IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

This MHSA Annual Program and Expenditure Plan Update is available for public review and comment through April 22, 2024, to May 21, 2024. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on
May 21, 2024

Feedback can also be submitted via Survey Monkey:
MHSA Annual Update Comment Form 2024

Public Hearing Information:
Imperial Couty Behavioral Health Advisory Board Meeting
651 Wake Avenue
El Centro, CA 92243
Zoom Link

Questions or comments? Please contact:
Imperial County Behavioral Health Services
202 N. Eighth Street
El Centro, CA 92243
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Imperial County Behavioral Health Services

Mental Health Services Act

(MHSA)

Annual Update Fiscal Year 2024-2025

Table Contents


Executive
Summary
IMPERIAL COUNTY
CALIFORNIA

Executive Summary

Proposition 63 also known as the Mental Health Services Act (MHSA) as approved by California voters on January 1, 2005. Funding for MHSA is accessible due to its imposing of a 1 percent tax on personal incomes above $1 million and generates enough dollars each year to fund nearly 25 percent of the state's public mental health system. MHSA supports a wide range of prevention, early intervention, treatment services, and the development of the infrastructure, technology, and workforce needs, as well as supports innovative projects for counties to enhance mental health service delivery. By using the "whatever it takes" approach, California's mental health service systems assists in reducing the long-term adverse impact of untreated severe mental illness and serious emotional disturbance. The goals of MHSA programs is to provide services that promote well-being, recovery, and self-help; prevent the long-term negative impact of severe mental illness; and reduce stigma. Services are culturally competent, easier to access, and more effective in preventing and treating severe mental illness.

As of May 2024, Proposition 1 went to ballot by its biggest proponent Governor Newsom. Its passing on the April ballot will allow for $6.4 billion in bonds for the increase of mental health beds, housing for homeless individuals, veterans, individuals with mental and those with only substance use disorders. It also allows for the restructuring of MHSA funding with an increase in funding to remain at the State for specific services. With its passing, MHSA will now be named Behavioral Health Services Act (BHSA).

Over the next year, Imperial County Behavioral Health Services (ICBHS) will monitor the restructuring of MHSA into BHSA and adapt to the new focus areas driven by Prop 1.

This MHSA Program and Expenditure Annual Update Report for FY 2024-2025 provides the outcomes of services conducted during FY 2023-2024 and what the programs will continue to focus on based on the goals and objectives delineated in the last MHSA Program and Expenditure Three Year Plan FY 2023-2024 through FY 2025-2026. The next annual report will likely reflect many of the significant changes our county will face in response as MHSA restructures into BHSA.

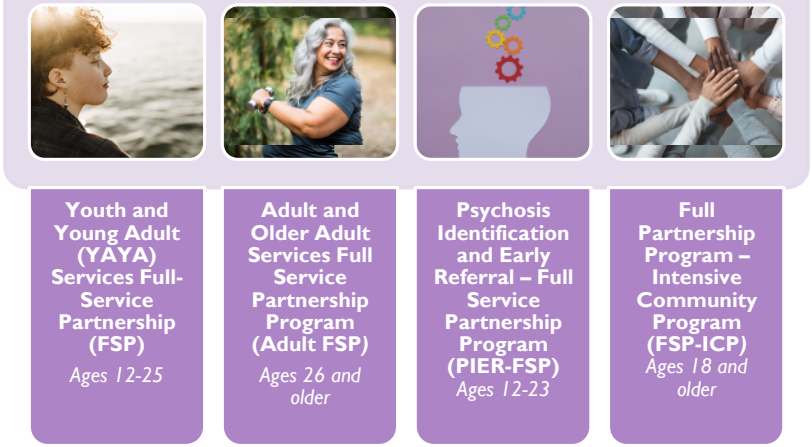
Community Services and Supports (CSS)

CSS is the largest component of MHSA and is composed of 3 areas: Full-Service Partnership Programs, General System Development Programs, and Outreach and Engagement Program.

FULL-SERVICE PARTNERSHIP PROGRAMS:

Full-Service Partnership Programs focuses on children and families, transition-age youth, adults, and older adults who suffer from severe mental illness or serious emotional disturbance.

All programs serve Serious Emotional Disturbances (SED) and/or Severe Mental Illness (SMI) individuals that meet each of the programs criteria.



All FSP program provide different levels of Rehabilitative services; "Wrap-like" services; Integrated community mental health and substance abuse treatment; Crisis response; Supported employment or education; Transportation; Housing assistance; Benefit acquisition; etc…

FSP staff are trained to implement and/or refer to a variety of treatment models including Cognitive Behavioral Therapy (CBT); Trauma-Focused Cognitive Behavioral Therapy (TF-CBT); Multi-family Group sessions, among others. The programs also implement a number of monitoring tools in order to monitor service progress and support client centered outcomes. Each FSP program has its own goals and objectives delineated for FY 2024-2025.

GENERAL SYSTEM DEVELOPMENT PROGRAMS:

Imperial County uses GSD funds to support its local Wellness Center services.

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

The Wellness Center partners with outside agencies to offer consumers:

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

The Wellness Centers will continue to pursue its goals and objectives delineated for FY 2024-2025.

A significant change under GSD is the communities support expressed for the INNOVATION project, Holistic Outreach Prevention and Engagement (HOPE) to establish itself as a GSD program in our county. The following is a summary of

the Community Program Planning Process that took place in support of the transition:

- On April 22, 2024, the proposal was presented to the MHSA Steering Committee Meeting.
- On May 21, 2024, the outcome proposal was presented to the Mental Health Advisory Board.
- Etc..

- **<u>Outreach and Engagement Program</u>** – provides education to the community regarding mental illness and symptoms, early identification of mental illness, and resources to improve access to care through local outreach. The program accomplishes this by conducting outreach services to unserved and underserved SED and SMI individuals in the neighborhoods where they reside, including those who are homeless, in order to reduce the stigma associated with receiving mental health treatment and increase access to mental health services. The program assists individuals in obtaining mental health treatment services from ICBHS by providing information pertaining to programs, services, and the intake assessment process; conducting home visits; scheduling intake assessment appointments; and providing transportation to intake assessment appointments when necessary. The Outreach and Engagement Program is also responsible for conducting outreach in order to ensure SED and SMI clients, and their family members, have the opportunity to participate in the community program planning process. The program is present at key congregate sites such as IV Mall and key community events. The MHSA Outreach Media Center provides the necessary technology production expertise to further support outreach efforts. Including the weekly radio program "Let's Talk About It" / "Expresate" and other social media platforms. Outreach and Engagement goals for CY 2024 are based off the targeted demographic populations identified in the local Target Penetration Rate survey.

- **<u>Transitional Engagement Supportive Services Program (TESS)</u>** – TESS provides outreach and engagement activities to unserved and underserved SED and SMI individuals over the age of 14. The objective of the TESS Program is to provide supportive services while individuals transition to outpatient mental health treatment from hospital and/or crisis discharges. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different

levels of care. These services assist the individual with reintegrating back into the community and provide a supportive environment including gaining entry into the outpatient mental health system within 30-days from the start of the in-take process.

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

Both the TESS and CESS programs provide essential services based on the individual's needs. Such services include initial intake assessment; medication support; mental health services – nurse and rehabilitation technician; targeted case management; and crisis intervention. The programs provide 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.

WORKFORCE EDUCATION & TRAINING:

The Workforce Education and Training component provides funding for education and training for all individuals who provide direct or support services in the Public Mental Health System. The goals are to develop and maintain a sufficient workforce capable of providing effective mental health services. During FY 2023-2024, trainings provided on the following topics: Mental Health Interpreter, Assertive Community Treatment, Psychosis Identification and Early Referral, Interpersonal Psychotherapy, Curanderismo Cultural Competence, and Program to Encourage Active and Rewarding Lives (PEARLS) trainings.

During FY 2023-2024, ICBHS also collaborated in the Southern Regional Partnership grant, which in its final year will support Loan Repayment, Stipend programs, and a variety of regional retention trainings, pipeline activities, and conferences. For FY 2024-2025 the following are the trainings planned:

- Mental Health Interpreter Training Program
- Assertive Community Training Model
- Psychosis Identification and Early Referral Training
- Interpersonal Psychotherapy
- Applied Suicide Intervention Skill Training
- Suicide Alertness for Everyone Training
- PEARLS Training
- Somatic Therapy for Complex Training
- Eye Movement Desensitization & Reprocessing & Internal Family Systems Trainings.

The WET programs will continue to coordinate the ICBHS Incentive Program for qualified therapists and psychologist. ICBHS will continue to collaborate in the Southern Counties Regional Partnership Programs:

- Loan Repayment
- Stipend
- Regional Retention Trainings
- Pipeline Activities; and
- Support Staff Attendance to SCRP Conference(s).

INCORPORATED REPORTS:

- Annual Prevention and Early Intervention (PEI) Report for FY 2022-2023
- Annual Innovation Project Reports for FY 2022-2023

Annual Prevention and Early Intervention (PEI) Report for FY 2022-2023

For the purpose of this report, the PEI section describes the outcomes covering the reporting period for FY 2022-2023. In an effort to incorporate the PEI Annual report as part of the MHSA Annual Update for FY 2024-2025, significant changes, challenges, and goals and objectives for FY's 2023-2024 and 2024-2025 were also briefly included in this report:

At the earliest signs of mental health problems, the Prevention and Early Intervention (PEI) programs are accessible support services where its goals are to lessen the need for additional or extended mental health treatment. PEI programs assist in preventing and/or reducing risk factors such as school failure/dropout, prolonged suffering and/or removal of children from their homes that may result from untreated mental illness and increase protective factors that may lead to improved mental, emotional and relational functioning. PEI programs engage children and youth by delivering services out in the community, all services are provided outside of the norm of outpatient clinics and meet

the MHSOAC priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents.

This report provides updates for the following Prevention Programs:

- **Trauma-Focused Cognitive Behavioral Therapy Program (TF-CBT) –** is a prevention program for children and youth ages 4 to 18 years of age exposed to traumatic experiences. TF-CBT is a strategy to reduce the negative outcomes associated to traumatic experiences. All TF-CBT prevention services are mobile and provided out in the community in locations.

- **First Steps to Success (FSS) –** is a prevention program that was developed to be provided in a school setting and implemented by school personnel. Its positive reinforcement among the kindergarten (ages 4 to 6) population is designed to assist children in developing pro-social skills that will assist them in being successful at school and home. The goal of the MHSA FSS program is to prevent mental illness from developing.

- **Incredible Years –** The program targets a priority population of children and youth in stressed families as part of our prevention program. The parenting program addresses the needs of unserved and/or underserved stressed families in order to prevent childhood trauma, prolonged suffering and/or the risk of having their children removed from their homes. ICBHS continues to contract with one local agencies in Imperial County for the implementation of the Incredible Years (IY) parenting program: Child and Parent Council (CAP Council).
- **Rising Stars (RS) –** is a prevention program for current foster children/youth enrolled in local school districts (K-12). The goal of this Prevention program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster students. RS staff will provide preventive services such as:

    - Social emotional learning activities
    - Leadership development
    - Self-esteem enhancement
    - Developmental Assets workshops
    - Team-building activities
    - Mentoring
    - Academic enhancement, and
    - Enrichment activities: educational field trips, college-prep workshops, study skills workshops, and Science, Technology, Engineering, Arts and Math (STEAM) workshops.

This report provides updates for the following Stigma and Discrimination Reduction Program

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

acceptance and equity for individuals with a mental illness and their families. As the pandemic continued

This report provides updates for the following Outreach for Increasing Recognition of Early Signs of Mental Illness Program

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

This report provides updates for the following Access and Linkage to Treatment Program

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

This report provides updates for the following Early Intervention Programs

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

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

Innovation Project Report

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

During FY 2022-2023, ICBHS had the following Innovation project in place:

- Holistic Outreach Prevention and Engagement (HOPE) Project

    - **Holistic Outreach and Prevention and Engagement (HOPE) Project** – is an Innovation project to be offered to youth and young adult clients who have experienced a psychiatric emergency. The project is to use a holistic approach among youth that recently experienced psychiatric emergencies. The end goal is to prevent future psychiatric emergencies including involuntary holds and/or hospitalizations. Clients will be encouraged to participate in an array of activities such as exercise, nutrition, mindfulness, dance, art, etc., in order to improve social, emotional, physical, and mental balance.


Certifications
IMPERIAL COUNTY
CALIFORNIA

Compliance & Fiscal Accountability Certifications

MHSA County Compliance Certification

County/City: Imperial

☐ Three-Year Program and Expenditure Plan

☑ Annual Update

Local Mental Health Director	Program Lead
Name: Leticia Plancarte-Garcia	Name: Leticia Plancarte-Garcia
Telephone Number: (442) 265-1604	Telephone Number: (442) 265-1604
E-mail: letyplancarte@co.imperial.ca.us	E-mail: letyplancarte@co.imperial.ca.us
Local Mental Health Mailing Address: Imperial County Behavioral Health Services 202 N. Eighth Street El Centro, CA 92243	

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

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

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

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

Local Mental Health Director (PRINT)	Signature	Date

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Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Imperial

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Leticia Plancarte-Garcia	Name: Shelly Small
Telephone Number: 442-265-1601	Telephone Number: 442-265-1285
E-mail: letyplancarte@co.imperial.ca.us	E-mail: shellysmail@co.imperial.ca.us
Local Mental Health Mailing Address: 202 N. Eighth Street El Centro, CA. 92243	

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

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

Leticia Plancarte-Garcia
Local Mental Health Director (PRINT)

Leticia Plancarte-Garcia 04/14/2022
Signature Date

I hereby certify that for the fiscal year ended June 30, 2022, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/02/2021 for the fiscal year ended June 30, 2020. I further certify that for the fiscal year ended June 30, 2022, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

Signature 4/14/22
Date

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

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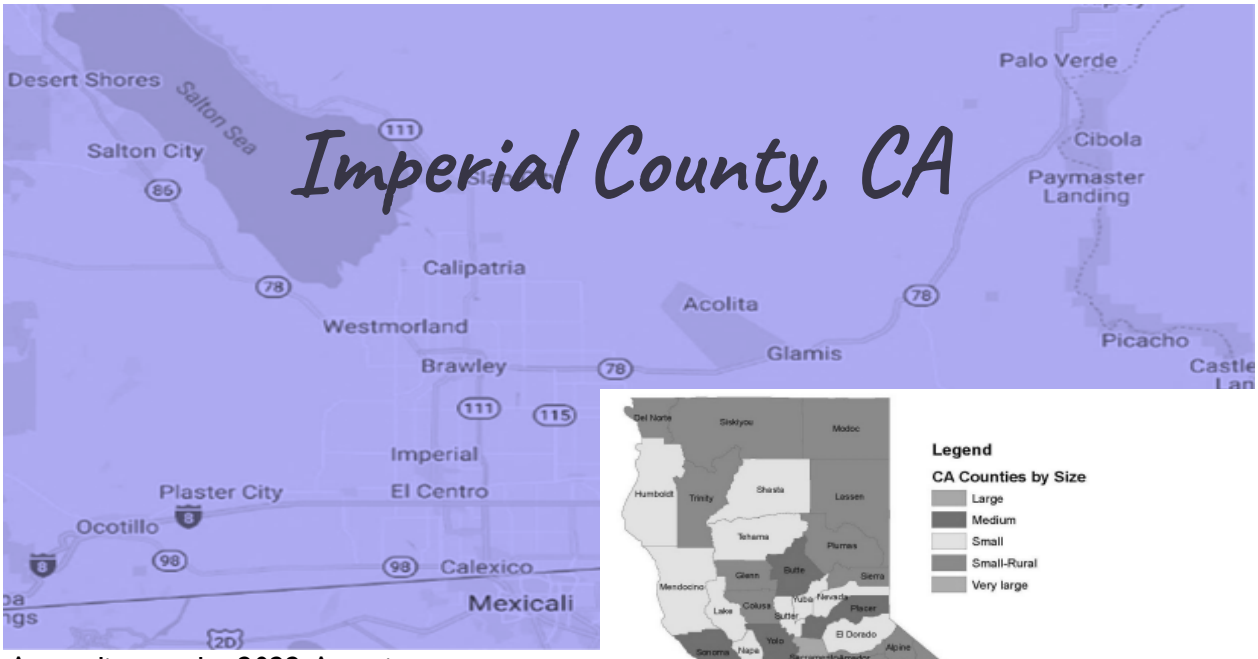
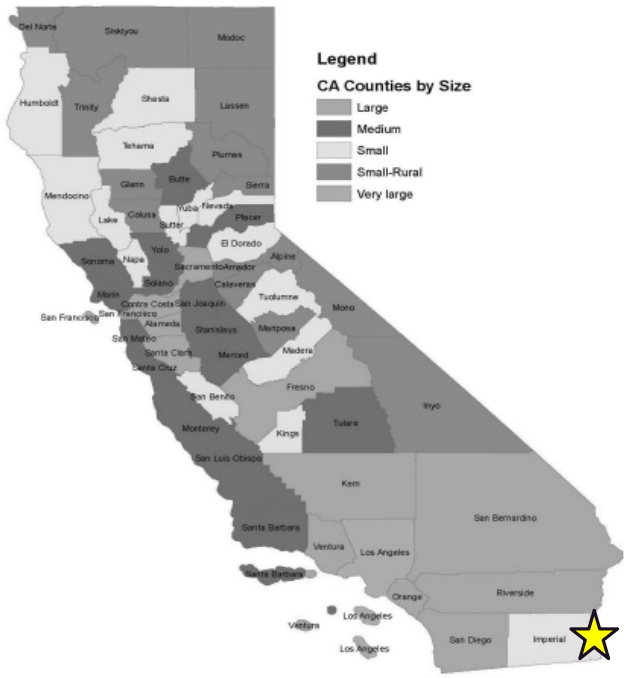
County Profile

Imperial County is the 10th largest county in California located in the southernmost region of California, bordering San Diego County to the west, Riverside County to the north, the State of Arizona to the east, and Mexico to the south. It extends over approximately 4,597 square miles and is comprised of seven incorporated cities (Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland) and seven unincorporated areas (Niland, Seeley, Heber, Ocotillo, Winterhaven, Salton Sea, Bombay Beach), some of which are located more than 45 minutes apart from each other.





According to the 2022 American Community Survey found in the U.S. Census Bureau website, Imperial County's population was 179,702. The county's demographic information is included in the table below.

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

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

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

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

Mental Health Services Act (MHSA) Background

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

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

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

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

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

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

***2021 data published by The National Alliance on Mental Illness (NAMI) reports**

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

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

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

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

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

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

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

MHSA's Transformation

In March 2024, a new proposition was presented to California voters. Governor Newsom pushed Proposition 1 as a ballot measure as a step to tackle the ongoing homelessness crisis in California.

The proposition would do two things, if approved:

Approve a $6.38 billion bond to build thousands more units of permanent supportive housing and treatment beds for people with mental illness and/or substance use disorder across the state.

Change the terms of the Mental Health Services Act, a law passed by voters in 2004 that uses a 1% tax on high earners (those with incomes over $1 million per year) to help pay for mental health services. More money would be spent on housing and support services for people with mental illness and substance use disorder, and less would be spent on existing county services like outpatient treatment and crisis response.

On March 21, 2024, we received word via NPR News article (https://www.npr.org/2024/03/21/1239811952/california-proposition-1-homeless) that Prop 1 passed. The Department of Health Care Services also confirmed the passing via a news release https://www.dhcs.ca.gov/formsandpubs/publications/oc/Pages/24-09-bhttransformation-3-21-24.aspx


DHCS NEWS RELEASE

PASSAGE OF PROPOSITION 1 PAVES WAY FOR FURTHER BEHAVIORAL HEALTH TRANSFORMATION IN CALIFORNIA

SACRAMENTO — California is taking another step forward in Governor Gavin Newsom's effort to modernize and transform the state's behavioral health care system. The Behavioral Health Transformation (BHT) will help improve accountability, increase transparency, and expand the capacity of behavioral


NEWSLETTERS SIGN IN NPR SHOP

NEWS CULTURE MUSIC PODCASTS & SHOWS SEARCH

NATIONAL

California voters pass Proposition 1 to tackle the state's homelessness crisis

MARCH 21, 2024 · 1:33 AM ET

By The Associated Press

California Gov. Gavin Newsom speaks in support of Proposition 1, a $6.38 billion bond ballot measure, during a news conference at the Los Angeles General Medical Center in Los Angeles, Wednesday, Jan. 3, 2024.

Damian Dovarganes/AP

Counties will monitor the transition from Mental Health Services Act (MHSA) to the new Behavioral Health Services Act (BHSA).

Community Program Planning Process

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

Quarterly meetings are held of the local MHSA Steering Committee to gather input and recommendations to the Department regarding the populations to be targeted for services under MHSA funding and evidence-based practices that would address issues and needs identified in the community. During the quarterly meetings the committee is informed and directly involved by providing ongoing planning, monitoring, and oversight of the MHSA Program planning, development, and implementation.

Stakeholders participating in the Steering Committee include consumers, family members, and peer supporters as well as representatives from law enforcement, education, veteran organizations, social services, community health agencies, and provider and system partners play an active role in the MHSA community planning process. All stakeholder meetings were held via Zoom during the 2023-2024 fiscal year.

STAKEHOLDER STEERING

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

Additionally, interpreter services were provided to ensure monolingual Spanish speakers are able to fully participate in the community program planning process.

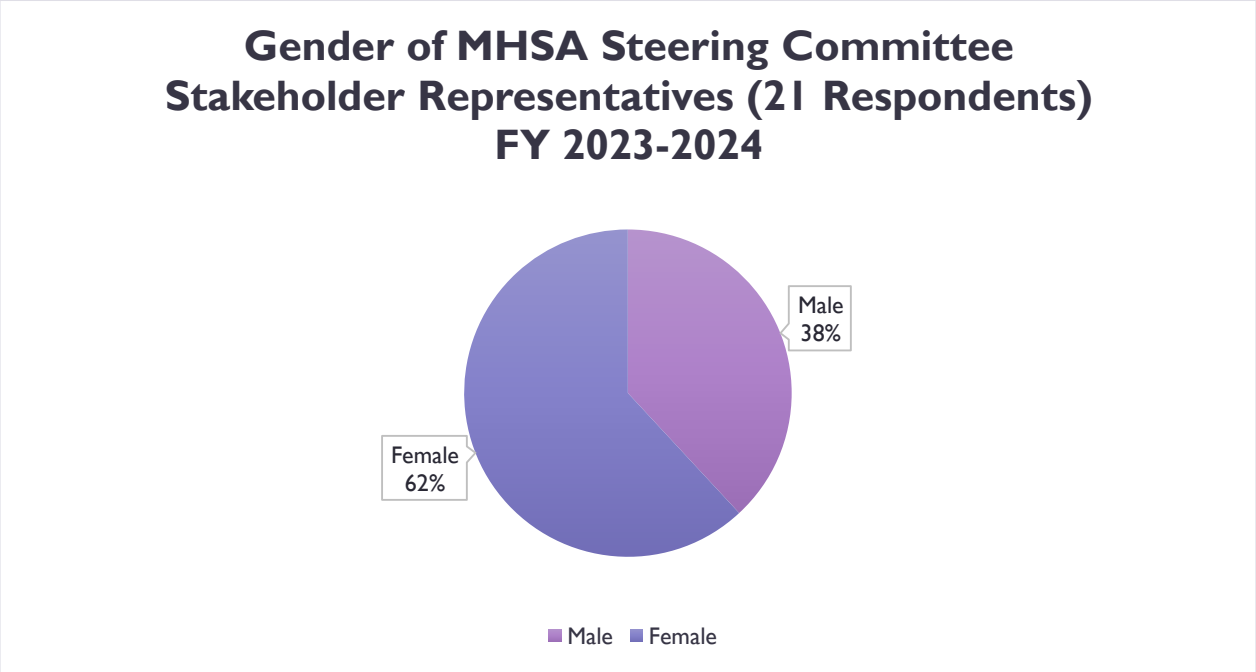
During FY 2023-2024, the MHSA Steering Committee met on the following dates:

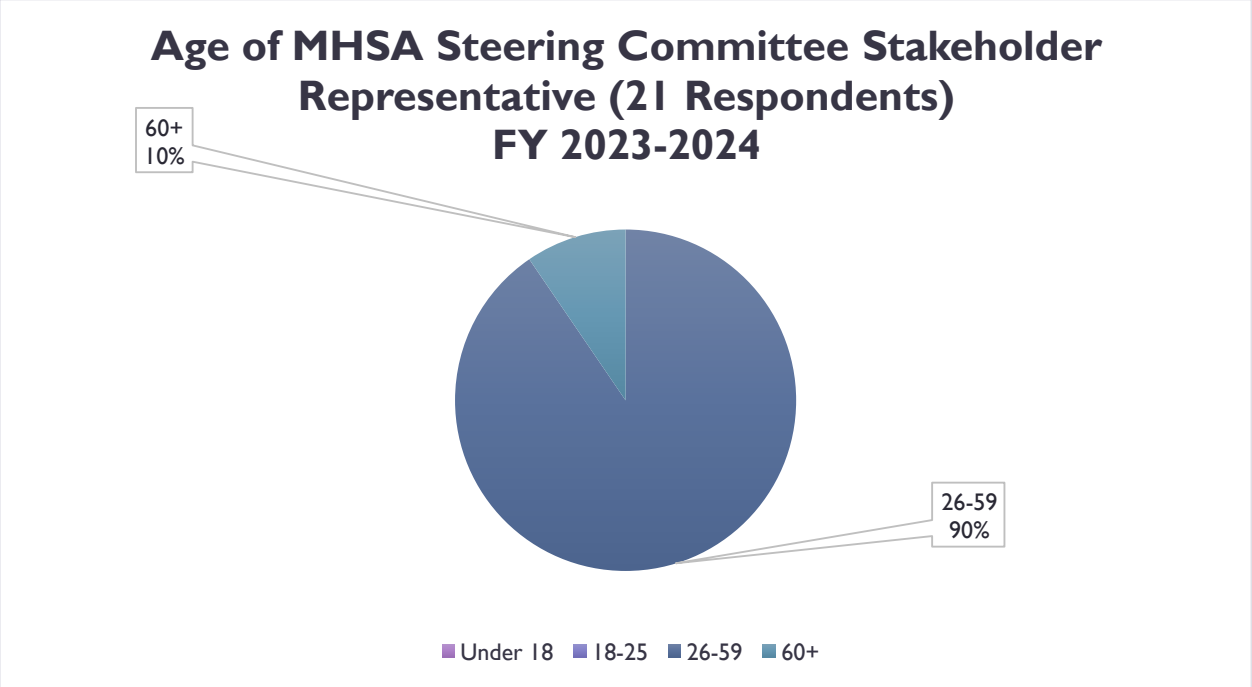
- September 11, 2023
- December 11, 2023
- March 11, 2024
- April 22, 2024
- June 10, 2024 (*Scheduled*)

In order to ensure clients with serious mental illness and/or serious emotional disturbance, and their family members, have the opportunity to participate in the community program planning process, meeting flyers advertising the date, time, location, and purpose of each respective MHSA Steering Committee meeting are posted in the waiting areas of ICBHS clinics and are distributed to consumers, family members, and community members by the MHSA Outreach and Engagement Program's outreach workers. Moreover, the meeting information is also made available to the public through the ICBHS website (https://bhs.imperialcounty.org/bulletin-board/)

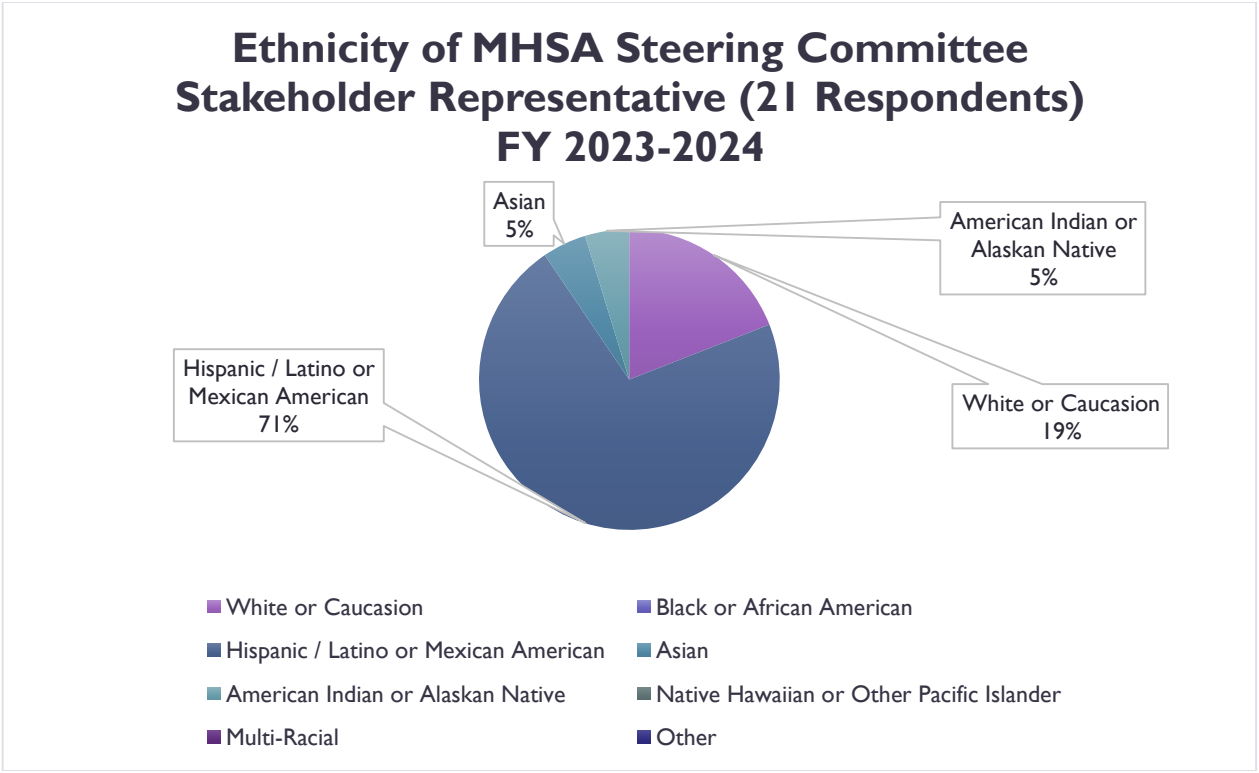
The following graphs summarize the demographics of the stakeholders participating in the community program planning process to ensure they reflect the diversity of the County. We

sent the stakeholder survey link to over 187 stakeholder email addresses. We collected 21 responses which was 11% of respondents.

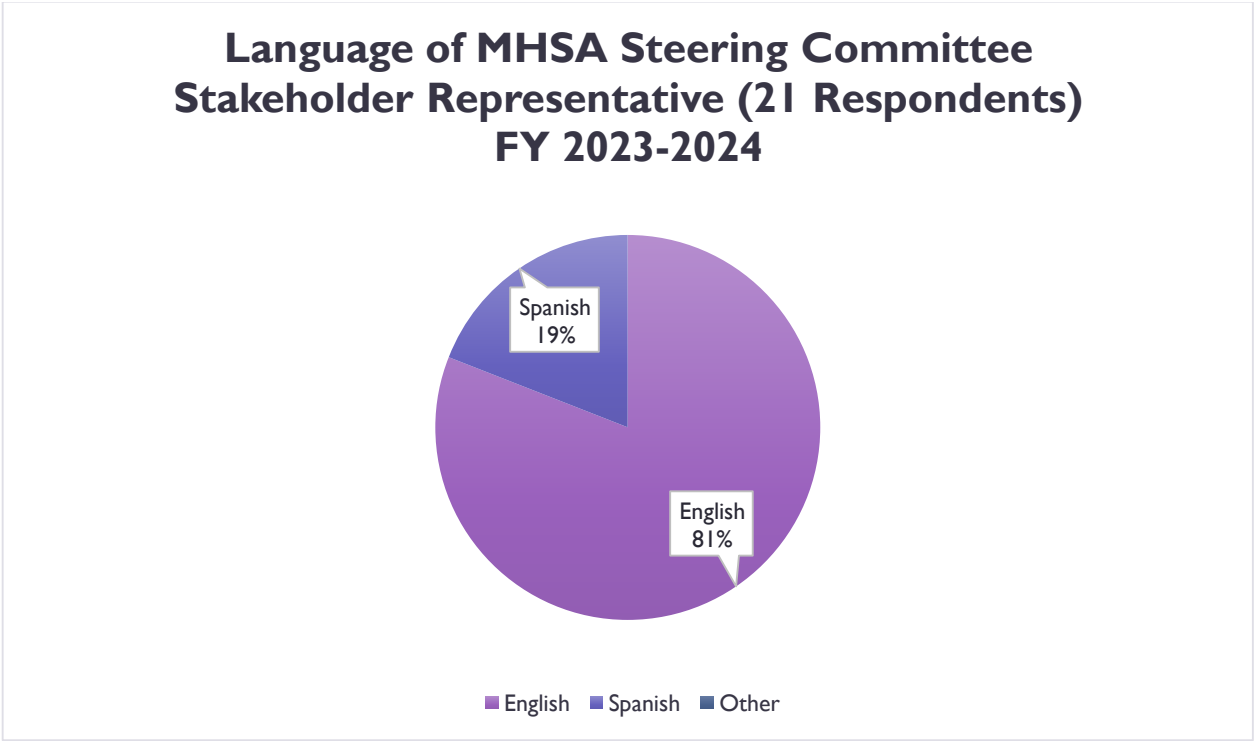




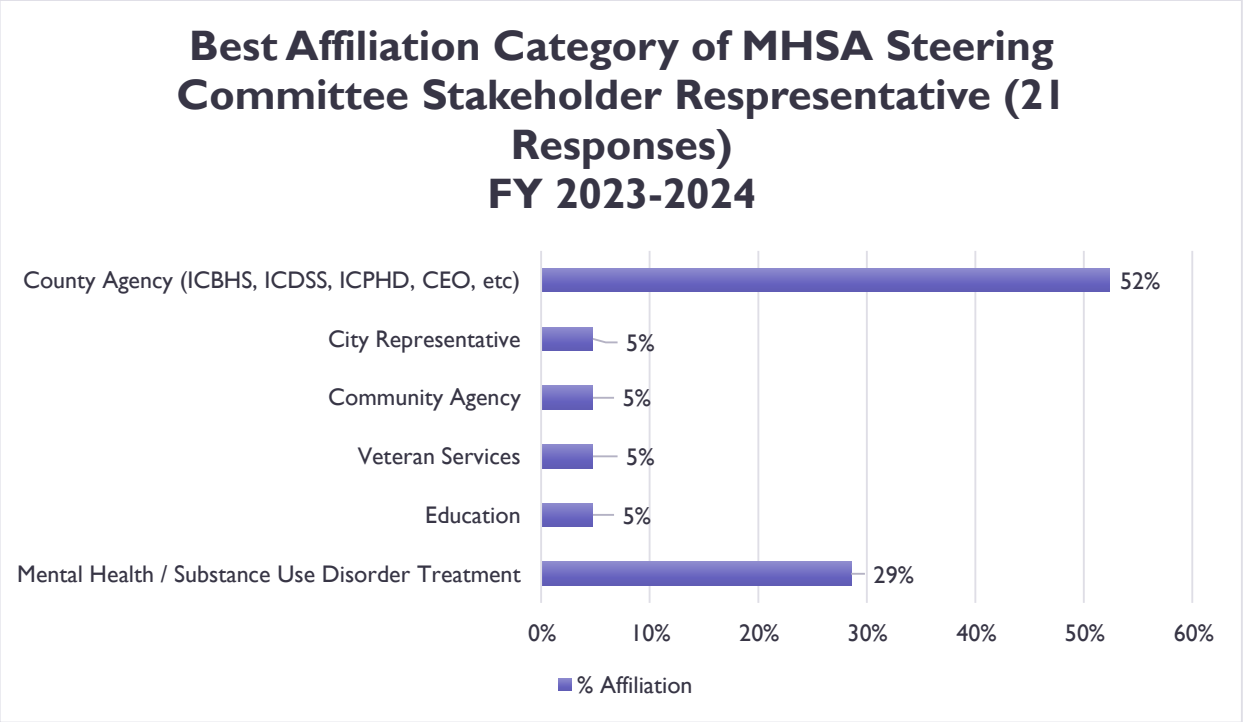
No responses received for Under 18 and 18-25



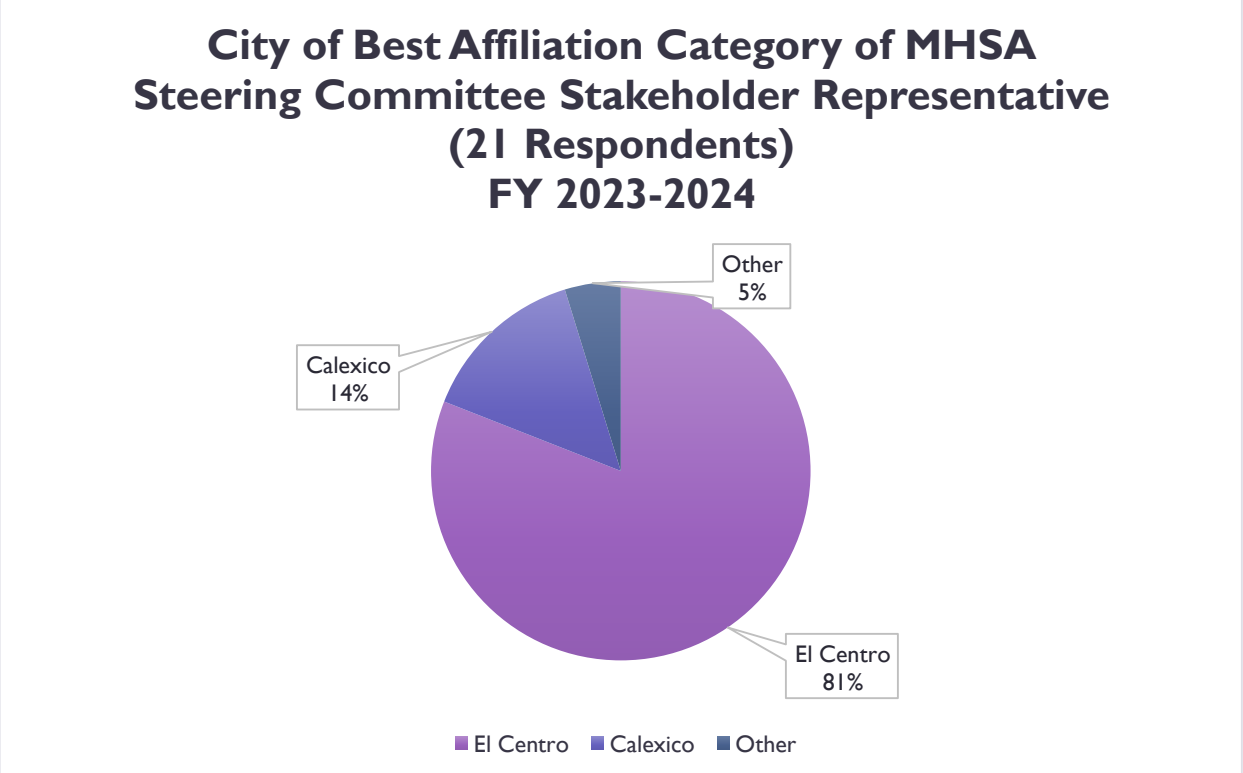
No responses received for Black or African American Native Hawaiian or Pacific Islander, multi-racial, and other.

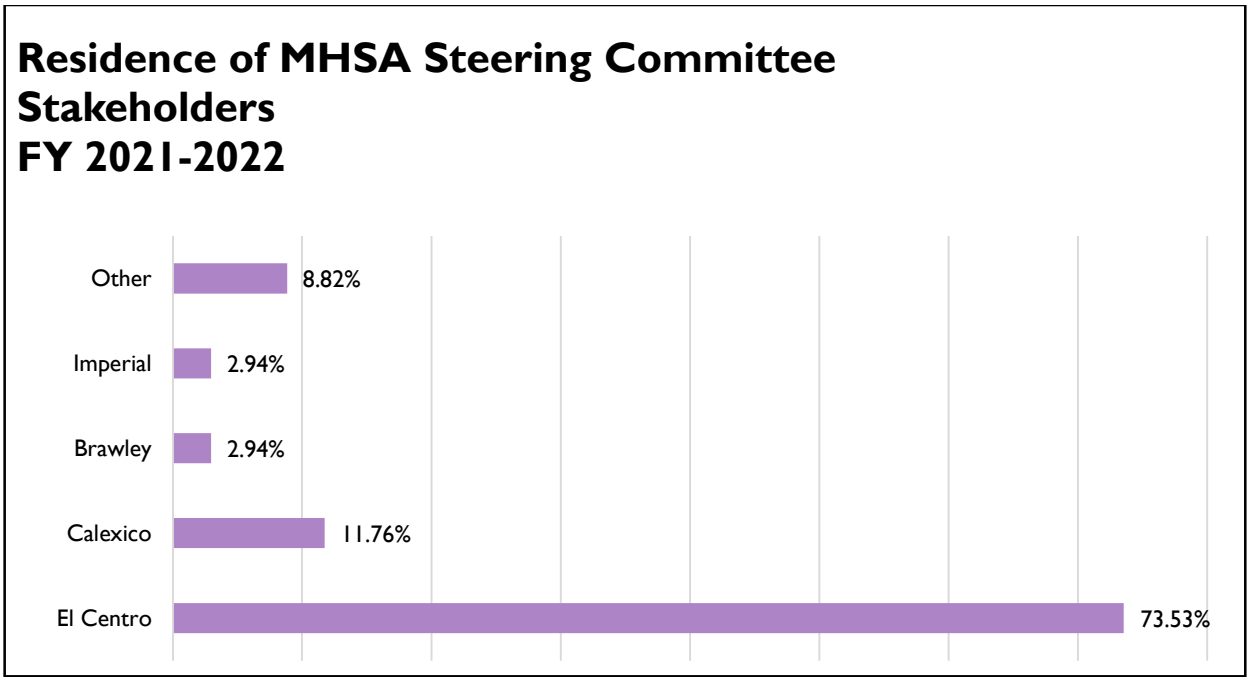


No responses for "Other".



No responses received for Law Enforcement, Consumer, Family Member, Community Health Agency, and Other.





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

Survey participants were also asked to answer all that applied to identify lived experiences:

Are someone who….	
has lived experience and/or someone close has experienced mental and/or behavioral illness, and/or substance use disorder:	42.68%
is a provider to individuals who experience mental and/or behavioral illnesses, and/or substance use disorder:	57.14%
has lived experience of homeless or at risk of becoming homeless:	4.76%
is a service provider to homeless or at risk of becoming homeless individuals:	38.10%
has lived experience of incarceration and/or probation:	4.76%
is a service provider to incarcerated or paroled clients:	28.57%
lives or is part of an unserved or underserved population (i.e. Outlining Community Area, LGBTQIA+, Native American, Foster Youth, etc…)	9.52%
is a service provider to unserved or underserved population (i.e. Outlining Community Area, LGBTQIA+, Native American, Foster Youth, etc…)	28.57%
None of the above:	14.29%

Based on the 2023-2024 survey findings recruiting efforts will be to focus on inviting representation from key hard to reach communities, such as Heber, Holtville, Calipatria, Westmorland, Ocotillo, and Seeley and to increase client and client family participation, as well as increase youth and young adult participation in our counties steering committee meetings.

During FY 2023-2024, ICBHS continued a community planning process to identify needed supports and services for unserved and underserved populations. Outreach and engagement to

underserved populations continued to expand through the scope of "Let's Talk About It" and "Exprésate", the weekly-aired, locally produced and hosted behavioral health radio programs in English and Spanish, the County's threshold language. Informational shows continued to provide the community with program overviews, referral and access information, the populations each program serves, and contact information through broadcast on three separate local radio stations. KXO Radio provided internet podcast hosting of all the radio shows that aired. With this podcast storing, any community member, friend, neighbor, family member, as well as agency personnel from ICBHS or any community agency, can access the information and refer an individual to a particular topic that may apply to their recovery at any time. Moreover, anyone can search the archives and listen in support of their own interests and/or needs.

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

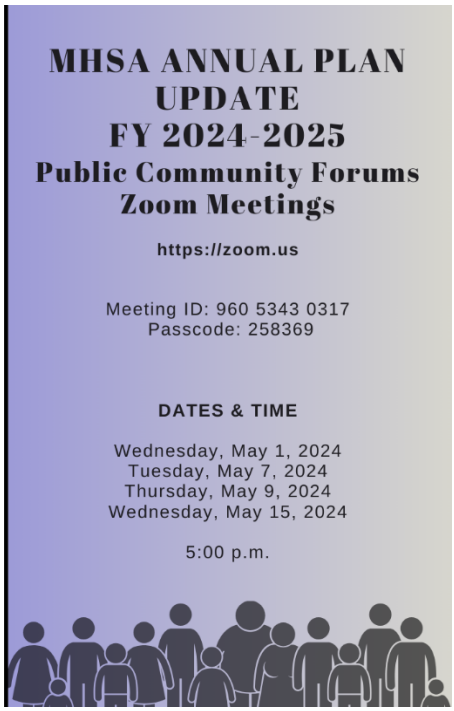
30-Day Review Process

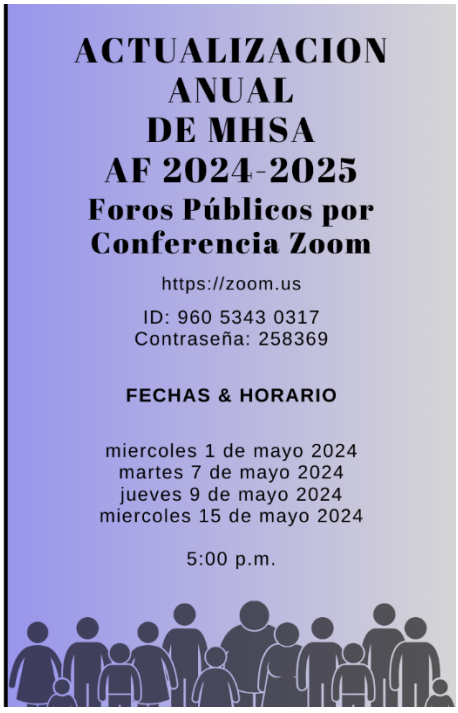
The MHSA Annual Update for FY 2023-2024 was posted for a 30-day public review and comment period from April 22, 2024 through May 21, 2024.

Circulation

The FY 2024-2025 Annual Update was distributed through the MHSA Steering Committee, the Cultural Competence Task Force, and the Behavioral Health Advisory Board, as well as, to the public via Facebook postings. Advertisement for the Public Hearing was posted in the Imperial Valley Press and Adelante Valle, which is circulated throughout all regions of the county. Residents were able to provide feedback through a Public Comment Form.

ICBHS also facilitated informational outreach Zoom meetings to obtain public feedback regarding the FY 2024-2025 Annual Update. Imperial County made these sessions available as follows:





Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Behavioral Health Advisory Board on Tuesday May 21, 2024. The Behavioral Health Advisory Board reviewed the Annual Update for FY 2024-2025 and made recommendations for revision,

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

Assessment(s) of Mental Health Needs in Imperial County

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

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

The Outreach and Engagement section of this plan is a perfect indicator of how the Penetration Rate report is used to guide outreach and engagement efforts within our county. FSP Programs also pay close attention to these findings to help develop goals and objectives for the following FY.

ICBHS continues to develop a Survey/Questionnaire with the goal to collect timely feedback on service needs. This will constantly be promoted among stakeholders, peers, clients, and client supporters via the Community Outreach and Engagement program, Wellness Centers and other ICBHS social media sources.

Annual Update Requirements

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

This Annual Update for Imperial County's MHSA programs is an overview of the work plans and projects being implemented as part of the County's FY 2024-2025 through 2025-2026 Plan.

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

Community Services and Supports (CSS)

Prevention and Early Intervention (PEI)

Innovation (INN)

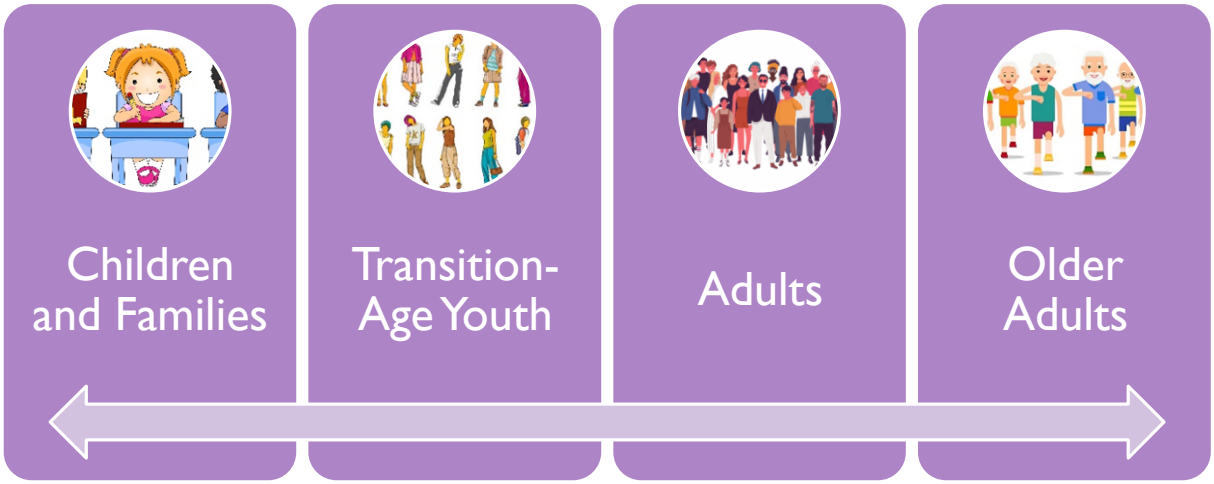
Workforce Education and Training (WET)

Capital Facilities and Technological Needs (CF/TN)

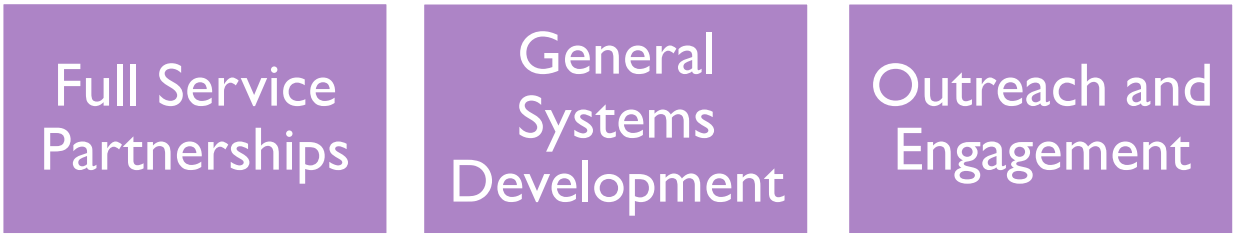
Implementation Progress Report by Component

Community Services and Support

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



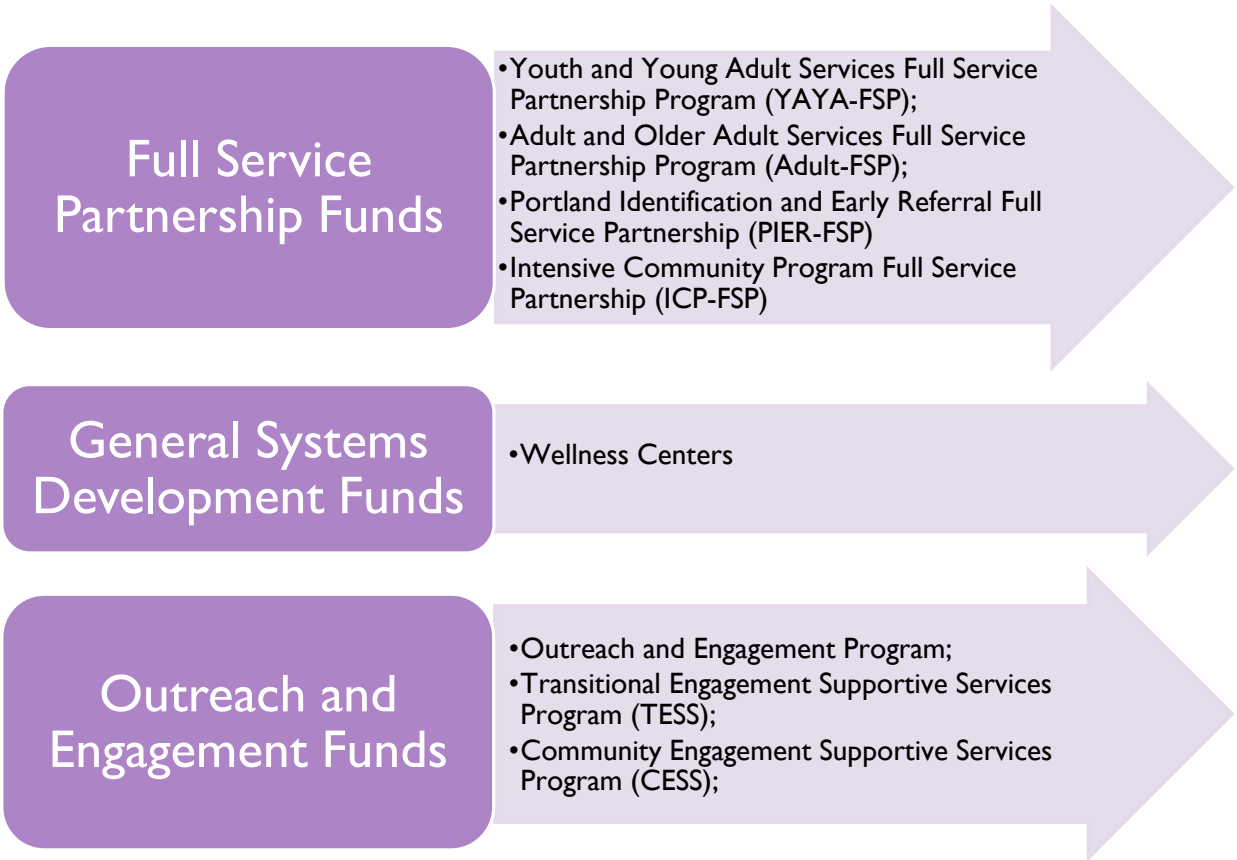
Counties are required to implement the following three components to their CSS programs:



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	General Systems Development Funds	Outreach and Engagement Funds
• to provide all of the mental health services and supports a person wants and needs to reach his or her goals.	• to improve mental health services and supports for people who receive mental health services.	• to reach out to people who may need services but are not receiving them.

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




Community
Services &
Supports:
Full Service Partnership
IMPERIAL COUNTY
CALIFORNIA

Full-Service Partnership

Youth and Young Adult Services Full-Service Partnership Program

Program Description

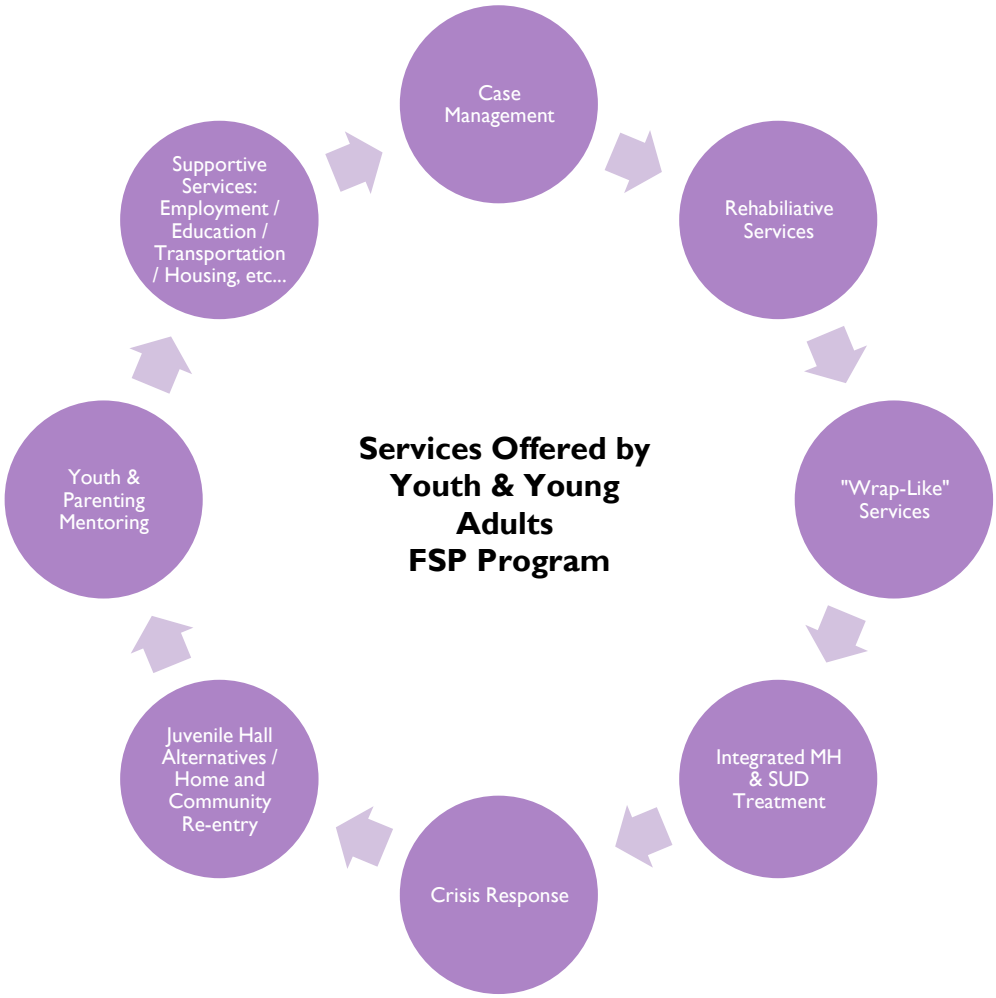
The Youth and Young Adults Full Service Partnership (YAYA-FSP) program serve adolescents ages 12 to 15 with Serious Emotional Disturbance (SED) who, as a result of a mental disorder, have substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or the ability to function in the community; and who are either at risk of or have already been removed from the home; or whose mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; or who display at least one of the following: psychotic features, risk of suicide, or risk of violence due to a mental disorder. These individuals may also be diagnosed with a co-occurring disorder.

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

SED adolescents, ages 12 to 15, and SED or SMI transition age youth, ages 16 -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.

Current Programs

The 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.

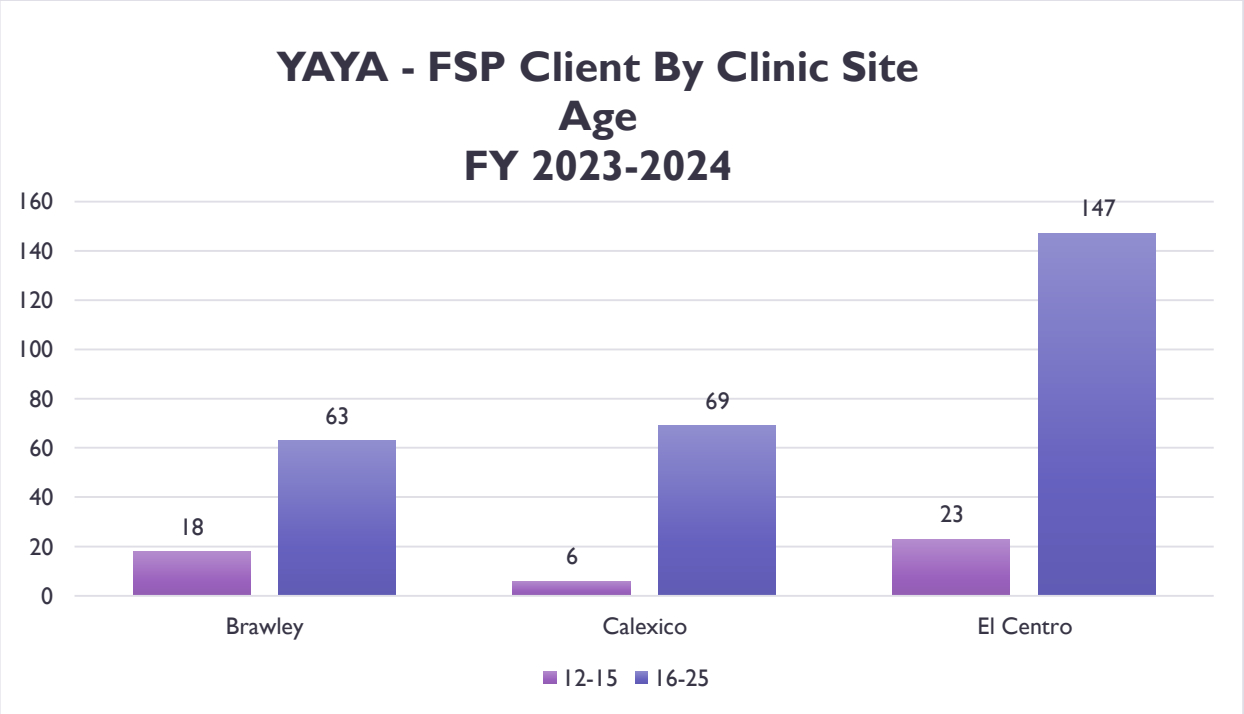


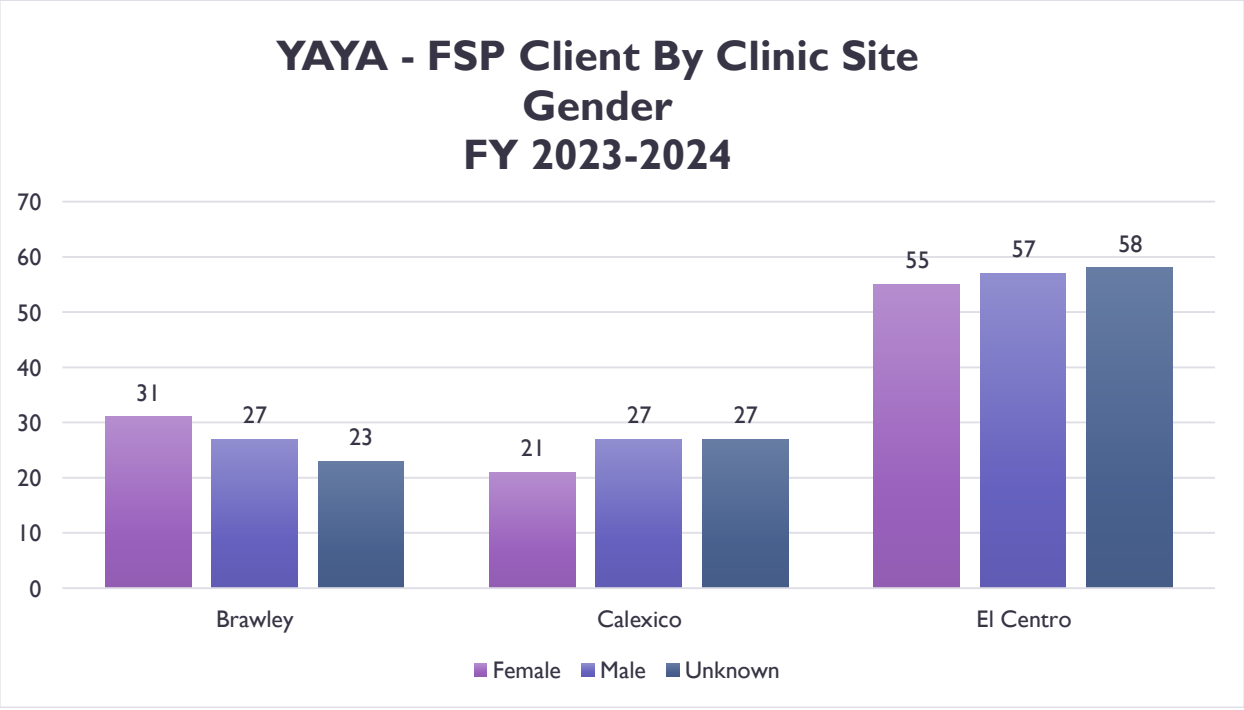
Budget

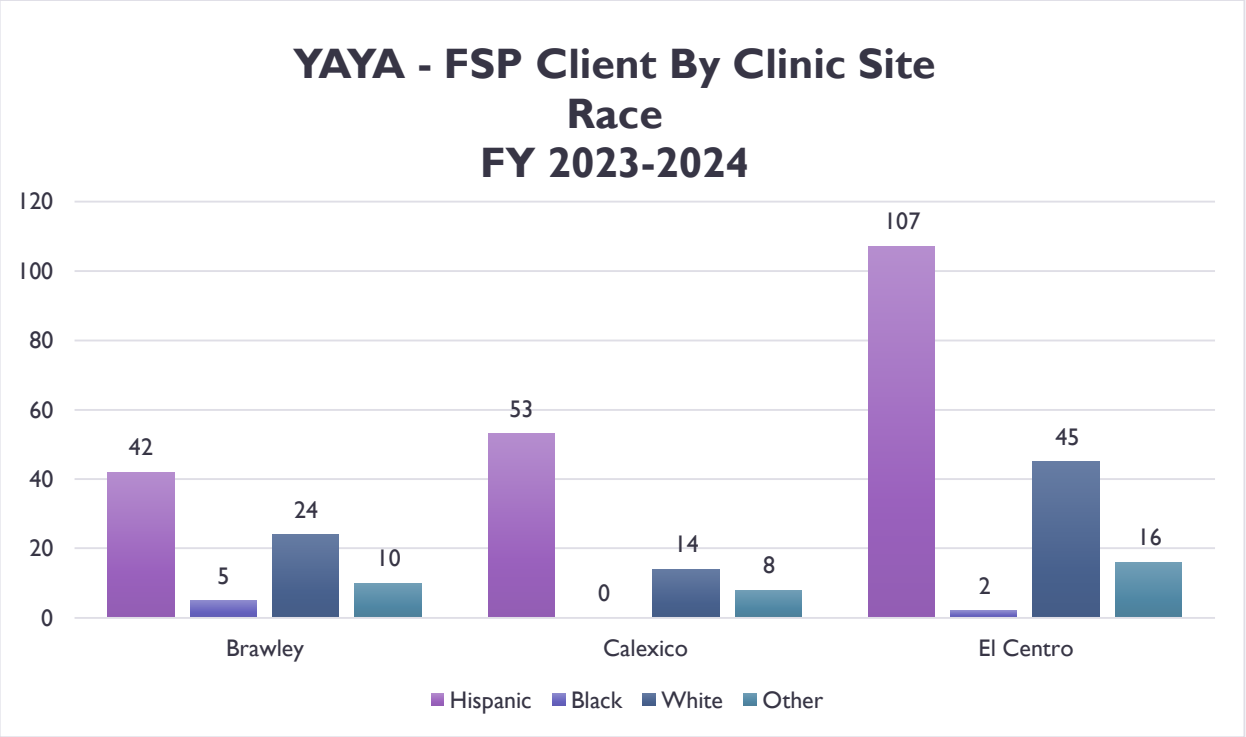
The YAYA FSP programs are integrated within three outpatient clinics who serve the targeted population. These clinics are located in the cities of Brawley, Calexico and El Centro which are amongst the most populated cities within Imperial County. The combined YAYA FSP Clinics served 326 unduplicated clients in FY 23-24, which consisted of 47 consumers ages 12-15 and 279 were TAY ages 16-25. The total cost was $4,392 per consumer. The YAYA FSP programs are projecting to serve 375 unduplicated consumers in FY 2024-2025 with a total projected cost of $3,371 per consumer.

