Mental
Health
Services
Act

THREE YEAR PROGRAM
AND
EXPENDITURE PLAN
FY 2023-2024 THROUGH 2025-2026

IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

Imperial County is home of the famous technicolor "Salvation Mountain" which was created by the late Leonard Knight. This unique artistic mountain is located in Niland, CA. Niland is an un-incorporated area in Imperial County with a unique community known as Slab City, "The Last Free Place in America". Niland residents are a very fervent community that are considered a hard-to-reach population in Imperial County. Although not an outreach target based on this years' Penetration Rate, the City of Niland is one of Imperial Counties hard to reach / underserved populations.

This MHSA Three-Year Program and Expenditure Plan
is available for public review and comment from April 17, 2023,
through May 16, 2023. This document can be accessed at
http://www.co.imperial.ca.us/behavioralhealth through the website's
bulletin board. We welcome your feedback via phone, fax, or email.

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

Table of Contents

Executive Summary

Executive Summary

The intention of MHSA is to expand and transform California's mental health service systems by providing funds to reduce the long-term adverse impact of untreated severe mental illness and serious emotional disturbance. The goal of MHSA programs is to continue to provide services that promote well-being, recovery, and self-help; prevent the long-term negative impact of severe mental illness; and reduce stigma. Services are culturally competent, easier to access, and more effective in preventing and treating severe mental illness.

QUICK FACTS

- MHSA was approved by California voters on January 1, 2005 made the Mental Health Services Act (MHSA) a state law.
- Its funding comes from a 1% tax on personal incomes over 1 million.
- It funds five funding categories:
    - Community Services and Supports
    - Prevention and Early Intervention
    - Innovation
    - Workforce Education and Training
    - Capital Facilities & Technological Needs

Imperial County Behavioral Health Services (ICBHS), through a stakeholder process which includes consumers, family members, and community partners, has developed and implemented various MHSA programs to meet the specific needs of Imperial County. As a result of this community program planning process, the following programs and services will be available during FY 2023-2024 through FY 2025-2026:

Community Services and Supports (CSS)

CSS programs, the largest component of MHSA, focuses on children and families, transition-age youth, adults, and older adults who suffer from severe mental illness (SMI) or serious emotional disturbance (SED).

The CSS is divided in three sub-groups"

- Full Service Partnership Programs
- General Systems Development
- Outreach and Engagement

Programs provided through Community Services and Supports under Full Service Partnership:

Youth and Young Adult (YAYA) Services Full-Service Partnership (FSP) Program provides services and support to SMI and SED youth and young adults, ages 12 to 25. Services available to YAYA-FSP Program consumers include a variety services to include case management; rehabilitative services; "wrap-like" services; integrated community mental health and substance abuse treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; benefit acquisition; and respite care. Staff within the YAYA -FSP Program are trained to implement a variety of treatment models that support in the reduction of SMI and/or SED. Additional holistic services are also available to YAYA-FSP consumers such as health and exercise groups, general education development (GED) classes, and Tai Chi classes. The YAYA-FSP Program continues to monitors

consumers progress by the use of assessment tools used to measure and identify service needs for their consumers.

During FY 2022-2023 the YAYA clinic in El Centro divided the program into two teams in order to improve quality of care and use of resources. For FY 2023-2024, YAYA will be collaborating with Salton Community Services District in order to expand to the population residing in the north end of Imperial County. The YAYA FSP staff will also continue to have a presence within school district Family Resource Centers.

The goals and objectives for FY's 2023-2024 through 2025-2026 include:

Increase Services Among Alaskan Native/ American Indian • Reduce No-Show Rates • Increase Staffing: Clinicians and MHRT • Decrease 5150 Involuntary Holds • Moral Reconation Groups • Referral to Socialization Program

Adult and Older Adult Services - Full-Service Partnership Program (Adult-FSP) provides services and support to SMI adults and older adults, ages 26 and older in a culturally competent environment. Services available to Adult-FSP Program consumers include medication support; case management; rehabilitative services; "wrap-like" services; integrated community mental health services; alcohol and drug services; crisis response; and peer support. The Adult-FSP Program provides consumers linkage to community a variety of community resources. Delivery of needed supports and services are also provided in the home for

older adults who are homebound, do not have transportation, or are unable to access public transportation.

The Adult-FSP Program staff are trained to implement the treatment models and conduct outcome measurement assessments to conduct treatment planning and monitor consumers progress.

During FY 2022-2023, the Adult-FSP program continued to see a high need in support of financial and homeless prevention among their consumers due to COVID-19 impacts.   The program continued to link consumers to necessary supportive treatment services including substance use disorder services. The program continues to monitor and report on the progress on reducing crisis-desk admissions; homeless incidences; and reach out to those involved in the criminal justice system.

The goals and objectives for FY's 2023-2024 through 2025-2026 for the Adult-FSP Program include:

Maintain Crisis Desk Admissions and Hospitalizations low. • Provide assistance to reduce homelessness. • Increase the access to care for consumers who are involved in the criminal justice system. • Increase the number of consumers with a co-occurring substance use disorder. • Provide quality services to our LGBTQIA2+ consumers.
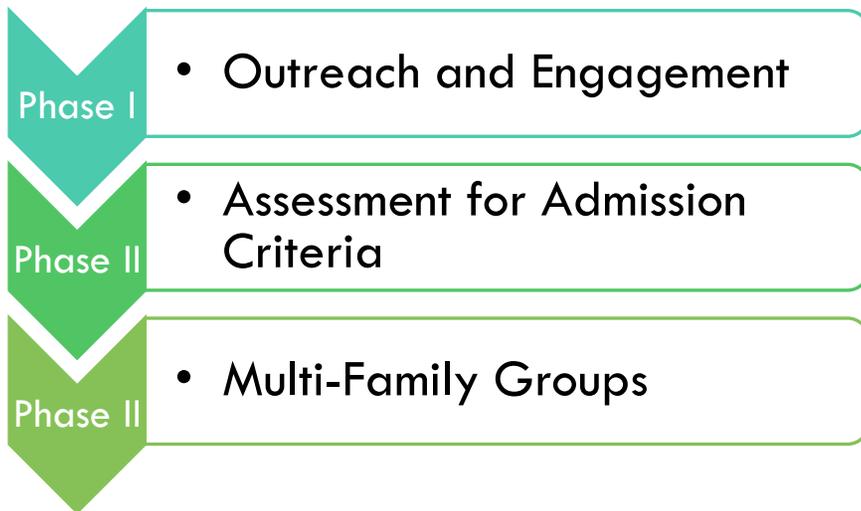
Psychosis Identification and Early Referral Program –Full Service Partnership Program (PIER-FSP)

The PIER Model treats the earliest symptoms of mental illness. It was developed on a foundation of ongoing research that indicates that early mental illness can be markedly altered or reversed by earlier treatment. Through a combination of family psychoeducation, supported education and employment, and pharmacologic treatment, the PIER Model has a powerful effect in reducing the symptoms that place a young person at risk for the onset and severe disabilities of mental illness.

In addition to the PIER Model's use of evidence-based treatments, the critical feature of this approach is community outreach by a clinical team to school professionals, general practitioners, pediatricians, and other key groups to educate and inform about the early signs of mental illness.

The model consist of three phases:

Phase I • Outreach and Engagement

Phase II • Assessment for Admission Criteria

Phase II • Multi-Family Groups

During FY 2022-2023 the PIER-FSP program continues to have a strong presence in the community. Continued to collect demographic information of those served, and conduct necessary trainings for staff on the PIER model.

For FY 2023-2024 through FY 2025-2026, the PIER-FSP Program will continue to increase accessibility to Mental Health Services for those experiencing prodromal or active symptoms; Continue to provide education and outreach at least once a month to the community; and continue to collect demographic and process evaluation data to measure the outcomes related to PIER-FSP services.

Full Service Partnership – Intensive Community Program (ICP)

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, 24/7 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.
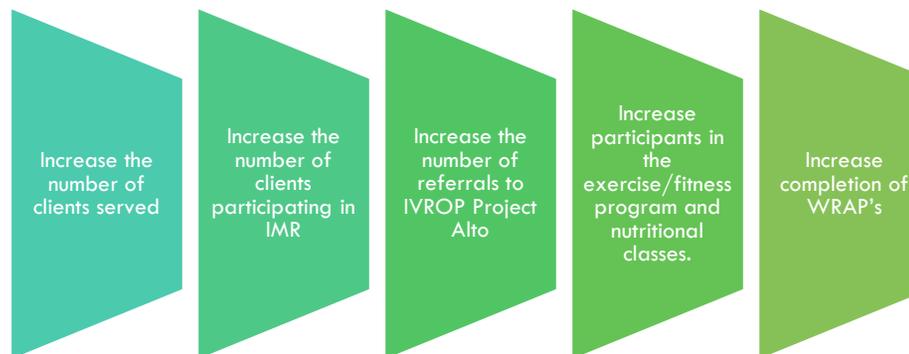
Two important updates in support of the implementation of this FSP services is that a location is in the process of beginning renovations. In late 2022, the Assertive Community Treatment (ACT) overview training was provided to additional clinical and administrative staff in support of staff development.

A CSS program under the General Systems Development category is:

The **Wellness Center** serves a network of consumers who are 18 years of age or older. The mission of the center is to implement a wellness program of supportive resource services for adults with a significant and persistent mental health diagnosis and are actively participating in services at one of the ICBHS mental health clinics. Currently, there are two Wellness Center facilities, the El Centro, CA center serves most of the southernmost region of the county whereas the Brawley, CA center serves much of the northern region. The Wellness Center provides services that focus on social skills, recovery skills, encouragement, wellness, positive self-esteem, and community involvement. The Wellness Center partners with outside agencies in support of education, employment, holistic, and life skill development and wellness goals.

During FY 2022-2023 the Wellness Centers continued to implement the Illness Management and Recovery Scale (IMRS) and the Wellness and Recovery Action Plan (WRAP) to monitor consumers' insight towards their mental illness and gauge the level of independence and social connection.

For FY 2023-2024 through 2025-2026 the Wellness Center will:

- Increase the number of clients served
- Increase the number of clients participating in IMR
- Increase the number of referrals to IVROP Project Alto
- Increase participants in the exercise/fitness program and nutritional classes.
- Increase completion of WRAP's

The last category under CSS is Outreach and Engagement which has three programs, Outreach and Engagement, Transitional Engagement Supportive Services, and Community Engagement Supportive Services:

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

During FY 2022-2023, the Outreach component of the program continues to target populations identified in the ICBHS Quality Management Penetration Rate Report:

- Children ages 0-5
- Older Adults 65+
- Spanish Speakers
- Calexico Residents
- Winterhaven Residents
- Alaskan Native/American Indian

Additional identified "At Risk" targets in Imperial County include:

Foster Youth

Homeless

LGBTQ+

The populations listed above are served during community outreach event and where new locations are identified. Target populations for the upcoming FY for 2023-2024 through 2025-2026 will continue to be determined by the annual Penetration Rate reports.

In relation to the Engagement component of the program, during FY 2022-2023, nearly 2/3rds of the contacted clients rescheduled their appointments indicating this supportive role continues to strengthen engagement of clients. During the next FY's of 2023-2024 through 2025-2026 the Engagement program will continue to conduct person-to-person contact and/or send follow-up letters to individuals that fail to show or reschedule their initial intake assessment appointments.

Transitional Engagement Supportive Services (TESS) Program conducts outreach and engagement activities to unserved and underserved SED and SMI individuals over the age of 14. The TESS Program serves individuals discharged from an acute psychiatric hospitals, Mental Health Triage Unit (MHTU), and Casa Serena. The objective of the TESS Program is to provide supportive services while individuals transition to

outpatient mental health treatment. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care. The program provides individualized mental health rehabilitation/targeted case management services to youth and young adults, adults, and older adults who have experienced a personal crisis in their life requiring involuntary or voluntary mental health crisis interventions services. SSI/SSDI Outreach, Access, and Recovery (SOAR) continues to be a supportive training offered to TESS staff to support clients who are at risk of homelessness and have SMI and/or other co-occurring substance use disorders. SOAR helps manage the intricacies of applying for Supplemental Security Income (SSI) and/or Social Security Disability Income (SSDI).

During FY 2022-2023, TESS focused on the implementation of short-term Mental Health Therapy services which will provide support in efforts to increase clients' engagement to services and support their continuum of care. Additionally due to the high enrollment of clients with co-occurring disorders, TESS will refer and link clients to SUD services.

For FY 2023-2024 through FY 2025-2026, the TESS goals and objectives include:

Engage Homeless → **SOAR Trainings** → **Assessment Process** → **Outreach** → **Linkage to SUD**

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

During this FY 2022-2023, a significant change within the CESS program was the planning and initiation of short-term Mental Health Therapy Services. The CESS Program will be implementing short term therapy to all clients requiring additional support in efforts to increase client engagement to services and continuum of care. A mental health therapist will provide short-term Cognitive Behavioral Health Therapy.

Another significant change during FY 2022-2023, was the initiation of Dialectical Behavior therapy (DBT) Skills Groups provided to inmates at the Imperial County Jail in hopes of reducing recidivism.

For FY 2023-2024 through 2025-2026, the CESS program will:

| Engage Homeless | SOAR Training | Assessment Process | Outreach | Linkage to Services for County Jail Releases |

Prevention and Early Intervention

Annual Report for FY 2021-2022

Included in the MHSA Three Year Plan is the Annual Prevention and Early Intervention (PEI) report for FY 2021-2022. The PEI programs apply a "help first" system approach. The goal is to engage individuals before the development of SMI or SED, or to alleviate the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. Programs provided through Prevention and Early Intervention include:

- **Prevention**
- **Stigma and Discrimination**
- **Outreach for Increasing Recognition of Early Signs of Mental Illness**
- **Access and Linkage to Treatment**
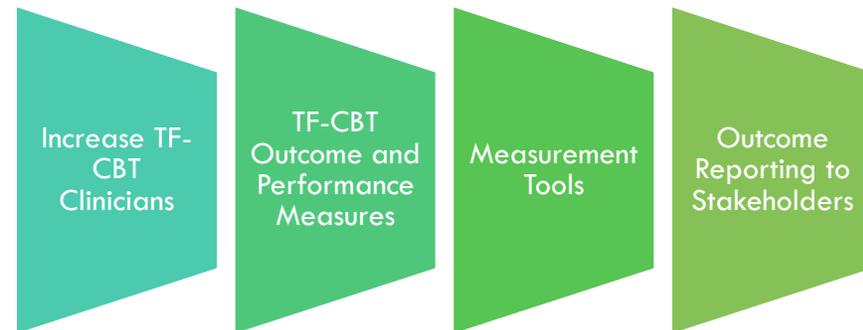- **Early Intervention**

11

Prevention

Prevention activities include those that are focused on providing information and education to children/youth, parents, family members, educators, administrators, and agencies or care providers of children and youth in order to identify individuals at risk of or who may be presenting early signs of mental illness or emotional disturbance in order to link them to treatment or other resources. Prevention activities are delivered to large or small groups in health fairs, career fairs, and school presentations.

Prevention Programs offered under MHSA include:

Trauma Focused Cognitive Behavioral Therapy
First Step to Success
Incredible Years
Rising Stars

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

For FY 2021-2022, the TF-CBT served a total of 75 children/youth. Measurement tools applied during this time frame demonstrated that TF-CBT continues to be effective in improving their overall functioning and had a reduction in symptoms of those children/youth who experienced trauma. Based on the needs and success of the program the TF-CBT Prevention Program will continue with the following goals for the upcoming years:

| Increase TF-CBT Clinicians | TF-CBT Outcome and Performance Measures | Measurement Tools | Outcome Reporting to Stakeholders |

The *First Step to Success Program (FSS)* program utilizes an educational intervention model as a vehicle to develop a collaborative relationship between mental health and education to provide services to underserved children ages 4 to 6. Mental health staff are co-located in the classrooms and provide positive reinforcement utilizing Positive Behavioral Intervention and Services (PBIS) to children who have been identified/referred by the teacher.   The interventions are designed to assist children in developing pro-social skills that will assist them in being successful at school, home and in the community. The goal of the FSS program is to prevent mental illness from developing.

For FY 2021-2022, the MHSA FSS Program provided services to 55 children and approximately 69 parents/legal guardians/caregivers. As school re-opened and referrals increased, the FSS program was limited in staff. The goals to be addressed in the upcoming years include:

- Continue to build collaborative relationships between education and mental health providers;
- Increase MHRT staff;
- Train additional Teachers and MHRTS;
- Increase awareness of FSS;
- Decrease stigma among parents and teachers;

12

- Collect date; and
- Outcome reports to stakeholders.

The *Incredible Years (IY) Prevention Program* is a comprehensive evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote children's development in a positive environment, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social and emotional development. Services are provided through contracts with the Child Abuse Prevention (CAP) Council and Teach, Respect, Educate, Empower Self (TREES). The curricula are offered at no cost in English and/or Spanish at non-traditional settings.

For FY 2021-2022, the CAP program conducted 16 parenting groups providing services to 205 parents; the TREES program conducted 4 parenting groups serving 40 parents. A notable change to IY was that effective December 3, 2021, the TREES program would no longer be able to sustain the obligations stated in the contract. ICBHS continues to seek a contract provider to fulfill the target areas that the TREES program fulfilled. The goals for the upcoming FY's for the IY program are to:

Host Parenting Groups in English and Spanish → New Contract Provider → Evaluation of the IY Program → Report Outcomes to Stakeholders

The *Rising Stars (RS) Prevention Program* is a prevention program targeting foster children/youth ages 5 to 18. The Rising Stars program targets *all PEI priority populations* and it 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.

Imperial County Behavioral Health Services (ICBHS) contracts with the Imperial Valley Regional Occupational Program (IVROP) for the implementation of RS. The goal of this PEI program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster students. RS staff will provide preventive services such as social emotional learning activities, leadership development, self-esteem enhancement, Developmental Assets workshops, team-building activities, mentoring, academic enhancement, enrichment activities, educational field trips, college-prep workshops, study skills workshops, and Science Technology, Engineering, Art, and Math (STEAM) workshops. All of the strategies utilized by RS will be culturally competent and linguistically appropriate for the targeted population.

During FY 2021-2022, RS provided services to a total of 170 foster youth. They referred 30 foster children/youth to mental health services and facilitated 56 workshops/activities. RS is involved with a total of 28 local schools. RS will continue with the following goals and objectives:

Serve 225 (K-12) Foster Youth → Collect Demographic Data → Public Accountability Reports → Outcome Measurement Tools Data

13

Stigma and Discrimination Reduction Program

The *Stigma and Discrimination Reduction Program* provides services to all residents of Imperial County, focusing on reducing the negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services. The PEI program strives to increase the community's acceptance and equity for individuals with a mental illness and their families. Stigma and discrimination reduction activities are delivered to large and small groups in health fairs, career fairs, and school presentations. Presentations are provided by PEI Program staff, which include master's level Clinicians, Mental Health Rehabilitation Technicians, Program Supervisor, and Program Manager. As a result of the outreach services provided by PEI staff, community members have become aware of the different types of mental health disorders and have become familiar with services provided by ICBHS.

On March 14 2022, ICBHS held its Mental Health Services Act (MHSA) Quarterly Steering Committee. Stakeholders were informed during the meeting funding of the three-year Innovation Project: Positive Engagement Team (PET) would end on March 31, 2022. Based on extensive qualitative information gathered through surveys, client testimonials and staff interviews, the PET program obtained

successful responses and there was an overwhelming desire from members of the Steering Committee and Stakeholders for the PET program to continue. With the approval of the stakeholders, ICBHS transitioned the PET program to PEI as a new Stigma program with a start date of April 1, 2022. Goals and objectives for the PET program for the upcoming years include:
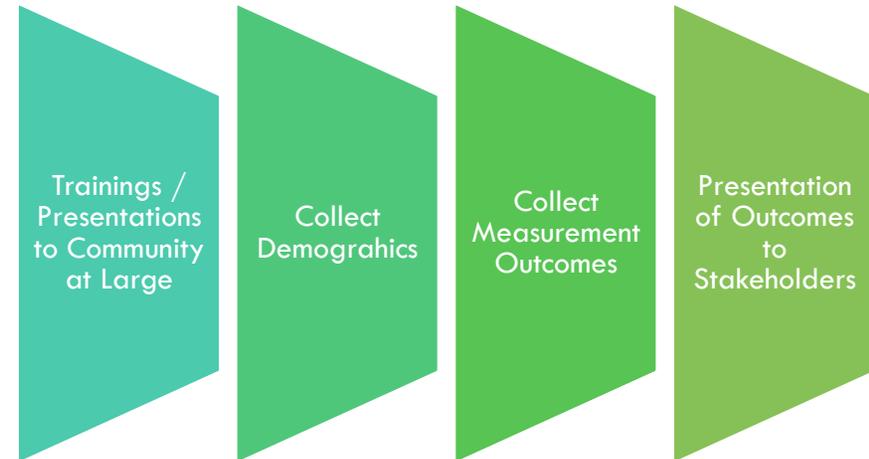
Outreach for Increasing Recognition of Early Signs of Mental Illness Program

The Outreach Services for Increasing Recognition of Early Signs of Mental Illness continuously engages and educates community members on ways to recognize and respond effectively to early signs of mental illness via. 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.

FSS MHRTs also provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to the parents/legal guardians/caregivers in order to educate them in identifying early signs of mental health issues in their children and engaging them in seeking services. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) clinicians also provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to families, school personnel, community members, and service providers.

During FY 2021-2022, the program conducted 188 outreach activities in the community and schools and served 236 teachers and school staff. The program will continue with the following goals for the upcoming three FYs:

Outreach Services → Collect Demographics → Provide Information to Stakeholders
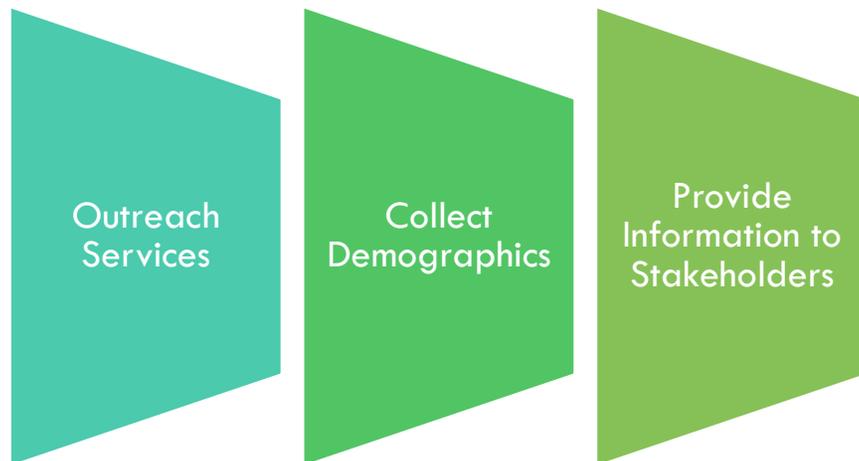
Access and Linkage to Treatment Program

Access and Linkage services are provided 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. In addition, the children/youth who receives prevention services are consistently assessed by their service provided 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

For FY 2021-2022 the *Access and Linkage to Treatment* Program provided services to three-hundred twenty-four (324) children/youth. The goals to be continued in support of the Linkage to Treatment program include:

Outreach Services → Collect Demographics → Provied Information to Stakeholders
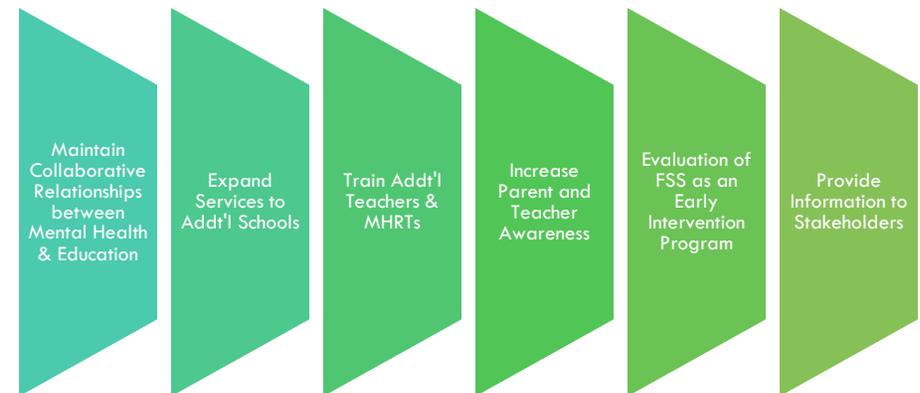
15

Early Intervention

Trauma-Focused Cognitive Behavioral Therapy Program (TF-CBT) is an early intervention program that addresses the needs of children and youth in the community who have been exposed to trauma. The TF-CBT Program is utilized as an intervention to treat children and adolescents, ages 4 to 18, who have been exposed to a traumatic experience. The TF-CBT model is also implemented as an early intervention activity aiming to prevent mental illness from becoming severe and disabling. TF-CBT is being provided to help children, youth, and their parents overcome the negative effects of traumatic life events. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment.

For FY 2021-2022, the TF-CBT served a total of 100 children/youth and approximately 125 parents. The program is diligently working on how best to obtain reporting outcomes from their monitoring tools and are also challenged with the need to hire more staff in support of the increase in program referrals received. Goals and objectives for upcoming years include:

| Provide TF-CBT as an Early Intervention Strategy | Evaluate the TF-CBT Program | Outcome Measurement Tools | Collect Demographics | Provide Information to Stakeholders |

The ***First Step to Success (FSS) Program*** as an early intervention program provides positive reinforcement to assist children in developing pro-social skills that will assist them in being successful at school and home. The interventions are provided by Mental Health Rehabilitation Technicians (MHRTs) rather than school personnel.

For FY 2021-2022 the FSS program provided services to 94 children and approximately 118 parents/legal guardians/caregivers. Continued challenges for this and many programs has been obtaining the data from the outcome measurement tools and the limitation in staff. As the program moves forward in developing strategies to mitigate these factors the goals and objectives will continue to include:

| Maintain Collaborative Relationships between Mental Health & Education | Expand Services to Addt'l Schools | Train Addt'l Teachers & MHRTs | Increase Parent and Teacher Awareness | Evaluation of FSS as an Early Intervention Program | Provide Information to Stakeholders |

New PEI Program P.E.A.R.L.S.

A CPPP process is currently underway that will help increase mental health services to older adults as the penetration rates for Older Adults 60+ continues to be low. As of January 2023, of 2779 clients served, only 294 (10%), considering these numbers and data provided by local stakeholders there may be a need for

16

specific services to address the mental health needs of Older Adults 60+ in our community.

Program to Encourage Active and Rewarding Lives (PEARLS) is a community-based treatment program designated to reduce depression in physically impaired and socially isolated people by utilizing three basic components: Problem Solving Treatment (PST), Social and Physical Activation, and Pleasant Activity Scheduling. PEARLS is an evidence-based program focusing on individuals who are 60 years of age and older. PEARLS aims to bring services to clients homes, providing up to eight session over a 19-week period. After those eight session are completed, clients are provided with follow up calls, which take place once a month for the following three months.

Once the Community Program Planning Process (CPPP) is conducted it will be determined if contracts with local service providers can help implement PEARLS and further determine if this new PEI program will fall under a more specific PEI category.

Innovation

Innovation projects provide opportunities for counties to learn something new that has the potential to transform the mental health system. Innovation projects are novel, creative, and ingenious mental health approaches that promote recovery and resilience and lead to learning that advances mental health.

The current project under Innovation is the *Holistic Outreach Prevention and Engagement* Innovation Project also known as HOPE.

From February 2021 to March 2021, ICBHS conducted an extensive CPPP for this new Innovation Project consisting of various activities intended to involve stakeholders. 41% of community members that completed surveys noted that the focus was to be 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 was youth and young adults ages 13 to 25.

HOPE Project is focused on youth and young adults ages 13-25 who have experienced a recent psychiatric emergency. The goal of the project is to increase access to mental health services and improve the quality of existing mental health services for your 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. The 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 into treatment.

Peer Support Specialists (also known as 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. Mental Health Rehabilitation Technicians (MHRTs) serve as the wellness coordinator and will assess the client's strengths and needs.

In FY 2021-2022 (February 2022-June 2022), HOPE served 30 unduplicated clients as services to clients began in February 2022. By December 31, 2022, HOPE was providing services to 114 active clients. This was an increase of about 75% in active clients. HOPE served a total of 169 unduplicated clients in FY 2022-2023. The goals and objectives for FY 2023-2024 through 2025-2026 include:

Reduce Hospitalizations and Triage Admissions | Increase Enrollment | Increase Show Rates | Decrease Reccuring Psychiatric Admissions | Decrease Stigma among HOPE Participants

Semi-Statewide Enterprise Health Record System Improvement Innovation Project (INN)

ICBHS has recognized the need for a modern electronic health record in order to remain compliant with evolving state and federal standards. As a result of this initiative, CalAIM standards will be met and better service will be provided. ICBHS anticipates increased provider satisfaction and staff retention following the implementation of the new EHR.

Due to the new state and federal requirements, the CalMHSA semi-statewide project has completed extensive research and received comments from multiple counties to assist in developing an EHR that meets CalAIM's requirements. By participating in this new EHR project, ICBHS will be able to improve its ability to provide whole-person care by facilitating improved data exchange.

On January 25, 2023 the Mental Health Oversight and Accountability Commission (MHOAC) approved the (5) year Imperial County's Enterprise Health Project Semi-Statewide Plan.

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs (CF/TN) provides resources for the efficient implementation of MHSA programs. Through the use of CF/TN funds, long-term results are expected that will advance the mental health system's objectives of wellness, recovery, and resilience, prevention/early intervention, and increasing access to community-based, accessible services to reduce disparities among underserved groups.

Consumer Portal Kiosks continue to be installed in various clinical sites. Successful installations were reported in 2 Children Teams sites and 3 Adult program clinics. Installations will continue in the next 2 FY's. MyHealth Pointe will be replaced with Smartcare which is ICBHS's new Electronic Health Record (EHR). Smartcare has a patient portal. The Smartcare Patient Portal will be pursued by FY 2023-2024.

Wellness Center Computer Upgrades have been installed; however, software and hardware upgrades will continue to be needed during the upcoming FY's of 2023-2024 through 2025-2026.

ICBHS continues and will continue to contract with XPIO Health to **conduct risk assessments** in efforts to strengthen security standards and sustain HIPAA compliances during the next three FYs.

ICBHS continues and will continue to **update and/or develop training materials in support of HIPAA**

18

Security, Privacy, and Compliance trainings and will provide assistance to XPIO and the Center for Clinical Training.

As ICBHS moves forward with the new EHR, Smartcare, aside from having supported staff attend SQL and Crystal Report training, during FY 2022-2023 will now send staff to attend **JavaScript training** in the upcoming FYs.

Meaningful Use assessments were completed during FY 2022-2023. No other goals and objectives planned for the upcoming FYs.

Telecommunication Mobile Solutions – the tool ClinicianPOV that was identified in support to access ICBHS EHR via mobile devices was halted due to a defect in the program. Moving forward, the new EHR, Smartcare, is designed to help providers access the clients records due to its web-based functionality. During FY 2023-2024 through 2025-2026, provider will be able to access the EHR through new iPads and hotspots to be purchased.

During FY 2022-2023 it was assessed that there will be a need to **update Microsoft 365** and the recommendation is to move to a subscription-based Microsoft Office 365 which will provide all the software needed to continue day to day creation of reports and other documentation tools. By April 2023, ICBHS will upgrade to Microsoft 365 Government Version 3. During FY 2023-2024 through 2025-2026 ICBHS will renew MS 365 licenses, purchase Apple IPads, Wifi Hotspots, and Wifi Hotspot service.

Telephone System Updgrade - Mitel and ShoreTel, are currently used within ICBHS and are in need to be upgraded. Discontinued products has made it difficult for the department to standardize its telephone system.

MyCloud Connect offered through Mitel will also be discontinued. Due to this, ICBHS is considering moving to Zoom phones as an option as it offers cloud-based private branch exchange services. Zoom phones would also integrate into the video conferencing.

Workforce Education and Training

The Workforce Education and Training (WET) component provides education and training for all individuals who provide direct or support services in the Public Mental Health System. The mission of WET to develop and maintain a sufficient workforce capable of providing consumer and family-driven, culturally competent services that promote wellness, recovery, and resiliency, and lead to evidence-based, value–driven outcomes. Updates of what was accomplished during FY 2022-2023 are described in this section of the report. The following is a summary of the training planned for the upcoming three FYs:

Mental Health Interpreter Training

For FY 2023-2024 through FY 2025-2026 the ICBHS will focus in the area of Training and Technical Assistance by hosting a Mental Health Interpreter Training for ICBHS staff. The Mental Health Interpreter Training for Interpreters is designed to immerse bilingual staff, who currently serve as interpreters in a mental health setting, in the principles and practices of interpreter communication skills. Topics for the training included a discussion on federal and state regulations, communication in high and low context cultures verbal and non-verbal communication, the interpreting process, roles of the interpreter, interpreter techniques, and mental health terminology.

19

Assertive Community Treatment Model

For FY 2023-2024 through 2025-2026, ICBHS will be working in establishing the contract with the Center for Evidence – Based Practices at Case Western Reserve University and to extend contract services with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the ACT model. Intensive Community Program-Full Service Partnership (ICP-FSP) is looking to have an adequate amount of staff trained to avoid service disruptions from staff transfers or promotions and provide continuous access to these intensive services for the individuals in need. Lastly, contracted activities will include programmatic and clinical consultations, clinical trainings, and evaluation services. Training has served as the support needed to further develop the ICBHS ICP-FSP program. Furthermore, staff's engagement in training and skill development has allowed for the advancement of the planning stages of the program and driven the ICP-FSP.

Psychosis Identification and Early Referral Training

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). The department is currently looking to secure this training for ICBHS staff to be able to provide these groups.

Interpersonal Psychotherapy

Imperial County Behavioral Health intends to train additional clinicians in Interpersonal Psychotherapy (IPT) during FY 2023-2024. 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 department would train up to 15 clinicians from all the divisions.

ICBHS Incentive Program

The recruiting and retaining qualified therapists and psychiatrists has always been challenging in rural areas such as Imperial County; however, the pandemic and high resignation rates further compounded this challenge. In an effort to recruit and retain qualified psychiatrists and therapists, ICBHS will create and incentive program that will be implemented in FY 2023-2024 through 2025-2026. Additionally, we will build the capacity of our mental health providers through trainings designed to improve their clinical skills in order to meet the needs of the populations we serve. By implementing the incentive program and enhancing the skills of ICBHS' mental health providers, we hope to increase our workforce to be able to accommodate the increasing demand for mental health services and be able to meet the needs of our clients.

ICBHS will develop a comprehensive ICBHS Incentive and Training Program in the upcoming three fiscal years with the goal to meet the service demands within our county.

Southern Counties Regional Partnership

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).

Through the partnership Imperial County participates in the following programs:

- Loan Repayment Program;
- Graduate Student Stipend;
- Training Retention Trainings;
- SCRP Regional Conferences; and soon considering to adding
- Pipeline Activities

Certifications
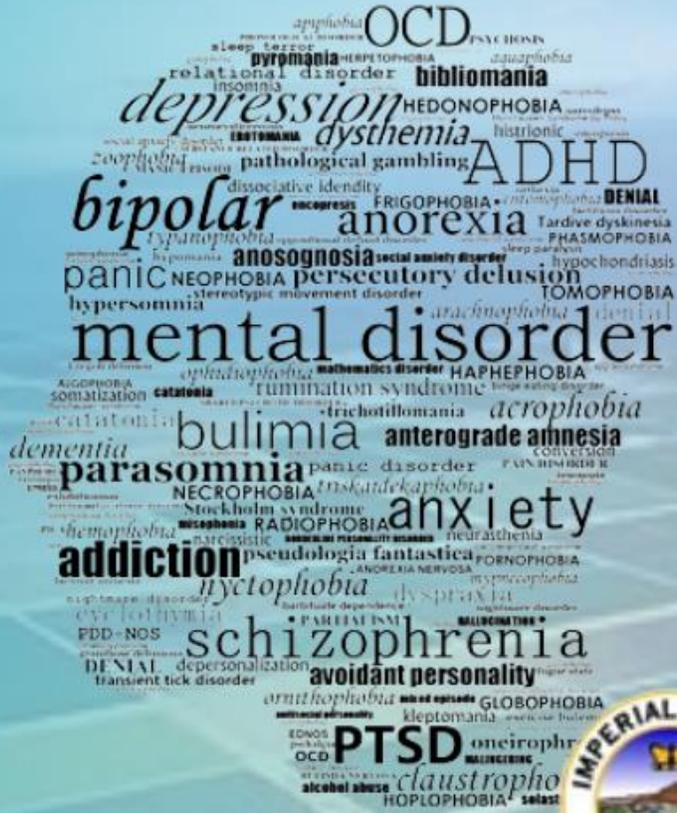
Certifications

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: ____Imperial County____

× Three-Year Program and Expenditure Plan   Annual Update

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

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

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested part for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on
_6/6/2023_.

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

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

Leticia Plancarte-Garcia   *[signature]*   6/6/2023

Local Mental Health Director   Signature   Date
(PRINT)

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: IMPERIAL

☐X 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: Karina B. Alvarez
Telephone Number: (442) 265-1601	Telephone Number: (442) 265-1277
E-mail: letyplancarte@co.imperial.ca.us	E-mail: karinabalvarez@co.imperial.ca.us

Local Mental Health Mailing Address:
202 N. EIGHT 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)   Signature   Date 04/18/2023

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 _12/3/21_ 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.

Karina B Alvarez
County Auditor Controller / City Financial Officer (PRINT)   Signature   Date 4/28/2023

---

[1] Welfare and Institutions Code Sections 5847(b)(9) and 5899(a)
Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (07/22/2013)

MHSA Three Year Plan

Map of Imperial County; Source: Google Maps

County Profile

Located in the southernmost region of California, Imperial County is a unique county due to its surrounding deserts, its endangered Salton Sea, its rural farming communities, and its border county culture. Imperial County borders San Diego County to the west, Riverside County to the north, the State of Arizona to the east, and Mexico to the south. The county extends over approximately 4,500 square miles and is comprised of seven incorporated cities (Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland) and seven unincorporated areas, some of which are located more than 45 minutes apart from each other. Imperial County is considered a "small" county due to its Mental Health Plan (MHP) size.
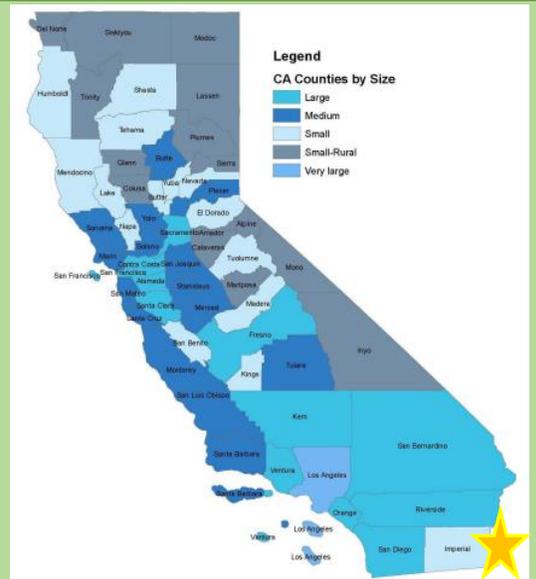
Imperial County Demographics (Quick Facts U.S. Census)

Demographic Category	U.S. Census 2022	
	Population	% of Total
Gender		
Male	92,623	51.5
Female	87,228	48.5
Age		
≤5 years	28,546	7.1
6 to 18 years	51,820	28.5
19 to 64 years	77,821	51
65 years≤	23,637	13.4
Ethnicity		
Hispanic or Latino	153,773	85.8
White	16,546	9.2
Black or African American	6,115	3.4
American Indian/Alaskan Native	4,676	2.6
Asian	3,777	2.1
Pacific Islander	36	0.2
Other or (Two or More)	3,057	1.7

U.S. Census Population 2022
179,851

Unemployment Rate 2022
16.20%

Medi-Cal Eligible 02/2023
109,471

Imperial County's homeless population is as unique as its county due to its borders. Imperial County has unique homeless populations aside from those identified within the counties main cities. From groups of farmworkers that come across the Mexican border for days or weeks at a time who are found sleeping in our border city streets of Calexico, Ca to the unique community in Niland,Ca called Slab City. Many of these individuals can be categorized as experiencing a level of homelessness as they meet the definition provided by Housing California, "as living in a place not meant for human habitation".
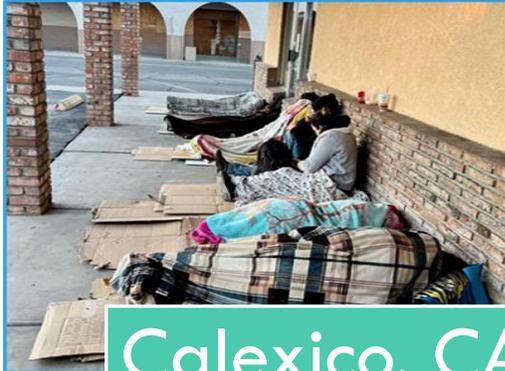
Calexico, CA

Niland, CA

Picture Source: Niland, CA: 2021 Los Angeles Times; https://adventure.howstuffworks.com/slab-city.htm; Calexico, CA: 2022 Calexico Chronical; https://calexicochronicle.com/2023/01/31/2022-data-indicates-drop-in-homelessness/

Imperial County Homeless or at Risk of Experiencing Homelessness Point In Time Counts

Imperial County Point In Time Counts Per Calendar Year
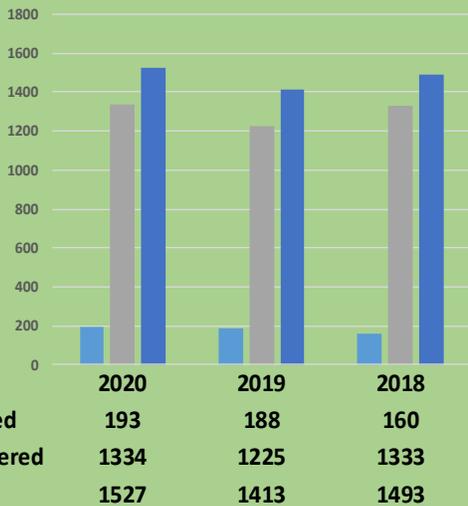
Imperial Counties Point in Time (PIT) count conducted on January 28, 2022 yielded a total of 925 for Unsheltered Individuals, and 132 sheltered individuals (38 emergency shelter; 94 transitional housing). This was a 30 % decrease from 2020 and 2022. The count was coordinated by the Imperial County Continuum of Care.

	2020	2019	2018
Sheltered	193	188	160
Unsheltered	1334	1225	1333
Total	1527	1413	1493

Underserved and/or Hard to Reach Population Methodology

The target populations for CY 2023 are derived from the data presented in the Imperial County Penetration Rates Report for FY 2021-2022. The purpose of this report is to evaluate ICBHS's ability to provide mental health and substance abuse treatment services to beneficiaries and its community at large.

The following populations' categories are underserved; therefore, outreach activities and service development should be focused for the following populations

Target Populations for FY 2023

Target Population	MHP Population	SUD Population
Ethnicity	Asian/Pacific Islander and Alaskan Native/American Indian	Hispanic
Language	Spanish	Spanish
Gender	Female	Female
Age Group	65+	12-20 and 65+
City of Residence	Winterhaven	Calexico, Holtville and Winterhaven

ICBHS is currently working on developing a community feedback survey to enhance the methodologies used and incorporate the feedback to be obtained from a community-based perspective. The developed community based survey will be distributed in a number of community events, among community and agency stakeholders, clients and/or their families or supports. The survey will be accessible via email and in paper. Compilation of data will take place during a determined time period and results will be interpreted and shared.

County's Capacity to Implement Programs/Services

Imperial County currently employs 540 FTE employees as of 4/18/2022, 46% of employees identified direct service staff and 54% are managerial, supervisory, and support staff. Imperial County's threshold language is synonymous with 78% of employees identify as Hispanic/Latino and 68% of the workforce identifying as being fluent in Spanish. 55% reported being culturally aware of the Hispanic culture. County's threshold languages are English and Spanish.

Cultural Competence Clients Vs. Workforce
FY 2021-2022

Ethnicity Comparison
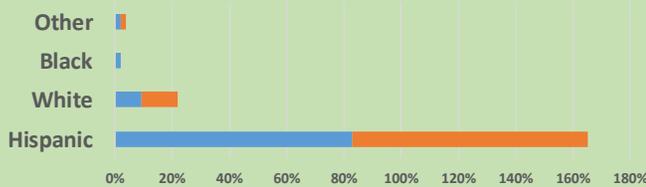
	Hispanic	White	Black	Other
ICBHS Clients	83%	9%	2%	2%
ICBHS Workforce	82%	13%	0%	2%

Language Comparison
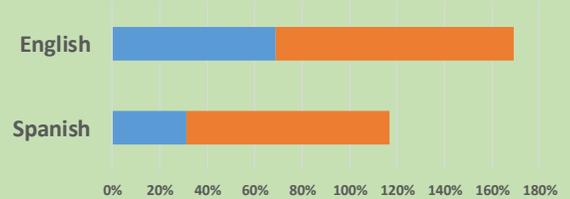
	Spanish	English
ICBHS Clients	31%	69%
ICBHS Workforce	86%	100%

ICBHS's workforce demonstrates competency to work with the county's threshold population.

Further demographic breakdown may be seen in the following charts:

ICBHS Workforce Race 2021-2022

Legend:
- American Indian or Alaskan Native
- Asian Indian
- Black/African American
- Hispanic/Latino
- Asian
- Multi-racial
- White
- Not Answered

White, 13%
Hispanic/Latino 82%
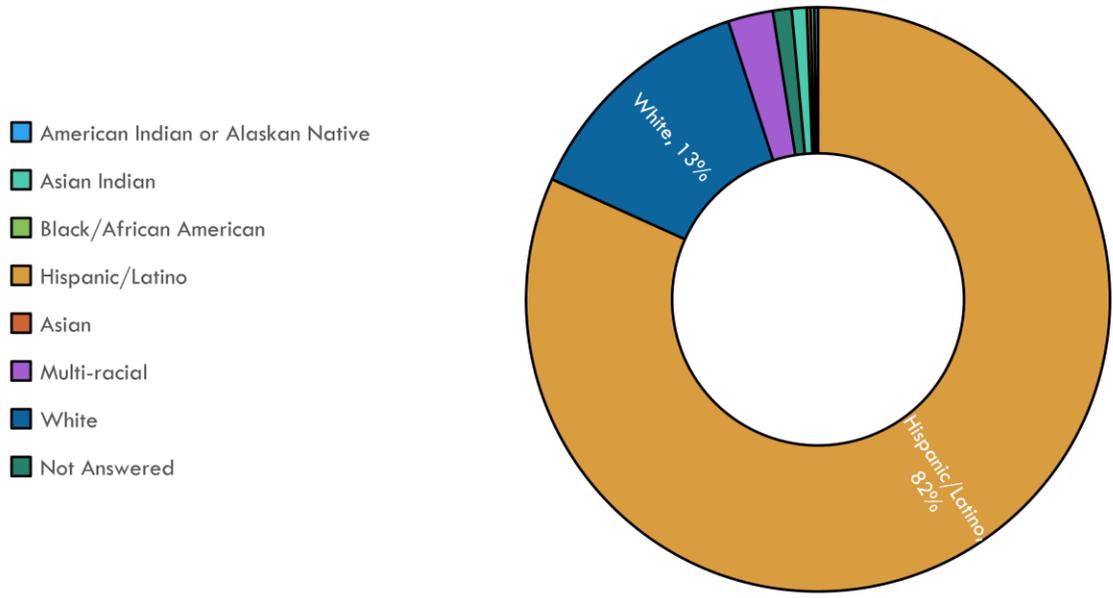
Imperial County Mental Health Services Workforce Ethnicity by Major Groups

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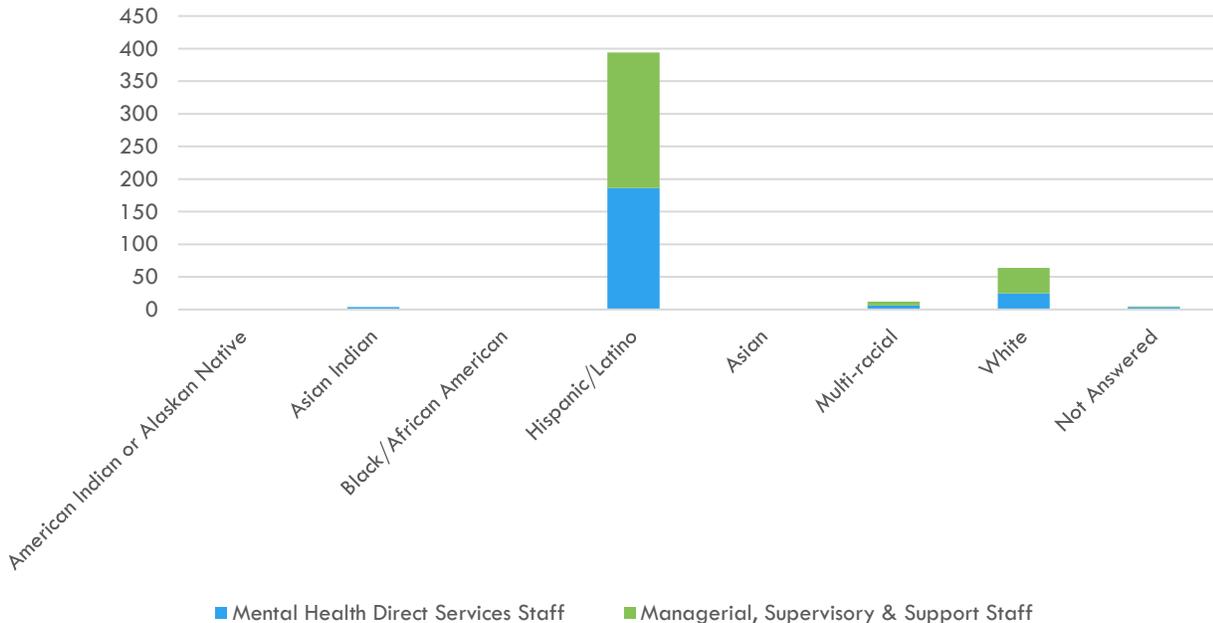
When comparing the workforce by race/ethnicity to the populations receiving public mental health services, we find overall parities between the race/ethnic groups being served; however, there is a slight discrepancy amongst the African American/Black race/ethnicity and Imperial County Behavioral Health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

Imperial County Workforce Vs. Medi-Cal Beneficiaries Served FY 2021-2022

Race/Ethnicity	Medi-Cal Beneficiaries	ICBHS Workforce
Hispanic/Latino	83%	82%
White/Caucasian	9%	13%
African American/Black	2%	0%
Asian/Pacific Islander	1%	1%
Native American	0%	0%
Other	2%	2%

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

Workforce Needs Assessment

Occupational Category

Imperial County, as many other counties in California, continues to face obstacles in recruiting and retaining licensed medical professionals. Imperial County continues to strengthen its mental health services workforce by the continuously filling of open licensed positions, such as:

Psychiatrist	Psychiatric Nurse	Supervising Clinical Psychologist
Behavioral Health Therapist	Substance Use Disorders Counselor I	

Openings for the above and other positions can be found in our Imperial County Human Resource website: https://hr.imperialcounty.org/job-openings. For 2022, Imperial County has experienced a decline in the number of Psychiatrist, Licensed Clinical Social Workers; however an increase in Associate Clinical Social Workers in the past 2 years. Recruitment of licensed medical professionals such as Social Workers, Marriage and Family Therapist, Nurse Practitioner and Registered Nurses continues to be trying, especially for those from under-represented racial/ethnic groups.

ICBHS Licensed Mental Health Direct Services Staff

	Licensed Psychiatric Technician	Licensed Clinical Psychologist	Licensed Clinical Social Worker	Licensed Marriage & Family Therapist	Associate Clinical Social Worker	MFT Registered Intern	Registered Nurse	Licensed Vocational Nurse
2017-2018	1	1	2	3	16	19	1	18
2019-2020	0	0	5	6	12	16	1	18
2021-2022	0	1	5	9	20	13	1	27
2022-2023	0	1	5	6	24	13	1	27

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

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

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

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

Group and Positions	Number of Current FTEs	Previously Reported	Race/Ethnicity of FTEs currently in the workforce						How many identify as fluent in Spanish?
			White/ Caucasian	Hispanic/ Latino	African American/ Black	Asian/ Pacific Islander	Native American	Multi or Other	
Unlicensed Mental Health Direct Service Staff:									
Mental Health Rehabilitation Specialist	9	5	3	5				1	5
Mental Health Rehabilitation Technician	73	89	2	66	1	1	1	2	48
Mental Health Counselor*	15			14				1	14
Substance Abuse Counselor*	12		2	10					7
Access & Benefits Worker	13	10		13					10
Other Unlicensed Direct Service Staff (MHW)	61	54	4	56				1	50
Subtotal:	**183**	**158**	**11**	**164**	**1**	**1**	**1**	**5**	**134**
Licensed Mental Health Direct Service Staff:									
Psychiatrist	5	8	1	1		2		1	1
Licensed Psychiatric Technician									0
Licensed Clinical Psychologist	1		1						0
Licensed Clinical Social Worker	5	5	1	4					2
Licensed Marriage & Family Therapist	6	6		6					3
Associate Clinical Social Worker	24	12	5	18				1	18
MFT Registered Intern	13	16	3	10					11
Subtotal:	**54**	**47**	**11**	**39**	**0**	**2**	**0**	**2**	**35**
Other Mental Health Direct Service Staff:									
Registered Nurse	2	1		2					1
Licensed Vocational Nurse	19	18	4	15					11
Subtotal:	**21**	**19**	**4**	**17**	**0**	**0**	**0**	**0**	**12**
Managerial and Supervisory Staff:									
Management	18	17	6	11				1	12
Supervising Clinical Psychologist	1	2	1					1	1
Supervising Therapist	2	1	1	1					1
Supervisors	46	28	6	39				1	35
Subtotal:	**67**	**48**	**14**	**51**	**0**	**0**	**0**	**3**	**49**
Support Staff:									
Analysts, tech. support, quality assurance	45	53	8	35		1			33
Clerical, administrative assistants	100	104	14	80				4	70
Other support staff (non-direct services)	50	18	7	43					42
Subtotal	**195**	**175**	**13**	**159**	**0**	**0**	**2**	**1**	**138**
Total Mental Health Direct Service Staff:	**258**	**224**	**26**	**220**	**1**	**3**	**1**	**7**	**181**
Total Managerial, Supervisory, & Support Staff:	**262**	**223**	**27**	**210**	**0**	**0**	**2**	**4**	**187**
Total of all Staff:	**520**	**447**	**53**	**430**	**1**	**3**	**3**	**11**	**368**

*Added Categories

Source: ICBHS Staff Listing 2023/ Cultural Competence Plan 2022

Consumer and Family Member Employment

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

The Staff Cultural Competence Survey conducted in 2022 included a question that allowed staff to self-report being a consumer of mental health services. The survey results found below indicate the optional question regarding self-identified consumers was answered by 45 staff members, which is approximately 8% of the surveys returned.

