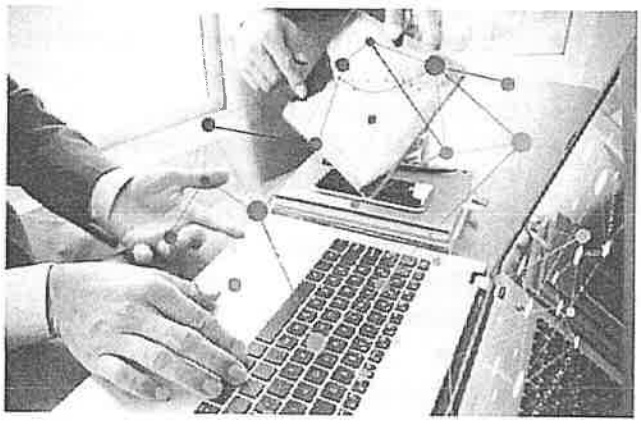
and Early Referral (PIER) Training, Moral Reconation Training, and Cognitive Processing Therapy (CPT) trainings:

Many programs have shared the high turnover in staff; therefore, there is a need to continue supporting in building service capacity by continuing to training new staff that on-board MHSA programs. The development of new program, such as the FSP Intensive Community Program also needs to prepare staff in the ACT Model as it moves forward in launching this FSP program. During FY 2021-2022, ICBHS also collaborated in the Southern Regional Partnership grant, which in the next 4 years will support in a Loan Repayment, Stipend programs, and a variety of regional retention trainings and conferences. For FY 2022-2023 the following are the trainings and programs to be focused on:

- Mental Health Interpreter Training Program;
- Assertive Community Training Model;
- Portland Identification and Early Referral Training;
- Cognitive Processing Therapy Training, and;
- Continue to collaborate in the Southern Counties Regional Partnership Programs:
  - Loan Repayment;
  - Stipend, and;
  - Regional Retention Trainings and Conferences.

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 2022-2023 include:



- Supporting Client and Family Empowerment by installing upgraded chromeboxes;
- Upgrading the Meraki Internet system for both Wellness Centers;
- Collaborate with XPIO Health in updating the annual HIPAA Security and Privacy and Compliance trainings;
- Collaborate with XPIO Health in complete the Annual Security Risk Assessment;
- Continue to collaborate with CalMHSA Semi Statewide EHR project to be transitioned to in the upcoming year;
- Address telecommunication mobile equipment needs;
- Complete the refreshing of ICBHS IT infrastructure by retaining the needed critical technology hardware.

Incorporated Reports

The MHSA Annual Plan for FY 2022-2023 has also incorporated two sub-reports:

- THREE-YEAR PREVENTION AND EARLY INTERVENTION EVALUATION REPORT
  Fiscal Years (FY) 2018/2019, 2019/2020, and 2020/2021

- ANNUAL INNOVATION PROJECT REPORT FY 2020-2021
  Positive Engagement Team (PET) Project

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) 265-1604	Telephone Number: (442) 265-1604
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.

Leticia Plancarte-Garcia
Local Mental Health Director
(PRINT)

Leticia Plancarte-Garcia 05/19/2022
Signature Date

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Enclosure 1

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:	Shelly Small
Telephone Number:	442-265-1601	Telephone Number:	442-265-1285
E-mail:	leiyplancarte@co.imperial.ca.us	E-mail:	shellysmall@co.imperial.ca.us
Local Mental Health Mailing Address: 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 counties in future years.

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

Leticia Plancarte-Garcia
Local Mental Health Director (PRINT)

Leticia Plancarte-Garcia 04/14/2022
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 the most recent audit report is dated 12/02/2021 for the fiscal year ended June 30, 2020. 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 if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge

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

Signature 4/14/22
Date

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)

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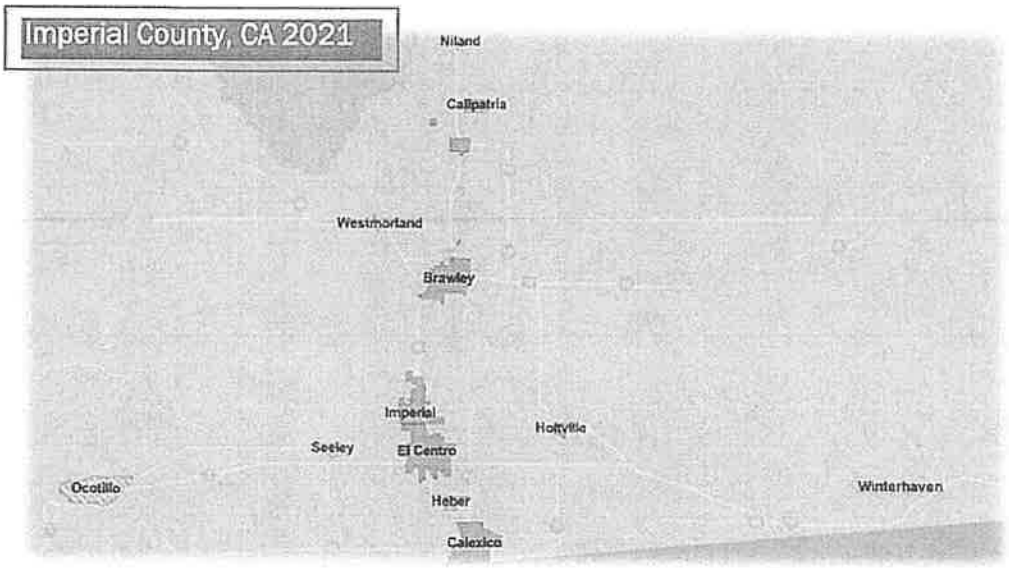
County Profile



Imperial County is located in the southernmost region of California, bordering San Diego County to the west, Riverside County to the north, the State of Arizona to the east, and Mexico to the south. It extends over approximately 4,597 square miles and is comprised of seven incorporated cities (Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland) and seven unincorporated areas (Niland, Seeley, Heber, Ocotillo, Winterhaven, Salton Sea, Bombay Beach), some of which are located more than 45 minutes apart from each other.

Table A.1. – Imperial County Demographics (2020 U.S. Census)

Demographic Category	U.S. Census 2020 Results	
	Population	% of Total
Gender		
Male	92,187	51.3
Female	87,515	48.7
Age		
≥5 years	14,376	8.0
≥18 years	51,216	28.5
20 to 64 years	90,210	50.2
65 years≤	23,900	13.3
Ethnicity		
Hispanic or Latino	153,027	85.0
White	16,813	9.3
Black or African American	3,846	2.1
American Indian/Alaskan Native	1,584	0.8
Asian	2,244	1.2
Pacific Islander	82	0.4
Other/Multi-Race	2,106	1.2

According to the 2020 U.S. Census Bureau, Imperial County's population was 179,702 growing by 3% since 2010. The county's demographic information is included in Table 1.

Imperial County continues to have one of the highest unemployment rates in the state of California, with statistics from the U.S. Bureau of Labor Statistics illustrating an unemployment rate of 17% in 2021, close to triple the state's average of 7.3% during the same time frame.

The number of Medi-Cal eligible individuals in Imperial County was 84,654 during FY 2020-2021, per the Department of Health Care Services (Medi-Cal Eligible Rates for Imperial County, November 2021).

Imperial County's threshold language is Spanish. In the Imperial County Behavioral Health Services Staff Cultural Competence Plan for FY 2020-2021, 77% of staff identified as Hispanic, 72% indicated they are fluent in Spanish, and 67% reported being culturally aware of the Hispanic culture.

Mental Health Services Act (MHSA) Background

Over three decades ago, the State of California was impacted by historical underfunding towards the mental health system of care. This led to cut backs on its services in state hospitals for people with severe mental illnesses and cuts in providing adequate funding for mental health services at the community levels. Due to this many people became homeless. Because of the increasing homeless population and the limited access to mental health services in 2004, Proposition 63 was approved by voters. Proposition 63, also called the Mental Health Services Act (MHSA), was enacted into law on January 1, 2005. It places a 1% tax on personal income above $1 million. Proposition 63 emphasizes transformation of the mental health system while improving the quality of life for Californians living with a mental illness. (MHSCOA, 2021).

Recent data published by The National Alliance on Mental Illness (NAMI) reports the following data related to mental illness and Californians:

1 in 5 U.S. adults experience mental illness each year. 5,566,000 adults in California have a mental condition.

1 in 20 U.S. adults experience serious mental illness each year.

In California 1,243,000 adults have a serious mental illness.

1 in 6 U.S. youth aged 6-17 experience a mental health disorder each year. 396,000 Californians age 12-17 have depression

161,548 people in California are homeless and 1 in 4 live with a serious mental illness.

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 VALUES

- **Promote wellness, recovery, and resilience;**
- **Outreach to underserved and unserved populations;**
- **Consumer and family member involvement in policy and service development and employment;**
- **Individualized, consumer, and family-driven services;**
- **Diverse, culturally sensitive, and competent workforce**

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. MHSA funding is distributed to county mental health systems upon approval of their plans for each component of the MHSA. These components are:

- CSS
- PEI
- WET
- CF/TN
- INN

- 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 as seen in the previous section of this report.

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Community Program Planning Process

The Imperial County Behavioral Health Services (ICBHS) Director, in collaboration with the Behavioral Health Advisory Board, continues the administrative oversight of the MHSA community program planning process; as well as, the development of the MHSA Steering Committee that includes community stakeholders who are involved at all levels of the MHSA community program planning process.

Quarterly meetings are held of the local MHSA Steering Committee to gather 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. During the quarterly meetings 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 play an active role in the MHSA community planning process. All stakeholder meetings were held via Zoom during the 2021-2022 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 2021-2022, the MHSA Steering Committee met on the following dates:

- September 20, 2021
- December 13, 2021
- March 14, 2022
- April 25, 2022
- June 13, 2022 (*Scheduled*)

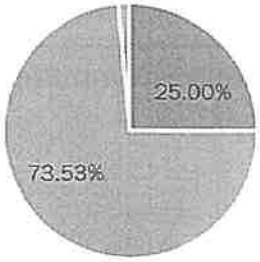
STAKEHOLDER STEERING

- Center for Family Solutions
- Child Abuse Prevention Council
- Clinicas de Salud del Pueblo
- Department of Social Services
- El Centro Fire Department
- 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
- Behavioral Health Advisory Board Members
- National Alliance on Mental Illness (NAMI)
- Etc...

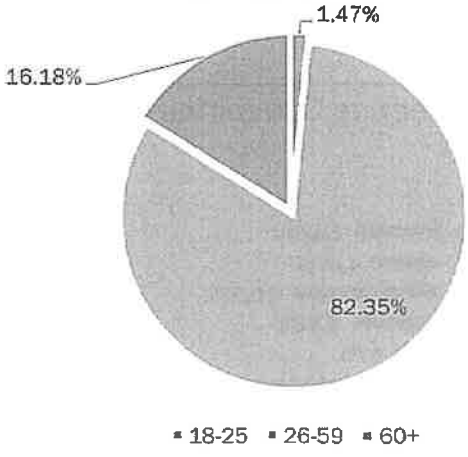
In order to ensure clients with serious mental illness and/or serious emotional disturbance, and their family members, have the opportunity to participate in the community program planning process, meeting flyers advertising the date, time, location, and purpose of each respective MHSA Steering Committee 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:.

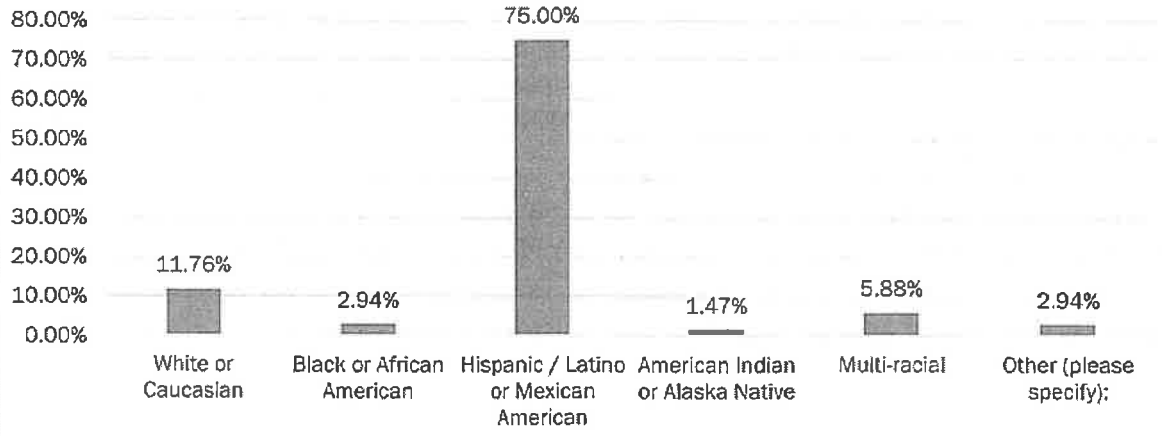
Graph 1: Gender of MHSA Steering Committee Stakeholders
FY 2021-2022



Graph 2: Age of MHSA Steering Committtee Stakeholders
FY 2021-2022

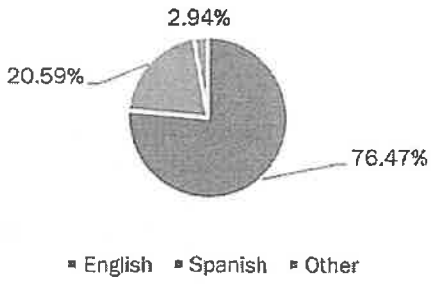


Graph 3: Ethnicity of MHSA Steering Committee Stakeholders
FY 2021-2022



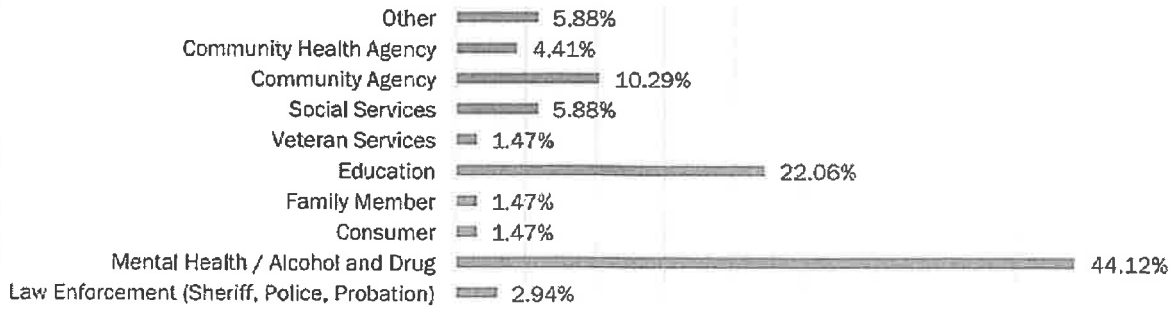
Other: Middle Eastern/North Africa; Race: White; Ethnicity Hispanic: Mexican American

Graph 4: Language of MHSA Steering Committee Stakeholders
FY 2021-2022

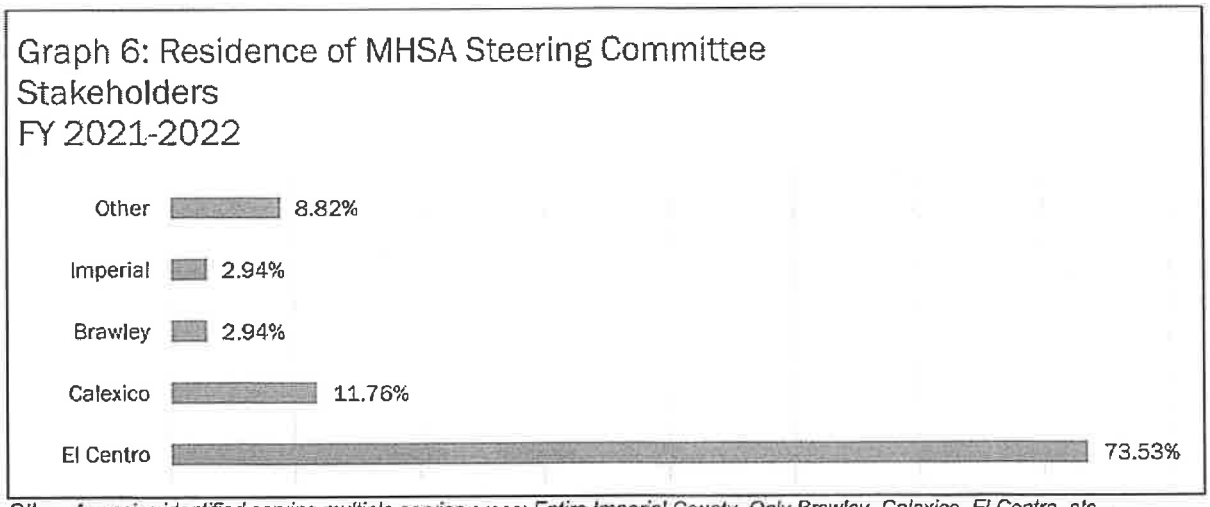


Other: Bilingual: English and Spanish

Graph 5: Affiliation of MHSA Steering Committee Stakeholder
FY 2021-2022



Other: Retired Citizen, Fire Department, FQHC, RFA/FFA Agency as well as TBS and MHS



Other: Agencies identified serving multiple service areas: Entire Imperial County, Only Brawley, Calexico, El Centro, etc...

Based on the 2021-2022 survey findings recruiting efforts focused on inviting representation from key hard to reach communities, such as Heber, Holtville, Calipatria, Westmorland, Ocotillo, and Seeley.

During FY 2021-2022, 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 (*Let's Talk About It!)* and in Spanish (*Expresate!).* The shows have attracted a regular listenership and have an established voice of radio wellness in the community.

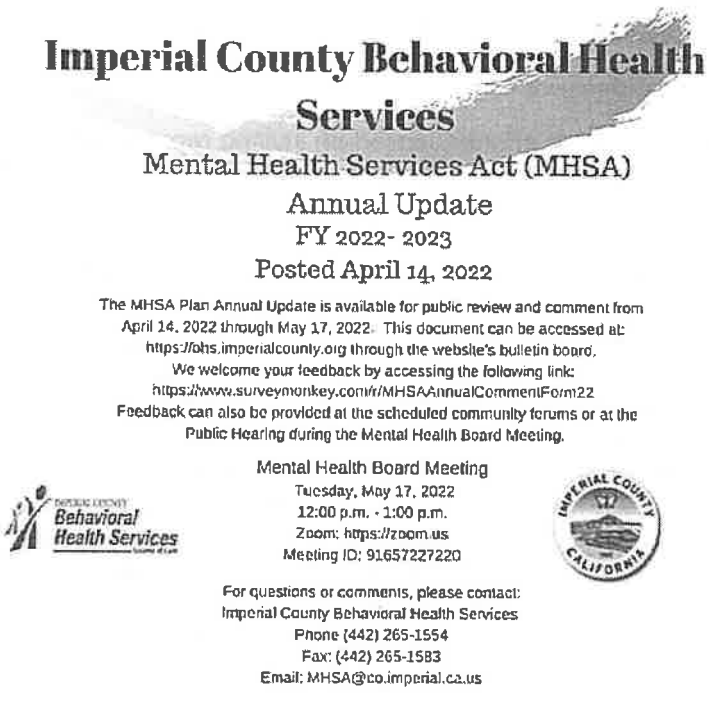
30-Day Review Process

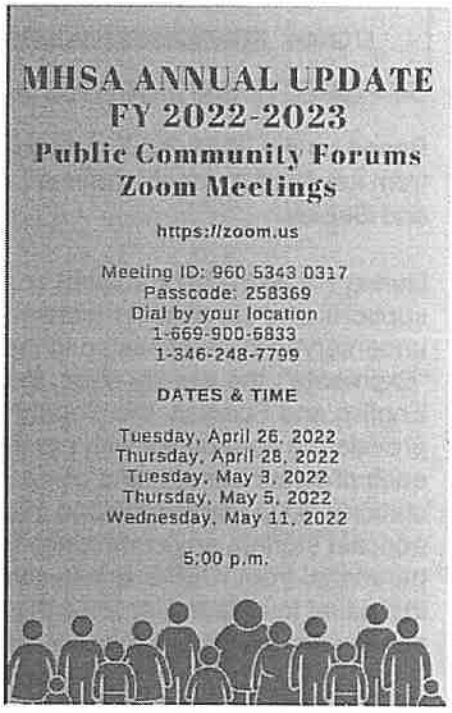
The MHSA Annual Update for FY 2022-2023 was posted for a 30-day public review and comment period from April 14, 2022 through May 17, 2022.

Circulation

The FY 2022-2023 Annual Update was distributed through the MHSA Steering Committee, the Cultural Competence Task Force, and the Behavioral Health Advisory 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 2022-2023 Annual Update. Imperial County made these sessions available as follows:





Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Behavioral Health Advisory Board on Tuesday May 17, 2022. The Behavioral Health Advisory Board reviewed the Annual Update for FY 2022-2023 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 of this plan.

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Assessment of Mental Health Needs in Imperial County

The CPPP process is a crucial resource in the identification of mental health needs; however, ICBHS strives to use many resources to help identify needs and gaps in the ICBHS MHSA system.

The ICBHS MHSA programs continue to build crucial resources when monitoring progress in goals and objectives, but they also use of other evaluation resources such as the Penetration Rate report, Consumer surveys, Cultural Competence Plan, among other reports and evaluations to support in their assessments. Special surveys are also developed and distributed when targeting the need to address Innovative projects. Various community forums are hosted in support of the collection of information.

ICBHS is currently developing a Survey/Questionnaire that will permanently be posted in the ICBHS website in order to collect timely feedback on service needs. This will also be constantly promoted among stakeholders, peers, clients, and client supporters via the Community Outreach and Engagement program and other ICBHS social media sources.

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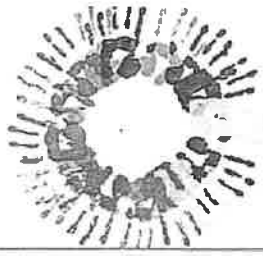
Annual Update Requirements

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

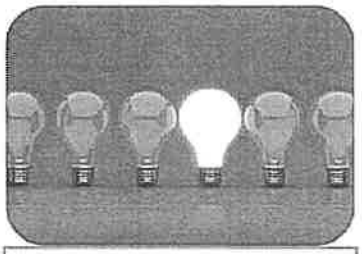
This Annual Update for Imperial County's MHSA programs is an overview of the work plans and projects being implemented as part of the County's FY 2020-2021 through 2022-2023 Three-Year Plan.

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)

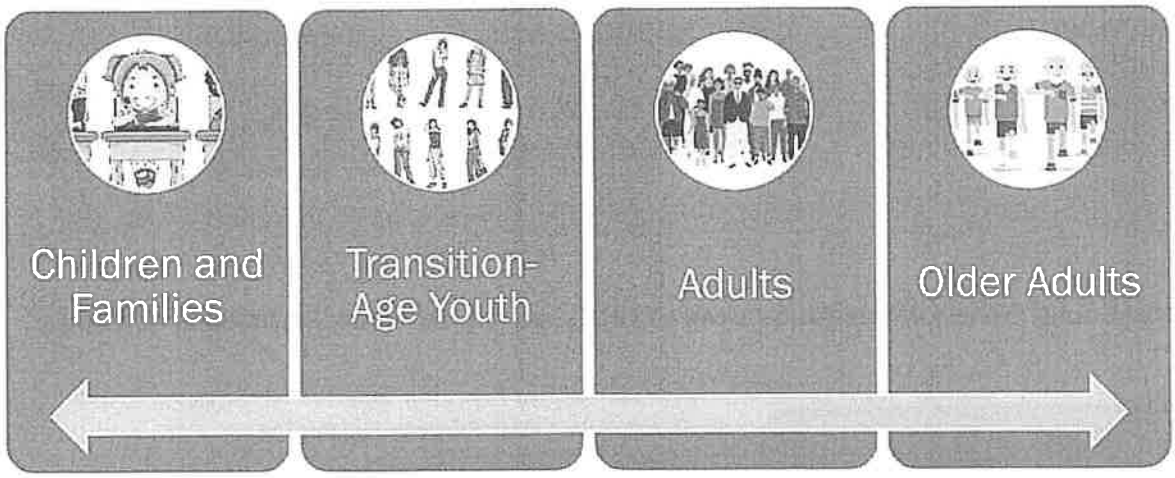
Workforce Education and Training (WET)

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:



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 Funds

- Youth and Young Adult Services Full Service Partnership Program (YAYA-FSP);
- Adult and Older Adult Services Full Service Partnership Program (Adult-FSP);
- Portland Identification and Early Referral (PIER)
- Intensive Community Program (ICP)

General Systems Development Funds

- Wellness Centers

Outreach and Engagement Funds

- Outreach and Engagement Program;
- Transitional Engagement Supportive Services Program (TESS);
- Community Engagement Supportive Services Program (CESS);

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Full Service Partnership

Youth and Young Adult Services Full-Service Partnership Program

Program Description

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.

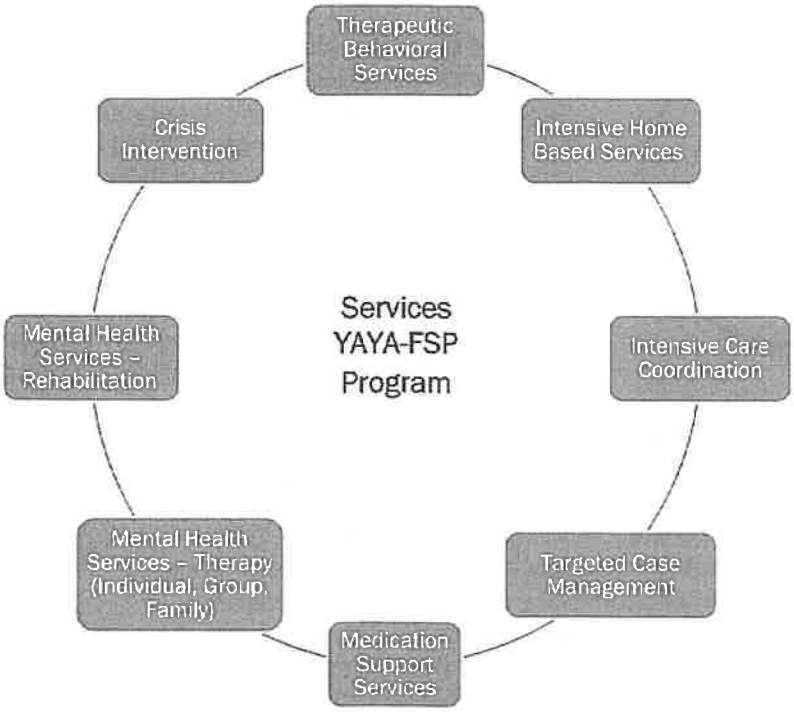
The target populations for each of YAYA-FSP Programs services are as follows:

Adolescents ages 12 to 15 with Serious Emotional Disturbance (SED) 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.

Transition-age youth ages 16 to 25 with Severe Mental Illness (SMI) 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.

Adolescents ages 12 to 15 with SED and transition-age youth ages 16 to 25 with SMI 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:

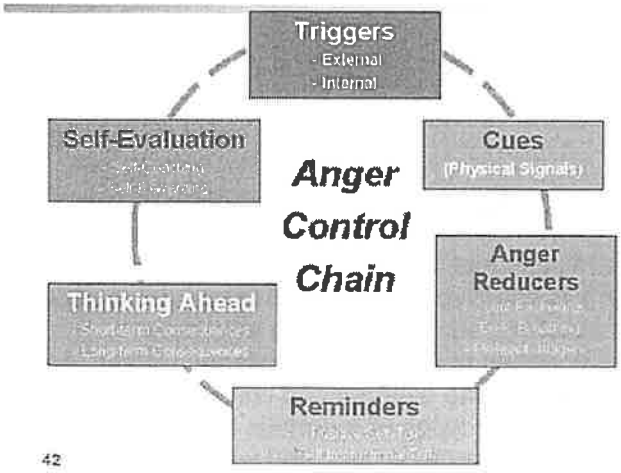


The training provided to staff on treatment models (for individuals aged 12-25) currently being implemented at the YAYA-FSP Program include the following:

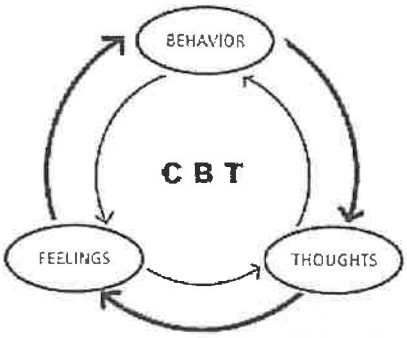
Aggression Replacement Training (ART): ART is a cognitive behavioral intervention program to help children and adolescents, ages 12-18, to improve social skill competence and moral reasoning, better manage anger, and reduce their aggressive behavior. The program consists of 10 weeks (30 sessions) of intervention training, provided in one-hour sessions, three times per week. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.

The ART program is a multi-modal intervention consisting of three components:

- Skills Streaming: Teaches a curriculum of Pro-Social, interpersonal skills that train on more effective alternatives to aggressive and violent behavior.
- Anger control training: Trains the youth on the use of effective responses when provoked.
- Moral Reasoning: Assists in instilling values that respect the rights of others and promotes the use of the skills learned in the first two components.



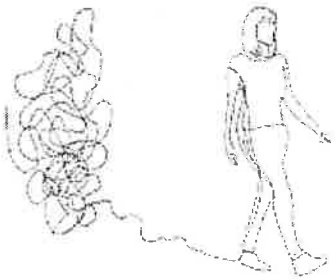
Cognitive Behavioral Therapy (CBT): CBT is an evidence-based psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is commonly used to treat a wide range of disorders including anxiety, depression, and addiction. CBT is generally short-term 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.

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 a 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.

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.

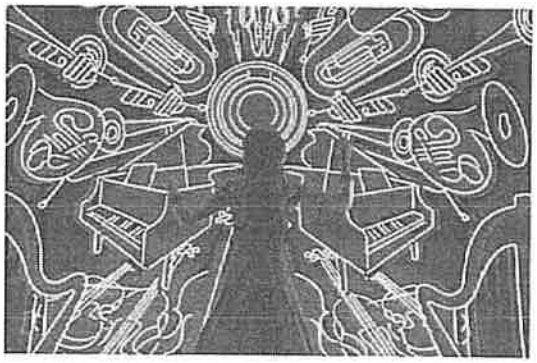
Psychosis Identification and Early Referral (PIER) Model: The PIER Model is an evidence-based early detection and intervention model that focuses on the prodromal phase of a developing psychotic illness and advocates psychosocial interventions and drug treatments that are tailored to the individuals 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.

Parents Reach Achieve and eXcel through Empowerment Strategies (PRAXES): PRAXES is a twelve individual session parenting program for school-age children, five to fourteen years of age, which concentrates on strengthening parental competencies and fostering positive parent-child interactions. It is a promising practice that focuses on reducing parental stress and improving child behavior. PRAXES teaches parents the importance of learning and understanding their adolescent's disorder, how to advocate for their adolescent, and how to improve their relationship. It also helps enhance the skills and strengths that each parent already has to promote parent empowerment.

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 Memorandum of Understanding (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.

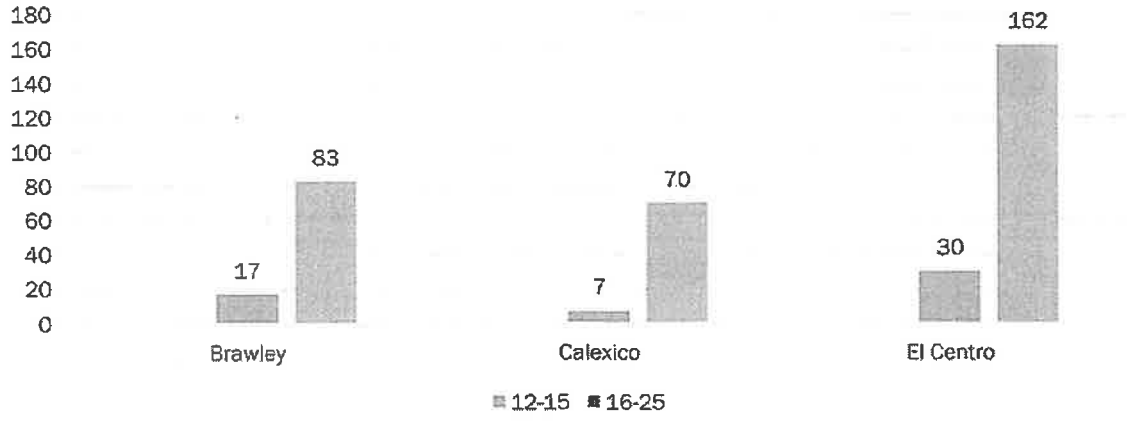
Music Class: Music has been proven to regulate mood, decrease anxiety, reduce impulsivity, and offer an opportunity for expression, therefore ICBHS has contracted with Sergio Alberti to provide a Music Program to youth and young adults being served through the YAYA-FSP Program. The consumers participating 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 consumers feel safe and have the opportunity to process their emotions through music.



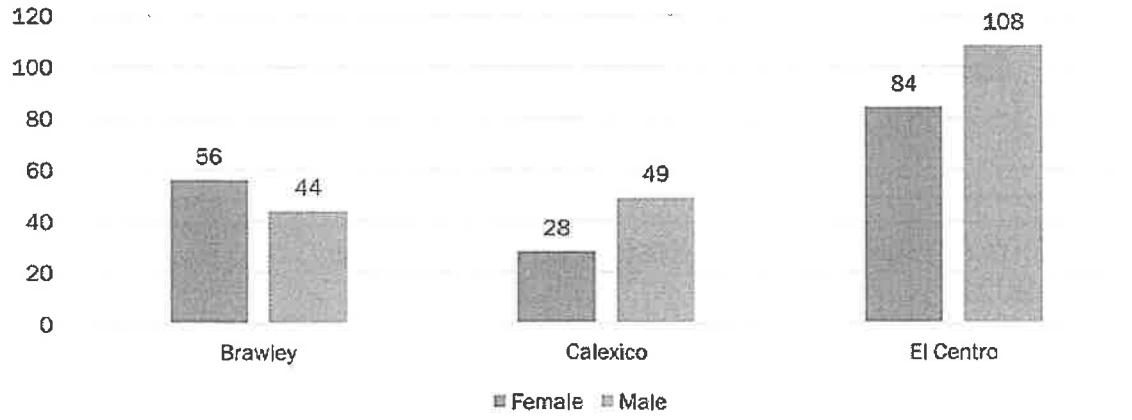
Program Demographics

The graphs below provide a demographic summary of the YAYA-FSP Program for the 1st and 2nd quarters of FY 2021-2022:

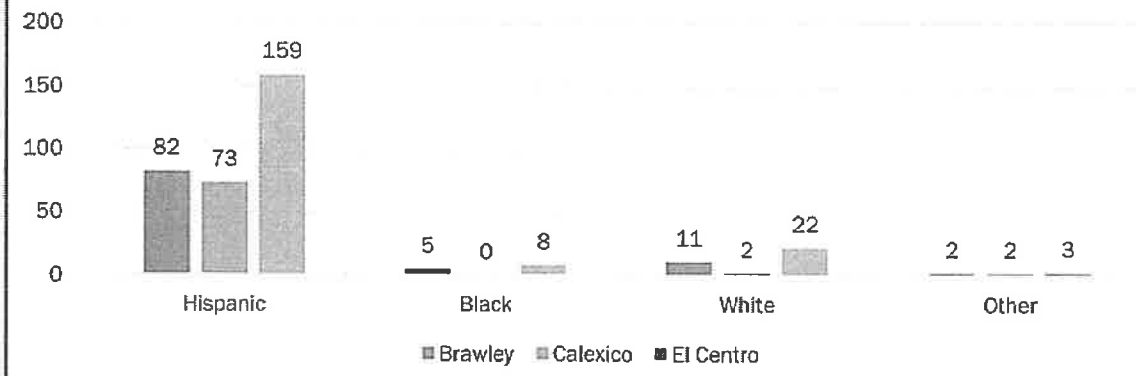
Graph 8: YAYA - FSP Client Age by Clinic Site
FY 2021-2022



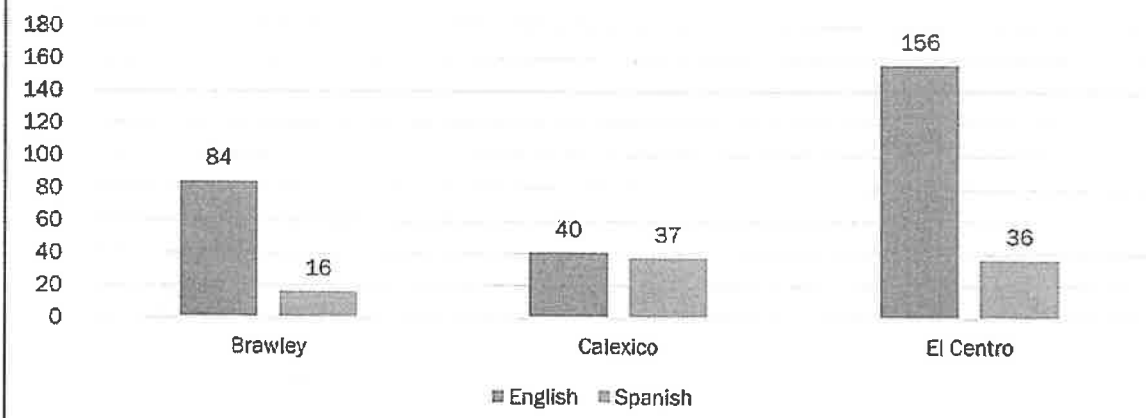
Graph 9: YAYA - FSP Client Gender by Clinic Site
FY 2021-2022



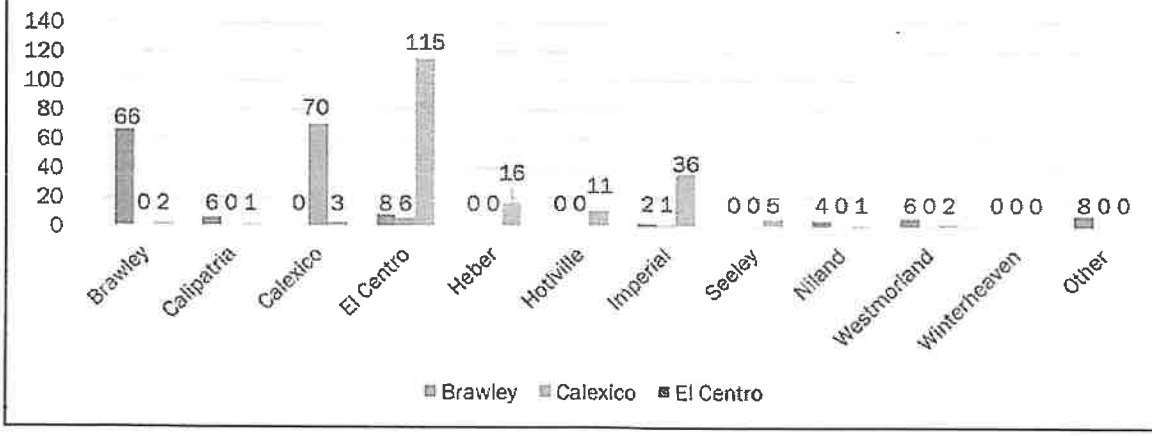
Graph 10: YAYA - FSP Client Race by Clinic Site
FY 2021-2022



Graph 11: YAYA - FSP Client Language by Clinic Site
FY 2021-2022



Graph 12: YAYA - FSP Client City Residence by Client Site
FY 2021-2022



Budget

The number of unduplicated consumers served during FY 2021-2022 by the YAYA-FSP Programs was 369, which 55 of these consumers were ages 12-15, and 314 were transitional age youth 16-25.

Table 1 - YAYA-FSP Unduplicated Consumers FY 2021-2022

Age Group	Served
12-15 (Adolescents)	55
16-25 (Transitional Age Youth)	314
Total:	369

The total cost was $5,118.22 per consumer. The YAYA-FSP Programs are projecting 425 unduplicated consumers to be served in FY 2022-2023 with the total cost projected to be $5,885 per consumer.

Performance Measures

In order to monitor the progress of our client the YAYA-FSP Program continues to utilize a variety of measuring tools:

Child and Adolescent Needs and Strengths (CANS) tool measures 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 Behavior and Symptom Identification Scale 24 (BASIS 24) measurement tool is administered to those consumers who are between the ages of 18 and 25 in order to assess their overall functioning. The BASIS 24 tool is administered at the point of intake and annually thereafter. It provides a complete patient profile and measures the change in self-reported symptom and problem difficulty over the course of time. Additionally, it 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 performance outcome measurement tools currently being implemented at the YAYA-FSP Program that are specific by diagnosis and age:

Table 2 – YAYA-FSP Performance Outcome 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 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
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
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

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

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record; however, the development of the outcome reports has been delayed due to the pandemic as other priorities took precedence. Another important factor to consider is that due to CalAIM, ICBHS is in the process of updating its Electronic Health Record and this will also have to be factored as a process. At this time, ICBHS has created monthly monitoring tools in support of monitoring progress towards programs goals and objectives. The outcomes are detailed in Progress Made Toward Achieving Goals and Objectives for FY 2021-2022 section below.

Progress Made Toward Achieving Goals and Objectives for FY 2021-2022

During FY 2021-2022, 369 unduplicated consumers were served by the YAYA-FSP Program, 55 of these consumers were ages 12-15 and 314 were transitional age youth 16-25.

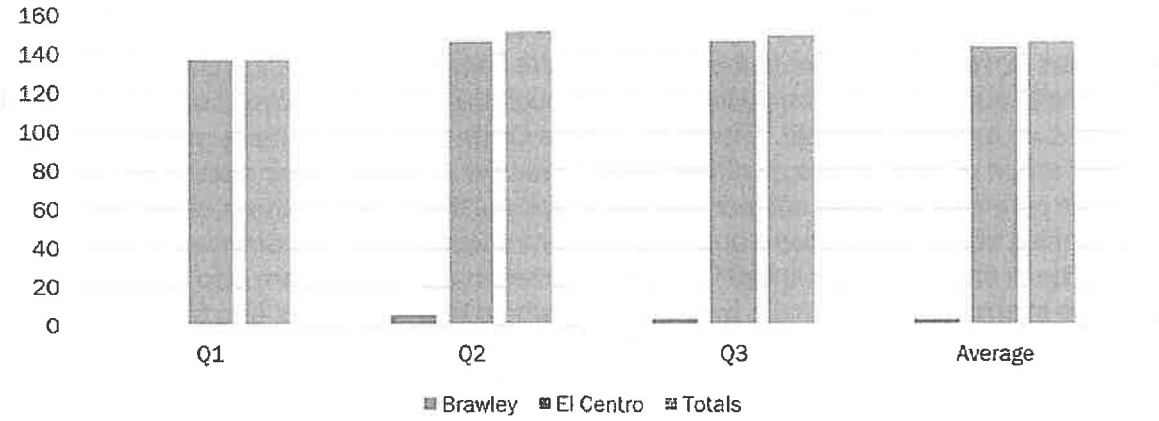
The program is projecting that the number of consumers that will be served during FY 2022-2023 will be an estimate of 63 ages 12-15 and 361 transitional age youth 16-25.

- During FY 2021-2022, we continued to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency. This includes integration of Aggression Replacement Training (ART), Cognitive Processing Therapy (CPT), and PRAXES which were added during the previous 3-Year MHSA Plan. During this 3-year period, YAYA has included additional evidence-based practices (EBP) such as Moral Reconation Therapy (MRT) and Dialectical Behavioral Therapy (DBT). Clinical Services contracted with Correctional Counseling Inc. to provide a refresher course and train new staff in MRT. In August 2021, a total of 21 Youth and Young Adults' Mental Health Rehabilitation Technicians received training on this model. The department has also continued with the implementation of DBT where Clinicians have begun to treat multi-diagnostic, severely disordered individuals with pervasive emotion dysregulation. Clinicians have also been successful in facilitating DBT Skills groups with our population. Clinicians received further guidance on model implementation by participating in consultation calls with other providers. One of the primary goals for implementation of DBT in YAYA is the reduction of Mental Health Triage admissions and decrease of psychiatric emergencies. Mental Health Rehabilitation Technicians continue to provide PRAXES sessions where we continue see improved relationship dynamics between youth and parents/caregivers.

- Implementation of the Performance Outcome Measurement tools and consultation with Todd Sosna, Ph.D., continues. Administrative tools and reports are being developed and used to gather and analyze outcome measurement data. This information continues to be used for the purpose of ongoing assessment and client plan goal(s) development. Reports

and evaluative data collected also assists in ensuring fidelity to evidence-based treatment models implemented in the YAYA-FSP Program.

Graph 13: Number of Outcome Measurement Tools Completed by Clients for FY 2021-2022



*Calexico site numbers were not available by time of report.

- During FY 2021-2022, Group Therapy remained on hold due to difficulties with session adherence prompted by the COVID-19 Pandemic as well as having been affected by the "Great Resignation" and high turnover rate. We found that clinicians began to re-evaluate their career and personal goals, which led to a number of resignations that posed some challenges in meeting the needs of the community. In an effort to promptly serve clients that are being recommended for therapy services, it is anticipated that we will resume Group Therapy during the upcoming fiscal year. Each clinician will maintain a minimum of one group on their individual caseloads, which will be offered on a once-per-week basis in each of the YAYA outpatient clinics and Family Resource Centers. 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 our system of care for Youth and Young Adults.

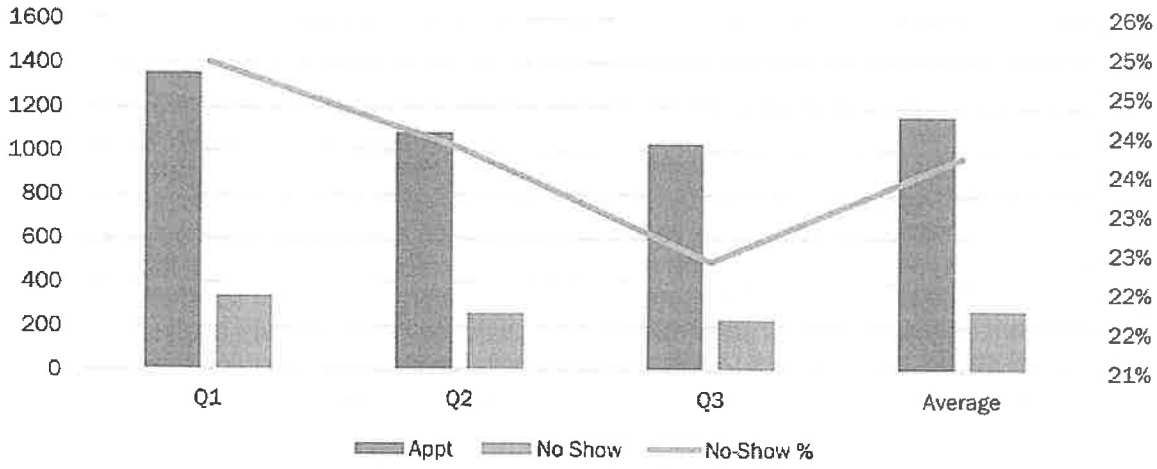
- Youth and Young Adults Clinicians and Mental Health Rehabilitation Technicians continue to provide mental health services at the Family Resource Centers (FRC) located at the Brawley High School and Central-High School campuses. During school year 2021-2022, in person classes resumed and the students were able to be served at the FRCs, which resulted in a significantly increase of caseloads. The increase of services was due in part to being able to provide mental health presentations and education regarding mental health services and the ICBHS referral process, and also due to school personnel being able to identify and refer students who were in need of mental health services. Due to the Great Resignation, hiring for vacant and new positions became a challenge due to competitive agencies interviewing from the same pool of candidates. Imperial County Behavioral Health Services continues to work on evaluating the workplace and improve strategies to retain and attract new employees to provide additional staffing to attend to the high demand in school campuses. During the first 3 quarters of FY 2021-2022 the YAYA Brawly FRC served 51 clients with 338 services (14 Crisis Intervention, 238 Mental Health Services, 13 Mental

Health Therapy). During the same period, YAYA El Centro FRC had 101 clients with 691 services (24 Crisis Interventions, 589 Mental Health Services, 77 Mental Health Therapy, and 1 Targeted Case Management).

- Youth and Young Adults staff continued to make efforts to improve consumers' physical health and increase the number of consumers referred to the YAYA FSP exercise program at Fitness Oasis. In spite of staff's concerted efforts to educate clients on the benefits of participating in an exercise program, our clients communicated concerns in leaving their homes for fear of exposure to the COVID-19. We informed clients of the precautionary methods put in place by the gymnasiums although this did not improve clients' motivation to attend an exercise program. Therefore, Fitness Oasis continued to make 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 along with informing clients that we were now able to offer transportation, we continued to notice a decline in attendance to Fitness Oasis. Consumer support funds were also available for those interested in attending a gym in the city where they reside, but also found minimal interest in joining exercise programs in their city of residence. It is expected that we will see in an increase in referrals to fitness programs once COVID-19 restrictions are lifted.

- Youth and Young Adults staff continue to make efforts to increase consumers' participation in treatment. This includes the use of retention calls, appointment scheduling, and motivational reinforcements. All consumers receiving medication support services are contacted by a nurse to provide information and education on their medication treatment and diagnosis. In addition, YAYA clinicians continue to participate in a Performance Improvement Project (PIP) in which clinicians conduct pre-therapy session engagement calls to help reduce "No-Show" rates for therapy. Clinicians were encouraged to troubleshoot barriers to session attendance with their clients and increase therapeutic bond. Additional engagement calls were structured to increase adherence to therapy sessions and ultimately assist clients to reach their goals in therapy. In addition to clinicians tracking pre-therapy engagement calls, clinicians worked with their clinical supervisor or program supervisor on individualized strategies to help reduce their "No-Show" rate went above the benchmark of 25%. Individual strategies included, but were not limited to, reviewing caseloads, Letters of Concern (LOC), and Notice of Adverse Benefit Determination (NOABD) letter procedures. Additionally, role-plays where conducted with clinicians when addressing potential barriers to treatment, and clinicians also conducted unscheduled home visits as necessary. The PIP has been very successful as the overall "No- Show" rate has remained below the 25% benchmark since July 2021.

Graph 14: Psychotherapy No-Show Rates for FY 2021-2022



*Current benchmark for Psychotherapy No-Show Rates is 25%

- 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. In efforts to support the community with back to school stressors, reduce stigma associated with mental illness, and to raise awareness of existing services, staff continued to provide informational presentations and participated in outreach events. Several requests from different agencies and school districts were made to help support youth and parents transition back to school during the COVID-19 Pandemic. Some of the informational presentations were provided to Imperial County Office of Education (ICOE) and school districts in Calexico, El Centro, Holtville, and Brawley. Presentations were also provided to employees from Imperial County, Court Appointed Special Advocate (CASA), and in the Public Community Meeting facilitated by the Health Department. The presentations served to inform individuals on signs and symptoms of mental illness, responses to stress and anxiety, skills for coping with back to school anxiety, parental skills to help support their children, self-care skills, available mental health services, and how to access these services at Imperial County Behavioral Health.

- During FY 2021-2022, YAYA FSP staff actively explored referrals to Helping Hearts California for our FSP consumers discharged from psychiatric hospitals or step-down from institutes of mental disease (IMD) or traditional board and cares. In spite of staff considering this auxiliary service as an option for our FSP clients, we found that the clients we explored for possible referrals were not yet stable to receive specialized psychiatric mental health services in a long-term residential setting. We anticipate that for FY 2022-2023 Youth and Young Adults staff will refer and place a minimum 12 FSP consumers to the Helping Hearts Program with at least 10% of consumers successfully completing the Socialization Program.

Notable Performance Measures

The YAYA FSP have been working with consultant Todd Sosna, Ph.D. on developing administrative tools and reports for gathering, analyzing, and utilizing outcome measurement data for service enhancement and intervention delivery for specific mental health diagnoses. These outcome reports provide client demographics, service averages, and vary by audience and focus. We now have the capability to run consumer, practitioner, manager, and policy reports. Consumer reports informs active participation in treatment planning, describes treatment models/options, and provides information on level of care, completion rates, and improvement. Practitioner reports serve to inform reflection and quality of services. It also describes clients, services, and outcomes, and provides information on client characteristics, intervention models/strategies, engagement and completion rates, client satisfaction, and improvement. Manager reports gathers data from clinics to inform system analysis, identify trends, and quality improvement. Additionally, we now have access to policy reports that include agency-wide data that informs policy priorities, funding, and legislation. This valuable data describes system impacts and provides information about penetration rates, levels of care, client characteristics, and client improvement with the overall goal to improve agency-wide impact and funding. We will continue to make every effort to maximize the utilization of existing outcome measurement tools that have been implemented in YAYA FSP since adoption of evidence-based practices/models for mental health treatment of the youth and young adults population we serve.

The Jackson House Crisis Residential Treatment Facility serve YAYA-FSP clients who experience an acute psychiatric emergency. The facility is a voluntary short-term crisis residential program that provides therapeutic and rehabilitative services to assist with reintegration to the community upon discharge from a psychiatric hospital. The facility offers supportive services in a home-like environment that include group therapy sessions, peer support groups, and life skills classes. The multi-disciplinary team has worked collaboratively to identify and coordinate services and supports to meet the individualized needs of our YAYA-FSP clients. For FY 2020-2021, there were 18 YAYA-FSP clients admitted to Jackson House (13 from El Centro YAYA-FSP and 5 from Brawley FSP). For the current FY, 2021-2022, there were 16 YAYA-FSP clients admitted to Jackson House (13 from El Centro YAYA-FSP; 2 from Calexico YAYA-FSP; and 1 from Brawley YAYA-FSP).

Examples of Notable Community Impact

As a result of the ongoing COVID-19 Pandemic and to continue to reduce the possibility of transmitting exposure to COVID-19 in the outpatient clinics, clients who elected to receive telehealth services were provided services virtually via the Zoom platform. Clients who continued to prefer to be seen in person were given this option as well. Staff and clients continue to be screened for COVID-19 symptoms before entering any of the outpatient mental health clinics. ICBHS staff continue to be provided with personal protective equipment (PPE) and cleaning supplies to sanitize their workstations and heavy transited areas as per OSHA requirements. All staff continue to work in an office setting at the outpatient clinics and provide mental health services on site. Transportation services once again became available to clients and in-person music classes in the clinic also resumed. The re-opening of school districts allowed for in-person school visits and also allowed for the school-based Adolescent Habilitative Learning Program (AHLP) to resume its normal operations on campus. As part of ICBHS ongoing efforts to reduce exposure to COVID-19, effective January 2022, ICBHS eligible Clinicians and Psychiatrist were given the option to be part of a Telecommute Pilot Program

under an agreement in which the employee was allowed to work from home 2-3 days per week. The Telecommute Pilot Program will continue to be evaluated to ensure it meets the program's needs.

Challenges or Barriers and the Strategies to Mitigate those Challenges/Barriers

During FY 2021-2022, ICBHS was affected by the "Great Resignation" and high staff turnover rate. The Great Resignation describes record numbers of people leaving their jobs related to burn out, stress, and feeling overwhelmed after working during the COVID-19 Pandemic. Several staff such as Mental Health Rehabilitation Technicians and Clinicians were prompted by the Pandemic to re-evaluate their career and personal goals. As a result, several staff decided to take employment elsewhere that allowed them to telecommute versus onsite employment. In addition, hiring for vacant and new positions became a challenge due to competitive agencies interviewing from the same pool of candidates. ICBHS continues to work on evaluating the workplace and improve strategies to retain and attract new employees. One strategy for the aforementioned will be executed effective January 2022, in which ICBHS will be piloting a Telecommute Program for Psychiatrists and Clinicians.

Significant Changes, Including New Programs for FY 2021-2022 and FY 2022-2023

During FY 2021-2022 and FY 2022-2023 there have not been any new or discontinued programs for Youth and Young Adults.

Goals and Objectives for FY 2022-2023

- 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 the 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 2022-2023 the goal is to refer and place a minimum of 12 FSP consumers to the Helping Hearts program with at least 10% of consumers successfully completing the Helping Hearts Socialization Program.

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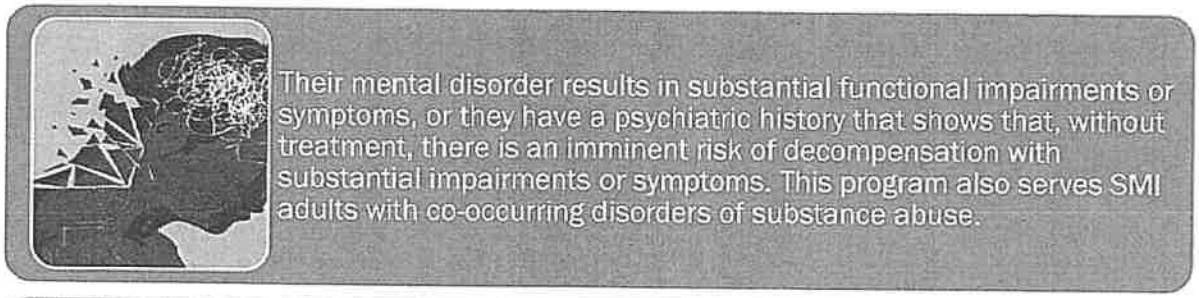
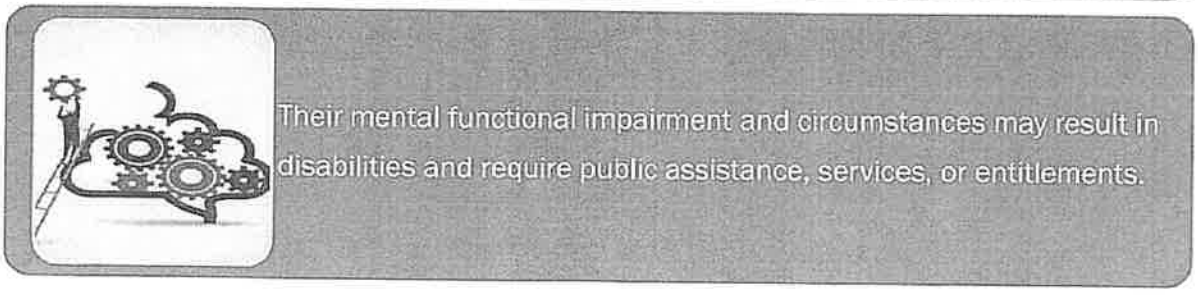
Adult and Older Adult Services Full Service Partnership Program

Program Description

The consumer-driven, community focused, and recovery and resilience program of the Adult and Older Adult Services Full-Service Partnership (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:

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





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

Table 3 - Adult FSP Criterion

• **Adults (ages 26-59) must meet the criteria in either (a) or (b) below:**	
a.	**They are unserved and:** o Homeless or at risk of becoming homeless; o 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:

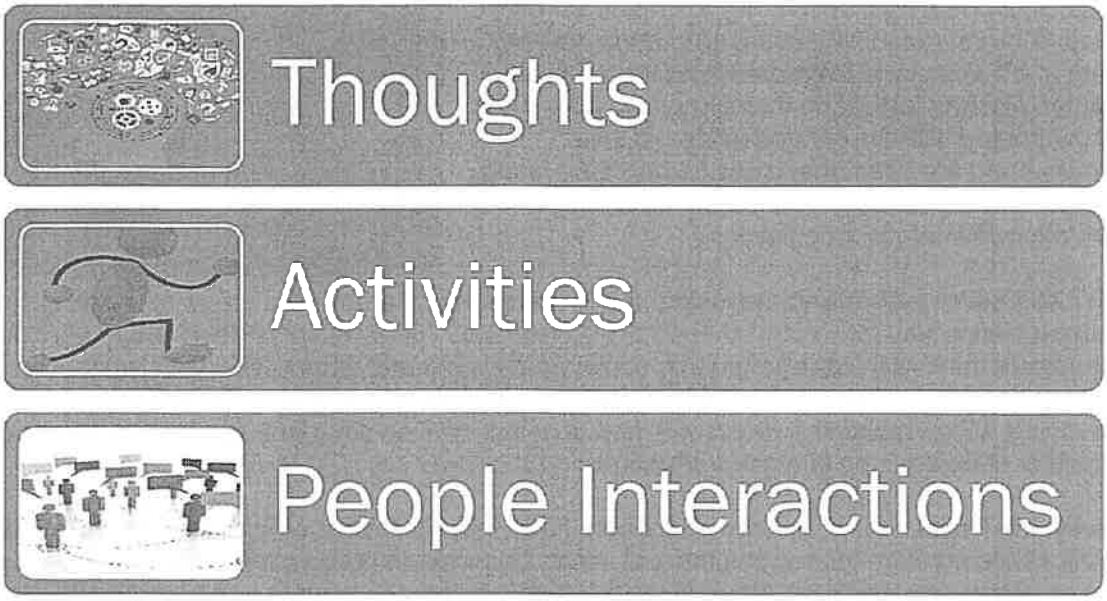
- Engagement in healthy and pleasurable activities;
- Problem solving techniques;
- Utilization of helpful coping skills (relaxation techniques, PMR, etc.);
- Goal setting (short and long-term goal); and,
- Exposure and response prevention.

