Mental Health Services Act

ANNUAL PROGRAM AND EXPENDITURE PLAN UPDATE FY 2025-2026

IMPERIAL COUNTY BEHAVIORAL HEALTH SERVICES

IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

This MHSA Annual Program and Expenditure Plan Update is available for public review and comment through March 17, 2025, to April 16, 2025. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on
April 16, 2025

Feedback can also be submitted via Survey Monkey:
Comment Form 2025
Formulario Para Presentar Comentarios al Plan MHSA 2025

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

Questions or comments? Please contact:
Imperial County Behavioral Health Services
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Imperial County Behavioral Health Services

Mental Health Services Act

(MHSA)

Annual Update Fiscal Year 2025-2026

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Executive Summary

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Executive Summary

Proposition 63, also known as the Mental Health Services Act (MHSA), was approved by California voters on January 1, 2005. The funding mechanism for MHSA relies on a 1% tax on personal incomes exceeding $1 million, generating sufficient revenue to cover approximately 25% of the state's public mental health system. MHSA allocates these funds across a broad spectrum of services, including prevention, early intervention, treatment, and the development of necessary infrastructure, technology, and workforce capacity. Additionally, it supports innovative county-level projects aimed at improving mental health service delivery. Through its comprehensive and flexible approach, MHSA aims to mitigate the long-term economic and social costs associated with untreated severe mental illness and emotional disturbances. The program's goals are to enhance well-being, promote recovery and self-help, prevent the future burden of mental health disorders, and reduce stigma. Services under MHSA are designed to be culturally responsive, accessible, and more cost-effective in both preventing and treating mental health conditions.

As of May 2024, Proposition 1, advocated by Governor Newsom, was placed on the ballot. If approved in the April vote, the proposition will authorize the issuance of $6.4 billion in bonds to enhance mental health infrastructure. This funding will be directed toward increasing the capacity of mental health facilities, expanding housing options for homeless individuals, veterans, and those with mental health or substance use disorders. In addition, Proposition 1 facilitates a restructuring of MHSA funding, ensuring that a larger portion of the resources remain at the state level for more focused and targeted services.

Over the next year, Imperial County Behavioral Health Services (ICBHS) will keep track of the changes as MHSA transitions into BHSA and adjusts to the new priorities set by Prop 1.

The MHSA Program and Expenditure Annual Update Report for FY 2025-2026 outlines the outcomes of services delivered during FY 2023-2024 and highlights the ongoing focus areas of programs, based on the goals and objectives set forth in the previous MHSA Program and Expenditure Three-Year Plan (FY 2023-2024 through FY 2025-2026). The forthcoming annual report is expected to reflect significant structural changes in the county's mental health services as the MHSA transitions to the Behavioral Health Services Act (BHSA), with potential implications for funding allocation, service delivery, and program priorities.

Community Services and Supports (CSS)

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

FULL-SERVICE PARTNERSHIP PROGRAMS:

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

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

Youth and Young Adult (YAYA) Services Full-Service Partnership (FSP)
Ages 12-25

Adult and Older Adult Services Full Service Partnership Program (Adult FSP)
Ages 26 and older

Psychosis Identification and Early Referral – Full Service Partnership Program (PIER-FSP)
Ages 12-23

Full Partnership Program – Intensive Community Program (FSP-ICP)
Ages 18 and older

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

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

The **Youth and Young Adults Full-Service Partnership** (YAYA-FSP) program provides support to adolescents (ages 12-15) and transition-age youth (ages 16-25) with Serious Emotional Disturbance (SED) or Severe Mental Illness (SMI). These youth often face challenges in areas like self-care, school, family relationships, and community involvement, and are at risk of homelessness, removal from their homes, or involvement in the criminal justice system. The program also supports those with co-occurring disorders and helps prevent long-term mental health issues.

To improve outcomes for participants, the YAYA-FSP program for FY 2025-2026 will focus on the following goals:

1. Increase Outreach to Alaskan Native/American Indian Youth: Enhance outreach and educational activities in the Winterhaven area to increase engagement by 10%.

2. Improve Appointment Attendance: Reduce no-show rates for psychotherapy appointments to 20% through calls, incentives, and retention strategies.

3. Expand Staffing at El Centro Family Resource Centers: Add a full-time Mental Health Rehabilitation Technician to meet growing service demands.

4. Reduce Involuntary Holds: Decrease 5150 Involuntary Holds by 10%, helping stabilize mental health and reduce crisis situations.

5. Implement Moral Reconation Groups (MRT): Introduce MRT in outpatient settings for at least 5 participants with criminal justice involvement, to aid rehabilitation and reduce repeat offenses.

6. Promote Socialization and Community Integration: Refer at least 5 FSP consumers to the Helping Hearts Socialization program, with a goal of 10% successful completion.

These efforts aim to improve mental health, promote stability, and help youth and young adults thrive in their communities.

The **Adult and Older Adult Services Full-Service Partnership** (Adult-FSP) Program adopts a "Whatever it Takes" approach to provide the necessary services and support for adults with Severe Mental Illness (SMI). The program is consumer-driven, community-focused, and aims to foster recovery and resilience. Services include case management, rehabilitation, crisis response, peer support, and integrated mental health and substance use disorder treatment. The program also serves adults with co-occurring substance abuse disorders.

The Adult-FSP Program serves adults ages 26 and older who meet specific criteria related to substantial functional impairments or risks of significant mental health deterioration without treatment. It provides culturally competent services at adult outpatient clinics, including medication support, therapy, case management, and community reintegration assistance. This includes referrals to services like housing, substance abuse treatment, healthcare, and assistance with applications for public benefits.

The program's key goals for FY 2025-2026 will be improving outcomes for participants:

1. Reduce Crisis Desk Admissions and Hospitalizations: Maintain an average of fewer than 10 crisis desk admissions and hospitalizations per month by increasing mental health interventions that address impairments in key areas of life functioning.

2. Reduce Homelessness: Assist an average of 20 clients per month in reducing homelessness by providing housing support, such as CSS/motel vouchers, and coordinating with community resources for further placements or transitions to residential facilities. This will also include services to improve clients' independence and employment or educational opportunities.

3. Increase Access to Care for Criminal Justice-Involved Consumers: By the end of 2024-2025, increase access to mental health care for 5 Adult-FSP consumers involved in the criminal justice system.

4. Address Co-Occurring Substance Use Disorders: Increase referrals to substance use treatment for Adult-FSP consumers with co-occurring disorders, targeting 16 assessments and linkages.

5. Enhance LGBTQIA2+ Cultural Competency: Increase knowledge and awareness of the LGBTQIA2+ community among clinical and non-clinical staff to ensure high-quality care for LGBTQIA2+ clients.

These initiatives aim to improve mental health outcomes, reduce homelessness, and ensure that all individuals receive the support they need to integrate into the community, improve their quality of life, and achieve long-term stability.

The **Portland Identification and Early Referral** (PIER) Model is an evidence-based approach focused on detecting and intervening early in the prodromal phase of psychotic illness. It aims to support young individuals at high risk of experiencing their first episode of psychosis through early identification, psychosocial interventions, and appropriate treatment.

The key goals of the PIER Program FY 2025-2026 include:

1. Increase Awareness: Conduct at least 36 outreach activities, including community presentations, informational booths, and virtual sessions, to raise awareness about early psychosis intervention.

2. Enhance Referrals and Assessments: Increase referrals and completed assessments by 7% compared to the previous year by strengthening referral pathways and engagement efforts.

3. Transition to Independent FSP Program: Complete the transition to an independent Full-Service Partnership (FSP) program, including full implementation of Electronic Health Record (EHR) integration, staff training, and establishing referral pathways with outpatient clinics.

4. Improve Data Collection: Implement a structured data collection process aligned with UC Davis EPI-CAL, ensuring that 90% of all participants have complete and accurate demographic and clinical data.

5. Support Families: Conduct at least 12 Multifamily Groups (MFGs) to provide education, peer support, and resources for consumers and their families, fostering greater participation and support for individuals at risk of psychosis.

These efforts aim to improve early intervention, enhance program outcomes, and ensure that individuals at risk of psychosis receive the support and care they need for better long-term mental health.

Starting December 1, 2024, the **Intensive Community Program Full-Service Partnership** (ICP-FSP) will provide comprehensive mental health services to adults aged 18 and older with serious and persistent mental illness in Imperial County. This new program is designed to help individuals facing severe mental health challenges by offering the support and resources necessary for stability, recovery, and self-sufficiency in their communities.

ICP-FSP follows the Assertive Community Treatment (ACT) model, which focuses on intensive, community-based care to prevent outcomes like homelessness, hospitalization, and substance use. The program provides a range of services, including mental health treatment, case management, medication support, housing assistance, and access to medical care, offering a holistic approach to recovery.

The program also integrates the CARE Act (Community Assistance, Recovery, and Empowerment Act) to support individuals who require court-ordered treatment. This strengthens ICP-FSP's capacity to serve people with complex needs, ensuring they receive timely, coordinated care.

The key goals of the ICP-FSP FY 2025-2026 include:

1. Increase Awareness: Conduct at least 10 outreach events each year, such as community presentations and informational sessions, to raise program awareness and boost referral rates.

2. Staff Training: Develop and implement a training plan to ensure that 100% of new staff receive training in the ACT Model, CARE Act implementation, and intensive case management within their first 90 days.

3. Establish Referral Baseline: Set a baseline for program referrals by securing at least 2 referrals in the next reporting period, starting from zero.

ICP-FSP is a vital addition to Imperial County's mental health services, offering intensive, wraparound support to help individuals achieve stability and improve their quality of life.

GENERAL SYSTEM DEVELOPMENT PROGRAMS:

Imperial County uses GSD funds to support its local Wellness Center services and the HOPE Program.

The **Wellness Center** is a program designed to support adults with significant and persistent mental health diagnoses by helping them develop healthy living skills. The program operates two facilities, one in El Centro, CA, and one in Brawley, CA, focusing on social skills, recovery, wellness, self-esteem, and community involvement. The center addresses essential skills in education, employment, interpersonal relationships, and independent living, offering a structured environment that empowers consumers in their recovery journey.

The Wellness Center provides services to adults (18 and older) who are diagnosed with a mental health disorder and actively participate in ICBHS mental health services. The goal is to promote healthy living, prevent the effects of mental illness, and foster recovery through self-sufficiency, self-direction, and the use of community resources. Consumers are encouraged to create Wellness and Recovery Action Plans (WRAP), set personal goals, and engage in support groups to enhance their quality of life.

The key goals for the Wellness program FY 2025-2026 include:

1. Increase Clients Served: Increase the number of clients served by 10% from the previous fiscal year across all age groups.

2. Expand IMR Participation: Increase participation in the Illness Management and Recovery (IMR) program by 10% from the previous fiscal year.

3. Increase Referrals for Education and Employment: Increase referrals to the IVROP Project Alto (GED), certificate programs, and/or college by 10% from the previous fiscal year.

4. Boost Fitness and Nutritional Participation: Increase participation in exercise/fitness programs and nutritional classes by 10% from the previous fiscal year.

5. Increase WRAP Completion: Ensure at least 80% of participants complete their WRAPs monthly.

6. Facilitate Referrals for Housing, Employment, and Education: Submit referrals for housing, employment, and educational needs to appropriate providers.

7. Monitor Mental Health Needs: Submit referrals or updates for any reported exacerbation of mental health symptoms or needs to the treatment team.

These efforts aim to increase consumer engagement, enhance recovery, and promote wellness through self-empowerment and community reintegration.

The Holistic Outreach and Prevention and Engagement Program supports youth and young adults aged 13-25 who have recently experienced a psychiatric emergency. The goal of the program is to increase access to mental health services and improve the quality of care, preventing psychiatric emergencies that lead to involuntary holds or hospitalizations. HOPE uses a holistic approach to address the social, emotional, physical, spiritual, and mental needs of clients. Activities like exercise, mindfulness, art, and dance are incorporated into treatment plans to enhance care quality and increase engagement in services.

Referrals to the program come from the Mental Health Triage Unit, Community Crisis Mobile Units (CBRT, CCRT, SBRT), Casa Serena, and outpatient clinics after a psychiatric emergency. Key elements of the HOPE Project include

wellness activities and Peer Support Specialists (Community Service Workers), who help clients navigate the mental health system and reduce stigma, making it easier for them to seek and continue care. Mental Health Rehabilitation Technicians (MHRTs) coordinate wellness activities and create personalized recovery plans based on each client's strengths and needs.

The program has partnered with community vendors to offer a variety of wellness activities such as exercise, arts, music, and mindfulness. HOPE staff work closely with outpatient clinics to ensure a coordinated treatment approach. Having completed its innovation phase, the HOPE Project has transitioned into the ICBHS Programs under MHSA Community Services and Supports (CSS) funding.

Moving forward, the HOPE Program's goals will be integrated into the Youth and Young Adults MHSA Program, focusing on reducing psychiatric emergencies, supporting continued outpatient care, and educating participants on how wellness activities can help them achieve their mental health goals.

The specific objectives for the FY 2025-2026 include:

1- Reduce hospitalizations and 5150 involuntary holds for HOPE participants by 5%
2- Reduce no show rates to outpatient clinical appointments for clinicians, nursing and doctor appointments for HOPE participants by 5%
3- Seventy percent (70 %) of HOPE participants will demonstrate improved scores in performance outcome measurement tools at discharge.

- **<u>Outreach and Engagement Program</u>** – The MHSA Outreach and Engagement Program in Imperial County aims to connect residents, particularly underserved populations, to essential behavioral health services. The program integrates efforts across ICBHS and external NGO contracts to offer exposure, support, and service connections to all county residents, with a focus on those who are underserved.

  The ICBHS Quality Management Penetration Rate Report is used to determine the underserved mental health populations for targeted outreach, which is updated annually. The 2025 outreach goals were set based on findings from the 2024 report, which includes data on outreach activities and contacts. The program will focus

on the most at-risk groups, while expanding to new areas and agencies as needed.
For 2025, the program's goals remain mostly unchanged from 2024, with the addition of providing outreach to 150 residents in Winterhaven. The goal of providing outreach to Alaskan Native/American Indian populations was removed. The program continues to focus on unserved and underserved groups, including those experiencing homelessness across the Imperial County, and will ensure equitable services in remote and less-populated areas. Outreach strategies for at-risk groups remain the same.

- **Transitional Engagement Supportive Services** Program (TESS) – The Transitional Engagement Supportive Services (TESS) Program offers outreach and engagement services to underserved populations, including individuals aged 14 and older with Severe Emotional Disturbance (SED) and Severe Mental Illness (SMI). The program primarily targets individuals discharged from acute psychiatric hospitals, Mental Health Triage Units (MHTU), and Casa Serena. Its main goal is to facilitate the smooth transition of these individuals into outpatient mental health treatment by providing expedited supportive services.

Key services provided by TESS include individualized mental health rehabilitation, targeted case management, and linkage to community resources. These services are tailored to individuals experiencing disruptions in their family, social, educational, employment, or physical functioning, and those who have recently faced a personal crisis. The program also connects clients to housing, educational, and employment programs, as well as substance use disorder treatment if necessary.

TESS plays a crucial role in delivering rapid mental health services to individuals at high risk of decompensation or homelessness. It also aids individuals in securing safe discharges from psychiatric facilities and ensures timely access to mental health services. Within a 30-day time frame, the program completes the intake process, including assessments and psychiatric evaluations, to integrate clients into outpatient care.

The TESS Program also focuses on outreach to hard-to-reach populations, such as the homeless or those at risk of homelessness. By providing intensive case management, housing assistance, and evidence-based treatments, the program works to reduce homelessness and improve mental health outcomes.

Services available to TESS clients include assessments, medication support, crisis intervention, and various case management services. The program also links clients to a range of community resources, including education, employment, emergency shelter, housing, benefits assistance, and medical care.

In summary, the TESS Program provides comprehensive, expedited support to individuals transitioning from acute mental health crises back into the community, ensuring

access to essential services that promote mental well-being and stability.

The key goals for the Transitional Engagement Supportive Services FY 2025-2026 include:

1. TESS will continue to engage homeless individuals by increasing accessibility of mental health services by 5% each year.

2. TESS will continue to focus on training one (1) additional ICBHS staff on SOAR to improve delivery of services to those who are homeless or at risk of homelessness.

3. Within thirty (30) days of admission, TESS will successfully complete the assessment process and transfer fifteen (15) individuals to the Outpatient Clinic for continued mental health services.

4. TESS will participate in four (4) outreach events monthly to increase accessibility to mental health services by 7%.

5. TESS Program will assist 5% individuals with linkage to the substance use disorder (SUD) program for treatment services.

6. 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 Program (CESS)** – The CESS (Community Engagement and Support Services) program is designed to provide outreach and support to individuals aged 14 and older, including those who are homeless or at risk of homelessness. The program focuses on connecting individuals in need of immediate mental health and substance use services with appropriate care, while also helping them rebuild their support systems and encouraging their participation in ongoing treatment. A key goal is to assist individuals in reconnecting with family members and successfully transitioning back into the community.

Services offered by CESS include expedited assessments and referrals to Mental Health Outpatient Clinics for continued care. Additionally, the program provides screening and referral services at Imperial County Jail to individuals nearing release, ensuring they are linked to necessary mental health services as they reintegrate into the community.

The key goals for the Community Engagement Supportive Services FY 2025-2026 include:

1. Increase accessibility to mental health services for homeless individuals by 5% annually.

2. Train two additional ICBHS staff members on SOAR (SSI/SSDI Outreach, Access, and Recovery) to enhance services for homeless or at-risk individuals.

3. Complete the assessment and transfer 15 individuals per month to an outpatient clinic for continued care within 30 days of admission.

4. Participate in four outreach events per month to engage unserved and underserved populations, aiming for a 7% increase in service accessibility.

5. Link 5% of individuals released from County Jail to the appropriate outpatient clinic.

6. Provide therapy to at least three individuals per reporting period to ensure they receive necessary therapeutic support for long-term stability.

WORKFORCE EDUCATION & TRAINING:

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

During FY 2023-2024, ICBHS also collaborated in the Southern Regional Partnership grant, which in its final year will support Loan Repayment, Stipend programs, and a variety of regional retention trainings, pipeline activities, and conferences. For FY 2025-2026 the following are the trainings planned:

- Mental Health Interpreter Training Program
- Assertive Community Training Model
- Psychosis Identification and Early Referral Training
- Illness Management and Recovery Training
- Interpersonal Psychotherapy Training
- Eye Movement Desensitization & Reprocessing & Internal Family Systems Trainings.

- NatCon Conference
- SUD Integrated Care Conference

The WET program will also initiate Employee Engagement activities with this support of WET funds.

ICBHS will also continue to collaborate in the Southern Counties Regional Partnership Programs:

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

CAPITAL FACILITIES & TECHNOLOGICAL NEEDS:

The Capital Facilities and Technological Needs (CF/TN) component provides resources to promote the efficient implementation of the MHSA, producing long-term impacts with lasting benefits that improve the mental health system.

CF/TN will be supporting the following activities:

- Client and Family Empowerment
- Consultant and Contracted Services
- Telecommunication Mobile Solutions
- Software Upgrades
- Phone Upgrades

INCORPORATED REPORTS:

- Three Year Prevention and Early Intervention (PEI) Evaluation Report for FY 2021-2022, 2022-2023, 2023-2024
- Annual Innovation Project Reports for FY 2023-2024

Annual Prevention and Early Intervention (PEI) Report for FY 2021-2022, 2022-2023, 2023-2024

Innovation Project Reports for FY 2023-2024

- Statewide Electronic Health Record Project


Certifications

Compliance & Fiscal Accountability Certifications

MHSA County Compliance Certification

County/City: Imperial

☐ Three-Year Program and Expenditure Plan

☑ Annual Update

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

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

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

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

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

Local Mental Health Director (PRINT)	Signature	Date

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Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION

County/City: Imperial

[ ] Three-Year Program and Expenditure Plan
[X] Annual Plan 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)265-1604	Telephone Number: (442)265-1285
E- mail: letyplancarte@co.imperial.ca.us	E - mail: karinabalvarez@co.imperial.ca.us
Local Mental Health Mailing Address: Imperial County Behavioral Health Services 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)

Leticia Plancarte-Garcia 4/1/2025
Signature Date

I hereby certify that for the fiscal year ended June 30, 2025 the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)), and that the County/City's financial statements are audited annually by an independent auditor and the most recent audit report is is dated 07/19/2024 for the fiscal year ended June 30, 2022 I further certify that for the fiscal year ended June 30, 2025, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

Karina B. Alvarez
County Auditor-Controller/City Finance Officer (PRINT)

Karina B. Alvarez 04/07/2025 PDT
Signature Date

Welfare and Institutions Code Sections 5847(b)(9) and 5895(a)

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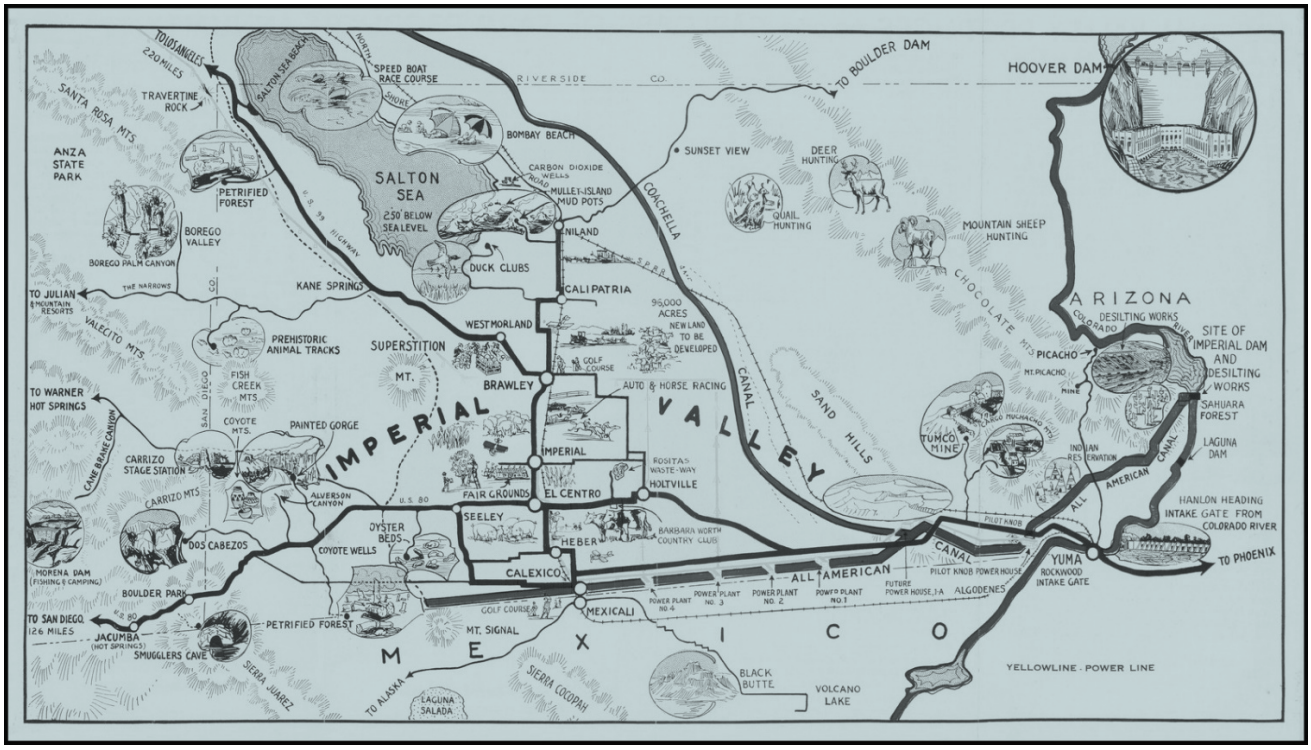
County Profile

Imperial County, located in the southernmost part of California, is the 10th largest county in the state. It borders San Diego County to the west, Riverside County to the north, Arizona to the east, and Mexico to the south. Covering about 4,597 square miles, the county includes seven cities (Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland) and seven unincorporated areas (Niland, Seeley, Heber, Ocotillo, Winterhaven, Salton Sea, and Bombay Beach). Some of these areas are over 45 minutes apart.



Based on the 2022 American Community Survey data from the U.S. Census Bureau, Imperial County's population was 179,702, while in 2010 it was 174,528. This indicates a population growth of about 2.97% from 2010 to 2022. The demographic information for the county are shown in the table below.

Imperial County has one of the highest unemployment rates in California, with the U.S. Bureau of Labor Statistics reporting a rate of 17% in 2021, nearly three times the state's average of 7.3% during that period.

In FY 2020-2021, there were 84,654 Medi-Cal eligible individuals in Imperial County, according to the Department of Health Care Services (Medi-Cal Eligible Rates for Imperial County, November 2021).

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

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

Mental Health Services Act (MHSA) Background

Background on the Mental Health Services Act (MHSA)

For over three decades, California's mental health care system suffered from significant underfunding, leading to reductions in both state hospitals for individuals with severe mental illnesses and in community-based mental health programs. This lack of resources contributed to an increase in homelessness among those unable to access the necessary mental health services. In response to this growing crisis, California voters approved Proposition 63 in 2004, known as the Mental Health Services Act (MHSA), which was enacted on January 1, 2005. This legislation imposed a 1% tax on personal income exceeding $1 million, aiming to transform the mental health system and enhance the quality of life for Californians living with mental illness.

MHSA Objectives and Core Values

The MHSA allocates funding for services and resources that promote wellness, recovery, and resilience for adults and older adults with severe mental illness, as well as for children and youth with serious emotional disturbances and their families. By expanding and transforming mental health services, the MHSA seeks to mitigate the long-term adverse impacts of untreated severe mental illness and serious emotional disturbances. These services emphasize well-being, recovery, self-help, and introduce prevention and early intervention strategies to reduce stigma and prevent long-term negative outcomes. All MHSA services are designed to be culturally competent, accessible, and effective in preventing and treating severe mental illness. The core values guiding all MHSA activities include:

- Promoting wellness, recovery, and resilience.
- Outreach to underserved and unserved populations.
- Involvement of consumers and family members in policy and service development, as well as employment.
- Individualized, consumer, and family-driven services.
- A diverse, culturally sensitive, and competent workforce.

MHSA Components

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

- **Community Services and Supports (CSS):** Programs and services 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):** Initiatives targeting workforce development to address the shortage of qualified individuals providing services.
- **Capital Facilities and Technological Needs (CF/TN):** Efforts addressing the infrastructure needed to support CSS programs.
- **Innovation (INN):** Projects promoting recovery and resilience, reducing disparities in mental health services and outcomes, and leading to learning that advances mental health in California in alignment with the MHSA.

Legislative Changes Impacting MHSA

In March 2011, Governor Jerry Brown signed Assembly Bill 100 into law, introducing immediate changes to the MHSA. Key changes included the elimination of the Department of Mental Health and the Mental Health Services Oversight and Accountability Commission (MHSOAC) from their respective roles in reviewing and approving county MHSA plans and expenditures. Subsequently, Assembly Bill 1467, enacted on June 17, 2012, required that annual updates be adopted by County Boards of Supervisors and submitted to the MHSOAC. It also mandated certification of the plans by the county mental health director and the county auditor-controller.

Transformation Under Proposition 1

In March 2024, California voters approved Proposition 1, a ballot measure championed by Governor Gavin Newsom to address the state's ongoing homelessness crisis. This proposition achieved the following:

- **Authorization of Bonds:** Approved the issuance of $6.38 billion in bonds to construct thousands of units of permanent supportive housing and treatment beds for individuals with mental illness and/or substance use disorders across the state.
- **Modification of MHSA Funding:** Altered the funding structure of the Mental Health Services Act by allocating a greater portion of the 1% tax revenue from high earners (those with incomes over $1 million per year) toward housing and support services for individuals with mental illness and substance use disorders. This adjustment resulted in reduced funding for existing county services such as outpatient treatment and crisis response.

Following the passage of Proposition 1, counties are overseeing the transition from the Mental Health Services Act (MHSA) to the new Behavioral Health Services Act (BHSA), aligning with

the state's renewed focus on integrating housing solutions with mental health and substance use disorder treatments.

Behavioral Health Services Act (BHSA) Overview

Summary of the Behavioral Health Services Act (BHSA)

The Behavioral Health Services Act (BHSA) represents a significant overhaul of California's approach to mental health and substance use disorder services, evolving from the previous Mental Health Services Act (MHSA). This transformation aims to enhance service delivery, accountability, and support for individuals facing behavioral health challenges.

Implementation Timeline

- **Early 2025:** The California Department of Health Care Services (DHCS) will release BHSA plan guidance and policies in phases
- **Early 2025:** Counties will initiate the BHSA Community Planning Process following the release of guidance and policies by DHCS.
- **July 2026:** New Integrated Plans, fiscal transparency measures, and data reporting requirements will become operational, marking the start of the next three-year cycle.

Funding Allocations

The BHSA restructures funding into three primary categories:

1. **Behavioral Health Services and Supports (35%):** This category encompasses early intervention, outreach and engagement, workforce education and training, capital facilities, technological needs, and innovative projects. Notably:
    - A majority (51%) of these funds must be directed toward early intervention services addressing initial signs of mental illness or substance use disorders.
    - Of the early intervention services, 51% must serve individuals aged 25 and younger.
2. **Full-Service Partnership (35%):** Funds in this category support comprehensive care for individuals of all ages with complex needs, including:
    - Mental health and substance use disorder treatment services.
    - Medication-Assisted Treatment (MAT).
    - Community-defined evidence practices.
    - Assertive Community Treatment and Supported Employment.
    - High-fidelity wraparound services.
3. **Housing (30%):** This allocation addresses housing needs for individuals with serious mental illness (SMI), serious emotional disturbance (SED), and/or substance use disorders (SUD) who are experiencing or at risk of homelessness. Key aspects include:
    - 50% of these funds are prioritized for housing interventions targeting the chronically homeless with behavioral health challenges.

- Interventions may involve rental subsidies, operating subsidies, shared and family housing, capital investments, and covering the non-federal share for certain transitional rent expenses.

Counties have the flexibility to reallocate up to 7% of funding from one category to another, allowing for a maximum of 14% adjustment in any single category, to better address local needs and priorities.

Reporting and Accountability Enhancements

To improve oversight, accountability, and transparency, the BHSA introduces several key measures:

- **County Integrated Plans for Behavioral Health Services and Outcomes:** These three-year plans, with the first due in June 2026, will provide a comprehensive overview of all public behavioral health funding, including BHSA allocations, Realignment funds, federal grants, opioid settlement funds, and Medi-Cal. Plans will detail budgets, reserves, adjustments, align with state and local goals, outline outcome measures, and workforce strategies. They must be informed by local stakeholder input, ensuring community representation.

- **County Behavioral Health Outcomes, Accountability, and Transparency Reports:** Counties are required to submit annual reports detailing expenditures across all funding sources, unspent funds, service utilization data, outcomes with a health equity perspective, workforce metrics, and other pertinent information. The DHCS is authorized to impose corrective action plans on counties that fail to meet specified requirements.

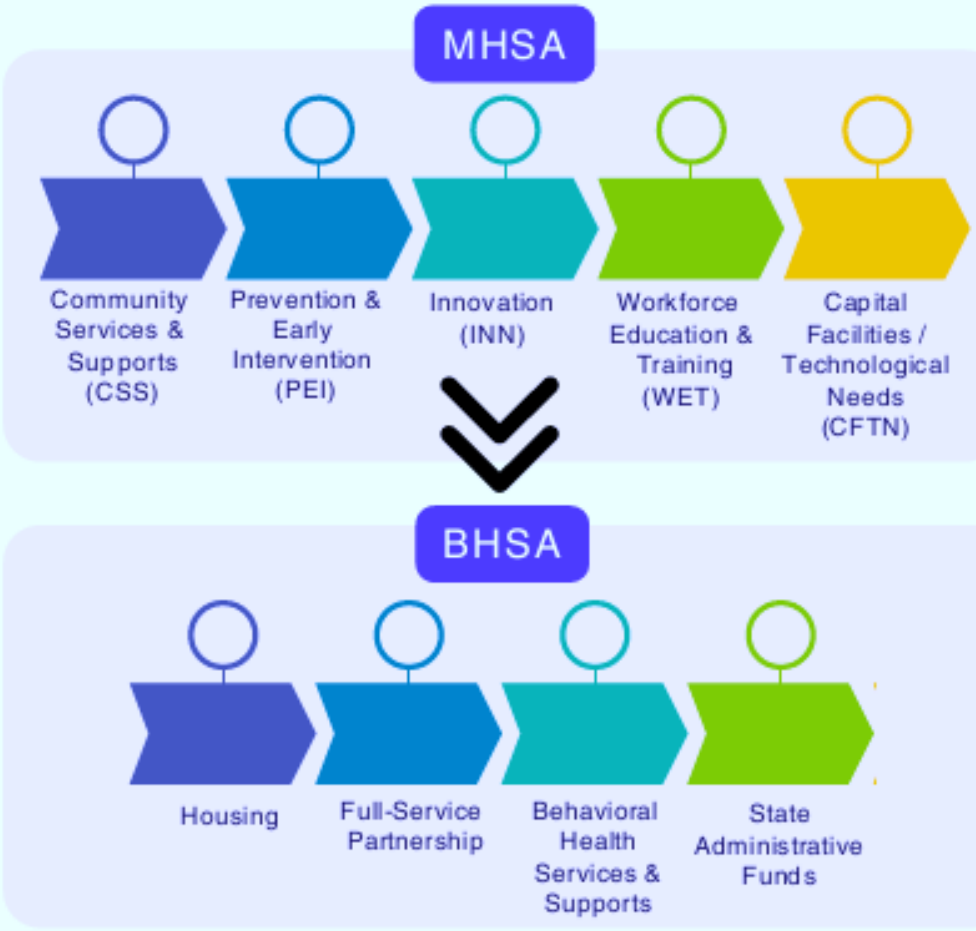
These measures aim to provide a more transparent and accountable framework for delivering behavioral health services across California, ensuring that resources are effectively utilized to meet the diverse needs of communities statewide.

https://www.dhcs.ca.gov/BHT/Pages/FAQ-BHS-Act.aspx?utm_source=chatgpt.com

Prop 1

MHSA → BHSA Data Infographic

The Behavioral Health Services Act (BHSA) passed as Proposition 1 by the California voters on March 5, 2024. BHSA includes two components: Behavioral Health Infrastructure Bond Act (AB 531) and the Behavioral Health Services Act (SB 326). BHSA signifies a philosophical shift from prevention, intervention, and treatment across the mental health spectrum to focus on the most severely mental ill individuals. It allows for the inclusion of eligible programs for those with substance use conditions and places significant importance on housing and homelessness. There is a statewide commitment to increased accountability and transparency in how BHSA funds will be reported.



BHSA will requiere counties to focus on OUTCOMES, ACCOUNTABILITY, AND EQUITY
BHSA establishes a new Annual County Behavioral Health Outcomes, Accountability, and Transparency Report which requieres counties to report to DHCS their annual services, outcomes, and expenditures of all state and federal behavior health funds, unspent funds, and other information

Counties have to demonstrate how they considered other local program planning efforts in the development of the integrated plan to maximize opportunities to leverage funding and services from other programs, including federal funding, Medi-Cal managed care, and commercial health plans. (*Beginning July 1, 2026)

Stakeholder Involvement Requirements

Each Integrated Plan (3 Year Plan) must be developed with local stakeholders. Counties must demonstrate a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health and substance use disorder policy, program planning, and implementation, monitoring, workforce, quality improvement, health equity, evaluation, and budget allocations.

Integrated Plans should include a demonstration of how the county will utilize various funds for behavioral health services to deliver high-quality, culturally responsive, and timely care along the continuum of services in the least restrictive setting from prevention and wellness in schools and other settings to community-based outpatient care, residential care, crisis care, acute care, and housing services and supports.