Self Identified Consumers or Family Members for 2022

Self Identification Staff Cultural Competence Survey		Function							
		Administrative n=67		Direct Service n=258		Support Service n=195		Total n=520	
		#	%	#	%	#	%	#	%
	Self	4	6%	26	10%	15	8%	45	8%
	Family Member	14	21%	54	21%	46	24%	114	22%

MHSA Background

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

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

Promote wellness, recovery, and resilience.

Increase consumer and family member involvement in policy and service development and employment in service delivery.

Outreach to underserved and unserved populations.

MHSA ACTIVITIES CORE SET OF VALUES

Deliver individualized, consumer, and family-driven services that are outcome oriented and based upon successful or promising practices; and

Develop a diverse, culturally sensitive, and competent workforce in order to increase the availability and quality of mental health services and supports for individuals from every cultural group.

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

Community Services and Supports (CSS)

- The programs and services being identified by each county to serve unserved and underserved populations.

Prevention and Early Intervention (PEI)

- Programs designed to prevent mental illnesses from becoming severe and disabling.

Workforce Education and Training (WET)

- Targets workforce development programs to remedy the shortage of qualified individuals to provide services.

Capital Facilities and Technological Needs (CF/TN)

- Addresses the infrastructure needed to support the CSS programs.

Innovation

- Promotes recovery and resilience, reduces disparities in mental health services and outcomes, and leads to learning that advances mental health in California in the directions articulated by the MHSA.

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

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

Community Program Planning Process

IMPERIAL COUNTY
MHSA STEERING COMMITTEE MEMBERS

- o Center for Family Solutions
- o Child Abuse Preventive Council
- o El Centro Police Department
- o El Centro Fire Department
- o Imperial County Executive Office
- o Imperial County Office of Education
- o Imperial County Office of Education – SELPA
- o Imperial County Probation Department
- o Imperial County Public Administrator's Office
- o Imperial County Public Health Department
- o Imperial County Sheriff's Office
- o Imperial County Social Services Department
- o Reps4Vets
- o Imperial Valley College
- o Imperial Valley Drug Rehabilitation Center
- o Imperial Valley LGBT Resource Center
- o Imperial Valley Regional Occupational Program
- o Mental Health Advisory Board Members
- o National Alliance in Mental Illness
- o San Diego Regional Center
- o Sure Helpline Center
- o PEERs
- o Community Members
- o Etc…

The administration of the MHSA community program planning process as well as the development of the Three-Year Program and Expenditure Plan for FY 2022-2023 through FY 2025-2026 for Imperial County was a coordinated activity led by the Behavioral Health Services (ICBHS) Director, in collaboration with Imperial County's Mental Health Advisory Board. A MHSA Steering Committee that includes local stakeholders are also involved at all levels of the MHSA community program planning process.

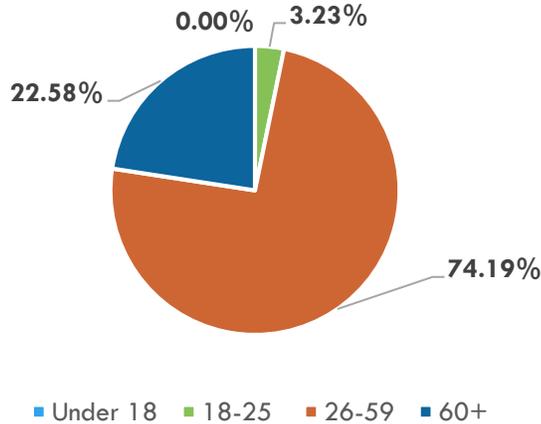The MHSA Steering Committee Stakeholders is composed of consumers, family members, and peer supporters as well as representatives from law enforcement, education, veteran organizations, social services, community health agencies, and provider and system partners. The MHSA Steering Committee meets on a quarterly basis to provide input and recommendations to the Department regarding the populations to be targeted for services under

MHSA funding and address issues and needs identified in the community through evidence-based practices. The committee is informed and directly involved by providing ongoing planning, monitoring, and oversight of the MHSA Program planning, development, and implementation.

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

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

MHSA Steering Committee Stakeholder - Age

0.00%   3.23%
22.58%
74.19%

■ Under 18   ■ 18-25   ■ 26-59   ■ 60+

The MHSA Steering Committee will strategize on recruitment opportunities in support of having more representation among the 14-25 and 60 years and older age ranges.

MHSA Steering Committee Stakeholder - Gender

0.00%
25.81%
74.19%

■ Male   ■ Female   ■ Non-Binary
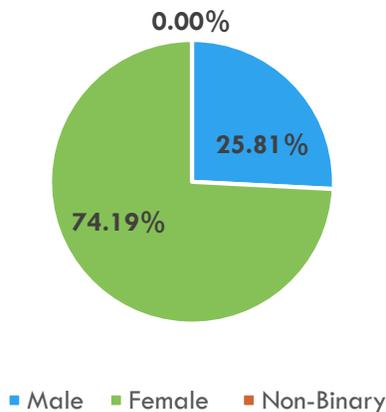
The MHSA Steering Committee will strive to recruit representatives with other preferred gender identities.

MHSA Steering Committee Stakeholder - Language

Pie chart legend: English, Spanish, Other (please specify):
- 0.00%
- 29.03%
- 70.97%
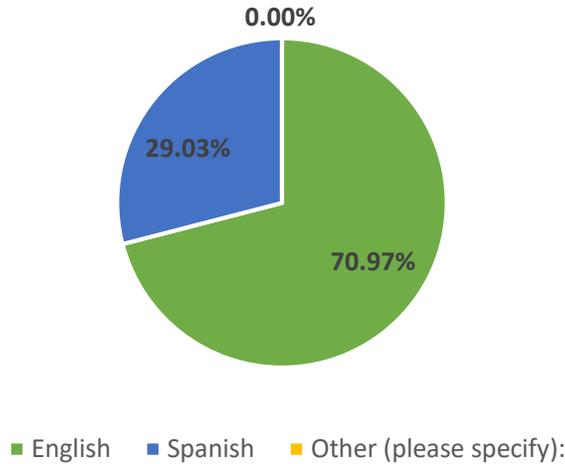
The MHSA Steering Committee has an adequate representation related to the language thresholds in our county.

MHSA Steering Committee Stakeholder - Race/Ethnicity

Bar chart:
- White or Caucasian: 16.13%
- Black or African American: 3.23%
- Hispanic / Latino or Mexican American: 74.19%
- Asian: 0.00%
- American Indian or Alaska Native: 3.23%
- Native Hawaiian or other Pacific Islander: 0.00%
- Multi-racial: 3.23%
- Other (please specify): 0.00%
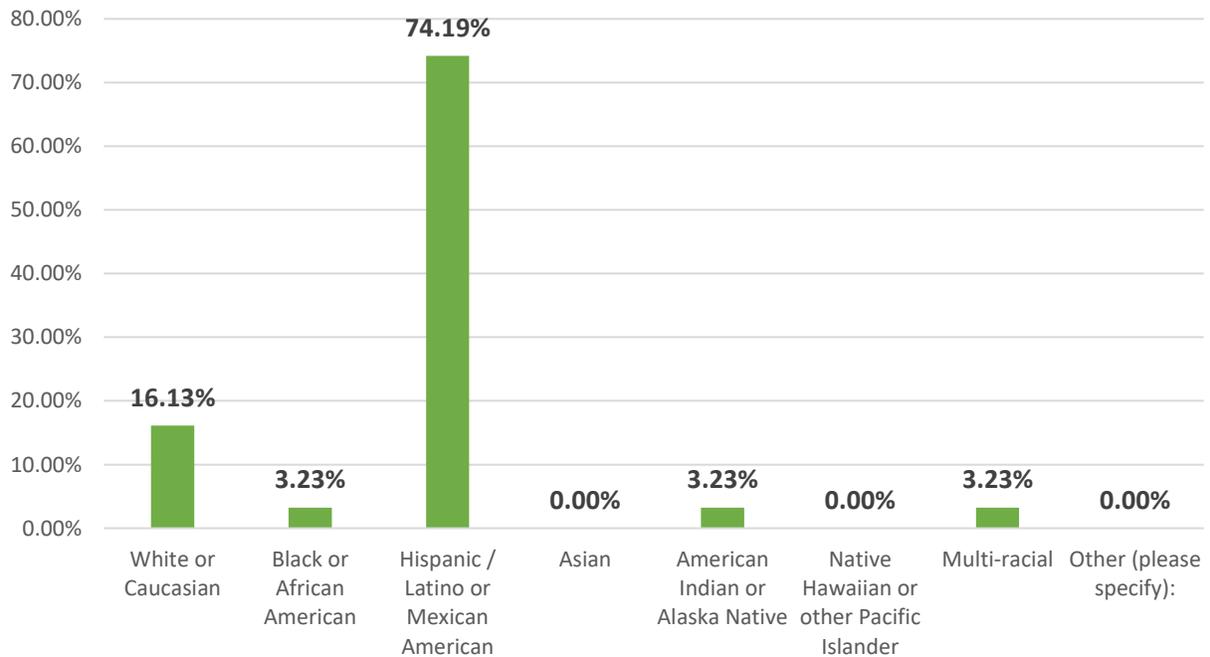
The MHSA Steering Committee has an adequate representation related to the race/ethnicity thresholds in our county.

41

MHSA Steering Committee Meeting Stakeholder - Affiliation
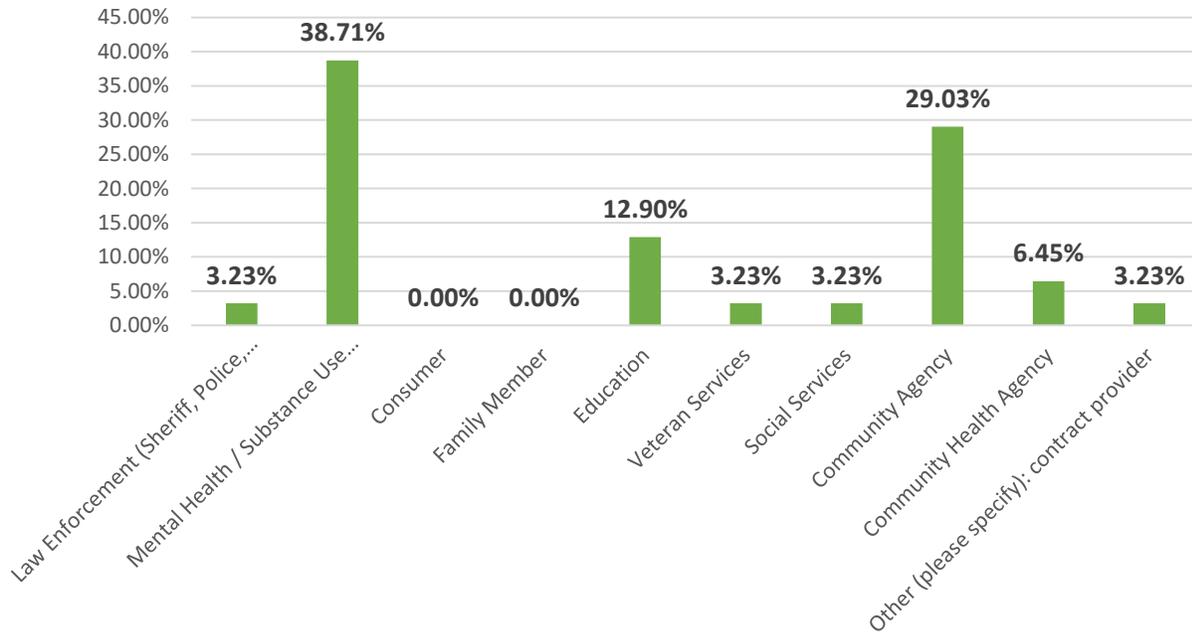
The MHSA Steering Committee will strategize in recruiting representation of consumer / family member within the stakeholder pool.

MHSA Steering Committee Meeting Stakeholder - Service Location / Residencey

El Centro   Calexico   Imperial
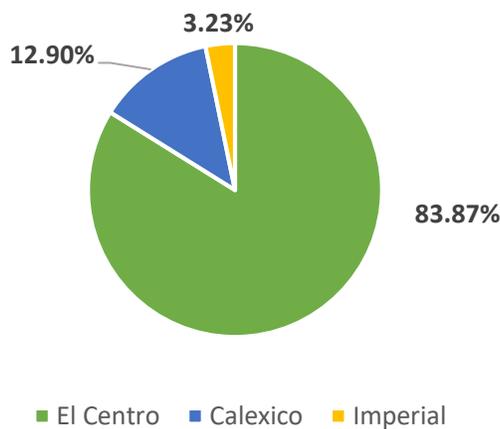
The MHSA Steering Committee will strategize in securing more representation of outlining area service providers, such as: Winterhaven and Brawley.

The following table identifies stakeholders that identified lived experience or identified as a provider to individuals with lived experiences in the following areas:

MHSA Steering Committee Stakeholder Lived or Service Provider Experience 2023

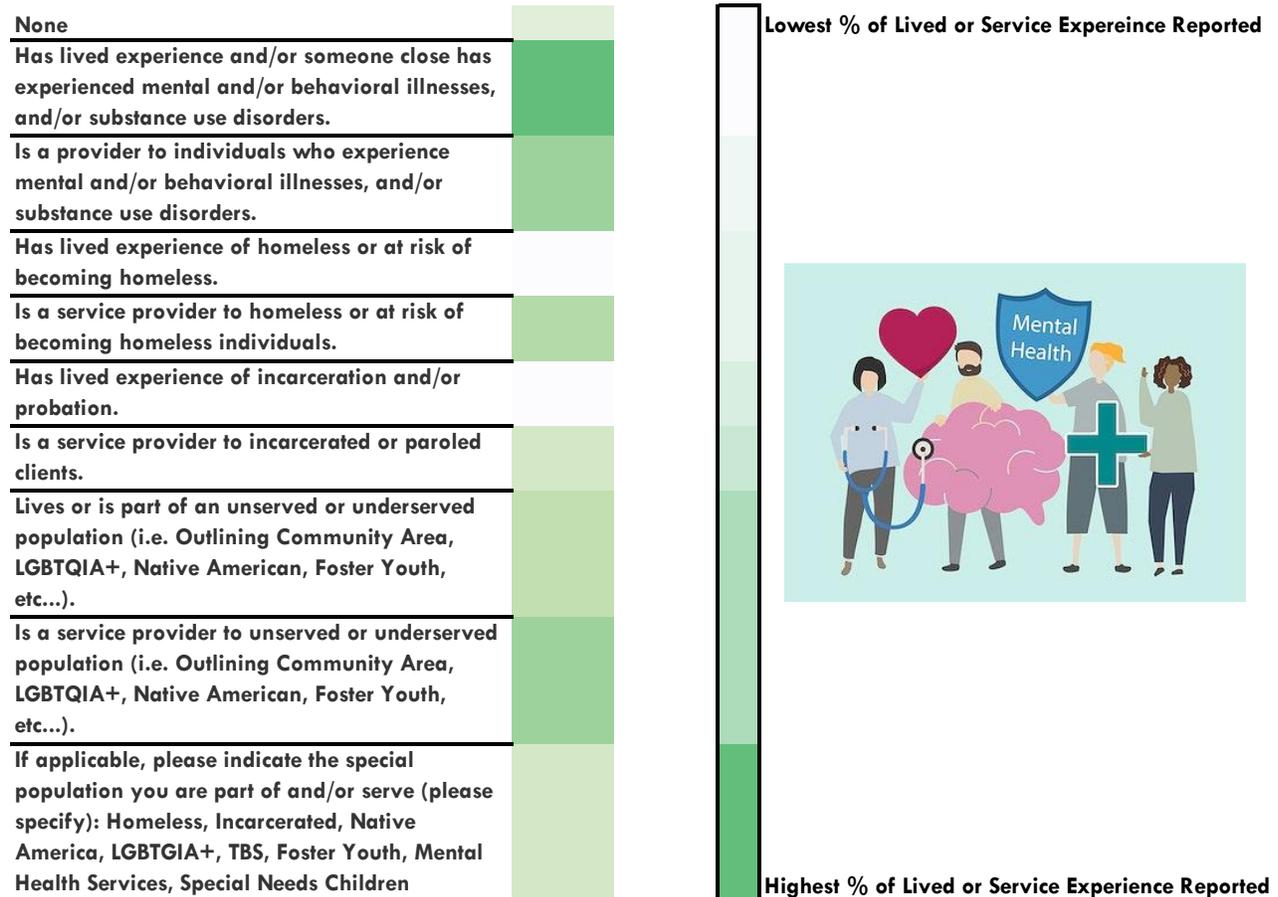|		
None		Lowest % of Lived or Service Expereince Reported
Has lived experience and/or someone close has experienced mental and/or behavioral illnesses, and/or substance use disorders.		
Is a provider to individuals who experience mental and/or behavioral illnesses, and/or substance use disorders.		
Has lived experience of homeless or at risk of becoming homeless.		
Is a service provider to homeless or at risk of becoming homeless individuals.		
Has lived experience of incarceration and/or probation.		
Is a service provider to incarcerated or paroled clients.		
Lives or is part of an unserved or underserved population (i.e. Outlining Community Area, LGBTQIA+, Native American, Foster Youth, etc...).		
Is a service provider to unserved or underserved population (i.e. Outlining Community Area, LGBTQIA+, Native American, Foster Youth, etc...).		
If applicable, please indicate the special population you are part of and/or serve (please specify): Homeless, Incarcerated, Native America, LGBTGIA+, TBS, Foster Youth, Mental Health Services, Special Needs Children		Highest % of Lived or Service Experience Reported

71% of the MHSA Steering Committee Stakeholder representation identified as individuals with lived or someone close has experienced mental and/or behavioral illnesses, and/or substance disorders. Whereas on 3% respectively reported experience in lived experience in homelessness/risk of homelessness and/or incarceration/probation.

For FY 2023-2024 through FY 2025-2026, Imperial County will continue to expand its Steering Committee membership by at least 1% each fiscal year. As of March 2020, Imperial County's current membership was 53 members. As of March 2023. Imperial County has a current membership of 66 members. We will continue with expanding and identifying

MHSA Steering Committee Stakeholder Representation Compared to County Demographic Gender / Race 2023

	Male	Female	White or Caucasian	Black or African American	Hispanic / Latino or Mexican American	Asian	American Indian or Alaska Native	Native Hawaiian or other Pacific Islander	Multi-racial
Stakeholder	25.81%	74.19%	16.13%	3.23%	74.19%	0.00%	3.23%	0.00%	3.23%
Imperial	51.50%	48.50%	9.20%	3.40%	85.80%	2.10%	2.60%	0.20%	1.70%
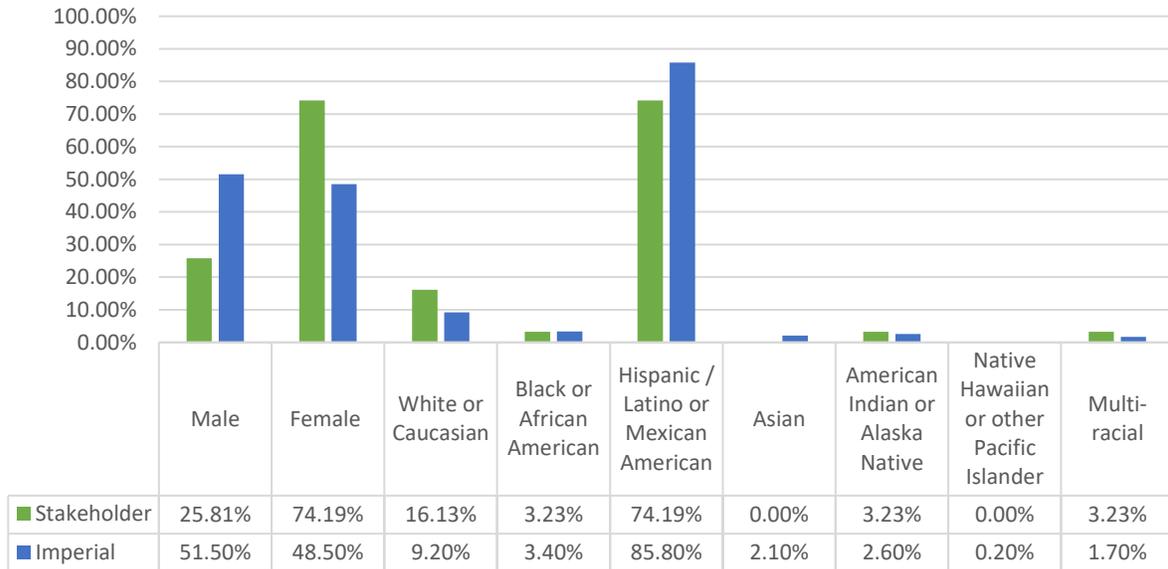
MHSA Steering Committee Meetings

During FY 2022-2023 the MHSA Steering Committee met on the following dates via Zoom:

- October 10, 2022
- December 12, 2022
- March 13, 2023
- April 24, 2023 (*MHSA Plan Announcement*)
- June 12, 2023 (*pending*)

For FY 2023-2024 the ***tentative*** dates scheduled for the MHSA Steering Committee meetings include:

- October 9, 2023
- December 11, 2023
- March 12, 2024
- April 23, 2024 (MHSA Plan Announcement)
- June 11, 2024

In order to ensure consumers with serious mental illness and/or serious emotional disturbance, and their family members, have the opportunity to participate in the community program planning process, meeting flyers advertising the date, time, location, and purpose of each respective MHSA Steering Committee meeting are posted in the waiting areas of ICBHS clinics. These are also distributed to consumers, family members, and community members by the

MHSA Outreach and Engagement Program's outreach workers. Moreover, the meeting information is also made available to the public through the ICBHS website.

For FY 2023-2024, ICBHS will continue monthly outreach coordination meetings among Program Supervisors and contract partners who conduct Behavioral Health outreach. This meeting maximizes efficiency in coordination, supports cross-pollination of innovative ways of reaching targeted outreach groups, and synchronizes data collecting and reporting.

ICBHS is planning to strengthen and continue to develop alignment of media to social media. Where previous the various modalities, print media, radio, and social media were used independently, along with billboards and other advertising. Starting in 2019, ICBHS has placed an emphasis on aligning all media to synergize. This means that the Imperial Valley Women's Magazine behavioral health feature for the month can be aligned with a radio show broadcast and the two media can cross-promote while each of these is also promoted on Facebook. These elements will be expanded and further cross-coordinated, ideally encompassing additional county agency media communication sites and additional social media platforms to further enhance outreach through media.

The primary hub of media output are the bilingual weekly wellness radio show/podcasts "Let's Talk About It' and "Exprésate", now entering their 19th year of weekly broadcasting under ICBHS. During FY 2021-2022, ICBHS continued a community planning process to identify needed supports and services for unserved and underserved populations. Outreach and engagement to underserved populations continued to expand through the scope of "Let's Talk About It" and "Exprésate", the weekly-aired, locally produced and hosted behavioral health radio programs in English and Spanish, the County's threshold language. Informational shows continued to provide the community with program overviews, referral and access information, the populations each program serves, and contact information through broadcast on three separate local radio stations. KXO Radio provided internet podcast hosting of all the radio shows that aired. With this podcast storing, any community member, friend, neighbor, family member, as well as agency personnel from ICBHS or any community agency, can access the information and refer an individual to a particular topic that may apply to their recovery at any time. Moreover, anyone can search the archives and listen in support of their own interests and/or needs. Download data from 2022 indicates that the English and Spanish wellness radio shows, Let's Talk About It and ¡Exprésate! are downloaded in podcast form approximately 2000 times or more per month for each show. This is the result of focused promotion on the show and reflects a 4-fold increase over initial 2018 podcast data.

The additional spreading of media through platforms and interconnections will be in part due to the completion of an audiovisual recording studio completed at the ICBHS training facility in 2022. This studio, once fully operational, will allow for student wellness groups from schools across the county, client wellness groups from behavioral health, veteran's wellness groups, the Imperial County Suicide Prevention Coalition, the Imperial Valley LGBT Community Center and other ICBHS affiliated partners to create and share behavioral health information on their unique platforms, supported by this resource and cross-promotion with ICBHS media. Final training and testing is underway and product is anticipated in FY 2023-2024 and going forward.

30-Day Review Process

The Three-Year Program and Expenditure Plan for FY 2023-2024 through FY 2025-2026 was posted for a 30-day public review and comment period from April 17, 2023, through May 16, 2023.

Circulation

The Three-Year Program and Expenditure Plan for 2023-2024 through FY 2025-2026 was posted for public access on the ICBHS website. In addition, it was advertised via email through the MHSA Steering Committee, the Cultural Competence Task Force, and the Imperial County Mental Health Advisory Board. 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 that was both posted to the ICBHS website and distributed along with the Three-Year Program and Expenditure Plan.

Advertisement Dates:

Local Newspaper	Tentative Publication Dates			
Adelante Valle (Fridays)	04/21/23	04/28/23	05/05/23	05/12/23
IV Press (Sundays)	04/23/23	04/30/23	05/07/23	05/14/23

ICBHS facilitated Public Community Forum meetings via Zoom in order to obtain public feedback regarding the Three-Year Program and Expenditure Plan for FY 2023-2024 through FY 2025-2026. Access to the plan was made available via media outlets including web posting, email, social media, including newspaper and radio outlets.
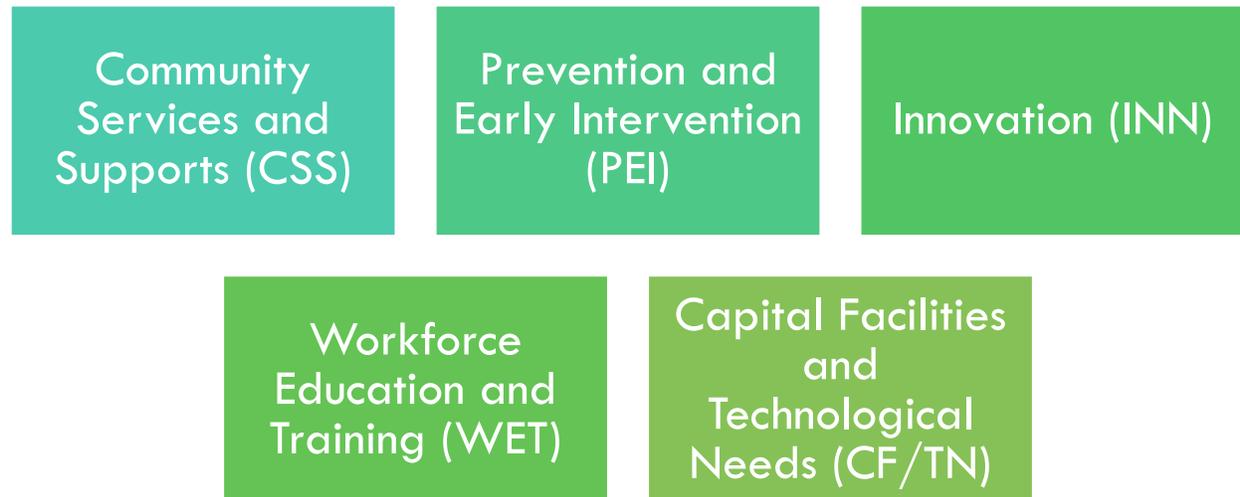
Public Hearing

After the 30-day public review and comment period, a Public Hearing was held via conference call by the Mental Health Board on May 16, 2023. At this meeting the Mental Health Advisory Board reviewed the Three-Year Program and Expenditure Plan for FY 2023-2024 through FY 2025-2026 and made no recommendations for revisions. There were also no other feedback received from community representatives. A summary and analysis of any substantive recommendations received during the public comment period and at the Public Hearing, including any substantive changes made to the Three-Year Program and Expenditure Plan in response to public comments, are documented and included as Attachment 1 to this plan.

Three-Year Program and Expenditure Plan Requirements

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

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

The intent of the Three-Year Program and Expenditure Plan is to provide the community with a report on the various projects to be conducted as part of the MHSA. This report includes descriptions of programs and services to be implemented during FY 2023-2024 through FY 2025-2026 for the following MHSA components:

Community Services and Supports (CSS)	Prevention and Early Intervention (PEI)	Innovation (INN)

Workforce Education and Training (WET)	Capital Facilities and Technological Needs (CF/TN)

47

MHSA Three-Year Program Plan

Community Services and Supports (CSS)

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

Community Services and Supports (CSS) focuses on those individuals with serious emotional disturbances or mental illnesses for the following populations:

Children and Families	**Transition-Age Youth (TAY)**
Adults	**Older Adults**

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

Full Service Partnership

Systems Development

Outreach and Engagement

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

Full-Service Partnership Funds

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

General Systems Development Funds

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

Outreach and Engagement Funds

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

The following are programs detailed under the CSS Component of the MHSA Three Year Plan for FY 2023-2024 through FY 2025-2026:

Full Service Partnership

- Youth and Young Adult Full Service Partnership
- Adult and Older Adults Full Service Partnership
- Portland Identification and Early Referral Full Service Partnership
- Intensive Community Program Full Service Partnership

General Systems Development

- Wellness Centers

Outreach and Engagement

- Outreach and Engagement Program
- Transitional Engagement Supportive Services Program
- Community Engagement Supportive Services Program

Full-Service Partnership Programs (FSP)

Youth and Young Adult Services FSP Program (YAYA-FSP)

The target populations for each of YAYA-FSP Programs services are as follows: Adolescents 12 to 17 with Serious Emotional Disturbance (SED) who, as a result of a mental disorder, have substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or the ability to function in the community; and who are either at risk of or have already been removed from the home; or whose mental disorder and impairments have been present for more than six months or are likely to continue for more than one year without treatment; or who display at least one of the following: psychotic features, risk of suicide, or risk of violence due to a mental disorder. These individuals may also be diagnosed with a co-occurring substance abuse disorder.

Transition Age Youth (TAY) ages 18 to 25 with Severe Mental Illness (SMI) who, as a result of a mental disorder, have substantial impairment in at least two of the following areas: self-care, school functioning, family relationships, or the ability to function in the community and are unserved or underserved and are experiencing either homelessness or are at risk of being homeless; aging out of the child and youth mental health system; aging out of the child welfare system; aging out of the juvenile justice system; have involvement in the criminal justice system; are at risk of involuntary hospitalization or institutionalization; or are experiencing a first episode of severe mental illness. These individuals may also be diagnosed with a co-occurring substance use disorder.

Adolescents ages 12 to 15 with SED and TAY ages 18 to 25 with SMI may also meet criteria for the YAYA-FSP Program if they have made recent suicidal attempts, gestures, and/or threats; have frequent Crisis & Referral Desk visits; have any recent psychiatric hospitalization(s); are currently in the juvenile justice system; and/or have a history of delinquent behaviors.

Current Programs

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

YAYA FSP consists of 3 Outpatient clinics servicing the targeted populations identified for all cities and rural areas within the Imperial County limits. The 3 outpatient clinics are located amongst the most populated cities within Imperial County. The combined YAYA FSP Clinics served 481 unduplicated clients in FY 22-23, which consisted of 64 consumers ages 12-15 and 417 were TAY ages 16-25. The total cost was $9,856 per consumer. The YAYA FSP programs are projecting to serve 555 unduplicated consumers in FY 2023-2024 with a total projected cost of $8,969.00 per consumer.
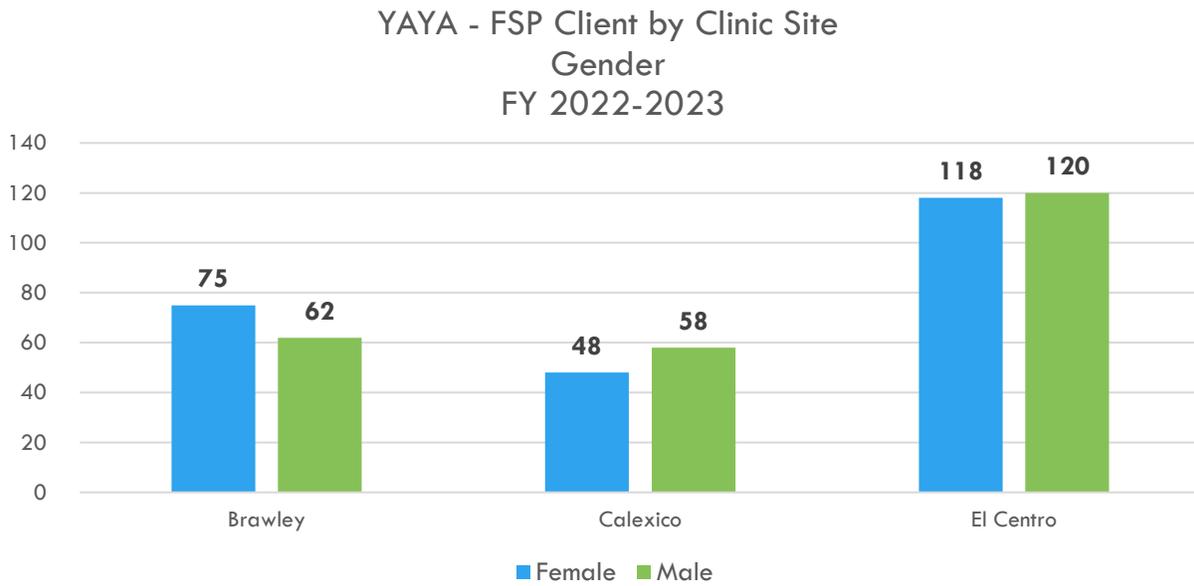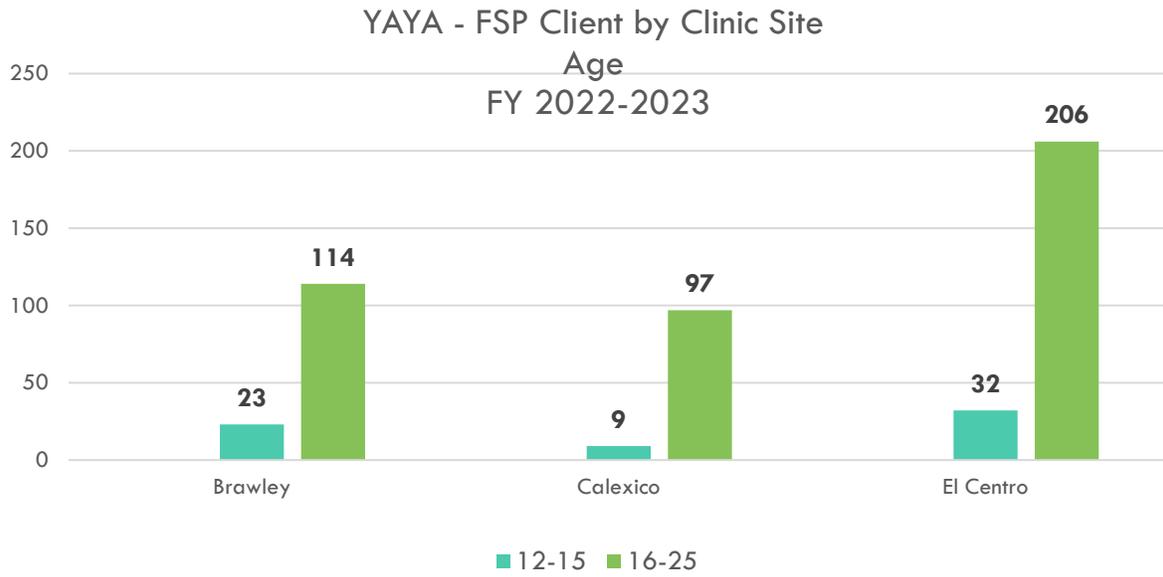
The Calexico YAYA FSP is located in the South end of the Imperial County and is adjacent to the International Border with Mexico. Calexico's current population is 38,534. The clinic is currently serving a total of 62 Clients, and 106 unduplicated clients have thus far been served in FY 22-23. The majority (96%) of the clinic's population are Hispanic; 92% are Calexico residents; 91% are within the 16-25 Transition Age Group; 54% are males; and 51% are Spanish speakers. The clinic is currently staffed with 3 part-time Psychiatric Doctors, 2 part-time Clinicians, 3 full-time Mental Health Rehabilitation Technicians, 2 Mental Health Workers, 1 Community Service Worker, 1 Program Supervisor and 2 clerical staff.

The Brawley YAYA FSP clinic is located in the Northern side of the Imperial County and serves the rural areas of the North end, which include Niland, Westmorland and Calipatria. The current population in the city of Brawley is 26,539. The clinic is currently serving a total of 68 Clients, and 137 unduplicated clients have thus far been served in FY 22-23. The majority (84%) of the clinic's population is Hispanic; 62% are Brawley residents; 83% are within the 16-25 Transition Age Group; 54% are Females and 85% are English speakers. The clinic is currently staffed with 3 part-time Psychiatric Doctors, 1 part-time Clinician, 5 full-time Mental Health Rehabilitation Technicians, 1 Mental Health Workers, 1 Community Service Worker, 1 Program Supervisor and 1 clerical staff.

The El Centro YAYA FSP clinic is located in the center of the Imperial County and serves residents from El Centro, Imperial, Heber, Seeley, Winterhaven and Holtville. The city of El Centro is the most populated city in Imperial County with a total of 44,158 residents. The clinic is currently serving a total of 135 clients, and 238 unduplicated clients have thus far been served in FY 22-23. The majority (79%) of the clinic's population is Hispanic; 57% are El Centro residents; 86% are within the 16-25 Transition Age Group; 50% are males and 50% are Females; and 80% are English speakers. The clinic is currently staffed with 1 full-time and 2 part-time Psychiatric Doctors, 2.5 full-time Clinicians, 9 full-time Mental Health Rehabilitation Technicians, 1 Mental Health Workers, 1 Community Service Worker, 2 Program Supervisor and 6 clerical Staff.
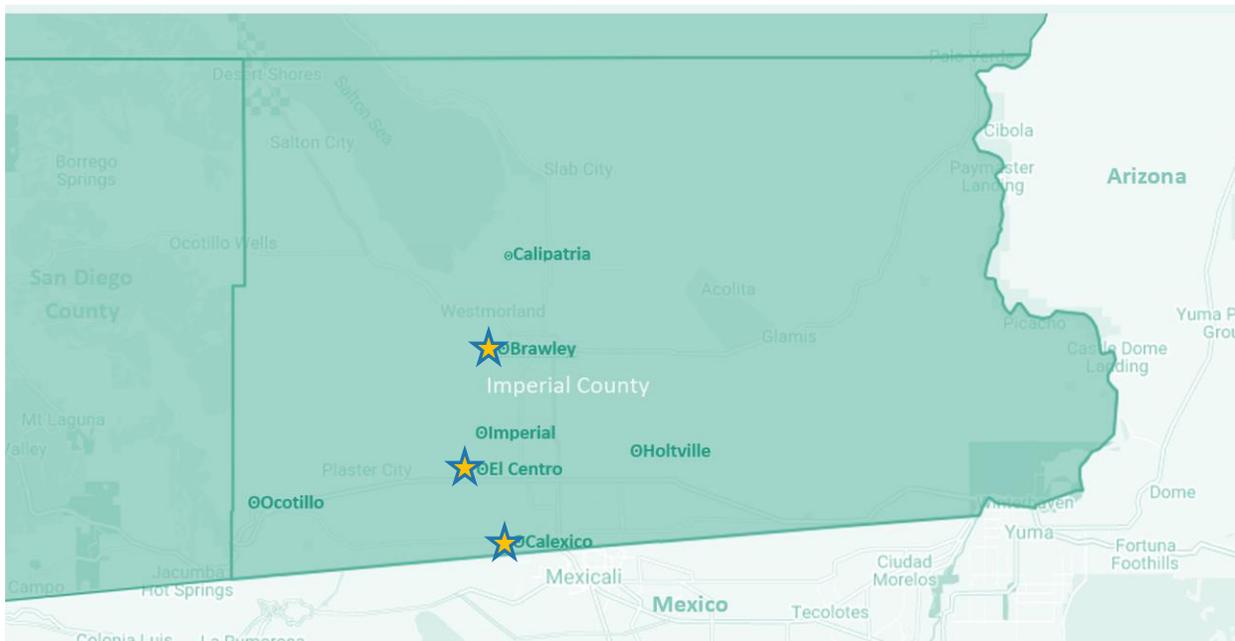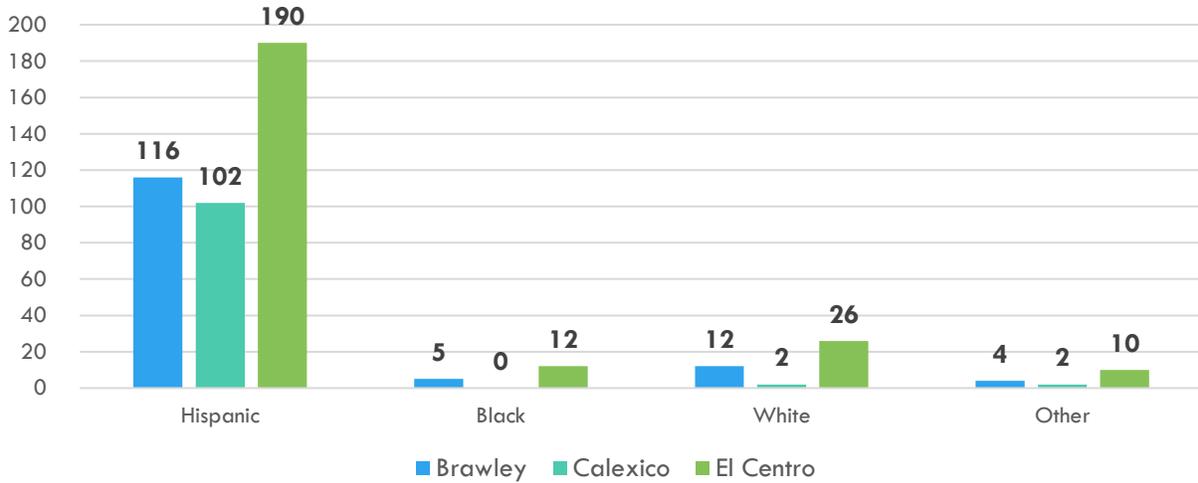
YAYA - Full Service Partnership Demographics 2022-2023			
	Brawley	**Calexico**	**El Centro**
Age Group			
12-15	23	9	32
16-25	114	97	206
Total	**137**	**106**	**238**
Gender			
Female	75	48	118
Male	62	58	120
Unknown			
Total	**137**	**106**	**238**
Race			
Hispanic	116	102	190
Black	5	0	12
White	12	2	26
Other	4	2	10
Total	**137**	**106**	**238**
Language			
English	117	51	192
Spanish	19	55	46
Other	1		
Total	**137**	**106**	**238**
City			
Brawley	86	1	10
Calipatria	15	0	2
Calexico	0	98	5
El Centro	6	5	138
Heber	0	0	14
Hotlville	0	0	13
Imperial	2	0	48
Seeley	0	0	5
Niland	5	0	0
Westmorland	11	0	0
Winterheaven	0	1	0
Other	12	1	3
Total	**137**	**106**	**238**

YAYA - FSP Client by Clinic Site
Age
FY 2022-2023

Brawley: 12-15 = 23, 16-25 = 114
Calexico: 12-15 = 9, 16-25 = 97
El Centro: 12-15 = 32, 16-25 = 206

■ 12-15 ■ 16-25

YAYA - FSP Client by Clinic Site
Gender
FY 2022-2023

Brawley: Female = 75, Male = 62
Calexico: Female = 48, Male = 58
El Centro: Female = 118, Male = 120

■ Female ■ Male

YAYA - FSP Client by Clinic Site
Race
FY 2022-2023

Bar chart showing values by race category:
- Hispanic: Brawley 116, Calexico 102, El Centro 190
- Black: Brawley 5, Calexico 0, El Centro 12
- White: Brawley 12, Calexico 2, El Centro 26
- Other: Brawley 4, Calexico 2, El Centro 10

Legend: Brawley, Calexico, El Centro

YAYA - FSP Client by Clinic Site
Language
FY 2022-2023

Bar chart showing values by clinic site:
- Brawley: English 117, Spanish 19
- Calexico: English 51, Spanish 55
- El Centro: English 192, Spanish 46

Legend: English, Spanish
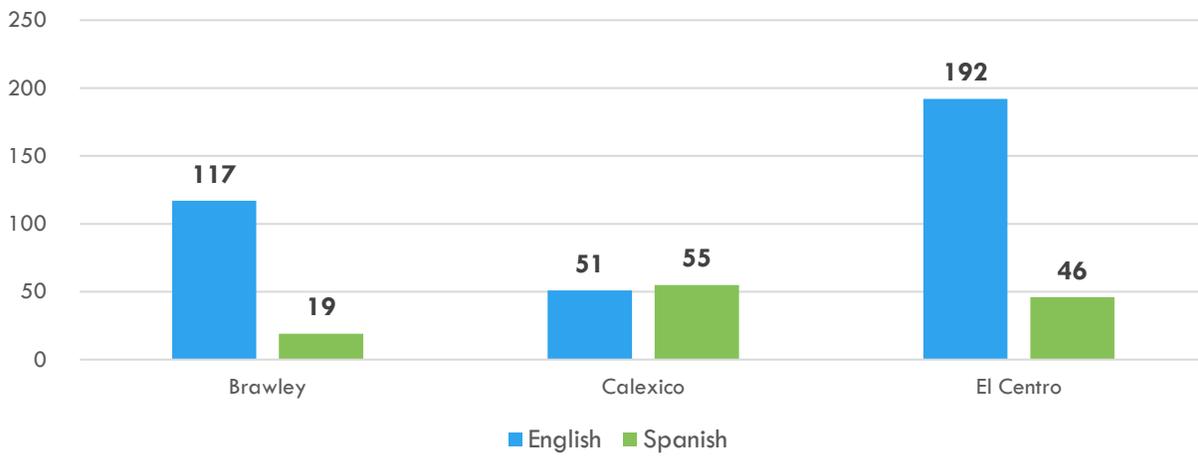
YAYA - FSP Client by Site
City Residence
FY 2022-2023
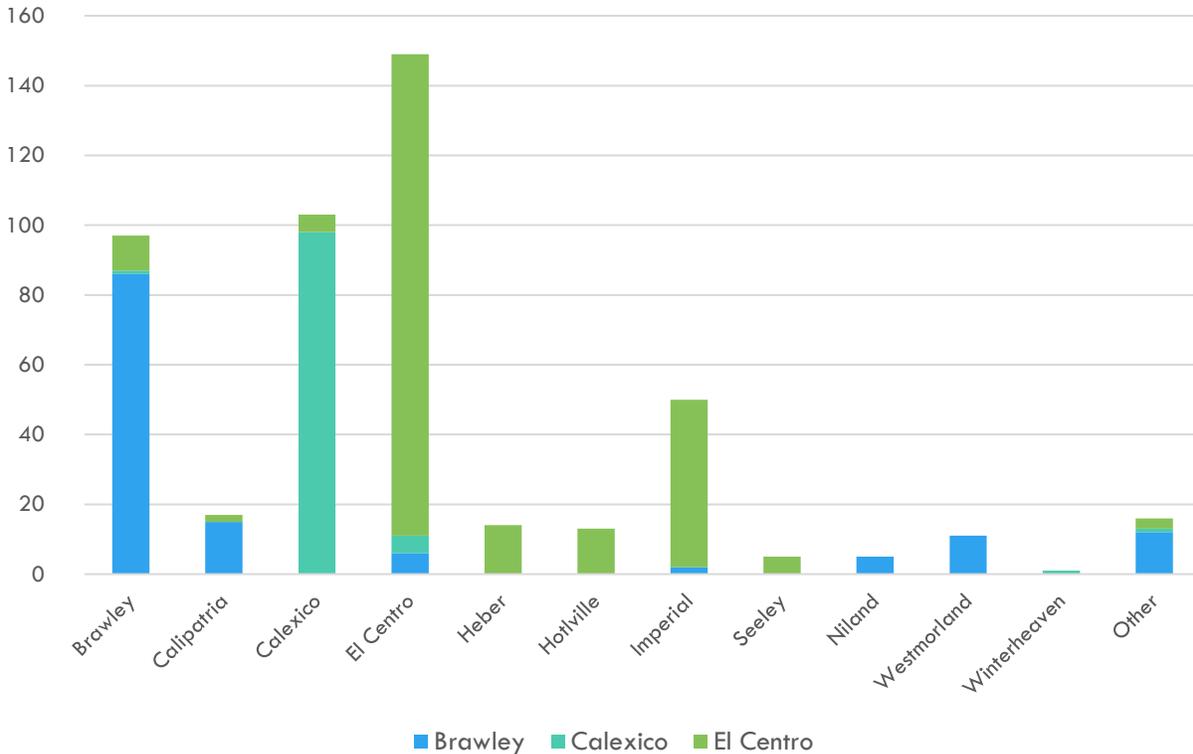
Description of Progress Made Towards Achieved Goals and Objectives for FY 2022-2023

In FY 2022-2023 Youth and Young Adult's staff continued to implement evidence-based practices that were specific to diagnosis and population. Clinicians continued to integrate the Dialectical Behavioral Therapy (DBT) model to treat multi-diagnostic, severely disordered individuals with pervasive emotion dysregulation. Clinicians found the DBT model to be effective when incorporating the four main components, including individual therapy, skills training groups, phone coaching, and a therapist consultation team. They were able to see a reduction in psychiatric emergencies, suicidal thoughts, and self-harming behaviors. Throughout this year a clinician and a Mental Health Rehabilitation Technician (MHRT) facilitated both an adolescent and adult DBT group where individuals practiced relational skills in a safe and supportive environment. The DBT groups proved to be successful in reducing interpersonal conflicts, creating healthy relationships, and improving their quality of life. Aggression Replacement Training (ART) continues to be offered to youth in the Adolescent Habilitative Learning Program (AHLP) to increase moral reasoning, decrease angry impulsive behaviors, and increase prosocial skills. Individuals are presented with daily lessons on anger control and social skills using the A-B-C model. Youth and Young Adults has not yet implemented Moral Recognition Therapy (MRT) due to high turnover rate and resignations in staff.

Administrative tools and reports are being developed and used to gather and analyze outcome measurement data. This information continues to be used for the purpose of ongoing

assessment and client plan goal(s) development. Information collected assists in ensuring fidelity to evidence-based treatment models implemented in the YAYA Program.

During FY 2022-2023, group therapy continued to cease as a result of limited staffing. High turnover rates and resignations became an ongoing barrier in spite of added benefits such as the re-classification of clinician's salary and implementation of the County's Pilot Telecommuting Program. Throughout this year, individual therapy was the primary method for this service. Individuals were given the option to receive this service in person or via telehealth. This was well received due to the convenience of not having to travel to an outpatient clinic or in some instances arrange for childcare. Individual therapy was also offered at the El Centro and Brawley High School Family Resource Centers. A larger number of youth obtained this service through the minor consent process and appreciated the accessibility of being served at a site near their high school. For minors detained at Juvenile Hall who were in need of individual therapy, this service was also offered via telehealth or in some instances in person at their facility. Despite some staffing challenges this year, efforts to meet the needs of community continued to be made to ensure the accessibility of timely services.

Clinicians and Mental Health Rehabilitation Technicians continue to provide mental health services at the Family Resource Centers (FRC) located at the Brawley High School and Central High School campuses. Hiring for vacant and new positions continues to be a challenge due to competitive agencies interviewing from the same pool of candidates. Imperial County Behavioral Health Services continued to work on improving strategies to retain and attract new employees to provide additional staffing to attend to the demand in school campuses as the need continues to be identified. Some of the strategies currently using is a Mentored internship program. In this program we are currently offering an internship program to college students interested in the mental health field. ICBHS is also conducting staff engagement surveys to assist with retention of staff.

Youth and Young Adults has continued to make efforts on improving client's participation in the exercise program at Fitness Oasis. Staff continue to educate clients on the benefits of participating in the exercise program and how it can assist them in improving their mental health symptoms. Although COVID-19 continues to be a large factor in clients' hesitancy to participating in the exercise program, Youth and Young Adults has seen an increase in participation. With COVID-19 restrictions being lightened, Fitness Oasis has opened to more in-person classes. Consumers are also provided with transportation to the program as needed through their assigned clinics. Consumer Support funds continue to be available for those interested in attending a gym in the city where they reside. As predicted in the last report, there has been an increase in referrals to the fitness program over this past year. It is predicted that as COVID-19 restrictions continue to lessen, clients will continue to be more involved with Fitness Oasis program and participation will continue to increase.

Staff continued to make efforts to increase clients' participation in treatment. All clients receiving therapy services continued to be contacted by the assigned Clinician to provide engagement phone calls. Clinicians continued to troubleshoot barriers to session attendance with their clients and increase therapeutic bond. Engagement calls were structured to increase adherence to therapy sessions and ultimately assist clients to reach their goals in therapy. Individual strategies continued to include, but were not limited to, reviewing caseloads and sending Letters of Concern (LOC). The overall "No- Show" rate has remained at or below the 25% benchmark for the last two years.

