IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

MENTAL HEALTH SERVICES ACT

THREE YEAR PROGRAM AND EXPENDITURE PLAN FY 2020-2021 THROUGH FY 2022-2023

POSTED APRIL 20, 2020

IMPERIAL COUNTY Behavioral Health Services

IMPERIAL COUNTY CALIFORNIA

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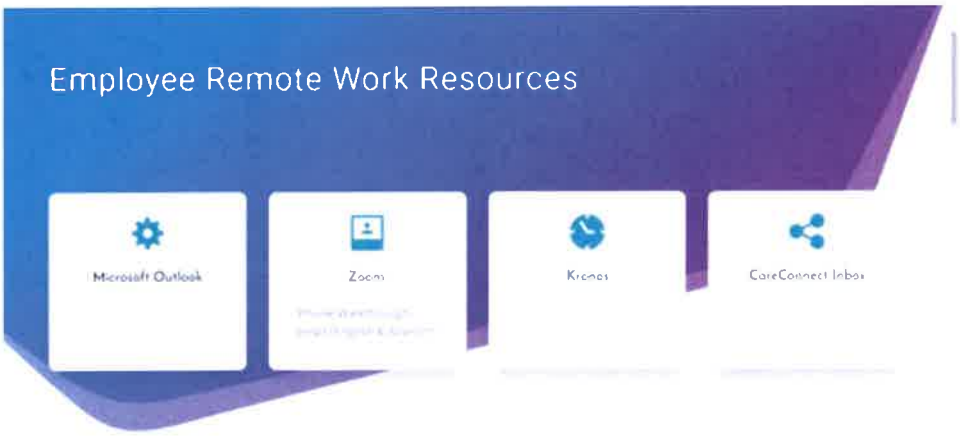

As a departments' response to the COVID-19 pandemic, the department created accessible tools in order to support staff be able to provide service continuity to our mental health consumers: https://bhs.imperialcounty.org/brizy-5269/.

At this time, it is unclear how long this level of service response will be required; however, the department is continuously monitoring the COVID-19 status and evaluating its service needs in order to continue to respond to the mental health needs of our community.

This MHSA Three-Year Program and Expenditure Plan is available for public review and comment from April 20, 2020, through May 19, 2020. This document can be accessed at http://www.co.imperial.ca.us/behavioralhealth through the website's bulletin board. We welcome your feedback via phone, fax, or email.

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Executive Summary

Approval by California voters on January 1, 2005 made the Mental Health Services Act (MHSA) a state law. The intention of MHSA is to expand and transform California's mental health service systems by providing funds to reduce the long-term adverse impact of untreated severe mental illness and serious emotional disturbance. The goal of MHSA programs is to continue 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.

Imperial County Behavioral Health Services (ICBHS), through a stakeholder process which 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 2020-2021 through FY 2022-2023:

Community Services and Supports

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

- *Youth and Young Adult (YAYA) Services Full-Service Partnership (FSP) Program* provides services and support to SMI and SED youth and young adults, ages 12 to 25. Services available to YAYA-FSP Program consumers include a variety services to include case management; rehabilitative services; "wrap-like" services; integrated community mental health and substance abuse treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; benefit acquisition; and respite care. Staff within the YAYA -FSP Program are trained to implement the following treatment models: Cognitive Behavioral Therapy; Trauma-Focused Cognitive Behavioral Therapy; Functional Family Therapy; Interpersonal

Psychotherapy; Moral Reconation Therapy; Motivational Interviewing; Portland Identification and Early Referral Model; and Aggression Replacement Training. Additionally, health and exercise groups, general education development (GED) classes, and Tai Chi classes are available to YAYA-FSP Program consumers.

In 2018, the YAYA-FSP Program expanded in the assessment tools used to measure and identify service needs for their consumers. The assessment tools adopted provide measurements in the areas of youth functioning; cognitive, emotional and behavioral problems; and self-reported symptoms and behaviors over a year period. As of September 2019, the Youth and Young Adult FSP partnership with Anxiety and Depression began providing services in the southern border of the county as they opened a clinic in the city of Calexico, CA. To address no show rates, as of January 2020, the YAYA service clinics in the El Centro area extended their hours of service to 6:00 p.m. on Tuesdays and Wednesdays in order to evaluate impact on no show rates.

For FY 2020-2021 through FY 2022-2023, the YAYA-FSP Program will work toward continuing to implement evidence-based practices that are specific to diagnosis and population; improve the monitoring and outcome reporting with the implementation of new measurement tools; incorporate group therapy as a standard psychotherapy practice; increase staffing to address service needs at current school districts; increase referrals to health and fitness programs; increase consumers' engagement with informational presentations and decrease consumers' no-show rates to scheduled appointments.

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

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

During FY 2017-2018 through 2019-2020, the Adult MHSA-FSP Clinics addressed clinical space limitations. The Adult MHSA-FSP Clinic located in El Centro, CA completed remodeling its current location in June 2019, which allowed for more office space to serve consumers. As of May 2019, the MHSA-FSP Clinic located in Calexico, CA moved to a larger location to better serve the volume of consumers in the south end of the county. During the previous 3-year period, efforts to identify consumers meeting FSP criteria were addressed by providing more education on FSP criteria to clinical staff. With this approach, the number of MHSA-FSP consumers increased to more than

1,300. The Adult-FSP Program continues to identify and engage all adult consumers who meet the FSP criteria and are provided with specific specialty mental health services as these are assigned based on the individual's unique needs.

For FY 2020-2021 through FY 2022-2023, the Adult-FSP Program will work toward reducing the number of Adult-FSP Program consumer crisis desk admissions and hospitalizations; reduce the incidents or risk of homelessness; increase referrals to specialized counseling programs specifically for those at risk or with a history with the criminal justice system; increase referrals to substance use treatments for consumers with co-occurring substance use disorders; improve access to hard-to-reach populations; increase the number of peer support staff and/or volunteers; and increase the number of individuals involved in the criminal justice system to access treatment for their mental health needs.

➢ The *Wellness Center* is a network of consumers who are 18 years of age or older, whose mission is to implement a wellness program of supportive resource services for adults with a significant and persistent mental health diagnosis and are actively participating in services at one of the ICBHS mental health clinics. Currently, there are two Wellness Center facilities, the El Centro, CA center serves most of the southernmost region of the county whereas the Brawley, CA center serves much of the north region. The Wellness Center provides services that focus on social skills, recovery skills, encouragement, wellness, positive self-esteem, and community involvement. The Wellness Center has partnered with outside agencies to offer consumers educational and pre-employment classes, job readiness, and employment training, as well as assist them in obtaining a high school diploma, GED, or pursue a college degree. Consumers also have access to computers and the internet to aid them in completing school assignments (i.e. research, homework, and/or projects). The Wellness Center staff includes a music instructor who provides group and individual voice and instrumental music instruction. Consumers are also offered the opportunity to attend classes on English as a second language, arts and crafts, Tai Chi, photography, self-esteem, life skills, cooking, embroidery/sewing, and computers.

During FY 2019-2020, the Wellness Centers implemented the Illness Management and Recovery (IMR) model, which covers an array of topics on recovery strategies. The modules are covered over a 10-month period. The center continued to also use the Wellness and Recovery Action Plan (WRAP) as a tool to monitor consumers' insight towards their mental illness and gauge the level of independence and social connection. During this same FY, the Wellness Center served as a platform to engage 34 peer volunteers or extra-help/part-time employees. Peer staff are provided the opportunity to provide supportive roles such as, activity leaders, run peer groups and/or activities, or obtain part-time employment with the Wellness Center.

For FY 2020-2021 through 2022-2023 the Wellness Center will increase consumers participation in the IMR model which are educational modules that promote self-efficiency, wellbeing, and stable recovery; increase the number of referrals to

educational and/or vocational programs; improve participation in physical health activities that help decrease consumers body mass index (BMI); increase the monitoring of the consumers wellness, recovery, and self-sufficiency by completing client's WRAP.

➢ The *Outreach and Engagement Program* goal is to provide outreach services to unserved and underserved SED and SMI individuals in the neighborhoods where they reside, including those hard to reach populations, such as the homeless. The Outreach and Engagement Program aims to reduce the stigma associated with receiving mental health treatment and increase access to mental health services. The program also provides education to the community regarding mental illness and symptoms, early identification of mental illness, and resources to improve access to care through local outreach. The program assists individuals in obtaining mental health treatment services from ICBHS by providing information pertaining to programs, services, and the intake assessment process; conducting home visits; scheduling intake assessment appointments; and providing transportation to intake assessment appointments when necessary.

The Outreach and Engagement Program is also responsible for conducting outreach in order to ensure SED and SMI consumers, and their family members, could participate in the community program planning process of the MHSA plan.

For FY 2019-2020, the Outreach and Engagement Program's notable impacts during Mental Health Month in May included the Suicide Prevention Informational Fair at the Quechan Reservation in Winterhaven, CA; Outreach events at Southwest High School located in El Centro, CA; and a Mental Health Awareness event focused on Inclusion was held at Imperial Valley College.

For FY 2020-2021 through FY 2022-2023 the Outreach and Engagement Program will continue to increase outreach contacts with populations indicated in the ICBHS target penetration rate survey. The Outreach and Engagement Program will continue to work towards reducing the stigma associated with receiving mental health treatment and increasing access to mental health services.

➢ *Transitional Engagement Supportive Services (TESS) Program* conducts outreach and engagement activities to unserved and underserved SED and SMI individuals over the age of 14. The program provides individualized mental health rehabilitation/targeted case management services to youth and young adults, adults, and older adults who have experienced a personal crisis in their life requiring involuntary or voluntary mental health crisis interventions services. The objective is to provide supportive services while individuals transition to outpatient treatment; such as conservatees who have recently been discharged from LPS Conservatorship, consumers released from acute care psychiatric hospitals or ICBHS Mental Health Triage Unit (MHTU), including re-engaging those who have not attended their ICBHS appointments. The TESS Program provides aftercare and follow-up services. Referrals established through the TESS program are

provided with aftercare follow-up services, with the objective to ensure service delivery to individuals obtaining mental health and substance use services.

Services available to consumers 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. The TESS Program is also responsible for implementing Phase I and Phase II of the Portland Identification and Early Referral (PIER) Model.

For FY 2017-2018 through FY 2019-2020, one of the notable community impacts was the improvement of expedited services and care coordination with psychiatric hospital staff in order to ensure discharged consumers were linked to mental health services in their community of residence. This approach assisted in the decrease of hospital readmissions as well as improved continuity of care.

For FY 2020-2021 through FY 2022-2023, the TESS Program will work toward increasing accessibility to mental health services to specific age groups; continue with efforts to engage and link homeless individuals or those at risk of experiencing homelessness; improving successful transfers to outpatient mental health services; increasing community outreach presentations to various community agencies and organizations; improving follow-up services for individuals who are hospitalized out-of-county and are not returning to Imperial County.

➢ *Community Engagement Supportive Services (CESS) Program* – As of January 2019 the CESS Program was implemented to provide outreach and engagement to link individuals 14 years of age and older, to mental health outpatient services based on medical necessity. As TESS, CESS also serves SED and SMI consumers by providing services to special / hard to reach populations in the community including homeless shelters, emergency room departments, jails, and outlying and small communities.

For FY 2018-2019, some of the notable community impacts included disseminating informational materials at events in the cities of Niland, Westmorland, and Winterhaven which are outlying area cities within Imperial County; real-time service linkage for individuals experiencing homelessness by having a ICBHS staff at a local Womenhaven shelter; conducted collaborative efforts with El Centro Police Department to identify homeless or at risk individuals to provide linkage and education; stationing of ICBHS staff at both the El Centro Regional Center hospital emergency room and Imperial County Jail have also allowed for timely engagement and linkage to mental health services.

For FY 2020-2021 through FY 2022-2023, the CESS program will continue to increase engagement and service awareness by particular age groups, including increasing accessibility of mental health services to the homeless; improve collaboration with local homeless shelters; successfully transfer consumers to outpatient clinics within 30 days of admission; increase outreach presentations and networking opportunities to reach the unserved and underserved populations; improve mental health services at the County jail; and expedite services for those being released from jail.

➢ *Full-Service Partnership - Assisted Outpatient Treatment Program* will target individuals 18 years of age and older with SMI with the goal to interrupt the cycle of hospitalization, incarceration, and risk of homelessness. The program will promote wellness and recovery for adults who have been unable and/or unwilling to participate in mental health services on a voluntary basis. The model is pending development.

➢ *Portland Identification and Early Referral (PIER) Full-Service Partnership (FSP) Program* - As of February 1, 2019, the PIER-FSP program was implemented as Phase III of the PIER Model. This phase provides Multi-Family Groups (MFG) that provide an opportunity for family to meet with specialized staff to learn early on the benefits of focusing on recovery and resilience, shared decision making that is client centered, and the maintenance of optimistic therapeutic perspectives.

Notable community impacts as of February 1, 2019, the PIER-FSP program conducted four (4) presentations, 31 informational booths, and attended 13 sites to disseminate brochures throughout the community; based on the outreach the PIER-FSP program received 14 referrals. In December 2019, the PIER program graduated its 1st Cohort which was composed of 3 consumers and their family members and/or supporters. A significant change for FY 2020-2021 through FY 2022-2023, is that the CESS program will be responsible for implementing Phase I and Phase II of the PIER model which respectively consist of outreach and engagement and evaluation to determine admission criteria. A consolidation of the PIER model will be pursued under PIER-FSP in order to conduct more effective tracking of services.

For FY 2020-2021 through FY 2022-2023, the goals and objectives for the program include to conduct PIER education and outreach to the community and within the department in order to increase consumers referred and served; educate on prodromal or active symptoms of major psychotic disorders through outreach, trainings and presentations; collection of evaluation and demographic data to measure outcomes and performance; and enhance capacity by training additional staff in the PIER model.

Prevention and Early Intervention

The Prevention and Early Intervention programs apply a "help first" system approach. The goal is to engage individuals before the development of SMI or SED, or to alleviate the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. Programs provided through Prevention and Early Intervention include:

Prevention

Prevention activities also include those that are focused on providing information and education to children/youth, parents, family members, educators, administrators, and agencies or care providers of children and youth in order to identify individuals at risk of or who may be presenting early signs of mental illness or emotional disturbance in order to link them to treatment or other resources. Prevention activities are delivered to large or small groups in health fairs, career fairs, and school presentations without any prior screening of attendance for mental health treatment.

For FY 2020-2021 through FY 2022-2023, the prevention component of the Prevention and Early Intervention Program will continue to focus on implementing universal prevention activities, which include providing the Incredible Years Parenting Program as well as outreach and education activities targeting unserved and underserved populations, in efforts to decrease the probability of children and youth developing mental disorders.

➢ *Prevention - Trauma Focused Cognitive Behavioral Therapy (TF-CBT)* is a prevention model to address the needs of a priority population of children and adolescents, age 4 to 18, who have been exposed to traumatic experiences. The TF-CBT model is to prevent mental illness from developing in the event of a traumatic life event. The prevention services are offered out in the community in locations such as schools, homes, places of worship, etc...

For FY 2018-2019, the TF-CBT served a total of 111 children of which 44 successfully completed the TF-CBT model. The Youth Outcome Questionnaire (YOQ) / YOQ Self Reporting (YOQ-SR) and the UCLA Post Traumatic Stress Disorder Reaction Index (PTSD-RI) are the measurement tools used to monitor progress outcomes. Measurement tools applied during this time frame demonstrated that TF-CBT continues to be effective in improving their overall functioning and had a reduction in symptoms of those children/youth who experienced trauma.

Goals and objectives for FY 2020-2021 through FY 2022-2023 include increasing clinicians that can offer TF-CBT; continue collecting demographic and evaluation data for performance evaluation; continue using the described measurement tools to monitor symptoms, behaviors and evaluate outcomes; and continue to provide information of service outcomes to community stakeholders.

➢ *The Incredible Years* is a comprehensive evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote children's development in a positive environment, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social and emotional development. The program is focused on strengthening parenting competencies and fostering positive parent-child interactions and attachments for children ages 2 through 12. Services are provided through contracts with the Child Abuse Prevention (CAP) Council and Teach, Respect, Educate, Empower Self (TREES). The curricula are offered at no cost in English and/or Spanish at non-traditional settings, such as schools, after school programs, churches, or at resource centers. Referrals to the Incredible Years Program are made by community agencies or parents' self-referral.

For FY 2018-2019, the Incredible Years Program that was offered through the CAP Council and the TREES provided services to over 700 parents. Both contracts provided parent participants with pre and post outcome tools to measure their parenting skills; as well as, the Parenting Practices Interview (PPI) which demonstrated areas of improvement in the participants parenting practices by the end of the curriculum.

For FY 2020-2021 through FY 2022-2023, the goals and objectives for the Incredible Years Program is to continue to conduct groups both in English and Spanish in non-traditional and safe settings; include participants from hard-to-reach populations including Native Americans in accessible community settings; evaluate the effectiveness of the program and ensure model fidelity by continued data collection; and provide outcome information to community stakeholders.

Stigma and Discrimination Reduction Program

➢ *Stigma and Discrimination Reduction Program* - PEI uses a universal strategy to reduce stigma and discrimination related to mental health. The program focuses on reducing 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.

Stigma and discrimination reduction activities include outreach, trainings, and educational groups delivered to large and small groups to community agencies and to school staff. The weekly radio show "Let's Talk About It" and "Expresate" in Spanish are used as a platform for educational purposes on issues and topics that have significant Behavioral Health impacts. Podcasts of the broadcast can be accessed at http://talks.kxoradio.com.

For FY 2018-2019 the Stigma and Discrimination Program provided a total of 447 education groups and trainings. During small education sessions, program staff provided a stigma survey, Reported and Intended Behavior Scale (RIBS), as a pre and post evaluation tool. The survey asks about the participants' experience and views in relation to people who have a mental illness. Based on the survey results it was confirmed that providing stigma and discrimination reduction activities does create a change in how people with mental illness are viewed and perceived.

For FY 2020-2021 through FY 2022-2023 the stigma and discrimination program will continue to provide its activities through trainings and education to the community at large; will collect demographic information on the populations served; as of FY 2019-2020 the program started using the Measurement, Outcomes, and Quality Assessment (MOAQ) survey during outreach activities and will continue using as its program evaluation tool; provide information outcomes to community stakeholders.

Imperial Valley ROP-Prevention Program for Students in Foster Care: Rising Stars

Imperial County Behavioral Health Services (ICBHS) will be contracting with the Imperial Valley Regional Occupational Program (IVROP) for this upcoming FY 2020-2021 through FY 2022-2023 to implement a new Prevention and Early Intervention (PEI) program targeting foster care students ages 5 to 18. IVROP will be implementing Rising Stars (RS), a prevention program that will provide services to at least 225 school-aged students (K-12) who are identified as current foster children/youth enrolled in local school districts.

The Rising Stars (RS) program will collaborate with ICBHS staff, County Welfare Services (CWS) staff, staff from the local school districts and other community stakeholders to help foster care students overcome the impact of trauma. The RS program has an expected start date of July 1, 2020 and operate through June 30, 2023. The goal of this PEI program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster students. RS staff will provide preventive services such as social emotional learning activities, leadership development, self-esteem enhancement, Developmental Assets workshops, team-building activities, mentoring, academic enhancement, enrichment activities, educational field trips, college-prep workshops, study skills workshops, and STEAM workshops. All of the strategies utilized by RS will be culturally competent and linguistically appropriate for the targeted population.

Goals and objectives for FY 2020-2021 through FY 2022-2023 for RS is to serve at least 225 school-aged students (K-12) who are identified as current foster care students residing in Imperial County; collect relevant demographic data of the participating students to meet PEI regulations; present data in the public accountability reports of this Prevention and Early Intervention (PEI) program; all RS students will be provided an ACE questionnaire for reporting purposes; RS staff will collect Pre-screening data and Post data from outcome measurement tools used in the program; improve the self-esteem, sense of hope, and resiliency of participating foster care students to avoid mental health illnesses; 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.

Early Intervention

➢ *Early Intervention - 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.

The TF-CBT model is implemented as an early intervention activity aiming to prevent mental illness from becoming severe and disabling. TF-CBT is being provided to help children, youth, and their parents overcome the negative effects of traumatic life events 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, or war trauma. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment.

For FY 2018-2019, the TF-CBT served a total of 151 children/youth of which 28 successfully completed the TF-CBT model. The Youth Outcome Questionnaire (YOQ) / YOQ Self Reporting (YOQ-SR) and the UCLA Post Traumatic Stress Disorder Reaction Index (PTSD-RI) are the measurement tools used to monitor progress outcomes. Measurement tools applied during this time frame demonstrated that TF-CBT continues to be effective in improving mental health and overall functioning of children/youth who experienced trauma.

Goals and objectives for FY 2020-2021 through FY 2022-2023 include offering TF-CBT as an early intervention strategy to overcome functional impairments in children / youth; collect demographic and evaluation data for performance evaluation; continue using the described measurement tools to monitor symptoms and behaviors and evaluate outcomes; collect demographic information on population served; and provide information of service outcomes to community stakeholders.

➢ *The First Step to Success (FSS) Program* was an Innovation program in Imperial County from 2014-2019 which has now transitioned, due to its success, as an Early Intervention program as of April 2019. The transition was approved by stakeholders present at the MHSA Steering Committee on March 18, 2019. The goal of the then Innovation Plan was to develop and maintain an effective interagency collaboration between ICBHS and the local education system, with a defined system to provide mental health services in the school setting to young

children, ages four to six, who are experiencing behavioral and emotional problems or are at risk of serious mental illness, and are an unserved or underserved population. Through the joint implementation of the evidence based FSS, ICBHS would be able to replicate and expand collaborative efforts to school districts countywide and, in the process, develop a strong and effective collaborative relationship.

The 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. The interventions were provided by Mental Health Rehabilitation Technicians (MHRTs) rather than school personnel. In the 5-year project a total of 51 teachers were trained on FSS. The FSS program also engaged parents/legal guardians/caregivers of kindergarten children identified. The FSS used the following model: Parents Reach Achieve and Excel Through Empowerment Strategies (PRAXES) which is an intervention supporting the development and implementation of skills learned by children. Within the PRAXES model the Parental Stress Index (PSI) is applied at the first and last session to evaluate the level of stress. The Pediatric Symptom Checklist (PSC-35), and the Youth Outcome Questionnaire (YOQ) were also monitoring tools used to evaluate participant progress.

For FY 2018-2019 the FSS program provided services to 95 children and approximately 119 parents/legal guardians/caregivers. As an early intervention program, data for FY 2018-2019 (4/1/2019 to 6/30/2019), the FSS program provided services to 56 children and approximately 70 parent/legal guardians/caregivers. The FSS program has shown to be an effective early intervention program based on the decrease in the overall total scores of the post PSC-35, YOQ, and PSI.

The goals and objectives for FY 2020-2021 through FY 2022-2023 for the FSS as an early intervention program will be to maintain collaborative relationships between mental health and education; expand services to additional elementary schools to cover more areas of Imperial County; provide training to additional teachers and MHRTs; increase parents' and teachers' awareness; conduct data collection for evaluation purposes; provide information on outcomes to community stakeholders.

Innovation

Innovation programs provide opportunities to learn something new that 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. Programs provided through Innovation include:

➢ *Positive Engagement Team (PET) -* Imperial County Behavioral Health Services (ICBHS) experiences difficulties in engaging hard to reach populations in need of mental health services. ICBHS has utilized several strategies in efforts to increase access to services to unserved and underserved populations.

ICBHS conducted an extensive Community Program Planning Process (CPPP) in efforts to include community members and stakeholders by providing feedback on the community needs, and through their participation in the decision-making around the designing and implementation of the Innovation Plan. As a result of the CPPP process, during FY 2018-2019, a new MHSA Innovative Project: Positive Engagement Team (PET) was developed. The innovative component of the PET project is to utilize dogs, not for therapy, but as a tool to engage consumers into mental health treatment. Using dogs in a mental health setting is not innovative; however Imperial County's Innovation Project plans to 1) integrate dogs at outpatient clinics to provide an inviting and friendly clinic environment to engage consumers in treatment; and 2) integrate dogs in outreach activities as a way to gain individual's interest and take the opportunity to provide education on mental illness and services to increase *access to services.* This strategy will lead to the reduction of stigma related to mental health and increase motivation to participate in treatment and keep appointments. The PET Project will have client engagement and community outreach as its main component.

To implement the PET program and have trained dogs for the engagement and outreach strategies, ICBHS developed a contract with the local Humane Society of Imperial County (HSOIC). The HSOIC will provide dogs trained in obedience; trained dog handlers; training program for dogs, handler and ICBHS staff; health care, grooming, and feeding of dogs; and transportation for the daily delivery of dogs to designated clinics or locations where services and outreach activities are provided.

The Imperial County Board of Supervisors on November 20, 2018 and was submitted to the Mental Health Oversight and Accountability Commission (MHSOAC) on January 8,

2019. On February 28, 2019, Imperial County presented the PET Project to the MHOAC in Sacramento and was approved on March 29, 2019 for $2,165,138 for 3 years. Once approved by the MHSOAC, ICBHS developed a contract with the Humane Society of Imperial County (HSOIC). ICBHS also developed a contract with Todd Sosna, Ph.D. Management Consulting (TSMC) to evaluate and analyze the PET project.

The goals and objectives for FY 2020-2021 through 2022-2023 are to fully execute contracts with the HSOIC and TSMC; provide surveys to individuals during their initial appointments and during outreach events and provide data to TSMC for evaluation purposes; obtain service-level data; obtain survey data from consumers/legal guardians/caregivers about their experience related to the presence of dogs; obtain survey data from community members during outreach events; disseminate information on the progress of the PET Innovation Project to community stakeholders.

Capital Facilities and Technological Needs

A. Consumer and Family Empowerment

a. Consumer Portal Kiosks

The implementation of MyHealthPointe in 2016, the Consumer Portal has been available for clients to enroll and to take advantage of the benefits of using the portal. Some of the benefits of using the portal include appointment reminders via secured texts, current and past medication lists, viewing lab results, and links to other sites related to support for mental health treatment. ICBHS is planning to install additional kiosks at several clinics throughout the county. The goal for this upcoming fiscal year is to complete the installation and setup of the remaining locations. ICBHS Information Systems is already in possession of the remaining Chromebooks and is coordinating to obtain the needed equipment to create kiosks at the pending locations.

b. Wellness Center Computers Upgrade

For FY 2020-2021 through FY 2022-2023, ICBHS plans to upgrade computers to provide consumers with more current technology. In considering the best technology to provide this platform, Imperial County IT department recommended the use of Chromebooks that are less expensive, easier to configure, less vulnerable to tampering and provide the needed access to the internet through Google Chrome. ICBHS seeks to establish a working lab with Chromebooks or an alternate hosted option to meet the consumer's needs.

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

a. XPIO Contracted Services

ICBHS contracted with XPIO Health, a consultant who has the skills to support the Department's efforts with meeting Meaningful Use Objectives and are currently going into phase 3 which covers adherence to HIPAA Security rules and requirements as well as the Annual Security Risk Assessment. XPIO also offer services that deliver completed trainings that are available in the ICBHS e-learning platform to provide training to all ICBHS staff in the areas of HIPPA security, privacy and compliance. Goals and objectives for the upcoming years include

a) Working with XPIO for the annual preparation of the three trainings mentioned above as well as the Cultural Competency Annual Training. b) Working with XPIO to prepare MyAvatar to report on Meaningful Use Stage 3 for the eligible professionals that qualify for the program and c) Working with XPIO to complete the Annual Security Risk Assessment and continue to test the systems contingency plan.

b. Staff Training

Technology changes are rapidly increasing, and Information Systems staff need to stay current on the upcoming changes of the electronic health record, MyAvatar. The vendor of the application, NetSmart, provides the opportunity for structured module trainings, an annual national conference and annual regional conference. The goals and objectives for FY 2020-2021 through FY 2022-2023 is to purchase trainings for two new Information Systems staff and to attend the annual conference offered by NetSmart.

C. Telecommunications Mobile Solutions

ICBHS is in the final stages of going fully electronic on all health records through all the clinics. The current pandemic situation (COVID-19) has identified areas of opportunity for the clinics and our mobile solutions. ICBHS needs to have information and equipment more readily available in order to provide continued services. The electronic health record vendor NetSmart has a solution in place that it's currently being utilized to deploy mobile electronic devices. The name of the tool is Clinician which enables a user to access and update client plans, progress notes, service entries, client demographics and other forms in MyAvatar.

This tool allows staff to go out in the field without the need of internet connection, provide services from home and document services provided. The solution allows the view of stored data and the creation of new data within the mobile device during the offline session and once the staff comes back to the office and connects the devise to the system it synchronizes the data to the electronic health record. ICBHS would like to purchase additional equipment for the use of this tool in order to fully exploit and take advantage of technology to facilitate the transition to a full electronic health record so that information is still available to staff even when out of the office and/or during emergency situations. The Clinician platform, which is currently being tested out on the field supports ICBHS effort to maintain continuation of services. The tablets have a touchscreen that allow for signature collection without the need for a separate signature pad.

The goal for FY 2020-2021 through FY 2022-2023 is to provide each program with a minimum of two (2) devices that staff would be able to check out when working out in the field. It is estimated that about 50 Dell Windows Tablets are needed for clinics, and 100 webcams that will be needed for staff telecommunication deployment.

Workforce Education and Training

The Workforce Education and Training (WET) component provides education and training for all individuals who provide direct or support services in the Public Mental Health System. The mission of WET to develop and maintain a sufficient workforce capable of providing consumer and family-driven, culturally competent services that promote wellness, recovery, and resiliency, and lead to evidence-based, value–driven outcomes.

For FY 2020-2021 through FY 2022-2023 the ICBHS will focus in the area of Training and Technical Assistance by hosting a Mental Health Interpreter Training for ICBHS staff. The Mental Health Interpreter Training for Interpreters is designed to immerse bilingual staff, who currently serve as interpreters in a mental health setting, in the principles and practices of interpreter communication skills. Topics for the training included a discussion on federal and state regulations, communication in high and low context cultures verbal and non-verbal communication, the interpreting process, roles of the interpreter, interpreter techniques, and mental health terminology.

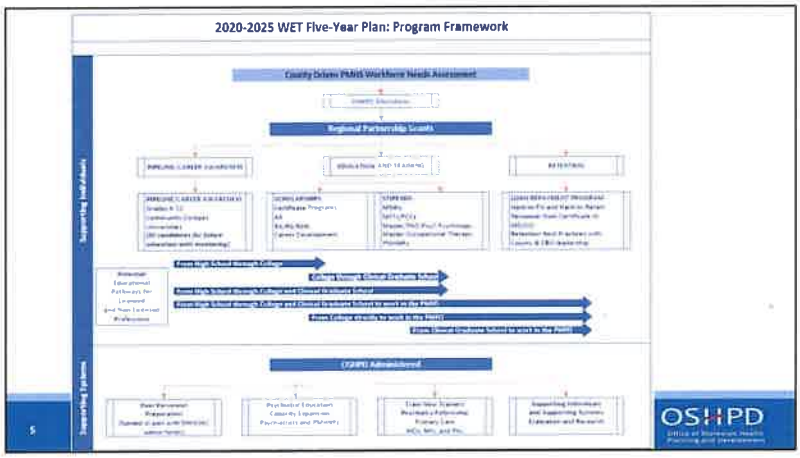
In addition, ICBHS will implement the Assertive Community Treatment (ACT) model via training, as this is an extensively researched evidence-based practice that consists of a transdisciplinary team who provide intensive services to people with SMI and co-occurring substance use challenges to maximize their recovery outcomes. ACT has been shown to be effective in a variety of measures including reduction in hospital days and housing stability. The training will also review the fidelity measure and its application for Full-Service Partnership teams, including those serving individuals within the criminal justice system.

ICBHS is also planning to contract with Portland Dialectical Behavior Therapy (DBT) Institute for a system wide DBT training and implementation of this across all ICBHS programs. The Dialectical Behavior Therapy Comprehensive Implementation & Training Initiative (DBT CITI) is an innovative two-part 10-day immersive experience in DBT – where the primary goal is to build a strong and adherent DBT program, outstanding DBT clinical competence, and a highly effective DBT consultation team. The immersive approach applies the best of training and implementation processes and methods developed by Drs. Marsha Linehan, Kelly Koerner, Linda Dimeff and their colleagues at the University of Washington, BTECH, & BTECH Research over the past two decades. The training prepares trainees and programs for Linhan's *DBT Accreditation and Certification.*

As part of the Statewide WET Plan, ICBHS will be contributing a portion of its match portion during FY 2020-2021 through FY 2022-2023. The purpose of the Statewide WET Plan is to guide efforts to improve and expand the PMHS workforce. The goals and objectives of WET will provide a framework for strategies that state, local government, community partners, educational institutions, and other stakeholders can enact to remedy the shortage of qualified individuals to provide services to those who are risk of a severe mental illness.

During FY 2020-2021 through FY 2022-2023, ICBHS will be participating in the proposed WET Five-Year Plan Framework. Based on the overall analysis conducted by OSPHD and CBHPC, the WET Plan framework proposes two categories 1) Supporting Individuals, 2) Supporting Systems. In order to implement the proposed strategy, OSPHD will contract with Regional Partnerships to carry out the proposed activities under Supporting Individuals. OSHPD will directly administer the activities under Supporting Systems.

ICBHS as part of the Southern Regional Partnership Grant Program will focus on three (3) areas of focus 1) Pipeline/Career Awareness, 2) Education and Training, and 3) Retention.



At this time, ICBHS continues to collaborate with the Regional Partnership Grants process with a proposed timeline from April 2020 through August 2020.

As the department continues to focus on enhancing its workforce, during FY 2020-2021 through FY 2022-2023 the ICBHS will implement the following stipend programs:

Master of Social Work Students: ICBHS will support individuals interested in entering the public mental health field by funding stipends to Masters of Social Worker (MSW) students at the San Diego State University (SDSU) Imperial Valley, located in Calexico Campus, in exchange of a commitment to practice in Imperial County Behavioral Health Services (ICBHS) for one year for each year a stipend was awarded.

Physician: Imperial County Behavioral Health Services will support individuals interested in entering the public mental health field by funding a stipend for one (1) medical student during their residency to expand the diversity and cultural competence of our workforce in exchange for a commitment to practice in Imperial County Behavioral Health Services (ICBHS) for a minimum of three (3) years.

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MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Imperial County

× Three-Year Program and Expenditure Plan Annual Update

Local Mental Health Director	Program Lead
Name: Andrea Kuhlen Telephone Number: (442) 265-1602 E-mail: AndreaKuhlen@co.imperial.ca.us	Name: Andrea Kuhlen Telephone Number: (442) 265-1602 E-mail: AndreaKuhlen@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 6/9/2020.

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.

Andrea Kuhlen
Local Mental Health Director
(PRINT)

Andrea Kuhlen 5/21/2020
Signature Date

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MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Imperial County × Three-Year Program and Expenditure Plan

Annual Update Annual Revenue and Expenditure Report

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

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

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

Andrea Kuhlen — Local Mental Health Director (PRINT)

Andrea Kuhlen — Signature

5/21/20 — Date

I hereby certify that for the fiscal year ended June 30, 2020, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and that the most recent audit report is dated 5/14/20 for the fiscal year ended June 30, 2019. I further certify that for the fiscal year ended June 30, 2020, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Assistant-Auditor Controller — County Auditor-Controller / City Financial Officer (PRINT)

Signature

5/26/2020 — Date

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County Profile

Imperial County is uniquely located in the southernmost region of California. Imperial County borders 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 4,500 square miles and is comprised of seven incorporated cities (Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland) and seven unincorporated areas, some of which are located more than 45 minutes apart from each other.

Map of Imperial County; Source: Google Maps

Imperial County's population estimate, according to the U.S. Census Bureau's 2018 American Community Survey, was 181,827. This was a 4.2% increase from April 1, 2010 to July 1, 2018. The county's demographic information is included in Table 1 below.

In December 2019, the U.S. Bureau of Labor identified Imperial County as having the highest unemployment rate in the state of California. The unemployment rate for Imperial County was 19.4% compared to the states 3.9%.

Table 1 – Imperial County Demographics (U.S. Census: 2018 American Community Survey)

Demographic Category	U.S. Census 2018 Community Survey Results	
	Population	% of Total
Gender		
Male	93,277	51.3
Female	88,549	48.7
Age		
≤5 years	28,546	15.7
6 to 18 years	51,820	28.5
19 to 64 years	77,821	42.8
65 years≤	23,637	13.0
Ethnicity		
Hispanic or Latino	153,825	84.6
White	18,728	10.3
Black or African American	4,000	2.2
American Indian/Alaskan Native	909	0.5
Asian	2545	1.4
Pacific Islander	181	0.1
Other or (Two or More)	1,636	0.9

The number of Medi-Cal eligible individuals in Imperial County was 78,021 during FY 2018-2019, per the Department of Health Care Services.

In the Imperial County Behavioral Health Services Staff Cultural Competence Survey for FY 2018-2019, 80% of staff identified as Hispanic, 66% indicated they are fluent in Spanish, and 85% reported being culturally aware of the Hispanic culture. This data supports why Imperial County's threshold language is Spanish.

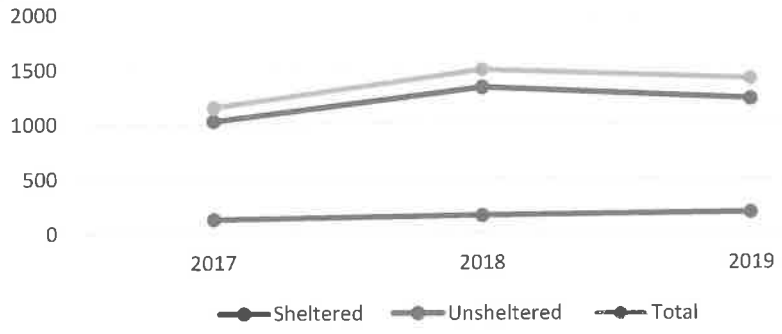
Underserved and/or Hard to Reach Population Methodology

Imperial County has identified several target populations, based on the criteria of being either underserved, hard-to-reach, or homeless as noted in the aforementioned section. The target populations for CY 2020 are derived from the data presented in the Imperial County Penetration Rates Report for FY 2019-2020, and the FY 2018-2019 California's External Quality Review Organization (CalEQRO) Report for Imperial County.

For the purposes of MHSA service planning, the following were identified as underserved and hard to reach populations in Imperial County

- Based on age, the lowest penetration rate for FY 2019-2020 are the 65+ age group at 0.15%. This age group has been identified as an underserved population by the MHSA Program.
- A hard-to-reach population in Imperial County is the foster-youth as CalEQRO's analysis of the CY 2017 shows that while the medication support and mental health services percentages for the MHP are almost twice the corresponding statewide and small MHP averages, its inpatient, crisis stabilization, and residential service utilization is a fraction of the statewide and small MHP averages.
- One of the prominent hard to reach populations in Imperial County are individuals experiencing homelessness. The Imperial County Continuum of Care conducts a yearly count of homeless sheltered or unsheltered individuals in our county. The Point-in-Time (PIT) count is a count conducted on a single night/day in January. The following is the regional trend that includes the January 2019 results.

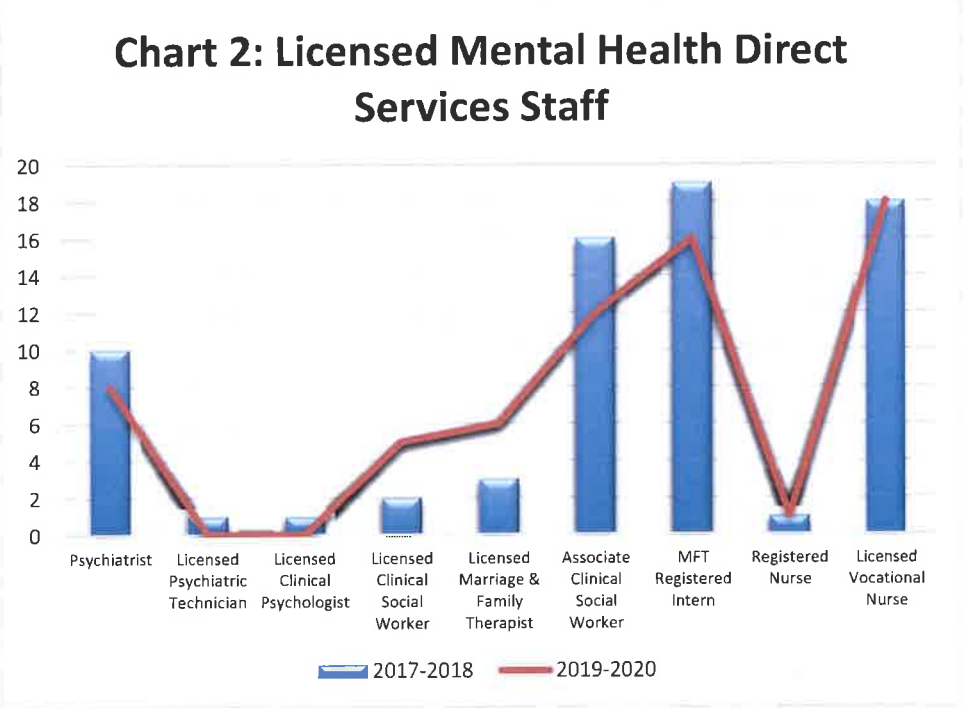
Chart 1: Regional 3 Year Trend of Homeless Point-in-Time Count (Imperial County)



Workforce Needs Assessment

Occupational Category

Imperial County continues to strengthen its mental health services workforce; however, obstacles in recruiting licensed medical professionals continues to be a challenge. ICBHS currently maintains continuously filling of open licensed positions, such as Mental Health Counselor I, Psychiatrist, and Psychiatric Social Worker II (https://hr.imperialcounty.org/job-openings). For 2019, Imperial County has seen a growth in the number of Licensed Clinical Social Workers and Licensed Marriage and Family Therapists. Recruitment for other licensed medical professionals such as nurse practitioner and registered nurse continues to be trying, especially for those from under-represented racial/ethnic groups.