Community Program Planning Process

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

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

Stakeholders participating in the Steering Committee include consumers, family members, and peer supporters as well as representatives from law enforcement, education, veteran organizations, social services, community health agencies, and providers and system partners play an active role in the MHSA community planning process. All stakeholder meetings were held via Zoom during the 2024-2025 fiscal year. Additionally, interpreter services were provided

STAKEHOLDER STEERING

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

to ensure monolingual Spanish speakers can fully participate in the community program planning process.

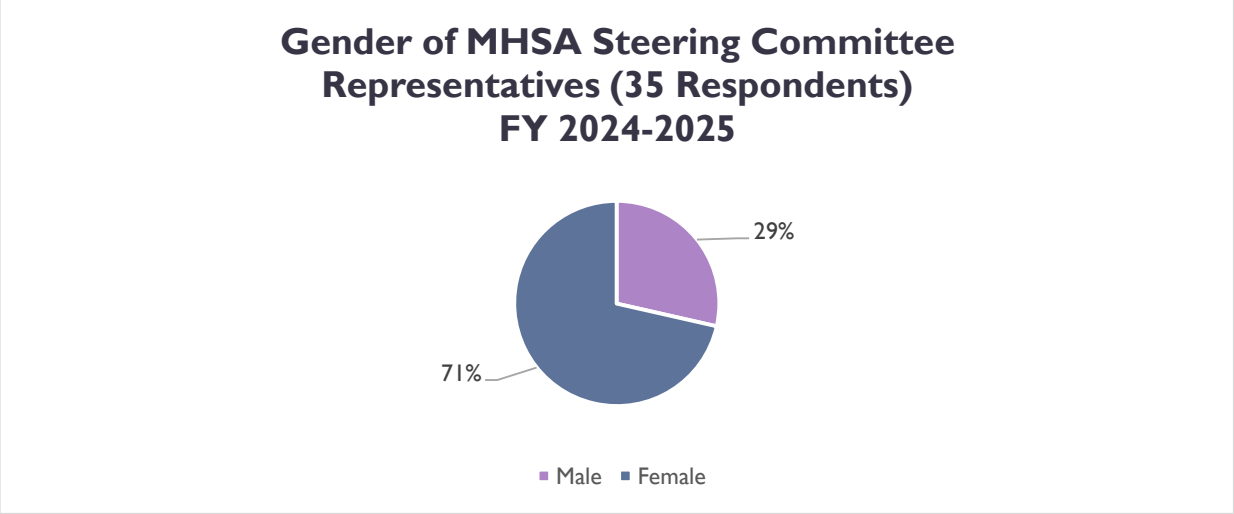
During FY 2024-2025, the MHSA Steering Committee met on the following dates:

- September 09, 2024
- December 09, 2024
- March 10, 2025
- April 21, 2025
- June 09, 2025

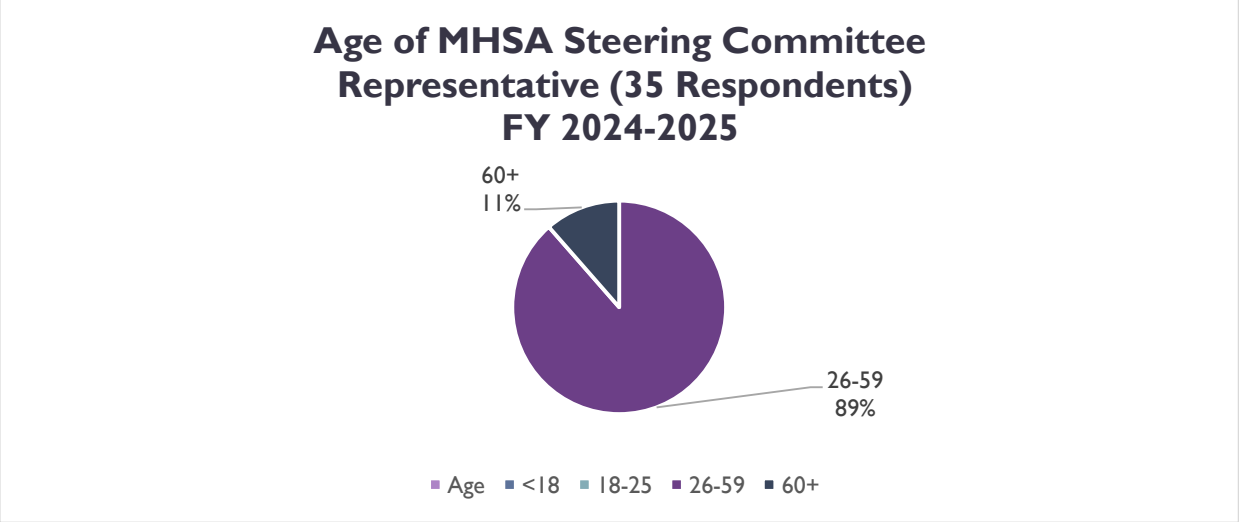
In order to ensure clients with serious mental illness and/or serious emotional disturbance, and their family members, have the opportunity to participate in the community program planning process, meeting flyers advertising the date, time, location, and purpose of each respective

MHSA Steering Committee meeting are posted in the waiting areas of ICBHS clinics and are distributed to consumers, family members, and community members by the MHSA Outreach and Engagement Program's outreach workers. Moreover, the meeting information is also made available to the public through the ICBHS website (https://bhs.imperialcounty.org/bulletin-board/)

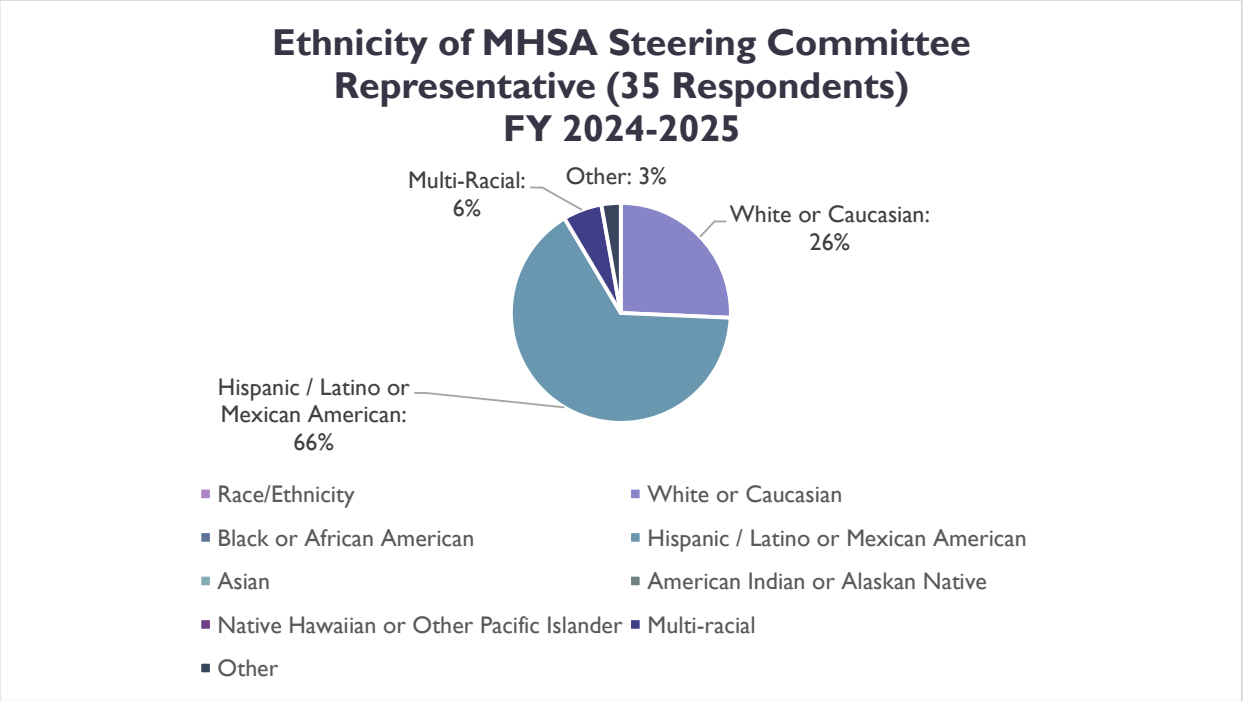
The following graphs summarize the demographics of some members participating in the community program planning process to ensure they reflect the diversity of the County. We sent the stakeholder survey link to over 187 stakeholder email addresses. We collected 35 responses, which was an estimated 25% of respondents. Because we did not have all members respond, there may be some representation categories that will not be reflected in the charts below (i.e. Veterans):



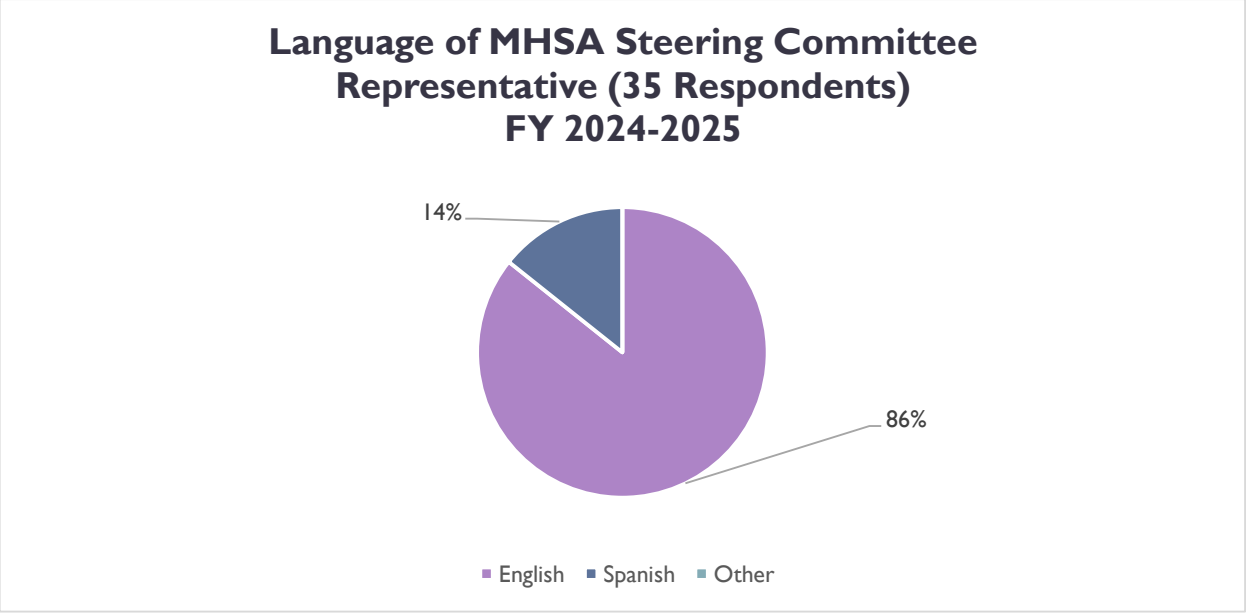
No responses received for: Transgender, Non-Binary, Other



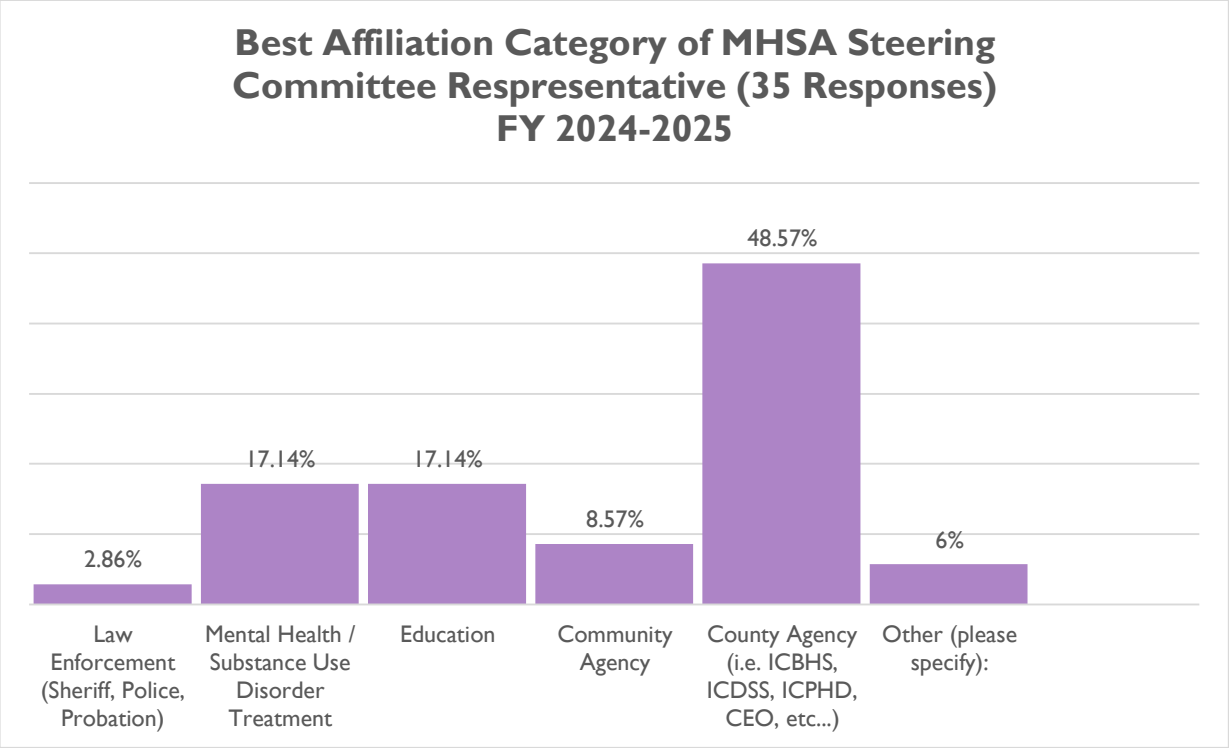
No responses received for Under 18 and 18-25



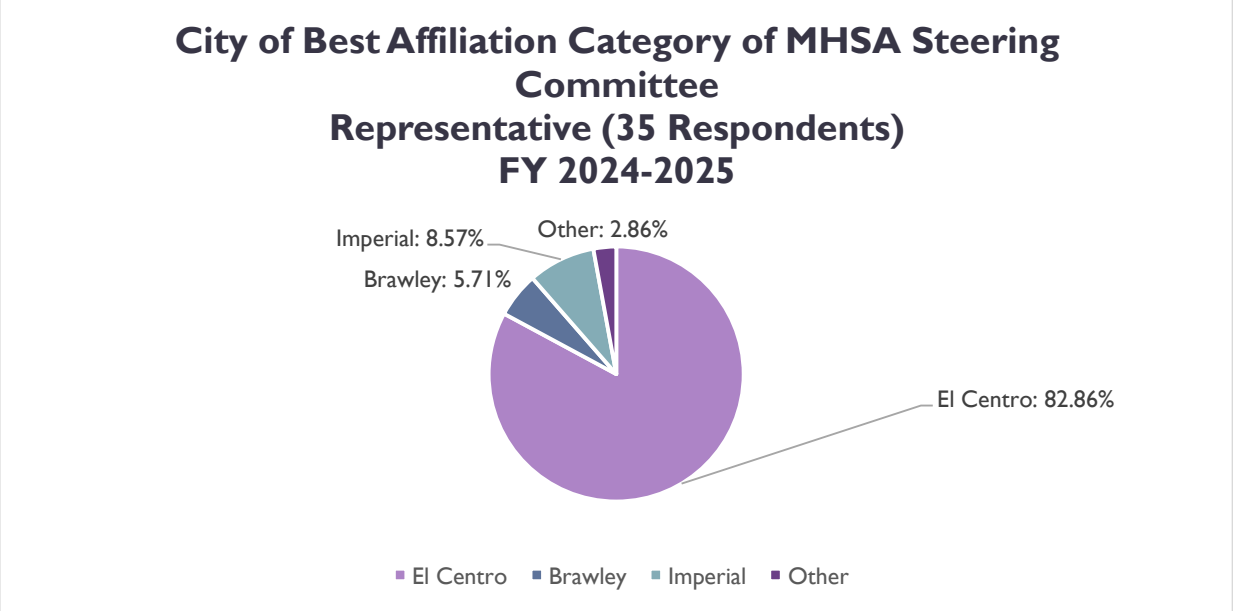
No responses received for Black or African American, Asian, American Indian or Alaskan Native, Native Hawaiian or Pacific Islander, multi-racial, and other; Other: White/Hispanic



No responses received for Other: ASL, etc…



No responses received for Consumer, Family Member, Veteran Services, city Representative, and Community Health Agency.
Other Included: Managed Care Plan.



Other Included: County-wide services

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

The respondent is someone who:	
has lived experience and/or someone close has experienced mental and/or behavioral illnesses, and/or substance use disorders.	48.57%
is a provider to individuals who experience mental and/or behavioral illnesses, and/or substance use disorders.	57.14%
has lived experience of homeless or at risk of becoming homeless.	2.86%
is a service provider to homeless or at risk of becoming homeless individuals.	31.43%
has lived experience of incarceration and/or probation.	2.86%
is a service provider to incarcerated or paroled clients.	28.57%
lives or is part of an unserved or underserved population (i.e. Outlining Community Area, LGBTQIA+, Native American, Foster Youth, etc...).	11.43%
is a service provider to unserved or underserved population (i.e. Outlining Community Area, LGBTQIA+, Native American, Foster Youth, etc...).	51.43%
**If applicable, please indicate the special population you are part of and/or serve (please specify):	11.43%
None of the above	11.43%

***Special populations indicated included: youth, individuals with disabilities, veterans, perinatal women, foster youth, McKinney-Vento youth in a high school setting, behavioral health…*

Based on the 2024-2025 survey findings recruiting efforts will be to focus on inviting representation from key hard to reach communities and/or race/ethnicities and to increase client and client family participation, as well as increase youth and young adult participation in our counties steering committee meetings. During this FY the objective is to align representation within the MHSA Steering Committee with the recommendations detailed in the new BHSA regulations.

During FY 2024-2025, ICBHS continued a community planning process to identify needed support 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, referrals and access information, the populations each program serves, and contact information through broadcast on three separate local radio stations. KXO Radio provided internet podcast hosting of all the radio shows that aired. With this podcast storing, any community member, friend, neighbor, family member, as well as agency personnel from ICBHS or any community agency, can access the information and refer an individual to a particular topic that may apply to their recovery at any time. Moreover, anyone can search the archives and listen in support of their own interests and/or needs.

The ongoing outreach and engagement to underserved populations identified in the MHSA processes received a variety of media and advertising support. The local English and Spanish newspapers and their internet sites, *Imperial Valley Women's Magazine*, and the local radio

stations are targeted with program advertising. ICBHS also has a weekly radio show broadcasted both in English (*Let's Talk About It!)* and in Spanish (*Expresate!).* The shows have attracted a regular listenership and have an established voice of radio wellness in the community.

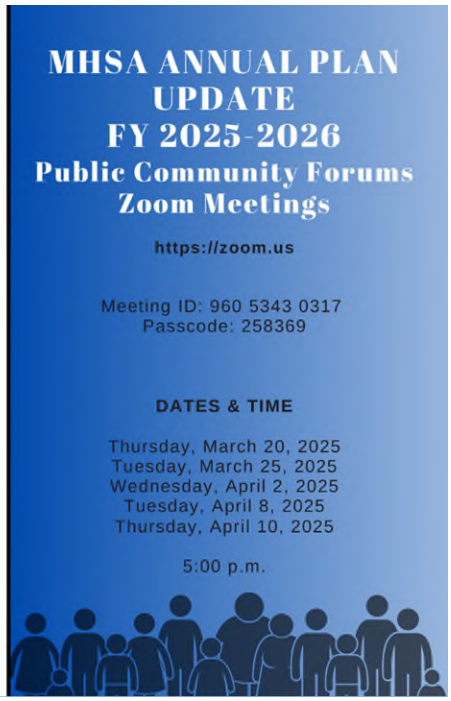
30-Day Review Process

The MHSA Annual Update for FY 2025-2026 was posted for a 30-day public review and comment period from March 17, 2025, through April 16, 2025.

Circulation

The FY 2025-2026 Annual Update was distributed through the MHSA Steering Committee, the Cultural Competence Taskforce, and the Behavioral Health Advisory Board, as well as, to the public via Facebook postings. Advertisements for the Public Hearing was posted in the Imperial Valley Press and Adelante Valle, which is circulated throughout all regions of the county. Residents were able to provide feedback through a Public Comment Form.

ICBHS also facilitated informational outreach Zoom meetings to obtain public feedback regarding the FY 2025-2026 Annual Update. Imperial County made these sessions available as follows:



Public Hearing

After the 30-day public review and comment period, a Public Hearing was held by the Behavioral Health Advisory Board on Wednesday April 16, 2025. The Behavioral Health Advisory Board reviewed the Annual Update for FY 2025-2026. A summary and analysis of any substantive recommendations received during the public comment period and at the Public Hearing, including any substantive changes made to the Annual Update in response to public comments, are documented and included as Attachment 1 of this plan. None were received during this review period.

Assessment(s) of Behavioral Health Needs in California and Imperial County

California

California faces a growing mental health crisis, with increasing demand for services across diverse populations. Key areas of concern include access to care, workforce shortages, homelessness, and disparities in treatment.

Prevalence of Mental Health Conditions

- An estimated **1 in 5 adults** in California experience a mental health condition each year.
- About **1 in 13 children** have a serious emotional disturbance that requires intervention.
- The state has one of the **highest rates of serious mental illness (SMI)** among adults, particularly affecting low-income and marginalized communities.

Access and Barriers to Care

- Nearly **50% of Californians** with a mental health condition do not receive treatment, often due to cost, stigma, or provider shortages.
- Rural areas experience **severe shortages** of mental health professionals, with some counties lacking any psychiatrists.
- Wait times for appointments in public mental health systems can exceed **six months** in some regions.

Mental Health and Homelessness

- More than **170,000 people** experience homelessness in California, the highest in the U.S.
- An estimated **25-33%** of unhoused individuals live with a serious mental illness, complicating their ability to secure stable housing.
- Limited mental health crisis response teams contribute to increased interactions between individuals with mental illness and the criminal justice system.

Youth and Behavioral Health Needs

- Depression and anxiety rates in youth have surged, with a **40% increase in teen suicide rates** over the past decade.
- Schools report a **shortage of mental health professionals**, despite increasing demand for services.
- Suicide remains the **second leading cause of death** for Californians aged 10-24.

Statewide Efforts to Address Needs

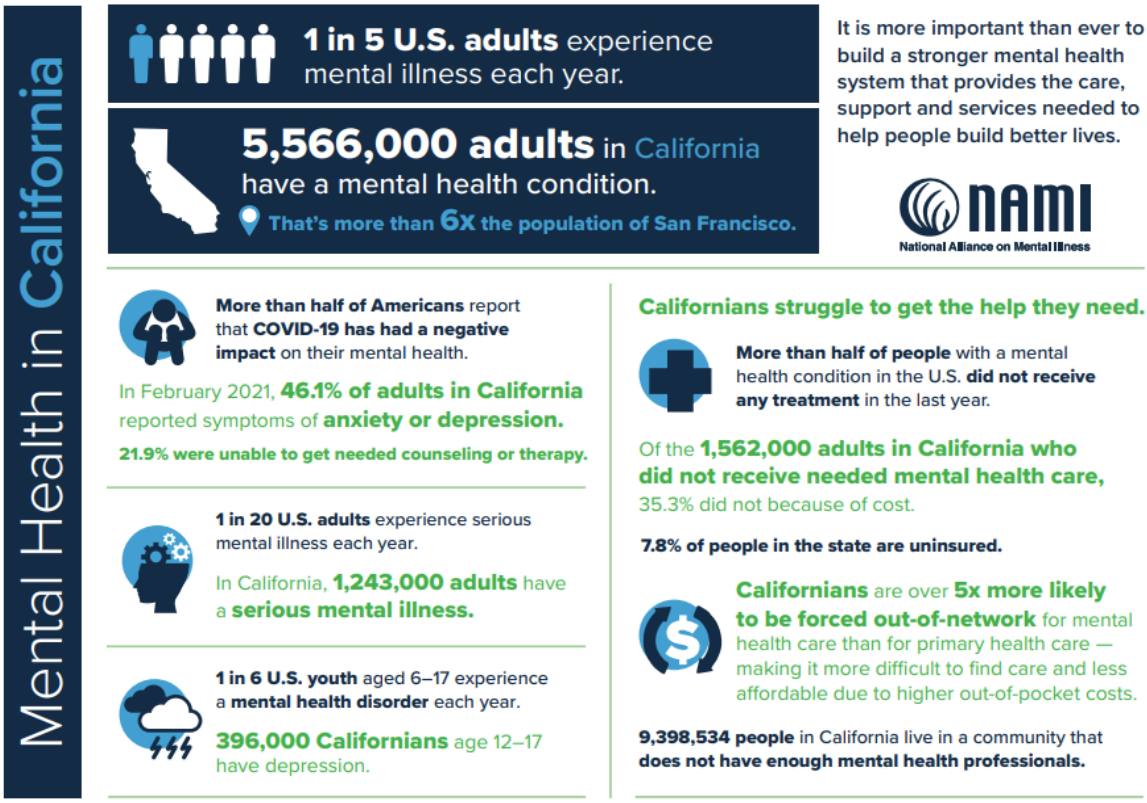
- Behavioral Health Services Act (BHSA) (formerly MHSA) aims to expand crisis services, housing supports, and early intervention programs.
- California's CARE Court initiative provides a framework for court-ordered treatment and housing assistance for individuals with severe mental illness.
- Investments in 988 crisis response systems are expanding alternatives to law enforcement involvement in mental health emergencies.

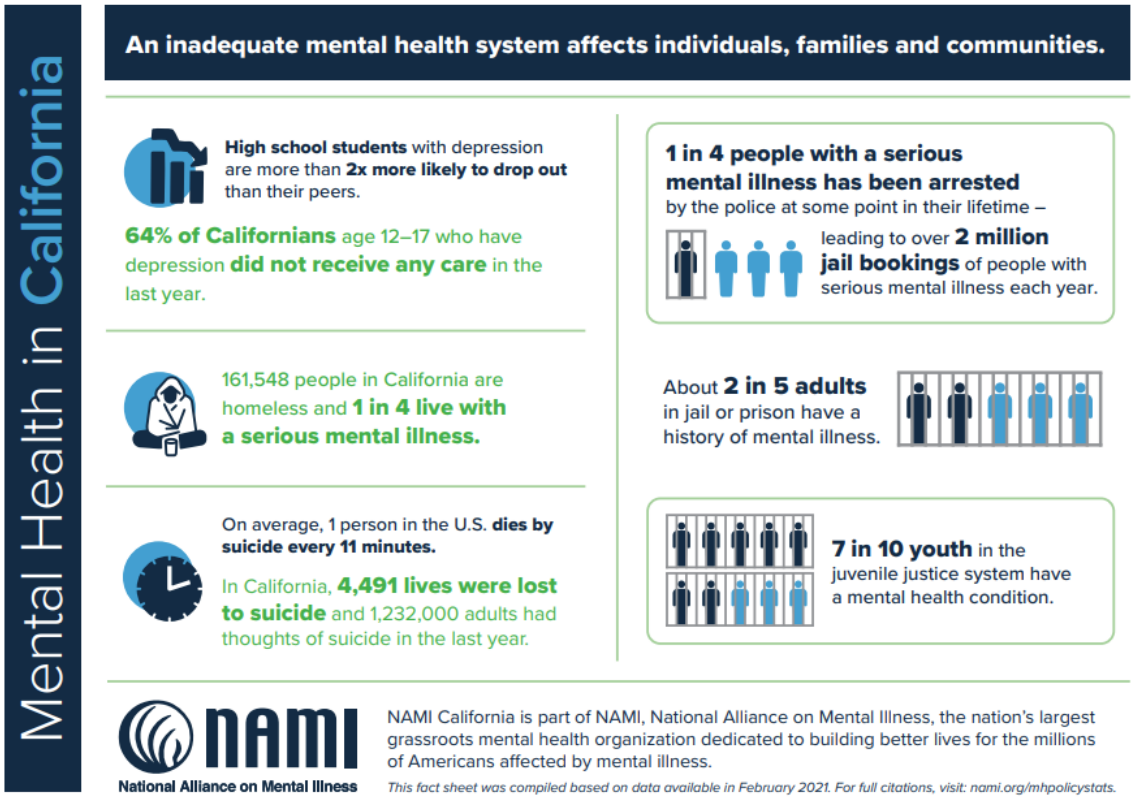
Conclusion

Despite significant funding and policy reforms, **gaps in service delivery, workforce capacity, and equitable access** continue to challenge California's mental health system. Addressing these issues requires **sustained investment, cross-sector collaboration, and innovative community-based solutions** to ensure all Californians receive timely and appropriate mental health care.

a. Training will target monolingual English-speaking doctors, clinicians, and other mental health providers who may need to use interpreters.

The National Alliance on Mental Illness offers additional statistics in the following infographic of the mental health status in California:





Imperial County

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

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

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

ICBHS continues to develop a Survey/Questionnaire with the goal of collecting timely feedback on service needs. This will constantly be promoted among stakeholders, peers, clients, and

client supporters via the Community Outreach and Engagement program, Wellness Centers and other ICBHS social media sources.

Imperial County Community Health Assessment (CHA)

The Imperial County Community Health Improvement Partnership joined in a collaborative effort to assess and develop the 2024–2027 Community Health Assessment (CHA) and Community Health Improvement Plan (CHIP). The goal of the CHA is to evaluate the current health status of the community and assess health risk factors and outcomes. The CHIP is a three-year collaborative effort designed to address the health challenges identified in the CHA.

The 2024 Community Health Improvement Plan (CHIP) Health Priorities for 2024-2027, Priority Area #3 which focuses on Behavioral Health in Imperial County with the following key objectives in this specific area:

- Increase the number of mental health providers in Brawley and Calipatria.
- Improve access to mental health services in the northern region, as its residents reported experiencing depression at higher rates and were more likely to report experiencing negative effects of substance misuse/abuse.
- Expand access to mental health services for women across the county as they were more likely to report experiencing mental health problems and/or difficulty accessing mental health services.

https://www.icphd.org/get-involved/icchip#documents

Annual Update Requirements

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

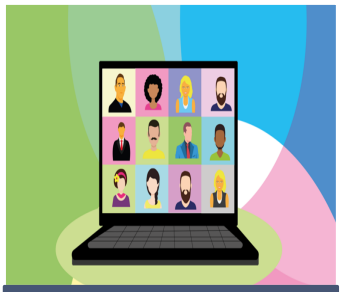
This Annual Update for Imperial County's MHSA programs is an overview of the work plans and projects being implemented as part of the County's FY 2024-2025 through 2025-2026 Plan.

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

Community Services and Supports (CSS)

Prevention and Early Intervention (PEI)

Innovation (INN)



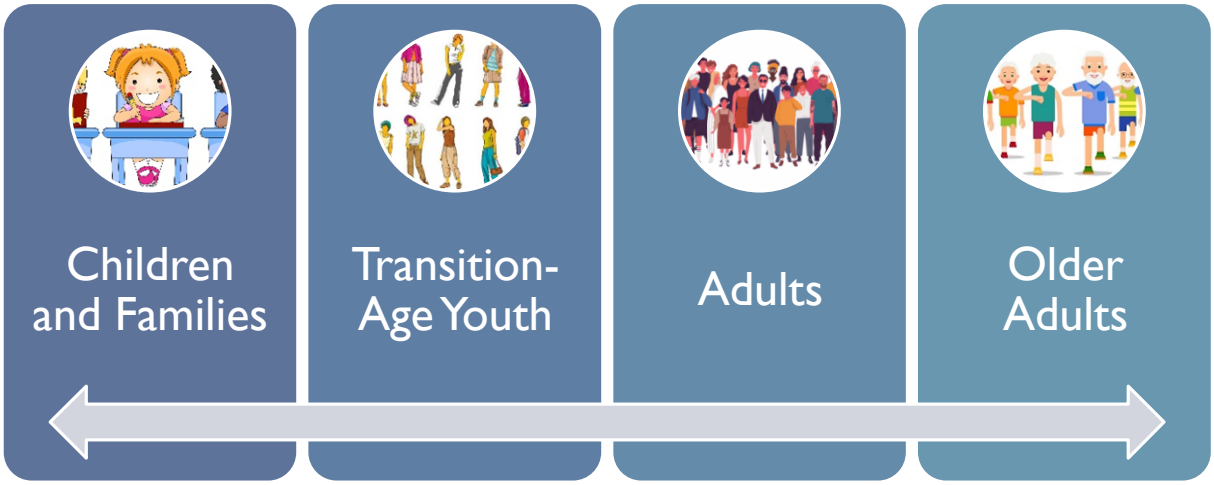
Workforce Education and Training (WET)

Capital Facilities and Technological Needs (CF/TN)

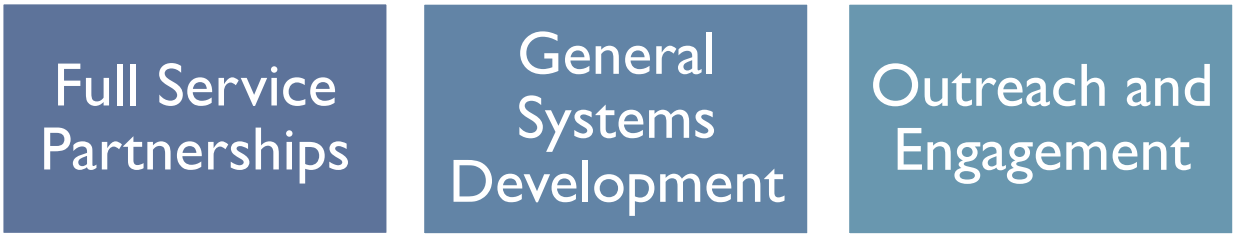
Implementation Progress Report by Component

Community Services and Support

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



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



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

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

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

Full Service Partnership Funds

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

General Systems Development Funds

- Wellness Centers
- HOPE Program (As of July 1, 2024)

Outreach and Engagement Funds

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


Community
Services &
Supports:
Full Service Partnership
IMPERIAL COUNTY
CALIFORNIA

Full-Service Partnership

Youth and Young Adult Services Full-Service Partnership Program

Program Description

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

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

SED adolescents, ages 12 to 15, and SED or SMI transition age youth, ages 16-25, may also meet criteria for the YAYA-FSP program if they have made recent suicidal attempts, gestures, and/or threats; have frequent Mental Health Triage and Engagement Services Unit (MHTES) visits or experienced frequent psychiatric emergencies or 5150 holds; have any recent psychiatric hospitalization(s); are currently in the juvenile justice system; and/or have a history of delinquent behaviors..