Pyschotherapy No Show Percentages
FY 2022-2023
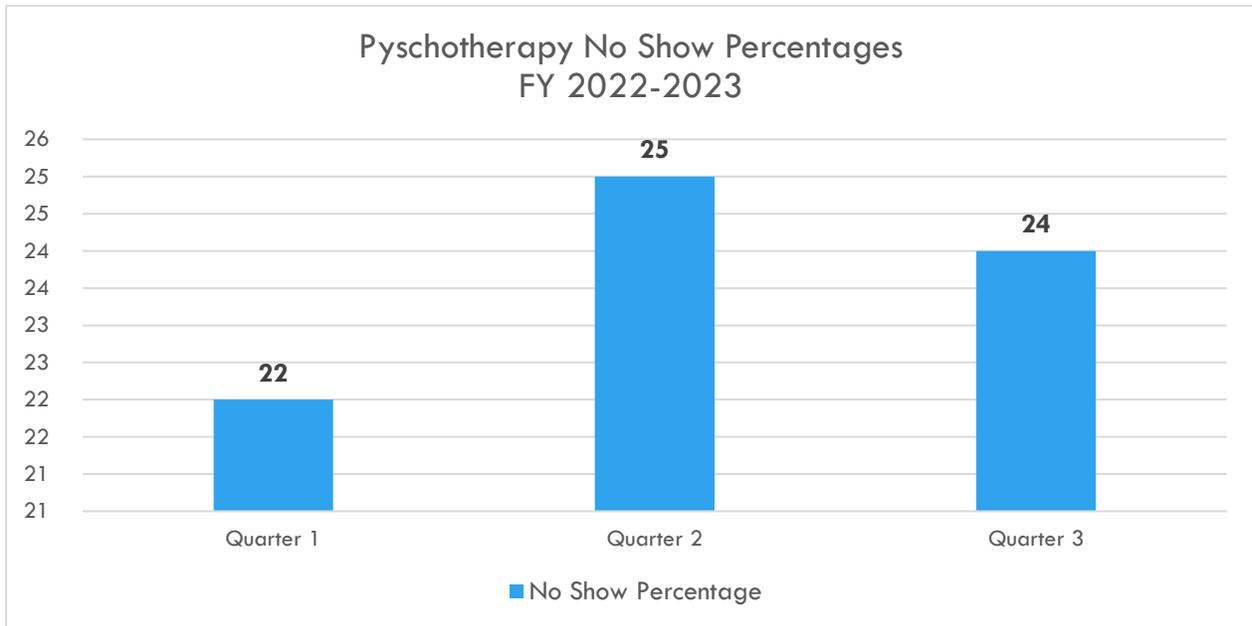
YAYA FSP clinics continue to make significant efforts to provide mental health information and awareness to clients, parents, and the community on issues related to adolescents and young adults. Efforts continue to reduce stigma associated with mental illness, and to raise awareness of existing services. Informational booths have served to inform individuals on our services as well as our presentations. Additional presentations requested also assigned to inform our public about signs and symptoms of mental illness, responses to stress and anxiety, skills for coping with school anxiety, parental skills to help support their children, and self-care skills.

In FY 2022-2023, Youth and Young Adult's staff continued to increase their efforts on referring and placing FSP consumers to the Helping Hearts Socialization Program. During this past year, one individual was referred. Staff recognized 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.

For FY 2022-2023, we will not be continuing with previously established goals related to integrating group therapy at outpatient clinics and increasing referrals to the exercise program at Fitness Oasis. The plan of integrating group therapy in our clinics will be discontinued given that when offered group therapy to clients they reported that individual therapy was their preferred method for this service. We will also reduce our efforts to solely refer to the YAYA FSP exercise program at Fitness Oasis. We determined that in spite of efforts made to increase referrals to Fitness Oasis, we found that clients preferred to attend a gym in the city where they reside and others reported being able to have other options for an exercise program. For FY 2023-2024 to 2025-2026 we will continue to work on goals pertaining to increasing our penetration rate by 10% by conducting outreach activities in the Winterhaven area, reducing the no show rate to 20% for psychotherapy appointments, increase the staffing by 1 full-time Clinician and Mental Health Rehabilitation Technician implement Moral Recognition Groups in the outpatient setting, and refer a minimum of 5 FSP consumers per year to the Helping Hearts Socialization 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. Previously we had difficulties interpreting data extracted from our AVATAR system but with our new Electronic Record, we are working on a streamline the process to be able to extract and interpret outcomes effectively.

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 (Basis-24) &Spanish	18 +	Depression and Functioning / Interpersonal Relationships / Psychosis / Substance Abuse / Emotional Liability / Self-Harm	General Instrument
Center for Epidemiologic Studies Depression Scale – Mood Questionnaire (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 Domains assessed include: child behavioral/emotional needs; life functioning; risk behaviors; cultural factors; strengths; caregiver resources and needs	General Instrument
Conners 3 ADHD Index - Parent (3-P) & Spanish	6-18	Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer Relations	**Diagnosis Specific:** Attention Deficit Hyperactivity Disorder (ADHD)
Conners 3 ADHD Index - Parent Short (3-PS) & Spanish	6-18	Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer Relations	**Diagnosis Specific:** Attention Deficit Hyperactivity Disorder (ADHD)
Conners 3 ADHD Index Self-Report (3-SR) & Spanish	8-18	General Psychopathology Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer & Family Relations ADHD Inattentive ADHD Hyperactive-Impulsive ADHD Combined Oppositional Defiant Disorder Conduct Disorder	**Diagnosis Specific:** Attention Deficit Hyperactivity Disorder (ADHD)
Conners 3 ADHD Index Self-Report Short (3-SRS) & Spanish	8-18	General Psychopathology Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer & Family Relations ADHD Inattentive	**Diagnosis Specific:** Attention Deficit Hyperactivity Disorder (ADHD)

		ADHD Hyperactive-Impulsive	
		ADHD Combined	
		Oppositional Defiant Disorder	
		Conduct 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 Assessment (GAD-7) & Spanish	18 +	Panic Disorder	**Diagnosis Specific:** Anxiety
		Social Anxiety	
		Post-Traumatic Stress Disorder	
Illness Management and Recovery Scale: Client Self-Rating (IMRS)	18 +	No Domains	**Diagnosis Specific:** Recovery
Patient Health Questionnaire (PHQ-9) & Spanish	18 +	Depression	**Diagnosis Specific:** Depression
Pediatric Symptom Checklist (PSC-35) (effective Oct 1, 2018)	3-18	Emotional problems	
		Behavioral problems	
PTSD Checklist-Specific Civilian (PCL-C) & Spanish	18 +	PTSD Symptoms	**Diagnosis Specific:** Post-Traumatic Stress Disorder (PTSD)
PTSD Checklist-Specific Monthly (PCL-S) & Spanish	18 +	PTSD Symptoms from the Past Month	**Diagnosis Specific:** Post-Traumatic Stress Disorder (PTSD)
PTSD Checklist-Specific - Weekly (PCL-S) & Spanish	18 +	PTSD Symptoms from the Preceding Week	**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 are cases of progress towards meeting their recovery goals and stabilization:

Case 1

Client is an 18 year old female diagnosed with Disruptive Mood Dysregulation Disorder, Oppositional Defiant Disorder and Adjustment Disorder with Anxiety. During FY 2021-2022, the client experienced several Mental Health Triage admissions as she was considered a danger to self and others. Client was undergoing various emotional changes due to pregnancy. Client was experiencing irritability and various anger outburst with partner leading to ongoing law enforcement involvement, various emergency room visits and had a Department of Child Protective Services case open against her due to risk to her unborn child. Client was receiving medication support services and the following Specialty Mental Health Services (SMHS): Intensive Care Coordination (ICC), Intensive Home Base Services (IHBS), and Targeted case management services (TCM). Throughout the course of treatment, client learned to identify, manage and regulate emotions to decrease anger outbursts. Client faced additional stressors due to being a teen mother, having limited financial assistance as a single parent, which exacerbated symptoms of anxiety. Through the use of consumer support requests initiated by the assigned Mental Health Rehabilitation Technician (MHRT), client was able to manage symptoms during stressful financial needs and was able to obtain basic personal hygiene needs and clothes. Client continues to manage symptoms and behaviors and has continued to attend high school with passing grades. Client is also attending parenting classes, attends her scheduled appointments, and has not had a crisis episode within the last 9 months. Furthermore, client continues to be adherent to treatment and is no longer on psychotropic medications. Client is currently being reassessed for an update in her diagnosis and will likely be transitioned out of Full Service Partnership program.

Case 2

Client is a 17 Year old female diagnosed with Major Depressive Disorder, recurrent. During FY 2022-2023, client experienced 2 Hospitalizations following suicidal attempts. Client was experiencing depressed moods, lack of interest in previously pleasurable activities, lack of motivation as well as financial stressors due to mother's lack of employment. Following most recent hospitalization, client was referred to YAYA FSP and began to receive medication support the following SMHS services: Intensive Care Coordination (ICC), Intensive Home Base Services (IHBS), and Targeted case management services (TCM), and individual therapy services. Client has been stable since receiving FSP services, as she has been compliant to treatment and has shown significant progress in her education. Client is currently motivated in school and excited about obtaining high school diploma. A Mental Health Rehabilitation Technician (MHRT) is also providing parenting skills to client's mother utilizing the Parents Reach Achieve and eXcel through Empowerment Strategies (PRAXES) Model in order to assist in client in her recovery process.

Challenges or Barriers

During FY 2022-2023, ICBHS continued to be impacted by resignations and a high staff turnover rate that directly affected staff due to an increase in their caseloads. ICBHS promptly began to work on strategies to manage high turnover of staff. Management began to actively recruit therapists, which has been one of the most difficult positions to retain. One strategy used to retain and recruit therapists was the County of Imperial's Telecommuting Pilot Program. The program offered therapists a hybrid schedule, which consisted of working 50% on site and 50% telecommuting. This strategy was well received by those who opted into the program and we found that it boosted morale and increased motivation for existing staff, while also serving as a good incentive for potential applicants.

Another strategy used was the development of a staff survey that gave employees the opportunity to provide feedback about their experience working at ICBHS. The survey assessed staff engagement; career goal and development; communication and resources; change management; manager/supervisor effectiveness; team dynamics; trust in leadership; and compensation. Survey results were presented to all ICBHS staff during the October 5, 2022, full staff meeting to further obtain feedback from its employees. ICBHS is also exploring other ways of giving staff a voice by providing additional surveys through the Survey Monkey platform, utilizing comment boxes, and establishing focus groups. The feedback received from staff will allow ICBHS management to implement ways to make staff feel valued, engaged, and reduce staff turnover.

In our ongoing efforts to recruit applicants, ICBHS also established MOUs with San Diego State University and Imperial Valley College for the implementation of a Mentored Internship Program (MIP). The program offers students the opportunity to gain exposure in the behavioral health setting by having a mentor assigned to them who is currently working at ICBHS. The mentee observes the daily functions of a Nurse or MHRT to gain an understanding of their role and functions in hopes of promoting interest in the behavioral health field. The feedback received from the students participating in the program have been favorable. ICBHS will continue to work on strategies to mitigate staffing needs and increase the workforce to ensure the delivery of services.

Significant Changes for FY 2022-2023

In order to maximize use of resources and to increase quality of client care, the El Centro YAYA FSP clinic was subsequently divided into two teams. El Centro YAYA FSP Team 1 is currently serving clients with last names beginning with letter A-L and El Centro YAYA FSP Team 2 is currently serving clients with last name M-Z.

Significant Changes for FY 2023-2024

With the collaboration of the Salton Community Services District, a site has been identified to expand services to the population residing in the north end of Imperial County. This area includes the cities of Niland, Bombay Beach, and Salton Sea. This collaboration will ensure that services are more accessible to FSP clients residing in the north end area. An MOU is currently being developed in order to provide services for the FY 2023-2024. In addition, we plan to expand our outreach and engagement efforts in the Winterhaven area to target populations identified with a high need such as Alaskan Native/American Indian population.

Youth and Young Adult Clinicians and Mental Health Rehabilitation Technicians continue to provide mental health services at the Brawley and El Centro school districts located at Family Resource Centers in their high school campuses. Data for FY 2021-2022 indicates there was a 52% increase in unduplicated clients served through the El Centro Family Resource Centers (FRC) located at Central High School in comparison to previous fiscal years. The increase in referrals can be attributed to the ongoing presentations regarding mental health services and education on the referral process being provided on school campuses, which has resulted in school personnel being able to identify students who are in need of mental health services. In order to meet the demand in services, we are in need to increase staffing by 1 full-time Clinician and 1 full-time Mental Health Rehabilitation Technician (MHRT).

Goals and Objectives for FY 2023-2024 through 2025-2026

Increase Penetration Rate Among Alaskan Native/American Indian	Reduce No-Show Rates	Increase Staffing: Clinicians and MHRT	Decrease 5150 Involuntary Holds	Moral Reconation Groups	Referral to Socialization Program

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	Based on the most recent Penetration Data Demographics for Ethnicity groups, the lowest rates was amongst the Alaskan Native/American Indian at a 4.55%. Our goal is to increase to a 10% penetration rate per FY by increasing the outreach activities within the Winterhaven area.
	Reduce the no show rate to 20% for psychotherapy appointments by utilizing engagement calls, incentives, and retention calls.
	Data for FY 2021-2022 indicates there was a 52% increase in unduplicated clients served through the El Centro Family Resource Centers (FRC) located at Central High School in compared to previous full year data. In order to meet the demand in services, we will increase the staffing by 1 full-time Clinician and 1 full-time Mental Health Rehabilitation Technician (MHRT) per FY.
	Decrease 5150 Involuntary Holds by a 10% for the Youth and Young Adult population.
	Implement Moral Recognition Groups in the outpatient setting with a minimum of 5 participants who have had involvement in the criminal justice system.
	Refer and place a minimum of 5 FSP consumers per FY to the Helping Hearts Socialization Program, with at least 10% of consumers successfully completing the program.

Adult and Older Adult Services FSP (Adult-FSP) Program

"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 case management, rehabilitative services, "wrap-like" services, integrated community mental health, alcohol and drug services, crisis response, and peer support.

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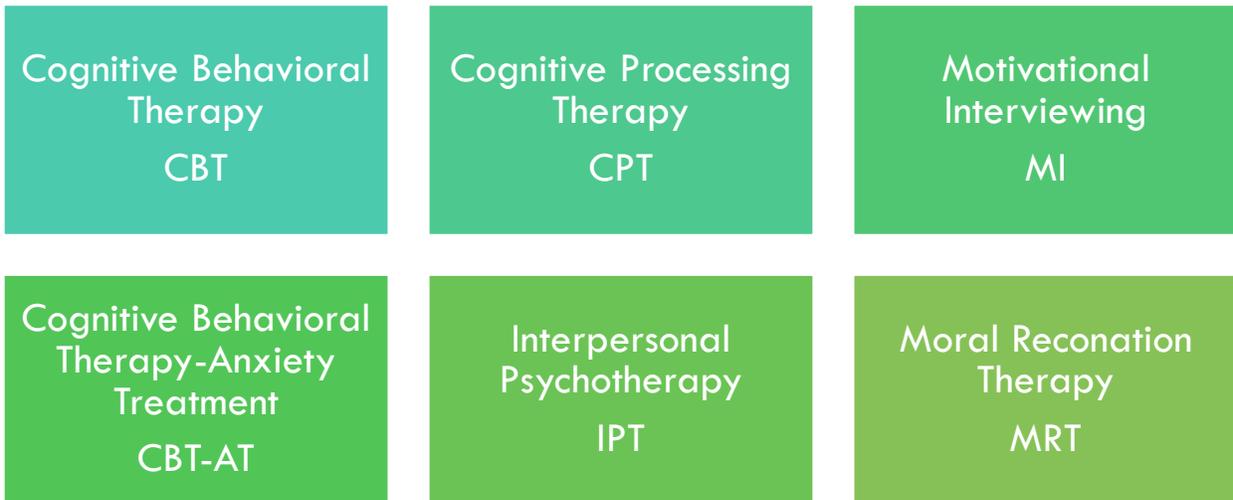
- Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms. This program also serves SMI adults with co-occurring disorders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

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

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

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

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

Cognitive Behavioral Therapy CBT	Cognitive Processing Therapy CPT	Motivational Interviewing MI
Cognitive Behavioral Therapy-Anxiety Treatment CBT-AT	Interpersonal Psychotherapy IPT	Moral Reconation Therapy MRT

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.

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

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.

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

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

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

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

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

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.

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

MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant consumers. The program is designed to alter

how consumers think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

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

MRT systematically focuses on seven basic treatment issues:
- Confrontation of beliefs, attitudes and behaviors;
- Assessment of current relationships;
- Reinforcement of positive behavior and habits;
- Positive identity formation;
- Enhancement of self-concept;
- Decrease in hedonism and development of frustration tolerance; and,
- Development of higher stages of moral reasoning

Program Demographics

Adult FSP Demographics from 2019-2023

Adult FSP Demographics	2019-2020	2020-2021	2021-2022	2022-2023
26-39	525	526	553	518
40-49	275	242	284	296
50-59	337	305	279	275
60+	235	241	247	260
Total:	**1372**	**1314**	**1363**	**1349**
Current Caseload	2019-2020	2020-2021	2021-2022	2022-2023
Calexico MHSA FSP	217	207	202	213
Brawley MHSA FSP	316	321	323	352
El Centro MHSA FSP Team 1	437	398	445	419
El Centro MHSA FSP Team 2	407	391	393	367
Total:	**1377***	**1317***	**1363**	**1351***
FY 2019-2020: 5 clients are under the age of 26, Youth and Young Adult Clients *FY 2020-2021: 3 clients are under the age of 26, Youth and Young Adult clients* *FY 2022-2023: 2 clients are under the age of 26, Youth and Young Adult Clients*				

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

Adult FSP Primary Language Percentage
FY 2022-2023

- English
- Spanish

Adult FSP Age Percentage
FY 2022-2023

- Ages 26-39
- Ages 40-49
- Ages 50-59
- Ages 60-65
- Ages 65+
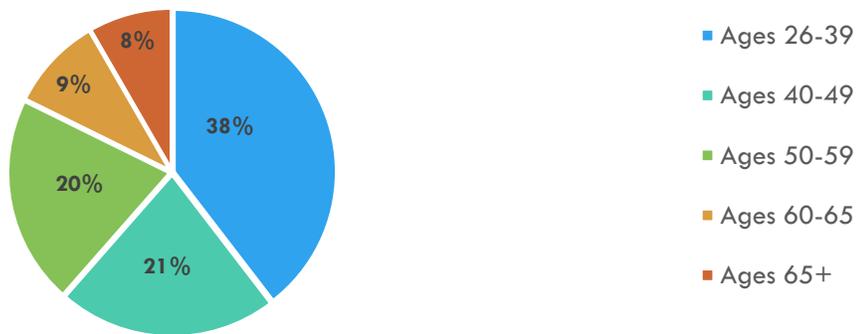
Adult FSP Race/Ethnicity Percentage
FY 2022-2023

- Hispanic
- Black
- White
- Other

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

Adult FSP City Percentage
FY 2022-2023

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

Budget

The total operating budget in FY 2022-2023 for the Adult and Older Adults MHSA FSP programs is $8,614,024. The Adult FSP Program currently has 1351 unduplicated consumers served an approximate cost per person of $6,376.03 per FY 2022-2023.

Performance Outcomes

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

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

71

Adult FSP Measurement Tools

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

Information and scores for these measurement outcome tools were submitted through the AVATAR electronic health record (EHR); however, the department EHR system was recently replaced with a new system is in the early phases of implementation. The department will be working on reports to help streamline outcome data from these measurement tools.

Progress Made Towards Achieving 2022-2023 Goals

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

Adult FSP Admissions for FY 2022-2023

Program	Admissions for FY 2022-2023
Adult Brawley MHSA FSP	114
Adult Calexico MHSA FSP	74
Adult El Centro MHSA FSP Team 1	118
Adult El Centro MHSA FSP Team 2	109
Total Admissions FY 2022-2023	**415**

Adult FSP Programs established a goal to have an average of 20 admissions per month. During FY 2022-2023, Adult FSP totaled 415 admissions, which is an average of 59 admissions per month, surpassing its goal.

The goal for FY 2023-2024 through 2025-2026 will be to increase by 10% the average admissions per month, going from 20 admissions per month to an average of 22 admissions per month.

Adult FSP consumers admitted to the crisis desk and hospitalized FY 2022-2023

Program	Admitted to Crisis Desk FY 2022-2023	Hospitalized FY 2022-2023
Adult Brawley MHSA FSP	19	8
Adult Calexico MHSA FSP	13	9
Adult El Centro MHSA FSP Team 1	4	3
Adult El Centro MHSA FSP Team 2	7	7
Total FY 2022-2023	43	27

Adult-FSP Programs set a goal to decrease the number of monthly average of crisis desk admissions and hospitalizations from 19 to 10. During FY 2022-2023 Adult-FSP Programs had 43 Crisis Desk Admissions with an average of six per month and a total of 27 hospitalizations with an average of nine per month. This goal has been met with a significant reduction in crisis desk admissions. The number of hospitalizations increased from last year, but still meeting the goal set. The Adult-FSP Programs continue to provide MHRT services to clients upon discharge from the Crisis Desk or upon hospitalization to provide continuity of care with linkage and interventions to stabilize the client and prevent future Crisis Desk Admissions and hospitalization.

The goal for FY 2023-24 through 2025-26 will be to keep the same goal as of FY 2021-2022, in efforts to maintain the number of monthly average of crisis desk admissions and hospitalizations lower than 10. We will keep providing intensive care services to high-risk clients in efforts to prevent Crisis Desk Admissions and hospitalizations.

Adult FSP consumers reporting incidents of or risk of homelessness for FY 2022-2023

Program	Risk of Homelessness FY 2021-2022	Experienced Homelessness FY 2021-2022
Adult Brawley MHSA FSP	33	66
Adult Calexico MHSA FSP	9	91
Adult El Centro MHSA FSP Team 1	43	48
Adult El Centro MHSA FSP Team 2	47	43
Total FY 2022-2023	132	248

Adult-FSP Programs set a goal to decrease the monthly average number of clients reporting incidents of or risk of homelessness from 24 to 15. During FY 2022-2023 Adult-FSP Programs had a total of 132 clients reporting risk of homelessness, which is a monthly average of 19

clients. A total of 248 experienced homelessness, which is a monthly average of 35 clients. These numbers continue to surpass the established goal showing a slight increase compared to last year. Adult FSP will continue to make efforts to assist clients by developing strategies to decrease the risk of homelessness that include intensive MHRT services and other mental health services that address the clients' individual needs. Clients at risk of or experiencing homelessness will continue to receive assistance through Consumer Support Services funding for motel vouchers, deposits and rental assistance. MHRT's will provide linkage to local shelters, housing, and other means of assistance to help reduce homelessness and attempt to establish permanent housing.

The goal for FY 2023-24 through 2025-26 will be to keep the same goal as of FY 2021-22, decrease the monthly average number of clients reporting incidents of or risk of homelessness from 24 to 15, since numbers show a slight increase from last year. The increase is attribute to be part of the negative impact COVID19 had within our community and our clients. We are expecting those numbers to decrease for FY 2023-24 now that COVID19 is considered to be "under control" when compared to last year COVID19 positive cases.

Adult FSP consumers who reported involvement in the criminal justice system for FY 2022-2023

Program	Clients Reporting Involvement in the Criminal Justice System FY 2022-2023
Adult Brawley MHSA FSP	12
Adult Calexico MHSA FSP	3
Adult El Centro MHSA FSP Team 1	22
Adult El Centro MHSA FSP Team 2	9
Total FY 2022-2023	46

Adult-FSP Programs set a goal to increase the access to care for Adult FSP Program consumers who are involved in the criminal justice system to a minimum of five per month. During FY 2022-2023 Adult-FSP Programs provided mental health services to a total of 46 clients who have involvement in the criminal justice system. This is an average of seven clients per month. Adults MHSA FSP met its established goal but will continue to make efforts to reach this population by conducting outreach activities and more in-depth assessment to identify clients who are involved in the criminal justice systems. Upon identification of a client's involvement in the criminal justice system, Adults MHSA FSP ensures that the client's services are tailored to his/her needs to assist with successful re-integration into the community.

The goal for FY 2023-24 through 2025-26 will be to maintain the same goal as of FY 2021-2022, due to number of consumers involved in criminal justice system decrease compared to last year; still stablished goal was met. 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 who participate in Moral Reconation Therapy (MRT) for FY 2022-2023

Program	Clients Participating in MRT Groups per Month FY 2022-2023
Adult Brawley MHSA FSP	0
Adult Calexico MHSA FSP	0
Adult El Centro MHSA FSP Team 1	0
Adult El Centro MHSA FSP Team 2	0
Total FY 2022-2023	**0**

Adults FSP Programs have attempted to engage clients to participate on the MRT Groups, but ever since COVID-19 clients do not show interest. We have provided clients with the option to benefit from these groups via Zoom, but most of our clients do not feel comfortable having group session via telehealth. During FY 2022-2023 all services were offered on site to all clients as of November 2022, but still clients did not show interest on this group resulting on zero referrals for MRT.

The goal for FY 2023-2024 through 2025-2026 will be to eliminate Moral Reconation Therapy (MRT) from our treatment options due to clients not being interested in MRT for the past three years. Adults MSHA-FSP have not received any referrals to MRT.

Adult FSP consumers referred to Substance Use Disorder Services for FY 2022-2023

Program	Clients Referred to Substance Use Disorder Services FY 2022-2023
Adult Brawley MHSA FSP	6
Adult Calexico MHSA FSP	2
Adult El Centro MHSA FSP Team 1	48
Adult El Centro MHSA FSP Team 2	0
Total FY 2022-2023	**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 conditions from 16 to 25 average a month. During FY 2022-2023 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.

We did not reach the set goal for FY 2021-22, as a result the goal for FY 2023-24 through 2025-26 will remain the same. We only reached 50% of the previously set goal. In order to reach the set goal MHSA-FSP clinical staff will encourage clinical staff to complete SUD Referrals for those clients that may benefit from SUD Services.

All Adult and Older Adult Outpatient Services continue to be and identify as Safe Zones for the LGBTQ+ community. At this time due to the pandemic, services are provided virtually, by telephone and for a short time in person. Clients may come in for services if there is an emergency or are unable to connect virtually or by telephone with their mental health provider. ICBHS staff will 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 is scheduled for March 14th and 15th of 2023.

The goal for FY 2023-24 through 2025-26 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 engage with the LGBTQIA2+ population resulting in successful service delivery.

Notable Community Impact

As of January 2023, Adult-FSP Programs approved $70,747.00 or provided a monthly average of $11,791.16 for FY 2022-2023 in Community Services and Supports (CSS) funds to consumers who needed financial assistance and to prevent homelessness. The onset of the COVID-19 pandemic brought upon numerous financial stressors to clients receiving mental health services. CSS funds were utilized to assist clients who were experiencing homelessness or at risk of homelessness. Funding was also utilized to assist with groceries, clothing, 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 2023-2024 through 2025-2026

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

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

Adult FSP Monthly Admissions Projections for FY 2022-2023

Age Group	Monthly Admissions FY 2022-2023
26-39	20
40-49	20
50-59	20
60 +	5

The following are the goals and objectives for the Adult-FSP Program to remain in place for FY 2023-2024:

Maintain Crisis Desk Admissions and Hospitalizations low.	Provide assistance to reduce homelessness.
Increase the access to care for consumers who are involved in the criminal justice system.	Increase the number of consumers with a co-occurring substance use disorder.
Provide quality services to our LGBTQIA2+ consumers.	

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	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
	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.
	By the end of FY 2023-2024 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 last FY, reason to keep the same goal as last FY.

- 🧠 Adult FSP Program will increase the number of Adult-FSP Program consumers with a co-occurring substance use disorder to 16 referrals for assessment and linkage to substance use treatment.
- 🧠 Increase knowledge of the LBTQIA2+ population within our clinical and non-clinical staff in efforts to provide quality services to our LGBTQIA2+ clients.

## Psychosis Identification and Early Referral FSP (PIER-FSP)

The PIER-FSP is implementing Phase I and Phase II of the PIER Model. Phase I consists of providing outreach and engagement services to potential PIER individuals and educating the community at large. Phase II entails in depth evaluation via the Structured Interview for Prodromal Syndromes (SIPS) assessment to determine admission criteria.

During FY 2022-2023, The Pier Model Phase II, received 6 referrals to PIER Program and successfully completed 80 Outreach and Engagement activities. PIER Program also completed 2 SIPS during this reporting period. Below illustrates the breakdown for Phase I and Phase II activities:

PIER Model Referral Outcome Overview FY 2022-2023	
CESS Referrals to PIER	6
Outreach Presentations	32
Informational Booths	24
Brochure Disseminations	24
Phase II	
SIPS completed	2

The PIER-FSP Phase III provides Multifamily Groups (MFG) that provide the opportunity for families (client with parents, siblings, partners, and/or other social supports) to meet with clinical staff and other PIER families to learn more about the troubling symptoms. These services and supports include a focus on recovery and resiliency, shared decision-making that is client-centered, and maintenance of an optimistic therapeutic perspective at all times. Additionally, The PIER-FSP program offers the following services:

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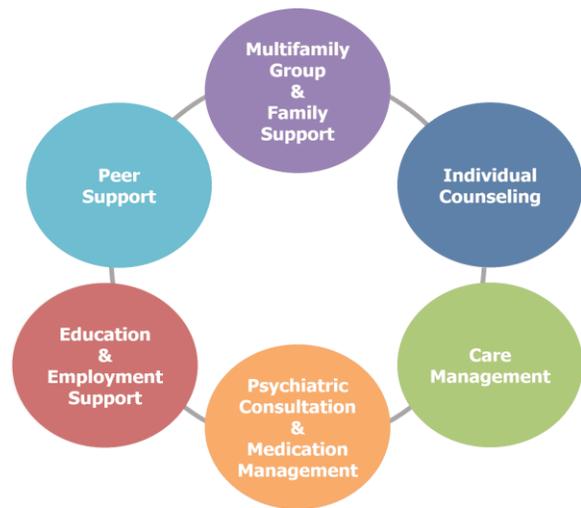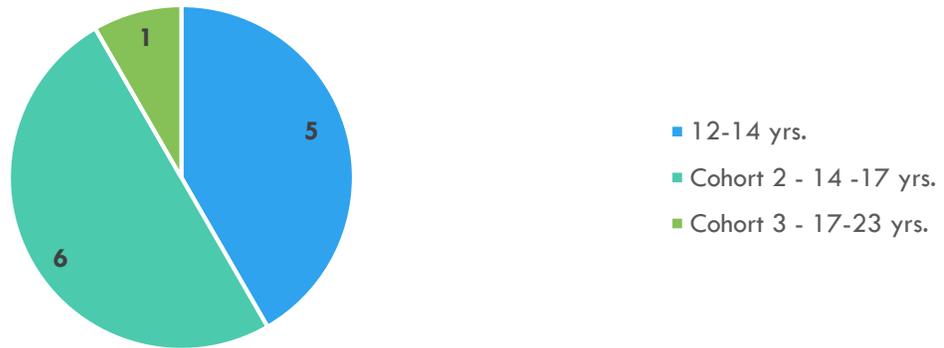
Notable Performance Measures

During FY 2022-2023, PIER-FSP program received (12) referrals for Phase III of the PIER Program. Below illustrates the breakdown for referrals received:
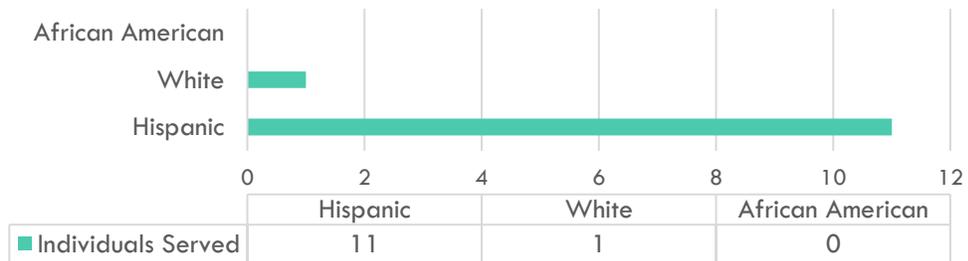
PIER Referrals and Demographics

PIER FSP FY 2022-2023	
Referrals	
Total Referrals received	12
Total Individuals Served	
Total SIPS	2
• Prodromal	1
• First Episode Psychosis	1
• Screen Out	0
Total SIPS Pending	6
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	5
Demographics	
Female	8
Male	4
Other / or not reported	0
Age Groups	
Cohort 1 - 12-14 yrs.	5
Cohort 2 - 14 -17 yrs.	6
Cohort 3 - 17-23 yrs.	1
Total	**12**
Ethnicity	
Hispanic	11
White	1
African American	0
Total	**12**

During FY 2022-2023, the PIER program served a total of (12) individuals. Furthermore, the largest age group served by the PIER program during FY 2022-2023 was the 14 to 17 year group. Lastly, the largest ethnic group served during FY 2022-2023 was Hispanic.

MHSA PIER Demographics: Age Groups

Legend:
- 12-14 yrs.
- Cohort 2 - 14 -17 yrs.
- Cohort 3 - 17-23 yrs.

MHSA PIER Demographics: Ethnicity

	Hispanic	White	African American
Individuals Served	11	1	0

Budget

The number of individual clients served in FY 2022-2023 was (12) individuals. **The average cost per person was $7,293.50.**

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

## 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 2022-2023

For FY 2022-2023, the PIER Program received (12) referrals. PIER conducted (2) SIPS, and currently has (6) individuals pending a SIPS assessment. Through the extensive assessment, it was identified (1) met criteria for Prodromal, and (1) met criteria for First Episode Psychosis; none were screened out. The PIER Program saw a 65% decrease in individuals served from FY 2021-2022.

MHSA PIER Outcomes: Individuals Served

	FY 20-21	Goal	FY 22-23
Individuals Served	34	36	12
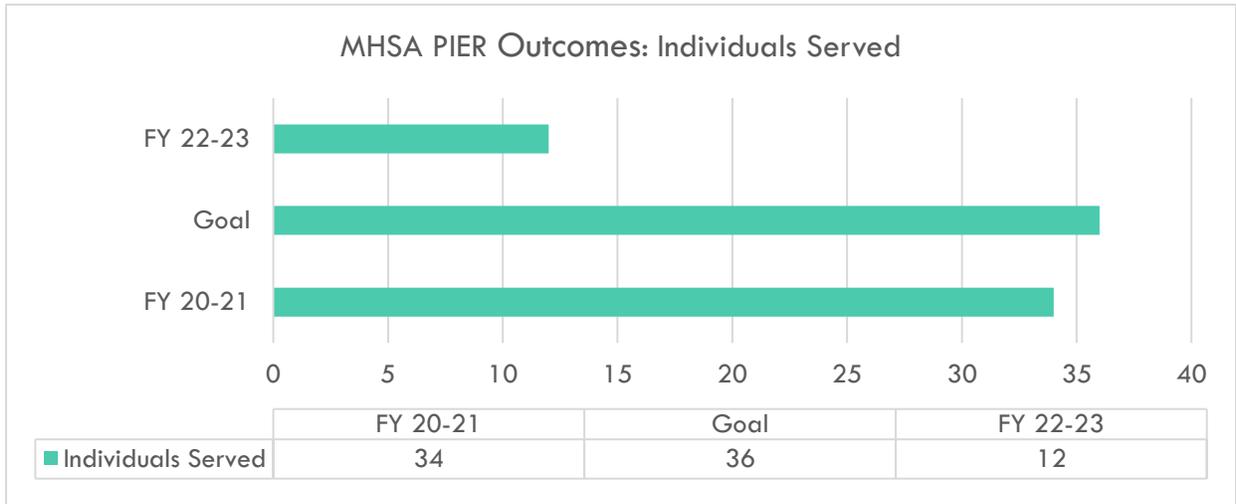
During FY 2022-2023, engaged in a total of (80) outreach activities, including (24) informational booths attended, (32) informational presentations, and (24) brochure dissemination activities.

MHSA PIER Goal Outcome: Outreach

	Informational Booths	Brochure Disseminations	Outreach Presentations
■ FY 22-23	24	24	32
■ FY 20-21	1	1	3
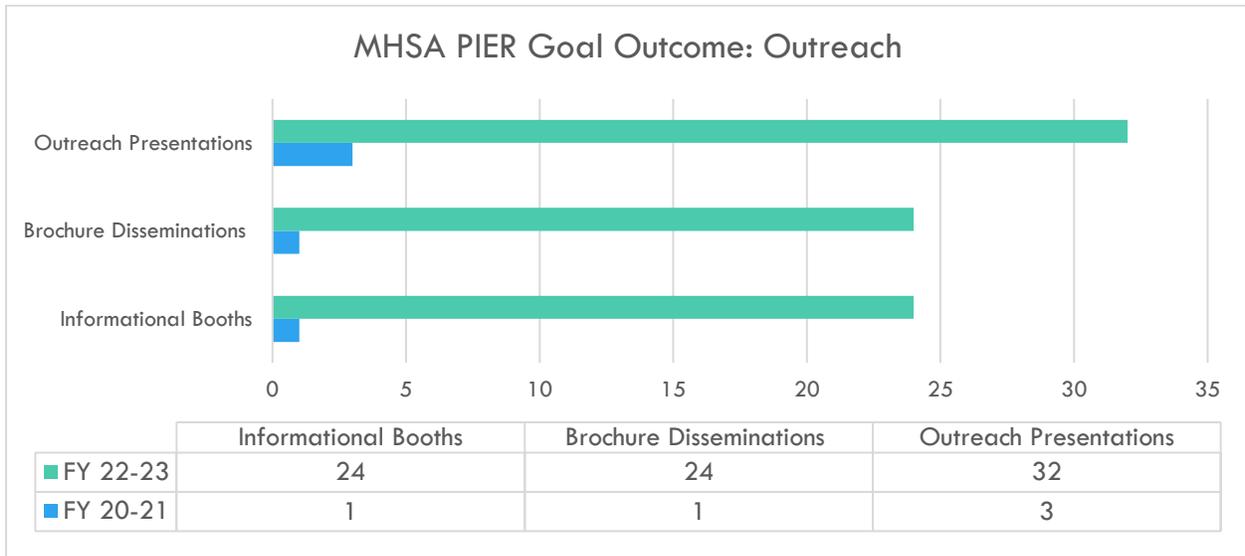
PIER Outreach Outcomes: FY 2022-2023

Informational Booths	
Informational Booths	24
Brochure Disseminations	24
Outreach Presentations	32
Total	**80**

During FY 2022-2023, the PIER Program continued to collaborate with community members, support persons and ICBHS staff in identifying those who are showing either prodromal or active symptoms of major psychotic disorders through outreach, trainings, and presentations.

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

PIER Program also continued to provide necessary trainings to Mental Health Rehabilitation Technicians and two Clinicians on the PIER Model to ensure successful implementation of the model by ensuring that the program is fully staffed.

Notable Community Impacts

The PIER-FSP program, continues to provide outreach and education to the community in an attempt to increase referrals to provide early detection and intervention of those in the prodromal phase. This is an effort to intervene and provide early intervention to individuals, thus preventing escalation of symptoms and need of higher level of treatment/care. PIER attended (24) informational booths, engaged in (24) brochure dissemination activities, and (32) informational presentations to the community in an attempt to educate the community, individuals, and families on the services and benefits of the program.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

This FY 2022-2023, PIER initiated to consolidate PIER Model Phase I and II under PIER FSP. Though the merging of phases took place, the program has encountered challenges to continue providing services due to the limited staff assigned to the program. In effort to mitigate this challenge, the program aims to train more staff on the Model to successfully implement all phases of the program.

For FY 2022-2023, the PIER Program continues face the same challenge with limited staff trained, and/or assigned to the program. Subsequently, the program faces a significant challenge with not having sufficient staff trained to implement the SIPS assessment and the Multi-Family Groups. Contributing factors to this is due to staff promotions, leaving the program for educational and career growth, and departmental transfers. This has led to a difficultly in providing outreach to the community, coordinating staff to facilitate the multi-family groups, as well as the scheduling of the SIPS.

Another barrier the PIER program continues to face for FY 2022-2023 is the difficulty in engagement of clients and families. The target population for this program are often times difficult to engage into treatment. Due to this complication this population often time have exacerbation of symptoms and do not fully maximize services. Thus, increase efforts will be made in education, outreach, and engagement services to ensure that individuals and families are aware of the program, agree to services, and commitment to PIER.

Goals and Objectives for FY 2023-2024 through FY 2025-2026

Increase accessability to Mental Health Services	Provide Education and Outreach	Collect Demographics and Outcome Measurement Data

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	The PIER Program will continue to increase accessibility to Mental Health Services by 5% through increasing awareness through education and advocacy by targeting specific age group and population
	The PIER Program will continue to provide education and outreach one (1) time per month through trainings, presentations, informational booths, and dissemination of information to the community and within the department in order to increase clients referred and served.
	Will continue to collect demographic and evaluation data to measure the outcome and performance of the PIER program as a prevention of the first episode of psychosis, and to determine if the program has had any impact on the clients and their families.

Intensive Community Program FSP (ICP-FSP)

During FY 2022-2023, a significant change noted for the Mental Health Triage and Engagement Services Division was the implementation of the ICP-FSP. The ICP-FSP will provide total and intensive care for seriously and persistently mentally ill adults, ages 18 years and older, 24/7 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. 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. First of all, due to limited office space within the Mental Health Triage and Engagement Services (MHTES) administrative staff had been working on securing additional office space to use for the program. Space has now been located and the process of beginning renovations has begun which is estimated to be completed in mid-2023. Lastly, another challenge/barrier was the decrease of clinical staff trained in Assertive Community Treatment (ACT) model due to recent promotions, transfers, and resignations.   To mitigate this in late 2022 Case Western Reserve University – Center for Evidence Based Practices provided the Assertive Community Treatment (ACT) overview training for additional clinical and administrative staff.

ICP-FSP is presenting a budget within the CF/TN section of this report to support with office space and technological supports for staff to perform ICP-FSP services.

General Systems Development
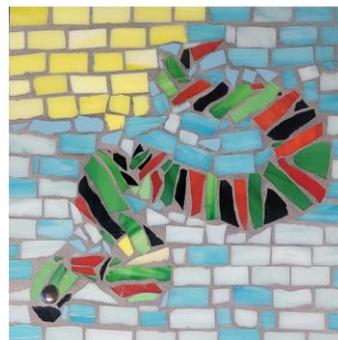
Wellness Centers

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

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

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

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

IMPERIAL VALLEY FAIR EXHIBIT SUBMISSIONS FEBRUARY 2023

healthy coping skills, and assist consumers in meeting personal goals.

Since the start of the Covid-19 pandemic, caseloads at both wellness centers have declined from pre-pandemic levels. During FY 2021-22, music, fitness and some group sessions led by wellness center staff were provided in person to a small number of clients. Staff and clients followed CDC guidelines in order to prevent any spread of Covid 19 on site. This helped increase the participation as well as referrals. During FY 2022-23 all services were offered on site to all clients as of November 2022. The expectation is that clients who want to socialize and participate in person will re-enroll in services and improve our caseloads.

Brawley and El Centro (EC) Wellness Center Caseloads FY's 2017-23
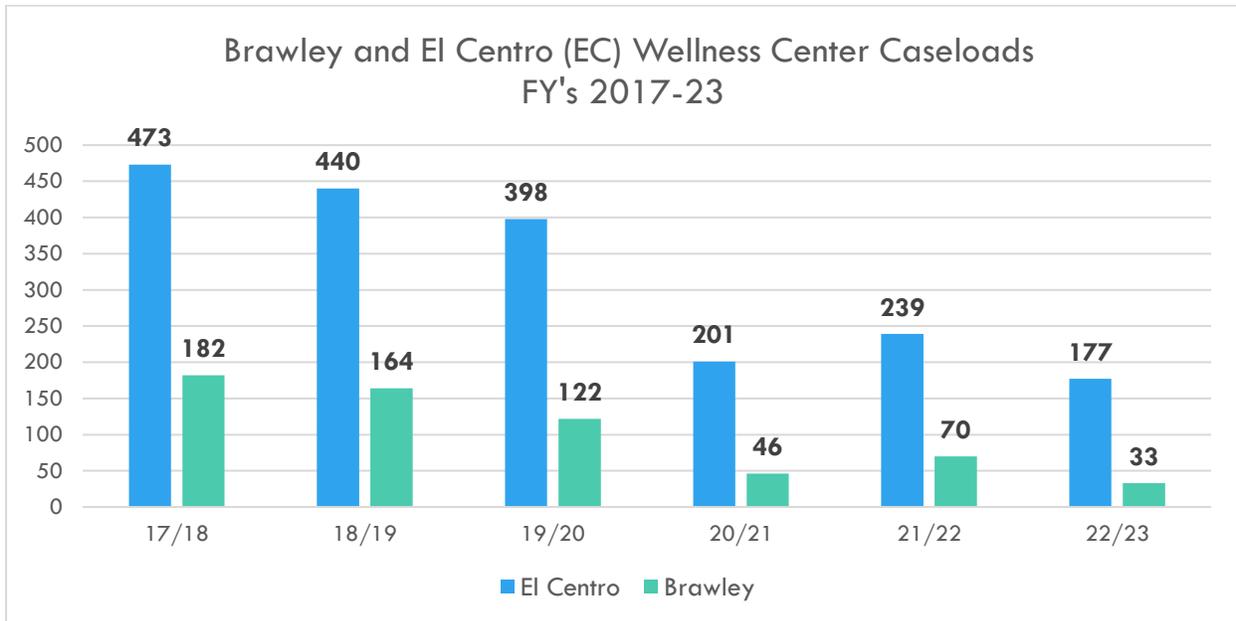
Program Demographics

Wellness Center Age Demographics

Wellness Center Demographics	2020-2021	2021-2022	2022-2023
26-39	74	101	94
40-49	59	70	59
50-59	51	55	34
60+	39	45	36
Total:	223	271	223

The Wellness Centers experienced an increase of clients served on the first half of FY 2021-2022 compared to the first half of FY 2020-2021. (14% increase of clients 60+, 7% increase of clients 50-59, 16% increase of clients 40-49 and 27% increase of clients 26-39). During FY 2022-2023 wellness centers saw a decrease across all age groups.

The total operating budget in FY 2022-2023 for El Centro Wellness Center and Brawley Wellness Center is $1,450,666. The Wellness Center Programs currently has 209 unduplicated consumers served an approximate cost per person of $6,940.98 for FY 2022-2023.

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

Brawley and El Centro (EC) Wellness Center Caseloads by Gender
FY 2022-2023
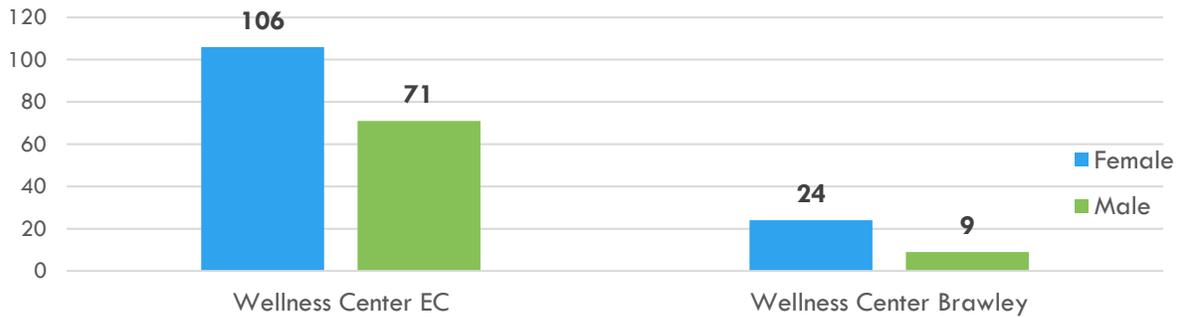
Brawley and El Centro (EC) Wellness Age Percentage for FY 2022-2023
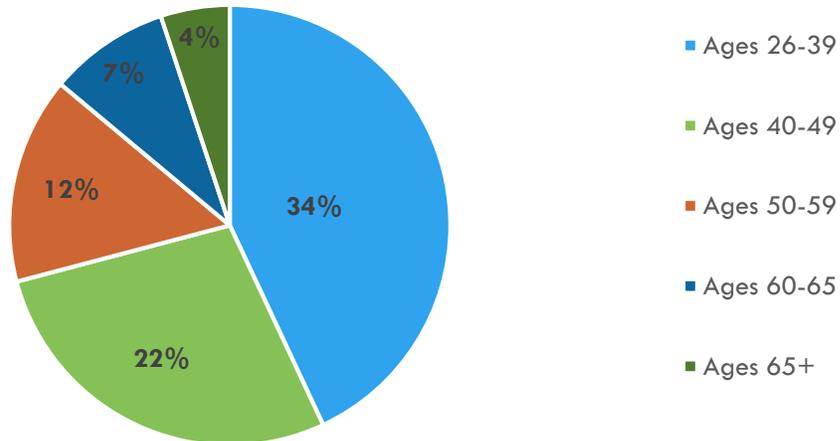
Brawley and El Centro (EC) Wellness Center Caseloads by Language
FY 2022-2023
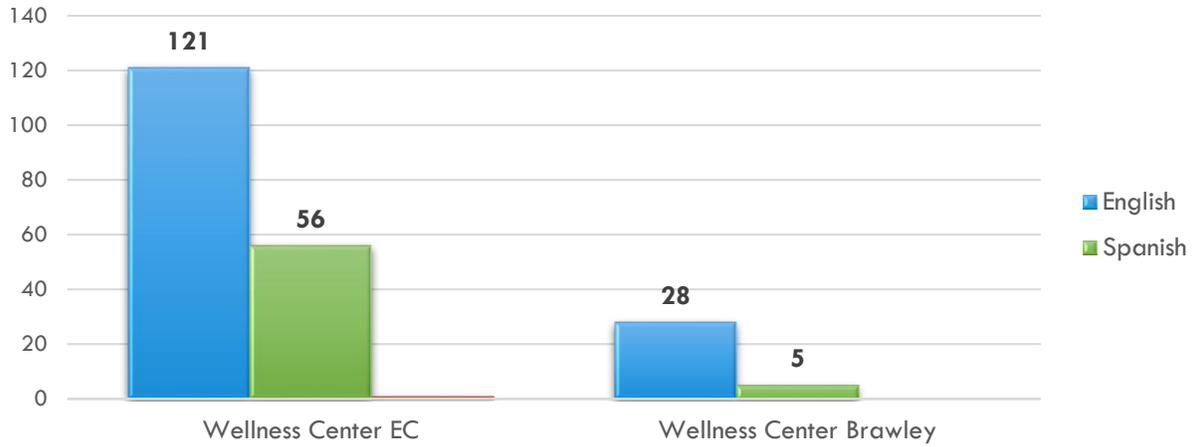
Brawley and El Centro (EC) Wellness Center Caseloads by Race/Ethnicity
FY 2022-2023
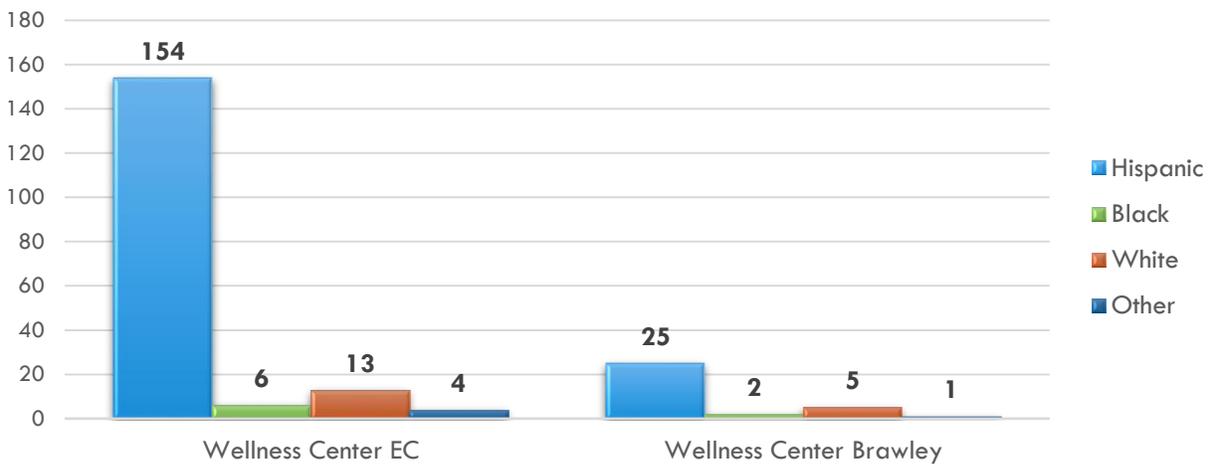
Performance Outcomes

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 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 used to assist individuals in gaining insight into their mental illness and increase practice of specific strategies crucial in their recovery. The WRAP focuses on treatment planning and assessing recovery in individuals with severe mental illness.

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

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

List of Contracts Serving Wellness Center Participants

Contract Name	Contract Amount	Expires	Performance Goal
Alberti, Sergio $81,000.00 per FY	$243,000.00	2026	• Music instruction will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan. • Average number of participants; 16
Clinicas de Salud Del Pueblo, Inc. Medical Clearance $6k per FY	$18,000.00	2026	• 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. • Average number of participants; 19 • Successful job placement; 10
Fitness Oasis Health Club and Spa – Adults $78,000.00 per FY	$234,000.00	2024	• Decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan. • Average number of participants; 19
Imperial Valley College 2023-2026	$520,814.00	2026	• Refer 75 consumers to IVC for educational services per FY. • Average number of participants; 30

Contract Name	Contract Amount	Expires	Performance Goal
Imperial Valley Regional Occupational Program - Project ALTO 2023-2026	$658,263.00	2026	• Through Educational and Academic support will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan. • Average number of participants; 14
Imperial Valley Regional Occupational Program - Project STAR 2023-2026	$2,230,231.00	2026	• Through Employment/Life/Social Skills will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan. • Average number of participants; 27

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

Progress Made Towards Goals and Objectives for FY 2022-2023

Wellness Center Referrals admitted for FY 2022-2023

Program	Admissions FY 2022-2023
Brawley Wellness Center	11
El Centro Wellness Center	36
Total Admissions FY 2022-2023	47
Average admissions per month	5

The goal for FY 2023-2024 through FY 2025-2026 will be to increase the number of clients served by 10% from the previous FY across all age groups. Our efforts will focus on informing and educating adult clients receiving specialty mental health services of our services through continued engagement with the treatment teams.

Wellness Center Consumer IMR participation for FY 2022-2023

Program	IMR Participation 2022-2023
Brawley Wellness Center	81
El Centro Wellness Center	81
Total Participation FY 2022-2023	162
Average participation per month	27

The goal for FY 2023-24 through 2025-26 will be to increase the number of clients participating in IMR by 10% from the previous FY. IMR helps participants achieve self-efficiency, wellbeing, and stable recovery. By setting a goal to increase admissions by 10%, the aim is to engage those participants into IMR thus increasing participation by at least 10% by the next FY.

Wellness Center Consumer GED/IVC Referrals for 2023-2023

Program	GED/IVC Referrals 2022-2023
Brawley Wellness Center	35
El Centro Wellness Center	33
Total Referrals FY 2022/2023	68
Average referrals per month	7

The goal for FY 2023-24 through 2025-26 will be to increase the number of referrals to IVROP Project Alto (GED), certificate programs, and/or college (IVC) by 10% from the previous FY. By setting a goal to increase admissions by 10%, the aim is to increase participation to our contracts with IVC and IVROP Project Alto (GED) by at least 10% by the next FY.

Wellness Center Consumer Fitness Program participation for FY 2022-2023

Program	Fitness Program Participation 2022-2023
Brawley Wellness Center	13
El Centro Wellness Center	144
Total Participation FY 2022-2023	157
Average Participation per month	26

The goal for FY 2023-24 through 2025-26 will be to increase the number of participants with contract providers in the exercise/fitness program and participation in nutritional classes by 10% from the previous FY. By setting a goal to increase admissions by 10%, the aim is to increase participation to our contracts with Fitness Oasis by at least 10% by the next FY. We will remove the BMI as a measure of weight loss because it is not feasible to track participants BMI on a monthly basis nor is a measure of success for this type of program or our goal for engagement into these services.