There are many factors that may contribute to the challenge of hiring licensed medical professionals, a few that we have identified include:

- Salaries for these positions are low compared to community standards.
- Private employers, including two local hospitals and two state prisons that offer higher salaries.
- The mere physical environment of this rural area. Imperial County is an isolated desert region with a hot and dry climate that ranges from lows in the mid 30's in January to highs of 110's and + in July and August. The county's historical earthquake activity is also above California's state average and is 2,508% greater than the overall U.S. average.

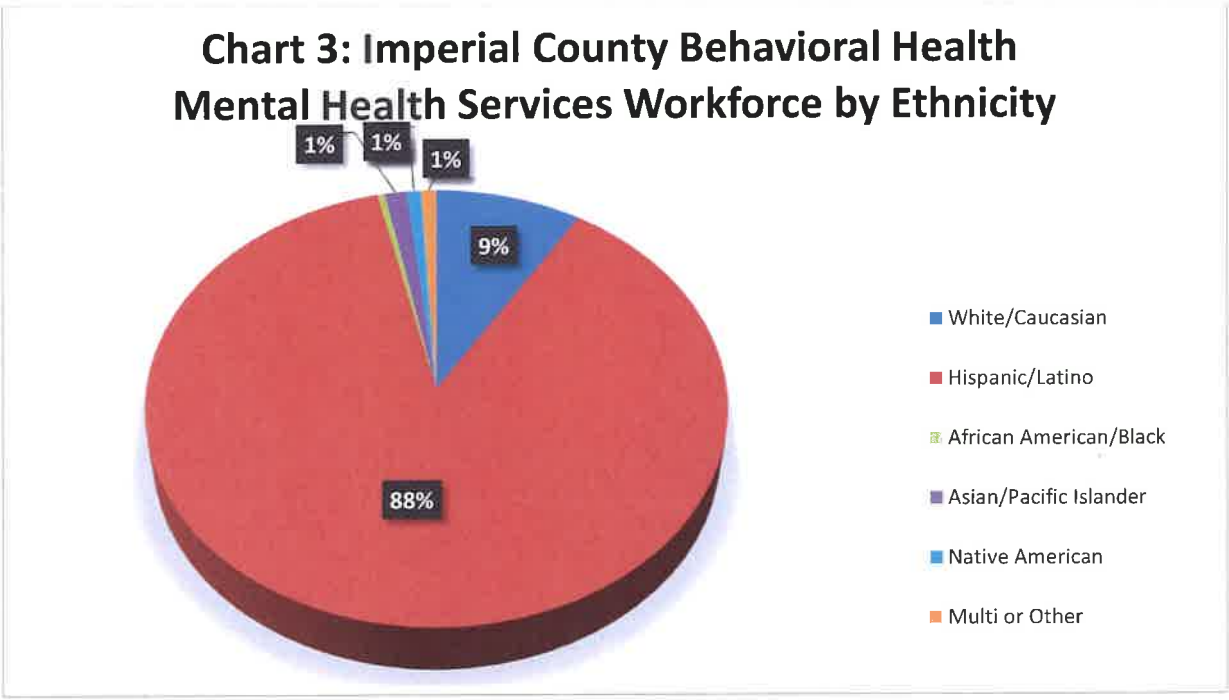
Table 2 on the following page depicts Imperial County's current workforce by group and position.

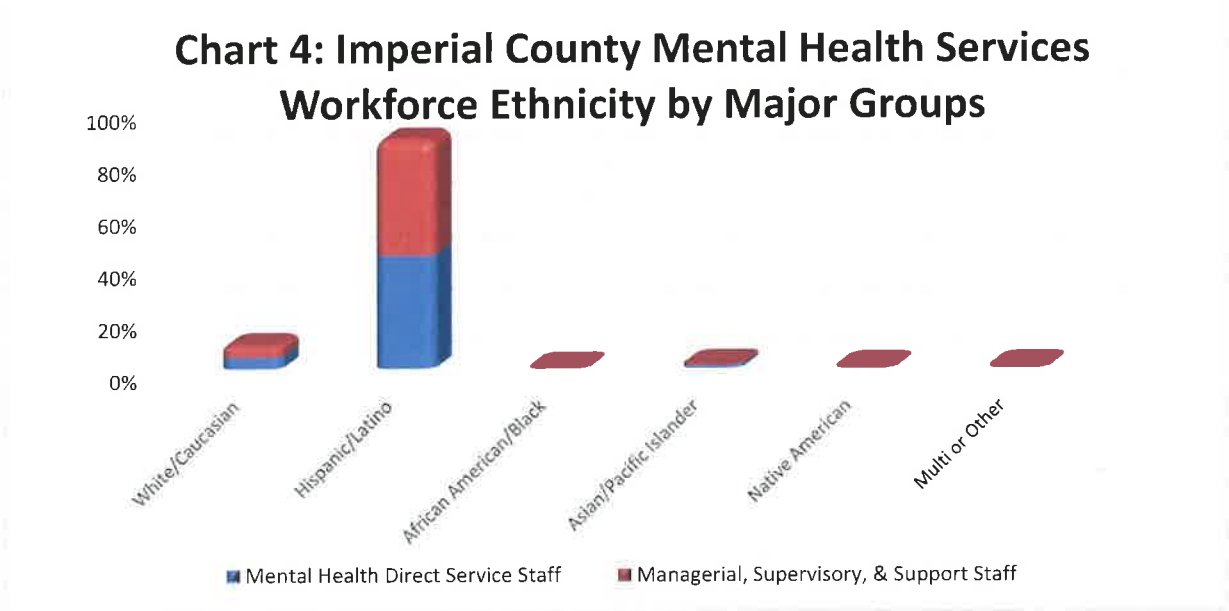
Table 2 – Imperial County Full Time Equivalent (FTE) Mental Health Workforce by Group and Position

Group and Positions	Number of Current FTEs	Race/Ethnicity of FTEs currently in the workforce						How many identify as fluent in Spanish?
		White/ Caucasian	Hispanic/ Latino	African American/ Black	Asian/ Pacific Islander	Native American	Multi or Other	
Unlicensed Mental Health Direct Service Staff:								
Mental Health Rehabilitation Specialist	6.0	2.0	4					5.0
Mental Health Rehabilitation Technician	89.0	5.0	81.0	1.0	1.0	1.0		67.0
Access & Benefits Worker	10.0	1.0	9.0					7.0
Other Unlicensed Direct Service Staff (MHW)	54.0	2.0	51.0	1.0				41.0
Subtotal:	159.0	10.0	145.0	2.0	1.0	1.0	0	120.0
Licensed Mental Health Direct Service Staff:								
Psychiatrist	8.0	1.0	1.0		4.0		2.0	3.0
Licensed Psychiatric Technician	0.0							0.0
Licensed Clinical Psychologist	0.0							0.0
Licensed Clinical Social Worker	5.0	1.0	4.0					2.0
Licensed Marriage & Family Therapist	6.0		6.0					3.0
Associate Clinical Social Worker	12.0	2.0	10.0					8.0
MFT Registered Intern	16.0	3.0	13.0					11.0
Subtotal:	47.0	7.0	34.0	0.0	4.0	0	2.0	27.0
Other Mental Health Direct Service Staff:								
Registered Nurse	1.0		1.0					1.0
Licensed Vocational Nurse	18.0	3.0	15.0					15.0
Subtotal:	19.0	3.0	16.0	0	0	0	0	16.0
Managerial and Supervisory Staff:								
Management	17.0	2.0	14.0			1.0		14.0
Supervising Clinical Psychologist	2.0	1.0					1.0	1.0
Supervising Therapist	1.0	1.0	1.0					1.0
Supervisors	28.0	3.0	24.0		1.0			22.0
Subtotal:	48.0	7.0	39.0	0	1.0	1.0	1.0	38.0
Support Staff:								
Analysts, tech. support, quality assurance	53.0	4.0	49.0					41.0
Clerical, administrative assistants	104.0	8.0	94.0			2.0		80.0
Other support staff (non-direct services)	18.0	1.0	16.0				1.0	17.0
Subtotal	175.0	13.0	159.0	0	0	2.0	1.0	138.0
Total Mental Health Direct Service Staff:	225.0	20.0	195.0	2.0	5.0	1.0	2.0	163.0
Total Managerial, Supervisory, & Support Staff:	223.0	20.0	198.0	0	1.0	3.0	2.0	176.0
Total of all Staff:	448.0	40.0	393.0	2.0	6.0	4.0	4.0	339.0

Language Proficiency

Imperial County currently employs 448 FTE employees. 50% of employees are direct service staff and 50% are managerial, supervisory, and support staff. Imperial County's threshold language is synonymous with 88% of employees identify as Hispanic/Latino and 76% of the workforce identifying as being fluent in Spanish. Further demographic breakdown may be seen in Chart 2 below:





When comparing the workforce by race/ethnicity to the populations receiving public mental health services, we find overall parities between the race/ethnic groups being served; however, there is a slight discrepancy amongst the African American/Black race/ethnicity and Imperial County Behavioral Health workforce:

Table 3 – Imperial County Workforce vs. FY 2018-2019 Medi-Cal Beneficiaries Served

Race/Ethnicity	FY 2018-2019 Medi-Cal Beneficiaries	Workforce
Hispanic/Latino	85%	88%
White/Caucasian	9.8%	9%
African American/Black	2.7%	0%
Asian/Pacific Islander	0.11%	1%
Native American	0.44%	1%
Other	1.9%	1%

By continuing to collaborate with local universities and colleges, Imperial County will continue to build a sustainable workforce of individuals who are born, raised, and educated locally, but also to respond to the cultures, values, and traditions that are specific to the community and its residents.

Consumer and Family Member Employment

Imperial County's qualification statements in their job descriptions does not require applicants to identify as having experience as a consumer or family member or does it express a preference for someone with such experience.

The Staff Cultural Competence Survey conducted in April 2017 included a question that allowed staff to self-report being a consumer of mental health services. The survey results found below indicate the optional question regarding self-identified consumers was answered by 33 staff members, which is approximately 0.07 % of the surveys returned.

Table 4 – FY 2016-2017 Staff Cultural Competence Survey

Self-Identified Consumer	Function							
	Administrative *n=52*		Direct Services *n=238*		Support Services *n=184*		Total *n=474*	
	#	%	#	%	#	%	#	%
	3	.63	19	4.01	11	2.32	33	6.96

MHSA Background

The Mental Health Services Act (MHSA) is a state law enacted on January 1, 2005 that had its inception when California voters passed Proposition 63 in November 2004. Its funding source is a 1% tax on personal incomes of over $1 million. The goal for MHSA was to expand and transform California's mental health service systems.

The MHSA services are culturally competent, easier to access, and more effective in preventing and treating severe mental illness. MHSA aims to reduce the long-term adverse impact of untreated severe mental illness and serious emotional disturbance by expanding and transforming services that 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. A core set of values apply to all MHSA activities:

- Promote wellness, recovery, and resilience.
- Increase consumer and family member involvement in policy and service development and employment in service delivery.
- Develop a diverse, culturally sensitive, and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group.
- Deliver individualized, consumer, and family-driven services that are outcome oriented and based upon successful or promising practices; and
- Outreach to underserved and unserved populations.

The MHSA is comprised of five major components. Each component addresses critical needs and priorities to improve access to effective, comprehensive, and culturally and linguistically competent county mental health services and supports. These components are:

- Community Services and Supports (CSS) – The programs and services being identified by each county to serve unserved and underserved populations.
- Prevention and Early Intervention (PEI) – Programs designed to prevent mental illnesses from becoming severe and disabling.
- Workforce Education and Training (WET) – Targets workforce development programs to remedy the shortage of qualified individuals to provide services.
- Capital Facilities and Technological Needs (CF/TN) – Addresses the infrastructure needed to support the CSS programs.
- Innovation – 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.

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

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

Community Program Planning Process

The administration of the MHSA community program planning process as well as the development of the Three-Year Program and Expenditure Plan for FY 2020-2021 through FY 2022-2023 for Imperial County was a coordinated activity led by the Behavioral Health Services (ICBHS) Director, in collaboration with Imperial County's Mental Health Board. A Steering Committee that includes local stakeholders is also involved at all levels of the MHSA community program planning process.

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

MHSA STEERING COMMITTEE MEMBERS

- **Center for Family Solutions**
- **Child Abuse Preventive Council**
- **Clinicas de Salud del Pueblo**
- **El Centro Police Department**
- **Imperial County Executive Office**
- **Imperial County Courts**
- **Imperial County Office of Education**
- **Imperial County Office of Education – SELPA**
- **Imperial County Probation Department**
- **Imperial County Public Administrator's Office**
- **Imperial County Public Health Department**
- **Imperial County Sheriff's Office**
- **Imperial County Social Services Department**
- **Imperial County Veteran Services**
- **Imperial Valley College**
- **Imperial Valley Drug Rehabilitation Center**
- **Imperial Valley LGBT Resource Center**
- **Imperial Valley Regional Occupational Prog.**
- **Mental Health Board Members**
- **National Alliance in Mental Illness**
- **San Diego Regional Center**
- **Sure Helpline Center**
- **TREES**
- **Community Members**
- **Etc...**

Furthermore, adult consumers, transition-age youth consumers, and family members play an active role in the MHSA community planning process. All stakeholder meetings are held at the ICBHS facilities in order to encourage consumer and family member attendance. Interpreter services are also provided to ensure monolingual Spanish speakers are able to fully participate in the community program planning process.

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:

Chart 5: Stakeholders by Gender

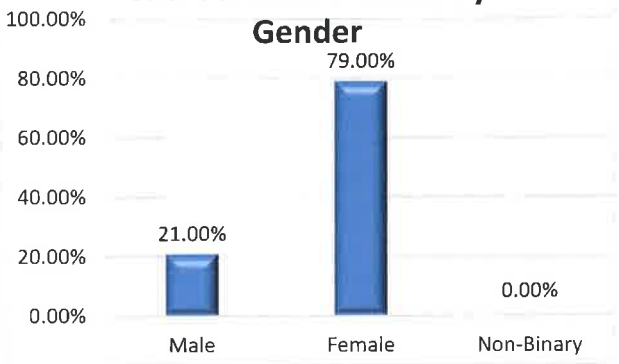


Chart 6: Stakeholders by Age

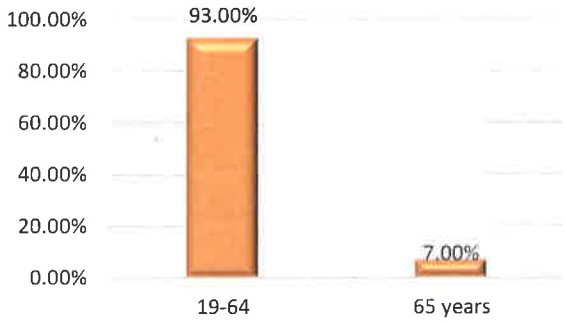
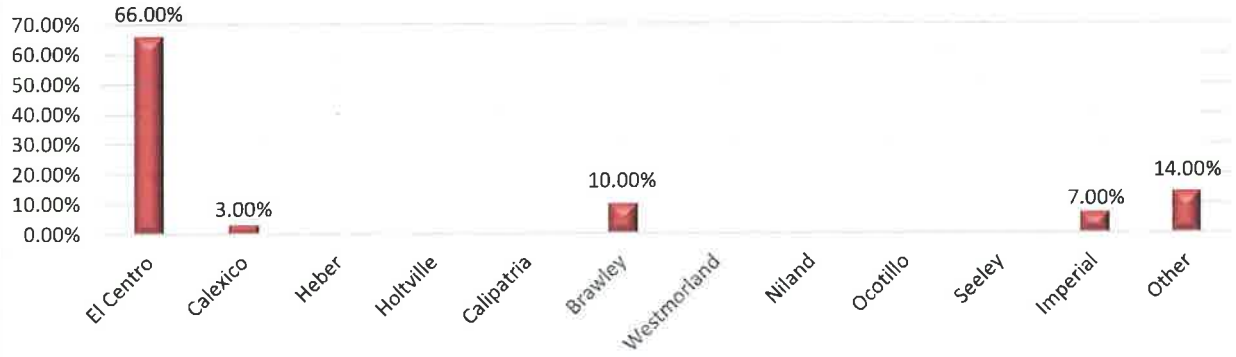


Chart 7: Stakeholders by City



****Other includes the cities of Heber, Holtville, Niland, Seeley, and Winterhaven**

Chart 8: Stakeholders by Race/Ethnicity

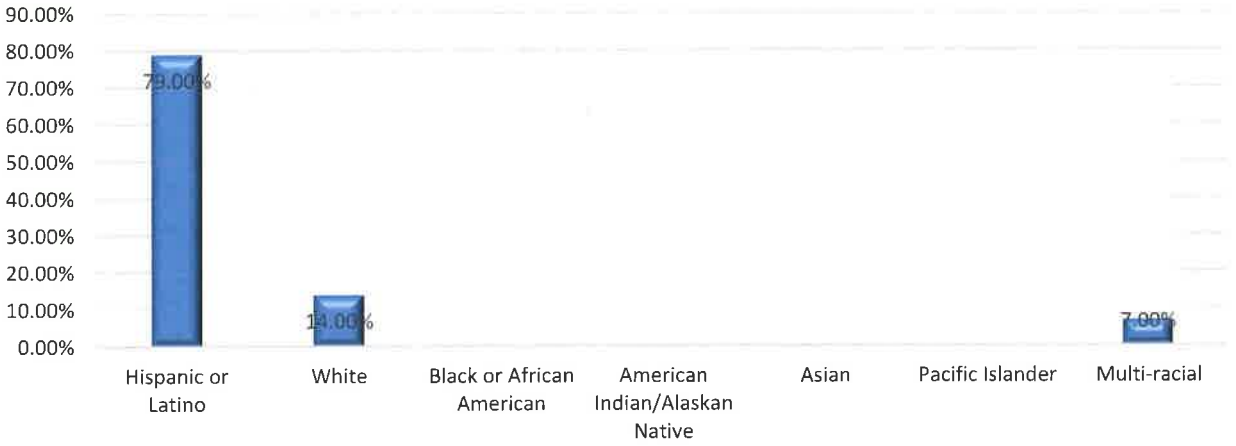
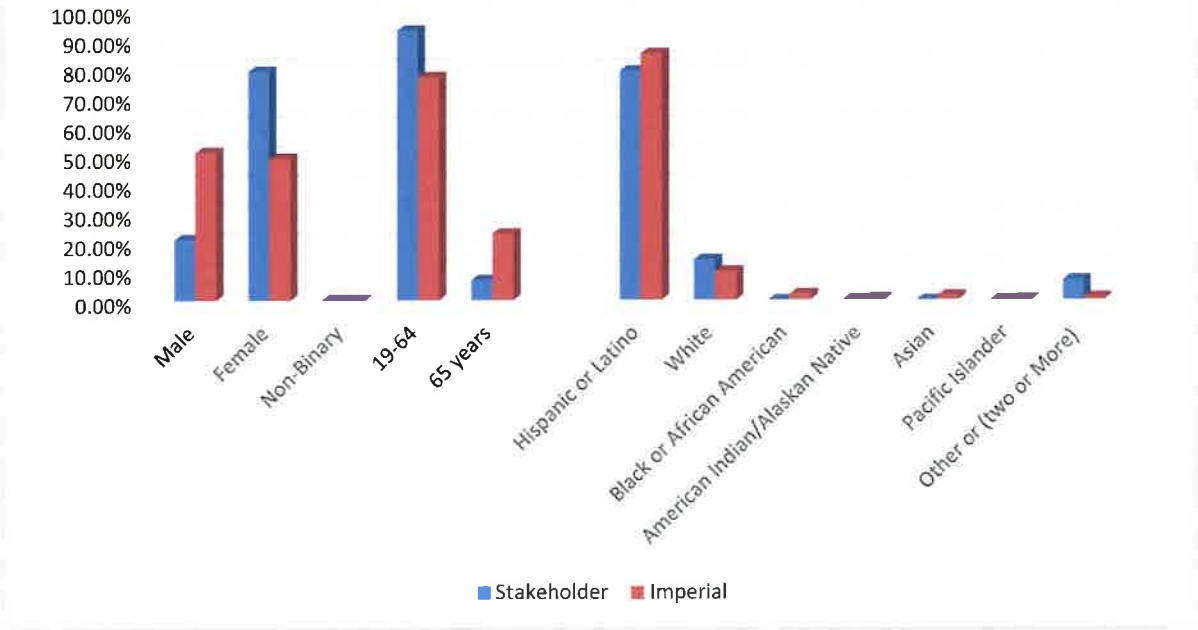


Chart 9: Stakeholders and Imperial County Demographic Comparison



For FY 2020-2021 through FY 2022-2023, Imperial County will continue to expand its Steering Committee membership by at least 2% each fiscal year. As of March 2020, Imperial County's current membership is at 53 members.

During FY 2019-2020, the MHSA Steering Committee met on the following dates:

- September 16, 2019 (In-person)
- December 16, 2019 (In-person)
- March 16, 2020 (In-person)
- April 20, 2020 (*Plan Announcement Sent via Email and Posted Online*)
- June 15, 2020 (*pending*)

In order to ensure consumers 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. These are also 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.

In October 2019, ICBHS instituted a monthly outreach coordination meeting among Program Supervisors and contract partners who conduct Behavioral Health outreach. This meeting is

designed to maximize efficiency in coordination, develop new innovative ways of reaching targeted outreach groups, and synchronize data collecting and reporting. After sharing calendars amongst the group, we have developed a google calendar system that allows for real time, division specific information that each outreach provider has access to. This technological step forward allows each of us to team, share events of mutual interest, and also avoid unnecessary overlap.

Another step forward is the alignment of media to social media. Where previous the various modalities, print media, radio, and social media were used independently, along with billboards and other advertising. Starting in 2019, ICBHS has placed an emphasis on aligning all media to synergize. This means that the Imperial Valley Women's Magazine behavioral health feature for the month can be aligned with a radio show broadcast and the two media can cross promote while each of these is also promoted on Facebook. These elements are anticipated to be expanded and further cross-coordinated, ideally encompassing additional county agency media communication sites to further enhance outreach through media. Download data from 2019 indicates that the English and Spanish wellness radio shows, Let's Talk About It and ¡Exprésate! are downloaded in podcast form approximately 1000 times or more per month for each show. This is the result of focused promotion on the show and reflects a 100% increase over 2018 data.

30-Day Review Process
The Three-Year Program and Expenditure Plan for FY 2020-2021 through FY 2022-2023 was posted for a 30-day public review and comment period from April 20, 2020, through May 19, 2020.

Circulation
The Three-Year Program and Expenditure Plan for FY 2020-2021 through FY 2022-2023 was posted for public access on the ICBHS website. In addition, it was advertised via email through the MHSA Steering Committee, the Cultural Competence Task Force, and the Mental Health Board. Advertisement for the Public Hearing was posted in the Imperial Valley Press, which is circulated throughout all regions of the county. Residents were able to provide feedback through a Public Comment Form that was both posted to the ICBHS website and distributed along with the Three-Year Program and Expenditure Plan.

In response to the practice of social distancing due to the COVID-19 pandemic, ICBHS did not facilitate informational outreach meetings to obtain public feedback regarding the Three-Year Program and Expenditure Plan for FY 2020-2021 through FY 2022-2023. Access to the plan was made available via media outlets including web posting, email, social media, including newspaper and radio outlets.

Public Hearing
After the 30-day public review and comment period, a Public Hearing was held via conference call by the Mental Health Board on May 19, 2020. At this meeting the Mental Health Board reviewed the Three-Year Program and Expenditure Plan for FY 2020-2021 through 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 Three-Year Program and Expenditure Plan in response to public comments, are documented and included as Attachment 1 to this plan.

Three-Year Program and Expenditure Plan Requirements

In accordance with MHSA regulations, every county mental health program is required to submit a three-year program and expenditure plan and update it on an annual basis.

This Three-Year Program and Expenditure Plan for Imperial County's MHSA programs is an overview of the work plans and projects being implemented as part of the series of service components launched with the passage of Proposition 63 in 2004. The passage of the MHSA provided Imperial County with increased funding, personnel, and other resources to support mental health programs for children, transition-age youth, adults, older adults, and families. The MHSA addresses a broad continuum of prevention, early intervention, and service needs, as well as the necessary infrastructure, technology, and training elements that support the County's public mental health system.

The intent of the Three-Year Program and Expenditure Plan is to provide the community with a report on the various projects to be conducted as part of the MHSA. This report includes descriptions of programs and services to be implemented during FY 2020-2021 through FY 2022-2023 for 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)

MHSA Three-Year Program Plan

Community Services and Supports

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

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

To serve these four groups, counties are required to implement three components within their CSS programs:

- Full-Service Partnerships
- 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 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.

Full-Service Partnership

ICBHS has requested Full-Service Partnership (FSP) funds for the Youth and Young Adult Services Full-Service Partnership Program and the Adult and Older Adult Services Full-Service Partnership Program. General Systems Development funds were requested for the Wellness Center and Outreach and Engagement funds were requested for the Outreach and Engagement Program and the Transitional Engagement Supportive Services Program.

Youth and Young Adult Services Full-Service Partnership Program

The Youth and Young Adult Services Full-Service Partnership (YAYA-FSP) Program consists of a full range of integrated community services and supports for youth and young adults, ages 12 to 25, including direct delivery and use of community resources. These services and supports include a focus on recovery and resiliency, shared decision-making that is client-centered, and maintenance of an optimistic therapeutic perspective at all times. Specifically, services include: case management; rehabilitative services; "wrap-like" services; integrated community mental

health and substance abuse treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; benefit acquisition; and respite care.

The target populations for the YAYA-FSP Program are as follows:

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

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

SED adolescents, ages 12 to 15, and SED or SMI transition-age youth, ages 16 to 25, may also meet criteria for the YAYA-FSP Program if they have made recent suicidal attempts, gestures, and/or threats; have frequent Crisis & Referral Desk visits; have any recent psychiatric hospitalization(s); are currently in the juvenile justice system; and/or have a history of delinquent behaviors.

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

- Medication Support;
- Therapy;
- Mental Health – Rehabilitation;
- Targeted Case Management;
- Intensive Care Coordination;
- Intensive Home Based Services;
- Crisis Intervention

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

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

consumers deal with a very specific problem. During the course of treatment, people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior. This treatment is being provided at the FSP clinic sites as well as out in the field by both mental health rehabilitation technicians and clinicians. Within the clinical setting at YAYA, this evidence-based approach is currently being utilized by clinicians on both an individual and collateral (i.e. family/support persons) basis.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a treatment for children and youth, ages 4 to 18, provided by clinicians at FSP clinic sites, that involves individual sessions with the client and parent as well as joint parent-child sessions. The goal of TF-CBT is to help address the biopsychosocial needs of children and youth, with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences and includes active participation of their parents or primary caregivers. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents are provided knowledge and skills related to processing the trauma; managing distressing thoughts, feelings, and behaviors; and enhancing safety, parenting skills, and family communication.

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

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

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

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

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

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

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

General Educational Development (GED) Classes: Imperial Valley Regional Occupational Program (IVROP) and ICBHS entered into a MOU to provide GED preparation classes and needed educational services to youth and young adults receiving mental health services at the YAYA-FSP Program.

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

The number of unduplicated consumers served during FY 2017-2018, FY 2018-2019 and FY 2019-2020 (until January 2020) by the YAYA-FSP Program was 1,706 which 264 of these consumers were ages 12-15 and 1,442 were transitional age youth 16-25. The total cost was $5,109 per year and a total of $15,327 for the 3 years. It is projected that the YAYA-FSP Program will serve up to 2,047 consumers by the end of FY 2022-2023, with the total cost projected to be $4,250 per year and a total of $12,774 for the 3 years.

Performance Outcomes

As of October 2018, the YAYA-FSP Program started the implementation of Child and Adolescent Needs and Strengths (CANS) as the functional assessment tool to be used to measure child and youth functioning. The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach.

The YAYA-FSP Program additionally implemented the Pediatric Symptom Checklist (PCS-35) a psychosocial screen designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible and can be administered to adolescents ages 3 - 18.

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

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

Table 5 – YAYA-FSP Measurement Outcome Tools

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

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

Instrument Name	Disorder	Age Group	Areas of Measurement
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

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record and it is expected that specific outcome reports for services provided at the YAYA-FSP Program will be available by the end of FY 2019-2020.
The Youth and Young Adults division continued to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency. In April 2019, Mental Health Rehabilitation Technicians received training on the PRAXES model where they learned skills and techniques that will be used with parents or caregivers to help reduce parental stress and improve their child's behavior. Cognitive Processing Therapy was provided to all clinicians in October 2019 and subsequent consultation calls are presently taking place. In November 2019, Interpersonal Psychotherapy was offered to all clinicians, which also included follow up consultation calls. Lastly, staff received training on Eating Disorders: Diagnosis and Treatment Methods by Doctors Kim Claudat and Dr. Anna Ramirez of the University of California San Diego Hospital (Eating Disorders Unit). Topics included Eating Disorders diagnoses and pathology, Etiology of Eating Disorders, co-morbidities and associated features, medical complications, evidenced based treatments, family-based therapy, and dialectical behavior therapy. Efforts will continue to be made in developing a system for data analysis that gathers outcome data that is team, unit, and Department specific to ensure the YAYA-FSP Program is keeping fidelity and meeting the goals set forth by the Department.

In September 2019, Youth and Young Adults Services Anxiety and Depression and Full-Service Partnership clinic began to provide mental health services at the new Calexico site. Previously, this clinic served Calexico residents from a clinic located in El Centro. The residents of Calexico

will now have greater accessibility to services in the community where they reside. Therefore, it is anticipated that numbers served in this area will increase in the south-end of Imperial County.

Youth and Young Adults continued to improve and make facilities LGBTQ+ friendly and inviting. In June 2019, staff from Adult Services, Children's Services, and Youth and Young Adults were trained on Clinical Strategies to Support Sexual Orientation and Gender Identity Development in LGBTQ+ Youth and Adults. Topics included self-compassion and compassion in clinical practice, interacting and serving LGBTQ+ youth and adults, strategies to support sexual orientation, gender identity development, and empathy circle training. The YAYA-FSP Program has also ensured that clinical facilities are LGBTQ+ friendly by being designated as LGBTQ+ Safe Zones. This has been done to clearly communicate that clinics are welcoming and receptive locations for the LGBTQ+ community. Staff also continued to attend LGBTQ+ community committees to contribute to making efforts in collecting data to define the unmet needs of LGBTQ+ youth and their families.

Equine therapy is no longer being provided to consumers. This goal was eliminated due to the discontinuance of contract with Animals Plus. This was attributed to consumer's lack of response towards horsemanship services, resources were therefore redirected.

Youth and Young Adults continued with its efforts to improve consumers physical health by increasing the number of consumers referred to the YAYA-FSP exercise program at Fitness Oasis. This increase in referrals was promoted by the education of YAYA-FSP Program staff on the services and benefits of participating in physical exercise. Consumers were also given the opportunity to obtain membership at a gym located in the city where they reside.

To decrease the no show rate to clinical appointments, each of the Youth and Young Adult clinics developed strategies that included the use of behavioral reinforcers to encourage consistent attendance to appointments. Consumers report their experience with this as positive as some look forward to receiving their incentive when they arrive for their appointment. These strategies were implemented in August of 2019. Due to survey conducted by Quality Management to assess consumers receptivity to expanded office hours in the evening and/or Saturdays, it was concluded that Youth and Young Adults Services consumers preferred and would be mostly likely to attend their appointment if office hours were extended 1 hour on Tuesdays and Wednesdays. Consequently, on January 2020 YAYA El Centro Anxiety and Depression Clinic and YAYA El Centro FSP Clinic extended their hours to 6:00 p.m. This will be re-evaluated at the end of June 2020 to determine if the change in hours improved the no show rate.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

The following are the goals and objectives for the YAYA-FSP Program during FY 2020-2021 through FY 2022-2023:

Program is projecting that the number of consumers that will be served in the following three years will be an estimate of 318 ages 12-15 and 1,729 transitional age youth 16-25.

- Continue to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency. This includes integration of Interpersonal Psychotherapy (IPT), Cognitive Processing Therapy (CPT), and PRAXES

which were added during the previous 3-year MHSA Plan. During this 3-year period, YAYA will include additional EBPs including Dialectical Behavior Therapy, Functional Family Therapy and Aggression Replacement Therapy.

- With the continued implementation of the measurement outcome tools, the YAYA-FSP Program will gather information and produce outcome reports that demonstrate treatment progress over time that is client specific. This information will be utilized in collaboration with consumers for the purpose of ongoing client plan goal/s development; further evidenced in clinical documentation by references to outcome measurement data when client plans are updated or in treatment progress notes. This data will also be collected in order to generate reports that are clinic and division specific to ensure the YAYA-FSP Program is maintaining fidelity and meeting the goals set forth by the Department.

- During the end of the previous 3-year period, group therapy was added as treatment modality and piloted in each of the clinics. This initial pilot period allowed the clinical staff to develop their group treatment skills, the consumers to become accustomed to the new modality and office to incorporate new systems for scheduling, documentation and data collection. During this 3-year period, the group therapy will be further integrated 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. Once all clinicians have established at least one group therapy, No-Show 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.

- Currently, mental health services are provided for 2 school districts located at Family Resource Centers on 2 High School Campuses. These locations provide services for 6 different school sites. Presently, YAYA provides a .5 FTE clinician and a .5 FTE Mental Health Rehabilitation Technician at each school district. The staffing at its current level is unable to adequately address the demand. During this 3-year period, it is planned to increase the staffing at each of these district sites to 1 FTE clinician and 1 FTE Mental Health Rehabilitation Technician at each of these sites. Additionally, other school districts are requesting similar services and in order to address this under-served population, ICBHS plans to work in collaboration with Imperial County Office of Education to apply for funding under the Mental Health Student Services grant. This will allow ICBHS to provide additional mental health services to 4 additional high school districts.

- Improve consumers' physical health by increasing the number of consumers referred to the YAYA-FSP exercise program at Fitness Oasis. This increase in referrals will be promoted by the education of YAYA-FSP Program staff on the services and benefits, thus encouraging referrals. During the previous 3-year period, additional opportunities for participating in fitness programs were made available by using consumer supports funding to pay for gym memberships for consumers in their local communities or neighborhoods. This allowed for easier access with less dependence on transportation or limited hour of availability. The demand for this new fitness option has increased participation significantly. During this 3-year period, YAYA will enter into contract

agreement with at least 1 additional gym to provide access to FSP consumers. Contracting will facilitate the referral process, invoicing and payment for fitness services. There will be ongoing collection of data to monitor referrals and further justify contractual agreements with additional gyms and/or other recreational activities that promote health and wellbeing for FSP consumers.

- No show rates continually remain at unacceptably high levels. Efforts will continue to be implemented to increase consumers' participation in their treatment. This will include the use of retention calls, appointment scheduling, motivational reinforcements. Additionally, all consumers receiving medication support services will be contacted by their nurse to provide information on the medication and diagnosis specific to the client. This will serve reduce the stigma and promote the importance of medication compliance. Outcomes will be measured by tracking consumers' attendance to appointments and tracking the decrease of the "no-show" rate.

- During this 3-year period, each YAYA FSP clinic will 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.

Adult and Older Adult Services Full-Service Partnership Program

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

This program serves all SMI adults who meet the following criteria:

- Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms. This program also serves SMI adults with co-occurring disorders of substance abuse.

- Their mental functional impairment and circumstances may result in disabilities and require public assistance, services, or entitlements.

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

- Adults (ages 26-59) must meet the criteria in either (a) or (b) below:
    a. They are unserved and:
        1. Homeless or at risk of becoming homeless;
        2. Involved in the criminal justice system (i.e., jail, probation, parole); **or**
        3. 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 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 series 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 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:

- Thoughts
- Activities
- People Interactions

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.

Moral Reconation Therapy (MRT): MRT is a cognitive-behavioral counseling program, provided at alternative education schools, that combines education, group and individual counseling, and 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.

Table 6: Adult FSP Age Demographics

Adult FSP Age Demographics	2017-2018	2018-2019	2019-2020
Adults 25 to 60 years old	1,421	1,119	1,153
Adults 60 years old and older	141	228	247

The total operating budget in FY 2020-21 for the Adult and Older Adults MHSA FSP programs is $6,334,152.00. The Adult FSP Program currently has a total of 1,377 unduplicated consumers served an approximate cost per person of $4,599.96.

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

Chart 10: Adult FSP
Gender Percentage

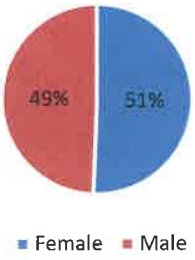


Chart 11: Adult FSP
Age Percentage

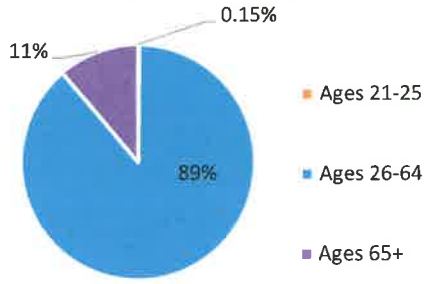
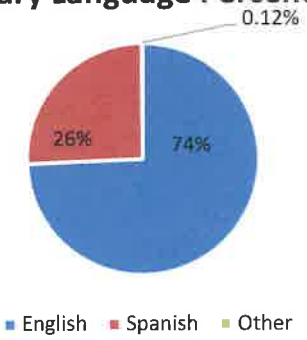
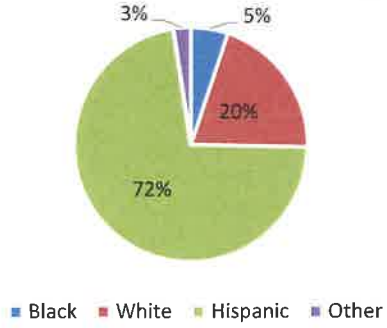


Chart 12: Adult FSP
Primary Language Percentage



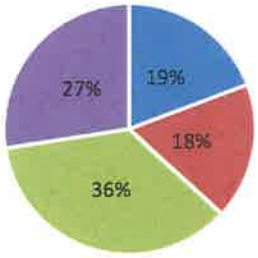
("Other" includes American Sign Language and Vietnamese)

Chart 13: Adult FSP
Race / Ethnicity Percentage



("Other" includes Alaskan Native, Chinese, etc...)

Chart 14: Adult FSP
City Percentage



("Other" includes the cities of Calipatria, Heber, Holtville, Imperial, Westmorland, and other outlining cities.)

Performance Outcomes

The Adult-FSP Program has continued to implement a standardized method for measuring outcomes by specific disorder, as well as continues to utilize the BASIS 24 at the point of intake and annually thereafter. The BASIS 24 provides a complete patient profile and measures the change in self-reported symptoms and problem difficulty over the course of time. The BASIS 24 also measures the client's level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional liability, and risk for self-harm.

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

Table 7 – 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.

During FY 2019-20 the remodeling of the Adult El Centro MHSA FSP Clinic was complete, thus adding more office space to serve FSP consumers in the El Centro Area. These new offices are located in the 1st floor of the 2695 S. 4th St. El Centro clinic and services began in June 2019. Calexico MHSA FSP moved to a new location in Calexico, 1501 W. Imperial Ave. which provided more space to provide services at this site. The move was completed in May 2019. Brawley MHSA FSP will be relocated to a new site, thus adding much needed office space in order to provide services in the Brawley Area. The move is expected to take place by May 2020.