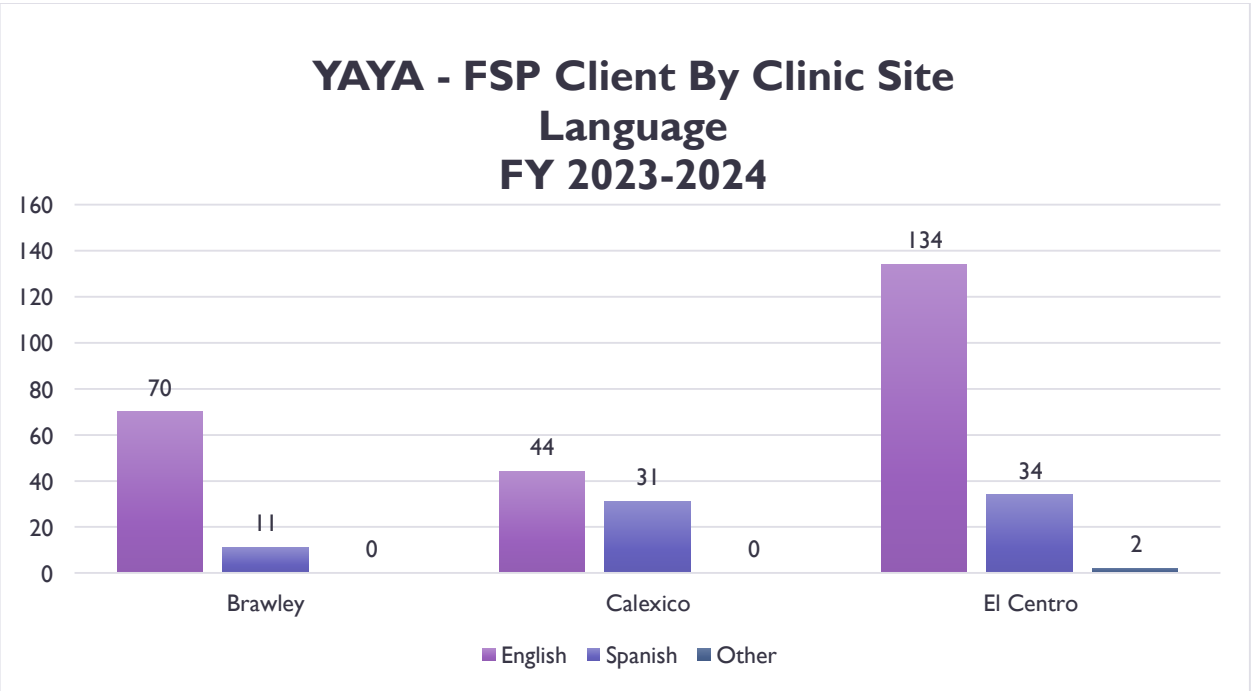
Client Demographics

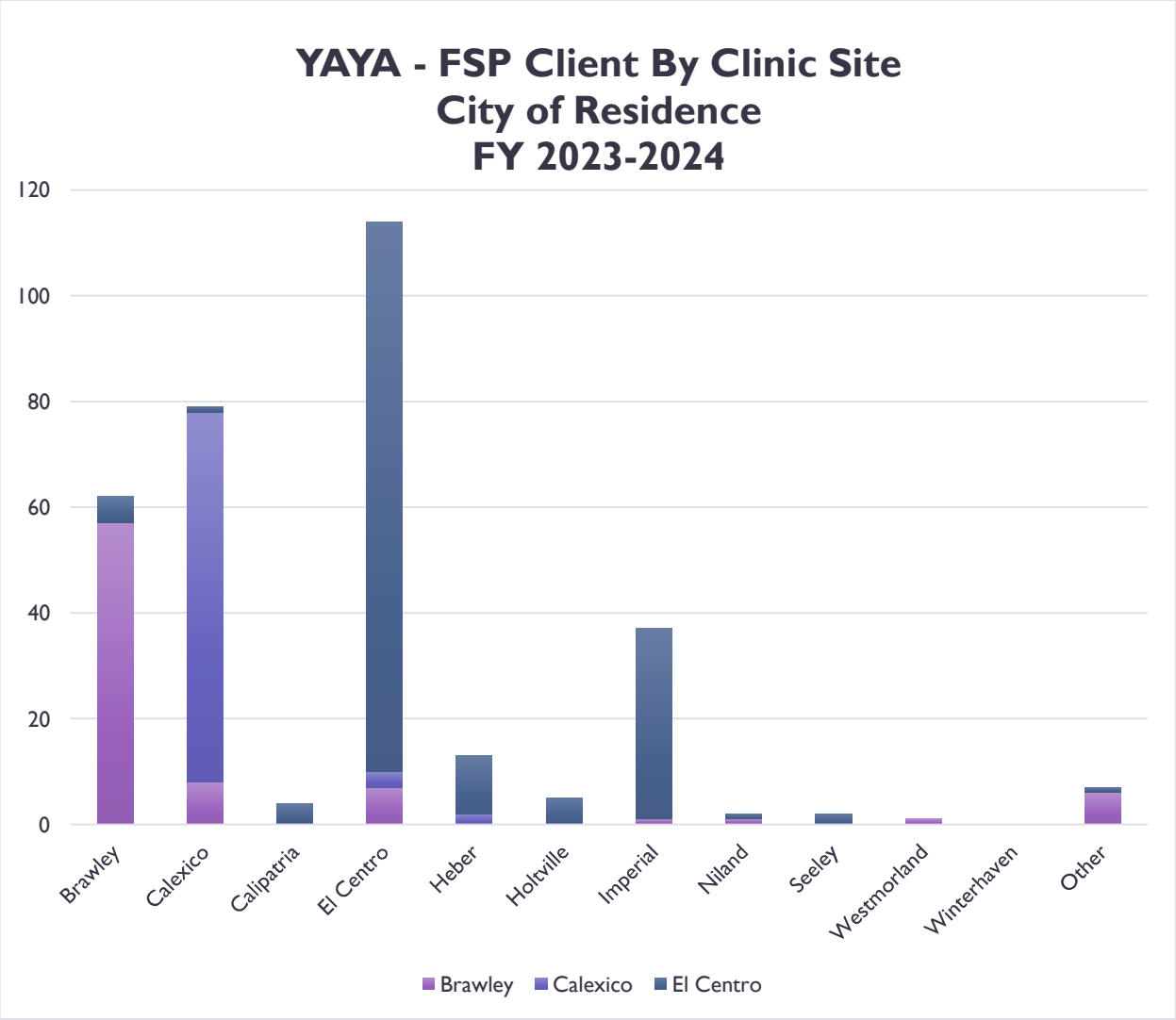
YAYA – Full Service Partnership Demographics 2023-2024			
	Brawley	Calexico	El Centro
Age Group			
12-15	18	6	23
16-25	63	69	147
Total	81	75	170
Gender			
Female	31	21	55
Male	27	27	57
Unknown	23	27	58
Total	81	75	170
Race			
Hispanic	42	53	107
Black	5	0	2
White	24	14	45
Other	10	8	16
Total	81	75	170
Language			
English	70	44	134
Spanish	11	31	34
Other	0	0	2
Total	81	75	170
City			
Brawley	57	0	5
Calexico	8	70	1
Calipatria	0	0	4
El Centro	7	3	104
Heber	0	2	11
Holtville	0	0	5
Imperial	1	0	36
Niland	1	0	1
Seeley	0	0	2
Westmorland	1	0	0
Winterhaven	0	0	0
Other	6	0	1
Total	81	75	170


YAYA - FSP Client By Clinic Site
Age
FY 2023-2024
160
140
120
100
80
60
40
20
0
18
63
6
69
23
147
Brawley
Calexico
El Centro
12-15
16-25


YAYA - FSP Client By Clinic Site
Gender
FY 2023-2024
70
60
50
40
30
20
10
0
31
27
23
21
27
27
55
57
58
Brawley
Calexico
El Centro
Female
Male
Unknown


YAYA - FSP Client By Clinic Site
Race
FY 2023-2024
120
100
80
60
40
20
0
42
5
24
10
53
0
14
8
107
2
45
16
Brawley
Calexico
El Centro
Hispanic
Black
White
Other


YAYA - FSP Client By Clinic Site
Language
FY 2023-2024
160
140
120
100
80
60
40
20
0
70
11
0
44
31
0
134
34
2
Brawley
Calexico
El Centro
English
Spanish
Other



Description of Progress Made Towards Achieving Goals and Objectives for FY 2023-2024 through 2025-2026

1. The penetration rate of beneficiaries who are Alaskan Native/American Indian in Imperial County was 3.91 for FY 22-23, which is a decrease of .64% when compared to the penetration rate of 4.55% for FY 21-22. Our goal is to increase that rate by 10% thus Youth and Young Adult staff have been working on building relationships with the Native American community in Winterhaven in an effort to provide outreach and education on ICBHS services and increase the penetration rate for this population. During FY 23-24, our community service worker was able to participate in two outreach opportunities at the San Pasqual Valley High School. This was facilitated through another department at ICBHS as we have found that tribal engagement has been challenging due to the stigma associated with receiving behavioral health services outside of the indigenous tribe. Other efforts included additional training for staff on indigenous protocols to better engage with the local tribes. We aim to expand our efforts by attending community events and meetings and take the

time to explain to the local community who we are, what we do, and how their community can be involved in our programs. We will monitor progress with meeting the 10% increase by tracking the demographic data for the Alaskan Native/American Indian population in Imperial County and determine if there is a need to increase outreach and engagement efforts to this population.

2. Clinicians with Youth and Young Adults have been making concerted efforts to decrease the no-show rate to 20% for psychotherapy appointments. For FY 2023-2024 the no show rate decreased to 25%. This has been an improvement in comparison to FY 2022-2023 where the no show rate was 28%. We anticipate that in the next 6 months the percentage will continue to decrease. Ongoing efforts to engage clients prior to and in between therapy sessions, while also utilizing strategies to problem solve barriers. Additionally, new strategies to manage the high turnover rate of staff have assisted in hiring new Clinicians, thus allowing more time for engagement with the clients and families they are serving. Lastly, on 2/7/24, clients were given an option to consent and enroll in text appointment reminders to assist with adherence to their treatment.

3. Clinicians and Mental Health Rehabilitation Technicians at the Family Resource Centers (FRC) located at Central High School District campuses are continuing to provide mental health services. In the last fiscal year of 2022-2023, El Centro FRC assisted 256 unduplicated clients. Data from July to December of the current fiscal year 2023-2024 shows that 100 unduplicated clients have already been served. It is anticipated that this number will continue to increase as the school year progresses and more school interventions conducted. The need for full-time positions to meet the growing demand is evident in the data. However, hiring for vacant and new positions has been challenging due to competition with other agencies for qualified candidates. Imperial County Behavioral Health Services (ICBHS) is actively working on strategies to attract and retain employees, recognizing the need for additional staff to support adolescents' mental health needs on school campuses. One such strategy is the Mentored Internship Program, offering internship opportunities to college students in the mental health field. Staff engagement surveys and the Telecommuting Program for Clinicians are also in place to support retention efforts. Despite staffing challenges, ongoing efforts are being made to ensure timely and accessible mental health services for students at the FRCs.

4. Youth and Young Adult staff are strategizing in the outpatient clinics to help reduce 5150 involuntary holds by at least 10%. Data indicates that from July to December of fiscal year 2022-2023, there were a total of 24 clients that were placed on 5150 involuntary holds. In comparison, current data from July to December of fiscal year 2023-2024, a total of 16 clients were placed on 5150 involuntary holds, thus demonstrating a decrease of 8 clients. We can anticipate the numbers of involuntary holds will continue to decrease due to ongoing efforts and strategies to better engage, assess, and treat their mental health needs at the outpatient clinics.

5. ICBHS continues to be impacted by resignations and a high staff turnover rate. This has directly affected Mental Health Rehabilitation Technicians (MHRTs) who were trained to provide Moral Reconation Therapy (MRT) groups in the outpatient setting. As a result of limited staffing and increase in caseloads, this has hindered our ability to implement weekly MRT groups. As new MHRTs are hired, efforts will be made to implement MRT groups in order to provide interventions that will assist in reducing the risk of recidivism in our youth.

6. During FY 2023-2024, Youth and Young Adult's staff continued to increase their efforts on referring and placing FSP consumers to the Helping Hearts Socialization Program although we were not successful in placing any individuals. Staff is aware that this placement could serve as a step-down option for a discharge from a psychiatric hospitalization, institution of mental disease (IMD), or board and care, although oftentimes found that their clients were not yet stable for this specialized long-term residential setting. We will continue to strive towards meeting the goal of referring a minimum of 5 FSP consumers to the Helping Hearts Socialization Program, with at least 10% of consumers successfully completing the program.

Notable Performance Measures

In order to monitor the progress of our client the YAYA-FSP Program continues to utilize a variety of measuring tools: Child and Adolescent Needs and Strengths (CANS) tool measures child and youth functioning. The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach. The Behavior and Symptom Identification Scale 24 (BASIS 24) measurement tool is administered to those consumers who are between the ages of 18 and 25 in order to assess their overall functioning. The BASIS 24 tool is administered at the point of intake and annually thereafter. It provides a complete patient profile and measures the change in self-reported symptom and problem difficulty over the course of time. Additionally, it measures the consumers' level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional liability, and risk for self-harm.

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

Instrument Name	Age Group	Areas of Measurement *(Specific Questions / Areas)*	Type of Tool / Disorder
Adult ADHD Self-Report Scale (ASRS-v1.1)	18 +	ADHD Symptoms in Adults	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
Behavior and Symptom Identification Scale	18 +	Depression and Functioning	***General Instrument***
		Interpersonal Relationships	
		Psychosis	

(BASIS-24) & Spanish		Substance Abuse	
		Emotional Liability	
		Self-Harm	
Center for Epidemiologic Studies Depression (CES-D) & Spanish	12 +	Depression	***Diagnosis Specific:*** *Depression*
Child and Adolescents Needs and Strengths (CANS)	6-20	Identifies youths and families' actionable needs and useful strengths	***General Instrument***
		Domains assessed include: child behavioral/ emotional needs; life functioning; risk behaviors; cultural factors; strengths; caregiver resources and needs	

Instrument Name	Age Group	Areas of Measurement *(Specific Questions / Areas)*	Type of Tool / Disorder
Conners 3 ADHD Index - Parent (3-P) & Spanish	6-18	Inattention	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
		Hyperactivity/Impulsivity	
		Learning Problems	
		Executive Functioning	
		Aggression	
		Peer Relations	
Conners 3 ADHD Index - Parent Short (3-PS) & Spanish	6-18	Inattention	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
		Hyperactivity/Impulsivity	
		Learning Problems	
		Executive Functioning	
		Aggression	
		Peer Relations	
Conners 3 ADHD Index Self-Report (3-SR) & Spanish	8-18	General Psychopathology	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
		Inattention	
		Hyperactivity/Impulsivity	
		Learning Problems	
		Executive Functioning	
		Aggression	
		Peer & Family Relations	
		ADHD Inattentive	
		ADHD Hyperactive-Impulsive	
		ADHD Combined	
		Oppositional Defiant Disorder	
		Conduct Disorder	
Conners 3 ADHD Index Self-Report Short (3-SRS) & Spanish	8-18	General Psychopathology	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
		Inattention	
		Hyperactivity/Impulsivity	
		Learning Problems	

		Executive Functioning	
		Aggression	
		Peer & Family Relations	
		ADHD Inattentive	
		ADHD Hyperactive-Impulsive	
		ADHD Combined	
		Oppositional Defiant Disorder	
		Conduct Disorder	

Instrument Name	Age Group	Areas of Measurement *(Specific Questions / Areas)*	Type of Tool / Disorder
Conners 3 ADHD Index Teacher (3-T)	6-18	Inattention	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
		Hyperactivity/Impulsivity	
		Learning Problems	
		(Full Length Only)	
		Executive Functioning	
		(Full Length Only)	
		Defiance/Aggression	
		Peer/Family Relations	
Conners 3 ADHD Index Teacher Short (3-TS)	6-18	Inattention	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
		Hyperactivity/Impulsivity	
		Learning Problems	
		(Full Length Only)	
		Executive Functioning	
		(Full Length Only)	
		Defiance/Aggression	
		Peer/Family Relations	
Eyberg Child Behavior Inventory (ECBI) & Spanish	2-16	Behavior Problems	***Diagnosis Specific:*** *Oppositional and Conduct Behavior*
		Intensity Scale – Frequency of Problems	
		Problem Scale – Parent's Tolerance	
Generalized Anxiety Disorder (GAD-7) & Spanish	18 +	Panic Disorder	***Diagnosis Specific:*** *Anxiety*
		Social Anxiety	
		Post-Traumatic Stress Disorder	
Illness Management and Recovery Scale: (IMRS)	18 +	No Domains	***Diagnosis Specific:*** *Recovery*
Mood Disorder Questionnaire (MDQ)	18 +	Mood Disorder	***Diagnosis Specific:*** *Bipolar*
		Bipolar Disorder	
Patient Health Questionnaire (PHQ-9) & Spanish	18 +	Depression	***Diagnosis Specific:*** *Depression*
Pediatric Symptom Checklist (PSC-35)	3-18	Emotional problems	
		Behavioral problems	

PTSD Checklist for DSM 5 & Spanish	18 +	PTSD Symptoms	***Diagnosis Specific:*** *Post-Traumatic Stress Disorder (PTSD)*
UCLA Post Traumatic Stress Reaction Index - Parent (PTSD-RI-Parent) & Spanish	3-17	PTSD Symptoms	***Diagnosis Specific:*** *Post-Traumatic Stress Disorder (PTSD)*
UCLA Post Traumatic Stress Reaction Index - Self-Report (PTSD-RI-SR) & Spanish	7-18	PTSD Symptoms	***Diagnosis Specific:*** *Post-Traumatic Stress Disorder (PTSD)*
Youth Outcomes Questionnaire Parent (YOQ-Parent) & Spanish	4-17	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items	***General Instrument***
Youth Outcomes Questionnaire Self-Report (YOQ-SR) & Spanish	12-17	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items	***General Instrument***
Youth Pediatric System Checklist (Y-PSC)	11 and up	Psychosocial screening tool designed to facilitate recognition of cognitive, emotional, and behavioral problems.	***General Instrument Dysfunctional parenting PRAXES Model***

Examples of Notable Community Impact

Throughout the course of services YAYA FSP clinics see the positive changes within the programs and services provided. The following is an example of a client who made progress towards achieving their recovery goals:

> The client is a 16-year-old female diagnosed with Major Depressive Disorder, ADHD, and Oppositional Defiant Disorder. Client has benefitted from receiving treatment and does not display any further conduct or defiance within her behavior and is being requested to be further assessed for a change in her diagnosis. She is primarily focusing on meeting her academic expectations and graduating early. She struggles at times with her Depression but is stable and it is mild. The client is waiting for her 17th birthday in three weeks or so to transfer from Mount Signal to Valley Academy's Charter school. She does not receive medication support management and is open to case management services and was referred to individual therapy which started in February.
>
> YAYA-FSP Client

Challenges or Barriers

ICBHS is experiencing challenges related to the current labor market trends, including high staff turnover rates commonly known as the "Great Resignation." This trend has led to some employees leaving for positions that offer higher wages or the flexibility of telecommuting. The competitive hiring landscape has made filling vacant and new positions difficult, as multiple organizations are selecting for the same talent pool. To address these challenges, ICBHS is actively evaluating its workplace environment and implementing strategies to improve employee retention and recruitment efforts. A survey was conducted to gather feedback from employees on various aspects of their experience, including engagement, career development, communication, change management, leadership effectiveness, team dynamics, trust in leadership, and compensation. In addition to the survey, we have facilitated focus groups with both clinical and non-clinical staff to further discuss the survey results and gather additional feedback. This input has been analyzed to identify areas for improvement, leading to the recommendation of hosting a town hall meeting to address staff concerns and better understand their needs. By listening to our employees and taking action based on their feedback, ICBHS is committed to creating a supportive and engaging work environment that values our staff and ultimately reduces turnover rates.

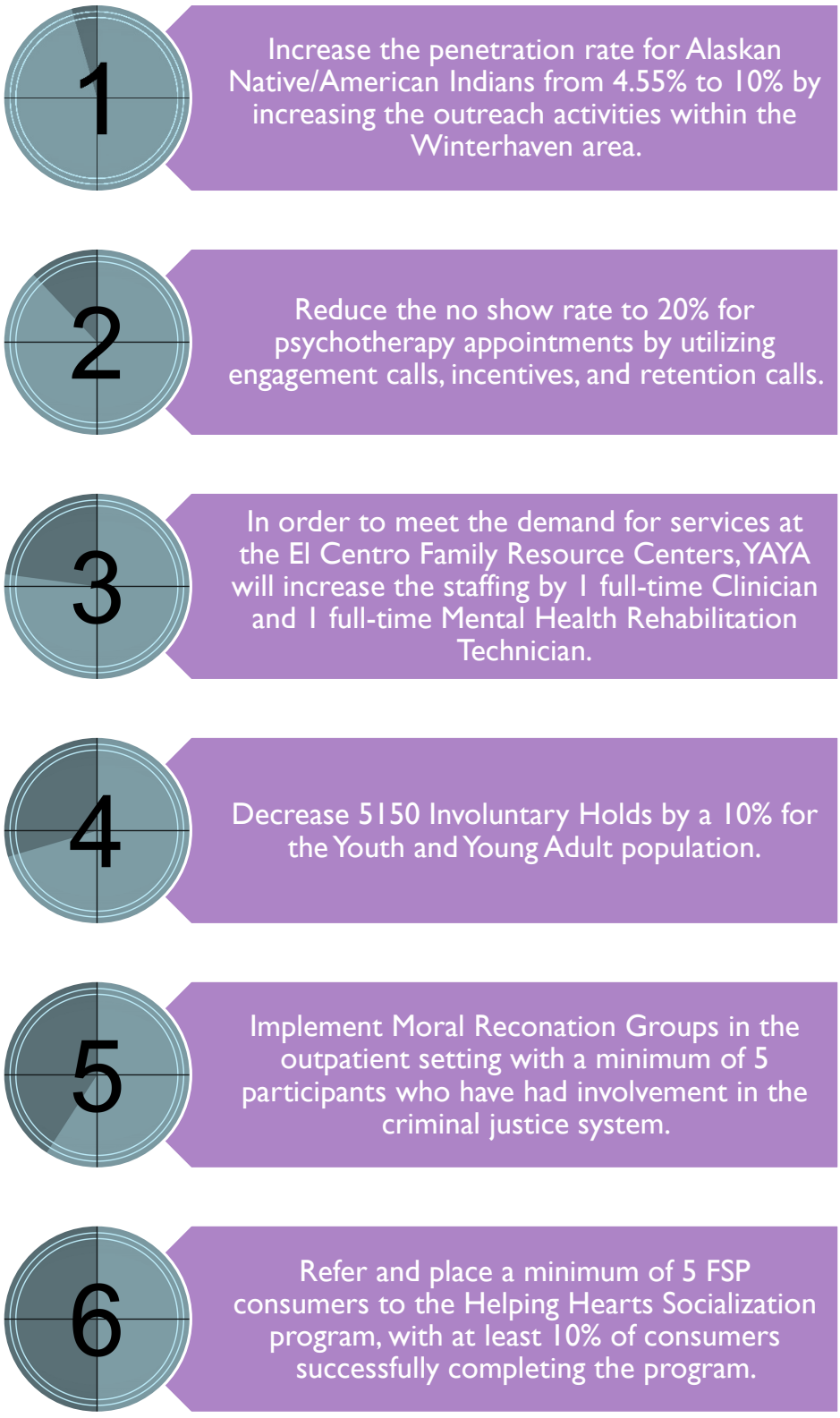
Significant Changes for FY 2023-2024

One significant change during FY 2023-2024 was attempting to further our efforts in offering to provide behavioral health services at the Salton Community Services District site. This would allow individuals who reside in the northern cities of Niland, Bombay Beach, and Salton Sea to have closer proximity to in-person services without having to travel to the Brawley outpatient clinics. Due to unforeseen circumstances, ICBHS was unable to move forward with this implementation plan. Nonetheless there have been no interruption of services to individuals residing in these cities. Telehealth services continue to be available and transportation is offered for in-person appointments as needed.

Significant Changes for FY 2024-2025

During the scope of providing services, ICBHS recognized that there was a substantial need for family therapy with the clients we are currently serving. Therefore, the Children's and Youth and Young Adults divisions applied for the Children and Youth Behavioral Initiative's (CYBHI) Trauma-Informed Programs and Practices grant program. In December of 2023, ICBHS was informed that funding would be awarded for the implementation of the Functional Family Therapy (FFT) model where clinicians will receive training and consultation to be able to expand trauma-informed behavioral health services for our clients. ICBHS is presently in the subaward agreement process and will be moving forward with developing an implementation plan. We anticipate that in FY 2024-2025 clinicians will be trained and able to fully implement the FFT treatment model with clients that would benefit from these interventions.

Goals and Objectives for FY 2024- 2025

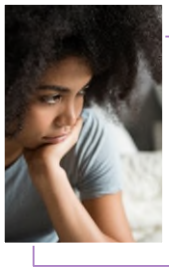


Adult and Older Adult Services Full-Service Partnership Program

Program Description

"Whatever it Takes" is the approach the Adult and Older Adult Services Full-Service Partnership (Adult-FSP) Program takes to ensure that all consumers receive the services and assistance that are needed. The Adult-FSP program is consumer-driven; community focused and promotes recovery and resiliency. Services provided by the Adult-FSP Program staff include:

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



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

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

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

Adult FSP Criterion

• **Adults (ages 26-59) must meet the criteria in either (a) or (b) below:**	
a.	**They are unserved and:** o Homeless or at risk of becoming homeless; o Involved in the criminal justice system (i.e., jail, probation, parole); **or** o 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 services as the primary resource for mental health treatment. These individuals are identified subsequent to being placed on an involuntary hold (W&IC 5150); **or** 5. Involved in the criminal justice system (i.e., jail, probation, parole).

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

Adult-FSP Program staff promote recovery, resiliency, and hope through full community integration by offering the prior mentioned rehabilitation services and linkage to eligible

individuals. Additionally, for the older adult population, delivery of needed supports and services are provided at their homes if they are homebound, unable to access public transportation, or do not have transportation.

Budget

The total operating budget in FY 2023-2024 for the Adult and Older Adults MHSA FSP programs is $8,539,514. The Adult FSP Program currently has 1496 unduplicated consumers served an approximate cost per person of $2,854 in the first half of FY 2023-2024.
The graphs below provide a demographic summary of the Adult-FSP Program.

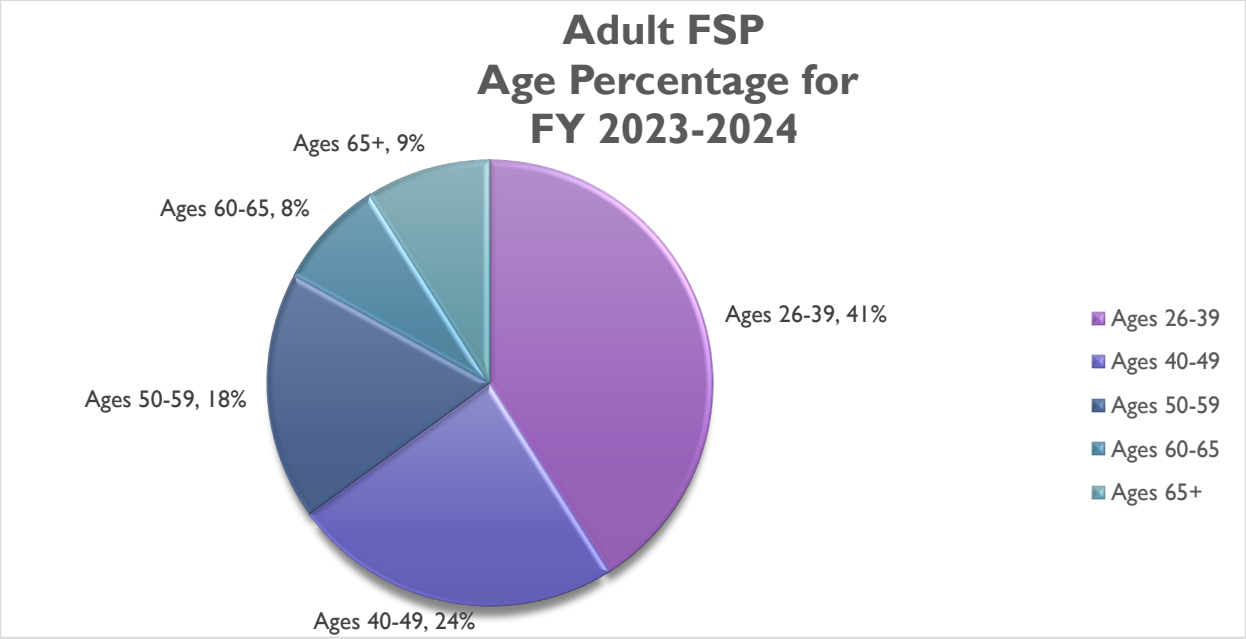
Client Demographics

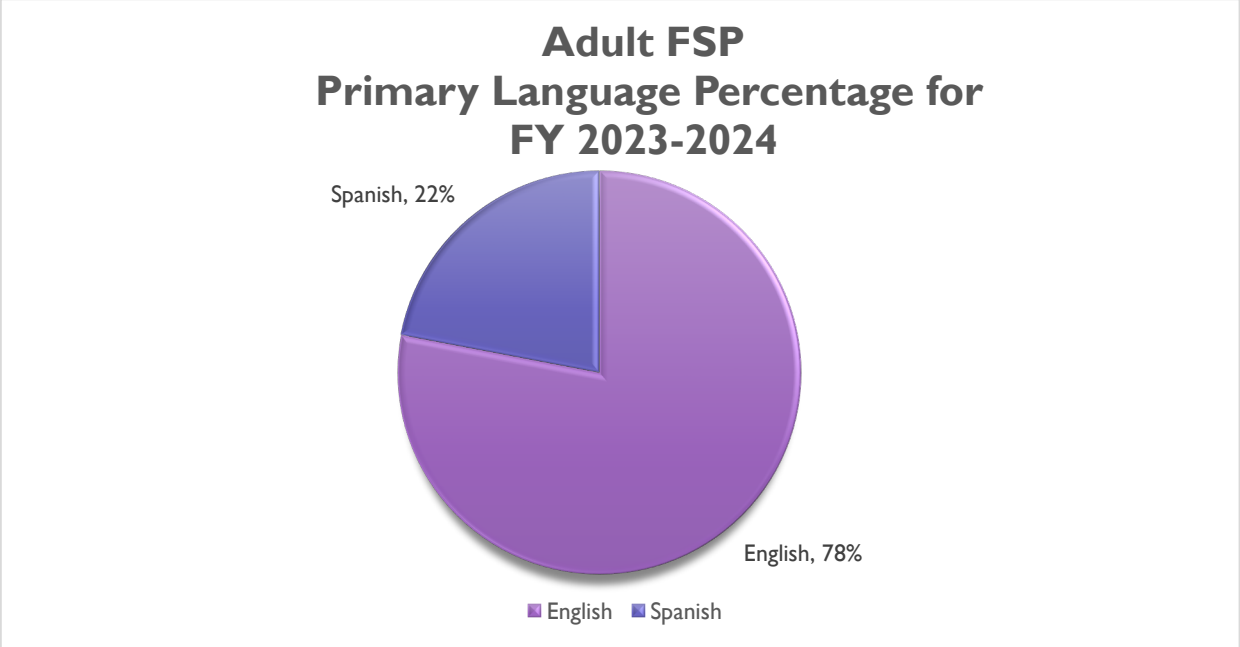
Adult-FSP Demographics

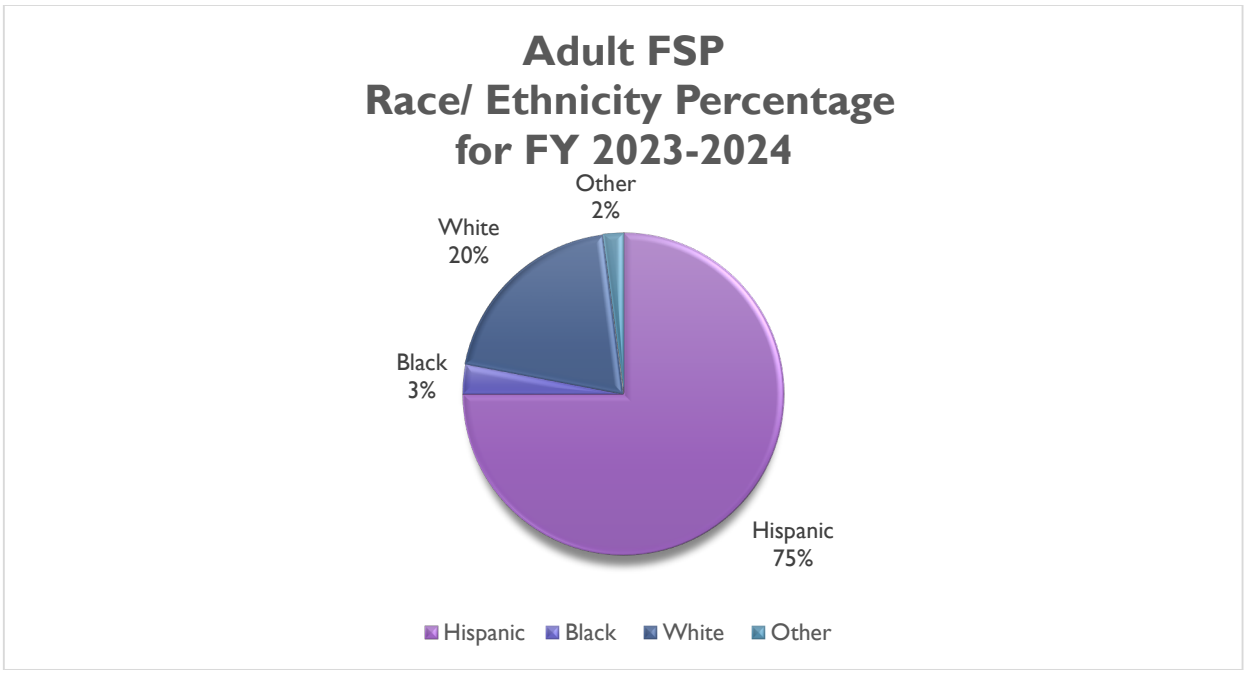
Adult FSP Demographics	2023-2024
26-39	842
40-49	481
50-59	371
60+	345
Total:	**2039**

Current Caseload	2023-2024
Calexico MHSA FSP	344
Brawley MHSA FSP	573
El Centro MHSA FSP Team 1	609
El Centro MHSA FSP Team 2	515
Total:	**2041**

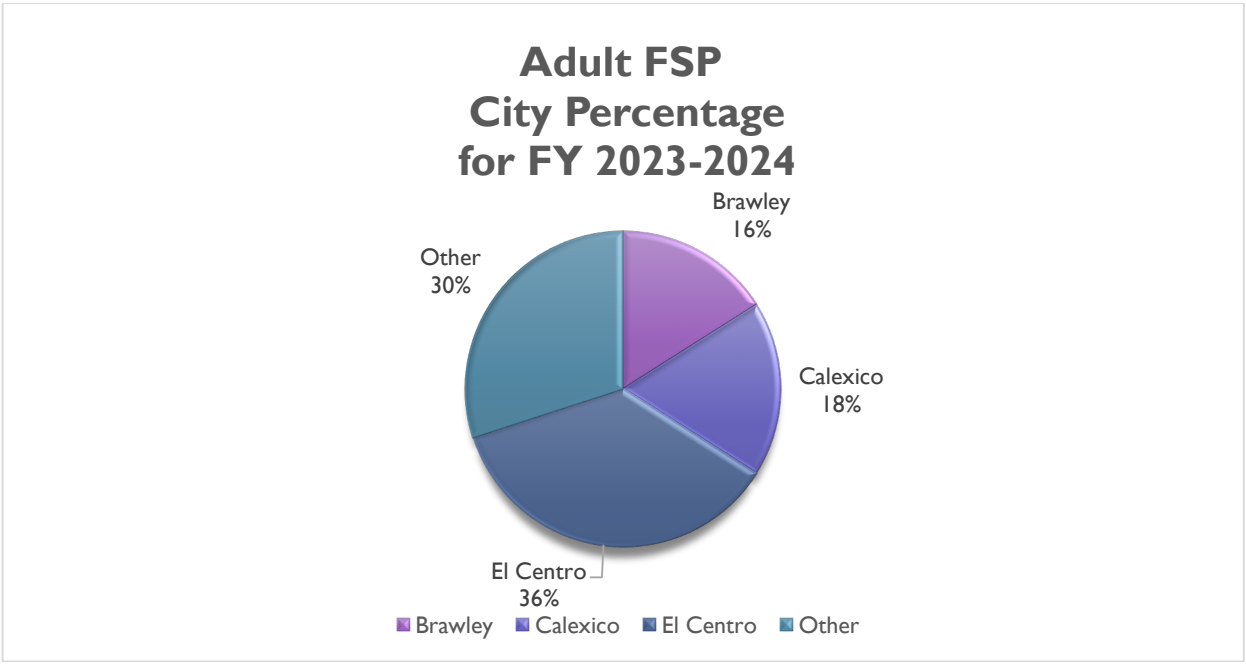
Note: 2 clients are under the age of 26, Youth and Young Adult clients.


Adult FSP
Age Percentage for
FY 2023-2024
Ages 65+, 9%
Ages 60-65, 8%
Ages 26-39, 41%
Ages 50-59, 18%
Ages 40-49, 24%
Ages 26-39
Ages 40-49
Ages 50-59
Ages 60-65
Ages 65+


Adult FSP
Primary Language Percentage for
FY 2023-2024
Spanish, 22%
English, 78%
English
Spanish



"Other" includes Multi-racial, Asian / Pacific Islander, and Alaskan Native or American Indian



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

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

Cognitive Behavioral Therapy

- **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** is a cognitive-behavioral therapy for Post-Traumatic Stress Disorder (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.. 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

- **MI** 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** 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.

Interpersonal Psychotherapy

- **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.

Program to Encourage Active Rewarding Lives

- **PEARLS** educates older adults about what depression is (and is not) and helps them develop the skills they need for self-sufficiency and more active lives. It is a community-based treatment program, which uses methods such as problem solving treatment, social and physical activation, and an increase on pleasant events to reduce depression in physically impaired and socially isolated people in the older adult's home or a community-based setting that is more accessible and comfortable for older adults who do not see other mental health programs as a good fit for them. PEARLS also allows for coordination with their current health care providers where appropriate.

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 24-item Behavior and Symptom Identification Scale (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:

Adult FSP Measurement Tools			
Instrument Name	**Disorder**	**Age Group**	**Areas of Measurement**
Adult ADHD Self Report Scale (ASRS-v1.1)	Attention Deficit Hyperactivity Disorder (ADHD)	18 +	ADHD Symptoms in Adults
Behavior and Symptom Identification Scale (BASIS-24)	General Instrument	18 +	Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm
Generalized Anxiety Disorder Assessment (GAD-7)	Anxiety Disorders	18 +	Panic Disorder Social Anxiety Post-Traumatic Stress Disorder
Illness Management and Recovery Scale (IMRS)	Recovery	18 +	Client Self-Rating
Mood Disorder Questionnaire (MDQ)	Bipolar Disorders	18 +	Mood Disorder Bipolar Disorder
Patient Health Questionnaire (PHQ-9)	Depression	18 +	Depression
PTSD Checklist for DSM 5 (PC- 5- Standard, PCL-5 with Criterion A)	Post-Traumatic Stress Disorder (PTSD)	18 +	PTSD Symptoms
PTSD Checklist for DSM 5 (PCL 5- past week)	Post-Traumatic Stress Disorder (PTSD)	18 +	PTSD Symptoms

Information and scores for these measurement outcome tools were submitted using custom-developed forms into the Avatar electronic health record (EHR) until February 2024; however, the department EHR system was recently replaced, requiring a re-implementation of outcomes measurement data collection and processing that has not yet taken place.

Progress Made Towards Achieving 2023-2024 Goals

During FY 2023-2024, The Adult FSP Program's goals are to provide intensive services to people with serious mental illness and co-occurring substance use challenges to maximize their recovery outcomes and perceived wellbeing. The goal is to link consumers to substance use disorder services, provide mental health services to reduce the incidence of homelessness, crises, hospitalizations, and provide opportunities for recovery.

Adult FSP Admissions for FY 2023-2024	
Program	**Admissions For FY 2023-2024**
Adult Brawley MHSA FSP	125
Adult Calexico MHSA FSP	79
Adult El Centro MHSA FSP Team 1	94
Adult El Centro MHSA FSP Team 2	93
Total FY 2023-2024	391

Adult FSP Programs established a goal to have an average of 22 admissions per month. During FY 2022-2023, Adult FSP totaled 391 admissions, which is an average of 65 admissions per month which surpasses our goal so far in FY 2023-2024.

The goal for FY 2023-2024 through 2025-2026 will be to increase by 10% the average admissions per month, going from 22 admissions per month to an average of 24 admissions per month next FY.

Adult FSP consumers admitted to MHTU and Hospitalized for FY 2023-2024		
Program	**Admitted to MHTU FY 2023-2024**	**Hospitalized FY 2023-2024**
Adult Brawley MHSA FSP	13	17
Adult Calexico MHSA FSP	18	7
Adult El Centro MHSA FSP Team 1	27	17
Adult El Centro MHSA FSP Team 2	6	10
Total FY 2023-2024	64	51

Adult-FSP Programs set a goal to maintain the number of monthly average of Mental Health Triage Unit (MHTU) admissions and hospitalizations at under 10. During FY 2023-2024 Adult-FSP Programs had 64 MHTU admissions with an average of 11 per month and a total of 51 hospitalizations with an average of nine (9) per month. The number MHTU admissions increased while the average number of hospitalizations remained the same. The Adult-FSP Programs continue to provide MHRT services to clients upon discharge from the MHTU or upon hospitalization to provide continuity of care with linkage and interventions to stabilize the client and prevent future MHTU admissions and hospitalization.

The goal for FY 2024-2025 will be kept the same as the previous year, in efforts to decrease the number of monthly average of MHTU admissions and maintain the average number of

hospitalizations lower than 10. We will keep providing intensive care services to high-risk clients in efforts to prevent MHTU admissions and hospitalizations.

Adult-FSP Programs set a goal to decrease the monthly average number of clients reporting incidents of or risk of homelessness from 35 to 15. During FY 2023-2024 Adult-FSP Programs had a total of 101 clients reporting risk of homelessness, which is a monthly average of 17 clients. A total of 232 experienced homelessness, which is a monthly average of 39 clients. The total number of clients that either experienced homelessness or were at risk of homelessness was 333, which is an average of 56 per month. This exceeds the goal and has increased since the previous FY. Adult FSP will continue to make efforts to assist clients by developing strategies to decrease the risk of homelessness that include intensive MHRT services and other mental health services that address the clients' individual needs. Clients at risk of or experiencing homelessness will continue to receive assistance through Consumer Support Services (CSS) funding for motel vouchers, deposits and rental assistance. MHRT's will provide linkage to local shelters, housing, and other means of assistance to help reduce homelessness and attempt to establish permanent housing. Adult-FSP was also awarded funding to implement a Behavioral Health Bridge Housing project in collaboration with Catholic Charities of San Diego, which will be a significant investment aimed at ending homelessness for individuals with serious mental illness (SMI) and/or substance use disorder (SUD).

The goal for FY 2027-2025 will continue to decrease the monthly average number of clients reporting incidents of or risk of homelessness to 15.

Adult FSP consumers who reported involvement in the criminal justice system for FY 2023-2024	
Program	**Clients Reporting Involvement in the Criminal Justice System FY 2022-2023**
Adult Brawley MHSA FSP	14
Adult Calexico MHSA FSP	4
Adult El Centro MHSA FSP Team 1	6
Adult El Centro MHSA FSP Team 2	10
Total FY 2023-2024	34

Adult-FSP Programs set a goal to maintain the access to care for Adult FSP Program consumers who are involved in the criminal justice system to a minimum of five (5) per month. During FY 2023-2024 Adult-FSP Programs provided mental health services to a total of 34 clients who are involved in the criminal justice system. This is an average of six (6) clients per month. Adults MHSA FSP did not meet its established goal and will continue to make efforts to reach this population by conducting outreach activities and more in-depth assessment to identify clients who are involved in the criminal justice systems. Upon identification of a client's involvement in the criminal justice system, Adults MHSA FSP ensures that the clients' services are tailored to his/her needs to assist with successful re-integration into the community.

The goal for FY 2024-2025 will be to maintain the same goal to number of consumers involved in criminal justice system, did not meet the goal established last year. Adults MHSA-FSP will

continue to provide outreach activities within the community in efforts to increase number of clients involved in the Criminal Justice System.

Adult FSP consumers referred to SUD Services for FY 2023-2024	
Program	**Adult FSP consumers referred to SUD Services FY 2023-2024**
Adult Brawley MHSA FSP	6
Adult Calexico MHSA FSP	3
Adult El Centro MHSA FSP Team 1	45
Adult El Centro MHSA FSP Team 2	2
Total FY 2023-2024	56

Adult-FSP Programs set a goal to increase the number of referrals to substance use disorder (SUD) treatment of Adult-FSP Program consumers with a co-occurring condition from eight (8) to 25 average a month. During FY 2023-2024 Adult-FSP Programs totaled 56 referrals, averaging eight (8) clients referred per month to SUD treatment. Adult-FSP staff have been working in collaboration with the SUD Treatment programs to increase coordination of care for those clients with co-occurring disorders. Additionally, clients seeking MH or SUD services are directly routed to the appropriate clinic by the ICBHS Access Unit. Adult-FSP will maintain the same goal for 2024-2025 of increasing the number of referrals to an average of 25 per month.

In January 2023, ICBHS implemented the Adult Screening Tool for Medi-Cal Mental Health Services, which serves to concisely assess individuals requesting services for the most appropriate systems of care. This has increased the frequency with which individuals are referred to SUD treatment by the ICBHS Access unit prior to becoming an MHSA participant. This is expected to improve actual access to SUD services while negatively impacting our progress towards this goal as currently measured.

All Adult and Older Adult Outpatient Services continue to be and identify as Safe Zones for the LGBTQ+ community. Since the previous FY, Adult-FSP programs resumed full availability of in-person services at the clinic. It was reported in prior annual report that ICBHS staff was to be provided with a training entitled "Clinical LGBTQIA2+ Considerations when working with the Rainbow Community", aiming to increase knowledge such as clinical work with the LGBTQIA2+ individuals including Trauma-informed Treatment, CBT, insight on how stigma impacts individuals, terminology, and education on the trans community. The training was completed as planned.

The goal for FY 2024-2025 is to increase knowledge of the LBTQIA2+ population within our clinical and non-clinical staff in efforts to provide quality services to our LGBTQIA2+ clients. Adult MHSA-FSP is looking forward to engaging with the LGBTQIA2+ population resulting in successful service delivery.

Notable Community Impact

During the period of July 2023 to December 2023, Adult-FSP Programs approved $11,726 averaging $1,954 in Community Services and Supports (CSS) funds to consumers who needed financial assistance and to prevent homelessness. CSS funds were utilized to assist clients who were experiencing homelessness or at risk of homelessness. Funding was also utilized to assist with groceries, clothing, and transportation issues, and other family needs. MHRTs worked diligently to assess the needs of clients and ensure that linkage or assistance was provided to address their needs and other additional stressors brought upon by the pandemic.

Program Goals and Objectives for FY 2024-2025

Although some areas have been improved and others have been affected by the COVID-19 pandemic, all Adult-FSP Programs will continue to pursue the same goals as established in the previous FY.

The Adult FSP Program will increase the number of consumers for the following age groups per month. The goal for the 60+ population is increased from the previous year due to the Adult and Older Adults Division Performance Improvement Project targeting this population.

Adult FSP Monthly Admissions Projections for FY 2023-2024	
Program	**Projected Monthly Admissions FY 2023-2024**
26-39	20
40-49	20
50-59	20
60+	8

The following are the goals and objectives for the Adult-FSP Program to remain in place for FY 2024-2025:

1. Maintain the average monthly number of crisis desk admissions and hospitalizations lower than 10 by increasing mental health service interventions that will reduce or eliminate impairments in an important area of life functioning as a result of their mental illness.

2. Provide assistance to an average of 20 clients per month to reduce homelessness by assisting clients with CSS/motel vouchers while coordinating with other community resources for placement or SUD for transition to residential facilities. SMHS, MHRT services and other supports will be provided in efforts to improve consumers' ability to manage independence and increase their ability to work or attend school, such as IVROP and other community resources.

3. By the end of 2024-2025 will increase the access to care for Adult FSP Program Consumers, by five (5), who are involved in the criminal justice system by treating their Mental Health needs. There was no significant change from las FY, reason to keep the same goal as last FY.

4. Adult FSP Program will increase the number of Adult-FSP Program consumers with a co-occuring substance use disorder to 16 referrals for assessment and linkage to substance use treatment.

5. Increase knowledge of the LGBTQIA2+ population within our clinical and non-clinical staff in efforts to provide quality services to our LGBTQIA2+ clients.

Psychosis Identification and Early Referral – Full-Service Partnership (PIER-FSP)

The Portland Identification and Early Referral (PIER) Model is an evidence-based early detection and intervention model that focuses on the prodromal phase of a developing psychotic illness. Additionally, PIER provides psychosocial interventions and drug treatments that are tailored to identifying and treating youth and young adults at high risk of an initial psychotic episode. The PIER model is composed of three phases.

Phase I consists of providing outreach and engagement services to potential PIER individuals and education to the community at large. Phase II entails in depth evaluation through the Structured interview for Prodromal Syndromes (SIPS) assessment to determine criteria.

During FY 2023-2024, The PIER Program, Phase I and Phase II, received six (6) referrals for the PIER Program and successfully completed six (6) SIPS. The program conducted eight (8) informational presentations, ten (10) Informational booths, and disseminated three hundred and thirty (330) brochures. Below illustrates the breakdown for Phase I and Phase II activities:

PIER Model Referral Outcome Overview FY 2023-2024	
Phase I & II	
CESS Referrals to PIER	6
Outreach Presentations	8
Informational Booths	10
Brochure Disseminations	330

Phase III of the PIER Model provides Multifamily Groups the opportunity for families (client, family members, and other support persons) to learn more about the troubling symptoms of psychosis and increase understanding of early stages of mental illness and prodromal warning signs. These services include a focus on crisis prevention and intervention, treatment and support, individual and family counseling. However, during FY 2023-2024, the PIER Model was impacted by the shortage of staff and inability to provide groups. For this reason, there were no Multi-Family Group sessions facilitated nor consultation calls during this timeframe.

The PIER Model 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 and Placement
- Emergency Clothing
- Emergency Food Baskets
- Assistance with SSI/SSA Benefits Application
- Assistance with DSS / Cash Aide Application

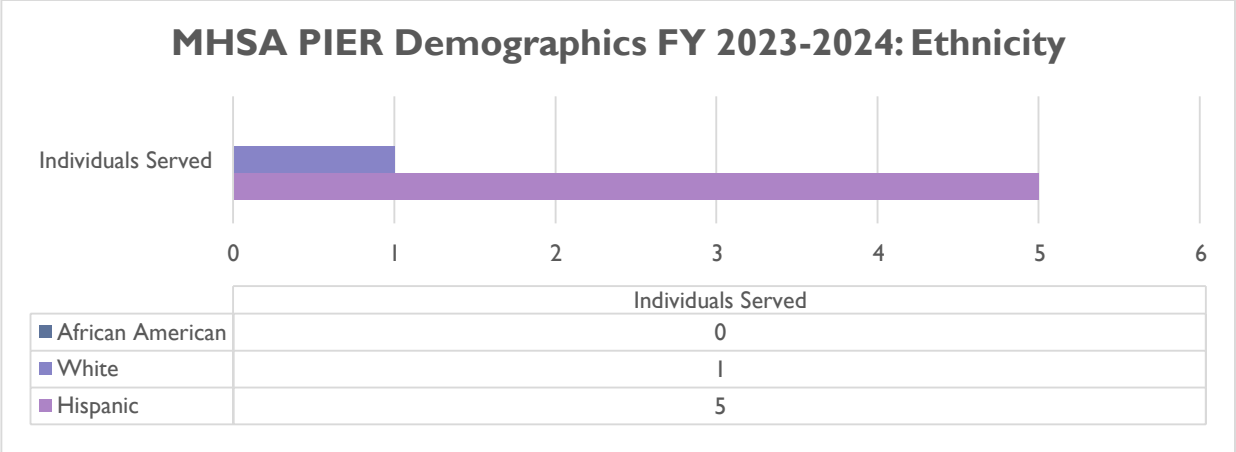
Notable Performance Measures

For Phase I and II, the demographic of the individuals served indicate five (5) individuals identified as Hispanic and one (1) Caucasian. Of those six (6) individuals served, four (4) were females and two (2) were males. The largest ethnicity group served by the PIER program was Hispanic.

Below illustrates the breakdown for referrals received:

PIER Referrals and Demographics

PIER FSP	FY 2023-2024
Phase II	
Total Referrals received	6
Total individuals served	
Total SIPS	6
• Prodromal	2
• First Episode Psychosis	1
• Screen Out	3
Total SIPS Pending	0
Phase III	
Total MFG Groups	0
Total Discharges	**6**
• Does Not Meet Medical/Service Necessity	0
• No Care Needed – Sufficient Progress	1
• Relocated Out of County/Agency Transfer	0
• Declined Services	1
Total Consultation Calls	
MFG Calls	0
SIPS Calls	0
Joining sessions	0
Demographics	
Female	4
Male	2
Other / or not reported	0
Age Groups	
Cohort 1 - 12-14 yrs.	0
Cohort 2 - 14 -17 yrs.	0
Cohort 3 - 17-23 yrs.	0
Total	**0**
Ethnicity	
Hispanic	5
White	1
African American	0
Total	**6**



Budget

The number of individual clients served in FY 2022-2023 was (12) individuals. **The average cost per person was $10,200.50.**

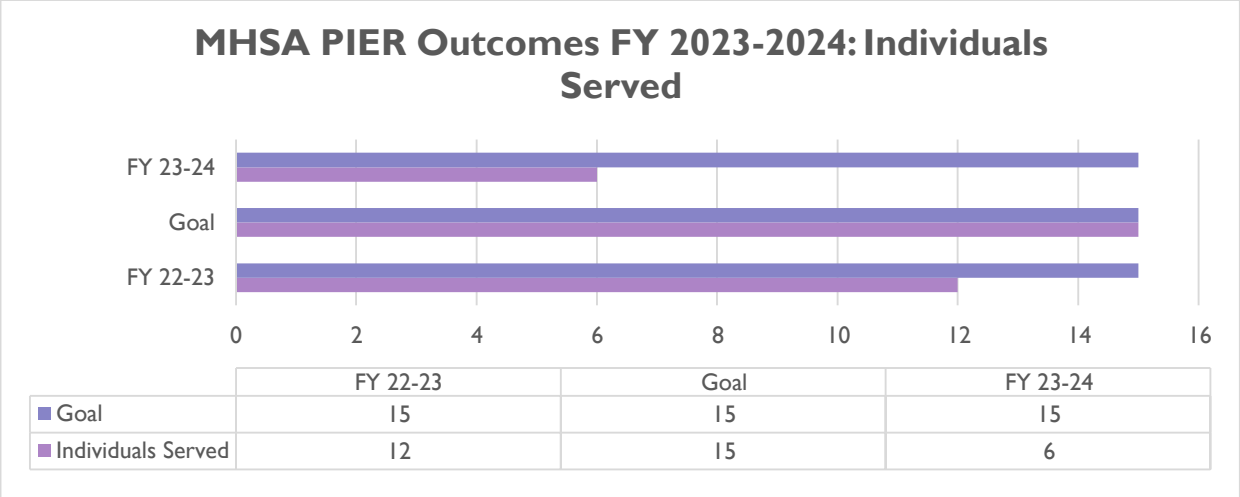
During FY 23-24, PIER will continue working on increasing accessibility to Mental Health Services by 5% by increasing awareness through outreach, education, and advocacy by specific age groups.

PIER Service Projections for FY 2023-2024 through 2025-2026

Age Group	FY 2023-2024	FY 2024-2025	FY 2025-2026
12 to 14	6	7	8
14 to 17	7	8	9
17 to 23	2	3	4

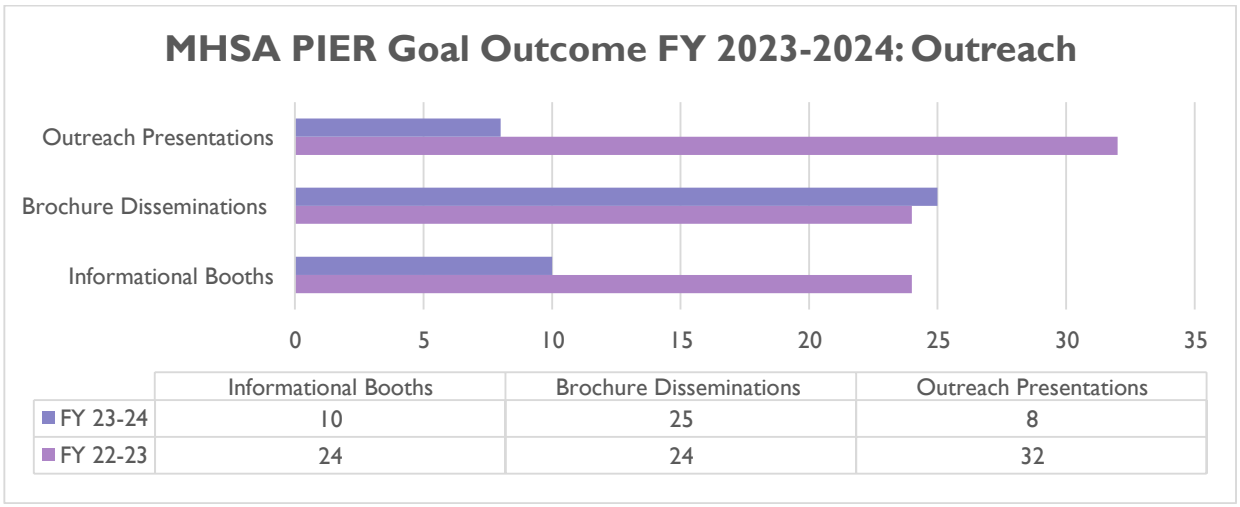
Progress Towards Goals and Objectives for FY 2023-2024

During FY, 2023 -2024, Quarter 1 and 2, the PIER Program received six (6) referrals and completed six (6) SIPS. Through the extensive SIPS assessment, it was identified two (2) individuals met criteria for Prodromal, one (1) individual met criteria for First Episode Psychosis, and three (3) individuals were screened out. PIER was unable to achieve the 5% goal by increasing accessibility to Mental Health Services due to the limited staff trained and available to provide services. PIER will continue working on increasing accessibility to Mental Health Services and is to meet the expected goal by the end of the fiscal year.



	FY 22-23	Goal	FY 23-24
Goal	15	15	15
Individuals Served	12	15	6

During FY 2023-2024, Quarter 1 and 2, PIER participated in a total of eight (8) outreach activities, including ten (10) informational booths attended, and three hundred and thirty (330) brochures were disseminated.



	Informational Booths	Brochure Disseminations	Outreach Presentations
FY 23-24	10	25	8
FY 22-23	24	24	32

During FY 2023-2024, Quarter 1 and 2, a goal for PIER is to collect demographic and evaluation data to measure the outcome and performance of the PIER program as a prevention of the first episode of psychosis, and to determine if the program has had any impact on the consumers and their families. The program collected demographic data from the referrals received, as well as evaluation data from the SIPS assessments. However, the program was significantly impacted by the shortage of trained staff to provide PIER services. For this reason, the program was unable to adhere to programs fidelity and secure its impact on consumers and their families.

During FY 2023-2024, Quarter 1 and 2, a goal for PIER was to provide training to two (2) Mental Health Rehabilitation Technicians and two (2) Clinicians on the PIER Model to ensure successful implementation of the model. The PIER program exceeded this goal as the

department successfully trained sixteen (16) Mental Health Rehabilitation Technicians, and four (4) clinicians to become trained facilitators of the PIER Model.

Notable Community Impacts

Despite the PIER Program being significantly impacted by the shortage of staff and minimal staff trained on the PIER model, the program managed to conduct outreach and engagement activities, bringing awareness of the program within the community and generating referrals for services. In efforts to increase the positive impact within the community, PIER will continue to conduct outreach and engagement efforts to promote PIER services and reach those on the prodromal phase of a developing psychotic illness.

Another community impact was identifying and training clinical staff on the PIER Model. This training will allow the program to reinstate its services to full capacity and reach individuals in need of this evidence-based model.

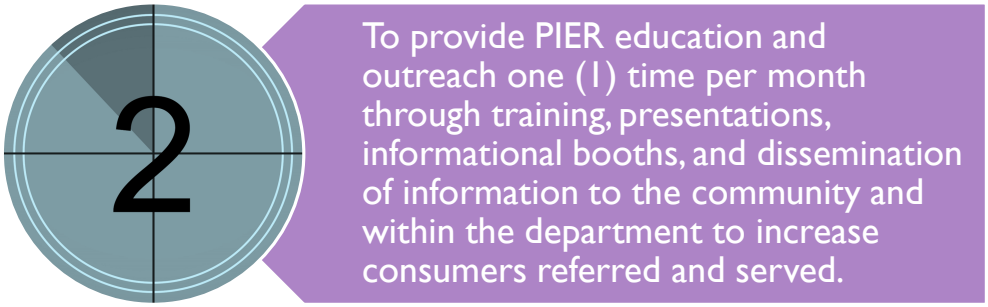
Challenges and/or Barriers

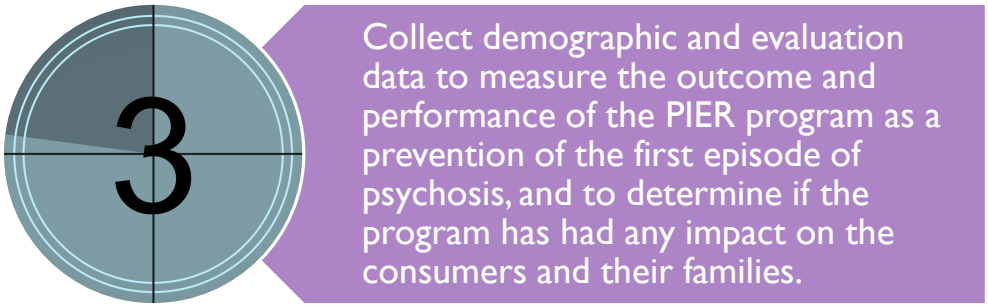
During the Post-Pandemic, PIER was significantly impacted by the shortage of staff and inability to provide SIPS and Multi-Family Groups (MFG's). The program is working diligently to reestablish the functions of the program to full capacity. For the program to adhere to the model's fidelity and begin to provide the needed SIPS and MFG's, it was identified that additional staff required training to meet that need. During FY 2023-2024, ICBHS identified new staff for the program and reestablished training with the PIER Training Institute. During the next reporting period, it is anticipated for the program re-establish PIER services and adhere to the model's fidelity. Hence, the program will be able to properly evaluate the program's effectiveness and its impact on consumers and their families.

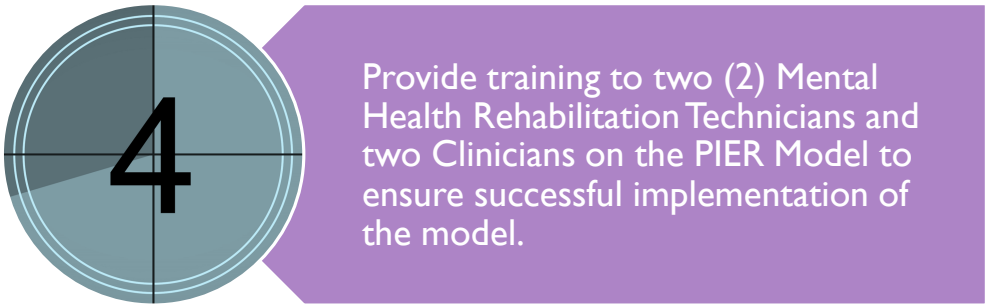
Another barrier for the PIER program is the difficulty in engagement of consumers and families committing to all the phases of PIER. For this reason, the department acquired additional staff to provide outreach to facilitate engagement and commitment to services.

Goals and Objectives for FY 2024-2025

The following are the goals and objectives for the PIER Program:







Intensive Community Program FSP (ICP-FSP)

The Intensive Community Program Full-Service Partnership (ICP-FSP) will provide total and intensive care for seriously and persistently mentally ill adults, ages 18 years and older, in efforts to reduce preventable outcomes of mental illness, such as homelessness and substance use. This program will focus on providing individuals with the evidenced-based interventions and personal support needed to embrace recovery and self-sufficiency in the community, providing access to medical care, housing, employment, or volunteer activities along with intensive case management and medication support services. The evidence-based model used for this new program will be the Assertive Community Treatment (ACT) model.

Significant Changes, Including New Programs

As reported previously, we are currently in the implementation stage of this program, and it is now noted that an advancement has been made in the process. ICBHS has secured a building for the use of the ICP program. Currently minor renovations are in process, and it is anticipated that the building will be ready in mid-year of 2024.

During 2022, program staff also held three additional administrative consultations with a representative from Case Western Reserve University – Center for Evidence Based Practices to discuss implementation strategies and potential contracting terms. However, during FY 2022-2023 because of challenges and barriers the program has not been fully executed.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

There were two main significant challenges and barriers to the implementation of the new ICP-FSP. The first challenge throughout the year was securing a building for the ICP Program. As stated, this has been resolved with the acquiring of a building to house ICP. During the acquisition of securing a building for ICP, the MHTES faced a significant challenge with staff turnover who were initially trained on the Assertive Community Treatment (ACT) model. To mitigate this, ICBHS will identify new staff for the program, reestablish training with Case Western Reserve University for additional clinical and administrative staff, and continue the process of implementation of the program.