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:

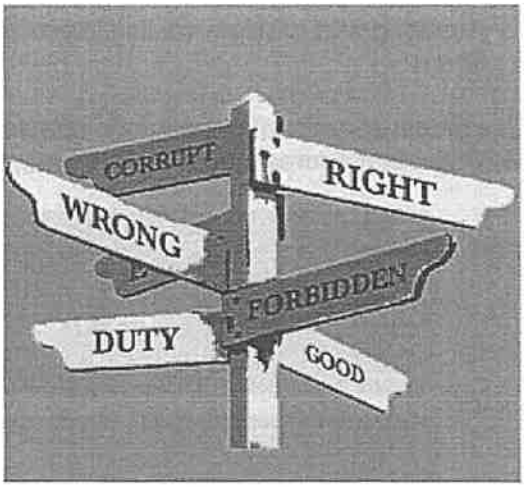


Staff provide consumers with psychoeducation prior to starting the CBT-AT module, as well as a relapse prevention component that is provided after the last module. The length of this therapy model is 14 to 16 sessions, which includes initial psychotherapy assessment, CBT, discussion of relapse, and termination 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 4 - Adult FSP Age Demographics

Adult FSP Demographics	2019-2020	2020-2021	2021-2022
26-39	525	526	553
40-49	275	242	284
50-59	337	305	279
60+	235	241	247
Total	**1372**	**1314**	**1363**

Table 5 – Adult FSP Caseload

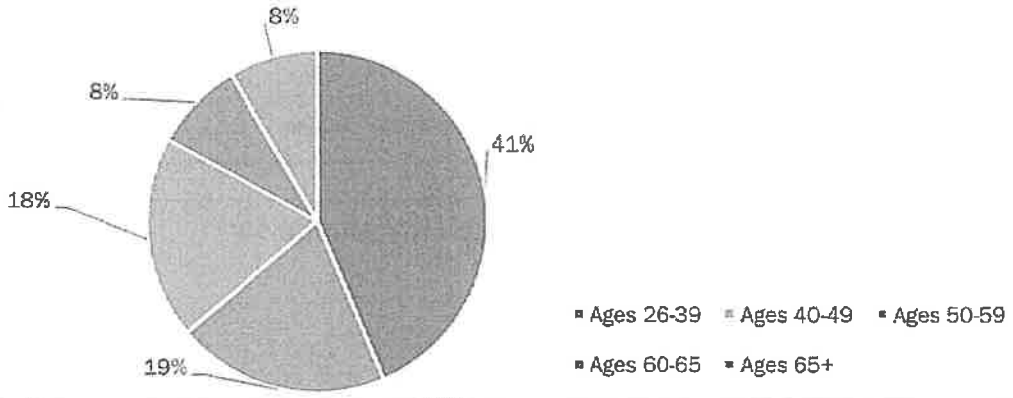
Adult FSP Caseload	2019-2020	2020-2021	2021-2022
Calexico MHSA FSP	217	207	202
Brawley MHSA FSP	316	321	323

El Centro MHSA FSP Team 1	437	398	445
El Centro MHSA FSP Team 2	407	391	393
Total	**1377**	**1317***	**1363**

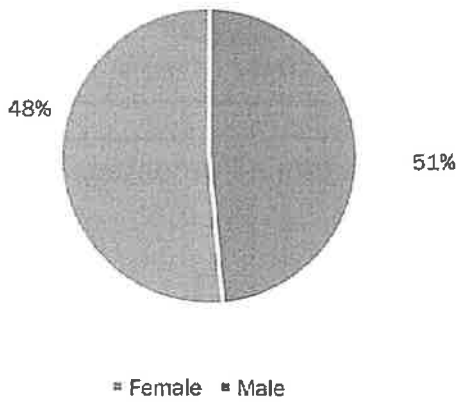
** 4 clients are under the age of 26, Youth and Young Adult clients*

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

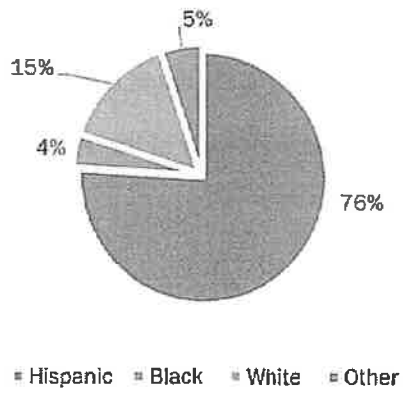
Graph 15: Adult FSP Age Percentage for FY 2021-2022



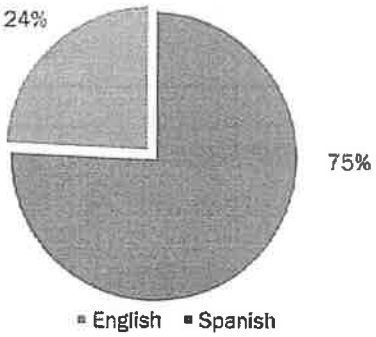
Graph 16: Adult FSP Gender Percentage for FY 2021-2022



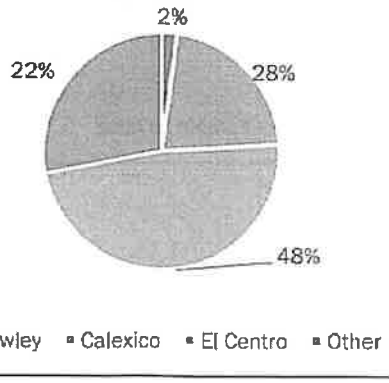
Graph 17: Adult FSP Race/Ethnicity Percentage for FY 2021-2022



Graph 18: Adult FSP Primary Language Percentage for FY 2021-2022



Graph 19: Adult FSP City Residence Percentage for FY 2021-2022



Budget

The total operating budget in FY 2021-2022 for the Adult and Older Adults MHSA FSP programs is $6,702,064. The Adult FSP Program currently has 1,363 unduplicated consumers served an approximate cost per person of $4,917.14 per FY 2021-2022.

Out of 1,363 cases meeting MHSA FSP Criteria, 948 clients are under Medi-Cal coverage, 232 clients under Medi-Medi, 32 clients on Medicare, 141 clients covered by MHSA, and 10 clients have Private Insurance.

The total operating budget projected for FY 2022-2023 for the Adult and Older Adults MHSA FSP program is $8,614,024. It is estimated the program will serve 1,968 unduplicated clients for FY 2022-2023 which is an estimated cost of $4,377 per client.

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 lability, 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 6 - 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; however, the development of the outcome reports has been delayed due to the pandemic as other priorities took precedence. Another important factor to consider is that due to CalAIM, ICBHS is in the process of updating its Electronic Health Record and this will also have to be factored as a process. At this time, ICBHS has created monthly monitoring tools in support of monitoring progress towards programs goals and objectives. The outcomes are detailed in Progress Made Toward Achieving Goals and Objectives for FY 2021-2022 section below.

Progress Made Towards Achieving 2021-2022 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, crises, hospitalizations, and provide opportunities for recovery.

Table 7 – Adult FSP Admissions for FY 2021-2022

Program	Admissions for FY 2021-2022
Adult Brawley MHSA FSP	119
Adult Calexico MHSA FSP	71
Adult El Centro MHSA FSP Team 1	149
Adult El Centro MHSA FSP Team 2	115
Total Admissions FY 2021-2022	454

Adult FSP Programs established a goal to have an average of 20 admissions per month. During FY 2021-2022, Adult FSP totaled 454 admissions, which is an average of 65 admissions per month, surpassing its goal.

Table 8 -Adult FSP Consumers Admitted to the Crisis Desk and Hospitalized FY 2021-2022

Program	Admitted to Crisis Desk FY 2021-2022	Hospitalized FY 2021-2022
Adult Brawley MHSA FSP	21	4
Adult Calexico MHSA FSP	9	5
Adult El Centro MHSA FSP Team 1	10	3
Adult El Centro MHSA FSP Team 2	15	6
Total FY 2021-2022	55	18

Adult-FSP Programs set a goal to decrease the number of monthly average of crisis desk admissions and hospitalizations from 19 to 10. During FY 2021-2022 Adult-FSP Programs had 55 Crisis Desk Admissions with an average of 8 per month and a total of 18 hospitalizations with an average of 3 per month. This goal has been met with a significant reduction in crisis desk

and hospitalization admissions. The Adult-FSP Programs continue to provide MHRT services to clients upon discharge from the Crisis Desk or upon hospitalization to provide continuity of care with linkage and interventions to stabilize the client and prevent future crisis desk admissions and hospitalization.

Table 9 - Adult FSP Consumers Reporting Incidents of or Risk of Homelessness FY 2021-2022

Program	Risk of Homelessness FY 2021-2022	Experienced Homelessness FY 2021-2022
Adult Brawley MHSA FSP	30	61
Adult Calexico MHSA FSP	6	12
Adult El Centro MHSA FSP Team 1	39	81
Adult El Centro MHSA FSP Team 2	53	65
Total FY 2021-2022	128	219

Adult-FSP Programs set a goal to decrease the monthly average number of clients reporting incidents of or risk of homelessness from 24 to 15. During FY 2021-2022 Adult-FSP Programs had a total of 128 clients reporting risk of homelessness, which is a monthly average of 18 clients. A total of 219 experienced homelessness, which is a monthly average of 31 clients. Although these numbers demonstrate a decrease and improvement from last fiscal year, it continues to surpass the established goal. Adult FSP will continue to make efforts to assist clients by developing strategies to decrease the risk of homelessness that include intensive MHRT services and other mental health services that address the clients' individual needs. Clients at risk of or experiencing homelessness will continue to receive assistance through Consumer Support Services funding for motel vouchers, deposits and rental assistance. MHRT's will provide linkage to local shelters, housing, and other means of assistance to help reduce homelessness and attempt to establish permanent housing.

Table 10 - Adult FSP Consumers Who Reported Involvement in the Criminal Justice System FY 2021-2022

Program	Clients Reporting Involvement in the Criminal Justice System FY 2021-2022
Adult Brawley MHSA FSP	10
Adult Calexico MHSA FSP	8
Adult El Centro MHSA FSP Team 1	18
Adult El Centro MHSA FSP Team 2	11
Total FY 2021-2022	47

Adult-FSP Programs set a goal to increase the access to care for Adult FSP Program consumers who are involved in the criminal justice system to a minimum of five per month. During FY 2021-2022 Adult-FSP Programs provided mental health services to a total of 47 clients who have involvement in the criminal justice system. This is an average of eight clients per month. Adults MHSA FSP met its established goal but will continue to make efforts to reach this population by conducting outreach activities and more in-depth assessment to identify clients who are involved in the criminal justice systems. Upon identification of a client's

involvement in the criminal justice system, Adults MHSA FSP ensures that the client's services are tailored to his/her needs to assist with successful re-integration into the community.

Table 11 - Adult FSP Consumers Who Participated in Moral Reconation Therapy (MRT) FY 2021-2022

Program	Clients Participating in MRT Groups per Month FY 2021-2022
Adult Brawley MHSA FSP	0
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	0

Adult-FSP Programs set a goal to increase the monthly number of MRT participants from 7 to 15. During FY 2021-2022 Adult-FSP Programs did not provide MRT services as a result of the COVID-19 pandemic. Due to Imperial County experiencing a surge in the number of infected with COVID-19, 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-FSP plans to resume MRT groups once able to conduct such groups at the clinics.

Table 12 - Adult FSP Consumers Referred to Substance Use Disorder Services FY 2021-2022

Program	Clients Referred to Substance Use Disorder Services FY 2021-2022
Adult Brawley MHSA FSP	20
Adult Calexico MHSA FSP	4
Adult El Centro MHSA FSP Team 1	2
Adult El Centro MHSA FSP Team 2	14
Total FY 2021-2022	40

Adult-FSP Programs set a goal to increase the number of referrals to substance use disorder (SUD) treatment of Adult-FSP Program consumers with a co-occurring conditions from 16 to 25. During FY 2021-2022 Adult-FSP Programs totaled 40 referrals, averaging six clients referred per month to SUD treatment. Adult-FSP staff have been working in collaboration with the SUD Treatment programs to increase coordination of care for those clients with co-occurring disorders. Additionally, clients seeking MH or SUD services are directly routed to the appropriate clinic by the ICBHS ACCESS Unit.

All Adult and Older Adult Outpatient Services continue to be and identify as Safe Zones for the LGBTQ+ community. At this time due to the pandemic, services are provided virtually, by telephone and for a short time in person. 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. From June 2021 to October 2021, staff were provided with a training entitled, "Working with Lesbian/Gay/Bisexual/Transgender + Clients: Gender Identity and Sexual

Orientation Issues in Mental Health and Social Work Practice," in efforts to increase knowledge of the LGBTQ+ population to clinical and non-clinical staff.
Although no Adult-FSP Program had consumers admitted to the Helping Hearts program, the program had full capacity when seeking such as an option for some consumers. The Adult-FSP Programs will continue to consider Helping Hearts as an optional program for future referrals for consumers needing residential socialization program.

Notable Community Impact

As of January 2022, Adult-FSP Programs approved $151,426 or provided a monthly average of $20,679 for FY 2021-2022 in Community Services and Supports (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.

During this FY 2021-2022, Imperial County Behavioral Health Services and Helping Hearts California, LLC continue to work together 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. Up to date ICBH clients who met criteria occupy all designated beds.

During FY 2021-2022, some of our Adult FSP clients have received residential services for their mental health disorder to assist with reintegration to the community upon discharge from the hospital or to reduce the risk of being hospitalized. These services are provided by Jackson House Residential treatment facility, which provides behavioral therapy, relapse prevention, and other residential mental health treatments. It focuses on short-term, comprehensive residential treatment dealing with trauma, depression, Bipolar, psychosis, and Dual Diagnosis. The multi-disciplinary team focuses on a variety of therapeutic techniques to ensure individualized care. The home-like atmosphere allows clients to easily transition from residential care to less structured outpatient treatment. During FY 2020-2021 there were a total of 83 admissions to Jackson House (25 from Brawley Adult-FSP; 11 Calexico Adult-FSP; and 47 El Centro Adult-FSP). During FY 2021-2022 there were a total of 49 admissions to Jackson House (15 from Brawley Adult-FSP; 8 Calexico Adult-FSP; and 26 El Centro Adult-FSP).

Challenges and Barriers and Mitigating Strategies

In July of 2021, all ICBHS staff returned to work on site. The number of in-person services at the clinic locations increased but some services continued to be provided via telephone or through telehealth. Imperial County has continued to experience surges in cases of people infected with COVID-19, which led to several clinics becoming outbreak zones. In December 2021, staff where once again assigned to telecommute for a period of time to prevent further spread of COVID-19. Once the number reduces and buildings where no longer outbreak zones, staff was directed to return and provide services from clinic locations.

During FY 2021-2022, Adult Services was unsuccessful at implementing MRT groups at Brawley, El Centro and Calexico clinics. These groups stopped after the COVID-19 contingency plan prevented us from having in person group sessions in an effort to stop the spread of COVID-19. Starting July 2021, efforts were made to reinstate the groups virtually once staff returned onsite. Unfortunately, clients' lack of appropriate computer equipment continued to be a barrier to participate in Zoom sessions. Adult-FSP will work on re-establish in-person group sessions during FY 2022-2023 as long as restrictions related to COVID-19 are not re-established.

Significant Changes, Including New Programs for FY 2021-2022

Adult Services expanded the number of MHRT's certified to provide Moral Reconation Therapy (MRT) in September of 2021 to increase accessibility to the model by conducting simultaneous groups in the regional areas to raise participation in MRT. The program is designed to alter how clients think and make judgments about what is right and wrong. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

During FY 2021-2022 ICBHS initiated the Diversion Program under a Memorandum of Understanding between ICBHS and the court system. Mental Health Diversion Program gives the defendant, charged with a crime, an opportunity through a program of Mental Health treatment. If they finish the program terms and conditions, then the charges they face will be discharged. This process takes place before individuals go through any sort of trial and is considered a form of "Pre-trial Diversion". Criminal Justice participants are referred to the diversion program by a judge to ICBHS in lieu of incarceration. ICBHS provides assessment, treatment recommendations and treatment to these participants. Quarterly progress reports are provided to the court regarding their participation and progress.

Adult and Older Adult-FSP will refer and coordinate services with SUD Treatment programs to provide needed services to clients with a co-occurring conditions. 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-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 an SUD diagnosis. 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 diagnosis, then the county must refer that person to SUD treatment services in a timely manner according to DHCS, 2020, Information Notice, 20-057.

Significant Changes, Including New Program for FY 2022-2023

There are no significant changes planned for FY 2022-2023 as there is a need to re-address some of the goals and objectives that have been at a standstill due to the pandemic. The Adult-FSP program will also expand services related to the above-described services; including, the Mental Health Diversion Program and coordinated services with SUD Treatment programs.

Program Goals and Objectives for FY 2022-2023

Although some areas have been improved and others have been affected by the COVID-19 pandemic, all Adult-FSP Programs will continue to pursue the same goals as established in FY 2021-2022 to ensure sustenance for areas met and for the opportunity attempt to meet the goals in 2022-2023.

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

Table 13 – Adult FSP Monthly Admissions Projections for FY 2022-2023

Age Group	Monthly Admissions FY 2022-2023
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 2022-2023:

- 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;
- By the end of FY 2022-2023 will increase the access to care for Adult FSP Program consumers, by five 5, who are involved in the criminal justice system by treating their Mental Health needs;
- Increase the average monthly number of MRT participants from 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 2022-2023 will increase peer support staff or volunteers by one peer or volunteer per program to work specifically with the Adult-FSP population; and

- By the end of FY 2022-2023 the goal is to refer and place a minimal of 5 FSP consumers to the Helping Hearts program with at least 10% of consumers successfully complete the Helping Hearts Socialization Program. Up to date ICBHS clients who met criteria occupy all designated beds.

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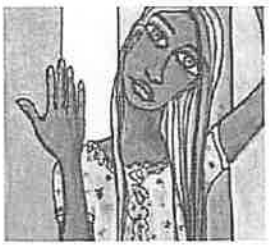
Portland Identification and Early Referral - Full Service Partnership Program



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 offers 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

Notable Performance Measures

During FY 2021-2022, PIER-FSP program received 29 referrals for Phase III of the PIER Program. Of the 29 referrals received by the PIER program, 10 were from the CESS program and the remaining 19 were from Mental Health Outpatient Clinics/other sources.

For FY 2021-2022, the PIER program had 9 discharges; 3 for not meeting medical/service necessity, 1 for no care needed, 2 relocated out of county/agency or provider, and 3 declined further services. Additionally, 20 individuals are currently pending discharge to outpatient clinics or declining further services.

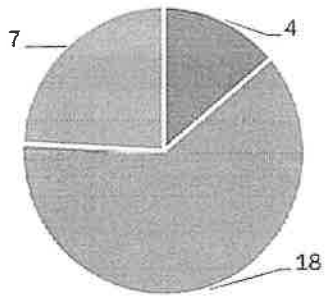
Below illustrates the breakdown for referrals received:

Table – 14 PIER Referrals and Demographics

PIER FSP	FY 2120-2022
Referrals	
Total Referrals received	29
Total individuals served	29
Total SIPS	6
• Prodromal	3
• First Episode Psychosis	3
• Screen Out	0
Total SIPS Pending	23
Total MFG Groups	0
Total Discharges	9
• Does Not Meet Medical/Service Necessity	3
• No Care Needed – Sufficient Progress	1
• Relocated Out of County/Agency Transfer	2
• Declined Services	3
Total Consultation Calls	
MFG Calls	0
SIPS Calls	5
Joining sessions	12
Demographics	
Female	19
Male	10
Other / or not reported	0
Age Groups	
12-14 yrs.	4
Cohort 2 - 14 -17 yrs.	18
Cohort 3 - 17-23 yrs.	7
Total	**29**
Ethnicity	
Hispanic	22
White	5
African American	2
Total	**29**

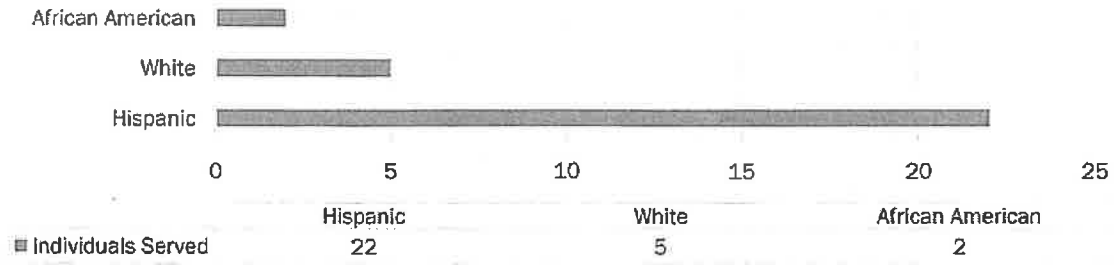
During FY 2021-2022, the PEIR program served a total of 29 individuals. The majority of served individuals were females, making up 65% of the serviced population. Furthermore, the largest age group served by the TESS program during FY 2021-2022 was the 14 to 17 year group. Lastly, the largest ethnic group served during FY 2021-2022 was Hispanic. The Hispanic ethnicity composed 75% of the individuals served.

Graph 20: MHSA PIER Demographics: Age Groups for FY 2021-2022



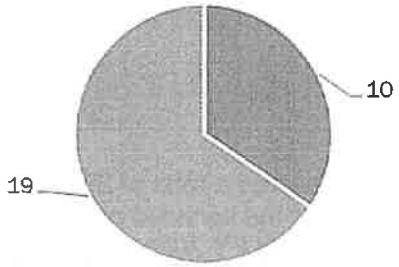
▪ Cohort 1: 12-14 yrs. ▪ Cohort 2: 14 -17 yrs. ▪ Cohort 3: 17-23 yrs.

Graph 21: MHSA PIER Demographics: Ethnicity for FY 2021-2022



	Hispanic	White	African American
▪ Individuals Served	22	5	2

Graph 22: MHSA PIER Demographics: Gender for FY 2021-2022



▪ Male ▪ Female

Budget

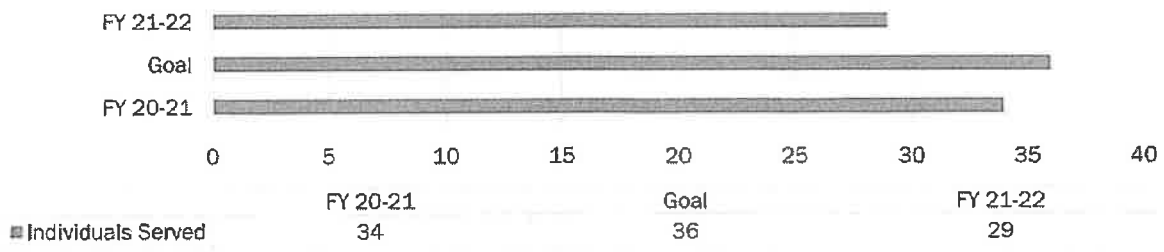
The number of individual clients served in FY 2021-2022 was 29 individuals. **The average cost per person was $2,692.00.**

The total operating budget projected for FY 2022-2023 for the MHSA PIER program is $464,053. It is estimated the program will serve 29 unduplicated clients for FY 2022-2023 which is an estimated cost of $5,892 per client.

Progress Towards Goals and Objectives for FY 2021-2022

For this report comparisons were for the periods of July to February for fiscal years 2020/2021 and 2021-2022. For FY 2021-2022, the PIER Program received 29 referrals. PIER conducted 6 SIPS, and currently has 22 individuals pending a SIPS assessment. Through the extensive assessment, it was identified 3 met criteria for Prodromal, and 3 met criteria for First Episode Psychosis; none were screened out. The PIER Program saw a **14% decline** in individuals served for FY 2021-2022; however this

Graph 23: MHSA PIER Outcomes: Individuals Served; Comparison Between FY 2020-2021 and FY 2021-2022



During FY 2021-2022, PIER Program continued to expand all efforts to increase accessibility to Mental Health Services by **67%** through increased awareness by education and advocacy. For this part FY 2021-2022, the PIER program engaged in a total of 39 outreach activities, including 5 informational booths attended, 35 informational presentations, 4 sites provided with educational information and 16 brochure dissemination activities.

Graph 24: MHSA PIER Goal Outcome: Outreach; Comparison for FY 2020-2021 and FY 2021-2022

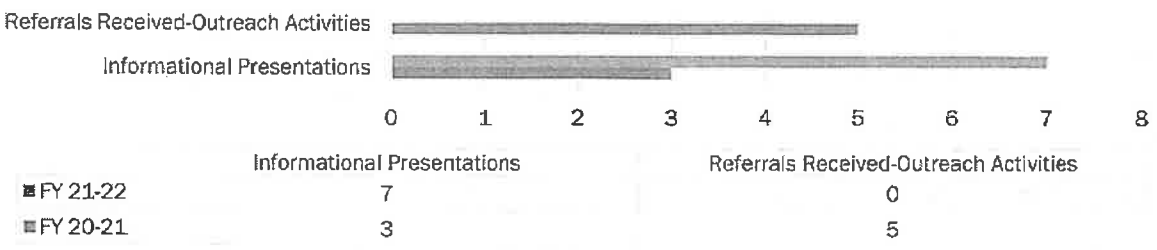


Table 15: PIER Outreach Outcomes: FY 2021-2022

Informational Booths	
Booths attended	5
# of brochures dissemination activities	16
# of sites provided educational information to	4
# of informational presentations	35
• Referrals received from presentation	None, due to COVID-19 presentations were via zoom

During FY 2021-2022, the PIER Program continued to collaborate with community members, support persons and ICBHS staff in identifying those who are showing either prodromal or active symptoms of major psychotic disorders through outreach, trainings, and presentations.

The PIER continued to 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.

PIER Program also continued to provide necessary trainings to 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.

Notable Community Impacts

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-FSP attended 5 informational booths, engaged in 16 brochure dissemination activities, provided educational information to 4 sites and 35 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 29 referrals from these outreach events and presentations.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

This FY 2021-2022, PIER initiated to consolidate PIER Model Phase I and II under PIER FSP. Though the merging of phases took place, the program has encountered challenges to continue providing services due to the limited staff assigned to the program. In effort to mitigate this challenge, the program aims to train more staff on the Model to successfully implement all phases of the program.

For FY 2021-2022, 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 2021-2022 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 challenge faced this FY 2021-2022 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 Programs for FY 2021-2022

During FY 2021-2022, a significant change identified within the PIER Program was the implementation and consolidation of Phase I and II of the PIER Model. In comparison to last FY, 2020-2021, the PIER program was in the initial stage of transitioning to a standalone program. Though the PIER program has face setbacks due to the ongoing pandemic, the program has been able to merge all phases to one program. With this significant change, the PIER will now implement the initiation of Phase I and continue with Phase II under the Program, oppose to Phase I initiating through the CESS Program.

Significant Changes, Including New Programs for FY 2022-2023

For FY 2022-2023, the PIER program will strengthen Phase III of the Program as a Full Service Partnership service. No significant changes are planned at the time of publishing this update.

Goals and Objectives for 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 16: PIER Service Goals and Objectives

Age Group	FY 2021 - 2022	FY 2022-2023 Goal
14 to 25	25	26
26 to 59	none	2
60+	none	1

- The PIER Program will continue to provide PIER education and outreach one (1) 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.

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Full Partnership Program – Intensive Community Program (FSP-ICP)

The FSP-ICP will assist those individuals experiencing SMI yet are hesitant to engage in services voluntarily. The program will provide total and intensive care for seriously and persistently mentally ill adults 24/7 in efforts to reduce preventable outcomes of mental illness, such as homelessness and substance use. This program focuses on providing individuals with the tools and personal support needed to embrace recovery and self-sufficiency in the community, providing access to medical care, housing, employment or volunteer activities along with intensive case management and medication support services.

Budget Projection

The total operating budget projected for FY 2022-2023 for the FSP-ICP program is $1,056,573. It is estimated the program will serve 20 unduplicated clients for FY 2022-2023 which is an estimated cost of $11,829 per client.

Significant Changes, Including New Program for FY 2022-2023

The Full Service Partnership – Intensive Community Program (FSP-ICP) was first introduced in the MHSA Three Year Plan for FY 2020-2021 through FY 2022-2023 under the name: Full Service Partnership – Assisted Outpatient Treatment Services Program FSP-AOT. During FY 2021-2022, a significant change for the Mental Health Triage and Engagement Services Division is the process of implementing the FSP-ICP.

The FSP-ICP will utilize the Assertive Community Treatment (ACT) Model to provide an evidence-based team approach to address the needs of high utilizers of hospital, crisis, and jail services to improve outcomes. A total of 25 staff consisting of Mental Health Rehabilitation Technicians, Mental Health Rehabilitation Specialists, Licensed Vocational Nurses, Psychiatrist, Community Services Workers, Program Supervisors, and Management staff participated in the ACT Model weekly training that took place from September through December 2021. As the division completed its first phase of implementation, it is anticipated for specific goals and objectives related to the program be developed in the next upcoming FY 2022-2023.

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General Systems Development

Wellness Centers

The Wellness Center program name is to reinforce how the development of healthy living skills is the foundation for mental health wellness. The 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.

ICBHS has two Wellness Center facilities, one in El Centro, CA and one in Brawley, CA. Services provided at the Wellness Centers include:

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. The Wellness Centers also address educational, employment, inter-personal, and independent living skills.

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.

Friendly and supportive atmospheres encourage consumers the 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 17 - Wellness Center Age Demographics

Wellness Center Demographics	2020-2021	2021-2022	+ Change
26-39	74	101	27
40-49	59	70	11
50-59	51	55	4
60+	39	45	6
Total:	**223**	**271**	**47**

Table 18 – Wellness Center Caseload

Current Caseload	2020-2021	2021-2022
Brawley Wellness Center	46	70
El Centro Wellness Center	201	239
Total:	**247***	**309****

**24 clients are under the age of 26*
*** 37 clients are under the age of 26*

The Wellness Centers experienced an increase of clients served on the first half of FY 2021-2022 compared to the first half of FY 2020-2021. (14% increase of clients 60+, 7% increase of clients 50-59, 16% increase of clients 40-49 and 27% increase of clients 26-39).

The total operating budget in FY 2021-2022 for El Centro Wellness Center and Brawley Wellness Center is $1,270,954. The Wellness Center Programs currently has 309 unduplicated consumers served with an approximate cost per person of $4,113.11 per FY.

The total operating budget projected for FY 2022-2023 for the El Centro Wellness and Brawley Wellness Centers is $1,450,666. It is estimated the program will serve 370 unduplicated clients for FY 2022-2023 which is an estimated cost of $3,921.00 per client.

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

Chart 25: Brawley and El Centro (EC) Wellness Center Caseloads by Gender FY 2021/2022

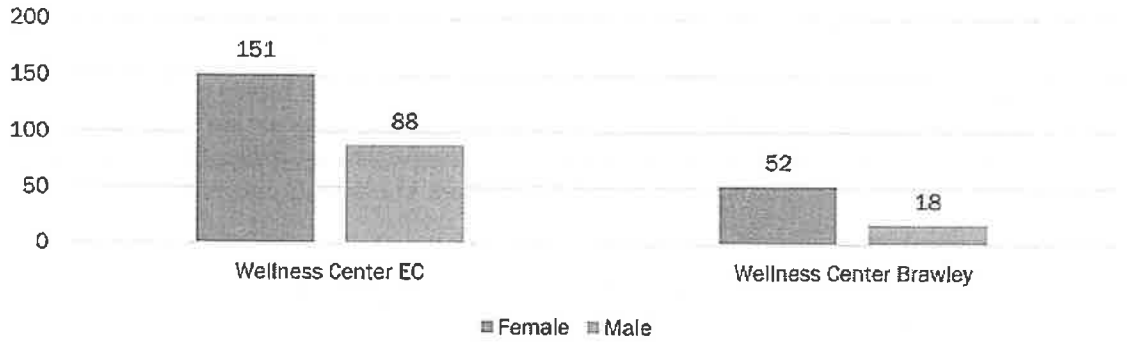


Chart 26: Brawley and El Centro (EC) Wellness Center Caseloads by Language FY 2021/2022

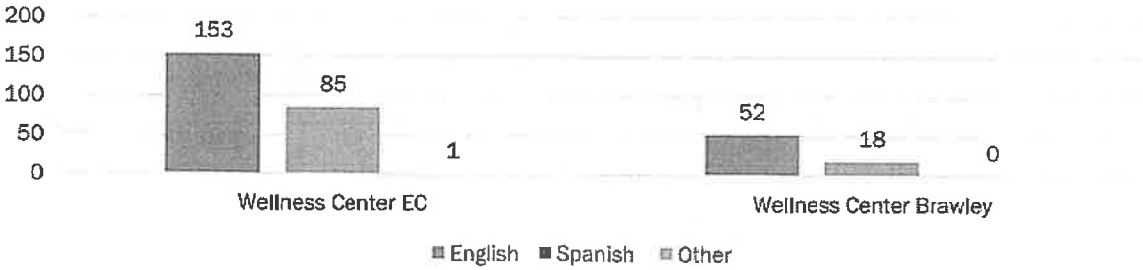
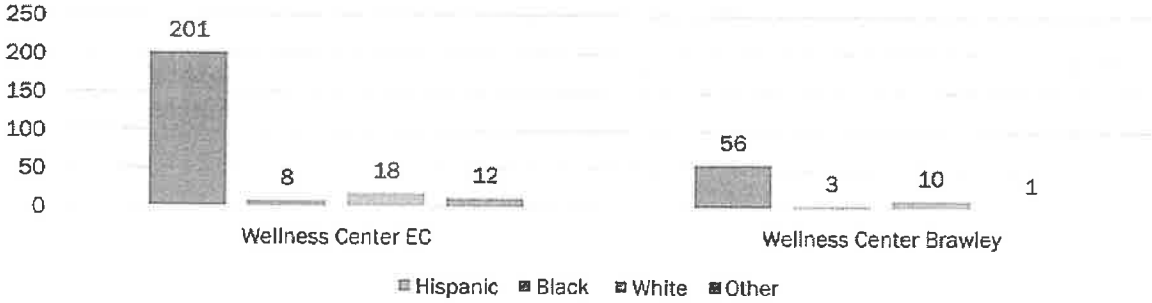


Chart 27: Brawley and El Centro (EC) Wellness Center Caseloads by Race/Ethnicity FY 2021/2022



Performance Outcomes

Wellness Centers are currently implementing the following Performance Outcome tool:

Table 19 - 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.

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 20 - List of Contracts Serving Wellness Center Participants

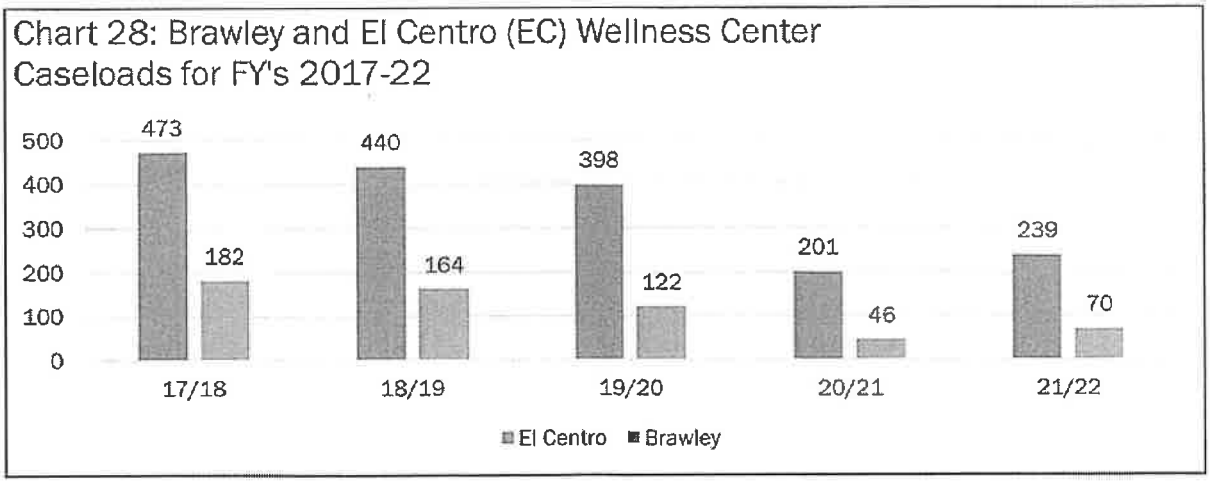
Contract Name	Contract Amount	Expires	Performance Goal
Alberti, Sergio $75,000.00 per FY	$225,000.00	2023	Music instruction will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Clinicas de Salud Del Pueblo, Inc. Medical Clearance $6k per FY	$18,000.00	2022	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	2023	Fitness and health services will decrease Body Mass Index (BMI) 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 2021-2022

Table 21 - Wellness Center Referrals admitted for FY 2021-2022

Program	Admissions FY 2021-2022
Brawley Wellness Center	22
El Centro Wellness Center	54
Total FY 2021-2022	76



The goal for FY 2021-2022 through FY 2022-2023 will be to continue to increase the number of clients served by informing and educating adult consumers and referring parties of our services. During FY 2021-2022, both El Centro and Brawley Wellness Centers reopened in person services. Staff followed CDC guidelines including social distancing, wearing masks, and providing symptom screening to all staff and clients coming on site. Contracted services provided both virtual and in person options. This helped clients reengage with their services, which resulted in an increase of clients referred and admitted to 76 clients during FY 2021-22 or 11 clients admitted per month.

Table 22 - Wellness Center Consumer IMR participation for FY 2021-2022

Program	IMR Participation 2021-2022
Brawley Wellness Center	79
El Centro Wellness Center	48
Total 2021-2022	127

Wellness Centers established 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 2021-2022 IMR sessions were provided both in person and virtually. There were a total of 127 participants during FY 2021-2022, which is an average of 18 participants per month surpassing the goal. The Wellness Centers plan to increase participation to at least 20 consumers per month for FY 2022-2023.

Table 23 - Wellness Center Consumer GED/IVC Referrals for FY 2021-2022

Program	GED/IVC Referrals 2021-2022
Brawley Wellness Center	74
El Centro Wellness Center	43
Total 2021-2022	117

Wellness Centers established a goal to increase the average number per month 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 2021-2022, IVC and IVROP-GED provided both

virtual and in person services. This allowed for more interest and participation by clients. There were a total of 117 referrals made during FY 2021-2022, which is an average of 17 referrals per month surpassing the goal. The Wellness Centers plan to increase participation to at least 25 consumers per month for FY 2022-2023.

Table 24: Wellness Center Consumer Fitness Program participation for FY 2021-2022

Program	Fitness Program Participation 2021-2022
Brawley Wellness Center	51
El Centro Wellness Center	178
Total FY 2021-2022	229

Wellness Centers established 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 to at least 20 participants per month. During FY 2021-2022, both virtual and in person options were provided to clients. There were a total of 229 participants during FY 2021-2022, which is an average of 33 participants per month surpassing the goal. The Wellness Centers plan to increase participation to at least 40 consumers per month for FY 2022-23.

Table 25 - Wellness Center Consumer WRAP Plan Completion for FY 2021-2022

Program	WRAP Plan Completion FY 2021-2022
Brawley Wellness Center	210
El Centro Wellness Center	530
Total FY 2021-2022	740

Wellness Centers established 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 2021-2022 there were a total of 740 WRAP plans completed, which is an average of 105.71 clients per month completed their WRAPs. Wellness Center MHW engaged clients in person and virtually or through the telephone to complete an average of 105.71 WRAP Plans per month (34.21% of clients served). This engagement provided an opportunity for Wellness Center staff to connect with clients and refer them to additional services as needed. The Wellness Centers plan to increase participation to 45% of clients per month for FY 2022-2023.

Table 26 - Wellness Center Consumers Reporting Independent Living Skills for FY 2021-2022

Program	Consumers Reporting Independent Living Skills FY 2021-2022
Brawley Wellness Center	198
El Centro Wellness Center	762
Total FY 2021-2022	960

Wellness Centers established 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 150 per month. During FY 2021-2022, there were a total of 960 instances in which clients reported Independent Living Skills which is an average of 137.14 instances per month. Wellness Center staff engage clients via telephone, virtually, and in person 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. We plan to increase participation of clients reporting independent living skills to an average of 175 instances per month for FY 2022-2023.

Table 27 - Wellness Center Consumers Reporting Mental Health Treatment for FY 2021-2022

Program	Consumers Reporting Mental Health Treatment FY 2021-2022
Brawley Wellness Center	184
El Centro Wellness Center	611
Total FY 2021-2022	795

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 2021-2022 there was a total of 795 instances that clients reported following up with their mental health services which is an average of 113.57 instances per month. Wellness Center MHW's engage clients via telephone, virtually and in person 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. The Wellness Centers plan to increase participation of clients reporting to an average of 135 instances per month for FY 2022-2023.

Challenges and Barriers and Mitigating Strategies

During FY 2021-2022 Brawley and El Centro Wellness Centers offered both virtual/phone and in person services. This helped increase our numbers for all our goals compared to FY 2020-2021. By providing in person services, clients became more interested in all our services, thus filling their needs to get out and socialize even in a limited and safe manner. Staff and clients followed all CDC Guidelines in order to maintain safety.

During FY 2021-2022 Wellness Centers had a total of 3 peer staff return on-site 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 2022-2023

For FY 2022-2023, the Adult Wellness Center Program will increase the number of new consumers initiating Wellness Center services by the following age groups following the trends increased during this FY.

Table 28 – Projections of Consumers Initiating Wellness Center Services

Age Group	FY 2022-2023
26-39	>25
40-49	>15
50-59	>10
60 +	>10

The following are the goals and objectives for the Wellness Center for FY 2022-2023:

- Provide IMR model sessions to at least 20 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 16.71 to 25.

- 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 40 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 45% of clients 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 175 consumers 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 135 consumers per month.

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Outreach and Engagement

Outreach and Engagement Program

The Outreach and Engagement 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; including local vaccination clinics. Staff have completed presentations at the local 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 if necessary.

Projected Budget

The projected budget for Outreach and Engagement Program for FY 2022-2023 is $799,752.

Engagement Activities

The following table is the average of engagement activities conducted during the first two (2) quarters of FY 2021-2022.

Table 29 - 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	57	21	37%	40	38	9	16%
Crisis & Engagement	72	28	40%	49	44	15	21%
Children's	82	24	28%	62	55	15	19%
Youth & Young Adults	92	35	38%	63	57	17	18%
Total	**303**	**108**	**35%**	**214**	**194**	**56**	**19%**

Outreach Activities

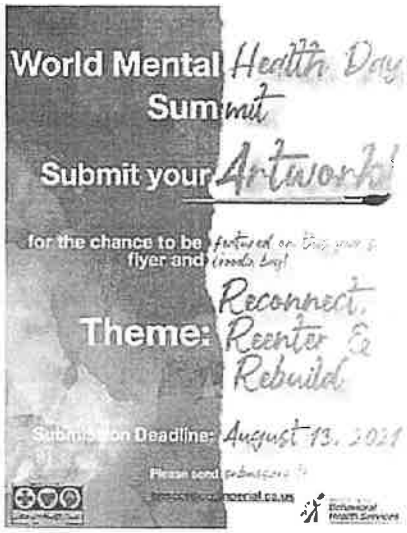
The following table is the average of outreach activities con ducted during the first quarter for CY 2021-2022. The target outreach areas were identified by using the Target Penetration Rate Survey for FY 2020-2021.

Table 29.1 – Summary of Outreach Goals and Objectives

Goals & Objectives	Quarter 1							
	January		February		March		Target	Actual
	Target	Actual	Target	Actual	Target	Actual		
1. Provide Outreach to 200 Age Group 0-5 children.	16.6	0	16.6	0	16.6	11	50	11
2. Provide Outreach to 2,490 Older Adults, ages 65+.	207.6	103	207.6	94	207.6	199	623	396
4. Provide Outreach to 1,666 Spanish-Speaking residents.	139	59	139	40	139	339	417	438
6. Provide Outreach to 3,213 Calexico residents.	267.6	184	267.6	136	267.6	759	803	1,079
7. Provide Outreach to 150 Winterhaven residents.	13	3	13	14	12.6	0	38	17
8. Participate in a minimum of 30 outreach activities, targeted toward providing outreach to the identified underserved populations, per quarter.	10	28	10	34	10	52	30	114

Notable Community Impacts

The most notable community impact from FY 2021-2022 was the continuation of the transition to a reliance upon virtual outreach due to pandemic restrictions. Virtual outreach, over the course of nearly two full years has solidified into 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 continues to target groups and aspects of community mental health most impacted by the pandemic, whether it is student isolation, elder isolation, substance use, managing pandemic anxiety, or managing pandemic grief or even anger over restrictions. We created a full catalogue of radio show behavioral health pandemic related concepts, including grief, parenting, vicarious trauma, resiliency, youth empowerment, and others.



We were also able to have an in-person World Mental Health Day Celebration in between spikes at Imperial Valley College in the fall. Although restricted in attendance to four hundred attendees, the event, with the theme 'Reconnect, Re-enter, and Rebuild' showed that our community was hungry for in-person behavioral health support, selling out quickly. The event combined elements of clinical practice, lived experience, alternative health practices, and proactive behavioral health elements, like yoga and pet ownership. It was attended by all community members including over 100 high school youth. We featured a live recorded Let's Talk About It and Expresate shows recorded during the event. A video compilation of the event can be seen at this link:https://drive.google.com/file/d/1V6xTyuNfWm2NYv3-XEpaaRmYLZnz9U8y/view?usp=sharing

As of June 2021, Behavioral Health Outreach has opened and staffs a booth at the Imperial Valley Mall, a major public gathering place for our entire community. The booth has current information on all programs, occasional visits from the PET Program dogs, an ongoing video feed of events and information, current radio calendars, and friendly knowledgeable staff onsite Monday – Saturday to engage and provide information.

A final outreach effort of note was the daily staffing local of vaccination clinics with a mental health informational booth. This strategy proved an effective way to engage community members as nearly 85% of our community got vaccinated. Hats off to outreach staff who remained committed and served the community needs in public settings during this stressful time.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2021-2022

The challenge of this fiscal year continued to be the pandemic as the spikes of the Delta variant and the beginning of the Omicron spike incurred during this period, resulting in lockdown like conditions waxing and waning with little predictability. Outreach efforts had to remain predominately virtual and fluid to emerging conditions. Having the responsive fluidity to adapt to an ever-changing pandemic landscape proved to be the most successful mitigation strategy and allowed outreach to continue in a time when it felt particularly necessary.

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

No significant changes in program structure occurred during FY 2021-2022.

Significant Changes, Including New or Discontinued Programs, for FY 2022-2023

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 anticipated 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, with the current completion date being mid-summer 2022 due to supply chain and pandemic limitations, 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

Outreach and Engagement services are supported through the Transitional Engagement Supportive Services (TESS) Program, which provides 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 continues to serve individuals discharged from an acute psychiatric hospitals and Imperial County Behavioral Health Services (ICBHS) 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.

Vital components provided through the TESS Program are Outreach and Engagement services. Mental Health Rehabilitation Technicians (MHRTs) 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.

With established referrals, 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 mental health services to individuals 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

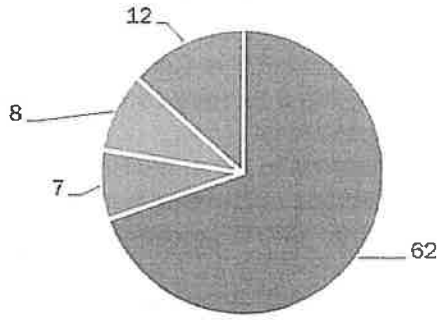
To establish baseline symptoms and impairments to those clients age 18 years of age and older, the TESS Program administers the BASIS 24 outcome measurement tool. The areas of measurement include depression/functioning, relationships, self-harm, emotional liability, psychosis, and substance abuse. The tool is administered at the time of initial intake assessment and will be re-administered on an annual basis. **During FY 2021-2022, TESS program administered 62 BASIS 24 tool assessments.**

The Child and Adolescent Needs and Strengths (CANS) is 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 2021-2022, the TESS Program administered 7 CANS assessment tools.**

The Pediatric Symptom Checklist (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. The tool is utilized to screen, inform treatment planning, and measure change over time. **During FY 2021-2022, TESS Program administered 8 PSC-35 assessment tools.**

The Pediatric Symptom Checklist (PSC-Y) tool is utilized to 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 2021-2022, the TESS Program administered 12 PSC-Y assessment tools.**

Graph 29: TESS Measurement Outcome Tools, FY 2021/2022



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 implemented at the TESS Program that are specific by age:

Table 30 - 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
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

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record; however, the development of the outcome reports has been delayed due to the pandemic as other priorities took precedence. Another important factor to consider is that due to CalAIM, ICBHS is in the process of updating its Electronic Health Record and this will also have to be factored as a process. At this time, ICBHS has created monthly monitoring tools in support of monitoring progress towards programs goals and objectives. The outcomes for TESS are as follows:

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 2021-2022, TESS served 185 individuals of which 1 was currently active from the previous FY 2021-2022, 102 referrals/hospitalizations were received from the Mental Health

Triage Unit, 11 Out of County Hospitalizations and 72 individuals belonged to Self/Pre-Screens or other source referrals. In addition, 51 were successfully transferred to Mental Health Outpatient Clinics, 2 were screened out, 1 discharge due to no care needed, 1death, 5 incarcerated/indefinite placement and 89 unsuccessful linkages due to non-compliance, no contact for over 90 days, declined further services, or relocated out-of-county. Furthermore, 36 individuals are currently pending discharge to outpatient clinics or declining further services.

Table 31 - TESS Program Referrals and Discharges

TESS Program Referral Outcome Overview	
FY 2021-2022	
Mental Health Triage Unit Referrals/Hospitalizations	102
Out of County Hospitalizations	11
Self/Pre-Screens/PY Active/Other	72
Total Referrals	**185**
FY 2021-2022	
Successful Linkages to Mental Health Outpatient Clinics:	51
Screened out – Did not meet medical necessity	2
Unsuccessful Linkages:	89
No Care Needed – Sufficient Progress	1
Death	1
Incarceration/Indefinite Placement	5

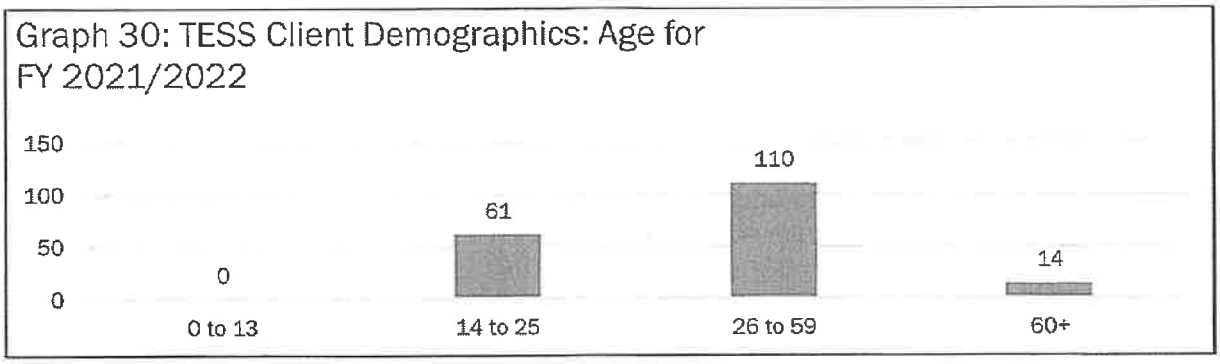
The table and charts below provide a demographic summary of the individuals who have been served during this FY 2021-2022:

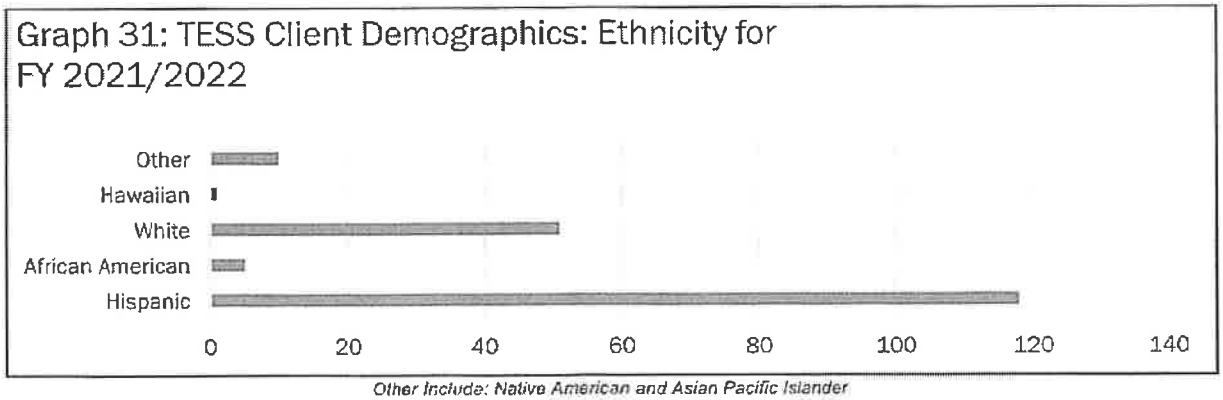
Table 32 - TESS Demographics

Demographic Category	TESS FY 2021-2022
Gender	
Female	72
Male	113
Other	0
Not Reported	0
Total	**185**
Age Group	
0 to 13	0
14 to 25	61
26 to 59	110
60+	14
Not Reported	0
Total	**185**
Ethnicity	

Hispanic	118
African American	5
White	51
Hawaiian	1
Other (Native American, Asian Native, Pacific Islander)	10
Total	**185**

During FY 2021-2022, the TESS program served a total of 185 individuals. The majority of served individuals were males, making up 61% of the serviced population. Furthermore, the largest age group served by the TESS program during FY 2021-2022 was the 26 to 59 year group. Lastly, the largest ethnic group served during FY 2021-2022 was Hispanic. The Hispanic ethnicity composed 64% of the individuals served.





Other Include: Native American and Asian Pacific Islander

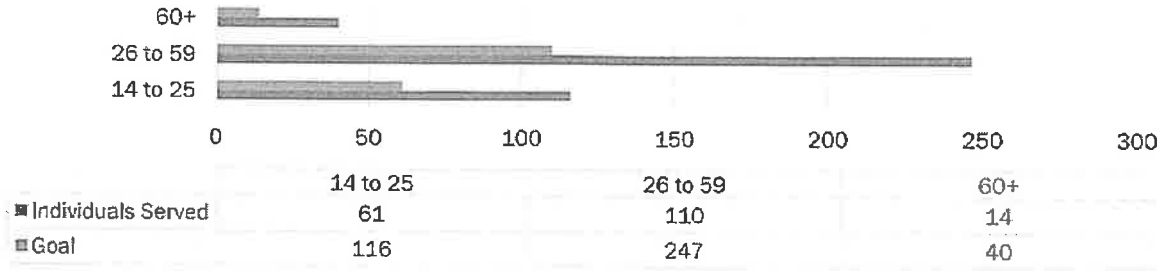
Budget

The number of individual clients served in FY 2021-2022 was 185 individuals. **The average cost per person was $2,995.98.**

The total operating budget projected for FY 2022-2023 for the TESS program is $1,659,593. It is estimated the program will serve 195 unduplicated clients for FY 2022-2023 which is an estimated cost of $4,446 per client.

Progress Towards Goals and Objectives for FY 2021-2022

Graph 32: TESS Service Goal Outcome
FY 2021-2022

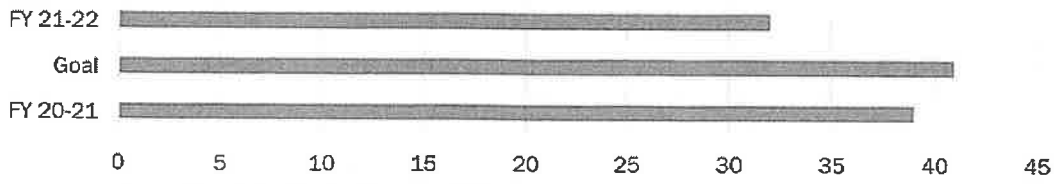


	14 to 25	26 to 59	60+
Individuals Served	61	110	14
Goal	116	247	40

During FY 2021-2022, The TESS Program continued to face the impacts of COVID-19, therefore, the program was focused on exploring new avenues to ensure clients receive expedited Mental Health Services as part of the continuum of care service. To prioritize delivery of services, TESS Program continued increasing awareness through outreach, education, and advocacy by specific age group.

During FY 2021-2022, in efforts to address the rapid growing concerns of homelessness in Imperial County, the TESS Program continued to focus on engaging homeless individuals who are the most vulnerable and underserved population within Imperial County. During the reporting period, the TESS program enrolled 32 homeless individuals to services, which identifies an 18% decrease of individuals enrolled.

Graph 33: TESS Service Outcome: Homeless Population
Comparison Between FY 2020-2021 and FY 2021-2022



	FY 20-21	Goal	FY 21-22
Individuals Served	39	41	32

During FY 2021-2022, The TESS program objective was to train one (1) Mental Health Rehabilitation Technician per fiscal year on SOAR training. As a result of the impacts of the current COVID-19 pandemic, TESS was impacted with a shortage in staff, therefore, affecting establishing the goal in training staff with SOAR Services. TESS will continue to focus on establishing this goal by training new staff in order to improve delivery of services to the homeless population.

During FY 2021-2022, in efforts to ensure effective delivery of treatment services, the TESS Program successfully transferred 77 individuals to the outpatient clinics. The TESS program will continue to focus on expediting delivery of services to ensure patients continue to receive service necessity.

During FY 2021-2022, TESS conducted a total of 17 community outreach activities in order to educate and reach the unserved and underserved population. The TESS program participated in 10 informational booths and 7 brochure dissemination activities. The program's efforts to adapt to the COVID-19 pandemic and improve outreach efforts led to 31% increase in outreach activities for FY 21-22.

Table 33 - TESS Outreach Activities

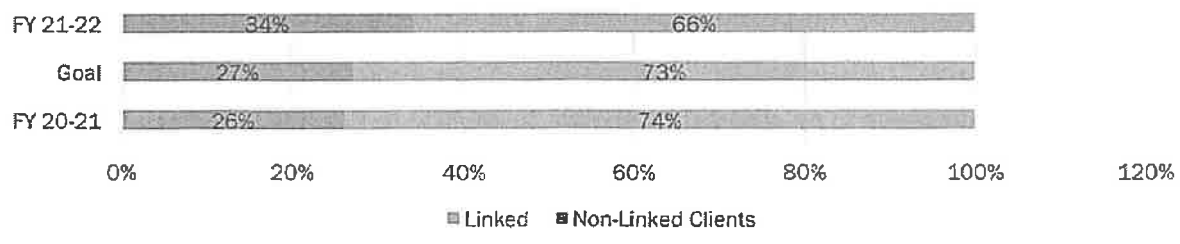
TESS Outreach Activities	
FY 2021-2022	
Informational Booths	10
Brochure Dissemination Activities	7
Total Outreach Activities	**17**

Table 34 – List of Community Agencies

Community Agencies
El Centro Regional Medical Center & Outpatient Clinic
Turning Point
Fresenius Medical Care
White Cross Drugs
Clinicas de Salud del Pueblo (Calexico & El Centro Clinics)
Pioneers Memorial Hospital

During FY 2021-2022, the TESS Program focused on ensuring clients were provided with expedited 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. For this reporting period, TESS **discharged 149 individuals** and **successfully linked 51** (34%) individuals to mental health treatment services. The TESS programs efforts to link individuals to services lead to an **8% increase in linkages for FY 2021-2022.**

Graph 34: TESS Service Goal Outcome: Client Linkage Comparison Between FY 2020/2021 and FY 2021/2022



Notable Community Impacts

During the reporting fiscal year, the TESS Program continued providing services to the community at large despite the ongoing pandemic. TESS strived to provide services to the unserved and underserved population within the hardest to reach and most difficult to engage population. The programs approach aimed to serve individuals with unknown severity of mental illness and/or co-occurring disorders. Though the pandemic limited the program resources and linkage capacity, the TESS Program was able to increase engagement and linkage services to individuals recently discharged from an acute psychiatric hospitalization causing a positive impact in the engagement efforts, consumers committed to treatment, and transfer rates.