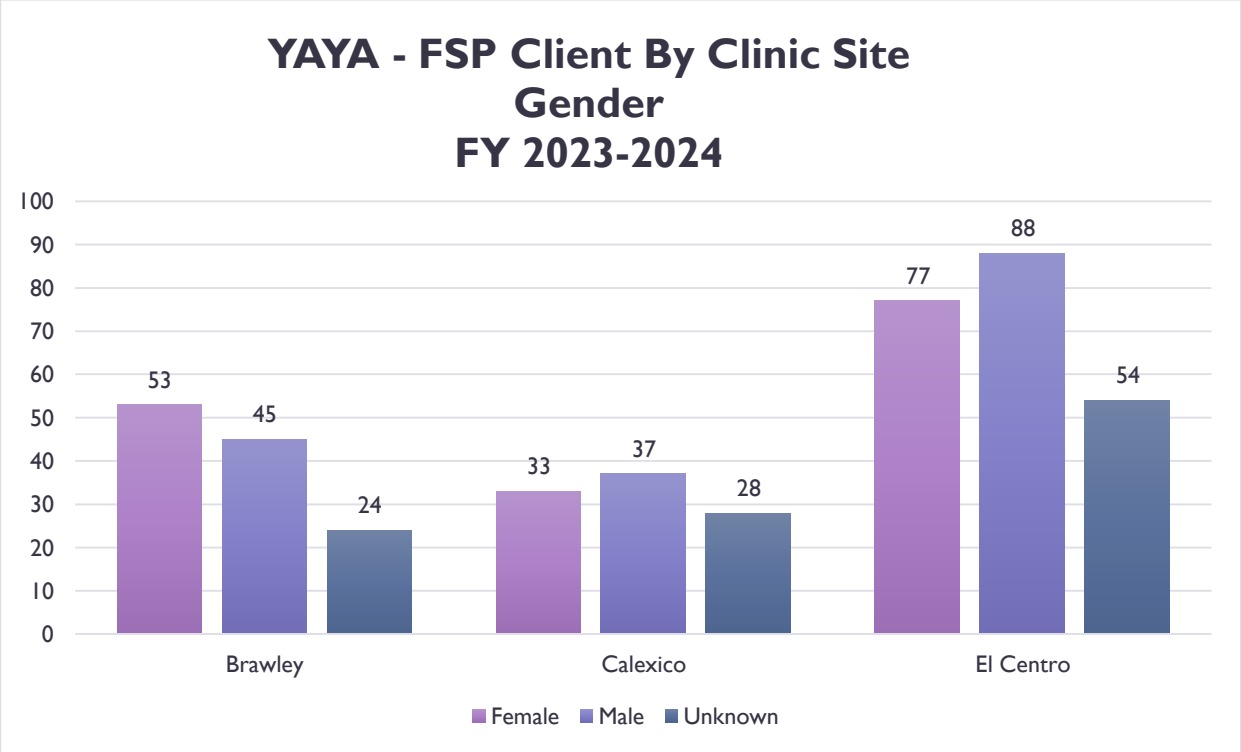
Current Programs

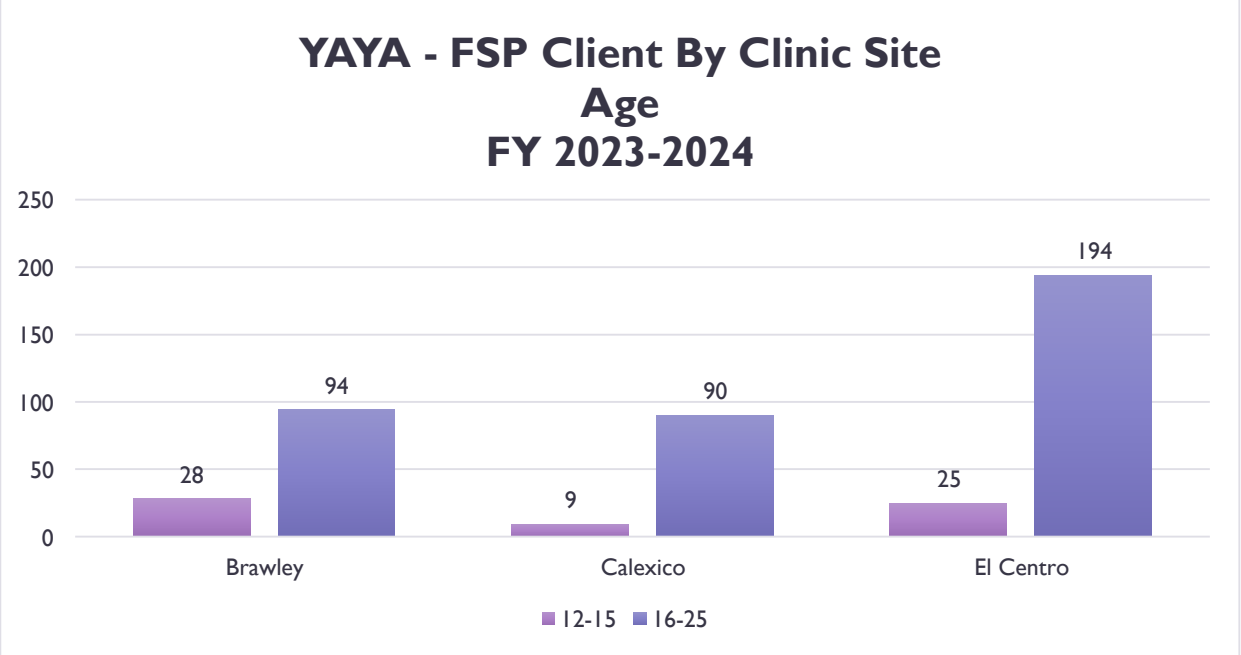
The YAYA-FSP program consists of a full range of integrated community services and supports for youth and young adults ages 12 to 25, including direct delivery and use of community resources. These services and supports include a focus on recovery and resiliency, shared decision-making that is client-centered, and maintenance of an optimistic therapeutic perspective at all times. Specifically, services include: case management; rehabilitative services; "wrap-like" services; integrated community mental health and substance use treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation, housing assistance; benefit acquisition; and respite care. The YAYA FSP programs are integrated within three outpatient clinics who serve the targeted population. These clinics are located in the cities of

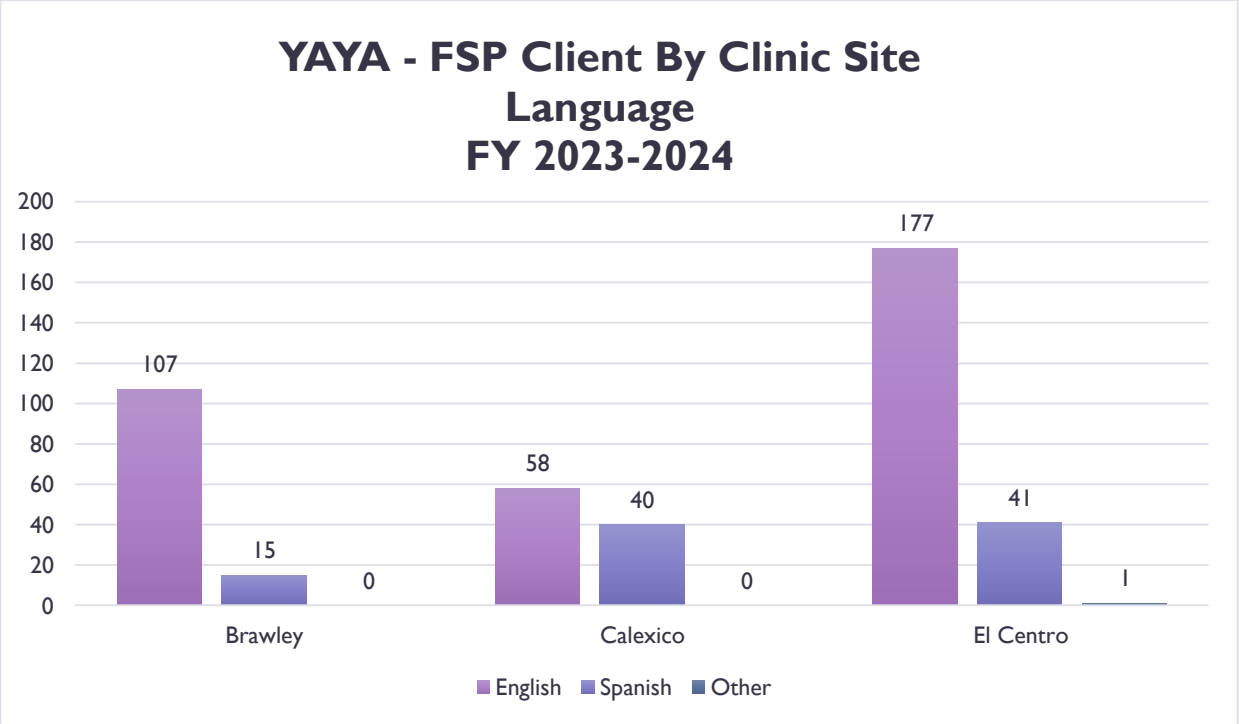
Brawley, Calexico and El Centro which are amongst the most populated cities within Imperial County. The combined YAYA FSP Clinics served 439 unduplicated clients in FY 23-24, which consisted of 61 consumers ages 12-15 and 378 were TAY ages 16-25. The total cost was $11,432 per consumer. The YAYA FSP programs are projecting to serve 505 unduplicated consumers in FY 2024-2025 with a total projected cost of $10,286 per consumer.

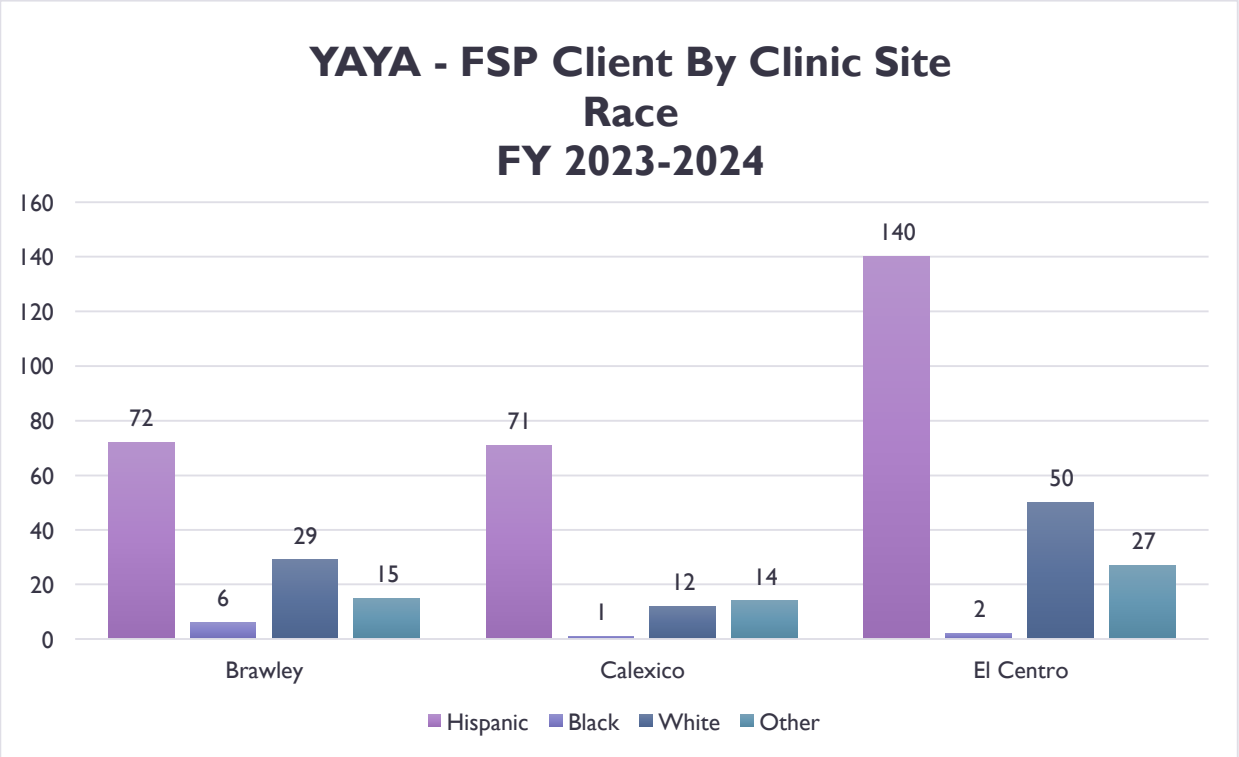
YAYA – Full Service Partnership			
Demographics 2023-2024			
	Brawley	**Calexico**	**El Centro**
Age Group			
12-15	28	8	25
16-25	94	90	194
Total	**122**	**98**	**219**
Gender			
Female	53	33	77
Male	45	37	88
Unknown	24	28	54
Total	**122**	**98**	**219**
Race			
Hispanic	72	71	140
Black	6	1	2
White	29	12	50
Other	15	14	27
Total	**122**	**98**	**219**
Language			
English	107	58	177
Spanish	15	40	41
Other	0	0	1
Total	**122**	**98**	**219**
City			
Brawley	83	1	6
Calexico	1	88	8
Calipatria	9	0	3
Desert Hot Springs	1	0	0
El Centro	9	5	119
Glendale	1	0	0
Heber	0	1	15
Holtville	0	0	12
Imperial	2	2	49
Niland	4	0	0
Ocotillo	0	0	2
Salton City	2	0	0
Seeley	0	0	3
Thermal	6	0	1

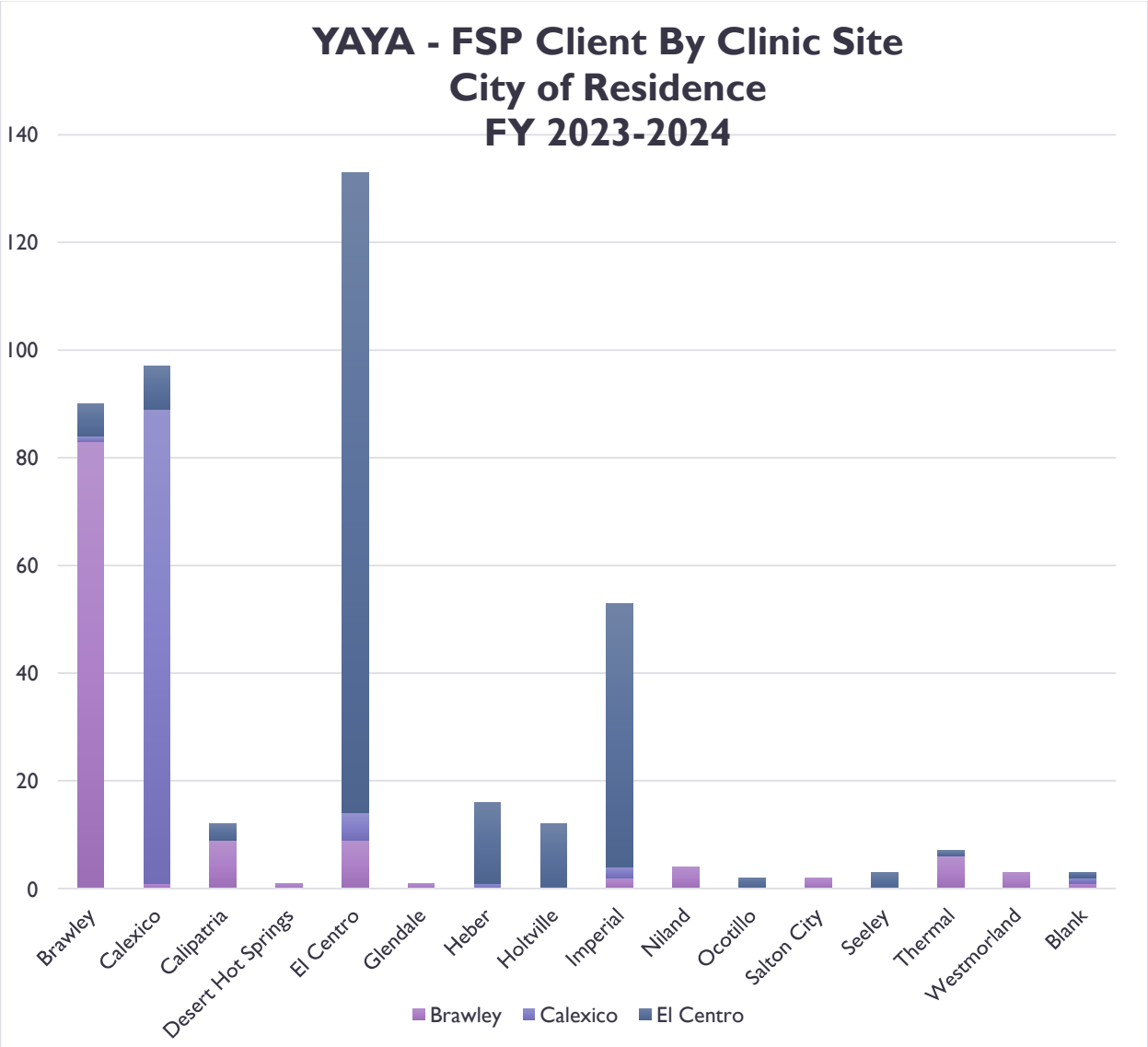
Westmorland	3	0	0
Blank	1	1	1
Total	**122**	**98**	**219**





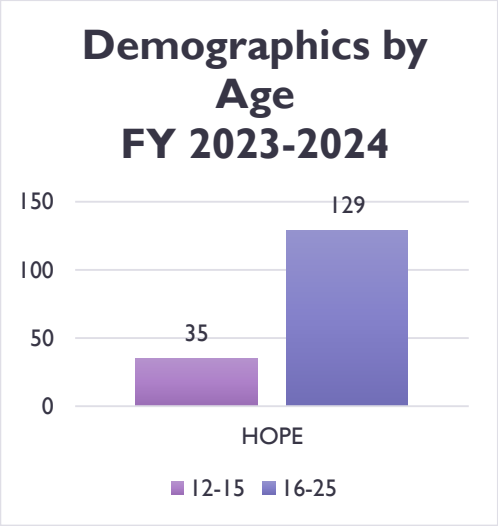

YAYA - FSP Client By Clinic Site
Language
FY 2023-2024
200
180
160
140
120
100
80
60
40
20
0
107
15
0
58
40
0
177
41
1
Brawley
Calexico
El Centro
English
Spanish
Other

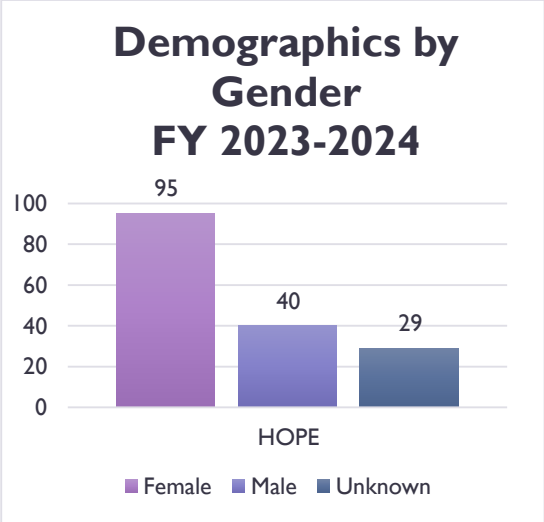

YAYA - FSP Client By Clinic Site
Race
FY 2023-2024
160
140
120
100
80
60
40
20
0
72
6
29
15
71
1
12
14
140
2
50
27
Brawley
Calexico
El Centro
Hispanic
Black
White
Other

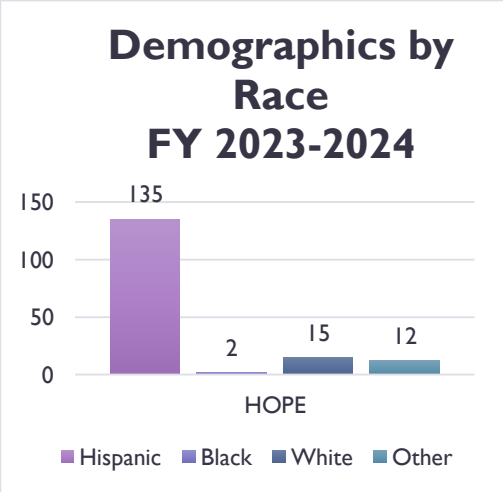

YAYA - FSP Client By Clinic Site
City of Residence
FY 2023-2024
140
120
100
80
60
40
20
0
Brawley
Calexico
Calipatria
Desert Hot Springs
El Centro
Glendale
Heber
Holtville
Imperial
Niland
Ocotillo
Salton City
Seeley
Thermal
Westmorland
Blank
Brawley
Calexico
El Centro

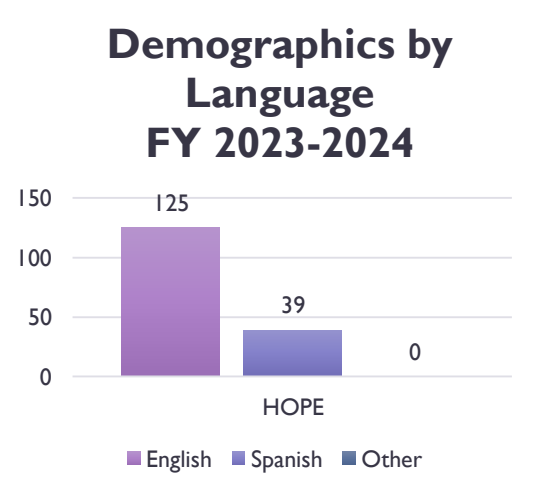
The following is HOPE Program Demographic information for FY 2023-2024 and for period July 2024 - January 2025:

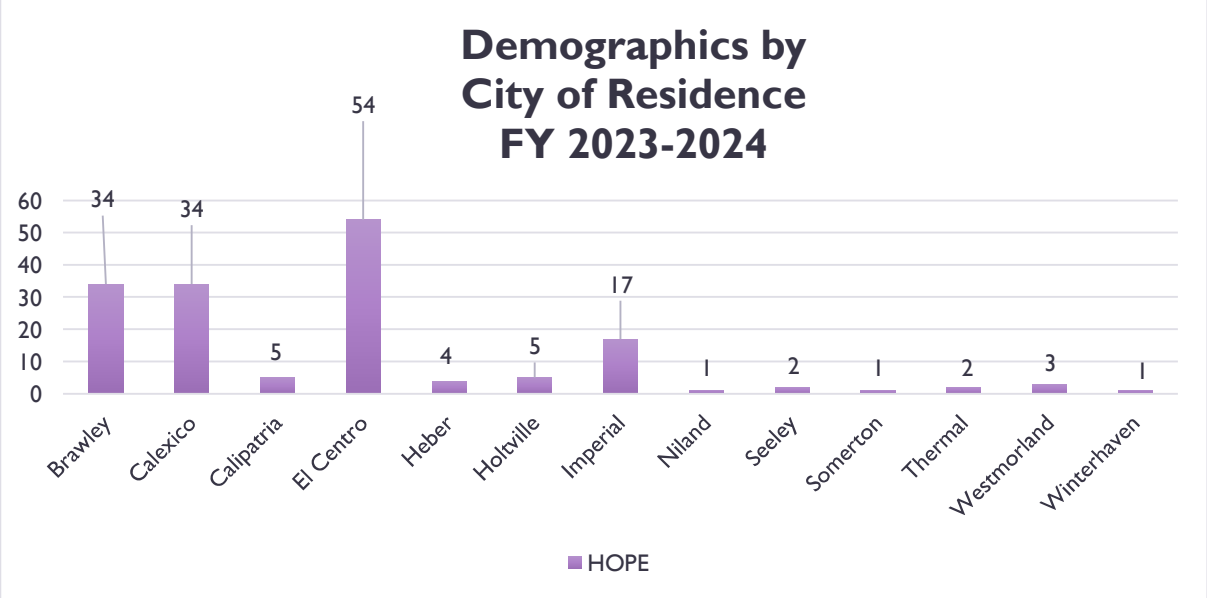
HOPE Demographics		
	FY 2023-2024	Jul 2024-Jan 2025
Age Group		
12-15	35	42
16-25	129	91
Total	**164**	**133**
Gender		
Female	95	82
Male	40	40
Unknown	29	11
Total	**164**	**133**
Race		
Hispanic	135	114
Black	2	2
White	15	9
Other	12	8
Total	**164**	**133**
Language		
English	125	97
Spanish	39	36
Other	0	0
Total	**164**	**133**
City		
Brawley	34	33
Calexico	34	24
Calipatria	5	3
El Centro	54	41
Heber	4	3
Holtville	5	7
Imperial	17	15
Niland	1	1
Ocotillo	0	1
Seeley	2	1
Somerton	1	0
Thermal	2	2
Westmorland	3	2
Winterhaven	1	0
Total	**164**	**133**

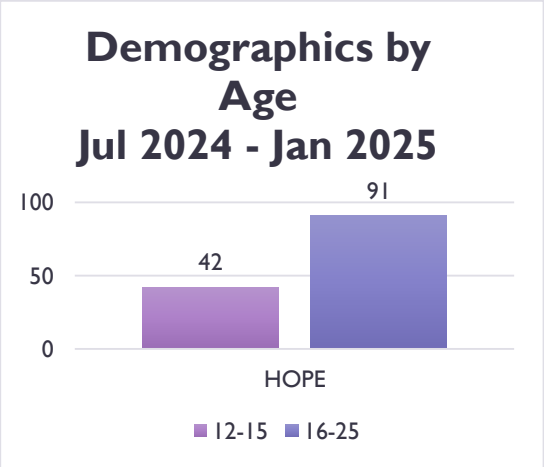

Demographics by Age FY 2023-2024
150
100
50
0
35
129
HOPE
12-15
16-25

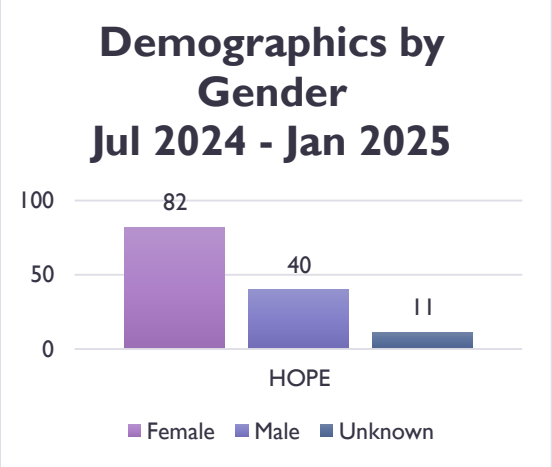

Demographics by Gender FY 2023-2024
100
80
60
40
20
0
95
40
29
HOPE
Female
Male
Unknown

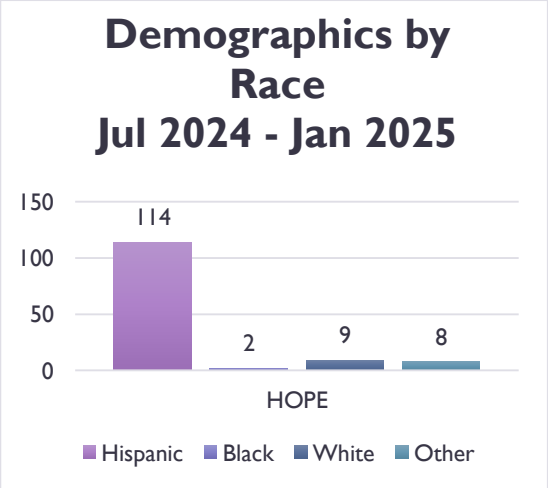

Demographics by Race FY 2023-2024
150
100
50
0
135
2
15
12
HOPE
Hispanic
Black
White
Other

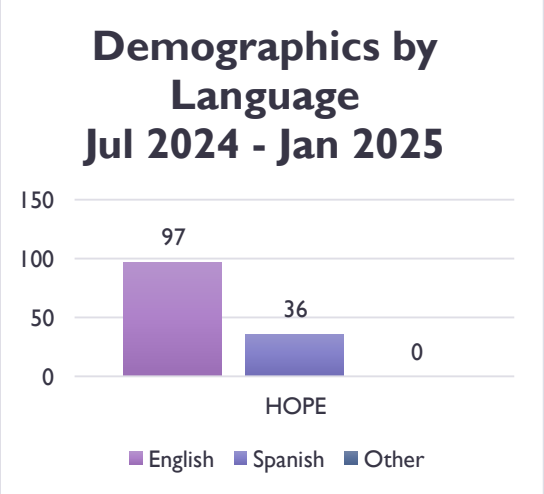

Demographics by Language FY 2023-2024
150
100
50
0
125
39
0
HOPE
English
Spanish
Other

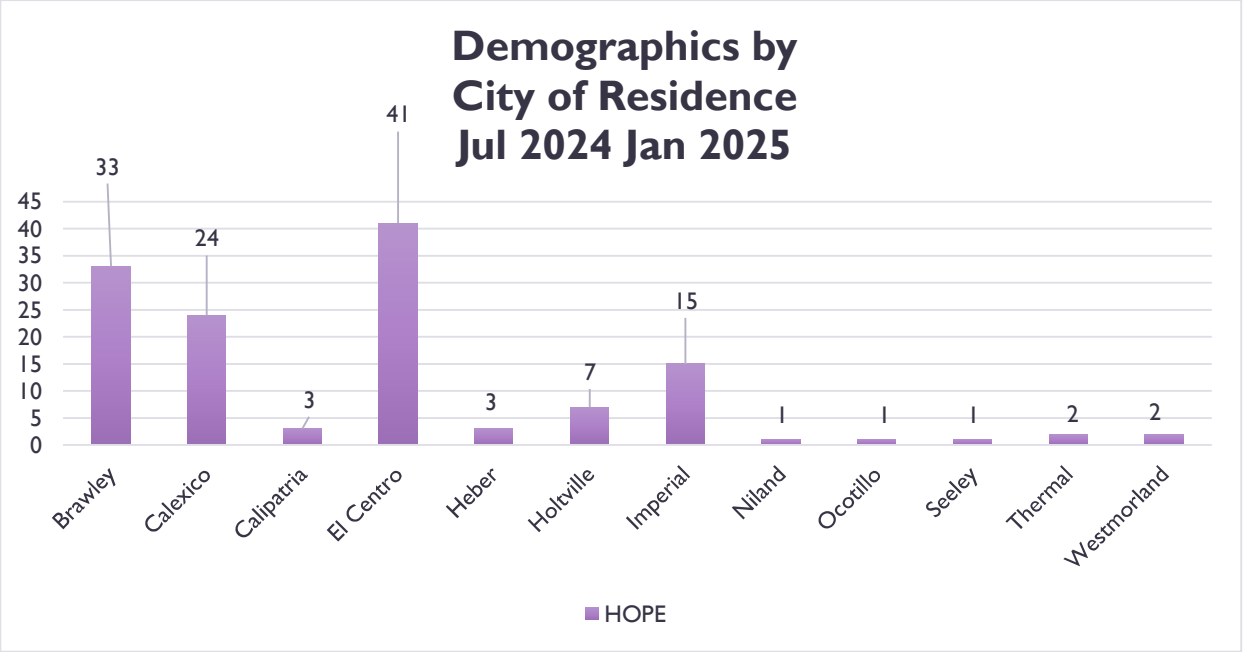

Demographics by City of Residence FY 2023-2024
60
50
40
30
20
10
0
34
34
5
54
4
5
17
1
2
1
2
3
1
Brawley
Calexico
Calipatria
El Centro
Heber
Holtville
Imperial
Niland
Seeley
Somerton
Thermal
Westmorland
Winterhaven
HOPE


Demographics by Age
Jul 2024 - Jan 2025
100
50
0
42
91
HOPE
12-15
16-25


Demographics by Gender
Jul 2024 - Jan 2025
100
50
0
82
40
11
HOPE
Female
Male
Unknown


Demographics by Race
Jul 2024 - Jan 2025
150
100
50
0
114
2
9
8
HOPE
Hispanic
Black
White
Other


Demographics by Language
Jul 2024 - Jan 2025
150
100
50
0
97
36
0
HOPE
English
Spanish
Other



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

1. Youth and Young Adult staff are proactively building relationships with the Native American community in Winterhaven to enhance outreach and education regarding ICBHS services and to improve engagement within this demographic. The penetration rate of beneficiaries who are Alaskan Native/American Indian in Imperial County was 3.91% for FY 23-24, which remained the same when compared to the penetration rate of 3.91% for FY 22-23. Our goal is to increase that rate by 10% thus Youth and Young Adult staff have been working on building relationships with the Native American community in Winterhaven in an effort to provide outreach and education on ICBHS services and increase the penetration rate for this population. In the fiscal year 2024-2025 (July-December 2024), our community service worker participated in five outreach activities at San Pasqual Valley High School and San Pasqual Middle School. During these events, a total of 710 participants identified as Alaskan Native/American Indian, and 8 participants identified as Asian/Pacific Islanders. This engagement was facilitated through collaboration with different departments at ICBHS, as we recognize that tribal engagement can be challenging due to the stigma associated with behavioral health services provided outside of the indigenous tribe. Our ongoing objective is to expand our outreach efforts by participating in community events and meetings, offering comprehensive information about our organization, the services we provide, and ways in which the local community can engage with our programs.

2. Therapists with Youth and Young Adults continue to make concentrated efforts to decrease the no-show rate to 20% for psychotherapy appointments. For fiscal year 2023-2024 the no-show rate decreased to 22%. This was an improvement in comparison to FY 2022-2023 where the no show rate was 28%. For FY 2024-2025 (July-December) the no-show rate was 24%, which is a 2% increase from FY 2022-2023. Therapists will continue to strengthen their efforts by engaging their clients prior to and in between therapy sessions. If therapists identify a decrease in session attendance, they will have meaningful discussions with their clients to explore any barriers and address reasons for disengagement. Person-centered interventions and tailored support will also be utilized to re-engage clients into treatment with the goal of reaching a no-show rate of 20% for FY 2025-2026.

3. Clinicians and Mental Health Rehabilitation Technicians (MHRT) at the Family Resource Center (FRC) within the Central High School District continue to deliver essential mental health services. Throughout the 2023-2024 fiscal year, El Centro FRC served 44 unduplicated clients, showing a slight increase from the 41 unduplicated clients served during the 2022-2023 fiscal year. Preliminary data for the 2024-2025 fiscal year indicates that 47 unduplicated clients have already received services at the FRC from July to December, with expectations of further growth as the school year progresses and additional interventions are implemented. This information highlights the necessity for full-time positions to address the increasing demand for services. However, recruitment for both vacant and new roles has proven challenging due to competition from other organizations seeking qualified candidates. In response, Imperial County Behavioral Health Services (ICBHS) is actively developing strategies to attract and retain staff, acknowledging the critical need for enhanced support for adolescents' mental health needs on school campuses. One initiative includes the Mentored Internship Program, which provides internship opportunities for college students pursuing careers in the mental health sector. Additionally, the Telecommuting Program for Clinicians supports retention efforts. Despite ongoing staffing challenges, we remain committed to ensuring timely and accessible mental health services for students served by the FRCs. On June 30, 2024, we successfully hired a full-time clinician who has commenced providing mental health services onsite at the Family Resource Center (FRC) within the Central High School District. Our recruitment efforts for a full-time MHRT continue.

4. Youth and Young Adults staff continue to strategize in the outpatient clinics to help reduce 5150 involuntary holds by at least 10%. Data indicates that from July 2022 to June 2023, there were a total of 34 clients that were placed on a 5150 involuntary hold. In comparison to data from July 2023 to June 2024, which indicates there was a total of 43 clients that were placed on 5150 involuntary holds. This demonstrates a 21% increase from Fiscal Year 2022-2023. This information may seem contradictory to previous reports; however, previously reported data was based on partial year information due to the timing of the reports being completed. If we continue to

compare similar data to the information previously reported, we show a continued decrease in this area. For FY 2022-2023 (July to December 2022), there were 24 clients placed on a 5150 involuntary hold; FY 2023- 2024 (July to December 2023), there were 16 clients placed on a 5150 involuntary hold and for FY 2024-2025 (July to December 2024) it continued to decrease to 11 clients placed on a 5150 involuntary hold. We anticipate the overall number of involuntary holds to decrease moving forward due to ongoing efforts, new programs, and strategies to better engage, assess, and treat their mental health needs at the outpatient clinics.

5. ICBHS continued to be impacted by staff shortages which specifically affected Mental Health Rehabilitation Technicians (MHRTs) who were trained to facilitate Moral Reconation Therapy (MRT) groups. As a result of limited staffing there was an increase in MHRT caseloads which delayed our capability to implement weekly MRT groups. It is anticipated that with the hiring of new staff, caseloads will decrease, thus allowing trained MHRTs to further our efforts in providing MRT groups in the outpatient setting. We recognize that the Moral Reconation Therapy model teaches individuals to make better decisions, increase moral reasoning, and reduce recidivism among juvenile offenders therefore helping them make positive changes in their lives.