During the previous MHSA Three Year Plan (FY 2017 to 2020), the Adult FSP Program worked on increasing the number of FSP consumers at each clinic by providing training and education on the criteria for FSP services to staff who make the initial contact with consumers that schedule an intake assessment appointment and to clinical staff who conduct assessments and determine treatment criteria. Through these efforts, the number of MHSA FSP consumers meeting criterion for FSP services increased to more than 1,300. Although this goal has been met, efforts will continue to be made to provide access to FSP eligible consumers.

As of December 2019, Adult FSP Programs approved $39,068.00 for FY 19-20 in Community Supports and Services (CSS) funds to consumers who needed financial assistance to prevent homelessness. During FY 2018-19 Adult FSP Programs approved $54,538.00 in Community Supports and Services (CSS) funds. These funds were used for rental assistance, deposits, hotel vouchers, and other related services that focus on preventing homelessness.

The Adult FSP Program worked on decreasing the symptoms of mental illness by increasing the number of consumers who were referred to and attended the Medication and Diagnosis Education Groups for consumers to adhere to their recommended treatment. Due to the lack of nursing staff available, Adult FSP Program halted these groups. Nurses provided the interventions on a case by case basis and on a one-to-one setting. This goal will be modified and applied at the Wellness Centers due to the implementation of the Illness Management and Recovery (IMR) model which contains similar interventions in its curriculum.

During FY 2017-2020, The Adult FSP Programs achieved the following goals throughout the Brawley, Calexico and El Centro programs:

Table 8 – Average Monthly Adult FSP Consumers by Fiscal Year

Average FSP Consumers per Month:	2017-2018	2018-2019	2019-2020
Admitted to the FSP Program	39	64	54
Admitted to Triage/Crisis	4	14	19
Hospitalized	-	3	6
Homeless	8	25	24
Risk of Homelessness	7	13	17
Employed	4	10	16
Attending School	2	12	9
Referred to Moral Reconation	3	7	4
Participated in Moral Reconation	1	9	3
Completed Moral Reconation	-	1	-
With a Dual Diagnosis	14	25	16
Referred to Substance Use Disorder	4	17	23
Attended Substance Use Disorder	11	45	97

Although numbers of consumers admitted to Triage/Crisis Desk and/or Hospitalized increased every FY, the percentage remained relatively low due to the increase in consumers qualifying for FSP Services. The percentage of consumers admitted to Triage/Crisis Desk remained at 1.3% per month while the hospitalization rate for FSP consumers was 0.4%. The percentage of

consumers reporting being homeless was 1.7% while those reporting being at risk of being homeless was 1.2%.

During FY 2020-23, The Adult FSP Program's goal is to provide intensive services to people with serious mental illness and co-ocurring substance use challenges to maximize their recovery outcomes and perceived wellbeing. The goal is to link consumers to substance use disorder services, provide mental health services to reduce the incidence of homelessness, crisis situations, hospitalizations, and provide opportunities for recovery.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023
The Adult FSP Program will increase the number of consumers for the following fiscal years and by the following age groups.

Table 9 – Adult FSP Consumer Projections for FY 2020-2021 through FY 2022-2023

Age group	FY 2020-2021	FY 2021-2022	FY 2022-2023
26-39	20	25	30
40-49	20	25	30
50-59	20	25	30
60 +	5	10	15

The following are the goals and objectives for the Adult-FSP Program for FY 2020-2021 through 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.

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

- Increase the average monthly number of referrals to substance use disorder services of Adult-FSP Program consumers with a co-occurring substance use disorder from 16 to 25.

- 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 increase the number of peer support staff or volunteers by one peer or volunteer per program from 34 to 38 to work specifically with the Adult-FSP population.

- By the end of FY 2022-2023 increase the access to care for Adult FSP Program consumers who are involved in the criminal justice system from five (5) to 15 by treating their Mental Health needs.

General Systems Development

Wellness Centers

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

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

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

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

During FY 2017-18, Wellness Centers served a total of 536 Adults (18 to 59 years old) and 119 Older Adults (60+ years old).

During FY 2018-19, Wellness Centers served a total of 507 Adults (18 to 59 years old) and 97 Older Adults (60+ years old).

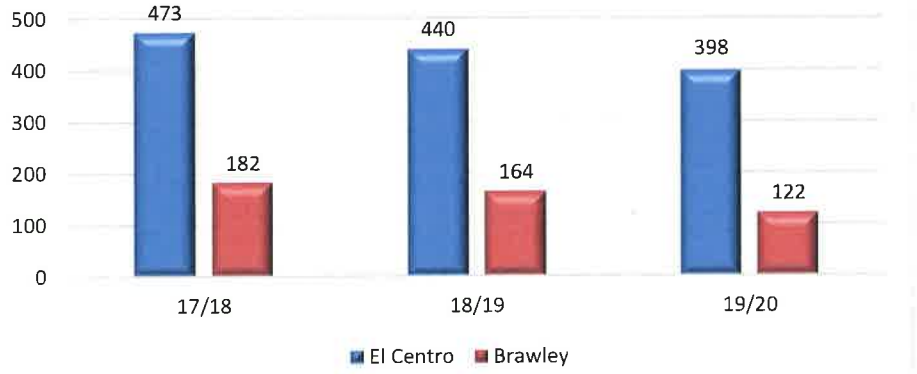
During FY 2019-20, Wellness Centers served a total of 493 Adults (18 to 59 years old) and 81 Older Adults (60+ years old).

The total operating budget in FY 2020-2021 for El Centro Wellness Center and Brawley Wellness Center is $2,275,496.00. The Wellness Center Program currently has a total of 366 unduplicated consumers served an approximate cost per person of $6,217.20.

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

Chart 15: Brawley and El Centro Wellness Center Caseloads

FY's 2017 through 2020



During the past 3-year plan, Wellness Center Participation (Brawley and El Centro) decreased from an average of 655 consumers in FY 17/18 to an average of 520 consumers in FY 19/20. During this timeframe, Wellness Centers focused their services more towards classes, activities, and skill building and steered away from a "drop in" center. Consumers who had met their goals were transitioned to community resources while others decided not to continue with the curriculum provided. The goal for FY 2020-2021 through FY 2022-2023 will be to inform and educate Adult consumers of our services and increase referrals and participation.

Chart 16: Brawley and El Centro (EC) Wellness Center Caseloads by Age FY 2017/2018 through FY 2019/2020

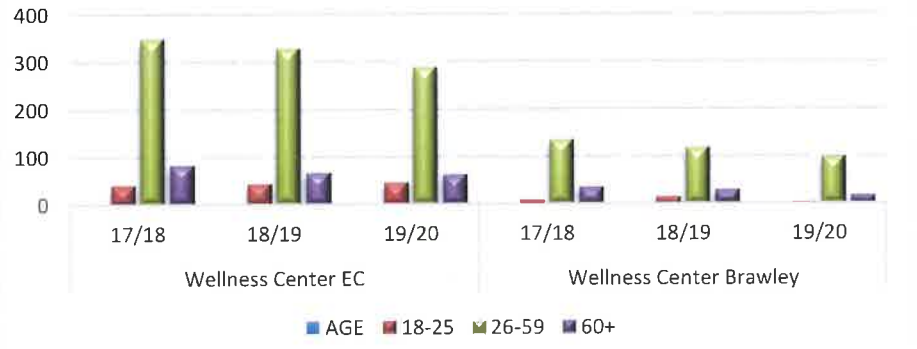


Chart 17: Brawley and El Centro (EC) Wellness Center Caseloads by Gender FY 2017/2018 through FY 2019/2020

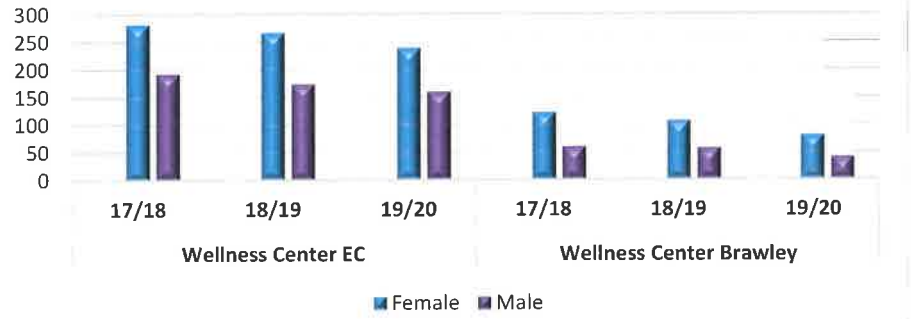
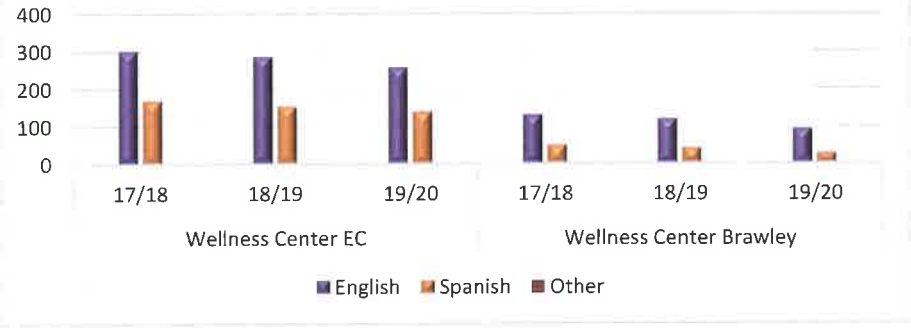


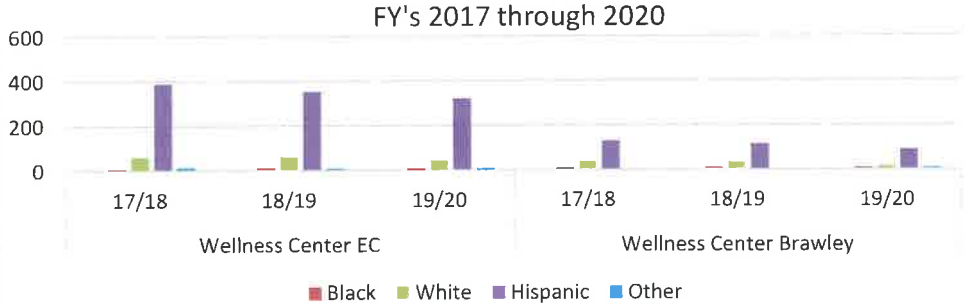
Chart 18: Brawley and El Centro (EC) Wellness Center Caseloads By Language FY 2017/2018 through FY 2019/2020



("Other" includes American Sign Language, Vietnamese, Chinese, etc...)

Chart 19: Brawley and El Centro (EC) Wellness Center Caseloads By Race / Ethnicity

FY's 2017 through 2020



("Other" includes Alaskan Native, Chinese, Other Races, etc...)

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 10. List of Contracts Serving Wellness Center Participants

Contract Name	Contract Amount	Expires	Performance Goal
Alberti, Sergio $75,000.00 per FY	$225,000.00	2022	Decrease IMR 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 clearances required to participate in activities.
Department of Rehabilitation $74,631.00 per FY	$222,893.00	2022	Refer 25 consumers to DOR services per FY.
Fitness Oasis Health Club and Spa – Adults $78,000.00 per FY	$234,000.00	2022	Decrease BMI score as measured before attending the program. Measured during WRAP Plan. Decrease IMR Score as measured before attending the program. Measured during Annual WRAP Plan.
Imperial Valley College 2020-2023	$394,897.51	2022	Refer 75 consumers to IVC services per FY.
Imperial Valley Regional Occupational Program - Project ALTO 2020-2023	$609,268.00	2022	Decrease IMR 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	2022	Decrease IMR 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.

During FY 2019-20 Brawley and El Centro Wellness Centers had a total of 15 unofficial volunteers, 10 official volunteers, and 9 employees working in an extra help/part-time status. These volunteers and extra help/part-time staff are identified through their participation in Wellness Center services and activities. As part of their recovery, they are provided the

opportunity to be leads, run peer groups and/or activities, and obtain part-time employment with the Wellness Center.

During FY 2019-20 Wellness Centers began implementation of the Illness Management and Recovery (IMR) Model. This model consists of 11 modules that cover a variety of topics including Recovery Strategies, Facts about different diagnosis, the Stress Vulnerability Model, Building Social Support, Using Medication Effectively, Drug and Alcohol Abuse, Reducing Relapses, Coping with Stress, Coping with Persistent Symptoms, Getting Your Needs Met, and Healthy Lifestyles. Consumers participating in this model participate in these modules during 10 months.

Performance Outcomes

Wellness Centers are currently implementing the following Performance Outcome tool:

Table 11 – Performance Outcome Tools Used at the Wellness Centers

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

The IMRS scores focus on the following areas:

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

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

- Monitoring of dangerous symptoms and emotional feelings;
- Increasing wellness and create positive change;
- Encouraging the use of help skills into daily life; and,
- Helping develop and use support systems during time of need.

In addition, all consumers complete the Consumer Feedback Form, which provides the Wellness Center staff with information on consumers' satisfaction and personal achievements.

The following were the goals and objectives for the Wellness Center during FY 2017-2018 through FY 2019-2020:

- Average number of Wellness Center Consumers who obtained a GED, certificate, and/or college degree through their participation in the different vocational and educational programs provided at the Wellness Center:

  FY 2017/18 74 per quarter, FY 2018/19 72 per quarter, FY 2019/20 78 per quarter (2 quarters)

- Average number of Wellness Center Consumers who participated in the exercise/fitness program and in nutritional classes and showed a decrease of BMI via self-report of physical health improvement.

  FY 2017/18 47.5 per quarter, FY 2018/19 61 per quarter, FY 2019/20 40 per quarter.

- Average number of Wellness Center Consumers who increased independence and social connections by engaging them in completing their WRAP plan to strengthen their social supports and increase involvement in pleasurable and social activities:

  FY 2017/18 269 per quarter, FY 2018/19 384 per quarter, FY 2019/20 257 per quarter.

- Average number of Wellness Center Consumers who increased ability 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.

  FY 2017/18 518 per quarter, FY 2018/19 529 per quarter, FY 2019/20 404 per quarter.

- Average number of Wellness Center Consumers who participated in family psychoeducation groups to increase family participation in consumers' treatment and build consumers' significant supports.

  FY 2017/18 9 per quarter, FY 2018/19 2 per quarter, FY 2019/20 0 per quarter

- Average number of Wellness Center Consumers who maintained overall wellness, recovery, and self-sufficiency by engaging in their overall mental health treatment and regular participation in the different programs and support groups provided at the Wellness Centers.

  FY 2017/18 261 per quarter, FY 2018/19 303 per quarter, FY 2019/20 197 per quarter

Program Goals and Objectives for FY 2020-2021 through 2022-2023

The Adult Wellness Center Program will increase the number of new consumers initiating Wellness Center services for the following fiscal years and by the following age groups.

Table 12 – Projections of Consumers Initiating Wellness Center Services

Age group	FY 2020-2021	FY 2021-2022	FY 2022-2023
26-39	50	75	100
40-49	40	60	80
50-59	50	75	100
60 +	10	30	50

The following are the goals and objectives for the Wellness Center for FY 2020-2021 through FY 2022-2023:

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

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

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

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

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

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

Outreach and Engagement

Outreach and Engagement Program

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

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

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

Notable Performance Measures:

During FY 2019, 16,538 individuals were provided with outreach. The charts below provide a demographic summary of the individuals who received outreach services during this period.

Table 13 – Outreach and Engagement Demographics: 2019

Outreach and Engagement Program FY 2019 Demographics						
Demographic Category	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**FY Total**	**Percentage of Total**
Gender						
Female	2,849	1,693	2,436	2,031	9,009	54.48%
Male	1,671	1,579	1,920	1,679	6,849	41.41%
Other	12	15	35	48	110	0.66%
Not Reported	155	65	88	262	570	3.44%
Total	**4,687**	**3,352**	**4,479**	**4,020**	**16,538**	**100%**
Age Group						
Parents of 0 to 5	332	595	788	487	2,202	11.89%
0-13	192	130	445	514	1,281	6.91%
14 to 25	1,757	1,633	1,920	1,849	7,159	38.67%
26 to 59	1,877	1,066	1,580	1,076	5,599	30.24%
60+	477	353	442	355	1,627	8.79%
Not Reported	142	162	98	244	646	3.49%
Total	**4,777**	**3,939**	**5,273**	**4,525**	**18,514**	**100%**
Ethnicity						
African America	122	108	117	103	450	2.66%
Asian/Pacific Islander	61	53	67	58	239	1.41%
Hispanic	3,582	2,604	3,616	2,971	12,773	75.39%
Native American	54	133	171	82	440	2.60%
White	513	171	370	427	1,481	8.74%
Multicultural	238	164	193	220	815	4.81%
Other	49	12	40	51	152	1%
Not Reported	120	185	77	211	593	3.50%
Total	**4,739**	**3,430**	**4,651**	**4,123**	**16,943**	**100%**

Chart 20: Outreach and Engagement Gender Demographics FY 2019-2020

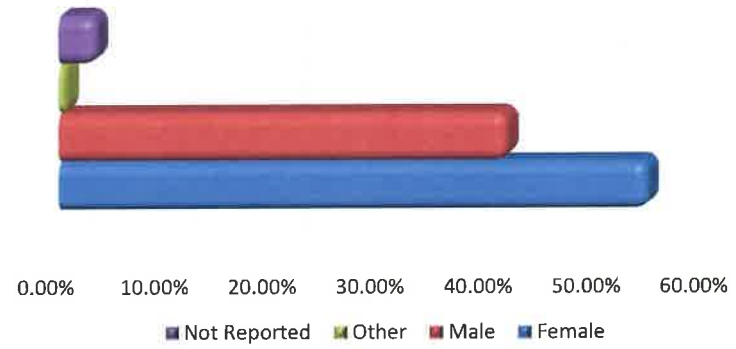


Chart 21: Outreach and Engagement Age Demographics FY 2019-2020

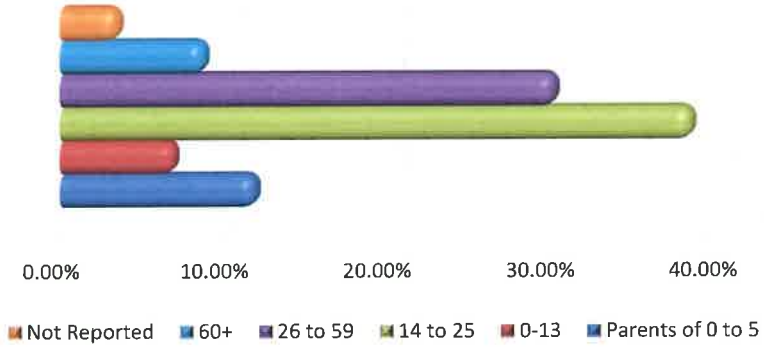
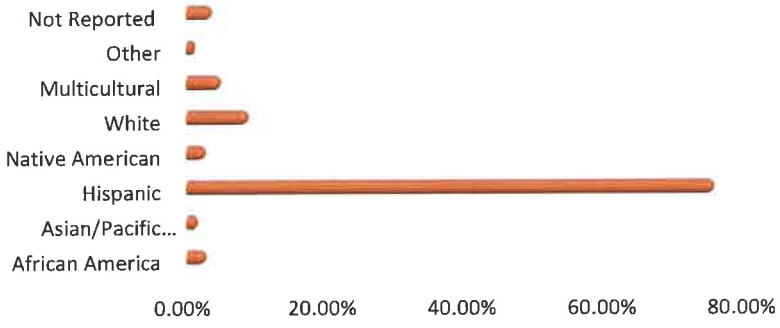


Chart 22: Outreach and Engagement Ethnicity Demographics FY 2019-2020



Notable Community Impacts:
One of the many notable community impacts from 2019 was the implementation of the Suicide Prevention Informational Fairs at the Quechan Reservation. This population has historically had a very low penetration rate. The events for May as part of Mental Health Month included nearly daily Outreach Events at South West High School. These events were part of their "Soar above Stigma." An all-day Mental Health Awareness event was held at Imperial Valley College with the topic of Inclusion. This event was attended by over 400 community members including members from the Quechan Nation, spiritual leaders from various cultural backgrounds, high school students, college students, and community partners.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2019-2020:
Emphasis is being placed on expanding mental health awareness events from Imperial County Behavioral Health to community events accessing a variety of populations. In 2018-2019, "May is Mental Health Awareness" events were held in three local high schools, the local community college, as well as Behavioral Health Wellness Centers. The Outreach Team has had informational booths at high school football games at Southwest High School in El Centro. ICBHS is in the planning stages of having an Informational Booth at the IV Mall.

Significant Changes, Including New or Discontinued Programs, for FY 2019-2020:
No significant changes occurred during FY 2018-2019.

Significant Changes, Including New or Discontinued Programs, for FY 2020-2023:
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.

Transitional Engagement Supportive Services Program (TESS)

The Transitional Engagement Supportive Services (TESS) Program provides outreach and engagement services with a special emphasis to unserved and underserved population including Severe Emotional Disturbed (SED) and Severe Mentally Ill (SMI) individuals ages 14 and older. The TESS Program serves individuals who have been discharged from Lanterman-Petris Short Act (LPS) Conservatorship by the courts, acute care psychiatric hospitals, Imperial County Behavioral Health Services (ICBHS), and Mental Health Triage Unit (MHTU). These person-driven services along with evidence-based practices are provided by treatment team members with varied education and training that includes Psychiatrists, Nurses, Psychiatric Social Workers, Mental Health Counselors, Mental Health Rehabilitation Technicians, Community Service workers, and the administrative staff members.
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 are provided 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, and community functioning. Other symptoms and/or behaviors also include physical functioning, activities of daily living/self-care, and/or who have recently experienced a personal crisis in their life requiring individual be supported with reintegrating back into the community. The goal is to link individuals to educational and employment programs, housing-related assistance programs, linkage to outpatient mental, and/or medical services. Additionally, the TESS Program assists individuals with linkage to the Substance Use Disorder (SUD) program for treatment services.

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

Once the referral has been established, the MHRT under the TESS program will continue to provide aftercare follow-up services, with the objective of ensuring service delivery to individuals in obtaining mental health services and substance use treatment services.

Services available to consumers served through the TESS Program include:

- Initial Intake Assessment
- Initial Nursing Assessment
- Initial Psychiatric Assessment
- Medication Support;
- Mental Health Services-Nurse;
- Mental Health Services- Rehabilitation Technician;
- Targeted Case Management; and
- Crisis Intervention

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

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

- Linkage to Developmental Disability Agencies
- Other ICBHS programs and community resources

The TESS Program assists in expediting services to individuals upon prescreening evaluation, who have been found to be in imminent need of services due to high risk of decompensation and/or homelessness, and 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.

Additionally, the TESS Program utilizes the SSI/SSDI Outreach, Access, and Recovery (SOAR) program designed to increase access to SSI/SSDI for eligible adults who are experiencing or at risk of homelessness and have a serious mental illness, medical impairment, and/or a co-occuring substance use disorder. MHRTS receive SOAR training to learn how to complete and submit a thorough SSI/SSDI application to expedite services to individuals who are currently homeless and/or at risk of homelessness.

Performance Outcomes

The TESS Program administers the BASIS 24 outcome measurement tool to establish a baseline of symptoms and impairments to those consumers aged18 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.

Table 14: BASIS 24 Outcomes

BASIS 24 Administered Through TESS Program (Ages 18 and older)		
FY 17/18	**FY 18/19**	**FY 19/20**
82	348	135

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

Table 15: CANS Outcomes

CANS Administered Through TESS Program (Ages 6-20 years of age)		
FY 17/18	**FY 18/19**	**FY 19/20**
N/A	7	8

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

Table 16: TESS Performance Measurement 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

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 17-18, TESS served 565 individuals of which 218 were successfully transferred, 34 were screened out, 313 were unsuccessful linkages due to non-compliance, declined further services, or relocated out-of-county.

- FY 18-19, TESS served 585 individuals of which 366 were successfully transferred, 65 were screened out, and 154 were unsuccessful linkages due to non-compliance, declined further services, or relocated out-of-county.
- FY 19- up to January, 2020, TESS served 384 individuals of which 130 were successfully transferred, 32 were screened out, five (5) pending transfers to Mental Health Outpatient Clinics, and 217 unsuccessful linkages due to non-compliance, declined further services, or relocated out-of-county.

Table 17: TESS Referral Outcomes

TESS Program Referral Outcome Overview			
	FY 17-18	**FY 18-19**	**FY 19-20**
Successful Linkages to Mental Health Outpatient Clinics:	218	366	130
Screened out – Did not meet medical necessity	34	65	32
Unsuccessful Linkages:	313	154	217
Pending:	0	0	5
Total TESS Referrals	**565**	**585**	**384**

The table and charts below provide a demographic summary of the individuals who have been served during this FY 2017-2018 through FY 2019-2020:

Table 18: TESS Consumer Demographics

Demographic Category	TESS FY 2017-2018	TESS FY 2018-2019	TESS FY 2019-2020
Gender			
Female	253	242	170
Male	308	299	211
Other	0	0	0
Not Reported	4	44	3
Total	**565**	**585**	**384**
Age Group			
0 to 13	2	3	0
14 to 25	203	171	110
26 to 59	306	319	236
60+	44	41	38
Not Reported	10	51	0
Total	**565**	**585**	**384**
Ethnicity			
Hispanic	402	408	271
Black	41	11	12
White	103	100	93
Alaskan Native	2	1	4
Asian Native	1	1	4
Other	16	64	0
Total	**565**	**585**	**384**

The number of individual consumers served in FY 17-18 was 565, FY 18-19 served 585, and in FY 19-20 served 384. Total individuals served by TESS program is 1,534. **The average cost per person was $1,913.00.**

The TESS Program's goals and objectives for FY 2017-2018 through FY 2019-2020, as identified in the MHSA Three-Year Plan, were to:

- Increase efforts to engage homeless individuals by increasing accessibility of mental health services to the unserved or underserved population; improve delivery of services to those who are homeless or at risk of homelessness that are hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance use disorders; improve collaboration with homeless shelters to educate on mental illness and the services available in the community; and continue to identify and make referrals to the TESS Program by having community service workers make contact with local shelters and meet with potential consumers to successfully link them to mental health services.

- The TESS Program will continue to work on improving successful transfers to outpatient mental health services by linking consumers to outpatient clinics within the 30-day time frame. By expediting services, individuals will be scheduled for an initial intake assessment within three days, for those who are discharged from the Mental Health Triage Unit and/or inpatient hospital, or seven days, if referred by community referral of contact. Once the initial intake assessment is conducted, individuals will have an initial nursing assessment and initial psychiatric assessment via telehealth services for medication support scheduled within the three-week time frame. This 30-day process of expediting services will prevent individuals from decompensating and further detour readmission to the Mental Health Triage Unit (MHTU).

- Continue to increase community outreach presentations to various community agencies and organizations within Imperial County in order to increase referrals and linkages to mental health services. The TESS Programs will remain focused on providing presentations to non-profit organizations, social services agencies, school districts, health clinics, shelters, local physician offices, law enforcement agencies, local hospitals, home health agencies, the Mexican Consulate, and colleges, with the objective of expanding accessibility to mental health services and drug and alcohol services.

- Improve follow-up services for those individuals that are hospitalized out-of-county and are not returning to Imperial County in order to decrease out-of-county hospitalization readmissions. The TESS Program will assist hospital social workers to ensure follow-up care is implemented by coordinating placement, scheduling mental health outpatient appointments, and changing county Medi-Cal codes to assist individuals in accessing services in their county of residence.

During FY 2018-2019, the TESS Program made the following progress toward achieving the goals and objectives identified in the MHSA Three-Year Plan for FY 2017-2018 through FY 2019-2020 as follows:

- The TESS Program continued to increase efforts to engage homeless individuals suffering from a severe mental illness by continuing to collaborate with homeless shelters, educate agencies, and the community on mental health issues and services available through Imperial County Behavioral Health Department. To better served this population and ensure consumers received needed services, ICBHS developed a contract with Woman Haven Center for Family Solutions for accessibility of services and strengthen the constant communication with Women Haven Homeless Shelters.

- Presentations continued to be conducted at local agencies and in the community with a new emphasis on expanding outreach to the homeless population in the outlying areas of Imperial County such as the north end of the county. Additionally, in an effort to engage homeless individuals and increase the accessibility of mental health services to the unserved/underserved populations, the TESS Program continued to participate in the Imperial Valley Homeless Task Force and enrolls individuals in the Projects for Assistance in Transition from Homelessness (PATH) Program. The PATH Program is designed to support the outreach to, engagement of, and delivery of services to eligible individuals who are homeless or at risk of homelessness that are hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance abuse disorders. Due to our effort, During FY 2017-2018 through FY 2019-2020 the TESS program engaged a total of 67 homeless individuals into Mental Health Services.

- TESS Program worked on improving successful transfers to the mental health outpatient clinics by linking consumers within the 30-day time frame, thus working on preventing individuals from decompensating and being readmitted to the MHTU and/or inpatient psychiatric hospitalization. Consumers continued to be scheduled for an initial intake assessment within three days, for those who are discharged from the MHTU and/or inpatient hospital, or seven days. Upon completion of the initial intake assessment, the client had an initial nursing assessment and initial psychiatric assessment for medication support. These assessments were scheduled within the three-week time frame via telehealth services in order to expedite service delivery. This continued to be accomplished by expediting services and increasing efforts to decrease no-show rates by repeated retention calls for those who were not reached. Furthermore, if a consumer had not been reached, via a retention call, a Community Service Worker conducted a home visit to increase the consumers' engagement into services and attempt to mitigate a "no-show".

- The TESS program continued to work on improvising outreach presentations. During FY 2017-2018 through 2019-2020, TESS completed a total of 74 Outreach and Activities presentations to various agencies in the community. The following is a breakdown of the presentations completed:

Table 19 – TESS Outreach Activities Per Fiscal Year

TESS Outreach Activities			
	FY 17-18	**FY 18-19**	**FY 19-20**
Outreach Presentations	14	4	6
Brochure Disseminations	0	16	15
Informational Booths	0	0	7
Community Forum	0	9	3
Total Outreach Activities	**14**	**29**	**31**

Table 20 - TESS Collaborative Community Agencies

Community Agencies
Elementary School Districts
Community High School Districts
Community Resource Fairs
World Mental Health Day
House of Hope
Aviation Day Imperial Airport
Imperial County Office of Education
Annual Parent Fair Imagine School El Centro
Winterhaven School District Parent Workshop
Imperial County Behavioral Health Radio Show English
Imperial County Behavioral Health Radio Show Spanish
Imperial County Youth and Young Adults Department
Imperial County Youth and Young Adults Alcohol and Drug Program
Imperial Valley Expo
Central Union High School
Southwest High School
Slab City Community Fair
City of Calexico
City of Calipatria
LGBT Pride Day
World Mental Health Day
Veterans Hall
Walk Against Domestic Violence

- The TESS Program continued to work to improve expedited follow-up services and care coordination for those individuals who were placed in a psychiatric hospital. Via mental health rehabilitation technician services, the TESS Program continued to assist hospital social workers to ensure follow-up care was implemented by coordinating placement, scheduling mental health outpatient appointments, and linkage to other community services. Additionally, to improve follow-up services and care coordination for those individuals who are placed in a psychiatric hospital MHRTs conducted hospital visits for those consumers who had reoccurring and/or frequent hospitalizations for care coordination with both the client as well as the hospital treatment team working on the case. During FY 17-18, TESS received (42) Out of County hospitalizations, FY 18-19 (46), and FY 19-20 (51). Total out of county hospitalizations received 139. The TESS

Program continued to collaborate with hospital social workers to ensure follow-up care was implemented by coordinating immediate placement, scheduling mental health outpatient appointments, and changing county Medi-Cal codes to assist individuals in accessing services in their county of residence, therefore, reducing out of county hospitalizations.

Notable Community Impact:

- The TESS Program continued to improve expedited follow-up services and care coordination for those individuals who were placed in a psychiatric hospital out of county. Via mental health rehabilitation technician services, the TESS Program continued to assist hospital social workers to ensure follow-up care was implemented by coordinating placement, scheduling mental health outpatient appointments, and linkage to other community services. Additionally, to improve follow-up services and care coordination for those individuals who were placed in a psychiatric hospital, Mental Health Rehabilitation Technicians conducted hospital visits with consumers who had reoccurring and/or frequent hospitalizations for care coordination with both the client as well as the hospital treatment team working on the case. This approach assisted in the decrease of re-admissions of consumers to the hospital as well as improve the continuity of care.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2017-2018 through 2019-2020

- For the TESS program the ability to meet the demands of the program's transportation needs has been a challenge. The program has an assigned vehicle; however, it is currently not enough to assist with the transportation needs of the consumers. In order to alleviate this problem, the TESS program has requested the purchase of a new program vehicle to assist with this challenge and thus assist with helping consumers attend their clinical appointments.

- Another challenge has been the ability of TESS to hire staff fast enough to meet the needs of the programs growing caseload. A contributing factor to this is that the TESS program has undergone and continues to undergo changes of staff due to promotions, staff leaving the program for educational, career growth, and/or transfers. This has left current MHRTs with high caseloads and thus limited time to see and provide assistance with their consumers.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

The following are the goals and objectives for the TESS Program for FY 2020-2021 through FY 2022-2023:

- Increase accessibility to Mental Health Services by 5% per FY by increasing awareness through outreach, education, and advocacy by specific age group;

Table 21: TESS Service Projections for FY 2020-2021 through FY 2022-2023

Age Group	FY 2020 - 2021	FY 2021-2022	FY 2022 – 2023
14 to 25	116	122	128
26 to 59	247	259	272
60+	40	42	44

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

- 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; The TESS program will continue to train improve the delivery of services by training 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 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 in scheduling mental health appointments to ensure linkage to mental health treatment and assist 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 individuals to treatment in their county of residence.

Community Engagement Supportive Services (CESS)

Effective January 1, 2019, CESS was implemented to provide outreach and engagement supportive services to individuals 14 years of age and older including those who are homeless or at risk of homelessness. The focus of the CESS program is to address the specific needs of each individual in order 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 if needed. 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, the CESS program provides screening and referral services on site at Imperial County Jail to individuals who will soon be released from incarceration to ensure individuals are successfully reintegrated back into the community and linked to Mental Health Services.

Services provided by the CESS program include:

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

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

During FY 2018-2019 through 2019-2020, PIER Model completed a total of 105 Outreach and Engagement activities as part of Phase I and Phase II PIER Model. Below illustrates the breakdown for Phase I and Phase II activities:

Table 22 – Referral Outcome Overview

PIER Model Referral Outcome Overview			
	FY 17-18	**FY 18-19**	**FY 19-20**
Phase I			
Outreach Presentations	N/A	4	4
Informational Booths	N/A	34	31
Brochure Dissemination	N/A	16	11
Phase II			
SIPS completed	N/A		5
TOTAL	**N/A**	**54**	**51**

Performance Outcomes

The CESS Program administers the BASIS 24 outcome measurement tool to establish a baseline of symptoms and impairments to those consumers ages 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 2018-2019, CESS Program administered (63) BASIS 24, FY 2019-2020 administered (140), Total of 203 completed by CESS Program.

Table 23 – BASIS 24 Administered Through CESS

BASIS 24 Administered Through CESS Program (Ages 18 and older)		
FY 2017-2018	FY 2018-2019	FY 2019-2020
N/A	63	140

The CESS Program also administers the Child and Adolescent Needs and Strengths (CANS). A multi-purpose tool developed for children's services; 6-20 years of age to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. During FY 17-18, (N/A) CANS were administered, FY 18-19 (10) CANS administered, and in FY 19-20, (4). Total of 14 CANS completed.

Table 24 – CANS Administered Through CESS

CANS Administered Through CESS Program (Ages 6-20 years of age)		
FY 2017-2018	FY 2018-2019	FY 2019-2020
N/A	10	4

CESS also administered the Pediatric Symptom Checklist (PSC-35). The PSC-35 screening tool is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. During FY 17-18 (N/A) were administered, FY 18-19 (4), FY 19-20 (4). Total of 8 completed by CESS Program.

Table 25 – PSC-35 Administered Through CESS

PSC-35 Administered Through CESS Program		
FY 2017-2018	**FY 2018-2019**	**FY 2019-2020**
N/A	4	4

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

Table 26 – CESS Performance Measurement 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 Syndrome ***(SIPS)***	Psychotic Disorders	12-25	Usual Thought Content/Delusional Ideas Suspiciousness/Persecutory Grandiose Ideas Perceptual Abnormalities/Hallucinations Disorganized Communication

During FY 2017-2018 through 2019-2020, the CESS Program received, 553 community referrals because of these outreach efforts. Below illustrates a breakdown of the referral outcome.

Table 27 – CESS Referral Outcome

CESS Program Referral Outcome			
	FY 17-18	FY 18-19	FY 19-20
Successful Linkages to Mental Health Outpatient Clinics:	Not applicable	49	69
Screened Out:	Not applicable	5	24
Unsuccessful Linkages:	Not applicable	147	193
Pending:	Not applicable	8	58
Total		**209**	**344**

The table and charts below provide a demographic summary of the individuals who have been served during this FY 2017-2018 through FY 2019-2020:

Table 28 – CESS Consumer Demographics

Demographic Category	CESS FY 2017-2018	CESS FY 2018-2019	CESS FY 2019-2020
Gender			
Female	N/A	86	137
Male	N/A	123	207
Other	N/A	0	0
Not Reported	N/A	0	0
Total	N/A	**209**	**344**
Age Group			
0 to 13	N/A	5	2
14 to 25	N/A	68	87
26 to 59	N/A	114	230
60+	N/A	22	23
Not Reported	N/A	0	2
Total	N/A	**209**	**344**
Ethnicity			
Hispanic	N/A	161	254
Black	N/A	5	17
White	N/A	20	43
Alaskan Native	N/A	1	0
Asian Native	N/A	0	0
Other	N/A	22	30
Total	N/A	**209**	**344**

The number of individual consumers served in FY 17-18 (N/A), FY 18-19 served (209), and in FY 19- up to January 2020 served 344. Total individuals served by CESS program is 553. **The average cost per person was $1,814.00.**

Program Goals and Objectives for FY 2017-2018 through FY 2019-2020

The CESS Program's goals and objectives for FY 2017-2018 through FY 2019-2020, as identified in the MHSA Three-Year Plan, were to:

- Increase efforts to engage homeless individuals by increasing accessibility of mental health services to the unserved or underserved population; improve delivery of services to those who are homeless or at risk of homelessness that are hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance use disorders; improve collaboration with homeless shelters to educate on mental illness and services available in the community; and continue to identify and make referrals to the CESS Programs by having community service workers make contact with local shelters and meet with potential consumers in the community to successfully link them to mental health services.

- CESS Program will continue to work on improving successful transfers to outpatient mental health services by linking consumers to outpatient clinics within the 30-day time frame. By expediting services, individuals will be scheduled for an initial intake assessment within seven days, if referred by community referral, of contact. Once the initial intake assessment is conducted, individuals will have an initial nursing assessment and initial psychiatric assessment via telehealth services for medication support scheduled within the three-week time frame. This 30-day process of expediting services will prevent individuals from decompensating and ensure that consumers are successfully linked to the outpatient clinics.

- Continue to increase community outreach presentations to various community agencies and organizations within Imperial County in order to increase referrals and linkages to mental health services. The CESS Program will remain focused on providing presentations to non-profit organizations, social services agencies, school districts, health clinics, shelters, local physician offices, law enforcement agencies, local hospitals, home health agencies, the Mexican Consulate, and colleges, with the objective of expanding accessibility to mental health services and drug and alcohol services.

- Continue to improve mental health service delivery at the Imperial County Jail by conducting initial intake assessments for those individuals who are scheduled to be released. Upon release, the CESS Program will assist in expediting services in order for those individuals to have an initial nursing assessment and an initial psychiatric assessment for medication support. Additionally, mental health rehabilitation technician services will be provided to support individuals in reintegrating back into the community.

During FY 2018-2019, the CESS Program made the following progress toward achieving the goals and objectives identified in the MHSA Three-Year Plan for FY 2017-2018 through FY 2019-2020 as follows:

- CESS Program continued to increase efforts to engage homeless individuals suffering from a severe mental illness by continuing to collaborate with homeless shelters, educate agencies, and the community on mental health issues and services available through Imperial County Behavioral Health Department particularly the services of the Mental Health Triage and Engagement services. Presentations at local agencies and in the community continued to be conducted with a new emphasis of expanding outreach to the homeless population in the outlying areas of Imperial County such as the North end. CESS also continued to work in partnership with Women Haven Emergency Shelter because of the growing concerns with the homeless population in Imperial County. Currently, a Community Service Worker is assigned and serves as a liaison with Woman Haven and participates in bi-weekly treatment team meetings in which they serve as a point of contact for collaboration or referral purpose. This collaboration of services has assisted ICBHS with providing needed emergency housing services to homeless woman and children. CESS also continued to work in partnership with El Centro Police Department to reach out and identify homeless individuals who would benefit from mental health/substance use treatment and other supportive services including, but not limited to, emergency shelters. This project provided outreach and engagement services to address the growing concerns of homelessness and at risk of homelessness in the Imperial County as well as provide services to individuals with recent involvement in the criminal justice system. The teaming of a Mental Health Rehabilitation Technician with law enforcement patrol units supported the assessment and engagement of individuals, in particular the homeless, into needed services or reengage active consumers back into treatment. During FY 2017-2018 through 2019-2020, the CESS program received 5 referrals. Of the five (5) referrals, two (2) were successfully transitioned into outpatient mental health services through this collaboration.