The TESS program has also supported clients in receiving residential services for their mental health disorder to assist with reintegration to the community upon discharge from the hospital or to reduce the risk of being hospitalized. These services are provided by Jackson House Residential treatment facility, which provides behavioral therapy, relapse prevention, and other residential mental health treatments. Their short-term, comprehensive residential treatment deals with trauma, depression, Bipolar, psychosis, and Dual Diagnosis. The multi-disciplinary team focuses on a variety of therapeutic techniques to ensure individualized care. The home-like atmosphere allows clients to easily transition from residential care to less structured outpatient treatment. During FY 2020-2021 there were 33 admissions to Jackson House supported through the TESS program. During FY 2021-2022 there were 23 clients admitted to Jackson House from the TESS program.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

An ongoing challenge encountered this FY 2021-2022 was recruiting new staff. The TESS Program continued to be impacted by retaining staff due to personnel promotions, leaving the program for educational and career growth, and/or transfers. Though the shortage of staff significantly impacted the program, TESS continues to find different avenues and sources to mitigate through this challenge, such as providing thorough training in different models related to the population served, and additional trainings on how to engage clients that have been affected by the pandemic.

A barrier encountered during FY 2021-2022 was the limited capacity to conduct outreach and engagement efforts. Though an increase of attempts to provide awareness was noted, it has become significantly difficult to notice a substantial consistent progress made as community partners reduced collaboration during the pandemic in order to adhere to state regulations. In order to mitigate this barrier and strive to significantly increase outreach and engagement efforts, TESS will continue collaborating with other entities on new approaches to continue serving the community.

Another barrier encountered was providing services to the homeless population. Contributing factors to this barrier were the ongoing of the pandemic, limited staff to conduct outreach and engagement, difficulty in locating the transient population, and the limited resources within the community to link transients to an emergency shelter. In addition to this, the homeless population faced limited resources, impeding them to access services virtually, thus impacting the admission rate. In order to alleviate this barrier, TESS will continue striving to recruit additional staff to conduct outreach and engagement, and strongly collaborate with community

partners to ensure the homeless population have access to resources that will alleviate the burden of moving from one place to another, and aid them with the resources to attend appointments virtually and/or in person.

Significant Changes, Including New Programs for FY 2021-2022

During this FY 2021-2022, a significant change identified within the TESS program was the planning and initiation of short-term Mental Health Therapy Services. The TESS Program will be implementing short-term therapy to all clients requiring additional support in efforts to increase client engagement to services and continuum of care. A mental health therapist will provide short-term Cognitive Behavioral Health Therapy.

Significant Changes, Including New Programs for FY 2022-2023

For FY 2022-2023 there are no significant changes planned other than continue to focus on the retention of clinicians in support of implementing short-term Mental Health Therapy Services for CESS clients.

Goals and Objectives for FY 2022-2023

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

Table 35 - TESS Service Goal

Age Group	FY 2021-2022	FY 2022-2023 Goal
14 to 25	61	64
26 to 59	110	116
60+	14	15

- 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.

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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 and to individuals who having discharged from Lenterman-Petris Short Act (LPS) Conservatorship by the courts. 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

The CESS Program also continues to implement 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 2021-2022, PIER Model completed 44 outreach and engagement activities as part of Phase I and 12 SIPS completed for Phase II PIER Model. Below illustrates the breakdown for Phase I and Phase II activities:

Table 36 - CESS Referrals to PIER Model

PIER Model Referral Outcome Overview	
FY 2021-2022	
CESS Referrals to PIER	10
Phase I	
Outreach Presentations	35
Informational Booths	5
Brochure Disseminations	16
Sites provided educational information to	4
Phase II	
SIPS completed	6

Notable Performance Measures

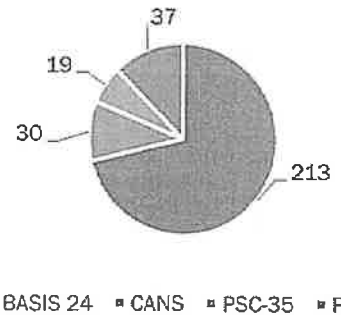
The CESS Program continues to administer the BASIS 24 outcome measurement tool to establish a baseline of symptoms and impairments to those clients age 18 years and older. The areas of measurement include depression/functioning, relationships, self-harm, emotional liability, psychosis, and substance abuse. The BASIS 24 is administered at the time of initial intake assessment and is re-administered on an annual basis. **During FY 2021-2022, CESS Program administered 213 BASIS 24.**

The Child and Adolescent Needs and Strengths (CANS) is 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 2021-2022, 30 CANS were administered.**

The Pediatric Symptom Checklist (PSC-35) is a screening tool that 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 2021-2022 19 PSC-35 were administered by the CESS Program.**

Lastly, CESS 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 2021-2022, 37 tools were administered by the TESS Program. Of these 37 PSC-Y's administered, 18 were in English and 19 were in Spanish.**

Graph 35: CESS Measurement Outcome Tools, FY 2021/2022



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 37 - 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
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 Syndromes *(SIPS)*	Psychotic Disorders	12-25	Usual Thought Content/Delusional Ideas Suspiciousness/Persecutory Grandiose Ideas Perceptual Abnormalities/Hallucinations Disorganized Communication

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record; however, the development of the outcome reports has been delayed due to the pandemic as other priorities took precedence. Another important factor to consider is that due to CalAIM, ICBHS is in the process of updating its Electronic Health Record and this will also have to be factored as a process. At this time, ICBHS has created monthly monitoring tools in support of monitoring progress towards programs goals and objectives. The outcomes for CESS are as follows:

During FY 2021-2022, the CESS Program outreach efforts lead to the program receiving 727 community referrals. For FY 2021-2022, 300 referrals were received from Behavioral Health Services, 136 from the County Jail/Law Enforcement agencies, 164 from outreach/public service agencies, 3 from Imperial Valley College, 9 from local Hospitals, 8 from relatives/family members and 107 from other/referral source unavailable.

For FY 2021-2022, 296 individuals were admitted to the CESS program and 431 are pending admission/pre-registration phase. In addition, 123 were successfully transferred to Mental Health Outpatient Clinics, 25 were screened out, 3 discharged due to no care needed, and 415 were unsuccessful linkages due to non-compliance, no contact for over 90 days, declined further services, or relocated out-of-county. Furthermore, 161 individuals are currently pending discharge to outpatient clinics or declining further services.

A breakdown of the referral source agencies can be seen below:

Table 38 - CESS Referral Overview

CESS Program Referral Outcome Overview	
FY 2021-2022	
Total Community Referrals	727
Well-Path	1
Spread the Love charity	154
Medical Treatment Center	5
Department of Social Services	4
Local Hospitals	9
Relative/Family member referral	8
Emergency Homeless Task Force	0
Jackson House	0

Day Out Center	0
Law Enforcement	10
County Jail	126
Imperial County Behavioral Health Services	300
Imperial Valley College	3
Other	35
Referral Source Data Unavailable	72
Clients Served	
Admissions	296
Total Pending Admission (Pre-Registration)	431
CESS Program Discharges	
FY 2021-2022	
Successful Linkages to Mental Health Outpatient Clinics	123
Screened Out	25
No Care Needed – Sufficient Progress	3
Unsuccessful Linkages Total	415
Total Discharges	566

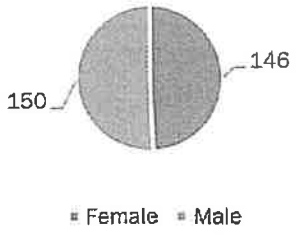
The table and charts below provide a demographic summary of the individuals who have been served during this FY 2021-2022:

Table 39 – Client Demographic for the CESS Program

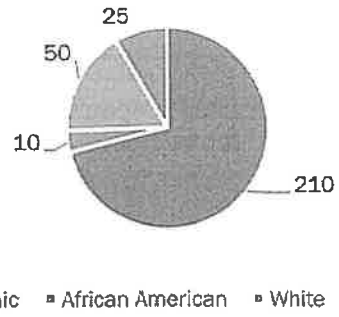
Demographic Category	CESS FY 2021-2022
Gender	
Female	146
Male	150
Other	N/A
Not Reported	N/A
Total	**296**
Age	
0 to 13	6
14 to 25	87
26 to 59	178
60+	25
Not Reported	N/A
Total	**296**
Ethnicity	
Hispanic	210
African American	10
White	50
Alaskan Native/Native American	0
Asian	1

Other/Not Reported (Native American, Asian Native, Pacific Islander)	25
Total	**296**

Graph 36: CESS Client Demographics: Gender
FY 2021/2022



Graph 37: CESS Demographic: Ethnicity
FY 2021/2022



Other Includes: Did not report or Asian, Native American, Pacific Islander, etc...

Budget

The number of individual clients served in FY 2021-2022 was 296. **The average cost per individual served was $1,872.49.**

The total operating budget projected for FY 2022-2023 for the CESS program is $1,473,324. It is estimated the program will serve 304 unduplicated clients for FY 2022-2023 which is an estimated cost of $2,532 per client.

Progress Towards Goals and Objectives for FY 2021-2022

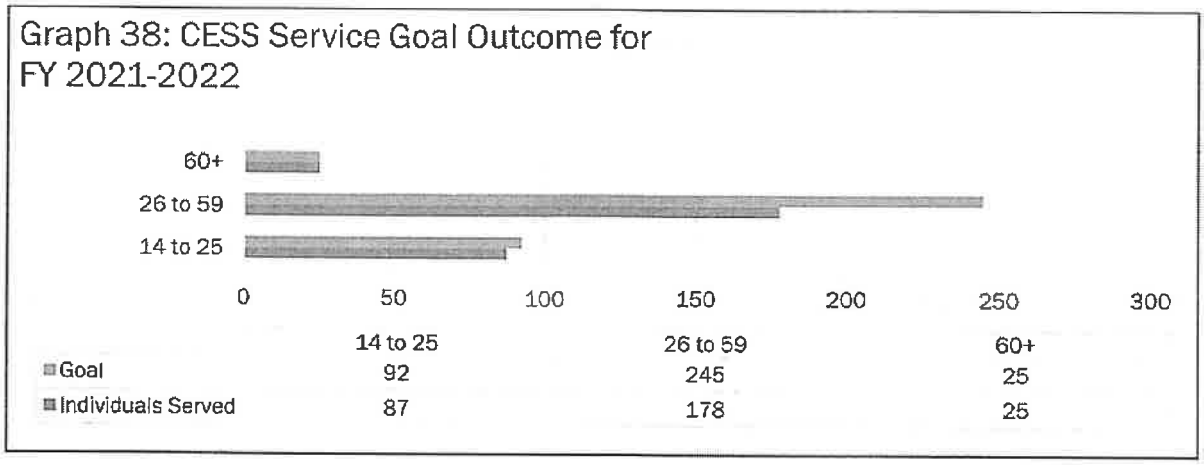
During FY 2021-2022, The CESS Program focused on increasing accessibility to Mental Health Services by 5% by increasing awareness through outreach, education, and advocacy by targeting specific age group and population. The chart below compares the goals set in last

year's annual report to actual individuals served in FY 2021-2022. The CESS program's outreach efforts lead to the program achieving the 60+ age group goal. Furthermore, the program was just short 5% and 27% from achieving the goals for age groups 14 to 25 and 26 to 59, respectively. Although the CESS program missed their age group targets, the program saw an increase of 185 admissions from previous fiscal year.

Table 40 – CESS Service Goals

	FY 2020-2021	FY 2021-2022	% Change
Admissions	111	296	+167%

Graph 38: CESS Service Goal Outcome for FY 2021-2022



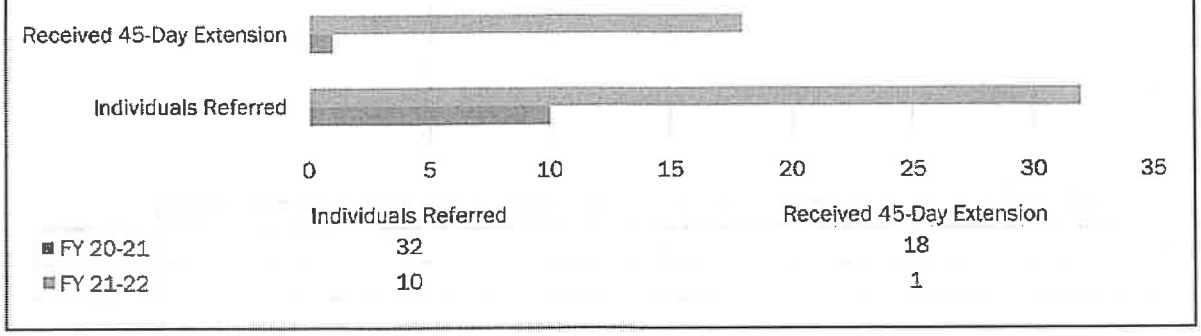
In addition to improving accessibility to services for specific age groups, the CESS program also sought to engage more individuals of the homeless population into services. During FY 2021-2022, the CESS Program enrolled **4 homeless individuals** to services. This was a 70% decrease in serviced individuals from FY 2020-2021 enrollment of 13 individuals.

	Reporting Period: FY 2020-2021	5% Goal: FY 2021-2022	Reporting Period: FY 2021-2022
Homeless Individuals Enrolled	13	14	4

Table 41 – CESS Service Goals

In addition to increasing engagement amongst the homeless population, the CESS program set the goal of providing emergency lodging to homeless individuals. The CESS program continued their partnership with WomenHaven Center for Family Solutions. Our partnership with WomenHaven facilitates linking homeless individuals to long-term housing and additional support services. During FY 2021-2022, the CESS program referred 10 individuals to WomenHaven and successfully received a 45-day extension for 1 individual.

Graph 39: CESS Service Goals: Womanhaven
Comparison Between FY 2020/2021 and 2021/2022



During FY 2021-2022, The CESS Program objective was to continue improving delivery of services by training (1) Mental Health Rehabilitation Technician on SOAR training and monitor those cases for at least 90 days. As a result of the continued impacts of COVID-19, CESS was faced with shortage in staff, therefore, reducing the availability to train staff on SOAR services. CESS will continue to focus on establishing this goal in order to provide expedited delivery of service to the homeless population.

During FY 2021-2022, in efforts to continue increasing mental health awareness to homeless individuals, the CESS Program continued to collaborate with community key partners including emergency shelters by conducting Outreach and Engagement Presentations on Mental Health Services. During the reporting period, CESS conducted **35 outreach presentations.** In addition to outreach presentations the CESS program attended 6 informational booths and disseminated 240 brochures.

The following is a breakdown of the CESS program outreach activities for FY 2021-2022:

Table 42 – Outreach and Engagement Activities Conducted by CESS

CESS Program Outreach and Engagement Activities	
FY 2021-2022	
Outreach Presentations	35
Informational Booth/Brochures-Disseminations	240 (120 English/120 Spanish)
Informational Booth	6

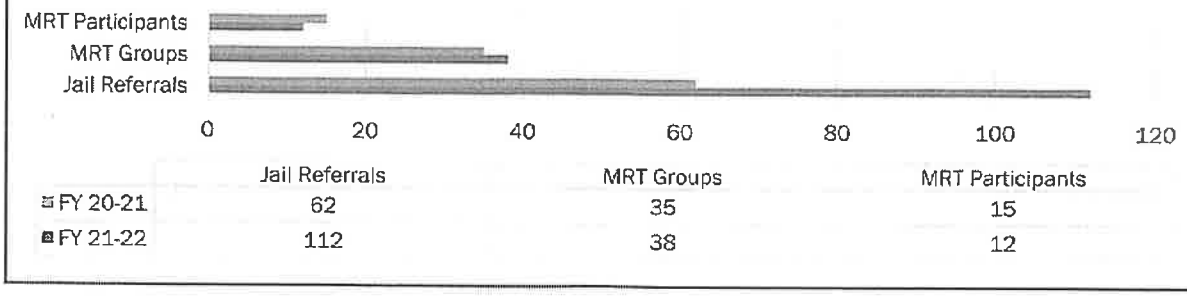
Table 43 – List of Community Agencies

Community Agencies
IVM
Neighborhood House
Alegria Adult Day Care
Blossom Inn
Holtville Carrot Festival
Our Lady of Guadalupe Shelter
Clinicas de Salud del Pueblo Brawley/Calexico
WomenHaven Shelter
Day Out El Centro
El Redentor Shelter

During FY 2021-2022, the CESS Program's objective was to 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. During this reporting period, CESS successfully transferred **123 individuals** to outpatient clinics.

During FY 2021-2022, CESS Program continued to expand delivery of services at the County Jail by conducting initial intake assessments for those individuals who are scheduled to be released. CESS assisted 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. CESS successfully transferred **14 individuals** to outpatient mental health services as part of the continuum of care. The CESS program received 112 jail referrals and facilitated 38 Moral Recognition Therapy (MRT) groups, with 12 MRT participants.

Graph 40: CESS Service Goals Outcome: Jail Referrals Comparison Between FY 2020/2021 and FY 2021/2022



	Jail Referrals	MRT Groups	MRT Participants
FY 20-21	62	35	15
FY 21-22	112	38	12

Notable Community Impacts

During FY 2021-2022, the CESS Program continued providing services to the community at large despite the ongoing pandemic. CESS aimed to provide services to the unserved and underserved population within the hardest to reach and most difficult to engage population. The programs approach strived to serve individuals with unknown severity of mental illness and/or co-occurring substance abuse disorders. Though the pandemic limited the program resources and linkage capacity, the CESS Program was able to increase engagement and linkage

services positively impacting engagement efforts, consumers committed to treatment, and transfer rates. In efforts to continue increasing the positive impact within the community, CESS will continue to conduct outreach and engagement efforts to expedite the delivery of services for this who continue to be impacted by a severe mental illness and/or co-occurring substance use disorder.

The CESS program has also supported clients in receiving residential services for their mental health disorder to assist with reintegration to the community upon discharge from the hospital or to reduce the risk of being hospitalized. These services are provided by Jackson House Residential treatment facility, which provides behavioral therapy, relapse prevention, and other residential mental health treatments. Their short-term, comprehensive residential treatment deals with trauma, depression, Bipolar, psychosis, and Dual Diagnosis. The multi-disciplinary team focuses on a variety of therapeutic techniques to ensure individualized care. The home-like atmosphere allows clients to easily transition from residential care to less structured outpatient treatment. During FY 2020-2021, there were 4 admissions to Jackson House supported through the CESS program. During FY 2021-2022 there were 11 clients admitted to Jackson House from the CESS program.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

A significant challenge encountered was providing services to the homeless population. Contributing factors to this barrier were the ongoing of the pandemic, limited staff to conduct outreach and engagement, difficulty in locating the transient population, and the limited resources within the community to link transients to an emergency shelter. In addition to this, the homeless population faced limited resources, impeding them to access services virtually, thus impacting the admission rate. Subsequently, CESS historically collaborates 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 due to shortage in staff and the restrictions related to the pandemic. In order to alleviate this barrier, CESS will continue striving to recruit additional staff to conduct outreach and engagement, and strongly collaborate with community partners to ensure the homeless population have access to resources that will alleviate the burden of moving from one place to another, and aid them with the resources to attend appointments virtually and/or in person. Lastly, CESS will increase attempts to take part in the Homeless Task Force Meeting to contribute information, and assist with formulating better ways to serve this population.

An ongoing challenge encountered this FY was recruiting new staff. The CESS Program continued to be impacted by retaining staff due to personnel promotions, leaving the program for educational and career growth, and/or transfers. Though the shortage of staff significantly impacted the program, CESS continues to find different avenues and sources to mitigate through this challenge, such as providing thorough training in different models related to the population served, and additional trainings on how to engage clients that have been affected by the pandemic.

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. Though CESS was seeing a positive impact with engaging clients after release of incarceration, the pandemic caused a setback as the County Jail restricted accessing inmates

within the jail to eliminate the spread of the COVID-19. In order to mitigate this challenge, CESS will continue to assign a Mental Health Rehabilitation Technician (MHRT) to continue providing 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.

Significant Changes, Including New Programs for FY 2021-2022

During this FY 2021-2022, a significant change identified within the CESS program was the planning and initiation of short-term Mental Health Therapy Services. The CESS Program will be implementing short term therapy to all clients requiring additional support in efforts to increase client engagement to services and continuum of care. A mental health therapist will provide short-term Cognitive Behavioral Health Therapy.

Significant Changes, Including New Programs for FY 2022-2023

For FY 2022-2023 there are no significant changes planned other than continue to focus on the retention of clinicians in support of implementing short term Mental Health Therapy Services for CESS clients.

Goals and Objectives for FY 2022-2023

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

Table 44 – CESS Service Goals

Age Group	FY 2021 – 2022	FY 2021 – 2022 Goal
14 to 25	87	91
26 to 59	178	187
60+	25	26

- 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 seven (7) 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 four (4) 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.

Prevention and Early Intervention

Table 45 - Prevention and Early Intervention Programs and Priority Areas for FY 2020-2021

Prevention		Early Intervention		Stigma and Discrimination		Outreach for Increasing Recognition of Early Signs of Mental Illness		Access and Linkage to Treatment	
Program Name	*Priority Areas*	*Program Name*	*Priority Areas*	*Program Name*	*Priority Areas*	*Program Name*	*Priority Areas*	*Program Name*	*Priority Areas*
Trauma Focused CBT	1, 2, 4, 6	Trauma Focused CBT	1, 2, 4, 6	Stigma	4, 6	Trauma Focused CBT	1, 2, 4, 6	Trauma Focused CBT	1, 2, 4, 6
First Step to Success	1, 2, 4, 6	First Step to Success	1, 2, 4, 6			First Step to Success	1, 2, 4, 6	First Step to Success	1, 2, 4, 6
Incredible Years*	4							Incredible Years	4
Rising Stars*	1, 3, 4, 6								

*Incredible Years Contracts: Children and Parent (CAP) Council and Teach, Respect, Educate, Empower, Self (TREES)
*Rising Stars Contract: Imperial Valley Regional Occupational Partnership

PRIORITY AREAS

1. Childhood Trauma Prevention and Early Intervention
2. Early Psychosis and Mood Disorder Detection and Early Intervention
3. Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Programs
4. Culturally Competent and Linguistically Appropriate Prevention and Intervention
5. Strategies Targeting the Mental Health Needs of Older Adults
6. Early Identification Programming of Mental Health Symptoms and Disorders

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Prevention Programs

Imperial County Behavioral Health Services (ICBHS) made efforts to ensure staff and stakeholders were involved in the Community Program Planning Process (CPPP) and understood the purpose and requirements of the Prevention and Early Intervention (PEI) component. ICBHS held quarterly Mental Health Services Act (MHSA) Steering Committee meetings where the community and stakeholders were informed about the different PEI programs. ICBHS also ran newspaper and magazine advertisements about PEI programs. Additionally, ICBHS' radio show promoted PEI programs, mental health wellness and substance use disorder programs. This Annual Update for Fiscal Year (FY) 2022-2023 will highlight the achievements and challenges PEI encountered during FY 2020-2021 and any program changes during FY 2021-2022 and 2022-2023.

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 issues. PEI programs assist in preventing and/or reducing risk factors, such as school failure/dropout, removal of children from their home that may have resulted from untreated mental illness. The goal of PEI programs is to increase protective factors that may lead to improved mental, emotional, and relational functioning. PEI programs, such as Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), First Step to Success (FSS), Incredible Years (IY) and Rising Stars (RS), address several of the Mental Health Oversight and Accountability Commission's (MHSOAC) priorities. Imperial County Behavioral Health Services (ICBHS) PEI programs continue to engage children and youth by delivering services in the community outside of the traditional outpatient clinic. All PEI programs meet the MHSOAC priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents.

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Mental Health Services Act (MHSA) Prevention and Early Intervention (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 associated with traumatic experiences, 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 non-traditional locations such as 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 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 medical necessity for Specialty Mental Health Services; however, because of their experiences they are at risk of developing adverse symptoms and behaviors. The goal of the TF-CBT model is to prevent mental illness from developing in children and adolescents. TF-CBT assists the child/youth with recognizing the potential signs and symptoms of a mental disorder and teaches them skills to overcome the negative effects of traumatic life events. TF-CBT can be provided in an abbreviated form, in consultation with a 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 mobile services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment of the child/youth and their family. The program has also helped foster a "help first" system by facilitating access and linkages to supports to prevent the development of mental illness.

Budget

TF-CBT continued to provide selective prevention services to 59 children/youth and to approximately 74 parents/legal guardians/caregivers at a cost of $2,294 per child/youth and parent/legal guardian/caregiver. This cost includes the provision of TF-CBT therapy sessions by master's level clinicians, as well as linkage and referral services by these clinicians for the child/youth and their parents/legal guardians/caregivers.

The total operating budget projected for FY 2022-2023 for the TF-CBT program is $343,030. It is estimated the program will serve 200 unduplicated clients for FY 2022-2023 which is an estimated cost of $1,715 per client.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

For Fiscal Year (FY) 2020-2021, referrals to the program decreased dramatically due to the COVID-19 pandemic, as all schools in Imperial County closed for face-to-face instruction and transferred to distance learning. As a result of the lack of school referrals to the program, there was a decrease in the numbers of admissions, correlating with a decrease in the number of

clients being serviced, causing an increase in the cost per client. During FY 2021-2022, schools re-opened and the program has received an increase in referrals; however, several clinicians and other mental health staff have resigned as a result of the "Great Resignation". The high turnover rate has caused difficulty in retaining and hiring new staff to fill current open positions. Due to staff shortage, the number of clients admitted to the program has been limited. Currently, the program has 2 full-time equivalent (FTE) clinicians. It is anticipated that the program be fully staffed with 4 FTE clinicians by FY 2022-2023.

Program Demographics

Table 46 - Demographic Information for TF-CBT FY 2020-2021

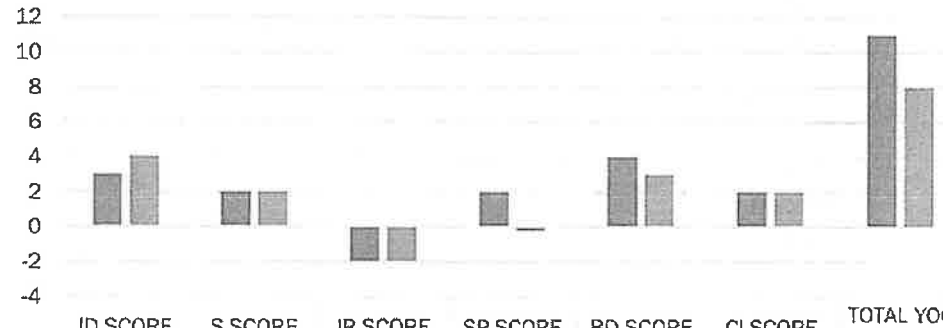
Age Group	Total	Percentage
0 - 15	58	99%
16 - 18	1	1%
Total	**59**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	34	58%
Male	25	42%
Total	**59**	**100%**
Gender Identity	**Total**	**Percentage**
Female	34	58%
Male	25	42%
Total	**59**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	59	100%
Total	**59**	**100%**
Race	**Total**	**Percentage**
White	58	99%
Other	1	1%
Total	**59**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	54	92%
Non-Hispanic or Non-Latino:		
European	5	8%
African		
Total	**59**	**100%**
Language	**Total**	**Percentage**
English	47	80%
Spanish	12	20%
Total	**59**	**100%**
Veteran Status	**Total**	**Percentage**
No	59	100%
Total	**59**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	59	100%
Total	**59**	**100%**

Achievement of Performance Outcomes

ICBHS continues to measure performance outcomes for the TF-CBT program to determine program effectiveness. TF-CBT utilizes the following performance outcome measurement tools: Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Parent (UCLA-PTSD-Parent), and UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA-PTSD-SR). Data from these outcome tools is gathered and entered into the department's electronic health record (MyAVATAR). However, MyAVATAR system is currently unable to provide statistical information on PRE and POST data sets. As a result, ICBHS contracted with Dr. Todd Sosna to work with the department's Information System to develop and generate reports to evaluate the effectiveness of the program as a prevention strategy. Currently, information is extrapolated from MyAVATAR manually and is entered into a log to calculate PRE and POST data sets.

During FY 2020-2021, a total of fifty-nine (59) children/youth were served. Twenty-eight (28) parents/legal guardian/caregivers completed a Pre YOQ and 21 completed a Post YOQ. Four (4) youth completed a Pre YOQ-SR and five (5) completed a Post YOQ-SR. Also, twenty-six (26) Parents/Legal Guardians/Caregivers competed a Pre UCLA PTSD and twenty-two (22) completed a Post UCLA PTSD. Twenty-one (21) youth completed a Pre UCLA PTSD-SR and twenty (20) completed a post UCLA PTSD-SR. Contributing factors that lead to the discrepancy of the completion of Pre and Post outcome measurement tools include the following: 1) COVID-19 pandemic; 2) Pre or Post data was not obtained after numerous attempts by PEI clinicians; 3) One or more family members participated in therapy and each completed a tool; and 4) children under the age of 12 do not complete the YOQ-SR or UCLA. The following graphs include outcome data based on pre and post outcome evaluation tools completed by youth and their parents/legal guardians/caregivers during FY 2020-2021:

Graph 41: Average Outcomes on Pre (n=28) and Post (n=21) YOQ for FY 2020-2021

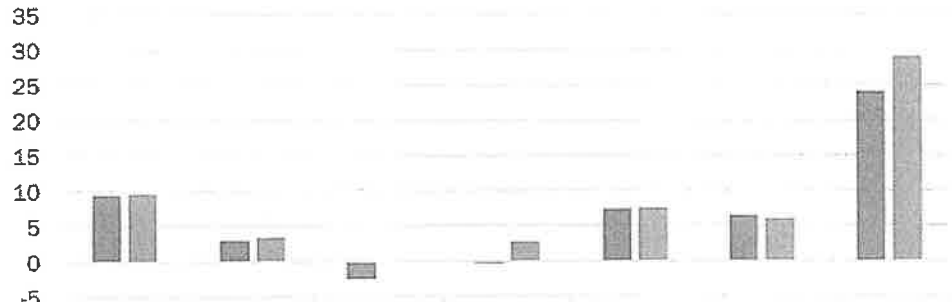


	ID SCORE	S SCORE	IR SCORE	SP SCORE	BD SCORE	CI SCORE	TOTAL YOQ SR
Average Pre YOQ	3	2	-2	2	4	2	11
Average Post YOQ	4	2	-2	-0.23	3	2	8

The YOQ assesses the parent's/legal guardian's/caregiver's perception in several areas of the child's/youth's mental health functioning. The YOQ measures the following areas: interpersonal distress; somatic distress; interpersonal relationships; critical items (paranoid ideation and suicide); social problems; and behavioral dysfunction. As illustrated in graph 1, the post YOQ

scores indicate a reduction in the parent's perception of the minor's symptoms in all areas measured by the tool.

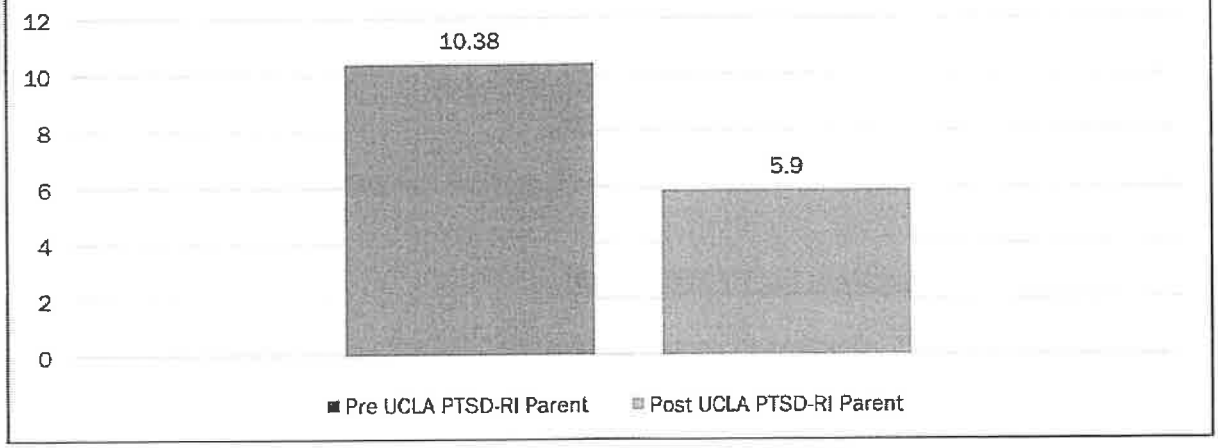
Graph 42 - Average Outcomes on Pre (n=4) and Post (n=5) YOQ for FY 2020-2021



	ID SCORE	S SCORE	IR SCORE	SP SCORE	BD SCORE	CI SCORE	TOTAL YOQ SR
Average Pre YOQ-SR	9.5	3	-2.5	-0.25	7.5	6.5	24
Average Post YOQ-SR	9.6	3.4	0	2.8	7.6	6	29

The YOQ-SR assesses the youth's own perception in several areas of their mental health functioning. Areas measured by the YOQ-SR include the following: interpersonal distress; somatic distress; interpersonal relationships; critical items (paranoid ideation and suicide); social problems and behavioral dysfunction. The post-scores in graph 2 indicate a reduction in interpersonal relationships and critical items and an increase in interpersonal distress, somatic distress, social problems and behavioral dysfunction.

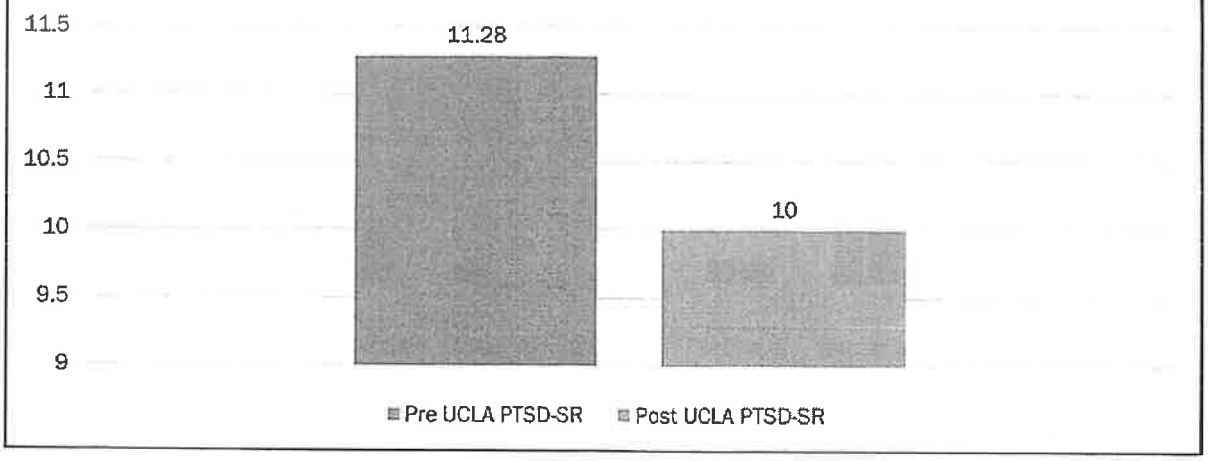
Graph 43 - Average Outcomes on Pre (n=26) and Post (n=22) UCLA PTSD for FY 2020-2021



The UCLA Post-Traumatic Stress Disorder Reaction Index Parent (UCLA-PTSD-Parent) measures symptoms and frequency of symptoms associated with PTSD as reported by the

parent/legal guardian/caregiver. The post-scores in graph 3 indicate a reduction in all symptoms measured by this tool.

Graph 44 - Average Outcomes on Pre (n=21) and Post (n=20) UCLA PTSD-SR for FY 2020-2021



The UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA-PTSD-SR) measures symptoms and frequency of symptoms associated with PTSD as reported by the youth. Post-score illustrated in graph 4 indicate a reduction in all symptoms measured by this tool. It is worth noting that youth in this group do not meet medical necessity criteria for PTSD upon entering services, resulting in a change of only 1.28.

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 outpatient mental health clinics. However, during the pandemic referrals to the program decreased due to the new challenges and barriers posed by COVID-19.

Program Changes for FY 2021-2022 and 2022-2023

There are no planned changes for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for FY 2022-2023

Program Goals and Objectives for FY 2022-2023

- Increase staff to 4 FTE clinicians to continue providing TF-CBT as a selective prevention strategy to children and youth in order to prevent impairments of a traumatic event.
- Continue collecting demographic and evaluation data to measure the outcome and performance of the TF-CBT Program as a prevention strategy and to develop and generate outcome evaluation reports.

- Continue using the UCLA PTSD-RI, UCLA PTSD-RI-SR, YOQ, and YOQ-SR outcome measurement tools to measure symptoms and behaviors of children/youth and to evaluate the outcomes of the children/youth served after preventions services are provided.

- Provide information on outcome to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

Mental Health Services Act (MHSA) Prevention Early Intervention (PEI): First Step to Success (FSS) - Prevention

Program Description

The MHSA First Step to Success (FSS) was implemented from March 2014 to March 2019 as an Innovation Project. The goal of MHSA FSS was to utilize an evidence based model as a vehicle to develop a collaborative relationship between mental health and education and 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, FSS transitioned from an innovation project to a prevention program as a component of the ICBHS Mental Health Services Act (MHSA) Prevention and Early Interventions (PEI) programs. Mental Health Rehabilitation Technicians (MHRTs) who are collocated in the classrooms provide positive reinforcement utilizing Positive Behavioral Intervention and Services (PBIS) to children who have been identified/referred by the teacher. The interventions are designed to assist children in developing pro-social skills that will assist them in being successful at school, home and in the community. The goal of the FSS program is to prevent mental illness from developing.

Budget

For Fiscal Year (FY) 2020-2021, the MHSA FSS Program provided services to 17 children and approximately 21 parents/legal guardians/caregivers at a cost of $4,581 per child and parent/legal guardian/caregiver. This cost includes the expense of implementation of the MHSA FSS program for the salaries of 4 full-time Mental Health Rehabilitation Technicians (MHRTs) who worked closely with school staff on a daily basis, providing prevention services to children in a virtual setting. FSS MHRT's also provide collateral services as well as linkage and referral services to parents/legal guardians/caregivers.

The total operating budget projected for FY 2022-2023 for the FSS Prevention program is $253,907. It is estimated the program will serve 100 unduplicated clients for FY 2022-2023 which is an estimated cost of $2,539 per client.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

Due to the COVID-19 pandemic referrals to the program dramatically decreased as all the schools in Imperial County closed for face-to-face instruction and transferred to virtual instruction. The lack of referrals caused by school closures led to a decrease in the number of admissions into the program, correlating with a decrease in the number of clients being served which caused an increase in cost per client. For FY 19-20, 89 children were provided with services compared to 17 children for FY 2020-2021, a decrease of 72 children. Additionally, for FY 2020-2021, all part-time FSS MHRTs were temporarily laid-off due to the low number of admissions and the remaining full-time staff continued providing prevention services to children and their parents/legal guardians/caregivers. FSS saw an increase in services for FY 2021-2022 because schools re-opened and FSS MHRTs resumed providing services to identified children and began working with the teachers inside classrooms. FSS MHRTs have also returned to providing in-person services to parents/legal guardian/caregivers in their homes. However, none of the part-time FSS MHRTs returned to work once schools reopened. All of the part-time FSS MHRTs resigned due in part to the "Great Resignation" which has caused difficulty with hiring new staff to fill current open positions. As a result of staff shortage, the

number of clients admitted to the program and classrooms served has been limited. For FY 2021-2022, the program has 4 full-time equivalent (FTE) FSS MHRTs. It is hoped that by FY 2022-2023, the program will be fully staffed with 7 FTE FSS MHRTs and 4 part-time FSS MHRTs.

Program Demographics

Table 47 - Demographic Information for MHSA FSS FY 2020-2021

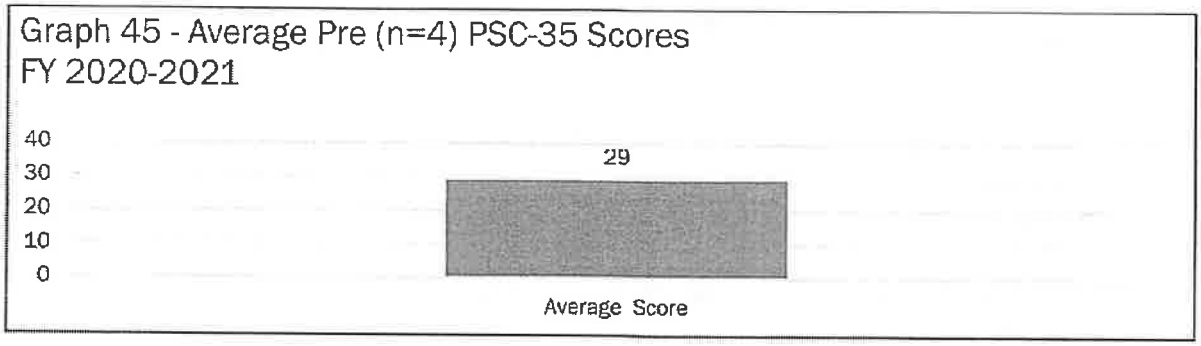
Age Group	Total	Percentage
0 - 15	17	100%
Total	**17**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	8	47%
Male	9	53%
Total	**17**	**100%**
Gender Identity	**Total**	**Percentage**
Female	8	47%
Male	9	53%
Total	**17**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	17	100%
Total	**17**	**100%**
Race	**Total**	**Percentage**
White	17	100%
Total	**17**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	15	88%
Non-Hispanic or Non-Latino:		
Other	2	12%
Total	**17**	**100%**
Language	**Total**	**Percentage**
English	11	65%
Spanish	6	35%
Total	**17**	**100%**
Veteran Status	**Total**	**Percentage**
No	17	100%
Total	**17**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	17	100%
Total	**17**	**100%**

Achievement of Performance Outcomes

The MHSA FSS program applies outcome measurement tools to measure and assess client's progress. The Pediatric Symptom Checklist 35 (PSC-35) is a psychosocial screening tool, completed by the parent/legal guardian/caregiver, and is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as

early as possible. Of the 17 clients served, 4 parents/legal guardians/caregivers completed a Pre PSC-35 during the assessment phase and 13 parents/legal guardians/caregivers did not complete a Pre PSC-35. The 13 parents/legal guardians/caregivers who did not complete a Pre PSC-35 was because they were discharged or declined services prior to the start of the program.

The 4 parents/legal guardians/caregivers who completed a Pre PSC-35 did not complete a Post PSC-35 because their child was transferred to a higher level of care for early intervention or treatment services. These post PSC-35 scores can be obtained under the First Step to Success – Early Intervention Program. Below are the scores for the Pre PSC-35 outcome measurement tool.



For children ages 4 to 5, the PSC-35 cutoff score is 24 and for children ages 6 through 16, the PSC-35 cutoff score is 28. Graph 5 indicates a PSC-35 score of 29, which suggests that children being served under the MHSA FSS program required prevention services in order to prevent a mental illness from developing.

Program Changes for FY 2021-2022 and 2022-2023

There are no planned changes for First Step to Success for FY 2021-2022 and 2022-2023.

Program Goals and Objectives for FY 2022-2023

- Maintain collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children;
- Increase staff to 7 full-time equivalent (FTE) FSS MHRT to continue providing prevention services to young children to prevent the development of a serious mental health disorder;
- Continue to expand services to additional elementary schools during FY 2022-2023, in efforts to cover all Imperial County school districts in order to reach unserved and underserved children;
- Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model;
- Increase parents' and teachers' awareness on the extent of mental illness in children in this age group and to decrease the stigma related to receiving mental health services;

- Collect data for evaluation purposes on the PEI MHSA FSS program, and;
- Provide information on outcome to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

Incredible Years (IY)

Program Description

ICBHS continues to contract with 2 local agencies for the implementation of the Incredible Years (IY) parenting program. As part of our prevention program, this evidenced-based parenting model targets *children and youth in stressed families*. Through these 2 contracts, ICBHS provides a parenting program to 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. Incredible Years was selected as the parenting model to meeting the needs of our community because it focuses on strengthening parenting competencies and fostering positive parent-child interactions and attachments for infants and children up to the age of 12. Incredible Years is designed to provide parents with the necessary skills to promote children's development in a positive environment and nurturing relationship, while reducing harsh discipline and fostering the parent's ability to promote children's social and emotional development. The program is conducted in a group setting of 10 to 18 sessions with up to 12 parents/legal guardians/caregivers who meet weekly for two hours. The group is facilitated by 2 trained staff members who provide the group with parenting skills via video vignettes, role-playing, rehearsals, and homework. Incredible Years 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 IY in our community. The CAP Council started providing services during FY 17/18. For FY 2018/2019, ICBHS contracted with TREES to increase the effort of providing the Incredible Years in the far northern and eastern areas of Imperial County. Even though ICBHS continues to make every effort to provide services in the northern and eastern areas of Imperial County, ICBHS continues to encounter challenges with increasing the penetration rates for the unserved and underserved Native American population and hard to reach populations. Through the TREES contract they have focused on providing services in Salton Sea, Niland, and Winterhaven.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

For FY 2020-2021 both the CAP council and TREES faced challenges because of the COVID-19 pandemic. Due to the stay at home orders both agencies had to revert to conducting virtual parenting groups. Both agencies contacted the developers of Incredible Years for guidance. The developers worked on converting the program to a remote online curriculum. The following are some of the challenges both agencies faced due to the pandemic:

- Staff had to learn how to use an online meeting platform, learn how to send materials to parents electronically in ways parents could access them.
- Parents/legal guardians/caregivers had limited online access, limited data on their cell phones and/or no Wi-Fi at their homes.
- Most parents/legal guardians/caregivers were reluctant to do online groups or did not know how to use the technology.
- Most parents/legal guardians/caregivers required a staff member to teach them how to download, sign in, and use Zoom.

- Parents/legal guardians/caregivers also needed to be taught how to receive, complete and send back required forms and surveys electronically.

Many of the parents/legal guardians/caregivers were overwhelmed with their children being home all day and having to tend to their educational needs. Since most parents/legal guardians/caregivers were using their cell phones to join the group sessions, filling out and returning required paperwork became difficult. Since many parents/legal guardians/caregivers preferred to have packets in paper form rather than electronically, both agencies decided to have their staff or the parents, pick-up and drop-off materials at the office in a drive thru fashion. By September and October 2020, many of the parents/legal guardians/caregivers were "burned out" by virtual groups. Many of the parents/legal guardians/caregivers started to drop out of the parenting groups and were asking to be put back on the wait list because it was just too much screen time for them. Other parents/legal guardians/caregivers found it difficult to find time in the evenings to dedicate themselves to these parenting classes. Many of the parents/legal guardians/caregivers stated they liked the classes but found there was a lot of interruptions at home which hindered their ability to focus on lessons. Facilitators found it challenging to make the online parenting groups personable and engaging for parents. In person parenting groups are more conducive in getting parents to share experiences, successes and challenges in their parenting.

The CAP Council saw an increase in referrals from Child Protective Services (CPS). More than half of the parents who were served were referred/ordered by the Court to attend classes/groups to reunify with their children. Most of the referrals were related to substance use and unsafe living conditions. The increase in referrals can be correlated to the stay at home orders, frustrations, fears, and challenges brought by the pandemic.

During the pandemic all public gatherings were ceased and representatives from the agencies were unable to provide direct outreach to parents regarding the IY program. Both agencies relied heavily on outreach activities to generate referrals for the program.

Child and Parent Council (CAP Council)

For FY 2020-2021, the CAP Council conducted 23 parenting groups, providing services to 248 parents, which is 50% less than the previous FY. The average cost of providing IY to parents/legal guardians/caregivers in 2020 was $1,022.46. This cost includes staffing, phone and internet service, insurance, books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs.

The total operating budget projected for FY 2022-2023 for the IY program is $297,390. It is estimated the program will serve 500 unduplicated clients for FY 2022-2023 which is an estimated cost of $595 per client.

Below is the demographic data for CAP Council for FY 2020-2021:

Table 48 - Demographic Information for CAP Council FY 2020-2021

Age Group	Number	Percentage
0 – 15	0	0%
16 – 25	22	9%
26 – 59	209	84%
60+	11	4%

Decline to Answer	6	2%
Total	248	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	195	79%
Male	47	19%
Decline to Answer	6	2%
Total	248	**100%**
Gender Identity	**Number**	**Percentage**
Female	195	79%
Male	47	19%
Decline to Answer	6	2%
Total	248	**100%**
Sexual Orientation	**Number**	**Percentage**
Bisexual	4	1%
Heterosexual/Straight	225	91%
Decline to Answer	19	8%
Total	248	**100%**
Race	**Number**	**Percentage**
Am. Indian/Alaska Native	4	2%
Native Hawaiian or Pacific Islander	1	1%
Black or African American	12	5%
White	209	82%
Other	13	6%
Decline to Answer	9	4%
Total	248	**100%**
Ethnicity	**Number**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	86	35%
Non-Hispanic or Non-Latino:		
African	12	5%
Asian Indian/South Asian	5	2%
European	115	46%
Other	19	8%
Decline to Answer	11	4%
Total	248	**100%**
Language	**Number**	**Percentage**
English	94	38%
Spanish	148	60%
Decline to Answer	6	2%
Total	248	**100%**
Identifies with Disability/Special Needs	**Number**	**Percentage**
Yes	35	15%
Declined to Answer	213	85%
Total	248	**100%**
Disabilities or Special Needs	**Number**	**Percentage**
Difficulty Seeing	3	1%
Difficulty Hearing	2	.5%
Other Disability	5	2%
Mental Health	10	4%
Physical Mobility	2	.5%

Chronic Health	5	2%
Decline to Answer	221	90%
Total	248	**100%**

Teach, Respect, Educate, Empower Self (TREES)

For FY 2019-2020, TREES conducted 12 parenting groups, providing services to 116 parents at an average cost of $735 per parent. This cost includes staffing, phone and internet service, insurance, mileage reimbursement (for delivering materials to homes), books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs.

There is no projected cost as the contract with TREES ended at the end of 2021.

Below is the demographic data for the TREES for FY 2020-2021:

Table 49 - Demographic Information for TREES FY 2020-2021

Age Group	Total	Percentage
16-25	33	28%
26-59	83	72%
Total	**116**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	98	84%
Male	18	16%
Total	**116**	**100%**
Gender Identity	**Total**	**Percentage**
Female	98	84%
Male	18	16%
Total	**116**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	113	97%
Gay/ Lesbian	1	1%
Bi-Sexual	2	2%
Total	**116**	**100%**
Race	**Total**	**Percentage**
American Indian or Alaskan Native	26	22%
Black or African American	7	6%
White	49	43%
Other	34	29%
Total	**116**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	90	78%
Non-Hispanic or Non-Latino:		
African	7	6%
Other	19	16%
Total	**116**	**100%**
Language	**Total**	**Percentage**
English	96	83%
Spanish	20	17%
Total	**116**	**100%**

Veteran Status	Total	Percentage
No	116	100%
Total	116	100%
Identifies with any Disability or Special Needs	Total	Percentage
No	116	100%
Total	116	100%

Achievements of Performance Outcomes

During the COVID-19 pandemic many parents/legal guardians/caregivers were overwhelmed with their children being at home all day. In order to encourage positive interactions with their children during the pandemic and stay at home order, the CAP Council decided to provide families with a "family fun kit". Over 100 "family fun kits" were distributed via a drive thru give away at the CAP Council office in El Centro. Each "family fun kit" had Art & Crafts supplies, school supplies, Frisbee, jump ropes, masks, and books for each child in the household. Each family also received a $25 gift card for to be used for groceries. Parents/legal guardians/caregivers were appreciative of this gesture and sent pictures to CAP Council of their family using the "family fun kits". The drive thru event was highlighted in the Imperial Valley Press.

One of the events that did not occur in-person was the graduation celebration of parents/legal guardians/caregivers who completed all of their IY parenting groups/classes. In-person graduations ceased because of the COVID-19 pandemic; however, the CAP Council organized a drive thru graduation parade for parents/legal guardians/caregivers who completed all of their group/classes. During the drive-thru ceremony, parents/legal guardians/caregivers were presented with Certificates of Completion and received a small gift of books for their children.

Child and Parent Council (CAP Council)

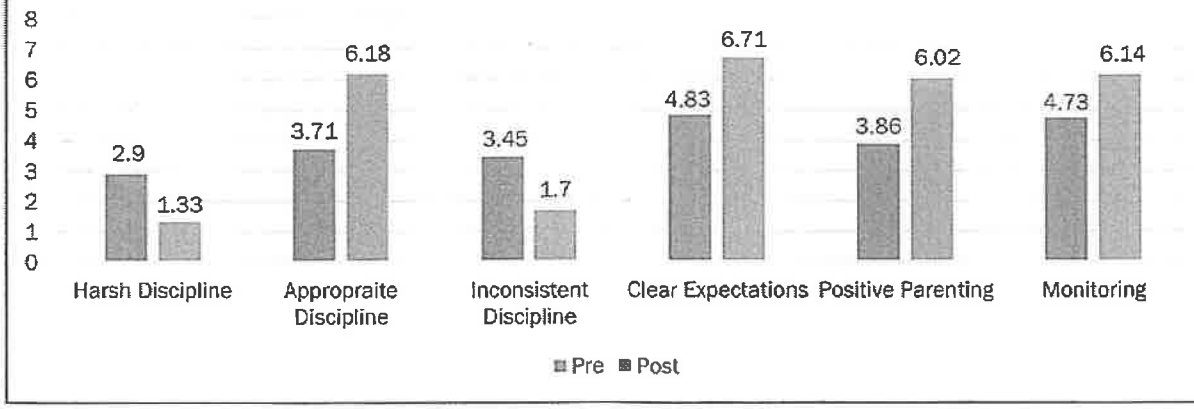
For FY 2020-2021, the CAP Council conducted a total of 23 groups, 12 groups were conducted in Spanish and 11 groups were in English, serving a total of 248 parents. The CAP Council received a total of 248 referrals from various community agencies. Below is a breakdown of referrals for FY 2020-2021:

Table 50 - Number of Referral FY 2020-2021

Referee	No of Referrals
Self-Referral	102
Child Protective Services	80
Imperial County Behavioral Health Services	6
Court Orders Only	14
Other Community Agencies (schools, probation)	46
Total	248

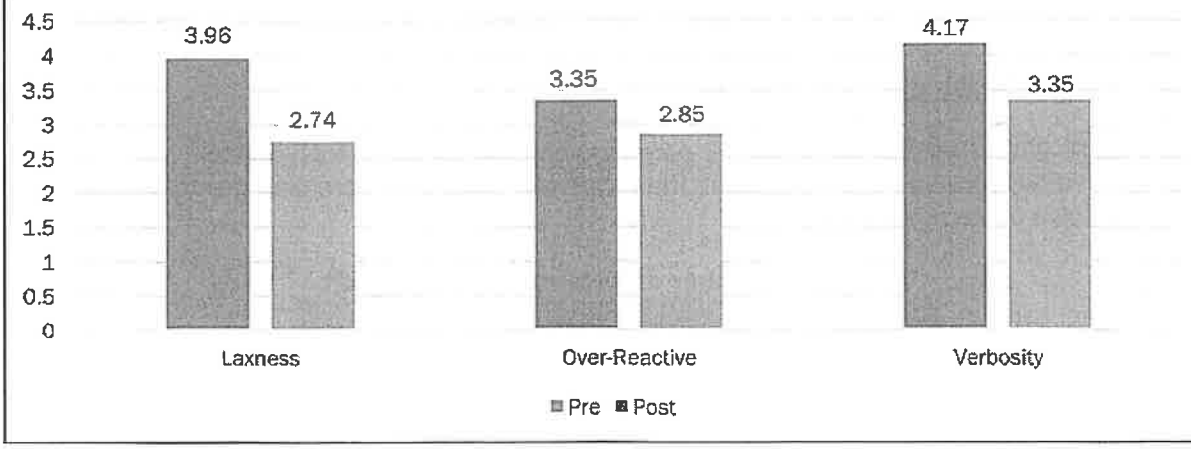
The CAP Council provided parents/legal guardians/caregivers with pre and post outcome measurement tools to measure parenting skills. The Parenting Practices Interview (PPI) tool is for parents/legal guardians/caregivers with school-aged children. The Parenting Scale (PS) is for parents/legal guardians/caregivers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

Graph 46 - Average Pre and Post PPI Scores Parenting Practices Interview (CAP)
FY 2020-2021

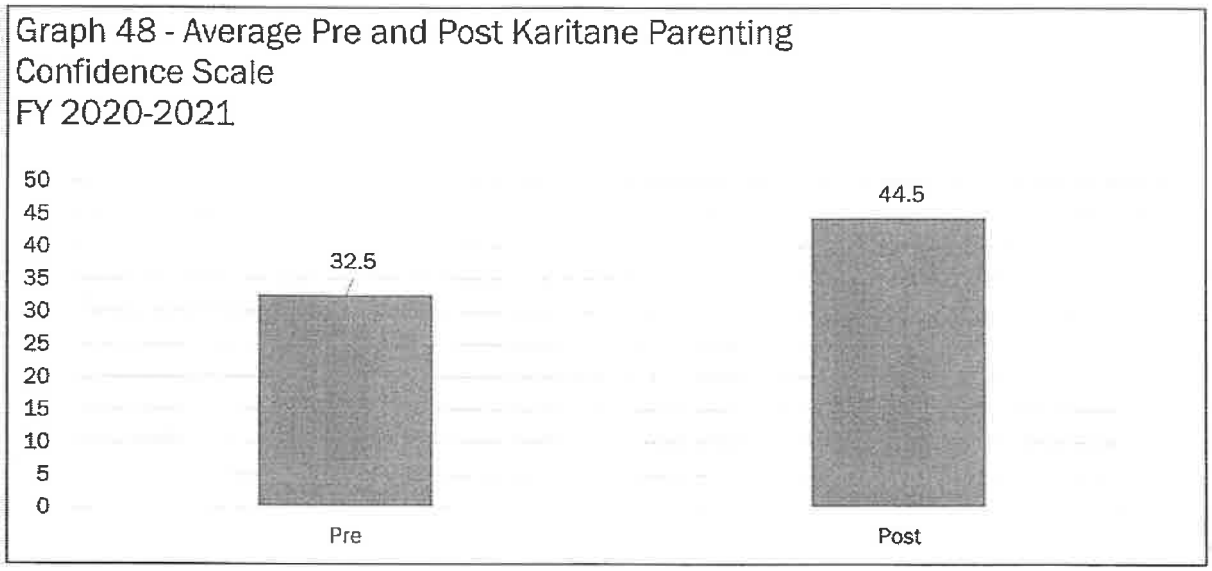


The PPI tool measures parenting practices which include harsh discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring. Graph 6 illustrates a lower post-score for harsh and inconsistent discipline compared to the pre-scores. A higher post score for appropriate discipline, clear expectations, and positive parenting is demonstrated when compared to pre-scores. A high monitoring score might indicate a style of "helicopter" parenting and a low score might indicate a style of "free-range" parenting.

Graph 47 - Average Pre and Post Parenting Scale Scores
FY 2020-2021



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



The KPCS tool measures how confident the parents/legal guardians/caregivers feel in raising a newborn/infant. Higher scores indicate feeling confident. Graph 8 illustrates higher post-scores demonstrating parents were more confident upon completion of the IY program.

Based on the data obtained from the 3 tools given to parents/legal guardians/caregivers pre and post 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 a 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 lasting effects on parents/legal guardians/caregivers and children who are raised in supportive structured environments that may lead to the prevention of the development of mental illness.

Teach, Respect, Educate, Empower Self (TREES)

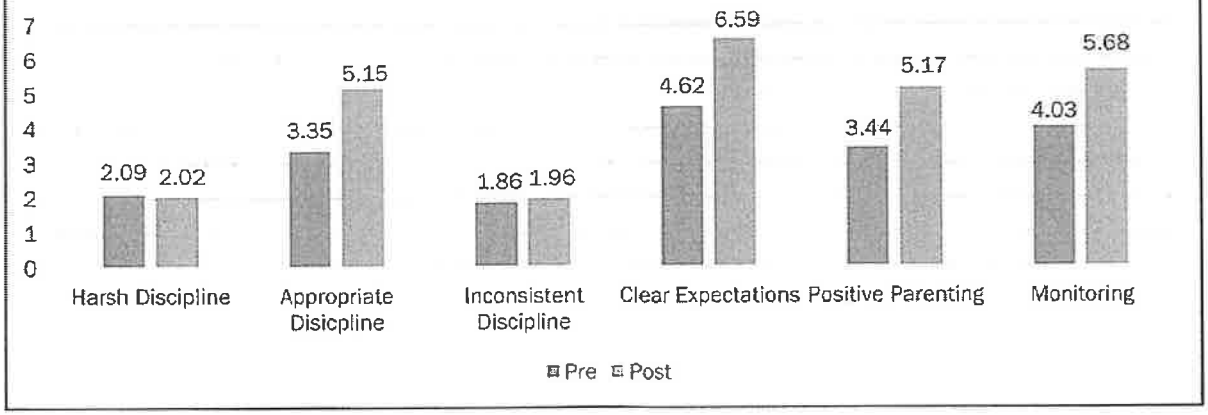
For FY 2020-2021, TREES conducted 12 parenting groups, serving a total of 116 parents. TREES received 219 referrals to the Incredible Years (IY) parenting group. Below is the breakdown of the referrals:

Table 51 - Number of Referrals FY 2020-2021

Referral Source	No of Referrals
Self-Referral	84
Schools	74
Community Agencies	45
Department of Social Services	4
Court Orders	9
Child Protective Services	3
Total	219

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

Graph 49 - Average Pre and Post Parenting Practice Interview Scores (TREES)
FY 2020-2021



Based on the data obtained from the PPI tool given to parents/legal guardians/caregivers pre and post completion of the parenting groups, it can be determined that the IY curriculum has been effective. Graph 9 shows a decrease in scores in the areas of harsh discipline and an improvement in the areas of appropriate discipline, clear expectations, and positive parenting.