Goals and Objectives for FY 2024-2025

The following are the goals and objectives for the ICP Program:


Community
Services &
Supports:
General Systems Development
IMPERIAL COUNTY
CALIFORNIA

General Systems Development

Wellness Centers

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

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

Daily organized and structured activities are consumer-directed and geared to assist consumers towards recovery from mental illness and the restoration of a healthy and independent

lifestyle. Consumers experience self-empowerment as they progress towards their recovery and re-integrate into the community. The Wellness Centers also address educational, employment, inter-personal, and independent living skills.

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

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.

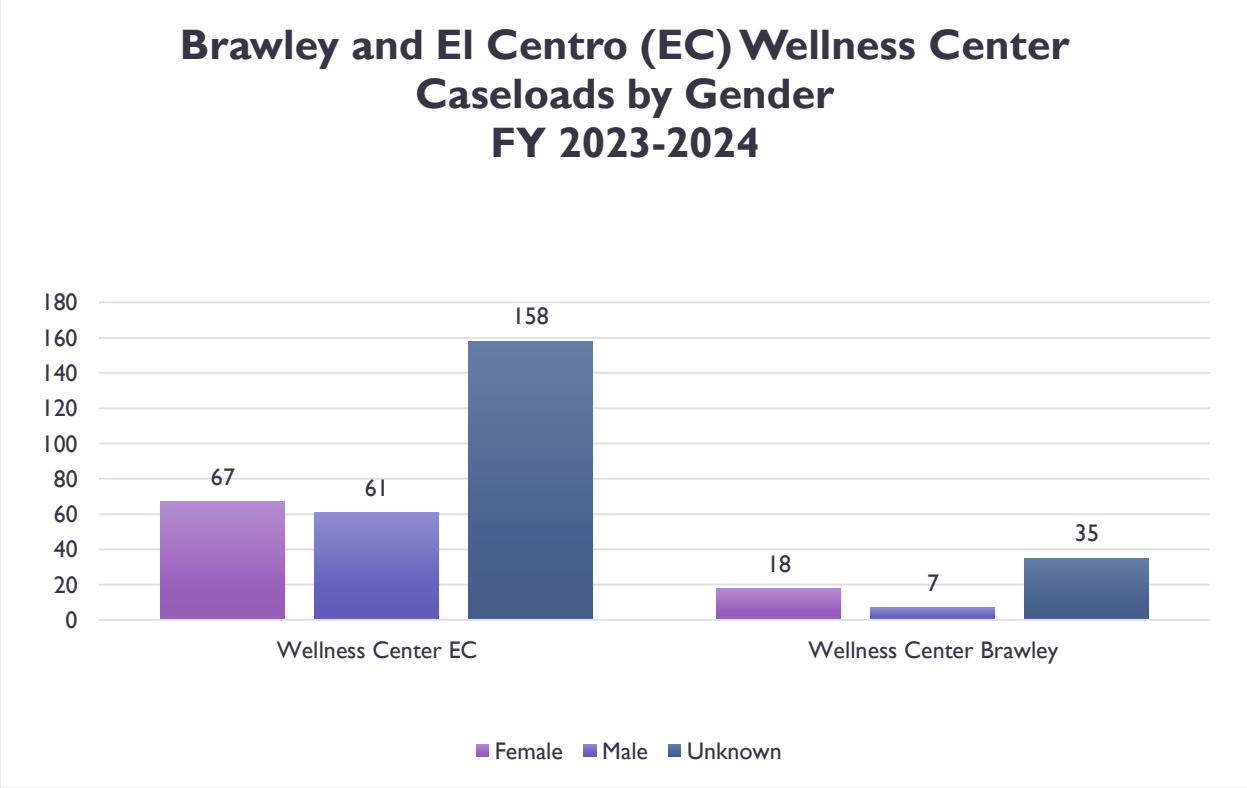
The total operating budget in FY 2023-2024 for El Centro Wellness Center and Brawley Wellness Center is $1,286,407.00. The Wellness Center Programs currently has 346 unduplicated consumers served at an approximate cost per person of $3,717.94 per FY.

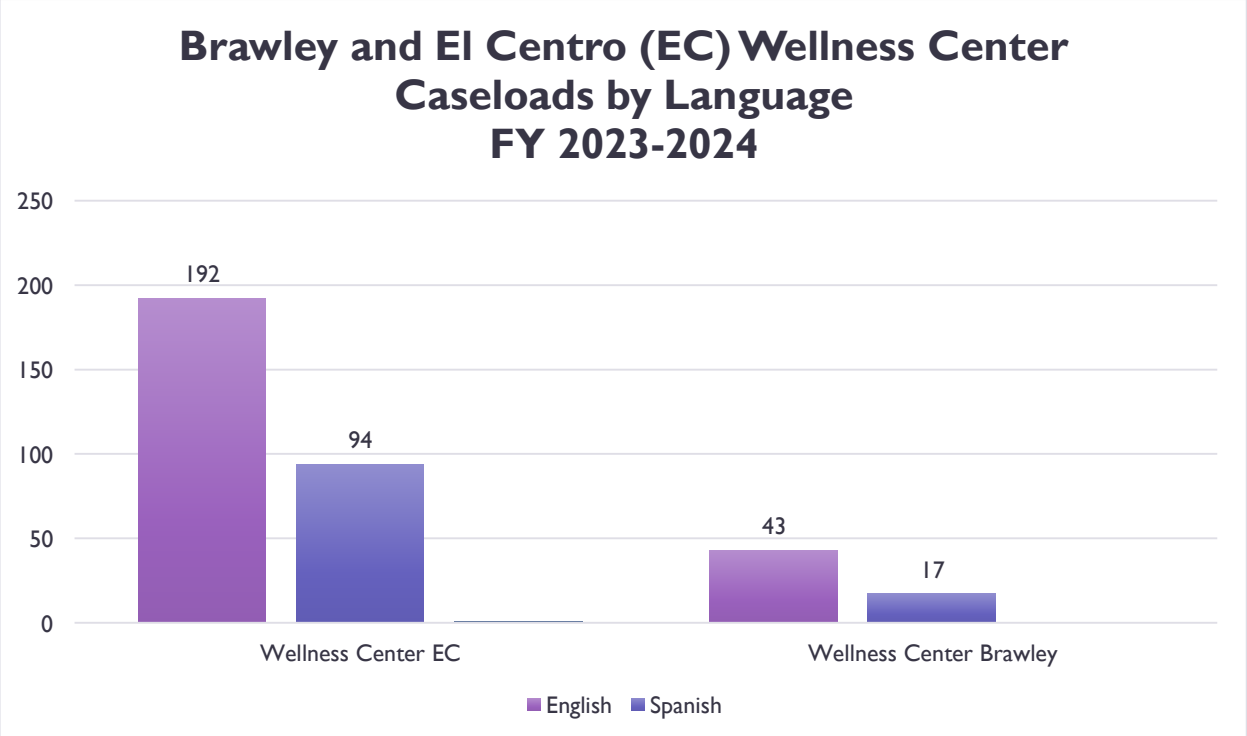
Program Demographics

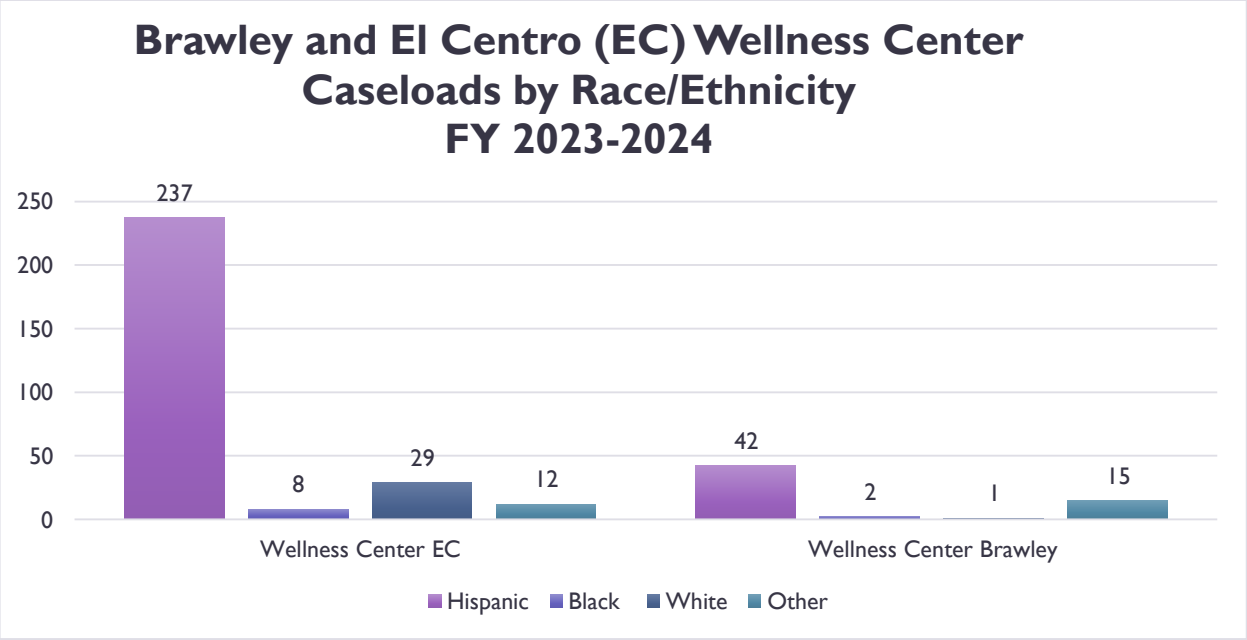
Wellness Center Age Demographics

Wellness Center Demographics	2022-2023	*2023-2024	% Change
26-39	94	108	15%
40-49	59	78	32%
50-59	34	39	15%
60+	36	54	50%
Total:	223	279	25%
			***Clients under the age of 26: 67**
Wellness Center Caseload			
Brawley Wellness Center	33	60	82%
El Centro Wellness Center	177	286	62%
Total:	**210**	**346**	**65%**

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







Performance Outcomes

Wellness Centers are currently implementing the following Performance Outcome tool:

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 the family.
- Time in structured roles.
- Symptom distress.
- Impairment of functioning.
- Symptom relapse prevention.
- Psychiatric hospitalization.
- Coping.
- Involvement with self-help activities.
- Using medication effectively.
- Functioning affected by alcohol use; and,
- Functioning affected by drug use.

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

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

The Wellness Center has partnered with outside agencies a number of outside agencies to offer consumers educational classes and pre-employment, job readiness, and employment training, as well as assist them in obtaining a high school diploma or GED. Consumers also have access to computers and the internet to aid them in completing school assignments (i.e. research, homework, and projects). The Wellness Center staff includes a music instructor who provides group and individual voice and instrumental music instruction. 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.

List of Contracts Serving Wellness Center Participants

Contract Name	Contract Amount	Expires	Performance Goal
Alberti, Sergio $75,000.00 per FY	$225,000.00	2026	Music instruction will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Clinicas de Salud Del Pueblo, Inc. Medical Clearance $6k per FY	$18,000.00	2025	Complete 100% of all medical clearances required to participate in activities.
Department of Rehabilitation $74,631.00 per FY	$222,893.00	2025	Refer 25 consumers to DOR for employment services per FY.
Fitness Oasis Health Club and Spa – Adults $78,000.00 per FY	$234,000.00	2024	Fitness and health services will decrease Body Mass Index (BMI) score as measured before attending the program. Measured during Annual WRAP Plan.
Imperial Valley College	$394,897.51	2026	Refer 75 consumers to IVC for educational services per FY.
Imperial Valley Regional Occupational Program (IVROP) - Project ALTO	$609,268.00	2026	Through Educational and Academic support, will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
IVROP - Project STAR	$1,771,151.00	2026	Through Employment/Life/Social Skills, will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.

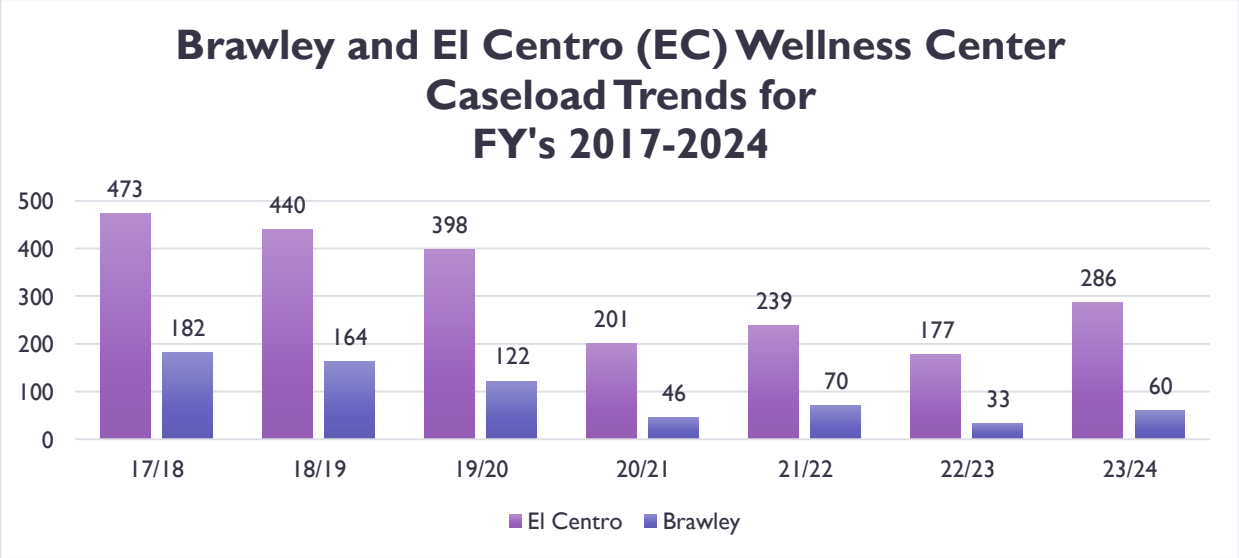
Wellness Center staff provides bus vouchers and/or arranges for transportation through the ICBHS Transportation Unit based upon the consumer's specific transportation needs.

Progress Made Towards Goals and Objectives for FY 2023-2024

The following includes a summary of the performance outcomes comparing the numbers reported up to the 2nd quarter of each FY 2022-2023 and FY 2023-2024

Wellness Center Referrals admitted for FY 2023-2024

Program	Admissions FY 2023-2024
Brawley Wellness Center	60
El Centro Wellness Center	286
Total FY 2023-2024	346



Wellness Center Admissions for FY 2023-2024

Goal Progress	FY 22-23	FY 23-24	% Change
Wellness Center Admissions	210	346	65%

The goal for FY 2023-2024 through FY 2024-2025 will be to continue to increase the number of clients served by informing and educating adult consumers and referring parties of our services. During FY 2023-2024, both Wellness Centers experienced an increase in clients served in the first half of FY 2023-2024 compared to the first half of FY 2022-2023. (+81 26-39 age group, +19 40-49 age group, +5 50-59 age group and +18 60+ age group). Efforts will continue to receive referrals from the treatment teams and assess clients that may benefit from these services.

Wellness Center Consumer IMR participation for FY 2023-2024

Program	IMR Participation 2023-2024

Brawley Wellness Center	170
El Centro Wellness Center	189
Total 2023-2024	359

Wellness Centers established a goal to increase the number of clients participating in IMR by 10% from the previous FY. During FY 2023-2024 IMR sessions were provided both in person and virtually. During FY 2023-2024 there were a total of 359 participants, which is an average of 60 participants per month for both centers.

Wellness Center IMR Participation for FY 2023-2024

Goal Progress	FY 2022-2023	FY 2023-2024	% Change
IMR Participation	162	359	122%

The Wellness Centers plans are to increase participation to at least 10% consumers more for FY 2024-2025.

Wellness Center Consumer GED/IVC Referrals for FY 2023-2024

Program	GED/IVC Referrals 2023-2024
Brawley Wellness Center	49
El Centro Wellness Center	45
Total 2023-2024	94

Wellness Centers established a goal to increase the number of referrals to IVROP Project Alto (GED), certificate programs, and/or college (IVC) by 10% from the previous FY.
During FY 2023-2024 there were a total of 94 referrals to GED/IVC and/or certificate programs which is an average of 16 referrals per month for both centers.

Wellness Center GED/IVC Referrals for FY 2023-2024

Goal Progress	FY 2022-2023	FY 2023-2024	% Change
GED/IVC Referral	68	94	38%

The Wellness Centers plan to increase these referrals to at least 10% consumers more for FY 2024-2025.

Wellness Center Consumer Fitness Program participation for FY 2023-2024

Program	Fitness Program Participation 2023-2024
Brawley Wellness Center	21
El Centro Wellness Center	111
Total FY 2023-2024	132

Wellness Centers established a goal to improve consumers' overall physical health by increasing the number of participants with contract providers in the exercise/fitness program and participation in nutritional classes by 10% from the previous FY. During FY 2023-2024 there

were a total of 132 participants to fitness/nutritional contract providers which is an average of 22 participants per month for both centers.

Wellness Center Fitness Participation for FY 2023-2024

Goal Progress	FY 2022-2023	FY 2023-2024	% Change
Fitness Participation	157	132	-16%

The Wellness Centers plan to increase participation to this service to at least 10% consumers more for FY 2024-2025.

Wellness Center Consumer WRAP Plan Completion for FY 2023-2024

Program	WRAPs Completed FY 2023-2024	WRAP Completion %
Brawley Wellness Center	148	63%
El Centro Wellness Center	401	30%
Total FY 2023-2024	549	47%

Wellness Centers established a goal to Increase the number of participants completing their WRAP's on a monthly basis to at least 80% of the caseload. Furthermore, wellness center staff are to assess client's needs and submit referrals for any needs with housing, employment, and education to contract providers, outside providers, and treatment teams. Staff will also assess and submit referrals/updates for any reported exacerbation of metal health symptoms and/or mental health needs to their treatment team. During FY 2023-2024 there were a total of 549 WRAPs completed which is an average of 92 WRAPs completed per month for both centers. El Centro Wellness Center faced a shortage of staff which limited the time that the staff focused on completing WRAP's during this FY.

Wellness Center WRAP Plan Completion for FY 2023-2024

Goal Progress	FY 2022-2023	FY 2023-2024	% Change
WRAP Plan Completion	57%	47%	-10%

The Wellness Centers plan to meet WRAP completion rate of 80% of consumers assigned for FY 2024-2025.

Notable Change for FY 2024-2025

The Wellness Center staff will begin monitoring the referral needs of consumers for housing, employment, health, and social engagement needs. The program staff will also submit referrals and/or updates of any notable exacerbation of mental health symptoms to the consumers ICBHS treatment team.

Wellness Center Referrals to Treatment Team, Contract Providers, Outside Agencies for FY 2023-2024

Program	Number of Referrals for Housing Needs (MHSA FSP, Homeless Task Force, Community Resources).	Number of Referrals for Employment Needs (IVROP, DOR, ETC).	Number of Referrals for Mental Health Needs (Treatment Team, Primary Care, ETC)	Number of Referrals for Social Needs (Music, IMR, Fitness, IVROP, ETC)
Brawley Wellness Center	0	20	3	67
El Centro Wellness Center	2	40	3	157
Total FY 2023-2024	2	60	6	224

Challenges and Barriers and Mitigating Strategies

During FY 2023-2024 El Centro Wellness Center had a shortage of staff due to promotions or shortage of applications to Mental Health Worker positions. This created challenges due to the limited amount of time staff were able to dedicate to direct services. We are expecting to be fully staffed by the end of this FY. Brawley Wellness Center has maintained a low caseload despite making outreach efforts to increase referrals. Treatment teams in the Brawley area have been encouraged to assess clients' needs and refer them for these services.

During FY 2023-24 Wellness Centers had a total of 7 employees (full time and part time) identifying as peers and 6 peer volunteers. These staff provide direct services and assist consumers as part of their duties. Staff identifying as peers and peer volunteers are encouraged to apply for promotions and full-time positions.

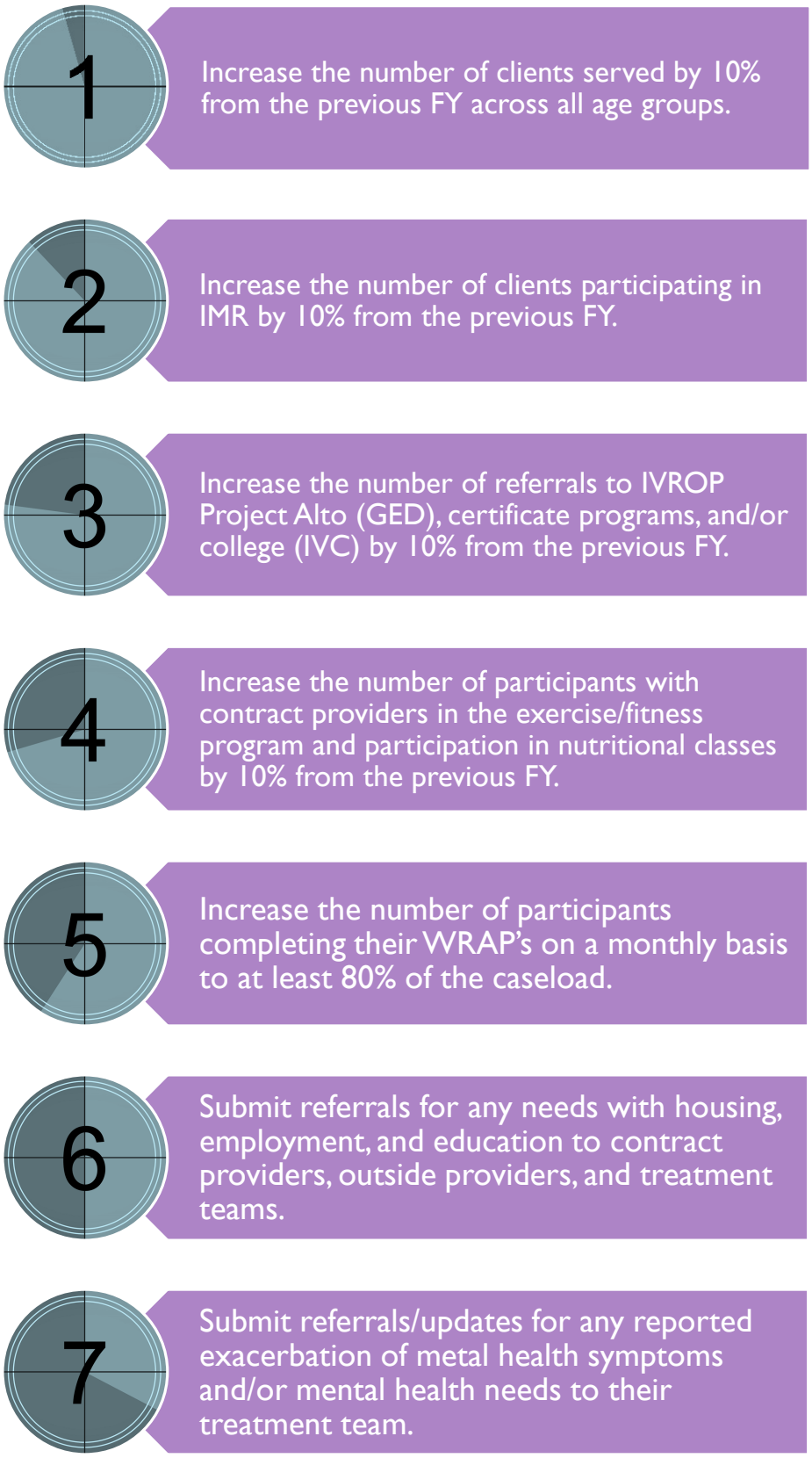
Goals and Objectives for FY 2024-2025

For FY 2023-2024, the Adult Wellness Center Program will increase the number of new consumers initiating Wellness Center services by the following age groups following the trends increased during this FY.

Projections of Consumers Initiating Wellness Center Services

Age Group	FY 2023-2024
26-39	>10%
40-49	>10%
50-59	>10%
60 +	>10%

The following are the goals and objectives for the Wellness Center for FY 2024-2025:



Community Program Planning Process (CPPP) in Support of Holistic Outreach Prevention and Engagement (HOPE) Innovation Project Becoming a General Systems Development Program

Description of the identified underserved and unserved populations and methodology used to identify them.

In Imperial County, youth and young adults aged 13-25 continue to be amongst the most vulnerable and most difficult populations to engage into mental health treatment. This underserved population, which includes unhoused and LGBTQ youth, often times, have unmet mental health needs and face many challenges such as unemployment, substance use, unplanned pregnancy and involvement with the legal and/or child welfare system. These socio-economic stressors have a negative impact in this populations' mental health and are a significant contributor to psychiatric emergencies. A psychiatric emergency is defined by the American Psychiatric Association as "an acute disturbance in thought, behavior, mood, or social relationship, which requires immediate interventions as defined by the patient, family, or social unit". These psychiatric emergencies may result in an involuntary hold (5150) or hospitalization, both of which are unfavorable outcomes.

Methodology

From February 2021 to March 2021, ICBHS conducted an extensive Community Program Planning Process (CPPP) for this new Innovation Project consisting of various activities intended to involve stakeholders. These activities included 16 community Zoom forums, surveys (Survey Monkey and paper), community planning meetings and meetings with key informants. There was a total of 389 surveys collected that provided feedback on community needs and on possible innovative and creative strategies. Thirty-six (36%) percent of respondents identified the need to increase access to mental health services; twenty-eight (28%) percent indicated a need to improve the quality of mental health services; while the primary interest by community members (41%) was to focus on the use of wellness services as a way to increase access to mental health services, improve the quality of mental health services and reduce psychiatric emergencies. The age group identified through these surveys to best focus this approach towards was youth and young adults ages 13 to 25.

Project Description

HOPE Project is focused on youth and young adults ages 13-25 who have experienced a recent psychiatric emergency, as defined above. The goal of the project is to increase access to mental health services and improve the quality of existing mental health services for youth and young adults to prevent psychiatric emergencies that lead to involuntary holds, including hospitalizations. The HOPE Project uses a holistic approach to meet the overall social, emotional, physical, spiritual, and mental needs of the clients. Clients participate in a variety of

wellness activities such as exercise, mindfulness, art, dance, and more. These activities are incorporated into the client's mental health treatment plan in efforts to improve the quality of care and improve attendance to appointments by keeping them engaged in treatment. Referrals to the HOPE program are received from the Mental Health Triage Unit, Community Crisis Mobile Units [Community- Based Response Team (CBRT), Crisis Co Response Team (CCRT) and School-Based Response Teams (SBRT)], Casa Serena, and the outpatient clinics after a psychiatric emergency has taken place and client is stabilized. Essential components to the HOPE Project are the wellness activities and Peer Support Specialists (Community Service Workers).

Peer Support Specialists (Community Service Workers) assist clients in navigating the mental health systems and provide support in a non- judgmental manner, which helps reduce stigma and assist clients in feeling more comfortable with receiving mental health services. They are encouraged to share their lived experiences that help instill hope by demonstrating recovery is possible and encourage clients to meet their treatment and wellness goals. Mental Health Rehabilitation Technicians (MHRTs) serve as the wellness coordinator and will assess the client's strengths and needs. They work to determine in which wellness activities the individual wishes to participate. This team of HOPE staff work together to develop an individualized wellness plan, which will include goals that are strength-based and client-driven. HOPE Project has been able to work with many community vendors to provide an array of wellness activities for clients to participate in, such as, exercise, arts, music, dance, mindfulness, nutrition, and more. HOPE staff regularly attend team meetings with staff from the outpatient clinics to ensure coordination with the whole treatment team.

Budget

In FY 23-24 (July 2023-December 2023), HOPE served 110 unduplicated clients. By the end of FY 23-24 it is estimated that HOPE would have served 220 unduplicated clients, which exceeds the projected amount of 202 clients. The total cost per client was $3,021.44.

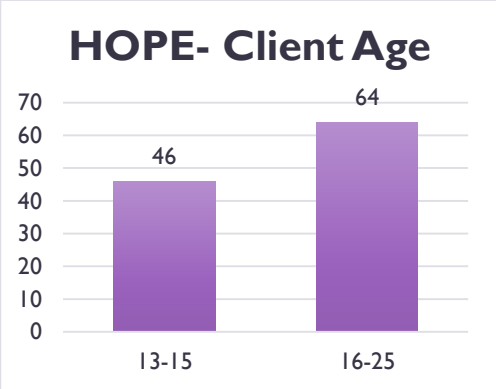
HOPE continues to be staffed with one (1) Behavioral Health Manager, one (1) Full Time Program Supervisor, two (2) Full Time Mental Health Rehabilitation Technicians, three (3) Full Time Community Service Workers (Peer Support), one (1) Part Time Community Service Worker (Peer Support), two (2) Full Time Mental Health Workers, and one (1) Full Time Office Assistant III.

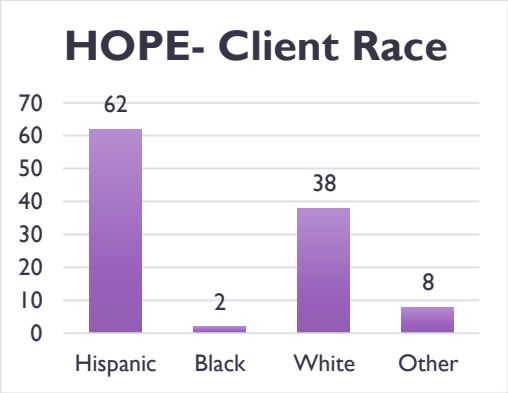
HOPE has continued serving clients aged 13 to 25. HOPE's population of served clients consists of:

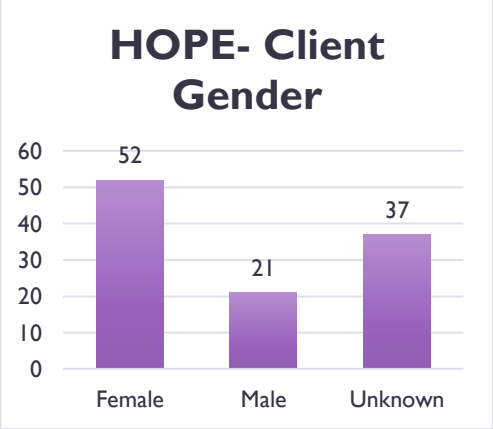
- Age: 13-15 years old (42%) and 16-25 years old (58%)
- Gender: Female (47%) and Male (19%); Unknown (34%)
- Race: Hispanic (56%), Caucasian (35%), African American (2%), and other (7%)
- Language: English (75%) and Spanish (25%)
- Residence: El Centro (34%), Brawley (16%), Calexico (23%), Imperial (8%), Holtville (3%), Heber (5%), Westmorland (1%), Seeley (1%), Other (4%), Calipatria (4%), Niland (0%) and Winterhaven (1%).

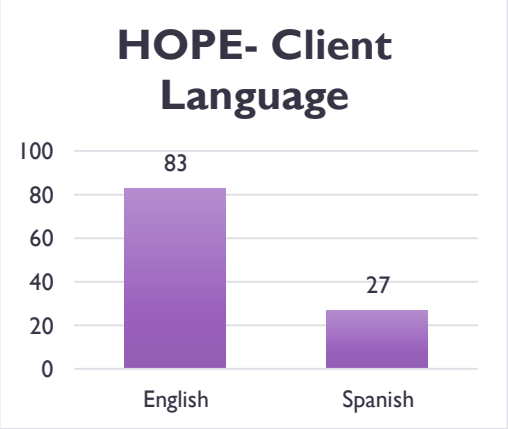
HOPE Demographics for FY 2023-2024

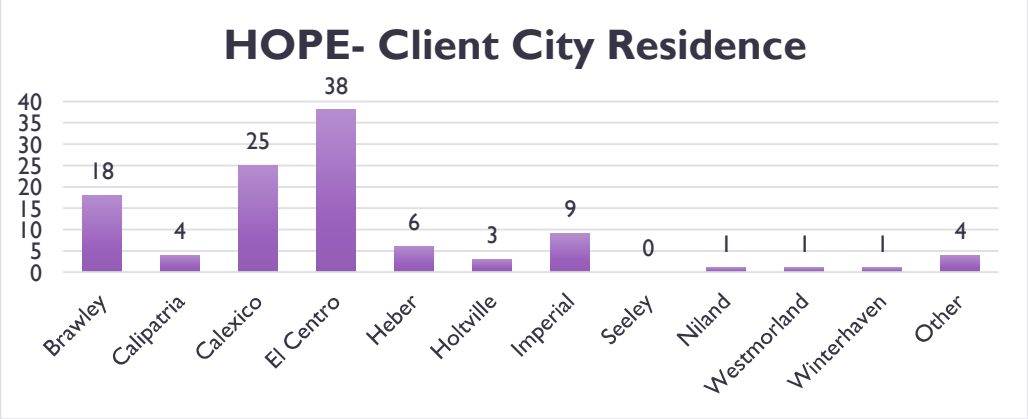
July- Dec	2023-2024
Age Group	
13-15	46
16-25	64
Total	**110**
Gender	
Female	52
Male	21
Unknown	37
Total	**110**
Race	
Hispanic	62
Black	2
White	38
Other	8
Total	**110**
Language	
English	83
Spanish	27
Other	0
Total	**110**
City	
Brawley	18
Calipatria	4
Calexico	25
El Centro	38
Heber	6
Holtville	3
Imperial	9
Seeley	0
Niland	1
Westmorland	1
Winterhaven	1
Other	4
Total	**110**











Progress towards goals identified in Annual Update 2023-2024

- <u>Reduce the hospitalization and Triage admission rates for youth aged 13-25 years by 10%</u>
  As mentioned in the "Challenges and Barriers/ Strategies to Mitigate" section further down in this report, data collection for this goal has become a challenge. For this reason, moving forward with FY 22-23 and FY 23-24, this goal will focus on a shift from Triage admissions as a whole to 5150 holds for those aged 13-25 years old.

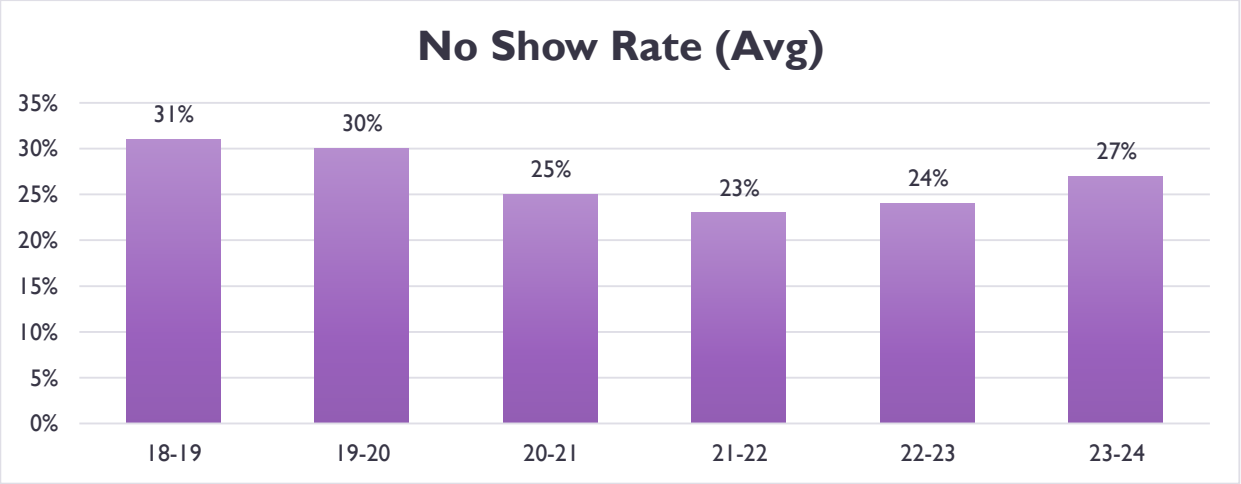
  - FY 22-23: 87 total 5150 admissions; 24 hospitalizations

- FY 23-24: 96 total 5150 admissions; 33 hospitalizations

There appears to be an overall increase in both 5150 admissions and hospitalizations this past fiscal year. While ICBHS has seen an increase in 5150 admissions and hospitalizations, this increase is in keeping with the trend seen throughout the state and country of increasing rates of anxiety, depression, and other behavioral health concerns. For this goal, the target population of clients aged 13-25, does not only include Youth and Young Adult (YAYA)/ Children's Division clients, but also those who access crisis services from the community who were not initially active ICBHS clients. These are community members who experienced a crisis that law enforcement placed on an involuntary (5150) hold and brought to the Mental Health Triage Unit for their safety and/or the safety of others. From the 5150 holds, if needed, they may need hospitalization to provide stabilization before accessing continued ICBHS services.

- <u>Increase enrollment (admissions) of youth ages 13-25 to outpatient services by 10%</u>
  Overall, for youth ages 13-25 there has been a 13% increase in admissions to outpatient services within ICBHS. This exceeds our goal of 10%. For FY 2022-2023 there were a total of 2,667 unduplicated clients and for FY 2023-2024 (July- December) there is a total of 3,021 unduplicated clients. It is expected that within the next six (6) months this number will continue to increase. For participants not yet opened to ICBHS services, HOPE is able to work alongside outpatient clinics to provide additional engagement and support, assist them in completing their admission process, and ensuring ongoing mental health treatment is active.

- <u>Increase show rates to outpatient services for youth ages 13-25 by 10%</u>
  No show rates have historically been high overall for the Youth and Young Adult population ages 13-25 years old, ranging from 31% in FY 18-19 down to 24% in FY 22-23 for the following appointments: Initial Intake Assessment, Initial Psychiatric Assessment, Initial Nursing Assessment; and Psychotherapy appointments. For FY 23-24, there was a slight increase to 27%. This increase measures all ICBHS clients aged 13-25 years and not specifically HOPE clients. One of the goals of HOPE is for those clients who have recently experienced a psychiatric emergency, to be provided additional engagement and encouragement to follow through with outpatient treatment. Data shows there is a lower frequency of days with ICBHS appointments attended after HOPE than when clients started the project. It stands to reason that during a crisis there is expected to be a higher frequency of appointments to assist in stabilization; however, after the crisis has been removed the ideal frequency at some point would return to a lower level, perhaps even lower than before, if they gained additional coping strategies, connected with peers and were able to participate in wellness activities. The majority of HOPE clients upon discharge were engaged and continued with compliance to outpatient services.



- Decrease recurring psychiatric admissions for HOPE participants

When the HOPE Project first began, data that was collected showed a trend of triage admissions slowly decreasing, while the length of hospitalizations continuing to increase. For the two fiscal years below, we can see that the Triage admissions for HOPE clients from FY 23-24 have decreased by 33% from FY 22-23. Hospitalizations have remained steady, which is an overall improvement if the previous trend was an increase in hospitalizations. It is estimated that by the end of FY 23-24, the hospitalization numbers will continue to decrease as well.

- FY 22-23 (July- Dec)- 12 Triage admissions and 3 hospitalizations
- FY 23-24 (July- Dec)- 8 Triage admissions and 3 hospitalizations

Our consultants were able to track data that shows those clients who do some wellness activities reduce their average rate of crisis in a steady downward progression, while those with no wellness activities have an average shift up in crisis prior to going back down.

- Decrease stigma towards mental health services for HOPE participants

One factor that affects this population in regards to mental health treatment is stigma. It can be difficult to navigate this period of life that is often isolating and filled with stressors. Accepting assistance for any services, including mental health can be a challenge due to peer pressure. HOPE is designed to help break down those barriers (stigma) through the use of peer support staff, who have lived experiences and can help normalize and assist the clients as they navigate through the mental health system. As part of the assessment process, clients are asked to complete a series of surveys (more information below), one of which measures stigma. Based on the answers before and after enrolling in HOPE, clients reported a statistically significant increase in how often they felt "active and vigorous". Participants have also exhibited improved scores on the stigma surveys, which shows how their perceptions of mental health treatment has improved. The below graph was completed by our consultants Todd Sosna and Max Spear.

Perceived Devaluation-Discrimination Scale (Stigma Consciousness Subscale)[1]	Average Change in Steps Along Likert Scale	Median / Mode Responses	Mean Response Range	Likert Choices
Stereotypes about mentally ill people have not affected me personally.	0.07	Agree / Agree	Between "agree" and "disagree" for all these questions	Strongly Agree, Agree, Disagree, Strongly Disagree
Most people do not judge someone on the basis of their having a mental illness.	-0.02	Agree / Agree		
My having a mental illness does not influence how people act with me.	0.13	Agree / Agree		
I almost never think about the fact that I have a mental illness when I'm around others.	0.22	Agree / Agree		
I think that people are often unfairly accused of being biased against people with mental illness.	-0.10	Agree / Agree		
Sum	0.31			

Notable Performance Measures

The HOPE Project team have continued participating in biweekly meetings working with Todd Sosna, Ph.D. who has been instrumental in this implementation and monitoring of the program to ensure all goals are reached and to analyze if the project is completing its purpose. ICBHS has previously collaborated with Dr. Sosna for various projects and his consulting firm has proven to be reliable with vast knowledge on evaluation of mental health practices. Dr. Sosna will be utilizing a mixed method of outcome evaluation strategy, as follows:

- Resolution of crisis responses, involuntary holds (5150), participation in HOPE wellness activities, participation in outpatient mental health services, subsequent crisis episodes and psychiatric hospitalizations by youth and young adults will be based on service contact records (electronic health record)
- Emotional wellness and mental health functioning will be based on standardized measures including the Basis-24 and YOQ-SR. These Outcome Measurement tools are to be administered at the beginning of services and upon discharge. The Consultants will analyze the results and apply it towards their data and report on an annual basis.

Relationship between the level of participation in wellness activities and improvement in emotional wellness, mental health functioning, participation in outpatient services, and subsequent crisis episodes or psychiatric hospitalizations will be the focus of analysis. In

addition, surveys will also be administered at specific times within the course of the project (WHO 5, HOPE Scale and Perceived Devaluation-Discrimination Scale-Stigma Consciousness). They will be administered on initial start of project, upon discharge from HOPE services, six (6) months after discharge and twelve (12) months after discharge. The below charts, completed by our consultants, show improved scores on all health, wellness and stigma (chart above) measures provided before and after HOPE.

WHO-5	Average Change in Steps Along Likert Scale	Median / Mode Responses	Mean Response Range	Likert Choices
I have felt cheerful and in good spirits.	0.29	More than half of the time / Most of the time	Between "more than half of the time" and "less than half of the time" for all these questions	All of the time
I have felt calm and relaxed.	0.15	More than half of the time / Some of the time		Most of the time
I have felt active and vigorous.	0.39	Less than half of the time / Less than half of the time		More than half of the time
I woke up feeling fresh and rested.	0.02	Less than half of the time / Some of the time		Less than half of the time
My daily life has been full of things that interest me.	0.02	More than half of the time / More than half of the time		Some of the time
Sum	0.86			At no time
HOPE Scale				
If I should find myself in a jam, I could think of many ways to get out of it.	-0.07	Agree / Agree	Between "agree" and "disagree" for all these questions	Strongly Agree
At the present time, I am energetically pursuing my goals.	0.12	Agree / Agree		Agree
There are a lot of ways around any problem that I am facing now.	-0.12	Agree / Agree		Disagree
Right now, I see myself as pretty successful.	0.17	Agree / Agree		Strongly disagree
I can think of many ways to reach my current goals.	0.03	Agree / Agree		
At this time, I am meeting the goals that I have set for myself.	0.12	Agree / Agree		
Sum	0.26			

HOPE staff are also providing data to Dr. Sosna's team regarding wellness activities completed by clients to be included in the final analysis. As part of the final evaluation of HOPE, the consultants will be conducting interviews with a random selection of clients who have participated in HOPE to gain more personal feedback on the efficacy of the program.

The first year of HOPE had minimal information due to only four (4) months of direct services to clients. The second year we were able to analyze a complete year of services from HOPE. As mentioned in last years' annual report we were starting to notice positive trends in the limited data that was received. It has been found that by looking at clients who were enrolled in the HOPE Project, found that those who participated in at least one activity also had on average slightly higher participation with outpatient/billed services, as compared to those clients with no activity participation. This trend continues with clients who have been discharged from HOPE. Data shows that those clients who participated in wellness activities while in HOPE, had attended to more outpatient clinic appointments once discharged from the project.

In regards to the outcome measurement tools, YOQ scores taken before and after HOPE show modest improvement, on average.

Notable Community Impact

The HOPE Project has continued to make a notable impact in the community it serves. It has been encouraging to see the positive impact that HOPE has on the individual client lives it serves. It is transforming to watch as the clients begin the program coming out of a psychiatric emergency, then engaging with HOPE staff and identifying their likes and interests, to participating in wellness activities and learning how to use those activities to minimize their behaviors and stressors. There have been some instances of clients continuing on as volunteers to the vendors after HOPE completion. They excelled in the activities and took an interest enough to continue to assist others in their journey. At times, clients may experience another psychiatric emergency while in HOPE, but they have shown their ability to draw on the skills learned through their wellness activities to manage symptoms/behaviors as they occur and they are quicker to recovery. Clients are encouraged and becoming more engaging with the Outpatient treatment. Some feedback received from outpatient clinics have expressed satisfaction in the effect HOPE is having on the clients who participate. They have reported that some clients are more interactive and open. They appear to benefit from learning a new hobby or skill that builds their confidence and ability to continue with mental health services.

Below is the journey of two clients who were referred to the HOPE Project. The first completed the project, while the second continues to be a client.

Client is a 13-year-old female. Her interest identified was music and she was registered to drum lessons. Although it took a number of months to find suitable opportunity to pursue her activity in the community, she took to it right away. Her discharge report notes that she "participated in drum lessons for 3 months once a week", "moms support was a huge factor" in that accomplishment, and "participation in activities increased as she engaged in drum lessons". Her YOQ score decreased during her time in HOPE, reflecting a reduction of distressing symptoms, and her mother had agreed to continue paying for her lessons after discharge. This is very much the path we might wish a majority of HOPE clients would take, and it bears repeating and pointing out that parental support and financial resources appear to have been significant factors for her, but many clients do not have these factors to consider.

Case I

Client is a 16-year-old female who was referred to the HOPE Project in September 2023 by the Crisis Care Mobile Unit (CCMU) due to reporting suicidal ideation while at school. She is diagnosed with Major Depressive Disorder, recurrent, moderate; Oppositional defiant disorder, Unspecified eating disorder, and borderline personality disorder. Client had no prior history of mental health services. She had a history of substance use prior to the referral date. Client was experiencing symptoms of suicidal ideation, self-harm behaviors, lying, stealing, isolation and having no friends. During the time of the referral, client was spending time with negative influences at school leading to her crisis. After initial engagement, it was identified that client was interested in writing, boxing, wanting to learn to play the drums and baking. She identified a goal of wanting to work in law enforcement when she was older. Client began participating in weekly drum classes and started with a local law enforcement agency Explorer Program. She was consistent in completing 90% of her music lessons. In November 2023, client had one additional crisis for suicidal ideation. HOPE staff was able to provide immediate engagement and continue support with the client to ensure client's attendance with her outpatient services. After this crisis, client began additional services to include therapy with her outpatient team and has continued to improve. HOPE has been able to provide transportation services when needed to ensure she is able to attend all appointments and wellness activities. Client now reports doing well in school and being compliant with her treatment. She is able to practice her drums when she feels symptoms increasing and reports that it helps her stabilize. Client is still active in HOPE services and is expected to continue to strengthen her skills learned to be able to successfully complete HOPE services and be able use those skills to prevent future psychiatric emergencies.

Case 2

These are two of many success stories we have witnessed throughout FY 2023-2024 and why this project will greatly benefit ICBHS as a sustainable program in the future.

Challenges and Barriers/ Strategies to Mitigate

- Transportation:
  As part of the HOPE Project, transportation services are provided to those clients who have a need to attend their wellness activities as well as outpatient appointments. HOPE staff work closely with the outpatient clinics to assist in arranging for adequate transportation with ICBHS resources to their clinical appointments. However, as the demand for attending wellness activities has increased so has the need for transportation to these activities. Due to confidentiality of each client, HOPE staff are not able to provide group transportation to and from activities. This has been a challenge when multiple clients attending the same activity are in need of transportation to and from. HOPE was able to purchase one additional vehicle in FY 22-23 to assist in the growing need for transportation. This, in addition to, organized planning with outpatient clinic staff have aided in providing more consistent transportation services to HOPE clients.

- Community Vendors:
  Imperial County historically does not have a large pool of resources for its community members to participate in. When HOPE first began to provide wellness activities, the main vendors were gym memberships and art classes. As the program continued to grow and clients expressed their interests and hobbies, HOPE staff were able to further explore and add additional vendors to provide wellness activities. Currently, in addition to the ones mentioned, HOPE has many different wellness activities to choose from, including but not limited to, equine therapy, yoga, BMX riding, martial arts, dance classes, and music classes. It is encouraging to be able to build positive relationship with our community vendors to provide these wellness activities to our clients.

- Staff Training:
  Training for staff is an important aspect to any program, especially one as unique as HOPE. HOPE staff continue to participate in internal trainings within ICBHS. It has been more challenging to identify holistic specific trainings outside of Imperial County. However, it is expected that during this next year, more trainings will be identified for staff participation. It is important to explore new trainings available to assist staff in fulfilling their roles within this holistic approach to mental health.

- Electronic Health Record (EHR) SmartCare:
  In February 2023, Imperial County piloted the implementation of a new electronic health record (EHR), Smart Care. Previously, ICBHS had been using AVATAR for its EHR. When the HOPE Project began, the initial goals and data were gathered from specific reports in AVATAR. In regards, to specific information regarding triage admissions, in AVATAR these services were captured under one category, Mental Health Triage. This episode captured those clients who accessed triage services due to having a crisis. As HOPE progressed, additional programs such as Casa Serena, CCMU, mobile response teams were created. These teams also provided crisis interventions when needed, but not all clients who accessed their services were considered crisis interventions. Fast forward to SmartCare,

each individual program now is identified, but it complicates the data that needs to be gathered. The data no longer has the same meaning as it did originally and the same data is unable to be tracked in SmartCare. Change in ICBHS's EHR software was an unanticipated challenge that the HOPE project count not have avoided, necessitating an adjustment in evaluation criteria. Unlike in the case of "shifting goalposts", here we believe the data and criteria being used with the new EHR more accurately reflect the HOPE project's original mission and goals.

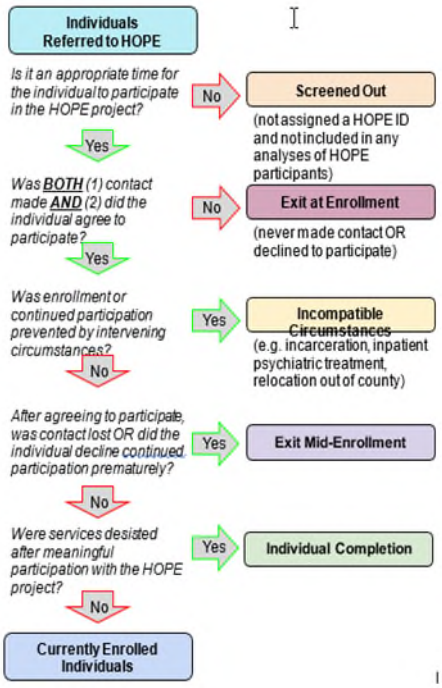
Significant Changes for FY 2023-2024

- Additional workstations/computer equipment:
  The HOPE Project has maintained its current staffing levels and due to requesting additional staff, we have grown out of our workspaces. For this reason, HOPE will be adding four new workstations (cubicles and computer equipment) to provide adequate workspace for staff and to ensure all HOPE staff are located in the same building. This is an ongoing project that will be completed in FY 2023-2024.

- Additional Vehicle:
  Due to rising caseload demands for transportation and services, a third vehicle was received in FY 2023-2024 that will greatly assist HOPE staff in providing more services to clients to meet their wellness activities and outpatient clinic appointments.

- Engagement/Incentive Items:
  HOPE Project continues to provide engagement and incentive items to help promote the program and provide an avenue for staff to engage those clients who are having a more difficult time opening up and engaging. If staff are having a difficult time being able to engage with client or maybe clients' surroundings do not offer a private setting to meet in; staff will "treat" clients to one of these destinations and provide engagement. This has been a positive process and allowed clients to be more comfortable in sharing their stories. As new interests are identified, HOPE is able to provide more diverse incentives to meet client's interests.

- Discharge Flow Chart/Surveys:
  As the end of the final year approaches for the HOPE Project, it was determined by our consultants that additional data needed to be collected regarding those who have been discharged from HOPE. The Flow Chart was created to identify different exit points that clients would be able to end their participation in HOPE (screen out, exit at enrollment, incompatible circumstances, exit mid enrollment and individual completion). This will also identify those clients who have fully participated in HOPE and those who have little to no participation. The survey was designed to obtain more specific data for each individual client who was discharged in regards to the individual client's frequency of participation, insight into if the clients are able to continue with their wellness activities and if not what the barriers are, and what their level of engagement with HOPE staff was. By having a way of grouping clients, it may assist in pinpointing to whom HOPE has the most effective outcome.



1. Exit Level?
   - Incompatible circumstances
   - Exit at enrollment
   - Exit mid-enrollment
   - Individual completion
2. How frequently did they participate in holistic wellness activities in association with the HOPE Project?
   - Never
   - Rarely (1 or 2 times total)
   - Sometimes (3 or more times, less than once a month)
   - Frequently (at least once a month, less than once a week)
   - Very frequently (at least once a week for at least a month)
3. How was the activity performed, typically?
   - No wellness activity
   - Alone
   - With a friend or family member
   - With a coach or teacher, one-on-one
   - In a class or group with peers
4. Did they give indications of continued involvement after exiting the program?
   - No wellness activity
   - Seems unlikely they will pursue leads explored with the HOPE Project
   - Level of interest is not clear
   - Seems likely they will carry on with an activity
5. Did they give indications they would not be able to pursue the same caliber of holistic wellness activity without the support of the HOPE Project? (And if so, why?)
   - No wellness activity
   - Yes, lack of transportation
   - Yes, expense of continued participation
   - Other: _____
6. How often was contact made with the individual by HOPE staff?
   - Never
   - Rarely (1 or 2 times total)
   - Sometimes (3 or more times total, less than once a month)
   - Frequently (at least once a month, less than once a week)
   - Very frequently (at least once a week for at least a month)
7. Which best describes the quality of that engagement?
   - No engagement
   - Low level of engagement, "small talk"
   - Some sharing around goals and interests
   - High level of engagement, meaningful conversations, client looked forward to contacts
8. What level of involvement with ICBHS would most benefit the individual at the time of their exit from the HOPE Project?
   - Does not show a need for continued ICBHS involvement; has adequate resources and supports
   - May benefit from low-intensity ICBHS services
   - Would likely benefit from high-intensity ICBHS involvement

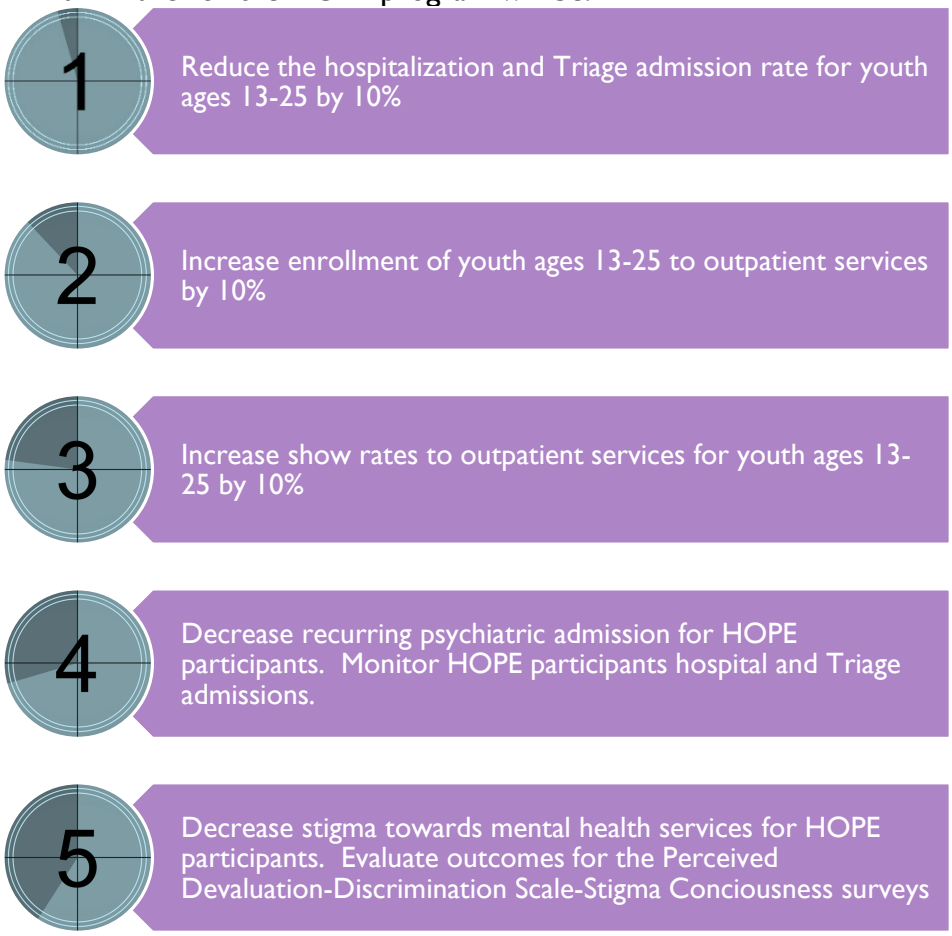
Significant Changes for FY 2024- 2025

On June 30, 2024, Innovation funding for the HOPE Project will end. Moving forward to FY 2024-2025 will be dependent upon our final report and recommendations from Todd Sosna consultant group. It is expected that HOPE has been able to reach the intended goals through concrete processes and will be able to sustain itself as a permanent ongoing program under the Youth and Young Adults division.

Goals for FY 2024 to 2025

ICBHS started the CPPP on 04/22/2024 by conducting the collection of survey outcomes. The data showed that X% of participants agreed that the HOPE Project provided meaningful support to their mental health. X% saw a decrease in frequency in crisis or targeted case management services. The aforementioned was presented to community stakeholders during the April 22, 2024 Community Stakeholder Steering Committee Meeting. The project invited feedback from XX stakeholders. Attendees agreed that HOPE should move from an INN project to become a General Systems Development program. The CPPP concluded on May 21, 2024 when it received 100% support of the ICBHS Mental Health Advisory Board and its attendees.

The goals for FY 2024-2025 for the HOPE program will be:




Community
Services &
Supports:
Outreach & Engagement
IMPERIAL COUNTY
CALIFORNIA

Outreach and Engagement

Outreach and Engagement Program

MHSA Outreach and Engagement in Imperial County is a diverse blend of intra-agency Behavioral Health and inter-agency NGO contracts designed to provide layers of exposure, information, support, and connection to services and support for any county residents who may need such support, but with a critical emphasis on underserved populations within the county Medi-Cal system. Outreach and Engagement has an annual budget of slightly over one million dollars. This amount is projected to remain stable or slightly increase over the three-year period. For additional fiscal detail, please refer to the fiscal section of this plan. In terms of cost per client, outreach is intended for all Medi-Cal eligible county residents, based on a population of 180,000 and a Medi-Cal enrollment rate of 53% in Imperial County, 95,400 clients were served through outreach. Considering current budget totals, the total cost per client is determined to be $10.56 for outreach-related activities through MHSA funding. The underserved mental health populations for Outreach targeting are determined annually by the ICBHS Quality Management Penetration Rate, an annual calendar year report that measures the number of persons receiving mental health and substance use disorder treatment services out of the Medi-Cal population through a variety of demographic filters. Engagement consists of person-to-person contact and/or follow up letter to all individuals and families who fail to show or reschedule for their initial intake assessment. The engagement rate, resulting in a new and completed intake assessment for these personal phone calls and follow up letters is consistently around 20% as this table of recent reporting indicates:

Unit	Total No Show	Total Clients Contacted	% of Clients Contacted	Telephone Calls	Total Letters Mailed	Total # of Rescheduled Appts.	% of Reschedule Appts.
Adults	52	19	36%	37	33	14	42%
Crisis & Engagement	86	31	36%	64	55	16	29%
Children	40	11	27%	31	29	9	31%
Youth & Young Adult	55	19	34%	42	35	13	37%
Total	**233**	**80**	**34%**	**174**	**152**	**52**	**30%**

No significant changes are anticipated with Engagement activities, nearly 2/3rds of contacted clients rescheduled their appointments indicating a level of success in engaging this population of individuals who had already self-identified with a level of mental health distress.

Goals and Objectives

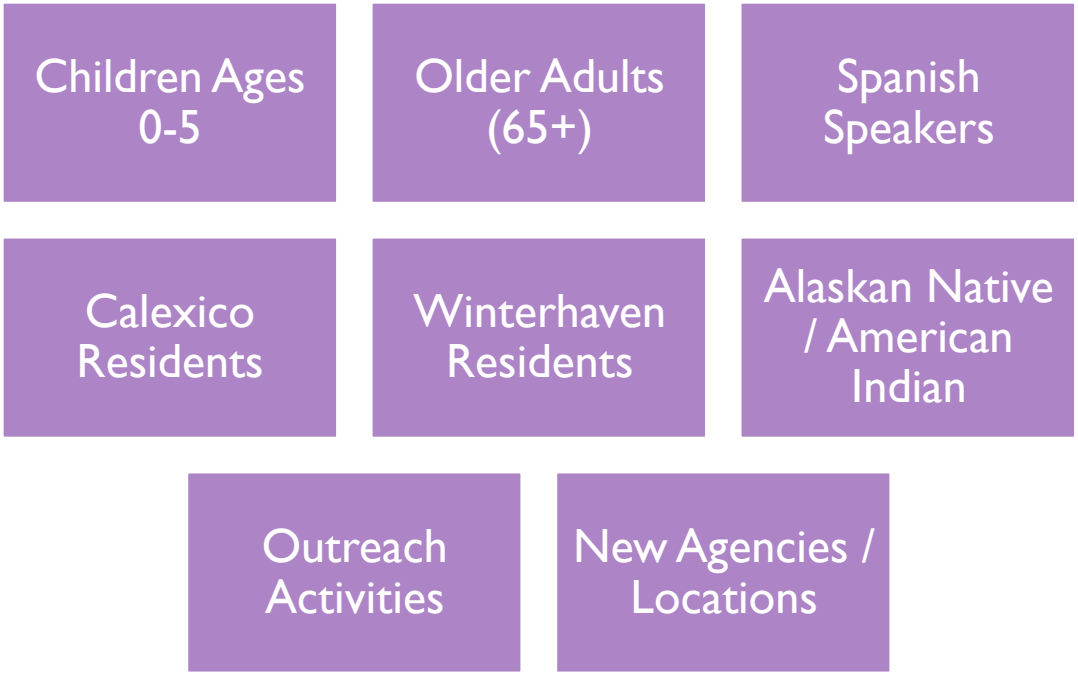
The goals and objectives for outreach in 2023, determined by the Quality Management Penetration Rate survey and the numbers of recorded contacts are below in the final 2023 calendar year report prior to the new target determinations of the Quality Management in the final Q4 report.

Goals & Objectives	Quarter 4								YTD
	October		November		December				
	Target	Actual	*Target*	Actual	*Target*	Actual	*Target*	Actual	
Underserved Population									
1. Provide Outreach to 200 Age Group 0-5 children.	*16.6*	311	*16.6*	114	*16.6*	51	*50*	476	631
2. Provide Outreach to 2,490 Older Adults, ages 65+.	*208*	661	*208*	80	*208*	137	*623*	878	2,564
3. Provide Outreach to 1,666 Spanish-Speaking residents.	*139*	620	*139*	283	*139*	198	*417*	1,101	4,134
4. Provide Outreach to 3,213 Calexico residents.	*268*	1,211	*268*	342	*268*	349	*803*	1,902	5,871
5. Provide Outreach to 150 Winterhaven residents.	*13*	69	*13*	62	*13*	22	*38*	153	460
6. Provide Outreach to City of Niland.		11		4		4		19	170
7. Provide Outreach to Alaskan Native/American Indian.		97		20		29		146	543
8.Participate in a minimum of 30 outreach activities, targeted toward providing outreach to the identified underserved populations, per quarter.	*10*		*10*	0	*10*		*30*	0	257
9. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.		5		9		10		24	63
Hard-to-Reach Population									
1. Provide Outreach to 245 Foster-Youth.	*20*	0	*20*	5	*20*	6	*61*	11	106
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the identified hard-to-reach populations, per quarter.	*3*	4	*3*	5	*3*	5	*10*	14	40
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.		6		5		8		19	33
Homeless Population									
1. Provide Outreach to 886 homeless individuals.	*74*	0	*74*	84	*74*	199	*222*	283	1,342
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the homeless population, per quarter.	*3*	4	*3*	9	*3*	6	*10*	19	25
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.		6		5		7		18	30
Other Identified Target Populations									
1. Provide Outreach to LGBTQ.		3		0		0		3	111

In addition to the specified groups, the report also indicates ongoing measurement of contact with groups determined by the county to be at risk, as well as putting a value on numbers of activities and identifying new locations and agencies.

In 2024, goals1-5, and 7-9 will remain, as Niland (goal 6) was not identified by the 2023-2024 Penetration Rate Report. The north end area, including Niland will remain a served area as goals 1-3 have populations to be served in that region and throughout Imperial County. Outreach within the department is organized in a regional fashion to ensure that our distant and less-populated areas receive an equitable outreach service. The at-risk groups targeted will remain the same. Ongoing strategies will be discussed subsequently by category.

Outreach Targets for CY 2024



Provide Outreach to 200 Children ages 0-5

ICBHS targets this group through parent contact and the number indicated in the 2023 final data does not include PEI work specifically with the 0-5 population. The target goal of 200 individuals was met. We will remain focused on outreach at preschool parent populations, now that the pandemic restrictions have been lifted.

Provide outreach to 2,490 Older adults (65+)

While directly contacting nearly 2,000 older adults in addition to specific marketing of social media and a weekly wellness radio show/podcast was under the anticipated target of 2,490, Imperial County Behavioral Health has launched a specific outreach arm dedicated to elder populations. This differs from previous generalist regional focus (which remains for other targeted populations). The Elder Outreach has established

collaborative relationships with the Area Agency on Aging, The Imperial Valley Housing Authority, The Food Bank, Brawley Senior Center, Quechan Senior Center and other agencies with specific elder focus to provide direct outreach in conjunction with these agencies. In addition, ICBHS is planning specific outreach to rehabilitation and long-term care facilities for both resident wellness and staff education on the importance of elder mental health for 2024 and beyond. It is anticipated that this goal will be met in 2024 and subsequently.