Wellness Center Consumer WRAP Plan Completion for FY 2022-2023

Program	WRAP Plan Completion FY 2022-2023
Brawley Wellness Center	158
El Centro Wellness Center	539
Total WRAP's Completed FY 2022-2023	697
Average WRAP Completed per month	116

The goal for FY 2023-24 through 2025-26 will be to increase the number of participants completing their WRAP's on a monthly basis to at least 80% of the caseload. Wellness Centers established a goal to increase consumers' independence and social connections by engaging them in their WRAP plans in order to strengthen their social supports and increase involvement in pleasurable and social activities. By having participants engage in the completion of their WRAP's on a monthly basis, wellness center staff will be better able to assess the client's needs and engage the clients by making referrals to contracted wellness center providers, outpatient treatment teams, and/or outside providers to help clients access services. By engaging at least 80% of the caseload in their WRAP plans on a monthly basis, it would show active participation between the client and the wellness center staff.

Wellness Center Consumers Reporting Independent Living Skills for FY 2022-2023

During the last MHSA Three Year Plan, Wellness Centers established a goal to increase number of reporting consumers who were able to maintain stable housing, maintain employment, and manage independent living through participation in IVROP life skills classes, the GED program, and linkage to the Department of Rehabilitation. For FY 2023-24 through 2025-26 we plan to eliminate this goal and fold it into the WRAP completion goal previously established. By clients completing their WRAP plans and tracking the number/percentage of clients participating on a monthly basis, this will help clients report any needs with housing, employment, and education. Wellness center staff will refer clients to their treatment team for

FSP services including consumer supports and services (CSS) and/or referral to education and vocational services.

Wellness Center Consumers Reporting Mental Health Treatment for FY 2022-2023

During the last MHSA Three Year Plan, Wellness Centers set a goal to maintain overall wellness, recovery, and self-sufficiency by engaging consumers in their overall mental health treatment and regular participation in the different programs and support groups provided at the Wellness Centers an average of 50 consumers per month. For FY 2023-2024 through 2025-2026 we plan to eliminate this goal and fold it into the WRAP completion goal previously established. By clients completing their WRAP plans and tracking the number/percentage of clients participating on a monthly basis, this will help clients report any exacerbation of mental health symptoms and/or mental health needs. Wellness center staff will refer clients to their treatment team for specialty mental health services and provide updates as needed to the treatment team. This goal will be monitored by the number of referrals made to the treatment teams.

Goals and Objectives for FY 2023-2024 through 2025-2026:

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%

Increase the number of clients served

Increase the number of clients participating in IMR

Increase the number of referrals to IVROP Project Alto

Increase participants in the exercise/fitness program and nutritional classes.

Increase completion of WRAP's

The following are the goals and objectives for the Wellness Center for FY 2023-2024 through 2025-2026:

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	🧠 Increase the number of clients served by 10% from the previous FY across all age groups.
	🧠 Increase the number of clients participating in IMR by 10% from the previous FY.
	🧠 Increase the number of referrals to IVROP Project Alto (GED), certificate programs, and/or college (IVC) by 10% from the previous FY.
	🧠 Increase the number of participants with contract providers in the exercise/fitness program and participation in nutritional classes by 10% from the previous FY.
	🧠 Increase the number of participants completing their WRAP's on a monthly basis to at least 80% of the caseload. • Submit referrals for any needs with housing, employment, and education to contract providers, outside providers, and treatment teams. • Submit referrals/updates for any reported exacerbation of mental health symptoms and/or mental health needs to their treatment team.

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 Shows	Total Clients Contacted	% of Clients Contacted	Telephone Calls	Total Letters Mailed	Total # of Rescheduled Appts.	% of Rescheduled Appts.
Adults	58	19	32%	44	39	11	18.5%
Crisis & Engagement	51	12	23.5%	43	37	10	19.5%
Children's	59	19	32%	43	39	12	20.5%
Youth & Young Adults	43	13	30.5%	32	30	10	23.5%
Total	211	63	29.5%	162	145	43	20.5%

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 2022, determined by the Quality Management Penetration Rate survey and the numbers of recorded contacts are below in the final 2022 calendar year report prior to the new target determinations of the Quality Management in the final Q4 report.

Goals & Objectives	October Target	October Actual	November Target	November Actual	December Target	December Actual	Target	Actual	YTD
					Quarter 4				
1. Provide Outreach to 200 Age Group 0-5 children.	16.6	24	16.6	20	16.6	19	50	63	166
2. Provide Outreach to 2,490 Older Adults, ages 65+.	208	93	208	95	208	149	623	337	1,970
3. Provide Outreach to 1,666 Spanish-Speaking residents.	139	244	139	255	139	183	417	682	3,279
4. Provide Outreach to 3,213 Calexico residents.	268	1,348	268	1,097	268	183	803	2,628	6,526
5. Provide Outreach to 150 Winterhaven residents.	13	39	13	1	13	8	38	48	211
6. Provide Outreach to City of Niland.		133		7		16		156	266
7. Provide Outreach to Alaskan Native/American Indian		0		14		14		28	312
8. Participate in a minimum of 30 outreach activities, targeted toward providing outreach to the identified underserved populations, per quarter.	10	69	10	61	10	57	30	187	524
9. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	3		3		3		9		23
1. Provide Outreach to 245 Foster-Youth.		12		8		3		23	69
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the identified hard-to-reach populations, per quarter.	3		3		3		9		38
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	3		3		3		9		0
1. Provide Outreach to 886 homeless individuals.	74	25	74	30	74	40	222	95	181
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the homeless population, per quarter.	3		3		3		9		16
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.	3		3		3		9		2
1. Provide Outreach to LGBTQ.		150		72		65		287	1,179

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 2023, goals 1-5, and 7-9 will remain, as Niland (goal 6) was not identified by the 2021-2022 Penetration Rate Report. The northend 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 insure that our distant and less-populated areas receive equitable outreach service. The at-risk groups targeting will remain the same. Ongoing strategies will be discussed subsequent by category.

Outreach Targets for CY 2023

Provide Outreach to Children age 0-5

Provide Outreach to Older Adults (65+)

Provide Outreach to Spanish Speakers

Provide Outreach to Calexico Residents

Provide Outreach to Winterhaven Residents

Provide Outreach to Alaskan Native / American Indian

Outreach Activities

Identify New Agencies / Locations

1. Provide Outreach to 200 Children age 0-5

   ICBHS targets this group through parent contact and the number indicated in the 2022 final data does not include PEI work specifically with the 0-5 population. As the goal of 200 individuals was not met, focused outreach at preschool parent populations, now that the pandemic restrictions have been lifted will be renewed.

2. Provide outreach to 2490 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, again directly reflecting some ongoing pandemic restrictions regarding elder contact in facilities, Imperial County Behavioral Health has launched aspecific 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 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 2023 and beyond. It is anticipated with the end of pandemic restrictions that this goal will be met in 2023 and subsequently.

3. Provide outreach to 1,666 Spanish-speaking residents

   In 2022, ICBHS and our partners were nearly able to double this projected target with direct contacts to 3,279 individuals. As a result, this goal will be increased to 3,400, reflecting an additional effort to continue to expand direct outreach.

4. Provide outreach to 3,213 Calexico residents

   In 2022, ICBHS and our partners conducted direct outreach to 6,526 Calexico residents, nearly doubling the anticipated target. As a result, the target for 2023 will increase to 6,600, again reflecting the expansion of the goal.

5. Provide outreach to 150 Winterhaven residents

   In 2022, this goal was exceeded as 211 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.

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

   In 2022, direct outreach contact was made with 312 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 the communities and establish a target number of 350 contacts for 2023.

7. Participate in a minimum of 30 outreach activities 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 since the pandemic, resulting in 524 activities in 2022 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.

   Here is a link to a Directing Change Program and Film Contest event hosted this past April 26, 2022 at Southwest High School, located in El Centro, CA. Ctrl + Click the picture to view video:

8. Identify New Agencies and Locations to provide outreach

   This is another goal that will continue to increase as post-pandemic opportunities to work with protected populations increase.

At Risk Groups

Outreach to all identified 'at-risk' groups will continue through 2023. Each group has targeted outreach with ongoing innovative strategies to increase numbers directly contacted.

Foster Youth

Homeless
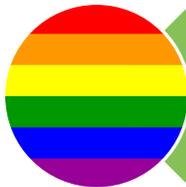
LGBTQ+

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 Individuals**

   In 2022, 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 2023 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 LGBTQ 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 2023 and going forward. ICBHS utilizes several modalities to gather these indirect contacts.

Wellness Radio

ICBHS has hosted two weekly wellness radio shows for 17 years in English and 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 recording. 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, veterans 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 2022 included schools and other agency venues. With the resumption of open trainings after COVID, 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 2023 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.
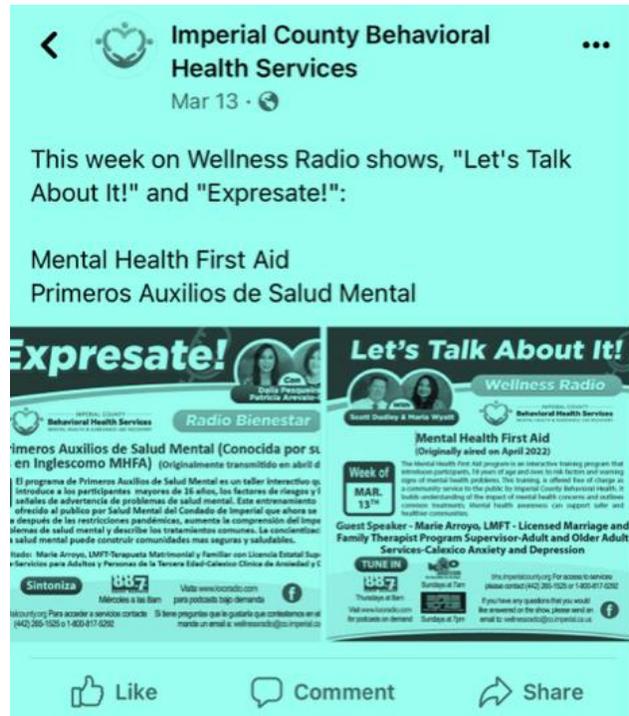
Social Media

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 2023-2026, 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 2022-2023

Challenges

Gathering the necessary data to assess the outreach effectiveness of strategies post pandemic was a challenge. ICBHS and the rest of the world really did not know what would be restored, as it was before, what would be modified and when would this happen. Two significant COVID surges in 2022 led to a start and stop approach as well as public health-informed hesitancy to resume targeted direct contact with elders and multi-generational households, particularly those with small children.

In addition 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.

Barriers

Remnant COVID restrictions and zoom fatigue were both significant barriers. Tribal nations had restricted access, as did senior centers, preschools and some other venues.
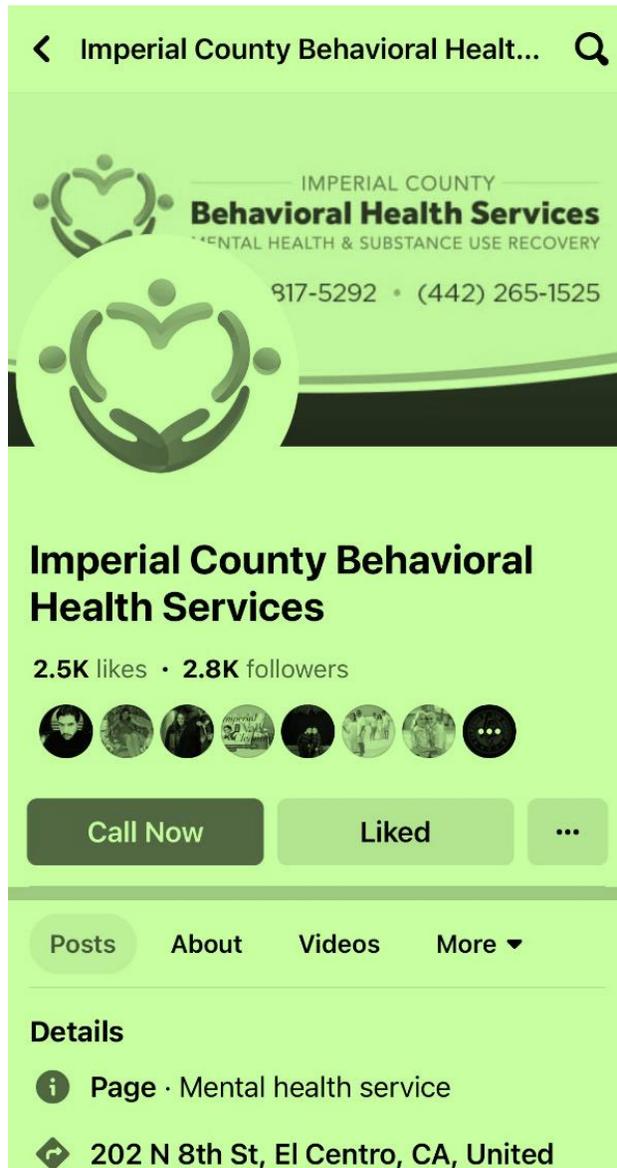
Strategies to Mitigate

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 2022-2023 and 2023-2024

No significant changes or program discontinuations were experienced nor are anticipated under Outreach and Engagement for ICBHS in FY 2022-2023 or 2023-2024.

Transitional Engagement Supportive Services Program (TESS)

The Transitional Engagement Supportive Services (TESS) Program provides outreach and engagement services with a special emphasis to unserved and underserved population including Severe Emotional Disturbed (SED) and Severe Mentally Ill (SMI) individuals ages 14 and older. The TESS Program continues to serve individuals discharged from an acute psychiatric hospitals, Mental Health Triage Unit (MHTU), and Casa Serena. The objective of the TESS Program is to provide supportive services while individuals transition to outpatient mental health treatment. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care.

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

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

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

Services available to clients at the TESS Program include:

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

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

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

The TESS Program assists in expediting mental health services to individuals found to be in imminent need of services due to high risk of decompensation or homelessness, or in need of linkage to community resources. The TESS program has also been a vital component for linking individuals who have been placed in an acute and psychiatric facility due to an active mental

health crisis. These individuals are assigned a MHRT for the purpose of securing safe hospital discharge planning and offering to secure immediate access to mental health services.

The TESS Program has a 30-day time frame to complete the expedited mental health services process and integrate the client to outpatient treatment via the intake process, which consists of an initial intake assessment, initial nursing assessment, and initial psychiatric assessment.

Notable Performance Measures

BASIS 24
- Behavior and Symptom Identification Scale

CANS
- Child and Adolescent Needs and Strengths Assessment

PSC-35 & PSC-Y
- Pediatric Symptom Checklist

To establish baseline symptoms and impairments to those clients age 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 intake assessment and will be re-administered on an annual basis. **During FY 2022-2023, TESS program administered 66 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 2022-2023, the TESS Program administered 17 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 2022-2023, TESS Program administered 1 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 2022-2023, 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 Inst.	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 Inst.	30 minutes / 50 questions	Intake: Clinician	Intake
Parents/Guardians/Caregivers of clients (PSC-35) English	3-18	Cognitive, Emotional, and Behavioral Recognition Symptoms	General Inst.	15 minutes / 35 questions	Intake: Clinician	Intake
Parents/Guardians/Caregivers of clients (PSC-35) Spanish	3-18	Cognitive, Emotional, and Behavioral Recognition Symptoms	General Inst.	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 Inst.	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 Inst.	15 minutes / 35 questions	Intake: Clinician	Intake

During FY 2022-2023 - ICBHS has transitioned into a new Electronic Health Record (EHR) and is currently in process of assessing which Outcome Measurements Tools the new system will implement to create reports that will provide outcome data and impact of service for individuals served in the TESS Program. The TESS Program continues to work towards successfully

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

FY 2022-2023, TESS served 204 individuals, 181 referrals/hospitalizations were received from the Mental Health Triage Unit, 23 Out of County Hospitalizations and 0 individuals belonged to Self/Pre-Screens or other source referrals. In addition, 34 were successfully transferred to Mental Health Outpatient Clinics, 5 were screened out, 1 discharge due to no care needed, 0 death, 3 incarcerated/indefinite placement and 103 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 2022-2023	
Mental Health Triage Unit Referrals/Hospitalizations	181
Out of County Hospitalizations	23
Total Referrals	204
TESS Program Discharges	
FY 2022-2023	
Successful Linkages to Mental Health Outpatient Clinics:	34
Screened out – Did not meet medical necessity	5
Unsuccessful Linkages:	103
No Care Needed – Sufficient Progress	1
Death	0
Incarceration/Indefinite Placement	3
Total Discharges	146

The table and charts below provide a demographic summary of the individuals who have been served during this FY 2022-2023:

TESS Demographics

Demographic Category	TESS FY 2022-2023
Female	89
Male	115
Other	0
Not Reported	0
Total	204
0 to 13	0
14 to 25	68

26 to 59	117
60+	19
Not Reported	0
Total	**204**

Hispanic	155
African American	5
White	42
Hawaiian	0
Other	2
Total	**204**

During FY 2022-2023, the TESS program served a total of 204 individuals. The majority of served individuals were males, making up 56% of the serviced population. Furthermore, the largest age group served by the TESS program during FY 2022-2023 was the age group of 26 to 59 years old. Lastly, the largest ethnic group served during FY 2022-2023 was Hispanic. The Hispanic ethnicity composed 76% of the individuals served.

TESS Client Demographics:
Age
FY 2022-2023

TESS Client Demographics: Ethnicity

Ethnicity	Count
Other (Native American, Asian Native, Pacific Islander)	2
Hawaiian	0
White	42
African American	5
Hispanic	155
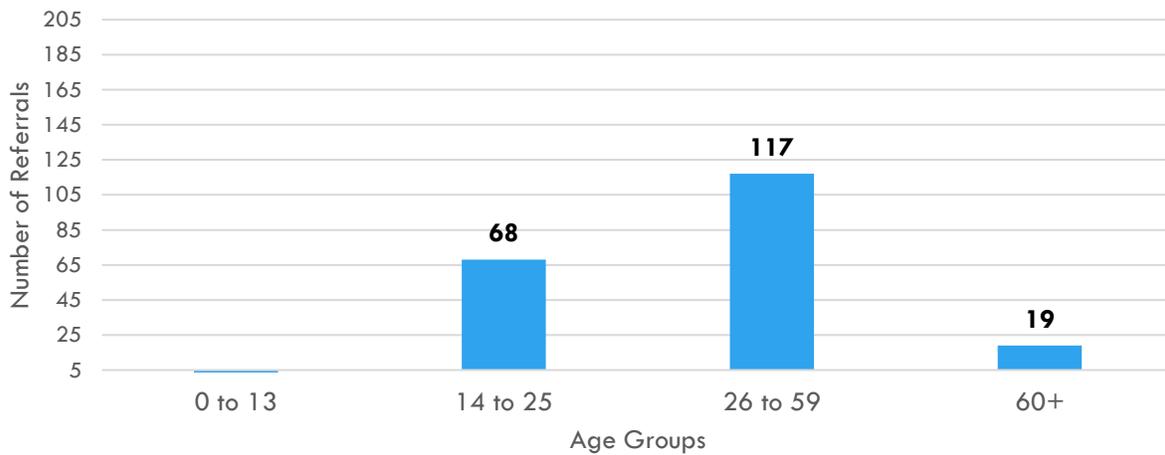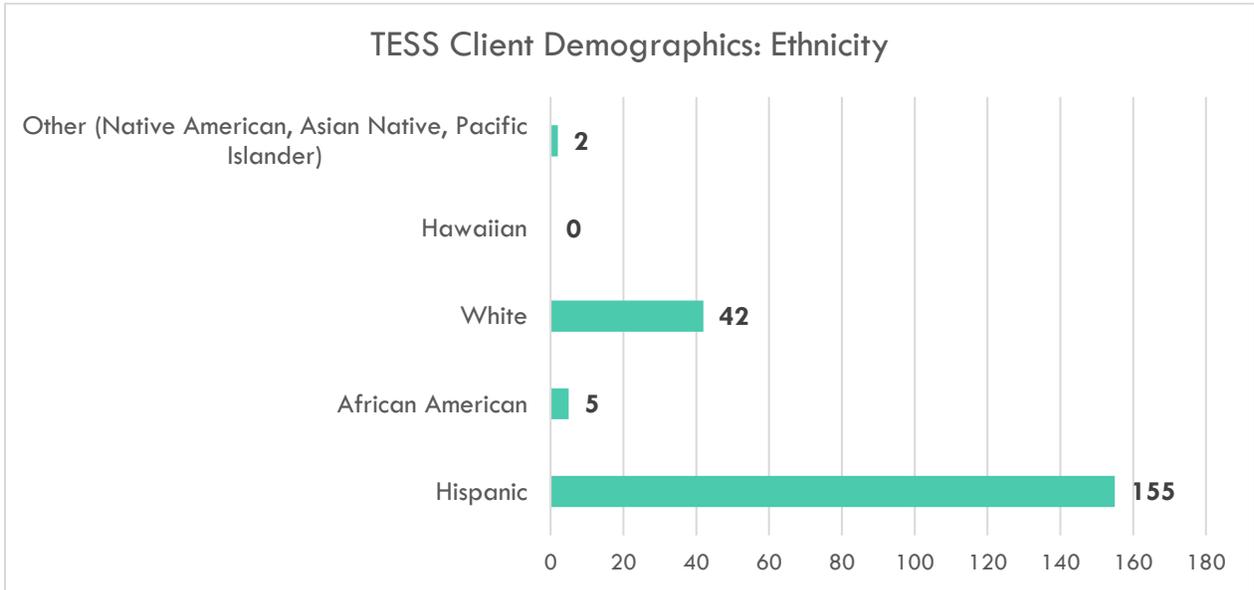
Budget

The number of individual clients served in FY 2022-2023 was 204. **The average cost per person was $2,585.58.**

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.

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 2022-2023, 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, TESS Program continued increasing awareness through outreach, education, and advocacy by specific age group.

TESS Service Goal Outcome
FY 2022-2023

	14 to 25	26 to 59	60+
Individuals Served	68	117	19
Goal	116	247	40
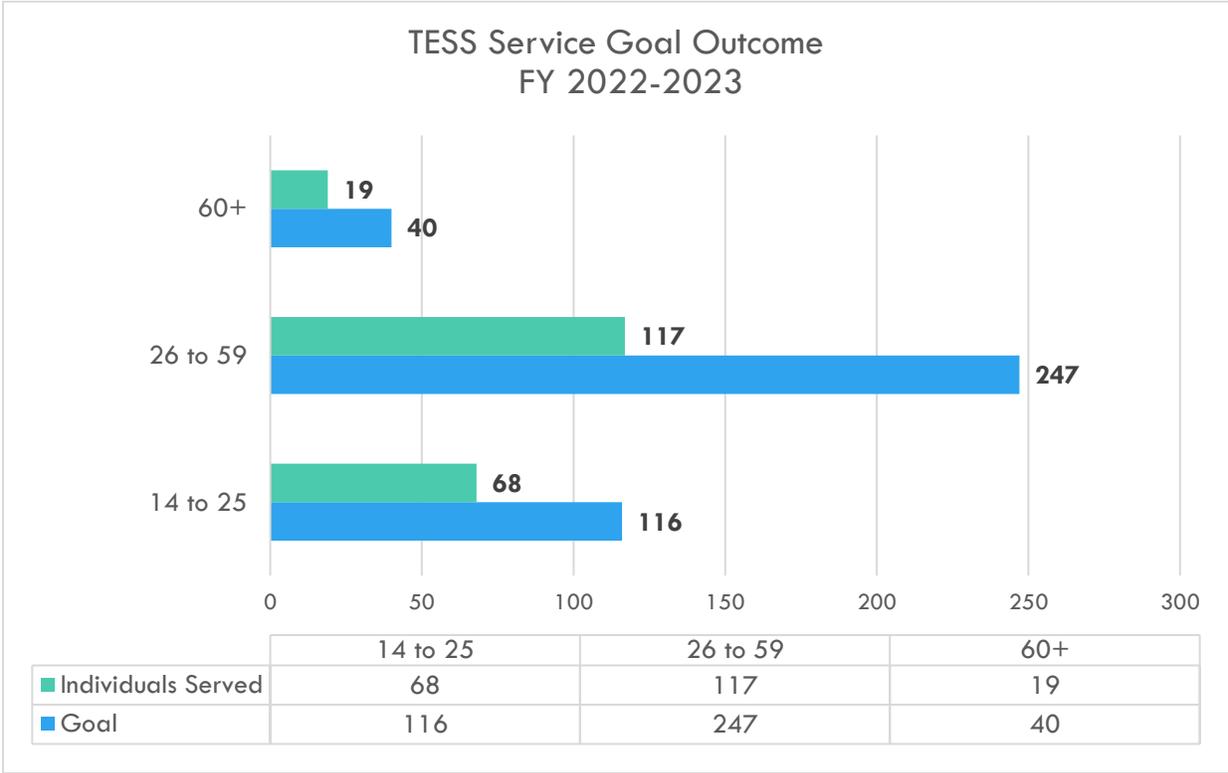
During FY 2022-2023, in efforts to address the rapid growing concerns of homelessness in Imperial County, the TESS Program continued to focus on engaging homeless individuals who are the most vulnerable and underserved population within Imperial County. During the reporting period, the TESS program enrolled 68 individuals to PATH Services.

TESS Service Outcome
Homeless Population
FY 2022-2023

	FY 21-22	Goal	FY 22-23
Individuals Served	32	41	68
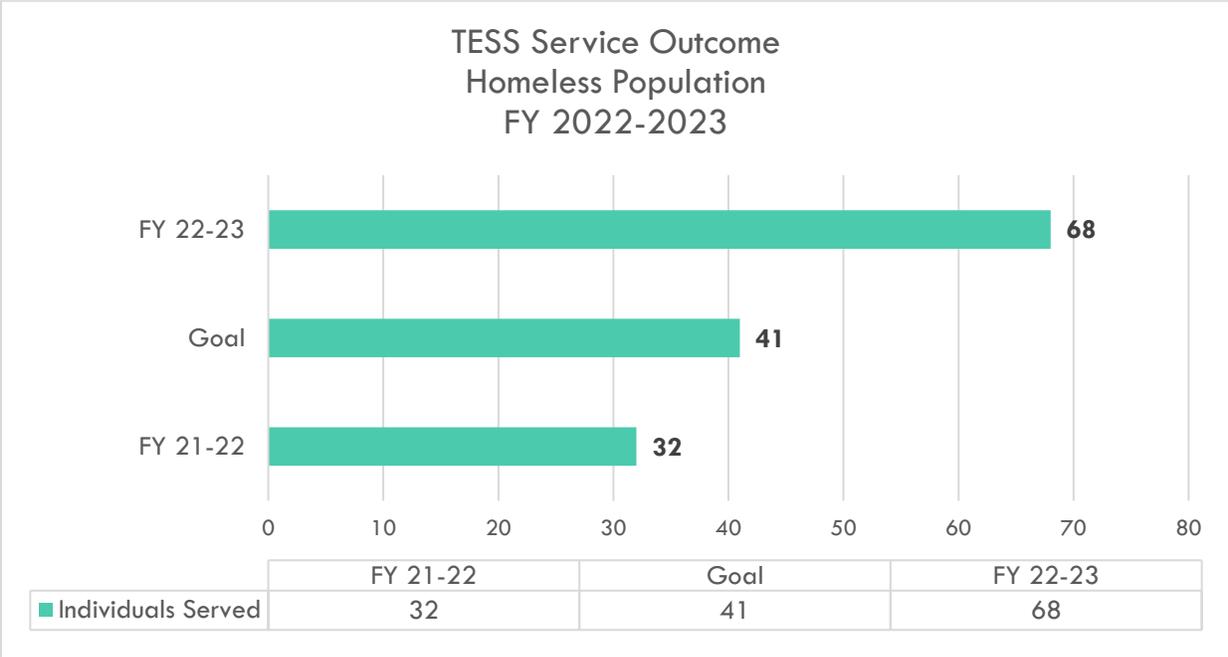
During FY 2022-2023, The TESS program objective was to train one (1) Mental Health Rehabilitation Technician per fiscal year on SOAR training. TESS has continued to be impacted with a shortage in staff, therefore, affecting establishing the goal in training staff with SOAR Services. TESS will continue to focus on establishing this goal by training new staff in order to improve delivery of services to the homeless population to ensure the goal is met.

During FY 2022-2023, in efforts to ensure effective delivery of treatment services, the TESS Program successfully transferred 34 individuals to the outpatient clinics. The TESS program will continue to focus on expediting delivery of services to ensure patients continue to receive service necessity.

During FY 2022-2023, TESS conducted a total of 79 community outreach activities in order to educate and reach the unserved and underserved population. The TESS program participated in 41 informational booths and 38 brochure dissemination activities.

TESS Outreach Activities

TESS Outreach Activities	
FY 2022-2023	
Informational Booths	41
Brochure Dissemination Activities	38
Total Outreach Activities	**79**

List of Community Agencies

Homeless Outreach Centers	Imperial Valley Life Center
Imperial Valley Health Resource Fairs	ARC of Imperial Valley
Salvation Army	El Centro Outpatient Clinic
Mobil Food Pantry	Adult Disability Service Division
Elementary School Districts	Hunter Employment
Junior High Schools	Fresenius Kidney Care
City High Schools	Accent Care
Imperial Valley Mall	Imperial County In-Home Support Services
Walk and Bike Radermacher Park	Casa Elite
Walk to School Day	Adult Center
Breast Cancer Awareness	Calexico Community Center
United Domestic Community Health	Clinicas Del Valle
Camarena Library	One Stop
Feed the Need Centers	Copy Center
Mother Earth Nutrition Center	Family Resources Solution
WIC	Holtville Chamber of Commerce
White Cross Pharmacy	Holtville City Hall
Innercare	Turning Point Center
Imperial Valley ROP (IVROP)	Calexico FSP
Women Haven Center	Guadalupe Shelter
Imperial County Public Administration	Housing Authority Calexico
Planned Parenthood	Biomat USA Plasma

114

During FY 2022-2023, the TESS Program focused on ensuring clients were provided with expedited mental health appointments to ensure linkage to mental health treatment and assisting with the accessibility of services to those individuals that are hospitalized out-of-county and are not returning to Imperial County, the target goal for TESS is to link 20% of hospitalized individuals into treatment. For this reporting period, TESS received 23 Out of County Hospitalizations. Of those hospitalizations 3 were successfully linked to mental health treatment services, 5 cases are currently active, 5 cases received assistance in changing their County Code as part of the Continuum of Care, 9 cases declined further services, and 1 relocated Out-of-County.

Notable Community Impacts

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 efforts to continue increasing the positive impact within the community, TESS will continue to conduct outreach and engagement efforts to expedite the delivery of services for this who continue to be impacted by a severe mental illness and/or co-occurring substance use disorder.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

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

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. In order to alleviate this barrier, TESS will continue striving to recruit additional staff to conduct outreach and engagement, and strongly collaborate with community partners to ensure the homeless population have access to resources that will alleviate the burden of moving from one place to another.

Significant Changes, Including New Programs

During this FY 2022-2023, a significant change identified within the TESS program will continue to focus on the planning and initiation of short-term Mental Health Therapy Services. The TESS Program will be implementing short term therapy to all clients requiring additional support in efforts to increase client engagement to services and continuum of care. A mental health therapist will provide short-term Cognitive Behavioral Health Therapy.

Additionally, as the TESS program encountered an increase amount of individuals with co-occurring disorders needing referrals to the Substance Use Disorder (SUD) program, TESS will begin focusing our efforts on referring and linking client to need SUD services.

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 2023-2024 to FY 2025-2026 to ensure that individuals receive needed services.

Goals and Objectives for FY 2023-2024 to FY 2025-2026

Engage Homeless	SOAR Trainings	Assessment Process	Outreach	Linkage to SUD

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	TESS will continue to engage homeless individuals by increasing accessibility of mental health services by 5% each year.
	TESS will continue to focus on training two (2) additional ICBHS staff on SOAR to improve delivery of services to those who are homeless or at risk of homelessness.
	Within thirty (30) days of admission, TESS will successfully complete the assessment process and transfer ten (10) individuals to the Outpatient Clinic for continued mental health services.
	TESS will participate in three (3) outreach events on a monthly basis to increase accessibility to mental health services by 5%.
	TESS Program assist five (5) individuals with linkage to the Substance Use Disorder (SUD) program for treatment services.
	The TESS program will successfully link 20% of individuals discharged from an acute psychiatric facility to the appropriate outpatient mental health clinic.

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 address the specific needs of each individual to increase their support system and their willingness for linkage into Mental Health Treatment Services or Substance Abuse Treatment. The goal is to assist individuals with reunification with their family members and/or transitioning them back into the community or a higher level of care.   Services provided by the CESS program include an expedited Intake process and linkage to Mental Health Outpatient treatment services based on medical necessity. In addition, CESS program provides screening and referral services on site at Imperial County Jail to individuals who will soon be released from incarceration to ensure individuals are successfully reintegrated back into the community and linked to Mental Health Services.

Initial Assessment	Initial Nursing Assessment	Initial Psychaitric Assessment
Medication Support	Mental Health Services - Nurse	Mental Health Services - Rehabilitation Technician
Targeted Case Management	Crisis Intervention	Linkage to Substance Use Disorder Treatment
Outreach and Engagement Services	Linkage to Community Resources	

Linkage to Community Resources Services include:

- Emergency Shelter Placement
- Emergency Clothing
- Emergency Food Baskets
- Assistance with SSI/SSA Benefits Application
- DSS / Cash Aide Application Assistance

Notable Performance Measures

BASIS 24
- Behavior and Symptom Identification Scale

CANS
- Child and Adolescent Needs and Strengths Assessment

PSC-35 & PSC-Y
- Pediatric Symptom Checklist

The CESS Program continues to administer the BASIS 24 outcome measurement tool to establish a baseline of symptoms and impairments to those clients age 18 years and older. The areas of measurement include depression/functioning, relationships, self-harm, emotional liability, psychosis, and substance abuse. The BASIS 24 is administered at the time of initial intake assessment and is re-administered on an annual basis. **During FY 2022-2023, CESS Program administered 204 BASIS 24.**

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed for children's services; 6-20 years of age to support decision making, including level of care and service planning, to facilitate quality improvement initiatives, and to allow for the monitoring of outcomes of services. **During FY 2022-2023, 47 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 2022-2023, 26 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 2022-2023, 43 PSC-Y tools were administered by the TESS Program.**

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

CESS 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 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

Measurement Outcome Tools
TESS
FY 2022-2023
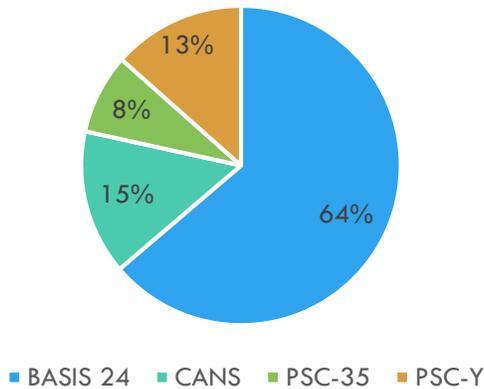
■ BASIS 24 ■ CANS ■ PSC-35 ■ PSC-Y

During FY 2022-2023 - ICBHS has transitioned into a new Electronic Health Record (EHR) and is currently in process of assessing which Outcome Measurements Tools the new system will implement to create reports that will provide outcome data and impact of service for individuals served in the CESS Program.

During FY 2022-2023, the CESS Program outreach efforts lead to the program receiving **474** community referrals. A breakdown of the referral source agencies can be seen below:

CESS Referral Overview

CESS Program Referral Outcome Overview FY 2022-2023	
Total Community Referrals	
Total Community Referrals	474
Well-Path	6
Spread the Love charity	0
Medical Treatment Center	0
Department of Social Services	6
Local Hospitals	4
Relative/Family member referral	8
Emergency Homeless Task Force	0
Jackson House	0
Day Out Center	0
Law Enforcement	1
County Jail	8
Imperial County Behavioral Health Services	360
Imperial Valley College	24
Other	57
Referral Source Data Unavailable	0
Clients Served	
Admissions	391
Total Pending Admission (Pre-Registration)	213

CESS Program Discharges

Successful Linkages to Mental Health Outpatient Clinics	189
Screened Out	**15**
No Care Needed – Sufficient Progress	8
Unsuccessful Linkages Total	330
Total Discharges	**542**

The table and charts below provide a demographic summary of the individuals who have been served during this **FY 2022-2023**:

Client Demographic for the CESS Program

	FY 21-22	FY 22-23	% Change
Admissions	296	406	40%

Demographic Category	CESS FY 2022-2023
Gender	
Female	184
Male	222
Other	0
Not Reported	0
Total	**406**
Age	
0 to 13	6
14 to 25	147
26 to 59	215
60+	38
Not Reported	0
Total	**406**
Ethnicity	
Hispanic	325
African American	15
White	44
Alaskan Native/Native American	2
Asian	1
Other/Not Reported	19
Total	**406**

CESS Client Demographics
Gender
FY 2022-2023

- Female ■ Male

45%
55%
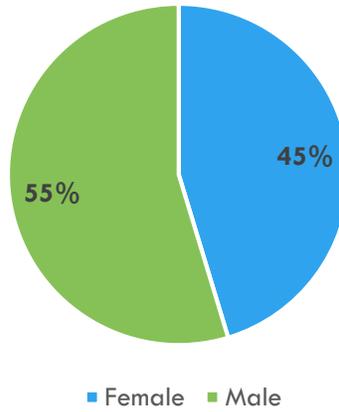
CESS Client Demographics
Ethnicity
FY 2022-2023

2
1
19
15
44
325

■ Hispanic

■ African American

■ White

■ Alaskan Native/Native American

■ Asian

■ Other/Not Reported (Native American, Asian Native, Pacific Islander)
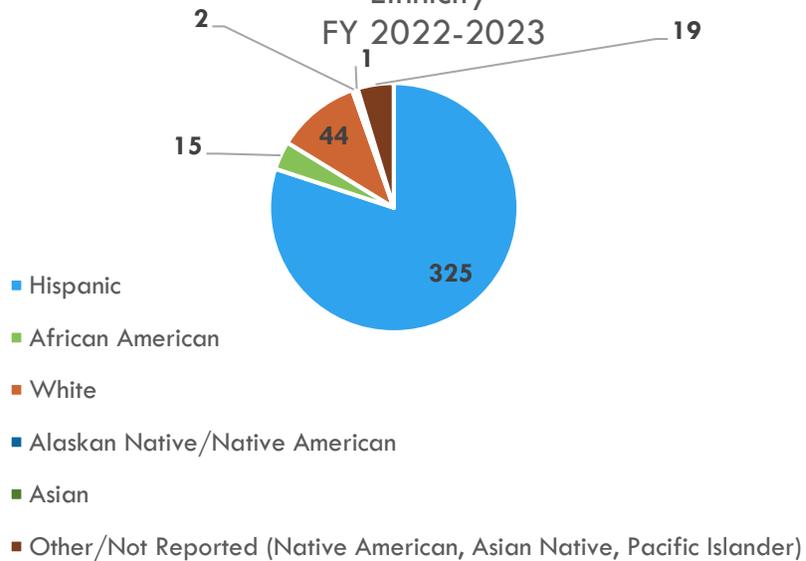
Budget

The number of individual clients served in FY 2022-2023 was 406. **The average cost per individual served was $2,021.12.**

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

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

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

Progress Towards Goals and Objectives for FY 2022-2023

During FY 2022-2023, The CESS Program focused on increasing accessibility to Mental Health Services by 5% by increasing awareness through outreach, education, and advocacy. The chart below compares the goals set in last year's annual report to actual individuals served in FY 2021-2022.

CESS Service Goals

CESS Service Goal Outcome FY 2022-2023

	0-13	14 to 25	26 to 59	60+
Goal	1	92	245	25
Individuals Served	6	147	215	38
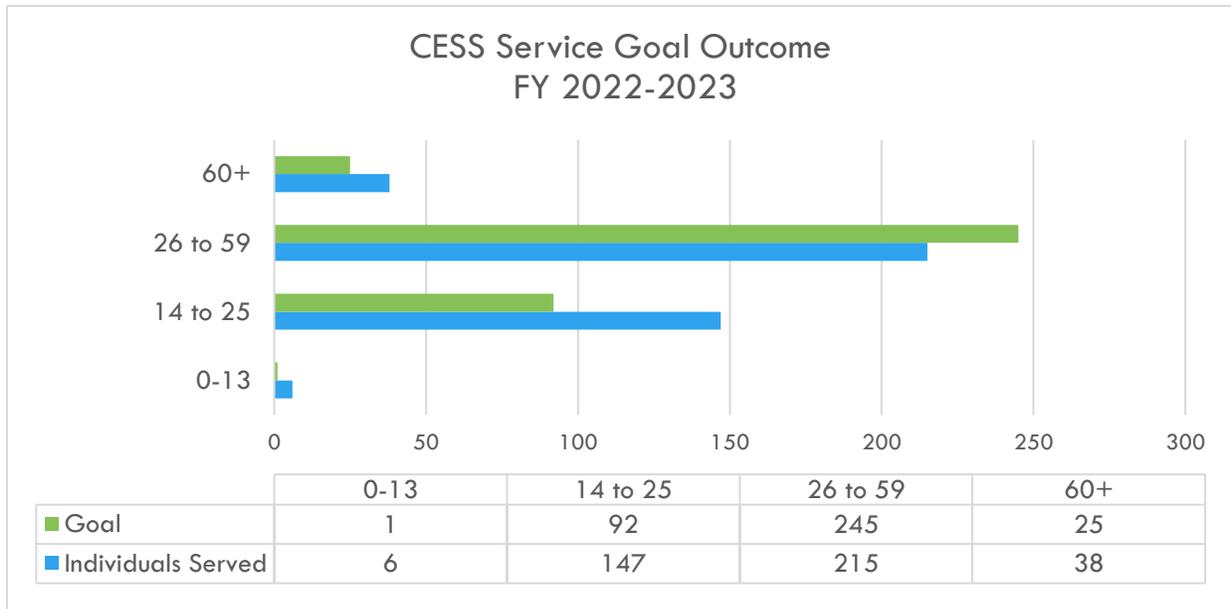
In addition to improving accessibility to services for specific age groups, the CESS program also sought to engage more individuals of the homeless population into services. During FY 2022-2023, the CESS Program enrolled **121 homeless individuals into PATH**. This was a 30% increase in serviced individuals from FY 21-22.

	Reporting Period: FY 21-22	5% Goal: FY 21-22	Reporting Period: FY 22-23
PATH Enrollments	4	14	121

In addition to increasing engagement amongst the homeless population, the CESS program set the goal of providing emergency lodging to homeless individuals. The CESS program continued their partnership with WomenHaven Center for Family Solutions. Our partnership with WomenHaven facilitates linking homeless individuals to long-term housing and additional support services. During FY 22-23, the CESS program referred forty-one (41) individuals to WomenHaven and successfully received a forty-five (45) day extension for 9 individuals.

CESS Service Goals
Womenhaven
FY 2022-2023

	Individuals Referred	Received 45-Day Extension
FY 22-23	41	9
FY 21-22	10	1
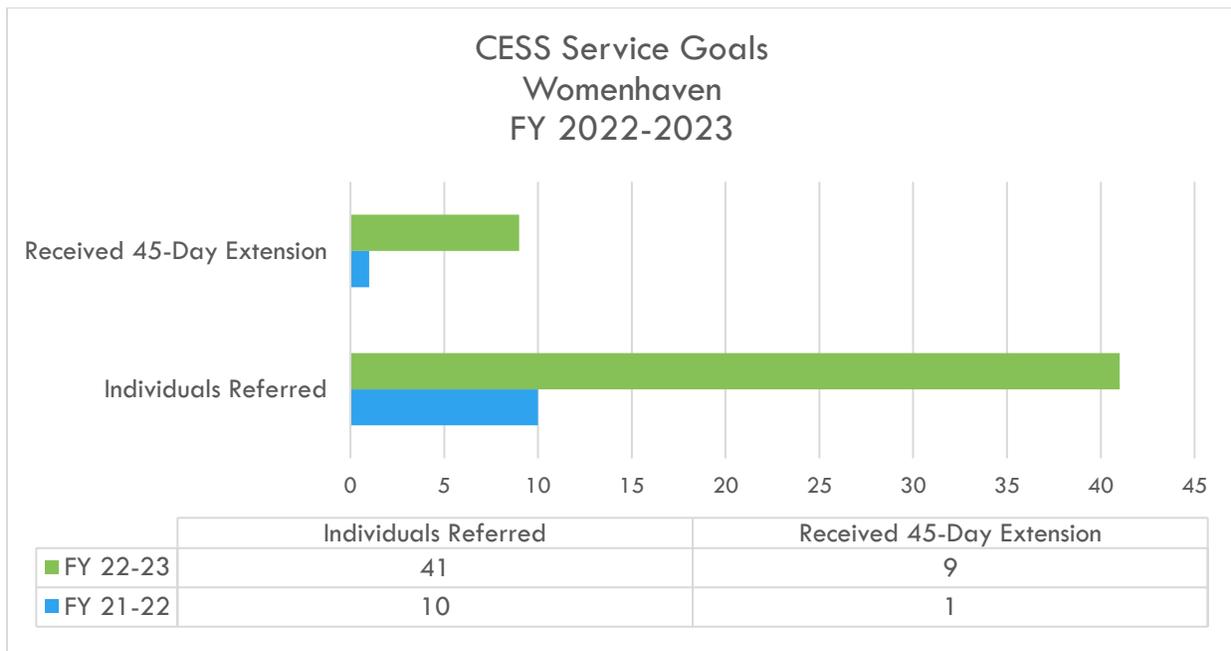
During FY 2022-2022, The CESS Program objective was to continue improving delivery of services by training (1) Mental Health Rehabilitation Technician on SOAR training and monitor those cases for at least 90 days. During this reporting period, CESS was faced with shortage in staff, therefore, reducing the availability to train staff on SOAR services. CESS will continue to focus on establishing this goal in order to provide expedited delivery of service to the homeless population.

During FY 2022-2023, 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 (32) **outreach presentations**. In addition to outreach presentations the CESS program attended (24) informational booths and disseminated (24) brochures.

The following is a breakdown of the CESS program outreach activities for **FY 2022-2023:**

Outreach and Engagement Activities Conducted by CESS

CESS Program Outreach and Engagement Activities FY 2022-2023	
Outreach Presentations	32
Informational Booth/Brochures-Disseminations	24
Informational Booth	24

Community Agencies
Ocotillo Fire Department
Westmorland Presbyterian Church
Calexico Guadalupe Church
Brawley Barbara Worth Elementary
Imperial Valley Center for Exceptional Children
Imperial Valley Mall
Calipatria High School
Southwest High School
Imperial High School
San Pasqual High School
Woman Haven Shelter
Guadalupe Shelter
LGBTQ Resource Center
St. Patrick Church
Holtville Community Fair

During FY 2022-2023, the CESS Program's objective was to transfer six (6) individuals per month to the outpatient clinics within 30 days of admission by completing the entire intake process which includes: intake assessment, initial nursing assessment and initial psychiatric assessment prior to transfer. During this reporting period, CESS successfully transferred **(189) individuals** to outpatient clinics.

During FY 2022-2023, CESS Program continued to expand delivery of services at the County Jail by conducting initial intake assessments for those individuals who are scheduled to be released. CESS assisted in expediting services upon release from jail. CESS will continue to keep track of jail referrals to provide outreach and successfully transfer to the outpatient mental health services. CESS successfully transferred 35 individuals to outpatient mental health services as part of the continuum of care. The CESS program received 120 jail referrals and facilitated (16) Moral Recognition Therapy with (16) MRT participants.

CESS Service Goals Outcome
Jail Referrals
FY 2022-2023

	Jail Referrals	MRT Groups	MRT Participants
FY 22-23	120	16	16
FY 21-22	112	38	12
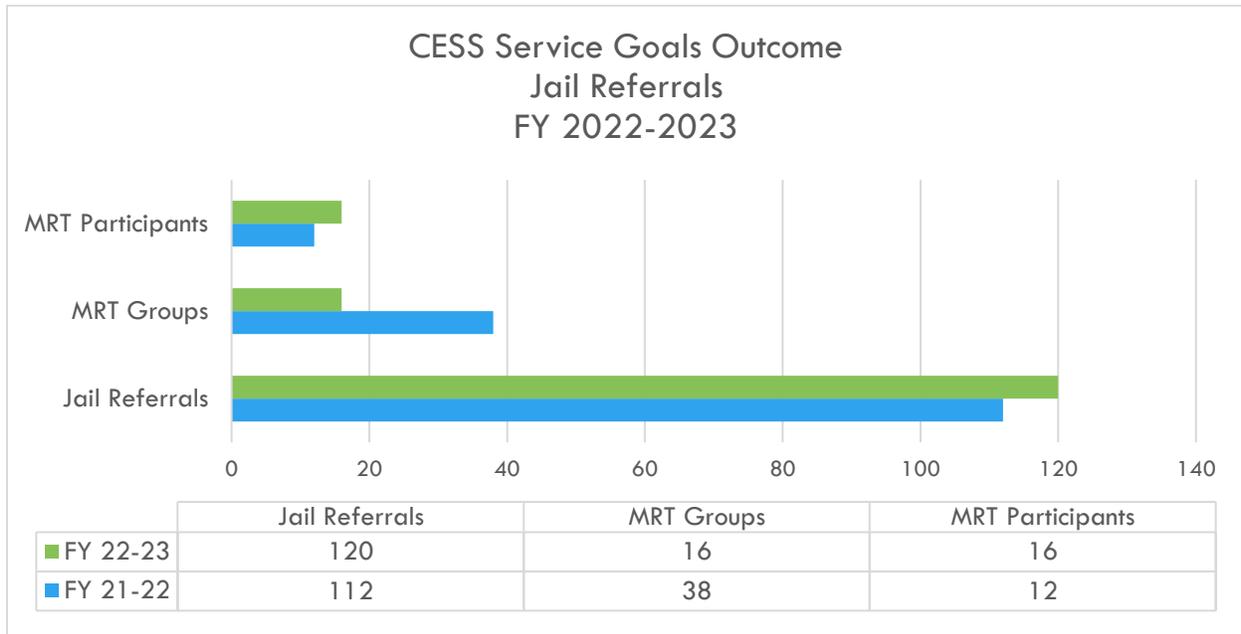
Notable Community Impacts

During FY 2022-2023, CESS aimed to provide services to the unserved and underserved population within the hardest to reach and most difficult to engage population. The programs approach strived to serve individuals with unknown severity of mental illness and/or co-occurring substance abuse disorders. The CESS Program was able to increase engagement and linkage services positively impacting engagement efforts, consumers committed to treatment, and transfer rates. In efforts to continue increasing the positive impact within the community, CESS will continue to conduct outreach and engagement efforts to expedite the delivery of services for this who continue to be impacted by a severe mental illness and/or co-occurring substance use disorder. Another notable community impact was the initiation of Dialectical Behavior therapy (DBT) Skills Groups being provided to inmates at the Imperial County Jail in hopes of reducing recidivism. Through these DBT skills groups it is expected to enhance participant's emotional regulation, maladaptive behaviors, distress tolerance, interpersonal skills, as well as improving coping and problem solving skills. Effective September 2022, 85 unduplicated individuals have attend the DBT Skills group sessions provided at the County Jail in which 51 were males and 34 were females.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

A significant challenge encountered was 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 to access services virtually, thus impacting the admission rate. In order to alleviate this barrier, CESS will continue striving to recruit additional staff to conduct outreach and engagement, and strongly collaborate with community partners to ensure the homeless population have access to resources that will alleviate the burden of moving from one place to another and aid them with the resources to attend appointments virtually and/or in person.

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

Another challenge has been with the inmate population suffering from a severe mental illness receiving and obtaining needed mental health service upon release from incarceration. In order to mitigate this challenge, CESS will continue to assign a Mental Health Rehabilitation Technician (MHRT) and Community Service Worker to continue providing outreach and engagement services and 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

During this FY 2022-2023, a significant change within the CESS program was the planning and initiation of short-term Mental Health Therapy Services. The CESS Program will be implementing short term therapy to all clients requiring additional support in efforts to increase client engagement to services and continuum of care. A mental health therapist will provide short-term Cognitive Behavioral Health Therapy.

Another significant change during FY 2022-2023, was the initiation of Dialectical Behavior therapy (DBT) Skills Groups provided to inmates at the Imperial County Jail in hopes of reducing recidivism.

Goals and Objectives for FY 2023-2024 through 2025-2026

Engage Homeless	SOAR Training	Assessment Process	Outreach	Linkage to Services for County Jail Releases

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	☻ CESS will continue to engage homeless individuals by increasing accessibility of mental health services by 5% each year.
	☻ CESS will continue to focus on training two (2) additional ICBHS staff on SOAR to improve delivery of services to those who are homeless or at risk of homelessness.
	☻ Within thirty (30) days of admission, CESS will successfully complete the assessment process and transfer ten (10) individuals to the Outpatient Clinic for continued mental health services.
	☻ CESS will participate in three (3) outreach events on a monthly basis to increase accessibility to mental health services by 5%.
	☻ CESS Program will successfully link 5% of individuals released from County Jail to the appropriate outpatient clinic.

Annual Prevention and Early Intervention (PEI) Report
FY 2021-2022

The PEI programs assist in preventing and/or reducing risk factors such as school failure/dropout, prolonged suffering and/or removal of children from their homes that may result from untreated mental illness and increase protective factors that may lead to improved mental, emotional and relational functioning.

The PEI programs, such as Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), First Step to Success (FSS) and Incredible Years, assist in identifying one of the Mental Health Oversight and Accountability Commission's (MHSOAC) priorities of *childhood trauma*. Imperial County Behavioral Health Services' (ICBHS) PEI programs continue to provide a "help first" system approach. The programs engage individuals before the development of severe mental illness or serious emotional disturbance. They also lessen the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. The PEI programs 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.

All services are provided outside of the norm of outpatient clinics and meet an additional MHSOAC priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents. PEI continues to build capacity for providing mental health prevention and early intervention services by implementing new programs and delivering services out in the community, in non-traditional settings.