6. In FY 2023-2024, Youth and Young Adults staff did not make any referrals to the Helping Hearts residential program although this resource was continually discussed with our Nurses, Therapists, and Mental Health Rehabilitation Technicians. They were advised that the program could serve as an alternative to acute psychiatric hospitalization and institutional care. During FY 2024-2025, one client was identified that could benefit from the services provided at the residential program. A referral was initiated, but there were no available beds; therefore, the client was placed on a wait list. For FY 2025 -2026, we will continue to collaborate with the Triage Unit, who oversees this program, and invite them to provide presentations during our full staff meetings to further inform of this resource for our clients. Continuous efforts will be made towards meeting the goal of referring a minimum of 5 FSP consumers to the Helping Hearts Socialization Program, with at least 10% of consumers successfully completing the program.

Notable Performance Measures

In order to monitor the progress of our client the YAYA-FSP Program continues to utilize a variety of measuring tools: Child and Adolescent Needs and Strengths (CANS) tool measures child and youth functioning. The CANS is a multi-purpose assessment tool developed to assess well-being, identify a range of social and behavioral healthcare needs, support care coordination and collaborative decision making, and monitor outcomes of individuals, providers, and systems. Completion of the CANS assessment requires effective engagement using a teaming approach. The Behavior and Symptom Identification Scale 24 (BASIS 24) measurement tool is administered to those consumers who are between the ages of 18 and 25 in order to assess their overall functioning. The BASIS 24 tool is administered at the point of intake and annually

thereafter. It provides a complete patient profile and measures the change in self-reported symptoms and problem difficulty over the course of time. Additionally, it measures the consumers' level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional liability, and risk for self-harm. The following is a list of performance outcome measurement tools currently being implemented at the YAYA-FSP Program that are specific by diagnosis and age:

Instrument Name	Age Group	Area of Measurement *(Specific Questions / Areas*	Types 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 (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 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	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*

		Executive Functioning Aggression Peer & Family Relations ADHD Inattentive ADHD Hyperactive-Impulsive ADHD Combined Oppositional Defiant Disorder Conduct Disorder	
Conners *3 ADHD Index Teacher* ***(3-T)***	6-18	Inattention Hyperactivity/Impulsivity Learning Problems (Full Length Only) Executive Functioning (Full Length Only) Defiance/Aggression Peer/Family Relations	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
Conners *3 ADHD Index Teacher Short* ***(3-TS)***	6-18	Inattention Hyperactivity/Impulsivity Learning Problems (Full Length Only) Executive Functioning (Full Length Only) Defiance/Aggression Peer/Family Relations	***Diagnosis Specific:*** *Attention Deficit Hyperactivity Disorder (ADHD)*
Eyberg Child Behavior Inventory (ECBI) *& Spanish*	2-16	Behavior Problems Intensity Scale – Frequency of Problems Problem Scale – Parent's Tolerance	***Diagnosis Specific:*** *Oppositional and Conduct Behavior*
Generalized Anxiety Disorder (GAD-7) *& Spanish*	18 +	Panic Disorder Social Anxiety Post-Traumatic Stress Disorder	***Diagnosis Specific:*** *Anxiety*
Illness Management and Recovery Scale: (IMRS)	18 +	No Domains	***Diagnosis Specific:*** *Recovery*
Mood Disorder Questionnaire (MDQ)	18 +	Mood Disorder Bipolar Disorder	***Diagnosis Specific:*** *Bipolar*
Patient Health Questionnaire (PHQ-9) *& Spanish*	18 +	Depression	***Diagnosis Specific:*** *Depression*
Pediatric Symptom Checklist (PSC-35)	3-18	Emotional problems Behavioral problems	
PTSD Checklist for DSM 5 *& Spanish*	18 +	PTSD Symptoms	***Diagnosis Specific:*** *Post-Traumatic Stress Disorder (PTSD)*

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

Examples of Notable Community Impact

Through our comprehensive services and programs focused on mental health, we aim to foster a vibrant and resilient community in which individuals can thrive and support each other. Our offerings exemplify our commitment to making a positive impact and align with our vision for a healthier, more connected future. Below are examples of two clients who have made significant progress toward achieving their recovery goals in our YAYA FSP clinics:

Case 1: Client, 23-year-old female, initiated ICBHS services with severe symptoms of depression, suicidal ideation, symptoms of OCD, and anger. Since a young age, she has always struggled with intense anxiety and significant emotional distress related to her adverse childhood experiences, in addition to engaging in self-harming behaviors.

As a child, she initiated services with ICBHS, but she and parent were guarded with information and treatment adherence was not consistent. Once she became an adult, she made the decision to tackle her mental health symptoms and improve the quality of her life. As she continued her adult mental health journey, she struggled to be honest about how she was feeling inside and had intense emotional dysregulation. She struggled to initiate or maintain healthy relationships or participate in any type of social activity and often stayed inside her small apartment to avoid seeing other people. Maintaining employment was challenging for her based on her symptoms

and resulted in her feeling worse about herself. Daily activities such as hygiene and household chores were overwhelming at first.

Once in treatment, she initially sought medication support. Through assessment and evaluation, she began individual therapy. With hard work, perseverance and engagement, she successfully completed Cognitive Behavioral Therapy (CBT) and transitioned into Dialectical Behavioral Therapy (DBT), that she is still participating in. She attends appointments and can now communicate more effectively. She currently does some volunteer work and has started her own small business in her hometown. Recently, she had an opportunity to attend an out-of-country event related to her business, which she was able to successfully participate in. This was remarkable given that year ago, she rarely left her home or communicated with others. More recently, she has found hobbies which distract herself from unwanted emotions and behaviors. One of her favorite hobbies is art classes, which she was linked to through another ICBHS program. She has learned to step out of her comfort zone and continues to show efforts to improve her overall health. She smiles and waves when she attends her appointments and says she is "enjoying my life for the first time."

Case 2: Client is a 23-year-old male diagnosed with F20.9 Schizophrenia. He began receiving services from the ICBHS at the age of 18, during which he presented with hallucinations and a history of cannabis use. In January 2020, a Mental Health Rehabilitation Technician (MHRT) was assigned to his case. Shortly thereafter, client's mother contacted the MHRT to express concerns about his declining mental health and potential safety risks. The MHRT subsequently met with both client and his mother at their residence. At that time, client exhibited catatonic behavior, displayed aggression towards his parents, and refused treatment. Due to concerns for his safety, client was placed on a 5150 hold after an incident in which he was found staring into a canal and had been reported running away from home at night, resulting in him becoming lost in cold weather. During this period, he did not communicate with his family and exhibited aggressive behavior. Following an evaluation, hospitalization was recommended, yet client declined medication treatment. His family faced challenges in understanding his needs and expressed concerns about making appropriate decisions on his behalf. During his hospitalization, which lasted approximately three months, he turned 18 years old. Due to the severity of his condition, the hospital sought involuntary administration of medication. Upon discharge, client was recommended to continue receiving services at a nursing facility to support his stability, where he remained for about four weeks. He was subsequently placed under conservatorship.

Client later requested to return home, to which his parents agreed. Upon returning, he began to communicate more, reporting persistent hallucinations, including hearing voices of demons and God, some of which commanded him to harm himself. Although he attempted to discontinue his medication multiple times, both he and his family were generally receptive to the treatment team's recommendations. Client exhibited patterns of social isolation, irritability, and sadness. After being prescribed various antipsychotic medications, he responded particularly well to one treatment. This improvement allowed him to re-engage with his family, though he continued to experience daily hallucinations. Approximately eighteen months following a significant psychotic episode, client reported a decrease in the severity of his hallucinations related to demons, although he still heard the voice of God. With support and

linkage to different resources, he completed his pending high school credits and successfully obtained his high school diploma. Over a two-year period of intensive work with both client and his family, he began exercising regularly at a local gym and reconnected with some friends. His hallucinations persisted, particularly the auditory experience of hearing God's voice, and he consistently chose to wear white clothing. His thought processes remained somewhat disorganized and delusional. Approximately one year ago, client began attending a Wellness Center. After trialing multiple combinations of medications, he was placed on clozapine, which demonstrated some progress; however, he experienced abnormal lab results and is currently in the process of starting Electroconvulsive Therapy (ECT). In recent weeks, both his family and the MHRT have observed that client is becoming more coherent. He is consistently attending the Wellness Center, exercising at the gym daily, playing basketball in the neighborhood park, and interacting with one high school friend. Additionally, client has started to wear a variety of colors and has expressed a desire for greater independence. Both he and his family remain receptive to treatment and are motivated to continue making positive changes to enhance his mental health.

Challenges or Barriers

During the 2023-2024 fiscal year, the ICBHS continued to encounter challenges related to staff resignations and a high turnover rate, which have resulted in increased caseloads for the remaining personnel. In response, ICBHS is proactively implemented strategies to address these challenges. We evaluated our workplace environment and introduced initiatives designed to enhance employee retention and recruitment efforts. To strengthen our recruitment initiatives, ICBHS continued its partnerships through Memorandums of Understanding (MOUs) for the Mentored Internship Program (MIP) with Imperial Valley College (IVC), San Diego State University (SDSU), and the SDSU School of Nursing. This program provides students with valuable exposure to the behavioral health field by pairing them with experienced mentors currently employed at ICBHS. Through this mentorship, students observe the daily activities of healthcare professionals, such as Nurses and Mental Health Rehabilitation Technicians (MHRT), thereby gaining insight into the roles and responsibilities within the sector and fostering their interest in pursuing careers in behavioral health. Feedback from participating students has been overwhelmingly positive, and we remain optimistic about the program's success. Additionally, we are pleased to announce that we have successfully recruited therapists, a position that has historically posed challenges in filling. We have also utilized the County of Imperial's Telecommuting Program, which allows therapists to work on a hybrid schedule of 50% on-site and 50% remotely. This flexible approach has been well-received, boosting morale and motivation among our current staff while serving as an attractive incentive for prospective applicants.

ICBHS is committed to exploring further strategies to address staffing needs and enhance our workforce to ensure the effective delivery of services. For the current fiscal year 2024-2025, one of the ongoing challenges is the lack of adequate staffing for peer support specialist positions within the HOPE Program, which plays a significant role in the program's development. On November 21, 2024, a retreat was held to gather feedback from employees on various aspects including engagement, outreach, communication, team dynamics, training, revenue, and productivity. This valuable input has been analyzed to identify areas for

improvement. By attentively listening to our employees and taking action based on their feedback, ICBHS is dedicated to fostering a supportive and engaging work environment that values our staff and ultimately seeks to reduce turnover rates.

Significant Changes for FY 2023-2024

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

Significant Changes for FY 2024-2025

ICBHS applied for the Children and Youth Behavioral Initiative's (CYBHI) Trauma-Informed programs and practices grant, and in December of 2023 was awarded funding for the implementation of the Functional Family Therapy (FFT) model. During the early implementation process, management and administrative analysts from the Children's and Youth and Young Adults divisions participated in monthly learning collaborative workshops that provided guidance on the implementation process. ICBHS completed implementation plans, as well as progress and budget reports that identified the steps that would be taken to implement FFT with the clients and families we serve. The implementation plan specified that eight therapists would be trained on the FFT model. They will receive supervised practice, ongoing feedback, and continuous quality improvement support by a Supervising Therapist during the initial and ongoing phases of implementation. It is anticipated that the training will be scheduled in March of 2025 in preparation for the delivery of family-based treatment.

Goals and Objectives for FY 2025-2026:

1. Increase the penetration rate for Alaskan Native/American Indians by 10% by increasing the outreach and education activities within the Winterhaven area.
2. Reduce the no show rate to 20% for psychotherapy appointments by utilizing engagement calls, incentives, and retention calls.
3. To meet the demand for services at the El Centro Family Resource Centers, YAYA will increase the staffing by 1 full-time Mental Health Rehabilitation Technician.
4. Decrease 5150 Involuntary Holds by at least 10% for the Youth and Young Adult population.
5. Implement Moral Reconation Groups in the outpatient setting with a minimum of 5 participants who have been involved in the criminal justice system.

6. Refer and place a minimum of 5 FSP consumers onto 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 (MH), substance use disorder (SUD, formerly "alcohol and drug") services, crisis response, and peer support. This program also serves SMI adults with co-occurring disorders of substance abuse.

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

- Their mental disorder results in substantial functional impairments or symptoms, or they have a psychiatric history that shows that, without treatment, there is an imminent risk of decompensation with substantial impairments or symptoms.
- 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 criteria:

	Adults (ages 26-59) must meet the criteria in either (a) or (b) below:
a.	**They are unserved and:** o Homeless or at risk of becoming homeless; o Involved in the criminal justice system (i.e., jail, probation, parole); **or** o Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. These individuals are identified subsequent to being placed on an involuntary hold (W&IC 5150).
b.	**They are underserved and at risk of:** 1. Homelessness; 2. Involvement in the criminal justice system (i.e., jail, probation, parole); **or** 3. Institutionalization (i.e., jail, psychiatric hospital, Institute for Mental Disease, Skilled Nursing Facility).
•	**Older Adults (ages 60 and older) must meet the criteria in either (a) or (b) below:**
a.	**They are unserved and:** 1. Experiencing a reduction in personal and/or community functioning; 2. Homeless; 3. At risk of becoming homeless; 4. At risk of becoming institutionalized (i.e., jail, psychiatric hospital, Institute for Mental Disease, Skilled Nursing Facility); 5. At risk for out-of-home care (i.e., nursing home, assisted living facility, board and care); **or** 6. At risk of becoming frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. These individuals are identified subsequent to being placed on an involuntary hold (W&IC 5150).
b.	**They are underserved and:** 1. At risk of becoming homeless; 2. At risk of becoming institutionalized (i.e., jail, psychiatric hospital, Institute for Mental Disease, Skilled Nursing Facility); 3. At risk for out-of-home care (i.e., nursing home, assisted living facility, board and care);

4. Frequent users of hospital and/or emergency room services as the primary resource for mental health treatment. These individuals are identified subsequent to being placed on an involuntary hold (W&IC 5150); **or**
5. Involved in the criminal justice system (i.e., jail, probation, parole).

The Adult-FSP Program provides a variety of services, in a culturally competent environment, to adults and older adults, ages 26 and older, in all 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 (MHRT) assist consumers with reintegrating back into the community through linkage of the following applicable services: emergency shelter; permanent housing; emergency clothing; food assistance; SSI/SSA benefits application and/or appeals; DSS Cash Aid application; Section 8 Housing application; substance abuse treatment and/or rehabilitation referral; referrals to general physician and/or dentist; driver's license/ID application; and/or immigration paperwork.

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

Budget

The total operating budget in FY 2024-2025 for the Adult and Older Adults MHSA FSP programs is $8,035,823. The Adult FSP Program currently has 1978 consumers served an approximate cost per person of $2,031 in the first half of FY 2024-2025.

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

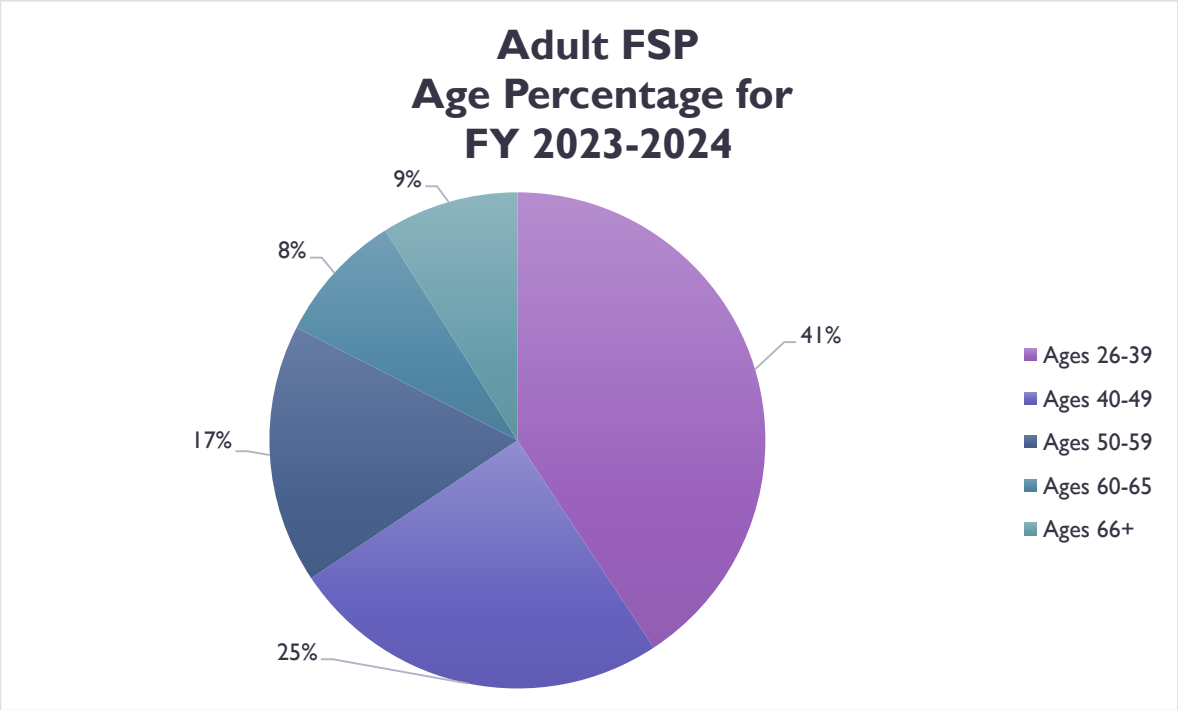
Adult-FSP Demographics

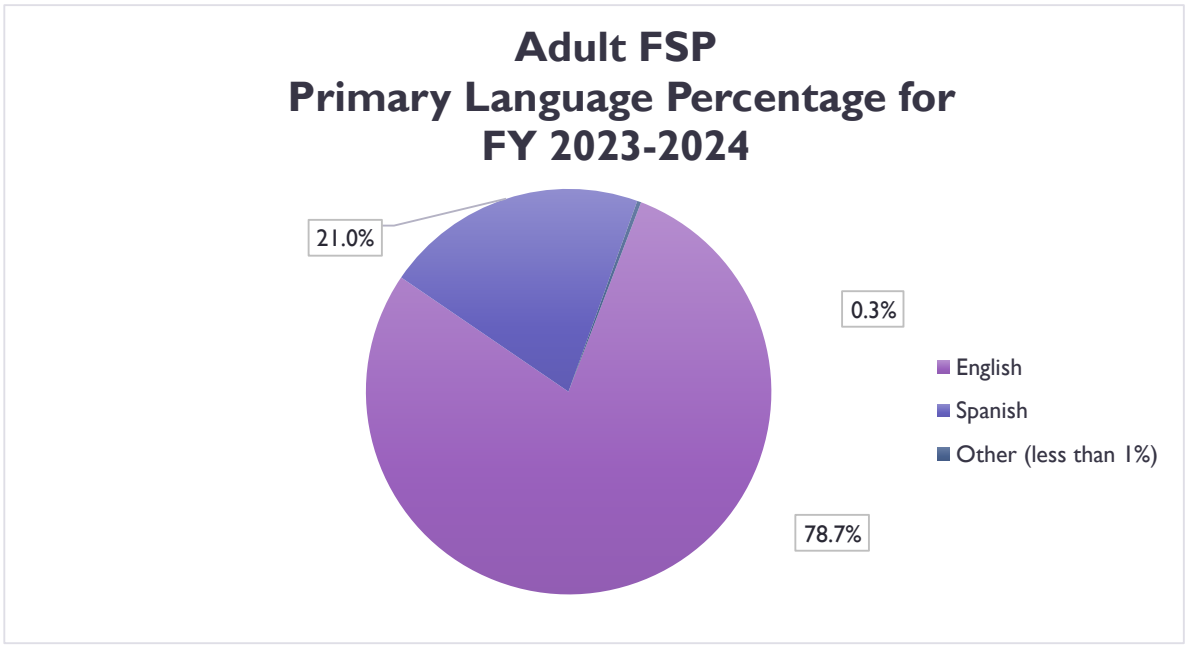
Adult FSP Demographics	2023-2024	2024-2025
26-39	842	842
40-49	481	466
50-59	371	325
60+	345	345
Total:	**2039**	**1978**

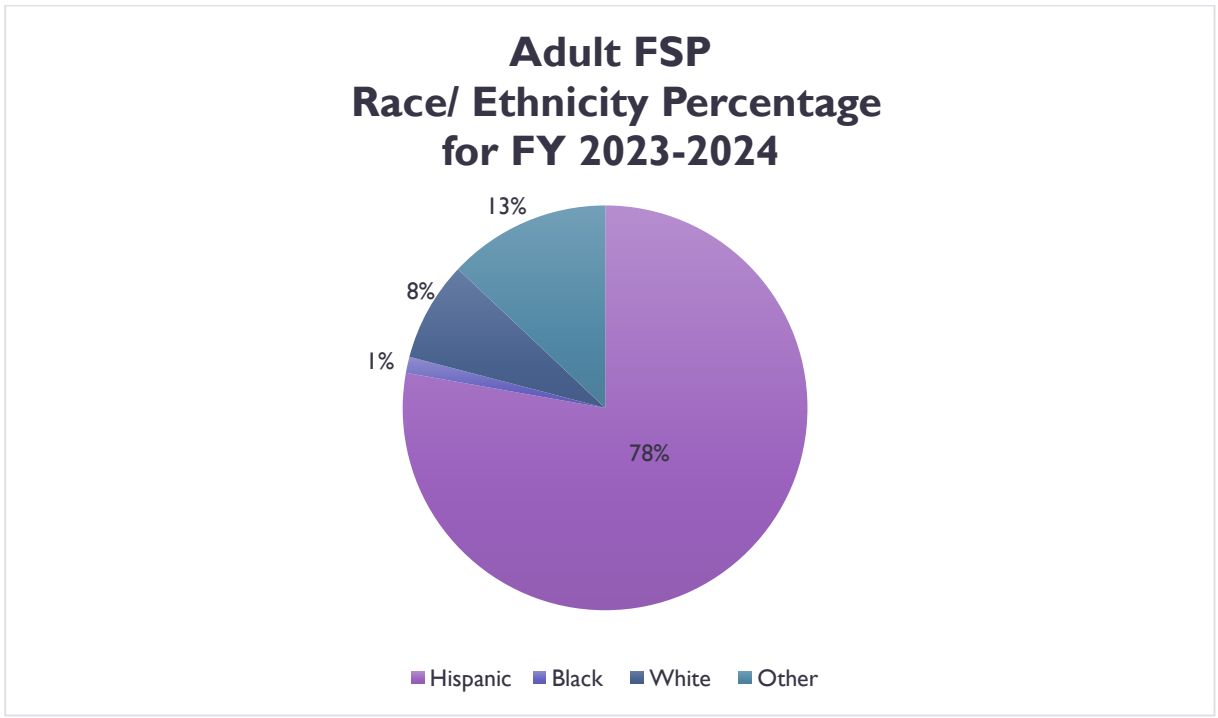
Note: Data reflects current clients at the time of annual report preparation.

Current Caseload per Location	2023-2024	2024-2025
Calexico MHSA FSP	344	370
Brawley MHSA FSP	573	591
El Centro MHSA FSP Team 1	609	526
El Centro MHSA FSP Team 2	515	491
Total:	**2041**	**1978**

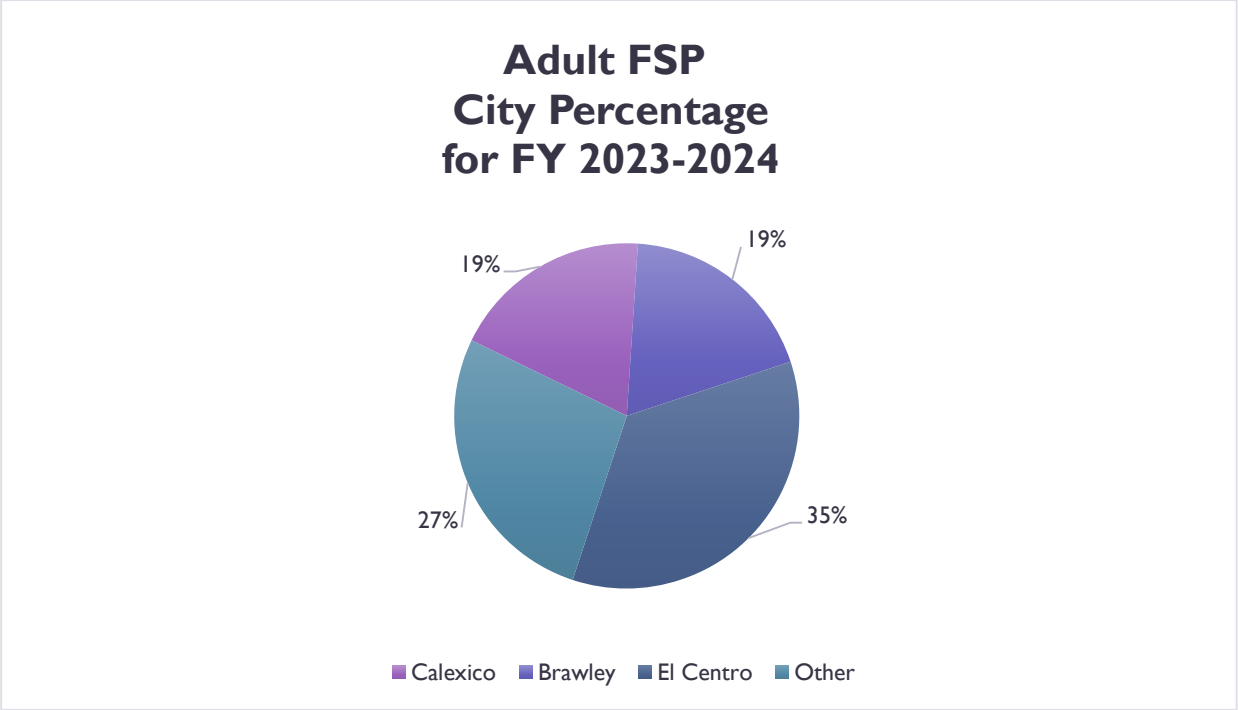
Note: 4 clients are under the age of 26, Youth and Young Adult clients.







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



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

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

Cognitive Behavioral Therapy (CBT) is an evidence-based psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is commonly used to treat a wide range of disorders including anxiety, depression, and addiction. CBT is generally short-term and focused on helping consumers deal with a very specific problem. During the course of treatment, people learn how to identify and change destructive or disturbing thought patterns that have a negative influence on behavior.

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

Motivational Interviewing (MI) is a form of collaborative conversation for strengthening a person's own motivation and commitment to change. It is a person-centered counseling style for addressing the common problem of ambivalence about change by paying attention to the language of change. It is designed to strengthen an individual's motivation for and movement

toward a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion.

Cognitive Behavioral Therapy-Anxiety Treatment (CBT-AT) is a therapy model used for adult consumers with an anxiety related diagnosis. CBT-AT is based on assumptions that psychological disorders involve dysfunctional thinking. CBT-AT helps consumers modify dysfunctional beliefs that help improve their overall mood and behaviors. It also involves a cognitive conceptualization of the disorder and of the particular client. CBT-AT uses a variety of helpful techniques and strategies to challenge unhelpful patterns of thinking that trigger or increase anxiety related symptoms. 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, Progressive Muscle Relaxation (PMR), etc.);
- Goal setting (short and long-term goal); and,
- Exposure and response prevention.

This model will also help consumers improve their interpersonal skills by:

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

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

- Thoughts
- Activities
- People Interactions

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

Interpersonal Psychotherapy (IPT) 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.

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

Somatic Trauma Therapy focuses on healing trauma by addressing the physical sensations and bodily responses associated with traumatic experiences, essentially working with the "body memory" of trauma through techniques like breathwork, movement, and body awareness to release stored tension and promote emotional healing; it emphasizes the mind-body connection and aims to help individuals feel safe within their bodies while exploring past traumas.
Fourth therapists from the different divisions were trained by 12/31/24 in an intensive 4-month training (from 9/01/2024 to 12/31/24).

The training was provided with a 15-week plan self-paced and live virtual sessions. This training contains three parts that are built upon each other to enhance learning. Each part has video content broken up into modules that can be watched in 1-3 hours per week.

- Part 1 discusses 9 key somatic therapy techniques to start working with clients right away.
- Part 2 involves Survival Response and Implicit Memories teaching how to work with more challenging problems.
- Part 3, They gained skills to work directly with attachment trauma and repair relational wounds.

They are being provided with follow supervision sessions led by department clinical supervisors for 3 months post training.

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

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

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

Outcomes are monitored by service coordinators over the course of treatment and by Program Supervisors during routine chart reviews.

Progress Made Towards Achieving Goals

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		
Program	**Admissions For FY 2023-2024**	**Admissions For FY 2024-2025***
Adult Brawley MHSA FSP	389	210
Adult Calexico MHSA FSP	199	144
Adult El Centro MHSA FSP Team 1	332	186
Adult El Centro MHSA FSP Team 2	290	173
Total	1210	*713
** FY In Progress. Data presented for July 2024-February 2025*		

Adult FSP Programs established a goal to have an average of 24 admissions per month. For FY 2023-2024, Adult FSP totaled 1210 admissions, which is an average of 101 per month. So far during FY 2024-2025, Adult FSP has totaled 713 admissions, which is an average of 89 admissions per month.

The goal for 2025-2026 will be an increase by 10% from the previous FY goal, for an average of 26 admissions per month next FY.

Adult FSP consumers admitted to MHTU and Hospitalized				
Program	**Admitted to MHTU FY 2024-2025**	**Hospitalized FY 2024-2025**	**Admitted to MHTU FY 2024-2025***	**Hospitalized FY 2024-2025***
Adult Brawley MHSA FSP	25	25	11	6
Adult Calexico MHSA FSP	30	13	10	7
Adult El Centro MHSA FSP Team 1	50	41	17	19
Adult El Centro MHSA FSP Team 2	9	11	8	4
Total	114	90	46	36
** FY In Progress. Data presented for July-December 2024*				

Adult-FSP Programs set a goal to maintain the number of monthly averages of Mental Health Triage Unit (MHTU) admissions and hospitalizations at under 10. During FY 2023-2024, Adult-FSP programs had 114 MHTU admissions with an average of 10 per month and 90 hospitalizations with an average of eight (8) per month, partially meeting this goal. During the first half FY 2024-2025 Adult-FSP Programs had 46 MHTU admissions with an average of eight (8) per month and a total of 36 hospitalizations with an average of six (6) per month. Both the average number of MHTU admissions and the average number of hospitalizations have decreased for the first half of FY 2024-2025. The Adult-FSP Programs continue to provide MHRT services to clients upon discharge from the MHTU or upon hospitalization to provide

continuity of care with linkage and interventions to stabilize the client and prevent future MHTU admissions and hospitalization.

The goal for 2025-2026 will be to keep the same goal as FY 2024-2025, to reduce/maintain the monthly average number of MHTU admissions and the monthly average number of hospitalizations lower than 10. We will keep providing intensive care services to high-risk clients in efforts to prevent MHTU admissions and hospitalizations.

Adult FSP consumers at Risk of or Experienced Homelessness				
Program	**Risk of Homelessness FY 2023-2024**	**Experienced Homelessness FY 2023-2024**	**Risk of Homelessness FY 2024-2025***	**Experienced Homelessness FY 2024-2025***
Adult Brawley MHSA FSP	106	169	42	52
Adult Calexico MHSA FSP	21	113	16	31
Adult El Centro MHSA FSP Team 1	47	82	23	48
Adult El Centro MHSA FSP Team 2	58	51	48	29
Total	232	415	*129	*160
** FY In Progress. Data presented for July-December 2024*				

Adult-FSP Programs set a goal to decrease the monthly average number of clients reporting incidents of or risk of homelessness from 35 to 15. During FY 2023-2024, Adult-FSP programs had a total of 232 clients reporting risk of homelessness, which is a monthly average of 19 clients. A total of 415 experienced homelessness, which is a monthly average of 35 clients. The total number of clients that either experienced homelessness or were at risk of homelessness was 647, which is an average of 54 per month. For FY 2024-2025 so far, Adult-FSP Programs have had a total of 129 clients reporting risk of homelessness, which is a monthly average of 22 clients. A total of 160 experienced homelessness, which is a monthly average of 27 clients. The total number of clients that either experienced homelessness or were at risk of homelessness was 289, which is an average of 48 per month. This exceeds the goal. Adult FSP will continue to make efforts to assist clients by developing strategies to decrease the risk of homelessness that include intensive MHRT services and other mental health services that address the clients' individual needs. Clients at risk of or experiencing homelessness will continue to receive assistance through Consumer Support Services (CSS) funding for motel vouchers, deposits and rental assistance. MHRT's will provide linkage to local shelters, housing, and other means of assistance to help reduce homelessness and attempt to establish permanent housing.

During FY 2024-2025, Adult-FSP implemented the Behavioral Health Bridge Housing (BHBH) project, which is a significant increase in available housing assistance for individuals with serious mental illness (SMI) and/or substance use disorder (SUD). This increase in housing resources may contribute to increased penetration and engagement for this population, thus increasing the numbers reported for this goal.
The goal for FY 2025-2026 will be to adjust the goal from FY 2024-2025, to decrease the monthly average number of clients reporting incidents of or risk of homelessness to 20.

Adult FSP consumers who reported involvement in the criminal justice system		
Program	**Consumers Reporting Justice Involvement FY 2023-2024**	**Consumers Reporting Justice Involvement FY 2024-2025***
Adult Brawley MHSA FSP	19	9
Adult Calexico MHSA FSP	6	1
Adult El Centro MHSA FSP Team 1	19	9
Adult El Centro MHSA FSP Team 2	15	11
Total	59	*30
** FY In Progress. Data presented for July-December 2024*		

Adult-FSP Programs set a goal to maintain the access to care for Adult FSP Program consumers who are involved in the criminal justice system to a minimum of five (5) per month. In FY 2023-2024, Adult-FSP programs provided mental health services to a total of 59 clients reporting involvement in the criminal justice system. This is an average of five (5) clients per month. So far in FY 2024-2025, Adult-FSP Programs have provided mental health services to a total of 30 clients who are involved in the criminal justice system. This is an average of five (5) clients per month.

Adults MHSA FSP met its established goal and will continue to make efforts to reach this population by conducting outreach activities and more in-depth assessments to identify clients who are involved in the criminal justice systems. Upon identification of a client's involvement in the criminal justice system, Adults MHSA FSP ensures that the clients' services are tailored to his/her needs to assist with successful re-integration into the community.
The goal for FY 2025-2026 will be to maintain the same goal as FY 2024-2025. Adults MHSA-FSP will continue to provide outreach activities within the community in efforts to increase number of clients involved in the Criminal Justice System.

Adult FSP consumers referred to SUD Services		
Program	**Consumers Referred to SUD Services FY 2023-2024**	**Consumers Referred to SUD Services FY 2024-2025***

Adult Brawley MHSA FSP	8	2
Adult Calexico MHSA FSP	12	13
Adult El Centro MHSA FSP Team 1	69	2
Adult El Centro MHSA FSP Team 2	19	1
Total	108	18*
** FY In Progress. Data presented for July-December 2024*		

Adult-FSP Programs set a goal to increase the number of referrals to substance use disorder (SUD) treatment of Adult-FSP Program consumers with a co-occurring condition to an average of 10 per month. During FY 2023-2024, Adult-FSP Programs completed 108 referrals to substance use disorder (SUD) services, averaging nine (9) per month. So far in FY 2024-2025, Adult-FSP Programs have totaled 18 referrals, averaging three (3) 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.

In January 2023, ICBHS implemented the Adult Screening Tool for Medi-Cal Mental Health Services, which serves to concisely assess individuals requesting services for the most appropriate systems of care. This has increased the frequency with which individuals are referred to SUD treatment by the ICBHS Access unit prior to becoming an MHSA participant. This is expected to improve actual access to SUD services while negatively impacting our progress towards this goal as currently measured. Adult-FSP will adjust the goal for FY 2025-2026 to increase the average number of referrals to seven (7) per month.