Provide outreach to 1,666 Spanish-speaking residents

In 2023, ICBHS and our partners were nearly able to meet this projected target with direct contacts to 4,134 individuals. We will continue to expand direct outreach to these individuals.

Provide outreach to 3,213 Calexico residents

In 2023, ICBHS and our partners conducted direct outreach to 5,871 Calexico residents, exceeding the anticipated target. We will continue to expand direct outreach to these individuals.

Provide outreach to 150 Winterhaven residents

In 2023, this goal was exceeded as 460 residents were directly contacted. This goal remains and will increase to 250. Recent success in these contact goals have been achieved by having regional staff assignments that result in a singular community point of contact and regularly scheduled contacts to the remote areas of our county.

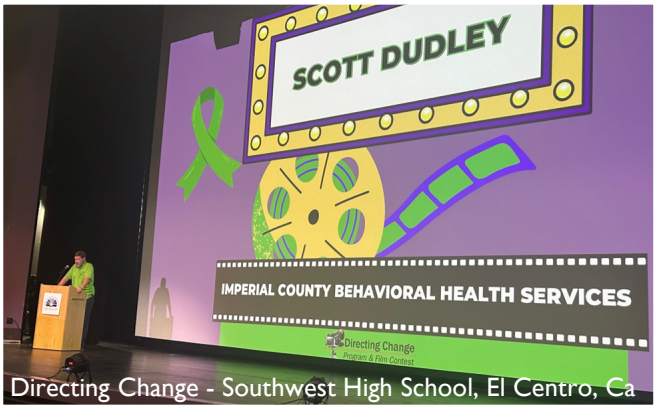
Provide outreach to the Alaskan Native/American Indian (AN/AI) Population

In 2023, direct outreach contact was made with 543 individuals identifying as AN/AI. The majority were adjacent to the community of Winterhaven where the Quechan Nation is located. Outreach to the Quechan Nation and the Torres-Martinez Nation bordering the north of Imperial County are consistent and across levels of liaison, from administration to outreach workers. While these nations are self-sufficient and tend to seek services, when needed in the larger community centers in neighboring Riverside County or in the state of Arizona, ICBHS will continue to outreach these communities.

Participate in a minimum of 30 outreach events per quarter

With the growth and development of mental health awareness groups on nearly all local high school campuses, the number of outreach activities and opportunities for ICBHS and our Non-Governmental Organizations (NGOs) contract teams have grown, resulting in 257 activities in 2023 from a projected goal of 120. We anticipate that the number of outreach activities remains consistent, if not increasing with the ability to focus into preschool and elder populations.

On April 27, 2023, Southwest High School, located in El Centro, CA hosted the annual Directing Change Film Contest.



Directing Change - Southwest High School, El Centro, Ca

ICBHS Welcome Resource Banner


ICBHS Resource Table

The following is the list of video submissions posted by Imperial County Click on the following picture to take you to all the 2023 submissions from the filmmakers at Southwest High School:

Imperial

2023
Suicide Prevention

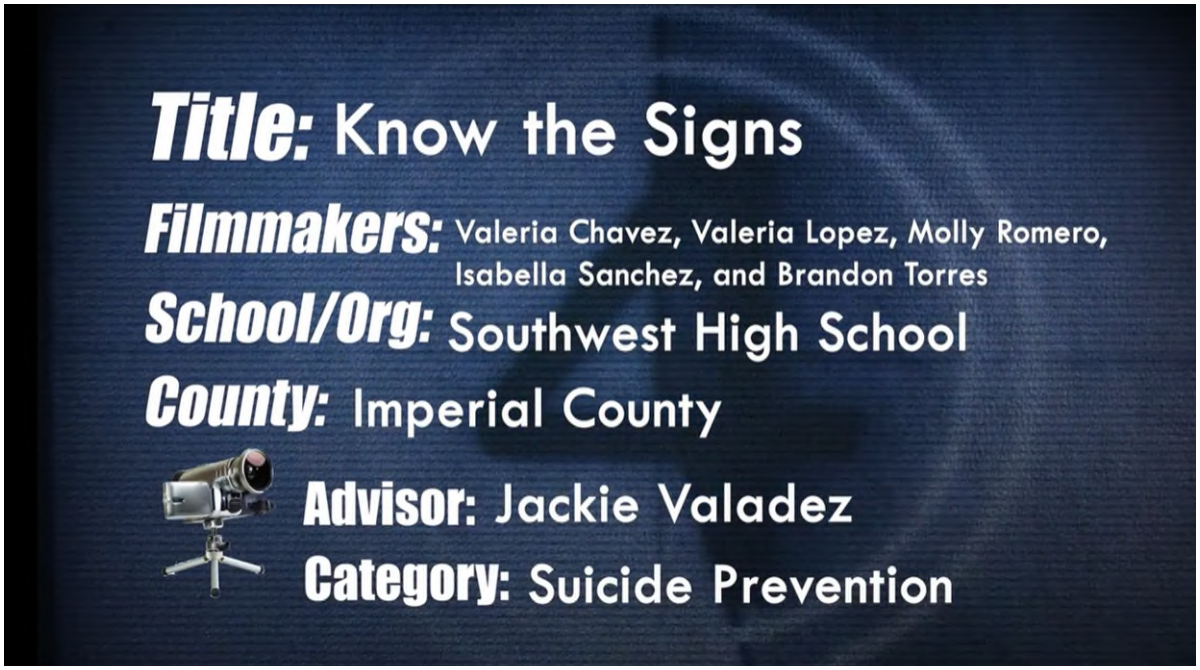
Third Place Regional: "Know The Signs"
Imperial County
Southwest High School
Filmmakers: Valeria Lopez, Valeria Chavez, Brandon Torres, Molly Romero, and Isabella Sanchez
Advisor: Jackie Valadez
View & Download

Honorable Mention

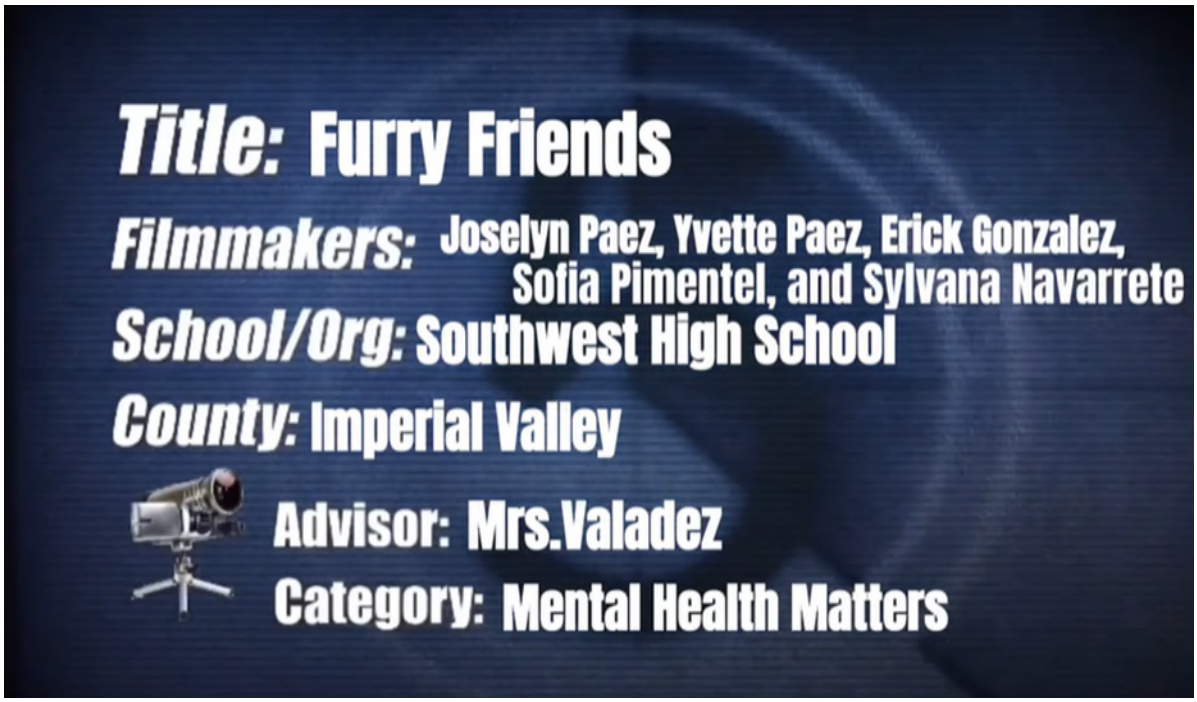
"Same Thing, Different Day"
Imperial County
Southwest High School
Filmmakers: Jarissa Bojorquez, Belen Avalos, and Richard Nua
Advisor: Jackie Valadez
View & Download

Mental Health – Honorable Mention

"Furry Friends"
Imperial County
Southwest High School
Filmmakers: Joselyn Paez, Yvette Paez, Sylvana Navarrete, Sophia Pimentel, and Erick Gonzales
Advisor: Jackie Valadez
View & Download


Title: Know the Signs
Filmmakers: Valeria Chavez, Valeria Lopez, Molly Romero, Isabella Sanchez, and Brandon Torres
School/Org: Southwest High School
County: Imperial County
Advisor: Jackie Valadez
Category: Suicide Prevention


Title: Same Thing, Different Day
Filmmakers: Jarissa Bojorquez, Belen Avalos, Richard Nua
School/Org: Southwest High School
County: Imperial County
Advisor: Jackie Valadez
Category: Suicide Prevention

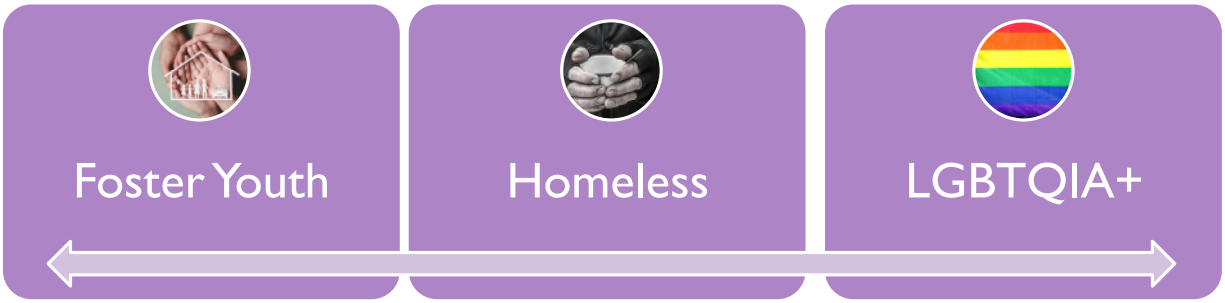


Identify New Agencies and Locations to Provide Outreach

This is another goal that will continue to increase as new opportunities to work with target populations increase.

At Risk Groups

Outreach to all identified 'at-risk' groups will continue through 202. Each group has targeted outreach with ongoing innovative strategies to increase numbers directly contacted.



1. **Foster Youth**

   While ICBHS, in teaming with the NGO contracted to serve foster youth has made some progress in collaboration, the presence of behavioral health at foster youth specific events, particularly for older youth, is difficult to conduct, due to stigma and distrust. Successful coordination with younger groups is going to provide a bridge to better relationships as youth age in the system. It is also noted that youth are not asked to disclose whether they qualify as foster youth, resulting in a lower count than reported, considering the thousands contacted ages 0-18.

2. Homeless (Unhoused) Individuals

In 2023, ICBHS began to conduct street outreach to encampments of unhoused individuals throughout Imperial County. Utilizing practical incentives, ICBHS was able to provide information and show a caring face to our unhoused neighbors. Outreach will continue in 2024 and forward with this new emphasis, while also continuing to table and provide information at food distributions and other events targeting unhoused individuals.

Homeless Encampment

Direct Street Outreach

3. The LGBT Community

In addition to contracting with The Imperial Valley LGBT Resource Center for specific targeted resource within their center and in the community, ICBHS continues to promote safe space and respectfully query LGBTQ demographics at all outreach events using the anonymous Sexual Orientation-Gender Identity Form developed by ICBHS with IV LGBT Resource Center approval and consultation. The total of 1,170 self-identifying LBGTQ individuals speaks to the range of outreach and the safety and acceptance of our demographic sampling.

Indirect Community Outreach

Obscured from the ability to count as direct contacts, indirect outreach remains a major emphasis point at ICBHS in 2024 and going forward. ICBHS utilizes several modalities to gather these indirect contacts.

Wellness Radio

ICBHS has hosted two weekly Wellness Radio Shows for 20 years in English and 17 years in Spanish, the two threshold languages of Imperial County. These shows are currently broadcast on two local stations and are then posted as podcasts. Podcast data indicates approximately 2,000 downloads per month from the collective library, with over 90% of those downloads originating in the Imperial/Mexicali Valley. ICBHS has committed to the extension of this mode of community outreach by constructing a recording studio at the Behavioral Health Training Center. Recently completed, the staff are currently training to begin utilizing the studio for weekly Wellness Show recordings. In addition, the studio will serve as an outreach magnet for community groups seeking to coalesce and support the topic of community mental health on their unique platforms. High school peer wellness groups, Veteran's groups, persons with lived experience, LGBTQ peer groups and others will be able to record, post information, and dialogue pertinent to community behavioral health through this studio portal. Ctrl+Click on the Wellness Radio show picture to access a list of past podcasts.

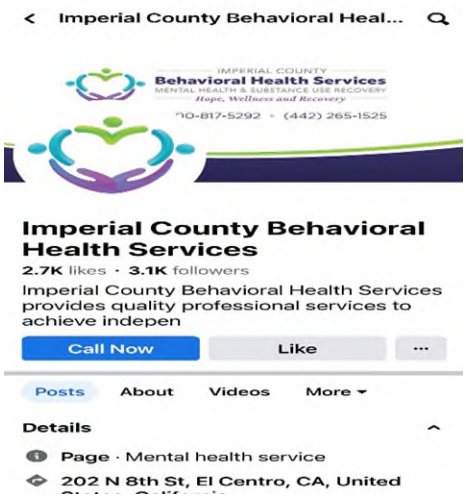
Presentations/Trainings

ICBHS staff present to large audiences frequently. These events provide a different type of outreach and because the audience demographics are not sampled, the outreach numbers do not reflect these presentations. Presentation venues in 2023 included schools and other agency venues. ICBHS has reopened several informational trainings to the public, including Mental Health First Aid, Youth Mental Health First Aid, Applied Suicide Intervention Skills Training, and SafeTALK. These trainings are promoted with monthly calendars posted on social media. They

will be conducted at least once monthly in 2024 with plans to expand geographically and conduct these public trainings in remote areas of the county where transportation may not be available for some residents, like Calipatria and the targeted outreach area of Winterhaven.

Social Media

ICBHS maintains an active Facebook page as informational and relational. Content is derived from local events as well as information from a variety of vetted sources. Plans are in place to significantly expand social media reach in 2024-2026, targeting specific groups through specific social media platforms. This plan coincides with the completion of the recording studio in late 2022 and the addition of the technology necessary to move greater amounts of social media content, particularly locally generated content. Ctrl+Click on the Facebook picture to access the ICBHS Facebook page.



Challenges, Barriers, and Strategies to Mitigate FY 2023-2024

The continued diversifying of Outreach to include new units, expanding into existing units merged with staffing retention concerns led to a constant waxing and waning of capacity and capability as well as an ongoing challenge to communicate and plan in an exclusively virtual world as different behavioral health units and sites remain in person isolated due to contagion concerns.

ICBHS and our NGO partners maintained an ongoing assessment of restrictions and possibilities in an attempt to mitigate these public health logistic concerns. An expansion of social media and continued reliance on weekly wellness radio to inform our community were central to our mitigation efforts.

Significant Changes or Discontinued Programs for FY 2023-2024 and 2024-2025

No significant changes or program discontinuations were experienced nor are anticipated under Outreach and Engagement for ICBHS in FY 2023-2024 or 2024-2025.

Transitional Engagement Supportive Services Program (TESS)

The Transitional Engagement Supportive Services (TESS) Program provides outreach and engagement services to unserved and underserved population including Severe Emotional Disturbed (SED) and Severe Mentally Ill (SMI) individuals ages 14 and older. The TESS Program continues to serve individuals discharged from an acute psychiatric hospital, Mental Health Triage Unit (MHTU), and Casa Serena. The objective of the TESS Program is to provide expedited supportive services to ensure individuals successfully transition to outpatient mental health treatment.

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

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

The TESS program provides outreach and engagement service with the purpose to bring awareness about mental health and substance use disorder services to the community and community partners of the services provided by the TESS Program. Additionally, the TESS Program focuses on serving hard-to-reach populations such as the homeless population or at risk of homelessness. The TESS program provides intensive and expedited case management, linkage to housing placement, evidence-based treatment, benefit application assistance and linkage to employment services to reduce homelessness and improve the mental health of this population.

Services available to clients at the TESS Program include:

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
- 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

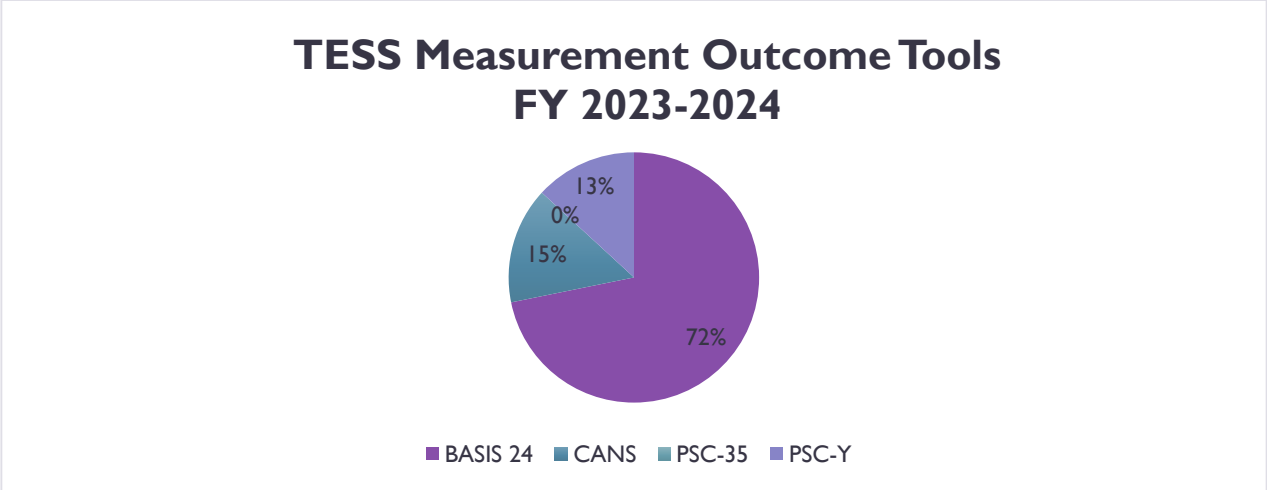
Notable Performance Measures

To establish baseline symptoms and impairments to those clients 18 years of age and older, the TESS Program administers the Behavior and Symptom Identification Scale (BASIS 24) outcome measurement tool. The areas of measurement include depression/functioning, relationships, self-harm, emotional liability, psychosis, and substance abuse. The tool is administered at the time of initial assessment and will be re-administered on an annual basis. **During FY 2023-2024, Quarter 1 and 2, TESS program administered 153 BASIS 24 tool assessments.**

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services; 6-20 years of age to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services**. During FY 2023- 2024, Quarter 1 and 2, the TESS Program administered 32 CANS assessment tools.**

The Pediatric Symptom Checklist (PSC-35) tool is developed for ages 3-18 years of age to assess for cognitive, emotional, and behavioral problems that reflect caregiver perception of their Childs's Psychosocial Functioning. The tool is utilized to screen, inform treatment planning, and measure change over time. **During FY 2023-2024, Quarter 1 and 2, TESS Program administered 3 PSC-35 assessment tools.**

The Pediatric Symptom Checklist (PSC-Y) tool is utilized to assess areas of Interpersonal Distress, Somatic, Interpersonal Relations, Social Problems, Behavioral Dysfunction, and Critical Items for clients' ages 11-20 years of age. **During FY 2023-2024, Quarter 1 and 2, the TESS Program administered 28 PSC-Y assessment tools.**



The following is a list of measurement outcome tools currently implemented at the TESS Program that are specific by age:

TESS Measurement Outcome Tools

Instrument Name	Age Group	Areas of Measurement *(Specific Questions / Areas)*	Type of Tool / Disorder	Time of Completion *(client /# of items)*	Staff Responsible to Apply	Frequency of Use
Behavior and Symptom Identification Scale (BASIS-24) & Spanish	18 +	Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm	*General Instrument*	15 minutes / 37 questions	*Therapy: Clinician* *Med Support: Service Coordinator*	*Intake, Annually, and Upon Discharge*
Child and Adolescent Needs and Strengths (CANS)	6 - 20	Behavioral/Emotional Needs Functioning, Risks, and Strengths	*General Instrument*	30 minutes / 50 questions	*Intake: Clinician*	*Intake*
Parents/Guardians/Caregivers of clients *(PSC-35) English*	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*
Parents/Guardians/Caregivers of clients *(PSC-35) Spanish*	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*
Y_PSC Score Entry Form *(PSC Y) English*	11-20	Interpersonal Distress Somatic	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*

		Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items				
Y_PSC Score Entry Form *(PSC Y) Spanish*	11-20	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*

During FY 2023-2024, the department's Electronic Health Record (EHR) transitioned into a new system. Currently the department continues to work on a streamline process to obtain reports that provide outcome data from these measurement tools.

During FY 2023-2024, Quarter 1 and 2, TESS served **329** individuals,**77** admitted to the Mental Health Triage Unit, **45** inpatient hospitalizations via the Mental Health Triage Unit, **10** Out of County Hospitalizations and **197** individuals belonged to Casa Serena.

Moreover, **130** were successfully transferred to Mental Health Outpatient Clinics, **05** were screened out, **04** incarcerated/indefinite placement and **158** unsuccessful linkages due to non-compliance, no contact for over 90 days, declined further services, or relocated out-of-county.

TESS Program Referrals and Discharges

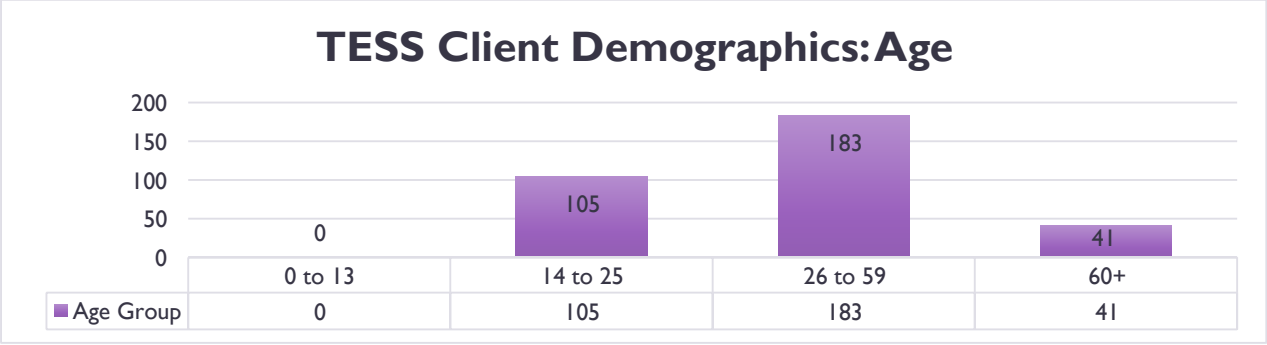
TESS Program Referral Outcome Overview	
FY 2023-2024	
Mental Health Triage Admissions	77
Mental Health Triage Unit Hospitalizations	45
Out of County Hospitalizations	10
Casa Serena	197
TESS Program Discharges	
FY 2023-2024	
Successful Linkages to Mental Health Outpatient Clinics:	130
Screened out – Did not meet medical necessity	5
Unsuccessful Linkages:	158
No Care Needed – Sufficient Progress	0
Death	0
Incarceration/Indefinite Placement	4
Total Discharges	**297**

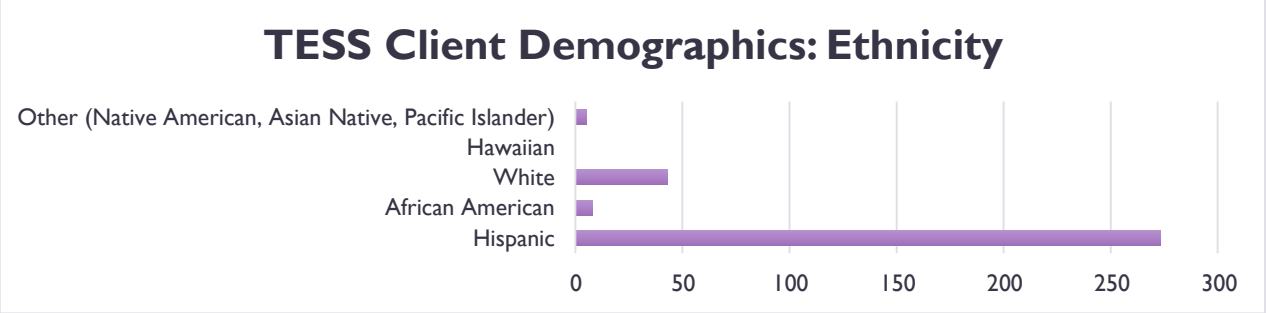
The table and charts below provide a demographic summary of the individuals who have been served during this FY 2023-2024, Quarter 1 and 2:

	FY 22-23	FY 23-24	% Change
TESS Admissions	204	329	61.27%

Demographic Category	TESS FY 2023-2024
Gender	
Female	138
Male	191
Other	0
Not Reported	0
Total	**329**
Age Group	
0 to 13	0
14 to 25	105
26 to 59	183
60+	41
Not Reported	0
Total	**329**
Ethnicity	
Hispanic	273
African American	8
White	43
Hawaiian	0
Other	5
Total	**329**

During FY 2023-2024, Quarter 1 and 2, the TESS program served a total of 329 individuals. The majority of served individuals were males, making up 58.05% of the serviced population. Furthermore, the largest age group served by the TESS program during FY 2023-2024 was the age group of 26 to 59 years old. Lastly, the largest ethnic group served during FY 2023-2024 was Hispanic. The Hispanic ethnicity composed 82.97% of the individuals served.





Budget

The number of individual clients served in FY 2023-2024, Quarter 1 and 2, was 329. The average cost per person was **$4,714.62**.

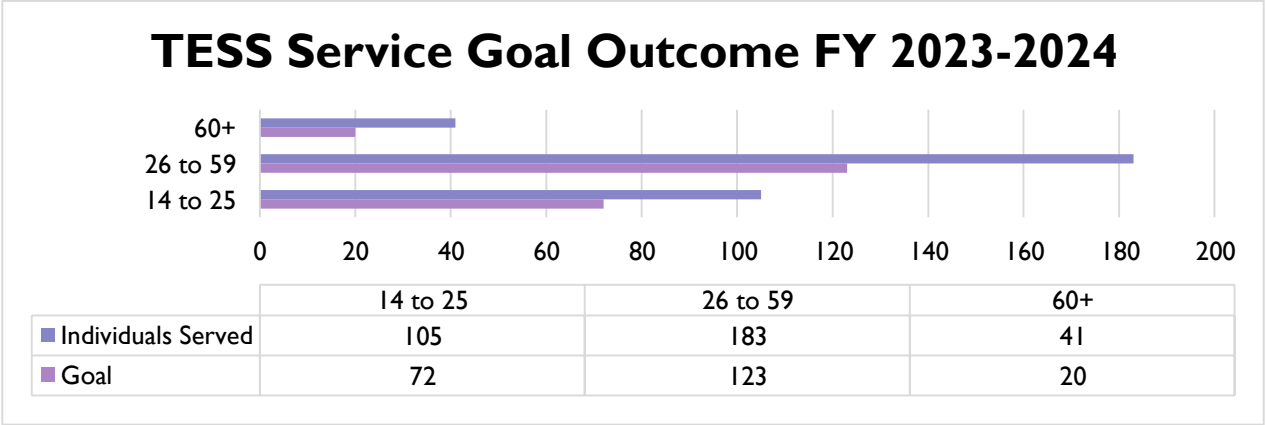
TESS will continue working on increasing accessibility to Mental Health Services by 5% by increasing awareness through outreach, education, and advocacy by specific age group. Need to determine if goal was met.

TESS Service Projections for FY 2023-2024 through 2025-2026

Age Group	FY 2023-2024	FY 2024-2025	FY 2025-2026
14 to 25	72	76	80
26 to 59	123	129	135
60+	20	21	22

Progress Towards Goals and Objectives for FY 2023-2024

During FY 2023-2024, The TESS Program continued to ensure clients receive expedited Mental Health Services as part of the continuum of care service. To prioritize delivery of services, the TESS Program continued increasing awareness through outreach, education, and advocacy by specific age groups. **TESS service Goal Outcome was successfully met for FY 2023-2024.**



During FY 2023-2024, in efforts to address the rapid growing concerns of homelessness in Imperial County, the TESS Program continued to focus on engaging homeless individuals who are

the most vulnerable and underserved population within Imperial County. During Quarter 1 and 2, the TESS program enrolled **42** individuals to PATH Services.

During FY 2023-2024, The TESS program objective was to train one (1) Mental Health Rehabilitation Technician per fiscal year on SOAR training. TESS has continued to be impacted with a shortage in staff, therefore affecting establishing the goal in training staff with SOAR Services. TESS will continue to focus on establishing this goal by training new staff to improve delivery of services to the homeless population to ensure the goal is met.

During FY 2023-2024, The TESS Program's objective was to transfer ten (10) individuals per month to the outpatient clinics within 30 days of admission by completing the entire process which includes: an assessment, initial nursing assessment and initial psychiatric assessment prior to transfer. The TESS Program successfully transferred **130** individuals to the outpatient clinics during quarters 1 and 2. The TESS program will continue to focus on expediting delivery of services to ensure patients continue to receive service necessity.

During FY 2023-2024, Quarter 1 and 2, TESS conducted a total of community outreach activities to educate and reach the unserved and underserved population. The TESS program participated in **3** Outreach Presentations, **35** informational booths and **63** brochure dissemination activities.

TESS Outreach Activities

TESS Outreach Activities	
FY 2023-2024	
Outreach Presentations	3
Informational Booths	35
Brochure Dissemination Activities	63
Total Outreach Activities	**101**

Outreach Presentations			
Agency	**Group Population**	**Topic**	**Language Conducted**
Heber Library	60+	TESS Services	English/Spanish
Camarena Library	60+	TESS Services	English/Spanish
Calexico Community Center	18 -25; 26-59; 60+	TESS Services	Spanish

Outreach Community Agencies	
Calexico Community Center	El Centro Aquatic Center
Calexico Unified School District	Sun City Medical Group
ECRMC Outpatient Center	Community Center
Innercare	Adult Center
Clinicas del Valle	Catholic Charities
Camarena Library	Catholic Charities Day Center
Enrique Camarena Junior High School	El Centro VA Clinic
Calexico City Hall	Woman Haven Thrift Store
Calexico Police	Genoa Healthcare
De Anza Urgent Care Center	Calexico Apple
IVROP	Desert Paw
Women Haven, Family Solutions	SDSU Administration
Dreams for Change	Imperial Valley Therapeutic Massage
Hope Café	Imperial County Teacher Service Center Council
Day Out Adult Day Care Center	Neuro Science Center
El Centro Library	Imperial Radiology
Salvation Army	Sun Valley Behavioral Medical
Paleteria Cachanilla	
IV Colectivo	

During FY 2023-2024, the TESS Program focused on ensuring clients were provided with expedited mental health appointments to ensure linkage to mental health treatment and assisting with the accessibility of services to those individuals that are hospitalized out-of-county and are not returning to Imperial County, the target goal for TESS is to link 5% of out of county hospitalized individuals into treatment. For this reporting period, TESS received 10 Out of County Hospitalizations. Of those hospitalizations 2 both were successfully linked to mental health treatment services, are currently active, and received assistance in changing their County Code as part of the Continuum of Care. **During FY 2023-24,** TESS successfully met the goal of linking over 5% of Out of County Hospitalizations into treatment services during quarters 1 and 2.

Notable Community Impacts

During this FY a significant change was the implementation of short-term Mental Health Therapy Services within the TESS program. In efforts to increase client engagement to services and

continuum of care two (2) mental health therapist have been trained to provide short-term Cognitive Behavioral Health Therapy (CBT) and Interpersonal psychotherapy (IPT).

In addition, during the reporting fiscal year, TESS strived to provide services to the unserved and underserved population within the hardest to reach and most difficult to engage population. The programs approach aimed to serve individuals with unknown severity of mental illness and/or co-occurring substance abuse disorders.

In addition, during this FY a significant change was the TESS program availability to increase outreach and engagement activities by having a well-rounded team that is skilled, trained and dedicated in engaging with the audience. In efforts to continue increasing the positive impact within the community, TESS will continue to conduct outreach and engagement activities to expedite the delivery of services for those who continue to be impacted by a severe mental illness and/or co-occurring substance use disorder.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

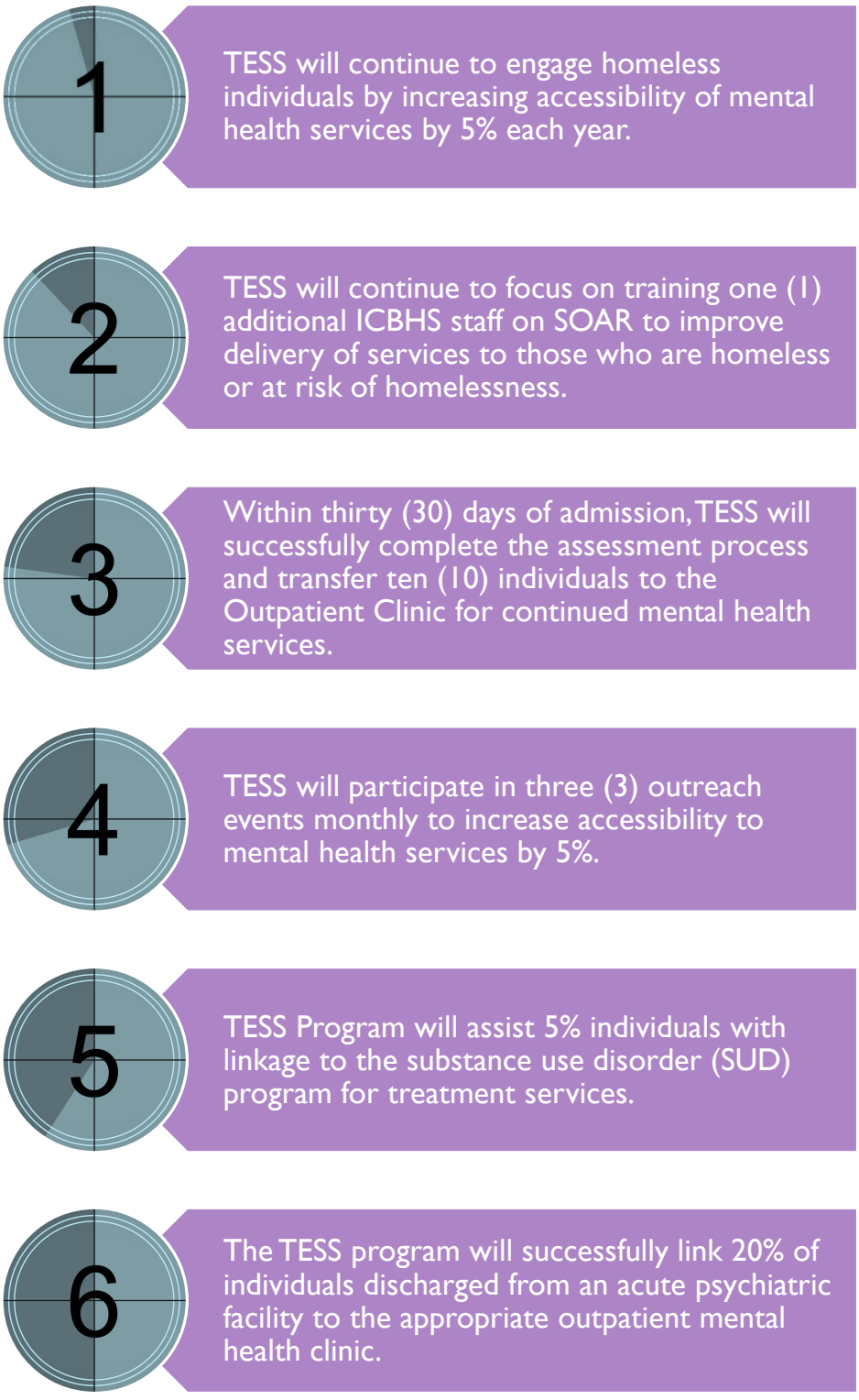
During this FY the TESS Program continued to be impacted by high staff turnover and inability to retain staff due to personnel promotions, leaving the program for educational and career growth, and/or transfers. An ongoing challenge encountered this FY was recruiting, hiring, and training of the new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

Another barrier encountered was providing services to the homeless population. Limited staff to conduct outreach and engagement, difficulty in locating the transient population, and the limited resources within the community to link transients to an emergency shelter. To alleviate these barriers, TESS will continue striving to recruit additional staff to conduct outreach and engagement, and strongly collaborate with community partners to ensure the homeless population have access to resources that will alleviate the burden of moving from one place to another.

Significant Changes, Including New Programs

During this FY 2023-2024, as the TESS program encountered the need to link clients with co-occurring disorders to the Substance Use Disorder (SUD) program a new goal will be included for the FY 2024-2025 to ensure that individuals receive needed services.

Goals and Objectives for FY 2024-2025



Community Engagement Supportive Services (CESS)

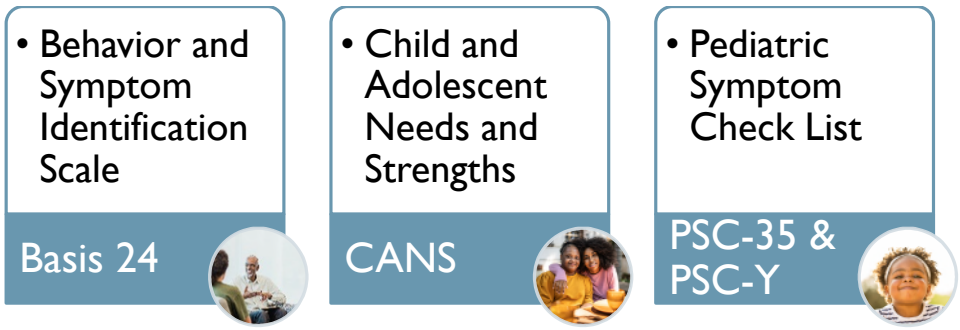
CESS is a program developed to provide outreach and engagement supportive services to individuals 14 years of age and older including those who are homeless or at risk of homelessness. The focus of the CESS program is to provide outreach and engagement services to individuals within the community who are in need of immediate mental health and substance use disorder services, increase their support system, and encourage their willingness for linkage into Mental Health Treatment or Substance Abuse Treatment Services. The goal is also to assist individuals with reunification with their family members and/or transitioning them back into the community. Services provided by the CESS program include expedited assessments and linkage into the appropriate Mental Health Outpatient Clinic for continuum of care. In addition, the CESS program provides screening and referral services at the Imperial County Jail to individuals who will soon be released to ensure they are successfully reintegrated back into the community and linked to needed Mental Health Services.

Services provided by the CESS program include:

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

- Linkage to Substance Use Disorder Treatment (SUD)
- Outreach and Engagement Services
- Linkage to Community Resources
- Emergency Shelter Placement
- Emergency Clothing
- Emergency Food Baskets
- Assistance with SSI/SSA Benefits Application
- DSS / Cash Aide Application Assistance

Notable Performance Measures



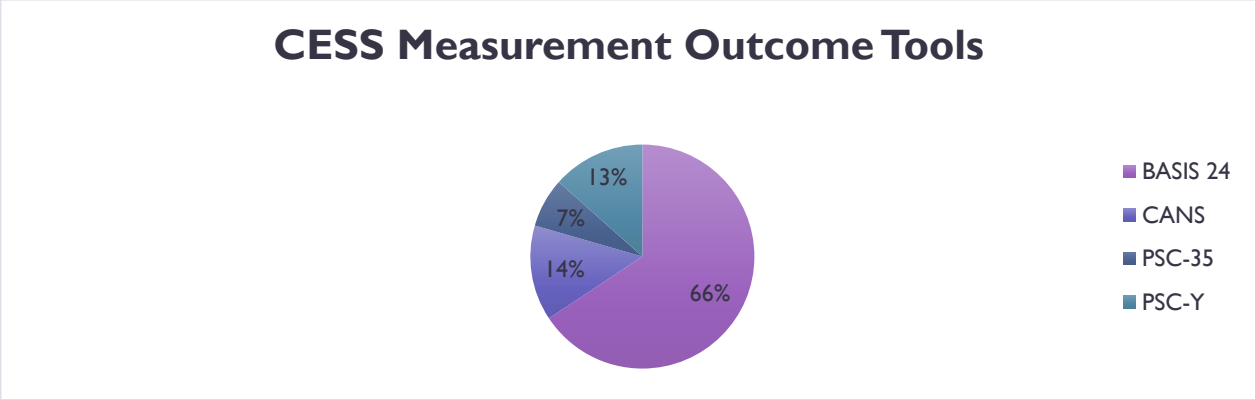
The CESS Program continues to administer the Behavior and Symptom Identification Scale 24 (BASIS 24) measurement tool which provides a complete client profile and measures change in self-reported symptoms and problem difficulty over time to those eighteen (18) years and older. It is administered at the time of initial assessment and annually thereafter. The areas measured include the level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional liability, and risk for self-harm. **During FY 2023-2024, Quarter 1 and 2, CESS Program administered 157 BASIS 24**

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose measurement 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 2023-2024, Quarter 1 and 2, 33 CANS were administered**.

The Pediatric Symptom Checklist (PSC-35) is a screening tool that is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so that appropriate interventions can be initiated as early as possible. **During FY 2023-2024, Quarter 1 and 2, 17 PSC-35 were administered by the CESS Program.**

Lastly, CESS Program also administers the Pediatric Symptom Checklist (PSC-Y). The tool will assess areas of Interpersonal Distress, Somatic, Interpersonal Relations, Social Problems, Behavioral Dysfunction, and Critical Items for clients' ages 11-20 years of age. **During FY 2023-2024, quarters 1 and 2, 32 PSC-Y tools were administered by the CESS Program.**

The following is a list of measurement outcome tools currently implemented at the CESS Program that are specific by age:



Instrument Name	Age Group	Areas of Measurement *(Specific Questions / Areas)*	Type of Tool / Disorder	Time of Completion *(client /# of items)*	Staff Responsible to Apply	Frequency of Use
Behavior and Symptom Identification Scale (BASIS-24) & Spanish	18 +	Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm	*General Instrument*	15 minutes / 37 questions	*Therapy: Clinician* *Med Support: Service Coordinator*	*Intake, Annually, and Upon Discharge*
Child and Adolescent Needs and Strengths (CANS)	6 - 20	Behavioral/Emotional Needs Functioning, Risks, and Strengths	*General Instrument*	30 minutes / 50 questions	*Intake: Clinician*	*Intake*
Parents/Guardians/Caregivers of clients ***(PSC-35) English***	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*
Parents/Guardians/Caregivers of clients ***(PSC-35) Spanish***	3 -18	Cognitive, Emotional, and Behavioral Recognition Symptoms	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*
Y_PSC Score Entry Form ***(PSC Y) English***	11-20	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*
Y_PSC Score Entry Form ***(PSC Y) Spanish***	11-20	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*

CESS Measurement Outcome Tools

During FY 2023-2024, the department's Electronic Health Record (EHR) transitioned into a new system. Currently the department continues to work on a streamline process to obtain reports that provide outcome data from these measurement tools.

During FY 2023-2024, Quarter 1 and 2, the CESS Program outreach efforts lead to the program receiving **386** community referrals. A breakdown of the Community Referrals, Clients Served, and Program Discharges can be seen below:

CESS Referral Overview

Total Community Referrals

CESS Program Referral Outcome Overview FY 2023-2024	
Total Community Referrals	
Well-PATH	0
Medical Treatment Center	4
Department of Social Services	5
Local Hospitals	3
Relative/Family member referrals	4
Emergency Homeless Task Force	0
Jackson House	0
Day Out Center	0
Law Enforcement	13
County Jail	12
Imperial County Behavioral Health Services	269
Imperial Valley College	21
Other	64
Total Community Referrals	**395**
Clients Served	
Admissions	395
Screened Out	9
Total Clients Served	**386**
CESS Program Discharges	
Successful Linkages to Mental Health Outpatient Clincs	116
Screened Out	15
No Care Needed – Sufficient Progress	0
Unsuccessful Linkages Total	208
Total Discharges	**339**

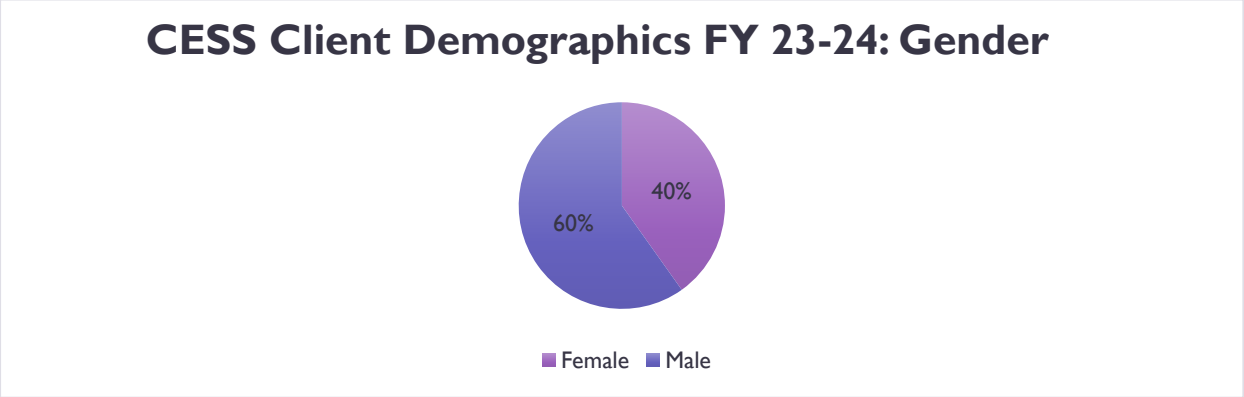
The table and charts below provide a demographic summary of the clients who have been served during this **FY 2023-2024, Quarter 1 and 2**:

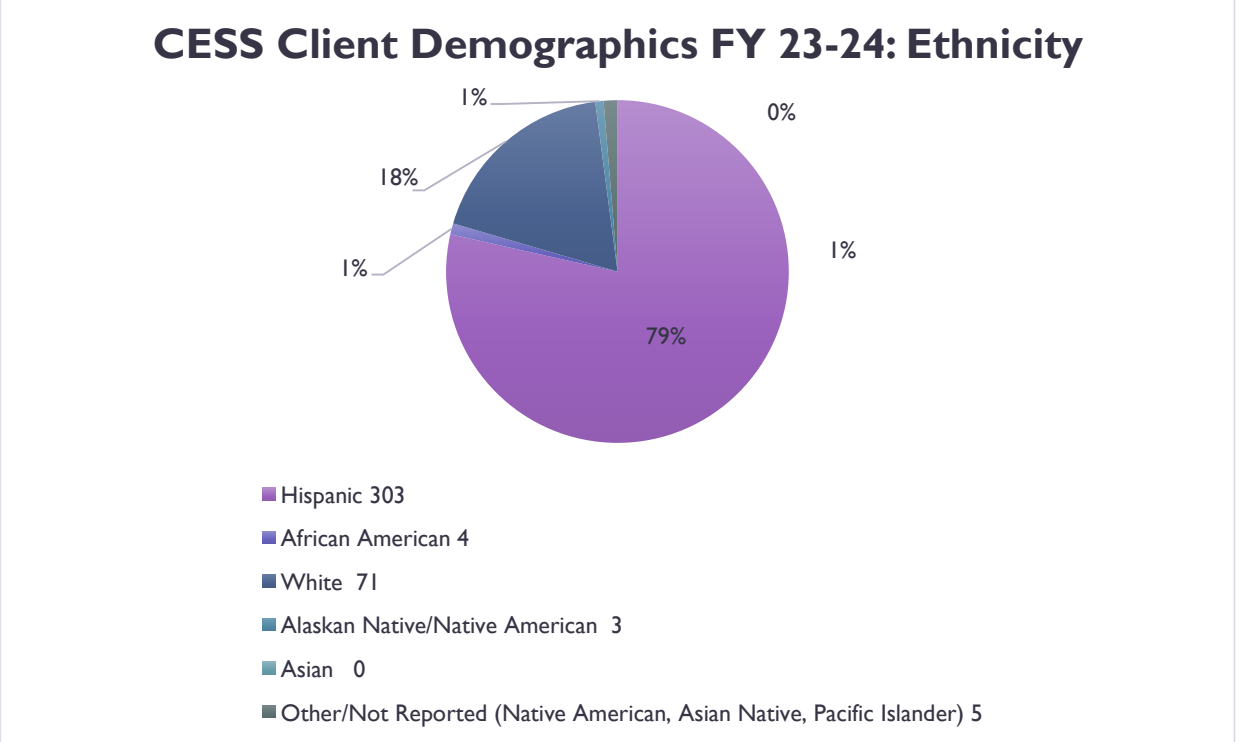
Client Demographic for the CESS Program

	FY 22-23	FY 23-24	% Change
Admissions	406	386	-5.17%

CESS Demographic Category FY 2023-2024	
Gender	
Female	155
Male	231
Other	0
Total	**386**
Age	

0 to 13	1
14 to 25	99
26 to 59	241
60 +	45
Not Reported	0
Total	**386**
Ethnicity	
Hispanic	303
White	71
African American	4
Alaskan Native/Native American	3
Asian	0
Other/Not Reported	5
Total	**386**





Budget

The number of individual clients served in FY 2023-2024, Quarter 1 and 2, was **386. The average cost per individual served was $3,282.03.**

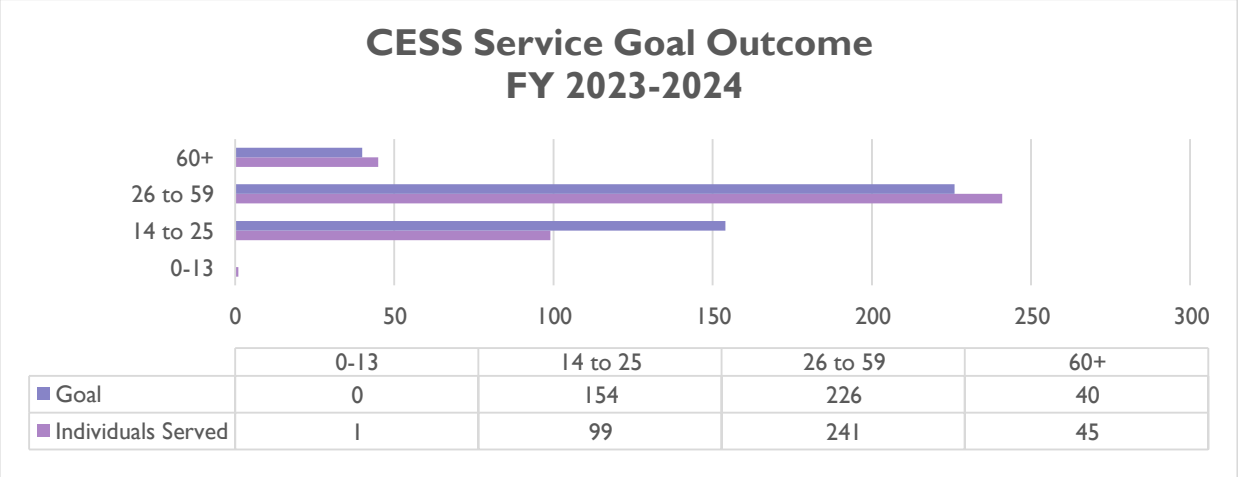
Age Group	FY 2023-2024	FY 2024-2025	FY 2025-2026
14 to 25	154	162	170
26 to 59	226	237	249
60+	40	42	44

CESS Service Projections for FY 2023-2024 through 2025-2026

Progress Towards Goals and Objectives for FY 2023-2024

During FY 2023-2024, The CESS Program focused on increasing accessibility to Mental Health Services by 5% by increasing awareness through outreach, education, and advocacy. The chart below demonstrates the program meeting 5% goal for age group 26 to 59 and 60+; however, the program has not reached the goal for the age group 14 to 25. The CESS program will continue making strong efforts to meet projected goals established for age group 14 to 25 by the end of the fiscal year.

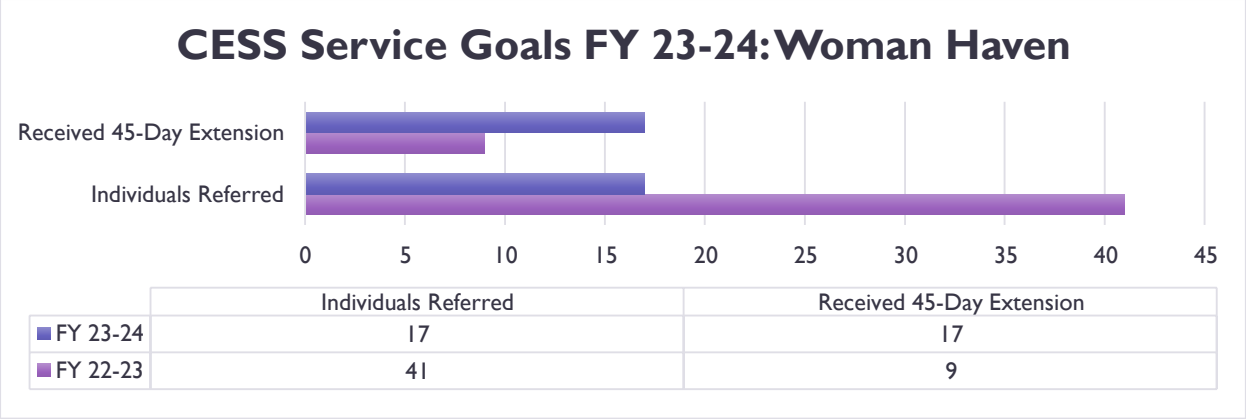
CESS Service Goals



In efforts to engage and increase accessibility of mental health services to individuals who are homeless and experiencing a serious mental illness, in **FY 2023 – 2024, Quarter 1 and 2,** the CESS Program enrolled **21** homeless individuals into the Projects for Assistance in Transition from Homelessness **(PATH).** During this reporting period, the CESS program faced staff limitations which hindered conducting outreach and engagement services. Thus, resulting in an 82.64% decrease in serviced individuals from FY 2023-2024.

	Reporting Period: FY 22-23	5% Goal: FY 23-24	Reporting Period: FY 23-24
PATH Enrollments	**121**	**14**	**21**

Additionally, the CESS program set the goal of providing emergency lodging to homeless individuals. The CESS program continued their partnership with Women-Haven Center for Family Solutions. Our partnership with Women Haven facilitates linking homeless individuals to long-term housing and additional support services. **During FY 2023-2024**, **Quarter 1 and 2,** the CESS program referred forty-one (41) individuals to Women Haven and successfully received a forty-five (45) day extension for seventeen (17) individuals.



During FY 2023-2024, The CESS Program's objective was to continue improving delivery of services to those who are homeless or at risk of by training (2) Mental Health Rehabilitation Technician on SSI/SDI Outreach, Access, and Recovery (SOAR) training and to monitor those cases for at least 90 days. During this reporting period, CESS was faced with a shortage of staff, therefore, reducing the availability to train staff on SOAR services. CESS will continue to focus on establishing this goal of providing expedited delivery of services to the homeless population.

During FY 2023-2024, in efforts to continue increasing mental health awareness to homeless individuals, the CESS Program continued to collaborate with community key partners including emergency shelters by conducting Outreach and Engagement Presentations on Mental Health Services. During the reporting period, CESS conducted three **(3)** outreach presentations. In addition to outreach presentations the CESS program attended twenty-six **(26)** informational booths and disseminated thirty- four **(34)** brochures.

The following is a breakdown of the CESS program outreach and engagement activities for **FY 2023-2024:**

Outreach and Engagement Activities Conducted by CESS

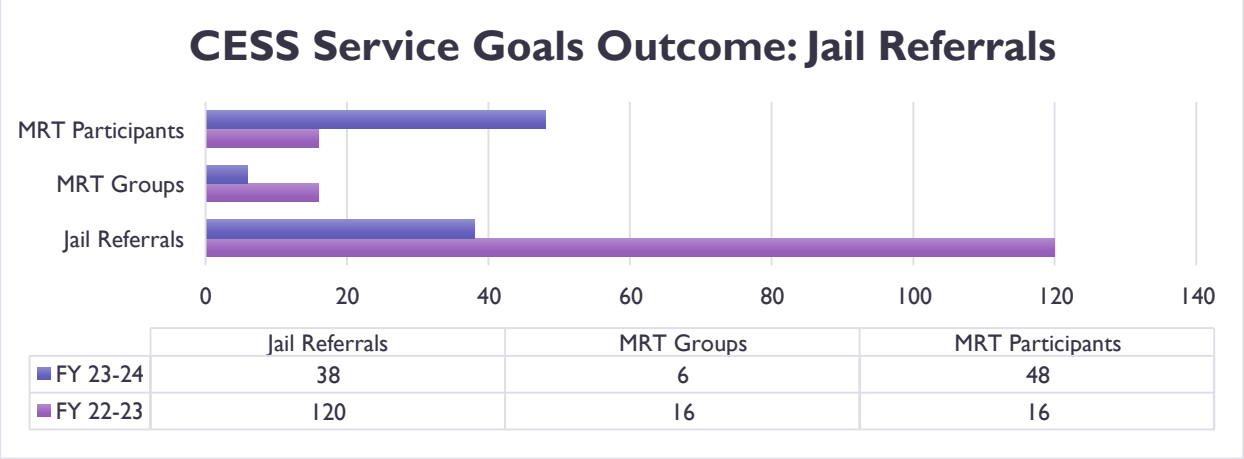
CESS Program Outreach and Engagement Activities FY 2022-2023	
Outreach Presentations	3
Informational Booth/Brochures-Disseminations	34
Informational Booth	26

Outreach Presentations			
Agency	**Group Population**	**Topic**	**Language Conducted**
Heber Library	Elderly	CESS Services	English/Spanish
Camarena Library	Elderly	CESS Services	English/Spanish
Calexico Community Center	Elderly	CESS Services	English/Spanish

Outreach Community Agencies	
Imperial County Teacher Service Center Council	ECRMC Outpatient Center
Calexico Community Center	Community Center
Calexico Unified School District	Adult Center
ECRMC Outpatient Center	Catholic Charities
Inner Care	El Centro VA Clinic
Clinicas del Valle	Woman haven Thrift Store
Camarena Library	Salvation Army
Enrique Camarena Junior High School	Calexico Apple
Calexico City Hall	Desert Paw
Calexico Police Department	SDSU Administration
De Anza Urgent Care Center	Dreams for Change
IVROP	Hope Café
Women Haven, Family Solutions	Day Out Adult Day Care Center
El Centro Library	Neuro Science Center
Paleteria Cachanilla	Imperial Radiology
IV Colectivo	Sun Valley Behavioral Medical
Imperial Valley Therapeutic Massage	Genoa Healthcare

During FY 2023-2024, the CESS Program's objective was to transfer ten (10) individuals per month to the outpatient clinics within 30 days of admission by completing the entire process which includes: an assessment, initial nursing assessment and initial psychiatric assessment prior to transfer. During Quarter 1 and 2, CESS successfully transferred **(116) individuals** to outpatient clinics.

During FY 2023-2024, Quarter 1 and 2, CESS Program continued to expand delivery of services at the County Jail by conducting initial assessments for those individuals who are scheduled to be released. CESS assisted in expediting services upon release from jail. CESS will continue to keep track of jail referrals to provide outreach and successfully transfer to the outpatient mental health services. The CESS program received thirty- eight (38) jail referrals and successfully transferred twelve (12) individuals to outpatient mental health services as part of the continuum of care. Also, to assist with the engagement into needed mental health services ICBHS facilitated six (6) Moral Recognition groups with forty-eight (48) MRT participants served. Based on the data for quarters 1 and 2, the CESS program has reached 3% of transferring to the outpatient clinics for mental health services. It is projected the CESS program will meet the expected goal by the end of the fiscal year.



Notable Community Impacts

During FY 2023-2024, the CESS Program was able to increase outreach and engagement services positively impacting linkage and referral efforts, consumers committed to treatment, and transfer rates. In efforts to continue increasing the positive impact within the community, CESS will continue to conduct outreach and engagement efforts to expedite the delivery of services for this those who continue to be impacted by a severe mental illness and/or co-occurring substance use disorder.

Another community impact was by clinical staff being trained and providing evidence-based models to those in need of Mental Health Therapy Services. This is being provided to those experiencing specific challenges that are causing adversity at the present time and could benefit from short-term therapy. This is in effort to support client engagement to services and improve continuum of care. During this time frame we had twenty-one (21) individuals receive therapy services from the CESS Program.

Additionally, due to the high demand of individuals requesting DBT groups and in need of mental health services, at the County Jail, ICBHS placed additional staff at the county jail to provide services. The services include expedited assessments, case management, and referrals to outpatient services. The additional positions are Mental Health Rehabilitation Specialist, Mental Health Rehabilitation Technician, and a Behavioral Health Therapist. This is in hopes of increasing the referrals to the CESS program upon release to either re-establish or to establish needed mental health treatment.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

A significant challenge continues to be providing services to the homeless population due to limited staff to conduct outreach and engagement, difficulty in locating the transient population, and the limited resources within the community to link transients to an emergency shelter. In addition to this, the homeless population faced limited resources, impeding them accessing services virtually, thus impacting the admission rate. To alleviate this barrier, CESS will continue striving to recruit additional staff to conduct outreach and engagement, and strongly collaborate with community partners to ensure the homeless population have access to resources that will alleviate the burden of moving from one place to another and aid them with the resources to attend appointments virtually and/or in person.

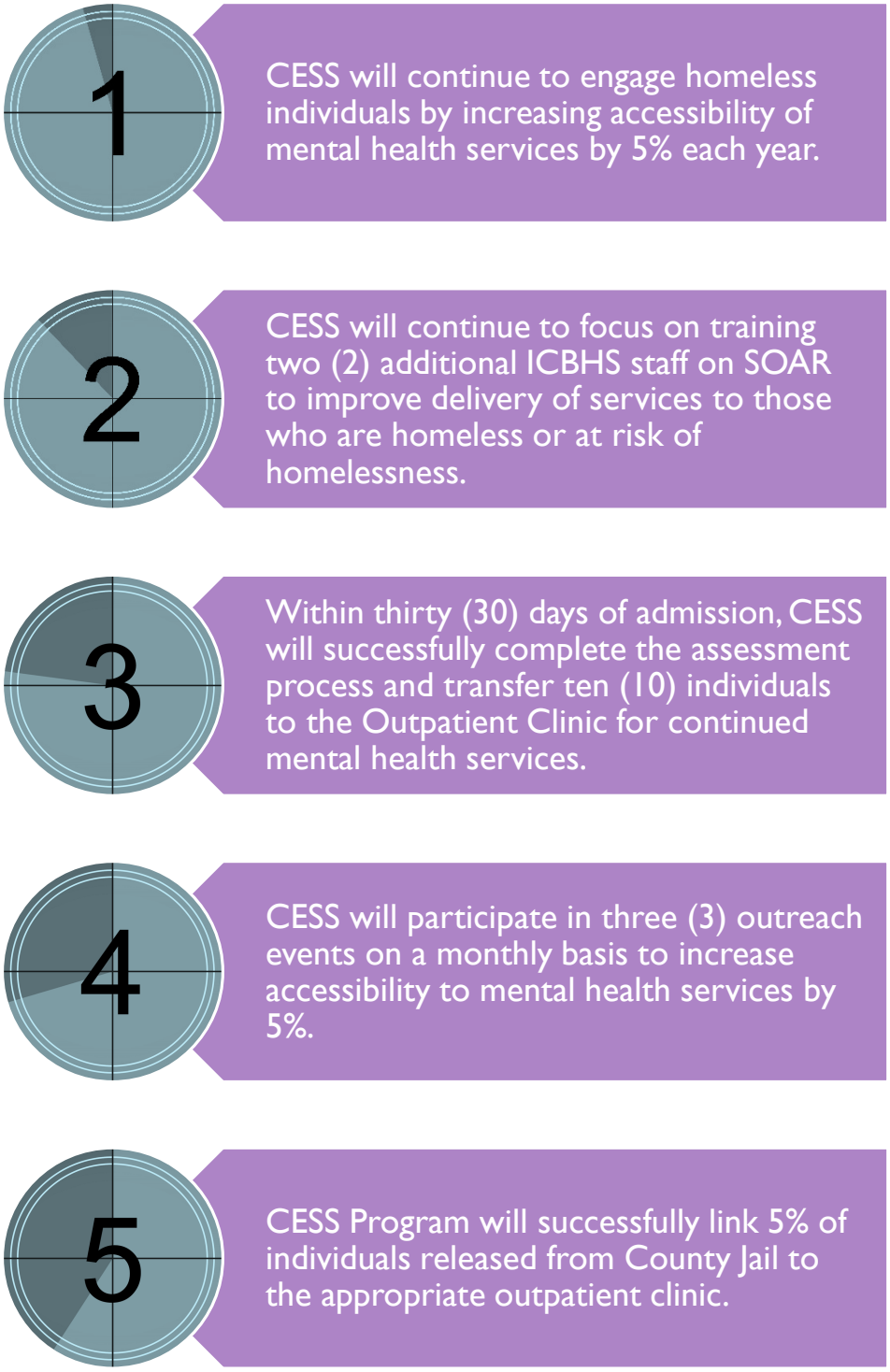
The CESS Program continued to be impacted by resignations, promotions, transfers, and a high staff turnover rate that directly impacted caseloads. Thus, an ongoing challenge continues to be with recruiting, hiring, and training of the new staff. Though the shortage of staff significantly impacted the program, CESS continues to find different avenues and sources to mitigate through this challenge, such as providing thorough training in different models related to the population served.

Another challenge continues to be with the inmate population suffering from a severe mental illness receiving and obtaining needed mental health service upon release from incarceration. To mitigate this challenge, CESS will continue to provide and increase the outreach and engagement services, as well as assist with linkage, discharge planning, and referral of inmates to the CESS program while the individual's incarceration and continues after their release date.