- CESS also increased efforts to engage homeless individuals by increasing Outreach and Engagement Services through collaboration with local emergency room departments. The collaborative approach includes a Mental Health Rehabilitation Technician stationed at a local emergency room with the objective to identify the target population and provide outreach and engagement services and linkage to mental health/substance use treatment and/or other support services such as emergency shelter. Engagement in the emergency rooms averts the need of a crisis admission or placement at higher level of care if deemed suitable. In FY 2018-2019 through 2019-2020, CESS received seven (7) hospital referrals. Of those seven (7) referrals, two (2) where successfully transferred to outpatient mental health services.

- CESS Programs worked on improving successful transfers to the mental health outpatient clinics by linking consumers within the 30-day time frame. Consumers continued to be scheduled for an initial intake assessment within seven days of the community referral being sent. Upon completion of the initial intake assessment, the client would have an initial nursing assessment and initial psychiatric assessment for medication support scheduled within the three-week time frame via telehealth services in order to expedite service delivery. This continued to be accomplished by expediting services and increasing efforts to decrease no-show rates by repeated retention calls for those who have not been reached. Furthermore, if a consumer has not been reached, via a retention call, a Community Service Worker conducted a home visit to increase the consumers' engagement into services and to attempt to mitigate a "no-show".

- The CESS Program remained focused on providing presentations to non-profit organizations, social services agencies, school districts, health clinics, shelters, local physician offices, law enforcement agencies, local hospitals, home health agencies, the Mexican Consulate, and colleges, with the objective of expanding accessibility to mental health services and drug and alcohol services. This included expanding outreach and engagement services to the underserved and unserved population of the outlying areas of Imperial County such as the east and north-end of the county. During FY 2017-2018 through FY 2019-2020, the CESS Program completed 110 Outreach activities in an effort to increase Mental Health Services awareness.

Table 29 – CESS Outreach and Engagement Activities

CESS Program Outreach and Engagement Activities			
	FY 17-18	**FY 18-19**	**FY 19-20**
Total Outreach Presentations	Not applicable	5	12
Informational Booth	Not applicable	34	31
Brochures-Disseminations	Not applicable	17	11
Total Outreach Activities	**Not applicable**	**56**	**54**

Table 30 – CESS Collaborative Community Agencies

Community Agencies
Community High School Orientations
Elementary School Districts – Back to School Night
Imperial Valley College
Department of Social Services
ICBHS Wellness Centers
Community Farmers Market
Community Libraries
Community Fairs
Volunteers of America
City of Brawley
City of Calipatria
City of Calexico
City of El Centro
City of Holtville
City of Imperial
City of Niland
Salton Sea
Slab City
LGBT Resource Centers
IVROP

- CESS continued to improve mental health service delivery at the Imperial County Jail by conducting initial intake assessments for those individuals who were scheduled to be released. Upon release, the CESS Program continued to expedite services for those individuals to have an initial nursing assessment and an initial psychiatric assessment for medication support within the three-week time frame. Additionally, a full time MHRT had been assigned to the Imperial County Jail who not only provided outreach and

engagement services within the jail, but also provided and assisted with linkage, discharge planning, and referral of consumers to the CESS program that begins 90 days prior to their release date which assist inmates in their transition into the community and decreasing re-incarceration. Additionally, since the integration of the County Jail referral process into the CESS Program, administrative staff from ICBHS and the County Jail had been meeting on a monthly basis to develop effective ways to improve the delivery of mental health services and/or other community services to individuals who are reintegrating into the community. During FY 2018-2019, 74 Jail referrals were received, FY 2019-2020 received 162 referrals. Furthermore, the CESS Program facilitated MRT groups to adult offender populations suffering from a substance use disorder, dual diagnosis or mental illness. As a cognitive behavioral approach, MRT seeks to increase the individual's awareness on the impact of skillful decision making by enhancing appropriate behavior through the development of higher moral reasoning. As a result, programs that have implemented MRT have shown a significant reduction in the rates of recidivism. During FY 2017-2018 through FY 2019-2020, CESS has had eight (8) MRT groups with a total of 22 participants completing the groups.

Notable Community Impact:

- CESS Community Service Workers expanded their outreach efforts in the community to increase mental health awareness, education, and stigma reduction to the 14 and older population and to those who will refer them for services, with a special emphasis on the homeless population. Included in these efforts is reaching out to individuals in the outlying and smaller communities in particularly the north and east end of Imperial County. In these areas informational booths and informational materials were disseminated at events such as Niland Community Resource Fair, Westmorland Resource Fair, Suicide Prevention in Winterhaven, in schools, and local faith-based organizations.

- With the assigned Community Service worker acting as a liaison with Women Haven Emergency Shelter, ICBHS has assisted with providing an increase of needed emergency housing services to homeless woman and children. Furthermore, the Woman Haven Shelter staff have been pleased to have a mental health professional who can readily inform them of the mental health services available, the process on how to access them, as well as provide valuable input and feedback with Behavioral Health Consumers who are residing at the shelter, as well as relaying any needed information to the treatment teams.

- CESS also collaborated with El Centro Police Department to provide a team composed of a MHRT and a law enforcement agent who work alongside collaboratively to reach out and identify homeless individuals who would benefit from mental health/substance use treatment and other supportive services including, but not limited to emergency shelters. This project provided outreach and engagement services to address the growing concerns of homelessness and at risk of homelessness in the Imperial County as well as individuals with recent involvement in the criminal justice system.

- The CESS Program also continued to participate in the Projects for Assistance in Transition from Homelessness (PATH) Program. The PATH Program is designed to support the outreach to, engagement of, and delivery of services to eligible individuals who are homeless or at risk of homelessness whom of are the hardest to reach and most

difficult to engage, with unknown severity of mental illness and/or co-occurring substance abuse disorders.

- Furthermore, efforts to identify the individuals with a severe mental illness in the community and provide outreach and engagement services and linkage to mental health/substance use treatment, the ICBHS Mental Health Triage and Engagement Services unit works in collaboration with the local El Centro Regional Emergency Room Department (ED) by having a Mental Health Rehabilitation Technician stationed at the ED who serves not only a source of information for the hospital staff, but also conducts prescreening and linkage to the CESS Program.

- Lastly, CESS continued to increase outreach and linkage to services by adding a full time Mental Health Rehabilitation Technician (MHRT) who is assigned to the Imperial County Jail. This Mental Health Rehabilitation Technician provides outreach and engagement services within the jail as well as assists with linkage and referral of consumers to the CESS program. This addition has assisted with an increase of referrals to the CESS program.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2017-2018 through 2019-2020

- For the CESS program a challenge and/or barrier is also the ability to hire staff fast enough to meet the needs of the programs growing caseload. A contributing factor to this is that the CESS program has undergone and continues to undergo changes of staff due to promotions, staff leaving the program for educational and career growth, and/or transfers. This has left current Mental Health Rehabilitation Technicians with high caseloads and thus limited time to see and provide assistance with their consumers.

- Another challenge or barrier for the CESS program is the difficulty in engagement and retention of consumers. Individuals living with serious mental illness are often difficult to engage in ongoing treatment, and dropout from treatment is all too common. Due to the complications in engaging this population into treatment this population often time has exacerbation of symptoms, re-hospitalization, and do not fully realize the potential benefits of treatment. Thus, increased efforts were been made in outreach and engagement with the recruitment of Community Service Workers to conduct engagement services for those that decline services or are hard to locate.

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

- During this time frame, CESS continued to work in partnership with El Centro Police Department (ECPD) to reach out and identify homeless individuals by a Mental Health Rehabilitation Technician (MHRT) riding along in law enforcement patrol units. This project was to provide outreach and engagement services to address the growing concerns of homelessness and at risk of homelessness in the Imperial County, as well as to individuals with recent involvement in the criminal justice system. Despite this collaboration this model posed a challenge for the police officer assigned to this task. To mitigate this challenge, it was agreed upon to transition to a new strategy effective January 16, 2020 in which a MHRT is on call to respond and collaborate ECPD to a possible referral to mental health services including 5150 involuntary holds.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

The following are the goals and objectives for the CESS Program for FY 2020-2021 through 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 31 – CESS Service Projections for FY 2020-2021 through FY 2022-2023

Age Group	FY 2020 - 2021	FY 2021-2022	FY 2022 – 2023
14 to 25	90	95	100
26 to 59	240	252	268
60+	25	26	27

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

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

- To increase outreach presentations to the community. CESS will be engaging in outreach events by three (3) times per month to educate and reach the unserved and underserved 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 at least 30 initial intake assessments at the county jail within the three fiscal years (FY 2020-2021 through FY 2022-2023) for those individuals who are scheduled to be released.

- CESS will continue to assist 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 by increasing Jail referrals by 3%.

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

Full-Service Partnership - Assisted Outpatient Treatment.

A large component of the Community/Transitional Engagement and Supportive Services programs (CESS and TESS) is to provide outreach and engagement to individuals with SMI in community, who are discharged from crisis or inpatient settings, or who are being released from the jails and support individuals to connect to the appropriate ongoing treatment. However, in a recent collaborative planning process to improve County management of psychiatric emergencies, community partners expressed frustration over the inability to adequately support individuals who refuse to engage in services voluntarily. Thus, the plan is to develop FSP services by implementing a new program, Assisted Outpatient Treatment Services (FSP-AOT) which will target adults (ages 18+) with SMI throughout the entire County. The goal is to interrupt the cycle of hospitalization, incarceration, and homelessness and promote wellness and recovery for adults with serious mental illness who have been unable and/or unwilling to participate in mental health services on a voluntary basis. The program will adopt the Assertive Community Treatment (ACT) as the evidence based practice that improves the outcomes of people with severe mental illness who are at most risk of psychiatric crisis, hospitalization and involvement in the criminal justice system.

During the next three-year service and funding period, the FSP-AOT will focus on incorporating the ACT model training to build ICBHS workforce capacity. Please refer to the Workforce Education Training (WET) portion of this plan for the training and service description goals. Management will continue program development as capacity is built.

Portland Identification and Early Referral (PIER) Full-Service Partnership Program

Effective February 1, 2019, The Portland Identification and Early Referral Full-Services 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

During FY 2019-2020, PIER-FSP program received a total of 14 referrals for Phase III of the PIER Program. Below illustrates the breakdown for referrals received:

Table – 32 PIER FSP Referrals

PIER FSP	FY 19/20
Referrals	
Total Referrals received	14
CESS-FSP Pier	2
Total individuals served	6
Total SIPS	5
Total MFG Groups	2
• Male / female groups	2
Total Discharges	10
Total unsuccessful linkages	3
Total Consultation Calls	
MFG Calls	9
SIPS Calls	2
Joining sessions	3
Demographics	
Female	8
Male	5
Other / or not reported	0
Age Groups	
MFG-Cohort 1	14-23 yrs.
MFG-Cohort 2	14-23 yrs.
MFG-Cohort 3	14-17 yrs.

Table 32 - Continued	
MFG-Cohort 1	Hispanic
MFG-Cohort 2	Hispanic
MFG-Cohort 3	Hispanic/ African American

Notable Community Impact:

The PIER-FSP (Phase III) 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. The PIER-FSP program provided four (4) presentations, 31 informational booths, 13 sites they disseminated brochures throughout the community to educate the community, individuals, and families on the services and benefits of the program. Consequently, the PIER-FSP program received 14 referrals from these outreach events and presentations. Additionally, Multifamily Group Cohort #1 successfully graduated December 2019, which was composed of three consumers and family members.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2017-2018 through 2019-2020.

- A challenge and/or barrier for the PIER program is the limited number of staff trained especially for clinical staff that can conduct the SIPS assessment. A contributing factor to this is due to staff promotions, staff leaving the program for educational and career growth, and/or departmental transfers. This has led to difficultly in providing outreach to the community, coordinating staff to facilitate the multi-family groups, as well as the scheduling of the SIPS.

- Another challenge or barrier for the PIER program is the difficulty in engagement of consumers and families. The target population for this program are often times difficult to engage into treatment. Due to this complication, this population often time has exacerbation of symptoms and do not fully maximize their access to 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 strengthen their commitment to PIER.

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

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

significant change will be the consolidation of PIER Model (Phase I and II) under PIER FSP for more effective tracking of cost and data, supervision, and reporting.

Program Goals and Objectives for FY 2020-2021 through 2022-2023

The following are the goals and objectives for the PIER Program for FY 2020-2021 through FY 2022-2023:

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

Table 33 – PIER Service Projections

Age Group	FY 2020 - 2021	FY 2022 – 2023
14 to 25	5	7
26 to 59	5	7

- 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 consumers referred and served.

- 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 consumers and their families.

- Provide training to two (2) Mental Health Rehabilitation Technicians and two Clinicians on the PIER Model to ensure successful implementation of the model by ensuring that the program is fully staffed.

Prevention and Early Intervention (PEI)

Imperial County Behavioral Health Services' (ICBHS) Prevention and Early Intervention (PEI) programs continue to provide a "help first" system approach. The programs engage individuals before the development of severe mental illness or serious emotional disturbance. They also lessen the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. The PEI programs, such as Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), First Step to Success (FSS) and Incredible Years, assist in identifying one of the Mental Health Oversight and Accountability Commission's (MHSOAC) priorities of *childhood trauma*. The PEI program 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 continues to build capacity for providing mental health prevention and early intervention services by implementing new programs and delivering services out in the community, in non-traditional settings. All services are provided outside of the norm of outpatient clinics and meet an additional MHSOAC priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents.

Table 34 – Prevention and Early Intervention Programs

Prevention and Early Intervention Programs FY 18/19				
Prevention	Early Intervention	Stigma and Discrimination	Outreach for Increasing Recognition of Early Signs of Mental Illness	Access and Linkage to Treatment
• TF-CBT Prevention • Incredible Years	• TF-CBT Early Intervention • First Step to Success (New)	• Stigma and Discrimination	• TF-CBT Prevention • TF-CBT Early Intervention • First Step to Success Early Intervention (New) • Stigma and Discrimination • Outreach and Engagement* • Transitional Engagement Supportive Services* • Community Engagement Supportive Services Program*	• TF-CBT Prevention • TF-CBT Early Intervention • Incredible Years • First Step to Success Early Intervention (New) • Stigma and Discrimination • Outreach and Engagement* • Transitional Engagement Supportive Services* • Community Engagement Supportive Services Program*
*Programs are provided under the MHSA CSS component				

Prevention Programs

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

Program Description

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

The TF-CBT model was selected to address the needs of the priority population of children and adolescents, ages 4 to 18, who have been exposed to a traumatic experience. As a prevention program, children/youth do not meet the diagnostic criteria to meet medical necessity for Specialty Mental Health Services. They do not present symptoms typically exhibited by those who experience a traumatic 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 cyber bullying. The goal of the TF-CBT model is to prevent mental illness from developing. TF-CBT also assists the child/youth recognize the potential signs and symptoms of a mental disorder and to learn skills to overcome the negative effects of traumatic life events. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment. This therapy model may be provided in an abbreviated form, in consultation with clinical supervisor, for those children who do not require the complete treatment format.

The TF-CBT Program continues to provide ICBHS the opportunity to serve the unserved and/or underserved populations in the community. The program has also contributed to increasing access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment by being mobile out in the community. The program has also helped foster a "help first" system by facilitating access and linkages to supports to prevent the development of mental illness. The focus of this program is to continue engaging individuals before the development of serious mental illness or serious emotional disturbance.

For FY 2018-2019, ICBHS provided selective prevention services to 111 children/youth and to approximately 139 parents/legal guardians/caregivers at a cost of $1,457 per child/parent. This cost includes the provision of TF-CBT therapy sessions by master level clinicians, as well as linkage and referral services by the clinicians for the child/youth and their parents/legal guardians/caregivers.

Table 35 - Demographic information for TF-CBT FY 2018-2019

Age Group	Total	Percentage
0 - 15	104	94%
16 - 18	7	6%
Total	**111**	**100%**
Sex Assigned at Birth	*Total*	*Percentage*
Female	57	52%
Male	54	48%
Total	**111**	**100%**
Gender Identity	*Total*	*Percentage*
Female	57	52%
Male	54	48%
Total	**111**	**100%**
Sexual Orientation	*Total*	*Percentage*
Heterosexual/Straight	111	100%
Total	**111**	**100%**
Race	*Total*	*Percentage*
Asian	1	.5%
White	107	97%
Other	3	2.5%
Total	**111**	**100%**
Ethnicity	*Total*	*Percentage*
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	96	87%
Non-Hispanic or Non-Latino:		
Japanese	1	.5%
European	11	10%
Other	3	2.5%
Total	**111**	**100%**
Language	*Total*	*Percentage*
English	63	57%
Spanish	48	43%
Total	**111**	**100%**
Veteran Status	*Total*	*Percentage*
No	111	100%
Total	**111**	**100%**
Identifies with any Disability or Special Needs	*Total*	*Percentage*
No	111	100%
Yes	0	0%
Total	**111**	**100%**

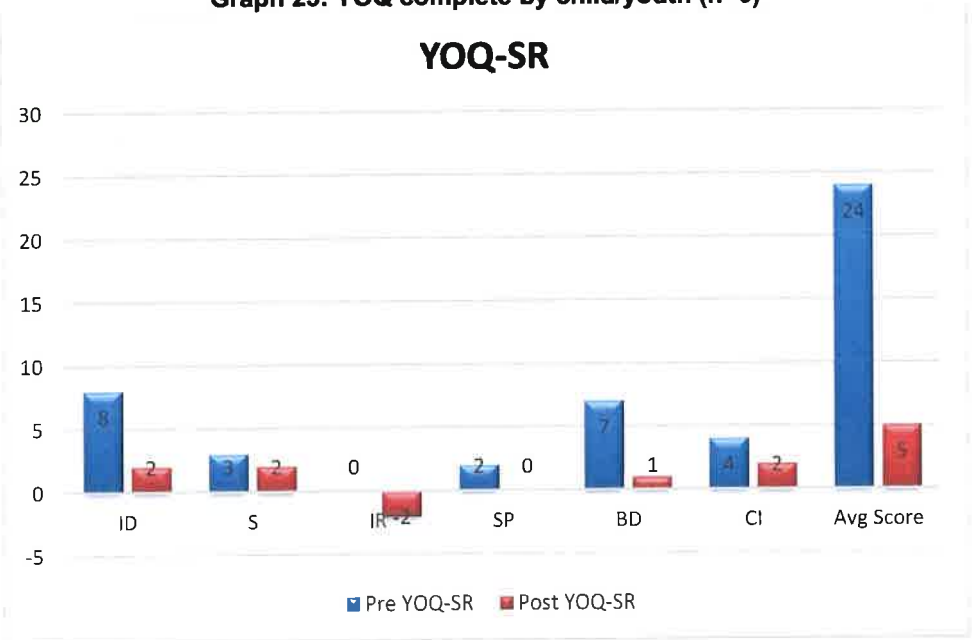
Achievement of Performance Outcomes

ICBHS continues to measure performance outcomes for the TF-CBT program. Outcome measurements data on this program are gathered and entered the department's information system (AVATAR). Performance outcome tools, Youth Outcome Questionnaire (YOQ) and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) are manually entered into a log. ICBHS contracted with Dr. Todd Sosna to work with the department's Information System department to develop and generate reports to evaluate the effectiveness of the program as a prevention strategy.

During FY 18/19, a total of 111 children/youth were served and 44 successfully completed the TF-CBT model. Out of 44 successful completions, 6 children/youth and 34 parents/legal guardians/caregivers completed a pre and post YOQ. Additionally, 32 parents completed a pre and post UCLA PTSD tool. Some of the contributing factors to this discrepancy included: 1) Pre or Post data was not obtained after numerous attempts by our clinicians, 2) the YOQ-SR is for children ages 12 to 18, and many of the children who successfully completed the TF-CBT model were under the age of 12.

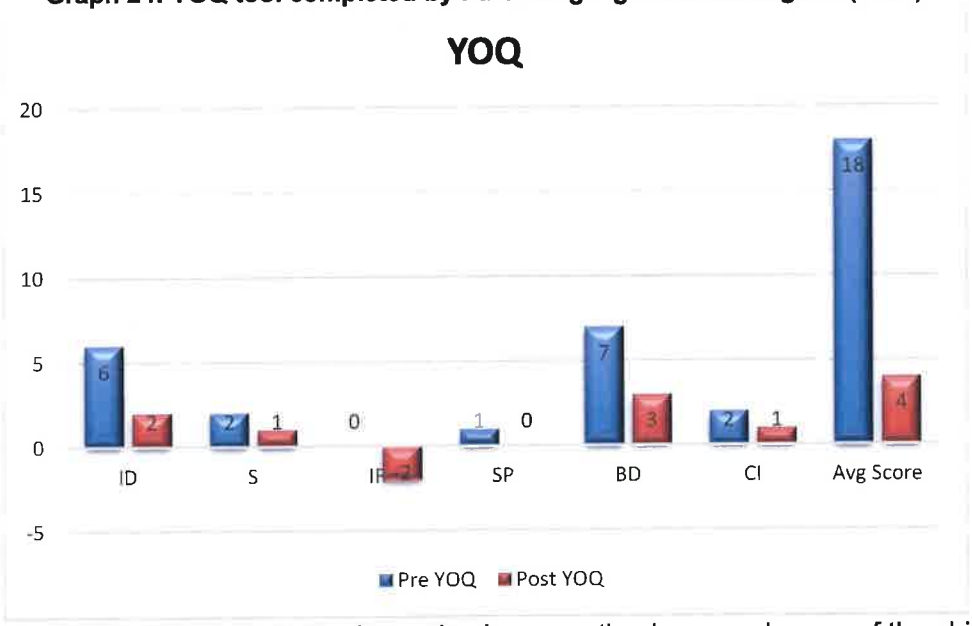
The following graphs include outcome data based on pre and post outcome evaluation tools completed by children/youth and their parents/legal guardians/caregivers during FY 18/19:

Graph 23: YOQ complete by child/youth (n=6)



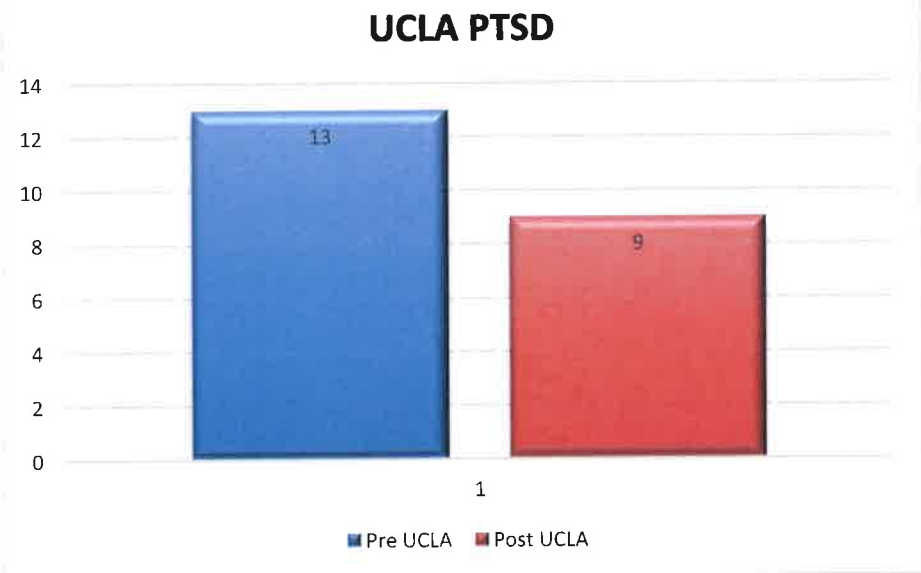
This tool is a self-reporting tool completed by the minor which measures changes in functioning. Areas measured include interpersonal distress; somatic distress; interpersonal relationships; critical items such as paranoid ideation and suicide; social problems; and behavioral dysfunction. The Post-scores indicate a reduction in all symptoms measured by this tool.

Graph 24: YOQ tool completed by Parent/legal guardian/caregiver (n=34)



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

Graph 25: UCLA PTSD Index completed by Parent/legal guardian/caregiver (n=32)



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

Based on the overall scores of the above mentioned assessment tools, children/youth who have experienced a traumatic event in their lives, have improved their overall functioning and have had a reduction in the symptoms and frequency of symptoms after completing the TF-CBT model.

The program continues to be successful in meeting the needs of the community given the support provided by community partners. The program receives constant referrals from schools, community agencies, and children's mental health outpatient treatment. For FY 18/19, the TF-CBT Prevention program served 250 individuals. This total includes 111 children/youth and 139 parents/legal guardians/caregivers. Below is the breakdown out of the 111 children/youth served:

Table 36 - Total Children Served FY 18/19

Total No.	Percentage	Status
46	41%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
2	2%	Transferred to the Children Outpatient Services during therapy due to requiring a higher level of care.
28	25%	Declined services either at intake or during therapy.
35	32%	Actively being served as of June 30, 2019.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

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

Incredible Years (IY) - Parenting Model

Program Description

ICBHS contracts with two local agencies for the implementation of the Incredible Years (IY) parenting program to target our priority population of children and youth in stressed families as part of our prevention program. Through these contracts, ICBHS continues to provide a parenting program to address the needs of unserved and/or underserved families to prevent *childhood trauma*, prolonged suffering and the removal or are at risk of having their children removed from their homes. IY was the selected parenting program as this model meet 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 childrens' social and emotional development. The Incredible Years program is conducted as a group of up to 12 parents with two trained facilitators. The program involves 10 to 18 two-hour weekly meetings. Parenting skills are taught through a combination of video vignettes, role-playing, rehearsals, homework and group support. This model was also selected because it meets the linguistic and cultural needs of our community, as the program materials are available in English and Spanish.

The two contract providers for IY are the Child and Parent Council (CAP Council) and Teach, Respect, Educate, Empower Self (TREES). The CAP Council started providing services since the implementation of PEI in FY 17/18. For FY 18/19, ICBHS contracted with Teach, Respect, Educate, Empower Self (TREES) to increase the effort of providing the Incredible Years parenting group in the far north and east areas of Imperial County. ICBHS continues to have difficulties in increasing penetration rates for the unserved and underserved Native American population and very hard to reach populations in these distant northern and eastern regions of Imperial County. TREES will focus on providing services in Salton Sea, Niland, and Winterhaven. Below is the demographic and outcome information for both contract providers:

IY DEMOGRAPHIC INFORMATION
Child and Parent Council (CAP Council)

For FY 2018-2019, the CAP Council conducted 34 parenting groups, providing services to 667 parents at an average cost of $396 per parent. This cost includes staffing, childcare, mileage, phone and internet service, insurance, mileage reimbursement, books and office supplies, advertising, office equipment and repairs, incentives for parents; and printing costs.

Table 37: Demographic Information for CAP Council FY 2018-2019

Age Group	Number	Percentage
0 - 15	0	0%
16 - 25	56	8%
26 - 59	589	89%
60+	22	3%
Total	**667**	**100%**

Table 37 - Continued

Sex Assigned at Birth	*Total*	*Percentage*
Female	491	74%
Male	176	26%
Total	**667**	**100%**
Gender Identity	*Number*	*Percentage*
Female	445	67%
Male	154	23%
Genderqueer/Gender Non-Confirming	2	.5%
Different Identity	2	.5%
Decline to Answer	64	9.5%
Total	**667**	**100%**
Sexual Orientation	*Number*	*Percentage*
Bisexual	2	.5%
Heterosexual/Straight	394	59%
Different Identity	4	.5%
Decline to Answer	267	40%
Total	**667**	**100%**
Race	*Number*	*Percentage*
Am. Indian/Alaska Native	12	1.7%
Asian	11	1.6%
Black or African American	19	2.8%
White	612	92%
Native Hawaiian or Other Pacific Islander	3	.4%
Other	10	1.5%
Total	**667**	**100%**
Ethnicity	*Number*	*Percentage*
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	552	82.7%
Caribbean	1	.1%
Other	11	1.7%
Non-Hispanic or Non-Latino:		
African	19	2.9%
Asian Indian/South Asian	6	.9%
Filipino	6	.9%
Chinese	2	.3%
European	48	7.2%
Other	22	3.3%
Total	**667**	**100%**
Language	*Number*	*Percentage*
English	145	22%
Spanish	274	41%
English and Spanish	248	37%
Total	**667**	**100%**
Veteran Status	*Number*	*Percentage*
Yes	12	1%
No	655	99%
Total	**677**	**100%**

Table 37 - Continued

Identifies with any Disability or Special Needs	*Number*	*Percentage*
Yes	24	3%
No	643	97%
Total	**667**	**100%**
Disabilities or Special Needs	*Number*	*Percentage*
Difficulty Seeing	8	25%
Difficulty Hearing	2	6.3%
Difficulty Speech	1	3.2%
Mental Health	9	28%
Physical Mobility	4	12.5%
Chronic Health	8	25%
Total	**32**	**100%**

Teach, Respect, Educate, Empower Self (TREES)

For FY 2018-2019, TREES conducted 9 parenting groups, providing services to 43 parents at an average cost of $1,303 per parent. This cost includes staffing, childcare, mileage, phone and internet service, insurance, mileage reimbursement, books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs. The cost per parent for TREES is much higher than the cost for the CAP Council due to targeting very hard to reach populations in the farthest regions of Imperial County. Imperial County expands over 4,597 square miles and is comprised of seven incorporated cities including Westmorland, and seven unincorporated areas, such as Niland and Salton Sea, some of which are located more than 45 to 60 minutes apart from each other.

Table 38: Demographic information for TREES FY 2018-2019

Age Group	*Number*	*Percentage*
16 - 25	10	23%
26 - 59	33	77%
Total	**43**	**100%**
Sex Assigned at Birth	*Number*	*Percentage*
Female	36	84%
Male	7	16%
Total	**43**	**100%**
Gender Identity	*Number*	*Percentage*
Female	36	84%
Male	7	16%
Total	**43**	**100%**
Sexual Orientation	*Number*	*Percentage*
Heterosexual/Straight	43	100%
Total	**43**	**100%**
Race	*Number*	*Percentage*
Am. Indian/Alaska Native	1	2%
Black or African American	5	12%
White	34	79%
Other	3	7%
Total	**43**	**100%**
Ethnicity	*Number*	*Percentage*
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	31	72%
Non-Hispanic or Non-Latino:		
African	5	12%
European	4	10%
Other	3	6%
Total	**43**	**100%**
Language	*Number*	*Percentage*
English	43	100%
Total	**43**	**100%**
Veteran Status	*Number*	*Percentage*
No	43	100%
Total	**43**	**100%**
Identifies with any Disability or Special Needs	*Number*	*Percentage*
No	43	100%

Table 38 - Continued

Total	**43**	**100%**
Disabilities or Special Needs	*Number*	*Percentage*
Mental Health	15	35%
No	28	65%
Total	**43**	**100%**

IY ACHIEVEMENTS OF PERFORMANCE OUTCOMES

Child and Parent Council (CAP Council)

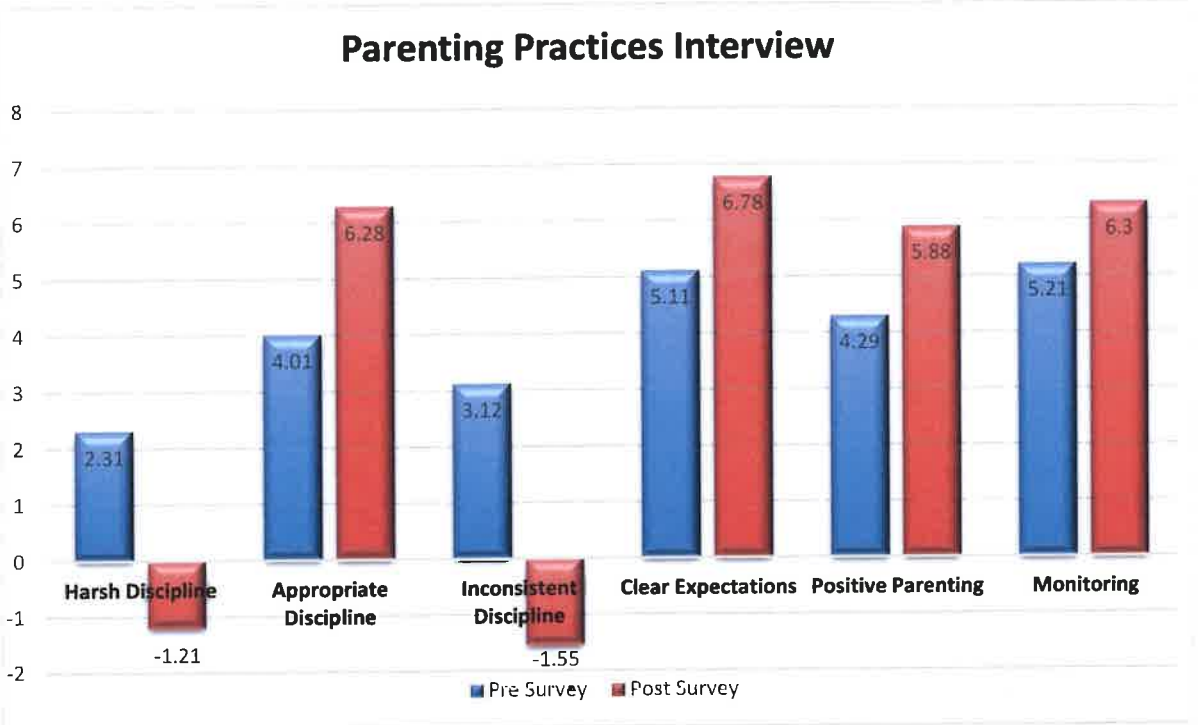
For FY 2018-2019, the CAP Council conducted a total of 34 parenting groups, an increase of 6 groups from FY 2017-2018. Eighteen (18) groups were conducted in Spanish and 16 groups were in English, serving a total of 667 parents. The CAP Council received a total of 747 referrals from various agencies and community agencies. Below is a breakdown of the referrals:

Table 39: No. of Referrals for FY 2018-2019

Referee	No of Referrals
Self-Referral	249
Imperial County Probation Department	13
Child Protective Services	282
Imperial County Behavioral Health Services	14
Court Orders	102
Department of Social Services	2
Other Community Agencies	11
Schools	74
Total	747

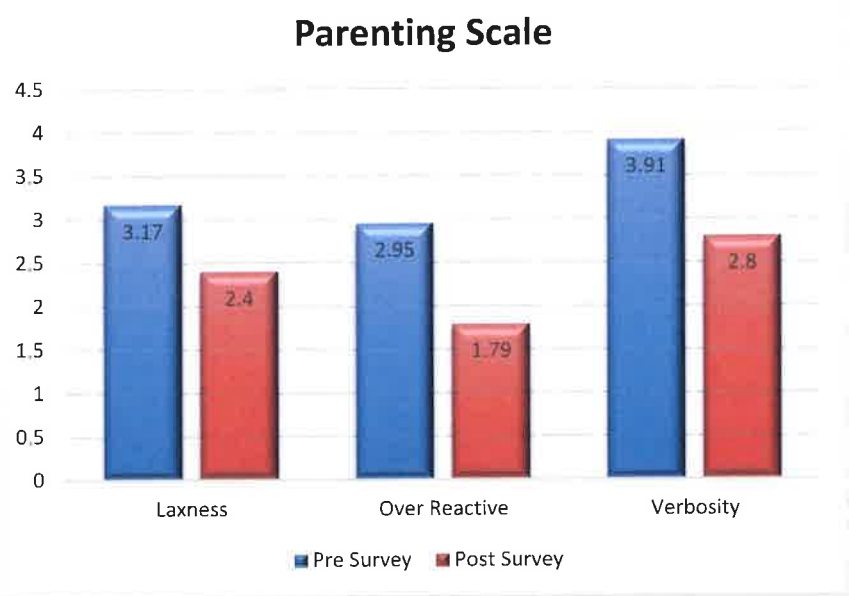
Additionally, the CAP Council provided parents with pre and post outcome tools to measure parenting skills. The Parenting Practices Interview (PPI) tool is for parents/legal guardians/caregivers with school-aged children. The Parenting Scale (PS) is for parents/legal guardians/caregivers with toddlers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

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



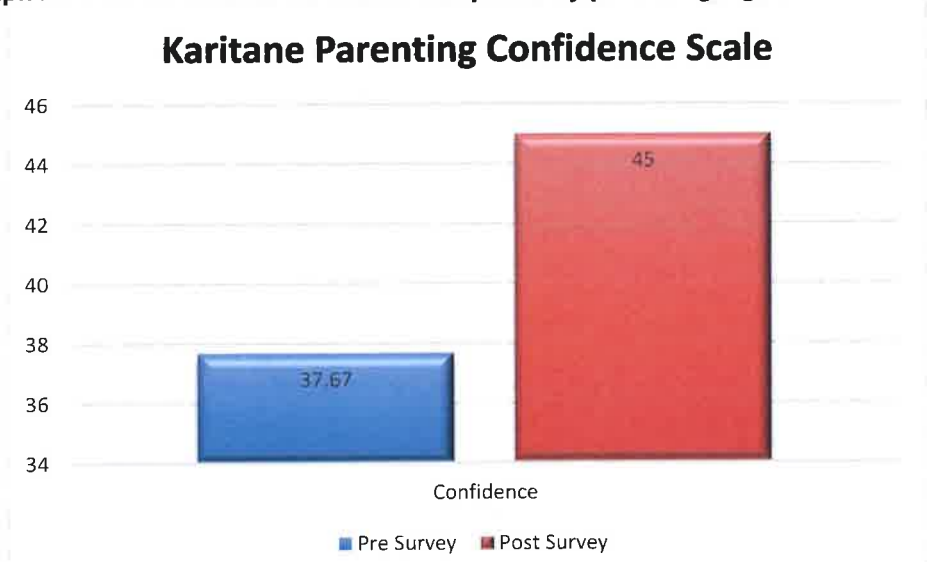
The PPI tool measures parenting practices which include hard discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring. A lower post-score compared to the pre scores demonstrate a reduction in *Harsh* and/or *Inconsistent Discipline*. A higher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

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



The PS tool is a 7-point scale. Low scores indicate good parenting and high scores indicate dysfunctional parenting. Based on Graph 5, all post scores are lower than the pre-scores, which indicate an increase in positive parenting skills.

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



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

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

"This parent class made me understand different ways to even know how to love them, care for them, praise them. Thank you so much for your support and teachings."

Mother

"Before starting this class I felt as if I was not interacting with my toddler as often as I should. When taking this class I would find myself spending more time and letting her be herself." ..."I have also learned that I am not the only one who goes through these similar situations. I loved doing this class because it help me understand that what my child does is normal and it is part of their development."

Mother

"I came to you in my darkness hours when my family was broken with a divorce couple with domestic violence, physical and sexual abuses against my children. My life was upside down and chaotic with so many agencies involved such as the police, the sheriff, the child protective services, the attorneys, and the court. Although the court gave me sole legal and sole physical custody of my children, and was struggling in raising my children. For example, initially when my ex-wife left me and my children, I didn't even know where to buy diapers and baby formula for my baby boy, and the problem got worse when I realized I totally lacked parenting skills."...."I enjoyed learning and being in your class. There were so many skills I've learned from your class."..."I once was lost, but now I am found. I love your teaching, and I love the CAP Council."