All Adult and Older Adult Outpatient Services continue to be and identify as Safe Zones for the LGBTQ+ community. The Adult FSP clinics currently have 389 clients identifying themselves as part of this population. Since the previous FY, Adult-FSP programs resumed full availability of in-person services at the clinic. It was reported in prior annual report that ICBHS staff was to be provided with a training entitled "Clinical LGBTQIA2+ Considerations when working with the Rainbow Community", aiming to increase knowledge such as clinical work with the LGBTQIA2+ individuals including Trauma-informed Treatment, CBT, insight on how stigma impacts individuals, terminology, and education on the trans community. The training was completed as planned. A refresher on this training will be provided to Adult and Older Adults staff in February of 2025. Clinicians assigned to Adult and Older adults services will be receiving the Working with the Trans Umbrella training, which focuses on best practices for working with this population including gender fluid, trans, third gender, gender queer, intersex, and non-binary in efforts to increase our knowledge and skills to better serve them.

Notable Community Impact

During FY 2023-2024, Adult-FSP Programs approved $26,691 averaging $636 in Community Services and Supports (CSS) funds to consumers who needed financial assistance and to prevent homelessness. During the period of July 2024 to December 2024, Adult-FSP Programs have approved $15,374 averaging $732 in CSS funds. 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 support system 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.

Any Challenges or Barriers / Strategies to Mitigate those Challenges or Barriers

Adult Programs have noted low engagement for the Older Adult (60+) population. During FY 24-25, Adult Programs implemented the PEARLS (The Program to Encourage Active, Rewarding Lives) model 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 sessions over a 19-week period. After those eight sessions are completed, clients are provided with follow-up calls, which take place once a month for the following three months. So far in FY 24-25, there has been limited engagement with PEARLS, although it still serves as a point of engagement for other ICBHS services. Adult Programs continue to evaluate the effectiveness of the PEARLS model and its impact on engagement for this population. The program was initially started as an MHSA PEI program that was to be contracted with IVROP with a program called Worth & Inspiration for Senior Esteem (WISE). The plan did not develop as anticipated, but the department proceeded to train MHRT's and CSW's to provide the model which was implemented in October 2024.

Program Goals and Objectives for FY 2025-2026

Adult-FSP Programs will continue to pursue the same goals as established in FY 2024-2025to ensure sustenance for areas met and for the opportunity to meet the goals in FY 2025-2026. The Adult FSP Program will increase the number of consumers for the following age groups per month.

Adult FSP Monthly Admissions Projections for FY 2025-2026	
Program	**Projected Monthly Admissions FY 2025-2026**
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 2025-2026:

1. Maintain the average monthly number of crisis desk admissions and hospitalizations lower than 10 by increasing mental health service interventions that will reduce or eliminate impairments in an important area of life functioning as a result of their mental illness.
2. Provide assistance to an average of 20 clients per month to reduce homelessness by assisting clients with CSS/motel vouchers while coordinating with other community resources for placement or SUD for transition to residential facilities. SMHS, MHRT services and other supports will be provided in efforts to improve consumers' ability to manage independence and increase their ability to work or attend school, such as IVROP and other community resources
3. By the end of 2024-2025, the access to care for Adult FSP Program Consumers, by five (5), who are involved in the criminal justice system by treating their Mental Health needs. There was no significant change from las FY, reason to keep the same goal as last FY.
4. Adult FSP Program will increase the number of Adult-FSP Program consumers with a co-occurring substance use disorder to 16 referrals for assessment and linkage to substance use treatment.
5. Increase knowledge of the LGBTQIA2+ population within our clinical and non-clinical staff in efforts to provide quality services to our LGBTQIA2+ clients

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

The Portland Identification and Early Referral (PIER) Model is an evidence-based approach designed to detect and intervene early in the prodromal phase of psychotic illness. This model emphasizes early identification, psychosocial interventions, and appropriate treatment to support young individuals at high risk of experiencing a first episode of psychosis. The PIER framework is structured into three phases, each playing a critical role in early intervention and ongoing care.

Phase I & Phase II: Outreach, Engagement, and Assessment

Phase I of the PIER Model focuses on outreach and engagement, aiming to educate the community and identify individuals who may be in the early stages of developing a psychotic disorder. This phase includes community presentations, informational booths, and educational initiatives designed to raise awareness and facilitate early identification.

Phase II involves comprehensive assessment and evaluation using the Structured Interview for Prodromal Syndromes (SIPS) to determine whether individuals meet the criteria for early psychosis intervention.

During FY 2023-2024, the PIER Program remained proactive in its outreach and assessment efforts. The program received twenty-eight (28) referrals, conducted one (1) virtual presentation, facilitated twenty-four (24) outreach presentations, hosted thirty-three (33) informational booths, and distributed five thousand six hundred and thirty-four (5,634) brochures to increase awareness and connect individuals with needed services.

In the assessment phase, the program completed nine (9) SIPS assessments, identifying four (4) individuals as Prodromal, three (3) as First Episode Psychosis, and two (2) individuals who did not meet the criteria. These efforts reinforced the program's role in early identification and intervention for youth and young adults experiencing or at risk of psychosis.

PIER Model Referral Outcome Overview FY 2023-2024	
Phase I	
CESS Referrals to PIER	28
Virtual Presentations	1
Outreach Presentations	24
Informational Booths	33
Brochure Disseminations	5,634
Phase II	
SIPS Completed	**9**

Phase III: Multifamily Group and Supportive Services

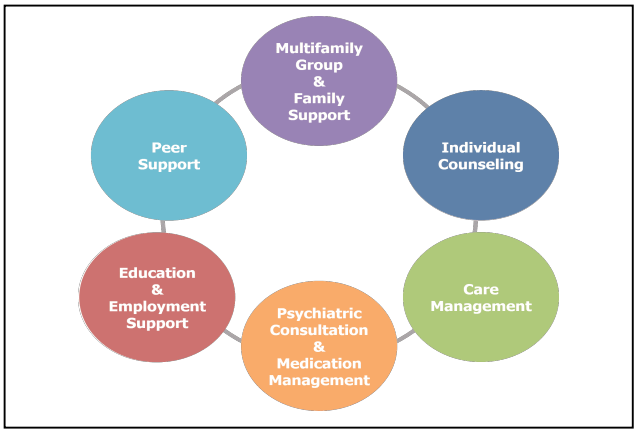
The third phase of the PIER Model focuses on Multifamily Groups (MFGs), creating a supportive environment where clients, family members, and other support persons can gain a better understanding of the early warning signs of psychosis, available treatment options, and effective coping strategies. These groups provide education, peer support, and guidance to help families navigate the complexities of early psychosis intervention.

In addition to MFGs, this phase includes individual and family counseling, crisis intervention, and various support services designed to help individuals manage symptoms and enhance overall well-being. Through these services, the PIER Program strives to strengthen family involvement, improve treatment adherence, and promote stability for individuals at high risk of psychosis.

During FY 2023-2024, the PIER Program facilitated two (2) Multifamily Group (MFG) sessions, ensuring that clients and their families received critical education and support. By engaging families in the recovery process, the program continues to foster a collaborative approach to early intervention, improving outcomes for individuals experiencing or at risk of psychosis.

Moving forward, PIER will continue to expand the reach of its MFG sessions, strengthening its commitment to providing essential education and support for families navigating the challenges of early-stage psychosis. In addition to these services, the PIER Program offers a range of resources to support individuals, including:

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



Notable Performance Measures

The PIER Program remains dedicated to tailoring its services to meet client needs by routinely using the Behavior and Symptom Identification Scale 24 (BASIS 24). This comprehensive tool creates detailed client profiles and monitors shifts in self-reported symptoms across areas such as depression, daily functioning, interpersonal relationships, psychosis, substance use, emotional regulation, and self-harm risk. BASIS 24 is initially administered and then repeated annually for clients aged 18 and older. In FY 2023-2024, the program completed nine (9) BASIS 24 assessments.

For youth, the program employs the Child and Adolescent Needs and Strengths (CANS) tool to refine treatment planning and support decision-making. Designed for individuals aged 6 to 20, CANS helps determine the appropriate level of care, coordinates services, and tracks outcomes over time. During FY 2023-2024, a total of eight-teen (18) CANS assessments were conducted.

To proactively identify cognitive, emotional, and behavioral concerns among children and adolescents, the Pediatric Symptom Checklist (PSC-35) is used as a key screening instrument. This early detection method paves the way for prompt interventions that enhance youth psychosocial well-being. The program administered eight-teen (18) PSC-35 assessments during this period. In addition, for clients aged 11 to 20, the Pediatric Symptom Checklist-Youth Version (PSC-Y) is utilized to evaluate factors such as interpersonal distress, somatic symptoms, social challenges, behavioral functioning, and critical risk indicators. In FY 2023-2024, nine-teen (19) PSC-Y assessments were completed.

The PIER Survey is an internal evaluation tool utilized by the PIER Program to assess participant satisfaction, service effectiveness, and program impact. This survey collects feedback from clients and their families, providing valuable data on their experiences with program services, staff engagement, accessibility of resources, and overall progress in their recovery journey. By analyzing responses, the program identifies strengths and areas for improvement, ensuring that services remain client-centered and responsive to evolving needs. Throughout FY 2023-2024, the PIER Program conducted four (4) PIER Surveys.

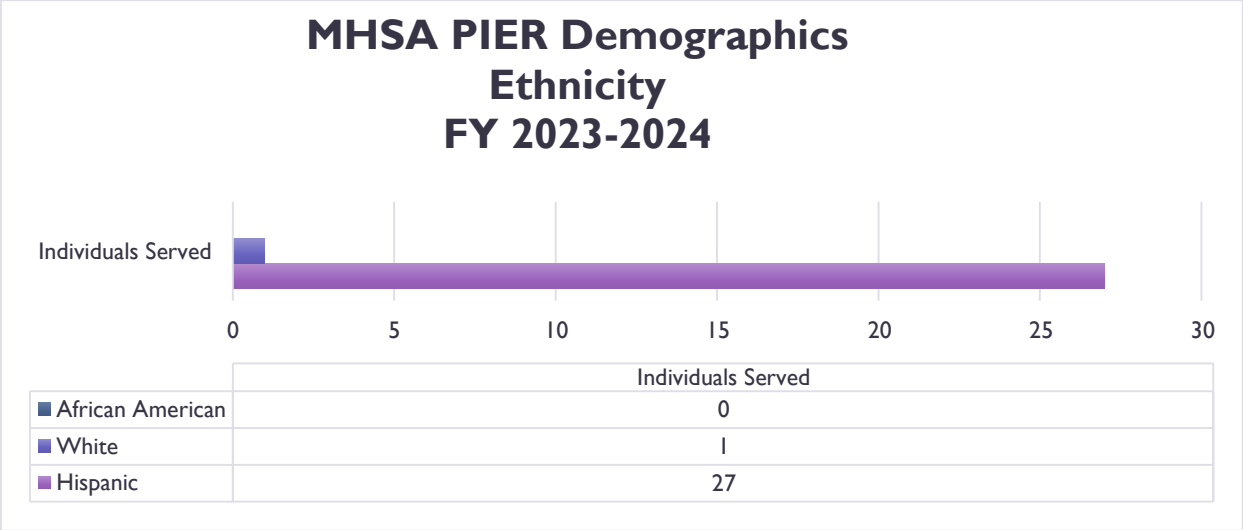
The Structured Interview for Psychosis-Risk Syndromes (SIPS) is a specialized assessment tool used to identify individuals at clinical high risk (CHR) for psychosis. This structured diagnostic interview evaluates subtle changes in thought processes, perception, and behavior that may indicate an emerging psychotic disorder. The SIPS measures the severity of attenuated psychotic symptoms across key domains, including unusual thought content, suspiciousness, perceptual abnormalities, and disorganized communication. By identifying individuals at risk early, clinicians can implement targeted interventions aimed at delaying or preventing the onset of full-threshold psychosis. The tool is primarily used with adolescents and young adults who exhibit risk factors associated with schizophrenia-spectrum disorders. During FY 2023-2024, the PIER Program completed nine (9) SIPS assessments.

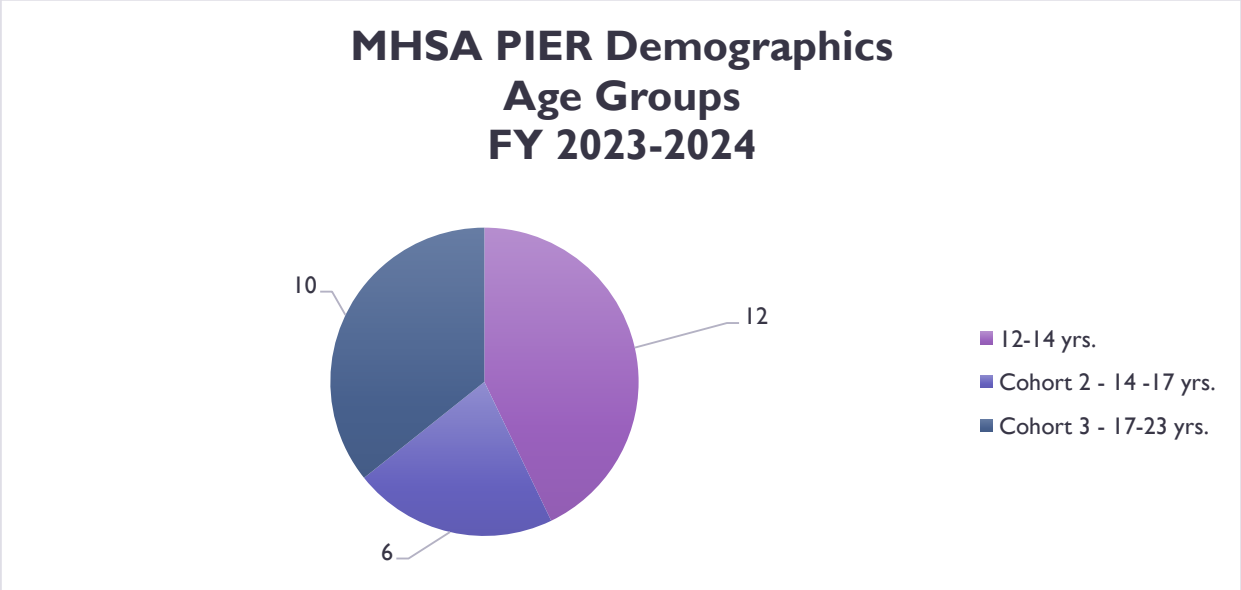
PIER Referrals and Demographics

PIER FSP FY 2023-2024	
Referrals	
Total Referrals Received	28
Total Individuals Served	
Total SIPS	9
Prodromal	4
First Episode Psychosis	3
Screen Out	2
Total SIPS Pending	17
Total MFG Groups	2
Total Discharges	**7**
Does Not Meet Medical/Service Necessity	0
No Care Needed – Sufficient Progress	0
Relocated Out of County/Agency Transfer	0
Declined Services	7
Total Consultation Calls	
MFG Calls	2
SIPS Calls	0
Joining sessions	23
Gender	
Female	21
Male	7
Other / or not reported	0
Age Groups	
Cohort 1 - 12-14 yrs.	12
Cohort 2 - 14 -17 yrs.	6
Cohort 3 - 17-23 yrs.	10
Ethnicity	
Hispanic	27
White	1
African American	0

Full-Service Partnership (FSP) Quarterly Reports serve as a structured method for tracking client progress within intensive, recovery-oriented mental health services. These reports compile key clinical and functional data, including housing stability, psychiatric hospitalizations, crisis service utilization, employment or educational engagement, and overall quality of life indicators. By reviewing these metrics on a quarterly basis, FSP teams can assess treatment effectiveness, identify emerging challenges, and ensure that each participant receives the necessary support to promote sustained recovery and independence. The data collected also informs us of program-level decision-making and helps demonstrate the impact of FSP services on long-term client outcomes. During FY 2023-2024, eight (8) FSP Quarterly Reports were completed.

During FY 2023-2024, PIER-FSP program served a total of twenty-eight (28) individuals. Furthermore, the largest age group served by the PIER program during FY 2023-2024 was the 12-14 age group. Lastly, the largest ethnic group served during FY 2023-2024 was Hispanic.





Budget

The number of individual clients served in FY 2023-2024 was twenty-eight (28) individuals. The average cost per person was eleven thousand, eight-hundred and thirty-one dollars and seventy-five cents ($11,831.75).

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

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

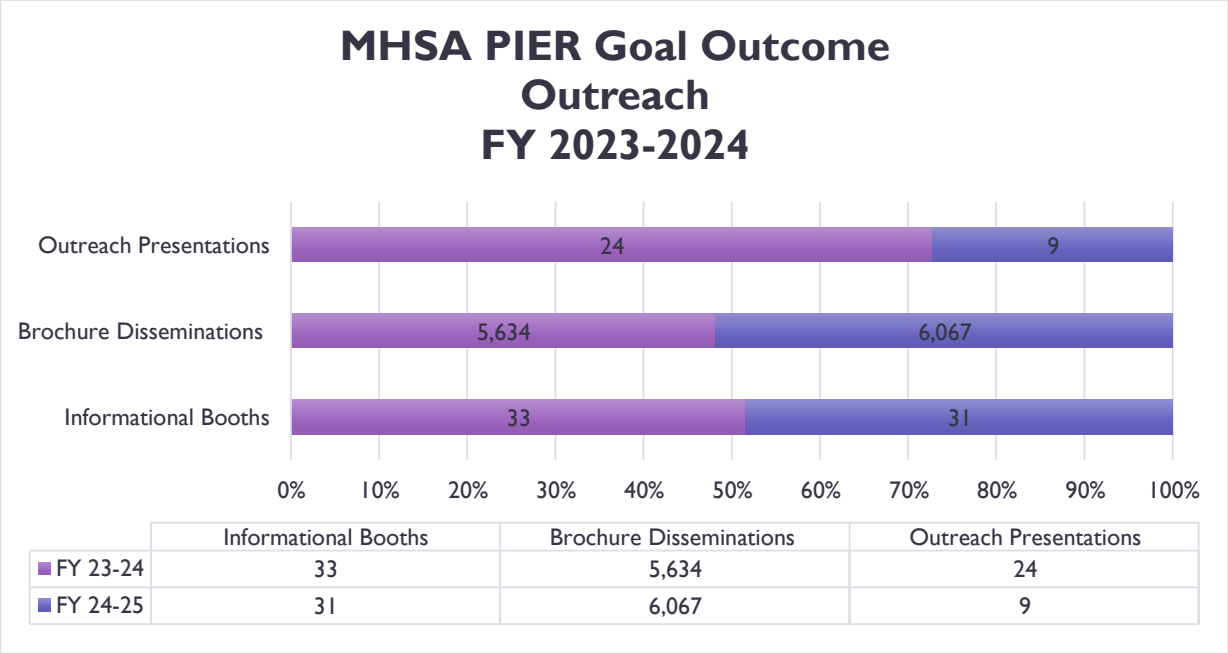
Progress Towards Goals and Objectives for FY 2023-2024

During FY 2023-2024, the PIER Program set a goal to increase accessibility to mental health services by 5% through targeted awareness, education, and advocacy, focusing on specific age groups and populations. By expanding outreach efforts and strengthening referral pathways, the program successfully met this goal, increasing access to early intervention services for individuals at risk of psychosis.

During this reporting period, the PIER Program received twenty-eight (28) referrals and conducted nine (9) SIPS assessments to evaluate individuals for early signs of psychosis. Of those assessed, four (4) individuals met criteria for Prodromal Syndrome, three (3) were identified as First Episode Psychosis, and two (2) did not meet the criteria. These efforts reflect the program's commitment to early identification and intervention, ensuring that individuals in need receive timely mental health support. Compared to the previous reporting period, where twelve (12) referrals and two (2) SIPS assessments were conducted, one (1) med criteria for Prodromal Syndrome, one (1) was identified for First Episode Psychosis. This year's numbers indicate a 57% increase in accessibility efforts. By meeting the 5% target, PIER has demonstrated its effectiveness in expanding mental health services to at-risk individuals. Moving forward, the PIER Program will continue to build on these efforts by enhancing outreach strategies, strengthening partnerships, and refining assessment processes to further increase accessibility to mental health services. The program remains committed to sustaining this growth and is on track to meet its goals for FY 2024-2025 and FY 2025-2026.

During FY 2023-2024, the PIER Program set a goal to provide PIER education and outreach at least once per month through training, presentations, informational booths, and the dissemination of mental health resources. These efforts were designed to increase community awareness, promote early identification of psychosis, and enhance the number of consumers referred and served.

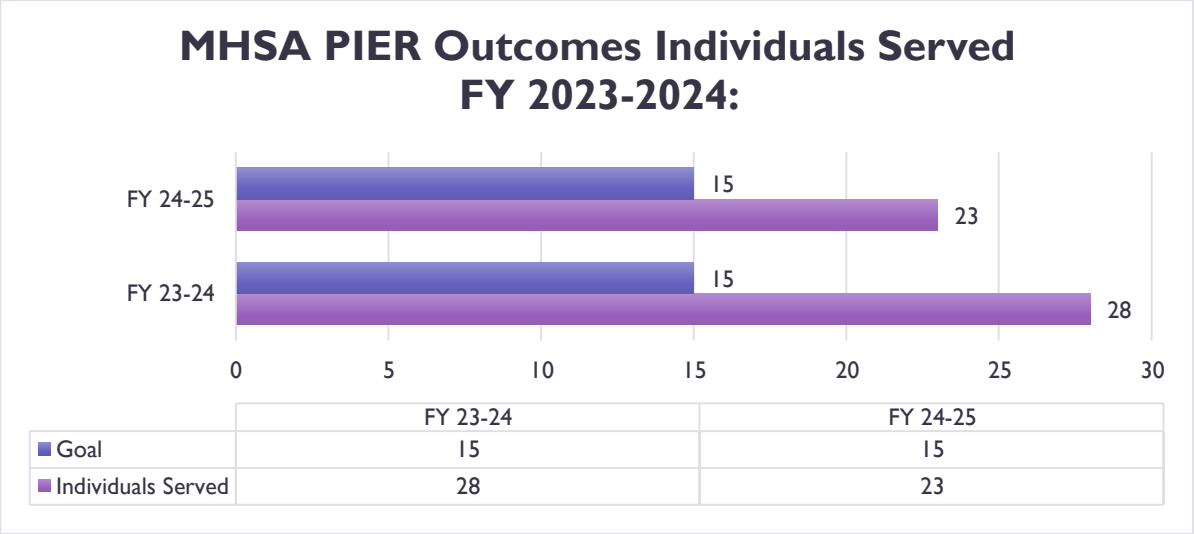
Through a proactive outreach strategy, the program successfully met and exceeded this goal by conducting a total of twenty-four (24) outreach activities, significantly surpassing the required monthly target. These outreach efforts included participation in thirty-three (33) informational booths, where critical mental health information was shared with the community. Additionally, the program distributed five thousand six hundred and thirty-four (5,634) brochures to individuals and families to educate them on early warning signs of psychosis and available treatment services. To further expand accessibility, PIER also hosted one (1) virtual presentation, ensuring outreach extended to a broader audience beyond in-person events. By exceeding its outreach targets, the PIER Program strengthened its community presence and enhanced service accessibility for individuals at risk of developing psychosis. Moving forward, PIER will continue to expand education efforts, increase referral pathways, and collaborate with key stakeholders to ensure individuals in need are connected to early intervention services.



	Informational Booths	Brochure Disseminations	Outreach Presentations
FY 23-24	33	5,634	24
FY 24-25	31	6,067	9

During FY 2023-2024, the PIER Program set a goal to collect demographic and evaluation data to measure the program's effectiveness in preventing first-episode psychosis and assessing its impact on consumers and their families. Through consistent data collection and analysis, the program successfully met this goal, ensuring that performance outcomes and service effectiveness were accurately tracked.

During this reporting period, the PIER Program gathered comprehensive demographic data from individuals referred to the program, including age, gender, and ethnicity, to assess the reach and inclusivity of services. Additionally, evaluation data from the Structured Interview for Prodromal Syndromes (SIPS) assessments was collected to determine early psychosis risk and ensure appropriate service interventions. This process provided valuable insights into the program's ability to identify individuals at risk, facilitate timely interventions, and support families through education and engagement. By achieving this objective, the PIER Program reinforced its commitment to data-driven decision-making, ensuring that services remain effective and responsive to community needs. Moving forward, PIER will continue refining its data collection strategies, further analyzing outcomes, and leveraging findings to enhance service delivery and long-term program impact.



During FY 2023-2024, the PIER Program set a goal to train two (2) Mental Health Rehabilitation Technicians and two (2) Clinicians on the PIER Model to ensure the successful implementation of the program. Through dedicated efforts in workforce development and capacity building, the program not only met but exceeded this goal, significantly increasing the number of trained facilitators. During this reporting period, the department successfully provided PIER Model training to sixteen (16) Mental Health Rehabilitation Technicians and four (4) Clinicians, equipping them with the necessary skills to deliver early intervention services effectively. This achievement enhances the program's ability to identify, assess, and provide support to individuals at risk of psychosis, ensuring a broader reach within the community. By surpassing its training objective, the PIER Program has strengthened its service delivery model, reinforcing its commitment to early detection, intervention, and long-term program sustainability. Moving forward, the program will continue to invest in staff development, ensuring continued adherence to the PIER Model and enhancing the overall quality of care provided to consumers and their families.

As the PIER Program transitions from FY 2023-2024 to FY 2024-2025, significant strides continue to be made in supporting individuals experiencing early signs of psychosis. During the first and second quarters of FY 2024-2025, the program successfully handled a total of 23 referrals, serving 23 individuals. A total of 7 SIPS (Structured Interview for Psychosis) were completed, with 1 for Prodromal and 2 for First Episode Psychosis, while 4 individuals were screened out. There are 9 pending SIPS, and 2 MFG (Multi-Family Group) sessions were held. Throughout this period, there were 7 discharges, all of which were due to individuals declining services. The program also managed 5 consultation calls, including 2 MFG calls and 3 SIPS calls, with 18 joining sessions conducted. Demographically, 14 of the individuals served were female, and 9 were male, spanning various age groups, including 9 individuals from the 12-14 age group, 4 from the 14-17 age group, and 10 from the 17-23 age group. Ethnically, 22 individuals identified as Hispanic, and 1 individual identified as White. This data underscores the continued success of the PIER Program in reaching and supporting individuals experiencing early psychosis, with plans to expand its impact throughout FY 2024-2025. Please refer to the data below for further details.

PIER Model Referral Outcome Overview FY 2024-2025	
Phase I	
CESS Referrals to PIER	23
Virtual Presentations	1
Outreach Presentations	9
Informational Booths	31
Brochure Disseminations	6,067
Phase II	
SIPS Completed	**7**

PIER Referrals and Demographics

PIER FSP FY 2024-2025	
Referrals	
Total Referrals received	23
Total Individuals Served	
Total SIPS	7
Prodromal	1
First Episode Psychosis	2
Screen Out	4
Total SIPS Pending	9
Total MFG Groups	2
Total Discharges	**7**
Does Not Meet Medical/Service Necessity	0
No Care Needed – Sufficient Progress	0
Relocated Out of County/Agency Transfer	0
Declined Services	7
Total Consultation Calls	
MFG Calls	2
SIPS Calls	3
Joining sessions	18
Demographics	
Female	14
Male	9
Other / or not reported	0
Age Groups	
Cohort 1 - 12-14 yrs.	9
Cohort 2 - 14 -17 yrs.	4
Cohort 3 - 17-23 yrs.	10
Total	**23**
Ethnicity	
Hispanic	22
White	1
African American	0
Total	**23**

Notable Community Impacts

During FY 2023-2024, the PIER Program made a significant impact in the community by expanding access to early intervention mental health services, strengthening outreach efforts, and enhancing staff training to improve service delivery. Through a comprehensive approach to early psychosis prevention, the program successfully increased awareness, engaged key populations, and ensured timely access to care for individuals at risk of developing psychosis.

A major accomplishment was the program's successful expansion of training efforts, exceeding its initial goal by training 16 Mental Health Rehabilitation Technicians and 4 Clinicians in the PIER Model. This achievement significantly strengthened the program's ability to deliver high-quality early intervention services, ensuring that more professionals are equipped to recognize and address the early warning signs of psychosis in the community.

PIER's commitment to increasing accessibility to mental health services was reflected in its outreach efforts, which led to a 5% increase in service accessibility. By conducting community presentations, attending informational booths, and disseminating thousands of mental health brochures, the program successfully raised awareness and provided individuals with crucial information about early psychosis detection and available treatment options.

Additionally, the program's structured data collection and evaluation efforts provided valuable insights into the effectiveness of early intervention strategies. By gathering demographic and assessment data, PIER was able to measure its impact on consumers and their families, ensuring that services are continuously refined to meet community needs.

The successful linkage of individuals to mental health services further highlights the program's effectiveness. By conducting SIPS assessments and identifying individuals in the Prodromal and First Episode Psychosis phases, PIER ensured that at-risk individuals were connected to the appropriate services, reinforcing the importance of early identification and timely intervention.

Through these initiatives, the PIER Program has demonstrated its commitment to improving mental health outcomes, fostering community engagement, and enhancing service delivery. Moving forward, the program will continue to build on these successes by further expanding outreach efforts, increasing training opportunities, and refining its approach to early psychosis prevention and intervention.

Challenges and/or Barriers

During FY 2023-2024, the PIER Program encountered several challenges that impacted on the full implementation and expansion of services. Despite these barriers, the program remained committed to advancing its early intervention efforts and transitioning into an independent Full-Service Partnership (FSP) program.

One of the primary challenges faced by PIER was staffing limitations and workforce capacity. While significant progress was made in training staff on the PIER Model and FSP requirements, staff retention and ensuring adequate personnel coverage for both direct service and

outreach functions remained a challenge. The need for ongoing specialized training and recruitment created obstacles in maintaining program fidelity while expanding services.

Additionally, the transition of PIER to an independent FSP program required significant structural and administrative changes. Establishing clear referral pathways, aligning documentation with FSP standards, and integrating PIER into the electronic health record (EHR) system required extensive coordination across multiple departments. While substantial progress was made in developing these pathways, finalizing communication and coordination with outpatient clinics remains an ongoing task to ensure a seamless transition.

Another barrier faced was engagement and retention of individuals identified as at-risk for psychosis. Due to the stigma surrounding mental health and early psychosis interventions, some individuals and families were hesitant to commit to services. This impacted the program's ability to retain participants throughout the evaluation and intervention process. In response, PIER has focused on enhancing community education, strengthening peer support involvement, and expanding outreach efforts to increase trust and engagement.

Furthermore, establishing a strong data collection and evaluation system presented initial challenges, particularly as PIER worked to align with UC Davis EPI-CAL and the statewide Early Psychosis Program Evaluation network. Ensuring data accuracy, standardization, and effective use of collected information requires additional training and system integration. However, PIER continues to address these challenges through ongoing collaboration with information systems and program evaluation teams.

Despite these barriers, PIER has made significant strides in expanding its capacity, refining its structure, and strengthening service accessibility. Moving forward, the program will continue addressing staffing challenges, enhancing engagement strategies, finalizing its transition to an independent FSP program, and optimizing its data-driven approach to improving early intervention outcomes.

Significant Changes, Including New Programs

The PIER Program is undergoing a transformational shift to enhance its capacity and sustainability as an early intervention service for individuals at risk of psychosis. Through key partnerships, structural improvements, and workforce development, the program is expanding its reach, strengthening its service model, and transitioning towards greater independence to better serve the community.

One of the most significant advancements is PIER's collaboration with UC Davis EPI-CAL, California's Collaborative Statewide Early Psychosis Program Evaluation. This partnership is designed to develop a sustainable learning health care network, allowing for data-driven improvements that benefit consumers, families, and communities across the state. By integrating into this larger network, PIER is ensuring that service quality, outcome measurement, and evidence-based practices remain at the forefront of its operations.

With this collaboration, the division has determined the need to revamp PIER services by integrating various elements that EPI-CAL offers. To facilitate this transformation, the PIER program will undergo a full assessment to determine the most effective model approach. This assessment will focus on identifying which key elements from the existing PIER model should be retained and which best practices from EPI-CAL can be integrated. The goal is to merge these components to create a more structured and robust program that optimally serves individuals experiencing early psychosis.

Another major milestone is the department's active efforts to transition PIER into an independent Full-Service Partnership (FSP) program. The PIER program, previously an ancillary program, is now in the process of becoming a stand-alone FSP program that will provide full-scope direct services, including initial assessments, medication support, case management, individual therapy, and group therapy. This transition aims to enhance services for individuals experiencing their first episode of psychosis or those at risk of developing psychosis. Significant steps have already been taken to establish the necessary infrastructure for this transition, including training staff on FSP requirements, identifying and preparing direct service providers and outreach teams, and integrating FSP guidelines into program workflows.

Workforce development has been a priority to support this transition. PIER has successfully trained staff on the model, equipping them with the knowledge and skills needed to provide comprehensive early intervention services. Additionally, outreach staff have attended Peer Support Certification training, further enhancing their ability to engage and support individuals in need.

Internally, PIER collaborated with the Information Systems team to establish a designated pathway within the electronic health record (EHR), streamlining documentation and tracking processes to align with FSP requirements. The final step in the transition is coordinating with outpatient clinics to fully integrate PIER as a standalone FSP program, ensuring seamless service delivery for consumers.

These significant changes mark a pivotal moment in PIER's evolution, reinforcing its commitment to long-term sustainability, improved service accessibility, and data-driven enhancements. Moving forward, the program will continue refining its model, strengthening partnerships, and ensuring that individuals experiencing early psychosis receive the highest quality of care through a fully independent and robust service framework.

Additionally, based on feedback obtained from consumers and collaborating partners, the division is considering a name change for the PIER program to better reflect the services provided and the population served. This topic was presented to the MHSA Steering Committee on Monday, March 10, 2025 for input, where community members emphasized the importance of selecting a name that is more receptive and community friendly. In response, the community has committed to taking this discussion back to their respective hubs to gather feedback from consumers. Simultaneously, the division will be developing a list of potential new names to present as options for consideration. These recommendations, along with feedback from the community, will be brought back to the next quarterly MHSA Steering Committee meeting for further discussion. It is anticipated that during the next reporting period, the

program will be renamed in alignment with the recommendations of consumers and the community.

As the PIER Program continues to expand and evolve, updating its goals is necessary to reflect progress made, emerging priorities, and the need for continued growth. The program has successfully met and, in some areas, exceeded its original objectives, demonstrating the capacity to enhance accessibility, outreach, data collection, and staff training. To sustain this momentum and ensure long-term impact, the goals must be refined to establish higher benchmarks and address the program's transition to an independent Full-Service Partnership (FSP).

Increasing accessibility to mental health services remains a core priority, and while the program met the 5% target, further expansion is needed to reach more individuals at risk of psychosis. Strengthening referral pathways, early identification, and long-term service retention will enhance these efforts. Similarly, outreach and education efforts have exceeded the original goal of one event per month, proving the program's capacity to engage the community more frequently. Increasing outreach activities will further raise awareness and ensure early intervention.

Data collection and evaluation have also progressed, but as PIER integrates with UC Davis EPI-CAL, a more structured and standardized approach is required to improve outcome tracking and program evaluation. Additionally, the program surpassed its original training goal, successfully preparing more staff than anticipated. With PIER's transition to an independent FSP, further training will be essential to ensure all staff are equipped with the necessary skills to support the expanded service model.

These goal updates will allow PIER to maintain service excellence, improve early intervention outcomes, and strengthen its role in preventing first-episode psychosis while adapting to the growing needs of the community.

These strategic updates will allow the program to maintain service excellence, improve early intervention outcomes, and strengthen its role in preventing first-episode psychosis, all while adapting to the growing needs of the community.