Significant Changes, Including New Programs

A significant change for the CESS program was providing evidence-based therapeutic models to those in need of Mental Health Therapy Services. This was provided to those experiencing specific challenges that are causing adversity at the present time and could benefit from short-term therapy. This is in effort to support client engagement to services, provide them with immediate interventions/techniques, and improve continuum of care. During fiscal year 2023-2024 we serviced twenty-one (21) individuals with therapy services through the CESS program.

Goals and Objectives for FY 2024-2025:




Workforce
Education &
Training
IMPERIAL COUNTY
CALIFORNIA

Workforce Education and Training

Program Description

The Workforce Education and Training (WET) component under MHSA is geared to develop and maintain a sufficient workforce capable of providing consumer and family-driven, culturally competent services that promote wellness, recovery, and resiliency, and lead to evidence-based, value–driven outcomes. WET has five separate funding categories, which include Workforce Staffing Support, Training and Technical Assistance, Mental Health Career Pathway Programs, Residency and Internship Programs, and Financial Incentive Programs. The following evidence-based and promising practices trainings are updates in relation to WET trainings in support of MHSA programs and services in the areas of Training and Technical Assistance and Financial Incentive Programs. This section also covers a summary of training and activities supported by the Southern Counties Regional Partnership (SCRP) grant.

Action 1: Training and Technical Assistance

Evidence-Based and Promising Practices Trainings

Mental Health Interpreter Training

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

During FY 2023-2024, the Mental Health Interpreter Training for non-clinical staff was hosted on March 11-14, 2024. The training was scheduled virtually, 3.5 hours per day for a total of 14 hours. A total of 15 staff attended this training.

Program Goals and Objectives for FY 2024-2025

For the upcoming FY of 2024-2025, the WET component of the MHSA funding will host one (1) Mental Health Interpreter Training to maintain workforce capacity to respond to the interpretation service needs of the consumers with limited language skills. A maximum of 35 staff will be trained in interpreters' services for this fiscal year.

Budget Justification for FY 2024-2025

The budgeted amount includes the cost of the proposed training/consultation, travel expenses (when applicable), and administrative overhead. These costs were based on our experience with similar trainings, research on pricing conducted for the purposes of this plan, and comparable existing contracts.

Item	Estimated total
(1) 4-day Interpreter Training for FY 2024-2025	$12,500
Total item	**$12,500**

**all budget items are estimates*

Assertive Community Treatment (ACT) Model Training and Support Services

The ACT Model supports treatment attempts to build the acceptance and mindfulness process that undermine excessive literality and create a more conscious, present, flexible approach to psychological experiences. The ACT Model also attempts to strengthen the commitment and behavior change process that enhance values-based action.

During FY 2023-2024, ICBHS was unable to establish a contract with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the ACT Model.

Program Goals and Objectives for FY 2024-2025

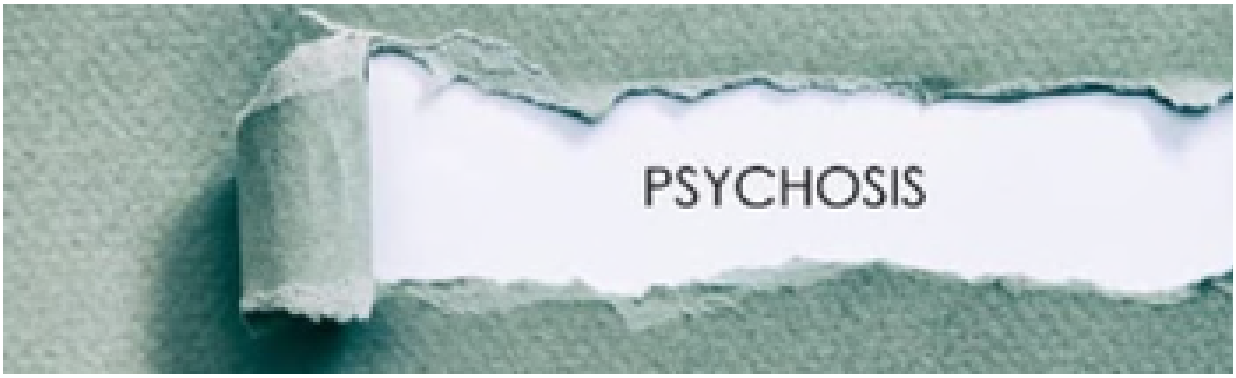
For FY 2025-2026, ICBHS will continue to pursue establishing the contract with the Center for Evidence – Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the ACT model. FSP-ICP is looking to have an adequate number of staff trained to avoid service disruptions from staff transfers or promotions and provide continuous access to these intensive services for individuals in need. Training will serve as the support needed to further develop the ICBHS FSP-ICP program. Lastly, contracted activities will include programmatic and clinical consultations, clinical training, and evaluation services.

Budget Justification for FY 2024-2025

Item	Estimated Total
ACT Training for FY 2024-2025	$ 25,000

**all budget items are estimates*

Psychosis Identification and Early Referral Training (PIER)



The PIER-FSP program at ICBHS serves as a medium to provide Multifamily Groups (MFG) with the opportunity to meet with clinical staff and other PIER engaged families to discuss and learn about the troubling symptoms. These support groups focus on recovery, resiliency, optimistic therapeutic perspective and shared decision-making while keeping a client-centered focus. These support groups focus on recovery, resiliency, optimistic therapeutic perspective and shared decision-making while keeping a client-centered focus. The PIER-FSP program is a critical component of identifying and targeting youth in the ICBHS community to take preventable measures to proactively treat and prevent the development of Serious Mental Illness (SMI).

Program Goals and Objectives for 2023-2024

During FY 2023-2024, MHSA PIER successfully established a contract with the PIER Institute. The PIER Model is a team based Clinical High-Risk for Psychosis (CHR-P) and First episode of psychosis (FEP) system of early detection and intervention in psychosis, including family psychoeducation and other highly effective psychosocial methods. The training focused on the PIER model including Multifamily Groups, monitoring and consultation program components, Structured Interview for Psychosis-Risk Syndromes (SIPS) including monthly supervision. A total of (20) ICBHS participants received the fundamentals and techniques of the PIER Model training.

Program Goals and Objectives for 2024-2025

ICBHS will continue to pursue training of the PIER Model for ICBHS PIER-FSP program staff.

Budget Justification for FY 2024-2025

Item	Estimated Total
PIER Model Training with Lodging ($3,000) for FY 2024-2025	$ 38,000

**all budget items are estimates*

Interpersonal Psychotherapy (IPT)

Imperial County Behavioral Health intended to train additional clinicians in Interpersonal Psychotherapy (IPT) during FY 2023-2024. ICBHS worked on a contract with a training provider that offers basic IPT training. IPT is intended for affective disorders, anxiety disorders, and eating disorders, and for a wide range of patients from children and adolescents to the elderly. The evidence base for IPT supports its use from age 9 to 99+. IPT is a time-limited psychotherapy that focuses on interpersonal issues. The targets of IPT are symptom resolution, improved interpersonal functioning, and increased social support. IPT sessions range from 6-20 sessions with provision for maintenance treatment as necessary. The departments' initial goal was to train 15 clinicians from all the divisions.

During FY 2023-2024, ICBHS successfully established a contract with the Interpersonal Psychotherapy Training Institute. ICBHS trained a total of (30) Clinicians in IPT. Staff received a 2-day IPT Level A Training, 1-Day Booster Training, Technical Assistance/Consultation Calls, and Portfolio reviews.

Program Goals and Objectives for 2024-2025

The IPT Institute will continue to provide consultation calls with trained clinicians up to September of 2024. Additional training is planned for FY 2024-2025 where the goal is to train additional clinicians in IPT.

Item	Estimated Total
IPT Training for FY 2024-2025	$ 51,600.00

Nonviolent Crisis Intervention (NCI)

ICBHS was planning to secure Nonviolent Crisis Intervention training to teach human service professionals de-escalation techniques as well as restrictive and nonrestrictive intervention when dealing with crisis situations. The program would help build the staff's ability to identify and respond to challenging behaviors; Recognize how own behaviors impact a crisis; and Learn safety intervention strategies that minimize harm. The Crisis Prevention Institute offers Instructor Certification Programs, Renewal Programs and Instructor Certification Upgrades. After further review of these training needs it was determined that there are currently enough trainers to meet the needs of the department and continue to have trainings one time per month.

Significant Change for FY 2024-2025

ICBHS currently has enough trainers to meet the needs of the department and continues to have trainings one time per month. The training needs at this time are only to maintain certifications current for the 12 trainers ICBHS has.

Budget Justification for FY 2024-2025

Item	Estimated Total
NCI – Recertification Trainings for FY 2024-2025	$ 23,000
Total Item	**$ 23,000**

**all budget items are estimates*

ASIST

There is a current need for the Applied Suicide Intervention Skills Training (ASIST) this training is sponsored by Living Works. The ASIST is s a two-day workshop that teaches people how to help people at risk of suicide. ASIST is designed for caregiving groups and includes interactive activities like discussions, simulations, and visuals. At the end of the training participants will learn how to:

- Recognize when someone may be thinking of suicide
- Intervene with someone at risk
- List resources available to someone at risk
- Develop a safety plan
- Consider how personal and community attitudes about suicide affect someone's openness to seek help

As per ICBHS Procedure 01-139 the ASIST model is the first line of intervention when encountering a client that has suicidal thoughts.

Currently the ASIST model is offered as a Community Service Course to residents of the Imperial Valley. Our county partners and other agencies enlist the help of ICBHS to meet their training requirements.

ICBHS has 3 ASIST trainers. This is not adequate to meet the needs of the department, much less the needs of the community and agencies in Imperial County. Living Works requires 2 trainers per 2-day course. If the number of trainers remains status quo we will not be able to train monthly as trainers will be training every other month. The current trainers have other job duties, and this would be difficult for them to continue monthly.

Budget Justification for FY 2024-2025

Item	Estimated Total
ASIST Training for FY 2024-2025	$ 40,000
Total Item	**$ 40,000**

**all budget items are estimates*

SafeTalk

SafeTALK, or Suicide Alertness for Everyone, is a half-day training program that teaches people how to recognize people who might be having thoughts of suicide and connect them with resources trained in suicide intervention. The program is open to the public and anyone age 15 or older can take it. SafeTALK emphasizes safety while challenging taboos that inhibit open talk about suicide. This course should be considered for all entry level line staff in schools and agencies. At the end of the training, participants will:

- be able to notice and respond to situations where suicide thoughts may be present
- be able to recognize that invitations for help are often overlooked
- be able to move beyond common tendencies to miss, dismiss or avoid signs of suicide
- be able to apply the TALK steps to connect a person with suicidal thoughts to people and agencies that can help

At this time ICBHS only have 1 (one) SafeTalk trainer. ICBHS will pursue securing more trainings for trainers during FY 2024-2025.

Budget Justification for FY 2024-2025

Item	Estimated Total
SafeTALK Training for FY 2024-2025	$ 12,000
Total Item	**$ 12,000**

**all budget items are estimates*

Curanderismo/Mexican Traditional Medicine (MTM) Cultural Competence Training

Behavioral Health developed the Curandismo Cultural Competence Training in conjunction with the contracted trainer, Grace Sesma, a longtime lecturer and trainer on Curandismo with connections to local indigenous tribal groups, using a self-developed curriculum that was adapted to individual groups.

Reference: Los Angeles Times, Algunos Latinos no confían en la salud mental occidental. Por eso buscan a los curanderos; https://www.latimes.com/espanol/california/articulo/2023-02-12/el-curanderismo-es-una-practica-curativa-tradicional-con-muchas-formas-y-aplicaciones#:~:text=El%20curanderismo%20es%20el%20enfoque,y%20esp%C3%ADritu)%20se%20llama%20curandera.

The purpose of the Curanderismo training is to increase the knowledge and understanding by ICBHS clinical and administrative staff of the culture-specific terms, concepts, and healing philosophy of Curanderismo/MTM and its applications to better serve the emotional, mental, spiritual, and physical needs of the Hispanic/Mexican/Latino/Indigenous community served by Imperial County Behavioral Health Services. The overall goal of this training program is to enhance knowledge, understanding, and respect for how Curanderismo is used by the Mexican/Latinx/Indigenous community. This community has historically been underserved and mis-served due partly to Western medical and mental health providers' lack of familiarity with traditional ancestral practices. This furthers a lack of trust within the community and is a potential for inadvertent emotional, mental, spiritual, and physical harm to clients.

Program Goals and Objectives for FY 2023-2024

During FY 2023-2024 Behavioral Health provided staff eleven (11) Curanderismo Cultural Competence Trainings during the months of January and February 2024. Nine of the eleven trainings were facilitated in-person and two virtual. A total of 350 clinical, administrative and clerical staff participated in this training.

Curanderismo		
Date	Number of Attendees	Type of Training
1/9/2024	26	In-Person
1/10/2024	21	In-Person
1/11/2024	28	In-Person
1/23/2024	19	In-Person
1/24/2024	24	In-Person
1/25/2024	11	In-Person
2/7/2024	18	In-Person
2/8/2024	28	In-Person
2/20/2024	19	In-Person
2/21/2024	81	Virtual
2/22/2024	75	Virtual
Total	**350**	

Program Goals and Objectives for FY 2024-2025

This is a non-recurring training and there is no new proposal currently to offer this training again next fiscal year.

PEARLS Coaching Training

The Program to Encourage Active and Rewarding Lives (PEARLS) is a specific training that could serve one of the priority populations of Adults 60 +. This model is intended to address the mental health needs of older adults in our community who may have symptoms of depression or dysthymia. During December (FY 2023 – 2024), we signed up 5 staff at $500 per person, to complete the online curriculum. The PEARLS Coaching Training includes 11 modules, a live practice session and a training evaluation. They will maintain access to the modules indefinitely as reference material. Ctrl + on the picture below for a YouTube video:

Reference: University of Washington; Program to Encourage Active, Rewarding Lives; https://depts.washington.edu/hprc/programs-tools/pearls/

Program Goals and Objectives for FY 2024-2025

For FY 2024-2025, ICBHS is seeking to train 5 additional staff members on PEARLS.

Item	Estimated Total
PEARLS Training for FY 2024-2025	$2,500

**all budget items are estimates*

Trauma Based Trainings for Clinical Settings: Adults/MHTE/SUD/YAYA

It is anticipated that ICBHS will provide training to 35 clinicians during the 2024-2025 FY. The focus is trauma treatment. There are several innovative evidence-based practices and promising developing practices that assist clinicians work with individuals who have not been able to benefit from cognitive based trauma therapy. There are complex cases where somatic symptoms do not resolve and these therapy models facilitate the release of emotional trauma and the resolution of physical symptoms.

Somatic Therapy for Complex Trauma Certification Training

The evidence-base of somatic therapies continues to evolve and develop over time. While the intricacies of somatic therapies are not as easy to measure as cognitive-based therapies, somatic techniques have increasingly proven their ability to successfully facilitate in the treatment of — depression, anxiety, PTSD, attachment wounds, and other chronic conditions. Some practitioners have shied away from somatic therapies due to a lack of practical knowledge on how to implement techniques that are body-based or might involve touch. This online course is specifically designed to give you the skills to overcome these challenges to practice somatic therapies with confidence and competence, expands scope of practice and ability to adhere to ethical guidelines. Body-Based, Polyvagal & Neurobiological Techniques for Mind-Body Healing

Program Goals and Objectives for FY 2024-2025

During FY 2024-2025, ICBHS will support 35 clinicians, through WET funding, to learn foundational body-based techniques, including somatic experiencing skills, breathwork, movement, polyvagal, Hakomi, neurobiological, & more techniques. They will learn from real-session demonstrations how to work with trauma, overwhelming emotions, attachment wounds, survival physiology, and other clinical problems. The training will also provide Complex Trauma Certification to ICBHS clinicians that participate in this training.

Item	Estimated Total
35 Adult/MHTE/SUD/YAYA Clinicians x $600.00 each	$21,000

**all budget items are estimates*

Eye Movement Desensitization and Reprocessing (EMDR) & Internal Family Systems (IFS) Therapy: Integration Techniques to Resolve Inner Conflicts for Enhanced Trauma Processing

EMDR is one of today's go-to trauma therapies for clinicians across the globe. IFS therapy is the perfect complement to EMDR, which provides tools to work with these conflicting parts and it gives clients an accessible framework to develop a deeper understanding of themselves and their experiences. In this one-day training, trauma expert Daphne Fatter, PhD, certified in both EMDR and IFS therapy, shares a how-to guide on integrating EMDR and the IFS model in treatment so clinicians can work with the emotional, cognitive and physical aspects of trauma to reduce your clients' symptoms, individualize their treatment, and create the sense of coherence and wholeness they need to heal and grow.

Dr. Fatter provides a step-by-step guide to using non-pathologizing relational interventions from IFS therapy at each phase of EMDR, so providers can provide trauma treatment that meets clients where they're at and skillfully attends to the unique needs of each client's internal parts.

ICBHS staff will learn how to:

- Identify and resolve inner conflicts hindering clients' healing processes.
- Understand how EMDR and the IFS model facilitate the process of memory reconsolidation.
- Explore clients' internal parts that may be contributing to their current challenges.
- Develop a greater sense of self-awareness and self-compassion in clients.
- Provide a foundation for internal relational repair within the client.
- Decrease the risk of client decompensation.
- Use self-tapping to promote emotional regulation.
- Etc…

Program Goals and Objectives for FY 2024-2025

During FY 2024-2025, ICBHS will support 35 clinicians, through WET funding, to learn how to combine EMDR and IFS in order to skillfully work with a wide range of clinically challenging clients including clients with complex trauma. The tentative training date is Friday, Jul 12, 2024.

Item	Estimated Total
35 Adult/MHTE/SUD/YAYA Clinicians x $250.00 each	$8,750
Books for 35 participants x $75.00 each	$2,625
Total	**$11,375**

**all budget items are estimates*

Action 2: Southern Counties Regional Partnership

The 2020-2025 Workforce Education and Training (WET) plan developed by OSHPD (now known as the Department of Healthcare Access and Information (HCAI) addresses the shortage of mental health practitioners in the public mental health system (PMHS) through a framework that supports individuals through pipeline development, undergraduate scholarships, education stipends, and educational loan repayment programs and staff retention. This five-year WET Plan engages five regional partnerships across the State to administer various workforce development programs in these five areas. The regional partnership activities are to support the mission of MHSA-WET in outreach to multicultural communities, increasing the diversity of the mental health workforce, enhancing the competency of staff in providing data driven and culturally sensitive services, reducing stigma associated with mental illness, and promoting various workforce development projects. The Southern Counties Regional Partnership (SCRP) is one of the 5 State regional partnerships and contains 10 counties in the southern part of the state (Imperial, Kern, Riverside, Orange, San Diego, San Bernardino, San Luis. Obispo, Santa Barbara, Tri-Cities, and Ventura) with Santa Barbara County acting as the fiscal agent for the partnership.

SCRP Original Budget for Imperial County for FY 2020-2025

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

**This budget is monitored separately by Cal-MHSA; not through the local WET Budget*

SCRP Modified Budget for Imperial County as of FY 2023-2024

	Program Funds	Loan Repayment	Approx # of awards	Stipends	Approx # of Stipends	Retention	Pipeline
		approx 50%		approx 25%	$6,000 each	Regional Trainings	High School Project
Imperial	$356,535	$176,590	18	$130,000	21	$19,945	$30,000

The Southern Counties Regional Partnership (SCRP) membership began implementing grant programs for educational stipends, loan repayment, pipeline development, and staff retention in FY 2021-2022. A contact was established with Phillips Graduate Institute of Campbellsville University to facilitate the **Graduate Student Stipend** programs providing $6,000 for each awarded graduate student that is participating in a traineeship or internship at an SCRP member placement. A contract was initiated with CalMHSA to facilitate the staff **Loan Repayment** program. This program provides up to $10,000 in loan repayment to existing staff in hard to fill or retain positions that have existing student loans related to their employment.

As of FY 2023-2024 the following is a summary of Stipend and Loan Reimbursement awards.

Imperial County Awards per FY	Loan Repayment Awards	Stipend Awards
FY 2021-2022	6	3
FY 2022-2023	5	2
FY 2023-2024	7	0

SCRP Retention Regional Trainings

During FY 2023-2024 ICBHS offered three SCRP training courses. These trainings are conducted by Gabriella Grant, MA, director of the California Center of Excellence for Trauma Informed Care. Ms. Grant trains professionals in the social services on an array of topics, including trauma, substance abuse, PTSD, eating disorders, problem gambling, domestic violence, sexual assault and child abuse.

SCRP Trauma Informed Addressing Substance Abuse and Trauma

*"This training focuses on aspects to improve the co-occurring treatment of trauma and substance abuse issues as well as the integration of both issues when only one condition is under treatment. Using the standards from SAMHSA's Concept of Trauma and Guidance for a Trauma-Informed Approach and TIP 57, attendees will have a strong set of skills to treat clients who struggle with historically challenging yet far too common conditions. Evidence-based practices will be identified, and foundational skills are practiced during this training***."**

-Gabriella Grant, MA

Date(s) of Training	ICBHS Staff	Partner Agency	Total Attendees
11/7/23 & 11/14/23	12	7	19

SCRP Trauma Informed: De-escalation, Grounding and Safety Planning

"Designed to teach clinical professionals active skills to work effectively with trauma-exposed clients, this training asks attendees to examine de-escalation as a key safety skill for any clinical professional working in publicly funded systems. It introduces the historical and California-based context related to elimination of seclusion and restraining (S/R) techniques within mental health, group home and school-based services. While invisible to the broader public, misuse of S/R is rampant in the few instances where investigation has been conducted. A commitment to reducing S/R and all harmful practices is at the heart of trauma-informed services."

-Gabriella Grant, MA

Date(s) of Training	ICBHS Staff	Partner Agency	Total Attendees
9/13/23	*37*	*0*	*37*

SCRP Trauma Informed: The Neurobiology of Trauma

"Neurobiology shows that traumatic events affect the brain at the time of the event and over the lifespan. Once the neurobiology of trauma is understood, through a user-friendly approach, staff and agencies can better understand client reactions, better understand how to minimize re-traumatization and triggering interaction, and know how to use neurobiology to create safety and connection."

-Gabriella Grant, MA

Date(s) of Training	ICBHS Staff	Partner Agency	Total Attendees
1/23/24 & 1/30/24	**26**	**1**	**27**

SCRP Conference

During FY 2023-2024, Imperial County staff were supported by SCRP in attending the Whole Person Integrated Care Conference in support of staff development. Ctrl + Click on the box below to access the Conference Agenda and materials.

Whole Person Integrated Care Conference
March 26-27, 2024
Pomona, CA
https://scrpcalifornia.org/

The overall budget for Workforce Education and Training for FY 2024-2025

Item	Estimated Total
Mental Health Interpreter Training	$12,500
ACT Training	$25,000
PIER Model Training	$38,000
Non-Violent Crisis Intervention Training	$23,000
ASIST Training	$40,000
SafeTalk Training	$12,000
P.E.A.R.L.S Training	$2,500
Somatic Therapy for Complex Trauma Training	$21,000
Eye Movement Desensitization & Reprocessing Training	$11,375
ICBHS Incentive Program	$485,000
WET Administration	$Pending
Total	**$Pending**

**all budget items are estimates*


Funding
Plan
Reports
IMPERIAL COUNTY
CALIFORNIA

Mental Health Services Act
Annual Plan Update Estimates
FY 2024-2025
Funding Summary

County: **Imperial County** Date: **4/18/2024**

		Community Services & Supports	Prevention & Early Intervention	Innovation	Work, Education & Training	Capital Facilities & Tech. Needs	**Prudent Reserve	TOTAL
A. Estimated for FY 2024 - 2025 Funding								
1	Estimated Unspent Funds from Prior Years	8,024,937	8,051,998	2,048,019	336,781	322,286	-	$ 18,784,021
2	Estimated New Funding **2024-25**	10,644,250	2,661,063	700,280				$ 14,005,592
3	Transfer In *2024-25*	(575,000)	-	-	300,000	75,000	200,000	$ -
4	Access Local Prudent Reserve in FY 2024-25	-	-	-	-	-	-	$ -
5	Estimated Available Funding for FY 2024-25	18,094,187	10,713,061	2,748,299	636,781	397,286	200,000	$ 32,589,613
B. Estimated MHSA Expenditures: 2024-25		10,916,360	2,881,025	756,854	397,380	397,286	200,000	$ 15,548,905
C. Estimated FY 2025 - 2026 Unspent Fund Balance		$ 7,177,827	$ 7,832,036	$ 1,991,444	$ 239,401	$ -	$ -	**$ 17,040,708**

D. Estimated Local Prudent Balance		
6	Estimated Local Prudent Reserve Balance on **June 30, 2024**	$ 830,521
7	Contributions to the Local Prudent Reserve in FY 2024-25	$ 200,000
8	Distributions from Local Prudent Reserve in FY 2024-25	$ 1,030,521
9	Estimated Local Prudent Reserve Balance on **June 30, 2025**	$ 1,030,521

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

Mental Health Services Act
FY 2024-25 Annual Plan Update
Community Services & Supports (CSS)

County **Imperial County** Date: 4/18/2024

	Fiscal Year 2024-25					
	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
FSP Programs						
Youth and Young Adult	5,238,992.67	1,470,978.18	2,340,755.99	-	1,397,735.50	29,523.00
Adult and Older Adult	9,050,772.44	2,459,187.19	4,109,814.16	-	2,430,767.78	51,003.31
Psychosis Idnetification and Referral (PIER)	669,507.57	50,060.17	247,176.85	-	147,596.70	224,673.84
FSP - Intensive Community Program (FSP-ICP)	169,808.57	-	91,117.40	-	77,734.26	956.91
Holistic Outreach Prevention & Engagement (HOPE)	-	-	-	-	-	-
	-	-	-	-	-	-
Non FSP Programs						
Wellness Centers	1,777,754.01	1,767,735.93	-	-	-	10,018.08
Outreach & Engagement	1,059,981.07	1,054,007.82	-	-	-	5,973.25
Transitional Engagement Supportive Services (TESS)	1,777,593.41	490,662.21	799,505.40	-	477,408.62	10,017.17
Community Engagment Supportive Services (CESS)	1,446,783.20	399,349.95	650,717.41	-	388,562.86	8,152.98
	-		-	-	-	-
	-		-	-	-	-
CSS Planning	39,934.52	39,709.48	-	-	-	225.04
CSS Administration	3,184,669.12	3,184,669.12	-	-	-	-
CSS MHSA Housing Assigned Funds	-	-	-	-	-	-
Total CSS Program Estimated Expenditures	24,415,796.56	10,916,360.05	8,239,087.21	-	4,919,805.72	340,543.57
FSP Program as Percentage of Total	**71.26%**					

Work, Education & Training (WET)

County **Imperial County** Date: 4/18/2024

	Fiscal Year 2024-25					
	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Training & Technical Assistance						
MH Interpreting Training	12,500.00	12,500.00	-	-	-	-
Assertive Community Treatment Training	25,000.00	25,000.00	-	-	-	-
PIER Training	38,000.00	38,000.00	-	-	-	-
Nonviolent Crisis Intervention (NCI)	45,000.00	45,000.00	-	-	-	-
	-		-	-	-	-
	-	-	-	-	-	-
Mental Health Career Pathways						
	-	-	-	-	-	-
Residency & Intership Programs						
	-	-	-	-	-	-
Financial Incentive Programs						
(51) Incentive Awards @ $5000 ea.	255,000.00	255,000.00	-	-	-	-
	-	-	-	-	-	-
Workforce Staffing Support						
	-		-	-	-	-
WET Administration	21,880.00	21,880.00	-	-	-	-
Total WET Estimated Expenditures	397,380.00	397,380.00	-	-	-	-

Mental Health Services Act
FY 2024-25 Annual Plan Update
Capital Facilities & Tech. Needs (CFTN)

County **Imperial County** Date: 4/18/2024

	Fiscal Year 2024-25					
	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
CFTN - Capital Facilities Projects						
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
CFTN - Technological Needs Projects						
Consultant, SRA, Training	21,570.00	21,570.00	-	-	-	-
Telecommunications Mobile Solutions	1,500.00	1,500.00	-	-	-	-
Software & Phone Ugrade	374,216.00	374,216.00	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-		-	-	-	-
CFTN Administration	-	-	-	-	-	-
Total CFTN Project(s) Estimated Expenditures	397,286.00	397,286.00	-	-	-	-

Prevention & Early Intervention (PEI)

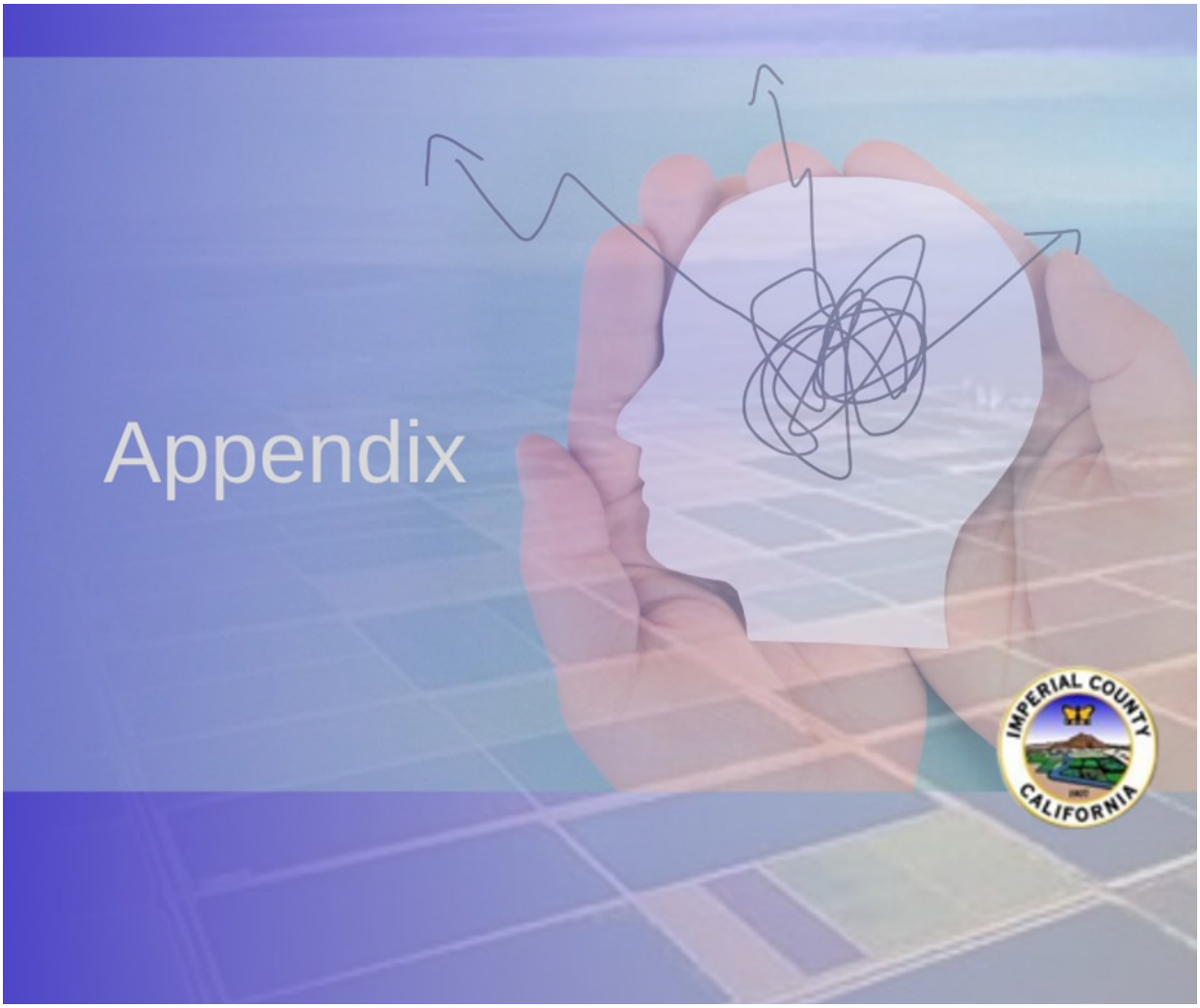
County **Imperial County** Date: 4/18/2024

	Fiscal Year 2024-25					
	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Prevention Programs						
Trauma Focus-Cognitive Behavioral Therapy	333,617.55	240,684.10	-	-	92,933.45	-
First Steps of Success	248,121.63	179,004.17	-	-	69,117.47	-
Incredible Years (IY)	353,280.44	353,280.44	-	-	-	-
Rising Stars	510,909.59	510,909.59				-
Worth & Inspiration for Senior Esteem (WISE)	405,462.00	405,462.00	-	-	-	-
	-	-	-	-	-	-
Early Intervention Programs						
Trauma Focus-Cognitive Behavioral Therapy	304,959.15	-	229,272.20	-	75,110.38	576.57
First Steps of Success	456,333.71	-	200,830.19	-	254,998.48	505.05
	-	-	-	-	-	-
Stigma & Discrimination						
Positive Engagement Team (PEI)	467,588.29	467,588.29	-	-	-	-
Reps 4 Vets	175,196.00	175,196.00	-	-	-	-
Outreach & Recognition	57,612	57,612				
Access & Linkage	56,279	56,279				
PEI Planning	1,267.52	1,267.52	-	-	-	-
PEI Administration	433,741.37	433,741.37	-	-	-	-
PEI Statewide Assigned Funds	-	-	-	-	-	-
Total PEI Program Estimated Expenditures	3,804,368.76	2,881,024.98	430,102.38	-	492,159.78	1,081.62

Mental Health Services Act
FY 2024-25 Annual Plan Update
INNOVATION (INN)

County **Imperial County** Date: **4/18/2024**

	Fiscal Year 2024-25					
	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Semi-Statewide Enterprise Health Record System Imprvmnt						
Approval Date: January 25, 2023	575,256.00	575,256.00	-	-	-	-
Start Date: January 25, 2023	-	-	-	-	-	-
End Date: June 25, 2027	-	-	-	-	-	-
Amount: $3,089,331	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-	-	-	-	-	-
	-		-	-	-	-
INN Planning	66,958.69	66,958.69	-	-	-	-
INN Evaluation	39,856.36	39,856.36	-	-	-	-
INN Administration	74,783.28	74,783.28	-	-	-	-
Total INN Project(s) Estimated Expenditures	756,854.33	756,854.33	-	-	-	-


Appendix

Appendix I

Definition of Acronyms

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

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

Attachment 1

During the 30-day public review and comment period, Imperial County Behavioral Health Services (ICBHS) Department invited feedback on the MHSA Annual Update for FY 2024-2025 via Zoom Forums, Survey Monkey, email, and phone call.

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

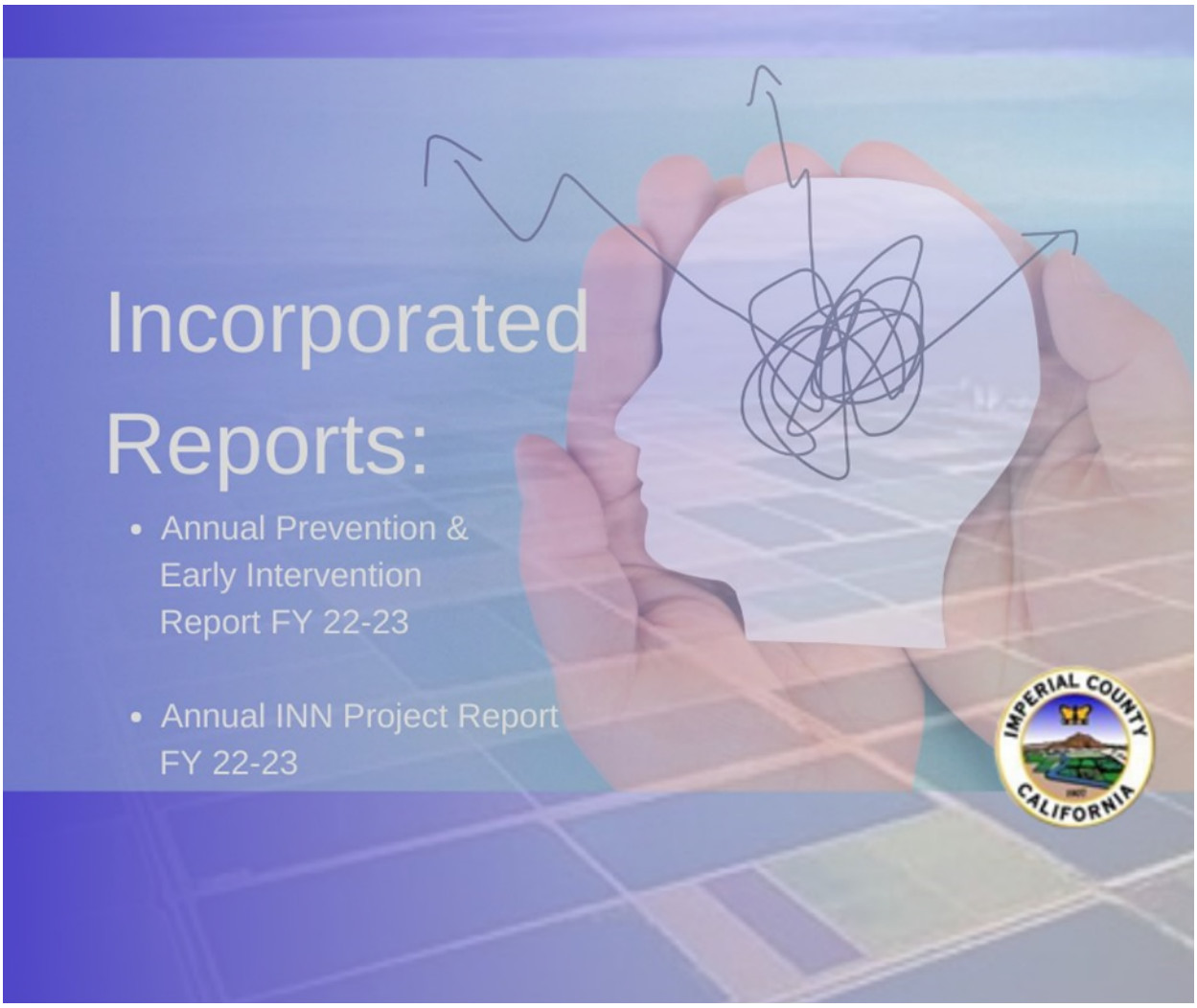
The announcements included the information related to the following Community Forums and of the Public Hearing that was held during the ICBHS Behavioral Health Advisory Board meeting:

Table 77 – Comments and Recommendation Collected During Review Period

Date	Name of Event	Event Format	Comment

There were no significant changes to the MHSA Annual Update by close of the review period on Tuesday, May 21, 2024.

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


Incorporated Reports:
• Annual Prevention & Early Intervention Report FY 22-23
• Annual INN Project Report FY 22-23
IMPERIAL COUNTY
CALIFORNIA


Annual
Prevention &
Early Intervention
Report
IMPERIAL COUNTY
CALIFORNIA

Prevention and Early Intervention Annual Report FY 2022-2023

PEI Populations FY 22-23									
Prevention		**Early Intervention**		**Stigma and Discrimination**		**Outreach for Increasing Recognition of Early Signs of Mental Illness**		**Access and Linkage to Treatment**	
Program Name	***Population***	***Program Name***	***Population***	***Program Name***	***Population***	***Program Name***	***Population***	***Program Name***	***Population***
Trauma Focused CBT	1 to 6	Trauma Focused CBT	1 to 6	Positive Engagement Team	1	First Step to Success	1 to 6	Trauma Focused	1 to 6
First Step to Success	1, 3, 4, 6	First Step to Success	1, 3, 4, 6	Reps 4 Vets	1, 2, 3			First Step to Success	1, 3, 4, 6
Incredible Years*	1, 4							CAP - Incredible Years	1, 4
Rising Stars	1 to 6							Rising Stars	1 to 6
								Reps 4 Vets	1, 2, 3

PEI Populations	
1. Underserved Cultural Populations	4. Children/youth in Stressed Families
2. Individuals Experiencing Onset of Serious Psychiatric Illness	5. Children/youth at Risk of or Experiencing Juvenile Justice Involvement
3. Trauma-exposed Individuals	6. Children/youth at Risk of School Failure

PEI Programs Targeting Reduction of Negative Outcomes FY 22-23									
Prevention		**Early Intervention**		**Stigma and Discrimination**		**Outreach for Increasing Recognition of Early Signs of Mental Illness**		**Access and Linkage to Treatment**	
Program Name	***Strategy***	***Program Name***	***Strategy***	***Program Name***	***Strategy***	***Program Name***	***Strategy***	***Program Name***	***Strategy***
Trauma Focused CBT	1 to 6	Trauma Focused CBT	1 to 6	Positive Engagement Team	1	First Step to Success	1, 2	Trauma Focused	1 to 6
First Step to Success	1, 2	First Step to Success	1, 2	Reps 4 Vets	1, 3, 4, 5, 6, 7			First Step to Success	1, 2
Incredible Years*	7							CAP - Incredible Years	7
Rising Stars	1 to 6							Rising Stars	1 to 6
								Reps 4 Vets	1, 3, 4, 5, 6, 7

Negative Outcomes	
1. Prolonged Suffering	5. Incarceration
2. School Failure or Dropout	6. Unemployment
3. Homelessness	7. Removal of Children from their Homes
4. Suicide	

PEI Priority Areas SB 1004 FY 22-23									
Prevention		**Early Intervention**		**Stigma and Discrimination**		**Outreach for Increasing Recognition of Early Signs of Mental Illness**		**Access and Linkage to Treatment**	
Program Name	***Priority Areas***	***Program Name***	***Priority Areas***	***Program Name***	***Priority Areas***	***Program Name***	***Priority Areas***	***Program Name***	***Priority Areas***
Trauma Focused CBT	1, 2, 4, 6	Trauma Focused CBT	1, 2, 4, 6	Positive Engagement Team	1, 2, 3, 4, 5, 6	First Step to Success	1, 2, 4, 6	Trauma Focused	1, 2, 4, 6
First Step to Success	1, 2, 4, 6	First Step to Success	1, 2, 4, 6	Reps 4 Vets	2, 4, 6			First Step to Success	1, 2, 4, 6
Incredible Years*	1, 4							CAP - Incredible Years	1, 4
Rising Stars	1, 3, 4, 6							Rising Stars	1, 3, 4, 6
								Reps 4 Vets	2, 4, 6

*Two Contractors: Children and Parent (CAP) Council and Teach, Respect, Educate, Empower, Self (TREES)

Priority Areas - SB 1004	
1. Childhood Trauma Prevention and Early Intervention	4. Culturally Competent and Linguistically Appropriate Prevention and Intervention
2. Early Psychosis and Mood Disorder Detection and Early Intervention	5. Strategies Targeting the Mental Health Needs of Older Adults
3. Youth Outreach and Engagement Strategies Targeting Secondary School and TAY, Priority on College MH Programs	6. Early Identification Programming of Mental Health Symptoms and Disorders

Prevention Programs

Imperial County Behavioral Health Services (ICBHS) ensures staff, stakeholders, and the community are involved in the Community Program Planning Process (CPPP). The CPPP is a structured process that is utilized in partnership with stakeholders to determine how best to improve existing programs and to obtain input on how to use funds that may become available for the MHSA components. ICBHS also holds quarterly Mental Health Services Act (MHSA) Steering Committee meetings where information on PEI programs is provided to stakeholders and the community. During these meetings, ICBHS staff provides information on program outcomes, challenges, and successes. ICBHS posts meeting minutes on the ICBHS website for those who could not attend. ICBHS also runs newspaper and magazine advertisements about PEI programs. Additionally, ICBHS' radio show promotes PEI programs, mental health wellness and substance use disorder programs. This Annual Update for 2023-2024 will highlight the achievements, challenges and program changes PEI encountered during fiscal year (FY) 2022-2023, and any planned program changes for FY 2023-2024.

The goal of Prevention and Early Intervention (PEI) programs is to prevent and/or reduce the likelihood of mental illness from becoming severe and disabling. PEI programs also have an emphasis on improving timely access to services for unserved and underserved populations and to reduce and/or lessen the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health issues. PEI programs integrate strategies to reduce negative outcomes such as prolonged suffering, school failure/dropout, homelessness, suicide, incarceration, unemployment and removal of children from their home that may have resulted from untreated mental illness. PEI programs provide services that increase protective factors to improve the mental, emotional, and relational functioning of individuals. PEI programs, such as Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), First Step to Success (FSS), Incredible Years (IY), Rising Stars (RS) and Reps 4 Vets integrate strategies to provide services to priority populations to reduce or prevent the seven (7) negative outcomes associated with an unaddressed mental health issue. ICBHS' PEI programs continue to engage children, youth and adults by delivering services in the community, outside of the traditional outpatient clinic. All PEI programs meet the Mental Health Services Oversight and Accountability Commission's (MHSOAC) priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents.

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

Program Description:

ICBHS continues to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as a prevention program for children and youth exposed to traumatic experiences. TF-CBT addresses the needs of one (1) of the priority populations: children and adolescents ages 4 to 18 who have been exposed to a traumatic experience. The program meets *all of the priority PEI populations* and has been implemented as a strategy to reduce *all 7 of the negative outcomes* associated with traumatic experiences, such as school failure/dropout and prolonged suffering from becoming severe and disabling. The TF-CBT program also meets four (4) of the priority areas established by Senate Bill (SB) 1004, *as a childhood trauma prevention program, provides referrals for early psychosis and mood disorders detection, early identification of mental health symptoms and disorders* and all prevention services are *culturally competent and linguistically appropriate.* TF-CBT services are mobile and are provided in the community in non-traditional locations such as schools, homes and places of worship.

As a prevention program, children/youth do not meet medical necessity for Specialty Mental Health Services (SMHS); however, because of their negative experiences they are at risk of developing adverse symptoms and behaviors. The goal of the TF-CBT model is to prevent mental illness from developing in children and adolescents. TF-CBT assists the child/youth with identifying the potential signs and symptoms of a mental disorder and teaches them skills to overcome the negative effects of traumatic life events. TF-CBT can be provided in an abbreviated form, in consultation with a clinical supervisor, for those children who do not require the complete treatment format. The program contributes to *increasing access to services* by providing mobile services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment for the child/youth and their family.

Budget:

During FY 2022-2023, TF-CBT provided selective prevention services to sixty-four (64) children/youth and to approximately eighty (80) parents/legal guardians/caregivers at a cost of $2,226 per child/youth and parent/legal guardian/caregiver. This cost includes the provision of TF-CBT therapy sessions by master's level clinicians, as well as linkage and referral services by these clinicians for the child/youth and their parents/legal guardians/caregivers.

Program Challenges:

TF-CBT continues to have challenges in hiring new staff to fill current open positions. Due to staff shortage, the number of clients admitted to the program has been limited. For FY 2022-2023, the program had 3.75 full-time equivalent (FTE) clinicians. ICBHS is continuously recruiting to hire additional clinical staff to ensure the needs of the community are met.

TF-CBT continues to obtain pre and post outcome measurement tools to measure the effectiveness of the program. Data from these outcome tools is gathered and entered into the

department's electronic health record (EHR) MyAVATAR. However, MyAVATAR is unable to generate a report to provide statistical information on PRE and POST data sets. Currently, information is manually extrapolated from MyAVATAR and is entered into a log to calculate PRE and POST data sets. On February 2023, ICBHS was the first small county in California to pilot a new EHR, SmartCare. It is hoped the new EHR will provide reports on client outcomes so data does not need to be manually extrapolated from the EHR.

Program Demographics:

Demographic Information for TF-CBT – Prevention FY 22-23

Age Group	Total	Percentage
0-15	63	98%
16-25	1	2%
Total	64	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	39	61%
Male	25	39%
Total	64	100%
Gender Identity	**Total**	**Percentage**
Female	39	61%
Male	25	39%
Total	64	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	50	78%
Gay or Lesbian	1	2%
Questioning	2	3%
Declined to answer	11	17%
Total	64	100%
Race	**Total**	**Percentage**
African American or Black	2	3%
White	61	95%
More than one Race	1	2%
Total	64	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	56	88%
Other Hispanic Ethnicity	4	6%
African	2	3%
European	2	3%
Total	64	100%
Language	**Total**	**Percentage**
English	38	59%
Spanish	26	41%
Total	64	100%
Veteran Status	**Total**	**Percentage**
No	64	100%
Total	64	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**

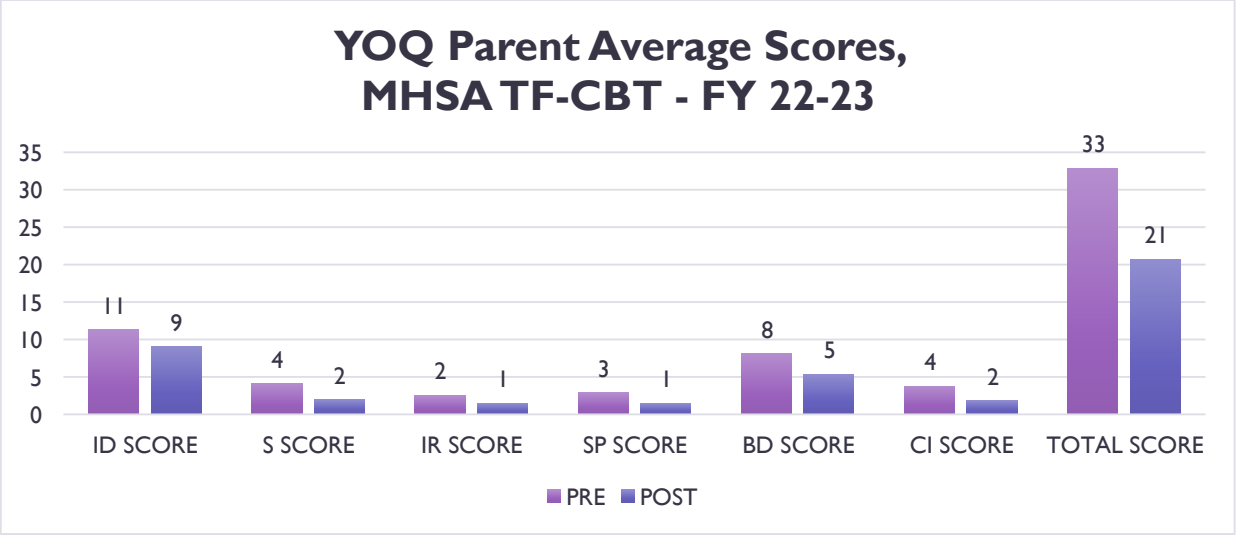
No Disabilities	58	91%
Difficulty Hearing	1	2%
Mental Domain/Developmental Disabilities	2	3%
Declined to answer	3	4%
Total	64	**100%**

Achievement of Performance Outcomes:

Since the inception of the TF-CBT program, performance outcomes have been obtained to measure program effectiveness. TF-CBT utilizes the following performance outcome measurement tools: Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Parent (UCLA-PTSD-Parent), and UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA-PTSD-SR). In addition, the program also utilizes the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35). The following graphs include outcome data based on pre and post outcome tools completed by youth and their parents/legal guardians/caregivers during FY 22-23.

The YOQ assesses the parent's/legal guardian's/caregiver's perception in several areas of the child's/youth's mental health functioning. The YOQ measures the following areas: interpersonal distress; somatic distress; interpersonal relationships; critical items (paranoid ideation and suicide); social problems; and behavioral dysfunction. As illustrated in Graph 1, the post YOQ scores indicate a reduction in the parent's perception of the minor's symptoms in all areas measured by the tool.

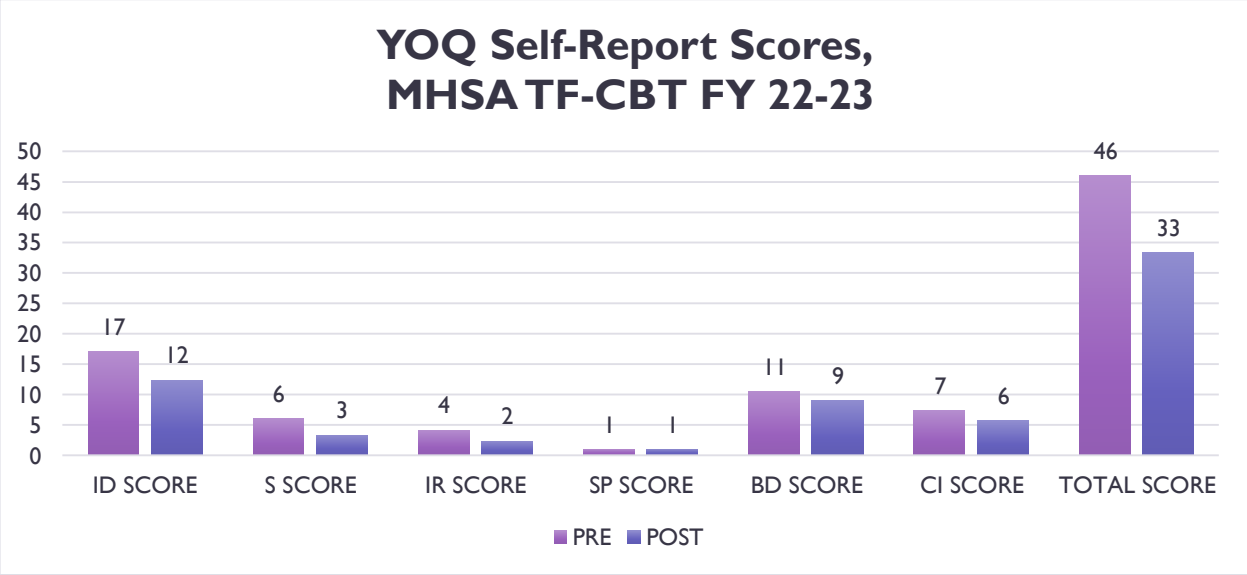
Graph 1: Average outcomes scores on Pre and Post Parent/Legal Guardian/Caregiver



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

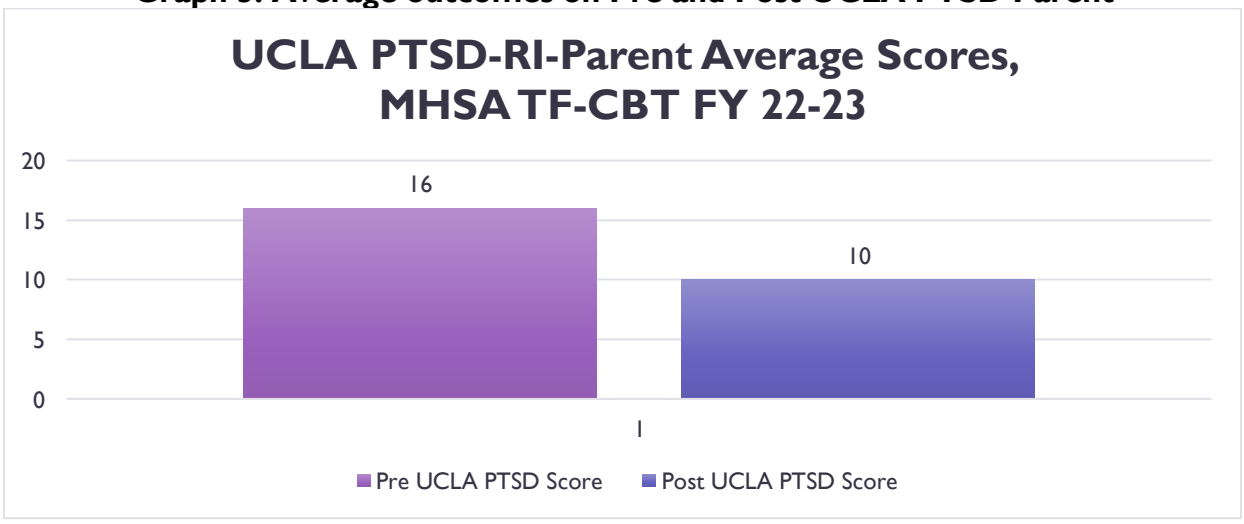
reduction in all areas with the exception of social problems where there was no change in the post score; nonetheless, the average score is a one (1), which is below the clinical cutoff of three (3) for this item.

Graph 2: Average outcomes on Pre and Post YOQ-SR



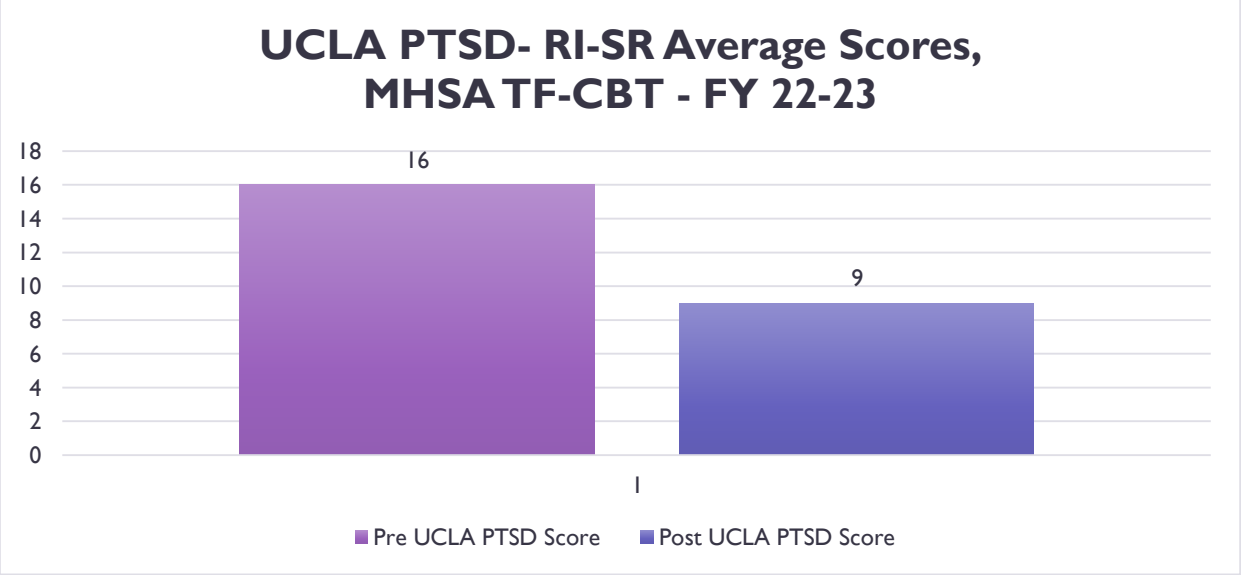
The UCLA Post-Traumatic Stress Disorder Reaction Index Parent (UCLA-PTSD-Parent) measures symptoms and frequency of symptoms associated with PTSD as reported by the parent/legal guardian/caregiver. The post-scores in Graph 3 indicate a reduction in all symptoms measured by this tool.

Graph 3: Average outcomes on Pre and Post UCLA PTSD Parent



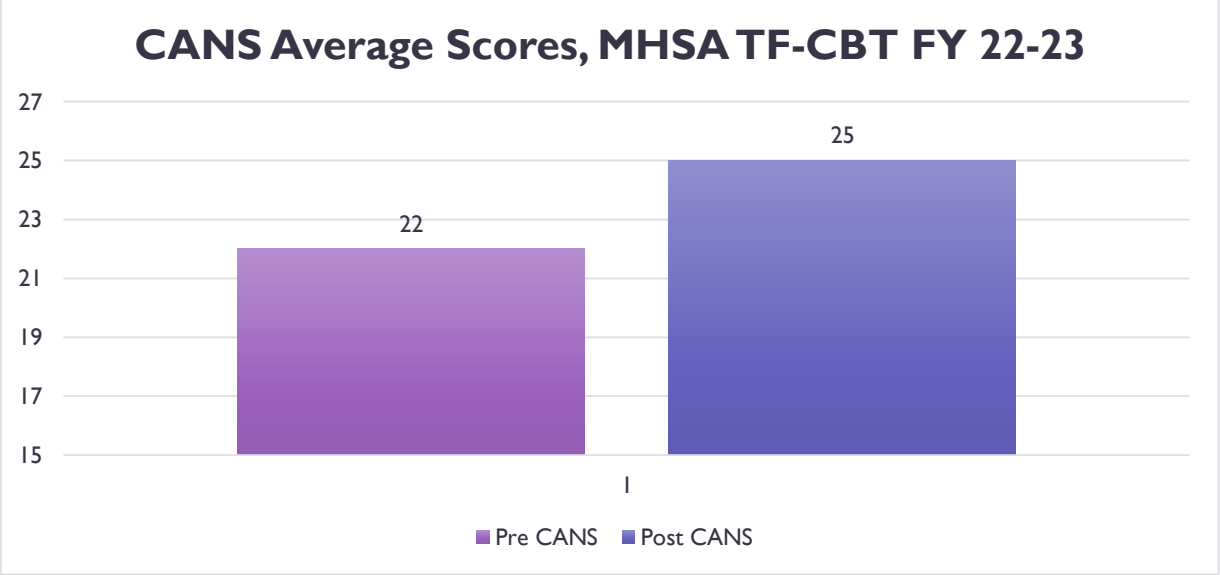
The UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA-PTSD-SR) measures symptoms and frequency of symptoms associated with PTSD as reported by the youth. Post-scores illustrated in Graph 4 indicate a reduction in all symptoms measured by this tool.

Graph 4: Average outcomes on Pre and Post UCLA PTSD-SR



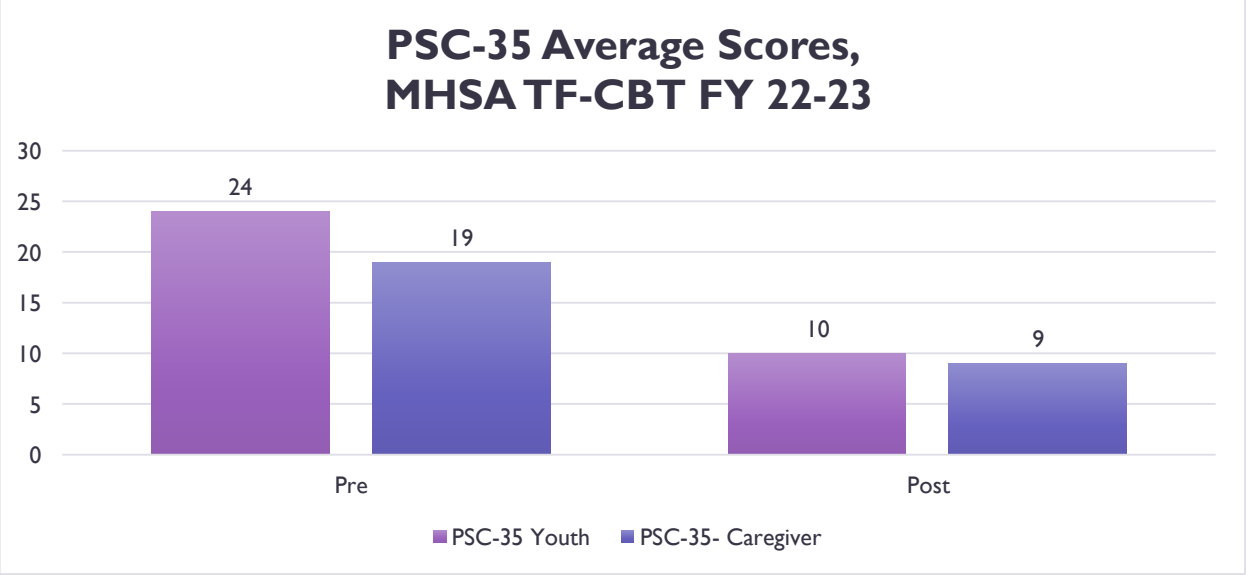
The CANS is a multi-purpose assessment tool developed to support care planning and level of care decision-making, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. The CANS gathers information on the child/youth's and parent's/guardian's/caregiver's needs and strengths. The CANS helps providers decide which of the child/youth's needs are the most important to address in treatment or service planning. The CANS also helps identify strengths, which can be the basis of treatment. A high score indicates a higher level of needs, and lower scores indicate the best possible functioning in all areas "no needs". However, many of the clients who are referred to TF-CBT prevention are initially seen at the outpatient clinic. Many of these clients are screened out during the assessment as they do not meet medical necessity for SMHS and have low CANS pre-scores. Once the clients are admitted and seen in the MHSA TF-CBT prevention program, clients become more aware of their symptoms and behaviors upon completing the TF-CBT model increasing the CANS post-scores, as illustrated in Graph 5.

Graph 5: Average outcomes on Pre and Post CANS



The PSC-35 is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional and behavioral problems so that appropriate interventions can be initiated as early as possible. The clinical cutoff score for children/youth ages six (6) through sixteen (16) is twenty-eight (28) and the cutoff score for children three (3) through five (5) is twenty-four (24). High scores indicate psychological impairments and the need for further assessment. Graph 6 provides the average outcomes of pre and post PSC-35 youth and caregiver tools. Based on the scores in graph 6, 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. Caregivers have also noticed a reduction in symptoms as evidenced in the decrease in the post PSC-35 score.

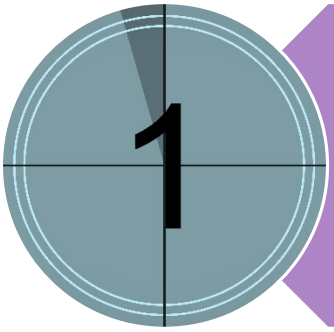
Graph 6: Average outcomes on Pre and Post PSC-35



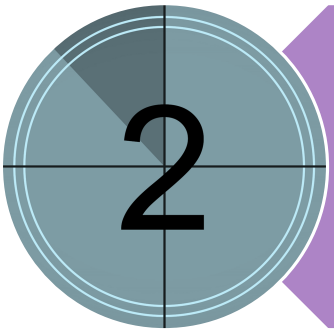
Program Changes for FY 2023-2024 and 2024-2025:

On February 2, 2023, ICBHS implemented a new electronic health record (EHR), SmartCare, and migrated all client information from AVATAR into it. Imperial County was the first small county to pilot and implement SmartCare in California. ICBHS staff is learning how to extract and create data reports for performance outcome measurement tools in SmartCare. On July 1, 2023, TF-CBT developed a new tool to obtain client-based performance outcomes. Data will be collected during FY 23-24 and will be presented on the FY 24-25 Annual PEI Report.