Program Changes for FY 2021-2022 and FY 2022-2023

The Child and Parent Council (CAP) will continue providing the Incredible Years curriculum for parents/legal guardians/caregivers of school age children, preschoolers, toddlers and infants. During FY 2021-2022, the CAP Council added a new addition to the Incredible Years curriculum. CAP was trained by Incredible Years on providing parenting groups to parents/legal guardians/caregivers whose children have a diagnosis of autism. The CAP Council has not started these parenting groups, but the agency is hoping to have a group by FY 2022-2023.

On October 28, 2021, the TREES agency submitted a contract termination letter to ICBHS, due to not being able to maintain the obligations as stated in the contract. For FY 2022-2023, ICBHS will seek a new provider to provide the Incredible Years program to hard to reach populations and will develop a new contract.

Program Goals and Objectives for FY 2022-2023

- Provide Incredible Years (IY) parenting groups in English and Spanish, in non-traditional and safe environment to increase access to unserved and underserved children/youth in stressed families;

- Develop a contract with a new provider to provide IY parenting groups, to include Native Americans and other hard to reach populations, in community settings with accessible hours and in cities where the need is identified by consumers and community partners;

- Evaluate the effectiveness of IY by collecting appropriate evaluation data. Fidelity to the IY model will be closely followed to replicate proven outcomes. Demographic information and outcome data will be collected using identified performance outcome measurement tools to determine if the model has had any impact on the children/youth and their families, and;

- Provide information on outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

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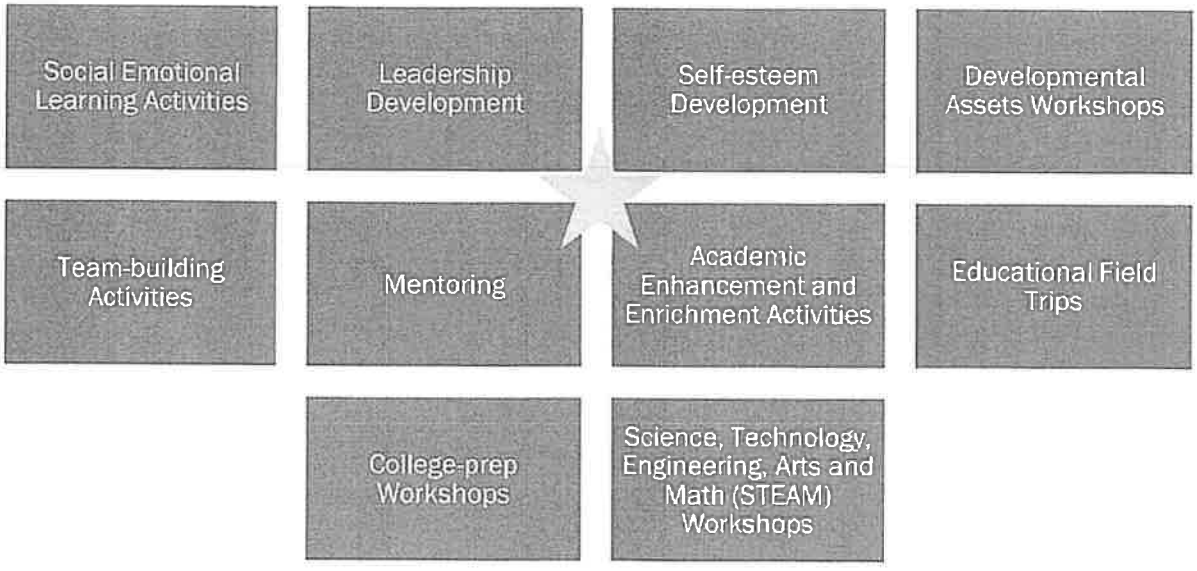
Rising Stars – Imperial Valley Regional Occupational Program (IVROP)

Program Description

Rising Stars is a prevention program that targets foster youth ages 5 to 18. The goal of Rising Stars is to provide services to at least 225 school aged students (K-12) per year. Foster children/youth 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 (CDC) 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 child from their biological family. Foster youth commonly experience various forms of ACEs which increases their likelihood of negative outcomes as children and adults. Foster youth who have experienced childhood trauma are at risk of developing depression, high anxiety, post-traumatic stress disorder, substance use disorders and/or other mental health disorders.

The objective of Rising Stars is to reduce the risk factors of mental health illness for foster youth and enhance their protective factors. Rising Star staff will provide the following services:



All of the strategies utilized by Rising Stars staff will be culturally competent and linguistically appropriate for the targeted population.
IVROP has over ten (10) years of experience collaborating with ICBHS to provide preventive and supportive services to Imperial County children/youth. 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. For over thirty (30) years, IVROP has successfully worked and collaborated with local school districts, 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 children/youth so they can overcome the impact of trauma. On October 2020, the contract between ICBHS and IVROP was fully executed

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

Although the contract was executed on October 2020, Implementation of the Rising Stars program did not start until January 2021 due to IVROP having to onboard and train new staff. With FY 2020-2021 being the inaugural year for the Rising Stars programs staff were faced with the same life-altering circumstances as the rest of the state and nation as they had to navigate the impacts of COVID-19. The abrupt stop of participant recruitment, outreach, in-person service delivery, and in-person engagement activities significantly altered the original program design. State, local, and agency guidelines, and mandates took in-person service delivery away as an avenue to engage students, parents, and guardians.

Engaging enrollments during this initial phase of the pandemic resulted in challenges and tepid responses from participants, parents, and guardians as everyone turned to online forms of communication. Rising Stars staff migrated workshops and engagement activities to online platforms to support student safety. However, the newness of virtual engagement and preference for in-person interaction continued to prove a challenge throughout 2020. Late in the program, plans for in-person participation in Camp Hope in Julian, California was abruptly canceled due to a surge in COVID-19. This was a huge disappointment to students, parents/legal guardians/caregivers, and staff; however, this event provided an opportunity for Rising Stars staff to help participants use their skills and cope with unexpected challenges.

Rising Stars program had challenges in obtaining performance outcome measurement tools from the parents/legal guardians/caregivers and youth. Rising Stars staff made every effort to obtain tools by delivering tools to their homes and offering incentives to those that completed the tools. Some of the factors that contributed to the low number of completed outcome measurement tools are as follows: 1. Lack of responsiveness on behalf of the parent/legal guardian/caregiver and/or the youth and 2. Lack of availability of parents/legal guardians/caregivers and youth.

Program Demographics

Table 52 - Demographic Information for Rising Stars FY 2020-2021

Age Group	Number	Percentage
0 - 11	21	37%
12 - 14	16	28%
15 - 18	20	35%
Total	**57**	**100%**
Sex Assigned at Birth	**Number**	**Percentage**
Female	27	47%
Male	28	49%
Decline to Answer	2	4%
Total	57	**100%**
Race	**Number**	**Percentage**
White	35	61%

Black	4	7%
American Indian	2	4%
Asian	1	2%
Other	3	5%
Decline to Answer	12	21%
Total	**57**	**100%**
Ethnicity	**Number**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	23	41%
Non-Hispanic or Non-Latino:		
African	4	6%
European	12	21%
Other	8	14%
Decline to Answer	10	18%
Total	**57**	**100%**
Language	**Number**	**Percentage**
English	48	84%
Spanish	9	16%
Total	**57**	**100%**
Veteran Status	**Number**	**Percentage**
No	57	100%
Total	57	**100%**
Identifies with any Disability or Special Needs	**Number**	**Percentage**
No	0	0
Decline to Answer	57	100%
Total	**146**	**100%**
Disabilities or Special Needs	**Number**	**Percentage**
No	0	0
Decline to Answer	57	100%
Total	**57**	**100%**

Achievement of Performance Outcomes

The Rising Stars program was able to obtain achievements for FY 2020-2021. Rising Stars staff took innovative approaches and effectively utilized Zoom as the program's primary virtual venue for students. This resulted in successful large-scale virtual events that enriched foster students both academically and social-emotionally. These virtual events included: Rising Stars Awards, Sibling Event, the Game of Life, & Summer Camp/Academy. The decrease of community transmission of COVID-19 in June of 2021 provided the opportunity for initial limited in-person activities, where staff met students face-to-face for the first time. Even with safety precautions and modifications in place, these activities demonstrated that staff had successfully engaged with participants throughout the pandemic. During FY 2020-2021 the Rising Stars program managed to successfully facilitate 28 workshops.

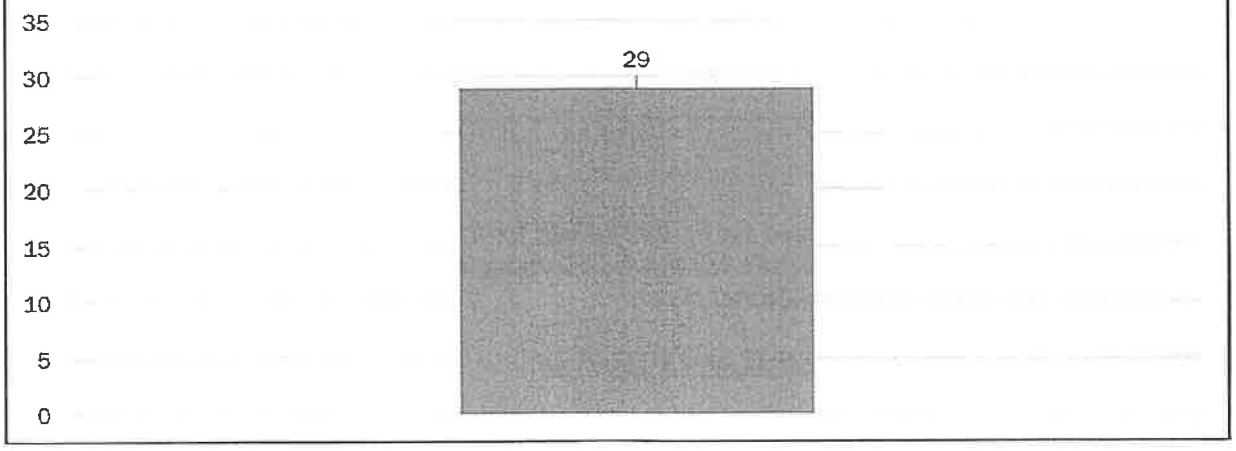
Table 53 - FY 2020-2021 Number of Referrals Received

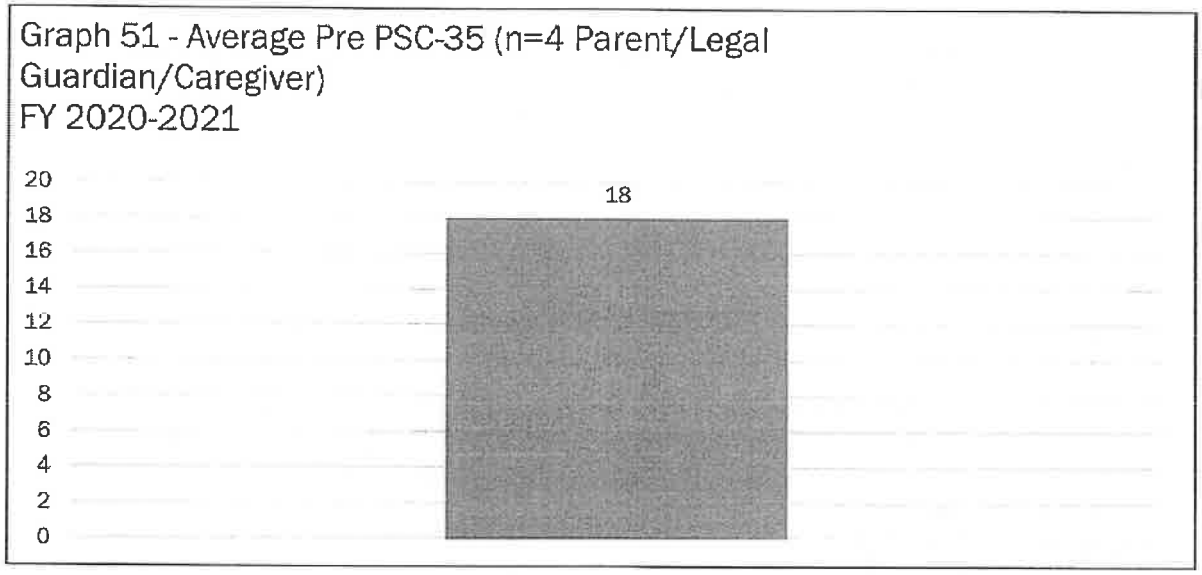
Referral Source	No. of Referrals
School District	20
Department of Social Services	11
ICBHS	8
Other	16
Total	55

Table 54 - FY 2020-2021 Site Implementation of Rising Stars

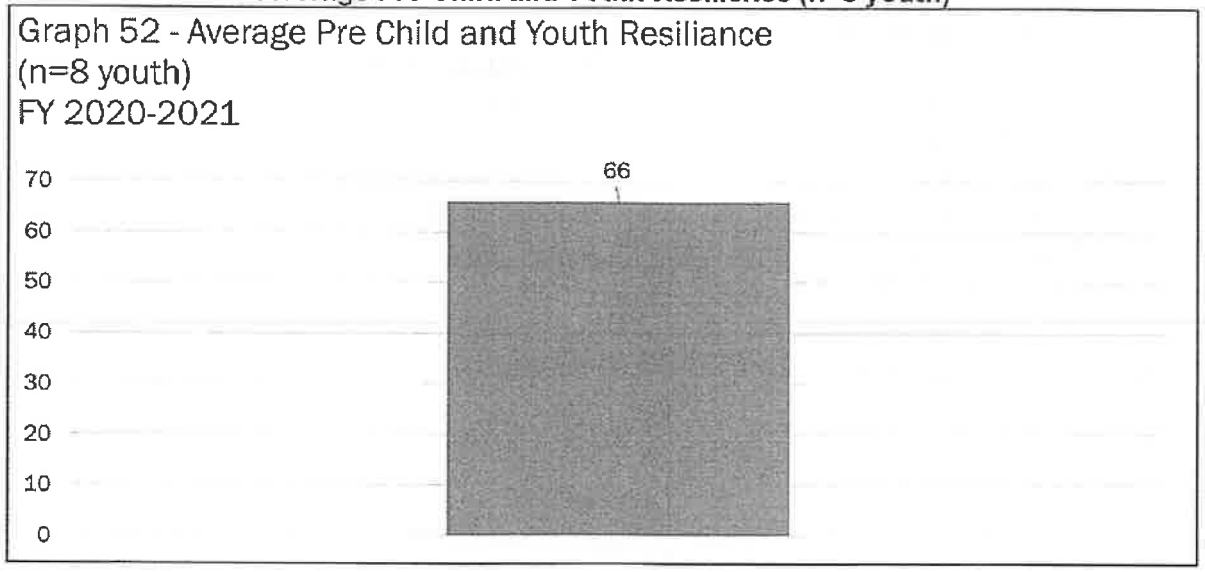
School Site	School District
Phil D Swing Elementary	Brawley Elementary
Barbara Worth Jr. High	
Brawley Union High School	Brawley Union High
Rockwood Elementary	Calexico Unified
Cesar Chavez Elementary	
Southwest High School	Central Union High
Harding Elementary School	El Centro Elementary
Heber Elementary	Heber Union
Cross Elementary	Imperial Unified
Frank Wright Middle School	
TL Waggoner Elementary	

Graph 50 - Average Pre Youth-PSC-35 (n=9 youth)
FY 2020-2021





Average Pre Child and Youth Resilience (n=8 youth)



Budget Projection

The total operating budget projected for FY 2022-2023 for the Rising Stars program is $359,510. It is estimated the program will serve 250 unduplicated clients for FY 2022-2023 which is an estimated cost of $1,438 per client.

Program Changes for FY 2021-2022 and 2022-2023

There are no planned changes for Rising Stars for FY 2021-2022 and 2022-2023.

Program Goals and Objectives for FY 2022-2023

- Project Rising Stars will serve at least 225 school-aged students (K-12) who are identified as current foster youth residing in Imperial County;

- Rising Stars staff will collect relevant demographic data of the participating students to meet PEI regulations;

- All data gathered will be presented in the public accountability reports of the Prevention and Early Intervention (PEI) program, except where publishing data would violate student privacy or state/federal regulations. Other Rising Stars program relevant data that will be collected on an annual basis include:

    1. Total number of program activities coordinated throughout each fiscal year (FY).
    2. Participation hours will be tracked using attendance rosters and spreadsheets to include pre and post attendance records for all students.
    3. Total number of referrals to ICBHS or community organizations.
    4. Total number of referrals from Department of Social Services (DSS) and/or school districts.
    5. Number of students participating in each program component or strategy.
    6. Number of students successfully completing current grade and advancing.

- Rising Stars staff will collect pre and post data from the following outcome measurement tools:

    1. Adverse Childhood Experiences (ACE) Questionnaire (will only be provided once at admission).
    2. Youth-PSC 35 and PSC-35.
    3. Child and Youth Resilience Measure.
    4. Hope Index results.
    5. Developmental Assets Profile (DAP) survey.
    6. Tabe Assessment for students enrolled in academic services.

- Improve the self-esteem, sense of hope, and resiliency of participating foster youth to avoid mental health illness.

    1. At least 70% of students will participate in self-esteem, hope, and resiliency activities.
    2. At least 80% of students will participate in restorative circle activities.
    3. At least 60% of students will display higher results in post Hope index and Resiliency Scale.

- Enhance the social-emotional competencies, developmental assets and other protective factors to reduce negative outcomes for participating foster youth.

    1. At least 75% of students will attend Social Emotional Learning activities.
    2. At least 75% of students will attend Developmental Assets workshops.
    3. At least 60% of students with siblings will participate in sibling connection events.
    4. At least 60% of students will display improved results in post-DAP surveys

- Provide positive guidance and mentoring services to participating foster youth.

  1. At least 70% of students will participate in mentoring activities.
  2. At least 60% of students will participate in career mentoring activities.
  3. At least 70% of students will participate in peer-led activities.
  4. At least 70% will have an increase in mentors or social capital.
  5. At least 60% of students will display improved results in post-DAP surveys.

- Improve the study skills, basic skills competencies and college preparation of targeted students to enhance their educational outcomes and prepare them for higher education.

  1. At least 75% of students will participate in academic supportive activities.
  2. At least 70% of students will participate in STEAM exploration activities.
  3. At least 60% of students will participate in summer academy or camp activities.
  4. At least 75% of students will participate in college preparation activities.
  5. At least 60% of students will display improved results in post-TABE assessment.
  6. At least 90% of high school will remain in school or obtain diploma/GED.

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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 all residents of Imperial County, 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 seeking mental health services. PEI program strives to increase the community's acceptance and equity for individuals with a mental illness and their families. Stigma and discrimination reduction activities are delivered to large and small groups in health fairs, career fairs, and school presentations. Activities are provided in a group setting or one-to-one for educational or training purposes. Other outreach activities include educational discussions with community agencies on mental health issues and available mental health services and resources. Presentations are provided by a number of PEI Program staff, which include master's level Clinicians, Mental Health Rehabilitation Technicians, Program Supervisor, and Program Manager. As a result of the outreach services provided by PEI staff, community members have become aware of the different types of mental health disorders and have become familiar with services provided by ICBHS.

Budget

For FY 2020-2021 the cost per contact for the Stigma and Discrimination Reduction Program was $1,539.

The total operating budget projected for FY 2022-2023 for the Stigma and Discrimination (To be referenced in the future as a PET program) program is $766,875. It is estimated the program will serve 1,000 unduplicated clients for FY 2022-2023 which is an estimated cost of $767 per client.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

Imperial County had one of the highest COVID-19 positivity rates in California, which greatly limited PEI staff from conducting anti-stigma related activities. The number of anti-stigma activities decreased and no in-person activities were conducted. During 2020 obtaining stigma surveys was difficult since the majority of the activities were conducted via Zoom and many community agencies and schools were closed. Under the CARES Act, several PEI clinical staff were not working full-time and when they were working they did so remotely and spent their time providing specialty mental health services to their clients. To best mitigate these challenges the program participated in a few community drive-thru events to continue to provide anti-stigma education and activities.

Program Demographics

Table 55 - Demographic Information for Stigma FY 2020-2021

Age Group	Total	Percentage
16-25	9	14%
26-59	26	40%
Decline to Answer	29	46%

Total	64	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	34	53%
Male	1	2%
Decline to Answer	29	45%
Total	64	**100%**
Gender Identity	**Total**	**Percentage**
Female	34	53%
Male	1	2%
Decline to Answer	29	45%
Total	64	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	34	53%
Declined to answer	30	47%
Total	64	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	1	2%
White	30	46%
Other	3	5%
Decline to Answer	30	47%
Total	64	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	35	55%
Decline to Answer	29	45%
Total	64	**100%**
Language	**Total**	**Percentage**
English	22	34%
Spanish	11	17%
Tagalog	1	2%
Decline to Answer	30	47%
Total	64	**100%**
Veteran Status	**Total**	**Percentage**
No	34	53%
Decline to Answer	30	47%
Total	64	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	34	53%
Decline to Answer	30	47%
Total	64	**100%**

Achievements of Performance Outcomes

Despite the barriers and challenges posed by the pandemic, ICBHS continued to broadcast the "Let's Talk About It" and "Expresate" radio shows on a weekly basis. The radio show is utilized for educational purposes on issues and topics that have significant behavioral health impacts in the community. The radio show is broadcasted in English and Spanish on several stations in

Imperial County and is made available on podcast, http://talks.kxoradio.com/. Below are the shows broadcasted during FY 2020-2021.

Table 56 - Radio Shows FY 2020-2021

Date	Topic	Guest
07/06/2020	Community Development of Mental Health Innovation Project	Sylvia Bazan, AMFT Behavioral Health Manager
07/13/2020	Substance Use Impact on Youth in Imperial County	Ana Contreras, AMFT Behavioral Health Manager
07/20/2020	Teen Dating Violence Awareness	Judith R. Klein-Pritchard, M.S.F.S. Director of Legal Services WomanHaven
07/27/2020	Cognitive Behavioral Therapy for Depression	Laura Lugo, LMFT
08/03/2020	Substance Use Disorder Prevention Services	Danny Gutierrez, Community Service Worker
08/10/2020	When Love Goes into Food: Mental Health Support from a Meal	Rina Godoy and Roberto Perez, Owners Antojitos Como en Casa
08/17/2020	Substance use Disorder Treatment Adolescent Services	Julie Luna, AMFT Mental Health Counselor
08/24/2020	The Mental Health Support of Pet Ownership	Devon Apodaca, Executive Director Humane Society of Imperial County
08/31/2020	Youth Opioid Response California	Christen Magana, Program Supervisor Adolescent Programs
09/07/2020	Parenting for Mental Health during the Pandemic	Stephanie Ramirez, LCSW Supervising Therapist Children Services
09/14/2020	Trauma Inform Behavioral Healthcare	Lynne Marsenich, LCSW Consultant and Trainer
09/21/2020	Anorexia and Bulimia: Signs, Symptoms and Treatment	Maricruz Bermudez, LMFT Supervising Therapist Youth and Young Adult Services
09/28/2020	Madness: A Bipolar Life	Marya Hornbacher, Author
10/05/2020	Student's Mental Health (Social-Emotional) During Distance Learning	Adrienne Rodriguez, Assistant Principal of Student Services Harmony Rivera, School Psychologist Dr. Terri Fernandez, School Psychologist Central Union High School
10/12/2020	Playing for Change: Music's Transformation Power	Mark Johnson, Chairman of the Board Playing for Change Foundation
10/19/2020	Mental Health Resiliency in Time of the Pandemic	Bren Manaugh, LCSW Behavioral Health Consultant
10/26/2020	Quality Behavioral Healthcare for LGBT Populations	Scott McClure, PhD Consultant, Trainer
11/02/2020	Outreach During COVID-19 Pandemic	Gustavo Roman Community Services Worker

11/09/2020	Imperial County Behavioral Health's Wellness Center	Maria Martinez Mental Health Worker Supervisor
11/16/2020	Mental Health Impact of COVID-19 in College Students	Guadalupe Castro, LMFT Interim Director of Student Health Services: Imperial Valley College
11/23/2020	Coping Skills and Recommendations for Those at Home During the Pandemic	Adriana Velasquez, LFMT Program Supervisor Adult Programs
11/30/2020	The Value of Healthy Sleeping to Mental Health	Albert Romero, RPSGT Director Imperial Valley Sleep Center
12/07/2020	Season of Gratitude	Juan J. Flores, LMFT Behavioral Health Manager
12/14/2020	Older Adults Program Overview	Marie Arroyo-Contreras, LMFT Program Supervisor
12/21/2020	Breaking the Mental Health Stigma in Schools	Guadalupe Castro, LMFT Interim Director of Student Health Services: Imperial Valley College
12/28/2020	General Adults Program Overview	Joaquin Zambrano Program Supervisor
01/4/2021	Eating Disorders: Binge Eating, Anorexia Nervosa and Bulimia Nervosa	Juan J. Flores, LMFT Behavioral Health Manager
01/11/2021	Parenting Styles and Child Success	Guadalupe Castro, LMFT
01/18/2021	The Mental Health Support of Pet Ownership	Devon Apodaca, Executive Director Humane Society of Imperial County
01/25/2021	Anxiety and Depression Disorders and Therapies	Mariana Magana, ACSW Adult Programs
02/01/2021	Portland Identification and Early Referral Model: The Power of Family Support	Diana Lee-Aguirre Quality Improvement Specialist
02/08/2021	Attention Deficit Disorder in Children	Dr. Pria Persuad, Board Certified Psychiatrist
02/15/2021	Healthy Youth Relationships During the Pandemic	Andrea Platero, APCC Mental Health Counselor
02/22/2021	Attention Deficit Disorder in Children	Stephanie Ramirez, LCSW Supervising Therapist Children Programs
03/01/2021	Central Union High School's Yellow Ribbon Club	Ramona Campos, Counselor Itzel and Vanessa, Students
03/08/2021	Grief During a Pandemic	Stephanie Ramirez, LCSW Supervising Therapist Children Programs
03/15/2021	Causes of Substance Use Disorders	Eufemio Anaya, AMFT Mental Health Counselor Adults
03/22/2021	Adult Health Relationships During a Pandemic	Sergio Felipe Hernandez, AMFT Mental Health Counselor Adults
03/29/2021	Self-harming Behaviors in Youth and Young Adults	Maricruz Bermudez, LMFT Supervising Therapist Youth and Young Adults

04/05/2021	Substance Use Disorder Treatment Services	Julie Luna, AMFT Mental Health Counselor Adolescent
04/12/2021	Active Minds Club at Imperial Valley College	Guadalupe Castro, LMFT Aileen Sanchez, Student and President Active Minds
04/19/2021	Alzheimer's and Mental Health	Karla Cortez, BS, PMP Manager Alejandra Pulido, MSW Manager Megan Nicholson, Development Specialist Socorro De La Torre, MPA, MSW Volunteer and Board Member
04/26/2021	Mental Health on Sexual Assault Awareness and Prevention	Judith R. Klein-Pritchard, Director of Legal Services WomanHaven
05/03/2021	Mental Health Awareness Event at Imperial Valley College	Community Members (Live at Event)
05/10/2021	Supporting the Mental Health Needs of the LGBTQ Community	Poshi Walker, Program Director Cal Voices Cultural Broker
05/17/2021	Interpersonal Psychotherapy	Marilyn Moskowitz, LCSW, LMFT
05/24/2021	Right Hand Club of Calexico High School	Eva Lara, LCSW
05/31/2021	Moral Recognition Therapy	Dominic Vallejo, Mental Health Rehabilitation Technician
06/07/2021	Dialectical Behavior Therapy	Daphna Peterson, LCSW and Christopher Conley, MSW, RSW Portland DBT Institute
06/14/2021	Mindfulness	Dr. Ellen Langer, Ph.D. Psychologist Professor at Harvard University
06/21/2021	Mental Health During a Pandemic and Emerging From a Pandemic	Bernardo Ng, M.D. Sun Valley Research Center
06/28/2021	Split Thought: Media Isn't The Enemy, It's The Solution	Rico Rivera Founder of Split Thought

For FY 2020-2021 the Stigma and Discrimination Reduction Program staff provided 59 Educational sessions and 5 trainings to 64 teachers, parents/legal guardians/caregivers and professionals in the community. All the Stigma and Discrimination activities were conducted individually via Zoom. 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. Once the pandemic ends there will be an increase of stigma reduction activities.

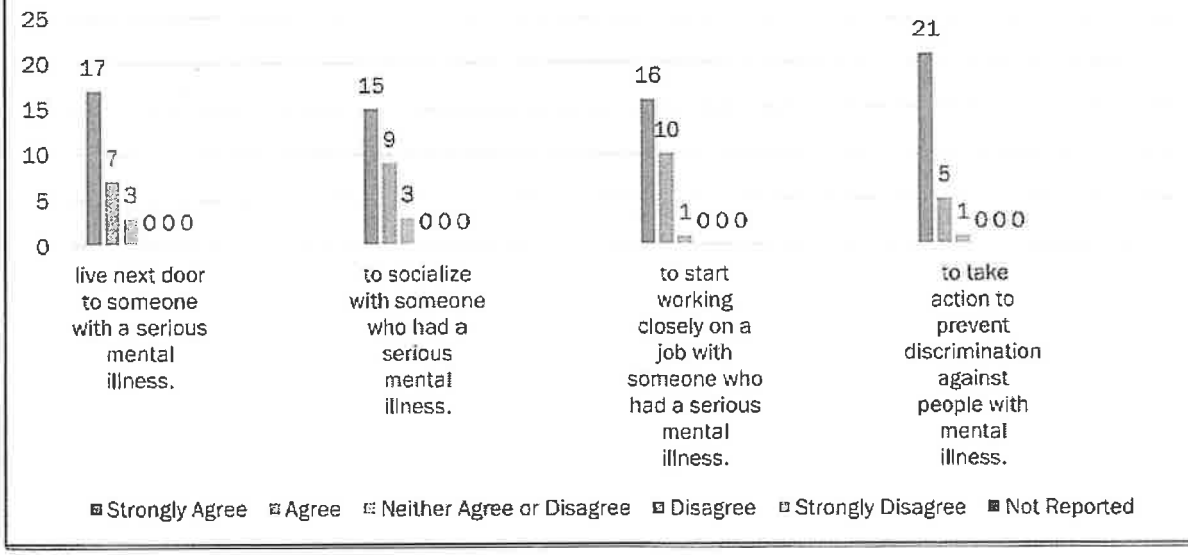
Table 57 - No. of Presentations and No. Served FY 2020-2021

Program	Type of Presentation	No. of Presentations	No. Served
Stigma and Discrimination Reduction	Educational	59	59
	Trainings	5	5
	Totals	64	64

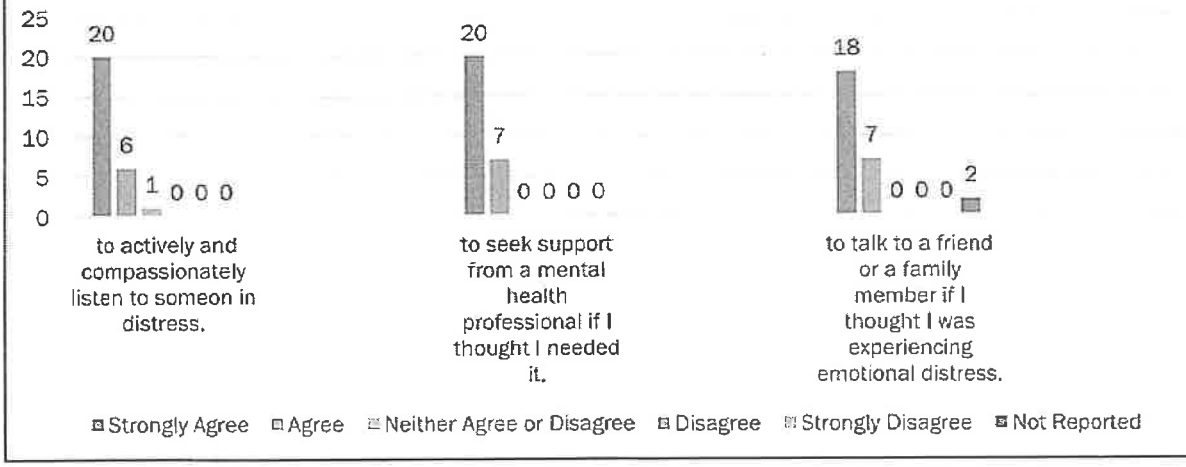
PEI staff provided the Stigma and Discrimination Reduction Program Participant Questionnaire (SDRPQ) to 64 attendees after the educational/training session; however only 27 participants completed the questionnaire. The survey asked the attendees about their experiences and views in relation to people who have a mental health illness. Below are the results of the Pre and Post Stigma surveys.

SDRPQ Results for FY 2020-2021

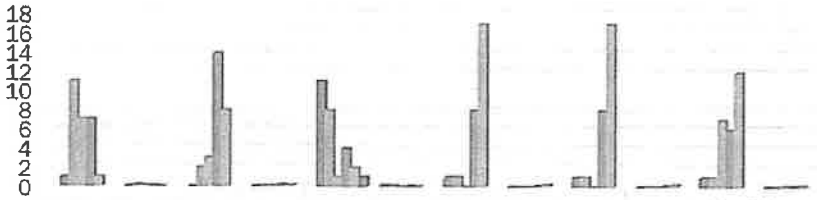
Graph 53 - As a direct result of this training, I am MORE willing to:



Graph 54 -As a direct result of this trainning, I am MORE willing to:



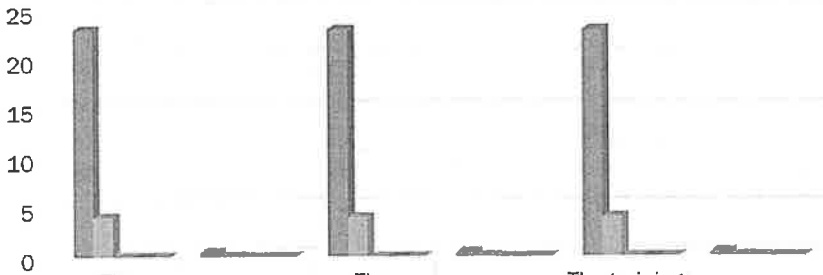
Graph 55 - As a direct result ot this training, I am more likely to believe:



	people with mental illness are different compared to everyone else in the general population.		people with mental illness are to blame for their problems.		people with mental illness can eventually recover.		people with mental illness are never going to contribute much to society.		people with mental illness should be felt sorry for or pitied.		people with mental illness are dangerous to others.	
Strongly Agree	1	2%	0	0%	11	17%	1	2%	1	2%	1	2%
Agree	11	17%	2	3%	8	13%	1	2%	1	2%	1	2%
Neither Agree or Disagree	7	11%	3	5%	1	2%	0	0%	0	0%	7	11%
Disagree	7	11%	14	22%	4	6%	8	13%	8	13%	6	10%
Strongly Disagree	1	2%	8	13%	2	3%	17	27%	17	27%	12	19%
Not Reported					1							

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree Not Reported

Graph 56 - Please tell us how much you agree with the following statements:



	The presenters demonstrated knowledge of the subject matter.		The presenters were respectful of my culture (race, ethnicity, gender, religion).		The training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion).	
Strongly Agree	23	37%	23	37%	23	37%
Agree	4	6%	4	6%	4	6%
Neither Agree or Disagree	0	0%	0	0%	0	0%
Disagree	0	0%	0	0%	0	0%
Strongly Disagree	0	0%	0	0%	0	0%

Strongly Agree Agree Neither Agree or Disagree Disagree Strongly Disagree

Based on the results from the **SDRPQ** surveys (graphs 13-16) providing stigma and discrimination reduction activities in the community created a change in how individuals viewed and perceived people who have a mental health illness.

Program Changes for FY 2021-2022 and 2022-2023

On March 14, 2022, ICBHS held its Mental Health Services Act (MHSA) Quarterly Steering Committee. Stakeholders were informed during the meeting that funding for the three-year Innovation Project: Positive Engagement Team (PET) would end on March 31, 2022. Based on extensive qualitative information gathered through surveys, client testimonials and staff interviews, the PET program obtained successful responses and there was an overwhelming desire for the PET program to continue. A recommendation to transition the PET Program from Innovation to the Prevention and Early Intervention (PEI) program under the Stigma and Discrimination Reduction component of PEI was made to stakeholders. This transition would

allow the PET Program to continue creating a welcoming environment at the outpatient clinics and at outreach events as the dogs would continue to be utilized as an engagement tool to decrease mental health stigma and discrimination.

Stakeholders present during the MHSA meeting did not object transitioning the PET program as a new Stigma and Discrimination Reduction Program (SDRDP) under PEI. With the approval of the stakeholders, ICBHS will transition the PET program to PEI as a new Stigma program with a start date of April 1, 2022. PEI is at risk of reverting $242,659 of FY 2017-2018 funds; however, in order to continue with the PET program, ICBHS will contract with the Humane Society of Imperial County (HSOIC) and will encumber $242,659 of at risk funds to develop a new contract with HSOIC for FY 2022/2023 to FY 2024/2025 in the amount of $627,003. Effective July 1, 2022 the existing Stigma and Discrimination Reduction Program will be renamed as the Positive Engagement Team (PET).

The final Innovative Project Report outlining the outcomes of this three-year PET Program will be presented to stakeholders during a MHSA Steering Committee meeting and will be submitted to the Mental Health Services Oversight and Accountability Commission (MHSOAC). In the next MHSA Three-Year Program Report, ICBHS will incorporate a description of the new PET Program to give community members and stakeholders an opportunity to get involved and provide feedback and recommended changes.

Program Goals and Objectives for FY 2022-2023

- Provide stigma and discrimination reduction activities through trainings, education and engagement by providing information and presentations to the community at large in order to decrease the stigma and discrimination related to mental health;

- Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting;

- Continue to utilize the Measurement Outcomes and Quality Assessment (MOQA) Stigma survey developed by California Institute of Behavioral Health Solutions (CIBHS) during outreach activities;

- Provide information on outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

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Outreach for Increasing Recognition of Early Signs of Mental Illness

Program Description

Imperial County Behavioral Services continuously engages and educates community members on ways to recognize and respond effectively to early signs of mental illness via Outreach Services for Increasing Recognition of Early Signs of Mental Illness. Mental Health Rehabilitation Technicians (MHRTs) assigned to the First Step to Success (FSS) are collocated at several transitional kindergarten (TK) and kindergarten classrooms throughout Imperial County with the goal of educating teachers on identifying young children who may require mental health services.

TK/Kindergarten teachers are in a position to identify early signs of potentially serious mental health issues that if undiagnosed, could lead to negative life outcomes, such as school dropout, incarceration, substance use, and homelessness. FSS MHRTs also provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to the parents/legal guardians/caregivers in order to educate them in identifying early signs of mental health issues in their children and engaging them in seeking services. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) clinicians also provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to families, school personnel, community members, and service providers with the goal of providing them with education on identification of early signs of mental illness and to engage them in seeking mental health services.

Budget

For FY 2020-2021 the cost per contact for the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* Program was $592 per contact, this included the cost of clinicians and MHRTs providing services.

The total operating budget projected for FY 2022-2023 for the Outreach for Increasing Recognition of Early Signs of Mental Illness program is $54,311. It is estimated the program will serve 100 unduplicated clients for FY 2022-2023 which is an estimated cost of $543 per client.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

During the COVID-19 pandemic the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* faced challenges in providing outreach services because in-person community events ceased and schools transitioned to virtual learning. As a result, requests for *Outreach* activities greatly decreased and were very limited as all in-person services were provided via Zoom or by telephone. Additionally, the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* program also faced staffing shortages due to the "Great Resignation" of mental health staff. During the pandemic, there were opportunities to conduct outreach services via drive-thru events. Once the restrictions are lifted the program will continue to provide outreach in support of early recognition of signs of mental illness.

Program Demographics

Table 58 - Demographic information for Outreach FY 2020-2021

Age Group	Total	Percentage
16-25	7	8%
26-59	37	42%
Decline to Answer	44	50%
Total	88	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	37	42%
Male	7	8%
Decline to Answer	44	50%
Total	88	100%
Gender Identity	**Total**	**Percentage**
Female	37	42%
Male	8	9%
Decline to Answer	43	49%
Total	88	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	45	51%
Declined to answer	43	49%
Total	88	100%
Race	**Total**	**Percentage**
American Indian/Alaska Native	2	2%
White	36	41%
Other	5	6%
Decline to Answer	45	51%
Total	88	100%
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	45	51%
Decline to Answer	43	49%
Total	88	100%
Language	**Total**	**Percentage**
English	43	49%
Spanish	2	2%
Decline to Answer	43	49%
Total	88	100%
Veteran Status	**Total**	**Percentage**
No	44	50%
Decline to Answer	44	50%
Total	88	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	45	51%
Decline to Answer	43	49%
Total	88	100%

Achievements of Performance Outcomes

For FY 2020-2021 the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* program provided outreach services to provide 72 Educational sessions and 16 trainings to 88 teachers, parents/legal guardians/caregivers and professionals in the community. It is hoped by FY 2021-2022 outreach activities increase due to the return of in-person instruction and community events.

Table 59 - No. of Presentations and No. Served FY 2020-2021

Program	Type of Presentation	Location/ Agency	No. of Presentations	No. Served
Outreach Services for Increasing Recognition of Early Signs of Mental Illness	Educational	Elementary Schools	47	47
	Trainings	School Districts	10	10
	Educational	Imperial Irrigation District	3	3
	Trainings	Law Enforcement	3	3
	Educational	City Libraries	2	2
	Educational	Community Agencies	16	16
	Trainings	Imperial Office of Education	3	3
	Educational	Imperial Valley College	4	4
	Totals		88	88

Program Changes for FY 2021-2022 and 2022-2023

No program changes are planned for FY 2021-2022 and FY 2022-2023.

Program Goals and Objective for FY 2022-2023

- Provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* by providing information, trainings, and presentations to the community;
- Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting, and;
- Provide information on program outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

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Access and Linkage to Treatment Program

Program Description

Imperial County Behavioral Services provides *Access and Linkage* services through the Prevention and Early Intervention (PEI) Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and First Step to Success (FSS) programs. Both the TF-CBT and FSS programs connect children/youth and their parents/legal guardian/caregivers to appropriate mental health treatment. All children/youth referred to TF-CBT and/or FSS are screened and assessed by master's levels clinicians for mental health services. Children/youth who meet medical necessity are linked to either early intervention services or to treatment. Children/youth who do not meet medical necessity are provided prevention services along with their parents/legal guardians/caregivers to prevent the child/youth from developing a mental health issue.

Budget

For FY 2020-2021 the cost per client for the *Access and Linkage to Treatment* Program was $199 per contact, this includes the cost of clinicians and MHRTs providing services.

The total operating budget projected for FY 2022-2023 for the Access and Linkage to Treatment program is $54,508. It is estimated the program will serve 300 unduplicated clients for FY 2022-2023 which is an estimated cost of $182 per client.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

Due to the COVID-19 pandemic, The *Access and Linkage* program encountered the same challenges and barriers as other PEI programs as referrals decreased which led to a decrease in admissions to the programs and the number of clients served. The stay at home orders also limited the accessibility of PEI staff to go out to the community and promote PEI programs. It is hoped that when in-person events resume and communities and schools re-open, the number of referrals and admissions will increase.

Program Demographics

Table 60 - Demographic Information for Outreach FY 2020-2021

Age Group	Total	Percentage
0-15	270	97%
16-25	9	3%
Total	279	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	126	45%
Male	153	55%
Total	279	100%
Gender Identity	**Total**	**Percentage**
Female	126	45%
Male	153	55%
Total	279	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	258	92%

Lesbian	1	1%
Bisexual	2	1%
Questioning	2	1%
Declined to Answer	16	5%
Total	279	100%
Race	Total	Percentage
Black or African American	2	.5%
White	275	99%
Other	2	.5%
Total	279	100%
Ethnicity	Total	Percentage
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	250	90%
Other Hispanic/Latino	9	3%
Non-Hispanic or Non-Latino:		
European	8	2.5%
African	2	1%
Other	8	2.5%
Decline to Answer	2	1%
Total	279	100%
Language	Total	Percentage
English	172	62%
Spanish	106	37%
American Sign Language	1	1%
Total	279	100%
Veteran Status	Total	Percentage
No	279	100%
Total	279	100%
Identifies with any Disability or Special Needs	Total	Percentage
No	279	100%
Total	279	100%

Achievements of Performance Outcomes

The *Access and Linkage to Treatment* program was able to link 279 clients to mental health prevention, early intervention or treatment services. The Access and Linkage to Treatment Program obtained the following client outcomes for all the clients served during FY 2020-2021.

Table 61 – TF-CBT (Prevention) FY 2020-2021

Total No.	Percentage	Client Outcomes
12	21%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
2	3%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services
29	49%	Declined services either at intake or afterwards, or moved out of county
16	27%	Actively being served as of June 30, 2021

59	100%	**Total**

Table 62 - FSS (Prevention) FY 2020-2021

Total No.	Percentage	Client Outcomes
4	24%	Successfully Completion – Did not require higher level of care and are not actively receiving mental health treatment.
6	35%	Transferred, averaging within 1 calendar day, to a higher level of care – Early Intervention Services.
1	6%	Transferred, averaging within 10 calendar days, to a higher level of care – Treatment Services.
6	35%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
17	100%	**Total**

Table 63 – TF-CBT (Early Intervention) FY 2020-2021

Total No.	Percentage	Client Outcomes
9	8%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
12	11%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services
51	45%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services
19	17%	Declined services either at intake or afterwards, or moved out of county
21	19%	Actively being served as of June 30, 2021
112	100%	**Total**

Table 64 - FSS (Early Intervention) FY 2020-2021

Total No.	Percentage	Client Outcomes
21	23%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
3	3%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services. Or being screened out.
5*	5%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services
16	18%	Declined services either at intake or afterwards, or moved out of county
46	51%	Actively being served as of June 30, 2021
91	100%	Total

*Clients transferred to a higher level of care for additional services such as medication support, therapy, Intensive Home Based Services (IHBS) or Intensive Care Coordination (ICC); continued to receive MHRT services through FSS for continuum of client care.

Program Changes for FY 2021-2022 and 2022-2023

No program changes are planned for FY 2021-2022 and FY 2022-2023

Program Goals and Objective for FY 2022-2023

- Provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* by providing information, trainings, and presentations to the community;
- Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting, and;
- Provide information on program outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

Early Intervention Program

Mental Health Services Act (MHSA) Prevention Early Intervention (PEI): Trauma Focused Cognitive Behavior Therapy (TF-CBT) – Early Intervention

Program Description

ICBHS continues to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program. TF-CBT assists the children/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 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 TF-CBT are conducted out in the community to serve the unserved and/or underserved populations in Imperial County. Services are provided in English and Spanish in non-threatening settings that provide a safe environment for children/youth and their families.

Budget

For FY 2020-2021, TF-CBT provided services to 112 children/youth and approximately to 140 parents/legal guardians/caregivers at a cost of $1,404 per child/youth and parent/legal guardian/caregiver. This total includes costs for implementation of the model by a licensed clinical social worker and/or master's level clinicians; as well as, linkage and referral services to the child/youth and their parents/legal guardians/caregivers.

The total operating budget projected for FY 2022-2023 for the TF-CBT Early Intervention program is $212,496. It is estimated the program will serve 200 unduplicated clients for FY 2022-2023 which is an estimated cost of $1,062 per client.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

TF-CBT receives referrals from community agencies, outpatient clinics, and schools. However, a majority of referrals are made by schools. During school year 2020-2021, schools remained closed and classes shifted from in-person to virtual, which greatly decreased the number of referrals received and the number of clients served. During FY 2020-2021, mental health services continued to be provided via telehealth or telephone. For high-risk clients, in-person visits were provided as long as all COVID-19 pre-cautions and regulations were followed. The TF-CBT program was also affected by the resignation of several clinical staff and filling their vacancies has posed a challenge for the program.

The TF-CBT program utilizes the following performance outcome measurement tools: Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA PTSD-RI-SR) and UCLA Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI). Scores from pre and post

outcome measurement tools are entered into the client's electronic health record (MyAVATAR) and also manually into an Excel spreadsheet by the PEI Administrative Analyst. This process is used by the program as MyAvatar does not have the capability to run reports to determine the effectiveness of TF-CBT on clients. Currently, ICBHS Information Systems department is working with Todd Sosna, PhD., to develop a data collection system in which the system will be able to generate reports that will evaluate the effectiveness of the program as an early intervention.

Another challenge faced by the program was obtaining completed pre and post outcome measurement tools from children/youth and their parents/legal guardians/caregivers. Of the 112 children/youth served, 14 youth completed the Pre YOQ-SR and 22 completed the Pre UCLA PTSD-RI-SR. For children/youth who completed TF-CBT only 6 completed a post YOQ-SR and 14 completed a post UCLA-PTSD-RI-SR. Factors that contributed to the low number of completion of pre and post performance outcome measurement tools are as follows: 1. Children/youth were transferred to a higher or lower level of care during treatment, 2. The YOQ-SR and UCLA PTSD-RI-SR are for youth ages 12 to 18 and many of the client served under the program were under 12 years of age, and 3. Many children/youth did not complete the tools even after attempts by clinicians to engage with them and have the tools returned. The same challenge was also encountered with the parent/legal guardians/caregivers of children/youth participating in the program. Only 30 parents/legal guardians/caregivers completed a pre YOQ and 28 completed a pre UCLA PTSD-RI. Sixteen parents/legal guardians/caregivers completed a post YOQ and 17 completed a post UCLA PTSD-R. All performance outcome measurement tools for parents/legal guardians/caregivers were not collected due to the following: 1. Parents/legal guardians/caregivers requested discharge of services during treatment, 2. Parents/legal guardians/caregiver were not compliant with treatment, 3. Clients were transferred to other programs, and 4. Clients continued receiving services after June 30, 2021.

Program Demographics

Table 65 - Demographic Information for PEI: TF-CBT FY 2020-2021

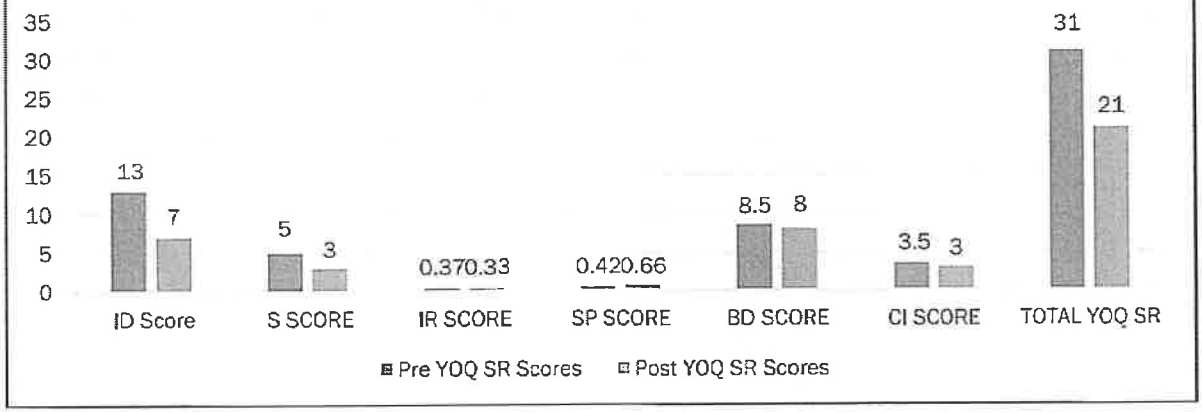
Age Group	Total	Percentage
0-15	104	93%
16-25	8	7%
Total	112	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	55	49%
Male	57	51%
Total	112	**100%**
Gender Identity	**Total**	**Percentage**
Female	55	49%
Male	57	51%
Total	112	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	91	81%
Lesbian	1	1%
Bisexual	2	2%
Questioning	2	2%
Declined to answer	16	14%

Total	112	**100%**
Race	**Total**	**Percentage**
Black or African American	1	1%
White	110	98%
Other	1	1%
Total	112	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	99	89%
Other Hispanic/Latino	6	5%
Non-Hispanic or Non-Latino:		
African	1	1%
Other	6	5%
Total	112	**100%**
Language	**Total**	**Percentage**
English	67	60%
Spanish	44	39%
American Sign Language	1	1%
Total	112	**100%**
Veteran Status	**Total**	**Percentage**
No	112	100%
Total	112	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	112	100%
Total	112	**100%**

Achievement of Performance Outcomes

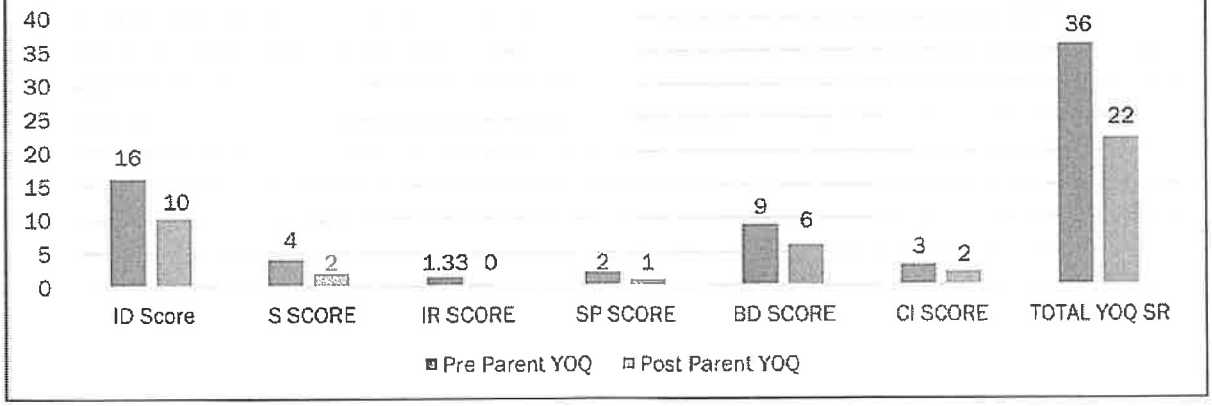
The Trauma Focused Cognitive Behavioral Therapy (TF-CBT) early intervention programs utilizes the following performance outcome measurement tools: Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA PTSD-RI-SR), and UCLA Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI). Graphs 17 through 20 illustrates the results from pre and post-performance outcome measurement tools for the program.

Graph 57 - Average Outcomes on Pre (n=14) and Post (n=6)
YOQ-SR
FY 2020-2021



The YOQ-SR is a self-reporting tool completed by the child/youth and measures changes in functioning. The YOQ-SR measures the following areas of the child/youth: interpersonal distress (ID); somatic distress (S); interpersonal relationships (IR); critical items (CI) (paranoid ideation and suicide ideation); social problems (SP); and behavioral dysfunction (BD). As illustrated in Graph 17 there were post score reductions in interpersonal distress, somatic distress, interpersonal relationships, behavioral dysfunction, and critical items. Total YOQ-SR scores also decreased by 10 points.

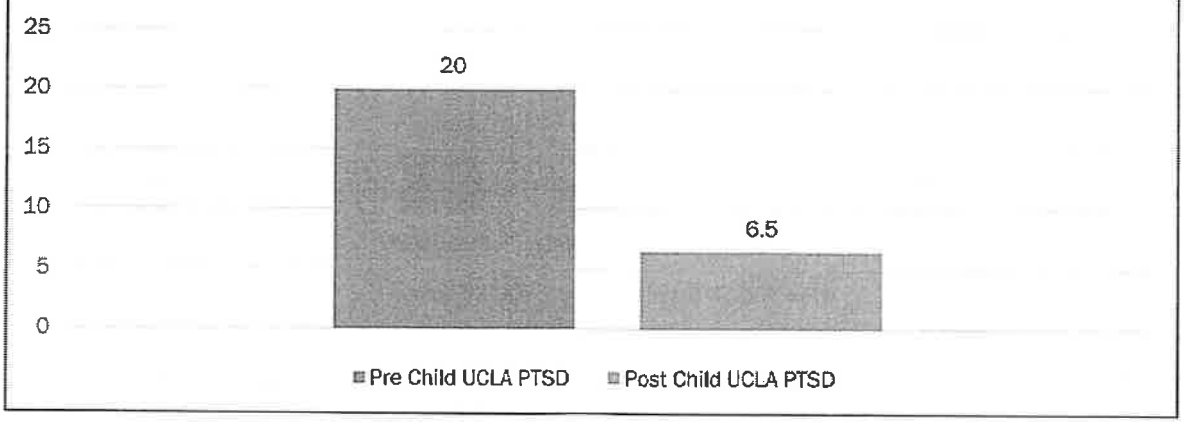
Graph 58 - Average Outcomes Pre (n=30) and Post (n=16)
YOQ (Parent/Legal Guardian/Caregiver)
FY 2020-2021



The YOQ tool assesses the parent/guardian/caregiver's perception in several areas of the child's mental health functioning. The YOQ measures the following areas: interpersonal distress (ID); somatic (S) distress; interpersonal relationships (IR); critical items (CI) (paranoid ideation and suicide ideation); social problems (SP); and behavioral dysfunction (BD). As seen

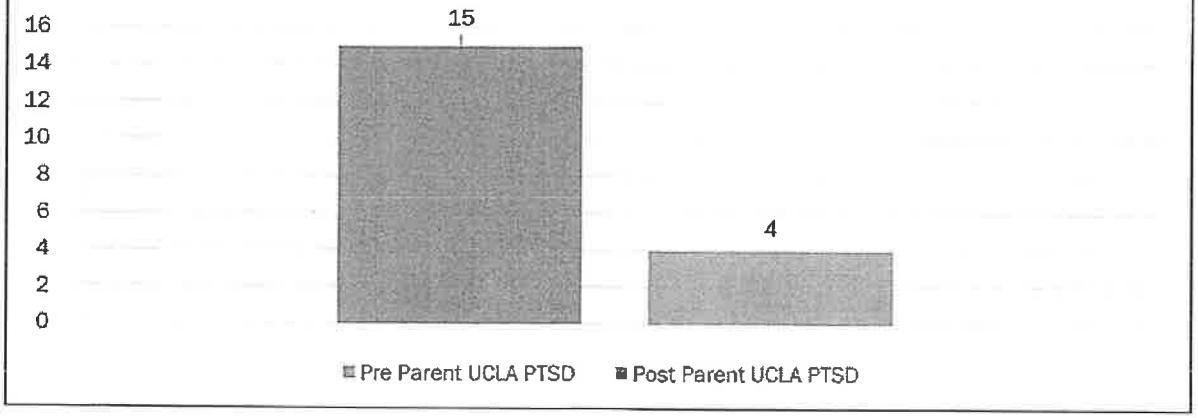
in Graph 18 there was a post score reduction in all areas and the total YOQ scores decreased by 14.

Graph 59 - Average outcomes on Pre (n=22) and Post (n=14)
UCLA PTSD-SR
FY 2020-2021



The UCLA PTSD is a self-measuring tool completed by the child/youth and it measures symptoms and frequency of symptoms associated with Post-Traumatic Stress Disorder (PTSD). Graph 19 illustrates that there was a reduction of symptoms and frequency of symptoms associated with PTSD when children/youth were provided with TF-CBT as an early intervention.

Graph 60 - Average outcomes on Pre (n=28) and Post (n=17)
UCLA PTSD (P/LG/C)
FY 2020-2021



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

Graphs 19 and 20 prove that providing TF-CBT as an early intervention program continues to be effective in improving the mental health and overall functioning of children/youth exposed to trauma. This is evidenced by the decrease in scores in the YOQ, YOQ-SR, UCLA-PTSD-RI, and UCLA PTSD-RI-SR. Therefore, based on the outcomes presented PEI TF-CBT continues to show to have a positive impact in the lives of children and youth in our community.

Program Changes for FY 2021-2022 and FY 2022-2023

There are no planned changes to the program for this current fiscal year or next fiscal year.