Father

Teach, Respect, Educate, Empower Self (TREES)

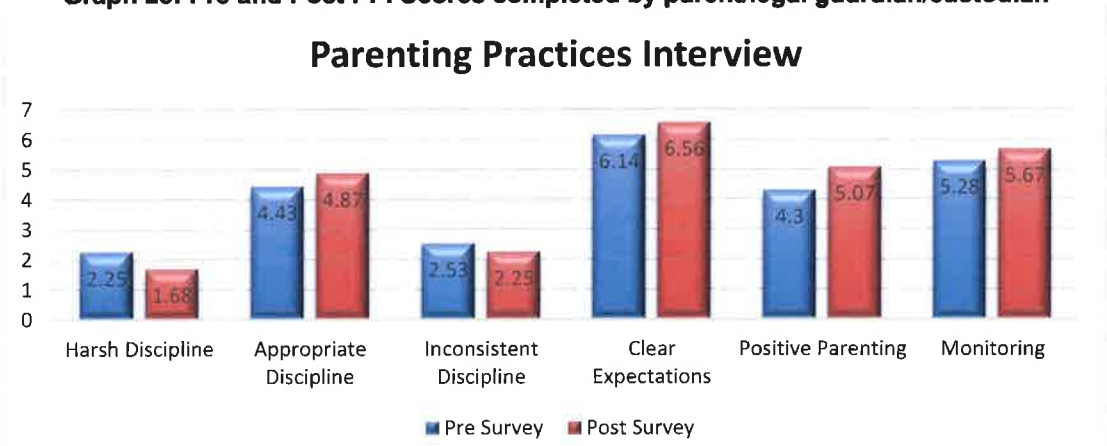
For FY 2018-2019, TREES conducted a total of 9 parenting groups. All groups were conducted in English, serving a total of 43 parents. TREES received 43 referrals to the Incredible Years parenting group. Below is the breakdown of the referrals:

Table 40: No. of Referrals for FY 2018-2019

Referee	No of Referrals
Self-Referral	27
Court Orders	13
Schools	3
Total	43

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

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



Based on the data obtained from the PPI tool given to parents/legal guardians/custodians before and after completion of the parenting groups, it can be determined that the IY curriculum has been effective. Graph 7 shows a decrease in scores in the areas of harsh discipline and inconsistent discipline and an improvement in the areas of appropriate discipline, clear expectations, and positive parenting.

Program Goals and Objectives for FY 2020-2021 through 2022-2023

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

Stigma and Discrimination Reduction Program

Program Description

PEI continues to utilize a universal strategy to reduce stigma and discrimination related to mental health. The program addresses the entire Imperial County community, focusing on reducing the negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or for seeking mental health services. The program also strives to increase the community's acceptance and equity for individuals with a mental illness and their families.

Stigma and discrimination reduction outreach activities include trainings and educational groups that are delivered to large and small groups to community agencies and to school staff. A number of PEI Program staff, including master level clinicians, Mental Health Rehabilitation Technicians (MHRTs), program supervisor, and the program manager, provide the trainings and/or educational groups. Additionally, ICBHS conducts a weekly radio show program "Let's Talk About It" and "Expresate" in Spanish. The radio uses the show for educational purposes on issues and topics that have significant Behavioral Health impacts. The show is broadcasted in English and Spanish on several stations in Imperial County and is made available on podcast, http://talks.kxoradio.com/.

Table 41: Radio Shows FY 2018-2019

Date	Topic	Guest
7/6/18	The National Alliance on Mental Illness Peer/Family Support Specialist Training	Sam Minsky, LMFT Dir. of Ed. NAMI San Diego
7/23/18	Exploring the Links Between Nutrition and Mental Health	Dalia Rodriguez, Owner Fitness Oasis Health Club
8/1/18	The Whole Brain Child: Revolutionary Strategies to Nurture Your Child's Developing Mind	Dr. Dan Siegel, Clinical Professor of Psychiatry at UCLA School of Medicine
8/6/18	Mindfulness	Ellen Langer, Ph.D., Social Psychologist Professor Harvard University
8/20/18	Coping Cat Therapy for Childhood Anxiety Disorders	Phillip C. Kendall, Ph.D. ABPP Professor of Psychology Temple University
9/24/18	Applied Suicide Intervention Skill Training (ASIST)	Sylvia Bazan, AMFT ICBHS Manager
10/1/18	Supporting the Behavioral Health Needs of the LGBTQ Community	Sofia Khalo, Imperial Valley LGBTQ Board Member Amanda Venuti, Volunteer Amanda Brooke Driscoll, Volunteer
10/8/18	Trauma-Informed Behavioral Health	Lynne Marsenich, LCSW
10/15/18	Real Play: How it Promotes Intellectual, Social and Emotional Development	Peter Gray, Ph.D. Emeritus Boston College
Date	**Topic**	**Guest**
10/29/18	LGBTQ Community Families	Luck Pecas Luckey Luckey Consulting
11/12/18	Differentiating Between Anxiety and Attention Deficit Disorder	Jessica Minahan, M.Ed. BCBA Special Educator
11/19/18	Madness: A Bipolar Life	Marya Hornbacher, Author, Professor and Journalist
12/24/18	Habits of the Mentally Strong	Amy Morin, LCSW, Author
1/14/19	National Alliance on Mental Illness: Family/Peer Supporter	A'Sheka Jordan, NAMI Program Manager
1/21/19	Little Flower Yoga for Kids	Jennifer Cohen Harper, MA Founder of Little Flower Yoga
3/4/19	Motivational Interviewing	Renee Sievert, RN, MFT Master Coach
3/18/19	NAMI – Working with Peers	Suzette Southfox, Education Director Ingrid Alvarez Ron, Faith-Based Program Associate
4/15/19	Moral Reconation Therapy	Brad Huffey, Ph.D., Pyschologist/Trainer
4/22/19	The Impact of Nutrients on Mental Health	Julia Rucklidge, Ph.D., University of Canterbury
4/29/19	First Step Next	Annemieke Golly, Ph.D. Consultant and Author
5/13/19	Trauma-Informed Behavioral Healthcare	Gabrielle Grant, MA, Director of the Ca. Center of Excellence of Trauma Informed Care
6/3/19	Our Healing Companions	Dr. Aubrey Fine, Professor CalPoly
6/10/19	Serenity Park: Healing Veterans and Parrots	Dr. Loin Lindner, Founder
6/17/19	The Effects that Nature Has on Mental Health	Daniel Cox, Ph.D

For FY 2018-2019 the Stigma and Discrimination Reduction Program staff provided 447 education groups and trainings to 1,490 school staff, parents and professionals in the

community, at a cost of approximately $155 per contact. This cost includes clinicians and MHRTs, supervisor and manager providing stigma and discrimination services. 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. The number of attendees and surveys were collected from small groups; however, it has not always been possible to obtain all the surveys and 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.

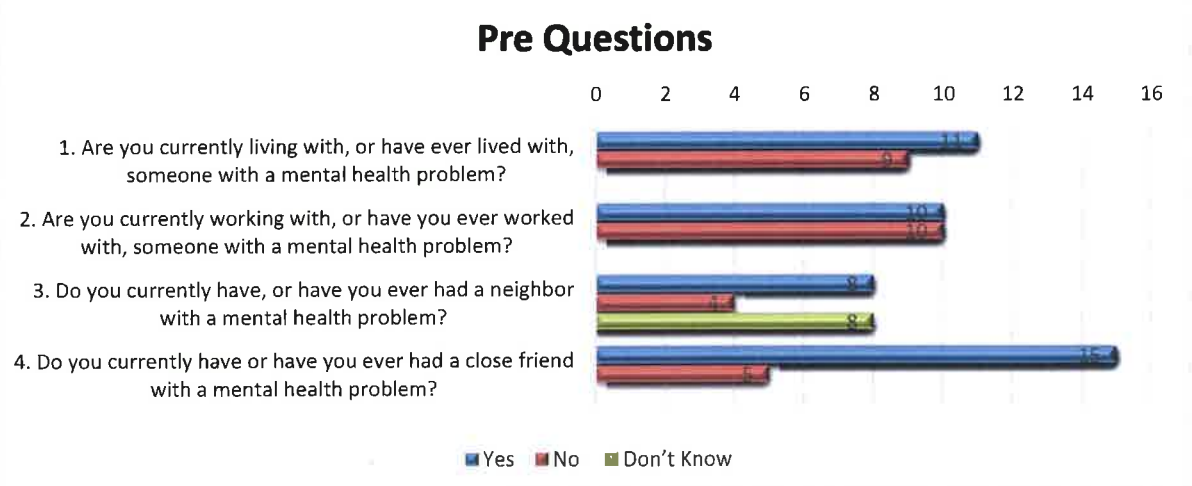
Table 42: No. of Presentations and No. Served FY 2018-2019

Program	Type of Presentation	No. of Presentations	No. Served
Stigma and Discrimination Reduction	Educational Groups	395	1418
	Trainings	52	72
	Totals	***447***	***1490***

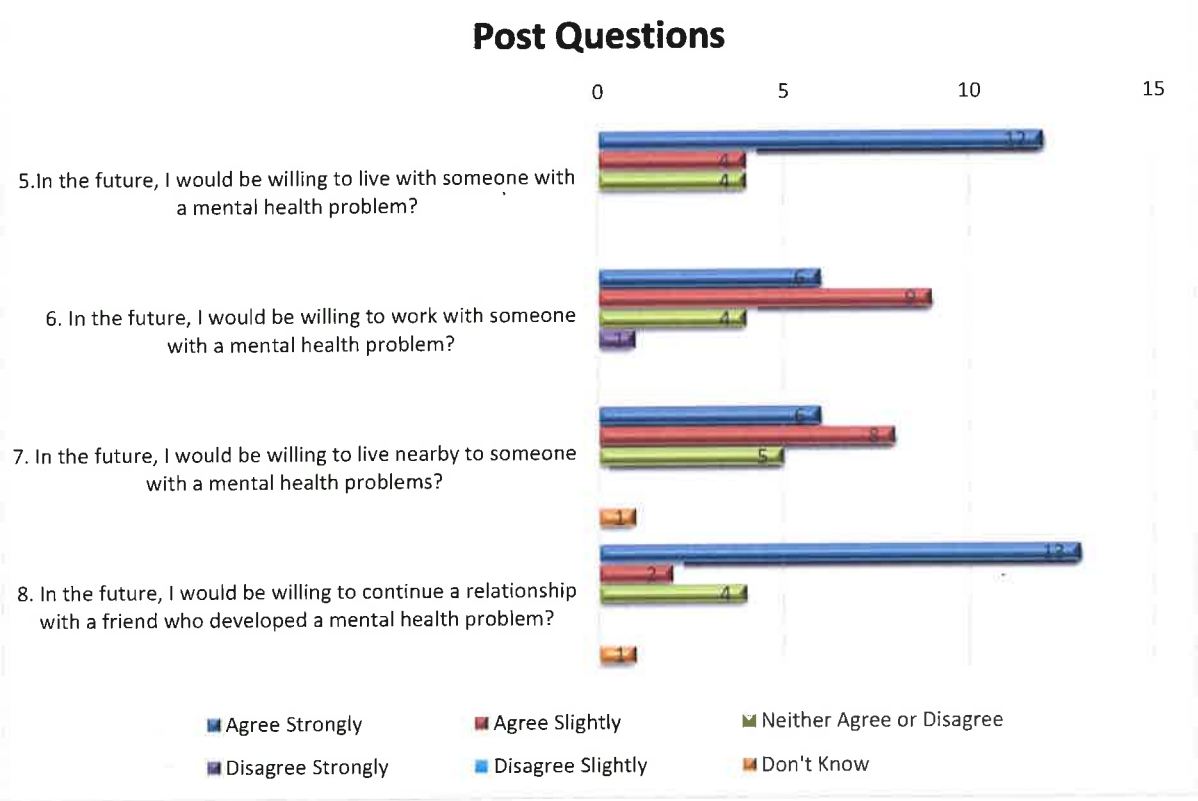
Achievement of Performance Outcomes

The Stigma and Discrimination Reduction program continues to work towards decreasing the stigma and discrimination that is associated with mental illness. School staff, parents and the community have become aware of the different types mental health disorders and have become familiar with services provided by ICBHS to meet the needs of individuals and their families who are affected by mental illness. Community agencies and schools have also assisted PEI staff by making their facilities available for educational groups and trainings on various mental health topics to ensure community members/general public have access to appropriate mental health services. PEI staff provided a stigma survey; the Reported and Intended Behavior Scale (RIBS) to attendees prior and after the education group or training. The survey asked the attendees about their experiences and views in relation to people who have a mental health illness. For FY 18/19, 20 surveys in English were collected. Attendees were asked to answer 4 pre-questions before the training or education group. After the training or education group, individuals were asked to answer 4 post-statements. Below are the results of the Pre and Post Stigma surveys.

Graph 29: Pre RIBS Scores



Graph 30: Post RIBS Scores



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, in Graph 8, asks attendees before participating in the training 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 in Graph 9, also indicates significant change in individuals' considerations related to working or having a relationship with individuals with a mental health problem.

A continued challenge encountered during last FY 2018-2019 was gathering and inputting the reporting data required for PEI due to staff shortage. It is hoped that for FY 2019-2020 to hire an Analyst position who can assist in gathering all the PEI required demographic data to develop output and outcome reports on a quarterly basis. Another challenge that is foreseen for FY 2019-2020 would be the continued reduction of Stigma and Discrimination activities, due to the challenges of being fully staffed and the need to prioritize the provision of direct client services based on the continued referrals received for the TF-CBT and FSS programs.

Program Goals and Objectives for FY 2020-2021 through 2022-2023

1. Provide stigma and discrimination reduction activities through trainings and education by providing information and presentations to the community at large in order to further decrease the stigma and discrimination related to a mental health illness.
2. Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting.
3. As of FY 2019-2020 the Stigma and Discrimination program will start using the Measurement, Outcomes and Quality Assessment (MOQA) Stigma survey developed by California Institute of Behavioral Health Solutions during outreach activities.
4. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Prevention Program for Students in Foster Care: RISING STARS (RS) IVROP

Background

Imperial County Behavioral Health Services (ICBHS) has taken steps to engage stakeholders, community and family members in the Community Program Planning Process (CPPP) by involving them throughout the planning and implementation of all of the MHSA programs. In an effort to have stakeholders and community/family members participate in the CPPP, ICBHS holds quarterly MHSA Steering Committee meetings. Stakeholders who regularly attend these meetings include ICBHS beneficiaries, family members, as well as members of the community, nonprofit agencies and local government agencies such as Probation, Sheriff, Social Services, Education, County CEO, Area Agency on Aging, and San Diego Regional Center. During the MHSA Steering Committee meetings, stakeholders and community/family members have the opportunity to participate, by asking questions, provide feedback and recommendations on ICBHS' MHSA programs. Additionally, family members are considered vital to process and the success of all MHSA programs.

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 of foster care students and the lack of supportive services available in Imperial County. Additionally former foster care students gave testimonials on their experiences in being in the child welfare system and the hardships they encountered. Stakeholders present during the MHSA meeting acknowledged their hardships.

On February 18, 2020, during the monthly Imperial County Mental Health Board meeting public comment period, Luis Torres, stakeholder representing IVROP and former foster students gave a brief presentation on the challenges faced by foster care youth related to their exposure to trauma, placement changes, and lack of consistency of adults and support systems in their lives. The Chairman of the Mental Health Board requested to add to next month's meeting agenda for discussion the topic of services to foster care children and youth.

On March 16, 2020, during the MHSA Steering Committee comment period, Luis Torres, stakeholder representing IVROP provided a brief presentation on foster care youth. The manager of the Prevention and Early Intervention (PEI) programs informed the stakeholders and family/community members present of IVROP's proposal was consistent with the goals of the PEI program, as the recommended program would provide prevention services to children and youth in the foster care system. Stakeholders and family/community members present during the meeting did not object and were in favor of implementing services for youth in foster care under the PEI Program. It was agreed that a final proposal would be presented to stakeholders during a special MHSA Steering Committee meeting to give family/community members and stakeholders an opportunity to get involved and provide feedback.

On April 14, 2020, a written program proposal and funding request from IVROP was received. After review of the proposal it was determined that this would be submitted as a new Prevention Program as it meets the priorities as established by the Mental Health Services Oversight and Accountability Commission (MHSOAC) which includes:

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

Introduction

Imperial County Behavioral Health Services (ICBHS) will enter into a contract with the Imperial Valley Regional Occupational Program (IVROP) to implement a new Prevention Program under the Prevention and Early Intervention (PEI) component. This new program will target foster youth ages 5 to 18. IVROP will be implementing Rising Stars (RS), a prevention program that will provide services to at least 225 school-aged students (K-12) who are identified as current foster children/youth enrolled in local school districts. IVROP has over ten years of experience collaborating with ICBHS to provide preventive and supportive services to Imperial County youth. IVROP staff has established an effective and collaborative partnership with various ICBHS programs during this time. IVROP management staff also has twenty years of experience working with children/youth in the Child Welfare System (CWS) and helping vulnerable students reach their goals. IVROP has gained the knowledge and experience of the unique needs of students in the foster care system. Moreover, this knowledge and experience has led to the development of numerous community and academic partnerships that advocate for the improvement of outcomes for foster care students. IVROP has successfully worked with local school districts for over thirty (30) years which has led to strong working relationships that have supported local students. The collaboration with ICBHS, CWS and local school districts will facilitate the primary goals of providing preventive services to foster care students. IVROP is the local expert on student empowerment, foster student services, trauma informed services, and vulnerable students resulting in greater student engagement and greater student outcomes. IVROP has successfully coordinated numerous programs that have supported students in foster care, helping administer them for different agencies and school districts.

The number of children/youth in foster care has increased steadily for the past five years nationwide and in Imperial County. In 2018, the United States reported approximately 690,000 children/youth spend time in foster care and over 440,000 of them remained in the child welfare system. Children/youth in foster care experience numerous adverse experiences that can have a negative impact such as childhood trauma, separation from their parents, siblings, low self-esteem, placement instability and lack of mentoring services. There is a growing body of research that has explored the negative outcomes that foster care students experience such as higher likelihood of mental health illness, involvement with criminal justice system, poor academic performance and increased risk of experiencing homelessness. The average age of a child that enters foster care is 8 and over 75% of foster children/youth are under the age of 15. Prevention services are required to help enhance their wellness, protective factors, resilience and self-esteem during this vulnerable period. This prevention approach will help foster care students overcome potential barriers, achieve their goals, and reduce the risk factors for developing mental health illness.

The Rising Stars (RS) program will collaborate with ICBHS staff, CWS staff, staff from the local school districts and other community stakeholders to help foster care students overcome the

impact of trauma. The RS program has an expected start date of July 1, 2020 and operate through June 30, 2023. The goal of this Prevention program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster students. RS staff will provide preventive services such as social emotional learning activities, leadership development, self-esteem enhancement, Developmental Assets workshops, team-building activities, mentoring, academic enhancement, enrichment activities, educational field trips, college-prep workshops, study skills workshops, and Science, Technology, Engineering, Arts and Math (STEAM) workshops. All of the strategies utilized by RS will be culturally competent and linguistically appropriate for the targeted population.

Targeted Population

The RS program will support at least 225 students who are identified as current foster care students, ages 5 to 18, by CWS or the local educational agencies (LEA). Foster care students commonly experience childhood trauma and Adverse Childhood Experiences (ACEs) during a vulnerable period in their life. In a recent report by the Center for Disease Control and Prevention, "*Preventing Adverse Childhood Experiences*", examples of ACEs were described as follows: experiencing abuse or neglect, growing up in household with substance abuse, suicide within the family, witnessing violence within the home, mental illness within the family or having an incarcerated parent. The Department of Health and Human Services reported in 2018 that abuse, neglect and drug abuse accounted for the majority of circumstances that were associated with the removal of the child from their biological family. Foster care students commonly experience various forms of ACEs which increases the likelihood of negative outcomes throughout their childhood and as adults. Foster care students who have experienced childhood trauma and ACEs are at risk of developing depression, high anxiety, post-traumatic stress disorder, substance use disorders and/or other mental health disorders.

The Problem

Adverse experiences are compounded for foster care students by other factors that can have a negative impact such as frequent separations from family members, housing instability, child custody issues, lack of sibling visits and living in poverty. These experiences can lead to impaired cognitive skills, behavioral problems, and lack of coping skills. Studies have shown that the higher the exposure to childhood trauma and adverse experiences, the higher the rates of mental health disabilities, physical illness or criminal behavior. These negative experiences and toxic stress can have a long-term impact on students in foster care. Students in foster care can frequently experience adverse experiences throughout their childhood and adolescence, which can have a negative long-term impact on their adult outcomes. These students also demonstrate lower levels of internal and external Developmental Assets, which impacts their resiliency, and a lack of healthy building blocks. Nurturing relationships and nurturing environments will help enhance their protective factors to achieve positive outcomes.

Students in the foster care system can have a history of experiencing complex trauma or poly-victimization early in their life and this can have an impact in their mental health. Complex trauma is defined as multiple or prolonged interpersonal traumatic experiences that are perpetrated by a relative or caregiver during their childhood. Complex trauma can also lead to behavior difficulties, social isolation, mental health problems, and risky behavior. Data from the National Child Traumatic Stress Network indicates that individuals with complex trauma

histories have a higher rate of developing symptoms of mental health illness when compared to survivors of other forms of trauma. Complex trauma can create short-term and long-term mental health challenges for students in foster care. In addition, trauma has been found to have a negative impact on the educational outcomes and post-secondary success of youth who aged out of the foster care system. However, preventive strategies such as strength-based approach and the development of social-emotional functioning can improve on the mental health outcomes of students in the foster care system. RS staff will screen and monitor for trauma or mental health risk factors and refer to ICBHS programs for additional services if necessary.

Foster care students experience numerous hardships since being removed from their home and family due to cases of abuse or neglect. They must also endure the stress of being separated from their siblings and other relatives once they are removed from their home. Foster care students display much higher rates of school mobility than other students. The average foster care student will experience over three changes in home placement and typically they will transfer to other schools in the process. Every time a student needs to move to a different school district they must adapt to new teachers, counselors, students, guardians and sometimes even social workers. Due to these and other related factors foster care students are more likely to encounter obstacles that can impact their academic performance. These adverse experiences can lead some foster care students to adopt risky behavior that can worsen their barriers. One-quarter of former foster youth will be involved in the justice system within two years of leaving foster care, and a staggering 90% of students who have experienced five or more foster care placements will enter the justice system. Moreover, the combination of placement and school instability has been found as having a negative impact on the internalizing and externalizing behavior of students in foster care. Providing supportive case management and mentoring services will help our students overcome their lack of placement stability.

Foster care students who are placed in group homes or residential care facilities are likely to have restrictive living environment. They lack individualized services which can lead to high risky behavior. Foster care students living in residential care are often separated from their siblings even though child protective services recognize the importance of these relationships. Numerous studies have shown that sibling separation can have a negative impact on behavior problems, academic performance, and connection with caregivers. Restrictive environments such as this can evoke feelings of anger, resentment, isolation and stigmatization through their perspective. Foster care students in group homes are 2.5 times more likely to participate in juvenile delinquency than students living in foster homes. Facilities with older youth can create an environment where offending behavior take place. In addition, this type of environment along with separation from siblings and friends can lead for group home residents to adopt runaway behavior which can increase the exposure to criminal activity, drugs and alcohol, and sexual victimization. Studies have shown that as many as 46% of 17-year-old foster youth had run away at least once while in a group homes or residential care facilities. RS staff will enhance the socials emotional learning competencies, social skills, and resilience of students to help them make positive decisions when dealing with adversity.

Foster care students are at higher risk of developing mental health problems due to their childhood trauma, placement stability and other adverse experiences. Students in foster care have an increased likelihood of developing symptoms of posttraumatic stress disorder (PTSD),

depression, anxiety and other forms of mental health illness. Research has found that between 50% to 75% of foster care students develop behavioral difficulties that require mental health services. The rate of mental health problems increases for students placed in group homes or residential care. However, students in foster care commonly avoid mental health services while in the foster care system. Various studies found that less than half of students in foster care who are diagnosed with a mental health need, will access services from providers. Latino and African American students in the foster care system are even less likely to utilize mental health services. Furthermore, youth who have aged out foster care system are less likely to access services. Students in foster care can have reservations about receiving mental health services due to the negative view or stigma of mental illness. It is essential to provide preventive services in a timely manner such as mentoring and social emotional learning activities to avoid the development of problematic behavior. Recommended practices have explored the beneficial impact of preventive services and a strength-based approach to students in foster care.

Foster care students can grow up in an environment that is lacking in positive role models and adults who can offer support and guidance, as they are aging out of the child welfare system. This experience can have a negative impact on their aspirations for higher education and awareness of career options in their community. As a result, foster care students display among the poorest educational outcomes due to the impact of ACEs, home instability, separation from family or siblings and lack of prevention services. Foster care students display poorer lower academic achievement as compared to non-foster students such as high rate of school absenteeism, higher rates of grade retention, higher likelihood of learning disabilities, low basic skills proficiency, high drop-out rates, and low graduation rates. Only 50% of youth in the foster care system will obtain a high school degree or General Educational Development (GED). Preventive services such as mentoring, basic skills enhancement, self-esteem enhancement, will help students in foster care reach their educational goals.

There is an increase of stress and anxiety for transition age youth in foster care. Youth in foster care age out of the child welfare system between the ages of 18-21 and are expected to be independent, self-reliant and contributing members of society. The financial demands of independence and lack of support can create additional barriers for youth who have aged out of foster care. As many as fifty percent of former foster care youth are unemployed because they are undereducated and lack the safety net of support. Former foster youth are disproportionately represented in low-income households and are likely to experience extreme poverty as adults. It is estimated that less than 10% of youth who age out of the foster care system will complete their postsecondary education. It is essential to provide the appropriate mentoring services, academic support, college preparation activities and preventive services to help transition age youth in foster care overcome their potential long-term obstacles. RS staff will link transition age youth with supportive programs that will help them as they exit the foster care system such as ICBHS programs and/or mental health services at local colleges.

Program Description: Rising Starts (RS)

RS staff will collaborate closely with CWS staff, ICBHS staff and local school district staff to provide prevention services to students who are in the foster care system. Students in foster care regularly fall through the cracks of the educational system and do not receive preventive services in a timely manner. The most common reason is that the school district fails to receive referral information from the guardian or the child welfare worker. This barrier is compounded by

the lack of school stability and students in foster care commonly being moved to a different school in the middle of the year. RS staff will establish a referral procedure with CWS and school district staff to facilitate early identification of foster care students enrolled in the local school districts in order to provide prevention services. RS staff will develop monthly eligible foster care student reports to track school enrollment and home placement status. RS staff will compare student reports with school counselors and school district foster care liaisons to ensure that all eligible foster care students are identified in a timely manner. This process will help RS staff to ensure that the participating foster care students are accessing the preventive and supportive services in their school. Moreover, RS staff will screen and monitor all participating foster care students for trauma or risk factors for mental illness and will intervene or make referrals to early intervention, or treatment programs as needed. It is essential to provide preventive services to foster care students who are a higher risk of developing mental health illness and other negative outcomes.

RS staff intends to implement the following seven strategies with foster care students attending the partnering school districts throughout Imperial County. The RS program will provide a broad variety of in-school, after-school workshops, weekend and summer activities depending on the age of the student. The number of weekly activities will also depend on the number of students in foster care attending local schools at the time of program recruitment in the Summer and Fall. Most of the students in foster care currently attend the schools within the Brawley Elementary School District, El Centro Elementary School District, Central Union School District, Imperial School District and Calexico Unified School District. Students in foster care who live in outlying cities will be offered transportation assistance if necessary so they can attend program activities, events or workshops.

Preventive services have been found to improve the well-being, protective factors, social skills, academic performance and behavior outcomes for students in foster care. Empowering and supportive services will help foster care students overcome potential barriers to reach their personal and academic goals. RS staff will provide the necessary year-round preventive services and guidance that students in foster care require to reach their full potential. The preventive and proactive approach offered by RS staff will enhance the strengths, hope, and resilience of foster care students exposed to trauma. RS staff will provide follow-up services throughout the year to help them overcome potential barriers. Furthermore, the RS staff will help the participating foster care students overcome additional obstacles they may encounter throughout the year. RS staff will implement seven (7) strategies based on various recommended practices and designed to meet the unique needs of students in foster care. The strategies utilized by RS emphasize the principles of trauma-informed care and therefore are culturally competent and linguistically appropriate for students in foster care.

Strategy One: Hope Theory

RS staff will utilize the "Hope Theory" developed by the Alliance of HOPE International approach to develop year-long Camp Hope activities that will enhance the social skills, self-esteem and academic skills of students who have experienced ACEs. RS students will participate in this component during the Summer and early Fall quarter to enhance their sense of hope before the start of the academic year. Some of the activities using the Hope Theory include art projects, STEAM workshops, ropes course activities, character trait awards and hope circles. The location of these activities will vary and depend on the availability of facilities within

the school, the number of RS students, and the transportation resources for the foster care students. These activities will take place within the local school district classrooms, community facilities, ropes course facilities and local college or university campus. This strategy will provide leadership and asset development, self-esteem enhancement, field trips, enrichment activities, and team-building activities for foster care students. This component will be enhanced by the strength-based and collaborative approach offered by RS Development Specialists (DS) and Youth Advocates (YA). The DS and YA will be trained by the Program Manager who has extensive experience in trauma-informed practices, strength-based strategies, leadership enhancement activities, supervising academic enhancement workshops and coordinating programs for students in foster care. Furthermore, the RS Program Manager has been trained in Hope Theory and previously coordinated Camp Hope programs.

The preventive services provided by this program will enhance the sense of hope of the students in foster care. RS staff will provide the necessary guidance to enhance the resiliency and sense of hope in the participating foster care students. Students with higher sense of hope can increase their resiliency. Examples of hope-enhancing activities include the ropes course which can also improve on other essential skills such as leadership, teambuilding, and communication. Other recreational activities that will enhance their sense of hope and self-esteem include canoeing, zip line, rock climbing and hiking. The ropes course activities will take place in Julian, CA or San Diego, CA which have access to the necessary facilities and highly experienced staff to help lead these activities. RS staff will provide encouragement and affirmation to create a supportive and hopeful environment. Students will get to reflect on the teambuilding and leadership activities during the Hope circles. These group circles will also enhance the student's communication skills and connectedness with their peers. Moreover, students will also receive character trait awards during the Hope circles from RS staff or other students. Students will receive these awards for participating in these recreational activities and demonstrating traits such as kindness, adventurous, friendly, courage, positivity, confidence or persistence.

Foster care students will also participate in workshops that cover art, music, and other enrichment activities. These enrichment activities will improve the creativity, problem solving skills, self-esteem, sense of hope and technical skills of foster care students. Arts and crafts are utilized as a form of expression as well as a resource for overcoming trauma. The use of art activities is therapeutic and can help mitigate the effects of ACEs and enhance protective factors. Additionally, studies show that integrating arts into education increase early brain development and facilitates learning, as well as increases engagement and enjoyment. The goal of these activities is to enhance their sense of hope and resilience. Resilience has been found to improve the academic and personal outcomes of foster care students who experienced trauma. Additionally, students with a higher sense of hope are less likely to develop behavior problems, depression, anxiety, and psychological distress.

In addition, the workshops will also provide workshops in STEAM during the Winter quarter of the school year. Students will attend STEAM workshops at least once a week and will vary depending on their availability. Instructors with experience in this field will be hired to develop and coordinate engaging STEAM workshops. Programs that teach STEAM curriculum have been found to have a positive impact on academic outcomes such as improvement in basic skills, study skills, and social skills. Students in foster care may live in communities where poverty is common, and this can limit their exposure to computers and/or related technology. This experience also has a negative impact in their computer skills and exposure to STEAM

related careers. The computer workshops will provide skills that will improve their study skills and academic performance. In addition, the students will be exposed to activities and events in STEAM that will enhance their creativity and problem-solving skills and increase their sense of Hope. Exposure to engaging presentations related to STEAM will also motivate the participating foster care students to improve their performance in their math and science courses. Curriculum will be sourced from TeachEngineering.com, local STEAM instructors and local programs such as M.E.S.A. (Math Engineering Science Achievement). STEAM activities include the IVROP's Mobile Career Exploration Lab, which features computer activities focusing on healthcare, robotics, and roleplay simulations of a lab/clinic environment, using real medical equipment such as blood pressure monitors, stethoscopes, etc. RS will incorporate the Regional Mobile Career Exploration Project that supports school aged students with early outreach, real-world career exploration, and work-based learning experiences on the targeted pathways of healthcare and STEAM.

Additional STEAM workshop curriculum will include general age-appropriate computer literacy that will benefit targeted students in foster care who commonly do not have regular access to computers or Internet. The ability to navigate resources such as job websites, email, and other basic computer and Internet usage are skills that are indisputably necessary in today's high-tech world. These workshops will help all students reach achievement benchmarks, as age-appropriate, in overall digital fluency and critical judgment. Participating foster care students will learn to utilize programs such as Google Docs, Microsoft Word, Microsoft Excel, videoconferencing programs, Kahn Academy, Google Scholar and other essential software. Students will acquire beneficial computer skills that will improve their short-term and long-term educational outcomes. RS staff will utilize engaging and interactive activities to maximize the impact of the STEAM activities.

Strategy Two: Developmental Assets

RS staff will also assist foster care students with exploring their strengths or developmental assets (DA) that will enable them to overcome potential barriers. The DA component to this program will take place during the Fall quarter of the program. The RS Development Specialists will utilize the DA curriculum developed by the Search Institute and provide DA workshops at least once per week depending on the availability of the students. These activities will take place within school facilities for the in-school activities and after-school workshops. School facilities include classrooms within the facilities of the different school districts in Imperial County. DAs have been found to help build the protective factors of healthy development and help foster care students grow up healthy, caring and responsible. The curriculum emphasizes a strength-based approach to explore the assets and positive relationships within the environment of the participating foster care students. Several of the most impactful development assets a child can possess include family support, positive family communication, caring neighborhood, parent involvement in schooling, neighborhood boundaries, adult role models, personal power, and a positive view of their personal future. Students in foster care rarely possess DAs such as self-esteem, bonding to school, school engagement, resistance skills, and interpersonal competence. Identifying areas in deficiency for students in foster care will help guide interventions to aid them.

The DAs were created to assess the student development on non-academic, intangible indices such as family support, positive family communication, caring school climate, and parent involvement in schooling. RS staff will develop numerous activities that will strengthen the connection of foster care students with their school, community, family and siblings placed in foster care. These activities will enhance the DAs for all participating students and guide students in awareness exercises of their own assets as well as resources available to them in their community. RS staff will provide quarterly parent workshops for the biological parents, guardians, relatives and/or caregivers of the participating foster care students to share the goals of the program, available supportive services, upcoming activities/field trips, and beneficial community services. RS staff will also help the students improve their academic outcomes and pursue personal interests. In addition, the parents, guardians and/or caregivers will learn of the numerous benefits of encouraging consistent school attendance and the benefits of participating in extracurricular activities. It is crucial for vulnerable students to receive encouragement by the caregiver to achieve academic success.

RS staff will provide services and activities that will improve their autonomy, sense of purpose, connectedness to their environment and social competence. This is essential in helping foster care students respond effectively to adversity and make the appropriate decisions. These activities will also improve the pro-social skills and sense of belonging in their community. Many of the students placed in foster care are separated from their siblings due to the housing limitations of their foster home placement. This experience can retraumatize the child and disrupt their social connections by removing them from their community. Studies have shown that foster care students who live with their siblings develop better relationships with their foster family, perform better academically and display less problematic behavior. RS staff will offer quarterly events throughout the year to help unite siblings in the foster care system who are placed in separate homes. RS will partner with other agencies and community stakeholders to develop events designed to enhance the relationship between siblings. The practice of strengthening the sibling connection and support of foster care students has demonstrated to increase their resilience and help them overcome adversity. A sense of belonging in their community will decrease the risky behavior of students in foster care. The positive social skills will improve their behavior with their peers, in classroom settings, with their reunified family, in their foster home, and with school staff.

Connectedness is the process of creating active bonds of genuine interest and investment in a child's well-being. This the groundwork upon which everything else is built and is all the more vital for students who may not have an ideal parent-family situation to provide connectedness at home. RS staff will encourage foster care students to enroll in recreational programs, college-prep programs, career exploration programs, STEM programs, and job readiness/work experience programs. Students will also be encouraged to participate in extracurricular activities such as school athletics, after-school clubs or special-interest groups when school is in session or after-school. Participation in recreational and extracurricular activities will enhance their connectedness with their school, community and peers. RS staff will help the participating foster care students explore a variety of recreational and extracurricular activities that match their hobbies or interests.

Strategy Three: Social Emotional Learning (SEL)

RS staff will integrate the framework of *Social Emotional Learning (SEL)* to promote positive development and reduce potential risk factors associated with childhood trauma. The SEL workshops will take place within the classroom or facilities of the partnering elementary schools, middle schools and high schools. The Development Specialist will coordinate SEL workshops for foster care students at least once per week during the Fall. The development of SEL competencies include managing emotions, improved social skills, setting and reaching positive goals, maintaining relationships, appreciating the views of others, making responsible decisions, and responding to interpersonal situations constructively. Research has found that enhancing the social and emotional skills of students will improve their behavior, enhance their feeling of safety at school, improve feelings towards their education, and enhance their academic outcomes. Furthermore, these skills will have positive long-term impact in their workplace and help them become productive and successful adults. Combining SEL development with DAs will help create a safe and nurturing environment and explore the strengths of students in foster care.

SEL activities and workshops are an excellent preventive approach to enhance the self-esteem, well-being, social skills, and sense of hope of students. Social emotional competencies will influence how we manage our emotions, develop healthy relationships, navigate environments, and the development of our identity. Healthy social-emotional functioning is essential to help foster care students excel academically and enhance their well-being. The educational agency, Transforming Education, identified strategies to help integrate SEL into classroom activities which include developing conductive environments, establishing strong relationships, thoughtful modeling, practice opportunities, and teachable moments. It is recommended for this framework to be utilized with students in the elementary level, middle school and high school level.

SEL activities will also be integrated in STEAM workshops throughout the academic year. STEAM activities are well-suited to teach emotion-related skills and social skills that will enhance the educational outcomes of the students. STEAM group activities have the potential to develop heightened emotional energy that will enhance the complex problem-solving skills of students. The peer interaction and collaboration with students from different sociocultural backgrounds will enhance the social skills of students in foster care. The improved peer and school connectedness will enhance the self-esteem of participating students. Furthermore, these assets have been identified as preventive factors that help students avoid adolescent depression and other problematic behaviors.

Students are exposed on a daily basis to gang activity, drugs, and bullying. To effectively address these problems, foster care students need to acquire the necessary social skills to resist peer pressure and other negative influences. Social skills workshops will be provided to eligible foster care students to assist them by providing information on available services that will facilitate their success in life. Students will also learn social skills that will improve their decision-making process in relationship to drugs, peer pressure, bullying and life decisions. RS staff will follow up the topics covered in these activities on an individual basis with RS students. This component will improve the resilience of the foster care students that will have a positive impact in their short-term and long-term decisions.

Strategy Four: Mentoring

Staff and community partners will provide a network of supportive individuals that will help motivate the participating foster care students during a vulnerable period in their lives. Mentoring services and supportive relationships have been found to be an effective method for foster care students to overcome the impact of childhood trauma. The RS Development Specialist will coordinate the mentoring activities on a bi-weekly basis during the Spring quarter of this program. These activities will take place within the local school districts, local college campuses, and partners from the local business community for the career mentoring. A positive social support system is essential to enhance their sense of self-esteem and feeling of safety in the community. The supportive social network will help foster care students by providing higher expectations, showing support, and providing opportunities to participate in social or academic environments. Moreover, the sustained supportive and caring environment will enhance the resilience of the participating foster care students. Mentoring services or caring adults have been identified as an effective preventive strategy that will help students in foster care reach their potential and enhance their well-being.

Foster care students often lack social capital from mentors, role models, a support network and/or supportive adults. Social capital refers to the student's access to social or professional connections that provide guidance and direction to community or education resources. It is essential to link participating foster care students with community agencies and academic programs that provide guidance to improve outcomes in the areas of education and their well-being. The participating foster care students will be able to establish connections with community members through field trips, presentations and classroom activities. The improved social capital or support network will also enhance the social skills and resilience of participating foster care students. Positive social skills are essential for foster care students to excel in their personal and educational environments. Many young adults who aged out of foster care have identified the moment where they perceived they reached a 'turning point' for positive change: when they experienced a chance to display and assert true autonomy and make informed choices for their future, often with the assistance of a mentor or "turnaround person". Ultimately this will enable high school students and transition age youth to work towards self-sufficiency by instilling confidence and connection to their community.

The impact of childhood trauma can have varying effects on foster care students at the three different stages of education: elementary, middle school, and high school. The Substance Abuse and Mental Health Services Administration (SAMHSA) identified various symptoms that students might experience depending on their age. These include anxiety, changes in behavior, engaging in risky behavior, changes in school performance and feeling depressed. This experience is compounded by the stress of transitioning to middle school, high school or adulthood. It is essential to link students in foster care to positive mentoring, guidance and caring adults during these stressful periods of life. RS staff will mentor and link students to a supportive network of peers and caring adults. These activities and support network will be beneficial for students who are transitioning to middle school, high school or post-secondary education. To improve transition age youth's education outcomes and personal behavior they will be linked with mental health services provided at the college they will attend.