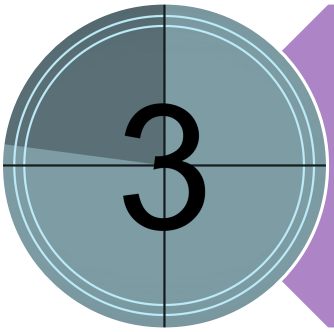
Program Goals and Objectives for FY 2023-2024 and 2024-2025:



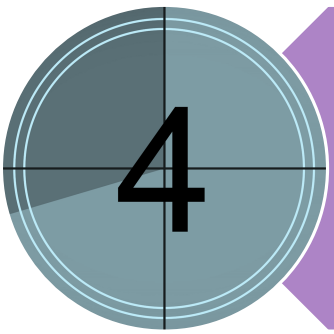
Increase staff to seven (7) FTE clinicians (shared with Early Intervention TF-CBT) to continue providing TF-CBT as a selective prevention strategy to children and youth in order to prevent impairments of a traumatic event.



Continue collecting demographic and evaluation data to measure the outcome and performance of the TF-CBT Program as a prevention strategy and to develop and generate outcome evaluation reports.



Continue using the UCLA PTSD-RI, UCLA PTSD-RI-SR, YOQ, YOQ-SR, CANS and PSC-35 outcome measurement tools to measure symptoms and behaviors of children/youth and to evaluate the outcomes of the children/youth served after prevention services are provided.



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

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

Program Description:

The goal of the First Step to Success (FSS) program is to identify children with antisocial behavior and introduce adaptive behavior strategies to them to prevent mental illness from developing. The FSS program utilizes the First Step Next (FSN) as an intervention model for unserved/underserved children ages four (4) to six (6). The FSN model provides positive reinforcements by utilizing Positive Behavioral Intervention and Services (PBIS) to children who have been identified/referred by their teacher. ICBHS mental health staff are co-located in classrooms and provide interventions that are designed to assist children in developing pro-social skills that will assist them in being successful at school, home and in the community.

Budget:

For FY 2022-2023, the MHSA FSS Program provided services to 79 children and approximately 99 parents/legal guardians/caregivers at a cost of $1,616 per child and parent/legal guardian/caregiver, this is a decrease of $204 (13%) from the previous FY. This cost includes the expense of implementation of the MHSA FSS program for the salaries of four (4) full-time Mental Health Rehabilitation Technicians (MHRTs) who worked closely with school staff daily, providing prevention services to identified children in the classroom. FSS MHRTs also provide collateral services as well as linkage and referral services to parents/legal guardians/caregivers.

Program Challenges:

The FSS program continues to encounter challenges in hiring additional staff. As a result of staff shortages, the number of clients admitted to the program and classrooms served has been limited. For FY 22-23, the program has four (4) full-time equivalent (FTE) FSS MHRTs. It is hoped that by FY 23-24 and FY 24-25, the program will be fully staffed with seven (7) FTE FSS MHRTs (shared with Early Intervention FSS).

The FSS program continues to use outcome measurement tools to measure and assess client's progress throughout treatment. Data from these outcome tools is gathered and entered into the department's electronic health record (EHR) MyAVATAR. However, MyAVATAR is unable to generate a report to provide statistical information on PRE and POST data sets. Currently, information is manually extrapolated from MyAVATAR and is entered into a log to calculate PRE and POST data sets. On February 2023, ICBHS was the first small county California to pilot a new EHR, SmartCare replacing MyAVATAR. It is hoped SmartCare will be able to generate reports on PRE and POST data sets eliminating the need to manually extrapolate data and enter the data into a log.

Program Demographics:

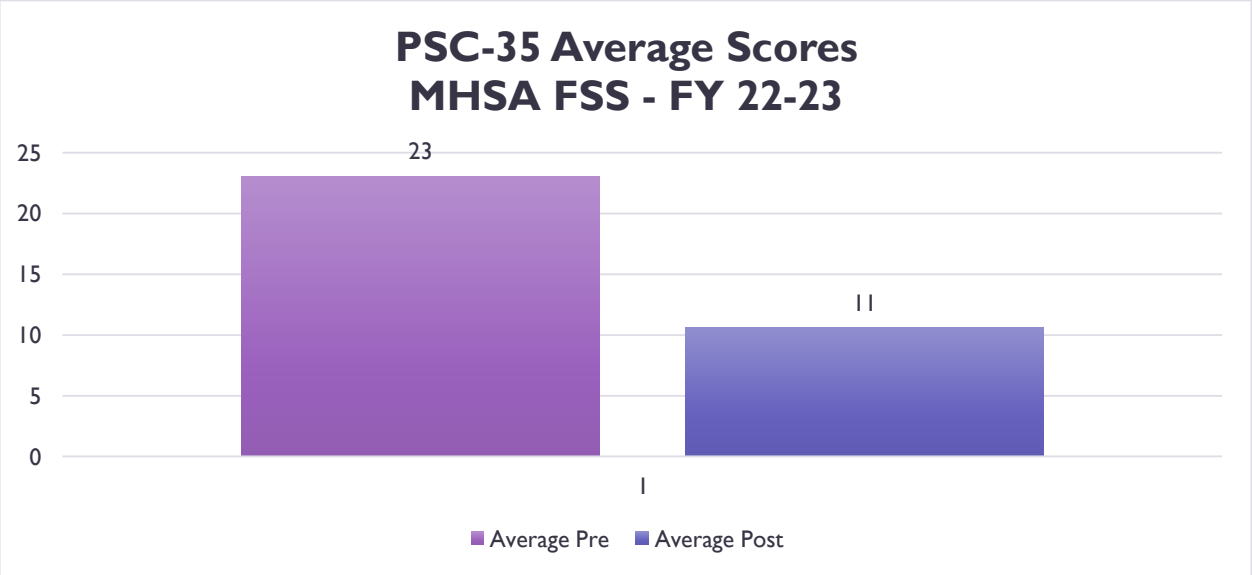
Demographic information for FSS – Prevention FY 22-23

Age Group	Total	Percentage
0-15	79	100%
Total	79	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	22	28%
Male	57	72%
Total	79	100%
Gender Identity	**Total**	**Percentage**
Female	22	28%
Male	57	72%
Total	79	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	31	39%
Declined to answer	48	61%
Total	79	100%
Race	**Total**	**Percentage**
African American or Black	3	4%
White	74	94%
More than one Race	1	1%
Declined to answer	1	1%
Total	79	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	71	90%
Other Hispanic Ethnicity	1	1%
African	3	4%
European	2	3%
More than one ethnicity	1	1%
Declined to answer	1	1%
Total	79	100%
Language	**Total**	**Percentage**
English	37	47%
Spanish	42	53%
Total	79	100%
Veteran Status	**Total**	**Percentage**
No	79	100%
Total	79	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	60	76%
Mental Domain/Developmental Disabilities	6	8%
Declined to answer	13	16%
Total	79	100%

Achievement of Performance Outcomes:

FSS uses the Pediatric Symptom Checklist 35 (PSC-35) to help identify and assess changes in emotional and behavioral problems in children. The PSC covers a broad range of emotional and behavioral problems and is meant to provide an assessment of psychosocial functioning. For children ages four (4) to five (5), the PSC-35 cutoff score is twenty-four (24). For children ages six (6) through sixteen (16), the PSC-35 cutoff score is twenty-eight (28). Graph 7 indicates an average PSC-35 score of 23, which suggests that children being served under MHSA FSS required only prevention services to prevent a mental illness from developing.

Graph 7: Average Pre and Post PSC-35 Scores

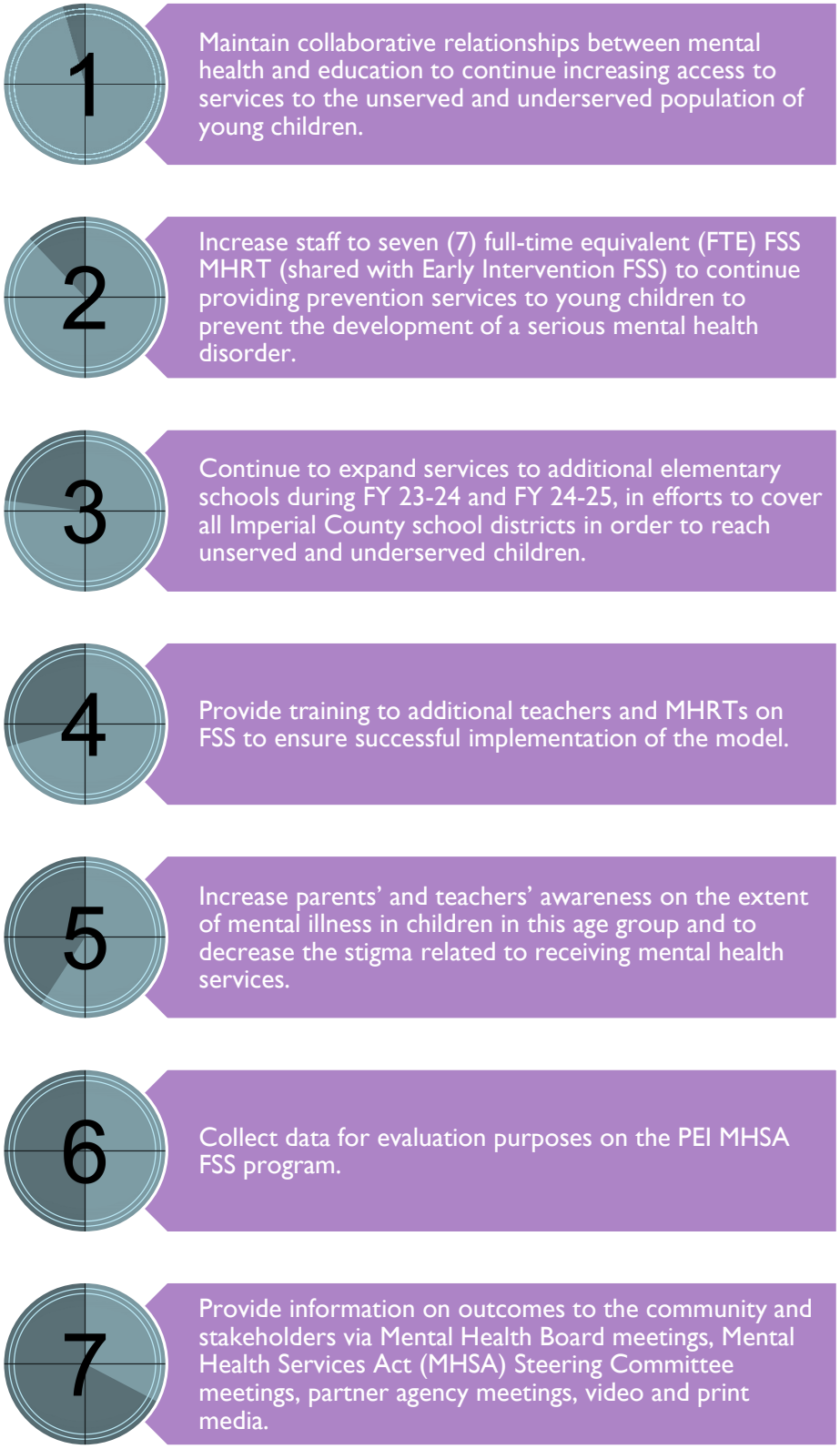


Based on the average post score of the PSC-35 (Graph 7), children improved their overall functioning and had a reduction in the symptoms and frequency of symptoms after completing the FSN model.

Program Changes for FY 2023-2024 and 2024-2025:

On February 2, 2023, ICBHS transitioned to a new electronic health record (EHR), SmartCare, and migrated all client information from the previous EHR, MyAVATAR, into SmartCare. Imperial County was the first small county to pilot and implement SmartCare in the State. On July 1, 2023, FSS developed a new tool to obtain client-based performance outcomes. Data will be collected during FY 23-24 and will be presented on the FY 24-25 Annual PEI Report.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



Incredible Years (IY) - Prevention

Program Description:

ICBHS continues to contract with the Children and Parent Council (CAP) for the implementation of the Incredible Years (IY) parenting program. As part of our prevention program, this evidenced-based parenting model targets the PEI priority population of *underserved* and *children and youth in stressed families* and implements strategies to prevent the *removal of children from their homes*. IY also targets two (2) of the PEI priority areas of providing services to *prevent childhood trauma* and to deliver services in a *culturally competent and linguistically appropriate* manner. CAP council provides a parenting program to unserved and/or underserved stressed families in order to prevent childhood trauma, prolonged suffering and/or prevent the risk of having their children removed from their homes.

IY was selected as the parenting model to meet the needs of our community because it focuses on strengthening parenting competencies and fostering positive parent-child interactions and attachments for infants and children up to the age of twelve (12). IY is designed to provide parents with the necessary skills to promote children's development in a positive environment and nurturing relationship, while reducing harsh discipline and fostering the parent's ability to promote children's social and emotional development. The program is conducted in a group setting of ten (10) to eighteen (18) sessions with up to twelve (12) parents/legal guardians/caregivers who meet weekly for two (2) hours. The group is facilitated by two (2) trained staff members who provide the group with parenting skills via video vignettes, role-playing, rehearsals, and homework. IY was also selected because it meets the linguistic and cultural needs of our community, as program materials are available in English and Spanish.

Budget:

For FY 2022-2023, the CAP Council conducted twenty-eight (28) parenting groups, providing services to three-hundred-thirteen (313) parents. The average cost of providing IY to parents/legal guardians/caregivers was $886, a decrease of $301 (34%) from the previous FY. This cost includes staffing, phone and internet service, insurance, books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs.

Program Challenges:

The CAP Council faced staff shortages due to staff resignation. They continue to have difficulties with increasing penetration rates for the unserved and underserved Native American population and the very hard to reach populations in the northern and eastern regions of Imperial County. Another challenge faced by the CAP Council is the lack of referrals they generate to ICBHS for mental health services. For FY 22-23 only one (1) referral was generated. An objective for next FY is to increase referrals to ICBHS.

Program Demographics:

Demographic Information for CAP Council FY 22-23

Age Group	Total	Percentage
16-25	33	11%
26-59	249	80%
Over 60	28	8%
Declined to answer	3	1%
Total	313	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	260	83%
Male	48	15%
Declined to answer	5	2%
Total	313	100%
Gender Identity	**Total**	**Percentage**
Female	260	83%
Male	48	15%
Declined to answer	5	2%
Total	313	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	290	93%
Gay or Lesbian	2	1%
Declined to answer	21	6%
Total	313	100%
Race	**Total**	**Percentage**
Asian	1	0%
White	289	93%
More than one Race	2	1%
Other	12	3%
Declined to answer	9	3%
Total	313	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	283	90%
Asian Indian/ South Asian	1	0%
Other	24	8%
Declined to answer	5	2%
Total	313	100%
Language	**Total**	**Percentage**
English	88	28%
Spanish	221	71%
Declined to answer	4	1%
Total	313	100%
Veteran Status	**Total**	**Percentage**
No	313	100%
Total	313	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	285	91%
Difficulty Hearing	3	1%

Difficulty Seeing	5	2%
Mental Domain/Developmental Disabilities	4	1%
Physical/Mobility Domain	3	1%
Chronic Health Condition	4	1%
Other Disability	5	2%
Declined to answer	4	1%
Total	313	**100%**

Achievements of Performance Outcomes:

For FY 2022-2023, the CAP Council conducted a total of twenty-eight (28) groups, sixteen (16) groups were conducted in Spanish and twelve (12) groups were in English, serving a total of three-hundred-thirteen (313) parents. The CAP Council received a total of three-hundred-thirty (330) referrals from various community agencies of which three-hundred-thirteen (313) referrals (95%) resulted in an admission to the parenting groups. Below is a breakdown of the referrals:

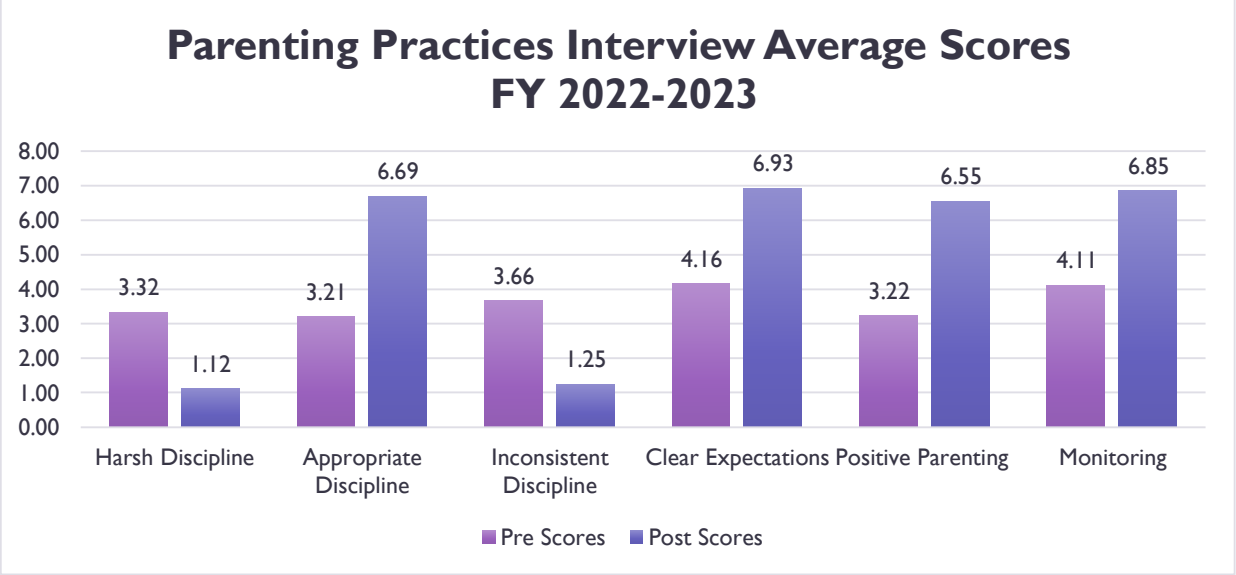
Number of Referral FY 22-23

Referee	No. of referrals
Self-Referral	186
Child Protective Services	92
Behavioral Health Services	9
Other Community Agencies (Schools, Probation)	20
Court orders (Only)	23
Total	**330**

The CAP Council collects pre and post outcome measurement tools from program participants to ensure the program is having the desired impact on families. 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. Graphs 8 through 10 show the cumulative pre and post scores for the aforementioned performance outcome measurement tools.

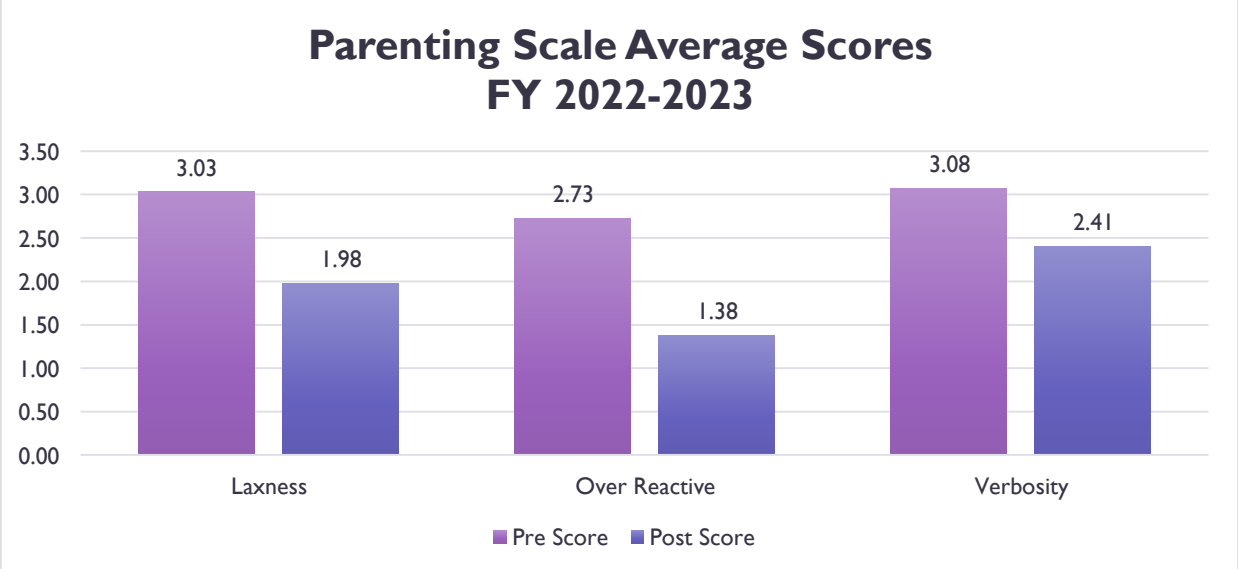
The PPI tool measures parenting practices which include harsh discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring. Graph 8 illustrates a lower post-score for harsh and inconsistent discipline compared to the pre-scores. A higher post score for appropriate discipline, clear expectations, and positive parenting is demonstrated when compared to pre-scores. A high monitoring score might indicate a style of "helicopter" parenting and a low score might indicate a style of "free-range" parenting.

Graph 8: Average Pre and Post PPI Scores



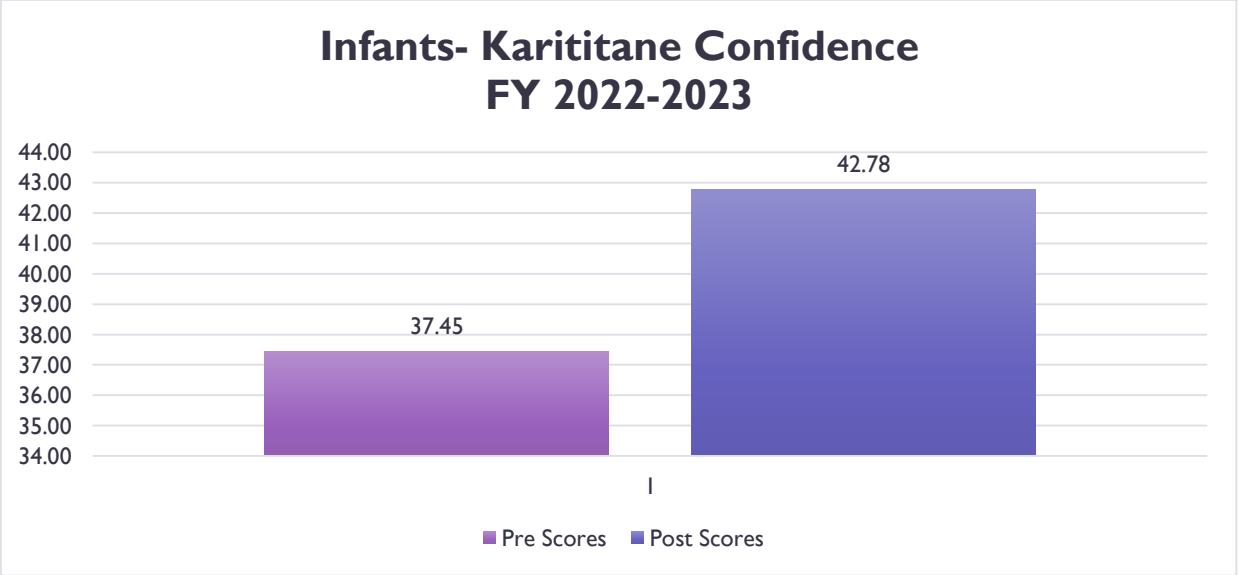
The PS tool is a 7-point scale. Low scores indicate good parenting and high scores indicate dysfunctional parenting. Based on the data from Graph 9, all post scores are lower than the pre-scores, which indicate an increase in positive parenting.

Graph 9: Average Pre and Post PS Scores



The KPCS tool measures how confident the parents/legal guardians/caregivers feel in raising a newborn/infant. Higher scores indicate feeling confident, while lower scores indicate a lack of confidence in raising a newborn/infant. Graph 10 illustrates higher post-scores demonstrating parents felt more confident upon completion of the IY program.

Graph 10: Average Pre and Post KPCS Scores

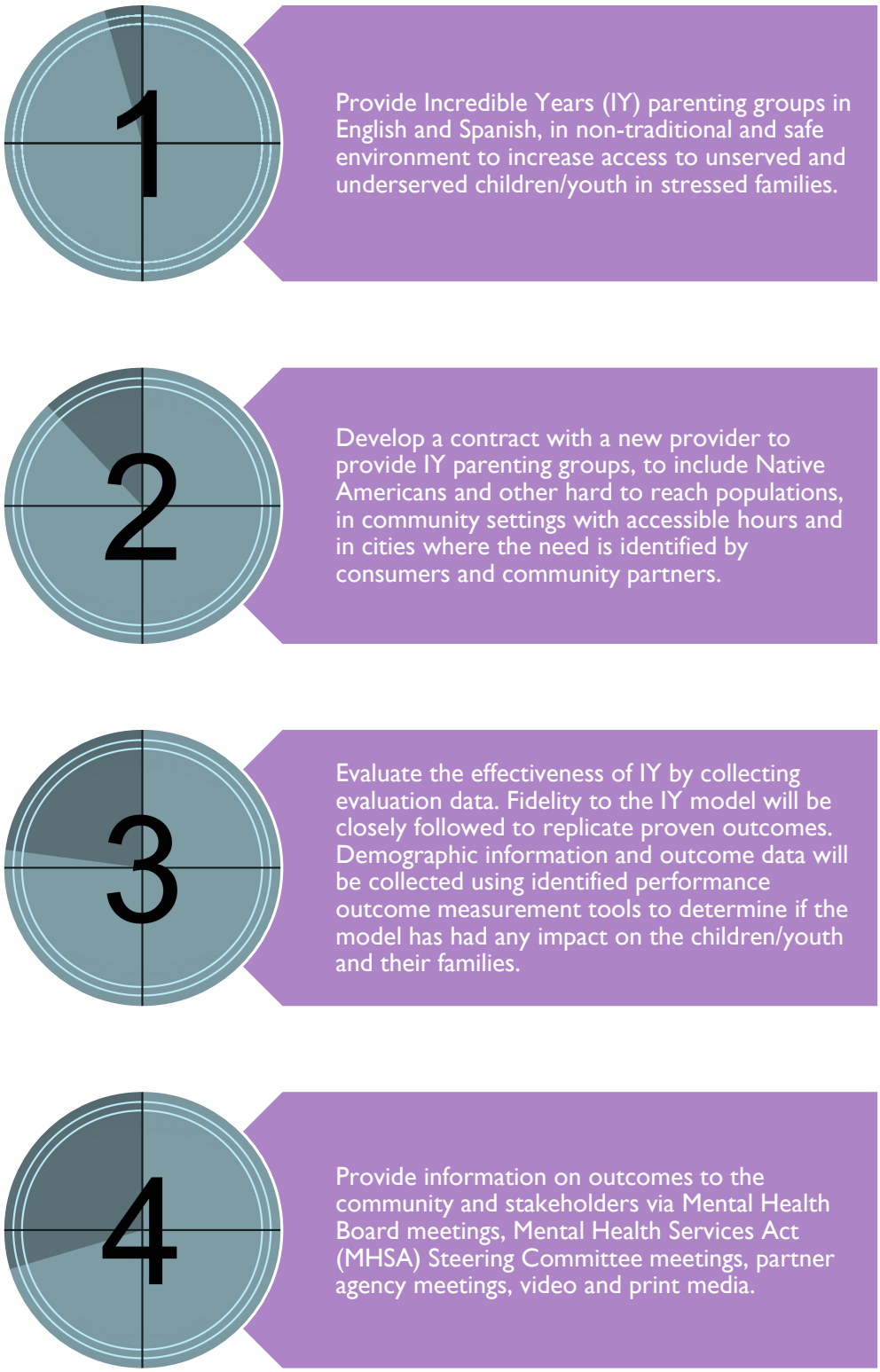


Based on the data sets from the three (3) outcome measurement tools, it can be determined that the IY curriculum continues to be effective in addressing the needs of the unserved and underserved population in Imperial County. The results indicated a decrease in scores in the areas of harsh discipline, inconsistent discipline, laxness, over reaction and verbosity and an increase in scores in the areas of appropriate discipline, clear expectations, and positive parenting. Data will continue to be collected and evaluated to determine if the IY Program has lasting effects on parents/legal guardians/caregivers and children who are raised in supportive structured environments that may lead to the prevention of the development of mental illness.

Program Changes for FY 2023-2024 and 2024-2025:

No programmatic changes for IY for FY 2023-2024 and 2024-2025.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



Rising Stars – Imperial Valley Regional Occupational Program (IVROP) - Prevention

Program Description:

Rising Stars (RS) is a prevention program targeting foster children/youth ages 5 to 18. Foster children/youth commonly experience childhood trauma and adverse childhood experiences (ACEs) at a vulnerable period in their life which increases their likelihood of negative outcomes as adults. The RS program targets *all PEI priority populations* by implementing strategies to *prevent the seven (7) negative outcomes* identified under PEI. The RS program also targets 4 PEI priority areas: *childhood trauma prevention, youth outreach and engagement strategies targeting secondary school and TAY, early identification programming of mental health symptoms and disorder and all prevention services are culturally competent and linguistically appropriate* manner. The objective of the program is to enhance the protective factors of foster children/youth by implementing the following: 1) Social emotional learning activities; 2) Leadership development; 3) Self-esteem development; 4) Developmental assets workshops; 5) Team-building activities; 6) Mentoring; 7) Academic enhancement and enrichment activities; 8) Educational field trips; 9) College-prep workshops; and 10) Science, Technology, Engineering, Arts and Math (STEAM) workshops.

Budget:

For FY 2022-2023, Rising Stars received a total of one hundred thirty-five (135) referrals from various community and county agencies and all one hundred thirty-five (135) children/youth referred to the program were enrolled. One hundred eight (108) children/youth from the previous FY were already receiving services. Therefore, for FY 2022-2023 RS provided services to two hundred forty-three (243) foster children/youth at a cost of $1,674, per child/youth, a decrease of $467 (28%) from the previous FY.

Referrals 22-23	Total
School Districts	76
DSS	25
ICBHS	0
Self-Referral	34
Total Referrals	**135**

Program Challenges:

Rising Stars faces similar challenges as ICBHS in hiring and retaining staff. Referrals from RS to behavioral health services continue to be limited, during FY 22-23 only one (1) referral was sent to ICBHS. Contributing factors for low referrals numbers include the high staff turn-around and the amount of time in having to train new RS staff on referral processes and procedures. Additionally, many of the children/youth receiving services through Rising Stars are concurrently receiving mental health services through ICBHS as they meet the access criteria to SMHS.

Program Demographics:

Demographic information for Rising Stars FY 22-23

Age Group	Total	Percentage
0-15	206	85%
16-25	37	15%
Total	243	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	114	47%
Male	127	52%
Declined to Answer	2	1%
Total	243	100%
Gender Identity	**Total**	**Percentage**
Female	114	47%
Male	127	52%
Gender Queer/Non-Binary	2	1%
Total	243	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	133	55%
Declined to answer	110	45%
Total	243	100%
Race	**Total**	**Percentage**
Asian	2	1%
African American or Black	22	9%
White	44	18%
More than one Race	154	63%
Other	19	8%
Declined to answer	2	1%
Total	243	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	191	79%
Asian Indian/ South Asian	2	1%
African	22	9%
Chinese	2	1%
European	1	0%
Other	16	7%
Declined to answer	9	3%
Total	243	100%
Language	**Total**	**Percentage**
English	194	80%
Spanish	49	20%
Total	243	100%
Veteran Status	**Total**	**Percentage**
No	243	100%
Total	243	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	224	92%
Difficulty Hearing	1	0%

Mental Domain/Developmental Disabilities	4	2%
Other Disability	8	3%
Declined to answer	6	3%
Total	243	**100%**

Achievement of Performance Outcomes:

During FY 22-23 the Rising successfully facilitated one-hundred-fifty-one (151) workshops/activities to foster children/youth. These activities included the following: Summer Camp, Student Orientation to Universities, Parent Orientation to Universities, Tutoring, Developmental Assets, Park Day, Harvest Carnival: Sibling event, Winter Wonderland, Social Emotional Learning, Mentoring workshop, HOPE, STEAM, Career Exploration, Academic Support, Resiliency, Social Capital, College Prep, Sibling Connection and Summer Activities. Additionally, the Rising Stars program provided services to children/youth at thirty-one (31) different school sites located in nine (9) different School Districts. Below are the school/districts where services were provided.

FY 22-23: Collaboration with Schools/School Districts

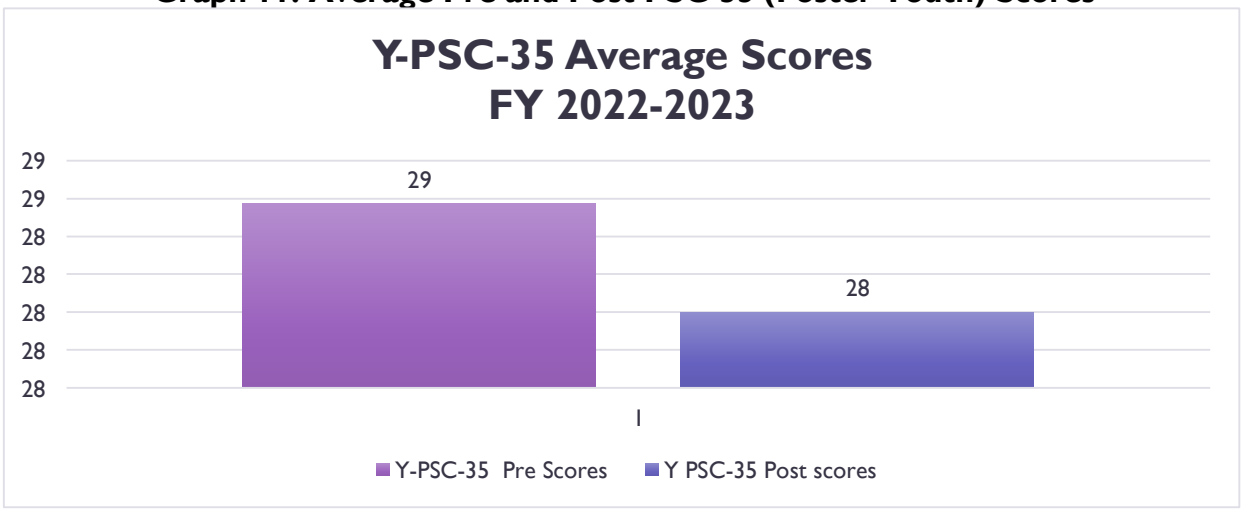
School Site	School District
Brawley Union High School	Brawley Union High School District
Barbara Worth Jr High	
J.W Oakley Elementary School	
Phil D. Swing Elementary	
Witter Elementary	
Aurora High School	Calexico Unified School District
Calexico High School	
Calexico 9th Grade Academy	
Enrique Camarena Jr High	
Cesar Chavez Elementary	
Jefferson Elementary	
William Moreno Junior High	
Calipatria High School	Calipatria Unified School District
Central Union High School	Central Union High School District
Southwest High School	
***Chart continued…**	
Desert Garden Elementary School	El Centro Elementary School District
Harding Elementary School	
Kennedy Garden Elementary	
Kennedy Middles School	
Lincoln Elementary School	
Sunflower Elementary School	

Washington Elementary	
Wilson Jr. High	
Ben Hulse Elementary School	Imperial Unified School District
Cross Elementary	
Frank Wright Elementary	
Imperial High School	
McCabe Elementary	McCabe Union Elementary School District
Sea View Elementary School	Salton City
Westmorland Elementary School	Westmorland Union Elementary School District
Westmorland Jr High School	

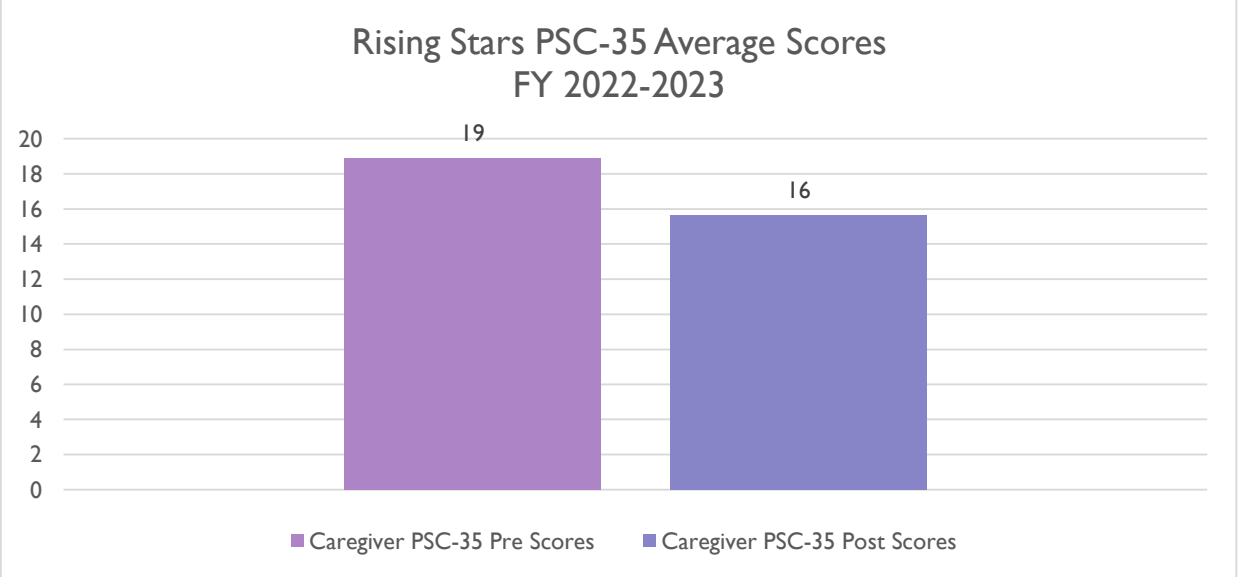
The Rising Stars program measure program effectiveness by obtaining pre and post data from performance outcome measurements. The program uses the following performance outcome measurement tools: Pediatric Symptom Checklist (PSC-35); Child and Youth Resilience, Hope Index, and the Development Assets Profile.

RS uses the Pediatric Symptom Checklist 35 (PSC-35) to help identify and assess changes in emotional and behavioral problems in children. The PSC covers a broad range of emotional and behavioral problems and is meant to provide an assessment of psychosocial functioning. For children ages four (4) to five (5), the PSC-35 cutoff score is twenty-four (24). For children ages six (6) through sixteen (16), the PSC-35 cutoff score is twenty-eight (28). Graph 11 illustrates that foster youth enrolled in RS had a decrease in their PSC-35 score. Furthermore, Graph 12 shows that foster parents of children/youth enrolled in the program saw a decrease in the child/youth's PSC-35 score.

Graph 11: Average Pre and Post PSC-35 (Foster Youth) Scores

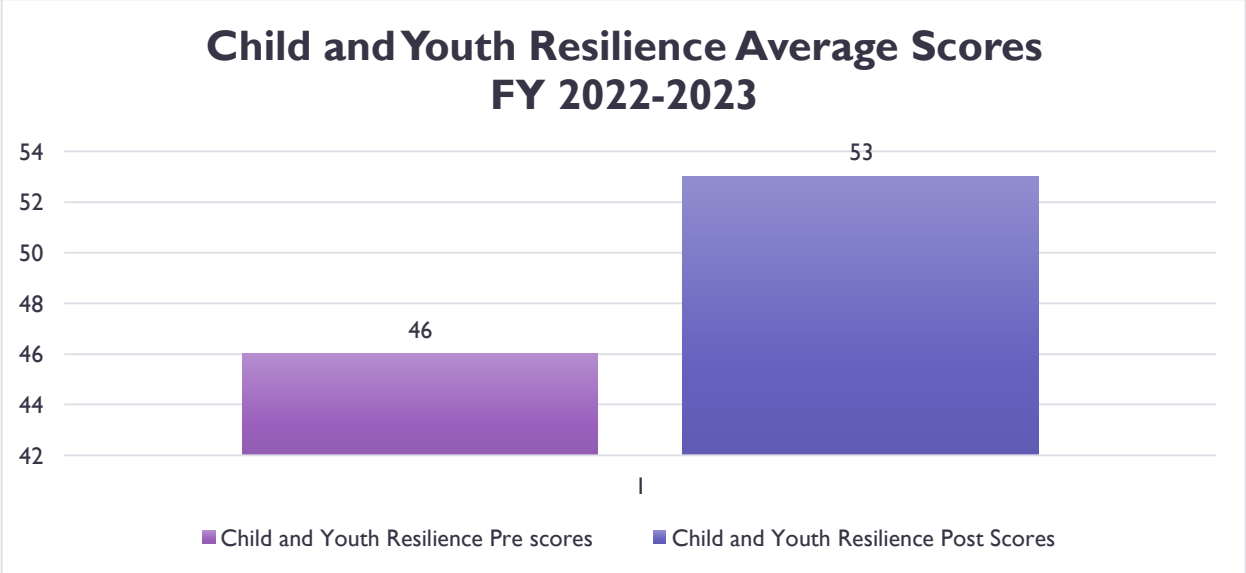


Graph 12: Average Pre and Post PSC-35 (Foster Parent) Scores



The Child and Youth Resilience measure assesses the level of resiliency and the ability of children/youth to make positive adaptations when facing adversity. The seventeen (17) point questionnaire uses a three (3) to five (5) point Likert scale that was developed by the Resilience Research Centre (RRC). Graph 13 shows that foster children/youth enrolled in RS increased their resilience due to the interventions provided by the program.

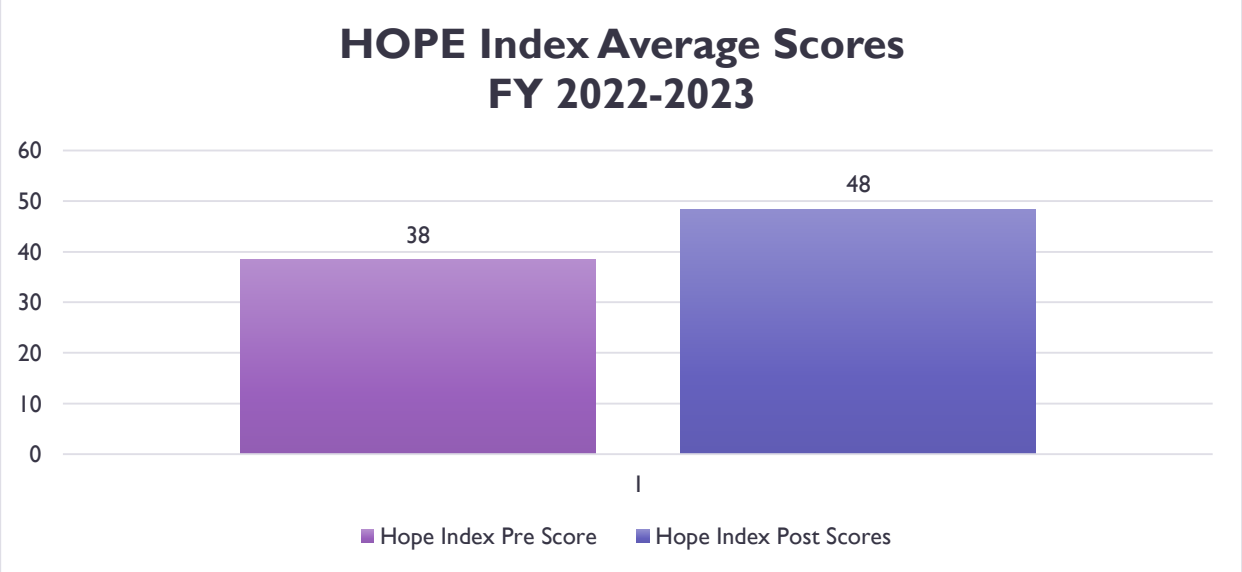
Graph 13: Average Pre and Post Child and Youth Resilience Scores



The HOPE Survey measures the child's/youth perceptions of autonomy, belonging, and goal orientation. HOPE is an essential asset for students with adverse childhood experiences. RS uses the hope survey to identify areas of growth for RS participants and to guide interventions. Graph 14 illustrates that prior to starting RS children/youth were less hopeful; however, post

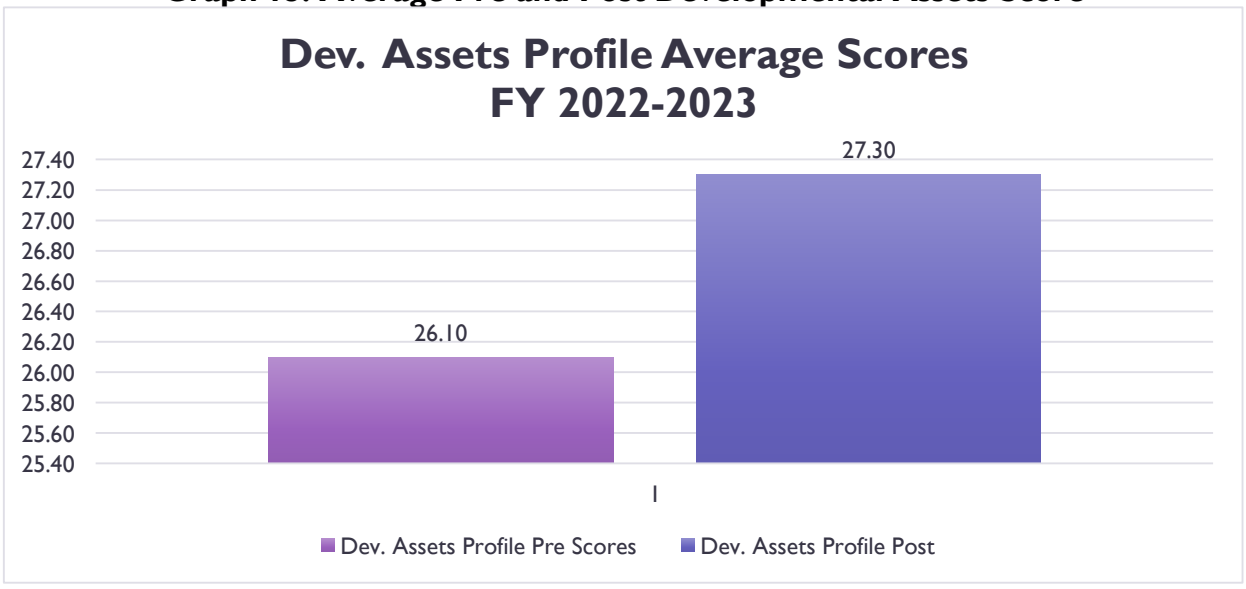
scores indicate that after completing the RS program children youth felt more hopeful of their future.

Graph 14: Average Pre and Post HOPE Index Scores



The Development Assets Profile (DAP) was developed by the Search Institute to assess student development directly correlated to long-term student success. The DAP survey measures child/youth health along 40 different assets, identifying strengths and areas for growth, and provides a framework for educational focus.

Graph 15: Average Pre and Post Developmental Assets Score



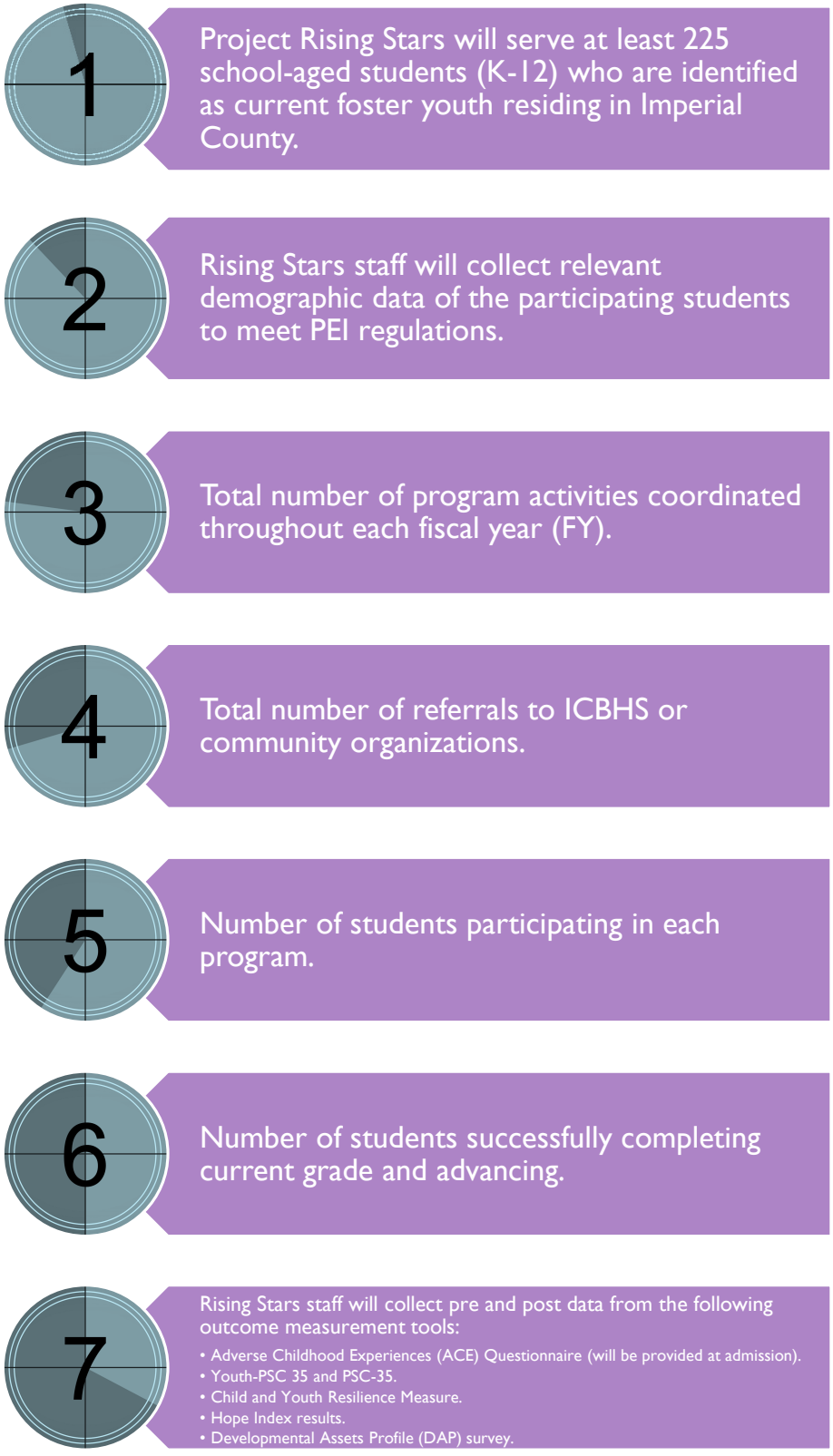
Based on data from Graphs 11 through 15, foster children/youth who experienced a traumatic event in their lives, improved their overall functioning and had a reduction in symptoms and

frequency of symptoms after exiting the Rising Stars program, showing that the program is effective in improving the lives of foster children/youth.

Program Changes for FY 2023-2024 and 2024-2025:

There are no planned changes for Rising Stars for FY 2023-2024 and 2024-2025.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



Stigma and Discrimination Reduction Program

ICBHS has two (2) PEI Stigma and Discrimination Reduction Programs: 1) Positive Engagement Team (PET) and 2) Reps 4 Vets. These programs utilize a universal strategy to reduce stigma and discrimination related to mental health. They also provide services to residents of Imperial County, focusing on reducing the negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services. Stigma and discrimination reduction activities are delivered to large and/or small groups out in the community, in health fairs, career fairs, and school presentations. Other outreach activities include one-to-one for educational or training purposes and educational discussions with community agencies on mental health issues, services and resources. As a result of the outreach services, community members have become aware of the different types of mental health disorders and have become familiar with services provided by ICBHS.

Positive Engagement Team

Program Description:

The Positive Engagement Team (PET) is a Stigma Reduction program. PET utilizes trained dogs to reduce the negative feelings, attitudes, beliefs, stereotypes, perception and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services. ICBHS contracted with the Humane Society of Imperial County (HSOIC) to provide trained animal handlers and dogs. The goal of the program is to provide mental health services to unserved and underserved individuals in our community by increasing acceptance, dignity, and equity for individuals with mental illness and members of their families. Having trained dogs at the outpatient clinics creates a welcoming environment that promotes trust and increases client engagement to mental health treatment. At outreach events the PET dogs create a positive association with mental health services and destigmatizes mental illness by engaging and motivating individuals in the community to seek services.

Program Challenges:

The PET program encountered the same challenges as the other PEI programs, the lack of staffing. The PET program is allocated one (1) FTE clinician, but currently has 25% of a FTE clinician. Furthermore, the HSOIC has had difficulty in hiring and maintaining trained dog handlers because many of the individuals who are interested in becoming dog handlers do not want the dog living at their home for the required six (6) month period.

Achievements of Performance Outcomes / Budget:

For FY 22-23 the PET program conducted a total of three hundred seventy-five (375) outreach events, forty-nine (49) educational groups/trainings and three hundred sixteen (316) client engagements at outpatient clinics, reaching a total of approximately fifteen thousand eight hundred thirty-one (15,831) individuals in Imperial County. The cost per contact was $29 and

the cost per event (Outreach, Education/Training and Engagement) was $617 for the Stigma and Discrimination Reduction Program.

For FY 22-23, the PET program conducted three hundred seventy-five (375) outreach events with resource tables. An estimate of fourteen thousand one hundred and sixty-four (14,164) individuals participated in the events, however only three thousand three hundred seventy-one (3,371) individuals provided their demographic information during the events. Below is the demographic breakdown:

Demographic information for Outreach Events FY 22-23

Age Group	Total	Percentage
0-15	928	28%
16-25	1,232	37%
26-59	984	29%
60+	205	6%
Declined to answer	22	0%
Total	3,371	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	2,067	61%
Male	1,248	37%
Declined to answer	56	2%
Total	3,371	**100%**
Gender Identity	**Total**	**Percentage**
Female	1,929	57%
Male	1,150	34%
Genderqueer/non-binary	21	1%
Transgender	1	0%
Questioning or unsure of gender identity	8	0%
Another gender identity	4	0%
Declined to answer	258	8%
Total	3,371	**100%**
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	73	2%
Heterosexual/Straight	1,928	57%
Bisexual	65	2%
Questioning or unsure of sexual orientation	39	1%
Queer	17	1%
Another sexual orientation	11	0%
Decline to answer	1,238	37%
Total	3,371	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	27	1%
Asian	46	1%
African American or Black	129	4%
Native Hawaiian or Other Pacific Islander	21	1%
White	2,604	77%
Other	32	1%
Multi-Racial	125	4%

Declined to answer	387	11%
Total	3,371	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	2,661	79%
Central American	6	0%
Puerto Rican	16	0%
South American	4	0%
Other Hispanic or Latino	18	0%
African	81	3%
Asian Indian/South Asian	1	0%
Chinese	15	0%
Eastern European	1	0%
European	66	2%
Filipino	9	0%
Japanese	16	0%
Korean	2	0%
Middle Eastern	7	0%
Multi-Ethnic	183	6%
Other	71	3%
Decline to Answer	214	7%
Total	3,371	**100%**
Language	**Total**	**Percentage**
English	2,666	79%
Spanish	679	20%
Other	3	0%
Declined to answer	23	1%
Total	3,371	**100%**
Veteran Status	**Total**	**Percentage**
Veteran	40	1%
Non-veteran	3,327	99%
Decline to Answer	4	0%
Total	3,371	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
Yes	136	4%
No	2,716	81
Decline to Answer	519	15%
Total	3,371	**100%**
136 individuals Identified with disabilities	**Total**	**Percentage**
Difficulty seeing	3	2.5%
Difficulty Hearing	2	1%
Other communication disability	1	.5%
Mental Domain	86	64%
Physical/Mobility Disability	7	5%
Chronic Health condition	6	4%
Other Disability	2	1%
Declined to specify disability	29	22%
Total Disabilities	136	**100%**

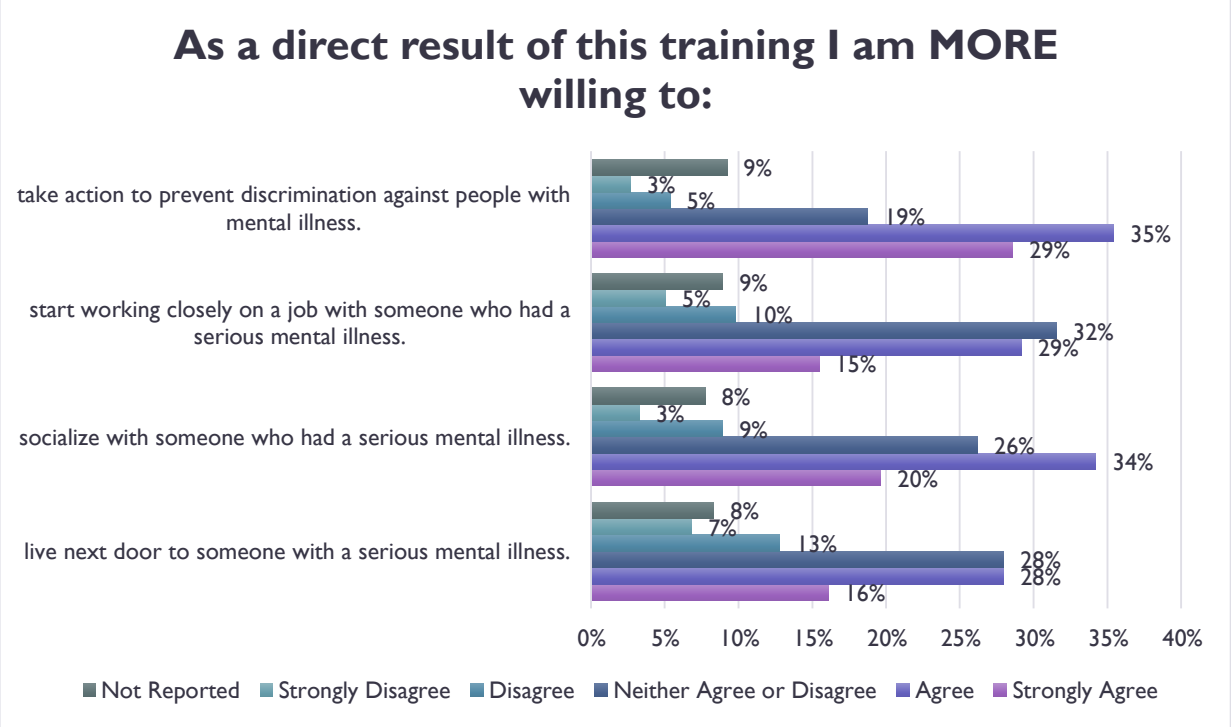
In addition to conducting outreach events, the PET program conducted forty-nine (49) direct contact presentations which consisted of educational groups or trainings. During these presentations an estimated one thousand three hundred sixty-nine (1,369) individuals were in attendance. Five hundred sixty (560) individuals provided their demographic information and three hundred thirty-six (336) completed the Stigma and Discrimination Reduction Program Questionnaire (SDRPQ). Below is the demographic information and questionnaire responses.

Demographic information for Presentations FY 22-23

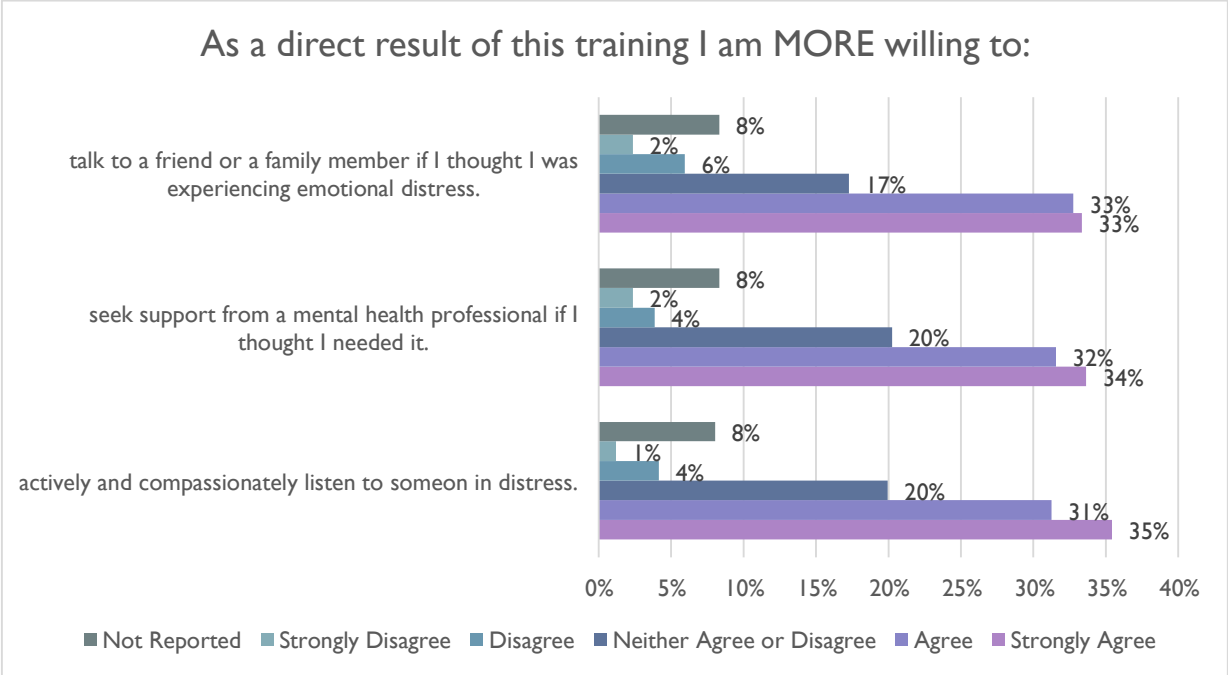
Age Group	Total	Percentage
0-15	135	24%
16-25	262	47%
26-59	149	26%
60+	5	1%
Declined to answer	9	2%
Total	560	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	353	63%
Male	196	35%
Declined to answer	11	2%
Total	560	**100%**
Gender Identity	**Total**	**Percentage**
Female	348	62%
Male	195	35%
Genderqueer/non-binary	4	1%
Questioning or unsure of gender identity	1	0%
Declined to answer	12	2%
Total	560	100%
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	4	1%
Heterosexual/Straight	359	64%
Bisexual	30	5%
Questioning or unsure of sexual orientation	2	0%
Another sexual orientation	4	1%
Decline to answer	161	29%
Total	560	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	20	4%
African American or Black	25	4%
White	272	49%
Other	90	16%
Multi-Racial	45	8%
Declined to answer	108	19%
Total	560	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	455	82%
Central American	1	0%
Puerto Rican	1	0%
South American	1	0%

Other Hispanic or Latino	11	1.5%
African	18	3.5%
Chinese	1	0%
European	2	0%
Multi-Ethnic	18	3.5%
Other	11	1.5%
Decline to Answer	41	8%
Total	560	**100%**
Language	**Total**	**Percentage**
English	367	66%
Spanish	178	32%
Declined to answer	15	2%
Total	560	**100%**
Veteran Status	**Total**	**Percentage**
Non-veteran	553	99%
Decline to Answer	7	1%
Total	560	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
Yes	38	7%
No	473	84%
Decline to Answer	49	9%
Total	560	**100%**
38 individuals Identified with disabilities	**Total**	**Percentage**
Mental Domain	25	**4%**
Physical/Mobility Disability	2	**0%**
Chronic Health condition	1	**0%**
Other Disability	1	**0%**
Declined to specify disability	9	**0%**
Total disabilities	38	**7%**

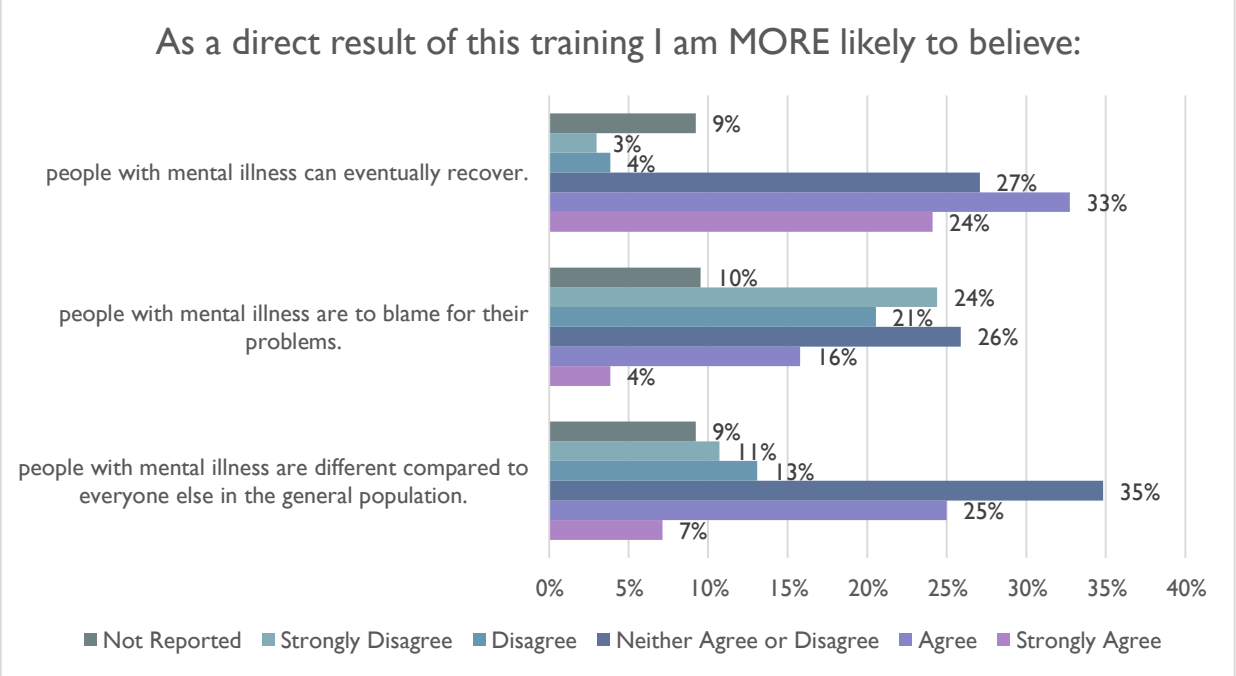
Graph 16: Average Post SDRPQ (Part 1)



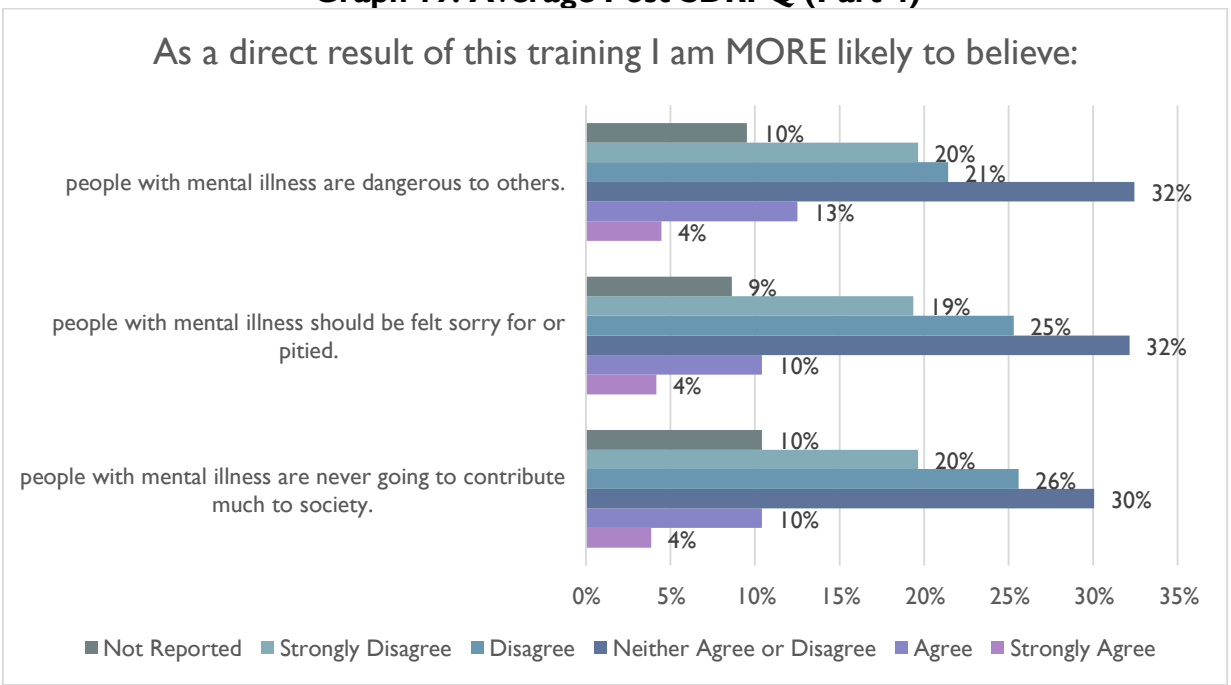
Graph 17: Average Post SDRPQ (Part 2)



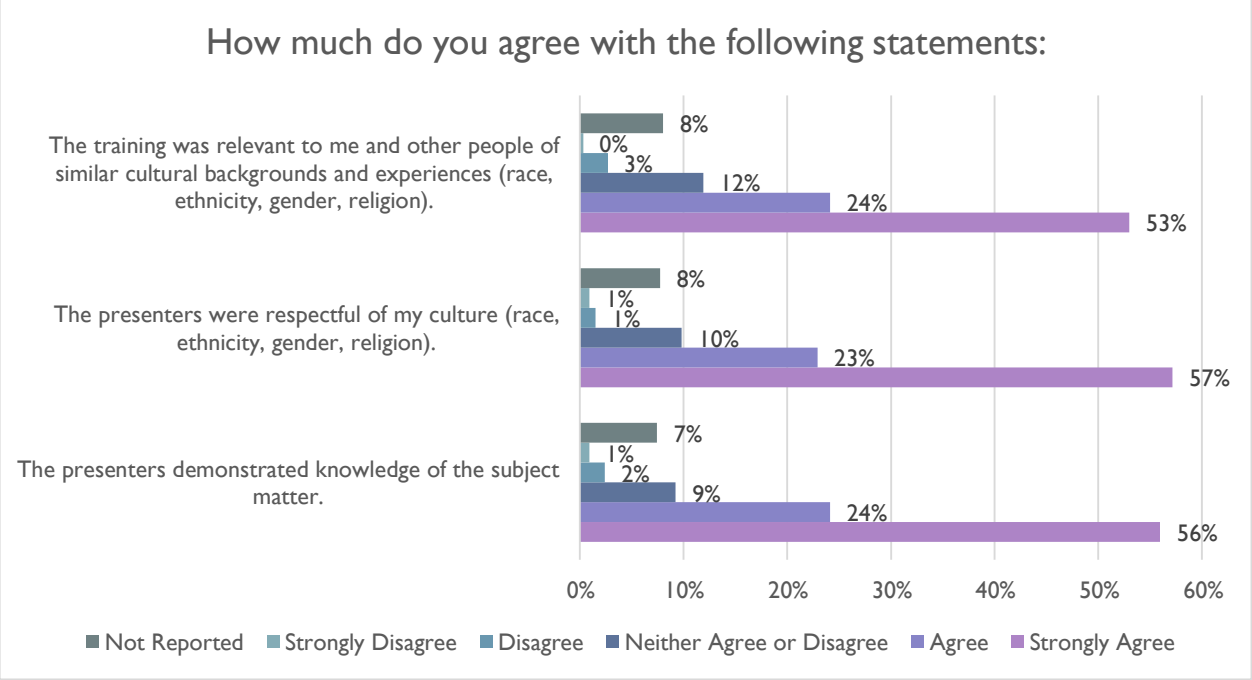
Graph 18: Average Post SDRPQ (Part 3)



Graph 19: Average Post SDRPQ (Part 4)



Graph 20: Average Post SDRPQ (Part 5)



Based on the results from the **SDRPQ** questionnaire (Graphs 16 through 20) providing stigma and discrimination reduction activities to the community via various avenues and venues created a change in how individuals viewed and perceived people who have a mental health illness.