PEI Populations FY 2021-2022									
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	Trauma Focused CBT	1 to 6	Trauma Focused	1 to 6
First Step to Success	1, 3, 4, 6	First Step to Success	1, 3, 4, 6			First Step to Success	1, 3, 4, 6	First Step to Success	1, 3, 4, 6
Incredible Years*	1, 4							Incredible Years*	1, 4
Rising Stars	1 to 6								

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

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 2021-2022									
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	Trauma Focused CBT	1 to 6	Trauma Focused	1 to 6
First Step to Success	1, 2	First Step to Success	1, 2			First Step to Success	1, 2	First Step to Success	1, 2
Incredible Years*	7							Incredible Years*	7
Rising Stars	1 to 6								

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

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 2021-2022									
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	Trauma Focused CBT	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			First Step to Success	1, 2, 4, 6	First Step to Success	1, 2, 4, 6
Incredible Years*	1, 4							Incredible Years	1, 4
Rising Stars	1, 3, 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) continues its efforts to ensure staff and stakeholders are involved in the Community Program Planning Process (CPPP) and understand the purpose and requirements of the Prevention and Early Intervention (PEI) component. ICBHS holds quarterly Mental Health Services Act (MHSA) Steering Committee meetings where the community and stakeholders are informed about the different PEI programs, their outcomes, identified challenges and successes. ICBHS also runs newspaper and magazine advertisements about PEI programs. Additionally, ICBHS' radio show promoted PEI programs, mental health wellness and substance use disorder programs. This Annual Update for 2022-2023 will highlight the achievements and challenges PEI encountered during fiscal year (FY) 2021-2022, and any program changes that occurred during FY 2022-2023 and FY 2023-2024.

The goal of Prevention and Early Intervention (PEI) programs is to prevent and/or reduce the likelihood of mental illnesses from becoming severe and disabling, with an emphasis on improving timely access to services for unserved and underserved populations. Additionally, the objective for PEI programs is 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), and Rising Stars (RS) integrate strategies to provide services to priority populations, reduce the seven (7) negative outcomes and address several of the Mental Health Oversight and Accountability Commission's (MHSOAC) priorities. 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 MHSOAC priority of being *culturally competent and linguistically appropriate* to meet the needs of Imperial County residents.

Trauma Focused Cognitive Behavioral Therapy (TF-CBT)

Program Description:

In keeping aligned with the PEI strategies and populations and priorities established by the Mental Health Services Oversight and Accountability Commission (MHSOAC), ICBHS continues to implement Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as a prevention program for children and youth exposed to traumatic experiences. The TF-CBT 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 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.* All TF-CBT prevention services are mobile and are provided out in the community in non-traditional locations such as schools, homes and places of worship.

The TF-CBT Program continues to be a vehicle in serving the unserved and/or underserved populations in the community. TF-CBT addresses the needs of one of the priority populations: children and adolescents ages 4 to 18 who have been exposed to a traumatic experience. As a prevention program, children/youth do not meet medical necessity for Specialty Mental Health Services; however, because of their experiences they are at risk of developing adverse symptoms and behaviors. The goal of the TF-CBT model is to prevent mental illness from developing in children and adolescents. TF-CBT assists the child/youth with 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 also 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. The program has also helped foster a "help first" system by facilitating *access and linkages* to supports to prevent the development of mental illness.

During fiscal year (FY) 2021-2022, TF-CBT provided selective prevention services to 75 children/youth and to approximately 94 parents/legal guardians/caregivers at a cost of $1,766 per child/you and parent/legal guardian/caregiver, this is a decrease of $528 (30%) from the previous FY. 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:

As schools reopened, from the COVID19 pandemic, referrals to the program increased. However, the program encountered a major challenge. Several clinicians and other mental health staff have resigned as a result of the "Great Resignation". The high turnover rate has

caused difficulty in retaining and hiring new staff to fill current open positions. Due to staff shortage, the number of clients admitted to the program has been limited. For FY 2021-2022, the program had 2.37 full-time equivalent (FTE) clinicians, which is a .37 increase from last FY. ICBHS is continuously recruiting to hire additional clinical mental health staff to ensure the needs of the community are met.

Program Demographics:

Demographic information for TF-CBT – Prevention FY 21-22

Age Group	Total	Percentage
0-15	72	96%
16-25	3	4%
Total	**75**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	40	53%
Male	35	47%
Total	**75**	**100%**
Gender Identity	**Total**	**Percentage**
Female	40	53%
Male	35	47%
Total	**75**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual	65	88%
Gay or Lesbian	1	1%
Bisexual	1	1%
Questioning	1	1%
Declined to answer	7	9%
Total	**75**	**100%**
Race	**Total**	**Percentage**
African American or Black	4	5%
White	70	94%
More than one Race	1	1%
Total	**75**	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	67	90%
Other Hispanic Ethnicity	2	3%
African	4	5%
European	1	1%
More than one Ethnicity	1	1%
Total	**75**	**100%**
Language	**Total**	**Percentage**
English	47	63%
Spanish	28	37%
Total	**75**	**100%**
Veteran Status	**Total**	**Percentage**
No	75	100%
Total	**75**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	57	76%
Difficulty Hearing	2	3%

133

|		
Mental Domain/Developmental Disabilities	1	1%
Declined to answer	15	20%
Total	75	100%

Achievement of Performance Outcomes:

ICBHS continues to measure performance outcomes for the TF-CBT program to determine program effectiveness. TF-CBT utilizes the following performance outcome measurement tools: Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Parent (UCLA-PTSD-Parent), and UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA-PTSD-SR). In addition the program also utilizes the Child and Adolescent Needs and Strengths (CANS) and Pediatric Symptom Checklist (PSC-35).

During FY 2021-2022, a total of seventy-five (75) children/youth were served. Twenty-eight (28) parents/legal guardian/caregivers completed a Pre YOQ and twenty-four (24) completed a Post YOQ. Nine (9) youth completed a Pre YOQ-SR and ten (10) completed a Post YOQ-SR. Also, twenty-seven (27) parents/legal guardians/caregivers competed a Pre UCLA PTSD and twenty-four (24) completed a Post UCLA PTSD. Thirty-one (31) youth completed a Pre UCLA PTSD-SR and twenty-one (21) completed a post UCLA PTSD-SR. Additionally, Forty-seven (47) parents/legal guardian/caregivers completed a Pre CANS and sixteen (16) parents/legal guardian/caregivers completed a Post CANS. Fifteen (15) parents/legal guardian/caregivers completed a Pre PSC-35 and eight (8) parents/legal guardian/caregivers completed a Post PSC-35. Contributing factors that lead to the discrepancy of the completion of Pre and Post outcome measurement tools include the following: 1) Pre or Post data was not obtained after numerous attempts by PEI clinicians; 3) One or more family members participated in therapy and each completed a tool; 4) children/youth were transferred to PEI prevention program without a measurement tool; 5) children under the age of 12 do not complete the YOQ-SR or UCLA and 6) parents/legal guardian/caregivers of children under the age of 6 do not complete the CANS.

Data from these outcome tools is gathered and entered into the department's electronic health record (EHR) MyAVATAR. However, MyAVATAR is unable to provide statistical information on PRE and POST data sets. As a result, ICBHS contracted with Dr. Todd Sosna to work with the department's Information System to develop and generate reports to evaluate the effectiveness of the program as a prevention strategy. Currently, information is manually extrapolated from MyAVATAR and is entered into a log to calculate PRE and POST data sets. The following graphs include outcome data based on pre and post outcome evaluation tools completed by youth and their parents/legal guardians/caregivers during FY 2021-2022:

Average outcomes on Pre (n=28) and Post (n=24) YOQ

YOQ Parent Average Scores
FY 2021-2022
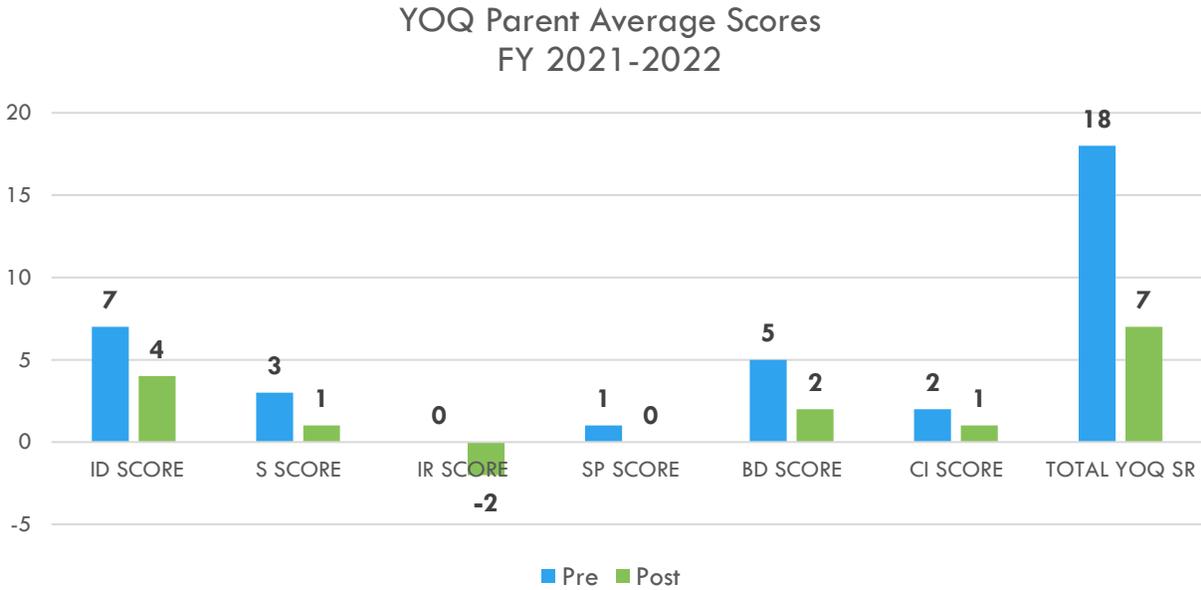
The YOQ assesses the parent's/legal guardian's/caregiver's perception in several areas of the child's/youth's mental health functioning. The YOQ measures the following areas: interpersonal distress; somatic distress; interpersonal relationships; critical items (paranoid ideation and suicide); social problems; and behavioral dysfunction.   As illustrated in the graph above the post YOQ scores indicate a reduction in the parent's perception of the minor's symptoms in all areas measured by the tool.

Average outcomes on Pre (n=9) and Post (n=10) YOQ-SR

YOQ-SR Average Scores
FY 2021-2022
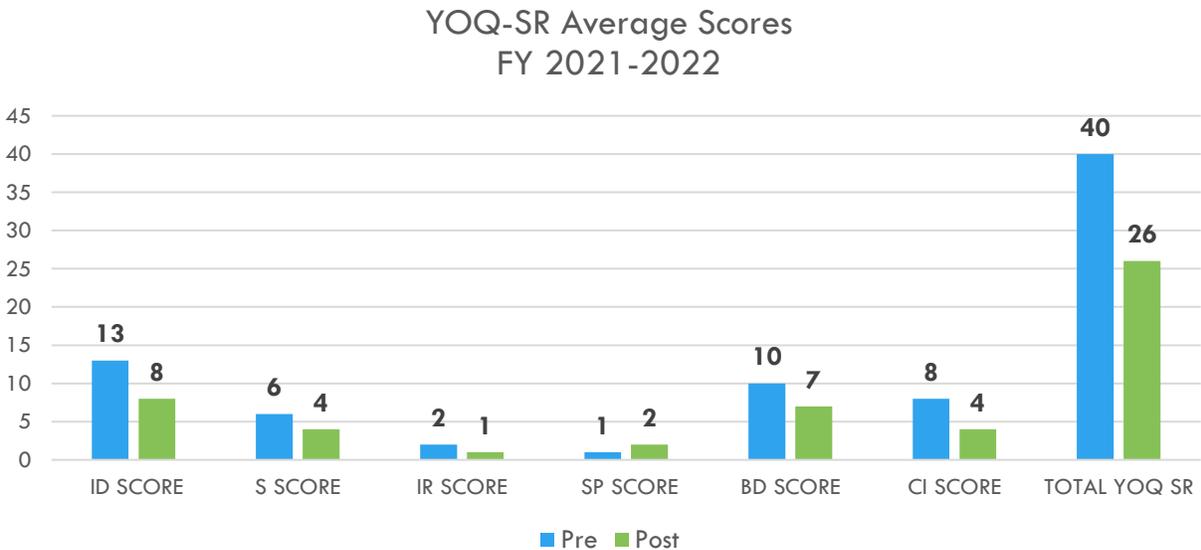
The YOQ-SR assesses the youth's own perception in several areas of their mental health functioning. Areas measured by the YOQ-SR include the following: interpersonal distress; somatic distress; interpersonal relationships; critical items (paranoid ideation and suicide); social problems and behavioral dysfunction.   The post-scores in the graph above indicates a reduction in all areas with the exception in social problems; however the average score is a 2, which is below the clinical cutoff of a score of 3.

Average outcomes on Pre (n=27) and Post (n=24) UCLA PTSD

**UCLA-PTSD Parent Average Scores
FY 2021-2022**

Legend: ■ Pre UCLA PTSD-RI-Parent Average Score   ■ Post UCLA PTSD-RI Parent Average Score
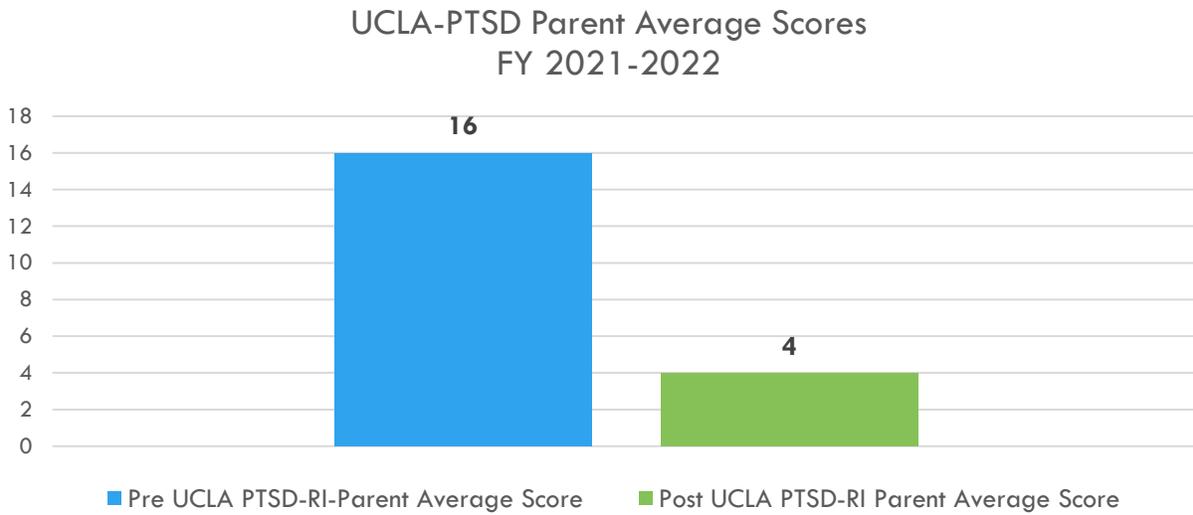
The UCLA Post-Traumatic Stress Disorder Reaction Index Parent (UCLA-PTSD-Parent) measures symptoms and frequency of symptoms associated with PTSD as reported by the parent/legal guardian/caregiver. The post-scores in the graph above indicates a reduction in all symptoms measured by this tool.

Average outcomes on Pre (n=31) and Post (n=21) UCLA PTSD-SR

**UCLA-PTSD-SR Average Scores
FY 2021-2022**

Legend: ■ Pre UCLA PTSD-SR Average Score   ■ Post UCLA PTSD-SR Average Score
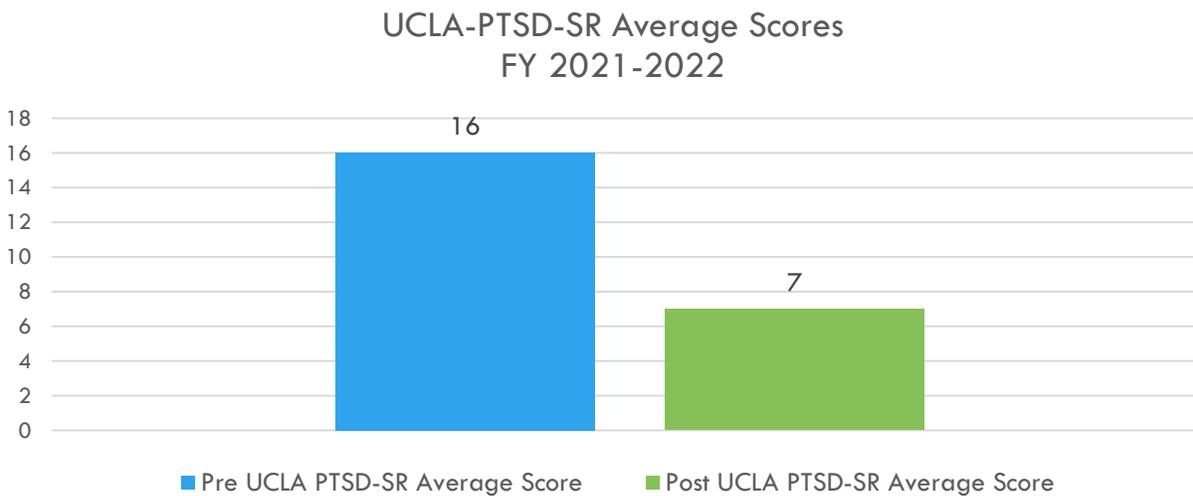
The UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA-PTSD-SR) measures symptoms and frequency of symptoms associated with PTSD as reported by the youth. Post-score illustrated in the graph above indicates a reduction in all symptoms measured by this tool.

Average outcomes on Pre (n=47) and Post (n=16) CAN

CANS Average Scores
FY 21-22
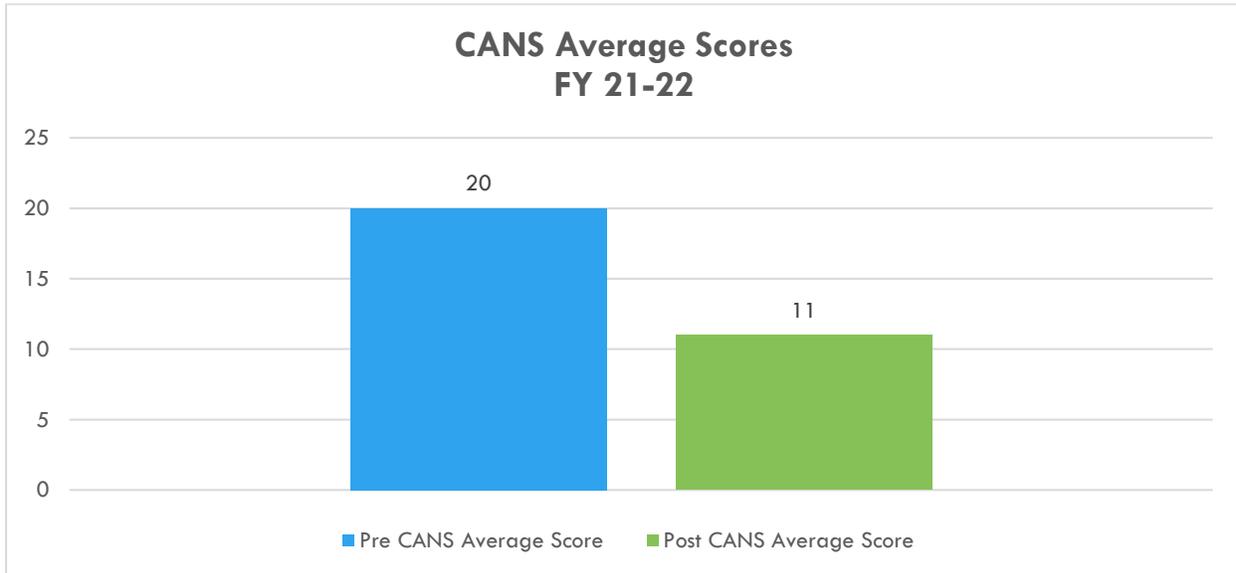
The CANS is multi-purpose assessment tool developed to assess the well-being of the child/youth, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of children/youth, providers and systems. A higher score indicates a higher level of needs and lower strengths. Lower scores indicate the best possible functioning in all areas "no needs" and significant strengths.

Average outcomes on Pre (n=46) and Post (n=15) PSC-35
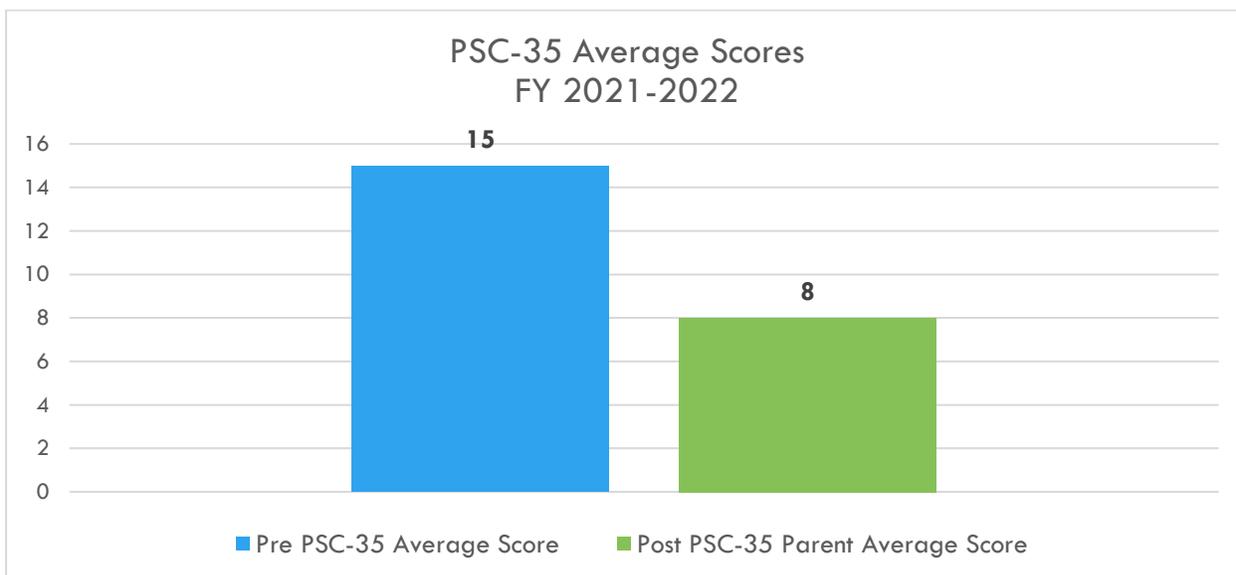
PSC-35 Average Scores
FY 2021-2022

137

The PSC-35 is a psychosocial screening 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 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.

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

Program Changes for FY 2022-2023 and 2023-2024:

There are no planned changes for Trauma Focused Cognitive Behavioral Therapy (TF-CBT) for FY 2022-2023 or FY 2023-2024

Program Goals and Objectives for FY 2022-2023 and 2023-2024:

| Increase TF-CBT Clinicians | TF-CBT Outcome and Performance Measures | Measurement Tools | Outcome Reporting to Stakeholders |

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	Increase staff to seven (7) FTE clinicians to continue providing TF-CBT as a selective prevention strategy to children and youth in order to prevent impairments of a traumatic
	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 outcome 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.

First Step to Success (FSS)

Program Description:

The MHSA First Step to Success (FSS) was initially implemented as an Innovation Project. In 2019, with stakeholder approval, the FSS program transitioned from an innovation project to a prevention program as a component of the ICBHS Mental Health Services Act (MHSA) Prevention and Early Interventions (PEI) programs. The FSS program meets the PEI priority populations and areas and implements strategies/interventions to reduce negative outcomes. The FSS program utilizes an educational intervention model as a vehicle to develop a collaborative relationship between mental health and education to provide services to underserved children ages 4 to 6. Mental health staff are co-located in the classrooms and provide positive reinforcement utilizing Positive Behavioral Intervention and Services (PBIS) to children who have been identified/referred by the teacher. The interventions are designed to assist children in developing pro-social skills that will assist them in being successful at school, home and in the community. The goal of the FSS program is to prevent mental illness from developing.

For FY 2021-2022, the MHSA FSS Program provided services to 55 children and approximately 69 parents/legal guardians/caregivers at a cost of $1,820 per child and parent/legal guardian/caregiver, this is a decrease of $2,761 (152%) from the previous FY. This cost includes the expense of implementation of the MHSA FSS program for the salaries of 4 full-time Mental Health Rehabilitation Technicians (MHRTs) who worked closely with school staff on a daily basis, providing prevention services to children in a virtual setting. FSS MHRT's also provide collateral services as well as linkage and referral services to parents/legal guardians/caregivers.

Program Challenges:

During FY 2021-2022, the FSS program saw an increase in referrals and in services provided, as schools re-opened from the COVID-19 pandemic. FSS staff resumed providing services to identified children and began working with the teachers inside classrooms. FSS MHRTs have also returned to providing in-person services to parents/legal guardian/caregivers in their homes. However, the FSS program encountered 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 2021-2022, the program has 4 full-time equivalent (FTE) FSS MHRTs. It is hoped that by FY 2022-2023, the program will be fully staffed with 7 FTE FSS MHRTs.

Program Demographics:

Demographic information for FSS – Prevention FY 2021-2022

Age Group	Total	Percentage
0-15	55	100%
Total	55	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	15	27%
Male	40	73%
Total	55	100%
Gender Identity	**Total**	**Percentage**
Female	15	27%
Male	40	73%
Total	55	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	25	45%
Declined to answer	30	55%
Total	55	100%
Race	**Total**	**Percentage**
African American or Black	1	2%
White	54	98%
Total	55	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	45	82%
Other Hispanic Ethnicity	3	5%
African	1	2%
European	5	9%
Declined to Answer	1	2%
Total	55	100%
Language	**Total**	**Percentage**
English	30	55%
Spanish	25	45%
Total	55	100%
Veteran Status	**Total**	**Percentage**
No	55	100%
Total	55	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	51	93%
Declined to answer	4	7%
Total	55	100%

Achievement of Performance Outcomes:

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

140

early as possible.   Of the 55 clients served, 17 parents/legal guardians/caregivers completed a Pre PSC-35 during the assessment phase and 4 parents/legal guardians/caregivers completed a Post PSC-35. Factors for not being able to obtain all of the Pre and Post PSC-35 include: 1) clients transferred to a higher level of care during the assessment phase; 2) clients moved or 3) staff was unable to contact parents. For client who were transferred to a higher level of care, Post PSC-35 scores can be obtained under the First Step to Success – Early Intervention Program. Below are the scores for the Pre PSC-35 outcome measurement tool.

Graph 7: Average Pre (n=17) and Post (n=4) PSC-35 Scores

PSC-35 Average Scores
FY 2021-2022

- Pre PSC-35 Average Score: 20
- Post PSC-35 Average Score: 6.5
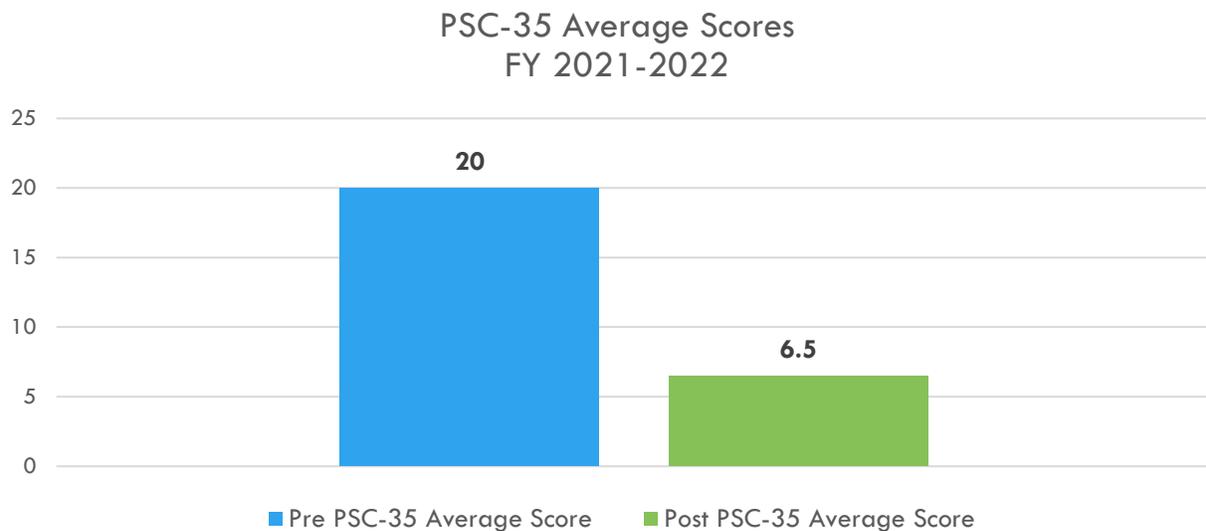
For children ages 4 to 5, the PSC-35 cutoff score is 24 and for children ages 6 through 16, the PSC-35 cutoff score is 28. Graph 5 indicates an average PSC-35 score of 20, which suggests that children being served under the MHSA FSS program required only prevention services in order to prevent a mental illness from developing.

Program Changes for FY 2022-2023 and 2023-2024:

There are no planned changes for First Step to Success for FY 2022-2023 and 2023-2024.

Program Goals and Objectives for FY 2022-2023 and 2023-2024:

Collaborative Relationships	Increase MHRT Staff	Train Addt'l Teachers & MHRT's	Increase Awareness of FSS	Decrease Stigma among Parents and Teachers	Collect Data	Outcome Reports to Stakeholders

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	Maintain collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children.
	Increase staff to 7 full-time equivalent (FTE) FSS MHRT to continue providing prevention services to young children to prevent the development of a serious mental health disorder.
	Continue to expand services to additional elementary schools during FY 2022-2023, in efforts to cover all Imperial County school districts in order to reach unserved and underserved children.
	Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model.
	Increase parents' and teachers' awareness on the extent of mental illness in children in this age group and to decrease the stigma related to receiving mental health services.
	Collect data for evaluation purposes on the PEI MHSA FSS program.
	Provide information on outcome 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.

142

Incredible Years (IY)

Program Description:

ICBHS continues to contract with two (2) local agencies for the implementation of the Incredible Years (IY) parenting program. As part of our prevention program, this evidenced-based parenting model targets 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 of the PEI priority areas of providing services to *prevent childhood trauma* and to deliver services in a *culturally competent and linguistically appropriate* manner. Through these two (2) contracts, ICBHS 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 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. Incredible Years was also selected because it meets the linguistic and cultural needs of our community, as the program materials are available in English and Spanish.

ICBHS contracted with the Child and Parent Council (CAP Council) and Teach, Respect, Educate, Empower Self (TREES) to provide IY in our community. The CAP Council started providing services during FY 2017-2018. During FY 2018-2019, ICBHS contracted with TREES to increase the effort of providing the Incredible Years in the far northern and eastern areas of Imperial County. Even though ICBHS continues to make every effort to provide services in the northern and eastern areas of Imperial County, ICBHS continues to encounter challenges with increasing the penetration rates for the unserved and underserved Native American population and hard to reach populations. Through the TREES contract they have focused on providing services in Salton Sea, Niland, and Winterhaven.

Program Challenges:

During FY 2021-2022, the CAP Council and TREES saw an increase in referrals; however they also faced staff shortages due to the resignation of many of their staff. Additionally on October 2021, TREES submitted a contract termination letter, with an effective date of December 3, 2021, stating difficulties to meet the contract obligations. Due to the contract termination with TREES, ICBHS will continue to have difficulties in increasing penetration rates for the unserved and underserved Native American population and very hard to reach populations in these distant northern and eastern regions of Imperial County.

Child and Parent Council (CAP Council):

For FY 2021-2022, the CAP Council conducted sixteen (16) parenting groups, providing services to two hundred-five (205) parents. The average cost of providing IY to parents/legal guardians/caregivers was $1,187, an increase of $164.54 (16%) 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. Below is the demographic data for CAP Council for FY 2021-2022:

Demographic Information for CAP Council FY 21-22

Age Group	Total	Percentage
16-25	16	8%
26-59	179	87%
60+	10	5%
Total	205	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	164	80%
Male	41	20%
Total	205	100%
Gender Identity	**Total**	**Percentage**
Female	164	80%
Male	41	20%
Total	205	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	191	93%
Bisexual	1	1%
Declined to answer	13	6%
Total	205	100%
Race	**Total**	**Percentage**
American Indian/Alaska Native	2	1%
African American or Black	3	1%
White	193	95%
Multi-Racial	2	1%
Other	3	1%
Declined to answer	2	1%
Total	205	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	189	92%
Other	10	5%
Declined to Answer	6	3%
Total	205	100%
Language	**Total**	**Percentage**
English	66	32%
Spanish	139	68%
Total	205	100%
Veteran Status	**Total**	**Percentage**
Declined to Answer	205	100%
Total	205	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	188	93%

144

Mental Disability Domain	1	0%
Physical/Mobility Domain	5	2%
Chronic Health Condition	4	2%
Difficulty Seeing	4	2%
Difficulty Hearing	1	0%
Other Communication Disability	1	0%
Other Disability	1	0%
Total	**205**	**100%**

Teach, Respect, Educate, Empower Self (TREES):

For FY 2021-2022, TREES conducted four (4) parenting groups, providing services to forty (40) parents at an average cost of $908 per parent an increase of $173 (24%) from the previous FY. This cost includes staffing, phone and internet service, insurance, mileage reimbursement (for delivering materials to homes), books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs. Below is the demographic data for the TREES for FY 2021-2022:

Demographic information for TREES FY 2021-2022

Age Group	Total	Percentage
16-25	12	30%
26-59	28	70%
Total	**40**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	29	73%
Male	11	27%
Total	**40**	**100%**
Gender Identity	**Total**	**Percentage**
Female	29	73%
Male	11	27%
Total	**40**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual	40	100%
Total	**40**	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	7	18%
Asian	2	5%
African American or Black	2	5%
White	29	72%
Total	**40**	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	36	90%
South Asian	2	5%
Other	2	5%
Total	**40**	**100%**
Language	**Total**	**Percentage**
English	34	85%
Spanish	6	15%
Total	**40**	**100%**

Veteran Status	Total	Percentage
Declined to answer	40	100%
Total	40	100%
Identifies with any Disability or Special Needs	Total	Percentage
No Disabilities	40	100%
Total	40	100%

Achievements of Performance Outcomes:

Child and Parent Council (CAP Council)

Featured Program Vignette: The CAP Council's Incredible Years Parent Education Program

Here are families engaged in parent education sessions from the Imperial County Child Abuse Prevention Council's *Incredible Years® Parent Education Project.* Project Facilitator, Ana Romero is seen here explaining to parents about a child's social emotional development.

The Imperial County Child Abuse Prevention (CAP) Council *Incredible Years®* Parent Education Program is evidence-based and works to offer intensive parent education and support. The Council began to offer parenting education classes using the *Incredible Years®* curriculum during the the 2015-2016 fiscal year following a First 5 Imperial mini-grant award and recommendation for the Council to adopt a parent education curriculum that was age appropriate and available in both English and Spanish. Prior to this curriculum, the Project had been using the Systematic Training for Effective Parenting (STEP) parent education curriculum.

http://www.icprop10.org/Featured_Grantee_CAP%20Council.htm

For FY 2021-2022, the CAP Council conducted a total of sixteen (16) groups, nine (9) groups were conducted in Spanish and seven (7) groups were in English, serving a total of two hundred-five (205) parents. The CAP Council received a total of two hundred-five (205) referrals from various community agencies. Below is a breakdown of the referrals:

Number of Referral FY 2021-2022

Referee	No of Referrals
Self-Referral	92
Child Protective Services	64
Court Orders Only	23
Community Agencies	26
Total	205

The CAP Council provided parents/legal guardians/caregivers with pre and post outcome measurement tools to measure parenting skills. The Parenting Practices Interview (PPI) tool is

for parents/legal guardians/caregivers with school-aged children and the Parenting Scale (PS) is for parents/legal guardians/caregivers with toddlers. For FY 2021-2022, the CAP Council did not collect data on the Karitane Parenting Confidence Scale (KPCS), since no IY parenting groups were provided for Infants. Below are Pre and Post cumulative scores for the three (3) performance outcome measurement tools:

Average Pre and Post PPI Scores

PPI Average Scores
FY 2021-2022
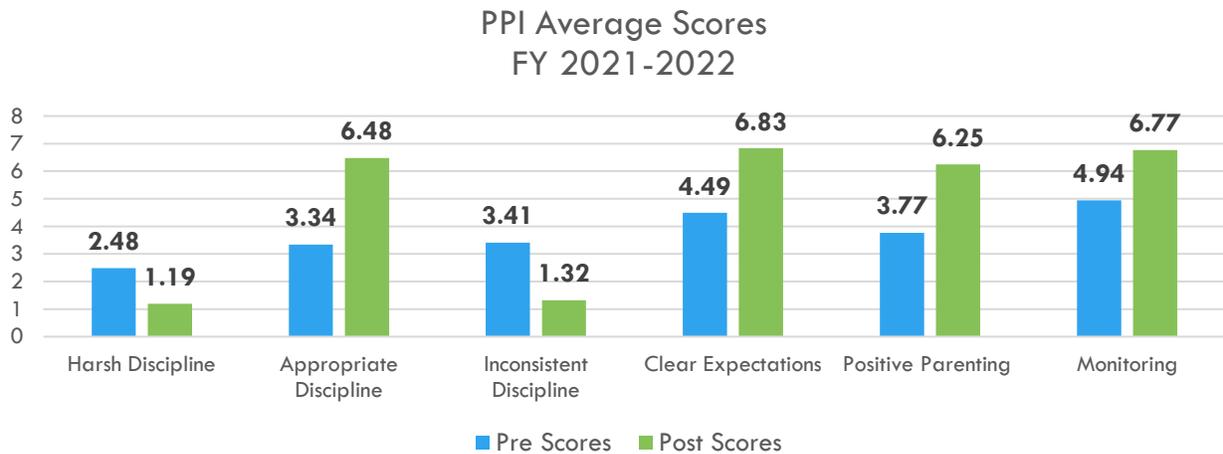
The PPI tool measures parenting practices which include harsh discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring. The graph above illustrates a lower post-score for harsh and inconsistent discipline compared to the pre-scores. A higher 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.

Average Pre and Post PS Scores

PS Average Scores
FY 2021-2022
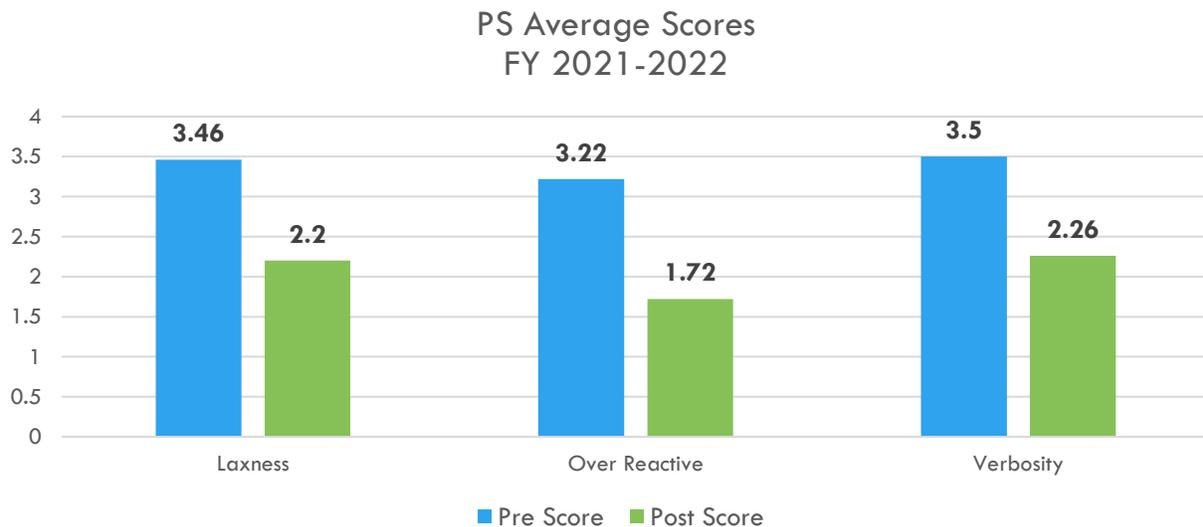
The PS tool is a 7-point scale. Low scores indicate good parenting and high scores indicate dysfunctional parenting. Based on the data from the graph above, all post scores are lower than the pre-scores, which indicate an increase in positive parenting skills.

Based on the data obtained from the two tools given to parents/legal guardians/caregivers pre and post completion of the parenting groups, it can be determined that the IY curriculum has been effective in addressing the needs of the unserved and underserved population in Imperial County. The results indicate a decrease in scores in the areas of harsh discipline, inconsistent discipline, laxness, over reactive and verbosity and an increase in scores in the areas of appropriate discipline, clear expectations, 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.

Teach, Respect, Educate, Empower Self (TREES)

https://www.trees2015.com/
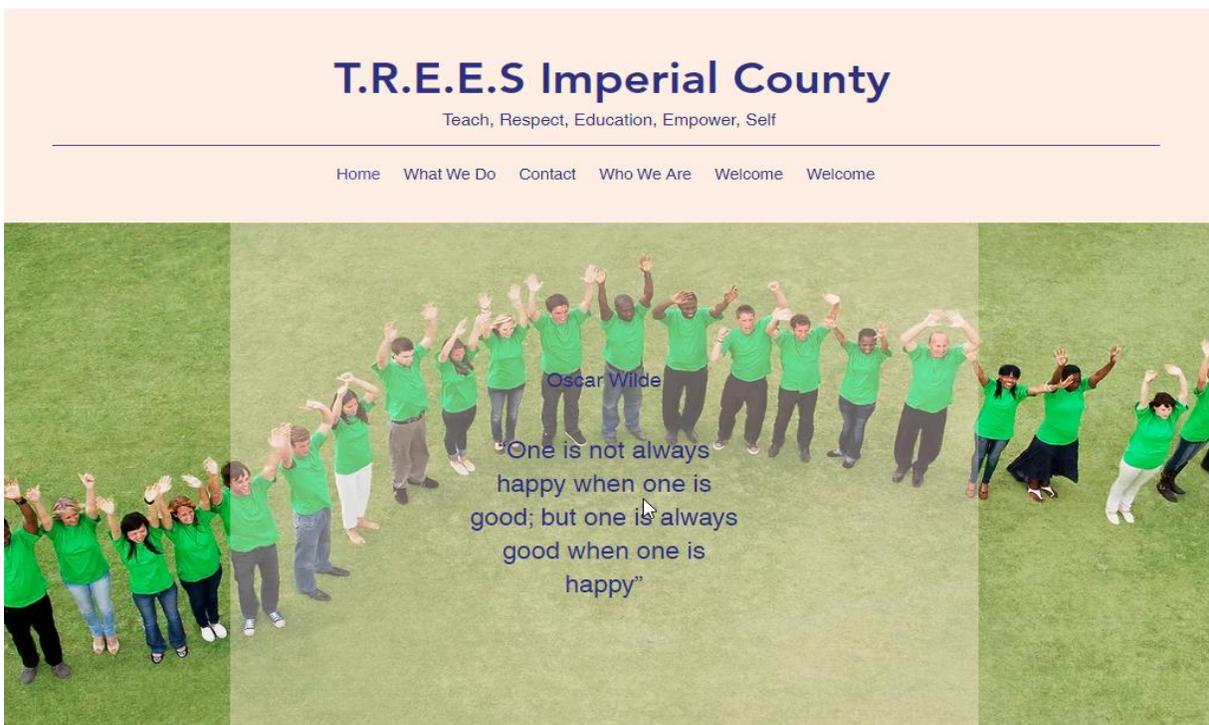
For FY 21-22, TREES conducted four (4) parenting groups, serving a total of forty (40) parents. TREES received seventy-eight (78) referrals to the Incredible Years (IY) parenting group. Below is the breakdown of the referrals:

Number of Referrals FY 21-22

Referral Source	No of Referrals
Self-Referral	38
Schools	27
Community Agencies	13
Total	78

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

Average Pre and Post PPI Scores

PPI Average Scores
FY 2021-2022
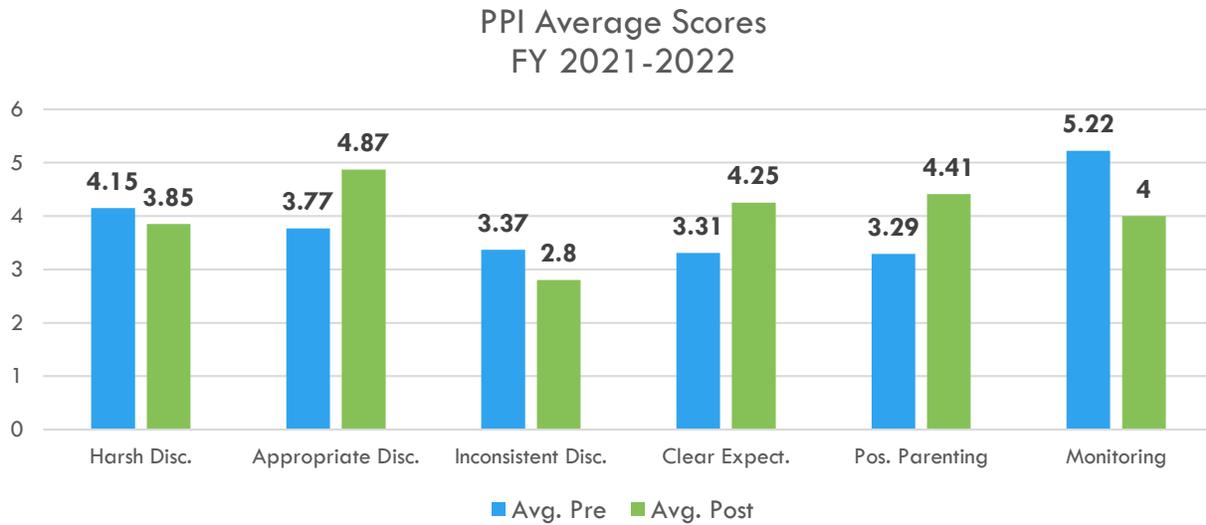
Based on the data obtained from the PPI tool given to parents/legal guardians/caregivers pre and post completion of the parenting groups, it can be determined that the IY curriculum has been effective. The previous graph shows a decrease in scores in the areas of harsh discipline and an improvement in the areas of appropriate discipline, clear expectations, and positive parenting.

Program Changes for FY 2022-2023 and 2023-2024:

On October 28, 2021, the TREES agency submitted a contract termination letter to ICBHS, due to not being able to maintain the obligations as stated in the contract.   For FY 22-23 and FY 23-24, ICBHS will seek a new provider to provide the Incredible Years program targeting hard to reach populations and will develop a new contract. No program changes for the CAP Council.

Program Goals and Objectives for FY 2022-2023 and 2023-2024:

Host Parenting Groups in English and Spanish	New Contract Provider	Evaluation of the IY Program	Report Outcomes to Stakeholders

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	• Provide Incredible Years (IY) parenting groups in English and Spanish, in non-traditional and safe environment to increase access to unserved and underserved children/youth in stressed families
	• Develop a contract with a new provider to provide IY parenting groups, to include Native Americans and other hard to reach populations, in community settings with accessible hours and in cities where the need is identified by consumers and community partners.
	• Evaluate the effectiveness of IY by collecting appropriate evaluation data. Fidelity to the IY model will be closely followed to replicate proven outcomes. Demographic information and outcome data will be collected using identified performance outcome measurement tools to determine if the model has had any impact on the children/youth and their families.
	• 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.

Rising Stars (RS) – Imperial Valley Regional Occupational Program (IVROP)

Program Description:

RS is a prevention program targeting foster children/youth ages 5 to 18. The Rising Stars program targets *all PEI priority populations* by implementing strategies to *prevent the 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*.

Foster children/youth commonly experience childhood trauma and adverse childhood experiences (ACEs) at a vulnerable period in their life. Examples of ACEs include the following: experiencing abuse or neglect, growing up in household with substance abuse, suicide within the family, witnessing violence within the home, mental illness within the family, or having an incarcerated parent. Foster children/youth commonly experience various forms of ACEs which increases their likelihood of negative outcomes as adults. Foster children/youth who have experienced childhood trauma are at risk of developing depression, high anxiety, post-traumatic stress disorder, substance use disorders and/or other mental health disorders. The objective of Rising Stars is to enhance the protective factors of foster children/youth by implementing several strategies. Some of the strategies include the following:

Social Emotional Learning Activities	Leadership Development	Self-esteem Development
Development Assets Workshops	Team Building Activities	Mentoring
Academic Enhancement and Enrichment Activities	Educational Field Trips	College-prep Workshops
Science, Technology, Engineering, Arts and Math (STEAM)Workshops		

For over thirty (30) years, IVROP has successfully worked and collaborated with local school districts, which has led to strong working relationships that have supported local foster children/youth. The collaboration with ICBHS, Social Services and local school districts will facilitate the primary goals of providing preventive services to foster children/youth so they can overcome challenges. For FY 2021-2022 the cost per client for the Rising Stars Program was $2,143

Program Challenges:

The RS program had challenges in obtaining Post scores for the performance outcome measurement tools due the resignation of staff.   Due to staffing shortages, the RS program had to hire and train new staff on completing the outcome tools. The plan for the upcoming fiscal year, is to provide as many Pre outcome tools and obtain Post scores at the end of Fiscal Year 2022-2023, to show a comparison of scores and services during contract years 2020 to 2023 and show the improvements the foster children/youth made from the inception of the Rising Stars program. Referrals to behavioral health services continue to be limited. Contributing factors for low referrals numbers include staff turn-around and having to train new RS staff on referral procedures depending on Pre outcome tools and many of the children/youth receiving services through RS are currently receiving services through ICBHS.

Program Demographics:

Demographic information for Rising Stars FY 2021-2022

Age Group	Total	Percentage
0 – 15	124	73%
16-25	46	27%
Total	**170**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	83	49%
Male	86	50%
Declined to answer	1	1%
Total	**170**	**100%**
Gender Identity	**Total**	**Percentage**
Female	83	49%
Male	86	50%
Declined to answer	1	1%
Total	**170**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual or Straight	169	99%
Questioning	1	1%
Total	**170**	**100%**
Race	**Total**	**Percentage**
American Indian or Alaskan Native	3	2%
Asian	1	1%
Black or African American	20	12%
White	133	78%
Declined to answer	13	7%
Total	**170**	**100%**
Ethnicity	**Total**	**Percentage**

Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	125	74%
Central American	4	2%
Non-Hispanic or Non-Latino:		
African	4	2%
Other	17	10%
Number of respondents who declined to answer	20	12%
Total	**170**	**100%**
Language	**Total**	**Percentage**
English	128	75%
Spanish	24	14%
Declined to answer	18	11%
Total	**170**	**100%**
Veteran Status	**Total**	**Percentage**
No	170	100%
Total	**170**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
Declined to answer	170	100%
Total	**170**	**100%**

Achievement of Performance Outcomes

During FY 2021-2022 the RS program referred thirty (30) foster children/youth to ICBHS for mental health services. They also successfully facilitated fifty-six (56) workshops/activities to foster children/youth. These included the following: Summer Camp, Student Orientation to school, Parent Orientation to school, 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 twenty-eight (28) different school sites located in nine (9) different School Districts. Below are the school/districts were services were provided.

FY 2021-2022: Implementation of Rising Stars

School Sites (n=28)	District (n=9)
Phil D. Swing Elementary	
J.W Oakley Elementary	
Barbara Worth Jr. High School	
Witter Elementary School	Brawley Elementary School District
Brawley Union High School	
Dessert Valley High School	
Cesar Chavez Elementary School	
Calexico High School	
De Anza 9th Grade Academy	Calexico Unified School District
Enrique Camarena Jr. High School	
Jefferson Elementary School	
Central Union High School	Central Union School District

Southwest High School	
Washington Elementary School	El Centro Elementary School District
Wilson Jr. High School	
Kennedy Middle School	
Harding Elementary School	
Lincoln Elementary School	
Heber Elementary School	Heber Elementary School District
Dogwood Elementary School District	
Heber Junior High	
Holtville High School	Holtville Unified School District
Frank Wright Middle School	Imperial Unified School District
Cross Elementary	
Imperial High School	
T.L Waggoner Elementary School	
Valley Christian Heritage School	Imperial
Seeley Union Elementary School	Seeley Union Elementary School District

Program Changes for FY 2022-2023 and 2023-2024:

There are no planned changes for Rising Stars for FY 2022-2023 and 2023-2024.

Program Goals and Objectives for FY 2022-2023 and 2023-2024:

Serve 225 (K-12) Foster Youth	Collect Demographic Data	Public Accountability Reports	Outcome Measurement Tools Data

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	Project Rising Stars will serve at least 225 school-aged students (K-12) who are identified as current foster youth residing
	Rising Stars staff will collect relevant demographic data of the participating students to meet PEI regulations.
	All data gathered will be presented in the public accountability reports of the Prevention and Early Intervention (PEI) program, except where publishing data would violate student privacy or state/federal regulations. Other Rising Stars program relevant data that will be collected on an annual basis include: • Total number of program activities coordinated throughout each fiscal year (FY). • Participation hours will be tracked using attendance rosters and spreadsheets to include pre and post attendance records for all students. • Total number of referrals to ICBHS or community organizations. • Total number of referrals from Department of Social Services (DSS) and/or school districts. • Number of students participating in each program component or strategy. • Number of students successfully completing current grade and advancing
	Rising Stars staff will collect pre and post data from the following outcome measurement tools: • Adverse Childhood Experiences (ACE) Questionnaire (will only be provided once at admission). • Youth-PSC 35 and PSC-35. • Child and Youth Resilience Measure. • Hope Index results. • Developmental Assets Profile (DAP) survey. • Tabe Assessment for students enrolled in academic services.

Stigma and Discrimination Reduction Program

Program Description:

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

On March 14 2022, ICBHS held its Mental Health Services Act (MHSA) Quarterly Steering Committee. Stakeholders were informed during the meeting funding of the three-year Innovation Project: Positive Engagement Team (PET) would end on March 31, 2022. Based on extensive qualitative information gathered through surveys, client testimonials and staff interviews, the PET program obtained successful responses and there was an overwhelming desire from members of the Steering Committee and Stakeholders for the PET program to continue. A recommendation was made to Stakeholders present during the MHSA Steering Committee meeting to transition the PET Program from Innovation to the Prevention and Early Intervention (PEI) program as a new Stigma and Discrimination Reduction program. Transitioning the PET Program from an Innovation Program to a PEI Program would allow ICBHS to continue creating a welcoming environment at the outpatient clinics and at outreach events as the dogs would continue to be utilized as an engagement tool to decrease mental health stigma and discrimination. Stakeholders present during the MHSA unanimously agreed to transition the PET program as a new Stigma and Discrimination Reduction Program under the PEI programs. With the approval of the stakeholders, ICBHS transitioned the PET program to PEI as a new Stigma program with a start date of April 1, 2022.

Program Challenges:

The PET program encountered the same challenges as the other PEI programs, the lack of staffing. The PET program is allocated 2 FTE clinicians, but currently has 12% of one FTE clinician. ICBHS contracted with the Humane Society of Imperial County (HSOIC) to provide trained dog handlers and dogs for the PET program. The HSOIC has also had difficulty in hiring trained handlers. To overcome this challenge ICBHS developed a contract with HSOIC to provide additional funding to compensate the dog handlers with higher salary wages in the attempt to hire and retain new staff.