Program Goals and Objectives for FY 2022-2023

- Provide TF-CBT as an early intervention strategy to children and youth in order to overcome the functional impairments of a traumatic event;
- Collect evaluation data to measure the outcome and performance of the TF-CBT Program as an early intervention strategy;
- Utilize the Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA PTSD-RI-SR), and UCLA Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI) to monitor outcomes and effectiveness of TF-CBT as an early intervention;
- Collect demographic information on populations served, when possible, for purpose of program evaluation and reporting;
- Provide information on program outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

First Step to Success (FSS)

Program Description

From March 2014 to March 2019, ICBHS utilized innovation funds to implement the First Step to Success (FSS) program. ICBHS utilized the FSS program as a vehicle to develop a collaborative relationship between mental health and education. Prior to the implementation of FSS, the penetration rates for young children in Imperial County were below state and small county averages. The FSS Program was developed as a method to ensure long-lasting interagency collaboration in order to provide and increase access to mental health services to young children. As an innovation program FSS was able to increase the penetration rates of young children above state and small county averages. It was also successful in creating and maintaining a collaborative relationships with school districts throughout Imperial County. In FY 19-20, FSS transitioned from an Innovation Project to a Prevention Program under PEI. The transition has allowed ICBHS to continue to provide early intervention services to unserved and underserved children in Imperial County.

Historically, FSS has been implemented by school personnel and focuses on the kindergarten population. FSS is a positive reinforcement program designed to assist children in developing pro-social skills that will assist them in becoming successful at school and home. ICBHS used Mental Health Rehabilitation Technicians (MHRTs), rather than school personnel, to provide FSS interventions at school. The FSS MHRT also engages with the parent/legal guardian/caregiver of the identified child and works with them for 1 hour per week for twelve weeks using a promising practice parenting model: Parents Reach Achieve and Excel through Empowerment Strategies (PRAXES). Through PRAXES parents/legal guardians/caregivers develop and implement skills on how to support and enhance their home and school success. For FY 2020-2021, all services provided by FSS were via zoom or telephone. For high-risk cases, in-person visits were provided and all COVID-19 regulations and guidelines were implemented by staff to ensure the safety of all parties.

Budget

For FY 2020-2021, the FSS Program provided services to 91 children and approximately 126 parents/legal guardians/caregivers at a cost of $1,831 per child and parent/legal guardian/caregiver. The costs includes the salaries of 4 full-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.

The total operating budget projected for FY 2022-2023 for the FSS Early Intervention program is $380,612. It is estimated the program will serve 150 unduplicated clients for FY 2022-2023 which is an estimated cost of $2,537 per client.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

FSS is a school-based program and FSS MHRT's are collocated at several schools throughout Imperial County. During school year 2020-2021, all schools in Imperial County remained closed due to the pandemic and instruction was conducted virtually, which greatly impacted the amount of referrals received by schools and affected the numbers of children being admitted

and served by the program. Some referrals are received from the outpatient clinics and community agencies, but a majority of FSS referrals come directly from TK and Kindergarten teachers.

FSS utilizes three performance outcome measurement tools: the Pediatric Symptom Checklist (PSC-35); Child and Adolescent Needs and Strengths (CANS); and the Parental Stress Index (PSI). Pre and post scores are entered into the client's electronic health record (MyAVATAR) and also manually into an Excel spreadsheet by PEI Administrative Analyst. This process is used by the program as MyAvatar does not have the capability to run reports to determine the effectiveness of the program on clients. Currently, ICBHS Information Systems department is working with Todd Sosna, PhD., to develop a data collection system in which the system will be able to generate reports that will evaluate the effectiveness of the program as an early intervention.

Another challenge faced by FSS was obtaining completed pre and post performance outcome measurement tools from parents/legal guardians/caregivers of identified children. Of the 91 children who were served, 28 parents/legal guardians/caregivers completed the pre PSC-35 and 37 completed the post PSC-35. For the CANS tool, 20 parents/legal guardians/caregivers completed the pre CANS and 18 complete a post CANS. For the PSI, 16 parents/legal guardians/caregivers completed a pre PSI and 8 completed a post PSI. Factors that contributed to not obtaining all 91 performance outcome measurements tools are as follows: 1. Children were transferred out of the FSS program to either a higher or lower level of care either during treatment or after intake, 2. Parents/legal guardians/caregivers requested to discharge all services prior to ending treatment, 3. Children were transferred to other programs during treatment as they required a higher or lower level of care, 4. Parents/legal guardians/caregivers and children were non-compliant to treatment, and 5. Children continued receiving services after June 30, 2021. For children that continue to receive services the FSS program will continue to educate the parents on the importance of completing all surveys.

Program Demographics

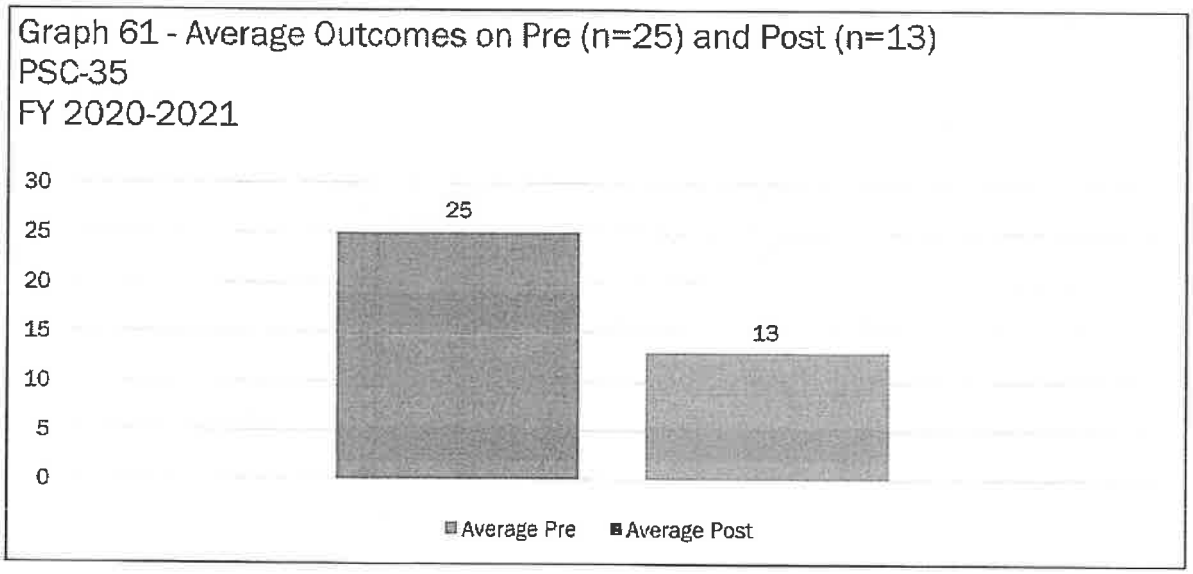
Table 66 - Demographic information for FSS FY 2020-2021

Age Group	Total	Percentage
0 - 15	91	100%
Total	91	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	29	32%
Male	62	68%
Total	91	100%
Gender Identity	**Total**	**Percentage**
Female	29	32%
Male	62	68%
Total	91	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	91	100%
Total	91	100%
Race	**Total**	**Percentage**
White	90	99%
Black or African American	1	1%

Total	**91**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	82	91%
Other	3	3%
Non-Hispanic or Non-Latino:		
African	1	1%
European	3	3%
Number of respondents who declined to answer	2	2%
Total	**91**	**100%**
Language	**Total**	**Percentage**
English	47	52%
Spanish	44	48%
Total	**91**	**100%**
Veteran Status	**Total**	**Percentage**
No	91	100%
Total	**91**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	91	100%
Total	**91**	**100%**

Achievement of Performance Outcomes

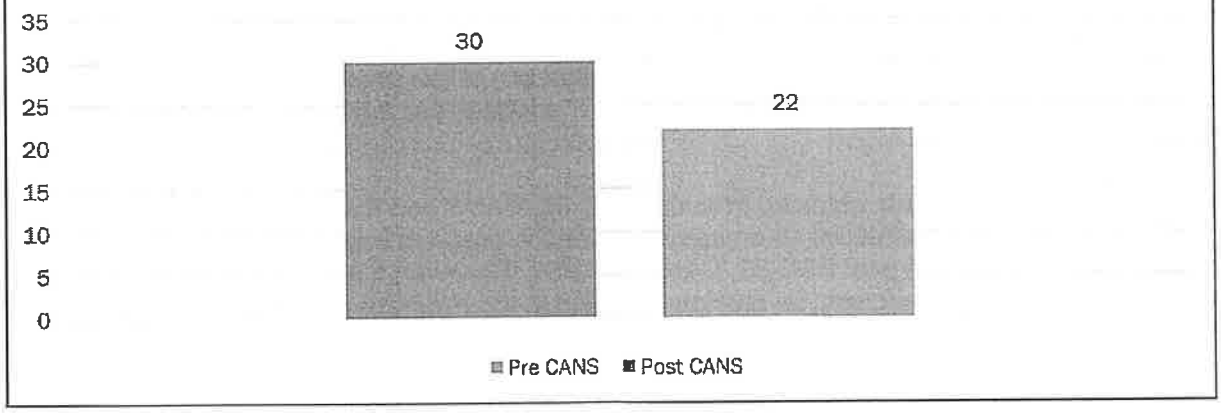
Graphs 21 through 23 illustrate the outcomes of FSS based on scores obtained from the three performance outcome measurement tools.



The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool completed by parents/legal guardians/caregivers. It is designed to facilitate the recognition of cognitive, emotional, and behavioral problems at the earliest signs and the appropriate interventions that can be initiated to deter identified concerns and issues. Graph 21 shows that post PSC-35 scores decreased when compared to pre PSC-35 scores, which indicates improvement upon

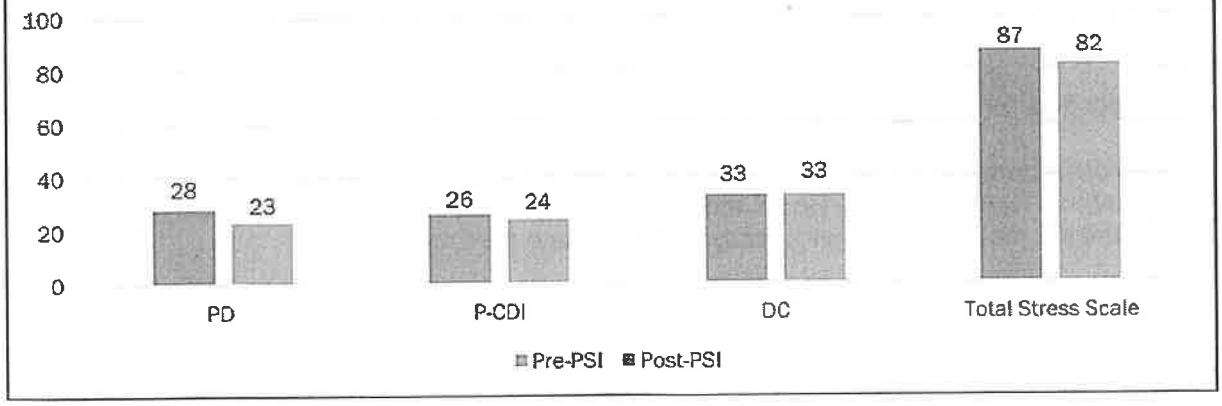
completion of the program. Twenty-five (25) parents/legal guardians/caregivers completed a Pre PSC-35 and 13 completed a Post PSC-35.

Graph 62 - Average Oucomes Pre (n=30) and Post (n=22)
CANS
FY 2020-2021



The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose assessment tool developed to assess the well-being of children/youth ages 6 to 20. The CANS gathers information on the child/youth's and parents/legal guardian/caregivers needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. The CANS is used to decide which of a child/youth's needs are the most important to address in treatment or service planning. Thirty (30) parents/legal guardians/caregivers completed a Pre CANS and 22 completed a Post CANS. As illustrated in Graph 22, CANS scores decreased for participants who completed the program as the needs that required helped and/or intervention were addressed by the program.

Graph 63 - Average Outcomes on Pre (n=16) and Post (n=6)
PSI
FY 2020-2021



The FSS program collected information on the effectiveness of the PRAXES parenting model which is provided to client's parents/legal guardians/caregivers within the program. The Parental Stress Index (PSI) is administered to parents/legal guardians/caregivers in the first session and during the last session of PRAXES. 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. This tool focuses on three major domains of stress: child characteristics, parent characteristics and situational/demographic life stress. Sixteen (16) parents/legal guardians/caregivers accepted to participate in the PRAXES model and 6 completed all 12 sessions of the parenting model. Graph 23 shows that two of the three domains measured by the PSI decreased upon completion of PRAXES. The total stress scale also decreased from 87 to 82.

Based on the outcome data obtained from the PSC-35, CANS and PSI tools, the FSS program continues to show to be effective as an early intervention program based on the decrease in the overall total scores of the post PSC-35, CANS and PSI. However, there are still challenges that the program needs to overcome, as previously stated in the Program Challenges' section of this report.

Program Changes for FY 2021-2022 and FY 2022-2023

There are no planned changes to the program for this fiscal year or next fiscal year.

Program Goals and Objectives for FY 2022-2023

- Maintain 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 during FY 2022-2023 in efforts to cover all Imperial County school districts in order to reach unserved and underserved children;
- Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model;
- 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;
- Collect data for evaluation purposes of the PEI FSS program, and;
- Provide information on program outcomes to the community and stakeholders via Behavioral Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, and print media.

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Innovation

Positive Engagement Team (PET)

Project Description

Imperial County Behavioral Health (ICBHS) experienced difficulties in engaging hard-to-reach populations in need of mental health services. ICBHS utilized several strategies in efforts to increase access to services to unserved and underserved populations. However, despite 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 averages from the state and other small counties.

ICBHS conducted an extensive Community Program Planning Process (CPPP) in which community members and stakeholders provided feedback on community needs through their participation in the decision-making process around the design and implementation of the Innovation Project.

Based on community and stakeholder 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 the penetration rate and improving appointment attendance. The innovative component of the PET project is to utilize dogs as a tool to engage consumers into mental health treatment. It is hoped this strategy will lead to the reduction of stigma related to mental health and increase motivation to participate in treatment and increase adherence to appointments.

On July 11, 2019, ICBHS contracted with the Humane Society of Imperial County (HSOIC) to implement the PET project and have trained dogs to use for engagement and outreach events. The HSOIC's responsibilities include training dogs in obedience, training dog handlers, providing veterinary care, grooming, and feeding. HSOIC also provides transportation for the daily delivery of dogs to designated clinics or locations where services and/or outreach activities are provided.

On August 27, 2019, ICBHS also contracted with Todd Sosna, Ph.D., from Todd Sosna Management Consulting (TSMC), to evaluate and analyze outcomes of the PET project. TSMC developed a community outreach survey to be provided to the community during outreach events and an engagement survey to be provided to clients as they arrived to the outpatient clinic for intake assessment, initial nursing assessment, initial psychiatric assessment or for their first therapy appointment. All surveys were developed in English and in Spanish.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

During FY 2020-2021, the PET project faced a major obstacle as Imperial County, along with the rest of the California, went into lockdown due to COVID-19. All PET project services such as client engagement at outpatient clinics and community outreach engagements were put on

hold. Due to state and federal safety measures, none of the dogs, pet handlers, or Community Service Workers were allowed at the clinics as all routine non-urgent appointments were conducted using telehealth or telephone.

Virtual Engagement

The PET project Community Service Workers (CSW's), dogs and dog handlers faced challenges during the initial phase of the program. However, the PET project adopted and modified to the challenges brought on by COVID-19 and shifted to virtual engagements. Virtual engagements were new for PET project staff, dogs, handlers, the clinics and consumers, since all participation was previously conducted in-person. Nonetheless, the PET project coordinated with all involved parties so that the dogs could be present during consumer's telehealth appointments. Virtual engagements were difficult for some consumers as they did not have the technological equipment for telehealth services. Connectivity was also another challenge encountered by virtual events as during engagement with the dog consumers were being disconnected due to internet issues on their end. Completion of surveys was also difficult since engagements with the animal were moved from in-person to virtual events, which lead to the tailoring of surveys for the virtual environment.

Once the surveys were redesigned for the on-line environment, CSW's had to contact consumers after their scheduled virtual engagement to complete the survey. This was a challenging task for the CSW's as they needed to consistently follow-up with the consumer to ensure the survey was completed. Despite efforts made by the CSW's to contact the consumer to complete the survey, most consumers did not answer their telephone after the engagement. For FY 2020-2021, the PET project collected a low number of 16 surveys due to the above mentioned.

Before the pandemic, when in-person appointments were the norm, the dogs' presence in the waiting room was a welcoming distraction and CSW's were able to engage with consumers and were able to take their time to complete the required survey. Although the PET project adopted to challenges brought by COVID-19 the outcome of the program was not successful as the original plan required in-person interaction with the dogs, which would then increase the number of completed surveys.

Outreach Engagement

The PET project had 20 community outreach events, attended by an estimated 313 community members. Due to COVID-19 pandemic and social distancing guidelines only 11 community outreach surveys were completed. The 11 surveys completed were from outreach events held at the I.V. Mall and Calexico Recreational Department. Demographic data was only collected from 104 community members. Staff collected data from the following community outreach events: 88 from Betty Jo McNeece Receiving Home, 7 from the Imperial Valley Mall and 9 from the ICBHS Vista Sands Programs. Some of the challenges with collecting completed surveys with demographic data was due to restrictions brought on by COVID-19 during FY 2020-2021.

Project Demographics

Demographics data of the Outreach Events for FY 2020-2021:

Table 67 - Demographics

Outreach Data	
Outreach events in the community	20
Outreach Surveys completed	11
Estimated attendees during outreach events	313
Total participants whose demographics were collected by staff	104
Language	
English	93
Spanish	11
No Response	0
Total	104
Gender	
Female	65
Male	39
No Response	0
Total	104
Race	
American Indian or Alaska Native	0
Asian	0
Black or African American	0
Native Hawaiian or other Pacific Islander	0
White	104
Other	0
More than one race	0
No response	0
Total	104
Ethnicity/Hispanic or Latino as follows	
Caribbean	0
Central American	0
Mexican/Mexican-American/Chicano	0
Puerto Rican	0
South American	0
Other	0
No Response	104
Total	104
Non-Hispanic or Non-Latino as follows	

African	0
Asian Indian/South Asian	0
Cambodian	0
Chinese	0
Eastern Europe	0
European	0
Filipino	0
Japanese	0
Korean	0
Middle Eastern	0
Vietnamese	0
Other	0
No Response	104
Total	104
Sexual Orientation	
Gay or Lesbian	0
Heterosexual or Straight	0
Bisexual	0
Questioning or unsure of sexual orientation	0
Queer	0
Another sexual orientation	0
No response	104
Total	104
Veteran Status	
Yes	0
No	0
No response	104
Total	104
Age	
0-15	35
16-25	33
26-59	36
60+	0
No Response	
Total	104

Achievement of Performance Outcomes

During FY 2020-2021 there were a total of 3 dogs assigned to the PET Project, Betty Boop, Stevie, and Ruby. As a result of the COVID-19 pandemic 1 dog, Ruby, was trained but did not provide services. Ruby was adopted and was removed from the project. As previously

mentioned, during FY 2020-2021 the PET project focused mainly on overcoming the challenges faced by the pandemic. Staff were able to overcome challenges and staged no-contact engagements with a revamped survey tailored to these events. Nonetheless, completion of surveys was still low.

Virtual Engagement

An achievement that needs to be highlighted the creation of new surveys tailored to virtual appointments and the collaboration between outpatient clinical staff and PET project staff. PET project staff worked in close collaboration with TSMC consulting for several weeks and created 5 new surveys that were tailored to virtual appointments. The 5 surveys are listed below:

- Survey 1: Initial Appointment with Dog Scheduled
- Survey 2: Initial Appointment without Dog Schedule
- Survey 3: Missed Appointment with Dog Scheduled
- Survey 4: Missed Appointment without Dog Scheduled
- Survey 5: Attended Initial Appointment No Dog Scheduled

Although the PET Project faced many challenges, one of the achievements of the program was the consumer's feedback from the virtual engagements via Zoom. All feedback was positive and the few consumers that participated in the virtual events stated they looked forward with having the dogs present during their upcoming telehealth appointment. Clinic staff and CSW's also noticed how engaged and comfortable consumers were with dogs being present during their virtual appointments. In total, 16 virtual engagements surveys were completed. Below is the survey data of the Clinic surveys for FY 2020-2021:

Table 68 – PET Clinical Surveys

Clinic Survey (n=16) Type of Survey	
Survey for Initial appointment with dog	12
Survey for Initial appointment without dog	2
Survey for missed appointment with dog scheduled	2
Total	16
Survey for Initial Appointment with Dog	
Survey Language	
English	7
Spanish	5
Total	12

Question	Response	Number of Response
1. Your child recently began treatment with Imperial County Behavioral Health Services; before that, had a family member ever	Yes	7
	No	5
	Total	12
	Son	2
	Daughter	2

received treatment from the county before? If yes, which family member ever received treatment from the county before?	Sister	1
	Grandmother and Grandmother's brother	1
	Not reported	6
2. When you think about the reasons you wanted your child to start services, how upsetting did your family find these feelings and behaviors on a scale from 1 to 5, with 1 being not at all upsetting and 5 being very upsetting and alarming.	Not at all upsetting(1)	3
	Not upsetting(2)	3
	Somewhat upsetting(3)	1
	Upsetting(4)	1
	Very upsetting(5)	4
3. Now moving to your recent appointment, did anything stand out to you about the appointment, positively or negatively?	Very Positive	1
	Positive	9
	Neutral	1
	Negative	1
	Total	12
	Participants comments:	
	Very positive on what's going to happen	1
	I feel my daughter will get better with treatment	1
	We are beginning to move forward	1
	I like that there are more treatment options/programs	1
	I liked how the appointment went, how the clinician asked the questions	3
	It got my attention the type of personal questions asked during intake(Neutral)	1
	I prefer to receive services in-person	1
	No reported	3
4. And now that your family has begun treatment, have your feelings changed at all since the appointment?	Yes, positively	2
	Yes, I feel hopeful for what is next	2
	Yes, I am glad we had the appointment	1
	No, treatment was not needed	1
	Not yet, appointment was yesterday	2
	Client is still upset but he accepted he needs help	1
	Not yet, he will barely have his first therapy session	1

	No	2
5. One of our clinic dogs, made a special appearance during the appointment, right? Our hope is that the dogs can help make the process of beginning treatment a little more comfortable. Do you think using the dogs this way is worthwhile?	Yes, very helpful	6
	Yes, helpful	4
	Yes	2
	No	0
6. How would you describe your experience with the dog during the appointment?	Helped my son to relax, he enjoyed it since he likes pets.	1
	Helps with anxiety	2
	Helped client to relax	2
	Helpful, the program can help many kids	1
	Really good experience, it engaged and motivated my daughter	1
	I loved having the dog present	1
	Very hopeful, client will enjoy having dogs at clinics	1
	Good experience	1
	Really good, helped my son feel more at ease and comfortable	1
	Great idea, it is an incentive for children to attend	1
7. That was our last question for you. Is there anything else that you would like to say that we didn't ask you about or do you have any questions for us?	When can we get in-person treatment?	1
	Having dogs at the clinics is very good, it helps kids relax.	1
	Client felt comfortable with the therapist, I feel hopeful about the outcome.	1
	No	5
	Client liked everything so far.	1
	I liked that they involve parents in treatment, Dogs at the clinics will be helpful for children.	1
	Very good experience, evaluation went well.	1
	Kids need someone to talk to during the pandemic.	1

Missed Initial Appointment WITH DOG Survey	
Survey Language	
English	1
Spanish	1
Total Surveys	2

Question	Response	Number of Response
1. Your child recently scheduled to begin treatment with Imperial County Behavioral Health Services; ever received treatment from the county before?	No	2
	Yes	0
2. When you think about the reasons you wanted your child to start services, how upsetting did your family find these feelings and behaviors on a scale from 1 to 5, with 1 being not at all upsetting and 5 being very upsetting and alarming?	2	1
	2 or 3	1
3. Do you recall what got in the way of being able to attend the appointment	I was working: I requested the clinic to call my husband	1
	Could not come out of work on time	1
4. Was virtual meeting technology (Zoom, internet access) a barrier?	No	2
	Yes	0
5. Was the need for child care a barrier?	No	2
	Yes	0
6. Was remembering the appointment a barrier?	No	2
	Yes	0
7. Was the child's willingness to participate a barrier?	No	2
	Yes	0
8. Was finding a time when something else wasn't also happening a barrier?	No	2
	Yes	0
9. Was finding a time when something else wasn't also happening a barrier?	No	2
	Yes	0

10. Was anxiousness about the appointment a barrier?	No	2
	Yes	0
11. After going through that list, are there any other barriers you encountered that day or sometimes that occurred to you?	No	2
	Yes	0

NO DOG at Initial Appointment Survey	
Survey Language	
English	1
Spanish	1
Total Surveys	2

Question	Response	Number of Response
1. Your child recently began treatment with Imperial County Behavioral Services; before that, had a family member ever received treatment from the county before?	No	2
	Yes	0
2. When you think about the reasons you wanted your child to start services, how upsetting did your family find these feelings and behaviors on a scale from 1 to 5, with 1 being not at all upsetting and 5 being very upsetting and alarming?	No	1
	Yes	1
3. Now moving to your recent appointment, did anything stand out to you about the appointment, positively or negatively?	Daughter was very pleased, she just prefers a female therapist	1
	The only thing I disliked is that it was done through zoom	1
4. And now that your family has begun treatment, have your feelings changed at all since the appointment?	No, everything is fine	1
	No, we still need to initiate therapy	1
5. Is there anything else that you would like to say that we didn't ask you about or do you have any questions for us?	No, everything is fine	2

Outreach Engagement

As the County lifted some of the COVID restrictions, PET activities commenced. The PET project started doing outreach out in the community by attending drive-thru health fairs, and community activities provided by local agencies or cities. During drive-thru activities the dogs and their handlers were present, while Community Services Workers (CSWs) assigned to the PET project were handing out ICBHS brochures, talking about ICBHS services and providing surveys to participants. Three (3) dogs, 3 pet handlers and 3 CSWs worked in collaboration to achieve this goal. The PET project had 20 outreach community events, which were held at the Betty Jo McNeece Receiving Home, I.V. Mall, Calexico Recreational Department, Mental Health Awareness Parade and ICBHS Vista Sands Programs (Calexico, El Centro and Brawley). During the outreach community events, 11 outreach surveys were completed from two events; 3 from Calexico Recreational Department and 8 at the I.V. Mall. The table below shows the data collected from the 11 Outreach Engagement surveys.

Table 69 – PET Outreach Surveys

Outreach Engagement Survey	
Survey Language	
English	9
Spanish	2
Total Surveys	11

Question	Response	Number of Response
1. Before today how aware were you of the availability and types of services offered by the Imperial County Behavioral Health Services (ICBHS)?	Very Aware	1
	Somewhat Aware	7
	Not Aware at All	3
	No Response	0
2. After hearing from members of the outreach team today, how likely would you be to reach out to ICBHS if you were looking for behavioral health information or services?	More Likely than Before	8
	As Likely than Before	2
	Less Likely than Before	0
	No Response	1
3. ICBHS is collaborating with the Humane Society on our PET project to integrate trained dogs at our clinics and as part of the outreach efforts. How did the presence of the dog affect your experience?	I liked having a dog	11
	The dog did not affect my experience	0
	I did not like having the dog	0
	There was no dog at the event	0
	No Response	0
4. Do you remember the dog's name?	More Likely than Before	11
	As Likely than Before	0
	Less Likely than Before	0
	No Response	0

5. Did the presence of the dog make you more likely to approach the ICBHS table?	Yes, the dog made me more likely to approach	10
	The dog did not affect my decision to approach	1
	No, the dog made me less likely to approach	0
	There was no dog at the event	0
	No response	0
6. If you could schedule an appointment with ICBHS when a dog would be at the clinic in the waiting area and available to sit in during sessions, would you be more likely to schedule and attend your appointments?	More likely than before	10
	As likely as before	1
	Less likely than before	0
	No response	0

Based on responses from the surveys, most of our community members and our consumers enjoyed having the dogs virtually during clinic appointments and physically at outreach events. Community members more likely than before to seek mental health services by having the dog present during virtual clinic appointments.

Project Changes July 2021 to March 2022

TSMC made several recommendations based on findings for the second year of implementation. The following recommendations intend to augment project efficacy and increase consumer satisfaction.

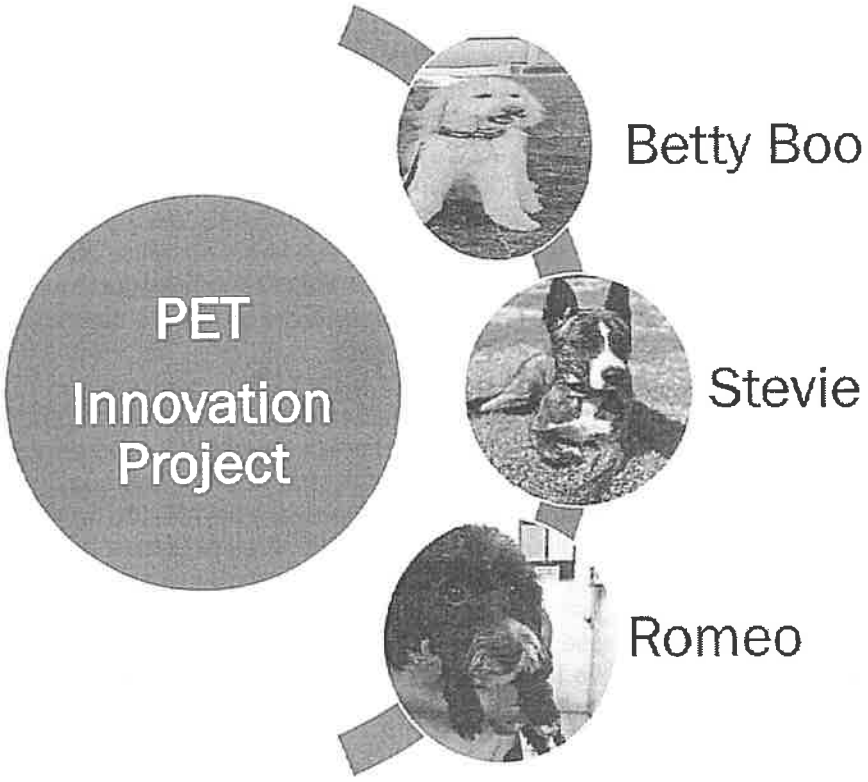
1. For FY 2021-2022, ICBHS fully reopened the outpatient clinics and are able to see client's in-person. This increased our clinic pet engagements numbers and also our community outreach engagements. Both the engagement and outreach surveys have also been modified and updated to the original in-person format for consumers to complete.
2. The PET project will also make modifications on how the dogs are scheduled to conduct engagements at the outpatient clinics. The scheduling will return to the original block scheduling implemented during FY 19-20.
3. The PET project will also make modifications to have a six (6) month rotation, in which some clinics will have pet engagements at their clinics and others will not. This will allow for obtaining and comparing outcomes for clinics with dogs vs clinics without dogs.

On March 14, 2022, during the MHSA Steering Committee meeting, stakeholders were informed that Innovation funding for the PET project would end on March 30, 2022. Based on the overwhelming positive responses from surveys, the recommendation was made to transition the PET Project from an Innovation Project to a new Stigma and Discrimination Reduction Program under the Prevention and Early Intervention (PEI) program. The transition would allow ICBHS to continue providing direct outreach and client engagement activities to reduce the negative feelings, attitudes and/or discrimination related to being diagnosed with a mental illness, having a mental illness or to seeking mental health services. The goal of the new PET program is to utilize dogs as a vehicle to engage the community on mental health services by increasing

acceptance, inclusion and equity for individuals with mental illness and members of their families. Stakeholders present during the MHSA meeting did not object transitioning the PET program from Innovation to a Stigma and Discrimination Reduction program under the PEI component.

Project Goals and Objectives for FY 2022-2023

No goals or objectives will be made for FY 2022-2023. Innovation funding for the PET project ceased on March 31, 2022. Effective April 1, 2022, the Positive Engagement Team (PET) Project transitioned from Innovation to PEI under the Stigma and Discrimination Reduction component as a PET Program. Goals and objectives will be developed for the new PEI program during FY 2022-2023. Please refer to Stigma and Discrimination Program section of this plan for budget projection.



Holistic Outreach Prevention and Engagement (HOPE)

Project Description

As required by MHSA regulations, ICBHS conducted an extensive Community Program Planning Process (CPPP) from February 2021 to March 2021 for the new Innovation Project consisting of various activities intended to involve stakeholders. These activities included 16 community Zoom forums, distribution of Survey Monkey and paper surveys, community planning meetings and meetings with key informants. Three hundred eighty-nine (389) surveys were collected during the community planning process which provided feedback on the community needs and on possible innovative and creative strategies. Thirty-six percent (36%) of respondents identified the need to increase access to mental health services, 28% indicated there is a need to improve the quality of mental health services. The primary interest of community members, consisting of 41% of respondents, was to focus on the use of wellness services as a way to increase access to mental health services, improve the quality of mental health services, and reduce psychiatric emergencies. When providing feedback on the recommended age group 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 population of focus. Based on community input, ICBHS developed an Innovation Plan, Holistic Outreach, Prevention and Engagement (HOPE), which was posted for public comments from May 1, to May 31, 2021 as required by MHSA guidelines. ICBHS then held a Public Hearing on June 1, 2021 and the Behavioral Health Advisory Board recommended that the project be submitted to the State for approval. On June 24, 2021, ICBHS presented the plan to the Mental Health Services Oversight and Accountability Commission (MHSOAC) and obtained their approval to implement the HOPE Project. A letter by the MHSOC dated June 24, 2021 was received granting ICBHS authorization to spend $3,455,605 in Innovation funds for three years. On July 13, 2021, the Imperial County Board of Supervisors approved the Holistic Outreach Prevention & Engagement (HOPE) Innovation Project.

The HOPE Project has been incorporated into the continuum of care for Imperial County's youth and young adults ages 13 to 25 who have experienced a psychiatric emergency. The goal of the project is to increase access to mental health services and improve the quality of existing mental health services for youth and young adults to prevent psychiatric emergencies that lead to involuntary holds, including hospitalization. The HOPE project uses a holistic approach to meet the overall social, emotional, physical, spiritual and mental needs of the participants. Clients participate in an array of activities of their individual interest such as exercise, nutrition, mindfulness, dance, art, etc. These activities are incorporated into the client's mental health treatment plan in efforts to improve the quality of care and improve attendance to appointment by keeping them engaged in treatment.

Peer support specialists are an essential part of the HOPE project, as they assist participants in navigating the mental health system and provide support in a non-judgmental manner, which help reduce stigma and make youth and young adults feel more comfortable with receiving mental health services. Peer support specialists instill hope by demonstrating that recovery is possible and encourage youth to meet their wellness goals. Youth and young adults are referred to the HOPE project immediately following a psychiatric emergency. Referrals will be generated from the Crisis Co-Response Team (CCRT), the Mental Health Triage Unit (MHTU) and outpatient clinics.

Various community wellness providers within the private sector, such as private gyms, music lesson providers, art studios, dance instructors and other alike have been contacted and introduced to the HOPE Project in the efforts of establishing contacts or to purchase services that will be provided to clients as part of their wellness activities. In addition, we have contacted Community Centers within the Imperial County to receive monthly activities calendar. The following entities throughout the Imperial County are committed to provide activities calendar to HOPE staff on a monthly basis or as they become available: Kiki Camarena Public Library Calexico; Calexico Community Center; El Centro Public Library; LGBT Resource Center. The Community Service Workers (Peer Support Specialists) assigned to HOPE will continue to reach additional community resources within the county.

The HOPE Project supervisor will continue to ensure that HOPE staff receive all required trainings that comply with the department's standards. All efforts are currently being made to ensure that HOPE staff complete all trainings in order to provide the highest level of care and services to the participants of the HOPE project. As part of the ongoing training and staff development for HOPE staff, unique roles and responsibilities have been identified for each classification. These roles and responsibilities have been reviewed with staff. Additionally, a HOPE Project Protocol is under ongoing development as referrals continue to come in, feedback from staff is received, and unique situations continue to been identified and resolved. The HOPE team has been meeting weekly to discuss new referrals, participants' overall status, and to resolve any issues identified by staff.

The HOPE team has had weekly consultations with Dr. Todd Sosna, Ph.D., in order to assist with the project implementation. ICBHS has previously collaborated with Dr. Sosna for various projects and his consulting firm has proven to be reliable with vast knowledge on evaluation of mental health practices. Dr. Sosna 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. Dr. Sosna will utilize a mixed methods outcome evaluation strategy will be used, as follows:

- Resolution of crisis responses, 5150s, participation in HOPE wellness activities, participation in outpatient mental health services, subsequent crisis episodes, and psychiatric hospitalizations by youth and young adults will be based on service contact (Avatar) records.

- Emotional wellness and mental health functioning will be based on standardized measures including the Basis-24 and YOQ-SR.

Relationship between 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 will be the focus of analysis. TSMC expects a positive correlation between participation in HOPE activities and emotional wellness, enrollment in outpatient services, and mental health functioning, and an inverse relationship with crisis episodes and psychiatric hospitalization.

The quantitative evaluation will be complimented by semi-structured interviews with a sample of HOPE project participants focused on their experiences with and impressions of (1) the crisis

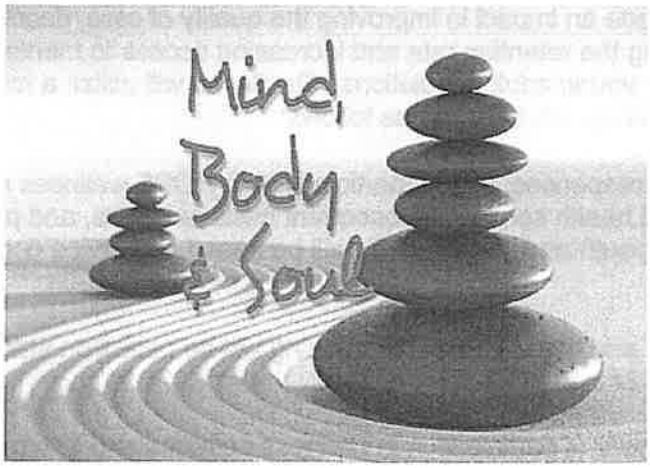
co-response team, and (2) the wellness activities in advancing their goals, promoting wellness, and preventing significant distress/crises.

In addition, the following surveys will be administered on an Initial, Reassessment, 6-Month and Annual Basis for all HOPE Project participants:

WHO 5

HOPE SCALE

Perceived Devaluation-Discrimination Scale-Stigma Consciousness



Challenges, Barriers and Strategies to Mitigate Challenges/Barriers

Despite achievements, the implications of the COVID-19 pandemic continue to impact our community. 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. Due to 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. In April through December 2021, the number of intake assessment completed increased 7% from 2020, for a total of 739 intakes. Despite the positive increase, the number of youth and young adults accessing services continues to be 21% lower than 2019 (pre-pandemic).

An additional challenge has been the shortage in vehicle inventory and increased prices because of the COVID-19 pandemic. The impact to the automotive industry has delayed the projected purchase of two vehicles for the HOPE project. As a result, the purchase of these two vehicles is projected to be completed during fiscal year 2022-2023. The vehicles will facilitate the transportation of clients to and from Wellness activities.

During the ongoing implementation of the project the need to purchase computers for HOPE staff was identified. These computers will assist staff in identifying and researching additional resources and wellness activities for clients. The computers will also be utilized to document client's participation in wellness activities and to perform data analysis.

Budget Projection

The total operating budget projected for FY 2022-2023 for the HOPE project is $949,445. It is estimated the program will serve 124 unduplicated clients for FY 2022-2023 which is an estimated cost of $7,657 per client.

Goals for FY 2022-2023

- Collect data from referrals generated from CCRT, MHTU and Outpatient clinics;
- Collect data of total participants in HOPE project;
- Collect demographic data of participants;
- Administer and collect data of Pre and Post Outcome Measurement Tools;
- Collect data of number of hospitalization and psychiatric emergencies;
- Collect data regarding retention rates and show rates to follow-up appointments;
- Collect data of admission rates for youth and young adults services;
- Fulfill vacant positions, and;
- Purchase 2 vehicles

Workforce Education and Training

Program Description

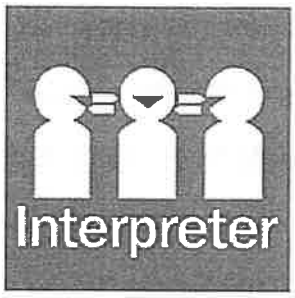
The mission of the Workforce Education and Training (WET) component under MHSA is to develop and maintain a sufficient workforce capable of providing consumer and family-driven, culturally competent services that promote wellness, recovery, and resiliency, and lead to evidence-based, value-driven outcomes. 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 are updates in relation to WET trainings in support of MHSA programs and services:

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 (MHIT)



The Interpreter Training Program 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. A training was held on April 18-21, 2022, for fiscal year 2021-2022. The Interpreter training was four virtual days, 3.5 hours per day for 14 total hours, for a maximum of 35 staff.

Goals and Objectives for FY 2022-2023

We will continue to offer the MHIT for qualified staff for the upcoming fiscal year 2022-2023. This training will ensure that communication with our clients is being delivered accurately.

Budget for MHIT

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 70 – Mental Health Interpreter Training

Item	Estimated Total
(1) 4-1/2 Day Interpreter Trainings for FY 2022-2023	$11,000
Total	$11,000

Full Serve Partnership - Intensive Community Program (FSP–ICP): Assertive Community Treatment Model Training

For FY 2021-2022, the Full Service Partnership - Intensive Community Program (FSP-ICP), *previously referred to as Full-Service Partnership – Assisted Outpatient Treatment (FSP-OAT) program*, goal was to pursue the Assertive Community Treatment (ACT) as the foundation training in support of skill development for staff to engage in intensive case management. During FY 2021-2022, the name of the program was changed to Full Service Partnership – Intensive Community Program (FSP - ICP) to better identify the need of services within the community and accomplished this goal of engaging designated staff to ACT Model training.

During FY 2021-2022, ICBHS MHTES staff participated in ACT Model Training. The ACT Model Training was conducted by Case Western University and took place from September 8, 2021 to December 1, 2021. The training included a variety of consultations which covered program development and sustainability topics. Furthermore, there was a 6-day clinical training that covered areas such as ACT Model Overview, Foundations of Motivation and Engagement, and Stage-Wise Treatment. 20 MHTES staff members participated in the clinical training and 27 MHTES staff members participated in a 1-day overview session.

Goals and Objectives for FY 2022-2023

For this upcoming fiscal year, FSP-ICP is looking to train additional staff, such as new hires and promoted direct service staff, to ensure that FSP-ICP is able to maintain service continuity. 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.

For FY 2022-2023, is to continue working closely with the Center for Evidence – Based Practices at Case Western Reserve University and to extend 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. FSP-ICP is looking to have an adequate amount of staff trained to avoid service disruptions from staff transfers or promotions and provide continuous access to these intensive services for the individuals in need. Lastly, contracted activities will include programmatic and clinical consultations, clinical trainings, and evaluation services. Training has served as the support needed to further develop the ICBHS FSP-ICP program. Furthermore, staff's engagement in training and skill development has allowed for the advancement of the planning stages of the program and driven the FSP-ICP program to the implementation phase.

CASE WESTERN RESERVE UNIVERSITY
EST. 1826

Budget for ACT

Table 71 - Assertive Community Treatment Training

Item	Estimated Total
ACT Training for FY 2022-2023	$ 20,000
Total	$ 20,000

FSP-PIER: Portland Identification and Early Referral Training

PIER TRAINING INSTITUTE

The FSP-PIER program at ICBHS serves as a medium to provide Multifamily Groups (MFG) with the opportunity to meet with clinical staff and other PIER engaged families to discuss and learn about the troubling symptoms. These support groups focus on recovery, resiliency, optimistic therapeutic perspective and shared decision-making while keeping a client-centered focus. The FSP-PIER program is a critical component of identifying and targeting youth in the ICBHS community to take preventable measures to proactively treat and prevent the development of Serious Mental Illness (SMI). During FY 2021-2022, the FSP-PIER lost several staff due to promotions, transfer and new job opportunities, which led the FSP-PIER program with minimal staff trained to provided needed services. ICBHS FSP-PIER is looking to continue to train newly hired/transferred staff on the PIER model as its evidence based approach at identifying SMI in its early stages has shown strong efficacy at treating early SMI.

Goals and Objectives for FY 2022-2023

The PIER-FSP's objective for FY 2022-2023, is to leverage our relationship with PIER Model Training Facilities and secure training for 4-5 newly hired staff. Due to challenges such as scheduling or COVID-19, prior training approaches required PIER Model Facilities sending staff for on-site training. This was often costlier and limited the number of staff that could successfully complete training. As COVID-19 restrictions begin to subside, ICBHS will utilize this opportunity and engage more staff in PIER Model Training by sending staff to the training facility. FSP-PIER is looking to secure training and support services for newly hired ICBHS staff by early 2nd Quarter of FY 2022-2023. Training will serve as the support needed to further develop the ICBHS PIER-FSP program and ensure an adequate amount of staff trained to avoid service disruptions due to staff transfers or promotions.

Budget for FSP-PIER

Table 72 - Assertive Community Treatment Training

Item	Estimated Total
PIER Model Training for FY 2022-2023	$30,000
Out of County Travel and Lodging	$ 3,000
Total	$33,000

Moral Reconation Therapy (MRT) for Mental Health Rehabilitation Technicians

ICBHS expanded on 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 MRT training took place on August of 2021, MHRT's were trained in this model to provide this service to clients at all FSP programs in the ICBHS system. In August 2021 All new MHRT's and Supervisors that needed this training were trained in August of 2021 in order to implement this model.

Challenges and Barriers and Mitigating Strategies

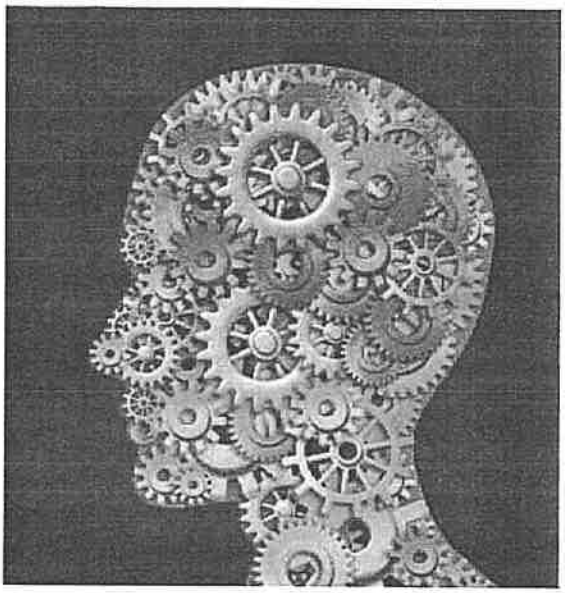
MRT groups that were hosted by FSP programs stopped after the COVID-19 contingency plan. This prevented the programs from hosting in-person group sessions in an effort to stop the spread of COVID-19. Starting July 2021, efforts were made to reinstate the groups virtually once staff returned onsite. Unfortunately, clients' lack of appropriate computer equipment continued to be a barrier to participate in Zoom sessions. ICBHS is mitigating and preparing All FSP programs that have trained staff in MRT will work on re-establish in-person group sessions during FY 2022-2023 as long as restrictions related to COVID-19 are not re-established.

Budget for MRT

No budget is necessary, as all training components were fulfilled in FY 2021-2022.

Cognitive Processing Therapy (CPT)

ICBHS trained Clinicians, Supervisors and Managers in Cognitive Processing Therapy (CPT) in 2012, 2016 and lastly in 2019; which consisted of any untrained or new Clinicians, Supervisors or Managers not previously trained in order to continue to implement this model. During this fiscal year, there are new Clinicians, Supervisors and Managers that have not been trained to continue to implement the model. The model is aimed at addressing Post Traumatic Stress Disorder (PTSD) in the Youth, Young Adult, Adult and Older Adult clinics. 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.



Goals and Objectives for FY 2022-2023

For FY 2022-2023, the goal is to train all Clinicians in this model in order to provide this service to clients at all FSP programs in the ICBHS system.

Budget for CPT

The department is considering contracting with Kate Chard and Jennifer Schuster Wachen, and is estimating the cost for this training to be approximately $21,295.96.

Table 73 - Budget Detail for CPT Trainings

Description	Unit	Number of Units	Amount
2 Day Training	$350 per person	20 persons	$7,000.00
Consultation Calls	$200 per call	20 calls X 3 groups	$12,000.00
Travel/Lodging/Meals			$1,635.00
Books	$30.60 plus tax	20 books	$660.96
		Total	**$21,295.96**

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

As part of the Southern Counties Regional Partnership (SCRP), ICBHS continued to collaborate and plan for activities supported by the award received from the Statewide MHSA Workforce Education and Training Plan from the California Department of Health Care Access and Information (HCAI) formerly known as Office of Statewide Health Planning and Development (OSHPD).

During FY 2021-2022, Cal-MHSA became the fiscal agent of the SCRP for the one-time. A one-time match funding was submitted to Cal-MHSA in the amount of **$54,173.00**. The counties final award allocation was $356,552 for loan repayment and graduate stipends. For FY 2022-2023 a budget redistribution request was submitted to the SCRP to allocate funding under the Retention line item in support of regional training opportunities for ICBHS staff. ICBHS will now be able to participate in a number of training and conferences in support of the retention of qualified/trained staff who are providing MHSA services.

During FY 2021-2022, ICBHS focused on the following areas:

Loan Repayment

- As of March 2nd, ICBHS in collaboration with CalMHSA has promoted the opening of the Loan Repayment Program application where a limited amount of awards for staff in hard to fill/retain positions within our county will be granted. Eligible professions included: Licensed Clinical Social Worker; Associate Clinical Social Worker; Licensed Marriage and Family Therapist;Associate Marriage and Family Therapist; Licensed Professional Clinical Counselor; Associate Professional Clinical Counselor; Registered Nurses; and Clinical Psychologist. Additional criteria was detailed in the eligibility requierments. The award of the loan will requiere the completion of a 12 month work commitment within the ICBHS system before the funds will be applied towards the applicants student loan. Application deadline was March 31st of 2022.

Loan Amount $10,000 per award

Graduate Stipend

- The Graduate Stipend Program is intended to award educational stipends to students with clinical field placement currently completing a traineeship/internship/practicum in an outpatient treatment facility operated by county-run or county contracted mental health/behavioral health agency. This past October 2021, in collaboration with Phillips Graduate Institute, ICBHS promoted the SCRP Graduate Stipend Program for FY 2021/2022. Eligible applicants included:
  - Students currently enrolled and in good standing in an academic program that leads to the practice of clinical psychology, marriage and family therapy, social work, professional counselor, or psychiatric nurse practitioner, among other requierments....
- By closing of the application period, ICBHS approved the applications of 4 applicants.

Stipend Amount $6,000 per award

Retention

- The ICBHS Center for Clinical Training staff have been working closely with the SCRP to identify and plan for regional training opportunities. A few trainings that ICBHS staff will be able to attend as trainings are established include Suicide Prevention, CIBHS Trainings, Seeking Safety, to name a few. Identified staff will also be able to attend and participate at future SCRP Conferences.

Budget for SCRP

Table 74 – SCRP Budget for FY 2020-2025

	Program Funds	Loan Repayment	Approx # of awards	Stipends	approx # of Stipends	Retention
		approx 60%	$10,000 average	approx 40%	$6,000 average	Regional Trainings
Imperial	$356,552	$200,000	20	$136,552	22	$20,000

**This budget is monitored separately by Cal-MHSA.*

For FY 2022-2023, the goals and objectives are to continue to collaborate with Phillips Graduate School and with CalMHSA for Stipend and Loan Repayment activities, and to which are to assist in the coordination of stipend or loan reimbursement applications and award management. ICBHS will also continue to coordinate with the SCRP any future agreements for the facilitation of trainings pursued by the partnership.

Table 75 - WET Budget for FY 2022-2023

Trainings for FY 2021-2022	Estimated Amounts
Mental Health Interpreter Training	$11,000
Assertive Community Treatment Training	$20,000
PIER FSP Training	$33,000
Cognitive Processing Therapy	$21,295.96
Total	**$85,295.96**

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Capital Facilities and Technological Needs

Capital Facilities and Technological Needs (CF/TN), one of five components of MHSA, provides resources for the efficient implementation of MHSA programs. Utilization of the CF/TN funds should produce long-term results that will advance the mental health system's objectives of wellness, recovery, and resiliency, prevention/early intervention, and expanding opportunities for accessible, community-based services that reduce disparities to underserved groups.

A. Client and Family Empowerment

a. Consumer Portal Kiosks

MyHealthPointe by NetSmart is a web- and app-based solution that connects individuals to their treatment. By providing individuals with access to their treatment information, myHealthPointe supports consumer-driven care. Netsmart EHRs integrate with it to allow consumers to access their latest clinical and personal information and stay engaged in their health and recovery. It offers a consumer engagement solution as well as a consumer check-in kiosk. Clients have been able to register and use the MyHealthPointe Consumer Portal since 2016. There are a number of advantages to using it. Among them are appointment reminders by secure text message, current and accurate information, and more. You can also learn about upcoming appointments.

Consumers can access MyHealthPointe from anywhere and at any time as long as they have access to a computer and the internet. ICBHS has installed kiosks at two active locations for consumers who wish to enroll in or use MyHealthPointe.

In the initial implementation of kiosks, some of the computers assigned to available locations would become unavailable because individuals would tamper with either the software on the computer or the hardware. After Imperial County suffered a cybersecurity breach in 2019, it became clear that the technology used to gain access to the consumer portal for MyHealthPointe was not suitable. When considering and planning strategies to meet this goal, the Imperial County IT department recommended Chromebooks, since they are less expensive, easier to configure, less vulnerable to tampering, and provide internet access via Google Chrome.

ICBHS plans to install 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 2021-2022

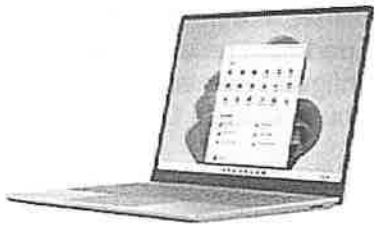
The ongoing COVID19 pandemic stopped and non-essential services for the county and its clinics. However, only two sites had installations completed; El Centro Adult Anxiety Depression and Brawley FSP. Both sites have fully functional workstations. Among the barriers to installing at the other sites was the COVID19 restrictions, which prevented IS staff from going into buildings. In addition, some sites were confirmed as COVID19 outbreak locations, which required the implementation of stricter access guidelines; however, some ICBHS employees were exposed to COVID19 and tested positive, which also delayed the deployment of Chromeboxes beyond the original June 2021 deadline. Equipment became outdated and must be replaced with equipment that meets County security protocols and is industry standard compatible.

The following is a status update on the installations of the Chrome Boxes:

- Children's Team 5 and Team 12 – 120 North 8th Street, El Centro
- El Centro Children and Adolescent – 801 Broadway Street, El Centro
- Adult El Centro Anxiety and Depression – 1699 Main Street, Suite A, El Centro
- Adult Brawley MHSA FSP – 229 Main Street, Brawley
- Adult Brawley Anxiety and Depression – 220 Main Street, Brawley
- YAYA Brawley Clinic – 1535 Main Street, Brawley.
- Children's Team 6 – 195 South 9th Street, Brawley
- FRC-San Pasqual – 676 Baseline Road, Winterhaven

Goals and Objectives for FY 2022-2023

As soon as the safety guidelines permit clinics to resume normal operations, ICBHS Information Systems' goal this year is to upgrade to the latest version of ACER Chromeboxes for the above locations and to replace those already installed. We will also ensure that the kiosks have privacy cubicles. Additionally, we will add privacy cubicles to the kiosks.



InteliChart Netsmart will be used to monitor the use of MyHealth Point. The InteliChart admin portal includes a section of default reports that can be customized to track specific portal activity, including account registration and login activity. This report displays the client's name, registration type (Registered or Self-Registered), email address, date of registration, number of logins, and last login date.

b. Wellness Center Computers Upgrade

Clients at El Centro and Brawley Wellness Centers have access to a computer lab where they can complete General Education Diploma courses and other homework assignments. It is a great tool to have and provides consumers with the access to technology. Computers were installed several years ago and need major upgrades to more current software and hardware. Imperial County had to postpone this project as a result of the cyber security breach that occurred in April 2019.

ICBHS plans to upgrade its 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. From a client perspective, this platform 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 2021-2022

Installation of the equipment for the Brawley Wellness Center is complete. COVID19 has impacted scheduling, building access, and furniture delivery dates, causing the vendor to delay the installation due to the pandemic. A completion date for the installation of the furniture has not been provided by the vendor.

Goals and Objectives for FY 2022-2023

Upon completion of the installation in Brawley, we will test the equipment to ensure the users have access to websites and software in order to complete assignments.

In addition, even though the El Centro Wellness computer equipment is directly connected to the internet, and not through Wi-Fi, the equipment is treated as a guest account, meaning that it must be managed separately by a mobile device management solution, like Meraki. Our county IT department estimates that the current Meraki system at the 4th street campus has up to 1,000 daily users. The plan for FY 2022-2023 is to upgrade the system at the El Centro campus and reinstall the Meraki system in Brawley.

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

a. XPIO Contracted Services – Meaningful Use

To ensure compliance with HIPAA, ICBHS contracted with XPIO Health and had a risk assessment performed in accordance with federal and state requirements related to the privacy and security of PHI. XPIO and ICBHS analyze the privacy and security aspects of ICBHS threat landscape, examining areas such as Security Standards, Administrative and Organizational Safeguards, Physical Safeguards, Technical Safeguards, Policies, Procedures Plans, Other Compliance Documents, and Privacy Standards. As part of the collaboration, training materials will be prepared and made available online as well as the necessary support for successful Meaningful Use Incentive Program participation and attestation submission.

Security Risk Assessment

As a Service Provider, XPIO Health provides resources and guidance for conducting an annual Security Risk Assessment (SRA) and corresponding annual work plan. SRAs are conducted by analyzing privacy and security threats to paper and electronic PHI and evaluating existing safeguards. Existing and new risks are identified and a risk assessment is developed to address continuous improvement and risk mitigation. XPIO also supports the annual testing of the Contingency Plan as part of the SRA. After the plan has been tested; a work plan is developed for the Contingency Plan to further strengthen the department's emergency preparedness. XPIO completes a final SRA report.

Training

XPIO assists ICBHS in complying with current CMS, DHCS, and HIPAA Privacy and Security Regulations with regard to initial and annual trainings. XPIO's support includes close collaboration with the Center for Clinical Training department so that training content can be uploaded into the Learning Management System (LMS) referred to as E-Learning. Training platform provides completion certificates, training status reports, training reminders, and training assignment and attendance data to supervisors. The XPIO team addressed issues encountered during the LMS upload and training testing phases. The following trainings were prepared by XPIO: HIPAA Security, HIPAA Privacy, and Compliance.

Meaningful Use

XPIO Health has experienced staff who manage Eligible Professionals (EPs) through the phases of Meaningful Use. They have assisted organizations in obtaining funding through the CMS incentive program. At ICBHS, they managed six EPs, of which five met the Meaningful Use Stage 3 requirements. They supported CMS registrations, EHR system registrations, a documentation repository to preserve required reports and documents, and provided advisory support for the development of volume and quality measurement reports.

Goal Updates FY 2021-2022

The ICBHS and XPIO collaborated to complete the Security Risk Assessment for 2021. The ICBHS is currently implementing the remediation strategies to address issues identified. XPIO updated the training material for HIPAA Security, Privacy, and Compliance trainings and made it available to the staff. Stage 3 attestations for the six EPs met their deadlines, and payment was approved for the five EPs that met all objectives.

Goals and Objectives for FY 2022-2023

Preparing the annual HIPAA Security, Privacy and Compliance trainings by reviewing and updating the training presentations and tests will be one of the goals in the upcoming year. Assist XPIO and the Center for Clinical Training in uploading trainings to the learning management system, and test them. A second goal is to complete the annual Security Risk Assessment by evaluating existing safeguards and testing the Contingency Plan while evaluating the progress made on remediation items from 2021's Security Risk Assessment. As part of the current work plan, they will be cleared off for the November SRA. XPIO will continue to support the completion of the SRA, testing the Contingency Plan and training preparation.

b. Staff Training

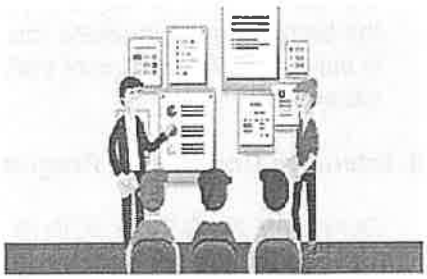
As technology changes rapidly, information systems staff need to keep abreast of changes to the electronic health record, MyAvatar. The vendor of the application, NetSmart, provides the opportunity for structured module trainings, an annual national conference and annual regional conferences. Additionally, these trainings provided opportunities for networking, and many lessons were learned about how to best work with clients from other counties. Additionally, four staff will be attending the annual nationwide conference offered by the vendor.