The PET program also conducted three hundred sixteen (316) client engagements surveys at ICBHS outpatient clinics. Seventy-four (74) surveys were collected by the PET Community Service Workers (CSW). Participants who completed the survey provided their demographic information to the PET CSW. Survey responses were overwhelmingly positive, ninety-nine percent (99%) of clients agreed having the presence of PET dogs promoted trust and engagement to treatment.

The table below provides you with survey responses and demographic information:

Did you know there would be a dog at our clinic today?		
Yes	21	28%
No	53	72%
How positive or negative has your experience been in having the dog/s present for today's appointment?		
Mostly positive	52	70%
Somewhat positive	14	19%
Neither negative nor positive	6	8%
Somewhat Negative	0	0%
Mostly Negative	2	3%
Did the presence of the dog/s promote trust and engagement into treatment?		
Yes	73	99%
No	1	1%
How do you feel about there being a dog at our clinic?		
I like that there is a dog	67	91%
I do not care that there is a dog	6	8%
I do not like that there is a dog	1	1%
Do you think you will be more likely to come to your next appointment if you know that you will see the dog again?		
Yes	69	93%
No	5	7%

Demographic SDRPQ FY 22-23

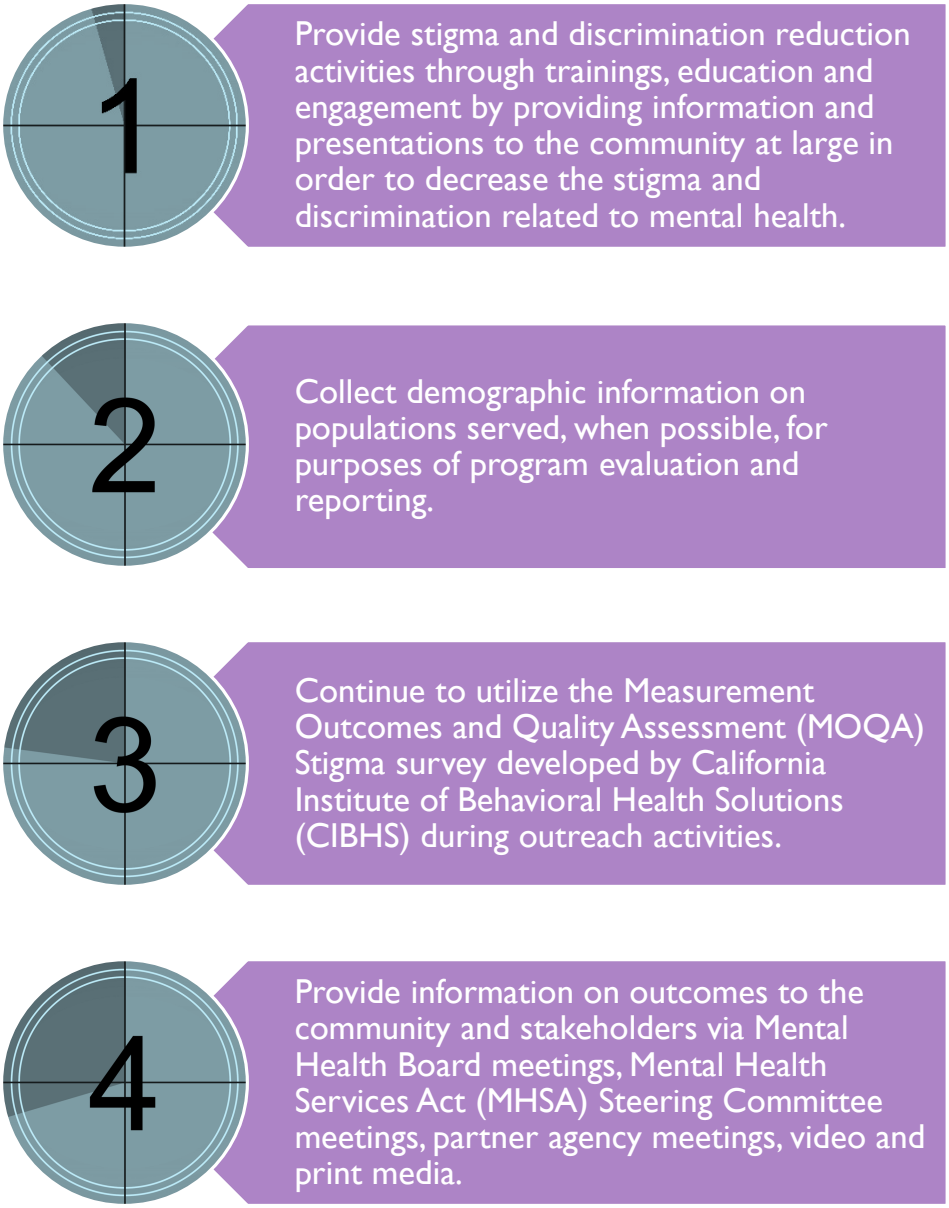
Age Group		
0-15	14	19%
16-25	5	7%
29-59	16	22%
60+	3	3%
Decline to answer	36	49%
Total	74	100%
Sex assigned at birth		
Female	22	29%
Male	16	22%
Decline to answer	36	49%
Total	74	100%
Gender		
Female	20	27%
Male	16	22%
Decline to answer	38	51%
Total	74	100%
Race/ Ethnicity		
Hispanic or Latino	32	43%
White	2	3%
More than one race	2	3%
Other	1	1%
Decline to answer	37	50%
Total	74	100%
Language		
English	59	80%
Spanish	15	20%
Total	74	100%

During FY 22-23, the HSOIC trained a total of the of eleven (11) dogs for the PET program. All eleven (11) dogs actively participated in outreach events, direct presentations and client engagements at all of the ICBHS outpatient clinics. Of the eleven (11) PET dogs, six (6) dogs successfully found their fur-ever home. Below are all of the dogs that were in the PET program; (L to R) top row: Tiny, Roger, Siren and Pepper; (L to R) middle row: Layla, Bolt and Libby; (L to R) bottom row: Ursula, Fluffy, Pongo and Max.

Program Changes for FY 2023-2024 and 2024-2025:

There are no planned changes for PET program for FY 2023-2024 and 2024-2025.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



Reps 4 Vets

Program Description:

On February 7, 2023, Imperial County's Board of Supervisors approved an eighteen (18) month contract with Reps 4 Vets for a total amount of $234,637.05. Once the contract was executed, Reps 4 Vets commenced conducting outreach services with the intent of providing awareness and knowledge of mental health and the effects of untreated mental health issues on individuals, families and communities in an effort to decrease mental health stigma and discrimination. In addition, Reps 4 Vets conducted engagement activities and linkage to mental health services. The target population for Reps 4 Vets are Imperial County Veterans; however, Reps 4 Vets also provides information to all individuals who are seeking information or access to mental health services.

Budget:

For FY 22-23, Reps 4 Vets conducted fifteen (15) outreach events in the community. Nine (9) of these events were resource/information tables and six (6) were presentations. During these fifteen (15) events, one thousand four hundred eighteen (1,418) individuals provided their demographic information out of which one hundred twelve (112) were veterans. The cost per contact was $44 and the cost per event was $4,192 for the Stigma and Discrimination Reduction Program. Below is a list of the agencies and locations Reps 4 Vets visited from March 2023 to June 2023:

Resource Tables	
1	Imperial Valley Mid-Winter Fair
2	Wreaths across America
3	Imperial Market Days
4	Air Show
5	Imperial Valley College
6	4:13 Fitness Center
7	NAV Airfield
8	4:13 Fitness Center - IV Mall
9	Imperial Valley College
Stigma Reduction Presentations	
1	Border Patrol
2	MTC
3	Rotary Club
4	Brawley Fire Department
5	Imperial County Sheriff's Office
6	DOAR

Program Challenges:

One challenge Reps 4 Vets faced was clearly identifying the PEI documentation requirements and data collection process during their outreach events. However, they worked with the ICHBS PEI Analyst to get a Google Docs version of the questionnaire to eliminate human error when capturing the data. Reps 4 Vets also faced a challenge with regards to staffing. The lack of staff increased the workload of remaining staff because the community was constantly requesting presentations from Reps 4 Vets.

Program Demographics:

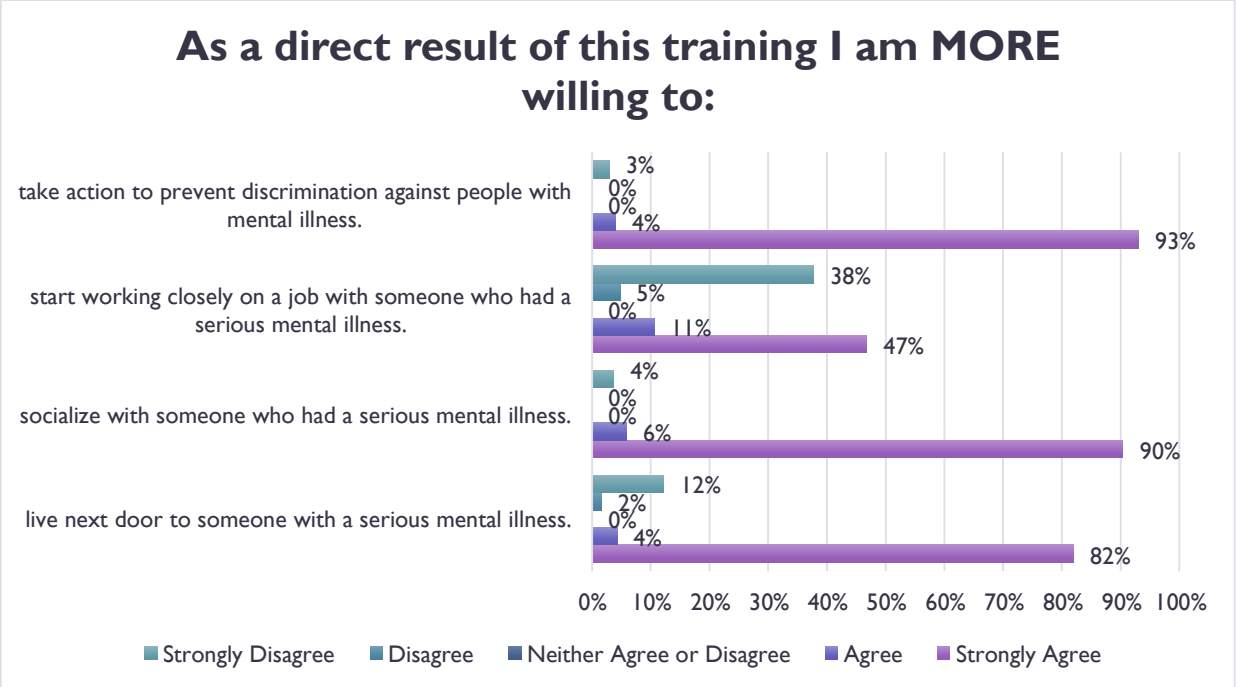
Age Group	Total	Percentage
16-25	387	27%
26-59	891	63%
60+	140	10%
Total	1,418	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	666	47%
Male	752	53%
Total	1,418	**100%**
Gender Identity	**Total**	**Percentage**
Female	660	47%
Male	744	52%
Transgender	2	0%
Another gender identity	12	1%
Total	1,418	**100%**
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	20	1%
Heterosexual/Straight	1,397	99%
Bisexual	1	0%
Total	1,418	**100%**
Race	**Total**	**Percentage**
African American or Black	10	1%
White	222	16%
Other	993	70%
Multi-Racial	120	8%
Declined to answer	73	5%
Total	1,418	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	1,124	80%
Central American	4	0%
Puerto Rican	3	0%
South American	20	1%
Other Hispanic or Latino	6	0%
African	13	1%
Chinese	1	0%
Eastern European	23	2%
European	222	16%

Filipino	1	0%
Middle Eastern	1	0%
Total	1,418	**100%**
Language	**Total**	**Percentage**
English	1,296	91%
Spanish	122	9%
Total	1,418	**100%**
Veteran Status	**Total**	**Percentage**
Veteran	112	8%
Non-veteran	1,306	92%
Total	1,418	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
Decline to Answer	1,418	100%
Total	1,418	**100%**

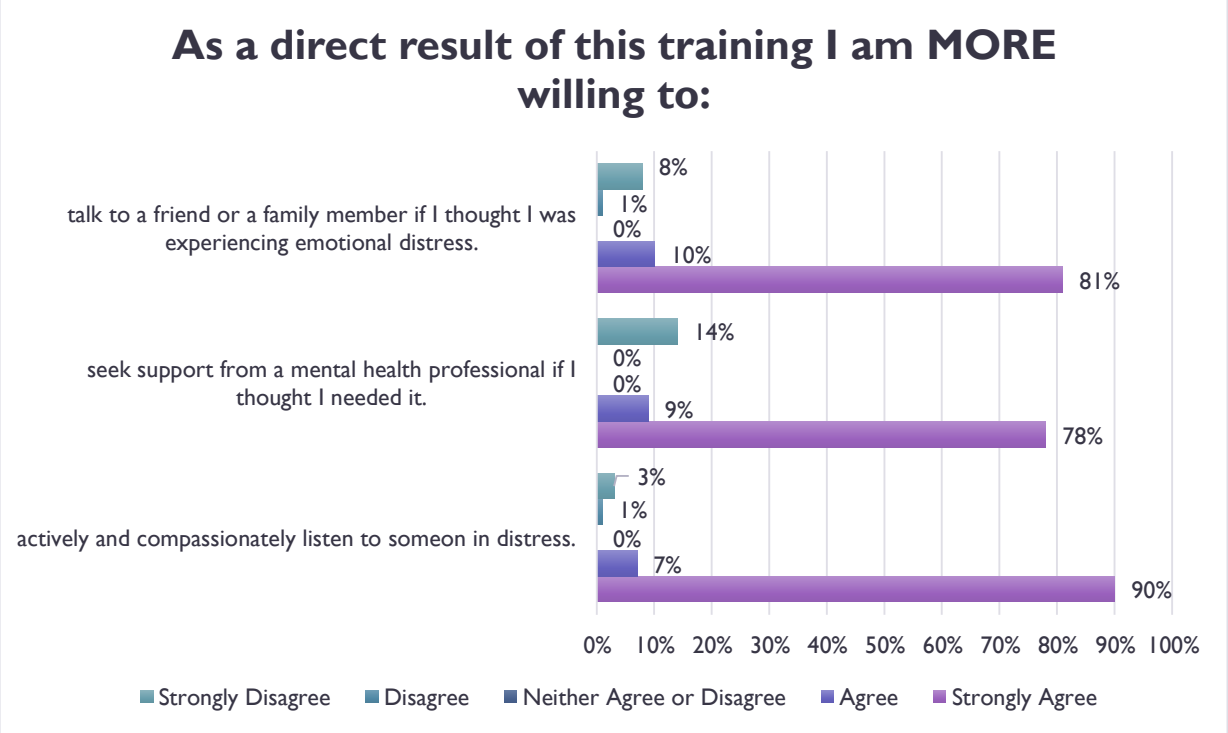
Achievements of Performance Outcomes:

During their outreach events and presentations, Rep-4-Vets collected one hundred eighty-eight (188) Stigma and Discrimination Reduction Program Questionnaire (SDRPQ). Below are the results of the questionnaires:

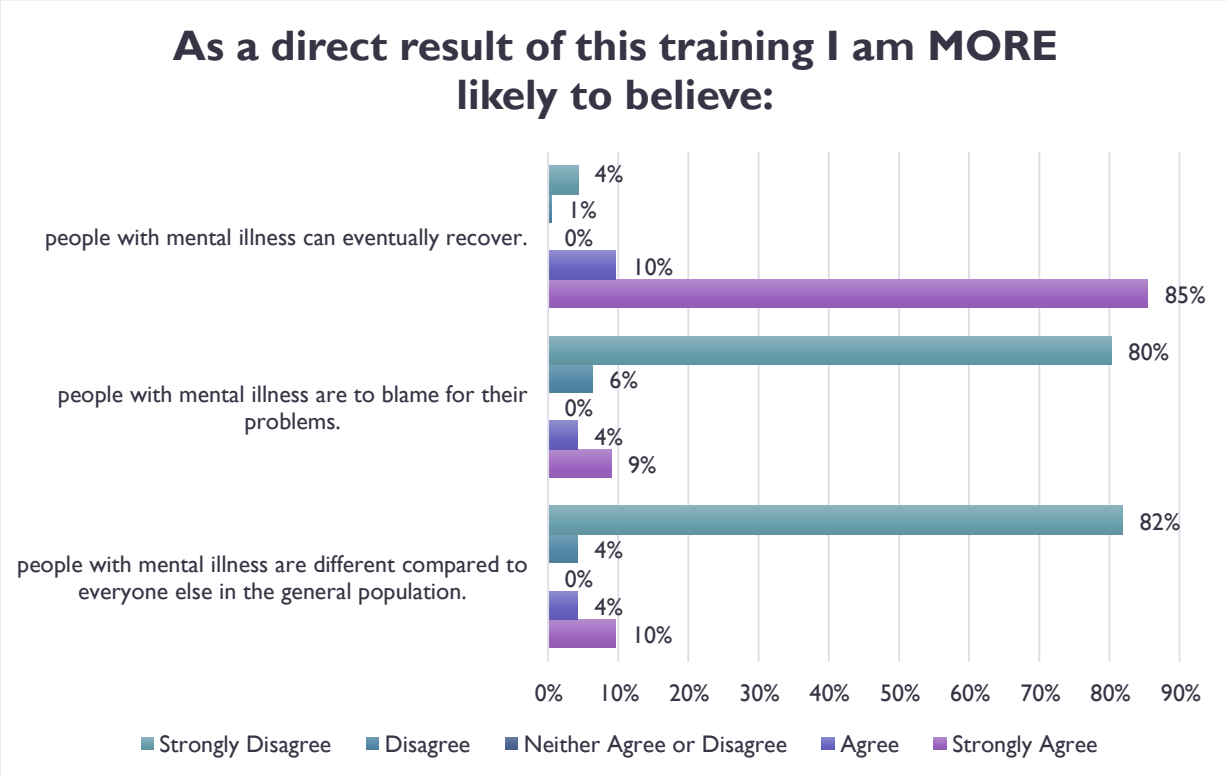
Graph 21: Average Post SDRPQ (Part 1)



Graph 22: Average Post SDRPQ (Part 2)

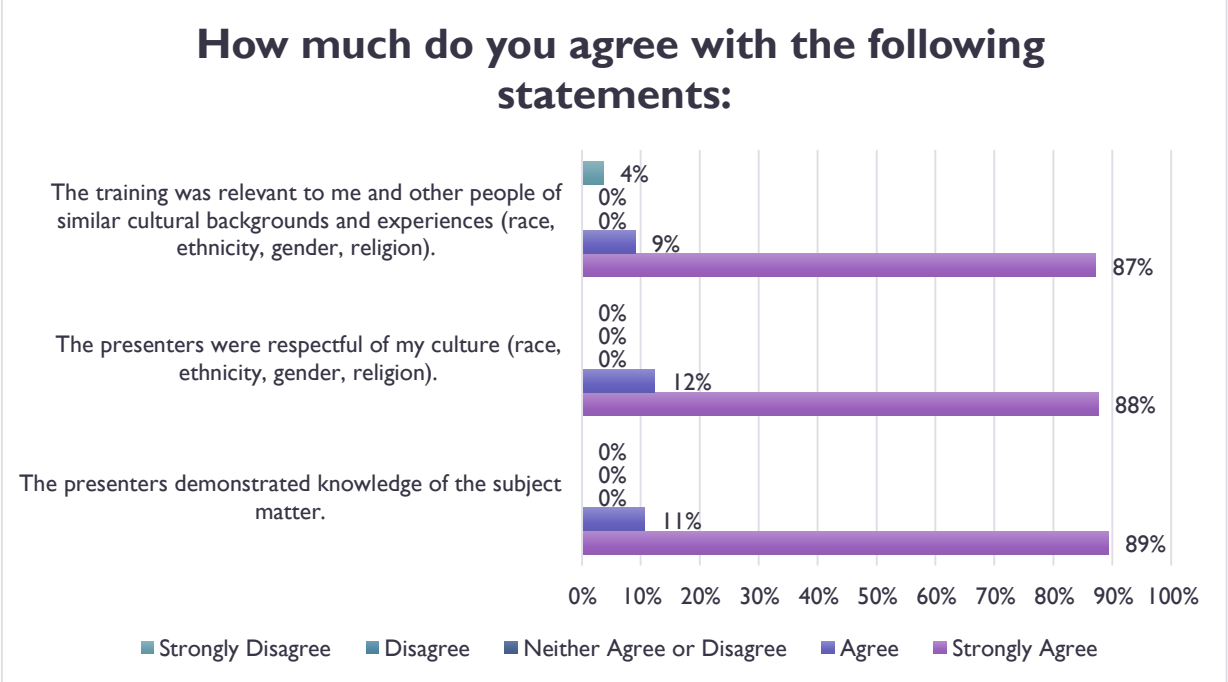


Graph 23: Average Post SDRPQ (Part 3)



Graph 24: Average Post SDRPQ (Part 4)

Graph 25: Average Post SDRPQ (Part 5)

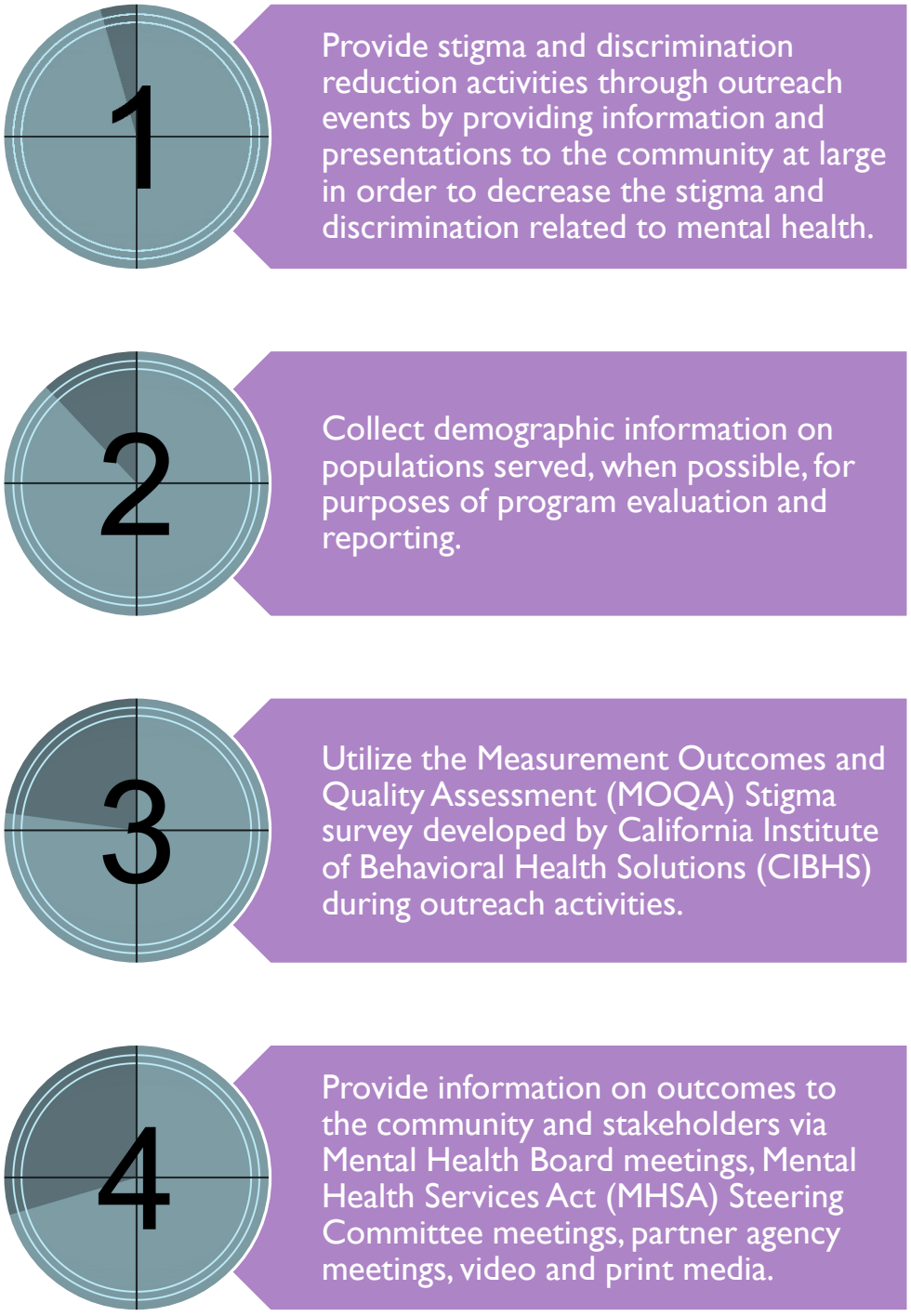


Based on the results from the **SDRPQ** questionnaire (Graphs 16 through 20) providing stigma and discrimination reduction activities to the community created a change in how individuals viewed and perceived people who have a mental health illness. In addition, Reps 4 Vets were successful in linking ten (10) individuals to mental health services.

Program Changes for FY 2023-2024 and 2024-2025:

There are no planned changes for FY 2023-2024 and 2024-2025.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



Outreach for Increasing Recognition of Early Signs of Mental Illness

Program Description:

Imperial County Behavioral Services continues to engage and educate school personnel and caregivers of young children on ways to recognize and respond effectively to early signs of mental illness via *Outreach Services for Increasing Recognition of Early Signs of Mental Illness*. Mental Health Rehabilitation Technicians (MHRTs) assigned to the First Step to Success (FSS) are co-located at several transitional kindergarten (TK) and kindergarten classrooms throughout Imperial County with the goal of educating teachers on identifying young children who may require mental health services. TK/Kindergarten teachers are able to identify early signs of potentially serious mental health issues that if undiagnosed, could lead to negative life outcomes, such as school dropout, incarceration, substance use, and homelessness. FSS MHRTs provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to the parents/legal guardians/caregivers to educate them in identifying early signs of mental health issues in their children and engaging them in seeking services.

Program Challenges:

The *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* program does not have dedicated staff assigned to the program. Instead MHRTs assigned to the FSS programs are allocated a percentage to *Outreach Services for Increasing Recognition of Early Signs of Mental Illness*. The lack of dedicated staff assigned to the program prevents it from increasing services to other members in the community.

Program Demographics / Budget:

The program conducted one-hundred twenty-six (126) outreach activities for increasing recognition of early signs of mental illness in the community and in schools. For FY 22-23 the cost per contact for the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* Program was $187 per contact, this included the cost of MHRTs providing services. Below is the demographic information on the one-hundred eighty (180) individuals who provided their demographic information:

Demographic information for Outreach FY 22-23

Age Group	Total	Percentage
16-25	3	2%
26-59	119	66%
60+	4	2%
Declined to answer	54	30%
Total	180	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	112	62%
Male	16	9%
Declined to answer	52	29%

Total	180	**100%**
Gender Identity	**Total**	**Percentage**
Female	113	63%
Male	15	8%
Transgender	1	1%
Declined to answer	51	28%
Total	180	**100%**
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	1	1%
Heterosexual/Straight	113	63%
Questioning or unsure of sexual orientation	1	1%
Queer	1	1%
Decline to answer	64	34%
Total	180	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	4	2%
African American or Black	2	1%
White	84	47%
Other	29	16%
Multi-Racial	3	2%
Declined to answer	58	32%
Total	180	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	116	64%
Central American	1	1%
South American	1	1%
African	1	1%
Eastern European	2	1%
European	2	1%
Multi-Ethnic	2	1%
Decline to Answer	55	30%
Total	180	**100%**
Language	**Total**	**Percentage**
English	96	53%
Spanish	34	19%
Declined to answer	50	28%
Total	180	**100%**
Veteran Status	**Total**	**Percentage**
Non-veteran	109	61%
Decline to Answer	71	39%
Total	180	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	102	57%
Decline to Answer	78	43%
Total	180	**100%**

Achievements of Performance Outcomes:

For FY 22-23 the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* program conducted one hundred twenty-six (126) outreach services school staff, parents/legal guardians / caregivers and community members. Below is a breakdown of the number of presentations and the number of individuals served.

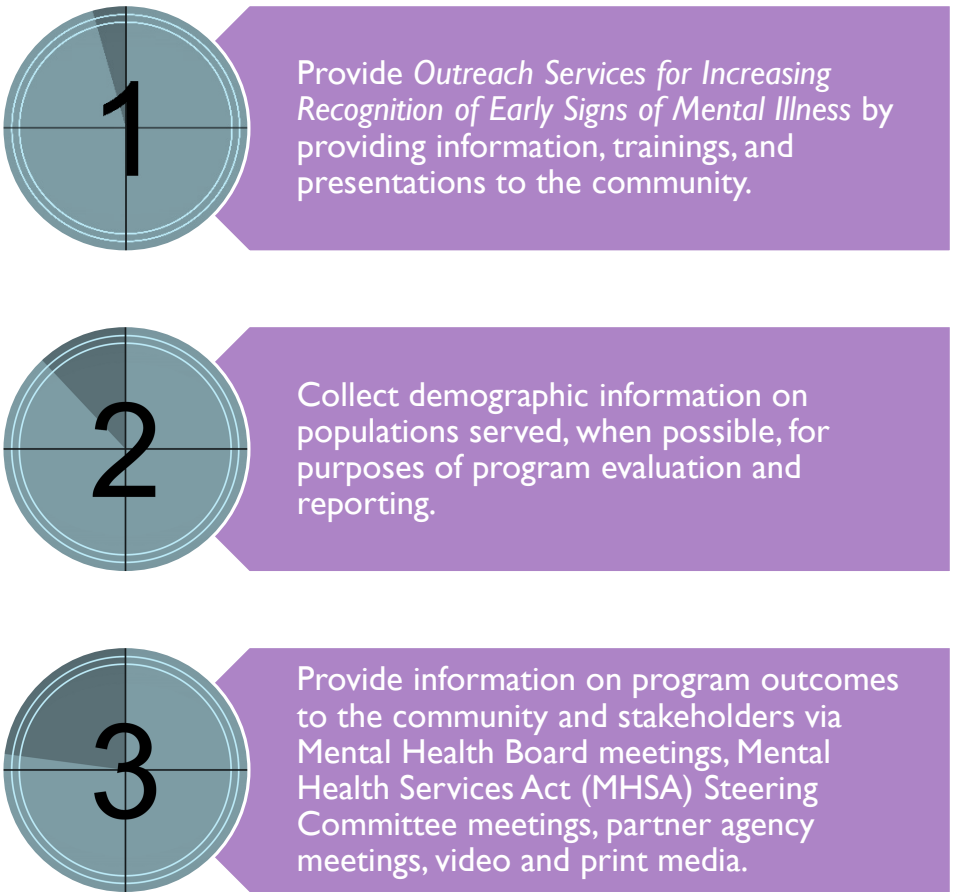
No. of Presentations and No. Served FY 22-23

Program	Location/ Agency	Audience	No. of Presentations
Outreach Services for Increasing Recognition of Early Signs of Mental Illness	Schools	School Staff	90
		Parents	10
	Community	Parents	18
		Community Members	8
		TOTAL	126

Program Changes for FY 2023-2024 and 2024-2025:

There are no planned program changes for FY 2023-2024 and 2024-2025.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



Access and Linkage to Treatment Program

Program Description:

Imperial County Behavioral Services provides *Access and Linkage* services through the Prevention and Early Intervention (PEI) Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and First Step to Success (FSS) programs. Both the TF-CBT and FSS programs connect children/youth and their parents/legal guardian/caregivers to appropriate mental health treatment. All children/youth referred to TF-CBT and/or FSS are screened and assessed by master's levels clinicians for mental health services. Children/youth who meet medical necessity and access criteria are linked to either early intervention services or treatment. All children/youth meet access criteria, however those who do not meet medical necessity are provided prevention services along with their parents/legal guardians/caregivers to prevent the child/youth from developing a mental health issue. In addition, the children/youth who receive prevention services are continuously assessed by their service provider to determine if they require a higher level of services. If so, the service provider links the child/youth and their parents/legal guardians/caregivers to mental health treatment at one of the regionalized outpatient clinics.

Budget:

For FY 22-23 the *Access and Linkage to Treatment* Program provided services to three-hundred fifty-two (352) children/youth. The cost per client for the *Access and Linkage to Treatment* Program was $91 per contact, this includes the cost of clinicians and MHRTs providing services.

Program Challenges:

The *Access and Linkage* program does not have dedicated staff assigned to the program. Instead, staff assigned to the FSS and TF-CBT programs are allocated a percentage to *Access and Linkage*. The lack of not having dedicated staff assigned to the program prevents it from increasing services to other members in the community.

Program Demographics:

Access & Linkage FY 22-23 (Prevention and Early Intervention)

Age Group	Total	Percentage
0-15	350	99%
16-25	2	1%
Total	352	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	144	41%
Male	208	59%
Total	352	**100%**
Gender Identity	**Total**	**Percentage**
Female	144	41%
Male	208	59%

Total	352	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	226	64%
Bisexual	1	0%
Gay or Lesbian	2	1%
Questioning	2	1%
Declined to answer	121	34%
Total	352	**100%**
Race	**Total**	**Percentage**
African American or Black	13	4%
White	330	94%
More than one Race	5	1%
Other	3	1%
Declined to answer	1	0%
Total	352	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	299	85%
Other Hispanic Ethnicity	26	7%
African	10	3%
European	12	3%
More than one ethnicity	3	1%
Declined to answer	2	1%
Total	352	**100%**
Language	**Total**	**Percentage**
English	185	53%
Spanish	167	47%
Total	352	**100%**
Veteran Status	**Total**	**Percentage**
No	352	100%
Total	352	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	299	85%
Difficulty Hearing	2	1%
Chronic Health Condition	1	0%
Mental Domain/Developmental Disabilities	19	5%
Declined to answer	31	9%
Total	352	**100%**

Achievements of Performance Outcomes:

The *Access and Linkage to Treatment* program linked three-hundred fifty-two (352) individuals to mental health prevention, early intervention or treatment services. The Access and Linkage to Treatment Program obtained the following client outcomes for all the clients served during FY 22-23.

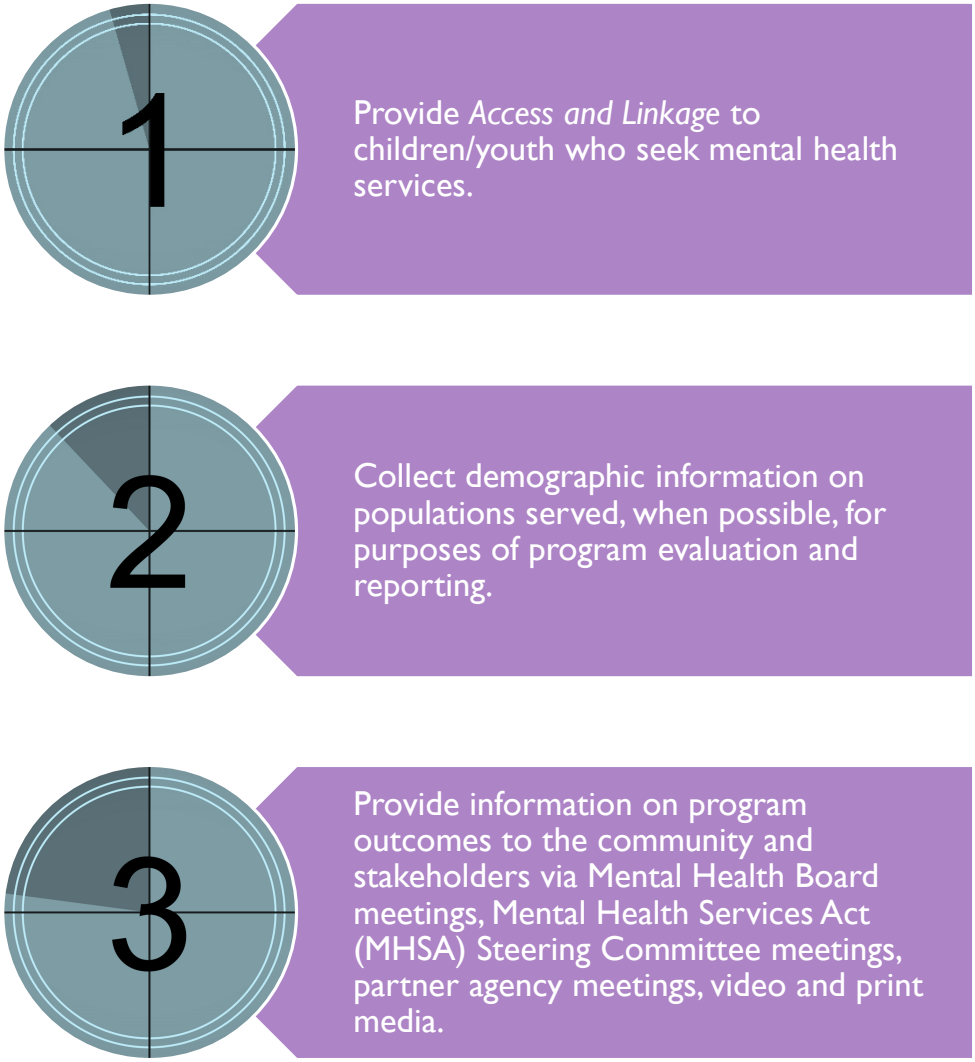
Prevention and Early Intervention FY 22-23

Client Outcomes	Total Number	Percentage
Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.	75	21%
Transferred, averaging within 10 calendar days, to a lower level of care – Prevention Services	11	3%
Transferred, averaging within 10 calendar days, to a higher level of care – Early Intervention Services	36	10%
Transferred, averaging within 10 calendar days, to a higher level of care – Outpatient Treatment Services	43	13%
Declined services either at intake or afterwards, or moved out of county	63	18%
Did not require Prevention Services, referred to community agency: shelter, parenting, primary care, etc.	11	3%
Actively being served as of June 30, 2022	113	32%
Total	**352**	**100%**

Program Changes for FY 2023-2024 and 2024-2025:

There are no planned program changes for FY 2023-2024 and 2024-2025.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



Early Intervention Program

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

Program Description:

ICBHS continues to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program. The TF-CBT program meets *all of the priority PEI populations* and has been implemented as a strategy to reduce *all seven (7) of the negative outcomes* associated with traumatic experiences, such as school failure/dropout and prolonged suffering from becoming severe and disabling. The TF-CBT program also meets four (4) of the priority areas established by SB 1004, *as a childhood trauma prevention program, provides referrals for early psychosis and mood disorders detection, early identification of mental health symptoms and disorders* and all prevention services are *culturally competent and linguistically appropriate.* TF-CBT assists children/youth, ages four (4) through eighteen (18), to overcome the negative effects of a traumatic life event, such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to natural disasters (earthquakes), terrorist attacks, trauma from war, and/or cyber bullying. The goal of this program is to provide early intervention services to prevent the development of serious mental illness or serious emotional disturbance, or to alleviate the need for additional/higher level mental health treatment. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment. All services provided by TF-CBT are mobile and conducted out in the community to serve the unserved and/or underserved populations in Imperial County. Services are provided in English and Spanish in non-threatening settings that provide a safe environment for children/youth and their families.

Budget:

For FY 22-23, TF-CBT provided services to one-hundred-one (101) children/youth and approximately to one-hundred twenty-six (126) parents/legal guardians/caregivers at a cost of $2,202 per child/youth and parent/legal guardian/caregiver. This total includes costs for implementation of the model by master's level clinicians; as well as, linkage and referral services to the child/youth and their parents/legal guardians/caregivers.

Program Challenges:

TFCBT continues to have challenges in hiring new staff to fill current open positions. Due to staff shortage, the number of clients admitted to the program has been limited. For FY 2022-2023, the program had 3.75 full-time equivalent (FTE) clinicians. ICBHS is continuously recruiting to hire additional clinical mental health staff to ensure the needs of the community are met.

TF-CBT continues to obtain outcome measurement tools. Data from the outcome tools is gathered and entered into the department's electronic health record (EHR) MyAVATAR. However, MyAVATAR is unable to generate a report to provide statistical information on PRE and POST data sets. Currently, information is manually extrapolated from MyAVATAR and is entered into a log to calculate PRE and POST data sets. In February 2023, ICBHS was the first small county in the State to pilot a new EHR, SmartCare replacing AVATAR. It is hoped the new EHR will provide data on client outcomes.

Program Demographics:

Demographic information for TF-CBT – Early Intervention FY 22-23

Age Group	Total	Percentage
0-15	100	99%
16-25	1	1%
Total	101	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	55	54%
Male	46	46%
Total	101	**100%**
Gender Identity	**Total**	**Percentage**
Female	55	54%
Male	46	46%
Total	101	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	73	72%
Bisexual	1	1%
Gay	1	1%
Declined to answer	26	26%
Total	101	**100%**
Race	**Total**	**Percentage**
African American or Black	3	3%
White	96	95%
More than one Race	2	2%
Total	101	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	83	82%
Other Hispanic Ethnicity	11	11%
African	1	1%
European	4	4%
More than one ethnicity	2	2%
Total	101	**100%**
Language	**Total**	**Percentage**
English	58	57%
Spanish	43	43%
Total	101	**100%**
Veteran Status	**Total**	**Percentage**
No	101	100%
Total	101	**100%**

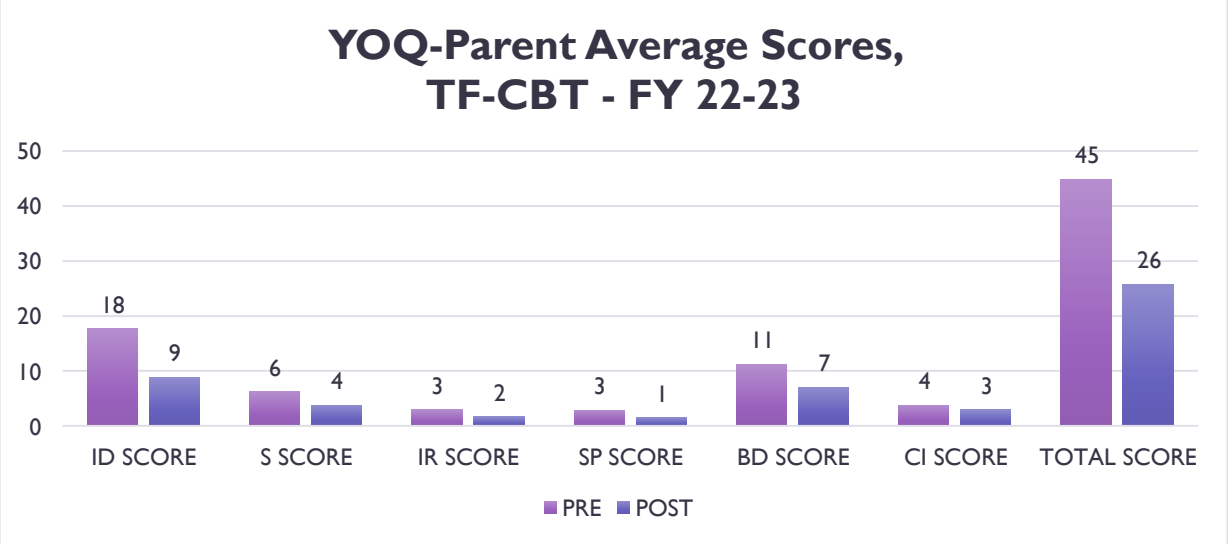
Identifies with any Disability or Special Needs	Total	Percentage
No Disabilities	92	91%
Difficulty Hearing	1	1%
Chronic Health Condition	1	1%
Mental Domain/Developmental Disabilities	2	2%
Declined to answer	5	5%
Total	101	**100%**

Achievement of Performance Outcomes:

The Trauma Focused Cognitive Behavioral Therapy (TF-CBT) early intervention programs utilizes the following performance outcome measurement tools: Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA PTSD-RI-SR), and UCLA Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI). In addition, the program also utilizes the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35). The following Graphs illustrate the pre and post results for individuals accessing the program.

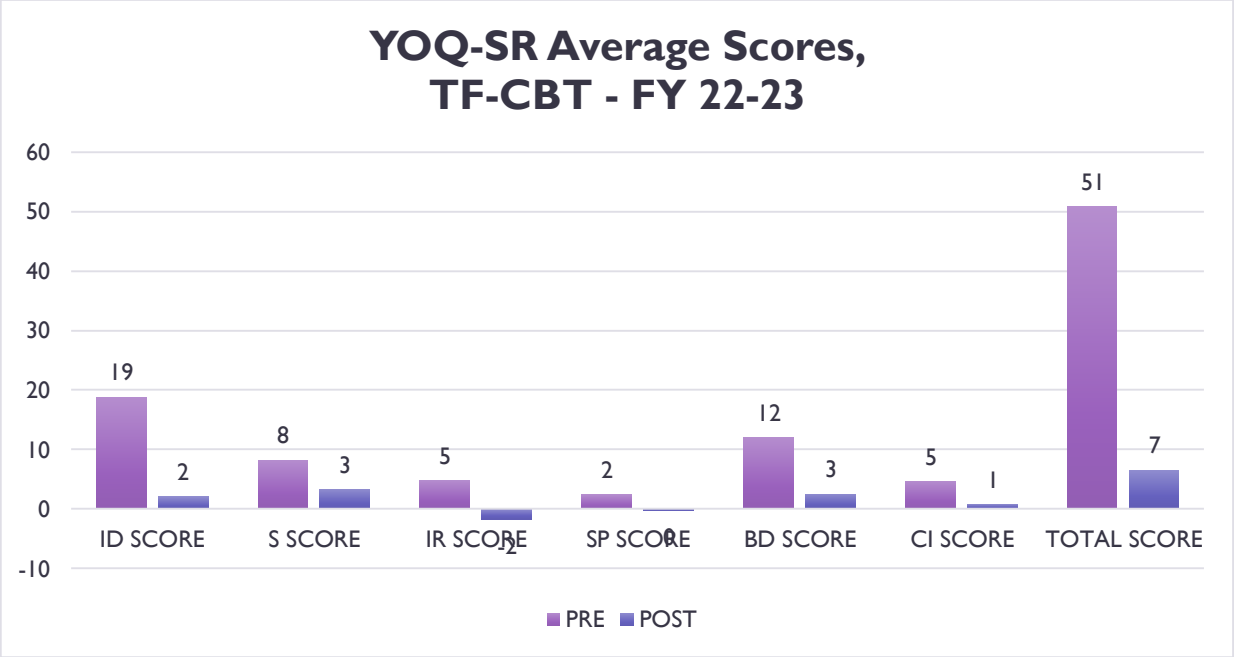
The YOQ tool assesses the parent/guardian/caregiver's perception in several areas of the child's mental health functioning. The YOQ measures the following areas: interpersonal distress (ID); somatic (S) distress; interpersonal relationships (IR); critical items (CI) (paranoid ideation and suicide ideation); social problems (SP); and behavioral dysfunction (BD). As seen in Graph 26 there was a post score reduction in all areas.

Graph 26: Average outcomes on Pre and Post YOQ



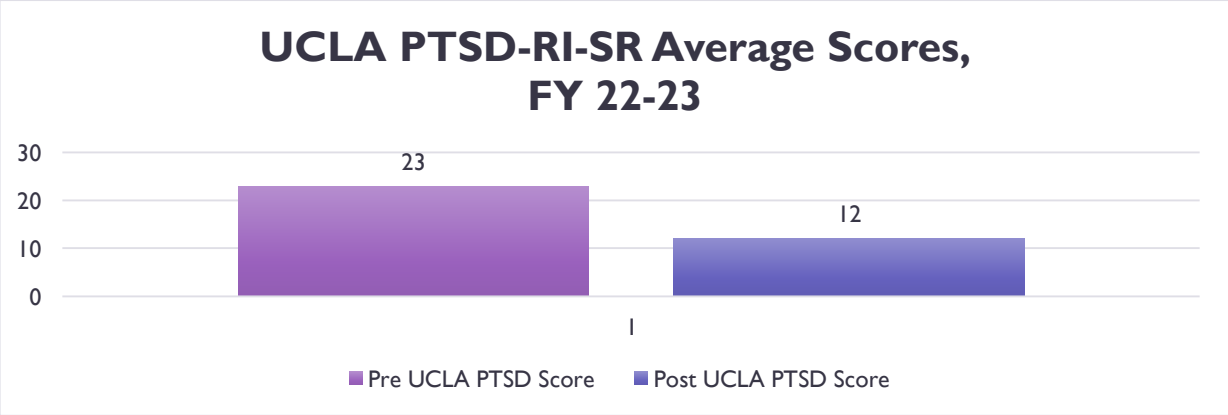
The YOQ-SR is a self-reporting tool completed by the child/youth and measures changes in functioning. The YOQ-SR measures the following areas of the child/youth: interpersonal distress (ID); somatic distress (S); interpersonal relationships (IR); critical items (CI) (paranoid ideation and suicide ideation); social problems (SP); and behavioral dysfunction (BD). As illustrated in Graph 27 there were post score reductions in all areas.

Graph 27: Average outcomes on Pre and Post YOQ-SR



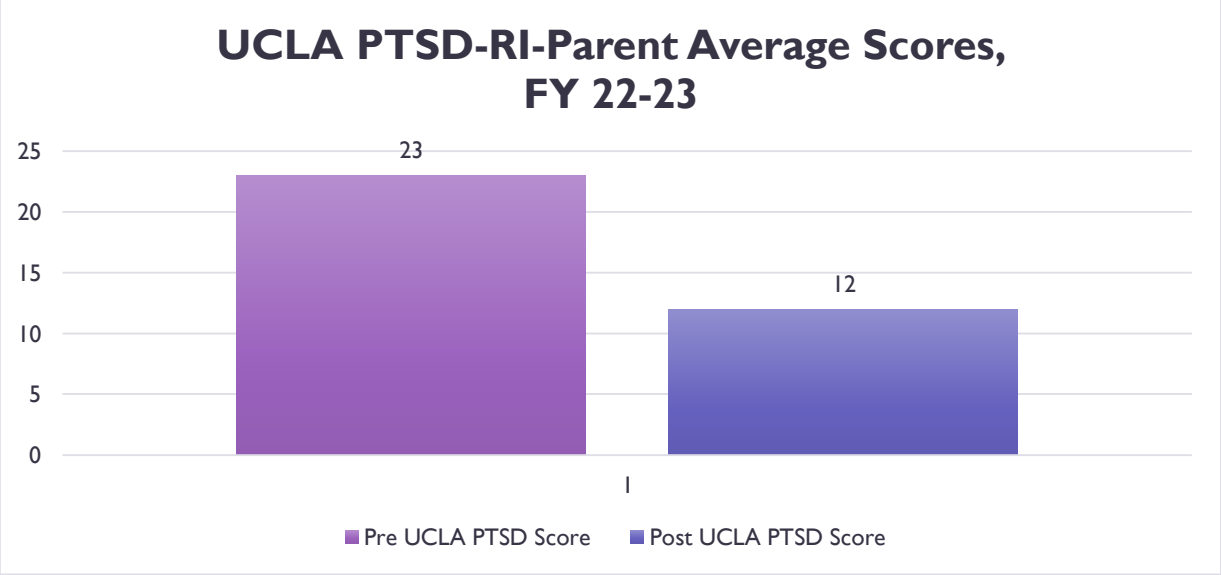
The UCLA PTSD is a self-measuring tool completed by the child/youth and it measures symptoms and frequency of symptoms associated with Post-Traumatic Stress Disorder (PTSD). Graph 28 illustrates that there was a reduction of symptoms and frequency of symptoms associated with PTSD when children/youth were provided with TF-CBT as an early intervention.

Graph 28: Average outcomes on Pre and Post UCLA PTSD-SR



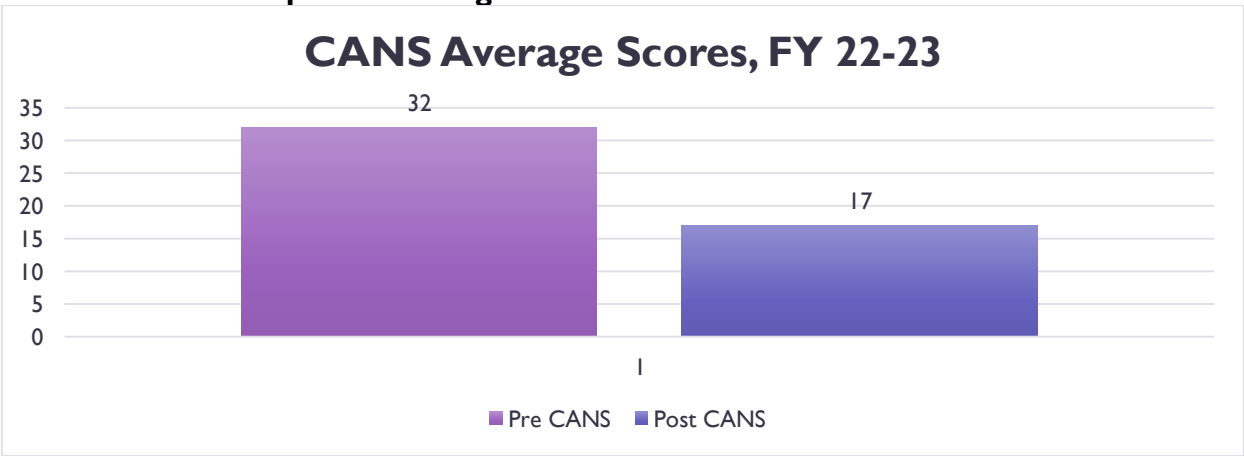
The UCLA PTSD-RI tool measures symptoms and frequency of symptoms associated with PTSD as reported by the parent/legal guardian/caregiver. Post-UCLA PTSD-RI scores (Graph 29) indicate a reduction in all symptoms measured by this tool.

Graph 29: Average outcomes on Pre and Post UCLA PTSD Parent



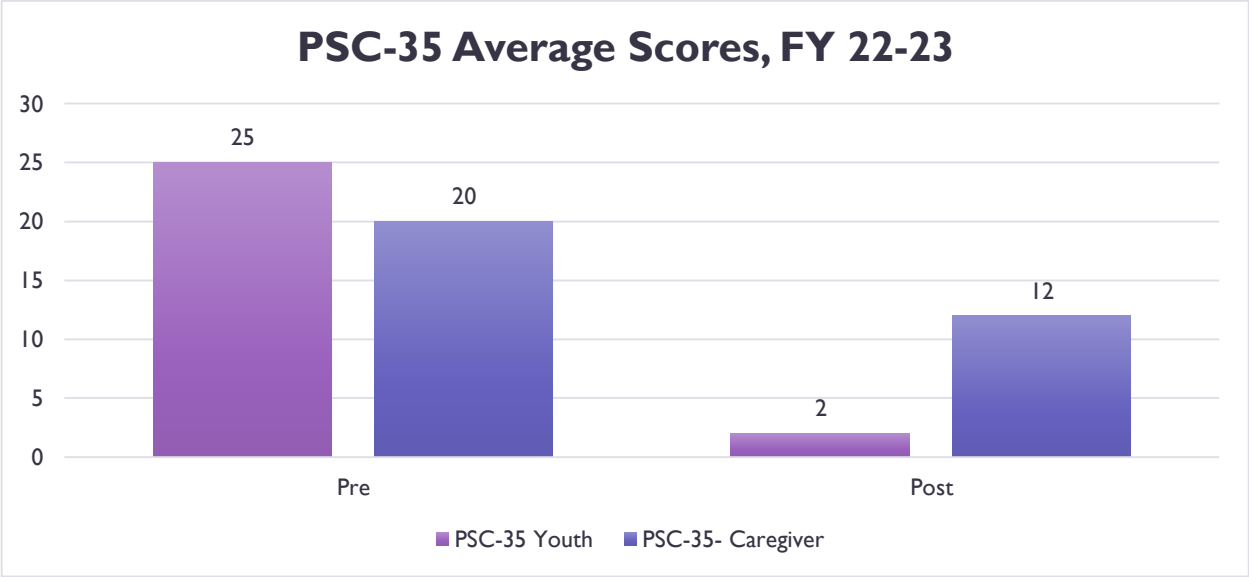
The CANS is multi-purpose assessment tool developed to assess well-being of the child/youth, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of children/youth, providers and systems. A higher score indicates a higher level of needs and lower strengths. Lower scores indicate the best possible functioning in all areas "no needs" and significant strengths.

Graph 30: Average outcomes on Pre and Post CANS



The PSC-35 is a psychosocial screening designed to facilitate the recognition of cognitive, emotional and behavioral problems so that appropriate intentions can be initiated as early as possible. The clinical cutoff score for children/youth ages 6 through 16 is 28 and the cutoff score for children 3 through 5 is 24. High scores indicate psychological impairments and the need for further assessment.

Graph 31: Average outcomes on Pre and Post

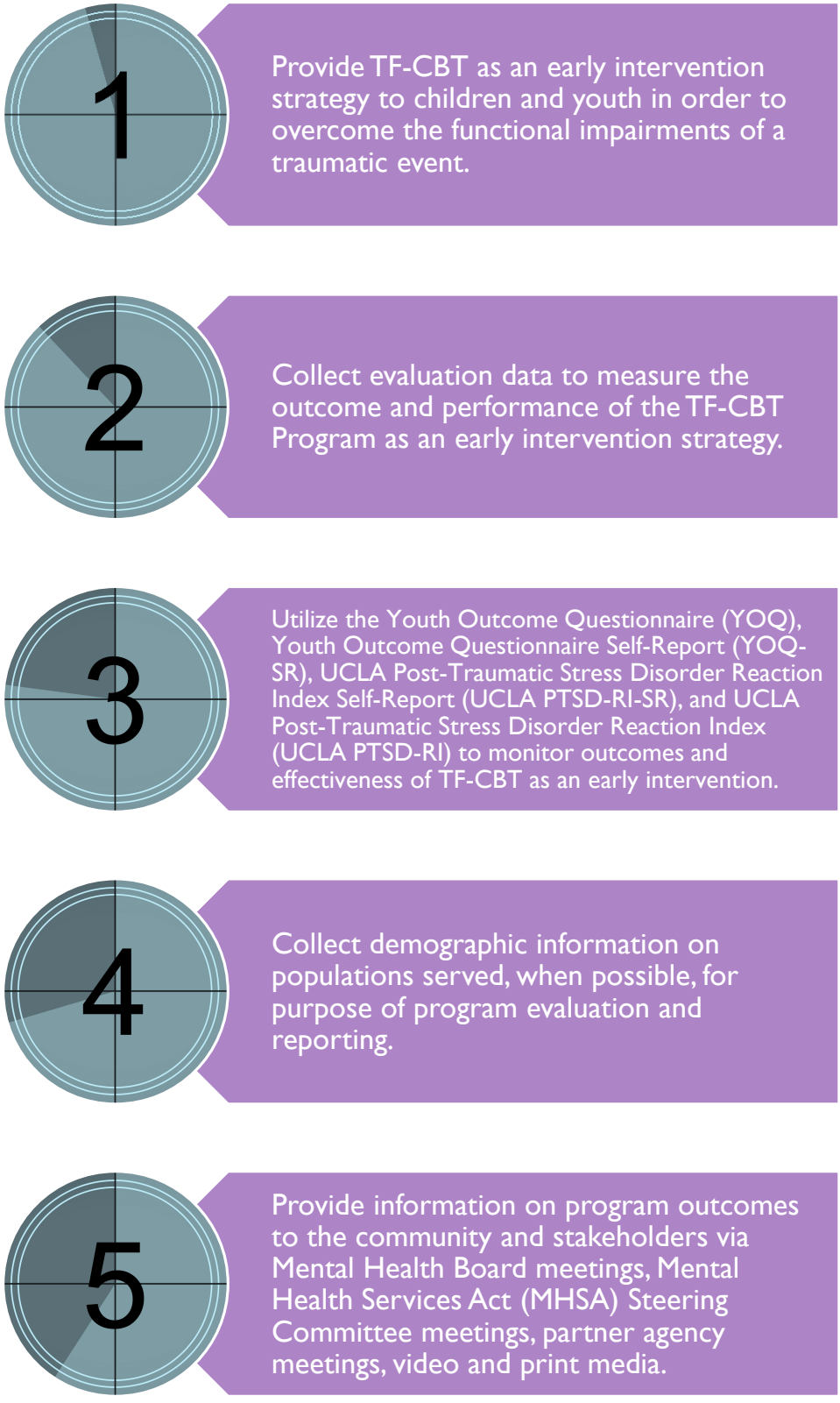


Graphs 26 to 31 continue to prove that providing TF-CBT as an early intervention program is effective in improving the mental health and overall functioning of children/youth exposed to trauma. This is evidenced by a decrease in scores in the YOQ, YOQ-SR, UCLA-PTSD-RI, UCLA PTSD-RI-SR, CANS and the PSC-35. Therefore, based on the outcomes presented PEI TF-CBT continues to show to have a positive impact in the lives of children and youth in our community.

Program Changes for FY 2023-2024 and 2024-2025:

On July 1st, 2023, TF-CBT developed a new tool to obtain client-based performance outcomes. Data will be collected during FY 23-24 and will be presented on the FY 24-25 Annual PEI Report.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:



First Step to Success (FSS)

Program Description:

FSS is a positive reinforcement program designed to assist children in developing pro-social skills that assists towards being successful at school and home. Mental Health Rehabilitation Technicians (MHRTs) provide clients with interventions at their schools. They also provide interventions to the parent/legal guardian/caregiver of the identified client. The MHRT works with the parent one-hour (1) per week for twelve (12) weeks using a promising practice parenting model: Parents Reach Achieve and Excel through Empowerment Strategies (PRAXES). Through PRAXES parents/legal guardians/caregivers develop and implement skills on how to support and enhance their child in their home and school success.

Budget:

For FY 22-23, the FSS Program provided services to one-hundred eight (108) children and approximately one-hundred thirty-five (135) parents/legal guardians/caregivers at a cost of $2,439 per child and parent/legal guardian/caregiver. The costs include the salaries of four (4) full-time MHRTs who worked closely with school staff daily, providing interventions to children in a school setting; and providing collateral services as well as linkage and referral services to parents/legal guardians/caregivers.