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

1. The PIER Program will conduct at least 36 outreach activities, including community presentations, informational booths, and virtual education sessions, to increase awareness of early psychosis intervention.
2. The PIER Program will increase referrals and completed assessments by 7% compared to the previous reporting year by strengthening referral pathways and enhancing engagement efforts.
3. The PIER Program will complete its transition to an independent FSP program, including full implementation of EHR integration, staff training, and establishing referral pathways with outpatient clinics.
4. The PIER Program will implement a structured data collection process aligned with UC Davis EPI-CAL to track program outcomes, ensuring at least 90% of all PIER participants have complete and accurate demographic and clinical data recorded.
5. The PIER Program will conduct at least 12 Multifamily Groups (MFGs) to provide education, peer support, and resources for consumers and their families, ensuring increased participation and support for individuals at risk of psychosis.

Intensive Community Program FSP (ICP-FSP)

Effective December 1, 2024, the Intensive Community Program Full-Service Partnership (ICP-FSP) has been established in Imperial County to provide comprehensive and intensive mental health services to adults aged 18 and older with serious and persistent mental illness. This newly developed program is designed to serve a diverse population, ensuring that individuals experiencing severe mental health challenges receive the support and resources necessary to foster stability, recovery, and self-sufficiency within their communities.

ICP-FSP utilizes the Assertive Community Treatment (ACT) model, an evidence-based approach that emphasizes intensive, community-based care to reduce the risk of preventable outcomes such as homelessness, psychiatric hospitalization, and substance use. The program integrates wraparound services, including mental health treatment, intensive case management, medication support, housing assistance, employment and volunteer opportunities, and access to medical care, ensuring a holistic and individualized approach to recovery.

Additionally, the CARE Act (Community Assistance, Recovery, and Empowerment Act) is embedded within ICP-FSP, further strengthening the program's ability to provide court-ordered treatment and support for individuals with untreated severe mental illness who require structured intervention. By incorporating this framework, the program expands its capacity to serve individuals with complex needs, ensuring they receive timely and coordinated care that promotes long-term wellness.

With its multi-disciplinary approach, person-centered care, and commitment to evidence-based practices, ICP-FSP is a critical addition to Imperial County's mental health services, providing the intensive, wraparound support needed for individuals to achieve stability, independence, and improved quality of life.

Budget

As a newly established program, ICP-FSP did not serve any individuals during FY 2023-2024, Quarter 1 and 2, as the program was still in its initial implementation phase. However, with the program now fully operational, projected costs will be based on anticipated service delivery, staff training, outreach efforts, and infrastructure needs.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

Since its launch on December 1, 2024, the Intensive Community Program Full-Service Partnership (ICP-FSP) has faced several challenges in its implementation and service delivery. While the program has made significant progress in establishing infrastructure, developing policies, and collaborating with the courts, certain barriers have impacted the efficiency of service coordination, staffing stability, and community awareness.

One of the primary challenges has been staff turnover, with team members transitioning due to school, promotions, and resignations. Given the specialized nature of ICP-FSP, the training of

new staff has been a continuous process to ensure personnel are equipped with the skills necessary to work within the Assertive Community Treatment (ACT) model and CARE Act framework. Although the program has identified and allocated staff, maintaining a fully trained and stable workforce remains a priority to sustain high-quality service delivery.

Additionally, referrals to the program have been lower than anticipated, highlighting a lack of community awareness regarding ICP-FSP's role and eligibility criteria. To address this, the program has assigned Community Service Workers to conduct rigorous outreach activities, ensuring that partner agencies, healthcare providers, and the broader community are informed about the program's services. Outreach efforts have focused on "getting the word out" through community engagement, stakeholder meetings, and public education campaigns to improve referral pathways and service access.

The integration of court-ordered treatment under the CARE Act has also presented challenges, particularly in aligning clinical and legal processes to ensure a seamless transition for individuals requiring intensive mental health services. While standing weekly meetings with the courts and the development of structured policies and procedures have helped address these issues, ongoing efforts are required to refine service coordination and streamline legal and clinical workflows.

Another barrier has been the technical and administrative challenges of integrating ICP-FSP within the electronic health record (EHR) system. While the program has collaborated with Information Systems to establish a designated documentation and tracking pathway, ensuring staff compliance, workflow efficiency, and accurate data entry remains an area for improvement.

Despite these barriers, ICP-FSP continues to build momentum and refine its operations to ensure individuals with serious and persistent mental illness receive timely and effective care. The program remains committed to strengthening community partnerships, expanding outreach efforts, and improving referral processes to enhance service accessibility and program impact.

Significant Changes, Including New Programs

Since its launch on December 1, 2024, the Intensive Community Program Full-Service Partnership (ICP-FSP) has made significant strides in establishing itself as a comprehensive mental health service for individuals with serious and persistent mental illness. The program has undergone critical developments to ensure effective service delivery, structural organization, and collaborative integration with key stakeholders.

A major advancement in the program has been the incorporation of the CARE Act, allowing ICP-FSP to provide structured court-ordered treatment for individuals with severe mental illness. To facilitate this, weekly standing meetings with the courts have been established, strengthening collaboration and ensuring seamless coordination between mental health services and the legal system. The program has also worked diligently to develop policies and procedures, both internally and in partnership with the courts, to guide service implementation and compliance with CARE Act mandates.

Operationally, the program has successfully identified and allocated staff, ensuring that designated clinicians, case managers, and support personnel are in place to meet the needs of consumers. Additionally, ICP-FSP has relocated to a dedicated facility, providing a centralized space for service coordination and client engagement.

To enhance service efficiency, the program has created streamlined pathways for referrals and service access, ensuring that individuals in need receive timely intervention and comprehensive care. In collaboration with the Information Systems team, ICP-FSP has also integrated a designated pathway within the electronic health record (EHR) system, optimizing documentation, tracking processes, and data management to support program effectiveness.

Community engagement has been another focus, with ongoing efforts to educate the public, local organizations, and stakeholders about the program's services and the impact of early intervention through the CARE Act. These educational initiatives aim to increase awareness, reduce stigma, and promote community collaboration in supporting individuals with severe mental illness.

Through these significant changes, ICP-FSP has established a strong foundation for service delivery, ensuring that individuals in need receive intensive, community-based support that promotes stability, recovery, and long-term well-being. Moving forward, the program will continue refining its processes, strengthening interagency partnerships, and expanding outreach efforts to maximize its impact within Imperial County.

As the Intensive Community Program Full-Service Partnership (ICP-FSP) transitions from its initial development phase to full implementation, updating its goals is necessary to ensure program effectiveness, sustainability, and measurable impact. The original goals primarily focused on the foundational steps needed to launch the program, including identifying staff, re-establishing training, and developing program objectives. While these initial goals were essential for establishing ICP-FSP, the program has now moved into an operational phase, requiring a shift toward increasing service reach, enhancing staff capacity, and improving referral pathways.

The previous staffing goal focused on identifying and training staff, which has been successfully completed. The department has now hired and allocated staff to ICP-FSP, making it necessary to transition from an initial hiring focus to ensuring ongoing workforce development. The updated goal establishes a structured training plan to ensure that 100% of newly hired staff receive comprehensive training within their first 90 days, equipping them with the skills needed to deliver intensive case management under the ACT model and CARE Act requirements.

Similarly, the previous training goal emphasized re-establishing training with Case Western Reserve University. While staff training remains a priority, the program's current needs extend beyond a singular training partnership. The updated goal expands training objectives to include comprehensive onboarding, continuous education, and specialized training in ACT, CARE Act implementation, and intensive case management, ensuring staff are fully equipped to provide effective services.

Lastly, the previous objective to develop program goals and objectives has been completed, and the program is now fully operational. The focus must now shift to increasing outreach efforts and securing referrals. The updated goals reflect the critical need to increase community awareness and engagement, which is why ICP-FSP will now conduct at least 10 outreach events annually to build relationships with key stakeholders and improve referral rates. Additionally, as the program is starting from zero referrals, the new referral goal sets an achievable target of securing at least two (2) referrals in the next reporting period, establishing a baseline for future growth.

Updating these goals aligns with ICP-FSP's evolving priorities, ensuring that the program expands its reach, strengthens workforce capacity, and builds a solid referral network to serve individuals with serious mental illness more effectively. These changes will provide the structure and direction necessary for long-term success and sustainable program impact.

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

1. ICP-FSP will conduct at least (ten) 10 outreach events per year, including community presentations, stakeholder meetings, and informational sessions, to improve program awareness and increase referral rates.

2. ICP-FSP will develop and implement a structured training plan to ensure that 100% of newly hired staff receive training in the ACT Model, CARE Act implementation, and intensive case management within their first 90 days of employment.

3. ICP-FSP will establish a baseline for program referrals by securing at least two (2) referrals in the next reporting period, starting from zero.


Community
Services &
Supports:
General Systems Development
IMPERIAL COUNTY
CALIFORNIA

General Systems Development

Wellness Centers

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

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

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

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

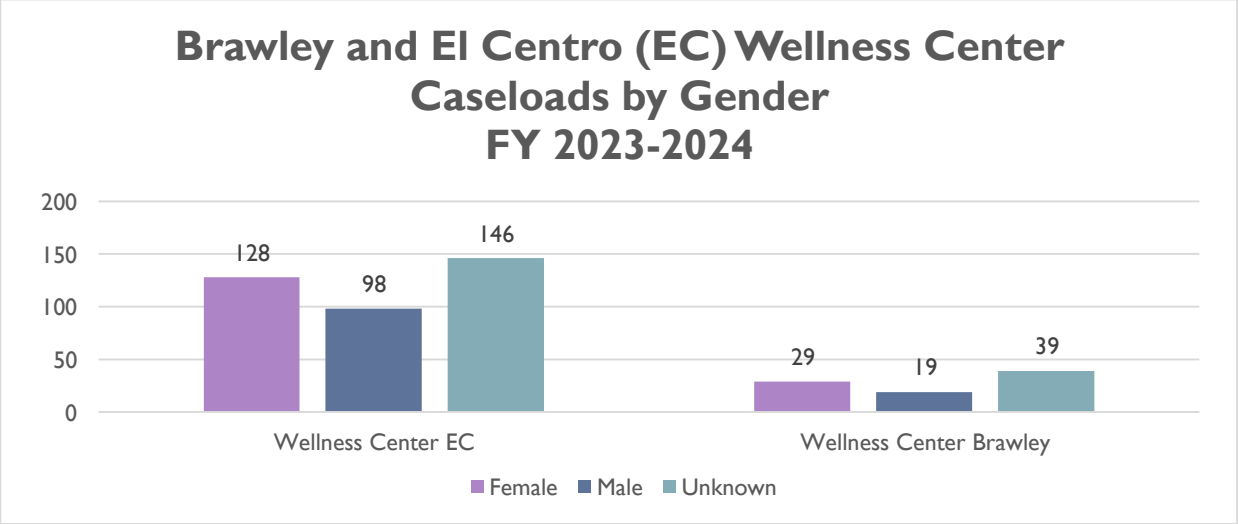
The total operating budget in FY 2024-2025 for El Centro Wellness Center and Brawley Wellness Center is $1,657,053.00. The Wellness Center Programs has served 391 unduplicated consumers at an approximate cost per person of $4,237.98 for FY 2024-2025.

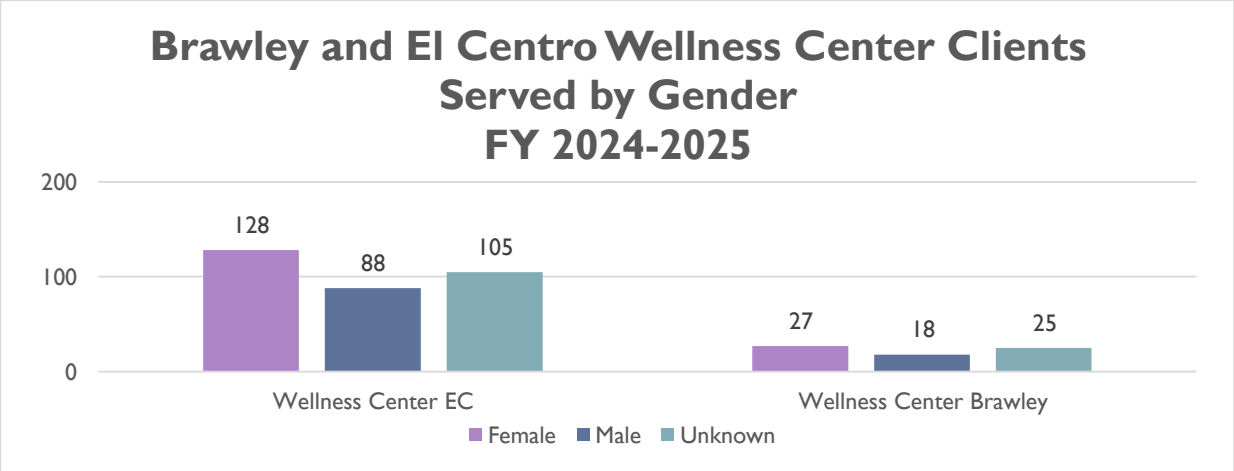
Program Demographics

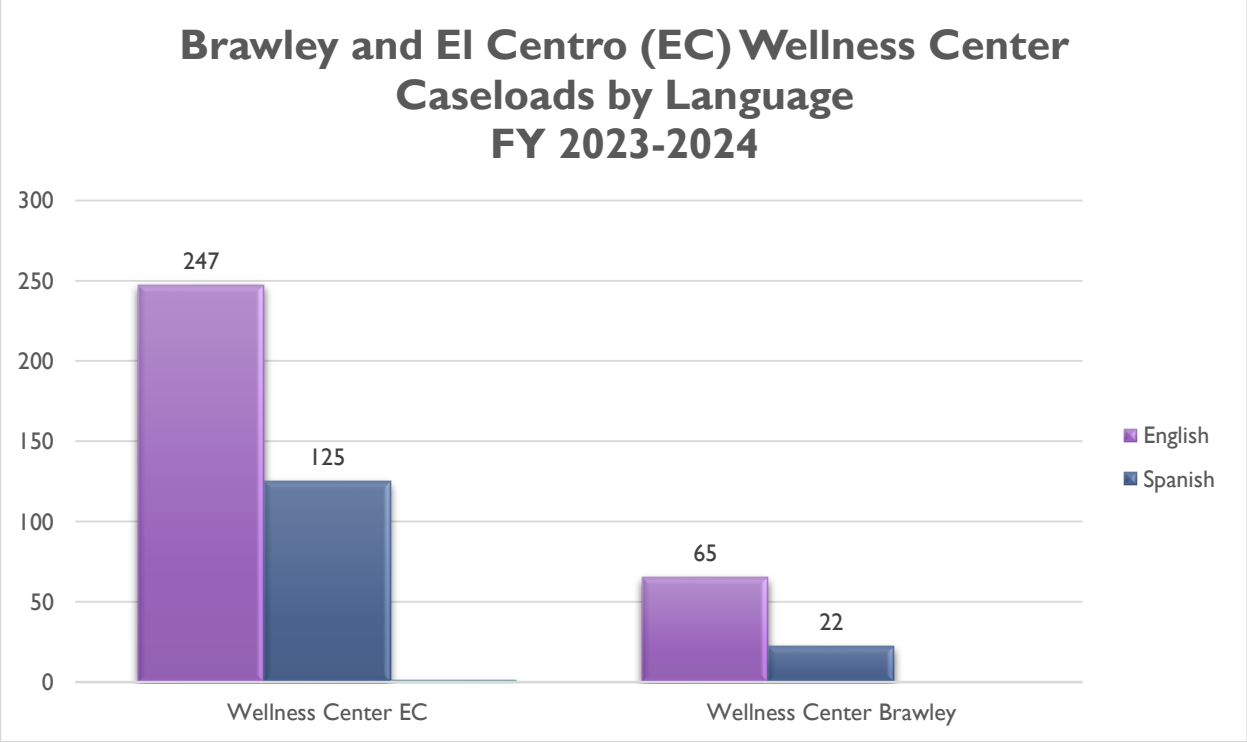
The charts below provide a demographic summary of the Wellness Centers:

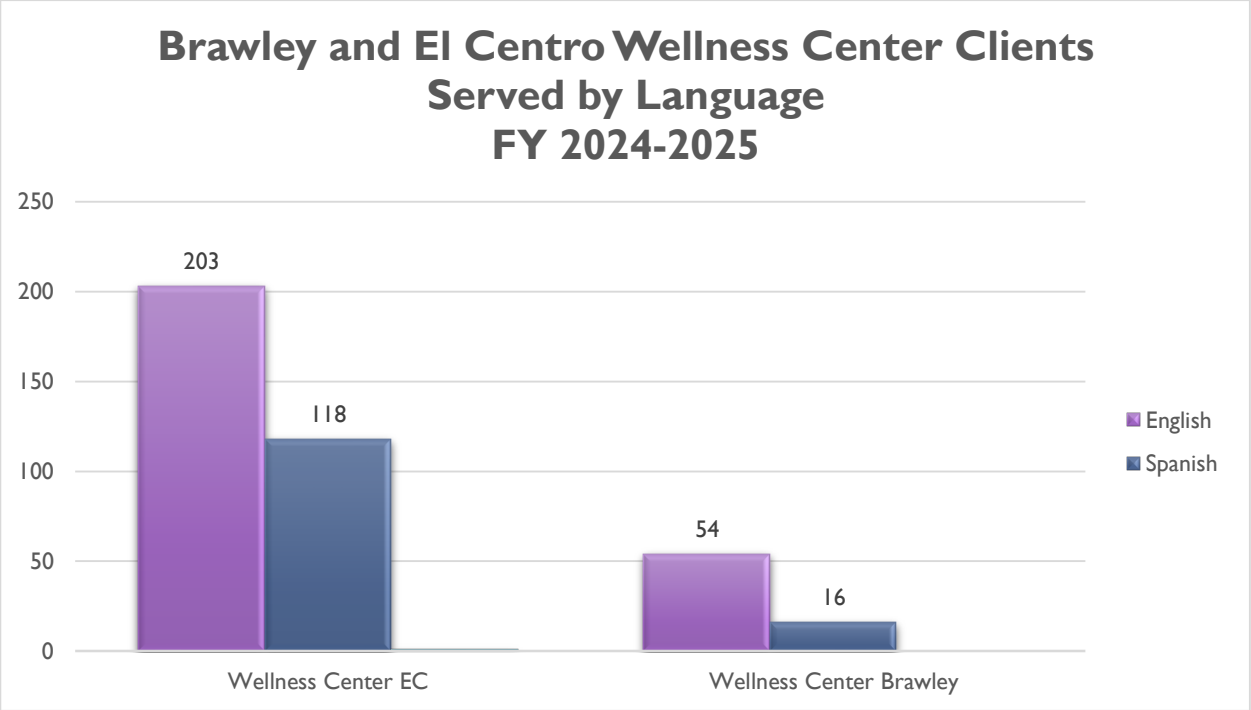
Wellness Center Age Demographics

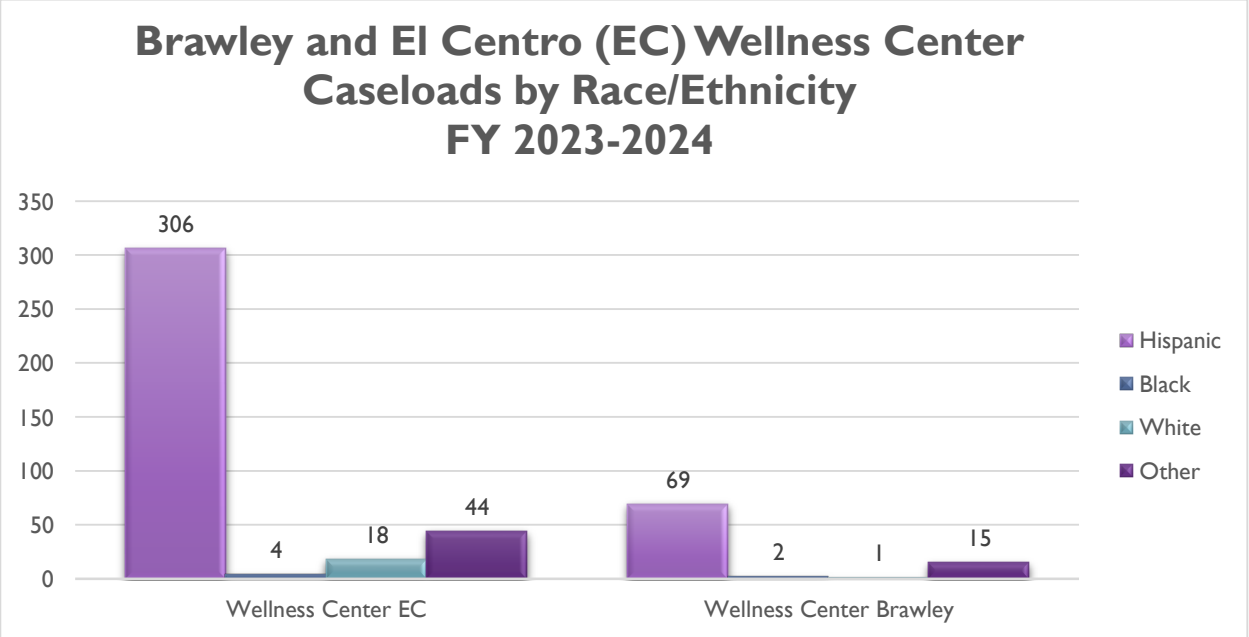
Wellness Center Demographics	2023-2024	2024-2025
26-39	144	115
40-49	98	80
50-59	60	63
60+	68	58
Total:	**370**	**316**
clients under the age of 26	*89*	*75*
Clients Served	**2023-2024**	**2024-2025**
Brawley Wellness Center	87	70
El Centro Wellness Center	372	321
Total:	**459**	**391**

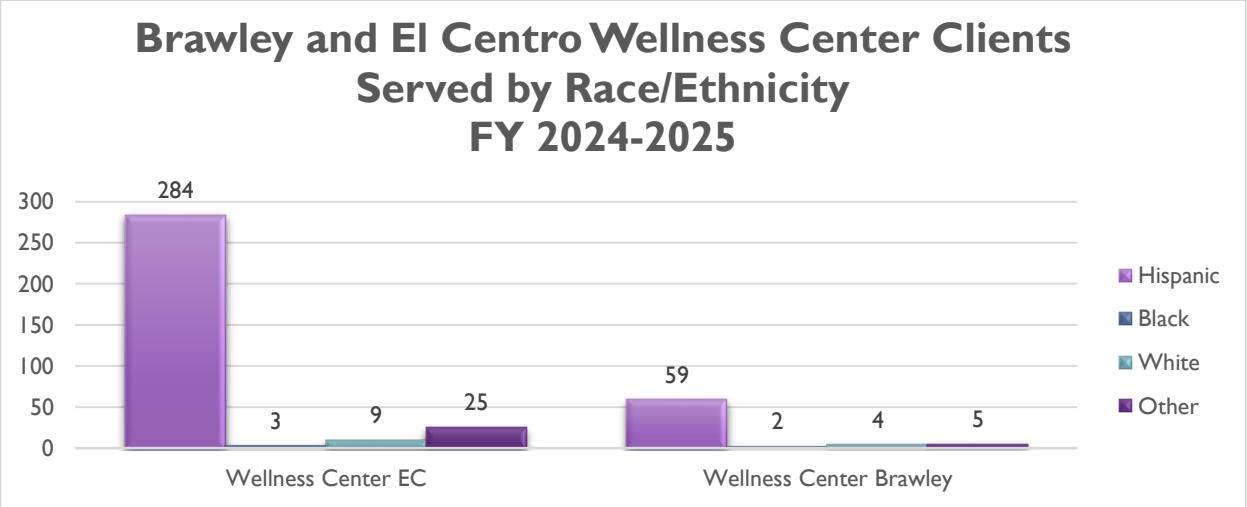



Brawley and El Centro Wellness Center Clients Served by Gender FY 2024-2025
200
100
0
128
88
105
27
18
25
Wellness Center EC
Wellness Center Brawley
Female
Male
Unknown


Brawley and El Centro (EC) Wellness Center Caseloads by Language FY 2023-2024
300
250
200
150
100
50
0
247
125
65
22
Wellness Center EC
Wellness Center Brawley
English
Spanish


Brawley and El Centro Wellness Center Clients Served by Language
FY 2024-2025
250
200
150
100
50
0
203
118
54
16
Wellness Center EC
Wellness Center Brawley
English
Spanish


Brawley and El Centro (EC) Wellness Center Caseloads by Race/Ethnicity
FY 2023-2024
350
300
250
200
150
100
50
0
306
4
18
44
69
2
1
15
Wellness Center EC
Wellness Center Brawley
Hispanic
Black
White
Other



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

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

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

List of Contracts Serving Wellness Center Participants

Contract Name	Contract Amount	Expires	Performance Goal
Alberti, Sergio $75,000.00 per FY	$225,000.00	2026	Music instruction will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Innercare, Inc. Medical Clearance $6k per FY	$18,000.00	2025	Complete 100% of all medical clearances required to participate in activities.
Department of Rehabilitation (DOR) $74,631.00 per FY	$222,893.00	2025	Refer 25 consumers to DOR for employment services per FY.
Contract Name	**Contract Amount**	**Expires**	**Performance Goal**
Fitness Oasis Health Club and Spa – Adults $86,320.00 per FY	$258,960.00	2027	Measured during WRAP Plan. Decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Imperial Valley College 2020-2023 $131,632.50 per FY	$394,897.51	2026	Refer 75 consumers to IVC for educational services per FY.
Imperial Valley Regional Occupational Program - Project ALTO 2020-2023 $203,089.33 per FY	$609,268.00	2026	Through Educational and Academic support will decrease IMRS Score as measured before attending the program. Measured during Annual WRAP Plan.
Imperial Valley Regional Occupational	$1,771,151.00	2026	Through Employment/Life/Social Skills will decrease IMRS Score as measured

Program - Project STAR 2020-2023 $590,383.66 per FY			before attending the program. Measured during Annual WRAP Plan.

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

Challenges and Barriers and Mitigating Strategies

Brawley Wellness Center started a remodel of its facility in May 2024. During the remodel, Brawley Wellness Center clients were offered transportation and to be provided with services at the El Centro Wellness Center. Participation decreased during this time after clients opted to wait for services to resume in Brawley. Clients continued to be referred and staff assessed clients' needs and provided remote services as needed. Full in person services resumed in February 2025.

Progress Made Towards Goals and Objectives FY 2023-2024 and FY 2024-2025

Wellness Center Referrals Admitted/Served for FY 2023-2024 and 2024-2025

Program	Admissions FY 2023-2024	Admissions FY 2024-2025
Brawley Wellness Center	87	70
El Centro Wellness Center	364	321
Total:	**451**	**391**
Average per month	**38**	**65**

During the first half of FY 2024-2025, both Wellness Centers experienced an increase in clients served compared to the first half of FY 2023-2024. (+6.1% 26-39 age group, +2.9% 40-49 age group, +38% 50-59 age group and +6.9% 60+ age group). There was an overall increase of 11.5% compared to FY 2023-2024 meeting our goal. The goal for the remainder of FY 2024-2025 through FY 2025-2026 will be to continue to increase the number of clients served by informing and educating adult consumers and referring parties of our services. Efforts will continue to receive referrals from the treatment teams and assess clients that may benefit from these services.

Wellness Center Consumer IMR Participation for FY 2023-2024 and FY 2024-2025

Program	IMR Participation 2023-2024	IMR Participation 2024-2025
Brawley Wellness Center	91	0
El Centro Wellness Center	256	148
Total	347	148

Wellness Centers established a goal to increase the number of clients participating in IMR by 10% from the previous FY. During FY 2024-2025 IMR sessions were provided both in person and virtually. During FY 2024-2025 there were a total of 148 participants in IMR at the El Centro Wellness Center which is a decrease of 42% compared to FY 2023-2024. Brawley Wellness Center hired new staff during FY 2024-2025 and need IMR training to provide the model to our consumers. During the Brawley remodel, consumers were given the option to start IMR in El Centro, but those given that option opted out. Currently, we are seeking new IMR training during FY 2024-2025 to train new staff and to provide as a refresher for those already trained. The Wellness Centers plan to increase participation to at least 10% consumers more for FY 2025-2026 by assessing client's needs and referring them to this service and training more staff to provide this model at both El Centro and Brawley.

Wellness Center Consumer GED/IVC Referrals for FY 2023-2024 and FY 2024-2025

Program	GED/IVC Referrals 2023-2024	GED/IVC Referrals 2024-2025
Brawley Wellness Center	71	15
El Centro Wellness Center	108	54
Total	179	69
Average referrals per month.	15	12

Wellness Centers established a goal to increase the number of referrals to IVROP Project Alto (GED), certificate programs, and/or college (IVC) by 10% from the previous FY. During FY 2024/2025 there were a total of 69 referrals to GED/IVC and/or certificate programs which is an average of 12 referrals per month for both centers. Due to the remodel in Brawley, there was a decrease in participation in services leading to a decrease in referrals. The Wellness Centers plan to increase these referrals to at least 10% consumers more for FY 2025-26 by assessing client's needs and referring them to this service.

Wellness Center Consumer Fitness Program participation for FY 2023-2024 and FY 2024-2025

Program	Fitness Program Participation 2023-2024	Fitness Program Participation 2024-2025
Brawley Wellness Center	53	0
El Centro Wellness Center	243	126
Total	293	126
Average participation per month.	24	21

Wellness Centers established a goal to improve consumers' overall physical health by increasing the number of participants with contract providers in the exercise/fitness program and participation in nutritional classes by 10% from the previous FY. During FY 2024-25 there were a total of 126 participants to fitness/nutritional contract providers which is an average of 21 participants per month for both centers. Due to the remodel in Brawley, clients opted to not participate in fitness/nutritional sessions. The Wellness Centers plan to increase participation to this service to at least 10% consumers more for FY2025-26 by assessing client's needs and referring them to this service.

Wellness Center Consumer WRAP Plan Completion for FY 2023-2024

Program	WRAPs Completed FY 2023-2024	WRAP Completion %	WRAPs Completed FY 2024-2025	WRAP Completion %
Brawley Wellness Center	265	52.5%	116	34.5%
El Centro Wellness Center	799	28.75	368	25.8%
Total	1064	41%	484	30.2%

Wellness Centers established a goal to Increase the number of participants completing their WRAP's on a monthly basis to at least 80% of the caseload. Furthermore, wellness center staff are to assess client's needs and submit referrals for any needs with housing, employment, and education to contract providers, outside providers, and treatment teams. Staff will also assess and submit referrals/updates for any reported exacerbation of metal health symptoms and/or mental health needs to their treatment team. During FY 2024-2025 there were a total of 484 WRAPs completed which is an average of 81 WRAPs completed per month for both centers. Both centers saw a decrease in WRAP completion rates of 11% compared to FY 2023-2024. Reasons for the decrease included lower participation in Brawley due to the remodel and decrease participation in WRAP completions in El Centro. The Wellness Centers plan to increase client participation in WRAP completion by having staff reach out to clients and offer this service via telephone or virtually if they are unable to complete in person.

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

Program	Number of Referrals for Housing Needs (MHSA FSP, Homeless Task Force, Community Resources).	Number of Referrals for Employment Needs (IVROP, DOR, ETC).	Number of Referrals for Mental Health Needs (Treatment Team, Primary Care, ETC)	Number of Referrals for Social Needs (Music, IMR, Fitness, IVROP, ETC)
Brawley Wellness Center	2	51	3	60
El Centro Wellness Center	13	103	15	405
Total FY 2023-2024	15	154	23	465

Wellness Center Referrals to Treatment Team, Contract Providers, Outside Agencies for FY 2024-2025

Program	Number of Referrals for Housing Needs (MHSA FSP, Homeless Task Force, Community Resources).	Number of Referrals for Employment Needs (IVROP, DOR, ETC).	Number of Referrals for Mental Health Needs (Treatment Team, Primary Care, ETC)	Number of Referrals for Social Needs (Music, IMR, Fitness, IVROP, ETC)
Brawley Wellness Center	0	30	0	46
El Centro Wellness Center	3	49	8	114
Total FY 2024-2025	3	79	8	160

During FY 2024-2025 Wellness Centers had a total of 5 employees (full time and part time) identifying as peers and 5 peer volunteers. These staff provide direct services and assist consumers as part of their duties. Staff identifying as peers and peer volunteers are encouraged to apply for promotions and full-time positions.

During FY 2024-2025 CalMHSA provided a Peer Support Specialist Training to four (4) Wellness Center staff who served as peers. This 80-hour training course was delivered by

CalMHSA approved training providers included both in person and virtual sessions to equip peer staff with the skills and knowledge to support others on their recovery journey.

Significant Changes for FY 2025-2026:

Wellness Centers decided to not renew the contract with Innercare after it lapses in 2025. Innercare was contracted to complete medical clearances for wellness center consumers when needed to participate in certain activities. Upon review, consumers were not making use of this provider and when needed, would be cleared to participate in our fitness program and other activities through their primary care physicians (PCP) instead. Wellness center staff will still refer consumers to their PCP if there are ever concerns about their physical health.

ICBHS is working with CIBHS to provide Illness, Management and Recovery (IMR) training, now named Wellness Management and Recovery (WMR), to train our new wellness center staff. Staff were last trained in this model in 2019. Since then, we have lost staff and have hired new staff that need this training to provide this model for our customers. WMR teaches wellness self-management strategies in the context of pursuing personal goals. This training is designed to provide the information, skills, and resources needed to help participants set up and facilitate WMR groups within their organizations, or to use the WMR curriculum individually with people receiving services. The cost to train up to 20 Wellness Center staff for this 12-hour training and consultation calls for 6 months is $20,000.00 dollars.

Goals and Objectives for FY 2025-2026:

For FY 2025-2026, 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 2025-2026
26-39	Increase by 10% from FY 2024-2025
40-49	Increase by 10% from FY 2024-2025
50-59	Increase by 10% from FY 2024-2025
60 +	Increase by 10% from FY 2024-2025

1. The following are the goals and objectives for the Wellness Center for FY 2025-2026:
2. Increase the number of clients served by 10% from the previous FY across all age groups.
3. Increase the number of clients participating in IMR by 10% from the previous FY.
4. Increase the number of referrals to IVROP Project Alto (GED), certificate programs, and/or college (IVC) by 10% from the previous FY.
5. Increase the number of participants with contract providers in the exercise/fitness program and participation in nutritional classes by 10%

from the previous FY.

6. Increase the number of participants completing their WRAP's on a monthly basis to at least 80% of the caseload.
7. Submit referrals for any needs with housing, employment, and education to contract providers, outside providers, and treatment teams.
8. Submit referrals/updates for any reported exacerbation of metal health symptoms and/or mental health needs to their treatment team.

Holistic Outreach Prevention and Engagement (HOPE) Program

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

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

Methodology

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

2- Project Description

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

services for youth and young adults to prevent psychiatric emergencies that lead to involuntary holds, including hospitalizations. The HOPE Project uses a holistic approach to meet the overall social, emotional, physical, spiritual, and mental needs of the clients. Clients participate in a variety of wellness activities such as exercise, mindfulness, art, dance, and more. These activities are incorporated into the client's mental health treatment plan in efforts to improve the quality of care and improve attendance to appointments by keeping them engaged in treatment. Referrals to the HOPE program are received from the Mental Health Triage Unit, Community Crisis Mobile Units [Community- Based Response Team (CBRT), Crisis Co Response Team (CCRT) and School-Based Response Teams (SBRT)], Casa Serena, and the outpatient clinics after a psychiatric emergency has taken place and client is stabilized. Essential components to the HOPE Project are the wellness activities and Peer Support Specialists (Community Service Workers).

Peer Support Specialists (Community Service Workers) assist clients in navigating the mental health systems and provide support in a non- judgmental manner, which helps reduce stigma and assist clients in feeling more comfortable with receiving mental health services. They are encouraged to share their lived experiences that help instill hope by demonstrating recovery is possible and encourage clients to meet their treatment and wellness goals. Mental Health Rehabilitation Technicians (MHRTs) serve as the wellness coordinator and will assess the client's strengths and needs. They work to determine in which wellness activities the individual wishes to participate in. 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 2023-2024 (July 2023-June 2024), HOPE served 117 unduplicated clients. By the end of FY 2024-2025, it is estimated that HOPE would have served 235 unduplicated clients. The total cost per client was $7,892.00. The projected cost per client for FY 2024-2025 is $8,770.00. HOPE is currently staffed with one (1) Behavioral Health Manager, one (1) Full Time Program Supervisor, two (2) Full Time Mental Health Rehabilitation Technicians, two (2) Full Time Community Service Workers (Peer Support), two (2) Full Time Mental Health Workers, and one (1) Full Time Office Assistant III.