Goal Updates for FY 2021-2022

In light of the current COVID-19 pandemic, attending the annual conference in person was not possible, as our Electronic Health Record provider, Netsmart, cancelled their onsite annual training conference. In lieu of the annual conference, NetSmart provided a series of live webinars, which were beneficial to all Information Systems staff as they were able to attend and participate in various sessions. This at no cost to ICBHS.

Goals and Objectives for FY 2022-2023

Netsmart has discontinued its Enterprise Training Program as of 2022. In addition, ICBHS is participating in the CalMHSA Semi Statewide EHR project and plans to transition to a new EHR within the next year. As more information becomes available regarding the new EHR proposed by CalMHSA, we will investigate alternative equivalents for the Enterprise Training Program. The dates for Netsmart's onsite training conference have been announced for April 2022. Information Services representatives are expected to attend. The conference is called CONNECTIONS User Group Conference.



In addition, to support constantly evolving data demands, Information Systems staff utilize SQL and Crystal Reports as tools to extract and manipulate data. SQL which stands for Structured Query Language is the standard language for relational database management systems. SQL statements are used to extract data from the underlying tables of our EHR for analysis and manipulation with additional data sets. Crystal Reports is a business intelligence application that utilizes a graphical interface approach to extract and manipulate data from targeted databases to create highly polished end-user ready reports that are made available directly within our EHR. Our plan is to provide additional training to IS staff on these toolsets to further their competencies in FY 2022-2023 through a series of courses that include introductory, intermediate, and advanced levels.

C. Telecommunications Mobile Solutions

As ICBHS is going electronic on all health records through all clinics, the current pandemic situation (COVID-19) has identified a need for mobile solutions for clinics and departments. For continued service, ICBHS needs better access to information and equipment. NetSmart, the vendor for the current electronic health record being used by ICBHS, had a solution that allows for the collection of information without the need for an internet connection. The tool is called ClinicianPOV, it would allow users to access and update client plans, progress notes, service entries, client demographics, and other forms while providing services out in the community. Staff can use this tool while out in the field without the need for an internet connection, provide services from home and document services provided. When the clinical staff returns to the office and connects the device to the system, it synchronizes the data to the electronic health record. The solution allows the viewing of stored data and the creation of new data within the mobile device during the offline session. The county is faced with new situations, challenges, and emergencies. ICBHS must expand how it has traditionally provided services and meet the needs of the community and clients while also ensuring the integrity (encrypted) and safety of its employees. When faced with the COVID-19 pandemic, teleconferencing using different platforms and web cameras have been an efficient and safe way to provide services, hold meetings, and continue daily activities. With the deployment of mobile devices for services, ICBHS has been able to reach and service clients.

Goal Updates for FY 2021-2022

An ICBHS outpatient clinic was selected as a pilot site for the initial deployment of the software. However, launching the software has proven difficult; due to errors that surface

as the configuration happens. This has been aggravated by the installation of maintenance releases which update MyAvatar overall but break Clinician POV. These issues have been presented to the vendor and they are working on a solution. ICBHS-IS will continue working with the vendor to resolve issues and be able to successfully launch the software.

Goals and Objectives for FY 2022-2023

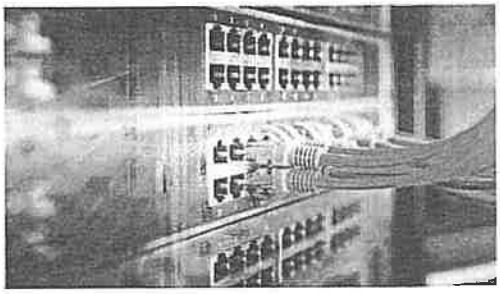
ICBHS would like to purchase equipment for the use of this tool in order to fully exploit and take advantage of the technology to facilitate the transition to a full electronic health record so that information is still available to clinical staff even when out of the office and/or during emergency situations

D. Intensive Community Program Facility IT Improvements

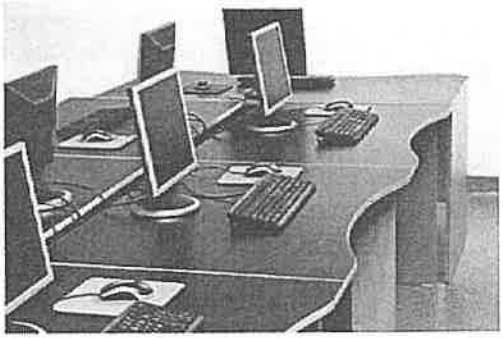
During FY 2020-2021, ICBHS identified a need to provide intensive care and services for individuals who are seriously and persistently mentally ill. With this need in mind, ICBHS began to plan and work towards addressing these underserved individuals who require 24/7 efforts to reduce preventable outcomes of mental illness and substance use disorders. The Mental Health Triage and Engagement Services (MHTES) Division of ICBHS pursued the establishment of the Full Service Partnership - Intensive Community Program (FSP - ICP). The FSP – ICP would provide individuals with the tools and personal support needed to embrace recovery and self-sufficiency in the community. Furthermore, the ICP program would engage individuals to accessible medical care, housing employment and volunteer opportunities as well as provide intensive case management and medication support services. ICBHS - MHTES division has made significant progress during FY 2021-2022 to advance the planning phase of the FSP - ICP. MHTES staff engaged in Assertive Community Treatment (ACT) Model training to prepare and reinforce the team based approach needed to address the improve outcomes of high utilizers of hospital, crisis and jail services. With staff now engaged in ACT Model training, ICBHS and the MHTES Division is now ready to implement the FSP - ICP for FY 2022-2023.

During the planning stage of FSP - ICP it was quickly identified that a program of this level of intensive case management and effort requires a facility and a staff that ready to engage with individuals in need. ICBHS has identified a facility that would allow the MHTES Division to move forward with the implementation phase of the FSP - ICP.

With the approaching of the FSP – ICP implementation phase, ICBHS has also identified a need for the acquisition of technology hardware for this facility and the updating of the facilities IT infrastructure. The CF/TN funds would be utilized to acquire critical hardware such a desktop computers, supporting peripherals and staff laptops. This hardware acquisition also involves the purchase of web cameras for staff. By providing FSP -ICP direct service staff with web cameras, we are able to continue to engage with clients through a variety of mediums including virtual meetings. These tools will help our staff counteract unexpected challenges such as COVID-19 and prevent service disruptions. Furthermore, the CF/TN funds would provide ICBHS with the ability to refresh the facility's IT infrastructure and ensure that ICBHS is able to prevent service disruptions due to unreliable networking hardware. Furthermore, the acquisition of refreshed IT infrastructure will ensure ICBHS has hardware with updated security standards for the safekeeping of client records and EHR software.



Goal Updates for FY 2021-2022



ICBHS staff has moved forward in the planning phase of the FSP - ICP. MHTES Division has successfully engaged staff in training of the ACT Model and continues to develop client protocols. Furthermore, ICBHS has identified a facility that will adequately serve individuals and provide the necessary office space for staff to successfully engage with individuals. ICBHS is eager to move forward with the program and has begun discussing IT infrastructure refreshing plans and hardware acquisition estimates with the department's Information Systems Unit. Furthermore, ICBHS has also held meetings to assess the current state of the facility and address or plan for any technology hardware and IT infrastructure needs that should be addressed before ICP - FSP staff relocate to the facility.

Goals and Objectives for FY 2022-2023

The goal for ICBHS for the upcoming year is to complete the refreshing of the facility's IT infrastructure within late 1st Quarter or early 2nd Quarter of FY 2022-2023. Furthermore, ICBHS expects to have acquired all critical technology hardware prior to staff relocating to the facility during the 2nd Quarter of FY 2022-2023. Although supply shortage continue to affect supply chains, ICBHS will leverage our partnerships with hardware providers to promptly address our technology needs.

CF/TN Tentative Budget

Table 76 - Budget for CF/TN Activities

CAPITAL FACILITIES AND TECHNOLOGY NEEDS	
Client & Family Empowerment	
Consumer Portal Kiosks	
Laptops (8)	$6,500
Titan Edge Wall Mounted Workstation (8)	$12,000
Remodeling Costs to ensure privacy (if needed)	$16,000
Subtotal:	**$34,500**
Wellness Center Computer Upgrade	
Meraki Upgrade	$16,500
Subtotal:	**$16,500**
Consultant – Meaningful Use, Training, EHR	
SQL and Crystal Reports Training	$5,750
Connections Users Group Seminar	$15,000
Consultant Contract	$20,000
Subtotal:	**$40,750**
Telecommunications Mobile Solutions	
Licenses	$24,800
Professional Services	$60,000
Windows 10 Dell Tablets (30)	$60,000
Subtotal:	**$144,800**
Intensive Community Program Facility IT Improvements	
Computer Equipment	$34,952
Communication Equipment	$ 3,500
Office Equipment	$16,406
IT Infrastructure	$ 4,000
Subtotal:	**$58,858**
Total	**$295,408**

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SECTION B- MHSA FUNDING SUMMARY

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Section B – FUNDING SUMMARY FOR FY 2022-2023

Mental Health Services Act
Annual Plan Update
Funding Summary

County: Imperial

Fiscal Year 2022-2023
Today's Date: 4/14/2022

A. Estimated FY 2022-2023 Funding	CSS	PEI	INN	WET	CFTN	PR
Estimated MHSA Unspent Funds From Prior Fiscal Years	$ 7,396,850	$ 7,621,286	$ 5,332,875	$ 210,789	$ 208,505	$ -
Estimated MHSA NEW FY 2022-2023 Funding	$ 9,734,628	$ 2,433,657	$ 640,436	$ -	$ -	$ -
Transfer of Funds	$ (419,121)	$ -	$ -	$ 109,312	$ 109,809	$ 200,000
Access Local Prudent Reserve in FY 2021-2022	$ -	$ -	$ -	$ -	$ -	$ -
Estimated MHSA Available Funding for FY 2022-2023	$ 16,712,358	$ 10,054,943	$ 5,973,311	$ 320,101	$ 318,314	$ 200,000
B. Estimated MHSA Expenditures for FY 2022-2023	$ 10,238,191	$ 2,292,583	$ 1,167,187	$ 91,693	$ 318,314	$ -
C. Estimated MHSA Unspent Funds	$ 6,474,167	$ 7,762,360	$ 4,806,124	$ 228,408	$ -	$ 200,000

WIC 5892 (b)(1) Allows the county to use a portion of their Community Services & Supports (CSS) funds for technological needs and capital facilities, human resource needs, and prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total amount CSS Funding used for this purpose shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal years.

D. Local Prudent Reserve Balance	CSS	PEI	TOTAL
Local Prudent Reserve Beginning Balance	$ 430,047	$ -	$ 430,047
Transfer FROM Prudent Reserve	$ -	$ -	$ -
CSS Funds Transferred to Local Prudent Reserve	$ 200,000	$ -	$ 200,000
Local Prudent Reserve Ending Balance	$ 630,047	$ -	$ 630,047

Mental Health Services Act
Annual Plan Update
Community Services & Supports (CSS)

County: Imperial

Fiscal Year 2022-23
Today's Date: 4/14/2022

Program	Type	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Youth and Young Adult	FSP	$ 2,059,036	$ 1,975,274	$ 741,978	$ -	$ 11,164	$ 4,787,472
Adult and Older Adult	FSP	$ 1,712,289	$ 4,977,330	$ 1,869,650	$ -	$ 54,755	$ 8,614,024
Portland Identification & Early Referral - FSP (PIER-FSP)	FSP	$ 85,529	$ 109,764	$ 41,231	$ 227,528	$ -	$ 464,053
Intensive Community Prgm	FSP	$ 823,923	$ 168,587	$ 64,063	$ -	$ -	$ 1,056,573
Wellness Centers	NON-FSP	$ 1,450,666	$ -	$ -	$ -	$ -	$ 1,450,666
Outreach & Engagement	NON-FSP	$ 799,752	$ -	$ -	$ -	$ -	$ 799,752
Community Engagement Supportive Services (CESS)	NON-FSP	$ 355,200	$ 811,675	$ 304,892	$ -	$ 1,558	$ 1,473,324
Transitional Engagement Supportive Services (TESS)	NON-FSP	$ 737,358	$ 667,683	$ 250,804	$ -	$ 3,748	$ 1,659,593
							$ -
							$ -

	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Annual Planning Cost	$ 26,826					$ 26,826
Evaluation Cost	$ -					$ -
Administration Cost	$ 2,187,592					$ 2,187,592
						$ -
Funds Transfer To Prevention & Early Intervention (PEI)	$ -					$ -
Funds Transfer To Work, Education & Training (WET)	$ 109,312					$ 109,312
Funds Transfer To Capital Facilities & Tech. Needs (CFTN)	$ 109,809					$ 109,809
Funds Transfer To Prudent Reserve (PR)	$ 200,000					$ 200,000

Total Estimated Expenditures	$ 10,657,312	$ 8,710,313	$ 3,272,619	$ 227,528	$ 71,225	$ 22,938,996
Total Estimated Expenditures (Excluding Transfers)	$ 10,238,191	$ 8,710,313	$ 3,272,619	$ 227,528	$ 71,225	$ 22,519,875

1. CCR Title 9.Section 3620 "The County shall direct the majority of its Community Services & Supports funds to the Full Service Partnership Category" 65%

WIC 5892 (b)(1) Allows the county to use a portion of their Community Services & Supports (CSS) funds for technological needs and capital facilities, human resource needs, and prudent reserve to ensure services do not have to be significantly reduced in years in which revenues are below the average of previous years. The total amount CSS Funding used for this purpose shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal years.

Mental Health Services Act
Annual Plan Update
Prevention & Early Intervention (PEI)

County: Imperial

Fiscal Year 2022-23
Today's Date: 4/14/2022

Program	Type	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Trauma Focus-CBT	Prevention	$ 336,541	$ 6,489	$ -	$ -	$ -	$ 343,030
Incredible Years	Prevention	$ 297,390	$ -	$ -	$ -	$ -	$ 297,390
Rising Stars	Prevention	$ 359,510	$ -	$ -	$ -	$ -	$ 359,510
First Steps of Success	Prevention	$ 247,522	$ 6,386	$ -	$ -	$ -	$ 253,907
Trauma Focus-CBT.	Early Interv	$ 619	$ 126,892	$ 84,985	$ -	$ -	$ 212,496
First Steps of Success.	Early Interv	$ -	$ 229,219	$ 151,392	$ -	$ -	$ 380,612
Postive Engagement Team (PET)	Stigma & Disc	$ 766,875	$ -	$ -	$ -	$ -	$ 766,875
Stigma & Discrimination	Stigma & Disc	$ -	$ -	$ -	$ -	$ -	$ -
Outreach & Increasing Recgn	Outreach &Inc	$ 54,311	$ -	$ -	$ -	$ -	$ 54,311
Access & Linkage	Access & Linkage	$ 54,508	$ -	$ -	$ -	$ -	$ 54,508

	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Annual Planning Cost	$ 3,043					$ 3,043
Evaluation Cost	$ -					$ -
Administration Cost	$ 124,070					$ 124,070
PEI Statewide Project	$ 48,195					$ 48,195
						$ -
						$ -
						$ -
						$ -

Total Estimated Expenditures	$ 2,292,583	$ 368,986	$ 236,377	$ -	$ -	$ 2,897,946
Total Estimated Expenditures *(Excluding Transfers)*	$ 2,244,388	$ 368,986	$ 236,377	$ -	$ -	$ 2,849,751

Mental Health Services Act
Annual Plan Update
Innovation Projects (INN)

County: Imperial

Fiscal Year 2022-23
Today's Date: 4/25/2022

Program	Type	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Project#2 - Positive Engagement Team (PET)	Prjct# 2	$ -	$ -	$ -	$ -	$ -	$ -
Approval Date: March 29, 2019	"						$ -
Start Date: April 01, 20119							$ -
End Date: March 29, 2022	"						$ -
Initial Amount: $2,165,138	"						$ -
Project#3 - Holistic Outreach Prevention & Engagment (HOPE)	Prjct# 3	$ 949,445	$ -	$ -	$ -	$ -	$ 949,445
Approval Date: June 24, 2021	"						$ -
Start Date: July 01, 2021							$ -
End Date: June 24, 2024	"						$ -
Initial Amount: $3,455,605	"						$ -

	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Annual Planning Cost	$ 7,558					$ 7,558
Evaluation Cost	$ 65,500					$ 65,500
Administration Cost	$ 144,684					$ 144,684
						$ -
						$ -
						$ -
						$ -
						$ -

Total Estimated Expenditures	$ 1,167,187	$ -	$ -	$ -	$ -	$ 1,167,187
Total Estimated Expenditures *(Excluding Transfers)*	$ 1,167,187	$ -	$ -	$ -	$ -	$ 1,167,187

Mental Health Services Act
Annual Plan Update
Work, Education & Training (WET)

County: Imperial

Fiscal Year 2022-23
Today's Date: 4/14/2022

Program	Type	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Case Western Reserve - ACT Training	Trng & Tech	$ 20,000	$ -	$ -	$ -	$ -	$ 20,000
Portland DBT Inst. - Dialectical Behavioral Therapy	Trng & Tech	$ -	$ -	$ -	$ -	$ -	$ -
Interpreter Training	Trng & Tech	$ 11,000	$ -	$ -	$ -	$ -	$ 11,000
PIER Training Institute - PIER MODEL Training	Trng & Tech	$ 33,000	$ -	$ -	$ -	$ -	$ 33,000
Cognitive Processing Therapy (CPT)	Trng & Tech	$ 21,296	$ -	$ -	$ -	$ -	$ 21,296
-							$ -
							$ -
							$ -
							$ -
							$ -

	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Annual Planning Cost						$ -
Evaluation Cost						$ -
Administration Cost	$ 6,397					$ 6,397
						$ -
						$ -
						$ -
						$ -
						$ -

Total Estimated Expenditures	$ 91,693	$ -	$ -	$ -	$ -	$ 91,693
Total Estimated Expenditures *(Excluding Transfers)*	$ 91,693	$ -	$ -	$ -	$ -	$ 91,693

Mental Health Services Act
Annual Plan Update
Capital Facilities & Tech Needs (CFTN)

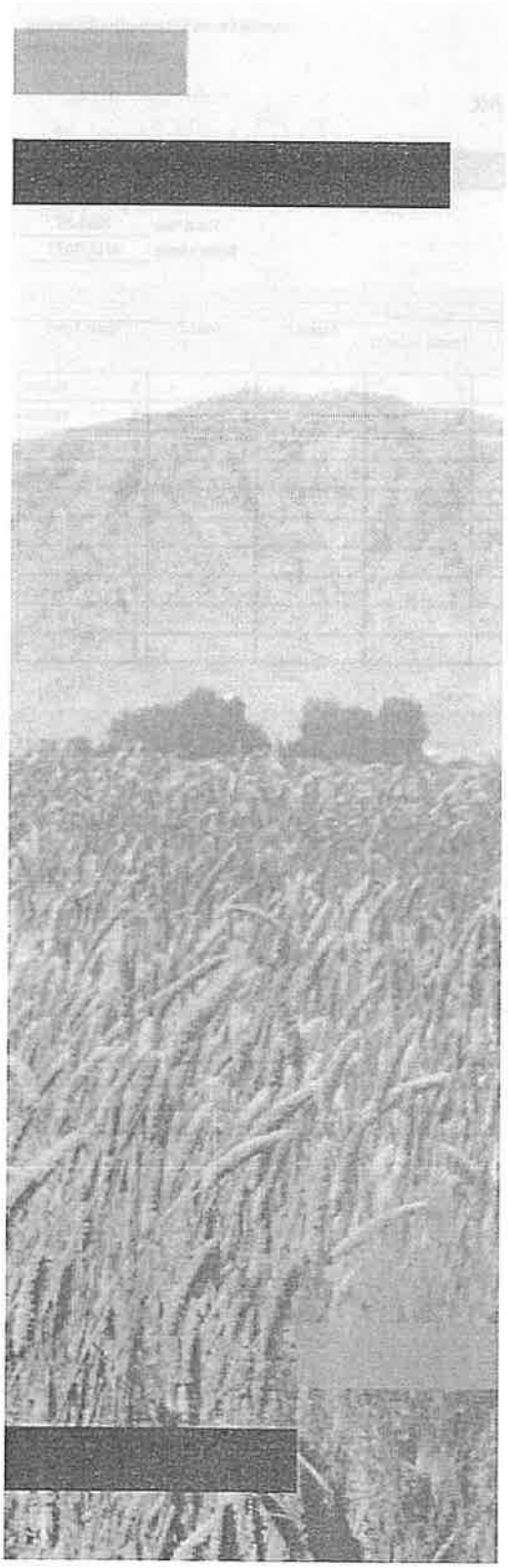
County: Imperial

Fiscal Year 2022-23
Today's Date: 4/14/2022

Program	Type	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Client & Family Empowerment	Tech Needs	$ 51,000	$ -	$ -	$ -	$ -	$ 51,000
Consultant & Staff Training	Tech Needs	$ 40,750	$ -	$ -	$ -	$ -	$ 40,750
Clinical Point of View	Tech Needs	$ -	$ -	$ -	$ -	$ -	$ -
Telecommunications Mobile Solutions	Tech Needs	$ 144,800	$ -	$ -	$ -	$ -	$ 144,800
Intensive Community Facility IT Imprv	Tech Needs	$ 58,858	$ -	$ -	$ -	$ -	$ 58,858
							$ -
							$ -
							$ -
							$ -
							$ -

	Total MHSA Funds (Including Interest)	Medi-Cal	Behavioral Health Subacct	Grant(s)	Other	Grant Total
Annual Planning Cost						$ -
Evaluation Cost						$ -
Administration Cost	$ 22,906					$ 22,906
						$ -
						$ -
						$ -
						$ -
						$ -

Total Estimated Expenditures	$ 318,314	$ -	$ -	$ -	$ -	$ 318,314
Total Estimated Expenditures (Excluding Transfers)	$ 318,314	$ -	$ -	$ -	$ -	$ 318,314



SECTION C - PRUDENT RESERVE ASSESSMENT

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Section C – PRUDENT RESERVE ASSESSMENT/REASSESSMENT AND TRANSFER

IMPERIAL COUNTY Behavioral Health Services Systems of Care

MENTAL HEALTH SERVICES ACT

WET, CFTN and PRUDENT RESERVE ASSESSMENT

Current Fiscal Year **2021-2022**

County: **Imperial County** Annual Plan Update: **2022-2023**

Below, please find a detail report where it provides financial supporting information and regulations.

REGULATION

WIC 5892 (b)(1) County may transfer funds for technological needs, capital facilities, human resources and prudent reserve **up to 20% of the average** amount of funds allocated to that county for the previous five-years.

WIC 5892 (b)(2) County shall calculate its Prudent Reserve, **not to exceed 33%** of the average **Community Services & Supports(CSS)** revenue for the preceding five years.

FINANCIAL INFORMATION

Fiscal Year	Allocation	Community Services & Supports		Prudent Reserve (PR)		
2016-2017	$ 9,043,624	$ 6,873,154	Max. Allowed	$ 2,560,088	33%	
2017-2018	$ 9,759,832	$ 7,417,472				
2018-2019	$ 9,608,194	$ 7,302,227				
2019-2020	$ 8,582,483	$ 6,522,687	Current Bal.	$ 430,521	6%	
2020-2021	$ 14,044,302	$ 10,673,669	Estimated Update	$ 200,000		
Imperial County MHSF	$ 51,038,435	$ 38,789,210	TOTAL	$ 630,521	8%	
FIVE-YEAR AVERAGE:	$ 10,207,687	$ 7,757,842				
			Allowable Transfer (WIC 5892 (b)(1)	**20%**	$	**1,551,568.38**

Identified Transfers in Three-Year Program & Expenditure Plan

Fiscal Year	Prudent Reserve (PR)	WET	CFTN	TOTAL
2020-2021	$ -	$ 227,798	$ 219,794	$ 447,592
2021-2022	$ -	$ 109,312	$ 109,809	$ 219,121
2022-2023	$ -	$ 109,312	$ 109,809	$ 219,121
TOTAL	$ -	$ 446,422	$ 439,412	$ 885,834
		Allowable & Available for Transfer		$ 665,734.38

FY 2022-2023 Plan Update Transfers

Transfer Estimate:	Three-Year Plan	Plan Update	TOTAL
Local Prudent Reserve (PR)	$ -	$ 200,000	$ 200,000
Prevention & Early Intervention (PEI)	$ -	$ -	$ -
Work,Education,Trng(WET)	$ -	$ -	$ -
Capital Facilities & Tech(CFTN)	$ -	$ -	$ -
TOTAL	$ -	$ 200,000	$ 200,000

Approve By: Yesenia Manzanarez-Garcia Director — Title — 03/03/2022 Date

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https://mhsoac.ca.gov/the-act-mhsa/

Mental Health in California, NAMI, CaliforniaStateFactSheet.pdf (namica.org)

Medi-Cal Eligible Rates for Imperial County, Imperial County Behavioral Health Penetration Rate Report FY 2020-2021, November 2021

U.S. Census Bureau
https://www.census.gov/quickfacts/fact/map/imperialcountycalifornia,US/PST045221

WHO, Mental Health and COVID-19: Early evidence of the pandemic's impact: Scientific brief, 2 March 2022
https://www.who.int/publications/i/item/WHO-2019-nCoV-Sci_Brief-Mental_health-2022.1

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
CPPP	Community Program Planning Process
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
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
HOPE	Holistic Outreach Prevention and Engagement
ICBHS	Imperial County Behavioral Health Services
ICP	Intensive Community Program
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 2022-2023 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 Behavioral Health Advisory Board meeting:

Table 77 – Comments and Recommendation Collected During Review Period

Date	Name of Event	Event Format	Comment
Thursday, April 21, 2022	Comment Form	Survey Monkey	Behavioral Health provides critical services to the Imperial County Community. As a school leader of a small school district, I encourage the continued efforts identified in the plan and highly recommended that collaborative efforts and partnerships (First Steps,etc) with schools be prioritized for areas of the county where residents have limited access and knowledge of supports (i.e. Heber, Westmorland, Seeley, etc.
Monday, April 25, 2022	MHSA Steering Committee Meeting	Zoom Meeting	No public comments were received as plan was presented to meeting stakeholders
Tuesday, April 26, 2022	Community Forum	Zoom Conference	No public comments were received at any of the scheduled sessions.
Thursday, April 28, 2022	Community Forum	Zoom Conference	
Tuesday, May 3, 2022	Community Forum	Zoom Conference	
Thursday, May 5, 2022	Community Forum	Zoom Conference	
Wednesday, May 11, 2022	Community Forum	Zoom Conference	

Tuesday, May 17, 2022	ICBHS Mental Health Board *Public Hearing	In-Person Meeting	

There were no significant changes to the MHSA Annual Update by close of the review period on Tuesday, May 17, 2022.

The Imperial County Behavioral Health Advisory 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.

SECTION D - THREE YEAR PREVENTION AND EARLY INTERVENTION EVALUATION REPORT

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SECTION D – THREE -YEAR PREVENTION AND EARLY INTERVENTION EVALUATION REPORT

Fiscal Years (FY) 2018/2019, 2019/2020 and 2020/2021

Prevention and Early Intervention Programs and Priority Areas

Prevention		Early Intervention		Stigma and Discrimination		Outreach for Increasing Recognition of Early Signs of Mental Illness		Access and Linkage to Treatment	
Program Name	*Priority Areas*	*Program Name*	*Priority Areas*	*Program Name*	*Priority Areas*	*Program Name*	*Priority Areas*	*Program Name*	*Priority Areas*
Trauma Focused CBT	1, 2, 4, 6	Trauma Focused CBT	1, 2, 4, 6	Stigma	4, 6	Trauma Focused CBT	1, 2, 4, 6	Trauma Focused CBT	1, 2, 4, 6
First Step to Success	1, 2, 4, 6	First Step to Success	1, 2, 4, 6			First Step to Success	1, 2, 4, 6	First Step to Success	1, 2, 4, 6
Incredible Years*	4							Incredible Years	4
Rising Stars*	1, 3, 4, 6								

PRIORITY AREAS

1. Childhood Trauma Prevention and Early Intervention
2. Early Psychosis and Mood Disorder Detection and Early Intervention
3. Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Programs
4. Culturally Competent and Linguistically Appropriate Prevention and Intervention
5. Strategies Targeting the Mental Health Needs of Older Adults
6. Early Identification Programming of Mental Health Symptoms and Disorders

Prevention Programs:

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) – Prevention Program

Brief Program Description

Imperial County Behavioral Health Services (ICBHS) implemented a therapy model as a selective prevention strategy under the prevention component of the Mental Health Services Act (MHSA) Prevention and Early Intervention Plan. The selected model is Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), an evidenced-based treatment model shown to help children and adolescents ages 4-18 overcome trauma-related difficulties. TF-CBT was implemented to address the unique needs of children and youth who do not meet criteria for a Diagnostic Statistical Manual of Mental Disorders (DSM)-V diagnosis, but who have experienced a negative life event such as a loss of a loved one, bullying or exposure to natural disasters (earthquakes). The intent of the TF-CBT Prevention Program is to prevent negative outcomes, such as school failure/dropout, substance use, and prolonged suffering, to children and youth exposed to a traumatic event. This prevention program utilizes TF-CBT as a short-term selective prevention approach that help the child/youth cope with their trauma-related difficulties in 12 or less sessions. Part of the treatment includes individual sessions for the child, parents/caregivers, and joint parent-child sessions.

Evaluation Questions

The intent of implementing the TF-CBT Prevention Program was to assist in fostering a "help first" system by facilitating access to supports at the earliest signs of mental health problems for children/youth who have been exposed to a negative life event and to prevent children/youth from requiring outpatient treatment. The following are the questions this evaluation will address:

1. ***Will providing TF-CBT in a selective prevention program improve the mental health functioning of children/youth who have been exposed to negative life events?***

To measure the improvement in mental health functioning, ICBHS implemented a screening process to identify children/youth who had been exposed to a negative life experience, but who did not meet criteria for a DSM-V diagnosis. This screening tool is completed by clinicians who conduct thorough interviews with children/youth and their families. Once the child/youth is identified as meeting the target population for selective prevention services, the child/youth and parent/legal guardian/caregiver are asked to complete pre-evaluation tools, prior to commencement of the model. Upon completion of services, the child/youth and their parent/legal guardian/caregiver complete post evaluation tools. The scores obtained from the pre and post evaluation tools are used to measure the child's/youth's mental health functioning.

2. ***Will the participation of children/youth and their families in TF-CBT prevent the onset of mental illness?***

In order to measure the effectiveness of the TF-CBT model in preventing the onset of mental illness, the evaluation design consisted of collecting pre and post evaluation tools to determine if scores decreased or increased after treatment. Additionally, information was also collected from the ICBHS internal data system to track children/youth who received TF-CBT model as a

selective prevention strategy and whether or not they accessed mental health treatment over time.

Model Fidelity

Fidelity to the TF-CBT model is monitored by providing ongoing supervision to clinicians by Licensed Clinical Supervisors who are knowledgeable of the model. ICBHS implemented the Quality Improvement Committee Psychotherapy (QIC-P) meetings where clinical charts are reviewed. Based on QIC-P findings, clinicians are provided feedback and direction specific to model adherence. Clinical Supervisors ensure TF-CBT fidelity is maintained through case discussion during supervision, TF-CBT fidelity group meetings, and chart reviews. During these meetings Clinical Supervisors are evaluating how the core TF-CBT components are implemented and the sequence in which the components are followed by the clinicians when providing the model to the child/youth and their family.

Measures Utilized

ICBHS continues to measure performance outcomes for this selective prevention component. Outcome measurement data is gathered and entered into the department's electronic health record (MyAVATAR) by clinical staff. However, reports generated by MyAVATAR are limited in scope. As a result, ICBHS contracted with Todd Sosna Consulting, to develop a report to track clients' outcomes. The goal is to continue to work with ICBHS' Information System Unit to develop reports that will help guide our programs and practices. Information will be used by clinical staff to review client outcomes and improve treatment planning. Management will also use data to determine clinical staff and program effectiveness and for program planning. The TF-CBT Prevention Program currently utilizes the following performance outcome measurement tools: The Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire-Self Report (YOQ-SR), and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI).

The UCLA PTSD-RI is an outcome measurement tool completed by participants before and after participation in TF-CBT. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms during the prior month according to both child/youth self-reports and reports of their parents/caregivers (for children ages 3-18). Possible Total PTSD Severity Scores range from 0-68; and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

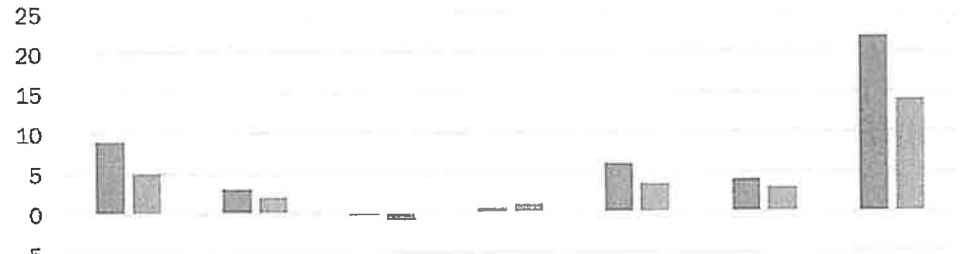
The YOQ is a parent report measure of treatment progress for children and adolescents ages 4-17. The YOQ-SR is an adolescent self-report for adolescents ages 12-18. After participation in the TF-CBT mode, the appropriate outcome measurement tool is provided to the client and parent/legal guardian/caregiver. The 64-item standardized questionnaires assess children/youth's global mental health functioning to include the following: Interpersonal Distress (ID), Somatic (S), Interpersonal Relations (IR), Social Problems (SP), Behavioral Dysfunction (BD) and Critical Items (CI), within the prior week according to both youth self-reports (ages 12 to 18) and reports of their parents/caregivers (for children ages 4 to 17). Possible Total YOQ and YOQ-SR scores range from 16 to 240. Scores of 47 or higher for parent/caregiver report and 46 or higher for youth self-report are most similar to clinical populations.

Outcomes

For Fiscal Year (FY) 2018/2019 through FY 2020/2021, a total of 199 children/youth were provided services in the TF-CBT program. Ninety-four of those 199 children successfully completed the TF-CBT model. However, 19 youth completed a Pre YOQ-SR and 16 completed a Post YOQ-SR. For the parents/legal guardians/caregivers (P/LG/C), 106 completed a Pre YOQ and 78 completed a Post YOQ. Additionally, 87 youth completed a Pre UCLA PTSD-SR and 69 completed a Post UCLA PTSD-SR. Ninety-seven (97) P/LG/C completed a Pre UCLA PTSD and 80 completed a Post UCLA PTSD-SR. Some of the contributing factors for not collecting all of the tools include the following:

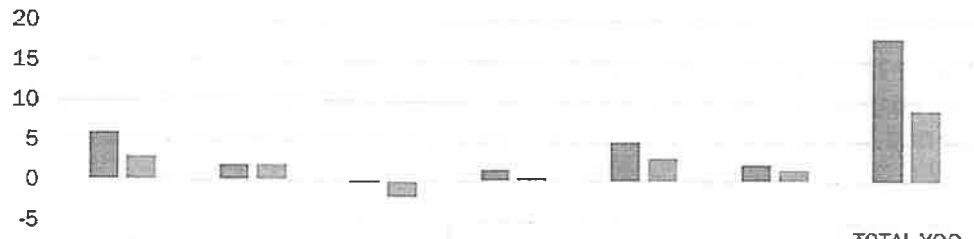
1) Pre or Post data was not obtained due to children being younger than 12 years of age. The YOQ self-report (SR) are to be completed only by children/youth ages 12 to 18.
2) Pre or Post UCLA self-report (SR) data was not obtained due to children being younger than 7 years of age; however reliability on the score is age 12, tools were provided to children younger than 12 based on clinical judgement.
3) Post tools were not collected for children/youth who were transferred to a higher level of care.
4) Pre or Post data was not obtained after numerous unsuccessful attempts to contact parent by the Prevention and Early Intervention clinicians. The following graphs include outcome data based on pre and post outcome YOQ and UCLA tools.
5) COVID-19 posed a challenge with obtaining pre and post outcome measurement tools. During the stay at-home order, therapy was provided via telehealth and children/youth and their parents/legal guardians/caregivers did not complete tools as requested. Attempts were made by staff to have participants complete tools, but children/youth and their parents/legal guardians/caregivers did not provide completed tools.

Graph 1 - Pre (n=19) and Post (n=16) YOQ-SR (Children/Youth)
FY 2018-2019 to FY 2020-2021



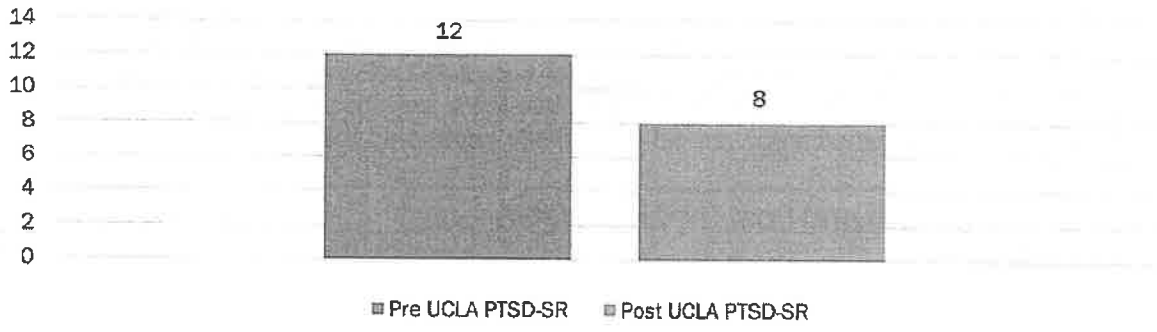
	ID SCORE	S SCORE	IR SCORE	SP SCORE	BD SCORE	CI SCORE	TOTAL YOQ SR
Average Pre YOQ-SR	9	3	-0.31	0.52	6	4	22
Average Post YOQ-SR	5	2	-0.93	1	3.5	3	14

Graph 2 - Average outcomes on Pre (n=106) and Post (n=78)
YOQ (Parent/Legal Guardian/Caregiver)
FY 2018-2019 to FY 2020-2021

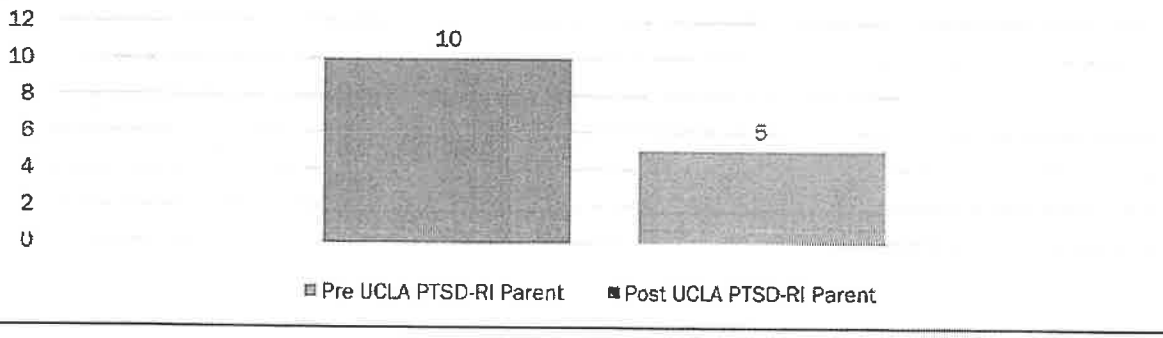


	ID SCORE	S SCORE	IR SCORE	SP SCORE	BD SCORE	CI SCORE	TOTAL YOQ SR
Average Pre YOQ	6	2	-0.33	1.5	5	2.18	18
Average Post YOQ	3	2	-2	0.39	3	1.57	9

Graph 3 - Average outcomes on Pre (n=87) and Post (n=69)
UCLA PTSD-Self Report (Children/Youth)
FY 2018-2019 to FY 2020-2021



Graph 4 - Average outcomes on Pre (n=97) and Post (n=80)
UCLA PTSD-RI Parent
FY 2018-2019 to FY 2020-2021



Outcome on Evaluation Questions

1. ***Will providing Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) as a selective prevention program improve the mental health functioning of children/youth who have been exposed to negative life events?***

Providing TF-CBT in a selective prevention program has proven to be effective in improving the mental health and overall functioning of children/youth who were exposed to a negative life event. This is evidenced by a decrease in scores in the YOQ and the UCLA PTSD (please see graphs 1, 2, 3, and 4) total scores on data collected from children/youth and parent/legal guardian/caregiver.

2. ***Will the participation of the children/youth and their families in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) prevent the onset of mental illness?***

For Fiscal Year (FY) 2018/2019, 2019/2020 and 2020/2021, the participation of children/youth and their families in TF-CBT model has proven to be effective in preventing the onset of mental illness in the majority of children/youth that participated. Of 199 children/youth who were provided with TF-CBT, 94 (47%) successfully completed the program and did not require or seek additional mental health treatment since being discharged from the program, which speaks of the impact this program had in the lives of children and youth in our community. Only 3 (2%) children/youth served in the TF-CBT prevention program were transferred to the mental health system for additional treatment services either by referral from the PEI clinician or by parent request. One client (.5%) did not require any prevention services. Eight five clients (43%) declined services during or after intake or moved out of the county. Fourteen clients (7%) were transferred to the TF-CBT program as they qualified for services under EPSDT.

The implementation of the TF-CBT Prevention Program has proven to be effective given the decrease in symptoms reported by both children/youth and their parent/caregiver at the end of program and the number of low entrance into the mental health system. The program receives constant referrals from schools, community agencies and children and youth mental health outpatient clinics. Data will continue to be collected and evaluated to determine if this selective prevention program has had lasting effects in the children and youth services by preventing the development of mental illness.

Strategies

Access and Linkage to Treatment

The TF-CBT Prevention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community by linking them to medically necessary care and treatment if required. For Fiscal Year (FY) 2018/2019 to FY 2020/2021 the Mental Health Services Act (MHSA) TF-CBT Prevention Program served 199 children/youth. The table below illustrates the outcomes of the program:

Table 1 - MHSA TF-CBT - Total Children/Youth Served FY 2018-2019 to FY 2020-2021

Total Served	Percentage	Outcome
94	47%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
1	.5%	Did not need any Prevention Services – Referred to IY
14	7%	Transferred, averaging within 1 calendar days, to the TF-CBT – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria
3	2%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
85	43%	Declined services either at intake or afterwards, or moved out of county
2	.5%	Actively being served as of June 30, 2021
199	**100%**	**Total**

Improving Timely Access to Services for Underserved Populations

The TF-CBT Prevention Program has allowed the increase in access to services by providing services in English and Spanish, in non-traditional, non-threatening settings that provide a safe environment for clients and their families. To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, PEI builds capacity for providing mental health selective prevention services out in the community. This allows mental health to become part of the community, reducing the potential for stigma and discrimination against individuals with mental illness. The program has also helped foster a "help first" system by facilitating access to supports at the earliest signs of mental health problems. The focus of this program is to engage individuals before the development of a serious mental illness or serious emotional disturbance, and to alleviate the need for additional or extended mental health treatment.

Data Collection

Access and Linkage to Treatment

Data on outcome measurement tools are collected at intake and upon discharge from therapy. Based on the scores from the outcome measurement tools and their clinical judgement, clinicians determine the appropriate level of individualized treatment for all the children/youth assessed through the TF-CBT Prevention Program. If necessary, clinicians are able to expedite transfers to any of the regionalized Children's Outpatient Clinics for a higher level of care. Data is also collected on all referrals received and made on a monthly basis.

Referral information is collected and logged to generate a monthly report for the purpose of disseminating the information to stakeholders during the Quarterly Mental Health Services Act

(MHSA) Steering Committee. For Fiscal Year (FY) 2018/2019, 2019/2020 and 2020/2021, the TF-CBT Prevention program received 199 referrals as follows:

Table 2 – MHSA TF-CBT Referral Source

Referral Source	FY 2018/2019 to FY 2020/2021
ICBHS Outpatient Clinics	199
Total	**199**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial intake assessment is 7 business days and the time to start therapy is 7 calendar days from the date a referral to therapy is made. ICBHS has been consistent in meeting the timeliness for initial intake assessments. Clinician time is also allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter, in the client's preferred language, notifying them of the appointment and reminder/retention calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled intake or therapy appointment contact the program and the Program Supervisor reviews the clinician's schedules and in coordination with the clinician, makes every effort to meet the needs of the individual.

First Steps to Success (FSS) – Prevention Program

Brief Program Description

The First Step to Success (FSS) program was first implemented on March 2014, as an Innovation Project in 7 kindergarten classrooms in Imperial County. The goal of FSS was to utilize a school-based model (First Step Next) with children ages 4 to 6, as a vehicle to develop an effective collaborative relationship between mental health and education. On March 31, 2019, MHSA Innovation funding for the FSS project ended and the program. From March 2014 to March 2019 the program expanded from 7 to 51 Transitional/Kindergarten classrooms across Imperial County. With stakeholder approval, the FSS transitioned from an Innovation Project to a Prevention Program as an additional PEI program for FY 2019-2020.

FSS is a prevention program developed to be provided in a school setting. The FSS program focuses on the kindergarten population. Mental Health Rehabilitation Technicians (MHRTs) who are collocated in the classrooms provide positive reinforcement utilizing Positive Behavioral Intervention and Services (PBIS) to children who have been identified/referred by the teacher. The interventions are designed to assist children in developing pro-social skills that will assist them in being successful at school, home and in the community. The goal of the FSS program is to prevent mental illness from developing.

Evaluation Questions

The intent of implementing the FSS - Prevention program was to increase the penetration rate of young children ages 4 to 6. Prior to the implementation of FSS, data obtained from the California External Quality Review Organization (CalEQRO) report for Calendar Year (CY) 2013, showed Medi-Cal approved claims for ICBHS for children (non-foster care) ages 0-5 at 1.16%. This penetration rate was extremely low when compared to other small counties that had a penetration rate of 1.32% and California which had a penetration rate of 1.88%. The following are questions this evaluation will address:

1. ***Will providing First Step to Success (FSS) in a selective prevention program increase the penetration rate of children ages 4 to 6?***

To measure if FSS increased the penetration rate, ICBHS obtained data from CalEQRO and from its own internal data sources. Penetration rates for children ages 0-5 will be obtained for Calendar Year (CY) 2019 and CY 2020. The FSS program is provided to children who are in Transitional Kindergarten (TK) and Kindergarten. Many of the children who are in Kindergarten turn 6 years old; however for the purpose of this evaluation only children ages 4 and 5 will be counted in penetration rates.

2. ***Will providing First Step to Success (FSS) in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

To measure the improvement in mental health functioning, ICBHS assesses children who are experiencing behavioral issues, but do not meet criteria for a DSM-V diagnosis. Once the child is identified as meeting the target population for selective prevention services, the parent/legal guardian/caregiver are asked to complete pre-evaluation tools, before the start of the program.

Upon completion of the program, the parent/legal guardian/caregiver complete post evaluation tools. Pre and post evaluation scores are used to measure mental health functioning.

Model Fidelity

The FSS Program Supervisor monitors fidelity to the First Step Next model by conducting on-site school visits, home visits and reviewing client's clinical documentation. Furthermore, ICBHS has implemented the Quality Improvement Committee (QIC) MHRT meetings where clinical charts are reviewed. Based on the QIC-MHRT findings, MHRTs are provided with feedback and direction specific to appropriate interventions.

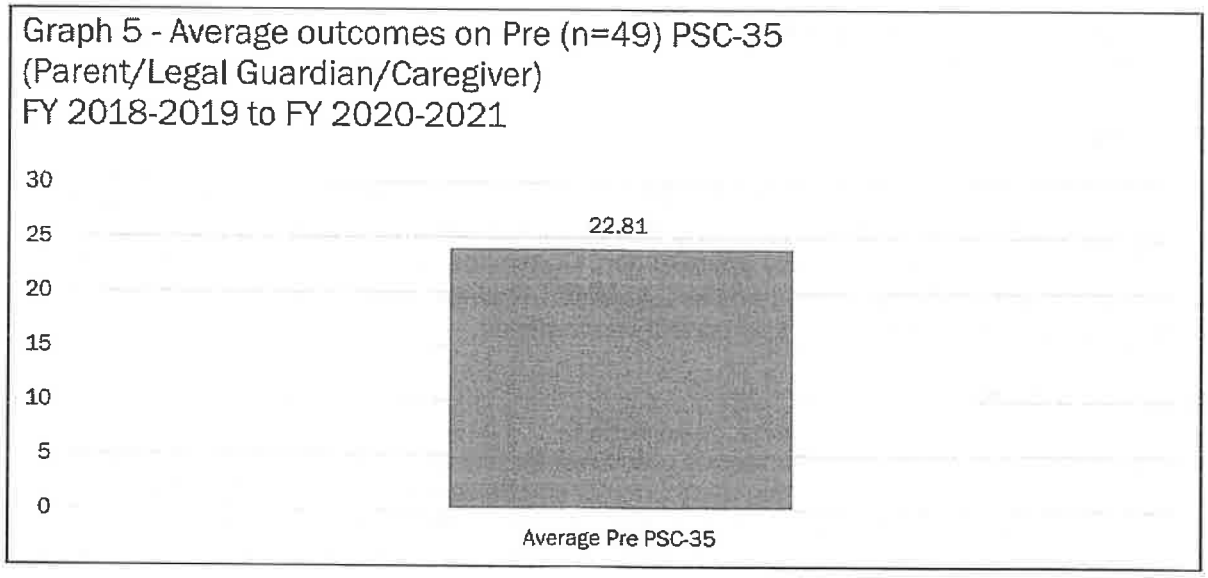
Measures Utilized

ICBHS continues to measure performance outcomes for this selective prevention component. Data is gathered and entered into the department's electronic health record (MyAVATAR) by clinical staff. However, reports generated by MyAVATAR are limited in scope. ICBHS contracted with Todd Sosna Consulting, to develop a report to track clients' outcomes. The goal is to continue to work with ICBHS' Information System unit to develop a system that will provide reports that will help guide our programs and practices. Clinical staff reviews the PSC-35 score to improve treatment planning and determine level of treatments and services. Management will also use data to determine clinical staff and program effectiveness and for program planning. The FSS program currently utilizes one performance outcome measurement tool the Pediatric Symptom Checklist (PSC-35).

The PSC-35 is a psychosocial screening tool, completed by the parent/legal guardian/caregiver, and is designed to facilitate the recognition of cognitive, emotional, and behavioral problems at the earliest signs so appropriate interventions can be initiated as early as possible. For children ages 4 to 5, the PSC-35 cutoff score is 24 and for children ages 6 through 16, the cutoff score is 28. Additionally, ICBHS' internal data system is utilized to determine if children have accessed mental health treatment after completion of the FSS Prevention Program. This information is limited to capturing only the data from children who may have accessed services through ICBHS and not outside providers.

Outcomes

For Fiscal Year (FY) 2019/2020 to FY 2020/2021, 105 clients were served, 49 parents/legal guardians/caregivers were provided a Pre PSC-35 and 56 parents/legal guardians/caregivers did not complete a tool. The reasons for not completing the Pre PSC-35 was either because the parent/caregiver declined to complete one or the child did not have any impairments that would merit the need for one. The 49 parents/legal guardians/caregivers who completed a Pre PSC-35 did not complete a Post PSC-35, due to being either transferred to a higher level of care for Early Intervention or Treatment services or the scores were so low (0-23) that the child only needed prevention 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.



The above graph shows the average PSC-35 score was 22.81 for 49 children, which suggests the children being served under the FSS Prevention program needed very limited mental health services due to having minimal or no impairment.

Outcome on Evaluation Questions

1. ***Will providing First Step to Success (FSS) in a selective prevention program increase the penetration rate of children ages 4 to 6?***

FSS as a selective prevention program has proven to be effective in increasing the penetration rate of children ages 4 to 6. This is evidenced by data obtained from the California External Quality Review Organization (CalEQRO) report for Calendar Year (CY) 2019 to CY 2020 on ICBHS' approved Medi-Cal claims for children ages 0-5 (non-foster-care). Prior to the implementation of FSS in Imperial County, ICBHS' penetration rate for CY 2013 for children ages 0-5 accounted for 1.16%, compared to 1.32% for small counties and 1.88% statewide. Since the implementation of the FSS Program, the percentages for penetration rates have increased for Imperial County and are higher than small counties and state average indicating an increase of mental health services being provided to this age group. However, during CY 2020 there was a decrease in the penetration rate. A major contributing factor was the COVID-19 pandemic. The FSS prevention program is a school-based program and in March 2020, all the schools in the Imperial County closed and commenced via virtual learning. As a result there was a dramatic decrease in teacher referrals for the program as they were unable to properly assess the children for services. In the fall of 2021/2022 school commenced to in-person learning which promoted referrals to the program. The table below shows data from CalEQRO of penetration rates by Calendar Year:

Table 3 – Penetration Rates from CalEQRO

Calendar Year	Imperial County	Small Counties	State Average
2019	3.74%	1.61%	2.23%
2020	2.22%	1.24%	2%

2. ***Will providing First Step to Success (FSS) in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

The implementation of the FSS - Prevention Program has proven to be effective given the decrease in symptoms reported by client's parent/caregiver at the end of program. Data will continue to be collected and evaluated to determine if this selective prevention program has had lasting effects in the children and youth services by preventing the development of mental illness.

Strategies

Access and Linkage to Treatment

The FSS Prevention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed. For FY 2018/2019 to FY 2020/2021 the MHSA FSS Prevention Program served 105 children. The table below shows the outcomes of the program:

Table 4 - MHSA FSS - Total Children Served FY 2018-2019 to FY 2020-2021

Total No.	Percentage	Outcomes
8	8%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
1	1%	Did not need any Prevention Services – Referred to IY
52	49%	Transferred, averaging within 1 calendar days, to the TF-CBT – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria
2	2%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
41	39%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
1	1%	Actively being served as of June 30, 2021
105	**100%**	**Total**

Improving Timely Access to Services for Underserved Populations

The FSS Prevention Program has increased access to services to young children by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment to children and their families. To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, FSS builds capacity for providing mental health selective prevention services in the child's classroom and in their home. The program has also helped foster a "help first" system by facilitating access to services at an early age and at the earliest signs of mental health problems.

Data Collection

Access and Linkage to Treatment

Data on outcome measurement tools is collected at intake to the FSS program. Based on the scores from the outcome measurement tool, Clinicians and/or MHRTs determine the appropriate level of individualized service for each child either prevention, early intervention or treatment. If necessary, clinicians are able to expedite transfers to any of the Children's Outpatient Clinics for a higher level of care. Data is also collected on all referrals received and made on a monthly basis.

Referral information is collected and logged to generate a monthly report for the purpose of disseminating the information to stakeholders during the Quarterly MHSA Steering Committee. For FY 2019/2020 and 2020/2021, the FSS Prevention program received the following 105 referrals:

Table 5 – MHSA FSS Program Referrals

City/Location	Referral Source	Number of Referrals
Brawley	Miguel Hidalgo Elementary	8
	Phil Swing Elementary	10
Calexico	Kennedy Elementary	1
	Dool Elementary	9
	Rockwood Elementary	9
Heber	Dogwood Elementary	23
Imperial County	Meadows Elementary	11
El Centro	Washington Elementary	3
	McKinley Elementary	2
	Sunflower Elementary	3
	Harding Elementary	1
Winterhaven	San Pasqual Elementary	5
Seeley	Seeley Elementary	2
Imperial	Ben Hulse Elementary	4
Imperial County	Parent	2
Imperial County	IC Behavioral Health Services	12
TOTAL		**105**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations*. The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance to intake assessments, strategies have been implemented to remind clients' parents/caregivers of their appointments. They are sent a letter in the parents'/caregivers' preferred language, notifying them of the appointment and

reminder/retention calls are made the day before the appointment. If parent/caregiver cancels or reschedules the appointment, other parents/caregivers are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled intake appointment will contact the program and the Program Supervisor reviews the clinician's schedules and in coordination with the clinician, makes every effort to meet the needs of the individual.

Incredible Years (IY)

Brief Program Description

ICBHS provides a universal prevention program to address the needs of unserved and/or underserved families in order to prevent prolonged suffering and the negative outcome of removing their children from their homes. Incredible Years (IY) was the selected universal prevention program as this parenting model meets the needs of the 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.

ICBHS contracted with two local agencies; the Child and Parent (CAP) Council and the Teach-Respect-Educate-Empower-Self (TREES), for the implementation of the Incredible Years program to target the population of children and youth in stressed families as part of our universal prevention program. Incredible Years program is conducted as a group to parents with two trained facilitators per group. The program involves 10 to 18 two-hour weekly sessions. Parenting skills are taught through a combination of video vignettes, role-playing, rehearsals, homework, and group support. In addition, this model was selected in order to meet the linguistic and cultural needs of our community as the program materials are available in English and Spanish.

Evaluation Question

The goal of implementing the Incredible Years program is to improve the mental health functioning of stressed individuals and families and to prevent or reduce the possible negative outcomes such as incarceration, removal of children, homelessness, etc. This prevention program also intends to reduce the risk factors of adverse childhood experiences (ACES), family conflict or domestic violence, by building protective factors for parents/caregivers. The following is the evaluation question for both the CAP Council and TREES:

1. ***Will providing Incredible Years (IY) to parents/legal guardians/caregivers strengthen parenting competencies and foster positive parent-child interactions for infants to children, up to the age of 12 years?***

To measure if the Incredible Years will strengthen parenting competencies and foster positive parent-child interactions, parents/caregivers are asked to complete Pre outcome measurement tools, prior to the start of the Incredible Years group. Upon completion of the IY groups, the parents/guardians complete post outcome measurement tools. Scores obtained from pre and post outcomes measurement tools are used to measure parents'/guardians' parenting functioning.

Model Fidelity

The CAP and TREES agencies receive consultation and support directly from the Incredible Years agency. Consultation maximizes the *quality* of group leader performance and ensures

the program adheres and maintains fidelity. Consultation is also part of the *training process* as the group leaders receive feedback from accredited coaches and mentors on his/her group leadership style.

Measures Utilized

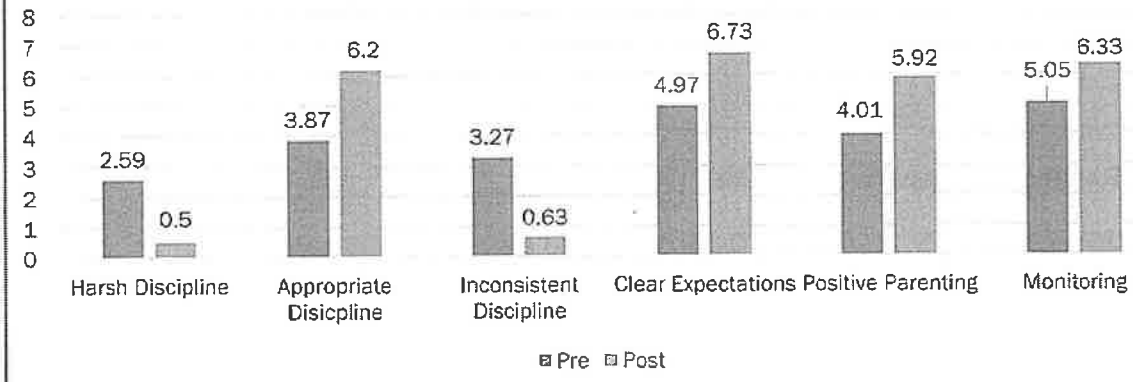
The CAP Council and TREES provide parents with Pre and Post tools to measure performance outcomes on parenting skills. The CAP and TREES utilize the Parenting Practices Interview (PPI) for parents/caregivers of children ages 6 to 12. The PPI tool measures parenting practices which include hard discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring. The CAP Council also provides the Parenting Scale (PS) for parents/caregivers with toddlers and the Karitane Parenting Confidence Scale (KPCS) for Infants. The PS tool is a 7-point scale. Low scores indicate good parenting and high scores indicate dysfunctional parenting. The KPCS tool measures how confident the parents/legal guardians/custodians feel with raising a newborn/infant. Higher scores indicate feeling confident.