Program Challenges:

The FSS program continues to encounter challenges in hiring additional staff. As a result of staff shortages, the number of clients admitted to the program and classrooms served has been limited. In addition, the FSS MHRTs also assisted other programs (Vista Sands and Middle School) and outpatient clinics for coverage. For FY 22-23, the program had four (4) full-time equivalent (FTE) FSS MHRTs. It is hoped that by FY 23-24 and FY 24-25, the program will be fully staffed with seven (7) FTE FSS MHRTs (shared with Early Intervention FSS).

FSS also obtains data from outcome measurement tools. Data from these outcome tools is gathered and entered into the department's electronic health record (EHR) MyAVATAR. However, MyAVATAR is unable to generate a report to provide statistical information on PRE and POST data sets. Currently, information is manually extrapolated from MyAVATAR and is entered into a log to calculate PRE and POST data sets. In February 2023, ICBHS was the first small county in the State to pilot a new EHR, SmartCare replacing AVATAR. It is hoped the new EHR will provide data on client outcomes.

Program Demographics:

Demographic information for FSS – Early Intervention FY 22-23

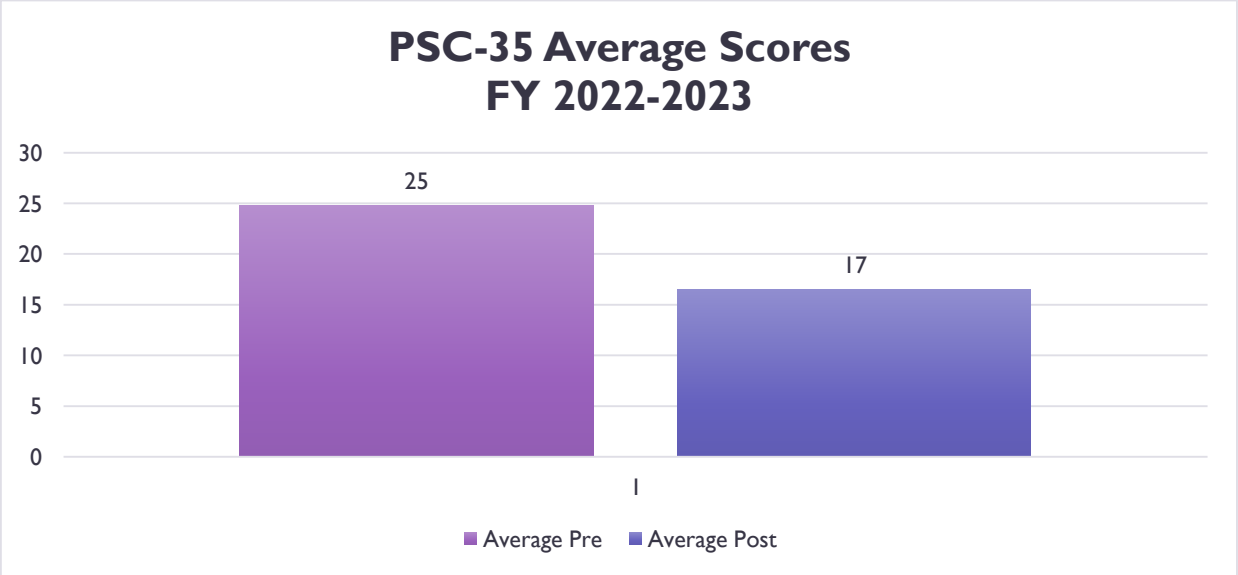
Age Group	Total	Percentage
0-15	108	100%
Total	108	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	28	26%
Male	80	74%
Total	108	**100%**
Gender Identity	**Total**	**Percentage**
Female	28	26%
Male	80	74%
Total	108	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual	72	67%
Declined to answer	36	33%
Total	108	**100%**
Race	**Total**	**Percentage**
African American or Black	5	5%
White	99	92%
More than one Race	1	1%
Other	3	2%
Total	108	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	89	82%
Other Hispanic Ethnicity	10	9%
African	4	4%
European	4	4%
Declined to answer	1	1%
Total	108	**100%**
Language	**Total**	**Percentage**
English	52	48%
Spanish	56	52%
Total	108	**100%**
Veteran Status	**Total**	**Percentage**
No	108	100%
Total	108	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	89	82%
Mental Domain/Developmental Disabilities	9	8%
Declined to answer	10	10%
Total	108	**100%**

Achievement of Performance Outcomes:

Graphs 32 through 34 illustrate the outcomes of FSS based on scores obtained from the three performance outcome measurement tools.

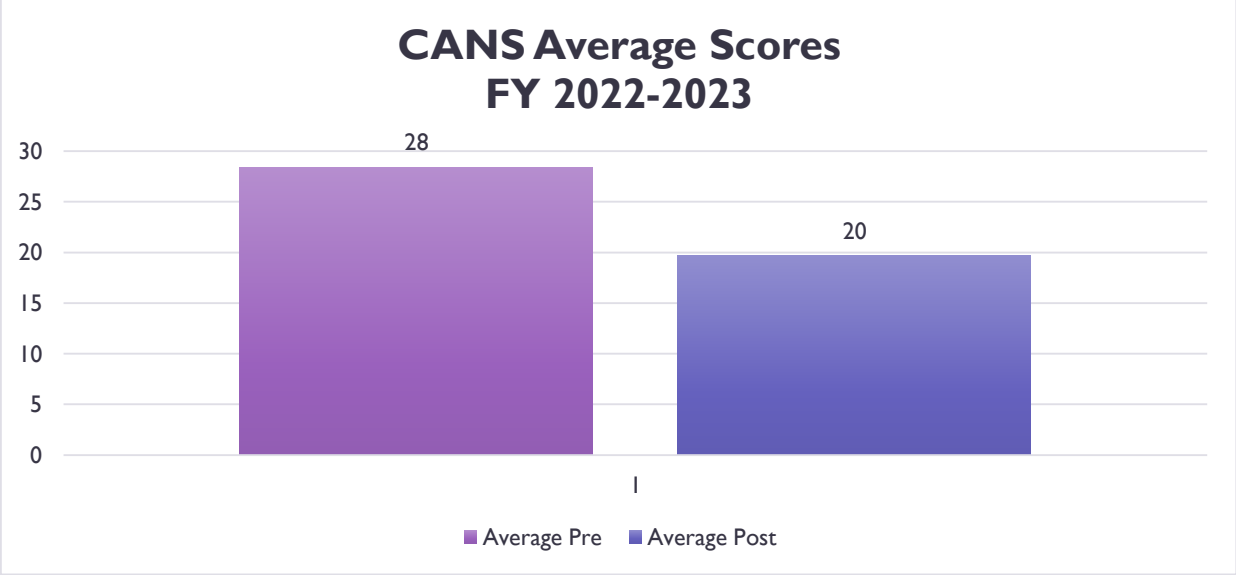
The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool completed by parents/legal guardians/caregivers. It is designed to facilitate the recognition of cognitive, emotional, and behavioral problems at the earliest signs and the appropriate interventions that can be initiated to deter identified concerns and issues. Graph 32 shows that post PSC-35 scores decreased when compared to pre-PSC-35 scores, which indicates improvement upon completion of the program.

Graph 32: Average outcomes on Pre and Post PSC-35



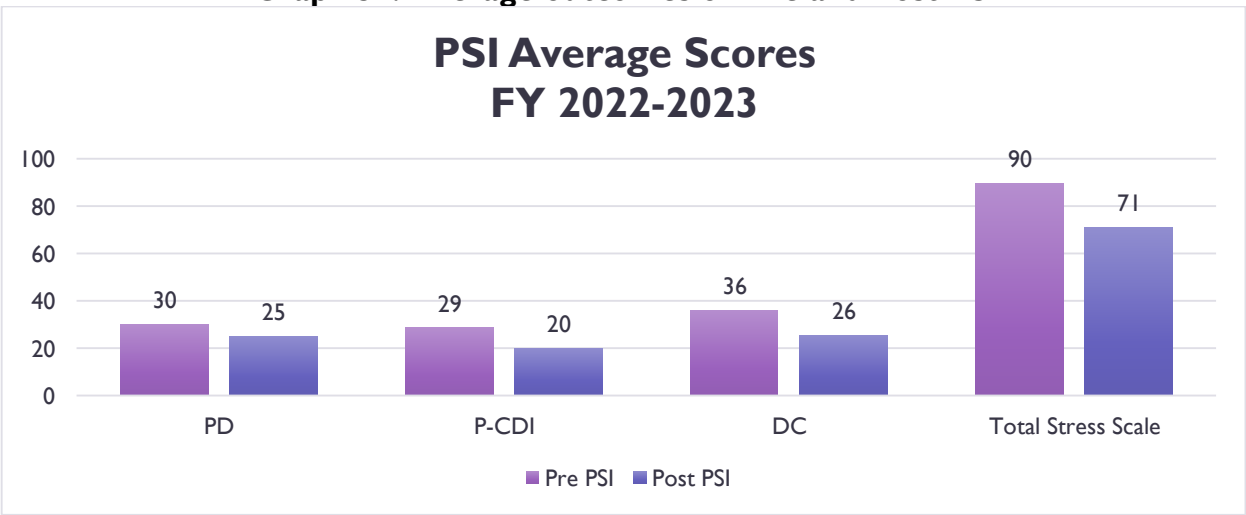
The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose assessment tool developed to assess the well-being of children/youth ages 6 to 20. The CANS gathers information on the child/youth's and parents/legal guardian/caregivers needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. The CANS is used to decide which of a child/youth's needs are the most important to address in treatment or service planning. As illustrated in Graph 33, CANS scores decreased for participants who completed the program as the needs that required helped and/or intervention were addressed by the program.

Graph 33: Average outcomes on Pre and Post CANS



The FSS program collected information on the effectiveness of the PRAXES parenting model which is provided to client's parents/legal guardians/caregivers within the program. The Parental Stress Index (PSI) is administered to parents/legal guardians/caregivers in the first session and during the last session of PRAXES. The PSI evaluates the level of stress in the parent–child system and measure the domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI) and the Difficult Child (DC), which combine to form a total stress scale. This tool focuses on three major domains of stress: child characteristics, parent characteristics and situation/demographic life stress. Graph 34 shows all domains measured by the PSI decreased upon completion of PRAXES. The total stress scale also decreased from 90 to 71.

Graph 34: Average outcomes on Pre and Post PSI

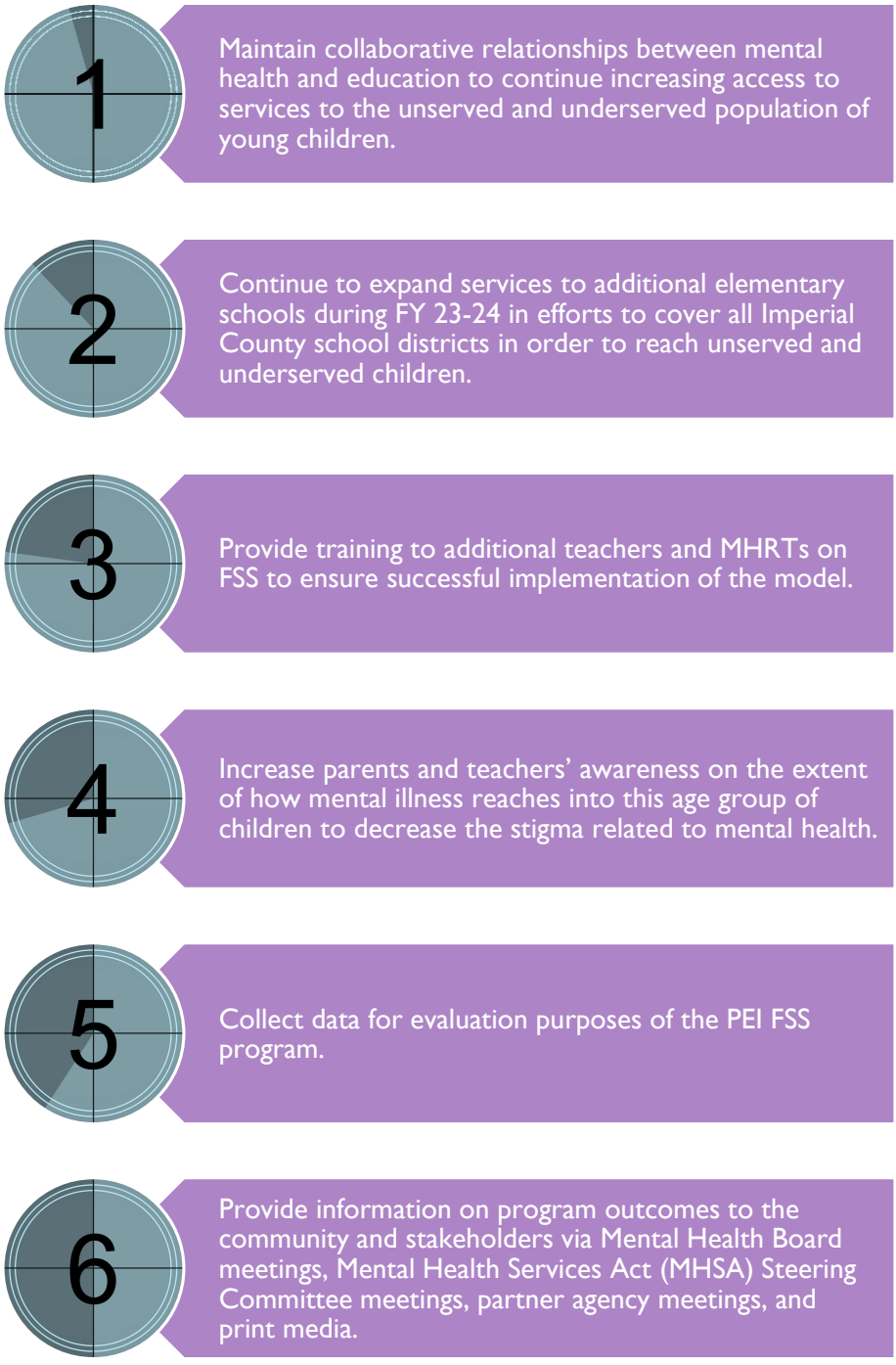


Based on the outcome data obtained from outcome measurement tools, the FSS program continues to show to be effective as an early intervention program based on the decrease in the overall total scores of the post PSC-35, CANS and PSI.

Program Changes for FY 2023-2024 and 2024-2025:

On July 1st, 2023, FSS developed a new tool to obtain client-based performance outcomes. Data will be collected during FY 23-24 and will be presented on the FY 24-25 Annual PEI Report.

Program Goals and Objectives for FY 2023-2024 and 2024-2025:




Annual
Innovation
Project
Reports
IMPERIAL COUNTY
CALIFORNIA

Annual Innovation Project Report(s):

- Holistic Outreach Prevention and Early Intervention Project

Holistic Outreach Prevention & Engagement Project Second Annual Report

Introduction

"Guérir quelquefois, soulager souvent, consoler toujours."

<Cure sometimes, relieve often, console always.>

-The physician's duty according to Ambrose Paré (1510-1590), possibly older[2]

For centuries those tasked with healing the sick have recognized that a true cure is a rare thing, and in the absence of a cure, it was once thought best to administer a harmless "placebo" that might at least provide some relief or consolation. In 1955, Harvard physician Henry Beecher published *The Powerful Placebo*,[3] a much-cited paper which questioned the efficacy of a number of medications and suggested that their therapeutic effect was attributable to "the placebo effect," essentially the patient's belief that their ailment was being treated. Since then other researchers have reexamined Beecher's work[4] and determined that his examples do not actually demonstrate the placebo effect but are instances of other phenomena, such as regression to the mean or spontaneous improvement. In either case, the lesson is the same: even seemingly straightforward data can be misleading.

In order to help practitioners in the diagnosis and treatment of cancers, research is undertaken to determine when in a person's life cancer is most likely to develop. A large sample of patients with Hodgkin's lymphoma yields an average age of diagnosis of 39,[5] but in fact people at this age are relatively unlikely to be diagnosed with Hodgkin's lymphoma. What the single average of the entire group obscures is that there are multiple modes to the distribution of age at diagnosis of

[2] Barrowman, N. (2016). The Myth of the Placebo Effect. The New Atlantis, 48, 46–59. http://www.jstor.org/stable/43766982

[3] Beecher, H.K., The Powerful Placebo, Journal of the American Medical Association, Vol.159, No.17, (24 December 1955).

[4] Kienle GS, Kiene H (December 1997). "The powerful placebo effect: fact or fiction?". Journal of Clinical Epidemiology. 50 (12): 1311–8. doi:10.1016/s0895-4356(97)00203-5. PMID 9449934.

[5] Shanbhag S, Ambinder RF. Hodgkin lymphoma: A review and update on recent progress. CA Cancer J Clin. 2018;68(2):116-132.

Hodgkin's lymphoma, with peaks in early adulthood and after age 65; the combination of those two local maxima gives the impression of a peak at 39 where there is actually a valley. A nuanced examination of the whole distribution reveals its bimodality, a crucial observation which is not discoverable from bare features like the mean and standard deviation. In other situations, properly stratifying subjects may yield a finding contrary to the one suggested by the aggregated results. A comparison of two kidney stone treatments, Alpha and Beta,[6] shows that for treating small stones Alpha is superior and for treating large stones Alpha is also superior, but when analyzing both small and large stones *together*, instead Beta seems to be superior. This counterintuitive result, an instance of "Simpson's paradox," stems from the fact that treatment Beta was perceived by doctors as more appropriate for smaller stones, which are generally easier to treat, while treatment Alpha was disproportionately used for larger, harder-to-treat stones. Analysis of treatments Alpha and Beta which does not take into account the confounding factor of stone size incorrectly identifies the superior treatment. As we undertake the following assessment of the HOPE project, we are conscious of the potential for these and other types of errors.

Just as there may be differences generally between the younger and older cohorts of Hodgkin's lymphoma patients and the best ways to treat their diseases, so might there be distinguishing features among the participants in the HOPE project and the ways they respond to it. The HOPE Project connects with participants shortly after a behavioral health crisis; for some participants these were their first contacts with Imperial County Behavioral Health Services, while others had already received services from the County for years. While we by no means assume that there will be any difference in the HOPE Project's effect on the two groups, we have attempted to examine what factors may be correlated with more or less participation in the HOPE Project and in outpatient clinics as well as differences in their scores on our wellness and stigma inventories.[7]

Additionally, the HOPE Project was designed to serve all eligible youth and young adults (YAYA) in Imperial County and therefore was conducted without a control group or double-blinding. As a result, we have the potential for sampling bias like there was in the kidney stone

[6] Bonovas, S., & Piovani, D. (2023). Simpson's Paradox in Clinical Research: A Cautionary Tale. Journal of clinical medicine, 12(4), 1633. https://doi.org/10.3390/jcm12041633

[7] Pearson Correlation Coefficients were calculated for a number of data sets, see appendix.

case. To the extent possible, we have attempted to make a variety of comparisons within the HOPE Project and to non-HOPE YAYA individuals to determine what if any effects are truly attributable to the HOPE Project and not simply a consequence of how the participants were selected or a coincidence.

With that in mind, program-wide statistics still hold a central place in our analysis. The total number of HOPE participants is relatively small to begin with, so comparisons of sub-groups are more likely to be inconclusive, or what data scientists sometimes call "underpowered." We will generally approach each question first with all the applicable data, then attempting to measure differences among anticipated or observed sub-groups when possible.

Youth and Young Adult (YAYA) Behavioral Health Services in Imperial County

Imperial County Behavioral Health Services (ICBHS) provides case management, therapy, psychiatric medication, and other mental health services to thousands of young people with an emphasis on evidence-based practices, i.e., using treatment models that have previously been studied and shown to improve outcomes for people with similar diagnoses and backgrounds. Consumers aged 13 to 25 are assigned to the YAYA division where clinical staff work with them to navigate a period of life that is often isolating and filled with stressors: lack of employment and the difficulty of transitioning from school to work, an epidemic of substance abuse, widespread homelessness, sexual violence, and encounters with law enforcement. For girls and women, for POC, for people with disabilities, and for LGBTQ+ youth especially, the harms associated with these stressors may be aggravated. In addition, lack of engagement and participation with treatment plans is a common issue which reduces potential recovery.

In assessing the treatment of psychosis, the National Institute of Mental Health summarizes, "people tend to do better when they receive effective treatment as early as possible."[8] For some new YAYA participants–transfers from the Children's division or those who have received treatment from non-ICBHS sources–the earliest possible intervention by YAYA will not be at the very beginning but should nevertheless attempt to effectively engage the

[8]https://www.nimh.nih.gov/research/research-funded-by-nimh/research-initiatives/recovery-after-an-initial-schizophrenia-episode-raise

participant. For many others whose first experiences with the YAYA division are also their first experiences with mental health treatment in general, it is even more crucial to instill a positive impression of behavioral health professionals and therapies.

HOPE Program -- Design

Overall

The Holistic Outreach, Prevention, and Engagement (HOPE) Project is perfectly named both for its elegant acronym and its concise encapsulation of the program and its goals: outreach to connect with young people experiencing crisis, engage them with outpatient behavioral health services, and introduce them to new wellness activities, all with the aims of preventing subsequent crises and reducing stigma.

The work done by the HOPE Project is intended to supplement–not take the place of–the routine outreach, prevention, and engagement done by the outpatient clinics or other existing ICBHS staff. While Mental Health Rehabilitation Technicians (MHRTs) are part of the staff of both the outpatient clinics and the HOPE Project and both are expected to collaborate on treatment plans for HOPE participants, they do not share or exchange tasks. All functions outside of the HOPE Project are carried out by the outpatient clinic MHRTs (or other staff), and the HOPE Project MHRTs handle only those additional duties arising from the HOPE Project itself, including liaising with the non-HOPE staff. This firm and natural separation of responsibilities eliminates any ambiguity about who is responsible for what, reducing the likelihood of miscommunication and inadvertent incompletion.

The HOPE staff work to enroll eligible participants in the program, furnish them with welcome bags, work with them to identify appropriate wellness activities and providers, ensure they have the means to attend and participate in selected activities, remind them and encourage them to attend their outpatient clinic appointments and other health appointments, conduct surveys designed to measure well-being and mental health stigma upon enrollment and after completion of the program as well as at intervals after completion, and provide emotional support, including from peer staff, for the duration and as they transition out of the project.

Our hypothesis is that the HOPE Project will reduce incidence of crisis, reduce stigma associated with mental health illness, and increase engagement with the outpatient clinics. We believe that success could potentially be reflected in: improved scores on psychological

measures of wellbeing and stigma, increased rates of attendance of appointments during and after enrollment compared to before and to non-HOPE participants, and reduced rates of ICBHS/hospital crisis admissions after completion of the program. Evaluation will be ongoing, with participants contacted for assessment and feedback upon referral to the program, upon completion, six months after completion, and finally a year after completion. By following participants longitudinally in addition to comparing them laterally, not only the existence but the durability of any effect of the project is more likely to be determined.

Staffing

The HOPE team consists of three main types of staff: Mental Health Rehabilitation Technicians (MHRT), Peer Support Specialists (Community Service Workers), and Mental Health Workers (MHW), along with a small group of support staff and supervisors.

Mental Health Rehabilitation Technicians: "MHRT" is the primary paraprofessional classification of ICBHS staff who provide outpatient mental health services. Among their responsibilities within the HOPE team is carrying out a short set of surveys, upon admission and periodically afterward, designed to measure the efficacy of the project. Within existing ICBHS programs, MHRTs already conduct similar but more involved evaluative measures at regular intervals, making them more than capable. Likewise, MHRTs have familiarity with departmental practices such as how to code and bill for services, which pertains equally to their work with the HOPE Project.

Beyond the above, they also help to interface with the referral sources. The HOPE MHRTs are responsible for presenting on the clients' HOPE activities to the rest of their care team (composed of other MHRTs as, well as nurses and medical doctors) and reporting back from meetings with the care teams to the rest of the HOPE Project. When appropriate, they may also make linkages to other programs.

While originally two full-time MHRTs were envisioned, staffing limitations have sometimes permitted only one MHRT or required that multiple MHRTs split their hours between the HOPE Project and an outpatient clinic. At the same time, somewhat larger than anticipated demand indicates, if anything, that *more* MHRTs should be allocated toward the HOPE Project.

This role has seen particularly high turnover within the HOPE Project, which has hindered efforts to increase staffing–just as an additional MHRT is to be added, an existing MHRT is promoted or exits. Each new MHRT requires training in the specifics of the HOPE Project and must work to establish their own rapports with the participants, although the Peer Specialists (CSW) have helped to maintain continuity.

Community Service Workers: Peer Specialists (CSW) are staff with lived experience who can provide a unique support to our youth and young adults. Thanks to the contributions of the MHRTs, the Peer Specialists (CSW) have been enabled to focus entirely on the clients' needs and building rapport with them. Through in-person meetings and phone calls, Peer Specialists (CSW) maintain multiple weekly contacts with each individual.

A primary focus of these communications is the identification of a holistic activity the individual will pursue via a process that is sometimes staff-driven but always client-led. Many participants struggle to imagine themselves trying and succeeding at new things and finding enjoyment in them even when they fail. The HOPE Project is "staff-driven" in that staff drive participants to reflect on their likes and interests in order to identify a wellness activity and later encourage participants to actually try the activities they have identified, in defiance of anxiety or doubt; it is "client-led" in that staff are indifferent as to the direction of travel, i.e. what the particular activity is (so long as it is safe), and in fact are committed to letting the participant determine what it will be so as to ensure their interest in pursuing it.

Consumers are informed about the nature of the program and encouraged to consider some possible activities they might try taking up, such as working out at a gym, playing the guitar, traditional dance, or painting. As discussed, it is up to each individual to select their own activity, either from a "menu" of previously identified activities or by working with staff to add to the menu a new activity and local provider. Peer Specialists (CSW) are responsible for guiding this process and communicating with the rest of the HOPE team about obtaining the necessary formalities so that the individual can get started. After that, Peer Specialists (CSW) may also accompany the participants as they undertake their activities, giving individuals the option to have a supportive companion to help assuage anxiety and make the experience more positive, and therefore more likely to be repeated.

Aside from holistic-activity related functions, Peer Specialists (CSW) are also communicating with participants about their other ICBHS treatment. Through this channel, Peer Specialists (CSW) have an unusually direct and hopefully efficacious means of reminding individuals when they have other appointments and encouraging them to go. Schedule permitting, participants can also procure transportation to these non-HOPE appointments through their Peer Specialists (CSW), when needed.

As with MHRTs, two Peer Specialists (CSW) were called for in the proposal, but often there were not two Peer Specialists (CSW) on staff. Also, the higher than anticipated demand similarly called for perhaps more than two in the first place. We continue to feel that the work of the HOPE Project is extremely well-suited to the Peer Specialist (CSW) role, and by empowering these staff further, much of the need for MHRTs can be obviated.

Mental Health Workers: The HOPE Project was designed to help counteract some of the forces working against full participation in behavioral health treatment plans by young people. One of the barriers to attending appointments is lack of transportation resources, and it can be an insurmountable one, especially for young people. Two Mental Health Workers were included in the HOPE team to drive participants to and from their appointments, and that has been sufficient to meet the demand. Some surplus capacity is necessary because demand is not constant, however as mentioned previously, that also enables the Mental Health Workers to transport participants to their non-HOPE ICBHS appointments when the schedule permits.

Administrative and Clerical Support: Program supervision, departmental supervision, and clerical services are provided by a dedicated Program Supervisor and Office Assistant as well as an assigned Behavioral Health Manager and Deputy Director, along with certain other external outcome evaluation consultants. These staff are responsible for a great number of functions that are not unique to this program: the hiring and training of staff, creation of schedules and the management of time off requests, initiation of certain referrals, production of participant appreciation materials, and the overall design, oversight, and assessment of the program's effectiveness, including the production of this report.

Activities

When thinking of holistic wellness activities, practices like yoga and meditation are some of the most frequently studied and used. For a project such as ours which aims to increase engagement with young adults, limiting opportunities to these activities may be a fatal flaw. Instead, ICBHS has maintained a participant-led process which allows each individual to be the master and architect of their own recovery. The wants and needs of the individual themselves are centered, irrespective of the other participants' preferences, which is a form of care that may contribute therapeutic value.

The wellness activities are intended to benefit participants directly as well as instrumentally. Playing the guitar, playing softball, and painting–these sorts of activities are intrinsically pleasurable and satisfying to the people who seek them out; they benefit participants directly with pleasure and possibly health or other benefits as well, such as reduced blood pressure or improved memory. Furthermore, they encourage participants to get out into the community, developing healthy personal habits and tastes while exposing themselves to new things. Trying new things can be both exciting and scary, and by supporting participants as they explore their interests, ICBHS helps them to develop greater resilience and confidence. All of these are being termed "direct" benefits because they accrue to the individual directly, without the intentional therapeutic intervention of anyone else. In addition to these direct benefits, the practice and confidence obtained from the HOPE activities may be "instrumental" to their attendance of regular ICBHS (non-HOPE) mental health services appointments that they would otherwise have missed, which will itself have further therapeutic effects. The marginal improvement attributable to that participation in regular mental health appointments is also due, indirectly, to the work of the HOPE team.

In the period reviewed by this report, the activities undertaken through the HOPE program included: going to the gym, walking outside, gardening, folkloric dance classes, canvas painting classes, recreational sports, music lessons, acting classes, and boxing workouts. Since then, the variety of activities has increased even further. In each case, Peer Specialists (CSW) have engaged with participants and identified an activity which is right for that individual, and for every new activity, the administrative personnel have located an appropriate vendor, completed the necessary agreements, and arranged for payment.

HOPE Program -- Implementation

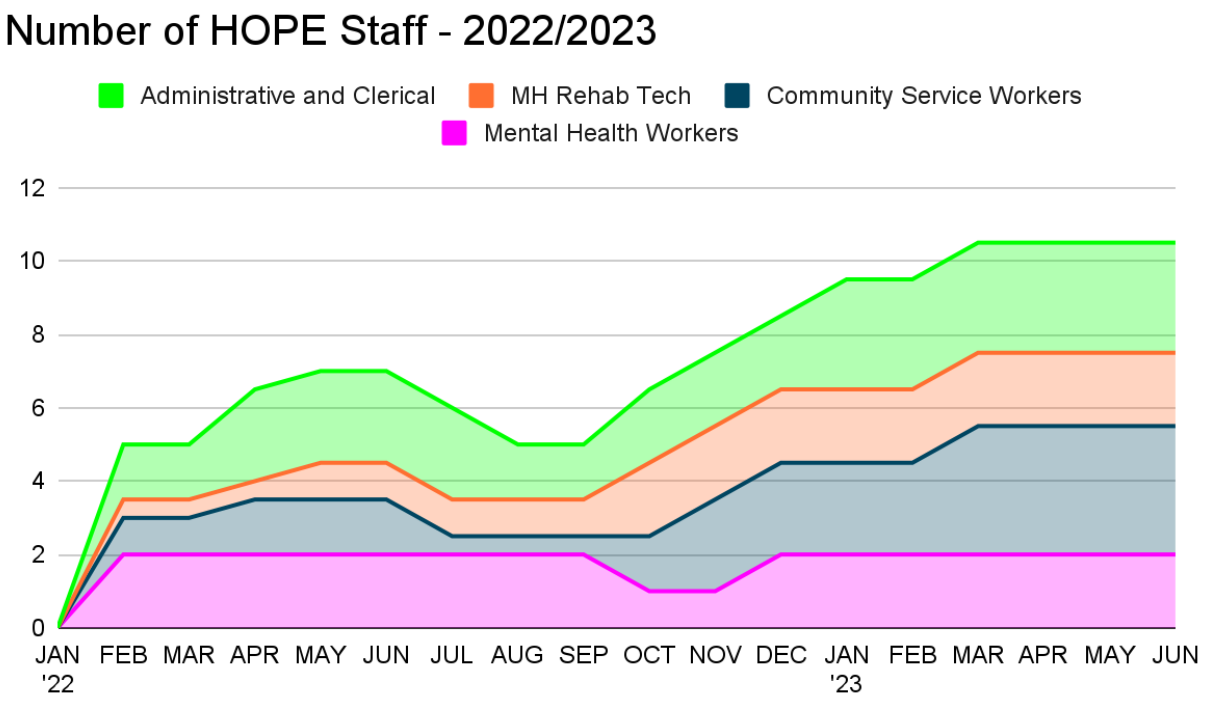
Overall

From beginning delivery of services in February 2022 to the end of Year 2 (through June 2023), the HOPE Project operated continuously, enrolling 195 participants and discharging 117 of them, all without disruptions or incidents. The close of Year 2 concluded two thirds of the three-year funding term, and of that time, one third (8 months) was spent on planning, development, staffing, and other preparations, while the remaining two thirds have been entirely about implementation, thanks to the thoroughness of the preparation. The greatest difficulty the project has encountered is maintaining staff–a near universal challenge for employers in the current labor market. Particularly in a small program like HOPE, the impact of staff vacancies is all the greater. Nevertheless, on each occasion a member of the team has been promoted or left ICBHS, the remaining HOPE staff have gone the extra mile to make sure that participants were always cared for and the project model was adhered to with as much fidelity as possible.

During these two years, some changes in expectations regarding HOPE took place. The duration of enrollment in HOPE had been forecasted at around three months. As the work began to take place, however, it became clear that the timespan needed to be longer. More time was needed to connect with each participant, develop rapport and identify a wellness activity, get started with an activity provider, and establish a habit of behavior that could continue or be a scaffold to other healthful habits in the future. The other major shift is towards using Peer Specialists (CSW) for as much of the team's duties as is feasible. Rather than relying on MHRTs, who tend to be in short supply, the HOPE project is able to depend on Peer Specialists (CSW) who have tended to turnover less and may be easier to recruit. Not only that, but as a program that seeks to promote optimism in its participants, the HOPE Project is doubly served by staff who are themselves evidence of a meaningful, valued future that exists for people with similar histories of behavioral challenges.

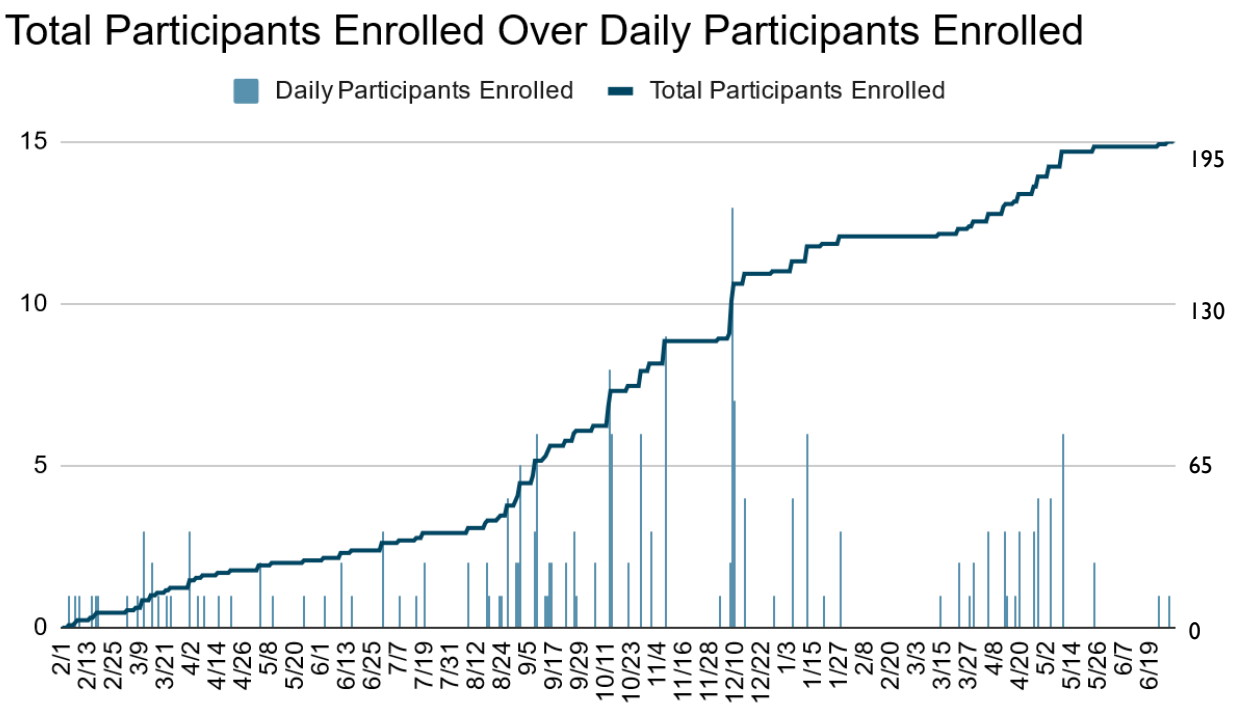
Staffing

In February of 2022, the HOPE team hired its first staff and began serving clients. In the ensuing months, it has more than doubled its capacity and reached a much more favorable ratio of administrative and clerical staff to service-providing staff and shifted towards predominantly Peer Specialists (CSW).



Our previous report at the end of Year 1 included a reference to the program's ongoing staffing challenges. From June through October of 2022 there were reductions in staffing in three of four categories (Administrative and Clerical, CSWs, and MHWs) and changes among the MHRT staff. Early hurdles of this degree could have derailed the program completely, and indeed there are indications, discussed more fully later, that a lack of Peer Specialists (CSW) led to fewer wellness activities being logged by participants. The HOPE Project, however, has fully rebounded from its low-staffing point and is now at its largest and most robust level, despite the tight labor market.

Also, while staffing has been a challenge, a silver lining of this difficulty has been the clarity it has demanded of the program. With each additional set of eyes and hands working in the HOPE team, we have needed to reestablish a shared understanding of what constitutes a wellness activity, how often we should be in contact with participants, when they are ready to be discharged, etc. This constant engagement with the core tenets of the program has prevented drift from the model or complacency.



Above is graphed the total number of participants enrolled in HOPE, starting at 0 and ending at 195 (the dark blue line), and under that are the numbers of participants enrolled on each day (the light blue columns). The line of total participants referred is roughly s-shaped, with slower than average periods of growth from the program's onset until mid-August and again after December, and with a faster than average period from August through December. These fluctuations may reflect seasonal variations, changes in staffing, or some other effect, but they also could be due to random happenstance.

There are also changes over time in the frequency of new enrollments. The first and middle thirds of the temporal period have respectively 28 and 32 days with at least one enrollment, whereas the final third has only 19; despite that, the first and final thirds had much more similar total enrollments–38 and 48 as compared to 109 participants enrolled during the middle third. This is explained by the average number of participants enrolled on each day any participant was enrolled, which is larger in the final third than the first third by almost double. This phenomenon may in turn be explained by "batching" of enrollments, where multiple enrollments are all processed at once when a sufficient number has accumulated, which is reflected by a chunkier, staircase-like appearance in the latter part of the graph.

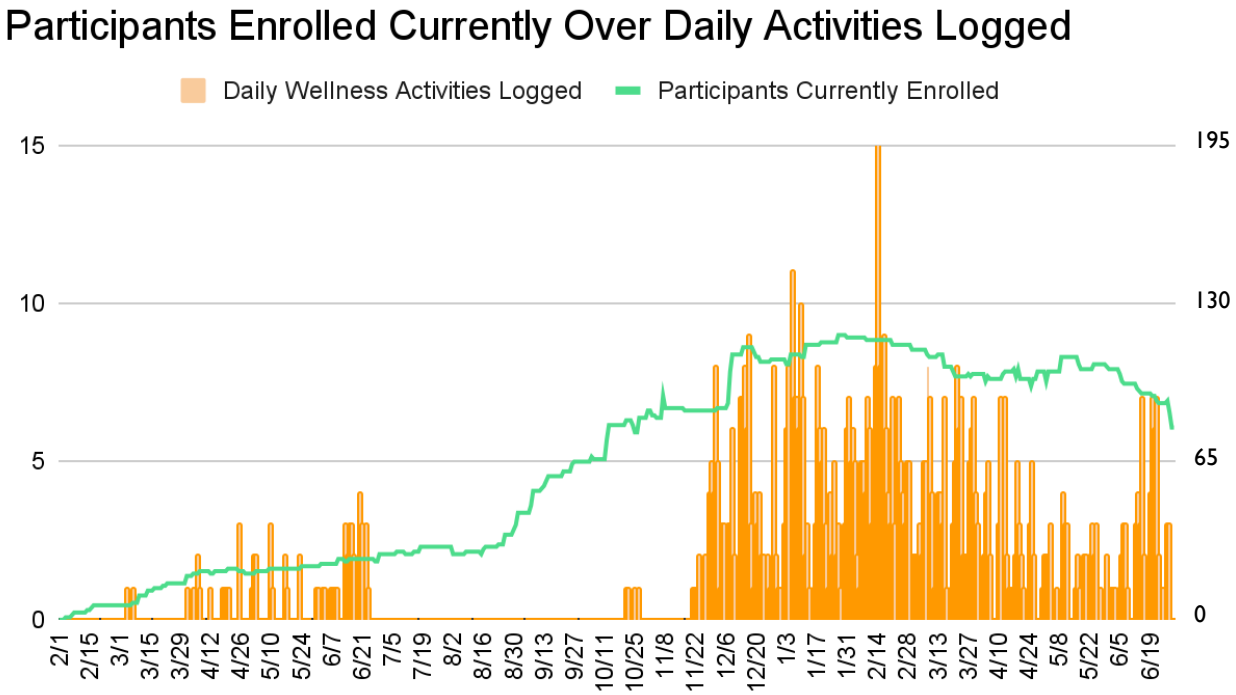
The chart shows a generally consistent rate of enrollment which is in keeping with what one would expect from a well-functioning HOPE Project.

Activities

To analyze rates of performance of wellness activities, we compare the number of HOPE participants who logged a wellness activity on a given date (orange columns) against the number of participants enrolled at that particular time (green line). This green line is related to the dark blue line from the previous chart, which showed the total number of participants enrolled to date; the green line is the total number of participants enrolled to date (the dark blue line from the chart above) less the number of participants discharged.

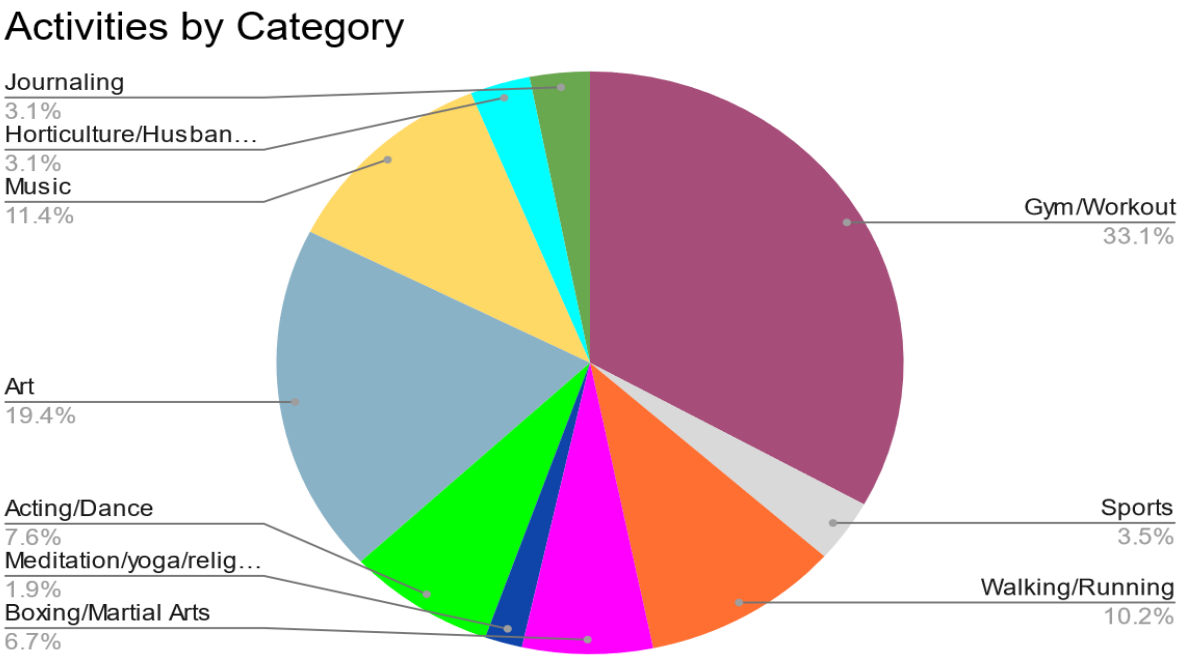
The green line displays similarities to the blue line, especially early on, but traces a different overall shape. The blue line is s-shaped and always increasing because the total number of participants who have ever been enrolled in the HOPE Project can only go up with time. On the other hand, the green line plateaus and tapers when the rate of discharges finally catches up with the rate of enrollments in a form of "zero population growth." Part of the process of maturation for a project like HOPE is the finding of this balance, which will depend on the duration of the model, the number of staff, and the total population served. With the current staff and population levels, the number of currently enrolled participants swelled to as much as the hundred-teens at its peak, before settling back down in the high 90s.

What is of course probably most notable is the stretch of almost no activities recorded from July to November, corresponding to a reduction in HOPE's Peer Specialist (CSW) staffing. Once that capacity is restored, the numbers of logged activities quickly climb to higher heights than they had reached previously, in keeping with the higher number of participants enrolled currently.



(For clarity, the stacked line-and-bar graph above shows the number of unique HOPE participants who logged holistic wellness activities on a given date. Staff and participants met, virtually and in-person, and exchanged phone calls many additional times during this period but those communications are distinct from the wellness activities highlighted here.)

The types of activities spanned a wide range, as mentioned earlier, but were concentrated in a few areas. Gym/workout, sports, walking/running, and boxing/martial arts account for more than half of all logged wellness activities. Art, music, and acting/dance add up to more than a third, and less than 10% are categorized as neither art nor exercise.



The HOPE project's design is impartial as to the nature of the activities undertaken. In the previous year's analysis we commented that, "it may be that these early findings are more informed by the effects of gym activity than was intended by the design." After a full year, the range of activities is much larger, limiting our concerns about the effects of any particular kind of activity. At the same time, this increased variety in the types of activities combined with the fact that the same individuals may engage in activities from different categories make it very difficult to say what effect, if any, the type of activity might have. As mentioned previously, we believe that the most important attribute of these activities is the fact that the participants want to do them.

Looked at by individual, 99 of 195 participants logged at least one qualifying activity, with an average of 7.8 days with logged activities among the people who logged at least one. The mode was, again, one day of activity (14 participants); the highest number of days of activity recorded for a single participant was 34.

Previously we explored the relative frequency of days with ICBHS-billed services (which do not include HOPE wellness activities) between those who did at least one wellness activity and those who did not. We saw that the frequency of days with attended appointments was slightly higher among those with no activities than those with some and noted that "the small sample

sizes make it difficult to draw significant conclusions," but still speculating about the possible effects of the observation window or other confounders. When we ask this question again with our now larger data set, the trend has reversed.

Looking at (only) everyone who has ever been enrolled in *and* discharged from the HOPE Project, for the period of time when participants are enrolled in HOPE, those who logged at least one wellness activity (n=54) also had on average slightly more than one day with billed service per week; those without any wellness activities (n=63) had slightly less than one day with billed service every eight days. This small difference adds up to an average of one more day per month with billed service; that is, those with at least one activity logged had on average one more day a month with a billed service than those with no qualifying activities[9] did (4.5 days per month versus 3.6 days per month).

It is possible–perhaps likely–that some participants are more likely to attend their appointments with ICBHS for the same reasons that they are logging days with wellness activities, such as because they are already more fully recovered or have readier transportation. This would be an example of a correlation without causation, where an observed relationship between two measurements is not evidence of one causing the other but rather of both being caused by or for some third thing or reason.

At the time of our last report there were not participants who had been discharged from the program, so the previous measurement ("for the period of time when participants are enrolled in HOPE") was the only one available. We are now able to make the same comparison as above–among those who have been discharged and between those with some wellness activities logged and those with no wellness activities logged–but *after* they have been discharged, and we observe that those with some activities attend marginally more appointments afterward as well, almost a half of an appointment per month on average. So, during and afterward, those who did some activities have modestly elevated frequencies of days with ICBHS services, but what about before? Is it possible that this is simply another instance of correlation and not causation?

[9] During a brief period after a change in staff, some activities were technically logged that did not conform to the model's understanding of holistic wellness activities. To the extent possible, this report counts only logged activities which are qualifying.

When we look at the data from before they are enrolled in HOPE, those who *will go on* to log some wellness activities during their time in HOPE actually start out attending appointments at nearly half the frequency of their no-wellness-activity peers. This seems to cut against a mere correlation because the two groups actually switch relative positions after enrollment in HOPE. While before HOPE the non-wellness-activity group had a high frequency of attending that dropped to nearly half during their HOPE enrollment (.21 to .12), or to about the same level as the group *with* future wellness activity started at. The group with wellness activity, though, *increased* across the same transition (.12 to .15).

How best to interpret this data is not straightforward. There is likely to be a not insignificant effect from the sampling size and window. In some cases, the time at which a person entered or exited the program may have coincided very closely with the beginning or end of the study period, meaning the period of time available to the study "before" or "after" their enrollment can be brief. This may be distorting as variations of identical magnitude are given more weight when the timespan over which they occur is briefer. Furthermore, both groups result in a lower frequency of days with ICBHS appointments attended afterward than they began with, which could be interpreted as counterproductive.

On the other hand, if we do not assume that a higher frequency of days with attended ICBHS appointments is necessarily better, there are possibly other interpretations. Both groups–all HOPE participants, in fact–are individuals who have recently experienced a mental or behavioral health crisis. From this, we might make several implications: if enrollment in the HOPE program tends to occur just after a crisis, it stands to reason that an elevated frequency of days with ICBHS appointments might not be indicative of a person who is "doing better" but in fact someone whose crisis is more severe and features a higher proportion of days in crisis. After a crisis, it might be beneficial to increase the frequency of days with ICBHS appointments (within reason), but then should we hope for that frequency to be maintained eternally? Or might the ideal frequency at some point return to a lower level, perhaps lower even than before they enrolled if they have gained additional coping strategies, connected with peers and their community, or benefited otherwise. It is not within our purview to address the appropriate frequency of ICBHS appointments, and yet we will return to this point as an example of the potential value of a deeper reflection on the specific metrical goal of increasing engagement with outpatient clinics.

Regarding reducing crises, another of the project's goals, both groups have an average rate of less than two days with crisis per year for the period after discharge until the end of Year 2. That said, the group with no wellness activities had very marginally fewer days with crisis on average *before* (.09 versus .11) and somewhat significantly more days with crisis on average *during* (.024 versus .007) and *after* (.004 versus .002). Put differently, comparing the periods (1) from the beginning of Year 1 until the day before they are enrolled in HOPE; (2) beginning on the day they are enrolled and ending on the day they are discharged from HOPE; and (3) beginning on the day after they are discharged from HOPE until the end of Year 2, those who do some wellness activities reduce their average rate of crisis from 4.1 days of crisis a year down to 2.5 down to .72, while those with no wellness activities have an average shift from a rate of 3.4 *up* to 8.7 and back down to 1.6 days of crisis per year (for the given periods). Similar styles of interpretation can be applied to this finding as to the last, albeit with somewhat less confidence due to the relative scarcity of crisis as a phenomenon.

As to the final primary goal of reducing stigma, doing wellness activities is not associated with improvements between the earliest stigma scale scores recorded (upon enrollment in HOPE) and the latest scores recorded (either during enrollment or after discharge). The appropriate interpretation of the chosen stigma scale measurements and the desired outcome are discussed further in the conclusion.

Improvement on one of the items on the assessment, however, stands out for its statistical significance (t test? $p \leq .05$): how often participants feel "active and vigorous". For this item, those who would go on to log some wellness activities were already scoring 25% higher than their no-activity peers on first being inventoried (.575 versus .46), but thanks to an average increase in score of more than 400% their peers' improvement, they finished with a 38% higher score. More on this later as well.

Entering and Exiting the HOPE Project

During the planning stages of the HOPE project, the above flowchart was generated to help think through, visualize, and instruct staff on the paths by which participants can become enrolled in the HOPE Project. In addition to the manner of referral, the type of discharge may carry useful information for interpreting the rest of the data being used to evaluate the project and could serve as a useful dimension for stratification of the HOPE participants.

Let's look at the journey of an actual client who was referred to HOPE and eventually discharged. H95 is a 13 year-old Hispanic girl who lives in Calexico, and in light of her interest in music, she was enrolled in drum lessons through the HOPE project. Although it took a number of months to find a suitable opportunity to pursue her activity in the community, she took to it right away: her discharge report notes that she "participated in drum lessons for 3 months once a week."[10] "Mom's support was a huge factor" in that accomplishment, and "Participation in activities increased as she engaged in drum lessons." Her YOQ score decreased during the period, reflecting a reduction of distressing symptoms, and her mother has agreed to continue paying for lessons after discharge. This is very much the path we might wish a majority of HOPE clients would take, and it bears repeating and pointing out that parental support and financial resources appear to have been significant supports for her, but many clients do not have them.

Reason for Discharge	Number of Clients (N=108)
Declined further services	46 (43%)
Non-compliance to treatment	22 (20%)
Successful discharge	20 (19%)
Relocated Out of County	15 (14%)
Administrative Discharge	1 (1%)
Client incarcerated, deceased, out of contact for 90 days, or deemed not appropriate for treatment	4 (4%)

In looking at a breakdown of the reasons for discharge, one notices that the largest share are the group who simply decline further services. While there must, of course, be many reasons why they turned down continued services, it seems likely that if some of those clients had a more robust support network, they might have chosen to carry on with the HOPE Project. This may seem to be "turtles all the way down," as they say, because the purpose of the HOPE Project was itself to bring more holistic resources and support to clients in crisis and thereby increase their attendance to non-HOPE mental health services appointments–now the challenge is increasing participation in the HOPE Project? We would instead put forward the metaphor of

[10] There is a discrepancy between the activity log and the discharge report as to the number of days when H0095 participated in a wellness activity. All calculations use the data contained in the activity log, which for this client reflected fewer days with activities. The HOPE Project will also conduct an audit to improve documentation of wellness activities that do occur.

smaller and smaller "baby steps" that ultimately lead to regular attendance at the outpatient clinic. For exactly the same reasons that clients may find that prospect daunting or dubious, the HOPE Project also seems not to appeal to all clients. By mapping the different routes of discharge, as discussed above, we will try to work backwards and improve our pitch to clients going forward.

HOPE Participants and Others in YAYA

The "gold standard" for experimental research is often a double-blind study using a control group. Some reasons we have not done so with the HOPE Project include: the additional administrative and bureaucratic burden of unbiasedly assigning individuals meeting the criteria to each condition swiftly enough to maintain the project's feature of engaging as soon as possible; a hesitance to halve/reduce the size of the "experimental group" so as to create a "control group"[11] when the total number of individuals meeting the criteria is already relatively small and a large percentage will not ultimately complete the project; and, as with many therapies, it felt inhumane and contrary to the physician's duty with which we began this report to withhold a treatment one believes may at least console their patients.

Without a control group, it is only possible to compare the HOPE participants to the rest of YAYA or to similar individuals from past data sets before the HOPE Project was launched. Regarding that latter point, further coordination between clinical and QI staff is planned in order to develop fine-tuned criteria for a sensible stratification of the data, and this process should provide an improved basis for determining who in years past might have been referred to HOPE and how their outcome might have been different if they had. Regarding the comparison to their contemporaneous non-HOPE, YAYA peers, it is to be expected that the HOPE participants have far higher rates of crisis, which is precisely what distinguishes them from others in YAYA.

[11] Incidentally, studies such as ours cannot simply use a placebo pill because the treatment involves the patient's willing participation. To employ a control group would have required another "treatment" be given to the control group to account for the effect of simply believing oneself to be treated, but because of the openness of the experimental condition–some participants are walking, others playing music, others exercising–it might be challenging to find an activity that most people would agree is not a wellness activity but the doing of which otherwise resembles a wellness activity.

The following table[12][13] takes the average of the billed service records of all individuals who received services from YAYA during the two years of the HOPE project and compares that to the average of the records of all the individuals who would eventually be successfully referred to HOPE. In that way we may hope to observe any ways in which the selection of HOPE participants is biased or biasing.

Mean (Median)	Non-HOPE YAYA [n=4956]	HOPE Before [n=99]	HOPE During [n=99]	HOPE After [n=99]
Total Service Appts	11.9 (6)	16.9 (8)	25.9 (17)	5.86 (1)
Days w/ Appts / Days in Service	0.11 (0.092)	0.17 (.077)	0.14 (.10)	0.05 (.015)

We observe some of the same pattern that began to appear after Year 1. From last year's report, "future HOPE participants are already significantly more frequently" attending their appointments. A close examination reveals that while the average (mean) frequency of days with ICBHS appointments attended is higher among the future HOPE participants, the median is lower. This means that relative to the rest of their YAYA peers, the HOPE participants are less tightly clustered around the median and mean. A large proportion of HOPE participants had been attending not at all or very infrequently prior to HOPE–a relatively larger portion than among YAYA as a whole–resulting in the lower median, but the HOPE participants who had been attending the most frequently before starting HOPE are among the most highly attending of the YAYA cohort and they lifted the HOPE mean above the YAYA mean.

An analysis of HOPE demographics was also conducted.

[12] During Year 2, Imperial County transitioned to a new record-keeping database software which does not permit for the analysis of missed appointments that was conducted in a similar chart in the Year 1 Annual Report.

[13] An analysis was conducted to determine if the frequency of days with billed service (the primary metric for which the changing database is used) had varied after the implementation of the new system, and the conclusion was that there was no detectable change.

AGE		RACE		CITY	
13-17	75.4%	Hispanic	71.8%	Calexico	14.4%
18-25	24.6%	White	11.8%	Seeley	2.1%
		Other	13.3%	El Centro	31.8%
		Unknown	3.1%	Brawley	15.9%
				Holtville	5.1%
GENDER		LANGUAGE		Westmorland	4.1%
Female	68.2%	Spanish	19.5%	Heber	5.6%
Male	31.8%	English	80.5%	Imperial	16.4%
				Other cities	4.6%

The HOPE Project has started to serve younger participants as time has gone on. This may be a reflection of the program appealing more to younger participants or perhaps to their parents. It is likely that parents have a larger effect on children's lives when they are younger than 18, and that effect could include enrolling them in the HOPE Project. HOPE demographics show a higher proportion of people identifying as female and white than in the broader YAYA population, although it has become less disproportionate with regard to race than was reported in Year 1. Spanish and English-speaking rates are similar to what they were.

The report after Year 1 highlighted our interest in following up on the questions of age and race in the current year's report, which we turn to now. As was just mentioned, the continued high level of people under 18, above the rates at which they appear in the general YAYA population, seems to be an enduring feature and one which we will continue to explore and attempt to explain. In contrast, the elevated proportion of non-Hispanic white participants has diminished somewhat, although it remains higher than expected. Some individuals with unknown race could be non-Hispanic white, but even if they all were, it would still be a lower percentage than it was last year (17% then, 12% now, and ~6% in the general YAYA group). Other racial groups remain too small for separate analysis but their presence even in small numbers helps to improve the representativeness of the study.

Conclusion

Participants in the HOPE Project exhibit reduced incidence of crisis and improved scores on all three health, wellness, and stigma measures given before and after the program[14], but the improvements are small and the reduction in crises possibly attributable to the observation window; because we can look further into the past before the HOPE Project than we can into the future after it, it is possible that crises, which are low-frequency events, could appear artificially unlikely. Those who participated also do not appear to attend appointments on more days than they did before or than their peers who have not participated in HOPE. YOQ scores taken before and after show modest improvement, on average; BASIS scores are unchanged.

	Average Change in Score After HOPE (Mean / Median)
YOQ	**18.04 / 14** (average reduction from ~82 to ~64)
BASIS	**.04 / .08** (average score consistent ~1.5 before and after)

Based on their answers before and after enrolling in HOPE, participants reported a statistically significant increase in how often they felt "active and vigorous." To be active and vigorous is at the core of what it means to be alive, and vigorous activity is the means by which almost any end can be achieved. There may yet be other goals that we would still like to achieve, but we have shown how an uncomplicated, direct, caring, and consistent approach is capable of improving behavioral health and will continue to build on this foundation for another year and beyond.

[14] See Appendix A

Appendix A - Health, Wellness, and Stigma Measures

WHO-5[15]	Average Change in Steps Along Likert Scale	Median / Mode Responses	Mean Response Range	Likert Choices
I have felt cheerful and in good spirits.	0.29	More than half of the time / Most of the time	Between "more than half of the time" and "less than half of the time" for all these questions	All of the time
I have felt calm and relaxed.	0.15	More than half of the time / Some of the time		Most of the time
I have felt active and vigorous.	0.39	Less than half of the time / Less than half of the time		More than half of the time
I woke up feeling fresh and rested.	0.02	Less than half of the time / Some of the time		Less than half of the time
My daily life has been full of things that interest me.	0.02	More than half of the time / More than half of the time		Some of the time
Sum	0.86			At no time
Perceived Devaluation-Discrimination Scale (Stigma Consciousness Subscale)[16]				
Stereotypes about mentally ill people have not affected me personally.	0.07	Agree / Agree	Between "agree" and "disagree" for all these questions	Strongly Agree
Most people do not judge someone on the basis of their having a mental illness.	-0.02	Agree / Agree		Agree
My having a mental illness does not influence how people act with me.	0.13	Agree / Agree		Disagree
I almost never think about the fact that I have a mental illness when I'm around others.	0.22	Agree / Agree		Strongly disagree

[15] "The World Health Organisation- Five Well-Being Index (WHO-5) is a short self-reported measure of current mental wellbeing. … The WHO-5 has been found to have adequate validity in screening for depression and in measuring outcomes in clinical trials. Item response theory analyses in studies of younger persons and elderly persons indicate that the measure has good construct validity as a unidimensional scale measuring well-being in these populations." *Child Outcomes Research Consortium*, https://www.corc.uk.net/outcome-experience-measures/the-world-health-organisation-five-well-being-index-who-5/

[16] "The Perceived Devaluation-Discrimination Questionnaire (PDDQ)…assesses whether people are aware of or can otherwise recognise the stereotypes of mental illness."
Milner A, Law PCF, Mann C, Cooper T, Witt K, LaMontagne AD. A smart-phone intervention to address mental health stigma in the construction industry: A two-arm randomised controlled trial. SSM Popul Health. 2017 Dec 31;4:164-168. doi: 10.1016/j.ssmph.2017.12.007. PMID: 29349285; PMCID: PMC5769092.

I think that people are often unfairly accused of being biased against people with mental illness.	-0.10	Agree / Agree		
Sum	0.31			
HOPE Scale[17]				
If I should find myself in a jam, I could think of many ways to get out of it.	-0.07	Agree / Agree	Between "agree" and "disagree" for all these questions	Strongly Agree
At the present time, I am energetically pursuing my goals.	0.12	Agree / Agree		Agree
There are a lot of ways around any problem that I am facing now.	-0.12	Agree / Agree		Disagree
Right now, I see myself as pretty successful.	0.17	Agree / Agree		Strongly disagree
I can think of many ways to reach my current goals.	0.03	Agree / Agree		
At this time, I am meeting the goals that I have set for myself.	0.12	Agree / Agree		
Sum	0.26			

Appendix B - Holistic Wellness Activities

	…Among All HOPE Participants	…Among Those With >0
Mean Number Logged	3.9	7.8
Median Number Logged	1	6

[17] "The Adult State Hope Scale (*Snyder CR, Sympson SC, Ybasco FC, Borders TF, Babyak MA, & Higgins RL (1996). Development and validation of the State Hope Scale. J Pers Soc Psychol, 70(2), 321–335*) is a self-report, 6-item inventory used to assess goal-directed thinking at a given moment in time. It consists of 3 agency and 3 pathway items."
Hossain NI, Robinson ME, Fillingim RB, Bartley EJ. Examining the Impact of a Resilience-Based Hope Intervention on Pain-Evoked Cortisol Response. J Undergrad Res (Gainesv). 2018 Spring;19(2):https://ufdc.ufl.edu/UF00091523/00858. PMID: 31742252; PMCID: PMC6860368.

Appendix C - Pearson Correlation Coefficients and Corresponding T-scores

"In statistical terms, correlation is a method of assessing a possible two-way linear association between two continuous variables. Correlation is measured by a statistic called the correlation coefficient, which represents the strength of the putative linear association between the variables in question. It is a dimensionless quantity that takes a value in the range −1 to +1. A correlation coefficient of zero indicates that no linear relationship exists between two continuous variables, and a correlation coefficient of −1 or +1 indicates a perfect linear relationship. The strength of relationship can be anywhere between −1 and +1. The stronger the correlation, the closer the correlation coefficient comes to ±1. If the coefficient is a positive number, the variables are directly related (i.e., as the value of one variable goes up, the value of the other also tends to do so). If, on the other hand, the coefficient is a negative number, the variables are inversely related (i.e., as the value of one variable goes up, the value of the other tends to go down). Any other form of relationship between two continuous variables that is not linear is not correlation in statistical terms.

…

Pearson's product moment…is used when both variables being studied are normally distributed. This coefficient is affected by extreme values, which may exaggerate or dampen the strength of relationship, and is therefore inappropriate when either or both variables are not normally distributed. For a correlation between variables x and y, the formula for calculating the sample Pearson's correlation coefficient is given by:

$$r = \frac{\sum_{i=1}^{n} (x_i - x)(y_i - y)}{\sqrt{\left[\sum_{i=1}^{n} \left(x_i - \underline{x}\right)^2\right]\left[\sum_{i=1}^{n} \left(y_i - \underline{y}\right)^2\right]}}$$

where x_i and y_i are the values of x and y for the ith individual."[18]

[18] Mukaka, M. M. (2012, September). *Statistics corner: A guide to appropriate use of correlation coefficient in medical research*. Malawi medical journal : the journal of Medical Association of Malawi. https://www.ncbi.nlm.nih.gov/pmc/articles/PMC3576830/

Data Set 1	Data Set 2	Pearson r (T-Score, degrees of freedom)
Number of wellness activities logged	HOPE Wellness measures ALL (change from first to last)	-0.11 (-0.77, 48)
" " " " "	HOPE Wellness measures STIGMA ONLY (change from first to last)	-0.08 (-0.54, 48)
" " " " "	HOPE Wellness measures NON-STIGMA (change from first to last)	-0.22 (-1.58, 48)
" " " " "	HOPE Wellness measures "active and vigorous" (change from first to last)	0.19 (1.31, 48)
" " " " "	YOQ score (change from first to last)	-0.005 (-0.04, 63)
" " " " "	BASIS score (change from first to last)	0.08 (0.25, 9)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