HOPE has continued serving clients aged 13 to 25. HOPE's population of served clients for FY 2023-2024 consists of:

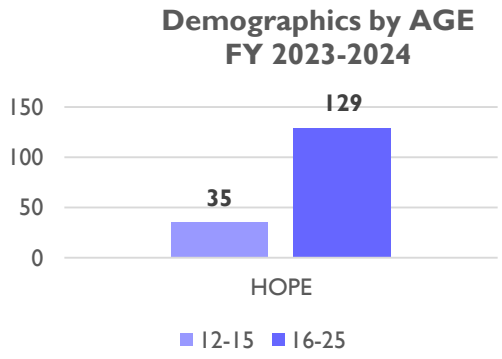
- Age:12-15 years old (22%) and 16-25 years old (78%)
- Gender: Female (58%) and Male (24%); Unknown (18%)
- Race: Hispanic (82%), Caucasian (10%), African American (1%), and other (7%)
- Language: English (76%) and Spanish (24%)

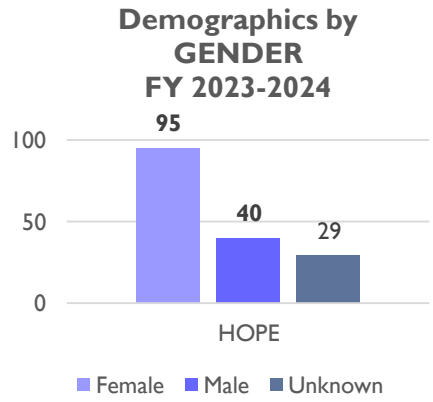
- Residence: El Centro (33%), Brawley (21%), Calexico (21%), Imperial (10%), Holtville (3%), Heber (2%), Westmorland (2%), Seeley (1%), Other (1%), Calipatria (3%), Niland (1%), Thermal (1%), and Winterhaven (1%).

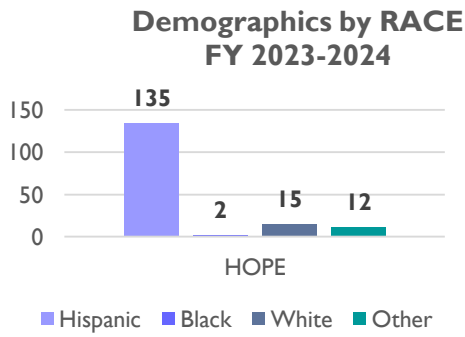
HOPE Demographics for FY 2023-2024 and partial FY 2024-2025

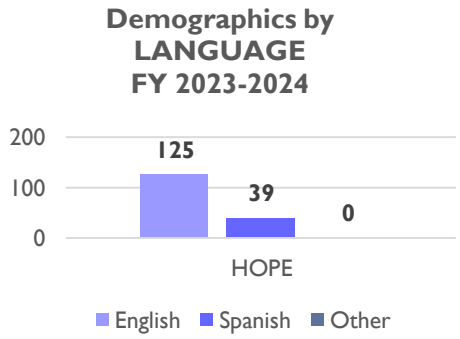
HOPE Demographics		
	FY 2023-2024	Jul 2024-Jan 2025
Age Group		
12-15	35	42
16-25	129	91
Total	**164**	**133**
Gender		
Female	95	82
Male	40	40
Unknown	29	11
Total	**164**	**133**
Race		
Hispanic	135	114
Black	2	2
White	15	9
Other	12	8
Total	**164**	**133**
Language		
English	125	97
Spanish	39	36
Other	0	0
Total	**164**	**133**
City		
Brawley	34	33
Calexico	34	24
Calipatria	5	3
El Centro	54	41
Heber	4	3
Holtville	5	7
Imperial	17	15
Niland	1	1
Ocotillo	0	1
Seeley	2	1
Somerton	1	0
Thermal	2	2
Westmorland	3	2
Winterhaven	1	0
Total	**164**	**133**

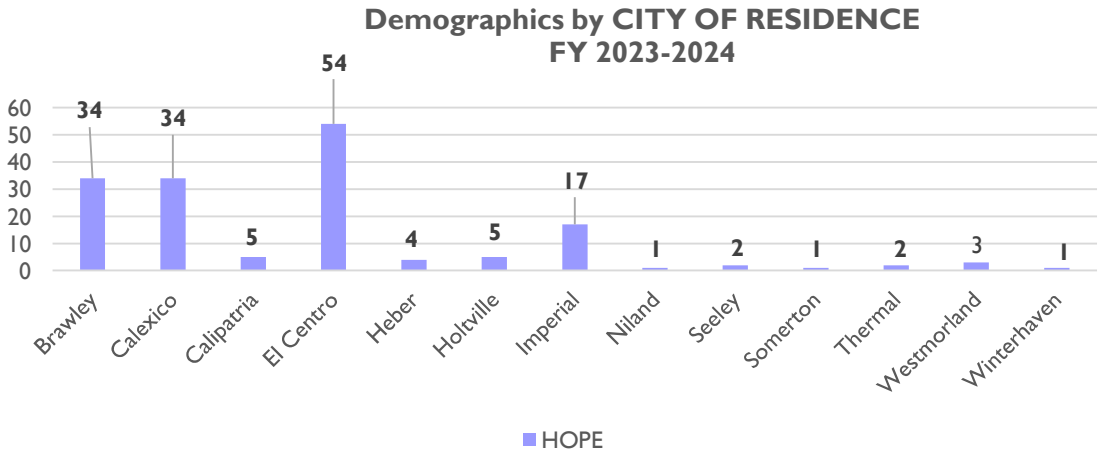
Graphs for FY 2023-2024



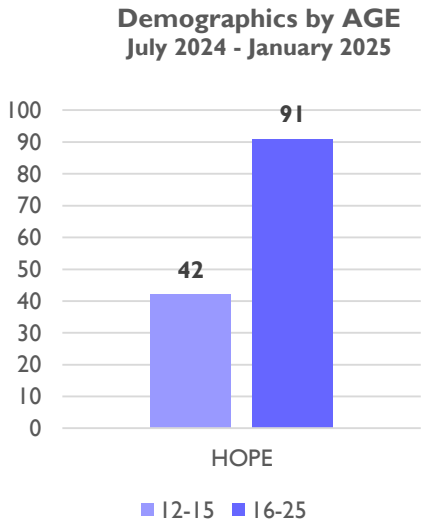


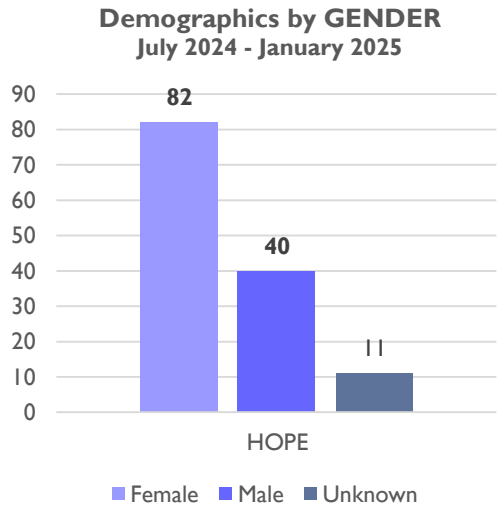


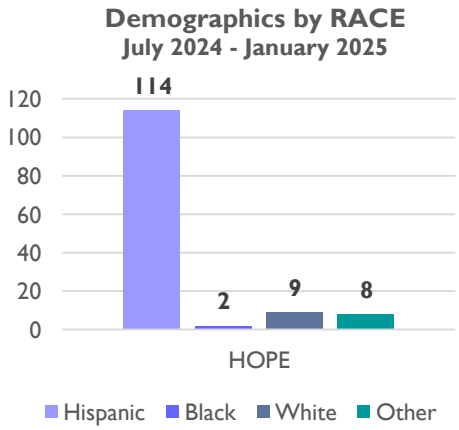


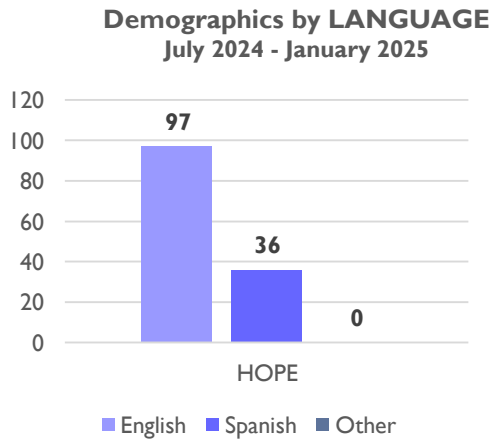


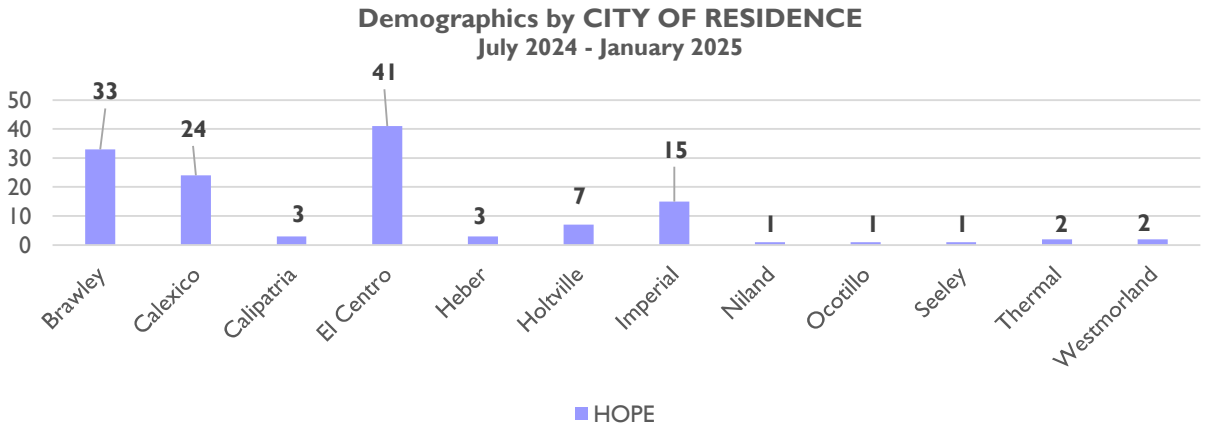
Graphs for Partial FY 2024-2025











3- Progress towards goals identified in Annual Update 2023-2024

- <u>Reduce the hospitalization and 5150 Involuntary Holds for aged 13-25 years by 10%</u>- As mentioned in the previous annual update, data collection for this goal has become a challenge. For this reason, this goal focus shifted from Triage admissions as a whole to 5150 involuntary holds for those aged 13-25 years old, who services include MHSA funding.

    - FY 22-23 (July 22-June 23): 34 total 5150 involuntary holds; 15 hospitalizations
    - FY23-24 (July 23 – June 24): 43 total 5150 involuntary holds;20 hospitalizations

  There appears to be an overall increase in both 5150 involuntary holds and hospitalizations this past fiscal year. While ICBHS has seen an increase in 5150 involuntary holds and hospitalizations, this increase is in keeping with the trend seen throughout the state and country of increasing rates of anxiety, depression, and other behavioral health concerns. For this goal, the target population of clients aged 13-25 does not only include Youth and Young Adult (YAYA)/ Children's Division clients, but also those who access crisis services from the community who were not initially active ICBHS clients. These are community members who experienced a crisis that law enforcement placed on an involuntary (5150) hold and brought to the Mental Health Triage Unit for their safety and/or the safety of others. From the 5150 holds, if needed, they may need hospitalization to provide stabilization before accessing continued ICBHS services. Moving forward, the HOPE Program is one of many supportive services that will aid in providing additional support to those who experience a psychiatric emergency to reduce future 5150 involuntary holds and/or hospitalizations. It may not have an impact on the overall YAYA population as it relates to 5150 involuntary holds and hospitalizations, but for those who participate, it has been proven to reduce reoccurrences.

- Increase enrollment (admissions) of youth ages 13-25 to outpatient services by 10%- Overall, for youth ages 13-25 there has been a 23% increase in admissions to outpatient services within ICBHS. This exceeds our goal of 10%. For FY 2022-2023 there were a total of 938 unduplicated clients served and for FY 2023-2024 (July-December) there is a total of 1,218 unduplicated clients served. Due to new tracking reports within our electronic health record, SmartCare, we are more accurately able to provide specific admission (enrollment) data. Although the HOPE Program doesn't have a direct impact on the overall admission for YAYA population, for HOPE participants who are not yet ICBHS clients, staff is successful in working alongside outpatient clinics to provide additional engagement and support, assist participants in completing their admission process, and ensuring ongoing mental health treatment is active. The HOPE Program is one of many supportive services that will aid in providing additional support to those who participate in the program. It may not have an impact on the overall YAYA population as it relates to admission to outpatient services, but for those who participate, successful admissions are expected to increase.

- Increase show rates to outpatient services for youth ages 13-25 by 10%- No show rates have historically been high overall for the Youth and Young Adult population ages 13-25 years old, ranging from 31% in FY 18-19 down to 24% in FY 22-23 for the following appointments: Initial Intake Assessment, Initial Psychiatric Assessment, Initial Nursing Assessment; and Psychotherapy appointments. For FY 23-24 (July 2023- June 2024), the no show rate remained unchanged at 24%. There was a slight increase to 27% for the first half of FY 23-24 (July 23-December 24), but at the end of the year it balanced back out to 24%. This goal measures all ICBHS clients aged 13-25 years and not specifically HOPE clients. One of the goals of HOPE is for those clients who have recently experienced a psychiatric emergency, to be provided additional engagement and encouragement to follow through with outpatient treatment. Data shows there is a lower frequency of days with ICBHS appointments attended after HOPE than when clients started the project. It stands to reason that during a crisis there is expected to be a higher frequency of appointments to assist in stabilization; however, after the crisis has been removed the ideal frequency at some point would return to a lower level, perhaps even lower than before, if they gained additional coping strategies, connected with peers and were able to participate in wellness activities. The consultants were able to interview some HOPE clients and found that staff were very effective at building rapport/relationships with participants. This aided in their adherence to not only wellness activities but also their outpatient appointments and compliance. The majority of HOPE clients upon discharge were engaged and continued with compliance to outpatient services.

  The HOPE Program is one of many supportive services that will aid in providing additional support to those who participate in the program. It may not have an impact on the overall YAYA population as it relates to no show rates, but for those who participate, adherence to outpatient appointments is expected to increase.

- Decrease recurring psychiatric admissions for HOPE participants—
  As stated above, triage admissions are now being referred to as 5150 involuntary holds due to current data collection. When the HOPE Project first began, data that was collected showed a trend of triage admissions slowly decreasing, while the length of hospitalizations continuing to increase. However, for the past two fiscal years below, we can see that the 5150 involuntary holds and hospitalizations specifically for HOPE clients have decreased.

    - FY 22-23 (July 22- June 23)- 18 involuntary (5150) holds and 10 hospitalizations
    - FY 23-24 (July 23- June 24)- 10 involuntary (5150) holds and 5 hospitalizations

  Our consultants were able to track data that shows those clients who do some wellness activities reduce their average rate of crisis in a steady downward progression, while those with no wellness activities have an average shift up in crisis prior to going back down. For the past three years, it has been shown that participation in the HOPE program has had a positive effect on reducing 5150 involuntary holds and hospitalizations. HOPE has successfully engaged participants in wellness activities, encouraged them to attend outpatient appointments and how to utilize skills learned through their wellness activities to help manage their mental health overall wellness. It is expected, moving forward, HOPE will continue to have a positive impact on those who participate and will be an integral program to assist in reducing the overall hospitalizations and 5150 involuntary holds for the population.

  This goal will not be monitored, specifically for HOPE participants, for FY 24-25 and beyond, but instead continue to monitor as a supportive program to assist the overall population.

- Decrease stigma towards mental health services for HOPE participants –
  One factor that affects this population in regard to mental health treatment is stigma. It can be difficult to navigate this period of life that is often isolated and filled with stressors. Accepting assistance for any services, including mental health, can be a challenge due to peer pressure. HOPE is designed to help break down those barriers (stigma) through the use of peer support staff, who have lived experiences and can help normalize and assist the clients as they navigate through the mental health system. Participants in the HOPE Project overall exhibit reduced incidence of crisis and improved scores on all three wellness, hopefulness, and stigma measures given upon enrollment, and at 6- or 12-months post discharge. Based on the answers before and after enrolling in HOPE, clients reported a statistically significant increase in how often they felt "active and vigorous". Participants have also exhibited improved scores on the stigma surveys, which show how their perceptions

of mental health treatment have improved. The graph below was completed by our consultants Todd Sosna and Max Spear.

Moving forward to FY 24-25 and beyond, HOPE will no longer be evaluated and analyzed by consultants due to innovation project ending in June 2024. Three years of evaluation has proven that the HOPE Project has had a positive impact on reducing stigma, as well as other wellness factors, for those who participated. This goal will not move forward to FY 24-25.

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

4- Notable Performance Measures

The HOPE Project team continued participating in biweekly meetings working with Todd Sosna, Ph.D., through June 2024, 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 records)
- 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.
- For the final year, consultants added participant interviews, discharge/exit survey completed by staff and analysis of transportation logs to assist with the final outcomes of the HOPE Project.

Relationship between the level of participation in wellness activities and improvement in emotional wellness, mental health functioning, participation in outpatient services, and subsequent crisis episodes or psychiatric hospitalizations will be the focus of analysis. In addition, surveys will also be administered at specific times within the course of the project (WHO 5, HOPE Scale and Perceived Devaluation-Discrimination Scale-Stigma Consciousness). They will be administered on initial start of project, upon discharge from HOPE services, six (6) months after discharge and twelve (12) months after discharge. The charts below, completed by our consultants, show improved scores on all health, wellness and stigma (chart above) measures provided before and after HOPE.

WHO-5	**Average Change in Steps Along Likert Scale**	**Median / Mode Responses**	**Mean Response Range**	**Likert Choices**
I have felt cheerful and in good spirits.	0.29	More than half of the time / Most of the time	Between "more than half of the time" and "less than half of the time" for all these questions	All of the time
I have felt calm and relaxed.	0.15	More than half of the time / Some of the time		Most of the time
I have felt active and vigorous.	0.39	Less than half of the time / Less than half of the time		More than half of the time
I woke up feeling fresh and rested.	0.02	Less than half of the time / Some of the time		Less than half of the time
My daily life has been full of things that interest me.	0.02	More than half of the time / More than half of the time		Some of the time
Sum	0.86			At no time
HOPE Scale				
If I should find myself in a jam, I could think of many ways to get out of it.	-0.07	Agree / Agree	Between "agree" and "disagree" for all these questions	Strongly Agree

At the present time, I am energetically pursuing my goals.	0.12	Agree / Agree		Agree
There are a lot of ways around any problem that I am facing now.	-0.12	Agree / Agree		Disagree
Right now, I see myself as pretty successful.	0.17	Agree / Agree		Strongly disagree
I can think of many ways to reach my current goals.	0.03	Agree / Agree		
At this time, I am meeting the goals that I have set for myself.	0.12	Agree / Agree		
Sum	0.26			

HOPE staff are also providing data to Dr. Sosna's team regarding wellness activities completed by clients to be included in the final analysis. As part of the final evaluation of HOPE, the consultants conducted interviews with a random selection of clients who have participated in HOPE to gain more personal feedback on the efficacy of the program. Interviews revealed that staff have been effective at establishing rapport/relationships with participants and participants reported benefiting from the wellness activities with some indicating continued participation in their activity after ending with the HOPE Project.

In addition to the information found in the past two annual reports (Year 1 and Year 2 of Project), the consultants were able to provide additional findings in the Year 3 report. Given the relatively brief duration of the HOPE Project and it's focus on individuals who had recently experienced a mental health crisis, it may not be surprising that the outcomes are not more pronounced. That said, there is reason to believe that for those participants who attend wellness activities, there are early signs of wellness benefits. Moreover, offering HOPE services to a broader population of at-risk clients prior to actually experiencing a crisis has merit and holds significant promise.

The consultants noted that Peer Specialists (Community Service Workers) proved to be highly effective in the lead role in the HOPE Project, and by increasing the number and diversity of HOPE Peer Support Specialists may be helpful in enhancing engagement and overall program success across diverse clients moving forward.

5- Notable Community Impact

The HOPE Project has continued to make a notable impact in the community it serves. It has been encouraging to see the positive impact that HOPE has on the individual client lives it serves. It is transforming to watch as the clients begin the program coming out of a psychiatric emergency, then engaging with HOPE staff and identifying their likes and interests, to participating in wellness activities and learning how to use those activities to minimize their behaviors and stressors. There have been some instances of

clients continuing on as volunteers to the vendors after HOPE completion. They excelled in the activities and took an interest enough to continue to assist others in their journey. At times, clients may experience another psychiatric emergency while in HOPE, but they have shown their ability to draw on the skills learned through their wellness activities to manage symptoms/behaviors as they occur, and they are quicker to recovery. Clients are encouraged and becoming more engaging with the Outpatient treatment. Some feedback received from outpatient clinics have expressed satisfaction in the effect HOPE is having on the clients who participate. They have reported that some clients are more interactive and open. They appear to benefit from learning a new hobby or skill that builds their confidence and ability to continue with mental health services. HOPE staff has been successful in not only engaging the participants, but also the parents/caretakers. This has proven to be beneficial for sustained activity after HOPE. Below is the journey of two clients who were referred to the HOPE Project and had successful discharges.

Case 1

Client is a 16-year-old female who was referred to HOPE by the outpatient clinic and successfully discharged after nine (9) months of services. Client was diagnosed with panic disorder, major depressive disorder and autism spectrum disorder. She had a history with multiple crisis admissions through Casa Serena and Triage. Client had active thoughts of self-harm to manage her anxiety/stress and missed school often due to feelings of sadness from interpersonal issues with peers at school. After initial engagement, it was identified that client was interested in art and dancing. Client started attending art classes but after a few classes decided to switch activities and became involved with dance classes. She attended dance classes multiple days during the week for five (5) months. Participation in wellness activity was high, as client enjoyed them, building her confidence and began making friendships. Towards the end of services, client participated in a dance recital in front of a full gymnasium of people. Client's parent was extremely proud and was a large support for the client during this process. During the time within HOPE, client did not have any additional psychiatric emergencies. Upon discharge from the project, the client was able to identify new ways of managing her stressful situations and planned on continuing with dance classes to continue improving her skills. Client showed a significant improvement in her outcome measurement tools that were completed at the beginning and end of the program.

Case 2

Client is a 23-year-old male who was referred to HOPE through the outpatient clinic after client attempted to overdose which led to a psychiatric hospitalization. Client was active in HOPE for about 7 months. Client was diagnosed with bipolar I disorder. Client has a history of trauma, substance and alcohol use. After initial engagement in HOPE, client identified interests in working out at the gym and piano classes. Client was very active in activities and would participate 3-4 times per week. During his time in HOPE, due to his adherence and participation in wellness activities, he had no further psychiatric emergencies. Client was adherent to outpatient treatment which led him to obtain employment and integrate into the community by the end of HOPE. Client continued with his mental health journey and looked forward to being able to provide

gym membership though his pay checks. He showed significant progress in the outcome measurement tools by the end of HOPE participation.

It is hopeful to have witnessed many other success stories like these throughout FY 23-24 and why this project will continue to greatly benefit ICBHS as a sustainable program moving forward.

6- Challenges and Barriers/ Strategies to Mitigate

Two challenges/barriers faced this past fiscal year with HOPE was due to staffing (resignations/promotions) and increased referrals. Over FY 2023-2024, there was staff turnover as well as a reduction in Community Service Workers (CSWs). This led to increased caseloads for the remaining staff. The previous fiscal year, HOPE had three (3) CSWs; however, in FY 2023-2024, due to a resignation it was reduced to two (2). Although staffing for the Mental Health Rehabilitation Technicians (MHRTs) remained the same at two (2) Full time positions, there was an increased interest in the HOPE Program and a spike in referrals received. Caseload size was maintained throughout the year to be no more than 40 cases per staff. Due to this, referrals, at times, were unable to be assigned upon referral. Clients continued to receive services from the outpatient clinics and were not negatively impacted. It is anticipated as staffing increases in the upcoming fiscal year (FY 2024-2025), that referrals will be assigned again as referred to avoid delays in HOPE services.

As last reported, transportation was reported as a challenge, but as the fiscal came to a close, HOPE was able to secure a third vehicle and some of the high frequent wellness activities were remodified to allow for better transportation outcomes. HOPE staff continue to coordinate with the outpatient clinics when appropriate to also aid in transportation services for mutual clients.

In regards to tracking and monitoring goals, it has become challenging as ICBHS has transitioned to a new electronic health record (EHR) since February 2023, Smart Care. Previously, ICBHS had been using AVATAR for its EHR. When the HOPE Project began, the initial goals and data were gathered from specific reports in AVATAR. In regards to specific information regarding triage admissions, in AVATAR these services were captured under one category, Mental Health Triage. This episode captured those clients who accessed triage services due to having a crisis. As HOPE progressed, additional programs such as Casa Serena, CCMU, and mobile response teams were created. These teams also provided crisis interventions when needed, but not all clients who accessed their services were considered crisis interventions. Fast forward to SmartCare, each individual program now is identified, but it complicates the data that needs to be gathered. The data no longer has the same meaning as it did originally, and the same data is unable to be tracked in SmartCare. Change in ICBHS's EHR software was an unanticipated challenge that the HOPE project countered not have avoided, necessitating an adjustment in evaluation criteria. Unlike in the case of "shifting goalposts", here we believe the data and criteria being used with the new EHR more accurately reflect the HOPE project's original mission and goals.

7- Significant Changes for FY 2024-2025

The HOPE Project ended the innovation phase on June 30, 2024, and became a full-time program within ICBHS effective July 1, 2024. Starting on 4/22/24, a presentation was provided to the MHSA Steering Committee to review the outcomes of the HOPE Project. During this meeting, a vote was taken on pursuing a transition to the ICBHS programs. It passed with an affirmative vote of 38 out of 42 in attendance. This started that thirty (30) day public comment period. There were four (4) public comment meetings held throughout the month of May 2024, to which no public comments were received. On 5/21/25, a final presentation was provided to the Imperial County Mental Health Board, which was met with positive feedback. Effective July 1, 2024, HOPE Program started under MHSA Community Services and Supports funding.

When HOPE began as an innovation project, the goals described above (section 3) were identified to assist in analyzing the impact of HOPE on the overall youth and young adult population, as well as those who participated in the project. As mentioned earlier in this report, the project worked with consultants who provided designated surveys related to wellness, hopefulness and stigma for HOPE staff to administer to participants. These surveys measured the perceptions of HOPE participants at the beginning and end of services in these areas and the consultants tracked the progress/lack thereof. From the three (3) year data, consultants were able to observe that participants in the HOPE project overall exhibited improved scores on all three wellness, hopefulness and stigma surveys. Other observations noted are that participants had reduced incidence of crisis/psychiatric emergencies, ensured ongoing compliance to outpatient treatment and increased their overall well-being through wellness activities. Based on the previous broader goals and outcomes analyzed by the consultants, they were able to identify that HOPE is a benefit to those who participated. Tools used by the consultants to analysis the effectiveness of HOPE as a project were discontinued as July 2024 when HOPE became a program. For these reasons, the initial goals created for HOPE have been met and will be removed, modified and/or replaced to focus on the impact HOPE is having specifically on its participants.

HOPE continues with the goal of adding additional workspace for its current and future HOPE staff. This was a significant change in the last annual report but was not yet completed. It continues to be a project and is anticipated to be completed in FY 2024-2025. HOPE will be requesting 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.

HOPE showed to meet their main goals of the project. There was overall decrease in triage admissions for HOPE clients by 33%, a decrease in days hospitalized from 9.5 days per stay to 5 days per stay and based on survey answers there was a statistically significant increase in how often HOPE clients felt “active and vigorous”. Based on the data collected, there was an improvement in overall health, wellness and stigma.

8- Significant Changes for FY 2025- 2026

Looking forward to FY 2025-2026, it is expected that HOPE will be able to increase staffing to three (3) MHRTs and three (3) CSWs to anticipate and meet the increased demand for the program.

One of the findings during the innovation project phase by the consultants was to move from a secondary prevention (after a psychiatric emergency) program to a primary prevention (prior to an emergency taking place) program. HOPE had positive outcomes for those who had experienced a recent psychiatric emergency. By making this shift, we may be able to achieve greater success in reducing the incidence of initial psychiatric emergencies before they even start. For this shift to take place, it will involve continued planning and increasing and maintaining staffing levels to support the influx of expected referrals.

For reasons stated in the previous section, future goals will be adjusted to ensure HOPE continues to monitor the effect it is having on participants of the program. We will continue to monitor and demonstrate participants having more engagement in outpatient services, decreasing ongoing psychiatric emergencies and decreasing symptoms and behaviors that impact participants overall wellbeing. These goals will be evidenced by reduced no show rates to outpatient clinic appointments with their assigned staff (Clinicians, Nurses and Doctors), reduced data of additional hospitalizations and 5150 involuntary holds, and improved scores on outcome measurement tools at discharge of the HOPE Program.

Planned changes of goals for FY 2024-2025:

1- Reduce the hospitalization and 5150 involuntary holds for ages 13-25 by 10%: this goal will be modified to reflect HOPE participants only. Outpatient clinics monitor this information for the population as a whole.
2- Increase enrollment (admissions) of youth ages 13-25 to outpatient services by 10%: this goal will be removed. Due to changes with Cal AIM, all participants are enrolled in mental health services by the time HOPE services are opened. This will be monitored under a newly modified goal that will address increasing no show rates for HOPE participants.
3- Increase show rates to outpatient services for youth by 10%: this goal will be modified and continued to be tracked by shifting the focus to no show rates of outpatient clinical appointments for clinicians, nursing and doctor appointments and to narrow the data to HOPE participants only.
4- Decrease recurring psychiatric admissions for HOPE participants by 10%: this will be removed and modified with above goal #1 to identify psychiatric admissions as hospitalizations and 5150 involuntary holds

5- Decrease stigma towards mental health services for HOPE participants: As stated previously this goal has been met through analysis of consultants and will be removed. A modified goal will be added that continues to monitor the reduction of symptoms and behaviors impacting the overall mental health of participants through the use of performance outcome measurement tools upon admission and discharge to HOPE.

1- Goals for FY 2024 – 2025

4- Reduce hospitalizations and 5150 involuntary holds for HOPE participants by 5%
5- Reduce no show rates to outpatient clinical appointments for clinicians, nursing and doctor appointments for HOPE participants by 5%
6- Seventy percent (70 %) of HOPE participants will demonstrate improved scores in performance outcome measurement tools at discharge.


Community
Services &
Supports:
Outreach & Engagement
IMPERIAL COUNTY
CALIFORNIA

Outreach and Engagement

The MHSA Outreach and Engagement Program in Imperial County integrates intra-agency behavioral health efforts and inter-agency NGO contracts to provide critical layers of exposure, information, support, and connection to services. While available to all county residents in need, the program prioritizes underserved populations within the county's Medi-Cal system.

With an annual budget exceeding $1 million, funding is projected to remain stable or slightly increase over the next three years. For detailed fiscal information, please refer to the fiscal section of this plan.

Outreach efforts target all Medi-Cal-eligible County residents. Based on a total population of 180,000 and a Medi-Cal enrollment rate of 53%, approximately 95,400 individuals were served through outreach. At current funding levels, the cost per client for outreach-related activities under MHSA is $10.56.

The ICBHS Quality Management Penetration Rate Report determines the underserved mental health populations for targeted outreach annually. This report measures the number of Medi-Cal beneficiaries receiving mental health and substance use disorder services using various demographic filters.

Engagement Strategies

Engagement efforts focus on direct; person-to-person contact and follow-up letters for individuals and families who fail to attend or reschedule their initial intake assessment. The engagement rate—measured by the percentage of follow-ups leading to completed intake assessments—remains consistently around 20%, as reflected in recent reports

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 clients contacted 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 outreach goals and objectives for 2025 were determined based on data from the Quality Management Penetration Rate Survey and the number of recorded contacts. These findings are outlined in the final 2024 calendar year report, which serves as the last assessment before establishing new targets in the Quality Management Q4 report.

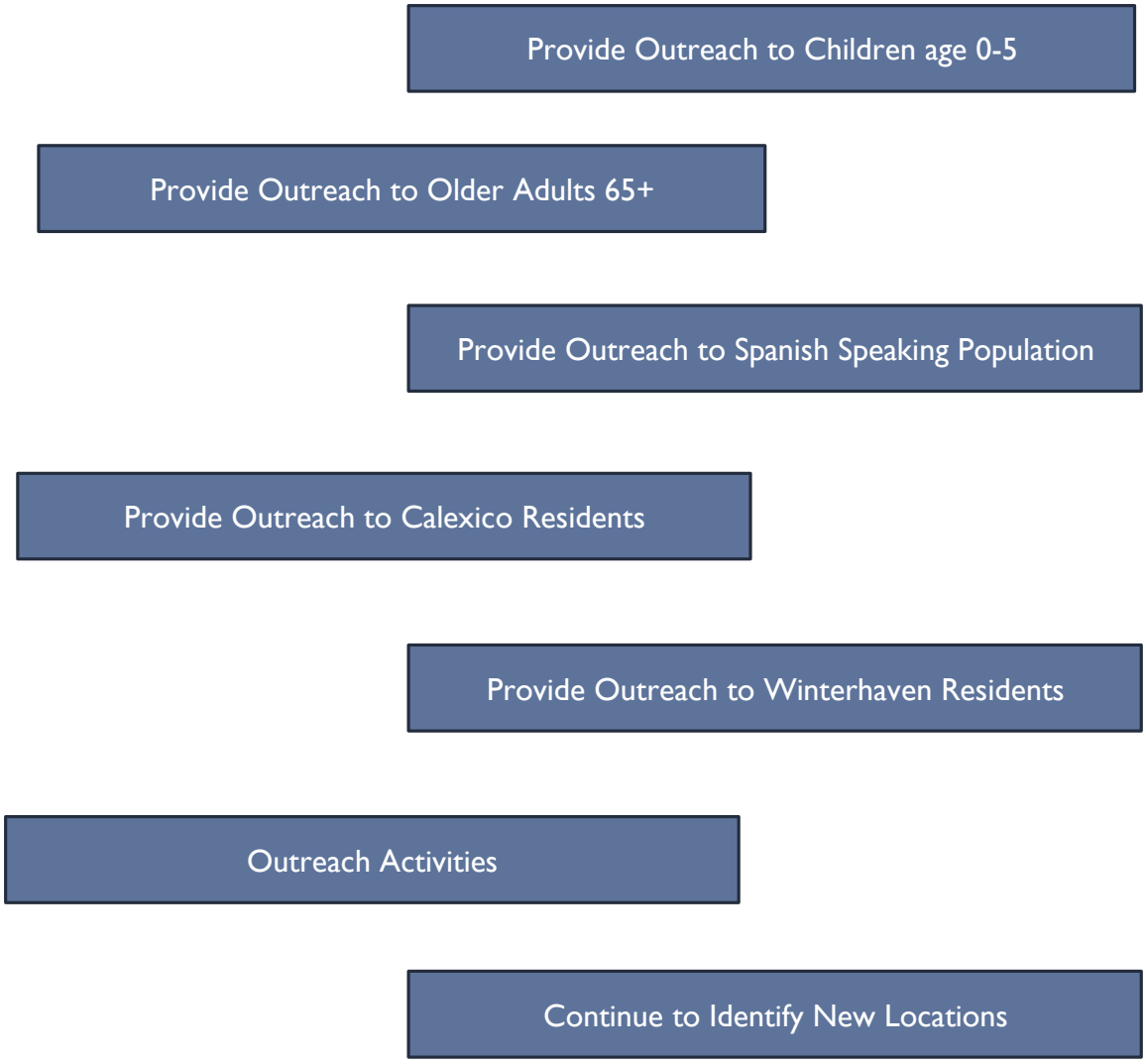
Goals & Objectives
Under-served Population
1. Provide Outreach to 200 Age Group 0-5 children.
2. Provide Outreach to 2,490 Older Adults, ages 65+.
3. Provide Outreach to 1,666 Spanish-Speaking residents.
4. Provide Outreach to 3,213 Calexico residents.
5. Provide Outreach to 150 Winterhaven residents.
6.Participate in a minimum of 30 outreach activities, targeted toward providing outreach to the identified underserved populations, per quarter.
7. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.
Hard To Reach Population
1. Provide Outreach to 245 Foster-Youth.
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the identified hard-to-reach populations, per quarter.
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.
Un-Housed
1. Provide Outreach to 886 homeless individuals.
2. Participate in a minimum of 10 outreach activities, targeted toward providing outreach to the homeless population, per quarter.
3. Will continually work to identify new locations and/or agencies through which to provide outreach to the underserved population.
Other Identified Target Populations
1. Provide Outreach to LGBTQ.