Students in the high school level will be linked with professional mentors that will help them learn about different pathways and enhance their knowledge of careers of their interest. The DS will recruit local professionals and members of the business community to provide mentoring activities and guidance to RS students. Career mentors will further enhance the social capital of foster care students and provide additional guidance during a vulnerable period. All students will be given a vocational assessment to determine their aptitude and propensity toward a career. Students will have the opportunity to participate in individual career mentoring or group mentoring activities. Aside from being a positive role model for participating foster care students, the professional mentor will help cultivate essential career skills that will benefit them when they join the world of work. The participating foster care students will visit the career mentors at their workplace or educational institution and learn as much as possible about that specific career. The professional mentors will help answer any questions that the student might have about the career. The mentors will help the student develop an academic and career pathway in the process. This experience will benefit the student in the future by helping them establish professional relationships in their career of interest. These relationships are essential to help guide high school students and transition age youth during their postsecondary education. Career mentoring activities will also expose participating students to a variety of non-traditional careers that will help expand their post-secondary opportunities.

Strategy Five: Academic Support

RS staff will offer workshops and activities for participating foster care students to enhance their academic skills, study skills and communication skills. The program Development Specialist will offer workshops and activities during the Winter quarter that will enhance the study skills of the participating foster care students. These basic skills workshops will be offered once a week within the school facilities of the partnering school districts. Summer basic skills enhancement courses will be developed and taught by academic instructors who emphasize an engaging and interactive approach. The summer courses will be three to five weeks in length and offered within the school district facilities and Imperial Valley College classrooms. The location and length of the activities will depend on the availability of the students and the size of the group. RS staff will utilize a hopeful and strength-based approach to motivate the participating foster care students to establish improved academic outcomes. The positive and hopeful environment will motivate the young students to pursue these goals and to improve their academic performance. Students who are in the foster care system commonly lack the necessary academic skills and tools to achieve their academic goals. It is necessary to provide effective instruction during their childhood, so they acquire the necessary study skills to excel academically. Examples of study skills that have short-term and long-term benefits include time management, test preparation, online research skills, and note-taking techniques.

The academic development component of this program will be supported by the tutoring services provided to the participating foster care students. This approach will allow RS staff to provide basic skills enhancement activities and study skills to help improve the academic outcomes of the students. RS staff will recruit college student volunteers to enhance the tutoring component and establish academic support centers for participating foster care students. If necessary, the tutors will provide individual tutoring services to help students reach their educational goals. The tutors will meet with the students once to twice per week depending on the availability of the foster care student. RS tutors will be trained to meet the individual needs

of participating foster care students. Furthermore, RS tutors will be trained in trauma-informed practices to help meet the unique needs of the participating students. The tutors will also serve as mentors and role models during the tutoring support. The tutors will provide additional guidance and mentoring services to help motivate the foster care students and adolescents overcome potential obstacles during the school year. Foster care students lack role models during their childhood that will have a positive impact in their personal and academic outcomes. The exposure to tutors and other supportive staff who are current college students or have completed their postsecondary education will provide positive motivation to the participating foster care students. RS staff will offer year-round guidance to ensure they are receiving the appropriate academic support.

Enrichment and academic activities will be offered throughout the summer to enhance the basic skills of the RS students. Summer programs are impactful and necessary to provide engaging educational activities during that time. Students in foster care often fall behind academically than their non-foster student peers due to their childhood trauma, higher rate of absenteeism, changes in foster placement and school instability. Classroom instruction will address reading, writing, science and math skills through engaging and interactive activities. These courses will provide additional basic skills enhancement activities that will improve their academic performance during the school year. These courses will provide basic skills enhancement and enrichment so students receive additional focus in academic core competencies where they may be experiencing gaps. Furthermore, these summer courses will enhance their basic skills to prepare them academically for higher education coursework.

The RS program will provide numerous incentives for students who provide progress reports with good grades in their regular school courses or who achieve their educational goals. Staff will also coordinate quarterly academic achievement events during the school year for these students. These events will take place at the different school district locations to recognize foster care students who have enrolled in extracurricular activities, have excellent attendance records at school, received exemplary grades, demonstrated progress in their assessments scores, enrolled in college prep programs or have participated in enrichment programs. Foster care students can lack the support of relatives at award functions which has a negative impact on their self-esteem. RS staff will provide encouragement and support to students who are recognized for academic achievements by attending school-sponsored award assemblies and encourage the foster care students to continue their academic excellence. These recognition events and encouragement by RS staff will provide an incentive for students to improve on their educational outcomes.

Strategy Six: College Exploration

RS staff will integrate the exploration of higher education and other post-secondary training opportunities into workshops, field trips and other activities in the Spring quarter of the school year. The workshops and activities for the college exploration component will be coordinated by the Development Specialist and Youth Advocates. The workshops or events will be facilitated within the local school districts and local college facilities. Early exposure of the benefits of college or postsecondary training will motivate participating foster care students to improve their academic performance and enhance their sense of hope. Students in foster care lack role models and mentors that will offer motivation or guidance to pursue their long-term academic goals. Students who have experienced trauma and lack positive role models often perceive their

obstacles as insurmountable and their goals as impossible to achieve. To help overcome this adversity, the RS students will also meet former foster youth who are currently attending college or have completed their postsecondary education.

The bi-weekly college-prep workshops will help ensure our students complete high school and pursue post-secondary goals by providing them the tools and information to overcome barriers whether those be financial, motivational, or matters of self-esteem. RS staff will provide workshops on various helpful topics such as college-prep, financial aid, study skills, and A-G requirements. There is a variety of sources that support foster youth such as the Chafee Grant, Scholars programs at universities, ACE Scholars Scholarship, John Burton Foundation Book Fund, IVC EOPS and the IVC Equity Program. RS staff will also collaborate with community partners and programs such as Talent Search, Mathematics Engineering Science Achievement (MESA), AVID, Upward Bound, and CalSOAP. These programs emphasize the importance of prevention services by starting their recruitment process as early as middle school. Students will be encouraged to enroll or take related college-prep courses to improve on their long-term educational outcomes. Students will learn of these programs and explore college-prep competencies as early as the elementary level and receive more advanced topics as they transition to middle school or high school.

RS staff will help the participating foster care students explore potential long-term post-secondary goals through engaging and interactive classroom activities. Students in foster care demonstrate poor graduation outcomes and low post-secondary education completion rates. It is essential to provide helpful information on potential careers and college degrees that might motivate the students to improve their academic performance. The students will learn the benefits of establishing their long-term educational goals and the possible resources that will help them reach their full potential. Participating foster care students will also explore potential higher education opportunities through field trips and conference events organized by RS staff. The students will have an opportunity to visit colleges and universities to explore possible educational pathways. Field trips to colleges will be coordinated once a month during the Spring quarter. This experience will help the students establish a link between their goals and the importance of academic competence.

Students will acquire information that will help them achieve their academic goals from financial aid grants and supportive college programs such as the IVC EOPS (Extended Opportunities Program and Services) or Guardian Scholars program. High school students and transition age youth will explore health and mental health services provided by the Disabled Students Program and Services (DSPS). These connections will improve their support network, sense of hope and self-esteem which will improve their long-term outcomes. Furthermore, goal setting will also enhance the resilience and problem-solving skills of the foster care students that will lead to positive outcomes. This preventive strategy meets one of the PEI priorities established by the MHSOAC by providing engagement strategies that target secondary school and transition age youth, with a priority on partnership with college mental health programs.

Strategy Seven: Trauma-Informed

RS staff will utilize the principles of trauma-informed care to develop a supportive environment that will help the students overcome their barriers and ACEs. The RS Development Specialists, Youth Advocates, tutors and instructors will emphasize these principles throughout all of the program activities. This strategy will meet two of the priorities established by the MHSOAC by providing prevention to deal with the early origins of mental health needs and ensuring that services are culturally competent and linguistically appropriate. ACEs have a negative impact on their self-esteem, identity, resilience, and sense of hope. The six guiding principles of trauma informed care are as follows; (a) safety, (b) trustworthiness and transparency, (c) peer support and mutual self-help, (d) collaboration and mutuality, (e) empowerment, voice, and choice, and (f) cultural, historical and gender issues. Staff will respect the uniqueness and diversity of the client's sociocultural background and move past generalizations or biases based on their history. Additionally, RS staff will facilitate inclusion of culture-specific practices in treatment by staying attentive to culturally based needs and suggestions of the participating foster care students. RS staff will not reinforce cultural stereotypes or biases and be attentive to the possible impact of historical trauma. RS staff will recognize the potential influence of trauma and respect the individual experience of all foster care students. By adopting a trauma-informed approach, staff will be equipped to meet the unique needs of the foster care students and help overcome potential barriers to achieve their personal and academic goals. This approach will also enhance the protective factors that will promote resilience to ACEs and trauma.

RS staff will develop workshops that incorporate peer activities with adults who have aged out of the foster care system. Peer activities will be integrated in all of the other RS strategies of this program. Activities with peers who have experienced the child welfare system sends an empowering and hopeful message to the participating foster care students that their voice is respected and that overcoming their obstacles is possible. Peer relationships have been found to play a significant role in the self-esteem, identity development, and mental health of foster care students. Positive peer connections will improve the social skills and academic outcomes of foster care students exposed to adverse experiences. Students can trust and identify with peer mentors who share similar experiences, and this adds credibility to the messages from the program. In addition, peer support programs have demonstrated to help foster care students improve their self-esteem, social skills, and school attendance. In addition, the addition of a peer support component would empower the students to express their voice about their experience and share their perspectives.

Restorative circle activities will be coordinated by the Development Specialists throughout the year. RS staff will integrate restorative practices during workshops and classroom activities to enhance the collaborative environment that will encourage student engagement. Restorative circles are a trauma-informed approach that can improve services for students in the foster care system. Restorative circles are a proactive approach to building community and enhancing relationships with students. Furthermore, restorative circles enhance the sense of safety, trustworthiness, empowerment and voice of the foster care students. A collaborative approach encourages the individual to develop a sense of participation, belonging, accountability and responsibility. The essential components of collaboration are interaction, integration, empowerment and creating a sense of belonging. Establishing a collaborative approach will allow for Development Specialists to support the students using their unique strengths, ideas,

values, perspective and experience. These activities will also enhance the mindfulness, peer connections and social skills of participating students.

Workshop and Course Schedule

The RS program intends to implement these seven strategies in the partnering school districts of Imperial County that have foster care students. The number of weekly activities will depend on the number of students in foster care attending local schools at the time of program enrollment. Most of the students in foster care currently attend the schools within the Brawley Elementary School District, El Centro Elementary School District, Central Union School District, Imperial School District and Calexico Unified School District. Students in foster care who live in outlying cities will be offered transportation assistance if necessary so they can attend program activities, events or workshops. It is expected that foster care students in approximately 24 schools will be served within these districts.

The RS program will be hiring 3 full-time Development Specialists (DS), 4 part-time Youth Advocates and one part-time Steam and Basic Skills Instructor. It is expected that each development specialist will cover approximately 8 schools, providing workshops and activities from 2 to 3 times per week at each school in their designated area during the school year. One DS will coordinate activities and be assigned 75 RS students attending schools in Calexico, Heber, Imperial, and Holtville. The other DS will coordinate activities and be assigned approximately 75 students attending schools in the El Centro Elementary School District and Central Union School District. The other DS will coordinate activities and be assigned 75 students attending schools in cities of Brawley, Calipatria and Westmorland. Each DS will receive the support of at least one Youth Advocate for their activities in their designated school districts. The four youth advocates will help co-facilitate workshops, events, and tutoring services. It is estimated that each youth advocate will be assigned approximately 60 foster youth. Activities are approximately 1-2 hours in length which will give them the opportunity to cover the topics under the different prevention components. The STEAM and Basic Skills Instructor will support foster care students from all schools during the winter and summer quarters. The STEAM instructor will prepare and present workshops and courses for students from all of the school districts 3-4 workshops during the Winter quarter. The Basic Skills instructor will prepare and present 3-5 week summer courses for approximately 40 to 60 hours each. During the summer months the DS and the youth advocates will recruit and supervise foster care students that will participate in the summer component. This also includes supporting students with transportation, follow-up services, mentoring, and other case management duties.

The RS program will provide a broad variety of in-school, after-school workshops, weekend and summer activities depending on the age of the student. Workshops will be structured so that the Fall quarter is dedicated to social-emotional learning: instilling and reinforcing principles of hope, emotional resiliency, self-esteem, and developmental assets. In the Winter quarter, students will shift towards academic and "real world" skills, such as developing better study practices, addressing remedial basic skills gaps, and STEAM workshops. In Spring, the focus is on further enrichment and 'planning for the future' through college preparation workshops and mentoring activities. Finally, in summer, general workshops continue with a high focus on enrichment and preventing the academic 'summer slide', as well as giving students the chance to participate in

make-up workshops in anything they have missed. Workshop schedule will be shared with ICBHS staff, school district staff, CWS staff, families, and community stakeholders. The activities will be coordinated by the Development Specialist with the support of the Youth Advocates with the exception of the STEAM and the basic skills courses. The tutoring services will be supported by the volunteer tutors, Youth Advocates and Development Specialists.

The workshops, events and activities will be divided along a grade clustering methodology. Due to the number of eligible students, the age and maturity levels of each grade range, and the need to customize activities by capability or appropriateness. The exact schedule of workshops will be determined by the school district staff, number of eligible students and RS staff. Weekend workshops will be offered in communities that have a high number of students that are unable to participate during the week or at the in-school activities. The in-school workshops will be coordinated within the school district facilities whenever possible to enhance the school connectedness for the participating foster care students. School facilities include classrooms within the Brawley Elementary School District, El Centro Elementary School District, Central Union School District and Calexico Unified School District. Some of the in-school activities and summer courses will take place at the local college or university campus. Possible weekend and career mentoring activities will be coordinated at IVROP and community partner facilities if local school district classrooms are not available.

Description of the Assessment Tools

IVROP has identified several assessment tools for use in the RS program, including the Developmental Assets Profile (DAP), PSC 35, Y-PSC 35, the Adverse Childhood Experiences Questionnaire (ACEs), Resiliency Scale, TABE basic skills assessment, and the Hope Survey. These tools serve as valuable inventorying tools for at-risk foster care students (and their adult mentors) to assess current developmental assets, past trauma or other adverse factors, levels of resiliency and optimism, and basic skills levels. Assessment tools will be deployed as part of an overall strategy of prevention and will provide essential information to staff on how to meet their individualized needs. These assessment tools will be used to facilitate our student's growth by starting from a diagnostic standpoint. Assessment tools will be utilized with RS students according to appropriateness, age, individual needs and level for age group. In addition, some of the assessment tools will be administered to students who are participating in specific components or strategies of the program. An example of this includes the TABE assessment that will only be administered to students who participate in the academic component.

Pediatric Symptom Checklist 35 (PSC 35): 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 will allow RS staff to identify possible barriers and to link the foster care students 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. RS staff will refer the students and provide a copy of the PSC 35 to ICBHS. The

PSC screening tool will be administered during enrollment of all participating foster care students.

ACEs Questionnaire: The Centers for Disease Control and Prevention defines Adverse Childhood Experiences as "potentially traumatic events that occur in childhood" such as exposure to or witnessing of violence, abuse, neglect, death, substance abuse, mental health problems, and other destabilizing factors. Their report on ACEs breaks down that such exposure can influence neurodevelopment and have long-term negative effects on physical, emotional, and mental health. Disrupted neurodevelopment leads to cognitive and socio-emotional impairment, which leads to health risk behaviors and consequences such as struggling in education, employment, and personal relationships. The ACE Questionnaire is a ten-question survey that explores the potential types of adverse experiences of the student. The survey addresses different forms of abuse such as neglect, physical abuse, emotional abuse, drug abuse in the household, and/or mental health illness. Students with a score of 4 or higher are considered high risk for developing toxic stress syndrome without timely preventive services or early intervention. RS staff will administer the ACEs Questionnaire as a priority tool when the student is enrolled to help link participating foster care students with the appropriate treatment services within ICBHS.

Child and Youth Resilience Measure (CYRM-R): RS staff will utilize the CYRM-R to assess the level of resiliency in participating students. The 17-point questionnaire uses a 3 to 5-point Likert scale that was developed through years of research by the Resilience Research Centre (RRC). RS staff will administer this 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. The RRC also provides a questionnaire that can be provided to the caregiver or the social worker of the foster care student, a person most knowledgeable (PMK-CYRM-R). The CYRM-R for children will be provided to students between ages 5-9 and the CYRM-R for youth will be utilized to assess students between years 10-18. Students will complete a Follow-Up CYRM-R questionnaire after completion of the summer academy or summer camp activities.

Hope Index Survey: The Hope Survey is designed to assess another intangible-- the psychological resource of 'hope.' Hope is an essential asset for students with adverse experiences, whether those be from violent trauma or abuse, the difficulties of school instability, poverty, displacement, or sense of disconnection. The Hope Survey is developed off the research of the originator of Hope Theory, Charles Snyder, will be used to measure this asset for Rising Star students, in order to identify growth areas and help guide further interventions. Staff will administer the Pre-Hope Index survey before program participation for all students to assess the self-esteem, resilience, problem-solving abilities, goal-setting behavior, and support network. The Follow-Up Hope Index survey assesses possible improvement in these areas and will help staff identify possible areas for improvement. RS staff will administer the Follow-Up Hope survey after completion of the summer academy or summer camp activities.

The Developmental Assets Profile (DAP) was developed by the Search Institute to assess student development directly correlated to long-term student success. The DAP survey measures student health along 40 different assets, identifying strengths and areas for growth,

and provides a framework for educational focus, as staff will tailor curriculum, extra-curricular activities, and mentoring to demonstrated areas for growth. Significant research attests to the benefits of the DA framework. A study of almost 90,000 students found strong correlations between high numbers of positive assets (31-40 assets) and student avoidance of high-risk behavior. Conversely, students rated low in their asset possession (0-10) demonstrated many of the high-risk behavioral patterns. Though possession of assets is not a guarantee of student success, it is a strong correlative indicator that asset development is a preventive measure in enabling students to avoid destructive pitfalls. The DAP profile will be administered to all participating foster care students in the first month after program enrollment, providing initial data regarding what assets our target demographic already possess and what assets need focus for development. This information will inform prioritized focus on soft skills activities and provide a long-term framework, in subsequent years. The follow-up DAP assessment will be administered every 12 months that will allow for comparison and evaluation from year to year to assess whether the identified needs are being addressed.

Test of Adult Basic Education (TABE) Basic Skills Assessment: Students participating in the basic skills enhancement component such as tutoring services or summer courses of this program will be assessed using the Test of Adult Basic Education (TABE). This assessment is a comprehensive and reliable assessment tool used to determine academic aptitude and to develop a case plan. RS staff will support educational attainment goals and craft a plan tailored to each student's own unique academic needs and goals. Foster care students will receive the support to enhance their basic skills and demonstrate progress in their academic performance. Multiple instructional methods and options, such as tutorial support, basic skills courses and classroom/group instruction will be used to support the students. Once students have completed the summer basic skills enhancement activities, they will complete a post assessment. This tool will also help RS staff link students who require additional academic support with beneficial programs within their school or community. These results will also provide RS staff for possible areas of growth and help the instructors develop the best possible curriculum for the in-school workshops and summer courses. The TABE assessment tool will be utilized with students who are in middle school and high school level.

Program Staff

The Development Specialists (DS), Rising Star (RS) Advocates, and Tutors will be assigned to work with the participating foster care students throughout the duration of the program and will coordinate program services with Behavioral Health, school staff, Social Worker(s), and community agency staff. RS staff will offer mentoring services to the foster care students and their families. The DS will establish partnerships with community program providers that provide additional supportive services. The RS staff will work with community agencies to close the educational achievement gap between participating foster care students and their peers at school. The DS will be responsible for coordinating classroom presentations from community agencies that would benefit the education of the child. The DS will act as an educational liaison between Behavioral Health, CWS, the school and community agencies. RS staff will develop program workshops, events and other related activities, and embed developmental assets within the activities, for program RS students throughout the year. RS staff will provide follow-up support to ensure that students are in a positive and safe environment. In addition, RS staff will attend community meetings, school district meetings and school board meetings to stay informed of any program and/or service that might benefit local participating foster care

students. RS staff will also offer presentations at community events and school meetings to inform the public of the RS program, services and also to educate the community of the many obstacles that foster care students encounter in the educational system.

RS staff will work closely with ICBHS for beneficial mental health services that will offer additional support to the foster care students or members of their family. These partnerships will support the student's progress toward achieving their goals and overcome the impact of trauma. RS staff will utilize the results from the program assessment tools to identify students who might require additional support or mental health services from ICBHS. Students in foster care commonly suffer from various risk factors that can impact their mental health such as childhood trauma, toxic stress, adverse childhood experiences or having a family member with a serious mental illness. The PSC-35 screen and the ACEs questionnaire will help RS staff to identify these risk factors that might limit the potential of the student or impact their mental health. The DS will administer when foster care student is enrolled to make early identification possible and linking them to preventive services in a timely manner. The assessments will be administered on an annual basis or as needed to also identify the potential for onset of a potentially serious mental illness throughout the duration of this program. RS staff will establish collaborative partnerships and a referral process with ICBHS programs that will benefit the student. Furthermore, RS staff will attend public meetings organized by the different ICBHS programs to learn about updates to their services in a timely manner. The programs include Intensive Home-Based Services, Therapeutic Behavioral Services, Vista Sands Socialization Programs, Trauma Focused Cognitive Behavioral Therapy, and Youth and Young Adults programs. The DS will respect the privacy and confidentiality of the students when referring them to partner agencies. RS staff will ensure that confidential information about their foster care status is not shared with staff or community partners.

Data will be collected via attendance records and assessment tools by the RS management, DS, and Program Clerk. RS staff will collect relevant demographic data of the participating students such as age, race, ethnicity, gender, disabilities, and primary language. RS management will coordinate the development of the quarterly and annual reporting requirements. All data gathered will be presented in the public accountability reports of this Prevention and Early Intervention (PEI) program, except where publishing data would violate student privacy. RS staff will only collect demographic information that is allowed under California Education Code, Family Educational Rights to Privacy Act (FERPA), Health Insurance Portability and Accountability Act of 1996 (HIPAA), California Information Practices Act, Health Information Technology for Economic and Clinical Health Act (HITECH), and other applicable state and federal privacy laws. Additionally, the assessment tools in use in the RS program include their own assessment/evaluation tools which generate reports for ICBHS, and community stakeholders. The data collected will measure the reduction of risk factors and negative outcomes that may result from untreated mental illness. RS staff will measure the increase of protective factors that will lead to improved wellbeing, emotional, and relational functioning. RS management and the leadership team shall assemble to evaluate program outcome data and identify any areas in which grant activities are not producing desired outcomes. In this event, course corrections will be implemented to re-align activities with the desired outcomes of the RS program. Program data will be monitored and collected monthly to review demographic information, attendance, and other services for each RS student.

The use of multiple data and collection tools facilitate data triangulation to determine progress toward meeting outcomes. Quarterly evaluation meetings will be held to review program data and evaluation results with ICBHS administration and staff, IVROP administration, community stakeholders and RS staff. Administration will provide feedback to ensure on-going communication regarding activities, also ensuring that RS funds supplement existing organizational programs and services. This data will be used to examine RS implementation, challenges, successes, lessons learned, relevant examples, and to assist with adjustments for continual improvement. Participation hours will be tracked using attendance rosters and spreadsheets and will be analyzed monthly against program outcomes. IVROP has significant experience developing evaluation and data tracking systems that include formative and summative data collection, analysis, and reporting implementation outcomes aligned to assess the program's effectiveness.

RS staff will coordinate quarterly regional leadership meetings with school district partners such as teachers, counselors, students, liaisons, parents, and other local community resource heads. These meetings will be held to raise awareness of the RS program, disseminate information, gather feedback, answer questions from community stakeholders, clarify the program's goals, and provide updates as to program progress. In addition, staff will work closely with partners from ICBHS, CWS, Office of Education, school districts staff, educational foster youth liaisons, and Imperial Valley College. RS staff will establish a strong partnership with other community agencies and educational institutions to improve the availability of services that will benefit the RS students. RS management will also establish partnerships with local colleges, universities, training institutions, housing providers, behavioral health agencies, school districts, and non-profit agencies. RS staff will organize quarterly meetings with community partners to enhance the opportunities in the areas of employment, education and postsecondary training. These meetings will help identify any potential gaps in supportive services for program foster care students.

The program will be overseen by a Program Manager II, who will be under the administrative direction of the Educational Services Coordinator. This individual will assist in the planning, organizing, directing, budgeting, and evaluating of the program. The Program Manager II will coordinate many of the essential elements to implementing services such as the hiring process, planning process, developing the program curriculum, recruitment, training staff and schedule program activities. The Program Manager holds a Master's Degree in Education and a Mental Health and Trauma Informed Care Certificate from San Diego State University. Furthermore, the Program Manager is knowledgeable in the principles of trauma informed care, restorative practices, collaborative counseling techniques, and other strength-based strategies.

The Program Manager II will participate in the development of partnerships with school districts and various community agencies to maximize the resources and funding opportunities for participating foster care students. RS management will also coordinate meetings with the partner agencies and create quarterly reports to be shared at these meetings. The Program Manager II and staff will help coordinate activities, presentations and events to engage county-wide K-12 schools, ICBHS, CWS and community agencies. These events or presentations will also help raise awareness of recommended practices for foster care students. Activity/workshop calendars will be provided to the district administrators and school staff on a monthly basis. Additional responsibilities will also include preparing and presenting a variety of oral and written

presentations. Attendance rosters and activity reports will be provided to Behavioral Health, educational partners and community stakeholders.

RS staff will develop handouts, flyers, website information and brochures to keep foster parents, guardians, parents and social workers informed of community programs for participating foster care students. RS staff will also offer presentations at local events, meetings and trainings to create awareness of the need to collaborate to improve the educational experience for local participating foster care students. The RS staff and management will offer workshops and events open to the public to increase the awareness of the impact of adverse childhood experiences, trauma-informed practices, promising practices and the experience of students in foster care. The Program Clerk will support all the clerical duties of the program activities such as filing, financial documentation, copying, data entry, purchasing supplies, and securing space for meetings or activities.

The preventive services offered by RS will enhance the student's protective factors such as self-esteem, sense of hope, developmental assets, and social emotional competencies. RS will utilize the seven (7) strategies in workshops, events and summer activities every year for the duration of this 3-year program. RS staff will administer the assessment tools to measure the effectiveness of the strategies on the participating foster car students. Furthermore, RS staff will provide surveys to students and caregivers on an annual basis so they can provide feedback on their experience in the program, effectiveness, and possible recommendations.

The following data will be obtained on an annual basis:

Strategy #1
Hope Theory
• Number participating in hope-based character development activities • Number that participate in HOPE leadership and team-building activities • Number that participate in STEAM activities • Pre and post results from Hope Survey

Strategy #2
Developmental Assets
• Number participating developmental assets component workshops or activities • Number siblings participating in sibling connection activities • Number of guardians or caregivers who participate in parent engagement activities • Pre and post results from Developmental Assets Profile (All)

Strategy #3
Social Emotional Learning
• Number participating social emotional learning services • Number students that participate in social skills activities workshops • Pre and post results from Developmental Assets Profile (Positive Values)

Strategy #4
Mentoring
• Number receiving mentoring services • Number receiving career mentoring services • Number of mentors identified per student • Pre and post results from Developmental Assets Profile (Support)

Strategy #5
Academic Support
• Number attending academic enhancement activities • Number that attend tutoring services • Number of students attending summer basic skills academy • Number of high school youth that complete HS Diploma, GED or HS equivalent • Pre and post results from TABE assessment for students receiving academic support

Strategy #6
College Preparation
• Number attending college exploration workshops • Number attending college field trips • Number attending higher education conference events • Pre and post results from TABE assessment for students receiving academic support

Strategy #7
Trauma Informed Practices
• Number participating in peer-led activities • Number participating in restorative circles • Pre and post results from the Resilience Measure • Pre and post results from the Hope Index

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

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

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

3. All data gathered will be presented in the public accountability reports of this Prevention and Early Intervention (PEI) program, except where publishing data would violate student privacy or state/federal regulations. Other RS program relevant data that will be collected includes on an annual basis:
    a. Total number of program activities coordinated throughout each fiscal year.
    b. Participation hours will be tracked using attendance rosters and spreadsheets to include pre and post attendance records for all students.

c. Total number of referrals to ICBHS or community stakeholders.
d. Total number of referrals from DSS and/or school districts.
e. Number of students participating in each program component or strategy.
f. Number of students successfully completing current grade and advancing

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

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

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

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

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

Early Intervention Program

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

Program Description

ICBHS implements Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program. TF-CBT assists the child/youth, ages 4-18, overcome the negative effects of traumatic life events, 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 or extended mental health treatment. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment. All services provided by the TF-CBT are conducted out in the community to serve the unserved and/or underserved populations in Imperial County. Services are provided in English and Spanish in non-threatening settings that provide a safe environment, such as the home, schools, community centers, and family resource centers.

For FY 2018-2019, TF-CBT has provided services to 151 children/youth and approximately to 189 parents/legal guardians at a cost of $1,725 per child/parent. This cost includes therapy sessions conducted by Licensed Clinical Social Worker and master level clinicians, as well as linkage and referral services to the child/youth and their parents/legal guardians/caregivers.

Table 43: Demographic information for PEI: TF-CBT FY 2018-2019

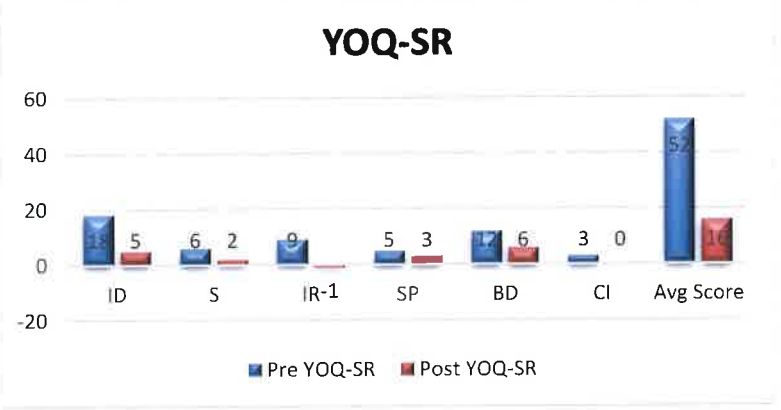
Age Group	*Number*	*Percentage*
0 - 15	134	89%
16 - 18	17	11%
Total	**151**	**100%**
Sex Assigned at Birth	*Number*	*Percentage*
Female	84	56%
Male	67	44%
Total	**151**	**100%**
Gender Identity	*Number*	*Percentage*
Female	84	56%
Male	67	44%
Total	**151**	**100%**
Sexual Orientation	*Number*	*Percentage*
Heterosexual/Straight	151	100%
Total	**151**	**100%**
Race	*Number*	*Percentage*
Black or African American	3	2%
White	146	97%
Other	2	1%
Total	**151**	**100%**
Ethnicity	*Number*	*Percentage*
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	133	88%
Non-Hispanic or Non-Latino:		
African	3	2%
European	13	9%
Other	2	1%
Total	**151**	**100%**
Language	*Number*	*Percentage*
English	73	48%
Spanish	78	52%
Total	**151**	**100%**
Veteran Status	*Number*	*Percentage*
No	151	100%
Total	**151**	**100%**
Identifies with any Disability or Special Needs	*Number*	*Percentage*
No	151	100%
Total	**151**	**100%**

Achievement of Performance Outcomes

ICBHS measures performance outcomes for the early intervention component of TF-CBT. Information on this program is gathered and outcome measurements data is entered into the department's information system (AVATAR). Additionally, Performance outcome tools, Youth Outcome Questionnaire and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) are manually entered into a log. ICBHS Information Systems department is currently working with a contract agency to develop and generate reports to evaluate the effectiveness of the program as an early intervention program.

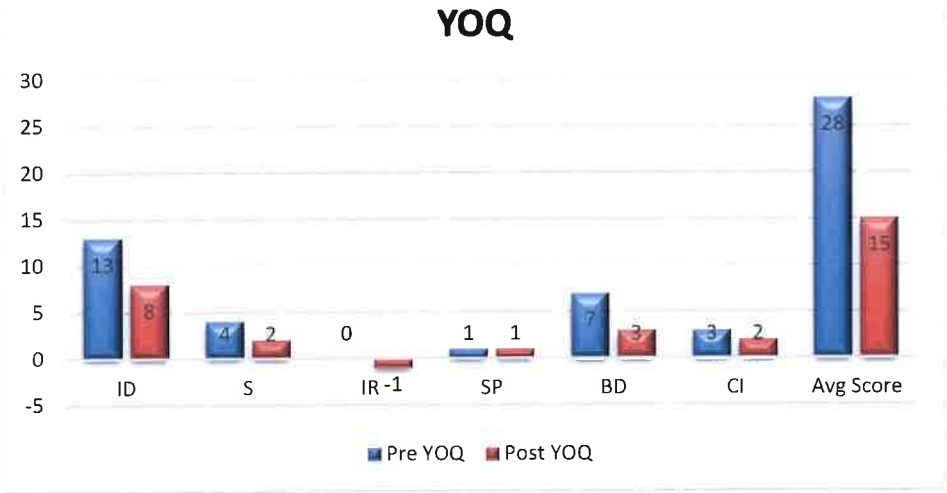
During FY 18/19, a total of 151 children/youth were served and 28 completed successfully the TF-CBT model, however only 3 children/youth completed the post/pre tools. The YOQ-Self Report is completed by children/youth ages 12 to 18, many of the children who successfully completed the model were younger than 12. Twenty (20) parents/legal guardians/caregivers completed the pre and post YOQ, after several attempts to obtain the post YOQ scores were made by staff. Additionally, 32 parents/legal guardians/caregivers completed a pre and post UCLA PTSD tool, four (4) consumers had both parents/legal guardians/caregivers complete the UCLA tool. Below are the scores for the YOQ and UCLA outcome tools.

Graph 31: Pre and Post YOQ complete by child/youth (n=3)



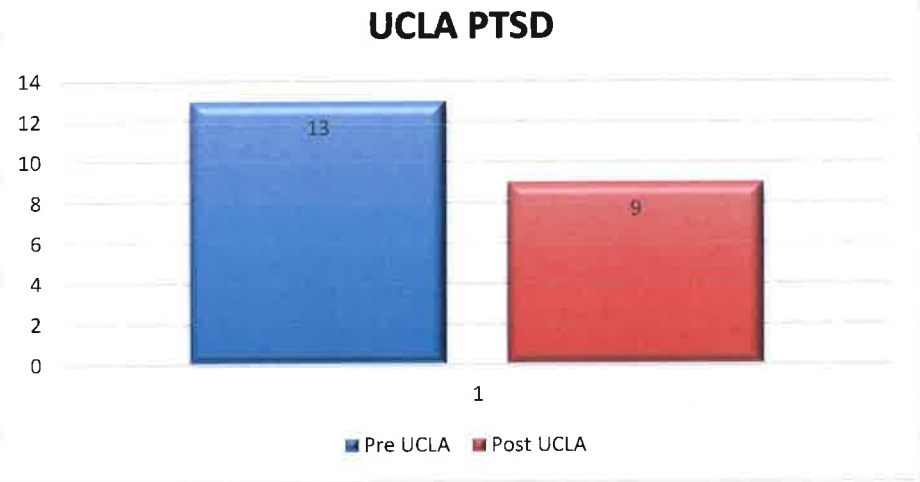
This tool is a self-reporting tool completed by the minor and measures changes in functioning. Areas measured include interpersonal distress (ID); somatic distress (S); interpersonal relationships (IR); critical items (CI) such as paranoid ideation and suicide; social problems (SP); and behavioral dysfunction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

Graph 32: Pre and Post YOQ Scores completed by parent/legal guardian/caregiver (n=20)



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

Graph 33: Pre and Post UCLA Scores completed by parent/legal guardian/caregiver (n=32)



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

Providing TF-CBT as an early intervention program continues to be effective in improving the mental health and overall functioning of children/youth who were exposed to trauma. This is evidenced by a decrease in scores in the YOQ and UCLA scores based on data collected from children/youth and parent/caregiver.

For FY 18/19, The TF-CBT program served 151 children/youth. Below is the breakdown out of the 151 children/youth served:

Table 44 -Total Children/Youth Served FY 18/19

Total No.	Percentage	Status
28	19%	Successfully Completion – Did not require higher level of care and are not actively receiving mental health treatment.
38	25%	Transferred to the Children Outpatient Services during therapy due to requiring a higher level of care.
23	15%	Transferred to a lower level of care – Prevention Services
24	16%	Declined services either at intake, during therapy, or moved out of county
38	25%	Actively being served as of June 30, 2019

Based on the outcomes, the PEI TF-CBT program continues to show to have a positive impact in the lives of children and youth, and our community. However, there are still challenges to overcome. One of the challenges under the early intervention component of PEI is having the adequate staff to provide timely services and obtain reporting data as required by PEI regulations. The proposed staffing for the TF-CBT Program for 2018-2019 was to have 2 full-time clinicians trained in the TF-CBT model; however, due to the increase in demand for mental health services and hiring difficulties, the TF-CBT Program has not been fully staffed at all times.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

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

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) project. ICBHS utilized the FSS project 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 was scheduled to end. The FSS has now transitioned from an Innovation Project to an early intervention program as it is now part of ICBHS MHSA PEI programs.

Prior to the implementation of the FSS program, the penetration rates for young children in Imperial County, was below the state and small county averages. The FSS Program was developed to implement a long-lasting interagency collaboration between mental health and education in order to provide and increase mental services to young children. The FSS is an early intervention 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. During the Innovation Project, ICBHS has been using Mental Health Rehabilitation Technicians (MHRTs), rather than school personnel, to provide the interventions at school.

A total of 51 kindergarten teachers were trained on the FSS Program during the course of the five-year project. The FSS training provided teachers and MHRTs with interventions/activities for implementing the FSS Program together. The training resulted in teachers being able to make early identification of at-risk behaviors in young children. The FSS Program also engages parents of identified kindergarten children. The MHRT worked with the parents/legal guardians/caregivers one (1) hour per week for twelve weeks using a promising evidence-based model: Parents Reach Achieve and Excel Through Empowerment Strategies (PRAXES). Through this intervention, parents/legal guardians/caregivers developed and implemented skills on how to support their child's learned skills and enhance their school success.

On March 18, 2019, prior to the end of the Innovation funding, the quarterly MHSA Steering Committee Meeting was held. Stakeholders were informed during the meeting that funding of the Five-Year Innovation Project, First Step to Success (FSS) Program would be ending in March 2019. Based on the success of this program in creating a collaborative relationship with school districts to increase access to services to children ages 4 to 6, the recommendation was made to Stakeholders present during the MHSA Steering Committee meeting, to transition the FSS Program to the Prevention and Early Intervention (PEI) Plan as an early intervention program. This would allow ICBHS to continue to sustain this successful program and continue to provide early intervention services to unserved and underserved children in Imperial County. Stakeholders present did not object in transitioning FSS as an early intervention program under the PEI component.

For FY 2018-2019 (4/1/19 to 6/30/19), the FSS Program provided services to 56 children and approximately 70 parents/legal guardians/caregivers at a cost of $1,010 per child/parent. This cost includes the expense of implementation of the FSS program at 51 classrooms in 18 school sites; salaries for 3 full-time and 6 part-time MHRTs who worked closely with school staff on a

daily basis, providing interventions to children in a school setting; and providing collateral services as well as linkage and referral services to parents/legal guardians/caregivers.