Program Demographics

The PET program conducted sixty-three (63) outreach activities during FY 2021-2022, consisting of fifty-two (52) outreach events with resource tables and eleven (11) direct contact presentations. An estimate of two-thousand four-hundred forty-seven (2,447) individuals participated in the events, however only two-thousand sixty-seven (2067) individuals provided their demographic information. For FY 2021-2022 the cost per contact for the Stigma and Discrimination Reduction Program was $86. Below is the demographic breakdown:

Demographic information for Stigma FY 2021-2022

Age Group	Total	Percentage
0-15	701	34%
16-25	692	34%
26-59	381	18%
60+	72	3%
Decline to Answer	221	11%
Total	**2067**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	1091	53%
Male	876	42%
Decline to Answer	100	5%
Total	**2067**	**100%**
Gender Identity	**Total**	**Percentage**
Female	1114	54%
Male	871	42%
Questioning	1	0%
Other	3	0%
Decline to Answer	78	4%
Total	**2067**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	1202	58%
Gay/Lesbian	74	4%
Bisexual	16	1%
Questioning	7	0%
Other	1	0%
Decline to answer	767	37%
Total	**2067**	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	4	0%
Asian	10	0%
African	50	2%
Native Hawaiian or other Pacific Islander	32	2%
White	1337	65%
Multi-Racial	168	8%
Other	205	10%
Decline to Answer	261	13%
Total	**2067**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	1367	67%

157

Caribbean	1	0%
Central American	6	0%
Puerto Rican	1	0%
Other Hispanic or Latino	1	0%
African	13	1%
Asian Indian	1	0%
Chinese	1	0%
European	29	1%
Filipino	17	1%
Japanese	1	0%
Multi-Ethnic	85	5%
Other	3	0%
Decline to Answer	541	26%
Total	**2067**	**100%**
Language	**Total**	**Percentage**
Arabic	1	0%
Cantonese	6	0%
English	1412	69%
Spanish	563	27%
Decline to Answer	85	4%
Total	**2067**	**100%**
Veteran Status	**Total**	**Percentage**
Yes	29	1%
No	1468	71%
Decline to Answer	570	28%
Total	**2067**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	1283	62
Yes	63	3%
Decline to Answer	721	35%
Total	**2067**	**100%**
Type of Disability	**Total**	**Percentage**
Difficulty Seeing	3	0%
Mental Disability	29	2%
Physical Disability	2	0%
Chronic Health Condition	1	0%
Other	4	0%
Declined to report their disability	2028	98%
Total	**2067**	**100%**

Achievements of Performance Outcomes

For FY 2021-2022 the PET program had eleven (11) direct PEI staff provided the Stigma and Discrimination Reduction Program Participant Questionnaire (SDRPQ) to sixteen (16) attendees after the educational/training session.

No. of Presentations and No. Served FY 2021-2022

Program	Type of Presentation	No. of Presentations	No. Served
Positive Engagement Team (PET): Stigma and Discrimination Reduction	Educational	6	7
	Trainings	5	9
	Totals	**11**	**16**

Sixteen (16) participants completed a stigma questionnaire after the training or educational presentation. The survey asked the attendees about their experiences and views in relation to people who have a mental health illness. Below are the results of the Pre and Post Stigma surveys.

SDRPQ Results for FY 2021-2022

As a direct result of this training I am MORE willing
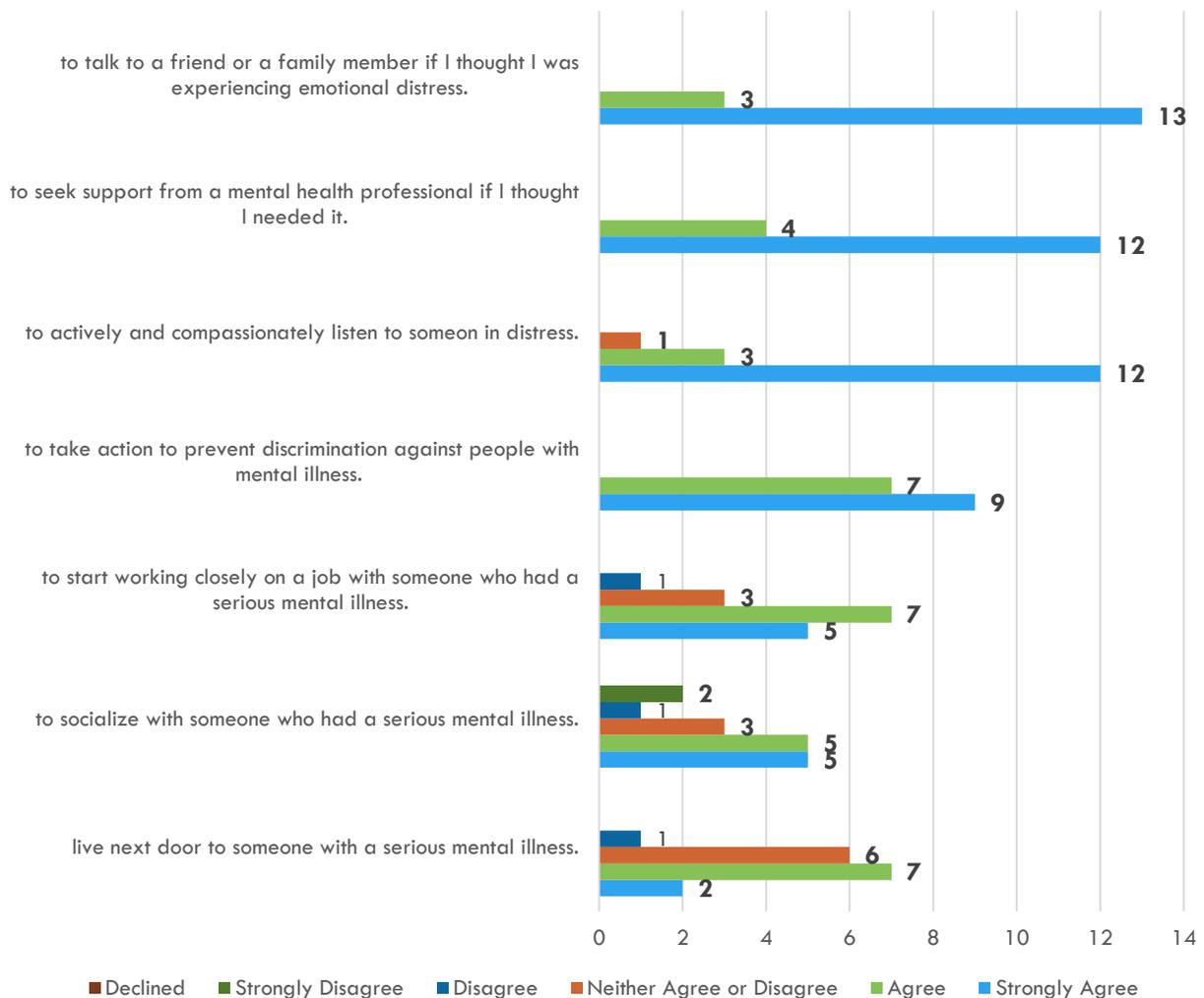
SDRPQ Results for FY 2021-2022

As a direct result of this training I am MORE likely to believe:

people with mental illness are dangerous to others.
- Strongly Disagree: 8
- Disagree: 2
- Neither Agree or Disagree: 4
- Agree: 1
- Strongly Agree: 1

people with mental illness should be felt sorry for or pitied.
- Strongly Disagree: 9
- Disagree: 4
- Neither Agree or Disagree: 2
- Strongly Agree: 1

people with mental illness are never going to contribute much to society.
- Strongly Disagree: 11
- Disagree: 4
- Strongly Agree: 1

people with mental illness can eventually recover.
- Strongly Disagree: 3
- Agree: 2
- Strongly Agree: 11

people with mental illness are to blame for their problems.
- Strongly Disagree: 8
- Disagree: 3
- Neither Agree or Disagree: 3
- Agree: 1
- Strongly Agree: 1

people with mental illness are different compared to everyone else in the general population.
- Strongly Disagree: 2
- Disagree: 5
- Neither Agree or Disagree: 2
- Agree: 5
- Strongly Agree: 2

Legend: Strongly Disagree | Disagree | Neither Agree or Disagree | Agree | Strongly Agree

SDRPQ Results for FY 2021-2022

How much you agree with the following statements:

■ The training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion).

■ The presenters were respectful of my culture (race, ethnicity, gender, religion).

■ The presenters demonstrated knowledge of the subject matter.
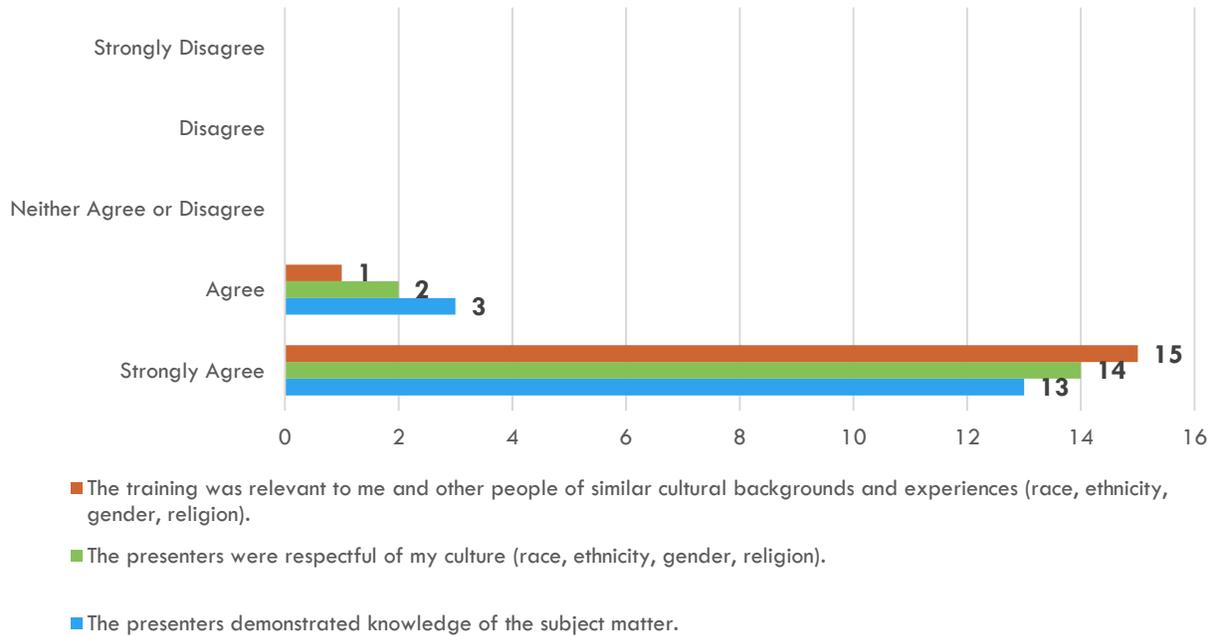
Based on the results from the **SDRPQ** questionnaire (Graphs above) providing stigma and discrimination reduction activities in the community created a change in how individuals viewed and perceived people who have a mental health illness.

Program Changes for FY 2022-2023 and 2023-2024:

For Fiscal Year 2022-2023, ICBHS developed a contract with a new provider Reps-4-Vets. On February 7, 2023, Imperial County's Board of Supervisors approved the contract for 18 months for a total amount of $234,637.05. Reps-4-Vets will provide outreach services with the intent of providing awareness and knowledge of mental health, the effect on individuals, families and communities in an effort to decrease the mental health stigma and discrimination. In addition, Reps-4-Vets will conduct engagement activities and linkage to mental health services. Reps-4-Vets will be targeting the Imperial County veteran population, but not limited to law enforcement and first responders as well as those who can benefit from information, access and/or referral to mental health services.

POSITIVE ENGAGEMENT TEAM (PET) RESOURCE TABLES & ACTIVITIES

FY 2021-2022

Leila and Tiny at Westmorland, Bring Your Bike to School event

Tiny at Calexico 9th Grade Academy.

Rodger at Imperial Valley Mall.

Romeo visiting at Calexico Children's Clinic.

Tank and Austin at Holtville High School.

Siren and Tiny at Calexico Earth Arbor Day.

Program Goals and Objectives for FY 2022-2023 and 2023-2024:

Trainings / Presentations to Community at Large	Collect Demograhics	Collect Measurement Outcomes	Presentation of Outcomes to Stakeholders

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	• Provide stigma and discrimination reduction activities through trainings, education and engagement by providing information and presentations to the community at large in order to decrease the stigma and discrimination related to mental health.
	• Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting.
	• Continue to utilize the Measurement Outcomes and Quality Assessment (MOQA) Stigma survey developed by California Institute of Behavioral Health Solutions (CIBHS) during outreach activities.
	• Provide information on outcomes to the community and stakeholders via Mental Health Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

Outreach for Increasing Recognition of Early Signs of Mental Illness

Program Description:

Imperial County Behavioral Services continuously engages and educates community members on ways to recognize and respond effectively to early signs of mental illness via Outreach Services for Increasing Recognition of Early Signs of Mental Illness. Mental Health Rehabilitation Technicians (MHRTs) assigned to the First Step to Success (FSS) are 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 in a position to identify early signs of potentially serious mental health issues that if undiagnosed, could lead to negative life outcomes, such as school dropout, incarceration, substance use, and homelessness. FSS MHRTs also provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to the parents/legal guardians/caregivers in order to educate them in identifying early signs of mental health issues in their children and engaging them in seeking services. Trauma Focused Cognitive Behavioral Therapy (TF-CBT) clinicians also provide *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* to families, school personnel, community members, and service providers with the goal of providing them with education on identification of early signs of mental illness in order to engage them in referring and/or seeking mental health services.

Program Challenges:

The *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* program also faced staffing shortages due to the "Great Resignation" of mental health staff. ICBHS is continuously seeking to hire new staff. Once more staff is assigned to the program, it is hoped in the upcoming Fiscal Year to increase outreach activities for the Outreach Services for Increasing Recognition of Early Signs of Mental Illness program. In addition, PEI staff provided one-hundred eighty-eight (188) outreach activities reaching two-hundred thirty-six (236) individuals, however only one-hundred fifty-nine (159) individuals voluntarily provided demographic information. PEI staff will continue to work to improving efforts to obtain demographic information from all individuals.

Program Demographics:

The program conducted one-hundred eighty-eight (188) outreach activities for increasing recognition of early signs of mental illness in the community and in schools. For FY 2021-2022 the cost per contact for the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* Program was $274 per contact, this included the cost of clinicians and MHRTs providing services. Below is the demographic information on the one-hundred fifty-nine (159) individuals who provided their demographic information during the outreach events, below is a summary of their responses:

164

Demographic information for Outreach FY 2021-2022

Age Group	Total	Percentage
0-15	4	3%
16-25	6	4%
26-59	115	72%
60 +	11	7%
Declined to answer	23	14%
Total	159	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	116	73%
Male	19	12%
Declined to answer	24	15%
Total	159	**100%**
Gender Identity	**Total**	**Percentage**
Female	118	74%
Male	19	12%
Declined to answer	22	14%
Total	159	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	129	81%
Bisexual	1	1%
Declined to answer	29	18%
Total	159	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	2	1%
African American or Black	1	1%
White	97	61%
More than one Race	7	4%
Other	24	15%
Declined to answer	28	18%
Total	159	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	126	79%
Central American	1	1%
Eastern European	2	1%
European	1	1%
Other	2	1%
More than one Ethnicity	2	1%
Declined to answer	25	16%
Total	159	**100%**
Language	**Total**	**Percentage**
English	86	54%
Spanish	53	33%
Decline to answer	20	13%
Total	159	**100%**
Veteran Status	**Total**	**Percentage**
No	132	83%
Declined to answer	27	17%
Total	159	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**

No Disabilities	129	81%
Difficulty Seeing	1	1%
Mental Domain	1	1%
Chronic Health Condition	2	1%
Declined to answer	26	16%
Total	159	100%

Achievements of Performance Outcomes:

For FY 2021-2022 the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* program provided outreach services to two-hundred thirty-six (236), teachers/school staff, parents/legal guardians/caregivers and community members. Below is breakdown of the number of presentations and the number of individuals served.

No. of Presentations and No. Served FY 2021-2022

Program	Location/ Agency	Audience	No. of Presentations	No. Served
Outreach Services for Increasing Recognition of Early Signs of Mental Illness	Schools	Children	5	7
		Teachers/ School Staff	79	100
		Parents	38	43
	Community	Adolescents	1	1
		Parents	51	51
		Community Members	14	34
		Totals	188	236

Program Changes for FY 2022-2023 and 2023-2024:

No program changes are planned for FY 22-23 and FY 23-24.

Program Goals and Objective for FY 2022-2023 and 2023-2024:

| Outreach Services | Collect Demographics | Provide Information to Stakeholders |

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	
	Provide Outreach Services for Increasing Recognition of Early Signs of Mental Illness by providing information, trainings, and presentations to the community.
	Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting.
	Provide information on program outcomes to the community and stakeholders via Mental Health Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

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. Children/youth who do not meet medical necessity and access criteria 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 receives prevention services are consistently assessed by their service provided 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

Program Challenges:

Once COVID-19 restrictions were lifted, the program encountered the same challenges as the other PEI programs

Program Demographics:

For FY 2021-2022 the *Access and Linkage to Treatment* Program provided services to three-hundred twenty-four (324) children/youth. The cost per client for the *Access and Linkage to Treatment* Program was $277 per contact, this includes the cost of clinicians and MHRTs providing services.

Demographic information for Access & Linkage FY 2021-2022 (Prevention and Early Intervention)

Age Group	Total	Percentage
0-15	314	97%
16-25	10	3%
Total	**324**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	138	42%
Male	186	58%
Total	**324**	**100%**
Gender Identity	**Total**	**Percentage**
Female	138	42%
Male	186	58%
Total	**324**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	237	73%
Gay or Lesbian	1	0%
Bisexual	9	3%
Questioning	6	2%
Declined to Answer	71	22%

168

	Total	Percentage
Total	**324**	**100%**
Race	**Total**	**Percentage**
Black or African American	9	3%
White	309	95%
More than one Race	2	.5%
Other	4	1.5%%
Total	**324**	**100%**
Ethnicity	**Total**	**Percentage**
Hispanic or Latino:		
Mexican/Mexican-Am/Chicano	280	87%
Other Hispanic/Latino	14	5%
Non-Hispanic or Non-Latino:		
European	13	4%
African	8	2%
More than one Ethnicity	1	0%
Decline to Answer	8	2%
Total	**324**	**100%**
Language	**Total**	**Percentage**
English	190	59%
Spanish	134	41%
Total	**324**	**100%**
Veteran Status	**Total**	**Percentage**
No	324	100%
Total	**324**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No	255	79%
Mental Domain/Developmental Disabilities	4	1.5%
Difficulty Seeing	1	0%
Difficulty Hearing	4	1.5%
Chronic Health Condition	1	0%
Other (Cleft Hand)	1	0%
Decline to Answer	58	18%
Total	**324**	**100%**

Achievements of Performance Outcomes:

The *Access and Linkage to Treatment* program was able to link three-hundred twenty-four (324) clients to mental health prevention, early intervention or treatment services.   The Access and Linkage to Treatment Program obtained the following client outcomes for all the clients served during FY 2021-2022.
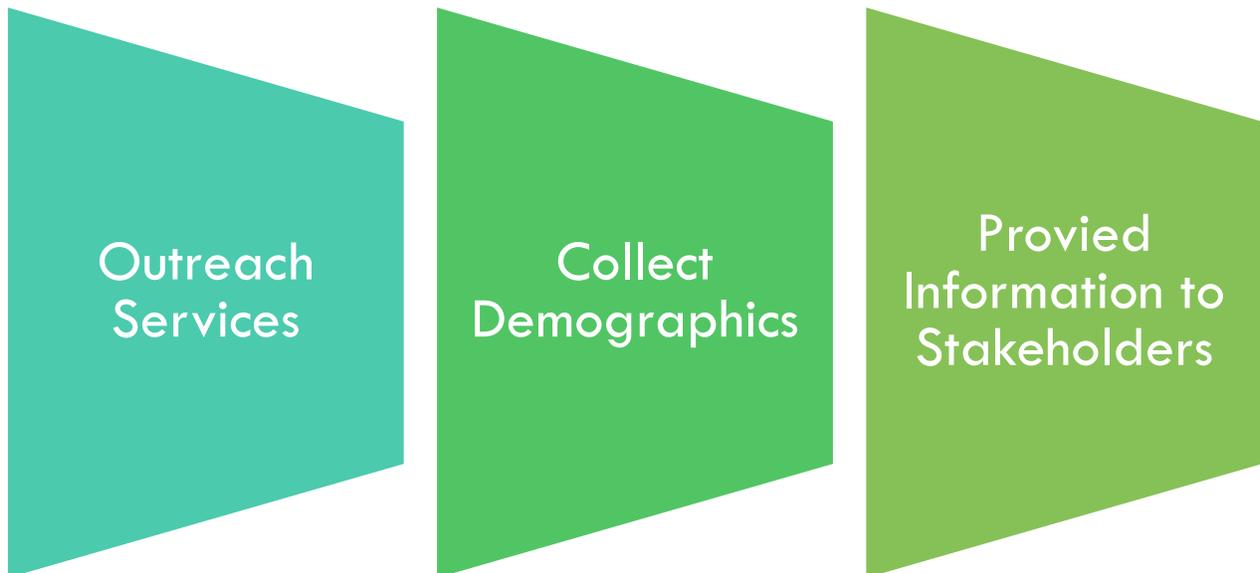
Prevention and Early Intervention FY 2021-2022

Client Outcomes	Total Number	Percentage
Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.	87	27%
Transferred, averaging within 10 calendar days, to a lower level of care – Prevention Services	16	4%
Transferred, averaging within 10 calendar days, to a higher level of care – Early Intervention Services	17	6%
Transferred, averaging within 10 calendar days, to a higher level of care – Outpatient Treatment Services	45	14%
Declined services either at intake or afterwards, or moved out of county	76	24%
Did not require Prevention Services, referred to community agency: shelter, parenting, primary care, etc.	12	3%
Actively being served as of June 30, 2022	71	22%
Total	**324**	**100%**

Program Changes for FY 2022-2023 and 2023-2024:

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

Program Goals and Objective for FY 2022-2023 and 2023-2024:

Outreach Services	Collect Demographics	Provied Information to Stakeholders

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	🧠 Provide Outreach Services for Increasing Recognition of Early Signs of Mental Illness by providing information, trainings, and presentations to the community.
	🧠 Collect demographic information on populations served, when possible, for purposes of program evaluation and reporting.
	🧠 Provide information on program outcomes to the community and stakeholders via Mental Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

170

Early Intervention Programs

Trauma Focused Cognitive Behavior Therapy (TF-CBT)

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 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 meet 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 4-18, to overcome the negative effects of a traumatic life event, such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to natural disasters (earthquakes), terrorist attacks, 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.

For FY 2020-2021, TF-CBT provided services to one-hundred (100) children/youth and approximately to one-hundred twenty-five (125) parents/legal guardians/caregivers at a cost of $1,210 per child/youth and parent/legal guardian/caregiver, a decrease of $194 (14%). This total includes costs for implementation of the model by a licensed clinical social worker and/or master's level clinicians; as well as, linkage and referral services to the child/youth and their parents/legal guardians/caregivers.

Program Challenges:

The TF-CBT program continues to utilize the following performance outcome measurement tools: Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA PTSD-RI-SR) and UCLA Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI). Scores from pre and post outcome measurement tools are entered into the client's electronic health record (EHR), MyAVATAR and also manually into an Excel spreadsheet by the PEI Administrative Analyst. This manual data entry process is used as the department's current EHR does not have the capability to run reports to determine the effectiveness or outcomes of TF-CBT on clients. Currently, ICBHS Information Systems department is working with Todd Sosna, PhD., to develop a data collection system in which the system will be able to generate reports that will evaluate the effectiveness of the program as an early intervention.

Another challenge faced by the program was obtaining completed pre and post outcome measurement tools from children/youth and their parents/legal guardians/caregivers. Factors that contributed to the low number of completion of pre and post-performance outcome measurement tools are as follows: 1) Children/youth were transferred to a higher or lower level of care during treatment, 2). The YOQ-SR and UCLA PTSD-RI-SR are for youth ages 12 to 18 and many of the clients served under the program were under 12 years of age, 3) Parents/legal guardians/caregivers requested discharge of services during treatment, 4) Parents/legal guardians/caregiver were not compliant with treatment, 5) Many youth and/or parents/legal guardians/caregivers did not complete the tools even after several attempts by clinicians to engage with them and have the tools completed, and 6) Clients continued receiving services after June 30, 2022.

Additionally, for FY 2021-2022 referrals to the program increased, however the TF-CBT program was also affected by the resignation of several clinical staff and filling their vacancies has posed a challenge for the program to meet the needs of the community. During FY 2021-2022 the TF-CBT has less than 3 FTE clinical staff. ICBHS has continuous job recruitments to fill the vacated positions.

Program Demographics:

Demographic information for TF-CBT – Early Intervention FY 2021-2022

Age Group	Total	Percentage
0-15	93	93%
16-25	7	7%
Total	100	100%
Sex Assigned at Birth	Total	Percentage
Female	55	55%
Male	45	45%
Total	100	100%
Gender Identity	Total	Percentage
Female	55	55%
Male	45	45%
Total	100	100%
Sexual Orientation	Total	Percentage
Heterosexual	72	72%
Bisexual	8	8%
Questioning	5	5%
Declined to answer	15	15%
Total	100	100%
Race	Total	Percentage
African American or Black	2	2%
White	94	94%
Other	3	3%
More than one Race	1	1%
Total	100	100%
Ethnicity	Total	Percentage
Mexican/Mexican-Am/Chicano	88	88%
Other Hispanic Ethnicity	4	4%
African	2	2%

European	1	1%
Declined to report	5	5%
Total	**100**	**100%**
Language	**Total**	**Percentage**
English	56	56%
Spanish	44	44%
Total	**100**	**100%**
Veteran Status	**Total**	**Percentage**
No	100	100%
Total	**100**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	75	75%
Difficulty Hearing	2	2%
Chronic Health Condition	1	1%
Other (Cleft Hand)	1	1%
Declined to answer	21	21%
Total	**100**	**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 graphs below illustrate the results from pre and post-performance outcome measurement tools for the program.

Average outcomes on Pre (n=28) and Post (n=21) YOQ
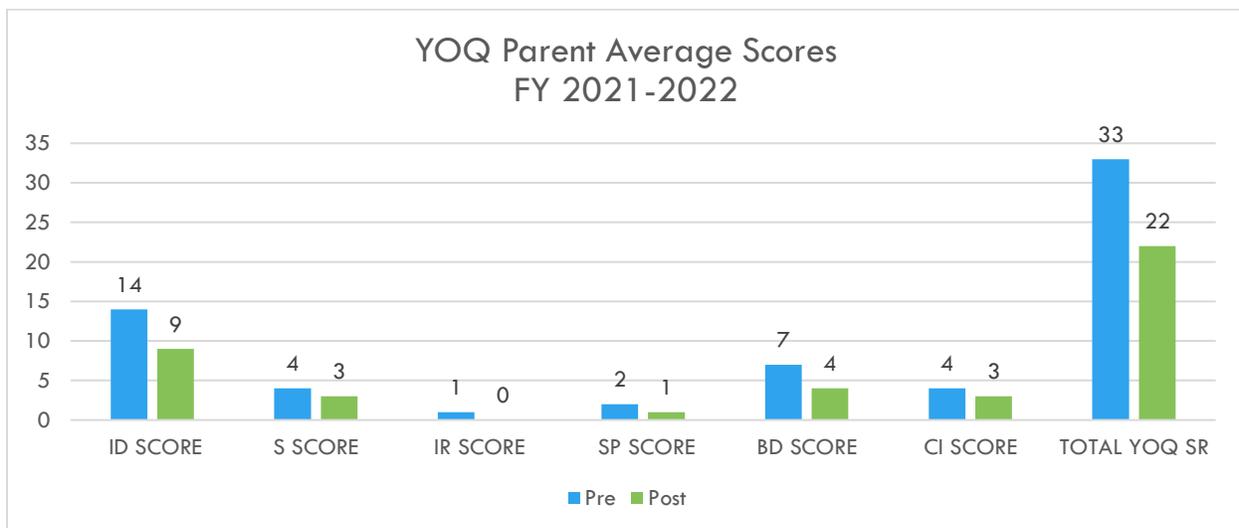
The YOQ tool assesses the parent/guardian/caregiver's perception in several areas of the child's mental health functioning. The YOQ measures the following areas: interpersonal

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 14 there was a post score reduction in all areas.

Average outcomes on Pre (n=11) and Post (n=8) YOQ-SR

YOQ-SR Average Scores
FY 2021-2022
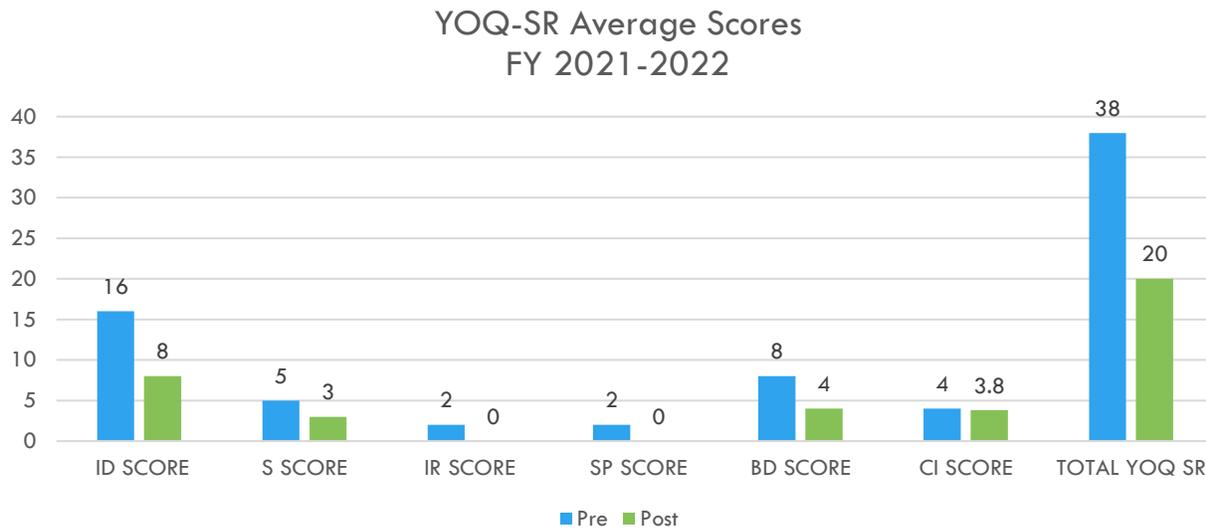
The YOQ-SR is a self-reporting tool completed by the child/youth and measures changes in functioning. The YOQ-SR measures the following areas of the child/youth: interpersonal distress (ID); somatic distress (S); interpersonal relationships (IR); critical items (CI) (paranoid ideation and suicide ideation); social problems (SP); and behavioral dysfunction (BD). As illustrated in the graph above there were post score reductions in all areas.

Average outcomes on Pre (n=24) and Post (n=22) UCLA PTSD-SR

UCLA PTSD-RI-SR Average Scores
FY 2021-2022
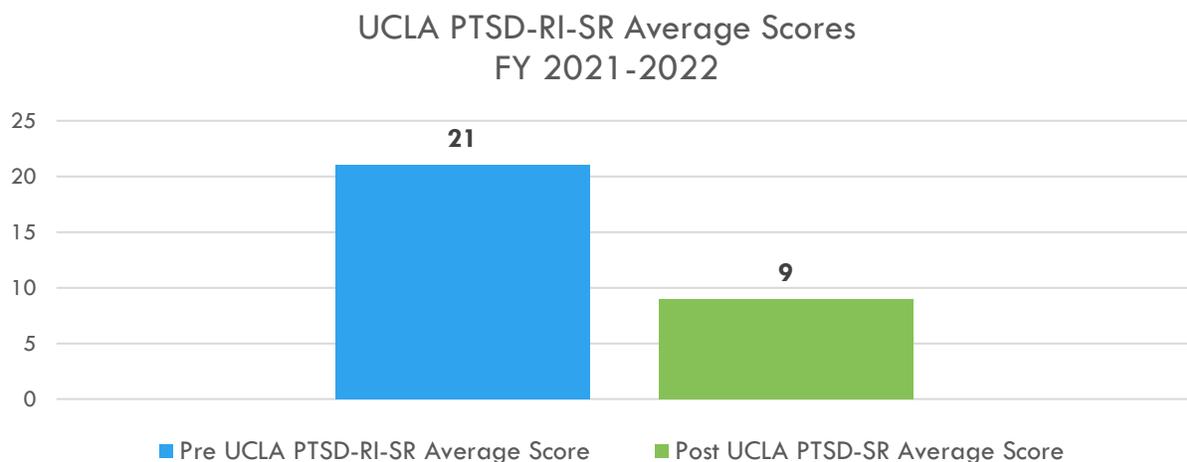
The UCLA PTSD is a self-measuring tool completed by the child/youth and it measures symptoms and frequency of symptoms associated with Post-Traumatic Stress Disorder (PTSD).

174

The graph above 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.

Average outcomes on Pre (n=27) and Post (n=21) UCLA PTSD Parent

UCLA PTSD-RI-Parent Average Scores
FY 2021-2022

Legend: Pre UCLA PTSD-RI-Parent Average Score, Post UCLA PTSD-RI Parent Average Score
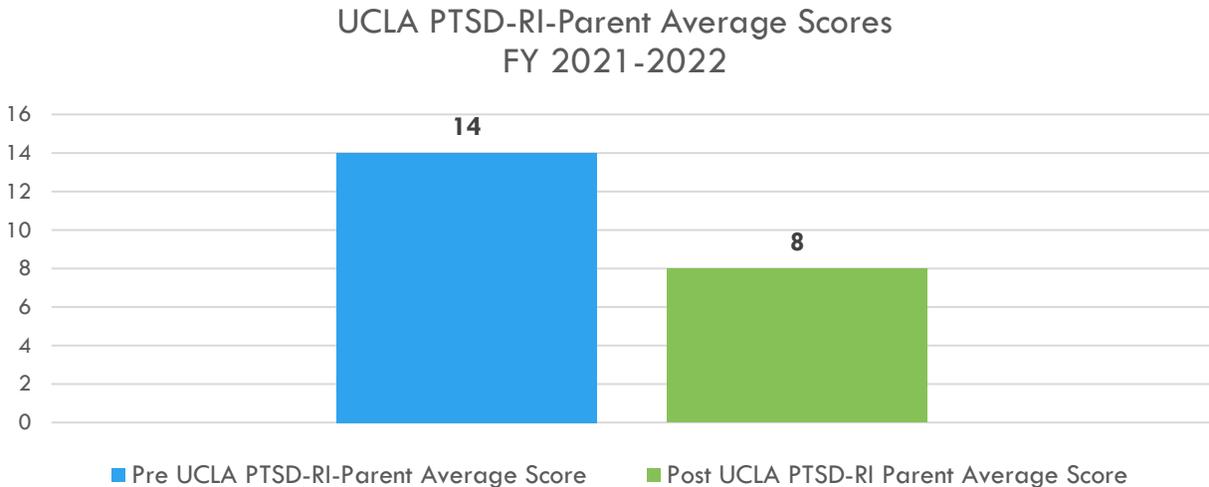
The UCLA PTSD-RI tool measures symptoms and frequency of symptoms associated with PTSD as reported by the parent/legal guardian/caregiver. Post-UCLA PTSD-RI scores in the graph above indicates a reduction in all symptoms measured by this tool.

Average outcomes on Pre (53) and Post (n=13) CANS

CANS Average Scores
FY 2021-2022

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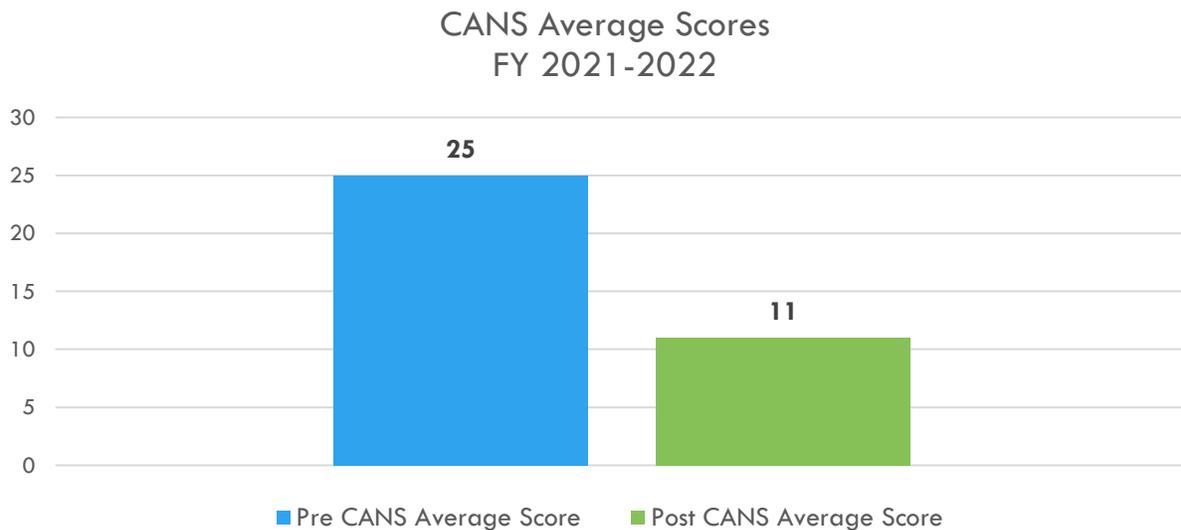
The CANS is multi-purpose assessment tool developed to assess well-being of the child/youth, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision-making, and monitor outcomes of children/youth, providers and systems. A higher score indicates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

Average outcomes on Pre (43) and Post (n=16)
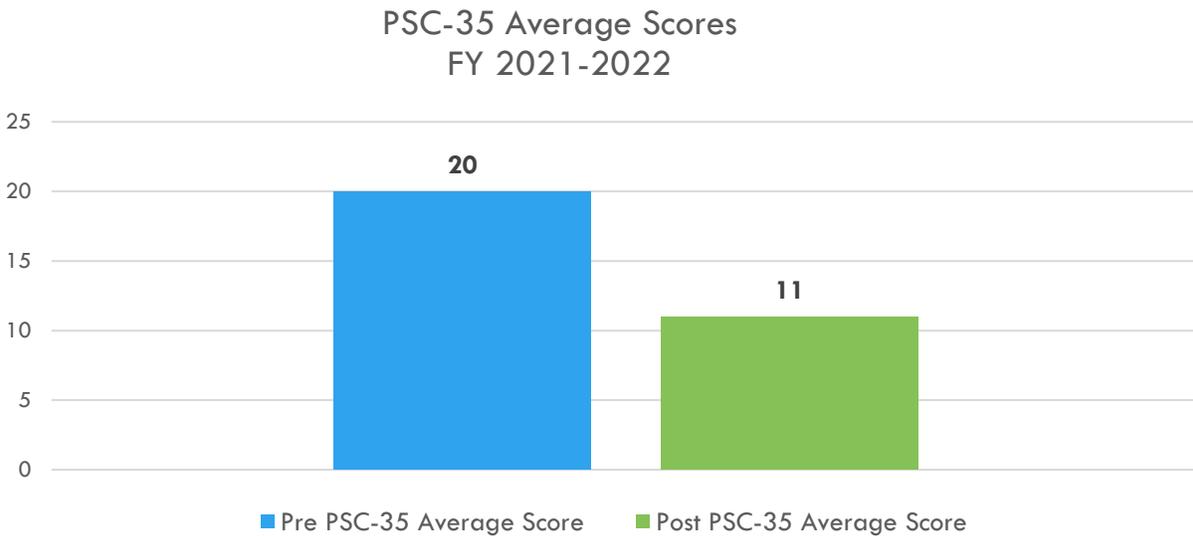
PSC-35 Average Scores
FY 2021-2022

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.

Graphs 14 to 19 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 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 2021-2022 and FY 2022-2023

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

Program Goals and Objectives for FY 2022-2023

Provide TF-CBT as an Early Intervention Strategy	Evaluate the TF-CBT Program	Outcome Measurement Tools	Collect Demographics	Provide Information to Stakeholders

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	Provide TF-CBT as an early intervention strategy to children and youth in order to overcome the functional impairments of a traumatic event.
	Collect evaluation data to measure the outcome and performance of the TF-CBT Program as an early intervention strategy.
	Utilize the Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire Self-Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index Self-Report (UCLA PTSD-RI-SR), and UCLA Post-Traumatic Stress Disorder Reaction Index (UCLA PTSD-RI) to monitor outcomes and effectiveness of TF-CBT as an early intervention.
	Collect demographic information on populations served, when possible, for purpose of program evaluation and reporting.
	Provide information on program outcomes to the community and stakeholders via Mental Health Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

First Step to Success (FSS)

Program Description:

The FSS Program was initially developed and implemented as an Innovation Project. As an Innovation project, FSS was able to increase the penetration rates of young children above state and small county averages. It was also successful in creating and maintaining a collaborative relationships with school districts throughout Imperial County. Once Innovation funds ended and due to the success, the FSS program transitioned into a PEI program. As a PEI program, it has allowed ICBHS to continue to providing early intervention services to unserved and underserved children in Imperial County.

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 and they work with them for 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.

For FY 2021-2022, the FSS Program provided services to ninety-four (94) children and approximately one-hundred eighteen (118) parents/legal guardians/caregivers at a cost of $1,965 per child and parent/legal guardian/caregiver. The costs includes the salaries of 4 full-time MHRTs who worked closely with school staff on a daily basis, providing interventions to children in a school setting; and providing collateral services as well as linkage and referral services to parents/legal guardians/caregivers.

Program Challenges

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

The FSS program also faced a challenged in obtaining completed pre and post-performance outcome measurement tools from parents/legal guardians/caregivers of identified children. Factors that contributed to not obtaining all the performance outcome measurements tools are as follows: 1) Children were transferred out of the FSS program to either a higher or lower level of care either during treatment or after intake, 2) Parents/legal guardians/caregivers requested to discharge all services prior to ending treatment, 3) Children were transferred to other programs during treatment as they required a higher or lower level of care, 4) Parents/legal

guardians/caregivers and children were non-compliant to treatment, and/or 5) Children continued receiving services after June 30, 2022.

Another challenge was the lack of staff. Prior to the COVID-19 pandemic, the FSS program was staff by four (4) FTE and seven (7) part-time FTE Mental Rehabilitation Technicians. Once schools reopened, there was an increase of referrals, however the FSS program has only been able staff four (4) FTE MHRTs. ICBHS will continue with its recruiting and hiring efforts to ensure the FSS program is fully staffed.

Program Demographics

Demographic information for FSS – Early Intervention FY 2021-2022

Age Group	Total	Percentage
0-15	94	100%
Total	94	100%
Sex Assigned at Birth	**Total**	**Percentage**
Female	28	30%
Male	66	70%
Total	94	100%
Gender Identity	**Total**	**Percentage**
Female	28	30%
Male	66	70%
Total	94	100%
Sexual Orientation	**Total**	**Percentage**
Heterosexual	75	80%
Declined to answer	19	20%
Total	94	100%
Race	**Total**	**Percentage**
African American or Black	2	2%
White	91	97%
Other	1	1%
Total	94	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	80	86%
Other Hispanic Ethnicity	5	5%
African	1	1%
European	6	6%
Declined to Answer	2	2%
Total	94	100%
Language	**Total**	**Percentage**
English	57	61%
Spanish	37	39%
Total	94	100%
Veteran Status	**Total**	**Percentage**
No	94	100%
Total	94	100%
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	72	77%
Mental Domain/ Developmental Disabilities	3	3%
Difficulty Seeing	1	1%

Declined to answer	18	19%
Total	**94**	**100%**

Achievement of Performance Outcomes:

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

Average outcomes on Pre (n=69) and Post (n=47) PSC-35

PSC-35 Average Scores
FY 2021-2022
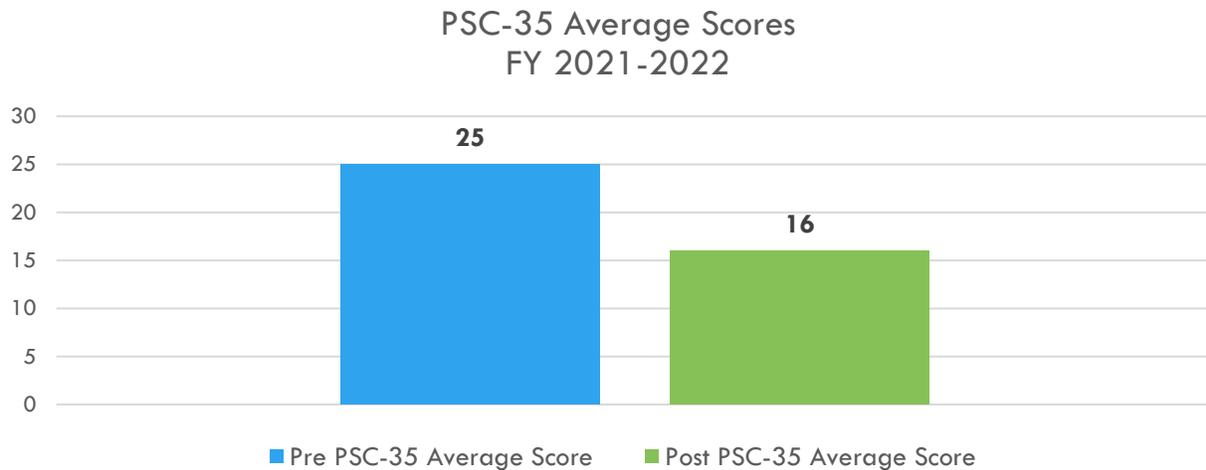
The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool completed by parents/legal guardians/caregivers. It is designed to facilitate the recognition of cognitive, emotional, and behavioral problems at the earliest signs and the appropriate interventions that can be initiated to deter identified concerns and issues.   The graph above shows that post PSC-35 scores decreased when compared to pre PSC-35 scores, which indicates improvement upon completion of the program.

Average outcomes on Pre (n=33) and Post (n=18) CANS
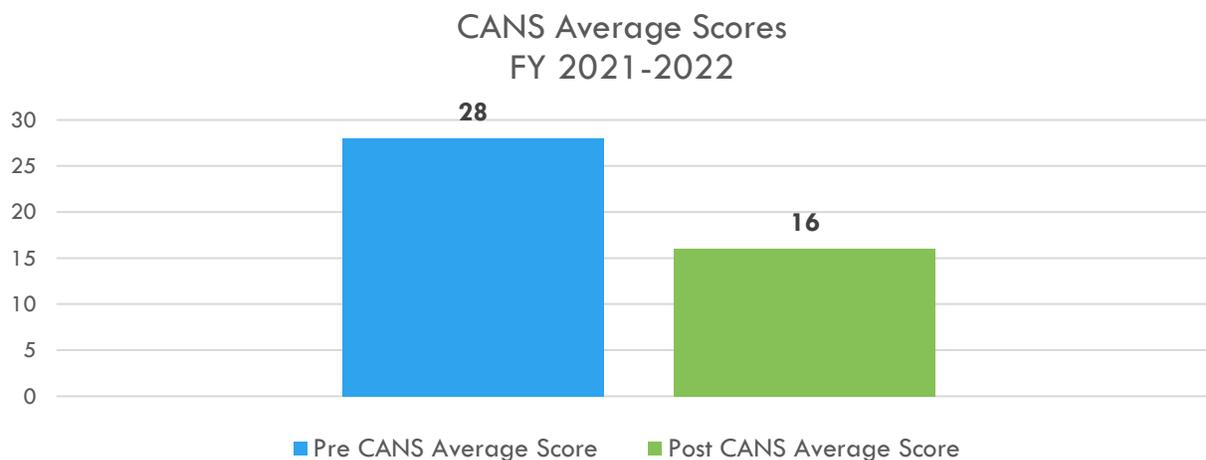
CANS Average Scores
FY 2021-2022

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. The graph above notes CANS scores decreased for participants who completed the program as the needs that required helped and/or intervention were addressed by the program.

Average outcomes on Pre (n=28) and Post (n=11) PSI
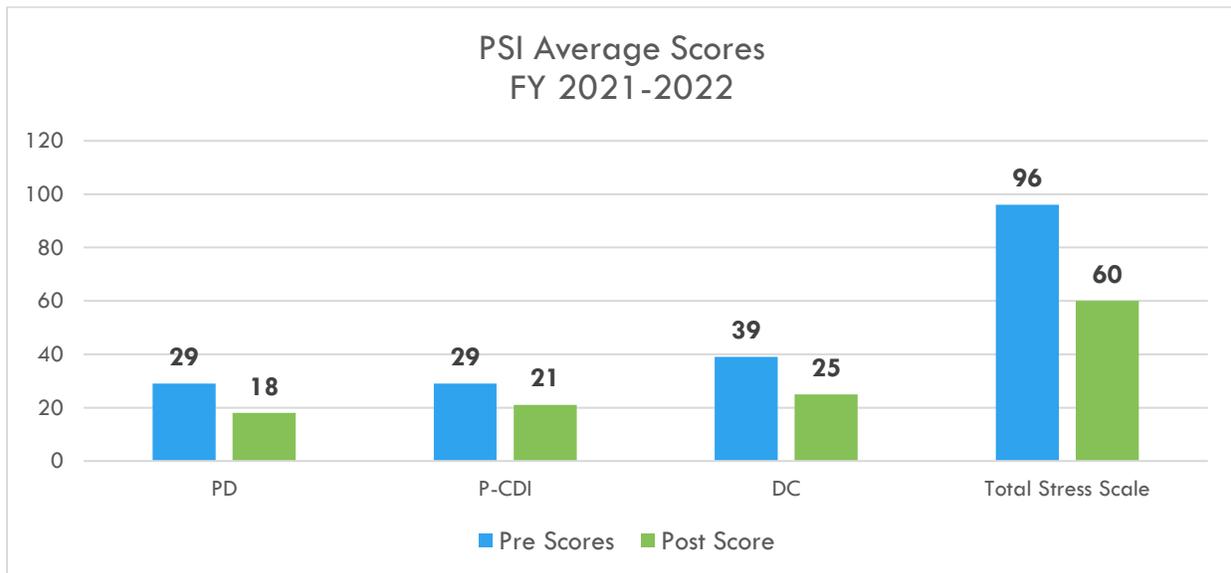
The FSS program collected information on the effectiveness of the PRAXES parenting model which is provided to client's parents/legal guardians/caregivers within the program. The Parental Stress Index (PSI) is administered to parents/legal guardians/caregivers in the first session and during the last 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. The previous graph shows all domains measured by the PSI decreased upon completion of PRAXES. The total stress scale also decreased from 96 to 60.

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

Program Changes for FY 2022-2023 and 2023-2024:

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

Program Goals and Objectives for FY 2022-2023 and 2023-2024:

Maintain Collaborative Relationships between Mental Health & Education	Expand Services to Addt'l Schools	Train Addt'l Teachers & MHRTs	Increase Parent and Teacher Awareness	Evaluation of FSS as an Early Intervention Program	Provide Information to Stakeholders

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	• Maintain collaborative relationships between mental health and education to continue increasing access to services to the unserved and underserved population of young children.
	• Continue to expand services to additional elementary schools during FY 22-23 in efforts to cover all Imperial County school districts in order to reach unserved and underserved children.
	• Provide training to additional teachers and MHRTs on FSS to ensure successful implementation of the model.
	• Increase parents and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health.
	• Collect data for evaluation purposes of the PEI FSS program.
	• Provide information on program outcomes to the community and stakeholders via Mental Health Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, and print media.

New MHSA PEI Program

PEARLS for Older Adults 2023-2024

ICBHS has identified that penetration rates for Older Adults 60+ continues to be low. As of January 2023, of 2779 clients served, only 294 (10%), considering these numbers and data provided by local stakeholders IVROP, AAA and DSS there may be a need for specific services to address the mental health needs of Older Adults 60+ in our community. Focusing on this population would serve to address some of the PEI priority areas under Prevention involving Strategies Targeting the Mental Health Needs of Older Adults and Early Identification Programming of Mental Health Symptoms and Disorders for this underserved population. ICBHS plans to implement the CPPP process via ongoing meetings with stakeholders, community members, older adults and their family members, to determine the needs of our communities. Presentations will be made at the Steering Committee, via community engagement forums (include stakeholders, underserved and demographic diversity). We plan to conduct surveys with ICBHS staff, Wellness center clients, DSS staff, AAA staff, and Adult day treatment programs such as Day Out and Alegria. A proposal has been presented to us by IVROP & AAA for planning on how to address the lack of mental health services to the older adult population through the PEARLS program. IVROP proposes to serve up to 100 individuals ages 60+, initial year is proposed to serve up to 50 sixty plus year old individuals.

Program Description

Program to Encourage Active and Rewarding Lives (PEARLS)

For FY 2023-2024 ICBHS Adult and Older Adult Services will consider contracting with IVROP and the Area Agency on Aging (AAA) to provide services in the focus area identified through the CPPP to adults 60 years of age and older. ICBHS will provide training to these agencies on Program to Encourage Active and Rewarding Lives (PEARLS). PEARLS is a community-based treatment program designated to reduce depression in physically impaired and socially isolated people by utilizing three basic components: Problem Solving Treatment (PST), Social and Physical Activation, and Pleasant Activity Scheduling. PEARLS is an evidence-based program focusing on individuals who are 60 years of age and older. PEARLS aims to bring services to clients homes, providing up to eight session over a 19-week period. After those eight session are completed, clients are provided with follow up calls, which take place once a month for the following three months.

Innovation (INN) Projects

Mental Health Services Act (MHSA) Innovation funds provide opportunities to learn something new that has the potential to transform the mental health system. Innovation Projects are novel, creative, and ingenious mental health approaches developed within communities in ways that are inclusive and representative, especially of unserved, underserved, and inappropriately served individuals.

HOPE
Holistic · Outreach · Prevention · Engagement

Holistic Outreach Prevention and Engagement (HOPE) Innovation Project

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

In Imperial County, youth and young adults aged 13-25 are among 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 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 were 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. The goal of the project is to increase access to mental health services and improve the quality of existing mental health services for your 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

185

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 into 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 instill hope by demonstrating that 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.