Outcomes

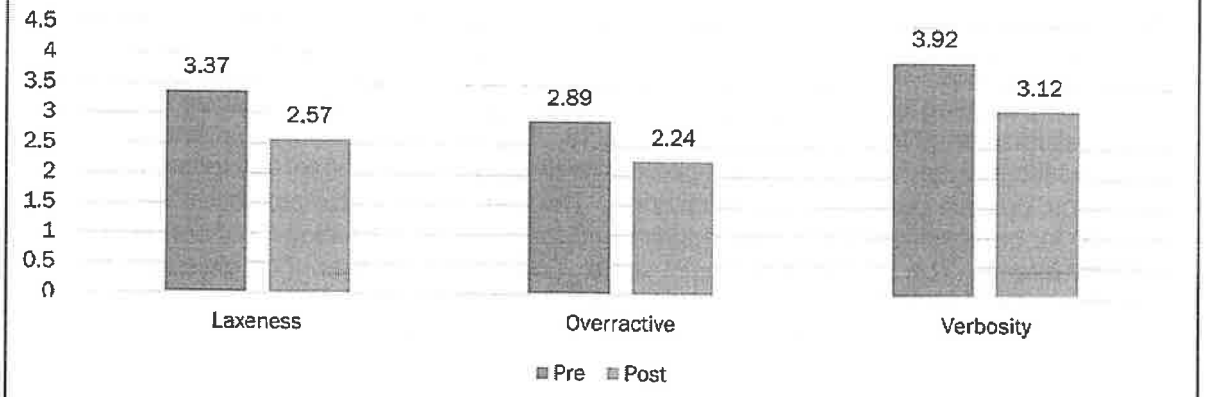
Child and Parent (CAP) Council

For FY 2018/2019 to FY 2020/2021, the CAP Council made contact with 1,429 parents/legal guardians/caregivers by means of a referral from community agencies, walk-ins, or phone calls. They conducted a total of 87 parenting groups. Below are the outcome of the measurement tools provided to parents/legal guardians/caregivers:

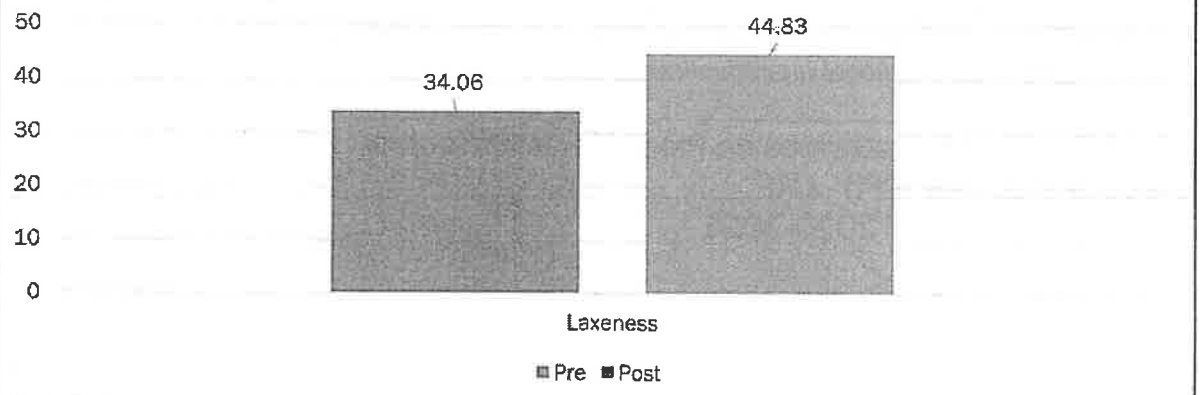
Graph 6 - Average outcomes on Pre and Post Parenting Practice Interview (PPI) - *CAP*
FY 2018-2019 to FY 2020-2021



Graph 7 - Average outcomes on Pre and Post Parenting Scale (PS) - *CAP*
FY 2018-2019 to FY 2020-2021



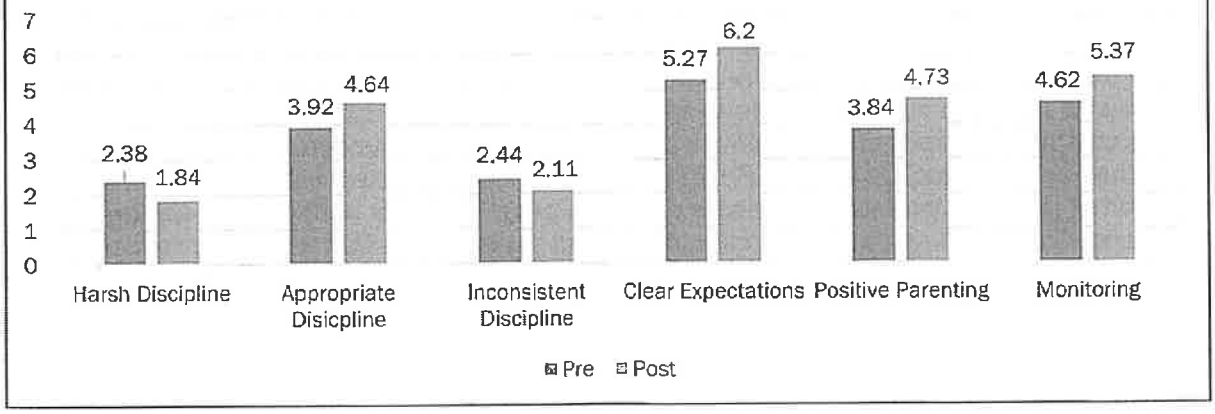
Graph 8 - Average outcomes on Pre and Post Karitane Parenting Confidence Scale (KPCS) - CAP
FY 2018-2019 to FY 2020-2021



Teach-Respect-Educate-Empower-Self (TREES)

For FY 2018/2019 to FY 2020/2021, TREES provided services to 305 parents/legal guardians/caregivers by means of a referral from community agencies, walk-ins, or telephone calls. TREES conducted a total of 33 parenting groups. Below are is the data obtained from the outcome measurement tools provided to parents/legal guardians/caregivers:

Graph 9 - Average outcomes Pre and Post Parenting Practice Interview (PPI) - TREES
FY 2018-2019 to FY 2020-2021



Outcome on Evaluation Questions

1. ***Will providing Incredible Years (IY) to parents/caregivers strengthen parenting competencies and foster positive parent-child interactions for infants and children up to the age of 12?***

Child and Parent (CAP) Council and Teach-Respect-Educate-Empower-Self (TREES)

Based on the data obtained from the PPI, PS and KPCS tools, given to parents/caregivers before and after completion of the IY parenting groups, it can be determined the IY curriculum has been effective in strengthening parenting competencies and fostering positive parent-child interactions. The IY model continues to be an effective universal prevention program, which has resulted in positive outcome results as noted in the graphs above. Data will continue to be collected and evaluated to determine if the IY Program has long lasting effects on parents in raising children in supportive structured environments and in preventing the development of mental illness by reducing risk factors.

Strategies

Access and Linkage to Treatment

The prevention component utilizes universal strategies that address the entire Imperial County population. These strategies include a parenting program, the Incredible Years, which addresses the needs of children/youth in stressed families, and outreach and education activities, which focus on the importance of early identification and intervention to reduce the negative outcomes that may result from individuals in stressed families. Referrals to the Incredible Years Program are made by community agencies or parents' self-referral.

For FY 2018/2019 to 2020/2021, the CAP Council and TREES were given direction to complete the PEI Screening and Referral Tracking Form, developed by the MHSA PEI Learning Community. The form is to be completed by the CAP Council and TREES staff for all Incredible Year participants who are referred to ICBHS for mental health and/or substance use disorder

services. However, no referrals were generated by either agency. ICBHS will continue to encourage both agencies and provide training to their staff in identifying early signs of mental health illness.

Improving Timely Access to Services for Underserved Populations

The Incredible Years program has allowed increased access to services by providing parenting groups free of charge in English and/or Spanish to all Imperial County residents. The CAP Council and TREES provided services at non-traditional settings, such as schools, after school programs, churches, and resource centers targeting unserved and underserved populations within their communities. Starting in FY 2018/2019, ICBHS contracted with 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 outlying areas, ICBHS has encountered challenges in increasing penetration rates for the unserved and underserved Native American population and other very hard to reach populations. TREES has focused on providing services in Salton Sea, Niland, and Winterhaven areas of Imperial County. Additionally, both agencies continue to ensure the delivery of IY is provided in a culturally competent manner. Both agencies continue to hire and maintain staff that is bilingual and bicultural. The Spanish classes are facilitated in Spanish using the Spanish curriculum for the 0 to 12. For FY 2018/2019 and FY 2019/2020, the Incredible Years parenting groups were provided in the following cities: Calexico, El Centro, Brawley, Heber, Westmorland, Winterhaven, Salton City and Holtville. However, during FY 2020/2021 all services were provided virtually via the Zoom application due to the COVID-19 pandemic.

Data Collection

Access and Linkage to Treatment

The CAP Council and TREES collect outcome data on IY participants, on outcome tools before the start of the IY groups and at the end of the groups, as shown in the previous graphs. They also collects data on all referrals received from outside agencies to the IY parenting groups. Below is the breakdown of the referrals received for each of the agencies during FY 2018/2019 to 2020/2021:

Table 6 - Child and Parent (CAP) Council

ICBHS	CPS	Court	Comm. Agency	Social Services	Schools	Self-Referred	Total
31	418	165	85	4	97	513	**1313***

**CAP provided services to 1429 Parents/Legal Guardians/Caregivers, in some cases 1 referral were for both parents and/or caregivers.*

Table 7 - Teach-Respect-Educate-Empower-Self

CPS	Court	Comm. Agency	Social Services	Schools	Self-Referred	Total
3	22	74	9	112	188	**408**

TREES program received 408 referrals; however, they were successful in admitting 305 parents/legal guardian/caregivers. A plan has been implemented for FY 2021/2022, for both agencies to complete the PEI Screening and Referral Tracking Form for any Incredible Year

participant who has a mental/behavioral health symptoms or would benefit from mental health and/or substance use disorder services.

Timely Access to Services for Underserved Populations

The Child and Parent Council and the Teach-Respect-Educate-Empower-Self provide parenting groups on a timely basis. Both agencies are readily available to provide services. As parents/legal guardians/caregivers are admitted, they are given the opportunity to be placed on an existing ongoing group or wait until a new parenting group starts. All Incredible Years groups provided by CAP and TREES are free of charge to any parent/caregiver residing in Imperial County.

Rising Stars

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 many foster care students and the lack of supportive services available to them in Imperial County. Former foster care children/youth, who were present during the MHSA Steering meeting, gave testimonials on their experiences in being in the child welfare system and the hardships they encountered. Stakeholders present during the MHSA meeting acknowledged the hardships faced by foster children in California.

On February 18, 2020, during the public comment period, of the monthly Imperial County Behavioral Health Advisory Board meeting, a community stakeholder representing IVROP and former foster students gave a brief presentation on the challenges faced by foster care children/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 Behavioral Health Advisory 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, the stakeholder representing IVROP provided a brief presentation on foster care children/youth. The manager of the Prevention and Early Intervention (PEI) programs informed the stakeholders and family/community members present, of IVROP's proposal which 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 did not object and were in favor of implementing services for children/youth in foster care under the PEI Program. It was agreed 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 a review of the proposal, it was determined IVROP's program would be submitted as a new Prevention Program for PEI 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). The contract consisted of ICBHS contracting with IVROP to implement a new Prevention Program under the Prevention and Early Intervention (PEI) component. The new program Rising Stars would provide prevention services to foster children/youth ages 5 to 18. On October 2020, the contract between ICBHS and IVROP was fully executed.

Brief Program Description

The Rising Stars program is a prevention program providing services to children/youth ages 5 to 18 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 children/youth. Rising Stars staff 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 the Rising Stars program will be culturally competent and linguistically appropriate for the targeted population. Furthermore, Rising Stars collaborates with ICBHS staff, Department of Social Services (DSS) staff, staff from the local school districts and other community stakeholders to help foster care children/youth overcome the impact of trauma.

Foster care children/youth commonly experience various forms of adverse childhood experiences (ACEs), which increases the likelihood of negative outcomes throughout their childhood and as adults. Examples of ACEs include the following: 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. Foster care children/youth 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.

Evaluation Question

The goal of implementing the Rising Starts program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster children/youth. The following is the question this evaluation will address:

1. ***Will providing Rising Stars to Foster Care children/youth strengthen and enhance the protective factors and reduce the risk factor?***

To measure if the Rising Stars will strengthen protective factors and reduce risk factors, children/youth and their parent/legal guardian/caregiver are asked to complete Pre outcome measurement tools, during the admission process into Rising Stars. Upon being discharge from Rising Stars, Post outcomes measurement tools are completed. Scores obtained from pre and post outcomes tools are used to measure the child/youth's overall well-being.

Model Fidelity

The Rising Stars program implements 7 strategies to improve the well-being, protective factors, social skills, academic performance, and behavior outcomes for children/youth in foster care. The strategies utilized by Rising Stars program emphasize the principles of trauma-informed care and are culturally competent and linguistically appropriate for children/youth in foster care. The following are the seven strategies used by Rising Stars:

1. ***Hope Theory*** – Developed by the Alliance of HOPE International, provides activities at Camp HOPE, that enhance the social skills, self-esteem and academic skills of children/youth who have experienced ACEs.
2. ***Developmental Assets*** – Utilizes the curriculum developed by the Search Institute, emphasizes a strength-based approach to explore their strengths, developmental assets and positive relationships within the environment of the participating foster care child/youth.
3. ***Social-Emotional Learning*** – Promotes positive development and reduces potential risk factors associated with childhood trauma.
4. ***Mentoring*** – Rising Stars staff and community partners provide a network of supportive individuals that help motivate the foster care children/youth during vulnerable period in their lives.
5. ***Academic Support*** – Rising Stars program offers workshops and activities for foster care children/youth to enhance their academic, study and communication skills.
6. ***College Exploration*** – Rising Stars program integrates the exploration of high education and other post-secondary training opportunities into workshops, field trips and other activities.
7. ***Trauma-Informed*** – Utilizes the six principles of trauma-informed care (*1.safety, 2.trustworthiness and transparency, 3.peer support and mutual self-help, 4.collaboration and mutuality, 5.empowerment, voice and choice, and 6. cultural, historical and gender issues*) to develop a supportive environment to help foster care children/youth overcome their barriers and ACEs.

Measures Utilized

Rising Stars utilizes the following performance outcome measurement outcome tools: the Pediatric Symptom Checklist (PSC)-35, Youth Pediatric Symptom Checklist (Y-PSC)-35 and the Child and Youth Resilience Measure (CYRM-R). The PSC-35 is a psychosocial screen for children/youth ages 4 to 16 that is completed by the parents/caregiver/legal guardian. The Y-PSC-35 is for youth ages 11 to 18 and is completed by the youth. The PSC-35 developed by Bright Futures to help providers identify possible cognitive, emotional, and behavioral problems. This 35-item questionnaire allows Rising Stars staff to identify possible barriers and to link the foster care children/youth to prevention or early intervention services. A "positive score" in this screening tool suggests that there is possible need for further evaluation by a mental health professional at ICBHS. If necessary, students who would benefit from early intervention services or treatment will be linked with behavioral health service providers. Prevention and early intervention services are essential to help children and adolescents avoid the development of a mental health illness. Rising Stars staff will refer the students and provide a copy of the PSC-35 to ICBHS. The PSC-35 screening tool will be administered during enrollment of all participating foster care students.

The Child and Youth Resilience Measure (CYRM-R) assesses the level of resiliency in participating students. The CYRM-R for children is provided to students between ages 5-9 and the CYRM-R for youth will be utilized to assess students between years 10-18. The 17-point questionnaire uses a 5-point Likert scale that was developed through years of research by the Resilience Research Centre (RRC). Rising Stars staff administers the measurement tool in the first month after the student is enrolled in Rising Stars program. It is necessary to assess the ability of students in foster care to overcome adversity in their current childhood or when facing future obstacles. This resiliency scale has been utilized by numerous agencies throughout various countries to assess the ability of students to make positive adaptions when facing

adversity. Students will complete a Follow-Up CYRM-R questionnaire after completion of the summer academy or summer camp activities.

Outcomes

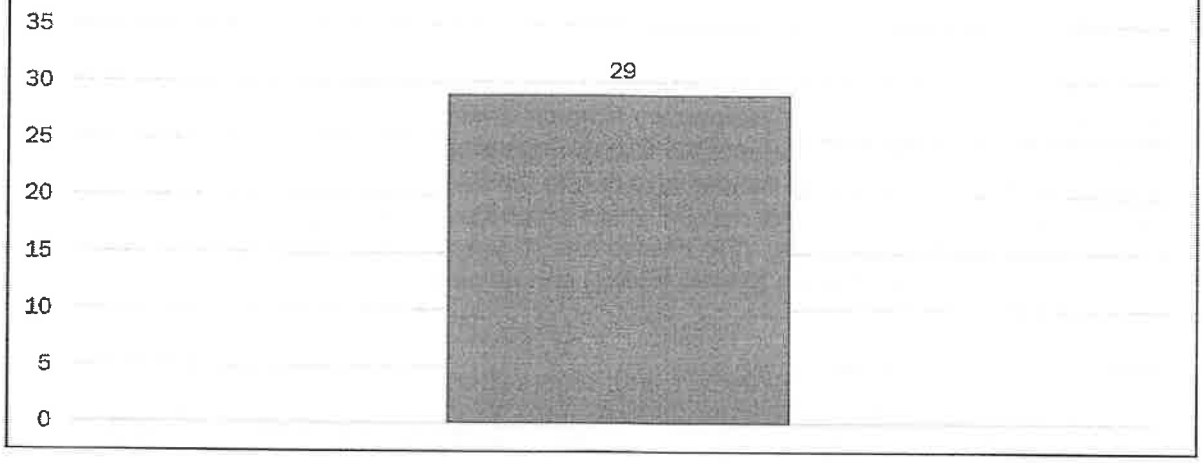
For FY 2020-2021, IVROP provided services to 57 children/youth and were successful in implementing the Rising Stars in 7 elementary schools, 2 middle schools, and 2 high schools. The success of being able to implement the Rising Stars program in several schools in only 9 months and during the COVID-19 pandemic is due to the fact that IVROP has successfully worked with local school districts for over 30 years which has led to strong working relationships that have supported local students. IVROP also has 20 years of experience working with children/youth in the Child Welfare System (CWS) and helping vulnerable students reach their goals.

Table 8 - FY 2020-2021: Implementation of Rising Stars

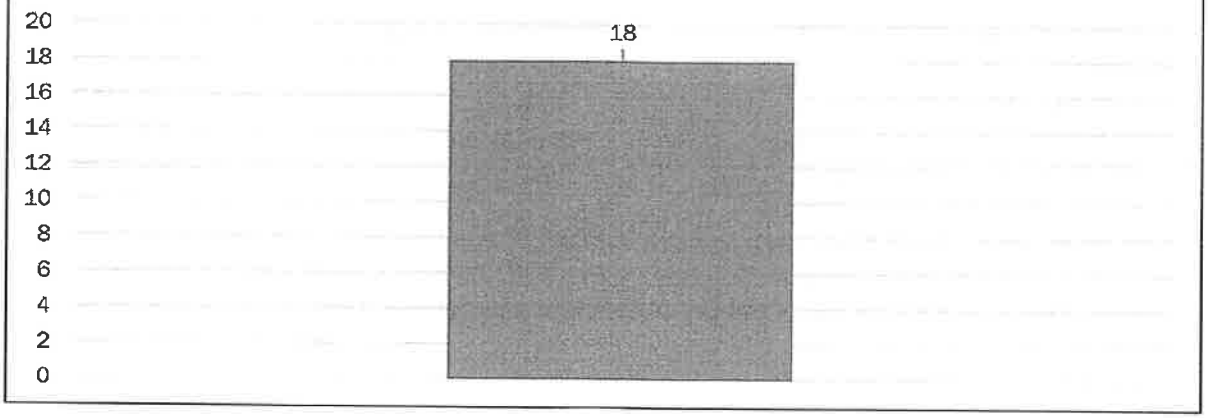
School Site	School District
Phil D Swing Elementary	Brawley Elementary
Barbara Worth Jr. High	
Brawley Union High School	Brawley Union High
Rockwood Elementary	Calexico Unified
Cesar Chavez Elementary	
Southwest High School	Central Union High
Harding Elementary School	El Centro Elementary
Heber Elementary	Heber Union
Cross Elementary	Imperial Unified
Frank Wright Middle School	
TL Waggoner Elementary	

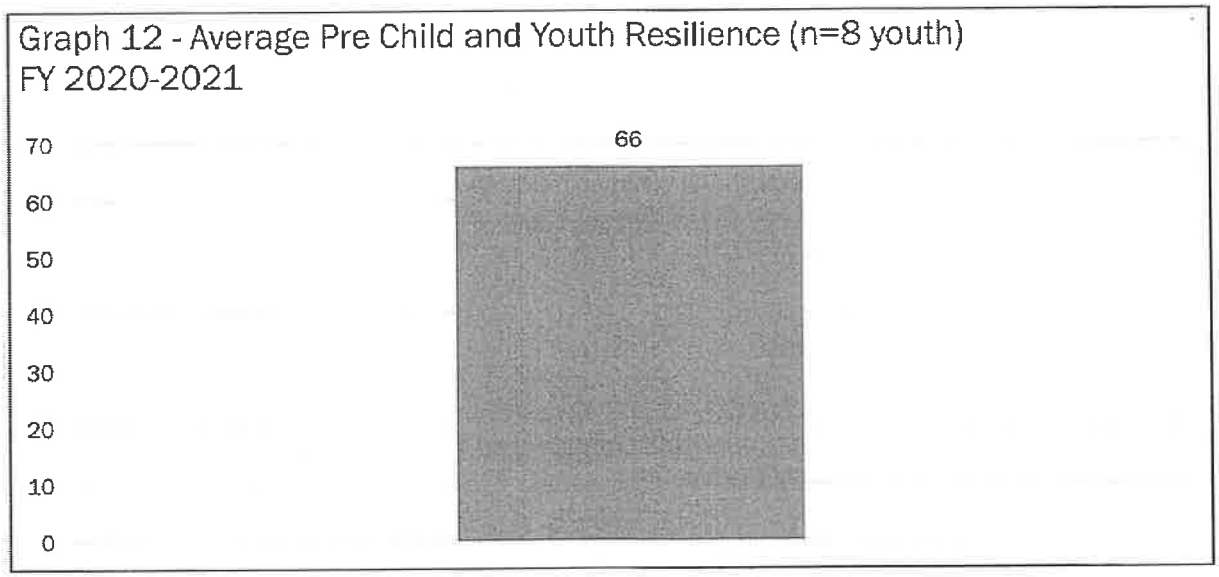
For FY 2020-2021, Rising Stars obtained Pre Y-PSC-35 from 9 foster youth, 4 from parents/legal guardians/caregivers completed a Pre PSC-35 and 8 youth completed a Pre CYRM-R. Below are the results of the pre-outcome measurement tools.

Graph 10 - Average outcomes on Pre Y-PSC-35 (n=9 youth)
FY 2020-2021



Graph 11 - Average outcomes Pre PSC-35
(n=4 Parent/Legal Guardian/Caregiver)
FY 2020-2021





Outcome on Evaluation Questions

1. ***Will providing Rising Stars to Foster Care children/youth strengthen and enhance the protective factors and reduce the risk factor?***

For FY 2020-2021, the Rising Stars program only hah 6 months of program implementation and were not able to obtain Pre outcome measurement tool. However, not enough data was obtained to evaluate the program due to the length of implementation and it is too early to make a determination of the effectiveness of the Rising Stars program.

Strategies

Access and Linkage to Treatment

The Rising Stars program provides the PSC-35 to the foster child's parents/legal guardian/caregiver or the Y-PSC-35 and the Adverse Childhood Experience (ACE) to the youth on admission to the program. Results from the PSC-35 and ACE (high scores) determine if the child/youth needs a referral to mental health. In both of the outcome tools, there are no post tools; they are given as a one-time assessment at the start of services. Below is the referral information.

Table 9 - Referrals to ICBHS

Outcome Tool	Number Completed	High Score
PSC-35/Y-PSV-35	13	4
ACE	7	1
Total Referred		5

**PSC-35/Y-PSC-35 score of 28 or higher. ACE sore of 4 or higher*

Improving Timely Access to Services for Underserved Populations

The Rising Stars program provides services for children/youth who are in the Foster Care system and are a very underserved population. IVROP has over 10 years of experience collaborating with ICBHS to provide preventive and supportive services to Imperial County youth. This collaboration has improved the timely access to mental health services and other supportive service to the underserved population of foster children/youth in Imperial County.

Data Collection

Access and Linkage to Treatment

The strong collaboration between IVROP, ICBHS, Department of Social Services and local school districts has facilitated the primary goals of providing timely access and linkage to treatment services to foster care children/youth.

Table 10 - FY 2020-2021 Number of Referrals Received

Referral Source	No. of Referrals
School District	20
Department of Social Services	11
ICBHS	8
Other	16

Table 11 - Demographic information for Rising Stars FY 2020-2021

Age Group	Number	Percentage
0 – 11	21	37%
12 – 14	16	28%
15 – 18	20	35%
Total	**57**	**100%**
Sex Assigned at Birth	**Number**	**Percentage**
Female	27	47%
Male	28	49%
Decline to Answer	2	4%
Total	**57**	**100%**
Race	**Number**	**Percentage**
White	35	61%
Black	4	7%
American Indian	2	4%
Asian	1	2%
Other	3	5%
Decline to Answer	12	21%
Total	**57**	**100%**
Ethnicity	**Number**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	23	41%
Non-Hispanic or Non-Latino:		
African	4	6%
European	12	21%

Other	8	14%
Decline to Answer	10	18%
Total	**57**	**100%**
Language	**Number**	**Percentage**
English	48	85%
Spanish	9	15%
Total	57	**100%**
Veteran Status	**Number**	**Percentage**
No	57	100%
Total	**57**	**100%**
Identifies with any Disability or Special Needs	**Number**	**Percentage**
No	0	0
Decline to Answer	57	100%
Total	**57**	**100%**
Disabilities or Special Needs	**Number**	**Percentage**
No	0	0
Decline to Answer	57	100%
Total	**57**	**100%**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled intake or therapy appointment, the Program Supervisor reviews the clinician's schedules and with the coordination of the clinician will make every effort to meet the needs of the individual.

Stigma and Discrimination Reduction Program

Brief Program Description

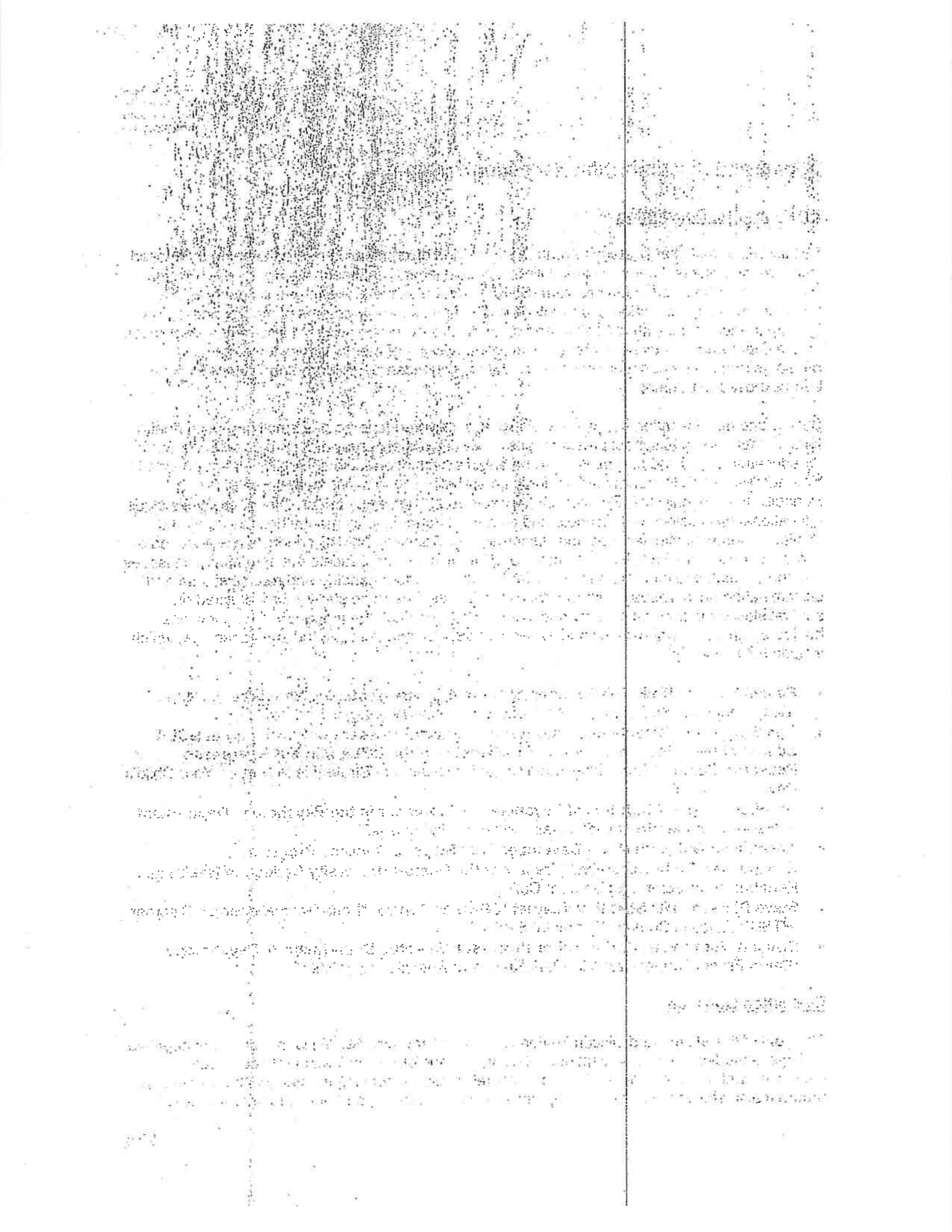
PEI utilizes a universal strategy to reduce stigma and discrimination related to being diagnosed with a mental illness, having a mental illness or seeking mental health services. The Stigma and Discrimination Reduction program (SDRP) addresses the entire Imperial County with a focus on providing education and trainings on the effects and symptoms of mental illness and the importance of early identification and early intervention. The program also brings awareness on the importance of increasing recognition of early signs of mental illness to community members and on the consequences commonly experienced by children and youth who have been exposed to trauma.

Stigma and discrimination reduction activities are delivered to large and small groups in health fairs, career fairs, and school presentations. Activities are also provided on a one-to-one basis for education or training purposes. Stigma and discrimination reduction activities are provided by a number of PEI Program staff, including master level Clinicians, Mental Health Rehabilitation Technicians, Program Supervisor, and Program Manager. Other activities include educational discussions with schools and community agencies on mental health issues and available mental health services and resources. Additionally, ICBHS conducts a weekly radio show program "Let's Talk About It" that is used to discuss and educate the community on issues and topics related to mental health in order to cultivate understanding and reduce stigma and discrimination on individuals with mental health issues. The radio show is broadcasted on several stations in Imperial County and is also made available on a podcast. The show has hosted a number of world-renowned experts on trauma, mindfulness and substance use, which include the following:

- **Bessel Van Der Kolk, MD Founder of Trauma Center at Justice Resource Institute:** "Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma"
- **Dan Siegel, MD - Psychiatrist and Author Clinical Professor of Psychiatry at UCLA School of Medicine, Founder and Co- Director of the UCLA Mindful Awareness Research Center:** "The Whole-Brain Child: Revolutionary Strategies to Nurture Your Child's Developing Mind"
- **Dr. Ellen Langer, Ph.D. Social Psychologist Professor in the Psychology Department at Harvard University** "Mindfulness...What is mindfulness?"
- **Annemieke Golly, Ph.D. Co-Developer First Steps to Success Program**
- **Kim Mueser, Ph.D. Executive Director of the Boston University College of Health and Rehabilitation Sciences:** Sargent College
- **Steve Dilsaver, MD Staff Psychiatrist ICBHS-El Centro:** "Post-Traumatic Stress Disorder (PTSD): Rates in Community Mental Setting"
- **Bruce K. Alexander, PhD - Author Professor Emeritus Department of Psychology Simon Fraser University:** "Rat Park Revisited: Rethinking Addiction"

Evaluation Question

The goal of the Stigma and Discrimination Reduction Program (SDRP) is to reduce the negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services. The program also strives to increase acceptance, dignity, inclusion, and equity for individuals with



mental illness, and members of their families. The following is the question this evaluation will address:

1. ***Will providing Stigma and Discrimination Reduction Program to community members* decrease their stigma and discrimination towards mental health by changing their attitudes and/or behavior and increasing their knowledge related to mental illness?**

To measure if the SDRP changes the community's attitudes and/or behavior and increases knowledge on mental health, surveys will be completed before (Pre) an education group or training and afterward (Post). Responses from pre and post surveys will be used to measure change.

Model Fidelity

PEI staff offers educational groups and/or trainings to all communities across Imperial County. The educational groups/or training are targeted to decrease the stigma and discrimination towards mental health. The trainings and/or educational groups include signs and symptoms on various mental health diagnosis to include depression, anxiety, ADHD/ADD and trauma. Other training topics include eating disorders and self-harming behaviors. During these trainings/educational groups, PEI staff only provides surveys and materials that were pre-approved by the Program Manager and/or Program Supervisor.

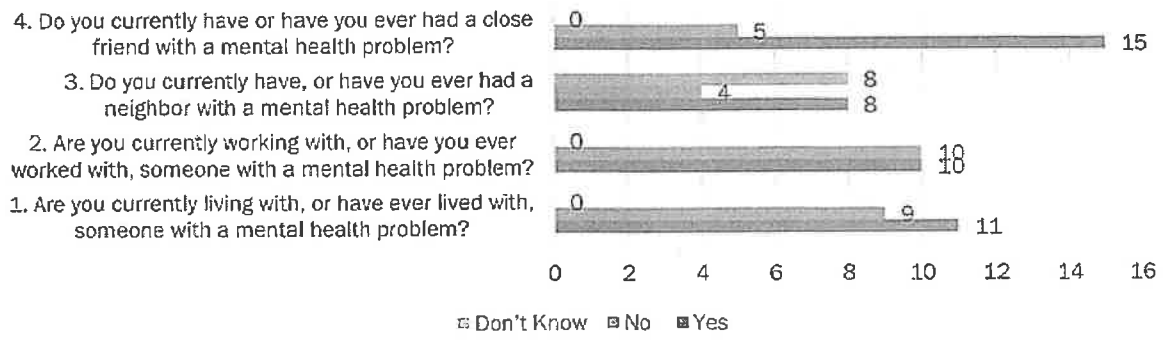
Measures Utilized

During FY 2018/2019, the PEI staff utilized the Reported and Intended Behavior Scale (RIBS) survey. The RIBS measures reported (past and current) and intended (future) behavior discrimination among the general public against people with mental health problems. During FY 2019/2020, the California Institute for Behavioral Health Solutions (CIBHS) developed a new survey, the *Stigma and Discrimination Reduction Program* (SDRP) survey, through the implementation of the Measurements, Outcomes, and Quality Assessment (MOQA) project. For FY 2019/2020 and 2020/2021, PEI staff only utilized the *Stigma and Discrimination Reduction Program* survey. The SDRP survey assesses the most central features of stigma and is designed to be used when providing trainings and/or educational groups. The survey assess changes in behavior or practice in participants and gathers data on whether and how they used what they learned during the educational groups and trainings. The goal of the SDRP survey is to see if there are any shifts in attitudes, knowledge, and beliefs about mental illness.

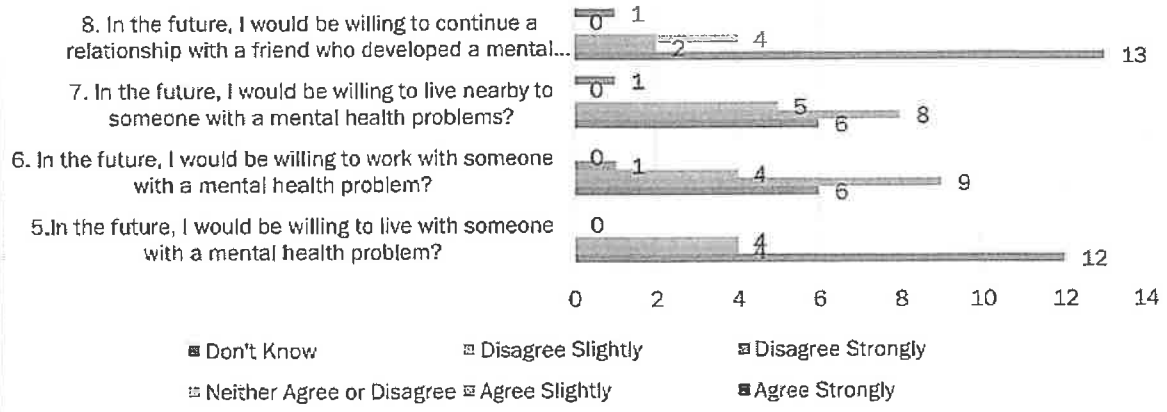
Outcomes

The Reported and Intended Behavior Scale survey was distributed to community members/stakeholders during the trainings or educational groups. Individuals were asked to voluntarily answer 4 statements before the training or educational group and 4 statements afterwards. For FY 2018/2019, 20 surveys in English were collected. Below are the results of the Pre and Post Stigma surveys.

Graph 13 - Average Scores RIBS Survey
Pre Questions
FY 2018-2019

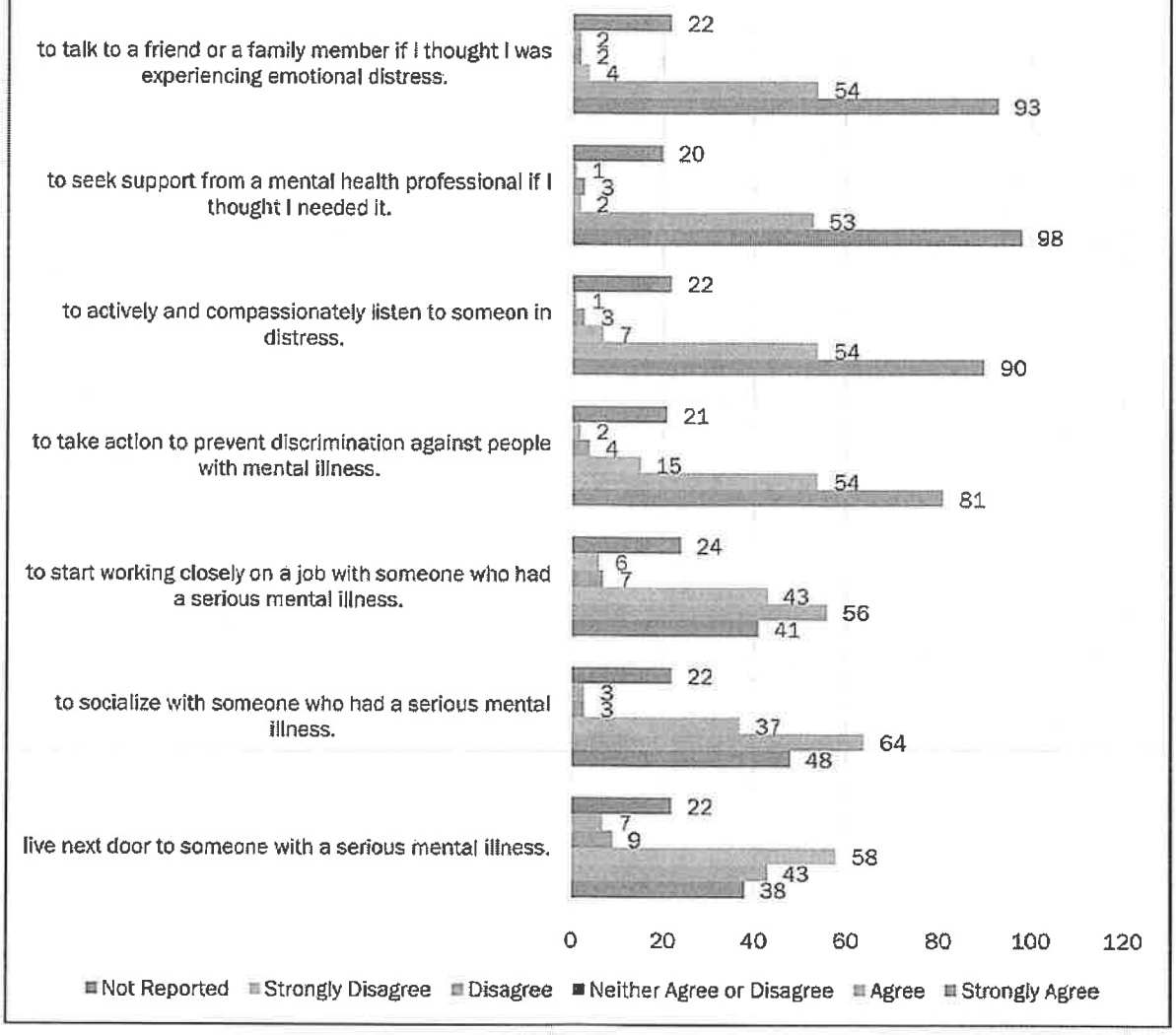


Graph 14 - Average Scores RIBS Survey
Post Questions
FY 2018-2019

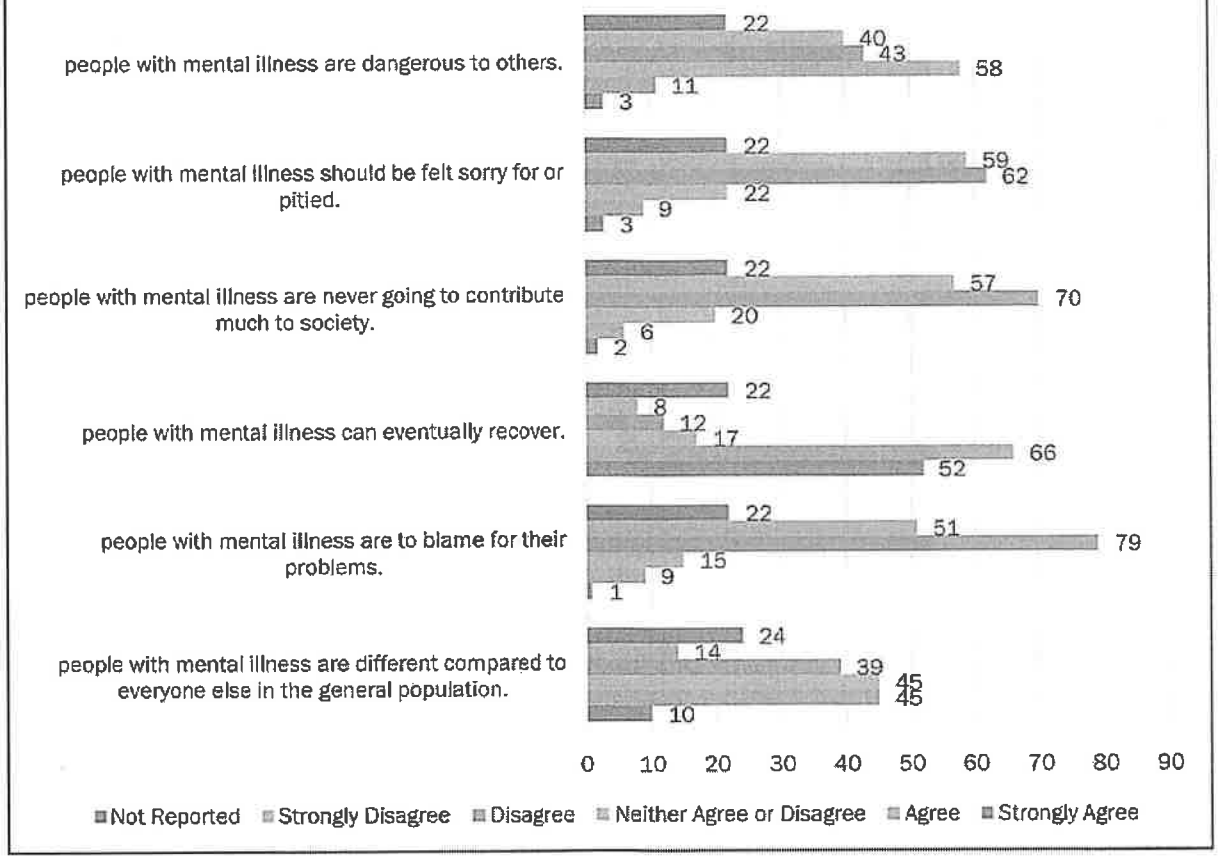


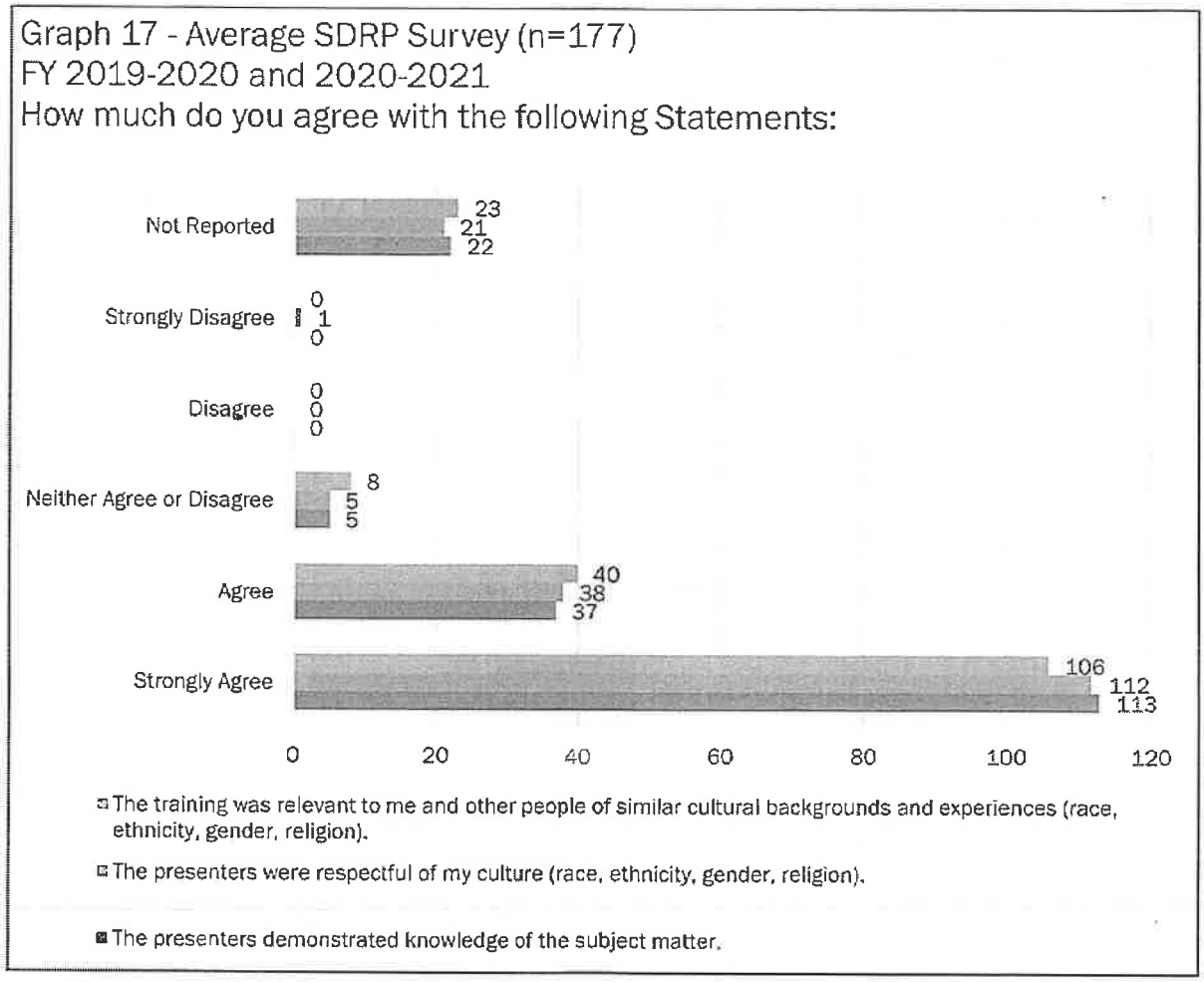
For FY 2019/2020 and FY 2020/2021, PEI staff provided the SDRP survey to community members/stakeholders during the trainings or educational groups. One hundred and seventy-seven participants completed the SDRP survey. Below are the results of the Stigma and Discrimination Reduction Program surveys.

Graph 15 - Average SDRP Survey (n=177)
FY 2019-2020 and 2020-2021
As a Result of this training I am MORE willing to:



Graph 16 - Average SDRP Survey (n=177)
FY 2019-2020 and 2020-2021
As a result of this training I am MORE likely to believe:





Outcome on Evaluation Question

1. ***Will providing Stigma and Discrimination Reduction Program to community members* decrease their stigma and discrimination towards mental health by changing their attitudes and/or behavior and increasing their knowledge related to mental illness?**

Based on the results from the RIBS surveys, providing stigma and discrimination reduction activities create a change in how individuals view and perceive people who have a mental health illness. For example, Question #4, asks attendees before participating in the training and/or education group, "Do you currently have, or have you ever had a close friend with a mental health problem?" Five, (25%) of the individuals surveyed respond "No". After completing the training or education groups, fifteen (75%) of the individuals responded "Agree Slightly and Strongly Agree". Statement #8, also indicates significant change in individuals' considerations related to working or having a relationship with individuals with a mental health problem. The results from the SDRP surveys also indicate that providing stigma and discrimination reduction activities create a change in how individuals view and perceive people who have a mental health illness.

Strategies

Access and Linkage to Treatment

The Stigma and Discrimination Reduction program provides services, which are universal and intended for all community members in Imperial County to reduce the stigma and discrimination associated with mental illness. These activities include training and education by providing information to the community on mental illness and importance of identification, prevention and early intervention of mental. Stigma and Discrimination activities assist community members in accessing mental health services by decreasing the stigma and discrimination towards mental health.

Improving Timely Access to Services for Underserved Populations

Stigma and discrimination reduction activities are presented in English and/or Spanish in efforts to reach the unserved and/or underserved populations. Activities include providing trainings and educational information to parents/caregivers, school staff and the community in general on identifying individuals at risk of, or who may or are presenting signs of mental illness in the hope that underserved populations will access mental health services more timely. Stigma and discrimination reduction activities have also assisted in establishing collaborative relationships with local agencies, such as the Department of Social Services, school districts and community agencies. These partner agencies have become familiar with PEI programs, as well as ICBHS outpatient services, and have assisted in facilitating community members' access to appropriate services by making referrals when needed. The continuous receipt of referrals, to the PEI programs for prevention and early intervention services from these and other community agencies and the acceptance of services by parents are a testimony of the success of PEI program's Stigma and Discrimination Reduction activities.

Data Collection

Access and Linkage to Treatment

For FY 2018/2019 to FY 2020/2021 the Stigma and Discrimination Reduction staff provided 458 educational presentations and 57 trainings activities throughout Imperial County. The Stigma and Discrimination Reduction staff provided outreach to 1,704 students, teachers, parents, administrators, and community members. The demographic data, number of attendees and surveys were collected on a voluntary basis from individuals and small groups. However, it has not always been possible to obtain specific numbers of attendees participating in larger groups such as those participating in large school assemblies or number of individuals listening to the radio show. Below is the demographic data obtained from 214 participants.

Table 12 - Demographic information for Stigma FY 2018/2019 to FY 2020/2021

Age Group	Total	Percentage
0-15	1	.50%
16-25	15	7%
26-59	155	72.50%
60+	6	3%
Decline to Answer	37	17%

Total	214	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	158	74%
Male	22	10%
Decline to Answer	34	16%
Total	214	**100%**
Gender Identity	**Total**	**Percentage**
Female	159	74%
Male	22	10%
Trans-Gender	2	1%
Decline to Answer	31	15%
Total	214	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	166	78%
Gay/Lesbian	1	.50%
Bisexual	2	.50%
Declined to answer	45	21%
Total	214	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	1	0.50%
White	95	44%
Multi-Racial	4	1.5%
Other	57	27%
Decline to Answer	57	27%
Total	214	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	164	77%
South American	1	1%
Caribbean	1	1%
European	5	2%
Multi-Ethnic	5	2%
Other	3	1%
Decline to Answer	35	16%
Total	214	**100%**
Language	**Total**	**Percentage**
English	59	28%
Spanish	100	47%
Tagalog	1	.5%
Other/Bilingual	19	8.5%
Decline to Answer	35	16%

Total	214	**100%**
Veteran Status	**Total**	**Percentage**
Yes	5	2%
No	175	82%
Decline to Answer	34	16%
Total	214	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	170	79%
Yes	8	4%
Decline to Answer	36	17%
Total	214	**100%**
Type of Disability		**Percentage**
Mobility	2	1 %
Chronic Health Condition	2	1%
Difficulty Hearing	1	1%
Other	3	1%
Declined to Answer	206	96%
Total	214	**100%**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. For individuals who want to be seen sooner than their scheduled intake or therapy appointment, the Program Supervisor reviews the clinician's schedules and coordinates with the clinician to ensure the needs of the individual are met.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Brief Program Description

Imperial County Behavioral Services provides *Outreach Services for Increasing Recognition of Early Signs of Mental Illness*, by engaging, encouraging, educating community members about ways to recognize and respond effectively to early signs of mental health. Mental Health Rehabilitation Technicians (MHRTs) assigned to the FSS program are collocated at several Transitional Kindergarten (TK) and Kindergarten classrooms at various countywide elementary schools. The goal is for the MHRTs to educate the TK/Kindergarten teachers on identifying young children who might need mental health services. TK/Kindergarten teachers are in a position to identify early signs of mental health issues in their students. Without early intervention may go undiagnosed for several years, which could lead to negative life outcomes, such as school dropout, incarceration, substance use disorders and homelessness. While stationed at the schools the MHRTs provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to parents/legal guardians/caregivers of students with the purpose of educating them on how to identify early signs of mental health issues and to engage them in seeking services for their children. TF-CBT clinicians also provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to families, school personnel, and community service providers.

Evaluation Question

Outreach Services for Increasing Recognition of Early Signs of Mental Illness' intent is to provide services to key members of the community where they will be able to recognize and respond effectively to early signs of mental health. ICBHS makes every effort to provide outreach services to the general population, however *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* targets key members of the community such as first responders, school staff, and community agencies. The following is the question this evaluation will address:

1. ***Will providing Outreach Services for Increasing Recognition of Early Signs of Mental Illness improve access to mental health services?***

To measure the improvement in access to mental health services ICBHS PEI programs collect data on the number of referrals received, number of admissions, outcome measurement tools, demographic data and penetration rates.

Model Fidelity

PEI MHRTs and Clinicians provide mobile mental health services to the all residents of Imperial County. The majority of the services provided are in the schools or at the client's home. PEI staff promotes mental health services by offering educational groups and/or trainings on mental health services to key members of the community. The trainings and/or educational groups include signs and symptoms on various mental health diagnosis. The Program Manager and/or Program Supervisor approves all materials provided during the trainings/educational groups.

Measures Utilized

Outreach Services for Increasing Recognition of Early Signs of Mental Illness utilizes PEI staff to conduct outreach. For FY 2018/2019 to 2020/2021, PEI staff conducted 366 presentations to various schools and community agencies reaching approximately 4,210 community members. The goal of these presentations/educational groups is to educate key community members on ways to recognize and respond effectively to early signs of mental health and to make appropriate referrals. PEI staff provided the following presentations:

Table 13 - No. of Presentations and No. Served FY 2018-2019 to FY 2020-2021

Type of Presentation	Location/ Agency	No. of Presentations	No. Served
Educational	Schools	267	3,062
Trainings	School Districts	16	150
Educational	Imperial Irrigation District	3	3
Trainings	Law Enforcement	3	3
Educational	City Libraries/Comm. & Recreation Centers	7	7
Educational	Community Agencies	29	100
Trainings	Imperial Office of Education	3	3
Educational	Imperial Valley College	6	705
Trainings	Department of Social Services	18	88
Educational	Migrant Parents/Caregivers	10	47
Educational	IV Regional Occupational Programs	4	42
Totals		366	4,210

Outcomes

Data is collected on all PEI referrals and many of the referrals received were due to the outreach conducted by PEI staff at schools and to key community agencies/members. For FY 2018/2019 to 2020/2021, PEI TF-CBT and FSS (prevention and early intervention) received 816 referrals. Below is the referral outcomes for the PEI programs (prevention and early intervention):

Table 14 - TF-CBT and FSS (Prevention and Early Intervention) FY 2018/2019 to FY 2020/2021:

Total Served	Percentage	Outcome
268	33%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
2	.5%	Did not need any Prevention Services - Referred out
53	6%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services
66	8%	Transferred, averaging within 1 calendar days, to the – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria
170	21%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
250	31%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
7	.5%	Actively being served as of June 30, 2021
816	**100%**	**Total**

Outcomes on Evaluation Question

1. ***Will providing Outreach Services for Increasing Recognition of Early Signs of Mental Illness improve access to mental health services?***

Providing *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* has proven to being effective in improving access to mental health services as PEI programs provide a continuum of care. Children/youth referred to PEI programs are assessed and are provided with an individualized level of care based on their individual needs. Children/youth assessed are placed or transferred to a either a prevention, early intervention or treatment services in a seamless fashion as indicated in the table above. PEI staff is collocated at several elementary schools providing mental health services and providing outreach services as evidenced in the previous table targeting young children. This effort has increased the penetration rate of young children ages 0 to 5 for the past three years. The table below shows the comparison of the penetration rate between Imperial County, small counties and the state average of young children. Penetration rates decreased during CY 2020-2021 were due to the COVID-19 pandemic.

Table 15 – Cal-EQRO Penetration Rates

Calendar Year*	Imperial County	Small Counties	State Average
2018	3.54%	1.67%	2.11%
2019	3.74%	1.61%	2.23%
2020	2.22%	1.24%	2%

**Data obtained from the Medi-Cal Approved Claim Data for Imperial County produced by CalEQRO*

Strategies

Access and Linkage to Treatment

The *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community, especially young children and to link them to medically necessary care and treatment if needed. For FY 2018/2019 to 2020/2021 the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* conducted 366 educational/trainings to 4210 key community members and obtained 816 referrals. All of the 816 referrals received an assessment and were provided with prevention, early intervention or treatment services. Below is a breakdown of the referrals received from key community agencies/members.

Table 16 - Outreach Services for Increasing Recognition of Early Signs of Mental Illness Referrals

Number of Referral FY 2018/2019 to 2020/2021		
Program	**Prevention**	**Early Intervention**
Trauma Focused CBT	199	297
First Step to Success	105	215
Sub-Total	304	512
Total	816 Referrals	

Improving Timely Access to Services for Underserved Populations

Implementation of *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* has assisted the community with increasing mental health awareness. For the past three years, PEI staff have done presentations to increase access to services for underserved populations, with the goal of providing prevention and early intervention to young children and their families. All outreach presentations are conducted in either English or Spanish in non-traditional, non-threatening settings that provide a safe and non-judgmental environment to clients and their families.

Data Collection

Access and Linkage to Treatment

Data is collected on every Outreach activity that is requested by a community agency or school. Data is also collected once an Outreach activity has been completed. Demographic data is collected on a voluntary basis. Collecting demographic data and been a challenge when conducting an educational or training to very large groups. All data collection is manually entered in a log for the purpose of disseminating the information to stakeholders during the Quarterly Mental Health Services Act (MHSA) Steering Committee.

Table 17 - Outreach Services for Increasing Recognition of Early Signs of Mental Illness Referral Source

Referral Source	Number of Referrals
ICBHS Outpatient Clinics	459
Schools	273

Caregivers	46
San Diego Regional Center	6
Molina Healthcare	1
Dept. of Social Services	31
Total	**816**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of intake appointments. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance to intake assessments, strategies have been implemented to remind clients of their appointments. Clients are sent a letter notifying them of their appointment and reminder calls are made the day prior to the appointment. If a client cancels or reschedules, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment inform the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

Access and Linkage to Treatment Program

Brief Program Description

Imperial County Behavioral Services provides *Access and Linkage* services through the PEI Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and First Step to Success (FSS) programs. Both the TF-CBT and FSS programs connect children/youth and their parents/legal guardian/caregivers to appropriate mental health treatment. All children/youth referred to TF-CBT and/or FSS are screened and assessed for mental health services. Children/youth who meet medical necessity are referred to either early intervention services to receive Specialty Mental Health Services (SMHS) under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria or to treatment for a higher level of care to include medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC) services. Children/youth who do not meet medical necessity are provided prevention services along with their parents/legal guardians/caregivers.

Evaluation Question

The goal of the *Access and Linkage to Treatment* program is to link children/youth to appropriate mental health services at the early onset of mental health issues. PEI staff works closely with parents/legal guardian/caregivers, teachers and community members to assist in identifying children/youth who are at a potential risk of developing a mental health illness. The following is the question this evaluation will address:

1. ***Will providing Prevention and Early Intervention programs (TF-CBT and FSS) link children/youth and their Parent/Legal Guardian/Caregiver to appropriate mental health services?***

To measure Access and Linkage to appropriate mental health services, ICBHS PEI programs collect data on the number of referrals received, number of admissions, outcome measurement tools, demographic data and penetration rates.