Table 45 - Demographic information for FSS FY 2018-2019

Age Group	*Total*	*Percentage*
0 - 15	56	100%
Total	**56**	**100%**
Sex Assigned at Birth	*Total*	*Percentage*
Female	9	16%
Male	47	84%
Total	**56**	**100%**
Gender Identity	*Total*	*Percentage*
Female	9	16%
Male	47	84%
Total	**56**	**100%**
Sexual Orientation	*Total*	*Percentage*
Heterosexual/Straight	56	100%
Total	**56**	**100%**
Race	*Total*	*Percentage*
American Indian/Alaska Native	1	2%
Asian	1	2%
White	51	91%
Other	3	5%
Total	**56**	**100%**
Ethnicity	*Total*	*Percentage*
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	51	91%
Non-Hispanic or Non-Latino:		
Chinese	1	2%
Other	4	7%
Total	**56**	**100%**
Language	*Total*	*Percentage*
English	20	35%
Spanish	36	65%
Total	**56**	**100%**
Veteran Status	*Total*	*Percentage*
No	56	100%
Total	**56**	**100%**
Identifies with any Disability or Special Needs	*Total*	*Percentage*
No	56	100%
Total	**56**	**100%**

Achievement of Performance Outcomes

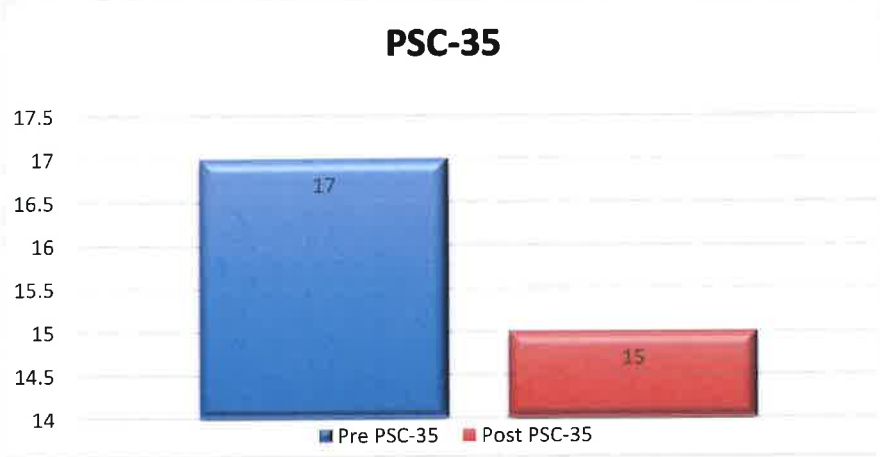
For FY 2018-2019 (4/1/2019 to 6/30/2019), 56 children were served. Below is the breakdown of the 56 children served:

Table 46 - Total Children Served FY 18/19

Total No.	*Percentage*	*Status*
10	18%	Successfully Completion – Did not require higher level of care and are not actively receiving mental health treatment.
2	4%	Transferred to a lower level of care – Prevention Services
3	5%	Declined services either at intake, during therapy, or moved out of county
41	73%	Actively being served as of June 30, 2019

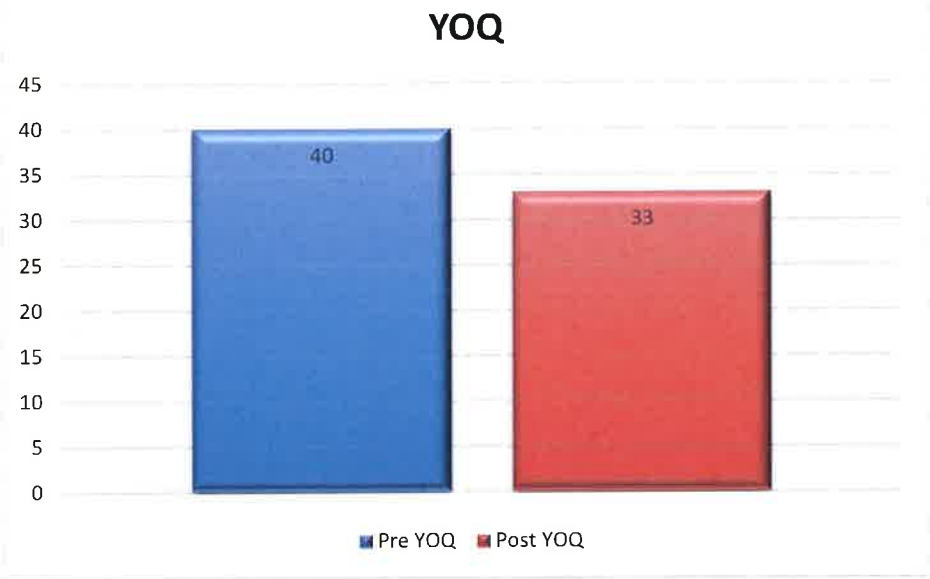
The FSS program obtains outcome measurement tools to measure and assess client's progress. The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems at the earliest signs. Out of 10 children that successfully completed the FSS Program from 4/1/2019 to 6/30/2019, six (6) parents/legal guardians/caregivers completed pre and post PSC-35s and one (1) YOQ. The YOQ was being administered prior to the State mandated implementation requirement of the PSC-35. Three (3) were not completed even after several unsuccessful attempts by the MHRTs to obtain the post scores from the parents/legal guardians/caregivers. Below are the pre and post scores for the PSC-35 and YOQ tool.

Graph 34: Pre and Post PSC-35 Scores completed by parent/legal guardian/caregiver (n=6)



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

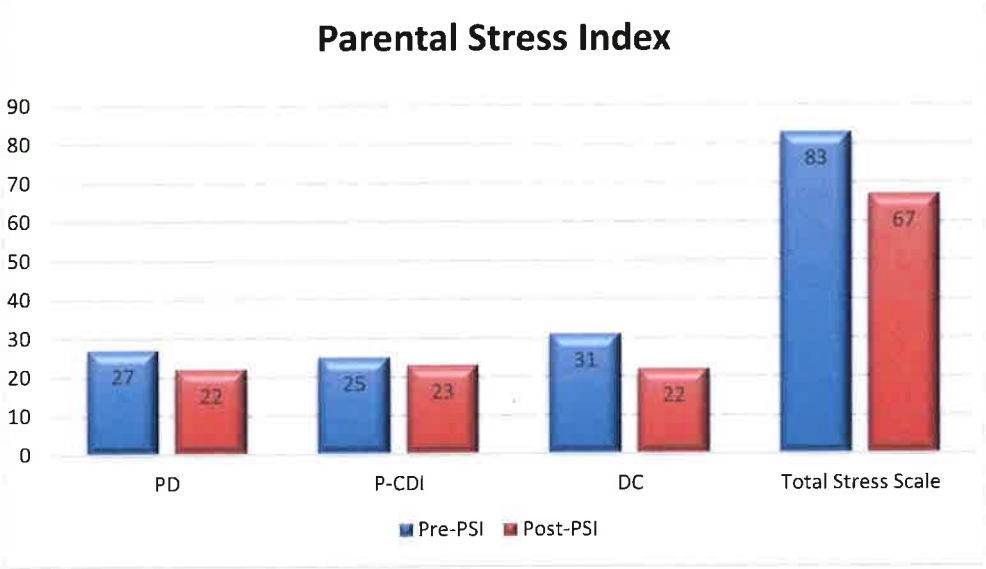
Graph 35: Pre and Post YOQ Scores completed by parent/legal guardian/caregiver (n=1)



The above graph is a combined score of the areas assessed of the parents/legal guardians/caregivers perception in several areas of the child's mental health functioning. Areas measured included interpersonal distress; somatic distress; interpersonal relationships; critical items such as paranoid ideation and suicide; social problems; and behavioral dysfunction. The Post-scores indicate a reduction in parent's perception of the minor's symptoms in all areas measured by this tool.

The FSS program has also been collecting information on the effectiveness of the PRAXES model. The Parental Stress Index (PSI) is administered to parents/legal guardians/caregivers in the first session of PRAXES and during the last session. The PSI evaluates the level of stress in the parent–child system and measure the domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI) and the Difficult Child (DC), which combine to form a Total Stress scale. Out of the 10 consumers that were discharged during the FY 18/19, four (4) parents/legal guardians/caregivers accepted to participate in the PRAXES model and completed all 12 sessions of the PRAXES model.

Graph 36: Pre and Post PSI Scores completed by parent/legal guardian/caregiver (n=4)



Based on the data obtained from the PSI tool given to parents/legal guardians/caregivers before and after completion of FSS program, it can be determined that the FSS curriculum has been effective. The PSI is a measure used for evaluating the parenting system and identifying issues that may lead to problems in the child's or parent's behavior. The areas include parental distress, parental-child dysfunctional interaction, difficult child, which combined, form a total stress scale. This tool focuses on three major domains of stress: child characteristics, parent characteristics and situational/demographic life stress. Graph 15 shows a decrease in scores in all areas measured by this tool.

The FSS program has shown to be effective as an early intervention program based on the decrease in the overall total scores of the post PSC-35, YOQ and PSI.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

1. Maintain collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children.
2. Continue to expand services to additional elementary schools during FY 20-21, 21-22, 22-23 in efforts to cover all Imperial County school districts in order to reach unserved and underserved children.
3. Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model.
4. Increase parents' and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health.
5. Collect data for evaluation purposes of the PEI FSS program.
6. Provide information on outcomes to community stakeholders during Mental Health Board meetings, partner agency meetings, newspapers, magazines, radio shows, and the MHSA Steering Committee meetings, which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.

Innovation

Mental Health Services Act (MHSA) Innovation funds provide opportunities to learn something new that has the potential to transform the mental health system. Innovation Projects are novel, creative, and ingenious mental health approaches developed within communities in ways that are inclusive and representative, especially of unserved, underserved, and inappropriately served individuals. For Fiscal Year 2018-2019, Imperial County Behavioral Health Services (ICBHS) had two MHSA Innovation Projects:

- First Step to Success (FSS) was approved by the County Board of Supervisors on January 14, 2014, and subsequently approved by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) on March 2014. Funding for the Innovation Project: FSS ended on March 31, 2019.
- Positive Engagement Team (PET) was approved by the County Board of Supervisors on November 20, 2018 and was subsequently approved by the MHSOAC on March 29, 2019 for three years.

First Step to Success (FSS)

Program Description

The ICBHS Innovation Project consists of implementation of key strategies with the goal of developing and sustaining an effective interagency collaboration between ICBHS and schools throughout Imperial County in an effort to increase access to services to unserved and/or underserved population. Due to the low penetration rate for providing services to kindergarten-aged children (4-6 years of age), ICBHS developed an Innovative Project to establish a collaborative relationship between ICBHS and Education in the hope that a collaborative system would be established to serve this target group.

From March 2014 to March 2019, ICBHS has utilized the FSS Program, an evidence-based model, as a vehicle to develop a strong and effective collaborative relationship with local schools. The FSS Program is an early intervention program that was developed for educators and historically has been implemented by school personnel to focus on the kindergarten population. In the Innovation Project, ICBHS incorporated mental health rehabilitation technicians (MHRTs) in the school setting to jointly provide the interventions, rather than just school personnel.

Since the implementation of the Innovation Project, a total of 51 kindergarten teachers were trained on the FSS Program during the five-year Project. The FSS training provides teachers and MHRTs with the skills and knowledge to implementing the FSS Program collaboratively. This joint delivery of interventions and activities has resulted in the early identification of at risk behaviors in young children. The FSS Program also engages parents/caregivers/legal guardians of identified kindergarten children. The MHRTs work with the parents/caregivers/legal guardians a minimum of one hour per week for twelve weeks as required by the FSS model. During the past year, MHRTs have incorporated the use of a promising evidence-based model: Parents Reach Achieve and Excel Through Empowerment Strategies (PRAXES). Parents/caregivers/legal guardians develop skills on how to support their child's learned skills and enhance their school success.

For FY 2018-2019, the FSS Program provided services to 95 children and approximately 119 parents/legal guardians at a cost of $1,474 per child/parent. This cost includes providing training to teachers and ICBHS staff; salaries for 3 full-time and 6 part-time MHRTs who worked closely with teachers on a daily basis on the implementation of the FSS program in 51 classrooms at 18 school sites; providing collateral services to parents/caregivers/legal guardians as well as linkage and referral services; salaries for a part-time behavioral health managers, part-time supervisor, part-time analyst and administrative support staff; and cost of a contract provider for program evaluation.

Table 47: Demographic information for MHSA INN: FSS FY 2018-2019

Age Group	*Total*	*Percentage*
0 - 6	95	100%
Total	**95**	**100%**
Sex Assigned at Birth	*Total*	*Percentage*
Female	23	24%
Male	72	76%
Total	**95**	**100%**
Gender Identity	*Total*	*Percentage*
Female	23	24%
Male	72	76%
Total	**95**	**100%**
Sexual Orientation	*Total*	*Percentage*
Heterosexual/Straight	95	100%
Total	**95**	**100%**
Race	*Total*	*Percentage*
American Indian/Alaskan Native	2	2%
Black or African American	1	1%
White	90	95%
Other	2	2%
Total	**95**	**100%**
Ethnicity	*Total*	*Percentage*
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	88	93%
Non-Hispanic or Non-Latino:		
African	1	1%
European	2	2%
Other	4	4%
Total	**95**	**100%**
Language	*Total*	*Percentage*
English	43	45%
Spanish	52	56%
Total	**95**	**100%**
Identifies with any Disability or Special Needs	*Total*	*Percentage*
No	95	100%
Total	**95**	**100%**

Achievement of Performance Outcomes

To evaluate the effectiveness of the FSS program in developing and sustaining a successful inter-agency collaborative relationship, ICBHS collected data and contracted with Clarus Research (CR). ICBHS evaluated the FSS program in three areas:

1. Inter-Agency Collaboration;
2. Increase in Referral Rates; and
3. Stigma Reduction and Awareness

1. Inter-Agency Collaboration

To evaluate the effectiveness on developing a sustained *inter-agency collaborative* relationship, CR conducted online surveys with mental health and education staff involved in the Innovation Project. For FY 18/19, a total 35 (51%) surveys were completed, 2 from mental health staff, 9 school principals and 24 teachers, out of 68 ICBHS and education staff involved. The online survey included quantitative and qualitative questions related to the collaboration (e.g., goals of the collaboration, value of the collaboration, strengths and challenges of the collaboration, and stigma and awareness of behavioral health services). CR developed survey questions that measured factors of collaboration to which survey respondents were rated using a five-point Likert scale. Additionally, CR conducted phone interviews with two (2) mental health administrators to gain greater insight into the experiences of the collaboration.

The following are the survey responses from ICBHS and education staff when they were asked on the value of collaboration;

1. 54% - either agreed or strongly agreed in the value of the collaboration,
2. 11% - disagreed or strongly disagreed,
3. 29% - neutral,
4. 6% - "I don't know".

The following are the survey responses from ICBHS and education staff when they were asked if the collaboration had achieved its goal;

- 43% - agreed or strongly agreed,
- 17% - disagreed or strongly disagreed,
- 26% - neutral,
- 14% - "I don't know"

The following are the survey responses from ICBHS and education staff when they were asked if the project had met their expectations;

- 46% - agreed or strongly agreed,
- 26% - disagreed or strongly disagreed,
- 20% - neutral answer,
- 8% - "I don't know".

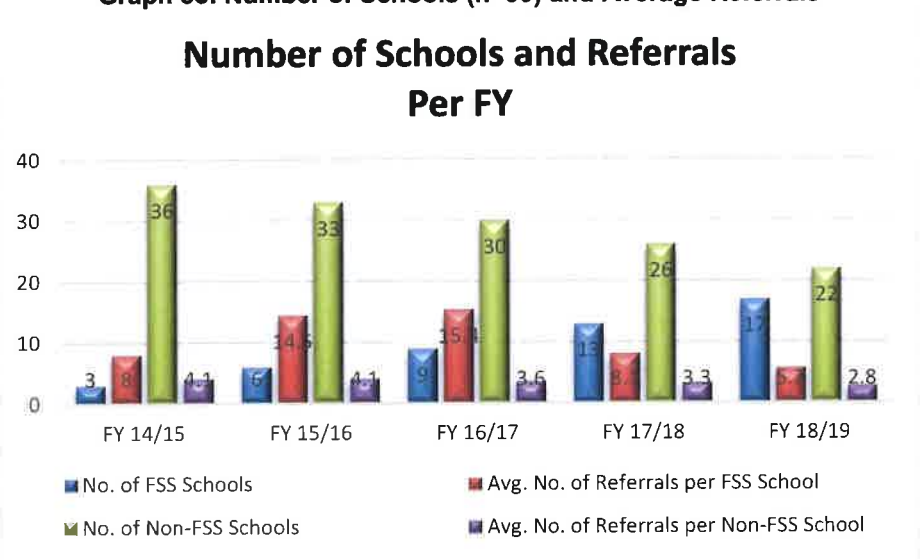
Graph 37: Survey Responses from Mental Health and School Staff: (n=35)

These results indicate that the collaboration between ICBHS and local schools has continued to strengthen and work together in the implementation of the FSS program. ICBHS and local schools are also committed in continuing developing and maintaining a collaborative relationship with a shared goal of addressing the needs of early school-age children. As a result of this collaboration, teachers and other school personnel have enhanced their knowledge and identification in referring to young children at risk of serious mental illness and their families.

2. Increase in Referral Rates

To evaluate if the collaboration has resulted in an increase *in referral rates* for children in kindergarten, ICBHS provided data to CR from FY 13/14 to FY 18/19. Data consisted of children ages 4 to 6 who have accessed mental health services from the different school districts. CR analyzed the admission rates and referral sources over the years of the implementation of the Innovation Project. They also compared admission rates and referral sources of all the schools implementing the FSS Program and schools not implementing the program within Imperial County. CR noted there was a statistically significant association, indicating schools participating in the Innovation Project had proportionally generated more referrals per year and over time, compared to non-participating schools in the county. Overall referrals and admissions to mental health services increased for children ages 4 to 6. Below is a graph showing the average number of referrals by fiscal year generated between schools who had implemented the FSS Program compared to schools that did not implement the program.

Graph 38: Number of Schools (n=39) and Average Referrals



To evaluate the change in penetration rate, ICBHS obtained penetration rates from the California External Quality Review Organization (CAEQRO) report for FY 13/14, which was the year prior to the implementation of the FSS program. This report indicated that ICBHS' approved Medi-Cal claims for children 0-5 (non-foster-care) accounted for 1.16% for Imperial County, compared to 1.32% for Small Counties and 1.88% for Statewide. Since the implementation of the Innovation Project the penetration rates for young children has steadily increased surpassing the State and Small County averages. Table 8 provides data for FY 13-14 prior to FSS implementation and for the five years when the program was implemented, as indication of the increase of mental health services being provided to the target population of kindergarten age children.

Table 48: Penetration Rates for children ages 0 to 5

Fiscal Year	Imperial County	Small Counties	State Average
2013-2014	1.16%	1.32%	1.88%
2014-2015	2.99%	1.70%	2.14%
2015-2016	3.04%	1.56%	2.12%
2016-2017	3.27%	1.46%	2.04%
2017-2018	3.20%	1.46%	2.07%
2018-2019	3.54%	1.67%	2.11%

*Please note that the above penetration rates do not capture the age range for the FSS program, to include children age 6 years old. Many of the children entered the FSS program at the age of 5 and turned 6 years old during the course of treatment or at discharge.

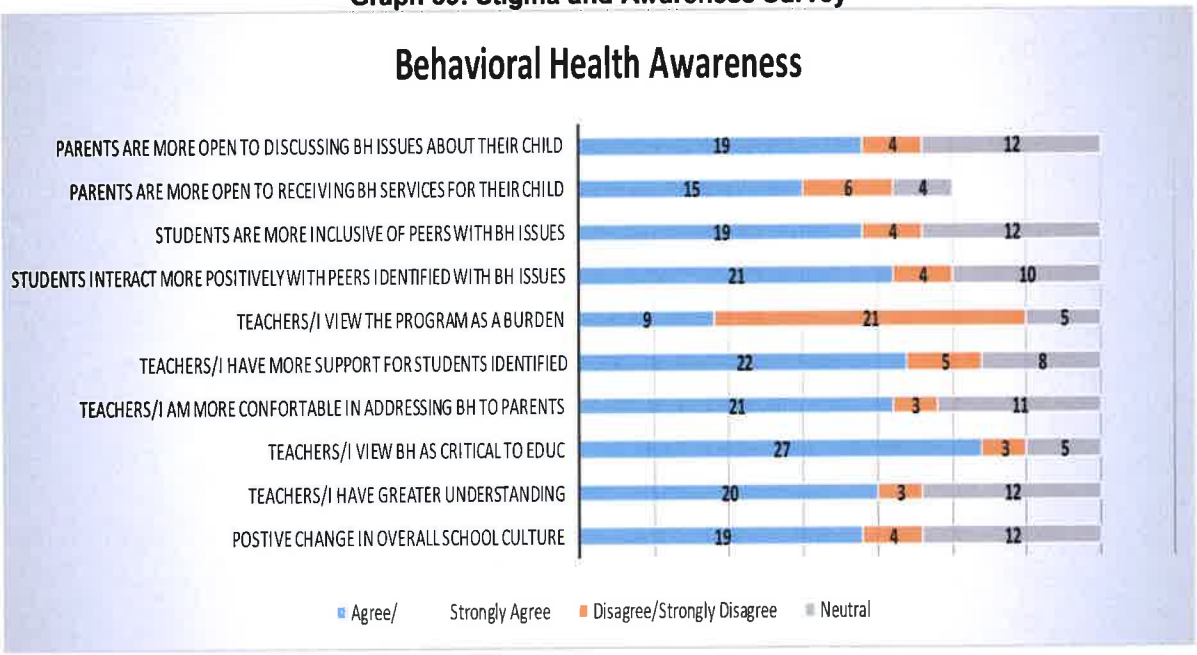
3. Stigma Reduction and Awareness

Stigma associated with mental health was one area that was not originally evaluated in the first two years of the Innovation Project. During the course of implementing the FSS Program, it became important to monitor and evaluate the impact of having mental health staff in the classrooms. CR developed a survey to evaluate the changes in school staff related to *stigma*

and awareness of mental health services in relation to the implementation of First Step to Success in the schools.

CR conducted a telephone survey where school representatives were asked questions related to mental health stigma, such as, "To what extent do collaborative partners perceive that stigma and awareness of behavioral health services have changed since implementing the FSS Program?" School representatives using a 5-point Likert scale rated stigma questions. Below is a graph showing the combined responses on the stigma survey provided to school administrators and teachers.

Graph 39: Stigma and Awareness Survey



According to survey results, stigma attached to behavioral health issues is perceived to have decreased in the schools. Teachers involved in the FSS Program are more aware and have a better understanding of how to support students with emotional and/or behavioral problems.

Summary:

From 2014 to 2019, the FSS Program has been utilized as a tool that has assisted in developing, establishing, and maintaining a collaborative relationship with education. The program was initiated in 3 schools in – classrooms, and by the end of FY 18/19, the program expanded to 51 classrooms at 18 schools. Both ICBHS and school administrators faced important challenges that prevented the expansion to all schools in Imperial County, which was the original goal of the Innovation Plan. Some of the challenges consisted of staff turnover and changes in meeting structures due to the number of school districts involved and administrators' availability to meet. To ensure the continued expansion of the FSS Program and strengthen the on-going collaborative relationship between ICBHS and education, ICBHS staff has made every effort to maintain close communication with all school staff involved in the implementation of FSS Program. Some of the continued actions that assisted in developing and maintaining the relationship between ICBHS and local schools consisted of meeting individually and on a

regular basis with school administrators to discuss any implementation updates, evaluate progress and identify areas needing clarification or improvement for their particular site. Moreover, the ongoing communication reinforced the goal of building a strong relationship with all school administrators and teachers, by providing support when needed. Additionally, FSS staff also become more involved in the initial process of referring students to the program by being providing psychoeducation to the parents/caregivers/legal guardians and teachers on mental health and ICBHS services once a student is identified. As a result, parents/caregivers/legal guardians, teachers and other school administrators have been more receptive and accepting of the program, the admission and referral process. As the program has expanded, there has also been an increase interest from new schools to implement the FSS program as administrators have requested to implement FSS program in their school and ongoing schools have requested to expand FSS program to more kindergarten classes.

ICBHS submitted a request to the MHSOAC to extend the Innovation Project: FSS Program until April 2019 to utilize additional MHSA Innovation funds. The extension was approved by the MHSOAC on August 2018, which provided an opportunity to implement new strategies and to develop a system or new collaborative approach that could be replicated county-wide. With this extension ICBHS expanded the Program to 3 classrooms in 2 new schools, Ben Hulse in Imperial, Ca and Grace Smith in Niland, Ca during FY 18/19. The extension of the Innovation Project also gave ICBHS the opportunity to assess the adaptations or modified strategies implemented in the previous three fiscal years that could result in the successful establishment of a collaborative relationship between these two agencies. The program adaptations included the following:

- To improve teachers' cooperation and willingness to participate in the program, teachers participated in a meeting prior to implementation of the FSS Program where they were provided a presentation of the FSS model. During this introductory meeting teachers had the opportunity to review and provide feedback on protocols, roles and responsibilities, hear about testimonials from teachers who have seen results and to ask any questions that they might have.
- To increase teachers' awareness of mental illness and reduce stigma associated with mental illness, they were provided with information on the importance of early identification and early interventions. They were also provided with information of available services through ICBHS and how to make referrals for assessment.
- To assist in the process of identifying children in need of the FSS Program or other ICBHS Services, ICBHS staff assisted teachers by conducting classroom observations and consulting with them to identify and refer to appropriate services.
- To identify if parents/caregivers/legal guardians' acceptance of the program improves, ICBHS staff rather than teachers introduced the program to parents/caregivers/legal guardians/caregivers. ICBHS also discussed the importance of early identification, early intervention and available services.
- To continue the development of a process of communicating and collaborating effectively and regularly, ICBHS staff continued to meet individually with school administrators and teachers on a monthly basis.

Continuation of an Innovative Project

On March 18, 2019 during the MHSA Steering Committee meeting, stakeholders were informed that the Five-Year Innovation Plan, FSS Program would be coming to an end in March 2019. Based on the success of this program in creating a collaborative relationship with school districts to increase access to services to children ages 4 to 6, the recommendation was made to transition the FSS Program to the Prevention and Early Intervention Plan (PEI) as an early intervention program. The recommendation to transition FSS as an early intervention program under the PEI component was approved by stakeholders present at the MHSA Steering Committee Meeting. The FSS program will allow ICBHS to continue the implementation of this successful program to provide early intervention services to unserved and underserved children in Imperial County.

Positive Engagement Team

Program Description

Imperial County Behavioral Health (ICBHS) experiences difficulties in engaging hard to reach populations in need of mental health services. ICBHS has utilized several strategies in efforts to increase access to services to unserved and underserved populations. These efforts have included conducting presentations; facilitating educational groups; providing trainings to community members; conducting a weekly radio shows/podcasts focusing on mental health topics; and developing advertisement campaigns including billboards, newspaper, magazine and radio ads. The goal of this Innovation Project is to *increase access to services* for hard to reach populations by reducing stigma related to mental health, increasing penetration rate and improving appointment attendance.

The geographic composition of our community is considered a barrier to accessing services. Imperial County expands over 4,597 square miles and is comprised of seven incorporated cities including Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland, and seven unincorporated areas, some of which are located more than 45 minutes apart from each other. To better serve the community and provide access to mental health services, ICBHS has opened several outpatient clinics across Imperial County. ICBHS has collaborated with several agencies that include, schools, law enforcement, social services, non-profit organizations, health care providers and other community agencies in an effort to increase access to services and provide mental health services to populations in need. However, despite all these efforts, ICBHS has not been able to reach the number of consumers estimated to be in need of mental health services as the current penetration rate for Imperial County continues to be low based on its population and when compared to State and other small counties.

ICBHS conducted an extensive Community Program Planning Process (CPPP) in efforts to include community members and stakeholders by providing feedback on the community needs, and through their participation in the decision-making around the designing and implementation of the Innovation Plan. Feedback from community members was received during community forums and through the completion of surveys, which were available in English and Spanish. Stakeholders involved in this process included community members, consumers, consumer representatives or caregivers, behavioral health employees, and representatives from community agencies including education, probation, CASA, LGBT Resource Center, social services and other service agencies. Based on this feedback, an Innovation Project was developed focusing on increasing access to services and increasing client retention in services.

As a result of the CPPP process, during FY 2018-2019, a new MHSA Innovative Project: Positive Engagement Team (PET) was developed. The innovative component of the PET project is to utilize dogs, not for therapy, but as a tool to engage consumers into mental health treatment. Using dogs in a mental health setting is not innovative; however Imperial County's Innovation Project plans to 1) integrate dogs at outpatient clinics to provide an inviting and friendly clinic environment to engage consumers in treatment; and 2) integrate dogs in outreach activities as a way to gain individual's interest and take the opportunity to provide education on mental illness and services to increase *access to services*. This strategy will lead to the reduction of stigma related to mental health and increase motivation to participate in treatment

and keep appointments. The PET Project will have the following two components involving dogs:

- ***Client Engagement***: Dogs will be gradually incorporated into the different outpatient clinics in the Children, Youth and Young Adults, and Adults Department. Trained dogs will be assigned to welcome consumers in the waiting areas. Having dogs in outpatient clinics will convey a positive association to mental health as the presence of dogs will create a welcoming and relaxing environment for all populations. During scheduled appointments consumers will be allowed to interact with the dogs or take them into session, if requested. Having dogs can help individuals facilitate a discussion with the mental health staff or simply provide a friendly and welcoming environment, wordless comfort, and emotional release. It is expected that using dogs will promote trust, increase client engagement into treatment and decrease stigma and discrimination associated to having a mental health illness resulting in improved attendance to appointments.

- ***Community Outreach:*** ICBHS staff will conduct outreach activities in the community with the participation of a dog(s). Incorporating dogs in outreach activities will elicit interest and promote conversations that will assist in normalizing the access to needed mental health services. During the outreach activities, dogs will be utilized to destigmatize mental health, and increase the interest of hard to reach populations. Eighty-five percent (85%) of Imperial County residents are of Hispanic origin, all outreach activities will be sensitive to their linguistic and cultural background. It is expected that having dogs during community outreach activities will help engage individuals, and at the same time, ICBHS staff will have the opportunity to provide information on how to access the available programs and services. This strategy may help create a positive association with mental health services and replace or eliminate the negative perception of mental illness.

To implement PET program and have trained dogs for the engagement and outreach strategies, ICBHS developed a contract with the local Humane Society of Imperial County (HSOIC). The HSOIC will provide dogs trained in obedience; trained dog handlers; training program for dogs, handler and ICBHS staff; health care, grooming, and feeding of dogs; and transportation for the daily delivery of dogs to designated clinics or locations where services and outreach activities are provided.

ICBHS realizes that not all individuals feel comfortable interacting with dogs or may not be able to interact due to health reasons. Therefore, a comprehensive plan was developed to ensure the needs of consumers and staff are met. The plan includes creating posters and fliers providing information on the Innovation Project and the presence of dogs in the clinics. Individuals will be notified of the presence of dogs by phone or by mail, prior to their scheduled appointments, giving them the option to request for the animal to be removed, if necessary. ICBHS also has plans for removing the dogs if requested by consumers' service provider(s). ICBHS also has crates or locations where the dog can be placed when requested.

ICBHS currently only allows service dogs in the outpatient clinics. ICBHS uses the definition of service dogs as outlined under the Americans with Disability Act (ADA) which indicates that service dogs are individually trained to do work or perform tasks for individuals living with disabilities. Upon implementation of the PET program, ICBHS plans to allow personal pets at

our outpatient clinics for those consumers and/or service providers that can provide proof of completion of obedience training from a certified trainer.

Achievement of Performance Outcomes

The plan was submitted and approved by the Imperial County Board of Supervisors on November 20, 2018 and was submitted to the Mental Health Oversight and Accountability Commission (MHSOAC) on January 8, 2019. On February 28, 2019, Imperial County presented the PET Project to the MHOAC in Sacramento and was approved on March 29, 2019 for $2,165,138 for 3 years. Once approved by the MHSOAC, ICBHS developed a contract with the Humane Society of Imperial County (HSOIC). ICBHS also developed a contract with Todd Sosna, Ph.D. Management Consulting (TSMC) to evaluate and analyze the PET project. On June 20, 2019, two meetings were held in Imperial County to involve staff and stakeholders in the program evaluation process. The morning meeting involved community members and stakeholders to discuss the implementation process of the PET project. The afternoon meeting involved ICBHS staff to discuss methods for data collection and site implementation.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

1. Fully execute contracts with the HSOIC and TSMC.
2. Provide surveys to individuals during their initial appointments and during outreach events and provide data to TSMC for evaluation purposes.
3. Obtain service-level data to measure the following:
   a. Number of outreach activities,
   b. Demographic information on individual completing the surveys,
   c. Number of dogs trained for the project.

4. Obtain survey data from consumers/legal guardians/caregivers about their experience related to the presence of dogs at the clinic to evaluate the following:
   a. Has the presence of dogs in outpatient clinics or programs assist in engaging consumers into treatment and reduce the number of individuals not attending appointments?
   b. Has the presence of dogs in outpatient clinics and programs improve individuals' perception of mental health and reduce stigma associated with mental illness?

5. Obtain survey data from community members during outreach events to evaluate the following:
   a. Has the presence of dogs during outreach activities increase the number of individuals that will access mental health services?
   b. Has the presence of dogs during outreach activities improve individuals' perception of mental health and reduce stigma associated with mental illness?

6. Disseminate information on the progress of the PET Innovation Project to the community at local MHSA Steering Committee Meetings, Mental Health Board Meetings, newspaper, magazines, and radio shows.

Capital Facilities and Technological Needs

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

A. Consumer and Family Empowerment

Consumer Portal Kiosks

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

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

The implementation of the kiosks has proven difficult, assigned computers to the existing kiosk locations were in some instances made unavailable by individuals tampering with software within the computer or with actual hardware. When Imperial County was victim to a cybersecurity breach in 2019 it became more apparent that the initial technology that was being used to accomplish MyHealthPointe desired access to the consumer portal was not optimal. In evaluating 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 tamper and provide the needed access to the internet through Google Chrome.

Program Goals and Objectives for FY 2020-2021

The goal for this upcoming fiscal year is to complete the installation and setup of the remaining locations listed above. ICBHS Information Systems is already in possession of the remaining Chromebooks and is collaborating with Purchasing for the needed equipment to create kiosks at the pending locations.

The current COVID-19 pandemic, which began affecting ICBHS on 3/20/20, has delayed all non-essential services for the county and its clinics and therefore delaying the original goal of June 2020 for the installation of kiosks at the above locations. Information Systems will also be monitoring the equipment on a regular basis to ensure that it is working as expected and provide the access to the consumer portal.

Wellness Center Computers Upgrade

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

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

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

This is a shift in direction from the previous plan for having regular workstations at the Wellness Centers. The goals for the next years are to have both El Centro and Brawley Wellness Centers up and running. Currently we are in the process of testing the access and functionality with Chromebooks to assess if it will meet our clients required needs to complete their school functions. ICBHS seeks to establish a working lab with Chromebooks or an alternate hosted option to meet the consumers' needs.

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

XPIO Contracted Services

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

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

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

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

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

Goals for the upcoming years include a) Working with XPIO for the annual preparation of the three trainings mentioned above as well as the Cultural Competency Annual Training. b) Working with XPIO to prepare MyAvatar to report on Meaningful Use Stage 3 for the eligible professionals that qualify for the program and c) Working with XPIO to complete the Annual Security Risk Assessment and continue to test the systems contingency plan.

Staff Training

Technology changes are increasing rapidly, and Information Systems staff need to stay current on the upcoming changes of the electronic health record, MyAvatar. The vendor of the application, NetSmart, provides the opportunity for structured module trainings, an annual national conference and annual regional conferences. These trainings also provided some networking opportunities, and much was learned from other counties on how to best work with the client plant. Additionally, four staff will be attending the annual nationwide conference offered by the vendor.

Program Goals and Objectives for FY 2020-2020 through FY 2022-2023

The goal for next year's include the purchase trainings for two new Information Systems staff and to attend the annual conferences offered by NetSmart.

C. Telecommunications Mobile Solutions

As ICBHS is in the final stages of going fully electronic on all health records through all the clinics, the current pandemic situations (COVID-19) has identified areas of opportunity for the clinics and our mobile solutions. ICBHS needs to have information and equipment more readily available in order to provide continued services. The electronic health record vendor NetSmart has a solution in place that is currently being utilized to deploy mobile electronic devices. The name of the tool is Clinician, which enables a user to access and update client plans, progress notes, service entries, client demographics and other forms in MyAvatar. This tool allows staff to go out in the field without the need of internet connection, provide services from home and document services provided. The solution allows the view of stored data and the creation of new data within the mobile device during the offline session and once the staff comes back to the office and connects the devise to the system it synchronizes the data to the electronic health record. ICBHS would like to purchase additional equipment for the use of this tool in order to fully exploit and take advantage of the technology to facilitate the transition to a full electronic health record so that information is still available to staff even when out of the office and/or during emergency situations.

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

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

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

The goal of ICBHS is to provide each program with a minimum of two (2) devices that staff would be able to check out when working out in the field. It is estimated that about 50 Dell Windows Tablets are needed for clinics, and 100 webcams that will be needed for staff telecommunication deployment.

The budgeted amount to accomplish the above goals and objectives for CF/TN for FY 2020-2021 through 2022-2023 is estimated at $439,412.

Workforce Education and Training

The Workforce Education and Training (WET) component provides education and training for all individuals who provide direct or support services in the Public Mental Health System. The mission of WET is to develop and maintain a enough 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.

Action 1: Evidence-Based and Promising Practices Trainings

Mental Health Interpreter Training

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

During FY 2018-2019 training was provided to ICBHS staff on October 23-24, 2018 and November 6-7, 2018. A total of 54 staff attended this training.

During FY 2019-2020, the Mental Health Interpreter training took place on December 11-12, 2020 (two-day training) with 26 staff attended. At this training, only component (1) was offered: Mental Health Interpreter Training for Interpreters.

Program Goals and Objectives for FY 2020-2021 through 2022-2023

For FY 2020-2021 through 2022-2023, the WET component of the MHSA funding will host 3 Mental Health interpreter Training, one per fiscal year in order to maintain workforce capacity to respond to the interpretation service needs of the consumers with limited language skills. A minimum of 20 staff will be trained in interpreter services each fiscal year.

Budget Justification

Training and Technical Assistance

The budgeted amount includes the cost of the proposed training/consultation, travel expenses, 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 49 - Mental Health Interpreter Training Program

Item	Estimated Total
(2) Two Day Interpreter Training for FY 2020-2021	$21,000
(2) Two Day Interpreter Training for FY 2021-2022	$21,000
(2) Two Day Interpreter Training for FY 2022-2023	$21,000
Total Item	$63,000

Action 2: Assertive Community Treatment Model Training and Support Services

The Assertive Community Treatment (ACT) is a foundation training in support of the development of the Full-Service Partnership – Assisted Outpatient Treatment (FSP-OAT) program. 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. ACT has been shown to be effective in a variety of measures including reduction in hospital days and housing stability. 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.

Program Goals and Objectives for FY 2020-2021 through FY 2022-2023

For FY 2020-2021 through FY 2022-2023, ICBHS will contract services with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the ACT model. Training will serve as the support needed to further develop the ICBHS FSP-AOT program.

Budget Justification

Supportive services and training will be offered to include programmatic and clinical consultation services, on site clinical training, evaluation services, out of state travel and materials. The budget for FY 2020-2021 through FY 2022-2023 is $40,000.

Programmatic & Clinical Consultation

- Systems level consultation and support.
- Initial Kick off for program administrators, program managers and treatment team (In person).
- Administrative consultation as required to develop and sustain services (six (6) monthly one (1) hour web-based).
    - Team leader coaching (six (6) monthly one (1) hour web-based)

Clinical Training – on site

- ACT Standard Training Modules:

- ACT Overview / ACT Core Processes
- Foundations of Motivation and Engagement
- Stage-Wise Treatment
- Understanding Addictions/DD Model
- ACT Fidelity / DACTS

Evaluation Services

- Baseline team-based fidelity review: activity includes interviews with administration, supervisors, clinical staff and consumers; policy review, medical record review, clinical observation as available.
- Team specific report with recommendation: Two (2) evaluation staff/fidelity review.

Travel

- Four (4) trips (include mileage, airfare, rental car, rental car fuel, lodging, meals, tolls, parking)

Materials

- Include estimated charges for resources -MI Readiness Rulers, etc., printing of handout materials

Action 3: Dialetical Behavior Therapy Comprehensive Implementation and Training Initiative

Dialectical Behavior Therapy (DBT) is an evidence-based psychotherapy useful in treating mood disorders, suicidal ideation, and for change in behavioral patterns such as self-harm and substance use. The Dialectical Behavior Therapy Comprehensive Implementation & Training Initiative (DBT CITI) is an innovative two-part 10-day immersive experience in DBT – where the primary goal is to build a strong and adherent DBT program, outstanding DBT clinical competence, and a highly effective DBT consultation team. The immersive approach applies the best of training and implementation processes and methods developed by Drs. Marsha Linehan, Kelly Koerner, Linda Dimeff and their colleagues at the University of Washington, BTECH, & BTECH Research over the past two decades. The training prepares trainees and programs for Linhan's *DBT Accreditation and Certification.* ICBHS plans to implement a full DBT system wide program that will focus on addressing the needs of the severely mentally ill population as well as the needs of those with co-occurring mental health and substance use disorders.