In FY 2021-2022 (February 2022-June 2022), HOPE served 30 unduplicated clients as services to clients began in February 2022. By December 31, 2022, HOPE was providing services to 114 active clients. This was an increase of about 75% in active clients. HOPE is currently staffed with 1 Behavioral Health Manager, 1 Full Time Program Supervisor, 2 Full Time Mental Health Rehabilitation Technicians, 3 Full Time Community Service Workers (Peer Support), 1 Part Time Community Service Worker (Peer Support), 2 Full Time Mental Health Workers, and 1 Full Time Office Assistant III.

HOPE served a total of 169 unduplicated clients in FY 2022-2023. The total cost per client was $4,268. It is anticipated that HOPE will continue to serve clients aged 13 to 25.

The following clients will be served in future fiscal years: FY 2023-2024: 202 clients; FY 2024-2025: 242 clients and FY 2025-2026: 290 clients. HOPE's population of served clients consists of:
- Age: 13-15 years old (35%) and 16-25 years old (65%)
- Gender: Female (66%) and Male (34%)
- Race: Hispanic (78%), Caucasian (15%), African American (4%), and other (3%)
- Language: English (80%) and Spanish (20%)
- Residence: El Centro (28%), Brawley (19%), Calexico (17%), Imperial (13%), Holtville (7%), Heber (5%), Westmorland (4%), Seeley (2%), Other (2%), Calipatria (1%), Niland (1%) and Winterhaven (1%).

	2021-2022	2022-2023
Age Group		
13-15	6	53
16-25	27	83
Total	**33**	**136**
Gender		
Female	22	89
Male	11	47
Unknown	0	0
Total	**33**	**136**
Race		
Hispanic	26	106
Black	1	6
White	6	19
Other	0	5
Total	**33**	**136**
Language		
English	27	109
Spanish	6	27
Other	0	
Total	**33**	**136**
City		
Brawley	8	24
Calipatria	1	1
Calexico	6	23
El Centro	9	39
Heber	1	7
Holtville	3	8
Imperial	3	19
Seeley	1	3
Niland	0	2
Westmorland	0	6
Winterhaven	0	1
Other	1	3
Total	**33**	**136**

HOPE
Client Age

Bar chart showing client age groups by fiscal year.

2021-2022: 12-15 = 6, 16-25 = 27
2022-2023: 12-15 = 53, 16-25 = 83

Legend: ■ 12-15 ■ 16-25

HOPE
Client Gender

Bar chart showing client gender by fiscal year.

2021-2022: Female = 22, Male = 11
2022-2023: Female = 89, Male = 47

Legend: ■ Female ■ Male

HOPE
Client Race

Bar chart showing client race by fiscal year.

Hispanic: 2021-2022 = 26, 2022-2023 = 106
Black: 2021-2022 = 1, 2022-2023 = 6
White: 2021-2022 = 6, 2022-2023 = 19
Other: 2021-2022 = 0, 2022-2023 = 5

Legend: ■ 2021-2022 ■ 2022-2023

HOPE
Client Language

Bar chart titled "HOPE Client Language" showing English and Spanish clients.
- 2021-2022: English 27, Spanish 6
- 2022-2023: English 109, Spanish 27

HOPE
City Residence by Client

Stacked bar chart titled "HOPE City Residence by Client" showing 2021-2022 and 2022-2023 values:
- Brawley: 8, 24
- Calipatria: 1, 1
- Calexico: 6, 23
- El Centro: 9, 39
- Heber: 1, 7
- Holtville: 3, 8
- Imperial: 3, 19
- Seeley: 1, 3
- Niland: 2
- Westmorland: 6
- Winterheaven: 1
- Other: 1, 3

Progress towards goals identified in Annual Update 2022-2023

Collect data from referrals generated from CCRT, MHTU and Outpatient Clinics- the HOPE Project was tasked with creating a process for ensuring data is being collected from referrals received to assist with project analysis. HOPE was able to create a dedicated email address established to receive referrals to the program from all referral sources. This process has proven to be successful and ensures that all appointed staff receive the information. Demographic data is captured for each admitted client to the HOPE Project within the Electronic

189

Health Record (EHR). Since HOPE began offering services it has received 194 referrals from all referral sources identified. Of the 194 referrals, 50 were screened out for not meeting criteria, while 144 were admitted to HOPE for continued services. This goal has been met and HOPE has an established, systematic way of capturing required data from referrals. This goal will no longer be required.

Collect data of total participants in HOPE Project- Being a new project, HOPE was in need of creating a process for collecting data of total HOPE participants. Once HOPE staff receive the referrals from all sources, the information provided is captured in the electronic health record (EHR). HOPE has also created an internal tracking system that tracks client data and wellness activities clients participate in, as well as, completion and progression of surveys and outcome measurement tools. This information is provided to the Consultants for analyzing. This process has proven to be successful. This goal will no longer be required.

Collect demographic data of participants- Client demographic information is captured in the electronic health record and updated throughout the course of care. HOPE Project collects data in regards to client's age, race, language, gender and city of residence on an internal tracking system, as well. This assists the program in identifying penetration rates and where additional services may need to be focused and offered. Although the project will continue to collect demographic data for all participants, this goal will no longer be required as there is an established process within the electronic health record.

Administer and collect data of Pre and Post Outcome Measurement Tools—HOPE staff have been successful in administering and collecting Pre Outcome Measurement Tool data for HOPE clients. The Outcome Measurement Tools utilized for HOPE participants is Basis 24 for those over the age of 18 years old and the YOQ-SR for those under the age of 18 years old. Outcome Measurement Tools are completed by the second home visit with each client. Also completed are the HOPE surveys at the onset of services (during the first visit). HOPE began serving clients in February 2022 and not enough time has yet elapsed to allow for clients to fully complete the project. At this stage of the Project, no Post Outcome Measurement Tools have been administered. Once tools and surveys are completed, the information is provided to the Consultants for further analysis of the effectiveness of the Project. Although HOPE will continue to administer and collect data from the Pre and Post Outcome Measurement Tools, this specific goal will no longer be required. An additional goal will be created moving forward that will be geared toward decreasing stigma towards mental health services utilizing one of the HOPE surveys that are collected.

Collect data of number of hospitalizations and psychiatric emergencies –
Youth and Young Adults Program along with Quality Management continue to collect data on the number of hospitalizations and psychiatric emergencies for this population. In preparation for the HOPE Project, the following data was collected and shows a trend of triage admissions slowly decreasing, while hospitalizations continue to fluctuate. For FY 2021-2022, there is an increase to both hospitalizations and triage admissions. It is important to keep in mind that during only the last third of FY 2021-2022 (4 months) was the HOPE Project delivering services to participants. It is expected that during the completion of the second year of the HOPE project FY 2022-2023, these numbers will significantly decrease in both hospitalizations, as well as,

190

triage admissions. While HOPE is extremely pleased with the progress we have made and the early signs of success we have observed, we expect to learn much more in the program's second year, after which we will have more data to add to our current data set. Although data collection will continue, this specific goal will no longer be required. More specific goals have been identified: 1) to reduce the hospitalization and Triage admission rates for youth ages 13-25 by 10% and 2) to decrease recurring psychiatric admissions for HOPE participants.

FY 2018-2019	334 Triage Admissions	30 Hospitalizations
FY 2019-2020	257 Triage Admissions	21 Hospitalizations
FY 2020-2021	93 Triage Admissions	17 Hospitalizations
FY 2021-2022	184 Triage Admissions	22 Hospitalizations

Hospitalizations/Triage Admission

	18-19	19-20	20-21	21-22
Hospital	30	21	17	22
Triage	334	257	93	184
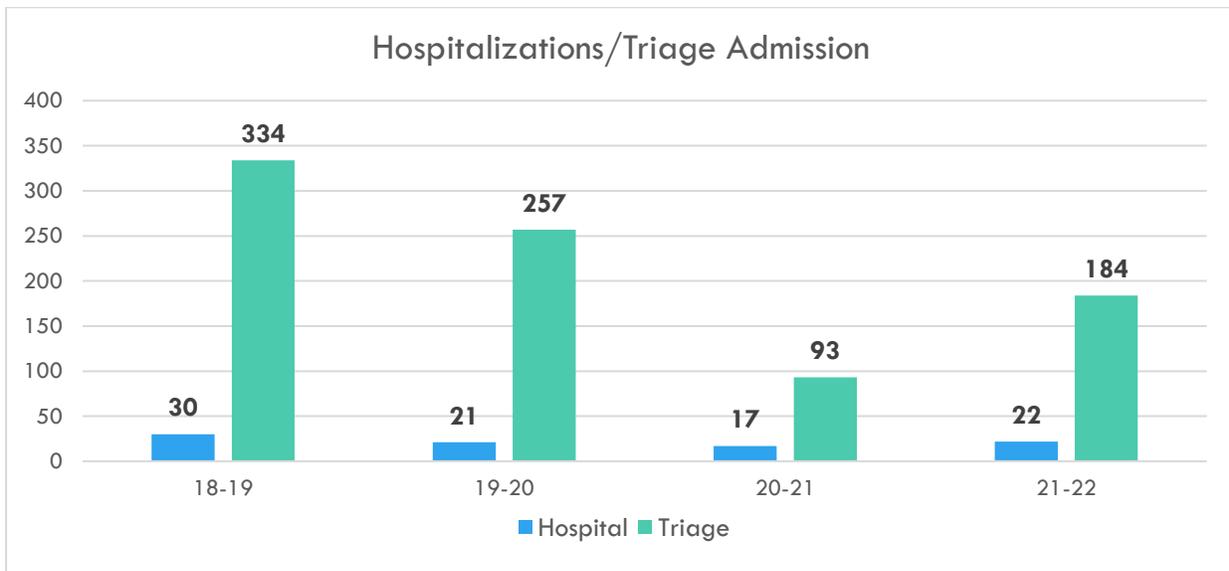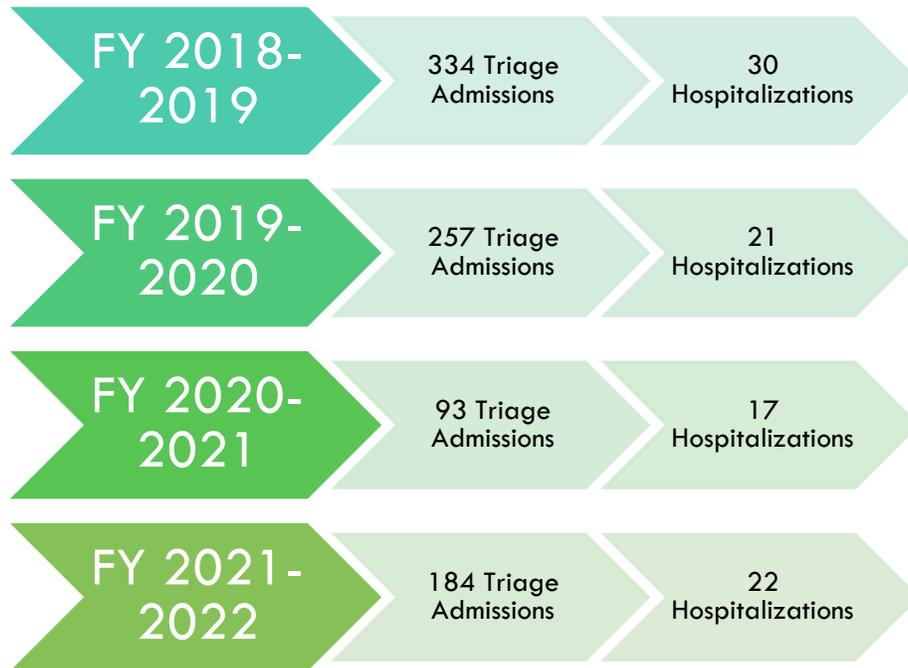
Collect data regarding retention rates and show rates to follow- up appointments- Historically, ICHBS's no show rates have been high for the Youth and Young Adult population, averaging a 30% no show rate for FY 2018-2019 and FY 2019-2020 for the following appointments: Initial Intake Assessment, Initial Psychiatric Assessment, Initial Nursing Assessment; and Psychotherapy appointments. The lack of consistent treatment contributes to the deterioration of clients' mental health, which affects their overall functioning at home, school, community and/or employment. As you can see in the chart below, starting in FY 2020-2021 the no show rate had a significant decrease in the past two Fiscal Years (2020-2021 and 2021-2022). Clients are being more engaged into services overall and able to come face to face to the clinics for mental health services. Transportation services have also become more prevalent since COVID-19 restrictions have lessened on some level. As HOPE continues to collect data regarding retention and show rates, this specific goal will no longer be required. A more specific goal using this information has been created to increase show rates to outpatient services for youth ages 13-25 by 10%.
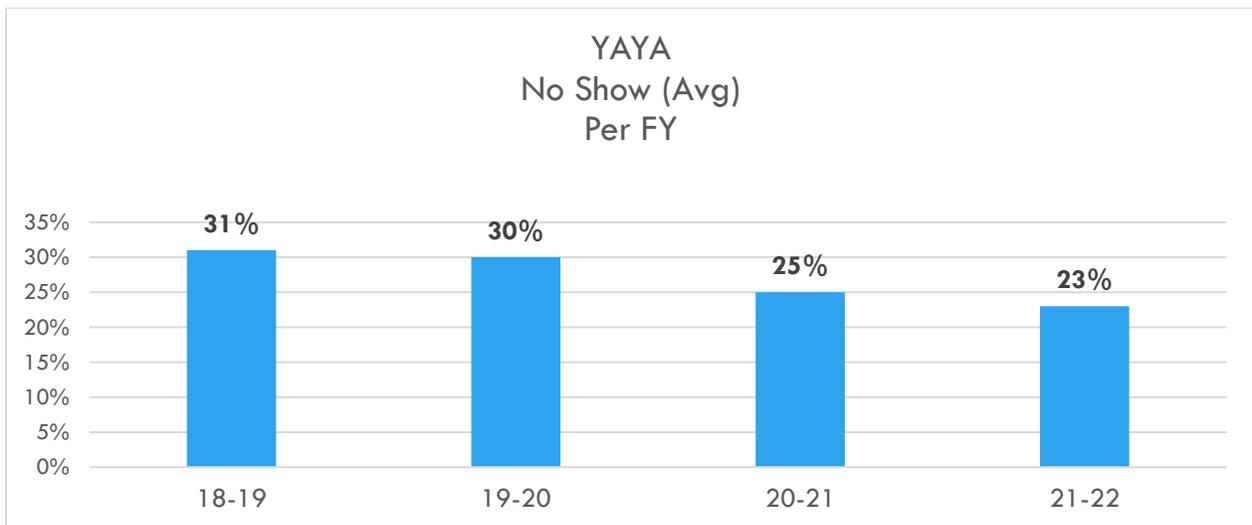
Collect data of admission rates for youth and young adults services-
In 2019 (pre-COVID-19 pandemic), ICBHS conducted 931 intake assessments for youth and young adults in the outpatient clinics for continued mental health treatment. As 2020 came around and we saw the beginning of the COVID-19 pandemic, the number of youth and young adults accessing services decreased significantly during the same months (April through December), totaling 690 intake assessments, a 26% decrease. As a result of the pandemic and stay home orders, it was difficult for professionals to identify and refer this population to services. As the pandemic restrictions began to lessen and students were able to return to their school campuses we see an increase again to intake assessments. For the next two years (2021 and 2022) there is a big increase in youth and young adults accessing services, even exceeding where ICBHS was in 2019. As HOPE continues to collect data regarding retention and show rates, this specific goal will no longer be required. A more specific goal using this information has been created to increase enrollment of youth ages 13-25 to outpatient services by 10%. The following chart shows the progression over the past few years:

YAYA
Intake Assessments
Per FY

Year	Intake Assessments
2019	931
2020	690
2021	739
2022	1204
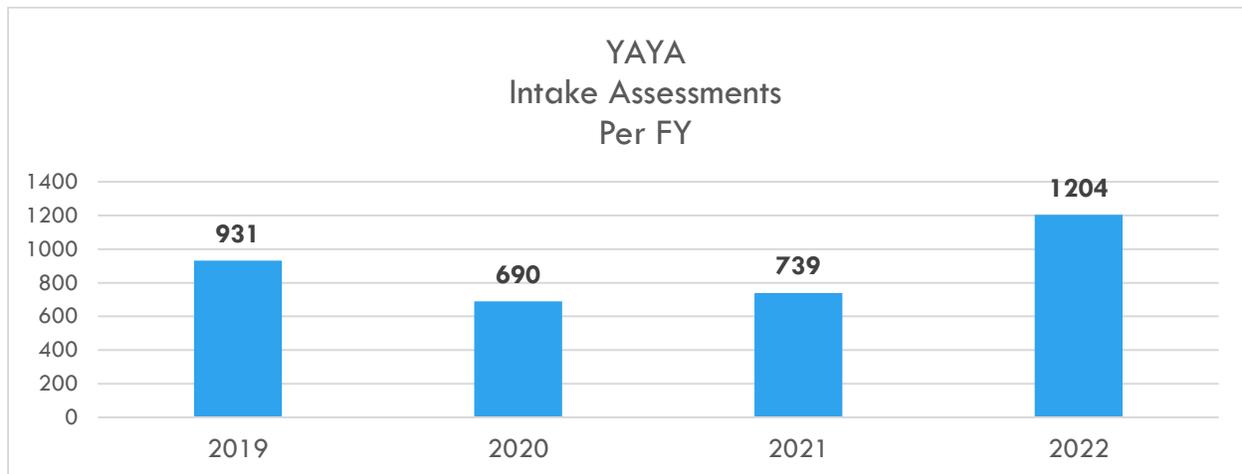
Fill vacant positions- Initial staffing requests for the HOPE project was for two (2) Mental Health Rehabilitation Technicians (MHRTs), two (2) Community Service Workers (CSW), two (2) Mental Health Workers (MHW), one (1) Program Supervisor and one (1) Office Assistant III. HOPE was able to fill all original positions. Due to increasing caseloads and workload, additional staffing allocations were added to include, one (1) Behavioral Health Manager, two (2) additional Community Service Workers and a requisition for two (2) additional MHRTs. As HOPE was a new project the goal was to ensure initial staffing was completed. As the original positions have been filled, this goal has been met. HOPE will continue to make adjustments to staffing as the program fluctuates. This goal will no longer be required.

Purchase two (2) vehicles- HOPE was able to secure the requested two (2) vehicles. These are being used to provide transportation to clients to wellness activities and/or other appointments, as well as staff conducting client visits in the community. This goal has been met and will no longer be required.

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. These surveys will be analyzed by the consultants and interpreted into an annual report. The first annual report for FY 21/22 did not have this information as the project had only been servicing clients for four (4) months. By the FY 22/23 report there should be more data to be able to provide interpretation. HOPE staff are also providing data to Dr. Sosna's team regarding wellness activities completed by clients to be included in the final analysis.

With only a fraction of a year of actual service, the HOPE project has just begun to find its footing. Even so, the positive trends that are indicated by the early results are very promising. The conceptual framework of the HOPE intervention is largely intuitive; our participants cannot benefit from a treatment they are not receiving. By offering these young people in crisis empathy and support from someone with lived experience as well as giving them the opportunity to pursue something they are interested in, the trajectory of the rest of their ICBHS journey has shifted. Although it is still too early to speak with certainty, there is already much to celebrate in the positive effects we have already observed.

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 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. Clients are encouraged and are engaging with the Outpatient treatment. They are showing less psychiatric emergencies and a more productive outlook in their communities.

One such example is that of a 13 year old female who was referred to the HOPE Project in June 2022 by the Outpatient Clinic staff. Client was receiving outpatient services but was experiencing anxiety, panic attacks, anger (kicking, hitting, breaking things) and killing animals to manage anger outbursts. After initial engagement, it was identified that client was interested in physical activity and acting. Client began participating in weekly acting classes and going to the gym (2-3 times a week). Client also expressed an interest in drawing and using art as a way to express herself. As months passed, it was noted that client's irritability decreased significantly (from 10 to 3) and she was being more involved in other activities in school such as band, after school program and sports. In January 2023, client did have one additional crisis situation, but it was noted that client was able to use the skills learned from the wellness activities to assist with coping. Client was able to recover quickly and in February 2023, it is reported that client is doing much better in school (higher grades, new friends) and no longer has any self or animal harm. Client is currently in the transition phase for discharge of the HOPE Project as a successful discharge. Client is now 14 years of age and has been able to utilize the skills learned and new found interests to help manage behaviors when they arise. As the HOPE Project is approaching its first full year of providing services, we will continue to see more clients successfully completing the Project.

HOPE Client

Challenges and Barriers/ Strategies to Mitigate

Staffing

ICBHS as a whole has been affected by a high staff turnover rate due to many reasons, including but not limited to, burnout, stress, and better professional opportunities. This result has also affected the HOPE Project. Although HOPE was able to secure the initial staffing requested, throughout the first year there have been many staff changes. Some examples were losing the Program Supervisor for a period of eight (8) months, original MHRTs were moved to the Outpatient clinics and one of the Community Service Workers left on a leave of absence. With the shortage of staffing, HOPE was able to bring aboard two (2) new MHRTs and two (2) additional Community Service Workers. A Behavioral Health Manager (BHM) was also assigned to assist with the oversight and management of the Project.

With mostly new staff, another challenge was a learning curve while staff were being introduced and trained to the HOPE Project. Newly assigned staff were quick to learn the Project and begin providing services in a relatively quick time frame. They were able to begin engaging the clients and providing appropriate services.

As the caseloads continue to increase as the Project gains momentum, HOPE has submitted a requisition to add two additional Mental Health Rehabilitation Technicians to assist in providing manageable caseload. With lower caseloads, staff will be able to continue providing quality and timely care to all participants.

Increased Referrals/Caseloads

HOPE Project ended FY 2021-2022 with a total of about 30 active clients who were referred primarily from the Outpatient clinics. Although there were other referral sources identified they were not initially referring client to HOPE. In August 2022, these other referral sources (Mental Health Triage Unit, Co-Crisis Response Teams and Casa Serena) began referring all clients within the age group of HOPE clients (13-25 years old) which greatly impacted staffs caseloads. One of the challenges this surge in referrals brought, were inappropriate referrals. As staff did not take into consideration the criteria for the HOPE Project. Initially, some of these referrals were opened to HOPE services, but as the caseloads grew, many referrals were found to not meet criteria and were not opened. The average caseload for HOPE ending in December 2022 was about 114 clients, which is about 75% increase.

With the influx of cases to HOPE and to help reduce individual caseloads, a requisition has been submitted to request two (2) additional Mental Health Rehabilitation Technicians.

HOPE Caseloads

Month	Caseload
Feb-22	6
Mar-22	15
Apr-22	19
May-22	21
Jun-22	26
Jul-22	29
Aug-22	37
Sep-22	64
Oct-22	88
Nov-22	91
Dec-22	114
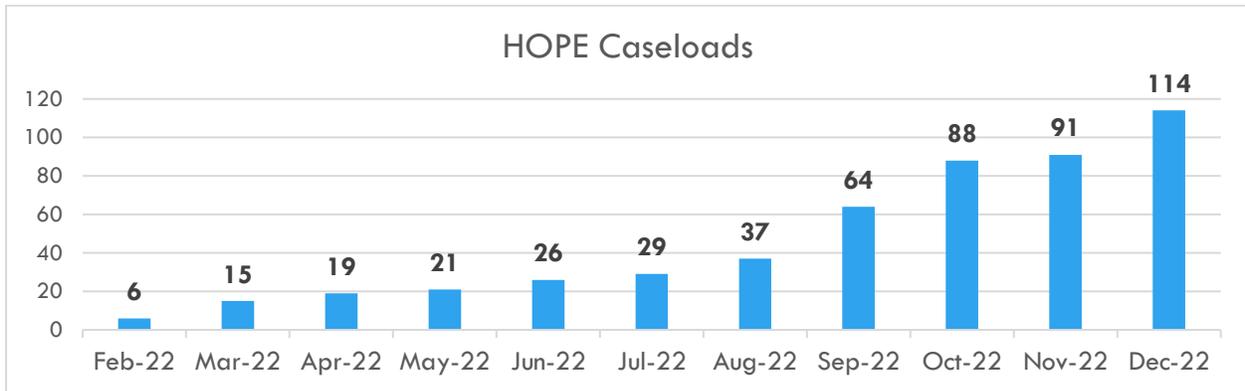
Community Vendors

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.

Significant Changes for FY 2022-2023

Additional Staffing

As previously mentioned, HOPE was able to fill the initial staffing allocations. However, due to the growing demand of HOPE services, additional staffing was needed to maintain manageable caseload to ensure quality of services being provided. The following positions were added: Behavioral Health Manager to assist with the oversight and management of the project; one full-time and one part-time Community Service Worker (CSW) to assist with the growing caseload demand; one Administrative Analyst to collect data and compile reports, and a pending requisition for two additional Mental Health Rehabilitation Technician (MHRT) positions.

Increased Caseloads

At the beginning of the HOPE Project, referral sources were identified as the outpatient clinics, Crisis Co-Response Team (CCRT) and Mental Health Triage Unit (MHTU). During the early stages of the Project, new programs within the above were added. These additional referral sources were Casa Serena, Community Based Response Team (CBRT) and School Based Response Team (SBRT). With these additional referral sources identifying clients for the HOPE Project it has caused a significant increase in referrals by 75% from end of FY 2021-2022 through December 2022.

197

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.

Promotional Items

As HOPE began it was decided certain items would be beneficial for the promotion of the program with ICBHS as well as with clients. Before investing in these promotional items, it was crucial for HOPE to create a logo. The logo was commissioned to help convey the message that the HOPE Project offers.

Above is the logo that was selected. The background of the image is a minimalist depiction of warm orange dawn over bands of turquoise green fields. It evokes the bountiful agriculture of the Imperial Valley and the optimistic symbol of the sunrise in pleasant and salutary colors. Overlain in the foreground is a heart, the paramount symbol of care, striped with three chevrons, suggesting the collaboration between staff and participants that will promote emotional wellness. At the same time, the logo is discreet and non-stigmatizing in its design.

Once the logo was finalized, the Project was able to pursue the initial plan of presenting each new client to HOPE with a welcome bag of HOPE gear that includes items like a water bottle, notepad/pen, activity book, coloring book/pencils, stress ball and other items. The HOPE logo was imprinted on each item. HOPE staff provide the welcome bag at their first point of contact. This assists with creating a more positive, less clinical valence than it might otherwise have. The HOPE items, though a token, are intended to make the clients feel special and valued, as well as improve rapport building.

Incentive and Engagement Items

Incentive and engagement items were added early on in the Project 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. Engagement items that were purchased include gift cards to Starbucks and Jack in the Box in $10 increments. If staff is 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. It has been found that

with many clients, this approach has been positive and allowed clients to be more comfortable in sharing their stories.

Incentive items are items that are provided to clients once they reach certain milestones within the HOPE Project. Items purchased for these incentives include a special gym towel with the HOPE logo and an upgraded cold drink cup with the HOPE logo. When a client reaches a certain point in their wellness activities and have been engaged and completing them on a regular basis, this extra incentive item is provided as an acknowledgment of their hard work. As the Project continues, HOPE will identify new incentive items to be provided, such as gift cards or items the clients can use during their activities.

Staff Training

Training for staff is an important aspect to any program, especially one as unique as HOPE. HOPE has a Peer Support component to it that requires special training to those staff utilizing the role of a peer support staff. To date, one (1) of the Community Service Workers, acting in the role of Peer Support Specialist has attended the NAMI training for Peer Support. It is expected that during the next year, all staff will be able to attend this training.

Now that HOPE is fully staffed, additional trainings will be identified for all staff to attend. Some options may be Motivational Interviewing, Peer Support Specialist Trainings and others. It is important to explore new trainings available to assist staff in fulfilling their roles within this holistic approach to mental health.

Significant Changes for FY 2023-2024

Many of the goals that were previously made will no longer be continued to this next plan. The HOPE Project was in its initial stages of implementation and the goals were aimed at creating processes for many items. Now that HOPE is in its second year, many of these processes have been established and there are more participants. HOPE is now able to move its goals to reaching more concrete results that are in line with the goals of the program.

Additional Staffing: Due to the increased referral to HOPE, we anticipate the need of two additional MHRTs to keep up with the growing demand for HOPE services.

Additional Vehicle: Due to the increased participants in HOPE it is identified an additional need for transportation to activities, appointments, and engagement. With this in mind, HOPE will be requesting the purchase of one more vehicle to assist in meeting the demand.

Goals for FY 2023-2024 through 2025-2026

Reduce Hospitalizations and Triage Admissions	Increase Enrollment	Increase Show Rates	Decrease Reccuring Psychiatric Admissions	Decrease Stigma among HOPE Participants

DESCRIPTION OF GOALS FY 2023-2024 THROUGH FY 2025-2026	Reduce the hospitalization and Triage admission rates for youth ages 13-25 by 10%;
	Increase enrollment of youth ages 13-25 to outpatient services by 10%;
	Increase show rates to outpatient services for youth ages 13-25 by 10%;
	Decrease recurring psychiatric admissions for HOPE participants. With the assistance from the Quality Management Unit and reports from the electronic health record, we will be able to monitor the HOPE participants and if they have had any additional hospitalizations and/or Triage admissions.
	Decrease stigma towards mental health services for hope participants. This will be monitored by comparing the pre and post Perceived Devaluation-Discrimination Scale-Stigma Consciousness surveys. Todd Sosna and consultants will be reviewing these surveys and providing data analysis on an annual basis.

200

Semi-State-wide Innovation EHR Project

In 2003, ICBHS implemented the current electronic health record (EHR), MyAvatar. At the time, MyAvatar was a solution to the State's mandate regarding the security of client information. Currently, there are a number of issues that require attention to ensure this solution meets the modern requirements for access to information, interoperability and the changing requirements due to California Advancing and Innovating Medi-cal (CalAIM) initiative.

Description of the Local Need(s)

Imperial County Behavioral Health Services (ICBHS) is the county designated agency as the Mental Health Plan (MHP) and Drug Medi-Cal Organized Delivery System (DMC-ODS). One important goal for ICBHS is to ensure compliance with Federal interoperability requirements and State requirements for California Advancing and Innovating Medi-Cal (CalAIM). Another important goal is to provide staff with the tools to provide the best care possible, this include the EHR where documentation is entered.

ICBHS first implemented the current electronic health record (EHR), MyAvatar in 2003. At the time, MyAvatar was a solution to the State mandate of having a system to keep client's information secured. Currently there are a several issues that require attention to bring this solution to the current modern needs of information and ease of access.

The following issues are local needs for upgrading to the current EHR:
- inability for health information exchange,
- complexity of data entry forms that required too many clicks for completion,
- the need for additional applications to communicate about client care,
- complexity of modules that required entering information twice,
- the use of a platform (Java) that is no longer secured and which will not be supported going forward,

To comply with federal and state standards, ICBHS modified the current EHR over time to require extensive documentation from clinical users. As a result, the current EHR has become complicated and time consuming, limiting how much time providers are able to devote to providing mental health services. ICBHS had a vacancy rate of 43.06% for clinicians in FY 20-

21. During this time, the agency experienced a shortage of psychiatric social workers, mental health counselors, and behavioral health therapists. Clinical staff at ICBHS are required to document and record minute-to-minute activities in accordance with continuous state documentation requirements.

As a result of ongoing technological advancements, the current EHR has evolved into a more complex configuration that requires the addition of third party systems to provide some of the additional functionality required for day-to-day operations. Post-implementation modules include electronic medication prescribing, ordering lab panels via the EHR, scanning documents into the system, providing system analytics, and maintaining a consumer portal. Furthermore, the current EHR is based on a Java-based platform that requires continued support to maintain security features as technology advances and requires further development of the Java platform, whose future is uncertain at present. Since the current EHR is not capable of meeting ICBHS' interoperability objectives, crucial opportunities for data exchange will be lost as a result.

The Department of Health Care Services (DHCS) has adopted the California Advancing and Innovating Medi-Cal (CalAIM) initiative as a long-term commitment to transform and strengthen the Medi-Cal program to focus on person-centered care through payment reform, refining policy and documentation standards, and enforcing data exchange as part of its long-term commitment to the program. In response to these changes, the California Mental Health Services Authority (CalMHSA) has assisted counties in implementing CalAIM.

Semi-Statewide Enterprise Health Record System Improvement Innovation Project (INN)

ICBHS has recognized the need for a modern electronic health record in order to remain compliant with evolving state and federal standards. As a result of this initiative, CalAIM standards will be met and better service will be provided. ICBHS anticipates increased provider satisfaction and staff retention following the implementation of the new EHR.

Due to the new state and federal requirements, the CalMHSA semi-statewide project has completed extensive research and received comments from multiple counties to assist in developing an EHR that meets CalAIM's requirements. By participating in this new EHR project, ICBHS will be able to improve its ability to provide whole-person care by facilitating improved data exchange.

Description of the Response to Local Need(s) and Reason(s) why ICBHS has prioritized this project

The ICBHS considered upgrading to the latest version of Avatar or exploring a completely different solution. Staff needed a better tool to provide the needed services to the community. Implementing CalAIM was a challenge and also provided opportunities to ICBHS. ICBHS, after conducting a benefit and risk analysis decided to participating in the Semi-Statewide Enterprise Health Record Project. ICBHS anticipates a reduction in clinical staff documentation time, increased consumer interaction, and a user-friendly and standardized platform that will enable mental health services to be offered more efficiently. Furthermore, the system will enhance workflows with data exchange and make documentation easier. This will increase employee job satisfaction and retention. Also, a stronger therapeutic alliance will be formed between clinicians and clients.

ICBHS currently uses manual processes for receiving referrals and requesting information from consumers. ICBHS is currently limited in its ability to exchange information with other

healthcare systems, but with its participation in CalMHSA's semi statewide electronic health record project, it will be able to expand its capabilities. An EHR that has been well researched and well developed will facilitate the exchange of data between healthcare providers. Additionally, electronic referrals with community-based organizations will be expanded as a result of maintaining a connection with a health information exchange system.

Participating in the INN project, ICBHS anticipates that an all-inclusive semi-statewide EHR will eliminate the need to access silo systems on a daily basis. To facilitate the electronic prescribing of medications and the ordering of lab tests, an additional web-based system is required as part of the existing EHR. The process of implementing this change has been challenging, including managing another set of user accounts, resolving issues related to web browser compatibility, and interacting with pharmaceutical and laboratory software systems. A stand-alone consumer portal solution has been developed by ICBHS as part of its interoperability efforts. A client training program will be developed by ICBHS to assist consumers interested in accessing the consumer portal. Consequently, ICBHS maintains a separate user account access silo, monitors consumer communications regularly, and resolves browser compatibility issues. As a result of the extensive demand for the development and maintenance of the consumer portal, consumers have limited access to information regarding their current treatment. With extensive research and multi-county participation in the CalMHSA semi-statewide EHR, ICBHS anticipates that consumers will be able to access their treatment information via a mobile consumer portal. ICBHS is interested in participating in this project and working with CalMHSA to develop and refine an electronic health record that will improve workforce satisfaction and enhance community services.

Advantages of Smartcare/Streamline

Since 2003, Streamline has been providing Behavioral Health Electronic Health Records. It is a web-based application that can be accessed through a variety of devices, including smartphones, laptops, and iPads. The data is entered into a single database. It is easy to use, includes a variety of templates, and provides excellent billing functionality. It offers clinical views and dashboards that can be customized. Provides real-time access to all relevant information. Users can save individual downloadable reports through dashboards and field selection. In addition, the interface is dynamic. The application includes a wide range of widgets and flags documents that are due.

Local Community Program Planning Process (CPPP)

ICBHS recognizes and encourages meaningful relationships and participation in the MHSA Process and the related behavioral health system. The success of a CPP depends on the development of partnerships with constituents and stakeholders. In order to ensure stakeholder participation and community buy-in, ICBHS developed a plan for soliciting feedback from consumers and stakeholders.

FY 2022-2023 Update

INN EHR Implementation Timeline:

September 20, 2022
- Imperial County Behavioral Health Advisory Board members were informed of Imperial County's intention to participate in the Semi-Statewide Enterprise Health Record

Innovation (INN). In addition to discussing the implementation of Smart Care, details of an MHSA Innovation project were also discussed.

September 29, 2022

- A general survey was conducted by ICBHS to obtain input from stakeholders and consumers on its current electronic health record. Survey Monkey was used to survey more than 200 stakeholders. In the survey, 11 questions were asked to gauge stakeholder and consumer opinions regarding the use of the current EHR and consumer portal.

October 3, 2022

- Following a review of consumer feedback, preparations were made for sharing the purpose and scope of this project with the Consumer and Family Member Sub Quality Improvement Committee. In addition, members were asked to complete a stakeholder survey.

October 10, 2022

- The scope of the project were shared during the quarterly MHSA Steering Committee meeting. Committee members had been previously emailed the stakeholder survey.

November 13, 2022

- To provide a public forum for the presentation of the Innovation Plan, ICBHS published a notice in the local newspaper. Consequently, a 30-day public comment period began during which consumers, family members, and providers provided input on the plan.

December 15, 2022

- During the Imperial County Behavioral Health Advisory Board meeting on December 15, 2022, a public hearing was held for a review by stakeholders and for any public comments. In the absence of public comments, Imperial County Behavioral Health Advisory Board members approved that the plan be presented to the Board of Supervisors for approval.

January 10, 2023

- Imperial County Behavioral Health Services requested authorization from the Imperial County Board of Supervisors to accept the approved Mental Health Services Act (MHSA) Innovation funds for the implementation of the five-year MHSA Innovation Semi-Statewide EHR in the total amount of $3,089,331 for Fiscal Years 2022-2027. Approval was granted.

January 25, 2023

- Mental Health Oversight and Accountability Commission (MHOAC) approved the (5) year Imperial County's Enterprise Health Project Semi-Statewide Plan in the amount of $3,089,330.

February 1, 2023

- ICBHS went live with new Smartcare EHR.

Implementation Summary

ICBHS has been working with the CalMHSA Smartcare staff to resolve current issues related to the deployment of the new Smartcare EHR. Support requests were reviewed, assessed, and processed by staff members using an email distribution address. Employees of the ICBHS were provided with a link to create their own credentials. At first, access to the application, user roles, etc., were the primary concerns of the work requests. Over 800 requests were received through the email distribution system in the first week.

Some of the current challenges met and addressed include:

- Due to ICBHS being a pilot county, there was a short timeframe for conversion of data from the retiring electronic health record. As a result, testing in the new electronic health record was conducted within a very short period of time. As a result, there were issues during the go-live process.

- Ongoing development of system continues to occur due to resource limitations from CalMHSA and Streamline. IS met daily with CalMHSA for four weeks to troubleshoot issues and clarify core workflows. This has transitioned to using ASANA, a project management site for new enhancements and functionality.

- Currently, some reports are not possible due to a lack of access to underlying databases. In order to meet some basic reporting requirements, IS looked into utilizing existing data sources within the EHR.

- As a result of the short conversion timeframe, ICBHS was unable to dedicate additional time to the conversion of historical client information. Clinical summaries containing progress notes, medical history, diagnosis information, and treatment history were completed by IS for active clients.

ICBHS staff has been working with the following CalMHSA employees by job title:

- Chief Informatics Officer
- Solutions Architect
- Senior Implementation Coordinator
- Implementation Specialist
- Senior Implementation Coordinator
- Clinical Implementation Coordinator
- Senior Application Analyst

Platforms used to address implementation issues

- JIRA
- ASANA
- Zoom
- CalMHSA Support Site

Ongoing EHR trainings

- CalMHSA Learns – SmartCare EHR Training module
- Monthly User Groups

INN EHR Budget and Funding Contribution by Fiscal Year and Specific Budget Category

The following worksheet is the (3) year INN EHR budget worksheet for FY 2023-2024 through FY 2025-2026

	BUDGET BY FISCAL YEAR AND SPECIFIC BUDGET CATEGORY				
COUNTY:	*IMPERIAL*				
EXPENDITURES					
	PERSONNEL COSTS (salaries, wages, benefits)	**FY 23-24**	**FY 24-25**	**FY 25-26**	**TOTAL**
1	Salaries (15%)	$179,686	$179,686	$179,686	**$539,058**
2	Direct Costs				
3	Indirect Costs				
4	**Total Personnel Costs**	$179,686	$179,686	$179,686	**$539,058**
	OPERATING COSTS*	**FY 23-24**	**FY 24-25**	**FY 25-26**	**TOTAL**
5	Direct Costs/ New Semi-Statewide EHR Costs	$0	$0	$0	**$0**
6	Indirect Costs				
7	**Total Operating Costs**	$0	$0	$0	**$0**
	NON-RECURRING COSTS (equipment, technology)	**FY 23-24**	**FY 24-25**	**FY 25-26**	**TOTAL**
8					
9					
10	**Total non-recurring costs**				$
	CONSULTANT COSTS/CONTRACTS	**FY 23-24**	**FY 24-25**	**FY 25-26**	**TOTAL**
11	Direct Costs (CalMHSA)	$395,221	$395,570	$395,929	
12	Indirect Costs				
13	**Total Consultant Costs**	395,221	395,570	395,929	1,186,720
	OTHER EXPENDITURES (explain in budget narrative)	**FY 23-24**	**FY 24-25**	**FY 25-26**	**TOTAL**
14					
15					
16	Total Other Expenditures				$
	EXPENDITURE TOTALS	**FY 23-24**	**FY 24-25**	**FY 25-26**	**TOTAL**
	Personnel (total of line 1)	$179,686	$179,686	$179,686	$539,058
	Direct Costs (add lines 2, 5, and 11 from above)	$395,221	$395,570	$395,929	$0
	Indirect Costs (add lines 3, 6, and 12 from above)	$0	$0	$0	$0
	Non-recurring costs (total of line 10)	$0	$0	$0	$
	Consultant Costs/Contracts (total of line 13)	$0	$0	$0	$0
	Other Expenditures (total of line 16)	$0	$0	$0	$
TOTAL INDIVIDUAL COUNTY INNOVATION BUDGET		**$574,907**	**$575,256**	**$575,615**	**$1,725,778**
	CONTRIBUTION TOTALS**	**FY 23-24**	**FY 24-25**	**FY 25-26**	**TOTAL**
	County Committed Funds	-	-	-	-
	Additional Contingency Funding for County-Specific Project Costs				
	TOTAL COUNTY FUNDING CONTRIBUTION	-	-	-	-

Goals and Objectives for FY 2023-2024

CalAIM Payment Reform:

As of July 1, 2023, the CalAIM Behavioral Health Payment Reform initiative which is part of the new EHR will change the way that county behavioral health plans claim federal reimbursements. Under managed care plans, counties will continue to contract with behavioral health providers and negotiate provider payments.

With the CalAIM Behavioral Health Payment Reform initiative, counties are moving away from cost-based reimbursement, in an effort to improve Medi-Cal beneficiaries' quality of life by delivering value-based care. Currently, the cost-based reimbursement model is administratively burdensome for the State, counties, and subcontracted behavioral health providers. There is a significant audit risk associated with the cost settlement process due to its complexity. As a result of the lengthy delays resulting from statutory requirements in audit timelines, counties have to carry financial risk over an extended period of time, creating budgetary challenges for them. Plan or provider reinvestment or value-based payment opportunities are limited. By eliminating cost-based reimbursements and simplifying payments to county BH plans, we will be able to develop more innovative value-based payment models in the future.

The CalAIM Behavioral Health Payment Reform initiative consists of three different transitions that will go live July 1, 2023:

1. Reimbursement Structure:
   a. End cost-based reimbursement and implement fee for service payments to County BH plans.
2. Financing Mechanism:
   a. Transition to intergovernmental transfers (IGTs) to finance Medi-Cal county BH plan payments
3. Provider Billing:
   a. Implement CPT Coding Transition

Other Goals and Objectives for FY 2023-2024

Ensure that the EHR has been fully implemented, as well as that the following ongoing processes have been met:
- Ensure that the EHR complies with all the new CalAim regulations and rules.
- Measure the increase in consumer interaction, the reduction in documentation time for clinical staff, and the improvement of the user-friendly and standard platform for providing mental health services.
- Ensure that the reports and data entry forms that are required are easily accessible.
- Reduce the need for additional applications to communicate about client care.
- Full access to underlying databases to support reporting and data needs
- Fully functional:
  o CalOMS,
  o CSI, 274,
  o ASAM Level of Care, and
  o Finder File reporting/modules to meet DHCS requirements.
- Integration with a HIE and more support for interoperability needs.
- Ability to use more dynamic flagging to track required elements for clients.
- A functional letter sending module (NOABD's, Reminder Letters, etc.).

- Development of data archiving application to house data from legacy electronic health record for long term storage and retrieval in order to meet a compliance, reporting, and regulatory needs.
- Using INN funding, incur the annual cost of $574,907.

Reporting

- ICBHS will disseminate information about the Semi-Statewide Enterprise Health Record Innovation Project to local stakeholders in collaboration with CalMHSA and its program partners.   Results of evaluations or publications of research studies will generally be communicated as follows:

- Annual reports on the project will be included in MHSA Annual Updates, and posted on ICBHS website. A report on the progress of the innovation project will be provided by the IS Manager with the assistance of the MHSA Coordinator and/or program staff on an annual basis to stakeholder committees (Behavioral Health Board, MHSA Steering Committee, Sub-QIC Committee).

- Through a partnership with CalMHSA, ICBHS will announce the findings of the report

Goals and Objectives for FY 2024-2025

- Ensure that the EHR is fully operational.
- Using INN funding, incur the annual cost of $574,907

Goals and Objectives for FY 2025-2026

- Ensure that the EHR is fully operational.
- Using INN funding, incur the annual cost of $574,907

Capital Facilities and Technological Needs (CF/TN)

The Capital Facilities and Technological Needs component of the Mental Health Services Act (MHSA) provides resources for the efficient implementation of MHSA programs. Through the use of CF/TN funds, long-term results are expected that will advance the mental health system's objectives of wellness, recovery, and resilience, prevention/early intervention, and increasing access to community-based, accessible services to reduce disparities among underserved groups.

The following section provides updates of the CF/TN needs that took place during FY 2022-2023 as well as what is planned for the upcoming FYs of 2023-2024 through 2025-2026.

A. CLIENT AND FAMILY EMPOWERMENT

FY 2022-2023 UPDATE:

a. Consumer Portal Kiosks FY 2022-2023 Update

A consumer patient portal is an online website that allows patients to access personal health information in real time from any location with an Internet connection. Using a secure username and password, patients can view health information such as: Recent doctor visits, discharge summaries, medications, etc.

After reopening services early FY 2022-2023 and lifting restrictions due to COVID-19 not being a state-wide pandemic, service providers, including County Information Services and outside vendors, continued to reschedule services, which delayed the installation of the kiosk. In addition, we have continued to experience delays in delivering materials and equipment, which has also delayed the kiosk installation.

Consumer Portal Kiosks have been installed at the following clinics to date:

Children's Team 5 and Team 12 – 651 Wake Ave Street, El Centro	Adult El Centro Anxiety and Depression – 1699 Main Street, Suite A, El Centro	Adult Brawley MHSA FSP – 229 Main Street, Brawley
Adult Brawley Anxiety and Depression – 229 Main Street, Brawley	Children's Team 6 – 195 South 9th Street, Brawley	

Goals and Objectives for FY 2023-2024

In FY 2021-2022, the California Department of Health Care Services (DHCS) adopted the California Advancing and Innovating Medi-Cal (CalAIM) initiative as a long-term commitment to transform and strengthen Medi-Cal by modifying payment policies, improving documentation standards, and promoting data exchange as part of its commitment to providing person-centered care for the long term. California Mental Health Services Authority (CalMHSA) was designated as the principal agency for spearheading this effort and assisting counties in establishing statewide electronic health records that comply with state law. In response to upcoming changes in CalAIM, our current EHR Avatar was required to restructure documentation approaches, reform clinical workflows, and integrate a new platform system to allow for data sharing.

210

As a result of a thorough evaluation, CalMHSA selected Streamline Healthcare Solutions as its technology partner to offer SmartCare Electronic Health Record (EHR) to counties throughout the state. CalMHSA, which provides counties with an independent intergovernmental structure for both administrative and fiscal functions, has undertaken a major initiative to help counties leverage best practices and economies of scale associated with behavioral health and human services. SmartCare was chosen by CalMHSA for this initiative as the EHR technology solution because, among other things, it is a true enterprise platform that can meet the needs of multiple organizations by providing a variety of services, and it has the flexibility to adapt to changing requirements.

On January 25, 2023 MHSOAC Commission approved Imperial County's Enterprise Health Project Semi-Statewide Plan. On February 1, 2023 ICBHS went live with new Smartcare EHR.

We are currently transitioning to our new electronic health records system, SmartCare, which has a patient portal that offers the same functionality as MyHealth Pointe. As of now, the portal is not operational, but we intend to implement it at a later date in FY 2023-2024. It is anticipated that the Smartcare portal will offer specialty roles for clients rather than for staff once it is operational. As a final step, once they are set up with a login, clients receive the URL and log into SmartCare, which includes the client-facing functionality that is specifically designed for said tasks.

The following are locations scheduled for Consumer Portal Kiosks installations in FY 2023-2024 and FY 2024-2025. ICBHS will evaluate if there will be any installations pending for FY 2025-2026.

Consumer Portal Kiosks Installations in FY 2023-2024	
Clinic Name	Address
YAYA Brawley Clinic	1535 Main Street, Brawley, Ca
FRC San Pascual Clinic	676 Baseline Rd. Winterhaven, Ca
YAYA MHSA FSP Clinic	101 Hacienda Suite A, Calexico, Ca

Consumer Portal Kiosks Installations in FY 2024-2025	
Clinic Name	Address
FRC Team 4	101 Hacienda Suite C, Calexico, Ca
Adult Anxiety and Depression Clinic	1501 W. Imperial Ave, Calexico, Ca
Adult MHSA FSP Wellness Center	2695 S. 4th St, El Centro, Ca

b. Wellness Centers Computer Upgrade FY 2022-2023 Update

The equipment for the Brawley Wellness Center has been installed. The equipment was tested to ensure that users had access to websites and software to use as needed. Clients at El Centro and Brawley Wellness Centers have access to a computer lab for completing General Education Diploma courses. Providing consumers with technology access is a great tool.

Goals and Objectives for FY 2023-2024

The computer equipment at El Centro Wellness is directly connected to the internet, rather than through Wi-Fi, but it is treated as a guest account, which means it must be managed separately by a mobile device management solution called a Meraki system. The equipment allows for secure monitoring and security of all mobile devices. Upgrades are necessary to more current software and hardware. El Centro's campus network will be upgraded, and the Meraki system in Brawley will be reinstalled in FY 2023-2024.

Goals and Objectives for FY 2024-2025

Compared to outdated computers, which can malfunction and cause to lose valuable information and downtime, new devices are capable of providing extended battery life, shorter startup times, faster connections to the office network, and the ability to multitask with multiple applications simultaneously, all of which are beneficial to wellness center clients. The goal is to replace any equipment and software that needs to be replaced. It is important to note that software updates are not only capable of improving compatibility and program features, but they can also prevent security issues. Maintaining software updates is essential for keeping computers running smoothly and reducing security vulnerabilities.

Goals and Objectives for FY 2025-2026

Continue to replace computer and software equipment as needed for Wellness Center clients.

B.   CONSULTANT – Contracted Service, Security Risk Assessment, Staff Training, and Meaningful Use

FY 2022-2023 UPDATE:

a. XPIO Contracted Service FY 2022-2023 Update

A risk assessment was performed in accordance with federal and state requirements by XPIO Health on behalf of ICBHS. In partnership with XPIO, the ICBHS Threat Landscape is examined, which includes Security Standards, Administrative and Organizational Safeguards, Physical Safeguards, Technical Safeguards, Policies, Procedures, and Compliance Documents. The collaboration included preparing and making available online training materials and supporting Meaningful Use Incentive Program participation and attestation.

Goals and Objectives for FY 2023-2024 through FY 2024-2025

In the next three years, it is our goal to maintain compliance with HIPAA and to continue working with XPIO. Furthermore, ICBHS will continue to contract with XPIO Health to conduct the risk assessment in accordance with the federal and state privacy and security requirements.

b. Security Risk Assessment FY 2022-2023 Update

Security Risk Assessment (SRA) for FY 2022-2023 is ongoing.

Goals and Objectives for FY 2023-2024

Update policies and procedures to include the new EHR and identify any new security risks due to the new platform. Another goal for the upcoming year is to review and update the training presentations and tests for the annual HIPAA Security, Privacy, and Compliance training. Provide assistance to XPIO and the Center for Clinical Training in uploading and testing training materials. The second objective is to evaluate existing safeguards and test the Contingency Plan, as well as to evaluate progress on remediation items from the Security Risk Assessment for 2022. In accordance with the current work plan, XPIO will continue to support the completion of the SRA, the testing of the Contingency Plan, and the preparation for training.

Goals and Objectives for FY 2024-2025 and FY 2025-2026

Continue to prepare the annual HIPAA Security, Privacy, and Compliance training by revising and updating the presentations and tests. Provide assistance to XPIO and the Center for Clinical Training in uploading and testing the training materials into the learning management system. Complete the SRA annually as well.

c. Staff Training FY 2022-2023 Update

Earlier in FY 2022-2023 three Analyst Staff attended Basic SQL training and two Analyst Staff attended Crystal Report Training. Information Systems staff utilize SQL and Crystal Reports to extract and manipulate data as data demands continue to evolve. Structured Query Language (SQL) is the standard language for relational database management systems. It is used to communicate with a database. Training in SQL and Crystal Report enables Analysts to extract and interpret data from the underlying tables of our EHR for analysis and manipulation. In addition, Crystal Reports training allows analysts to analyze and interpret data from targeted databases and to extract and manipulate data to generate highly polished reports that can be accessed directly from the electronic health record.

Goal and Objectives for FY 2023-2024

On January 25, 2023 MHSOAC Commission approved Imperial County's Enterprise Health Project Semi-Statewide Plan. The new EHR SmartCare went live at ICBHS on February 1, 2023. Based on information provided by Smartcare, their modeling is conducted using JavaScript. It is the scripting language that is reportedly being utilized by SmartCare for form interactions.

It is our goal to ensure continuity and remain at the forefront of providing the best possible data to users of the ICBHS, by having all analysts attend intermediate training in SQL, Crystal Reports, and JavaScript. JavaScript is a programming language used to create dynamically updating content, control multimedia, and animate images. It is the scripting language that is reportedly being utilized by SmartCare for form interactions.

As part of our training program moving forward, we intend to utilize new technologies such as Microsoft Power BI in order to provide our stakeholders with information through data visualization. As an option for providing on-going training to analysts on new technologies and skills, Udemy Business is the appropriate choice. The Udemy Business platform is a new, forward-looking learning platform that empowers organizations to address their biggest workforce challenges. Udemy for Business is designed to provide businesses with relevant and engaging learning content anywhere and anytime. Udemy Business offers over 8,000+ courses covering a variety of technologies and skills All of the 8000+ courses would be available to help upskill our staff. Udemy Business would also allow us to build learning tracks to speed up onboarding of new staff. There are also tools to ensure that courses are being administered and completed by staff. This platform includes courses in SQL, Business Intelligence (BI), Excel, Word, Data Science, Office Productivity, Finance & Accounting, etc.