Model Fidelity

To maintain model fidelity, the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and First Step to Success (FSS) programs utilize the Children's Intake Assessment form to assess the child's/youth's mental health functioning. Masters level Clinicians who are either licensed or registered conduct the intake assessment with the child/youth and in collaboration with the parent/legal guardian/caregiver. Based on the information obtained by the child/youth, parent/legal guardian/caregiver, teachers, and data from outcome measurement tools, the clinician determines the individualized and appropriate level of care for the child/youth.

Measures Utilized

The PEI programs, TF-CBT and FSS, utilize several performance outcome measurement tools to determine the child/youth's level of care and needs.

TF-CBT utilizes the following performance outcome measurement tools:

- ***Youth Outcome Questionnaire (YOQ) and Youth Outcome Questionnaire Self-Report (YOQ-SR)*** – The YOQ and YOQ-SR are outcome measurement tools completed before and after participation in TF-CBT. The 64-item standardized questionnaires assess children/youth's global mental health functioning to include the following: Interpersonal Distress (ID), Somatic (S), Interpersonal Relations (IR), Social Problems (SP), Behavioral Dysfunction (BD) and Critical Items (CI). The YOQ is completed by parents/legal guardians/caregivers for children ages 4 to 17. The YOQ-SR is completed by children/youth ages 12 to 18. Possible Total YOQ and YOQ-SR scores range from 16 to 240. Scores of 47 or higher for the YOQ and 46 or higher for the YOQ-SR indicate need for clinical intervention.

- ***UCLA Post Traumatic Stress Reaction Index Parent (UCLA-PTSD-RI-Parent) and UCLA Post Traumatic Stress Index Self Report (UCLA-PTSD-RI-SR)*** - are outcome measurement tools completed prior and after participation in TF-CBT. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms. The UCLA-PTSD-RI-Parent is completed by parents/legal guardians/caregivers of children ages 3 to 18. The UCLA-PTSD-RI-SR is completed by children/youth ages 7 to 18. Possible Total PTSD Severity Scores range from 0-68 and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

The FSS program utilizes the following performance outcome measurement tools:

- ***Pediatric Symptom Checklist (PSC-35)*** - A psychosocial screening tool completed by parents/legal guardians/caregivers for children/youth ages 3 through 18. The PSC-35 is completed during the admission process (Pre) and at discharge (Post) of the FSS program. The PSC-35 is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. The cutoff scores for children ages 4 to 5 is 24 and for children/youth ages 6 to 16 is 28.

- ***Child and Adolescent Needs and Strengths (CANS)*** - A multi-purpose assessment tool developed to assess the well-being of children/youth ages 6 to 20. The CANS gathers information on the child/youth's and parent's/legal guardian/caregiver's needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. The CANS is used to decide which of a child/youth's needs are the most important to address in treatment or service planning.

- ***Parental Stress Index (PSI)*** - The PSI is used to measure the relative stress in the parent-child relationship and measures the following domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI) and the Difficult Child (DC), which combine to form a Total Stress score. This tool is administered to parents/legal guardians/caregivers in the first (Pre) session and during the last (Post) session of Parents Reach And eXcel through Empowerment Strategies (PRAXES).

Outcomes

Both the TF-CBT and FSS programs (prevention and early intervention) track the outcomes of every child/youth that are admitted into these PEI programs. Children/youth may be referred to TF-CBT or FSS, but may be transferred out of these PEI programs into a higher level of care based on their individual needs. Below are the outcomes of every child/youth that was admitted into the TF-CBT or FSS programs.

Table 18 - TF-CBT and FSS (Prevention and Early Intervention) FY 2018/2019 to FY 2020/2021

Total Served	Percentage	Outcome
268	33%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
2	.5%	Did not need any Prevention Services - Referred out
53	6%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services
52	6%	Transferred, averaging within 1 calendar days, to the – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria
184	23%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
250	31%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
7	.5%	Actively being served as of June 30, 2021
816	100%	Total

Outcome on Evaluation Questions

1. ***Will providing Prevention and Early Intervention programs (TF-CBT and FSS) link children/youth and their Parent/Legal Guardian/Caregiver to appropriate mental health services?***

Based on the table above, providing TF-CBT and FSS has proven to be successful as each child/youth and their families are promptly linked to the appropriate level of care. Furthermore, each child/youth and their parents/legal guardians/caregivers work closely with PEI staff so they receive individualized care to prevent the risk of developing a mental health illness.

Strategies

Access and Linkage to Treatment

TF-CBT and FSS are *mobile* programs. They provide services out in the community in locations to include but not limited, school homes, libraries and places of worship. Both programs facilitate access and linkages to treatment services and support to prevent the development of

mental illness. Being mobile increases access and linkage to treatment services to the unserved and/or underserved populations in the community. Additionally, all services are provided in English or in Spanish in a non-traditional, non-threating settings that provides a safe environment to the child/youth and their families.

Improving Timely Access to Services for Underserved Populations

PEI staff from the TF-CBT and FSS programs have improved the Timely Access to Services for Underserved Populations because of their ability to provide mobile services. The PEI programs do not required families to pull their children out of school and travel to an outpatient clinic to obtain mental health services. PEI services are provided on site at the child/youth's school or home which improves the timely access to services. Additionally, the FSS staff is collocated at schools where school personnel have access to consult with FSS staff and are able to immediately refer students to mental health services.

Data Collection

Access and Linkage to Treatment

For FY 2018/2019 to FY 2020/2021, the PEI programs received 816 referrals. Data was collected on referral source and on referral outcome. All 816 referrals were processed and the children/youth were provided with an Intake Assessment. Information was also collected on the outcome of the intake assessment, demographic information, outcome measurement tools, and discharge status. Data is also captured during the treatment process. PEI staff provides ongoing assessment on the child/youth's level of care and if needed provides child/youth and their families access and linkages to additional treatment services such as Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC).

See TF-CBT and FSS Prevention and Early Intervention outcome table for FY 2018/2019 to FY 2020/2021.

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness standards. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day prior to their appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment contact the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

Early Intervention Programs

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) Early Intervention Program

Brief Program Description

ICBHS has implemented Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program for children and youth ages 4 to 18, who have been exposed to a traumatic experience and meet criteria for a DSM-V included diagnosis. Children and youth living in Imperial County experience high poverty rates, lower educational levels, and higher family dysfunction, which increase the likelihood of developing trauma related symptoms. Like the TF-CBT - Prevention Program, the TF-CBT - Early Intervention Program utilizes the TF-CBT model with the goal of reducing the negative outcomes associated with trauma. TF-CBT is an evidence-based model that incorporates cognitive and behavioral interventions that focus on enhancement of interpersonal trust and empowerment.

Evaluation Questions

The intent of implementing the TF-CBT Early Intervention Program is to provide interventions to children/youth before the development of a serious mental illness or serious emotional disturbance. An additional goal of the TF-CBT Early Intervention Program is to prevent children/youth from requiring a higher level of treatment and/or the need for additional or extended mental health treatment. By providing early intervention services, mental health becomes part of a wellness routine for individuals and the community, which also reduces the stigma and discrimination against individuals with mental illness. The following are questions this evaluation will address:

1. ***Will providing TF-CBT as an early intervention program improve the mental health functioning of children/youth who have been exposed to trauma?***

To measure the improvement in mental health functioning, ICBHS implemented a screening process to identify children/youth who had been exposed to a traumatic experience. This screening is completed by clinicians who conduct thorough interviews with children/youth and their families. Once children/youth meet the criteria for the TF-CBT Early Intervention Program, the child/youth and parent/legal guardian/caregiver complete a pre outcome measurement tool, before the start of the TF-CBT model. At the end of the model, children/youth and their parent/legal guardian/caregiver complete Post outcome measurement tool. Scores from the pre and post evaluation tools are utilized to measure mental health functioning and treatment outcomes.

2. ***Will the participation of children/youth and their families in TF-CBT prevent the need of a higher level of treatment for mental illness?***

To measure if the TF-CBT model was effective in preventing the need of a higher level of treatment for mental illness, the evaluation design consisted of collecting pre and post outcome measurement tools to determine if scores decreased after treatment or if the children/youth developed a mental illness.

Model Fidelity

Fidelity to the TF-CBT model is monitored by providing ongoing supervision to clinicians by a licensed Clinical Supervisor who is knowledgeable in the TF-CBT model. ICBHS has implemented the Quality Improvement Committee - Psychotherapy (QIC-P) meetings where clinical charts are reviewed and clinicians are provided with feedback and direction specific to model adherence. Additionally, clinicians attend weekly individual and group supervision with an assigned Clinical Supervisor. Supervising clinicians ensure TF-CBT fidelity is maintained through case discussion during clinical supervision or via chart review by evaluating how the core TF-CBT components are implemented and the sequence in which the components are provided by clinicians to the child/youth and family. Clinicians also attend a TF-CBT fidelity group were cases are discussed. Supervising clinicians use the following criteria to evaluate whether fidelity standards are being met:

- Each TF-CBT component must be implemented for each child unless there are clinical reasons for deleting a component.
- The TF-CBT components must be implemented in the "PRACTICE" order unless there is a compelling reason to change the sequencing.
- Progression from one component to the next must occur within a reasonable time period as indicated by the model.

Measures Utilized

The TF-CBT Early Intervention Program currently utilizes the following performance outcome measurement tools: The Youth Outcome Questionnaire (YOQ) and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI). ICBHS developed and implemented a system for the collection of results of performance outcome tools completed by clients. Data is gathered and entered into the department's electronic health record (MyAVATAR) by clinical staff. However, reports generated by MyAVATAR are limited in scope. As a result, ICBHS contracted with a consultant, Todd Sosna Consulting, to develop a system that will create reports to assist in guiding programs and practices. Information generated by these reports will be used by clinical staff to review client outcomes and improve treatment planning. Management will use the reports to determine clinical staff and program effectiveness. The following are the measurement tools utilized by the TF-CBT model.

The UCLA PTSD is an outcome measurement tool completed by participants before and after participation in TF-CBT. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms during the prior month according to both child/youth self-reports and reports of their parents/caregivers (for children ages 3-18). Possible Total PTSD Severity Scores range from 0-68; and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

The YOQ is a parent report measure of treatment progress for children and adolescents ages 4-17. The YOQ-SR is an adolescent self-report for adolescents ages 12-18. After participation in the TF-CBT mode, the appropriate outcome measurement tool is provided to the client and parent/legal guardian/caregiver. The 64-item standardized questionnaires assess children/youth's global mental health functioning to include the following: Interpersonal Distress (ID), Somatic (S), Interpersonal Relations (IR), Social Problems (SP), Behavioral Dysfunction (BD) and Critical Items (CI), within the prior week according to both youth self-reports (ages 12

to 18) and reports of their parents/caregivers (for children ages 4 to 17). Possible Total YOQ and YOQ-SR scores range from 16 to 240. Scores of 47 or higher for parent/caregiver report and 46 or higher for youth self-report are most similar to clinical populations.

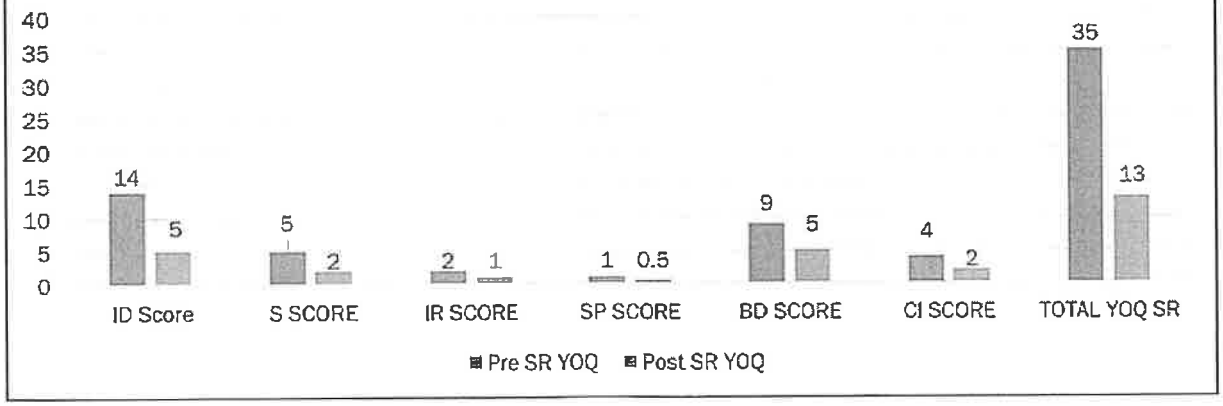
Outcomes

For 2018/2019 to FY 2020/2021, a total of 297 children/youth were provided services under the TF-CBT program. Of the 297 children/youth served, 72 successfully completed the TF-CBT model. Performance outcome measurement tools are completed upon admission and discharge from the program. The two outcome measurements tools that are administered are the YOQ/YOQ-SR and the UCLA PTSD/UCLA PTSD SR. For the YOQ, 124 parents/legal guardians/caregivers completed Pre YOQ tools and 69 completed Post YOQ Tools. Forty-one (41) youth completed a pre YOQ-SR and 14 completed a post YOQ-SR. For the UCLA PTSD, 103 parents/legal guardians/caregivers completed a pre UCLA PTSD and 67 completed a post UCLA PTSD. In addition, 81 minors completed a pre UCLA PTSD-SR and 49 competed a post UCLA PTSD-SR. Some of the contributing factors to the discrepancies listed above included the following:

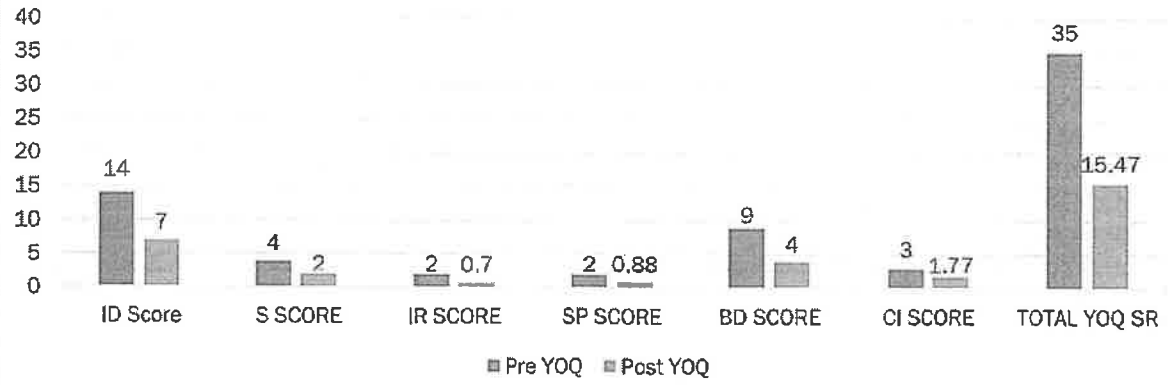
1) Pre or Post YOQ SR data is not obtained on children younger than 12 years of age, YOQ tools are to be completed on children/youth ages 12 to 18;
2) Pre or Post UCLA PTSD SR data is not obtained on children being younger than 7 years of age; however reliability on the score is age 12, and tools may be provided to children younger than 12 based on clinical judgement;
3) Pre or Post data was not obtained after numerous unsuccessful attempts to contact parent by PEI clinicians;
4) Post data was not collected for children/youth who were transferred to a higher level of care;
5) Some of the children/youth had more than 1 parent participate in the TF-CBT model.

The following graphs include outcome data based on pre and post outcome YOQ and UCLA tools.

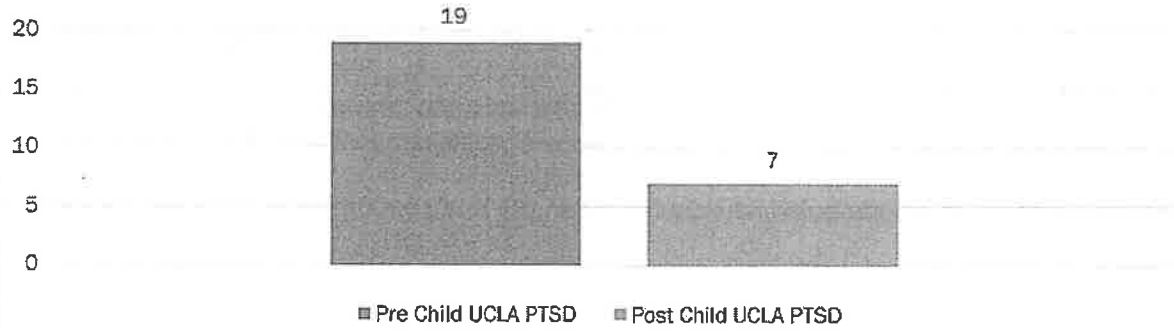
Graph 18 - Average outcomes on Pre (n=41) and Post (n=14) YOQ-SR (children/youth) FY 18-19 to 20-21



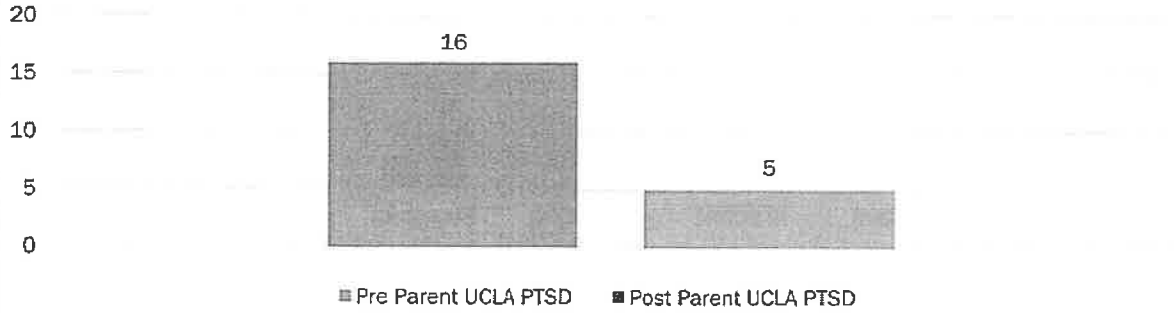
Graph 19 - Average outcomes on Pre (n=124) and Post (n=69)
YOQ (Parent/Legal Guardian/Caregiver)
FY 18-19 to 20-21



Graph 20 - Average outcomes on Pre (n=81) and Post (n=49)
UCLA PTSD-SR (child/youth)
FY 18-19 to 20-21



Graph 21 - Average outcomes on Pre (n=103) and Post (n=67)
UCLA PTSD (Parent/Legal Guardian/Caregiver)
FY 18-19 to 20-21



Outcome on Evaluation Questions

1. ***Will providing the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model as an early intervention program improve the mental health functioning of children/youth who have been exposed to trauma?***

Providing TF-CBT in an Early Intervention program has proven to being 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 the UCLA PTSD-RI. Please refer above to the above Graphs.

2. ***Will the participation of children/youth and their families in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model prevent the onset of mental illness?***

For FY 2018/2019 to 2020/2021, the participation of children/youth and their families in TF-CBT early intervention has proven to be effective given the decrease in symptoms reported by both children/youth and their parent/caregiver at the end of program and the low number of children/youth entering the mental health system. Data will continue to be collected and evaluated to determine if this early intervention program has had long lasting effects in the children and youth services by requiring extended treatment or a higher level of treatment.

Strategies

Access and Linkage to Treatment

The TF-CBT Early Intervention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed. For FY 2018/2019 to 2020/2021 the TF-CBT Early Intervention Program served 297 children/youth.

Table 19 – TF-CBT Early Intervention Program

Total No.	Percentage	Outcomes
72	24%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
39	13%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services
124	42%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
61	20.5%	Declined services either at intake or afterwards, or moved out of county
1	.5%	Actively being served as of June 30, 2021
297	100%	Total

Improving Timely Access to Services for Underserved Populations

Since the implementation of the TF-CBT Early Intervention Program, there has been an increase in interaction with the public and community partners which has assisted in the development of a collaborative relationship. ICBHS has conducted presentations throughout the community on the objectives of the TF-CBT Early Intervention Program to bring awareness on the effects experienced by children who have been exposed to traumatic events. The continuous receipt of referrals from community agencies and the public, as well as, the acceptance of services by parents are testimony of the success of outreach activities.

The TF-CBT Early Intervention Program has also increased access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment to children/youth and their families. The goal of the program is to address and promote recovery and related functional outcomes from a mental illness early in its emergence, and/or to alleviate the need for additional or extended mental health treatment.

Data Collection

Access and Linkage to Treatment

Data on performance outcome measurement tools are collected at intake and at discharge from therapy. Based on the scores from the performance outcome measurement tools, clinicians are able to determine the appropriate level of individualized treatment for all the children/youth referred to the TF-CBT Early Intervention Program. If necessary, clinicians are able to expedite transfers to the Children or the Youth and Young Adult (YAYA) outpatient clinics for a higher level of care. Additionally, if the child/youth does not meet the criteria for an included diagnosis for specialty mental health services (SMHS) the clinician will transfer them to a lower level of care for prevention services.
Data is also collected on all referrals received on a monthly basis. Referral information is manually entered in a log to generate a monthly report for the purpose of disseminating the information to stakeholders during the Quarterly Mental Health Services Act (MHSA)+ Steering Committee.

Table 20 – TF-CBT Early Intervention Referral Source

Referral Source/School	District	Number
Barbara Worth Jr High	Brawley	2
Phil Swing Elementary	Brawley	4
Brawley FRC	Brawley	1
Witter Elementary School	Brawley	7
Blanche Charles Elementary	Calexico	2
Cesar Chavez Elementary	Calexico	5
Dool Elementary	Calexico	1
Enrique Camarena Jr High	Calexico	1
Kennedy Gardens Elementary	Calexico	1
William Moreno Jr High	Calexico	2
Jefferson Elementary	Calexico	1

Mains Elementary	Calexico	5
Calexico Unified School District/Other	Calexico	2
Calexico FRC	Calexico	5
Ballington Academy	El Centro	1
Desert Garden Elementary	El Centro	1
Lincoln Elementary School	El Centro	1
Meadows Elementary	El Centro	3
Margaret Hedrick Elementary	El Centro	4
Martin Luther King Jr Elementary	El Centro	3
Frank Wright Middle School	El Centro	2
Sunflower Elementary	El Centro	5
Wilson Jr High	El Centro	15
McKinley Elementary	El Centro	1
Harding Elementary	El Centro	1
El Centro FRC	El Centro	1
El Centro Elementary School District	El Centro	2
Heber School District	Heber	7
Holtville Unified School District	Holtville	1
T L Waggoner Elementary School	Imperial	1
San Diego Regional Center	N/A	4
Molina Health Care	N/A	1
ICBHS	N/A	129
DSS	N/A	31
Self- Referrals	N/A	44
Total		297

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is completed. Clinician time is allocated to each

program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment contact the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

First Step to Success (FSS) - Early Intervention Program

Brief Program Description

ICBHS has utilized the FSS Early Intervention Program as a vehicle to maintain 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 increase mental services to young children. As a result of the implementation of the FSS program, ICBHS was able to increase the penetration rates for young children above the state and small county averages. The program also fostered a collaborative relationships with local school districts. Based on the success of this program in April 2019 it transitioned from an Innovation Project to an Early Intervention Program under PEI. This has allowed ICBHS to sustain this successful program and continue to provide Early Intervention services to unserved and underserved young children in Imperial County.

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 used Mental Health Rehabilitation Technicians (MHRTs), rather than school personnel, to provide the early interventions at schools. The FSS Program also engages parents/legal guardians/caregivers of identified kindergarten children. The FSS MHRT works with the parents/legal guardians/caregivers one (1) hour per week for 12 weeks using a promising practice model: Parents Reach Achieve and Excel through Empowerment Strategies (PRAXES). Through this intervention, parents/legal guardians/caregivers develop skills on how to support their child and their mental health needs and learn how to advocate for their children at school.

Evaluation Questions

The intent of implementing the FSS Early Intervention program was to increase the penetration rate of young children ages 4 to 6. An additional intent on the implementation of FSS as an early intervention program is to provide interventions before the development of a serious mental illness or serious emotional disturbance. The following are questions the evaluation will address:

1. ***Will providing FSS in a selective prevention program increase the penetration rate of children ages 4 to 6?***

To measure if FSS has increased the penetration rate, ICBHS obtained data from the CalEQRO and from ICBHS' own internal data system. Penetration rates for children 0-5 will be obtained for FY 2018/2019, 2019/2020 and 2020/2021. The FSS program is provided to children who are in Transitional Kindergarten (TK) and Kindergarten. Many of the children who are in Kindergarten turn 6 years old; however for the purpose of this evaluation only children ages 4 and 5 will be counted in penetration rates.

2. ***Will providing FSS in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

To measure the improvement in mental health functioning, ICBHS assesses children who are experiencing behavioral issues, but do not meet criteria for a DSM-V diagnosis. Once the child is identified as meeting the target population for selective prevention services, the parent/legal guardian/caregiver are asked to complete pre evaluation tools. Upon completion of the program, the parent/legal guardian/caregiver complete post evaluation tools. Scores from pre and post evaluation tools are used to measure the child's mental health functioning.

Model Fidelity

The FSS Program Supervisor monitors fidelity of the First Step Next model by conducting on site school visits, home visits and reviewing client's clinical charts. Additionally, ICBHS has implemented the Quality Improvement Committee (QIC) - MHRT meetings where clinical charts are reviewed. Based on QIC-MHRT findings, MHRTs are provided feedback and direction specific to appropriate interventions.

Measures Utilized

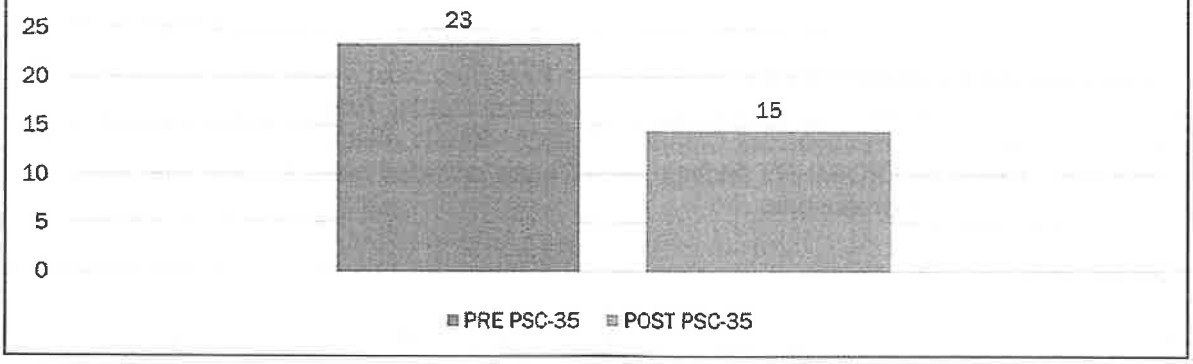
The FSS Early Intervention program currently utilizes several performance outcome measurement tools to measure and assess client's progress. The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool completed by parents/legal guardians/caregivers for children/youth ages 3 through 18. The PSC-35 is completed during the admission process (Pre) and at discharge of the FSS program (Post). It is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. For children ages 4 to 5, the PSC-35 cutoff score is 24 and for children ages 6 to 16, the cutoff score is 28. Another performance outcome tools utilized by the FSS Early Intervention program is the Child and Adolescent Needs and Strengths (CANS) for children ages 6 through age 20. The CANS gathers information on the child/youth's and parent's/legal guardian/caregiver's needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. The CANS is used to decide which of a child/youth's needs are the most important to address in treatment or service planning. The FSS program also collects data on the effectiveness of the PRAXES model. The Parental Stress Index (PSI) is administered to parents/legal guardians/caregivers in the first (Pre) session of PRAXES and during the last (Post) session. The PSI evaluates the level of stress in the parent–child system and measures the following domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI) and the Difficult Child (DC). Scores from all of these domains are combined to form a total stress scale.

ICBHS developed and implemented a system for the collection of results of performance outcome measurement tools. Data is gathered and entered into the department's electronic health record (MyAVATAR) by clinical staff. However, reports generated by MyAVATAR are limited in scope. ICBHS contracted with a consultant, Todd Sosna Consulting, to develop a report to track clients' outcomes. The goal is to continue to work with ICBHS' Information System unit to develop a system that will provide reports to help guide our programs and practices. Clinical staff review the PSC-35, CANS and PSI scores to improve treatment planning and determine level of treatment and services. Management will use the data to determine clinical staff and program effectiveness.

Outcomes

For FY 2018/2019 to FY 2020/2021, 215 children were served. Below are the average Pre and Post outcome measurement scores.

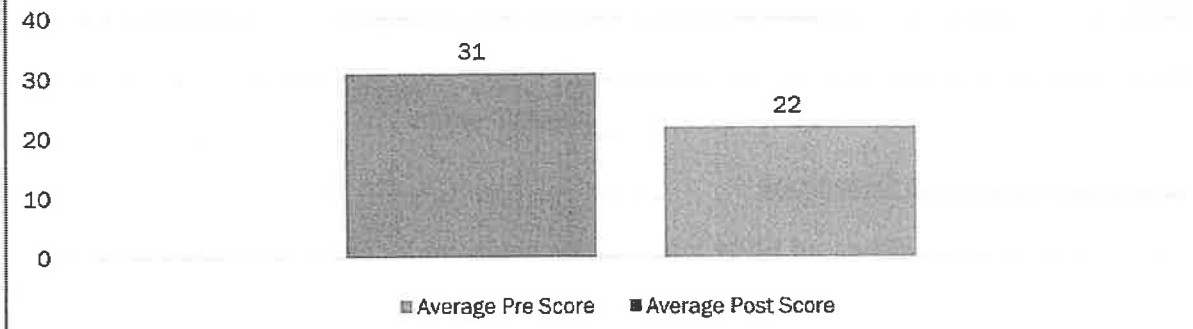
Graph 22 - Average outcomes on Pre (n=144) and Post (n=74) PSC-35
FY 18-19 to 20-21



The graph above indicates an average ***Pre-PSC-35 score of 23***, out of 144 parents/caregivers, which suggests the children needed early intervention mental health services. The FSS program was unable to obtain Pre-PSC-35 scores for 71 parents. Seventy-three Pre-PSC-35 scores were not obtained as parents requested to terminate services during treatment or were non-compliant with the program after intake. The ***Post-PSC-35 score of 15***, out of 74 parents/caregivers, shows a reduction and an improvement in the child's cognitive, emotional, and behavioral problems. Post-PSC-35 scores parents/legal guardians/caregivers were unable to be collected as some requested to be discharged from services, were not compliant, or were transferred to a higher or lower level of care.

Below are the average Pre and Post scores for the CANS for FY 2018/2019 to FY 2020/2021, for 215 children who were served in the FSS program.

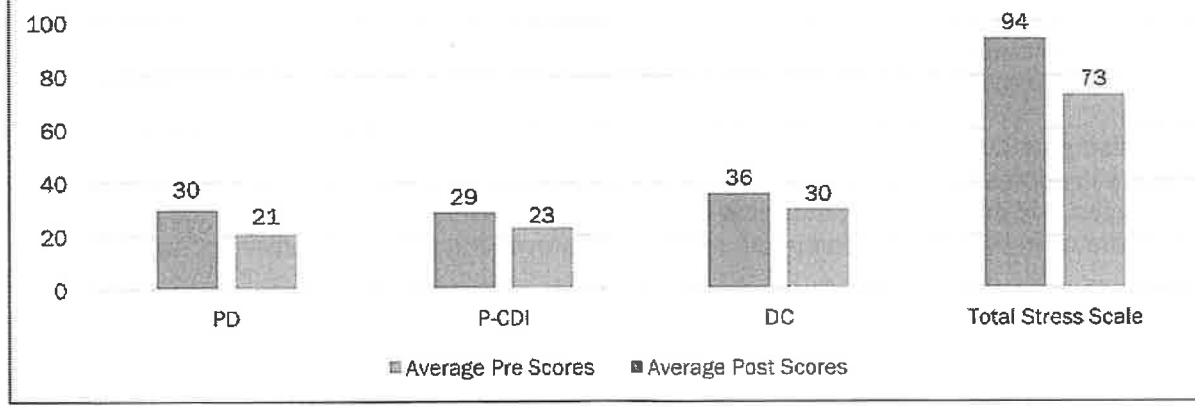
Graph 23 - Average outcomes on Pre (n=74) and Post (n=25)
CANS
FY 18-19 to FY 20-21



The graph above indicates an average ***Pre-CANS score of 31***, out of 74 parents/legal guardians/caregivers and an average ***Post-CANS score of 22***, out of 25 parents/legal guardians/caregivers. The FSS program was unable to obtain Pre-CANS scores for 141 parents/caregivers, and Post-CANS scores for 190 parents/caregivers. Contributing factors for this include the following: 1. The CANS is for children ages 6 to 20 years old and the children were younger than 6 years old at the time of the intake and/or discharge. 2. Parents requested to terminate services. 3. Parents were not compliant with completing the performance outcome measurement tools even after several unsuccessful attempts by the assigned MHRT. 4. Children were transferred to either a higher or lower level of treatment. The average Post-CANS score of 22 shows children had low levels of need and high levels of strengths in several areas in their lives.

Parents/legal guardians/caregivers were who participated in this program were also provided with the PRAXES model. The PRAXES model requires the administration of the Parental Stress Index (PSI) performance outcome measurement tool. For FY 2018/2019 to FY 2020/2021, 215 children were served. Below are the average Pre and Post scores for the PSI.

Graph 24 - Average outcomes on Pre (n=22) and Post (n=12)
PSI
FY 2018-2019 to 2020-2021



The graph above indicates an average ***Pre-PSI score of 94***, out of 22 parents/legal guardians/caregivers and an average ***Post-CANS score of 73***, out of 12 parents/legal guardians/caregivers. The FSS program was unable to obtain Pre-PSI and Post-PSI scores for several parents/legal guardians/caregivers due to the following: 1. Parents requested to terminate services or were not compliant with services after intake. 2. Parent did not complete performance outcome measurement tools even after several attempts by the assigned MHRT was made. 3. Children were transferred to either a higher or lower level of treatment. The average Post-PSI score of 73 shows the parents'/caregivers stress decreased which indicates the effectiveness of the intervention in decreasing parental stress.

Outcome on Evaluation Questions

1. ***Will providing FSS as an Early Intervention program increase the penetration rate of children ages 4 to 6?***

The FSS as an Early Intervention program has proven to be effective in increasing the penetration rate of children ages 4 to 6. This is evidenced by data obtained from the California External Quality Review Organization (CalEQRO) report for CY 2018 to CY 2020 on ICBHS' approved Medi-Cal claims for children 0-5 (non-foster-care). Prior to the implementation of FSS program in Imperial County, ICBHS' penetration rate for CY 2013 accounted for 1.16%, compared to 1.32% for small counties and 1.88% statewide. Since the implementation of the FSS Program, the percentages for penetration rates have increased for Imperial County and are higher than small counties and state average indicating an increase of mental health services being provided to kindergarten age children. However, during CY 2020 there was a decrease in the penetration rate. A major contributing factor to the decrease was the COVID-19 pandemic and the subsequent stay at home order. The FSS prevention program is a school-based program and on March 2020, all the schools in the Imperial County closed and commenced providing solely virtual learning. This contributed to the decrease in teacher referrals and the ability to properly assess children for services. School commenced in person learning in the Fall of 2021/2022. The table below shows data from CalEQRO of penetration rates by Calendar Year:

Table 21 – Penetration Rates from CalEQRO

Calendar Year	Imperial County	Small Counties	State Average
2018	3.54%	1.67%	2.11%
2019	3.74%	1.61%	2.23%
2020	2.22%	1.24%	2%

2. ***Will providing FSS in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

The implementation of FSS Early Intervention Program has proven to be effective given the decrease in scores in the post performance outcome measurement tools. Data will continue to be collected and evaluated to determine if this selective prevention program has had long lasting effects in the children and youth services by preventing the development of mental illness.

Strategies

Access and Linkage to Treatment

The FSS Early Intervention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed. Below is the breakdown:

Table 22 - FSS - Total Children Served FY 2018-2019 to 2020-2021

Total No.	Percentage	Outcomes
94	44%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
14	7%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services.
41	19%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
63	29%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
3	1%	Actively being served as of June 30, 2021
215	100%	Total

Improving Timely Access to Services for Underserved Populations

The FSS Early Intervention Program has increased access to services to young children by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment for the child/youth and their families. To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, FSS builds capacity for providing mental health early intervention services in the child's classroom and in their home. The program has also helped foster a "help first" system by facilitating access to services at an early age and at the earliest signs of mental health issues.

Data Collection

Access and Linkage to Treatment

Data on performance outcome measurement tools is collected during the intake and discharge of the FSS program. Based on the scores from the performance outcome measurement tools, Clinicians and/or MHRTs can determine the appropriate level of individualized service (prevention, early intervention or treatment) for each child. If necessary, clinicians are able to expedite transfers to the Children's outpatient clinic for a higher level of care. Data is also collected on all referrals received and reported on a monthly basis.

Referral information is collected and logged to generate a monthly report for the purpose of disseminating the information to stakeholders during the Quarterly Mental Health Services Act

(MHSA) Steering Committee. For FY 2018/2019, 2019/2020 and 2020/2021, the FSS Prevention program received 215 referrals as follows:

Table 23 - FSS Early Intervention Referral Source

City/Location	Referral Source	Number of Referrals
Brawley	Miguel Hidalgo Elementary	4
	Phil Swing Elementary	15
	Enrichment Center Preschool	1
Calexico	Kennedy Elementary	3
	Mains Elementary	1
	Dool Elementary	8
	Rockwood Elementary	4
	Migrant Head Start	1
Heber	Dogwood Elementary	20
Imperial County	Meadows Elementary	15
El Centro	Washington Elementary	3
	McKinley Elementary	4
	Sunflower Elementary	2
	Desert Garden Elementary	1
Winterhaven	San Pasqual Elementary	5
Seeley	Seeley Elementary	2
Imperial	Ben Hulse Elementary	5
Imperial County	San Diego Regional Center	2
Imperial County	IC Behavioral Health Services	119
Total		**215**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations*. The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is made. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance to intake assessments, strategies have been implemented to remind clients' parents/caregivers of their appointments. They are sent a letter, in the parents'/caregivers' preferred language, notifying them of the appointment and reminder/retention calls are made the day before the appointment. If parent/caregiver cancels or reschedules the appointment, other parents/caregivers are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment contact the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

Stakeholder Involvement

Imperial County Behavioral Health Services has established the Mental Health Services Act (MHSA) Steering Committee meetings. This committee meets on a quarterly basis and is attended by local stakeholders, consumers, including families of children, adults and older adults with severe mental illness. MHSA Members are also representative of the cultural, ethnic and racial diversity of our consumers and community and represent the unserved and/or underserved populations of our consumers and their families.

The purpose of the Steering Committee is to inform the consumers, their families and the community on the progress, changes and outcomes of the MHSA programs. The Steering Committee provides updates on the following: Community Supports and Services (CSS), Prevention and Early Intervention, Innovation, Workforce Education and Training (WET), Capital Facilities and Technological Needs, and Housing. During the Steering Committee meeting, members have the opportunity to participate by providing feedback and recommendations. Information on the progress and outcomes of the Prevention and Early Intervention programs has been presented on a regular basis as a standing agenda item during the Steering Committee quarterly meetings.

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SECTION E - ANNUAL INNOVATION PROJECT REPORT FY 2020-2021

POSITIVE ENGAGEMENT TEAM (PET)

Section E - ANNUAL INNOVATION PROJECT REPORT FY 2020-2021
Positive Engagement Team (PET) Project

PET is the acronym used to describe the Positive Engagement Team, or as our consumers and the community likes to call them...*the dog people!* Engaging hard to reach populations in need of mental health services has been difficult for Imperial County Behavioral Health Services (ICBHS) as mental health services are still stigmatized by members of the community. In the past, ICBHS has utilized several engagement strategies with an effort to increase access to services to unserved or underserved populations. The PET Project has been used as an innovative method to increase access to services to this population and to reduce stigma related to accessing mental health services. In order to bring this innovative project to fruition, ICBHS conducted an extensive Community Program Planning Process (CPPP) in efforts to obtain feedback on community needs from community members and stakeholders. Based on their feedback and participation in the decision-making process, an innovation project was developed with the focus of increasing access to services and increasing client retention in mental health 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 program 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 therapeutic purposes, but as engagement tools for consumers who are accessing the mental health system. This innovative approach will lead to the reduction of stigma related to mental health and increase motivation to participate in treatment and keep appointments.

On July 11, 2019, Imperial County Behavioral Health Services (ICBHS) contracted with the Human Society of Imperial County (HSOIC) to implement the PET Project. . The HSOIC is responsible for training the dogs in obedience, on-boarding dog handlers, providing veterinary care, grooming, and feeding. HSOIC also provides transportation for the daily delivery of dogs to designated clinics or locations where services and/or outreach activities are provided

On August 27, 2019, ICBHS contracted with Todd Sosna, Ph.D., founder of Todd Sosna Management Consulting (TSMC) to evaluate and analyze the effectiveness of the PET Project. TSM developed two surveys to be used by the project, a community outreach survey, and an engagement survey. The community outreach survey was to be provided to community members during outreach events. The engagement survey was to be provided to consumers who were accessing the mental health system. All surveys developed by TSMC were in the community's threshold languages, English and Spanish.

During outreach events or at the clinic setting, the dogs are used as a tool to welcome and draw in community members and/or consumers and are encouraged to interact with the dog, if they feel comfortable doing so. During this interaction, the human-dog team, consisting of the dog, dog-handler, and Community Service Worker (CSW), take the opportunity to show the dog's training and share the dog's life story as a model of resilience. The CSW then provides the consumer and/or community member with the appropriate survey. After the completion of their

service, PET project dogs are eligible for permanent adoption by ICBHS consumers or community members who have connected with them. This cycle allows for the training of additional dogs and also assists the dogs in the program with finding their "forever home".

Changes Made to the Project

During FY 2020-2021, the PET project faced a major obstacle as Imperial County, along with the rest of the California, went into lockdown due to COVID-19. All PET project services such as client engagement at outpatient clinics and community outreach engagements were put on hold. Due to state and federal safety measures, none of the dogs, pet handlers, or Community Service Workers were allowed at the clinics as all routine non-urgent appointments were conducted using telehealth or telephone. PET project staff overcame challenges brought on by COVID-19 and thought outside the box in order to continue with the goal of the project. PET project staff used technology and conducted virtual engagements and also participated in outreach engagements via drive-thru events.

Virtual Engagements

The PET project faced many challenges during the COVID-19 pandemic. However, the project adopted and modified to challenges brought on by COVID-19 and shifted to virtual engagements. Virtual engagements were new for PET CSWs handlers, clinics, and consumers, since all participation was previously conducted in-person. Nonetheless, the PET project coordinated with all involved parties so the dogs could be present during the consumer's telehealth appointment. Virtual engagements were difficult for some consumers as they did not have the technological equipment for telehealth services. Connectivity was also another challenge encountered by PET Project staff as during engagement with the dog consumers were being disconnected due to internet issues on their end. Completion of surveys was also difficult since engagements with the animal were quickly moved from in-person to virtual events, which led to the tailoring of surveys for the virtual environment.

PET project staff worked with TSMC to create new surveys tailored to telehealth appointments. Below are the surveys that were created to capture data during virtual engagements:

- Survey 1: Initial Appointment with Dog Scheduled
- Survey 2: Initial Appointment without Dog Schedule
- Survey 3: Missed initial Appointment with Dog Scheduled
- Survey 4: Missed initial Appointment without Dog Scheduled
- Survey 5: Attended Initial Appointment with Dog Scheduled

Once the surveys were redesigned for the virtual environment, CSW's had to contact consumers after their telehealth appointment to complete them. This was a challenging task for the CSW's as they needed to consistently follow-up with the consumer to ensure the survey was completed. Despite efforts made by the CSW's to contact the consumer to complete the survey, most consumers did not answer their telephone after the engagement. For fiscal year (FY) 20-21 sixteen (16) virtual engagements surveys were completed.

Prior to the pandemic, when in-person appointments were the norm, the dogs' presence in the waiting room was a welcoming distraction and CSW's were able to engage with consumers and were able to take their time to complete the required survey. Although the PET program

adopted to challenges brought by COVID-19 the outcome of the program was not successful as the original plan required in-person interaction with the dogs, which would then increase the number of completed surveys.

Outreach Engagements

Since all in-person community events ceased, community agencies and cities in Imperial County began to organize drive-thru events to continue to keep community members connected to services. PET project staff collaborated with these agencies and were present at these events with the dog and dog-handler. During the event, the CSW assigned to the PET project was speaking about ICBHS services, handing out ICBHS information, and providing surveys. Three (3) dogs, three (3) pet handlers and three (3) ICBHS Community Service Workers worked in collaboration to achieve this goal.

Prior to the pandemic, from October 2019 to March 2020, the PET program attended twenty-nine (29) outreach events and obtained four hundred sixty-three (463) *Outreach Engagement Surveys*. During FY 2020-2021 the PET program attended twenty (20) outreach events and obtained eleven (11) surveys. As previously mentioned, the COVID-19 pandemic along with State and County stay at home orders created a major challenge in providing outreach and was a contributing factor in the large decrease of the number of surveys completed.

Evaluation Data/Outcomes

Based on responses from completed surveys and outreach events, most of our community members and our consumers enjoyed interacting with the dog in either a virtual environment or via drive-thru events. All feedback was positive and the few clients that participated in the virtual engagements during their appointments stated they would look forward with having the dogs present during their upcoming telehealth appointment. Clinic staff and CSW's also noticed how engaged and comfortable consumers were with dogs during their virtual appointments. Below is the survey data for virtual engagements for FY 2020-2021:

Table 1 – PET Surveys Collected

Type of Survey	Number of Surveys
Survey for Initial appointment with dog	12
Survey for Initial appointment without dog	2
Survey for missed appointment with dog scheduled	2
Total	16

Table 1.a. - Clinic Engagement: Survey for Initial Appointment with Dog FY 2020-2021:

Language	Number of Surveys
English	7
Spanish	5
Total	12

Question	Response	Number of Response
8. Your child recently began treatment with Imperial County Behavioral Health Services; before that, had a family member ever received treatment from the county before? If yes, which family member ever received treatment from the county before?	Yes	7
	No	5
	Total	**12**
	Son	2
	Daughter	2
	Sister	1
	Grandmother and Grandmother's brother	1
	Not reported	6
9. When you think about the reasons you wanted your child to start services, how upsetting did your family find these feelings and behaviors on a scale from 1 to 5, with 1 being not at all upsetting and 5 being very upsetting and alarming.	Not at all upsetting(1)	3
	Not upsetting(2)	3
	Somewhat upsetting(3)	1
	Upsetting(4)	1
	Very upsetting(5)	4
10. Now moving to your recent appointment, did anything stand out to you about the appointment, positively or negatively?	Very Positive	1
	Positive	9
	Neutral	1
	Negative	1
	Total	**12**
	Participants comments:	
	Very positive on what's going to happen	1
	I feel my daughter will get better with treatment	1
	We are beginning to move forward	1
	I like that there are more treatment options/programs	1
	I liked how the appointment went, how the clinician asked the questions	3
	It got my attention the type of personal questions asked during intake(Neutral)	1
	I prefer to receive services in-person	1
	No reported	3
	Yes, positively	2

11. And now that your family has begun treatment, have your feelings changed at all since the appointment?	Yes, I feel hopeful for what is next	2
	Yes, I am glad we had the appointment	1
	No, treatment was not needed	1
	Not yet, appointment was yesterday	2
	Client is still upset but he accepted he needs help	1
	Not yet, he will barely have his first therapy session	1
	No	2
12. One of our clinic dogs, made a special appearance during the appointment, right? Our hope is that the dogs can help make the process of beginning treatment a little more comfortable. Do you think using the dogs this way is worthwhile?	Yes, very helpful	6
	Yes, helpful	4
	Yes	2
	No	0
13. How would you describe your experience with the dog during the appointment?	Helped my son to relax, he enjoyed it since he likes pets.	1
	Helps with anxiety	2
	Helped client to relax	2
	Helpful, the program can help many kids	1
	Really good experience, it engaged and motivated my daughter	1
	I loved having the dog present	1
	Very hopeful, client will enjoy having dogs at clinics	1
	Good experience	1
	Really good, helped my son feel more at ease and comfortable	1
	Great idea, it is an incentive for children to attend	1
14. That was our last question for you. Is there anything else that you would like to say that we	When can we get in-person treatment?	1
	Having dogs at the clinics is very good, it helps kids relax.	1

didn't ask you about or do you have any questions for us?	Client felt comfortable with the therapist, I feel hopeful about the outcome.	1
	No	5
	Client liked everything so far.	1
	I liked that they involve parents in treatment, Dogs at the clinics will be helpful for children.	1
	Very good experience, evaluation went well.	1
	Kids need someone to talk to during the pandemic.	1

Based on the 12 surveys completed by participants during their initial appointments, dogs were described as helpful as they assisted consumers with feeling relaxed while waiting for their appointments. Consumers described their experiences with the PET project as "really good" and one individual provided feedback by saying PET is a "great idea and an incentive for children to attend appointments". These responses demonstrates the potential benefits the program may have if implemented at a larger scale at ICBHS clinics.

Table 2 - Clinic Engagement: Survey for Missed Initial Appointment with Dog FY 2020-2021:

Language	Number of Surveys
English	1
Spanish	1
Total	2

Question	Response	Number of Response
12. Your child recently scheduled to begin treatment with Imperial County Behavioral Health Services; ever received treatment from the county before?	No	2
	Yes	0
13. When you think about the reasons you wanted your child to start services, how upsetting did your family find these feelings and behaviors on a scale from 1 to 5, with 1 being not at all upsetting and 5 being very upsetting and alarming?	2	1
	2 or 3	1
14. Do you recall what got in the way of being able to attend the appointment	I was working: I requested the clinic to call my husband	1

	Could not come out of work on time	1
15. Was virtual meeting technology (Zoom, internet access) a barrier?	No	2
	Yes	0
16. Was the need for child care a barrier?	No	2
	Yes	0
17. Was remembering the appointment a barrier?	No	2
	Yes	0
18. Was the child's willingness to participate a barrier?	No	2
	Yes	0
19. Was finding a time when something else wasn't also happening a barrier?	No	2
	Yes	0
20. Was finding a time when something else wasn't also happening a barrier?	No	2
	Yes	0
21. Was anxiousness about the appointment a barrier?	No	2
	Yes	0
22. After going through that list, are there any other barriers you encountered that day or sometimes that occurred to you?	No	2
	Yes	0

Table 3 - Clinic Engagement: Survey for No Dog at Initial Appointment FY 2020-2021:

Language	Number of Surveys
English	1
Spanish	1
Total	2

Question	Response	Number of Response
5. Your child recently began treatment with Imperial County Behavioral Services; before that, had a family member ever received treatment from the county before?	No	2
	Yes	0

6. When you think about the reasons you wanted your child to start services, how upsetting did your family find these feelings and behaviors on a scale from 1 to 5, with 1 being not at all upsetting and 5 being very upsetting and alarming?	No	1
	Yes	1
7. Now moving to your recent appointment, did anything stand out to you about the appointment, positively or negatively?	Daughter was very pleased, she just prefers a female therapist	1
	The only thing I disliked is that it was done through zoom	1
8. And now that your family has begun treatment, have your feelings changed at all since the appointment?	No, everything is fine	1
	No, we still need to initiate therapy	1
9. Is there anything else that you would like to say that we didn't ask you about or do you have any questions for us?	No, everything is fine	2

The PET project had twenty (20) community outreach events, attended by an estimated three thirteen (313) community members; however, only eleven (11) community outreach surveys were completed from outreach events held at the I.V. Mall and Calexico Recreational Department. Demographic data was also collected from only one hundred four (104) community members. Some of the challenges with collecting more surveys on demographics was due to social distancing restrictions. Below is the survey data of Outreach Engagement surveys for FY 2020-2021.

Table 4 - Outreach Engagement Data FY 2020-2021:

Location	Number of Events	Number Attended	Number of Surveys Completed	Number of Demographics
Betty Jo McNeece	11	101	0	88
Imperial Valley Mall	1	7	8	7
Calexico Rec. Dept.	1	3	3	0
Mental Health Awareness Drive-Thru	1	50	0	0
Vista Sands Program	5	52	0	9
Calipatria Resource Drive-Thru	1	100	0	0
Total	**20**	**313**	**11**	**104**

Table 5 - Outreach Engagement Survey Data FY 2020-2021:

Language	Number of Surveys
English	9
Spanish	2
Total	11

Question	Response	Number of Response
7. Before today how aware were you of the availability and types of services offered by the Imperial County Behavioral Health Services (ICBHS)?	Very Aware	1
	Somewhat Aware	7
	Not Aware at All	3
	No Response	0
8. After hearing from members of the outreach team today, how likely would you be to reach out to ICBHS if you were looking for behavioral health information or services?	More Likely than Before	8
	As Likely than Before	2
	Less Likely than Before	0
	No Response	1
9. ICBHS is collaborating with the Humane Society on our PET program to integrate trained dogs at our clinics and as part of the outreach efforts. How did the presence of the dog affect your experience?	I liked having a dog	11
	The dog did not affect my experience	0
	I did not like having the dog	0
	There was no dog at the event	0
	No Response	0
10. Do you remember the dog's name?	More Likely than Before	11
	As Likely than Before	0
	Less Likely than Before	0
	No Response	0
11. Did the presence of the dog make you more likely to approach the ICBHS table?	Yes, the dog made me more likely to approach	10
	The dog did not affect my decision to approach	1
	No, the dog made me less likely to approach	0
	There was no dog at the event	0
	No response	0
12. If you could schedule an appointment with ICBHS when a dog would be at the clinic in the waiting area and available to sit in during sessions, would you	More likely than before	10
	As likely as before	1
	Less likely than before	0

be more likely to schedule and attend your appointments?	No response	0

Demographic data was only collected from one hundred four (104) community members. The majority of attendees tallied were from the two (2) drive-thru events hosted by the Calipatria Resource Center with an estimated one hundred (100) attendees, and the Mental Health Awareness Parade with an estimated fifty (50) attendees.

Table 6 - Demographics data of the Outreach Events for FY 2020-2021:

Outreach Data	
Language	
English	93
Spanish	11
Total	**104**
Gender	
Female	65
Male	39
Total	**104**
Race	
White	104
Total	**104**
Ethnicity/Hispanic or Latino as follows	
No Response	104
Total	104
Non-Hispanic or Non-Latino as follows	
No Response	104
Total	**104**
Sexual Orientation	
No response	104
Total	**104**
Veteran Status	
No response	104
Total	**104**
Age	
0-15	35
16-25	33
26-59	36
Total	**104**

Program Recommendations FY 2021-2022 and FY 2022-2023

TSMC made several recommendations based on findings from the second year of implementation. The following recommendations are based on the pandemic ending and to augment program efficacy and increase consumer satisfaction.

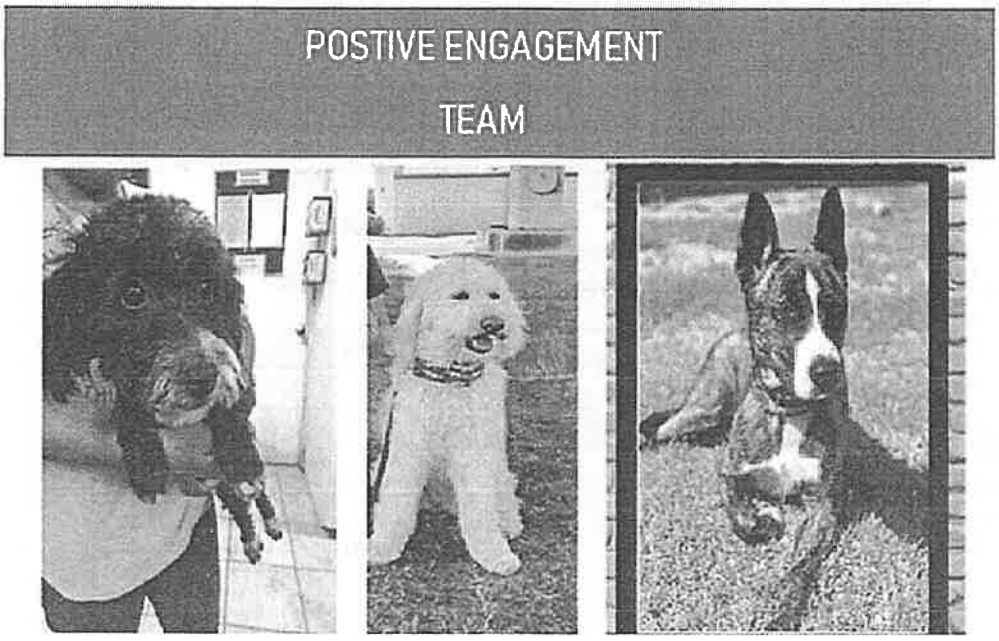
1. Engagement and outreach surveys to revert to the original in-person format for consumers to complete.

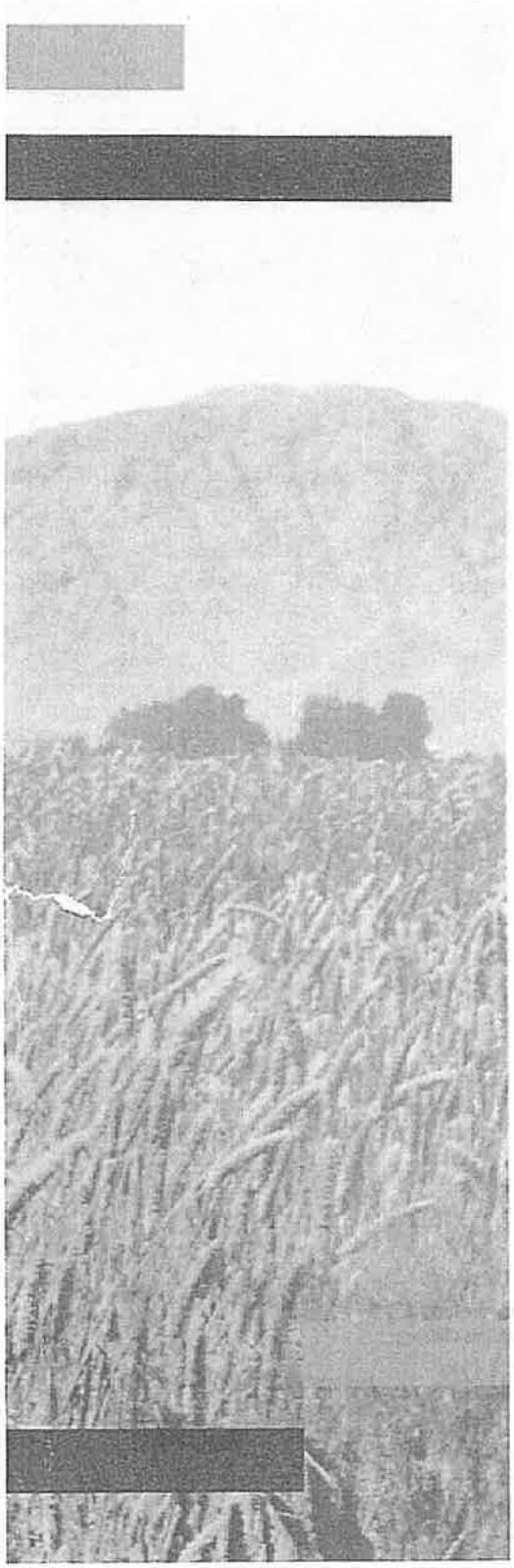
2. The PET project will also make modifications on how the dogs are scheduled to conduct engagements at the outpatient clinics. The scheduling will return to the original block scheduling implemented during FY 2019-2020.

3. The PET project will also make modifications to have a six (6) month rotation, in which some clinics will have pet engagements at their clinics and others will not. This will allow for obtaining and comparing outcomes for clinics with dogs vs clinics without dogs.

On March 31, 2022, Innovation funding for the PET project will end. ICBHS is planning on transitioning the PET project from an Innovation to Prevention Early Intervention Program (PEI). On March 2022 during the Mental Health Services Act (MHSA) Steering Committee meeting, ICBHS will request feedback on transitioning the PET project into a PEI program as a Stigma and Discrimination Reduction program. This will be done in order to allow PET engagements to continue at our clinics and out in the community and allow to continue the delivery of pet engagements services to our clinics and community.

IMPERIAL COUNTY BEHAVORAL HEALTH SERVICES





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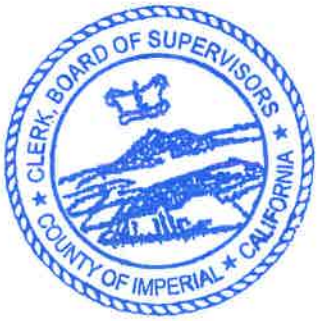
202 N. Eighth St.
El Centro, Ca 92243
MHSA@co.imperial.ca.us



I hereby certify that the foregoing instrument is a correct copy of the original on file with this office.

Date: 7/15/22

Approved by the Board of Supervisors

06/14/22 # 21

Date Minute Order #

Clerk of the Board of Supervisors
County of Imperial

BY: M. Donayre

Deputy