ICBHS is planning to contract with Portland DBT Institute for system wide DBT training and implementation across all ICBHS programs. The DBT CITI training is planned for FY 2020-2021 and the estimated cost of this training is $103,000.00. MHSA would cover 35% of the cost $36,050.00

Elements of DBT CITI

• Part I: Content Acquisition & Drafting a Provisional DBT Program Plan. The onsite training will provide an immersive experience into all elements of DBT's theoretical, structural, and clinical content, including DBT skills. Instruction will include: didactic presentations, experiential

exercises, review and discussion of video and audio tapes, and small-group practice exercises. The training will apply an active learning method in our overall approach that includes: learn it (learn fundamental content elements), see it (watch the clinical strategy modelled), and do it (practice applying learned/observed strategy).

- Between Parts I & II: Strengthening Clinical Capability and Building a DBT Program. At the conclusion of Part I, detailed instructions for practicing DBT and building a DBT program will be provided along with a DBT exam intended to help individuals prepare for the DBT Certification tests and to further strengthen their mastery of concepts. Assignments completed during this interim period will be presented at Part II.

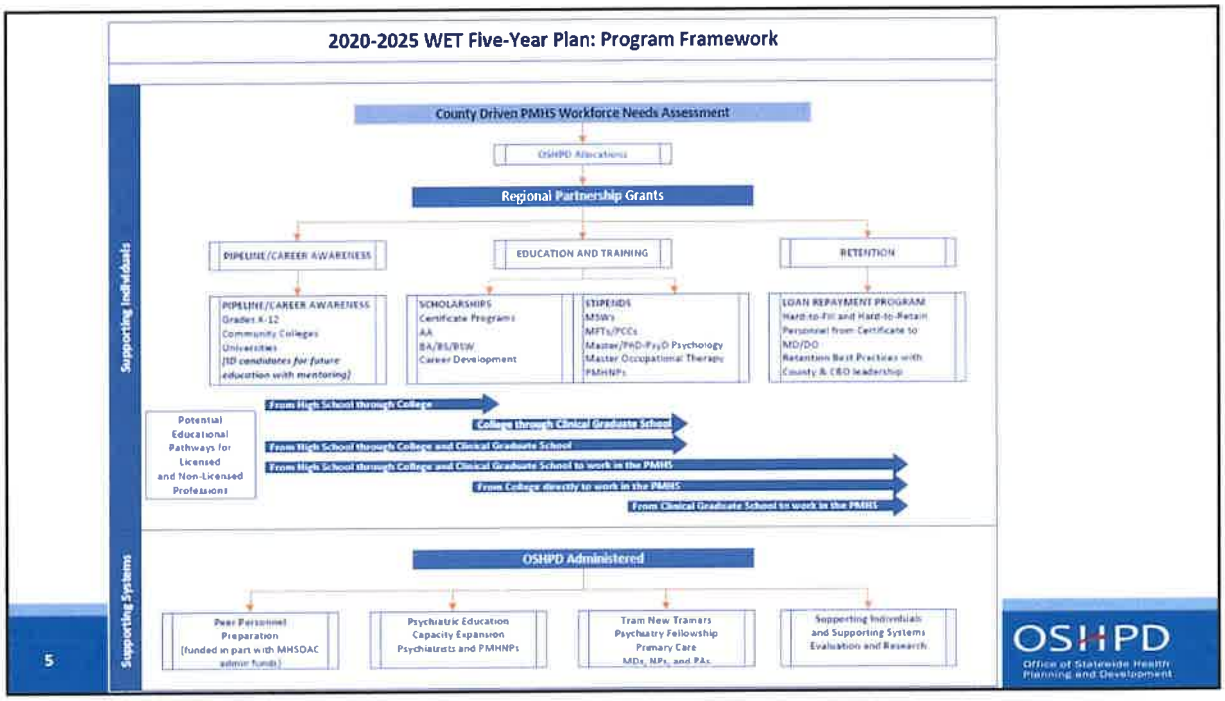
- Part II: Strengthening Core Competencies and Refining Program Direction. The intent of Part II is to refine and receive feedback on DBT clinical skills and to ensure that the DBT program being developed with ICBHS is headed in a direction of building a DBT program to fidelity. Specifically, each team will present a clinical DBT case, a clinical sample, and their DBT program to highlight those elements that are "on-model" and drill down further on concepts and strategies that require further refinement and practice.

Action 4: Statewide MHSA Workforce Education and Training Plan (OSHPD Five-Year Plan)

As provided for by the Welfare and Institutions Code (WIC) Section 5820, Office of Statewide Health Planning (OSPHD), in coordination with California Behavioral Health Planning Council (CBHPC), is charged with the development of the WET Plan every five years. During FY 2020-2025, ICBHS is planning to participate in the Statewide MHSA WET in collaboration with the OSHPD as it recognizes that the public mental health system (PMHS) suffers from a shortage of qualified mental health personnel, especially among licensed professionals, to meet the needs of our population. The impact is also contributed by the disproportion of licensed providers that reflect the cultural and linguistic diversity. The purpose of the Statewide WET Plan is to guide efforts to improve and expand the PMHS workforce. The goals and objectives of WET will provide a framework for strategies that state, local government, community partners, educational institutions, and other stakeholders can enact to remedy the shortage of qualified individuals to provide services to those who are risk of a severe mental illness.

During FY 2020-2021 through FY 2022-2023, ICBHS will be participating in the proposed WET Five-Year Plan Framework. Based on the overall analysis conducted by OSPHD and CBHPC, the WET Plan framework proposes two categories 1) Supporting Individuals, 2) Supporting Systems. In order to implement the proposed strategy, OSPHD will contract with Regional Partnerships to carry out the proposed activities under Supporting Individuals. OSHPD will directly administer the activities under Supporting Systems.

ICBHS as part of the Southern Regional Partnership Grant Program will focus on three (3) areas of focus 1) Pipeline/Career Awareness, 2) Education and Training, and 3) Retention.



At this time ICBHS continues to collaborate with the Regional Partnership Grants process with a proposed timeline from April 2020 through August 2020.

Budget Justification

The FY 2019-2020 budget included approximately $40 million to fund county MHSA Workforce Education and Training (WET) programs statewide. To secure these funds, county behavioral health agencies must collectively provide a 33% match or $13.2 million by 2025. County contributions must be used for WET purposes to fund pipeline/career awareness, scholarships, stipends, and loan repayment programs. Funds will need to be transferred to a third party entity. CalMHSA will act as this entity and ensure contributions are returned to the county for WET purposes.

Based on the current MHSA allocation formula, the suggested contribution amount for Imperial County is $64,133.00 (for 2020-2025). For FY 2020-2021 through 2022-2023, ICBHS will contribute $38,479.80 ($12,826.60 per year) as the county match.

Action 5: Stipend Program

The following stipend programs will be implemented within ICBHS:

> **Master of Social Work Students:** ICBHS will support individuals interested in entering the public mental health field by funding stipends to Masters of Social Worker (MSW) students at the San Diego State University (SDSU) Imperial Valley, located in Calexico Campus, in exchange for a commitment to practice in Imperial County Behavioral Health

Services (ICBHS). ICBHS will provide ten (10) stipends to individuals interested in pursuing an MSW to expand the diversity and cultural competence of our workforce. The stipend program offers a fixed amount of $9,000 per year to students in the second and third year of their MSW program to assist in covering their expenses in exchange for a commitment to work at ICBHS for one year for each year a stipend was awarded. The total amount of these stipends will be $180,000 and will be awarded during FY 2021/2022 and FY 2022/2023.

Physician: Imperial County Behavioral Health Services will support individuals interested in entering the public mental health field by funding a stipend for one (1) medical student during residency to expand the diversity and cultural competence of our workforce in exchange for a commitment to practice in Imperial County Behavioral Health Services (ICBHS). ICBHS will provide one stipends in a fixed amount of $12,000 per year to assist in covering their expenses and the opportunity to complete the residency program at ICBHS in exchange for a commitment to work at ICBHS for a minimum of three years. This stipend will be awarded during FY 2020/2021 and FY 2021/2022.

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EXPENDITURE PLAN

Mental Health Services Act
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
Community Services & Supports (CSS)

County Imperial County

Fiscal Year: **2020-2021**
Date: 4/16/2020

SECTION 1:

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant MHBG	Other	Grand Total
Adult and Older Adult	Full Service Partnership	$ 1,474,549	$ 4,728,961	$ 1,370,867	$ -	$ -	**$ 7,574,377**
Youth and Young Adult	Full Service Partnership	$ 360,828	$ 3,034,309	$ 881,819	$ -	$ -	**$ 4,276,956**
PIER Model Program	Full Service Partnership	$ (0)	$ 282,139	$ 79,578	$ -	$ -	**$ 361,717**
Assisted Outpatient Treatment	Full Service Partnership	$ 88,311	$ -	$ -	$ -	$ -	**$ 88,311**
Community Engagement Supportive Services (CESS)	Non-Full Service Partnership	$ 1,126,925	$ 230,273	$ 66,753	$ 194,657	$ -	**$ 1,618,608**
Transitional Engagement Supportive Services (TESS)	Non-Full Service Partnership	$ 1,519,470	$ 168,891	$ 48,960	$ -	$ -	**$ 1,737,321**
Outreach & Engagement	Non-Full Service Partnership	$ 172,778	$ -	$ -	$ -	$ -	**$ 172,778**
Wellness Centers	Non-Full Service Partnership	$ 2,542,190	$ -	$ -	$ -	$ -	**$ 2,542,190**

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant MHBG	Other	Grand Total
Annual Planning Costs	$ 253,270	$ -	$ -	$ -	$ -	**$ 253,270**
Evaluation Costs	$ -	$ -	$ -	$ -	$ -	**$ -**
Administration Costs	$ 1,936,595	$ -	$ -	$ -	$ 100,000	**$ 2,036,595**
Funds Transfer To Prevention & Early Intervention (PEI)	$ -	$ -	$ -	$ -	$ -	**$ -**
Funds Transfer To Work, Education and Training (WET)	$ 227,798	$ -	$ -	$ -	$ -	**$ 227,798**
Funds Transfer To Capital Facilities & Tech. Needs (CFTN)	$ 219,794	$ -	$ -	$ -	$ -	**$ 219,794**
Funds Transfer To Prudent Reserve (PR)	$ -	$ -	$ -	$ -	$ -	**$ -**

Total Estimated Expenditures	**$ 9,922,510**	**$ 8,444,573**	**$ 2,447,976**	**$ 194,657**	**$ 100,000**	**$ 21,109,716**
Total Estimated Expenditures (Excluding Transfers to PEI, WET, CFTN and PR)	**$ 9,474,918**	**$ 8,444,573**	**$ 2,447,976**	**$ 194,657**	**$ 100,000**	**$ 20,662,124**

1. CCR Title 9, Section 3620c, "The County shall direct the majority of its Community Services and Supports funds to the Full Service Partnership Category") **58.3%**

2. 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 a 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 purposes 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
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
Community Services & Supports (CSS)

County Imperial County

Fiscal Year: **2021-2022**
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant MHBG	Other	Grand Total
Adult and Older Adult	Full Service Partnership	$ 1,354,532	$ 4,870,830	$ 1,411,993	$ -	$ -	**$ 7,637,355**
Youth and Young Adult	Full Service Partnership	$ 300,281	$ 3,125,338	$ 908,274	$ -	$ -	**$ 4,333,893**
PIER Model Program	Full Service Partnership	$ 4,412	$ 290,603	$ 81,965	$ -	$ -	**$ 376,981**
Assisted Outpatient Treatment	Full Service Partnership	$ 127,471	$ -	$ -	$ -	$ -	**$ 127,471**
Community Engagement Supportive Services (CESS)	Non-Full Service Partnership	$ 1,148,531	$ 237,181	$ 68,756	$ 200,497	$ -	**$ 1,654,964**
Transitional Engagement Supportive Services (TESS)	Non-Full Service Partnership	$ 1,549,304	$ 173,958	$ 50,428	$ -	$ -	**$ 1,773,691**
Outreach & Engagement	Non-Full Service Partnership	$ 174,483	$ -	$ -	$ -	$ -	**$ 174,483**
Wellness Centers	Non-Full Service Partnership	$ 2,551,418	$ -	$ -	$ -	$ -	**$ 2,551,418**

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant MHBG	Other	Grand Total
Annual Planning Costs	$ 253,798	$ -	$ -	$ -	$ -	**$ 253,798**
Evaluation Costs	$ -	$ -	$ -	$ -	$ -	**$ -**
Administration Costs	$ 1,937,123	$ -	$ -	$ -	$ 100,000	**$ 2,037,123**
Funds Transfer To Prevention & Early Intervention (PEI)	$ -	$ -	$ -	$ -	$ -	**$ -**
Funds Transfer To Work, Education and Training (WET)	$ 109,312	$ -	$ -	$ -	$ -	**$ 109,312**
Funds Transfer To Capital Facilities & Tech. Needs (CFTN)	$ 109,809	$ -	$ -	$ -	$ -	**$ 109,809**
Funds Transfer To Prudent Reserve (PR)	$ -	$ -	$ -	$ -	$ -	**$ -**

Total Estimated Expenditures	**$ 9,620,475**	**$ 8,697,910**	**$ 2,521,415**	**$ 200,497**	**$ 100,000**	**$ 21,140,297**
Total Estimated Expenditures (Excluding Transfers to PEI, WET, CFTN and PR)	**$ 9,401,354**	**$ 8,697,910**	**$ 2,521,415**	**$ 200,497**	**$ 100,000**	**$ 20,921,176**

1. CCR Title 9, Section 3620c, "The County shall direct the majority of its Community Services and Supports funds to the Full Service Partnership Category") **59.0%**

2. 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 a 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 purposes 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

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
Community Services & Supports (CSS)

County Imperial County

Fiscal Year: 2022-2023
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant MHBG	Other	Grand Total
Adult and Older Adult	Full Service Partnership	$ 1,148,977	$ 5,065,663	$ 1,468,472	$ -	$ -	$ 7,683,112
Youth and Young Adult	Full Service Partnership	$ 175,928	$ 3,250,352	$ 944,605	$ -	$ -	$ 4,370,884
PIER Model Program	Full Service Partnership	$ 5,289	$ 302,227	$ 85,244	$ -	$ -	$ 392,760
Assisted Outpatient Treatment	Full Service Partnership	$ 229,306	$ -	$ -	$ -	$ -	$ 229,306
Community Engagement Supportive Services (CESS)	Non-Full Service Partnership	$ 1,161,020	$ 246,668	$ 71,506	$ 208,517	$ -	$ 1,687,711
Transitional Engagement Supportive Services (TESS)	Non-Full Service Partnership	$ 1,577,222	$ 180,917	$ 52,445	$ -	$ -	$ 1,810,584
Outreach & Engagement	Non-Full Service Partnership	$ 174,483	$ -	$ -	$ -	$ -	$ 174,483
Wellness Centers	Non-Full Service Partnership	$ 2,555,802	$ -	$ -	$ -	$ -	$ 2,555,802

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant MHBG	Other	Grand Total
Annual Planning Costs	$ 254,346	$ -	$ -	$ -	$ -	$ 254,346
Evaluation Costs	$ -	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 1,937,671	$ -	$ -	$ -	$ 100,000	$ 2,037,671
Funds Transfer To Prevention & Early Intervention (PEI)	$ -	$ -	$ -	$ -	$ -	$ -
Funds Transfer To Work, Education and Training (WET)	$ 109,312	$ -	$ -	$ -	$ -	$ 109,312
Funds Transfer To Capital Facilities & Tech. Needs (CFTN)	$ 109,809	$ -	$ -	$ -	$ -	$ 109,809
Funds Transfer To Prudent Reserve (PR)	$ -	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 9,439,166**	**$ 9,045,827**	**$ 2,622,272**	**$ 208,517**	**$ 100,000**	**$ 21,415,781**
Total Estimated Expenditures (Excluding Transfers to PEI, WET, CFTN and PR)	**$ 9,220,045**	**$ 9,045,827**	**$ 2,622,272**	**$ 208,517**	**$ 100,000**	**$ 21,196,660**

1. CCR Title 9, Section 3620c, "The County shall direct the majority of its Community Services and Supports funds to the Full Service Partnership Category") **59.2%**

2. 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 a 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 purposes 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
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
Prevention & Early Intervention (PEI)

County Imperial County

Fiscal Year: 2020-2021
Date: 4/16/2020

SECTION 1:

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Trauma Focus-CBT	Prevention	$ 431,989	$ -	$ -	$ -	$ -	$ 431,989
Incredible Years	Prevention	$ 305,855	$ -	$ -	$ -	$ -	$ 305,855
Rising Stars	Prevention	$ 393,212	$ -	$ -	$ -	$ -	$ 393,212
First Steps of Success	Prevention	$ 219,749	$ -	$ -	$ -	$ -	$ 219,749
Trauma Focus-CBT	Early Intervention	$ 145,658	$ 64,686	$ 15,099	$ -	$ -	$ 225,442
First Steps of Success	Early Intervention	$ 281,873	$ 235,420	$ 54,953	$ -	$ -	$ 572,246
Stigma & Discriminiation	Stigma & Discrimination	$ 117,486	$ -	$ -	$ -	$ -	$ 117,486
Outreach for Increasing Recognition of Ealy Signs of Mental Illness	Outreach	$ 53,888	$ -	$ -	$ -	$ -	$ 53,888
Access & Linkage to Treatment	Access & Linkage to Trtmnt	$ 52,440	$ -	$ -	$ -	$ -	$ 52,440
		$ -	$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Annual Planning Costs	$ 3,425	$ -	$ -	$ -	$ -	$ 3,425
Evaluation Costs	$ -	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 287,185	$ -	$ -	$ -	$ 2,753	$ 289,938
	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 2,292,759**	**$ 300,106**	**$ 70,052**	**$ -**	**$ 2,753**	**$ 2,665,670**

Mental Health Services Act
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
Prevention & Early Intervention (PEI)

County Imperial County

Fiscal Year: 2021-2022
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Trauma Focus-CBT	Prevention	$ 436,393	$ -	$ -	$ -	$ -	$ 436,393
Incredible Years	Prevention	$ 305,855	$ -	$ -	$ -	$ -	$ 305,855
Rising Stars	Prevention	$ 399,434	$ -	$ -	$ -	$ -	$ 399,434
First Steps of Success	Prevention	$ 222,895	$ -	$ -	$ -	$ -	$ 222,895
Trauma Focus-CBT	Early Intervention	$ 146,092	$ 66,626	$ 15,552	$ -	$ -	$ 228,270
First Steps of Success	Early Intervention	$ 280,732	$ 242,483	$ 56,601	$ -	$ -	$ 579,816
Stigma & Discriminiation	Stigma & Discrimination	$ 118,957	$ -	$ -	$ -	$ -	$ 118,957
Outreach for Increasing Recognition of Ealy Signs of Mental Illness	Outreach	$ 55,110	$ -	$ -	$ -	$ -	$ 55,110
Access & Linkage to Treatment	Access & Linkage to Trtmnt	$ 53,347	$ -	$ -	$ -	$ -	$ 53,347
		$ -	$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Annual Planning Costs	$ 3,425	$ -	$ -	$ -	$ -	$ 3,425
Evaluation Costs	$ -	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 287,185	$ -	$ -	$ -	$ 2,753	$ 289,938
	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 2,309,424**	**$ 309,109**	**$ 72,154**	**$ -**	**$ 2,753**	**$ 2,693,441**

Mental Health Services Act
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
Prevention & Early Intervention (PEI)

County Imperial County

Fiscal Year: 2022-2023
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Trauma Focus-CBT	Prevention	$ 439,363	$ -	$ -	$ -	$ -	$ 439,363
Incredible Years	Prevention	$ 305,855	$ -	$ -	$ -	$ -	$ 305,855
Rising Stars	Prevention	$ 407,294	$ -	$ -	$ -	$ -	$ 407,294
First Steps of Success	Prevention	$ 226,188	$ -	$ -	$ -	$ -	$ 226,188
Trauma Focus-CBT	Early Intervention	$ 144,647	$ 69,291	$ 16,174	$ -	$ -	$ 230,112
First Steps of Success	Early Intervention	$ 276,692	$ 252,182	$ 58,865	$ -	$ -	$ 587,739
Stigma & Discriminiation	Stigma & Discrimination	$ 120,053	$ -	$ -	$ -	$ -	$ 120,053
Outreach for Increasing Recognition of Ealy Signs of Mental Illness	Outreach	$ 55,941	$ -	$ -	$ -	$ -	$ 55,941
Access & Linkage to Treatment	Access & Linkage to Trtmnt	$ 53,848	$ -	$ -	$ -	$ -	$ 53,848
		$ -	$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Annual Planning Costs	$ 3,425	$ -	$ -	$ -	$ -	$ 3,425
Evaluation Costs	$ -	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 287,185	$ -	$ -	$ -	$ 2,753	$ 289,938
	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 2,320,488**	**$ 321,474**	**$ 75,040**	**$ -**	**$ 2,753**	**$ 2,719,755**

Mental Health Services Act
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
INNOVATION (INN)

County Imperial County

Fiscal Year: **2020-2021**
Date: 4/16/2020

Program Name		Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Project#2	Positive Engagement Team	Innovation	$ 616,819	$ -	$ -	$ -	$ -	$ 616,819
Approval Date:	March 29, 2019		$ -	$ -	$ -	$ -	$ -	$ -
Start Date:	April 1, 2019		$ -	$ -	$ -	$ -	$ -	$ -
End Date:	March 29, 2022		$ -	$ -	$ -	$ -	$ -	$ -
Initial Amount:	$ 2,165,138		$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -
			$ -	$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	$ -	$ -
Evaluation Costs	$ 18,333	$ -	$ -	$ -	$ -	$ 18,333
Administration Costs	$ 62,475	$ -	$ -	$ -	$ -	$ 62,475
	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 697,627**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 697,627**

Mental Health Services Act
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
INNOVATION (INN)

County Imperial County

Fiscal Year: **2021-2022**
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Project#2	Innovation	$ 529,935	$ -	$ -	$ -	$ -	$ 529,935
Approval Date: March 29, 2019		$ -	$ -	$ -	$ -	$ -	$ -
Start Date: April 1, 2019		$ -	$ -	$ -	$ -	$ -	$ -
End Date: March 29, 2022		$ -	$ -	$ -	$ -	$ -	$ -
Initial Amount: $ 2,165,138		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	$ -	$ -
Evaluation Costs	$ 13,750	$ -	$ -	$ -	$ -	$ 13,750
Administration Costs	$ 53,329	$ -	$ -	$ -	$ -	$ 53,329
	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 597,014**	**$ -**	**$ -**	**$ -**	**$ -**	**$ 597,014**

Mental Health Services Act
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
INNOVATION (INN)

County Imperial County

Fiscal Year: **2022-2023**
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Federal Grant	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	$ -	$ -
Evaluation Costs	$ -	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	$ -	$ -	$ -	$ -	$ -	$ -

Mental Health Services Act

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
WORK, EDUCATION AND TRAINING (WET)

County: Imperial County

Fiscal Year: 2020-2021
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Case Western Reserve University - ACT Training	Training & Tech. Assistance	$ 40,000	$ -	$ -	$ -	**$ 40,000**
Portland DBT Institute - Dialectical Behavioral Thereapy	Training & Tech. Assistance	$ 36,050	$ -	$ -	$ -	**$ 36,050**
Interpreter Training	Training & Tech. Assistance	$ 22,000	$ -	$ -	$ -	**$ 22,000**
Social Work Students Stipend Program	Training & Tech. Assistance	$ -	$ -	$ -	$ -	**$ -**
Physician Stipend Program	Training & Tech. Assistance	$ -	$ -	$ -	$ -	**$ -**
MHSA WET OSHPD Five-Year Plan Statewide Project	Training & Tech. Assistance	$ 12,827	$ -	$ -	$ -	**$ 12,827**
		$ -	$ -	$ -	$ -	**$ -**
		$ -	$ -	$ -	$ -	**$ -**
		$ -	$ -	$ -	$ -	**$ -**
		$ -	$ -	$ -	$ -	**$ -**

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	**$ -**
Evaluation Costs	$ -	$ -	$ -	$ -	**$ -**
Administration Costs	$ 24,750	$ -	$ -	$ -	**$ 24,750**
	$ -	$ -	$ -	$ -	**$ -**
	$ -	$ -	$ -	$ -	**$ -**

Total Estimated Expenditures	**$ 135,627**	**$ -**	**$ -**	**$ -**	**$ 135,627**

*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 a 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 purposes 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

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
WORK, EDUCATION AND TRAINING (WET)

County: Imperial County

Fiscal Year: 2021-2022
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Case Western Reserve University - ACT Training	Training & Tech. Assistance	$ -	$ -	$ -	$ -	$ -
Portland DBT Institute - Dialectical Behavioral Thereapy	Training & Tech. Assistance	$ -	$ -	$ -	$ -	$ -
Interpreter Training	Training & Tech. Assistance	$ 22,000	$ -	$ -	$ -	$ 22,000
Social Work Students Stipend Program	Training & Tech. Assistance	$ 90,000	$ -	$ -	$ -	$ 90,000
Physician Stipend Program	Training & Tech. Assistance	$ 12,000	$ -	$ -	$ -	$ 12,000
MHSA WET OSHPD Five-Year Plan Statewide Project	Training & Tech. Assistance	$ 12,827	$ -	$ -	$ -	$ 12,827
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	$ -
Evaluation Costs	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 18,651	$ -	$ -	$ -	$ 18,651
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 155,478**	**$ -**	**$ -**	**$ -**	**$ 155,478**

*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 a 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 purposes 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
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
WORK, EDUCATION AND TRAINING (WET)

County Imperial County

Fiscal Year: **2022-2023**
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Case Western Reserve University - ACT Training	Training & Tech. Assistance	$ -	$ -	$ -	$ -	**$ -**
Portland DBT Institute - Dialectical Behavioral Thereapy	Training & Tech. Assistance	$ -	$ -	$ -	$ -	**$ -**
Interpreter Training	Training & Tech. Assistance	$ 22,000	$ -	$ -	$ -	**$ 22,000**
Social Work Students Stipend Program	Training & Tech. Assistance	$ 90,000	$ -	$ -	$ -	**$ 90,000**
Physician Stipend Program	Training & Tech. Assistance	$ 12,000	$ -	$ -	$ -	**$ 12,000**
MHSA WET OSHPD Five-Year Plan Statewide Project	Training & Tech. Assistance	$ 12,827	$ -	$ -	$ -	**$ 12,827**
		$ -	$ -	$ -	$ -	**$ -**
		$ -	$ -	$ -	$ -	**$ -**
		$ -	$ -	$ -	$ -	**$ -**
		$ -	$ -	$ -	$ -	**$ -**

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	**$ -**
Evaluation Costs	$ -	$ -	$ -	$ -	**$ -**
Administration Costs	$ 18,490	$ -	$ -	$ -	**$ 18,490**
	$ -	$ -	$ -	$ -	**$ -**
	$ -	$ -	$ -	$ -	**$ -**

Total Estimated Expenditures	**$ 155,317**	**$ -**	**$ -**	**$ -**	**$ 155,317**

*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 a 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 purposes 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

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

County Imperial County

Fiscal Year: 2020-2021
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Client & Family Empowerment	Technological Need	$ 134,035	$ -	$ -	$ -	$ 134,035
Consultant & Staff Training	Technological Need	$ 58,000	$ -	$ -	$ -	$ 58,000
Clinician Point of View	Technological Need	$ -	$ -	$ -	$ -	$ -
Telecommunications Mobile Solutions	Technological Need	$ 53,400	$ -	$ -	$ -	$ 53,400
	Technological Need	$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	$ -
Evaluation Costs	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 31,262	$ -	$ -	$ -	$ 31,262
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 276,697**	**$ -**	**$ -**	**$ -**	**$ 276,697**

*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 a 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 purposes 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
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

County Imperial County

Fiscal Year: 2021-2022
Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Client & Family Empowerment	Technological Need	$ -	$ -	$ -	$ -	$ -
Consultant & Staff Training	Technological Need	$ 58,000	$ -	$ -	$ -	$ 58,000
Clinician Point of View	Technological Need	$ -	$ -	$ -	$ -	$ -
Telecommunications Mobile Solutions	Technological Need	$ 75,000	$ -	$ -	$ -	$ 75,000
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	$ -
Evaluation Costs	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 20,700	$ -	$ -	$ -	$ 20,700
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 153,700**	**$ -**	**$ -**	**$ -**	**$ 153,700**

*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 a 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 purposes 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

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)

County Imperial County

Fiscal Year: 2022-2023

Date: 4/16/2020

Program Name	Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Client & Family Empowerment	Technological Need	$ -	$ -	$ -	$ -	$ -
Consultant & Staff Training	Technological Need	$ 13,000	$ -	$ -	$ -	$ 13,000
Clinician Point of View	Technological Need	$ -	$ -	$ -	$ -	$ -
Telecommunications Mobile Solutions	Technological Need	$ 87,050	$ -	$ -	$ -	$ 87,050
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -
		$ -	$ -	$ -	$ -	$ -

	Total MHSA Funds (Including Interest)	Medi-Cal FFP	Behavioral Health Subaccount	Other	Grand Total
Annual Planning Costs	$ -	$ -	$ -	$ -	$ -
Evaluation Costs	$ -	$ -	$ -	$ -	$ -
Administration Costs	$ 13,950	$ -	$ -	$ -	$ 13,950
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -

Total Estimated Expenditures	**$ 114,000**	**$ -**	**$ -**	**$ -**	**$ 114,000**

*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 a 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 purposes 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

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan

County Imperial County

Fiscal Year: 2020-2021
Date: 4/16/2020

TRANSFER OF FUNDS	CSS	PEI	WET	CFTN	PR
CSS Funds Transfers	$ (447,592)	$ -	$ 227,798	$ 219,794	$ -

LOCAL PRUDENT RESERVES	CSS	PEI	TOTAL
Local Prudent Reserve Beginning Balance	$ 430,047	$ -	$ 430,047
Transfer from Local Prudent Reserve	$ -	$ -	$ -
CSS Funds Transferred to Local Prudent Reserve	$ -	$ -	$ -
Local Prudent Reserve Ending Balance	$ 430,047	$ -	$ 430,047

Program Expenditures & Source of Funding	CSS	PEI	INN	WET	CFTN	Grand Total
MHSA Funds	$ 9,922,510	$ 2,292,759	$ 697,627	$ 135,627	$ 276,697	$ 13,325,220
Medi-Cal FFP	$ 8,444,573	$ 300,106	$ -	$ -	$ -	$ 8,744,679
Behavioral Health Subaccount	$ 2,447,976	$ 70,052	$ -	$ -	$ -	$ 2,518,028
Mental Health Block Grant (MHBG)	$ 194,657	$ -	$ -	$ -	$ -	$ 194,657
Other	$ 100,000	$ 2,753	$ -	$ -	$ -	$ 102,753
TOTAL	**$ 21,109,716**	**$ 2,665,670**	**$ 697,627**	**$ 135,627**	**$ 276,697**	**$ 24,885,337**

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 a 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 purposes shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal 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.

Mental Health Services Act

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan

County Imperial County

Fiscal Year: **2021-2022**
Date: 4/16/2020

TRANSFER OF FUNDS	CSS	PEI	WET	CFTN	PR
CSS Funds Transfers	$ (219,121)	$ -	$ 109,312	$ 109,809	$ -

LOCAL PRUDENT RESERVES	CSS	PEI	TOTAL
Local Prudent Reserve Beginning Balance	$ 430,047	$ -	$ 430,047
Transfer from Local Prudent Reserve	$ -	$ -	$ -
CSS Funds Transferred to Local Prudent Reserve	$ -	$ -	$ -
Local Prudent Reserve Ending Balance	$ 430,047	$ -	$ 430,047

Program Expenditures & Source of Funding	CSS	PEI	INN	WET	CFTN	Grand Total
MHSA Funds	$ 9,620,475	$ 2,309,424	$ 597,014	$ 155,478	$ 153,700	$ 12,836,092
Medi-Cal FFP	$ 8,697,910	$ 309,109	$ -	$ -	$ -	$ 9,007,019
Behavioral Health Subaccount	$ 2,521,415	$ 72,154	$ -	$ -	$ -	$ 2,593,569
Mental Health Block Grant (MHBG)	$ 200,497	$ -	$ -	$ -	$ -	$ 200,497
Other	$ 100,000	$ 2,753	$ -	$ -	$ -	$ 102,753
TOTAL	**$ 21,140,297**	**$ 2,693,441**	**$ 597,014**	**$ 155,478**	**$ 153,700**	**$ 24,739,930**

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 a 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 purposes shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal 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.

Mental Health Services Act

FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan

County Imperial County

Fiscal Year: **2022-2023**
Date: 4/16/2020

TRANSFER OF FUNDS	CSS	PEI	WET	CFTN	PR
CSS Funds Transfers	$ (219,121)	$ -	$ 109,312	$ 109,809	$ -

LOCAL PRUDENT RESERVES	CSS	PEI	TOTAL
Local Prudent Reserve Beginning Balance	$ 430,047	$ -	$ 430,047
Transfer from Local Prudent Reserve	$ -	$ -	$ -
CSS Funds Transferred to Local Prudent Reserve	$ -	$ -	$ -
Local Prudent Reserve Ending Balance	$ 430,047	$ -	$ 430,047

Program Expenditures & Source of Funding	CSS	PEI	INN	WET	CFTN	Grand Total
MHSA Funds	$ 9,439,166	$ 2,320,488	$ -	$ 155,317	$ 114,000	$ 12,028,971
Medi-Cal FFP	$ 9,045,827	$ 321,474	$ -	$ -	$ -	$ 9,367,300
Behavioral Health Subaccount	$ 2,622,272	$ 75,040	$ -	$ -	$ -	$ 2,697,312
Mental Health Block Grant (MHBG)	$ 208,517	$ -	$ -	$ -	$ -	$ 208,517
Other	$ 100,000	$ 2,753	$ -	$ -	$ -	$ 102,753
TOTAL	**$ 21,415,781**	**$ 2,719,755**	**$ -**	**$ 155,317**	**$ 114,000**	**$ 24,404,853**

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 a 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 purposes shall not exceed 20 percent of the average amount of funds allocated to that county for the previous five fiscal 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.

Mental Health Services Act
FY2020-2021 Through FY2022-2023 Three-Year Expenditure Plan
FUNDING SUMMARY

County Imperial County

Date: 4/16/2020

	Community Services & Supports	Prevention & Early Intervention	Innovation	Work, Education & Training	Capital Facilities & Tech. Needs	**Prudent Reserve	TOTAL
Estimated for FY 2020-2021 Funding							
1 Estimated Unspent Funds from Prior Years	4,476,577	5,484,286	3,709,401	-	104,985		13,775,250
2 Estimated New FY 2020-2021 Funding	8,230,675	2,076,009	535,792				10,842,476
3 Transfer In FY 2020-2021*	-	-	-	227,798	219,794	-	447,592
4 Access Local Prudent Reserve in FY 2020-2021	-	-				-	-
5 Estimated Available Funding for FY 2020-2021	12,707,252	7,560,295	4,245,193	227,798	324,779	-	25,065,317
Estimated FY 2020-2021 MHSA Expenditures	9,922,510	2,292,759	697,627	135,627	276,697	-	13,325,220
Estimated for FY 2021-2022 Funding							
1 Estimated Unspent Funds from Prior Years	2,784,742	5,267,537	3,547,566	92,171	48,082		11,740,098
2 Estimated New FY 2021-2022 Funding	8,393,555	2,116,729	546,508				11,056,792
3 Transfer In FY 2021-2022*	-	-		109,312	109,809	-	219,121
4 Access Local Prudent Reserve in FY 2021-2022	-	-				-	-
5 Estimated Available Funding for FY 2021-2022	11,178,297	7,384,266	4,094,074	201,483	157,891	-	23,016,011
Estimated FY 2021-2022 MHSA Expenditures	9,620,475	2,309,424	597,014	155,478	153,700	-	12,836,092
Estimated for FY 2022-2023 Funding							
1 Estimated Unspent Funds from Prior Years	1,557,822	5,074,841	3,497,060	46,005	4,191		10,179,919
2 Estimated New FY 2021-2022 Funding	8,559,694	2,179,031	557,438				11,296,163
3 Transfer In FY 2021-2023*	-	-		109,312	109,809	-	219,121
4 Access Local Prudent Reserve in FY 2022-2023	-	-				-	-
5 Estimated Available Funding for FY 2022-2023	10,117,516	7,253,873	4,054,498	155,317	114,000	-	11,077,042
Estimated FY 2022-2023 MHSA Expenditures	9,439,166	2,320,488	-	155,317	114,000	-	12,028,971
Estimated Unspent FY 2022-2023 Fund Balance	678,350	4,933,385	4,054,498	-	-	-	9,666,232

The current COVID-19 pandemic, which began affecting Imperial County Behavioral Health Services (ICBHS) on March 2020, and with the forecasting of the upcoming increase of essential mental health services, our county has determined to place a hold on transfers into our Local Prudent Reserve to avoid gaps in services being provided to clients, family members and/or caregivers. ICBHS will be re-evaluating this matter in the upcoming three years.

Estimated Local Prudent Reserve Balance	
Local Prudent Reserve Balance as of June 30, 2020	430,047
Contribution during FY 2020-2021	-
Contribution during FY 2021-2022	-
Contribution during FY 2022-2023	-
Local Prudent Reserve Balance as of June 30, 2023	**430,047**

*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 a 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 purposes 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
TRANSFER OF FUNDS
FY 2020-2021 through 2022-2023

Current Fiscal Year **2019-2020**

Imperial County **Three-Year Program & Expenditure Plan**

Percentage to be transfer to the **Local Prudent Reserve***	**0%**
Percentage to be transfer to **Work,Education,Trng(WET)**	**50%**
Percentage to be transfer to **Capital Facilities & Tech(CFTN)**	**50%**
	100%

REGULATIONS

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 (CSS)
2014-15	$ 8,442,567	$ 6,416,351
2015-16	$ 7,086,999	$ 5,386,119
2016-17	$ 9,043,624	$ 6,873,154
2017-18	$ 9,759,832	$ 7,417,472
2018-19	$ 9,608,194	$ 7,302,227
Imperial County MHSF:	$ 43,941,216	$ 33,395,324
FIVE-YEAR AVERAGE:	**$ 8,788,243**	**$ 6,679,065**

(76% of State Apportionment payments is allocated to the CSS)

Transfer Calculation Percentage 10.1% $ 885,835

ESTIMATE TRANSFERS BY FISCAL YEAR

Description	Prudent Reserve	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**	**$ 885,834.682**

*The current COVID-19 pandemic, which began affecting Imperial County Behavioral Health Services (ICBHS) on March 2020, and with the forecasting of the upcoming increase of essential mental health services, our county has determined to place a hold on transfers into our Local Prudent Reserve to avoid gasps in services being provided to clients, family members and/or caregivers. ICBHS will be re-evaluating this matter in the upcoming three years.

Appendix 1: Definition of Acronyms

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

MAOQ	Measurement, Outcomes, and Quality Assessment
MESA	Math Engineering Science Achievement
MFT	Marriage and Family Therapist
MHRT	Mental Health Rehabilitation Technician
MHSA	Mental Health Services Act
MHSOAC	Mental Health Services Oversight and Accountability Commission
MHTU	Mental Health Triage Unit
MOU	Memorandum of Understanding
MRT	Moral Reconation Therapy
PATH	Projects for Assistance in Transition from Homelessness
PEI	Prevention and Early Intervention
PIER	Portland Identification and Early Referral
PPI	Parenting Practices Interview
PRAXES	Parents reach Achieve and Excel through Empowerment Strategies
PSC (PSC-35)	Pediatric Symptom Checklist
PSI	Parental Stress Index
PTSD	Post-Traumatic Stress Disorder
PTSD-RI	Post-Traumatic Stress Disorder Reaction Index
RCP/OP	Resource Center Program-Outpatient Program
RIBS	Reported and Intended Behavior Scale
RS	Rising Stars
SAMHSA	Substance Abuse and Mental Health Services Administration
SED	Seriously Emotionally Disturbed
SEL	Social Emotional Learning
SIPS	Structured Interview for Prodromal Syndromes
SMHS	Specialty Mental Health Services
SMI	Severely Mentally Ill
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 Three Year Program and Expenditure Plan for 2020-2021 through 2022-2023 via fax, mail, 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 to be held during the ICBHS Mental Health Board meeting:

Date	Name of Event	Event Format	Comment
Wednesday, April 29, 2020	Community Forum	Conference Call	No substantive comments or recommendations were made during the 30-day public review and comment period.
Tuesday, May 5, 2020	Community Forum	Conference Call	
Thursday, May 7, 2020	Community Forum	Conference Call	
Tuesday, May 12, 2020	Community Forum	Conference Call	
Tuesday, May 19, 2020	ICBHS Mental Health Board *Public Hearing	Zoom Conference Call	

The Imperial County Mental Health Board recommended the ICBHS MHSA Three Year Program and Expenditure Plan for FY 2020-2021 through FY 2022-2023 be presented to the Imperial County Board of Supervisors for their final review and approval of the plan.