A total of 18 users will be trained, including IS, SUD, Fiscal and Managed Care Analysts, and IS/Fiscal Supervisors and Management Staff.

Roles include individuals who:
- work directly with client data to document and ensure compliance;
- confirm the functionality of SmartCare our current EHR;
- perform quality control;
- extract data from SmartCare;
- submit mandated state reporting data to the California Department of Health Care Services (DHCS);
- ensure completion of the Units of Service monthly reports;
- ensure completion of the Units of Service monthly reports;
- process annual Accounting cost reports UOS;
- process Billing Edits
    - apply telehealth modifiers
    - confirm NPI verification
    - identify duplicate billings
    - process program unit summaries

- o identify diagnosis errors reports
- process a billing file summary report
  - o identify 837 file summary by ICBHS Program
- process quarterly Accounting reports
- process juvenile hall Accounting reports
- process Accounting monthly UOS summaries
  - o For SUD ODS
  - o SDMC
  - o FFS
- process organizational provider recoupment report

Goals and Objectives for FY 2024-2025 and FY 2025-2026

Continue to enroll Staff in Udemy Business courses, refreshers and other courses as needed.

d. Meaningful Use FY2022-2023 Update

Meaningful Use assessment has been completed. Six EPs met their deadlines for Stage 3 attestations, and payment was approved for those EPs that met all objectives.

C. TELECOMMUNICATIONS MOBILE SOLUTIONS

FY 2022-2023 UPDATE:

a. Telecommunications Mobile Solutions FY 2022-2023 Update

There are four types of telecommunication networks: landline telephone networks, mobile phone networks, cable television networks, and the Internet. An EHR requires access to a telecommunications network. Through real time access to the EHR, ICBHS staff is able to communicate more quickly and accurately with all clinical staff. In addition, EHRs can be used to improve patient flow, decrease the number of unnecessary duplicate tests, and provide faster answers to patients' questions. ICBHS requires improved access to information and equipment to continue to provide services.

Previously, NetSmart, our EHR vendor, was to assist with the deployment of mobile electronic devices. Using a software tool called ClinicianPOV, users would be able to access and update client plans, progress notes, service entries, demographic information, and other forms. A mobile version of this software can be used by the staff while out in the field without an internet connection. This software can also be used to provide services from home and to document services provided. As soon as the clinical staff returns to the office and connects the device to the system, the data is synchronized with the electronic health record.

ICBHS selected an outpatient clinic as a pilot site, but the program was soon halted due to a defect with the Clinician POV program. Our vendor's internal ticketing system informed us of the problem, but no solution was ever provided.

Goals and Objectives for FY 2023-2024

Our web-based electronic health record (EHR) application, SmartCare, is designed to help healthcare providers deliver, manage EHR services. The web based feature allows the user to access the application from a mobile device. Our goal is to purchase 10 iPads that will be used by employees in the field to provide services from home and document services provided. Also included is the purchase of 10 mobile wifi hotspots.

Goals and Objectives for FY 2024-2025 and FY 2025-2026

Continue to monitor and technically support the use of the mobile devices and ensure new EHR functionality.

D. Intensive Community Program (ICP):

For the Mental Health Triage and Engagement Services Division during FY 2022-2023, a significant change was the implementation of the Full Service Partnership-Intensive Community Program (FSP-ICP). With the intent of reducing preventable outcomes of mental illness, such as homelessness and substance abuse, the Intensive Community Program Full-Service Partnership (ICP-FSP) will provide total and intensive care to seriously and persistently mentally ill adults, ages 18 years and older, around the clock. This program will focus on providing individuals with the evidence-based interventions and personal support needed to embrace recovery and self-sufficiency in the community, as well as access to medical care, housing, employment, or volunteer activities, as well as intensive case management and medication support services. During 2022, program staff held three additional administrative consultations with a representative from Case Western Reserve University - Center for Evidence Based Practices to discuss implementation strategies and potential contract terms. However, during FY 2022-2023 because of challenges and barriers the program has not been fully executed.

FY 2022-2023 UPDATE:

No update on this program.

Goals FY 2023-2024

Upon completion of the building remodeling and construction, ensure the installation of computer equipment; communication equipment; office equipment and IT infrastructure

Goals FY 2025-2026

Update computer equipment as needed

E. SOFTWARE UPGRADE

FY 2022-2023 UPDATE:

a. Microsoft 365 G3 FY2022-2023 Update

Currently, at ICBHS, the Standard Operating Environment (SOE) consists of two separate licenses, one for the operating system and one for Microsoft Office. The operating system (OS) is considered a type of system software. Essentially, the operating system serves as a bridge between the software and the hardware of the computer.

Microsoft Office is a collection of software applications designed to improve productivity and streamline the completion of common tasks on a computer. The Microsoft Office contains all the popular applications, such as Word, Excel, PowerPoint, and Outlook, which can be used to create and edit documents containing text and images. Additionally, you can handle data in spreadsheets and databases and create presentations. Presently, we are using MS Office 2016 as our business productivity suite.

- On April 30, 2023, Microsoft will cease to support MS Office 2016.
    - Microsoft Office Standard 2021 is the upgraded version of Microsoft Office 2016 and expires on October 13, 2026.

    - Windows 10 Enterprise is the current operating system.
        - Windows Enterprise with SA is the upgraded version and will expire on October 14, 2025.

That said, Imperial County Information Technology Department recommends that all departments move to subscription-based Microsoft Office 365. For PCs, Microsoft 365 G3 provides Word, Excel, PowerPoint, Outlook, Publisher, and Access. Additionally, it provides web-based versions of Office applications, and unlimited cloud storage for personal files, as well as a 100 GB mailbox for business emails, calendars, and contacts. Microsoft 365 and Office 2021 both include traditional productivity applications such as Word, Excel, and PowerPoint, but there are some differences. A primary difference between the two products can be seen in their licensing models and how they are billed. In addition, Microsoft 365 offers an all-inclusive package of services that includes Windows 10 and Enterprise Mobility along with MS Office.

In order to comply with license requirements and to avoid maintaining multiple licenses per computer, ICBHS has decided to upgrade all users to Microsoft 365 Government Version 3 (G3) by April 30, 2023. The upgrade allows all users to run Windows 10 Enterprise and Microsoft Office, ensuring compliance across the department with Microsoft products. Reduced subscriptions per user will allow the department to reduce costs (see SOE cost comparison worksheet below), as there are twice as many computers, including desktops and laptops, to license.

Two other software applications will be required: (1) Defender 365P1, a cloud-based email filtering service that protects against advanced threats to email and collaboration

tools, such as phishing, business email compromise, and malware attacks. And (2) MS Endpoint CFCML, This is also a cloud-based solution designed to assist enterprises in deploying, managing, and securing devices. It includes servers, personal computers, and mobile devices.

Besides the added application and functionality benefits presented, as per the cost comparison worksheet below, there would be a $421,752 reduction in upfront cost and a two year savings of $127,152.

Windows Enterprise SA

Standard Operating Environment (SOE)

MS Office Standard 2021

Cost Comparison

		Cost per PC/Yr	# of PC's	May 1, 2024 thru Apr 30, 2025	May 1, 2025 thru Apr 30, 2026	TOTAL COSTS
1	**(1) Window Enterprise with Software assurance (SA)**	$306	1,200	$366,816	$0	**$366,816**
2	**(2) MS Office Standard 2021**	$291	1,200	$349,536	$0	**$349,536**
			Upfront Costs	**$716,352**		**$716,352**

Microsoft 365 G3

		Cost per User/Yr	# of Users	May 1, 2024 thru April 30, 2025	May 1, 2025 thru Apr 30, 2026	TOTAL COSTS
1	**Microsoft 365 G3**	$397	600	$238,200	$238,200	**$476,400**
2	**Defender 365P1**	$22	600	$13,200	$13,200	**$26,400**
3	**MS Endpoint CFCML**	$72	600	$43,200	$43,200	**$86,400**
			Upfront Costs	**$294,600**		**$589,200**
			Upfront Costs Savings	**421,752**		

Goals and Objectives for FY 2022-2023

ICBHS will be purchasing 600 MS 365 G3 licenses before the deadline of April 30, 2023
Purchase (25) Apple IPads, (25) Wifi Hotspots, (25) Wifi Hotspot Service

Goals FY 2023-2024 through FY 2025-2026

For FY 2023-2024, pay 75% of the annual MS 365 licensing subscription cost and through
the annual MHSA plan update, confirm the use of revenue resources to accommodate the
licensing renewal expense for FY 2024-2025 and FY 2025-2026.

F. PHONE UPGRADE

ICBHS currently utilizes two telephone systems,
Mitel and ShoreTel. As a result of Mitel's
acquisition of Shoretel in September 2017, some
of ShoreTel's products have been replaced or
discontinued. At present, ICBHS has 626 on-
premises lines. Our County's Information
Technology Department manages and hosts these
lines on-site. On-premise lines are located at 23
different locations within the ICBHS. In addition to
the on-premises lines, the County IT department
manages 336 cloud platform lines. There are 11
sites at ICHBHS that have cloud lines. Mitel has
announced that it will cease to offer new contracts
for this service on June 30, 2022. Customers who
prefer a single cloud solution are recommended to
migrate to a new system.

In light of Mitel's decision to phase out MyCloud Connect, our County's IT department has
recommended moving to another single instance private cloud solution. All ICBHS sites have
been recommended Zoom Phones by County IT. Zoom Phones offers a cloud-based private
branch exchange service that includes VoIP telephones and team messaging. By using this
solution, ICBHS would be able to maintain its existing phone numbers and use its existing VoIP
equipment. Zoom phones would also be able to integrate Zoom meetings for video
conferencing, which would be ideal since Zoom is currently used for conferencing purposes.
The ICBHS anticipates an annual operating cost of $86,400 (600 x $12 x 12 months).
Professional services and one-time migration costs are not included in this cost.

FY 2023-2024 through FY 2025-2026 TENTATIVE BUDGET
CAPITAL FACILITIES AND TECHNOLOGY NEEDS

A. Client & Family Empowerment				
Consumer Portal Kiosks	**FY23-24**	**FY24-25**	**FY25-26**	**TOTAL**
Chrombases (6)	$5,000	$0	$0	$5,000
Titan Edge Wall Mounted Workstation (6)	$12,000	$0	$0	$12,000
Consumer Portal Kiosks	**$17,000**	**$0**	**$0**	**$17,000**
Meraki Upgrade/Other Equipment	$2,000	$0	$0	$2,000
Merake Upgrades	**$2,000**	**$0**	**$0**	**$2,000**
Client & Family Empowerment Total	**$19,000**	**$0**	**$0**	**$19,000**

B. Consultant – Contracted Service, SRA , Trng				
	FY23-24	**FY24-25**	**FY25-26**	**TOTAL**
XPIO Contracted Services/SRA	$35,000	$15,000	$15,000	$65,000
Staff Trainings	$6,570	$6,570	$6,570	$19,710
Consultant-Contracted Service Total	**$41,570**	**$21,570**	**$21,570**	**$84,710**

C. Telecommunications Mobile Solutions				
	FY23-24	**FY24-25**	**FY25-26**	**TOTAL**
(10) Apple Ipads	$6,500	$0	$0	$6,500
(10) Wifi Hotspots/ Purchase	$2,500	$0	$0	$2,500
(10) Wifi Hotspots/ Service	$300	$1,500	$1,500	$3,300
Telecommunications Mobile Solutions Total	**$9,300**	**$1,500**	**$1,500**	**$12,300**

D. Intensive Community Program (ICP)				
	FY23-24	**FY24-25**	**FY25-26**	**TOTAL**
Computer Equipment	$25,000	$0	$0	$25,000
IT Infrastructure	$4,000	$0	$0	$4,000
Intensive Community Program (ICP) Total	**$29,000**	**$0**	**$0**	**$29,000**

E. Software Upgrade				
	FY23-24	**FY24-25**	**FY25-26**	**TOTAL**
Microsoft 365 Windows Upgrade Subscription Purchase (3yrs)	$220,000	$0	$0	$220,000
Software Upgrade Total	**$220,000**	**$0**	**$0**	**$220,000**

F. Phone Upgrade				
	FY23-24	**FY24-25**	**FY25-26**	**TOTAL**
Zoom Phone Upgrade	$57,888	$86,400	$86,400	$230,688
One time migration costs	$20,000	$0	$0	$20,000
Professional Services	$5,000	$0	$0	$5,000
Phones Upgrade Total	**$82,888**	**$86,400**	**$86,400**	**$255,688**

FISCAL YEAR TOTALS:	$401,758	$109,470	$109,470	
		3 YEAR CFTN PLAN TOTALS:		$620,698

Workforce Education and Training

The Workforce Education and Training (WET) component provides education and training for all individuals who provide direct or support services in the Public Mental Health System. The mission of WET is to develop and maintain enough of a 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 section provides updates of the trainings or workforce development programs that took place in FY 2022-2023 as well as what is planned for the upcoming FYs of 2023-2024 through 2025-2026.

Training and Technical Assistance

Action 1: 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 2022-2023, the Mental Health Interpreter Training for non-clinical staff was hosted on March 20-23, 2023. The training was scheduled virtually, 3.5 hours per day for a total of 14 hours. A total of 19 staff attended this training.

Mental Health Interpreter Training Budget for FY 2022-2023

Item		Estimated Total
(1) 4-day Interpreter Training		$11,000
Total Item		**$11,000**

Program Goals and Objectives for FY 2023-2024 through 2025-2026

For the upcoming FYs of 2023-2024 through 2025-2026, the WET component of the MHSA funding will host two (3) Mental Health Interpreter Training, one per fiscal year in order to maintain workforce capacity to respond to the interpretation service needs of the consumers with limited language skills.   A maximum of 35 staff will be trained in interpreters' services each fiscal year.

Budget Justification for FY 2023-2024 through 2025-2026

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
One 4-day Interpreter Training for FY 2023-2024	$12,500
One 4-day Interpreter Training for FY 2024-2025	$12,500
One 4-day Interpreter Training for FY 2025-2026	$12,500
Total Item	**$37,500**

all budget items are estimates

222

Assertive Community Treatment Model Training and Support Services

During FY 2022-2023, ICBHS pursued contract services with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the ACT model. Training has served as the support needed to further develop the ICBHS ICP-FSP program. Furthermore, staff's engagement in training and skill development has allowed for the advancement of the planning stages of the program and driven the ICP-FSP program to the implementation phase. In addition, Case Western Reserve University will provide ICBHS Staff with Clinical Training on ACT Standard Training Modules including ACT Core processes, Foundations of Motivation and Engagement, Stage-Wise Treatment, and Understanding Additions/DD Model. Currently, the contract between Center for Evidence-Based Practices at Case Western Reserve University and ICBHS is pending and has not yet been executed.

Program Goals and Objectives for 2023–2024 through 2025-2026

For FY 2023-2024 through 2025-2026, ICBHS will be working in establishing the contract with the Center for Evidence – Based Practices at Case Western Reserve University and to extend contract services with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support to ICBHS staff on the ACT model. FSP-ICP is looking to have an adequate amount of staff trained to avoid service disruptions from staff transfers or promotions and provide continuous access to these intensive services for the individuals in need. Lastly, contracted activities will include programmatic and clinical consultations, clinical trainings, and evaluation services. Training has served as the support needed to further develop the ICBHS FSP-ICP program. Furthermore, staff's engagement in training and skill development has allowed for the advancement of the planning stages of the program and driven the FSP-ICP.

Budget Justification for FY 2023-2024 through 2025-2026

Item	Estimated Total
ACT Training for FY 2023-2024	$ 25,000
ACT Training for FY 2024-2025	$ 25,000
ACT Training for FY 2025-2026	$ 25,000
Total Item	**$ 75,000**

all budget items are estimates

MHSA PIER: Psychosis Identification and Early Referral Training

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).

Goals and Objectives for FY 2022-2023

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

During FY 2022-2023 no trainings were conducted as a PIER Model training facility has not been identified. No WET funds were used during FY 2022-2023.

Program Goals and Objectives for 2023-2024 through 2025-2026

The PIER-FSP will continue to pursue and identify a training facility to engage staff with necessary trainings to continue serving individuals in need of the PIER Model.

Budget Justification for FY 2023-2024 through 2025-2026

Item	Estimated Total
PIER Model Training with Lodging ($3,000) for FY 2023-2024	$ 38,000
PIER Model Training with Lodging ($3,000) for FY 2024-2025	$ 38,000
PIER Model Training with Lodging ($3,000) for FY 2025-2026	$ 38,000
Total Item	**$ 114,000**

all budget items are estimates

Cognitive Processing Therapy (CPT)

During FY 2022-2023 Adults and Older Adults contracted with the Cognitive Processing Therapy (CPT) Institute to provide a 2 day training to our behavioral health therapists (BHT) on CPT. CPT is specific type of cognitive behavioral therapy that has been effective in reducing symptoms of Post-Traumatic Stress Disorder (PTSD). It is an evidence-based psychotherapeutic treatment that helps patients learn how to challenge and modify unhelpful beliefs related to the trauma. CPT is generally delivered over 12 sessions. During the course of treatment, the therapist focuses on safety, trust, power, control, esteem and intimacy as these are all areas that can be affected by traumatic experiences. Adults, Youth and Young Adults, Crisis Triage and Engagement and Substance Use Disorder identified 24 therapists that needed training in this model in order to provide to clients across the department. The training took place on 3/21 and 3/22 of 2023 virtually. CPT institute will provide consultation calls/zoom sessions for those trained in this model for the following months in order to monitor and guide model fidelity.

CPT Budget for FY 2022-2023

Description	Unit	Number of Units	Amount
2 Day Training	$300 per person	30 persons	$9,000.00
Consultation Calls	$225 per call	20 calls X 4 groups	$18,000.00
Books	$33.60 plus tax	30 books	$1,000.00
		Total	**$28,000.00**

Goals and Objectives for FY 2023-2024 through FY 2025-2026

All training components were fulfilled in FY 2022-2023; however consultation calls will continue to be offered during FY 2023-2024.

Interpersonal Psychotherapy (IPT)

Imperial County Behavioral Health intends to train additional clinicians in Interpersonal Psychotherapy (IPT) during FY 2023-2024. ICBHS will be working 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 department would train up to 15 clinicians from all the divisions.

Budget Justification for FY 2023-2024 through 2025-2026

Item	Estimated Total
IPT Training for FY 2023-2024	$ 52,800
Total Item	**$ 52,800**

all budget items are estimates

Nonviolent Crisis Intervention (NCI)

ICBHS will 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 helps build staff 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. ICBHS will evaluate its Instructor needs for the next three FYs to plan accordingly. Ctrl + Click on the Crisis Prevention Institute logo for more information on this training.

Budget Justification for NCI Trainings during FY 2023-2024 through FY 2025-2026

Item	Estimated Total
NCI Training(s) for FY 2023-2024	$45,000
NCI Training(s) for FY 2024-2025	$45,000
NCI Training(s) for FY 2025-2026	$45,000
Total Item	**$135,000**

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 curricumulm that is adapted to individual groups. Behavioral Health anticipates training all active staff in variations of the training suited to their roles in the department, clinical, administrative, and clerical. The estimated total staff trained would be 550, starting in FY 2023-2024.

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.

Objectives: These objectives are fluid and will be revised or added upon further consultation with ICBHS leadership.
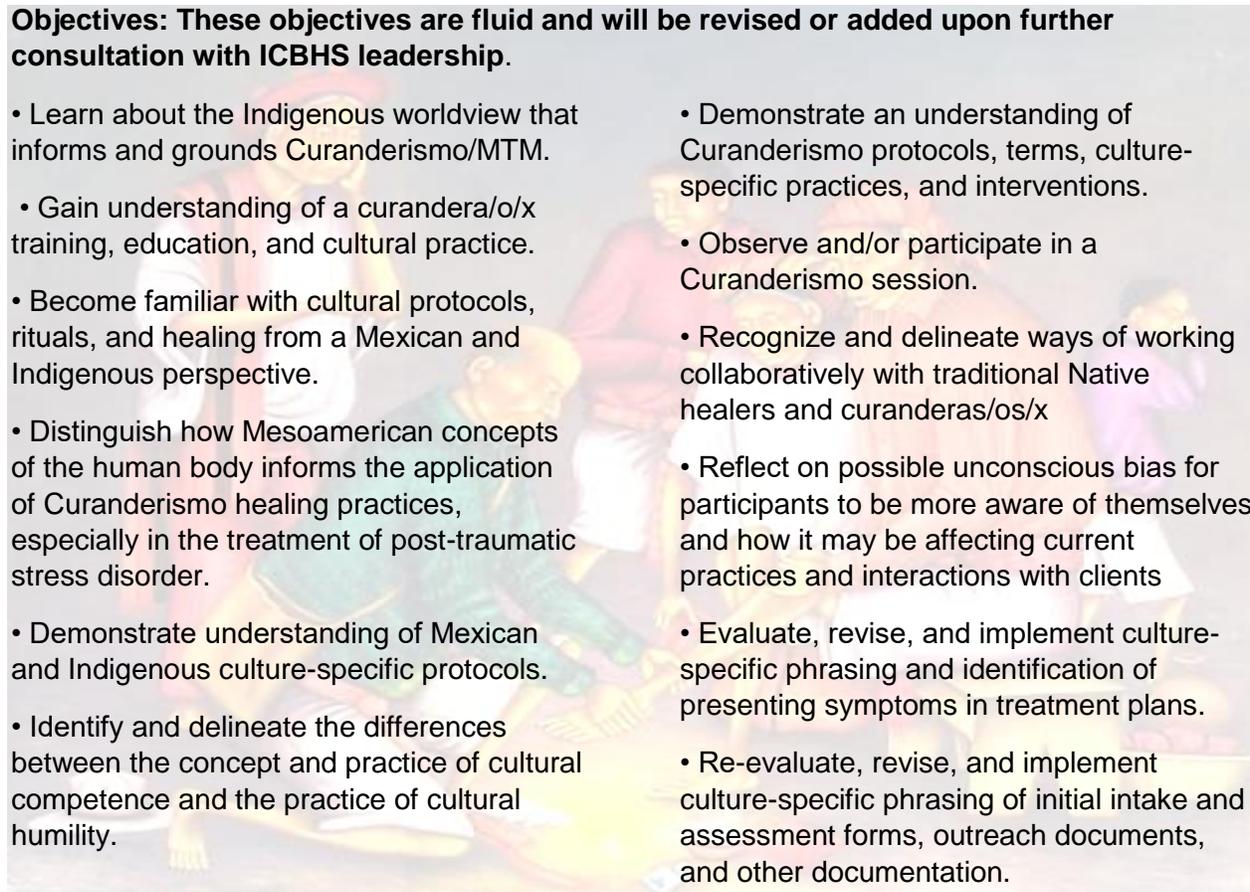
• Learn about the Indigenous worldview that informs and grounds Curanderismo/MTM.

 • Gain understanding of a curandera/o/x training, education, and cultural practice.

• Become familiar with cultural protocols, rituals, and healing from a Mexican and Indigenous perspective.

• Distinguish how Mesoamerican concepts of the human body informs the application of Curanderismo healing practices, especially in the treatment of post-traumatic stress disorder.

• Demonstrate understanding of Mexican and Indigenous culture-specific protocols.

• Identify and delineate the differences between the concept and practice of cultural competence and the practice of cultural humility.

• Demonstrate an understanding of Curanderismo protocols, terms, culture-specific practices, and interventions.

• Observe and/or participate in a Curanderismo session.

• Recognize and delineate ways of working collaboratively with traditional Native healers and curanderas/os/x

• Reflect on possible unconscious bias for participants to be more aware of themselves and how it may be affecting current practices and interactions with clients

• Evaluate, revise, and implement culture-specific phrasing and identification of presenting symptoms in treatment plans.

• Re-evaluate, revise, and implement culture-specific phrasing of initial intake and assessment forms, outreach documents, and other documentation.

The estimated cost of the Curanderismo training is $23,000. Trainings will be conducted in fiscal year 2023-2024.

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. ICBHS may be pursuing a contract with a community organization that will provide the PEARLS model in the community. We are seeking to train 3-4 staff at $500 per person to complete the online curriculum within the FY 2023-2024. 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.

Estimated cost for this training is $2,000 for PEARLS training.

PEARLS

Print

University of Washington Health Promotion Research Center

A Prevention Research Center Tool Showing Evidence of Effectiveness

OVERVIEW

PEARLS (Program to Encourage Active, Rewarding Lives) is a treatment program designed to reduce symptoms of depression and improve quality of life among older adults[1] and among all-age adults with epilepsy.[2,3] More than 50 sites in 18 states use PEARLS, with more organizations enrolling each year. The program consists of six to eight in-home counseling sessions that focus on the following goals:

- Solving problems.
- Becoming socially and physically active.
- Scheduling enjoyable activities.

PEARLS helps individuals to lead more active and rewarding lives. The PEARLS tool kit includes instructions for conducting the program and holding sessions with clients, as well as forms and materials to create the organizational structure for PEARLS. A 2-day in-person training session in Seattle, Washington, prepares staff to implement the program.

RESEARCH RESULTS

A University of Washington study determined that PEARLS participants had a 50% or higher reduction in symptoms of depression, and 36% showed complete remission. The participants' quality of life, both physical and emotional, also improved, resulting in fewer hospitalizations.[1] Later studies showed that the program is also effective for adults of all ages with epilepsy.[2,3]

CDC Reference: https://www.cdc.gov/prc/resources/tools/pearls.html#print

Action 2: Financial Incentive Program

ICBHS Incentive Program

Since the start of the COVID-19 pandemic, the department, as well as the entire State of California experienced high turnover rates resulting in staff shortages, especially in psychiatrists and therapists. However, the demand for mental health services has increased significantly since the beginning of the pandemic, especially for our most vulnerable populations such as children and youth. Recruiting and retaining qualified therapists and psychiatrists has always been challenging in rural areas such as Imperial County; however, the pandemic and subsequent Great Resignation further compounded this challenge. In an effort to recruit and retain qualified psychiatrists and therapists, ICBHS will create and incentive program that will be implemented in FY 2023-2024 through 2025-2026. Additionally, we will build the capacity of our mental health providers through trainings designed to improve their clinical skills in order to meet the needs of the populations we serve. By implementing the incentive program and enhancing the skills of ICBHS' mental health providers, we hope to increase our workforce to be able to accommodate the increasing demand for mental health services and be able to meet the needs of our clients.

> **Cal. Code Reg. Tit.9. 3844 (c)** Financial incentive programs may be utilized to encourage the recruitment and retention of the following populations:
>
> Individuals who can fill identified occupational shortages or have the skills needed by Public Mental Health System employers, as identified in the County's most recent Workforce Needs Assessment, such as those in a licensed profession or those with a proficiency in a language other than English.
>
> In addition to Section 3844(c), the following shall apply:
>
> (a) Stipend recipients shall commit to work in the Public Mental Health System for a minimum of the equivalent of one calendar year for each year of stipend received. (b) Stipends are paid directly to recipients, and may pay for the following expenses: (1) Tuition, registration fees, books and supplies. (2) Travel expenses including mileage, lodging and per diem if travel is for the purpose of participating in an educational or training activity.(3) Any other expenses incurred as a result of participation in an educational or training activity. (c) Stipends may pay for an employee's salary if he/she is pursuing a degree in an academic program that addresses the needs identified in the County's Workforce Needs Assessment. (1) Employees may be compensated for work time when they are participating in employer approved Workforce Education and Training programs, under a signed agreement with the employer that both work time and personal time will be used to participate in the program.

ICBHS will develop a comprehensive ICBHS Incentive and Training Program in the upcoming three fiscal years with the goal to meet the service demands within our county.

Budget Justification for Incentive Awards during FY 2023-2024 through FY 2025-2026

Item	Estimated Total
46 Incentive Awards @ $5,000 each for FY 2023-2024	$230,000
51 Incentive Awards @ $5,000 each for FY 2024-2025	$255,000
51 Incentive Awards @ $5,000 each for FY 2025-2026	$255,000
Total Item	**$740,000**

all budget items are estimates

Action 3: 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.

In 2020, the SCRP applied for and was awarded this new Regional WET grant for $15,340,829 by the Office of Statewide Health Planning and Development (OSHPD), During the initial year, the SCRP needed to revise the current MOU with each of the member counties to accept these funds and to establish Participation agreements with CalMHSA for collect the required matching funds from each of the 10 counties. This process of contracting with the 10 counties, accessing approval by each counties Board of Supervisors and with CalMHSA took the majority of the FY 2020-2021.

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

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. Contracts were established with CIBHS and National Council of Behavioral Health for various training programs. Other programs are continuing to be designed and implemented with the grant funding, following the initial vision of the grant to support and develop the public behavioral health workforce.

As of FY 2022-2023 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	In Progress	2

Retention Regional Trainings

The trainings planned for 2023-2024 to target workplace retention through WET funding include the following:

Seeking Safety

Seeking Safety is an evidence-based, present-focused counseling model to help people attain safety from trauma and/or substance abuse. It can be conducted in group (any size) and/or individual modality. It is an extremely safe model as it directly addresses both trauma and addiction, but without requiring clients to delve into the trauma narrative (the detailed account of disturbing trauma memories), thus making it relevant to a very broad range of clients and easy to implement from the very start of treatment (no prior treatment is needed). Any provider can conduct it even without training; however, there are also many options for training. It has also been delivered successfully by peers in addition to professionals; and in all kinds of settings. It can be conducted over any number of sessions available although the more the better when possible. Seeking Safety was begun in 1992 under grant funding from the National Institute on Drug Abuse. It was developed by Lisa M. Najavits, PhD at Harvard Medical School and McLean Hospital. It has been used in many countries and has been translated into numerous languages.

DSM-5TR Training

While a provider for this training has not been selected at the time of this write up, the SCRP is going forward with a DSM-5TR training that will focus on new diagnostic updates to the Diagnostic and Statistics Manual (DSM) edition 5TR. The training will be designed for licensed, pre-licensed, and clinical supervisor level behavioral health clinicians and will begin in FY 2023-2024.

Trauma-Informed Topics

Contracted by SCRP through Trauma Informed California, Trauma-Informed Trainings are selected topics chosen from the following topics:

- Trauma Informed Foundations: Six Steps
- The Neurobiology of Trauma: An Update on the Science of Trauma
- Trauma and Parenting: Creating a Safe Home Base
- Trauma and Eating Disorders
- PTSD and Complex PTSD
- Addressing Substance Abuse and Trauma: With a Youth Focus
- Self Care and the Professional: Creating a Culture of Self Care
- Trauma Informed Approaches to Addressing Suicide and Self Harm
- Trauma Informed and Gender Responsive: Working with Formerly Incarcerated Women
- Reducing Revictimization Risk for CSEC Among Youth

- Foundations: A Trauma Informed Approach to Housing and Other Essential Services During Disasters
- Trauma and Homelessness: Trends and Realities
- Rules: Making Them Safe and Effective
- Trauma and Sex Work: Universal Precautions
- Trauma and Sex Work: Safety Planning
- Trauma and Sex Work: Sexual Exploitation and Coercion Scale
- Trauma Informed Organizational Development: The Six Foundational Steps
- Trauma Informed Communication and Client Interactions
- Safety Planning for Sexual Assault Risk Reduction
- Trauma Informed De-Escalation, Grounding and Safety Planning
- Addressing Unsafe Behaviors Safely

Trainings are delivered as 90-minute synchronous learning webinars. In addition, trainings in some separate topic areas have been developed together so that they can be presented as the multiple parts of a combined webinar series. Imperial County selects and presents 4-6 trainings annually under the SCRP contract. These trainings are designed for clinicians of all licensure status, CEUs are provided, and para-professionals can attend as well.

SCRP Conferences

During FY 2022-2023, Imperial County staff were supported by SCRP in attending 2 important SCRP Conferences in support of staff development. Ctrl + Click on the boxes below to access the Conference Agenda and materials.

Transforming Together Culturally and Linguistically Responsive Care
September 15-16, 2022
Santa Ynez, CA

Strategies for Addressing Trauma
March 7-8, 2023
Pomona, CA

232
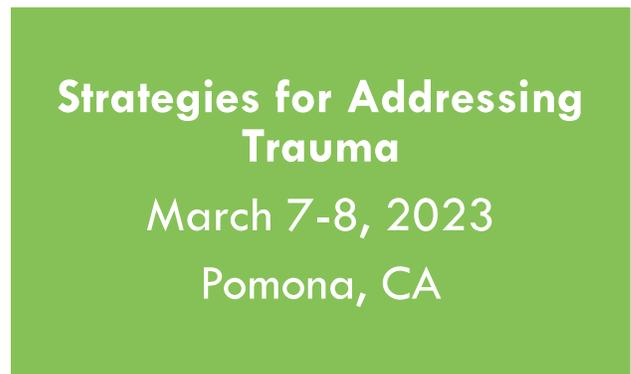
The overall budget for Workforce Education and Training for FY 2023-2024 through FY 2025-2026

Item	Estimated Total
Mental Health Interpreter Trainings	$37,500
ACT Trainings	$75,000
PIER Model Trainings	$114,000
IPT Training	$52,800
ICBHS Incentive Program	$740,000
NCI Trainings	$135,000
Curanderismo/MTM Trainings	$23,000
P.E.A.R.L.S Training	$2,000
WET Administration	$65,641
Total	**$1,244,941**

all budget items are estimates

MHSA Three-Year Expenditure Plan

Expenditure Plan Reports

Financial Reports Covering Budgets Proposed for FY 2023-2024 through 2025-2026.

Mental Health Services Act
FY 2023-24 Through FY 2025-26 Three-Year Expenditure Plan
Community Services & Supports (CSS)

County: **Imperial County**   Date: 4/26/2023

	Fiscal Year 2023-24					
	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	4,977,665.24	1,301,412.36	2,283,664.38	-	1,363,644.39	28,944.12
Adult and Older Adult	8,599,308.73	2,163,916.77	4,013,907.96	-	2,371,480.76	50,003.24
Psychosis Identification and Early Referral (FSP-PIER)	636,111.70	26,366.91	241,148.15	-	143,996.78	224,599.86
FSP - Intensive Community Program (FSP-ICP)	161,338.31	-	84,561.85	-	75,838.31	938.15
Non FSP Programs						
Wellness Centers	1,689,077.44	1,679,255.80	-	-	-	9,821.64
Outreach & Engagement	1,007,107.90	1,001,251.77	-	-	-	5,856.13
Transitional Engagement Supportive Services (TESS)	1,688,924.85	433,334.32	780,005.27	-	465,764.51	9,820.76
Community Engagment Supportive Services (CESS)	1,374,615.87	352,690.78	634,846.26	-	379,085.71	7,993.11
CSS Planning	37,942.53	37,721.91	-	-	-	220.63
CSS Administration	3,025,813.89	3,025,813.89	-	-	-	-
CSS MHSA Housing Assigned Funds	-	-	-	-	-	-
Total CSS Program Estimated Expenditures	23,197,906.47	10,021,764.50	8,038,133.87	-	4,799,810.46	338,197.64
FSP Program as Percentage of Total	**71.39%**					

	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 Identification and Early Referral (FSP-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
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	**71.39%**					

	Fiscal Year 2025-26					
	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	5,527,137.27	1,665,070.03	2,399,274.88	-	1,432,678.89	30,113.46
Adult and Older Adult	9,548,564.92	2,793,421.62	4,211,582.95	-	2,491,536.97	52,023.37
Psychosis Identification and Early Referral (FSP-PIER)	706,330.48	76,938.29	253,356.27	-	151,286.62	224,749.29
FSP - Intensive Community Program (FSP-ICP)	179,148.04	4,122.48	94,371.89	-	79,677.62	976.05
Non FSP Programs						
Wellness Centers	1,875,530.48	1,865,312.04	-	-	-	10,218.44
Outreach & Engagement	1,118,280.03	1,112,187.31	-	-	-	6,092.72
Transitional Engagement Supportive Services (TESS)	1,875,361.05	556,306.66	819,493.04	-	489,343.84	10,217.52
Community Engagment Supportive Services (CESS)	1,526,356.27	452,777.96	666,985.35	-	398,276.93	8,316.04
CSS Planning	42,130.91	41,901.37	-	-	-	229.54
CSS Administration	3,359,825.92	3,359,825.92	-	-	-	-
CSS MHSA Housing Assigned Funds	-	-	-	-	-	-
Total CSS Program Estimated Expenditures	25,758,665.37	11,927,863.69	8,445,064.39	-	5,042,800.86	342,936.43
FSP Program as Percentage of Total	**71.39%**					

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

Mental Health Services Act
FY 2023-24 Through FY 2025-26 Three-Year Expenditure Plan
Prevention & Early Intervention (PEI)

County: **Imperial County**   Date: 4/26/2023

Fiscal Year 2023-24					
	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	316,976.30	227,774.80	-	-	89,201.49	-
First Steps of Success	235,745.02	169,403.13	-	-	66,341.89	-
Incredible Years (IY)	315,428.96	315,428.96			-	-
Rising Stars	456,169.28	456,169.28				
Worth & Inspiration for Senior Esteem (WISE)	398,825.00	398,825.00	-	-	-	-
Early Intervention Programs						
Trauma Focus-Cognitive Behavioral Therapy	289,747.41	-	218,224.58	-	70,968.65	554.18
First Steps of Success	433,571.22	-	191,153.06	-	241,932.72	485.43
Stigma & Discrimination						
Positive Engagement Team (PET)	408,152.97	408,152.97	-	-	-	-
Reps 4 Vets	156,425.00	156,425.00	-	-	-	-
Outreach & Recognition	54,738	54,738	-	-	-	-
Access & Linkage	53,472	53,472	-	-	-	-
PEI Planning	1,204.30	1,204.30	-	-	-	-
PEI Administration	412,105.82	412,105.82	-	-	-	-
PEI Statewide Assigned Funds	-	-	-	-	-	-
Total PEI Program Estimated Expenditures	3,532,561.73	2,653,699.70	409,377.64	-	468,444.77	1,039.62

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 (PET)	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

Fiscal Year 2025-26					
	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	351,966.52	269,810.49	-	-	82,156.03	-
First Steps of Success	261,768.32	200,666.36	-	-	61,101.97	-
Incredible Years (IY)	395,674.09	395,674.09	-	-	-	-
Rising Stars	572,218.74	572,218.74				
Worth & Inspiration for Senior Esteem (WISE)	420,654.00	420,654.00	-	-	-	-
Early Intervention Programs						
Trauma Focus-Cognitive Behavioral Therapy	321,731.90	-	235,004.00	-	86,139.80	588.10
First Steps of Success	481,432.07	-	205,850.94	-	275,065.98	515.15
Stigma & Discrimination						
Positive Engagement Team (PET)	540,253.84	540,253.84	-	-	-	-
Reps 4 Vets	196,219.52	196,219.52	-	-	-	-
Outreach & Recognition	60,781	60,781				
Access & Linkage	59,375	59,375	-	-	-	-
PEI Planning	1,337.24	1,337.24	-	-	-	-
PEI Administration	457,597.15	457,597.15	-	-	-	-
PEI Statewide Assigned Funds	-	-	-	-	-	-
Total PEI Program Estimated Expenditures	4,121,008.92	3,174,586.95	440,854.94	-	504,463.78	1,103.25

237

Mental Health Services Act
FY 2023-24 Through FY 2025-26 Three-Year Expenditure Plan
Innovation Project(s)   (INN)

County: **Imperial County**   Date: 4/26/2023

	Fiscal Year 2023-24					
	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Holistic Outreach Prevention & Engagement (HOPE)						
Approval Date: June 24, 2021	1,207,547.32	1,207,547.32				
Start Date: July 01, 2021	-					
End Date: June 24, 2024	-					
Amount: $3,455,605	-					
Semi-Statewide Enterprise Health Record System Imprvmnt						
Approval Date: January 25, 2023	574,907.00	574,907.00				
Start Date: February 01, 2023	-					
End Date: June 25, 2027	-					
Amount: $3,089,331	-					
INN Planning	63,618.70	63,618.70				
INN Evaluation	37,868.28	37,868.28				
INN Administration	252,869.83	252,869.83				
Total INN Project(s) Estimated Expenditures	2,136,811.13	2,136,811.13	-	-	-	-

	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
Holistic Outreach Prevention & Engagement (HOPE)						
Approval Date: June 24, 2021	-	-				
Start Date: July 01, 2021	-					
End Date: June 24, 2024	-					
Amount: $3,455,605	-					
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	102,310.66	102,310.66				
Total INN Project(s) Estimated Expenditures	784,381.70	784,381.70	-	-	-	-

	Fiscal Year 2025-26					
	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Holistic Outreach Prevention & Engagement (HOPE)						
Approval Date: June 24, 2021	-	-				
Start Date: July 01, 2021	-					
End Date: June 24, 2024	-					
Amount: $3,455,605	-					
Semi-Statewide Enterprise Health Record System Imprvmnt						
Approval Date: January 25, 2023	575,615.00	575,615.00				
Start Date: January 25, 2023	-					
End Date: June 25, 2027	-					
Amount: $3,089,331	-					
INN Planning	70,641.41	70,641.41				
INN Evaluation	42,048.46	42,048.46				
INN Administration	107,937.74	107,937.74				
Total INN Project(s) Estimated Expenditures	796,242.62	796,242.62				

Mental Health Services Act
FY 2023-24 Through FY 2025-26 Three-Year Expenditure Plan
Work, Education & Training   (WET)

County: **Imperial County**   Date: 5/15/2023

	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Fiscal Year 2023-24						
Training & Technical Assistance						
MH Interpreting Training	12,500	12,500	-	-	-	-
Assertive Community Treatment Training	25,000	25,000	-	-	-	-
PIER Training	38,000	38,000	-	-	-	-
Curanderismo Cultural Competence Trng.	23,000	23,000	-	-	-	-
Nonviolent Crisis Intervention (NCI)	45,000	45,000	-	-	-	-
Interpersonal Psychotherapy (IP)	52,800	52,800	-	-	-	-
PEARLS Coaching Training	2,000	2,000				
Mental Health Career Pathways						
	-	-	-	-	-	-
Residency & Intership Programs						
	-	-	-	-	-	-
Financial Incentive Programs						
(46) Incentive Awards @ $5000 ea.	230,000	230,000	-	-	-	-
	-	-	-	-	-	-
Workforce Staffing Support						
	-	-	-	-	-	-
WET Administration	21,881	21,881	-	-	-	-
Total WET Estimated Expenditures	450,181	450,181	-	-	-	-

	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Fiscal Year 2024-25						
Training & Technical Assistance						
MH Interpreting Training	12,500	12,500	-	-	-	-
Assertive Community Treatment Training	25,000	25,000	-	-	-	-
PIER Training	38,000	38,000	-	-	-	-
Nonviolent Crisis Intervention (NCI)	45,000	45,000	-	-	-	-
Interpersonal Psychotherapy (IP)	-	-	-	-	-	-
Mental Health Career Pathways						
	-	-	-	-	-	-
Residency & Intership Programs						
	-	-	-	-	-	-
Financial Incentive Programs						
(51) Incentive Awards @ $5000 ea.	255,000	255,000	-	-	-	-
	-	-	-	-	-	-
Workforce Staffing Support						
	-	-	-	-	-	-
WET Administration	21,880	21,880	-	-	-	-
Total WET Estimated Expenditures	397,380	397,380	-	-	-	-

	Estimated Total Mental Health Expenditures	Estimated Total MHSA Funding (Including Interest)	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated BH Subaccount	Estimated Other Funding
Fiscal Year 2025-26						
Training & Technical Assistance						
MH Interpreting Training	12,500	12,500	-	-	-	-
Assertive Community Treatment Training	25,000	25,000	-	-	-	-
PIER Training	38,000	38,000	-	-	-	-
Nonviolent Crisis Intervention (NCI)	45,000	45,000	-	-	-	-
Interpersonal Psychotherapy (IP)	-	-	-	-	-	-
Mental Health Career Pathways						
	-	-	-	-	-	-
Residency & Intership Programs						
	-	-	-	-	-	-
Financial Incentive Programs						
(51) Incentive Awards @ $5000 ea.	255,000	255,000	-	-	-	-
	-	-	-	-	-	-
Workforce Staffing Support						
	-	-	-	-	-	-
	-	-	-	-	-	-
WET Administration	21,880	21,880	-	-	-	-
Total WET Estimated Expenditures	397,380	397,380	-	-	-	-

Mental Health Services Act
FY 2023-24 Through FY 2025-26 Three-Year Expenditure Plan
Capital Facilities & Technological Needs   (CFTN)

County: **Imperial County**   Date: 4/26/2023

	Fiscal Year 2023-24					
	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						
Client & Family Empowerment	19,000	19,000				
Consultant, SRA, Training	50,870	50,870				
Telecommunicatioms Mobile Solutions	9,300	9,300				
FSP-ICP Program Facility IT Improvements	29,000	29,000				
Software & Phone Ugrade	302,888	302,888				
	-					
CFTN Administration	-	-				
Total CFTN Project(s) Estimated Expenditures	411,058	411,058	-	-	-	-

	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						
Client & Family Empowerment	-	-				
Consultant, SRA, Training	21,570	21,570				
Telecommunicatioms Mobile Solutions	1,500	1,500				
FSP-ICP Program Facility IT Improvements	-	-				
Software & Phone Ugrade	86,400	86,400				
	-					
CFTN Administration	13,840	13,840				
Total CFTN Project(s) Estimated Expenditures	123,310	123,310	-	-	-	-

	Fiscal Year 2025-26					
	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						
Client & Family Empowerment	-	-				
Consultant, SRA, Training	21,570	21,570				
Telecommunicatioms Mobile Solutions	1,500	1,500				
FSP-ICP Program Facility IT Improvements	-	-				
Software & Phone Ugrade	86,400	86,400				
	-					
CFTN Administration	13,840	13,840				
Total CFTN Project(s) Estimated Expenditures	123,310	123,310	-	-	-	-

Mental Health Services Act
Three-Year Programs Expenditure Plan Estimates
FY 2023-2024 Through FY 2025-2026
Funding Summary

County: **Imperial County**   Date: **5/9/2023**

		Community Services & Supports	Prevention & Early Intervention	Innovation	Work, Education & Training	Capital Facilities & Tech. Needs	**Prudent Reserve	TOTAL
A. Estimated for FY 2023 - 2024 Funding								
1	Estimated Unspent Funds from Prior Years	9,744,014	8,538,704	3,230,650	344,941	325,777	630,521	$ 22,184,086
2	Estimated New Funding 2023-24	10,435,539	2,608,885	686,549				$ 13,730,973
3	Transfer In 2023-24	(681,901)	-	-	300,000	181,901	200,000	$ -
4	Access Local Prudent Reserve in FY 2023-24	-	-	-	-	-	-	$ -
5	Estimated Available Funding for FY 2023-24	19,497,653	11,147,588	3,917,199	644,941	507,678	830,521	$ 35,715,059
B. Estimated MHSA Expenditures: 2023-24		**10,021,765**	**2,653,700**	**2,136,811**	**450,181**	**411,058**	**-**	**$ 15,673,514**
C. Estimated for FY 2024 - 2025 Funding								
6	Estimated Unspent Funds from Prior Years	9,475,888	8,493,889	1,780,388	194,760	96,620	830,521	$ 20,041,544
7	Estimated New Funding 2024-25	10,644,250	2,661,063	700,280				$ 14,005,592
8	Transfer In 2024-25	(575,000)	-	-	300,000	75,000	200,000	$ -
9	Access Local Prudent Reserve in FY 2024-25	-	-	-	-	-	-	$ -
10	Estimated Available Funding for FY 2024-25	19,545,138	11,154,951	2,480,667	494,760	171,620	1,030,521	$ 33,847,137
D. Estimated MHSA Expenditures: 2024-25		**10,916,360**	**2,881,025**	**784,382**	**397,380**	**123,310**	**-**	**$ 15,102,457**
E. Estimated for FY 2025 - 2026 Funding								
11	Estimated Unspent Funds from Prior Years	8,628,778	8,273,926	1,696,286	97,380	48,310	1,030,521	$ 18,744,680
12	Estimated New Funding 2025-26	10,857,135	2,714,284	714,285				$ 14,285,704
13	Transfer In 2025-26	(575,000)	-	-	300,000	75,000	200,000	$ -
14	Access Local Prudent Reserve in FY 2025-26	-	-	-	-	-	-	$ -
15	Estimated Available Funding for FY 2025-26	18,910,913	10,988,210	2,410,571	397,380	123,310	1,230,521	$ 32,830,384
F. Estimated MHSA Expenditures: 2025-26		**11,927,864**	**3,174,587**	**796,243**	**397,380**	**123,310**	**-**	**$ 16,419,383**
G. Estimated FY 2025 - 2026 Unspent Fund Balance		$ 6,983,050	$ 7,813,623	$ 1,614,328	$ -	$ -	$ -	**$ 16,411,001**

G. Estimated Local Prudent Balance	
1 Estimated Local Prudent Reserve Balance on **June 30, 2023**	$ 630,521
2 Contributions to the Local Prudent Reserve in FY 2023-24	$ -
3 Distributions from Local Prudent Reserve in FY 2023-24	$ 200,000
4 Estimated Local Prudent Reserve Balance on **June 30, 2024**	$ 830,521
5 Contributions to the Local Prudent Reserve in FY 2024-25	$ -
6 Distributions from Local Prudent Reserve in FY 2024-25	$ 200,000
7 Estimated Local Prudent Reserve Balance on **June 30, 2025**	$ 1,030,521
8 Contributions to the Local Prudent Reserve in FY 2025-26	$ -
9 Distributions from Local Prudent Reserve in FY 2025-26	$ 200,000
10 Estimated Local Prudent Reserve Balance on **June 30, 2026**	$ 1,230,521

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

WET, CFTN and PRUDENT RESERVE ASSESSMENT

Current Fiscal Year   2022-2023

County: **Imperial County**   Three-Year Plan Update: **2023-24** Through **2025-26**

Below, please find a detail report where it provides financial supporting information and regulations.

REGULATION

WIC 5892 (b)(1) County may transfer funds for technological needs, capital facilities, human resources and prudent reserve **up to 20% of the average** amount of funds allocated to that county for the previous five-years.

WIC 5892 (b)(2) County shall calculate its Prudent Reserve, **not to exceed 33%** of the average **Community Services & Supports(CSS)** revenue for the preceding five years.

FINANCIAL INFORMATION

Fiscal Year	Allocation	Community Services & Supports		Prudent Reserve (PR)	
2018-2019	$ 9,608,194	$ 7,302,227	**Max. Allowed** $	3,022,637	33%
2019-2020	$ 8,582,483	$ 6,522,687			
2020-2021	$ 14,044,302	$ 10,673,669			
2021-2022	$ 14,563,191	$ 11,068,025	**Current Bal.** $	630,521	7%
2022-2023	$ 13,461,738	$ 10,230,921	Estimated Update $	600,000	
Imperial County MHSF	$ 60,259,908	$ 45,797,530	**TOTAL** $	1,230,521	13%
FIVE-YEAR AVERAGE:	$ 12,051,982	$ 9,159,506			

Allowable Transfer (WIC 5892 (b)(1))   20% $ 1,831,901.19

Identified Transfers in Three-Year Program & Expenditure Plan

Fiscal Year	Prudent Reserve (PR)	WET	CFTN	TOTAL
2023-2024	$ 200,000	$ 300,000	$ 181,901	$ 681,901
2024-2025	$ 200,000	$ 300,000	$ 75,000	$ 575,000
2025-2026	$ 200,000	$ 300,000	$ 75,000	$ 575,000
TOTAL	$ 600,000	$ 900,000	$ 331,901	$ 1,831,901

Allowable & Available for Transfer $ 0.19

2023-24 Through 2025-26

Transfer Estimate:	Three-Year Plan	Plan Update	TOTAL
Local Prudent Reserve (PR)	$ 600,000	$ -	$ 600,000
Prevention & Early Intervention (PEI)	$ -	$ -	$ -
Work,Education,Trng(WET)	$ 900,000	$ -	$ 900,000
Capital Facilities & Tech(CFTN)	$ 331,901	$ -	$ 331,901
TOTAL	$ 1,831,901	$ -	$ 1,831,901

Approve By: _Leticia Plancarte-Garcia_   03/22/2023
Title   Director   Date

242

Appendix 1: Definition of Acronyms

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

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

Attachment 1

During the 30-day public review and comment period, Imperial County Behavioral Health Services (ICBHS) Department invited feedback on the MHSA Three Year Program and Expenditure Plan for 2023-2024 through 2025-2026 via fax, mail, email, and phone call.

Announcements of the 30-day public review and comment period were shared among stakeholder e-mail distribution lists, posted on the ICBHS website, newspaper ads and on the ICBHS Facebook page. The announcements included the information related to the following Community Forums and of the Public Hearing that was to be held during the ICBHS Mental Health Board meeting:

Date	Time	Name of Event	Event Format
Wednesday, April 26, 2023	5:00 pm – 5:30 pm	Community Forum	Zoom Conference
Tuesday, May 2, 2023	5:00 pm – 5:30 pm	Community Forum	Zoom Conference
Thursday, May 4, 2023	5:00 pm – 5:30 pm	Community Forum	Zoom Conference
Thursday, May 11, 2023	5:00 pm – 5:30 pm	Community Forum	Zoom Conference
Tuesday, May 16, 2023	12:00 pm	ICBHS Mental Health Board *Public Hearing	Zoom Conference /In-Person 651 Wake Avenue, El Centro, Ca 92243

The Imperial County Mental Health Advisory Board recommended the ICBHS MHSA Three Year Program and Expenditure Plan for FY 2023-2024 through FY 2025-2026 be presented to the Imperial County Board of Supervisors for their final review and approval of the plan.

Modifications Conducted by ICBHS Program Administration:

04/19/23

Section: Workforce Education and Training; Pg. 203; Under Goals and Objectives:

The program clarified that consultation support for the staff trained under CPT may be extended and provided during FY 2023-2024.

05/04/23

Section: MHSA County Fiscal Accountability Certification, Pg. 2:

An executed Fiscal Accountability Certification form was added to the plan.

05/08/23

Section: Workforce Education and Training, Pg. 205:

Added training on "Curanderismo" to be offered to ICBHS staff during FY 2023-2024.

05/09/23

Section: Expenditure Plan Reports, WET Funding and Funding Summary, Pg. 216; Pg. 218:

Incorporated "Curanderismo" training cost to WET Funds; along with modifications to the Incentive Awards. Updated Funding Summary due to the adding of this training.

5/15/23

Section: Workforce Education and Training, Pg. 206:

Added training on "PEARLS Coaching" to be offered during FY 2023-2024.

05/15/23

Section: Expenditure Plan Reports, WET Funding and Funding Summary, Pg. 217;

Incorporated "PEARLS Coaching" training cost to WET Funds.