In addition to the specified groups, the report continues to measure contact with **county-identified at-risk populations**, assess the impact of outreach activities, and identify new locations and agencies for service expansion.

For **2025**, goals **1-4 remain the same as 2024 and finds the addition of goal #5, Provide Outreach to 150 Winterhaven Residents** while **Goal 6 Provide Outreach to Alaska, Native American** was removed. **2025 Penetration Rate Report continues the**

remaining goals and objectives remaining the same. All un-served and under-served populations not listed will continue to receive services under **Goals 1-3 and part of our un-housed population**, which address populations throughout Imperial County.

Outreach efforts are structured **regionally** to ensure that **distant and less-populated areas receive equitable services**. The targeting of **at-risk groups** will remain unchanged, with **ongoing strategies detailed in the following sections by category**.



1. Provide Outreach to 200 Children (Ages 0-5)

ICBHS aimed to reach 200 children aged 0-5 through targeted outreach efforts, primarily by engaging parents. The 2024 final data exceed that number by providing Outreach to the 773 persons in Imperial County.

2. Provide Outreach to 2,490 Older Adults (65+)

With directly reaching 2,424 older adults and conducting targeted social media marketing and weekly wellness radio shows/podcasts, the 2024 outreach fell short of the 2,490 targets. To address this, Imperial County Behavioral Health (ICBHS) has launched a dedicated Elder Outreach initiative, distinct from its previous generalist regional approach. This initiative has established collaborations with:

- Area Agency on Aging
- Imperial Valley Housing Authority
- The Food Bank
- Other elder-focused agencies

These partnerships will enhance direct outreach efforts, and specific outreach to rehabilitation and long-term care facilities is planned for both resident wellness and staff education on elder mental health. With the lifting of pandemic restrictions, it is anticipated that this goal will be met in 2025 and beyond.

3. Provide Outreach to 1,666 Spanish-Speaking Residents

In 2024, ICBHS and its partners doubled this target, reaching 3,790 Spanish-speaking individuals. Given this success, the 2025 goal will be increased to 3,400, reflecting expanded outreach efforts.

4. Provide Outreach to 3,213 Calexico Residents

In 2024, ICBHS and its partners conducted direct outreach to 5, 557 Calexico residents, nearly doubling the original target of 3,213. As a result, the 2025 goal will be increased to 6,600 to continue expanding outreach in this high-need area.

5. Provide Outreach to 150 Winterhaven Residents

In 2024, ICBHS exceeded this goal of 150 residents by reaching 388 residents. Due to this success, the target will increase to 400 in 2025. Achievements in this area have been supported by regional staff assignments, ensuring a singular community point of contact and regularly scheduled visits to remote areas of the county.

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

In 2024, ICBHS made direct outreach contact with 215 individuals identifying as AN/AI primarily in the **Winterhaven area,** home to the **Quechan Nation.** Outreach efforts extend to both the **Quechan Nation** and the **Torres-Martinez Nation,** located on the northern border of **Imperial County.**

Although these nations are largely **self-sufficient** and often seek services in **neighboring Riverside County or Arizona,** ICBHS remains committed to **ongoing outreach efforts** at all levels, from **administration to outreach workers.** This is no longer a goal for 2025

7. Participate in a minimum of 30 outreach activities per quarter

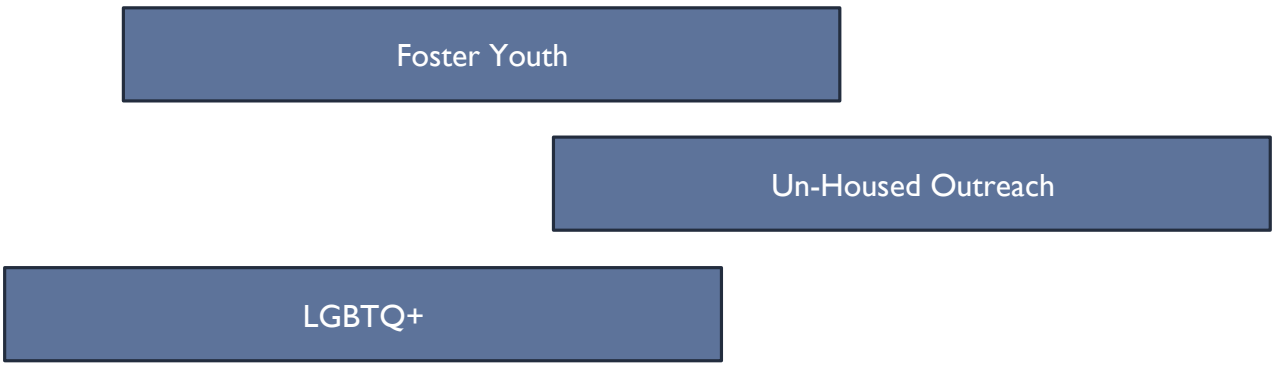
With the growth of mental health awareness groups across nearly all local high school campuses, opportunities for outreach activities have significantly expanded. Since the pandemic, ICBHS and its NGO contract teams have leveraged this momentum, conducting over 300 outreach activities in 2024, far exceeding the original goal of 120.

Looking ahead, we anticipate maintaining or increasing this level of outreach, particularly by expanding targeted efforts toward preschool and elder populations.

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 2025. Each group has targeted outreach w1.



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 2024, 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 2025 and forward with this new emphasis, while also continuing to table and provide information at food distributions and other events targeting unhoused individuals with ongoing innovative strategies to increase numbers directly contacted. ICBHS exceeded its goal of 886 and was able to provide Outreach to 953 un-housed individuals throughout Imperial County. We participated at 30 events aimed at un-housed individuals and found 41 new locations. We supplied un-housed individuals with blankets, beanies, socks, handwarmers, water bottles, snacks and ICBHS brochures. at our events and visits to encampments.

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. In March of 2025 the center has re-branded and changed its name to The Donnelly Center

Indirect Community Outreach

Obscured from the ability to count as direct contacts, indirect outreach remains a major emphasis point at ICBHS in 2024 and going forward in 2025 ICBHS utilizes several modalities to gather these indirect contacts.

Wellness Radio

ICBHS has hosted two weekly wellness radio shows for 19 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 continue to be trained in how 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.

Presentations/Trainings

ICBHS Community Service Worker staff present to large audiences when invited. 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 2024 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, and Applied Suicide Intervention Skills Training, these trainings are promoted with monthly calendars posted on social media. They will be conducted at least once a month in 2025.

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. In 2024 ICBHS launched its Instagram and Spotify pages. There are plans to significantly expand social media reach in 2025-2026, targeting specific groups through specific social media platforms.

Challenges, Barriers, and Strategies to Mitigate

Challenges

Assessing the effectiveness of outreach strategies post-pandemic presented significant challenges due to data collection limitations. However, as we move into 2025, outreach efforts have returned to pre-pandemic operations, allowing for a more comprehensive evaluation of impact. Additionally, the continued diversification and expansion of outreach units, combined with staffing retention challenges, created fluctuations in capacity and capability. The transition back to in-person services was further complicated by ongoing contagion concerns, which led to isolated behavioral health units and limited in-person collaboration, making virtual planning and communication an ongoing challenge.

Barriers

Zoom fatigue has emerged as a significant barrier, impacting engagement and participation in virtual outreach efforts. Furthermore, restricted access to Tribal nations, senior centers, preschools, and other key venues have limited opportunities for direct engagement with priority populations. Despite these challenges, ICBHS remains committed to overcoming barriers by adapting outreach strategies and strengthening partnerships to ensure underserved communities continue receiving essential support and services.

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 in 2024. An expansion of social media and continued reliance on weekly wellness radio shows to inform our community were central to our mitigation efforts. Our radio shows showcasing new ICBHS programs and relaying to the public our current programs. The addition of more social media platforms such as Instagram and Spotify have also become a great resource in our continued efforts to educate the public on Behavioral Health and to continue our efforts to reduce stigma

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

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

Transitional Engagement Supportive Services Program (TESS)

Program Description

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

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

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

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

Services available to clients at the TESS Program include:

- 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

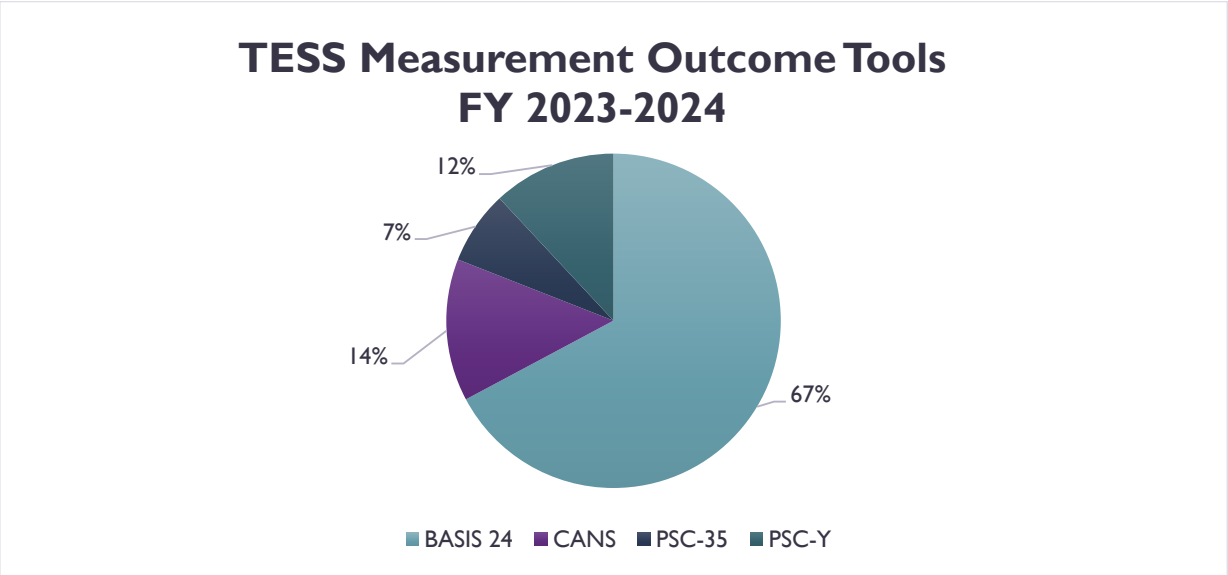
Notable Performance Measures

To evaluate baseline symptoms and functional impairments in clients aged 18 and older, the TESS Program utilizes the Behavior and Symptom Identification Scale (BASIS 24) as an outcome measurement tool. This assessment captures key areas such as depression/functioning, interpersonal relationships, self-harm, emotional instability, psychosis, and substance use. It is initially administered during the intake assessment and subsequently conducted on an annual basis. In FY 2023-2024, the TESS Program completed 293 BASIS 24 assessments.

For clients between the ages of 6 and 20, the TESS Program employs the Child and Adolescent Needs and Strengths (CANS) tool, which aids in determining service needs, guiding treatment planning, and tracking progress over time. This tool also contributes to quality improvement efforts by helping monitor client outcomes. During FY 2023-2024, 60 CANS assessments were completed.

The Pediatric Symptom Checklist (PSC-35) is designed for children aged 3 to 18, providing insight into emotional, cognitive, and behavioral concerns from a caregiver's perspective. This tool supports early identification, informs treatment strategies, and helps evaluate changes over time. During FY 2023-2024, the TESS Program administered 31 PSC-35 assessments.
For clients aged 11 to 20, the Pediatric Symptom Checklist–Youth Version (PSC-Y) assesses critical areas such as interpersonal distress, somatic symptoms, social challenges, behavioral

dysfunction, and other significant indicators. This tool helps identify areas requiring intervention and tracks progress throughout treatment. In FY 2023-2024, the TESS Program conducted 52 PSC-Y assessments.



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

Table 24 - TESS Measurement Outcome Tools

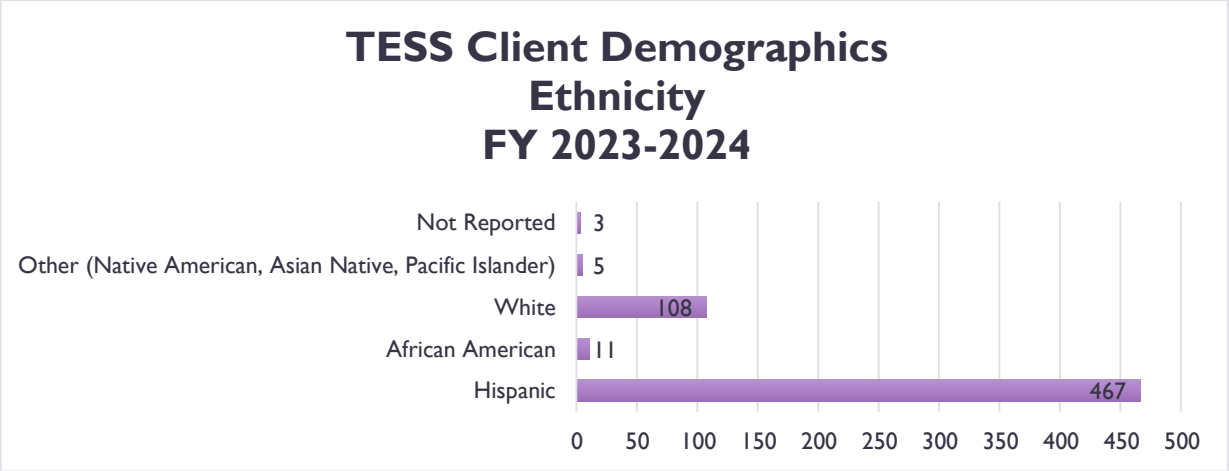
Instrument Name	**Age Group**	**Areas of Measurement *(Specific Questions / Areas)***	**Type of Tool / Disorder**	**Time of Completion *(client /# of items)***	**Staff Responsible to Apply**	**Frequency of Use**
Behavior and Symptom Identification Scale (BASIS-24) & Spanish	18 +	Depression and Functioning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

		Recognition Symptoms				
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*

During FY 2023-2024, TESS served five hundred and ninety-four (**594)** individuals**, one hundred and twenty-seven (127)** admitted to the Mental Health Triage Unit, ninety-nine (**99)** inpatient hospitalizations via the Mental Health Triage Unit, eighteen (**18)** Out of County Hospitalizations, three hundred and fifty (**350)** individuals belonged to Casa Serena.

During FY 2023-2024, TESS successfully transferred two hundred and twenty-one (**221)** to Mental Health Outpatient Clinics, thirteen **(13)** were Screened out due to not meeting medical necessity, six (**6)** incarcerated/indefinite placement, and two hundred and eighty-nine (**289)** unsuccessful linkages due to non-compliance, no contact for over 90 days, declined further services, or relocated out-of-county.

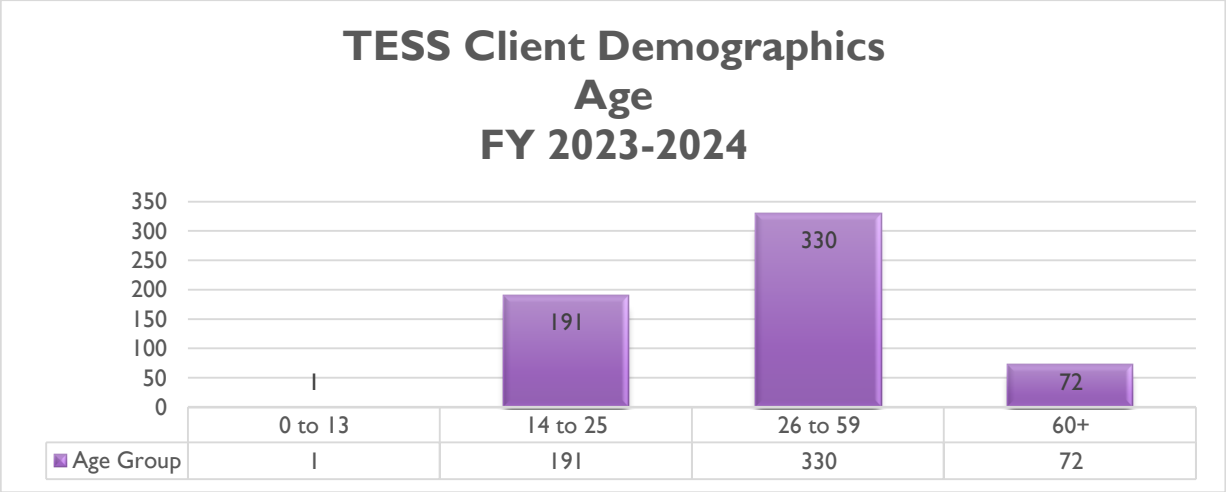
TESS Program Referrals and Discharges



TESS Program Referral Outcome Overview	
FY 2023-2024	
Mental Health Triage Admissions	127
Mental Health Triage Unit Hospitalizations	99
Out of County Hospitalizations	18
Casa Serena	350
TESS Program Discharges	
FY 2023-2024	
Successful Linkages to Mental Health Outpatient Clinics:	221
Screened out – Did not meet medical necessity	13
Unsuccessful Linkages:	289
No Care Needed – Sufficient Progress	0
Death	0
Incarceration/Indefinite Placement	6
Total Discharges	**529**

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

Demographic Category	TESS FY 2023-2024
Gender	
Female	254
Male	340
Other	0
Total	**594**
Age Group	



0 to 13	1
14 to 25	191
26 to 59	330
60+	72
Not Reported	0
Total	**594**
Ethnicity	
Hispanic	467
African American	11
White	108
Other	5
Not reported	3
Total	**594**

During FY 2023-2024, the TESS program served a total of five hundred and ninety-four (**594)** individuals. The majority of served individuals were males, making up **43%** of the serviced population. Furthermore, the largest age group served by the TESS program during FY 2023-2024 was the age group of 26 to 59 years old. Lastly, the largest ethnic group served during **FY 2023-2024** was Hispanic. The Hispanic ethnicity composed **45%** of the individuals served.

	FY 23-24	FY 24-25	% Change
TESS Admissions	**594**	**303**	**65%**

Budget

The number of individual clients served in **FY 2023-2024**, was five hundred and ninety-four (594). The average cost per person was two thousand, sixty-two dollars and sixty- three cents ($2,062.63).

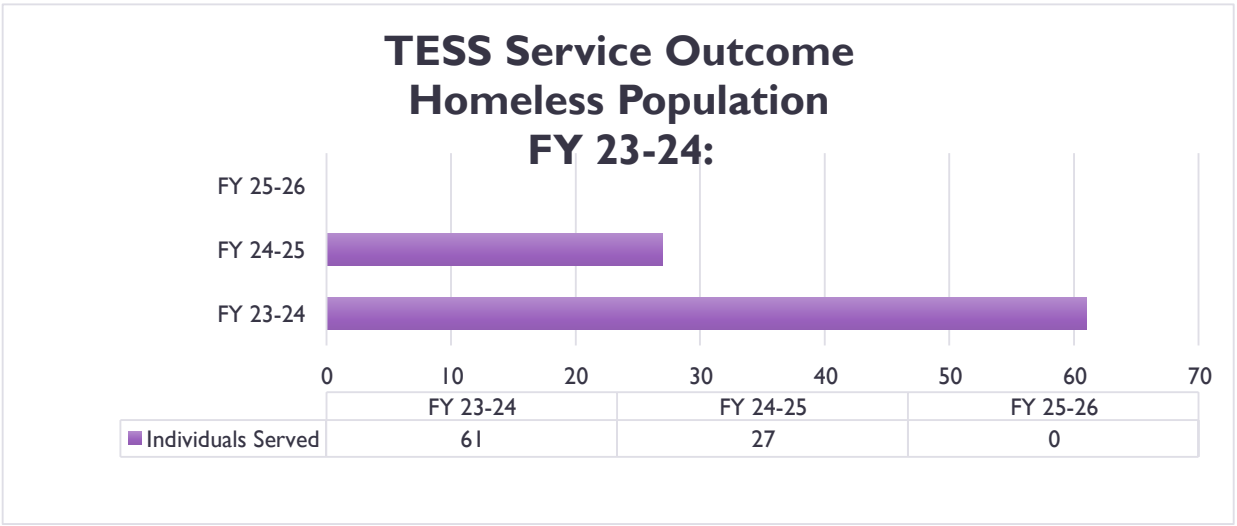
TESS will continue working on increasing accessibility to Mental Health Services by 5% by increasing awareness through outreach, education, and advocacy by specific age groups.

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

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

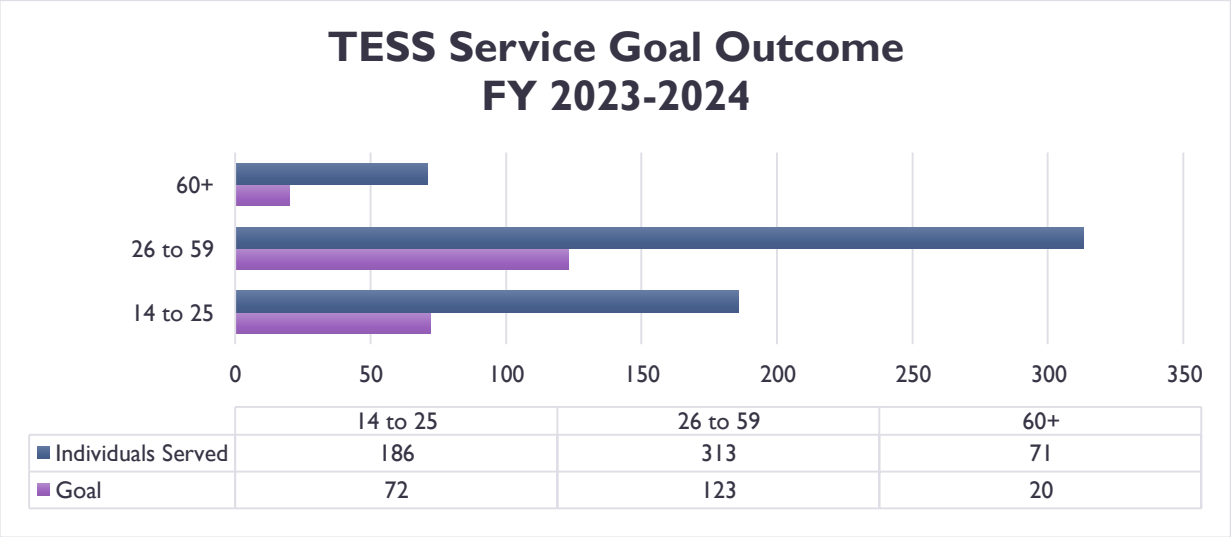
Progress Towards Goals and Objectives for FY 2023-2024

During FY 2023-2024, the TESS Program set a goal to increase accessibility to mental health services for individuals experiencing homelessness by 5%. Despite dedicated outreach efforts, this target was not met due to ongoing staff shortages, high turnover, and limited personnel available for direct engagement. TESS continued to provide outreach and linkage services, engaging sixty-one (61) homeless individuals and connecting them to mental health care. Challenges such as the transient nature of the population and the lack of emergency shelter options further impacted on service continuity. Moving forward, TESS will enhance outreach strategies, strengthen community partnerships, and work toward expanding staff capacity to improve engagement and linkage efforts.



During FY 2023-2024, The TESS Program aimed to have at least one (1) Mental Health Rehabilitation Technician complete SOAR training each fiscal year. However, ongoing challenges such as staff turnover, internal promotions, staff transfers, and the intensive onboarding process have limited the ability to incorporate this additional training component. Despite these barriers, TESS remains committed to prioritizing SOAR training for new staff as part of its long-term strategy to enhance services for the homeless population and work toward achieving this goal.

During FY 2023-2024, The TESS Program set a goal to transfer ten (10) individuals per month to outpatient clinics within thirty (30) days of admission, ensuring that each transfer included a completed assessment, initial nursing evaluation, and initial psychiatric assessment. During FY 2023-2024, the program successfully transferred thirty-nine (39) individuals, meeting this objective. Moving forward, TESS will continue streamlining processes to maintain efficiency



and ensure timely access to essential services for clients transitioning to outpatient care.

During FY 2023-2024, The TESS Program set a goal to participate in at least three (3) outreach events per month to improve accessibility to mental health services by 5%. Successfully exceeding this target, TESS engaged in extensive community outreach efforts, conducting eight (8) outreach presentations, hosting seventy-six (76) informational booths, and distributing brochures at one hundred and three (103) events. These initiatives played a vital role in educating and connecting unserved and underserved populations with essential mental health resources, reinforcing TESS's commitment to expanding access to care.

TESS Outreach Activities	
FY 2023-2024	
Outreach Presentations	8
Informational Booths	76
Brochure Dissemination Activities	103

Total Outreach Activities	187

Outreach Presentations

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

Outreach Community Agencies

Planned Parenthood	Calexico Community Center
ECRMC Outpatient Center	InnerCare
Camarena Library	Clinicas del Valle
Calexico Police	De Anza Urgent Care
IVROP	Woman Haven, Family Solutions
Community Center	El Centro Aquatic Center
Catholic Charities	El Centro VA Clinic
Salvation Army	Desert paw
Hope Café	Day Out Adult Care Center
Paleteria Cachanilla	Dreams for Change
Calexico Apple	IV Colectivo
Imperial Radiology	Imperial Valley Therapeutic Massage
Neuro Science Center	Genoa Healthcare
Sun Valley Behavioral Medical	Sun City Medical Group
Boys and Girls Club of America	Salads 2 Go
CVS Pharmacy	Grifos Plasma
The Spot Calipatria	WIC
Mother Earth Nutrition	Good Neighborhood Pharmacy
Sure Helpline	Sonrisa Villa

During FY 2023-2024, the TESS Program aimed to assist at least 5% of individuals with linkage to substance use disorder (SUD) treatment services. Through screenings, referrals, and coordinated care efforts, TESS worked to connect individuals in need of SUD services to appropriate treatment providers. During this reporting period, twenty- eight (28) individuals were identified as needing SUD services and were successfully linked to treatment, reflecting the 5% goal was met. While efforts were made to strengthen referral pathways, challenges such as service availability, client engagement, and co-occurring mental health conditions impacted the ability to connect all identified individuals to treatment.

During FY 2023-2024, the TESS Program set a goal to successfully link 20% of individuals discharged from an acute psychiatric facility to the appropriate outpatient mental health clinic. Efforts focused on ensuring timely follow-up, coordinating care with outpatient providers, and facilitating smooth transitions for individuals requiring continued mental health services. During this reporting period, one hundred and seventeen (117) individuals were discharged from an acute psychiatric facility, and sixty-one (61) were successfully linked to outpatient mental health services, reflecting 52% of the total individuals served reflecting the 5% goal was met. While progress was made, challenges such as difficulties in client engagement post-discharge,

transportation barriers, and variations in discharge planning impacted the ability to meet the target.

As the TESS Program transitions from the fiscal year 2023-2024 to 2024-2025, the program reflects on the progress and challenges encountered over the past year, as well as the successes attained through steadfast efforts. The TESS Program consistently provided essential mental health services, evidenced significant advancements in client engagement, referrals, and connections to care. For the FY 2024-2025, the TESS Program remains committed to building upon these achievements while addressing the ongoing needs of the community. With a robust foundation established, the TESS Program is dedicated to further enhancing our outreach initiatives, increasing successful linkages to mental health services, and offering critical support to individuals in need. The TESS Program will persist in working towards these objectives, ensuring the program's growth and impact as we embark on the new fiscal year. The data for the fiscal year 2024-2025 illustrates these endeavors, showcasing notable accomplishments in referrals, discharges, demographics, and outreach activities. This positions us favorably for sustained success as we progress throughout the year. Please refer to the data below.

TESS Program Referral Outcome Overview	
FY 2024-2025	
Mental Health Triage Admissions	80
Mental Health Triage Unit Hospitalizations	20
Out of County Hospitalizations	23
Casa Serena	178
Other:	2
Total Referrals	**303**
TESS Program Discharges	
FY 2024-2025	
Successful Linkages to Mental Health Outpatient Clinics:	117
Screened out – Did not meet medical necessity	11
Unsuccessful Linkages:	148
No Care Needed – Sufficient Progress	2
Death	0
Incarceration/Indefinite Placement	6
Total Discharges	**284**

Demographic Category	TESS FY 2024-2025
Gender	
Female	147
Male	156
Other	0
Total	**303**
Age Group	
0 to 13	2
14 to 25	115
26 to 59	154
60+	32
Not Reported	0
Total	**303**
Ethnicity	
Hispanic	239
African American	8
White	51
Other	2
Not reported	3
Total	**303**

TESS Outreach Activities	
FY 2024-2025	
Outreach Presentations	13
Informational Booths	50
Brochure Dissemination Activities	42
Total Outreach Activities	**105**

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

Outreach Community Agencies	
Imperial Public Library	Inner Care El Centro
Heber Public Library	Americas Job Center
Welfare to Work	Woman Haven
ADAPP	El Centro Dyalisis
InnerCare Winterhaven	Aquatic Center
FSP Adult	SunCity Medical Group
Valley Pharmacy	Sure Helpline
Day Out	Xplore
MD Medical Center	Alegria
Brawley Primary Clinic	Farmacia de Anza
Cafesito Bar	CVS Pharmacy
Mother Nutrition	Imperial Clinica
Ameri Mex Pharmacy	One Stop
Clinica del Valle	Calexico Wellness
Sonrisa	Calexico Neighborhood
Fresenius Health Care	Hope Café
Jackson House	2Go Salads
Accent Care	
ECRMC	

Notable Community Impacts

The TESS Program has made a significant impact in the community by expanding access to mental health services, ensuring continuity of care, and strengthening service linkages for individuals in need. Through dedicated outreach efforts, TESS has actively engaged unserved and underserved populations, increasing awareness and accessibility to mental health resources. By participating in various outreach events and community engagement activities, the program has successfully connected individuals to essential services, reinforcing its commitment to improving mental health access.

A key achievement of the TESS Program has been ensuring the timely transition of individuals from inpatient settings to outpatient care. By streamlining the assessment and referral process, the program has successfully facilitated timely transfers, allowing individuals to continue receiving the necessary mental health support without unnecessary delays. Additionally, TESS has been instrumental in assisting individuals hospitalized out of the county, ensuring they are successfully linked to ongoing treatment and receive the necessary support for a seamless transition into appropriate care systems.

TESS has also remained committed to strengthening referral pathways for individuals in need of substance use disorder treatment, ensuring that those requiring additional support are connected to the appropriate services. Furthermore, the program focuses on linking individuals discharged from acute psychiatric facilities to outpatient mental health services, reinforcing the importance of long-term stability and reducing service gaps for high-risk individuals.

Through these focused efforts, the TESS Program has demonstrated a strong commitment to increasing mental health accessibility, improving service coordination, and ensuring that individuals receive the care they need. Moving forward, the program will continue refining its strategies to sustain these achievements and further enhance its impact in the community.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

The TESS Program encountered several challenges that impacted service delivery and program objectives. High staff turnover, coupled with personnel promotions, transfers, and employees leaving for educational and career advancement opportunities, created ongoing staffing shortages. The process of recruiting, hiring, and training new staff proved to be a time-intensive effort, affecting the program's capacity to meet certain goals. Despite these challenges, TESS has remained committed to ensuring service continuity by implementing thorough training protocols, equipping staff with essential skills to effectively engage the populations served, and adapting workflows to maximize available resources.

One of the most pressing barriers faced this year was the inability to provide SOAR training to additional staff. The extensive onboarding process for new hires, combined with limited staff availability, made it difficult to incorporate this training component while ensuring that staff members were adequately prepared for their primary roles. TESS recognizes the importance of this training in improving service delivery for individuals experiencing homelessness or at risk of homelessness and will continue working toward integrating it as staffing stabilizes.

Providing outreach and engagement services for the homeless population also remained a challenge due to the transient nature of this group, limited resources within the community, and the ongoing difficulty in locating individuals in need. With a reduced number of staff available to conduct outreach efforts, ensuring consistent engagement proved to be a complex task. Additionally, the lack of emergency shelters and transitional housing options further hindered the ability to provide immediate support to those experiencing homelessness. To address these barriers, TESS will continue strengthening collaboration with community partners and exploring new strategies to enhance outreach efforts, ensuring that individuals in need receive the necessary support and linkages to services.
Despite these difficulties, the TESS Program remains committed to overcoming barriers through strategic problem-solving, workforce development, and increased community collaboration. Moving forward, the program will continue working toward sustainable solutions to enhance service delivery and ensure that vulnerable populations receive the mental health support they need.

Significant Changes, Including New Programs

During FY 2023-2024, the TESS Program successfully met its goals of completing the assessment process and transferring individuals to outpatient services within thirty (30) days of admission, as well as consistently participating in outreach events to increase accessibility to mental health services. Given this progress, TESS will refine its objectives to further enhance service delivery and expand community impact.

For the upcoming FY 2024-2025, the goal for timely assessment completion and outpatient transfers will be increased to fifteen (15) individuals per month, ensuring a greater number of clients receive seamless transitions into continued care. Additionally, the outreach goal will be expanded to four (4) events per month, with an aim to increase accessibility to mental health services by 7%, reinforcing TESS's commitment to connecting more unserved and underserved individuals to vital resources.

These adjustments reflect the program's ongoing efforts to build on its successes, enhance service accessibility, and improve the overall quality of care for the community.

Goals and Objectives for FY 2025-2026

7. TESS will continue to engage homeless individuals by increasing accessibility of mental health services by 5% each year.
8. TESS will continue to focus on training one (1) additional ICBHS staff on SOAR to improve delivery of services to those who are homeless or at risk of homelessness.
9. Within thirty (30) days of admission, TESS will successfully complete the assessment process and transfer fifteen (15) individuals to the Outpatient Clinic for continued mental health services.
10. TESS will participate in four (4) outreach events monthly to increase accessibility to mental health services by 7%.
11. TESS Program will assist 5% individuals with linkage to the substance use disorder (SUD) program for treatment services.
12. 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 provide outreach and engagement services to individuals within the community who are in need of immediate mental health and substance use disorder services, increase their support system, and encourage their willingness for linkage into Mental Health Treatment or Substance Abuse Treatment Services. The goal is also to assist individuals with reunification with their family members and/or transitioning them back into the community. Services provided by the CESS program include expedited assessments and linkage to the appropriate Mental Health Outpatient Clinic for continuum of care. In addition, the CESS program provides screening and referral services at the Imperial County Jail to individuals who will soon be released to ensure they are successfully reintegrated back into the community and linked to needed Mental Health Services.

Services provided by the CESS program include:

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

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

Notable Performance Measures

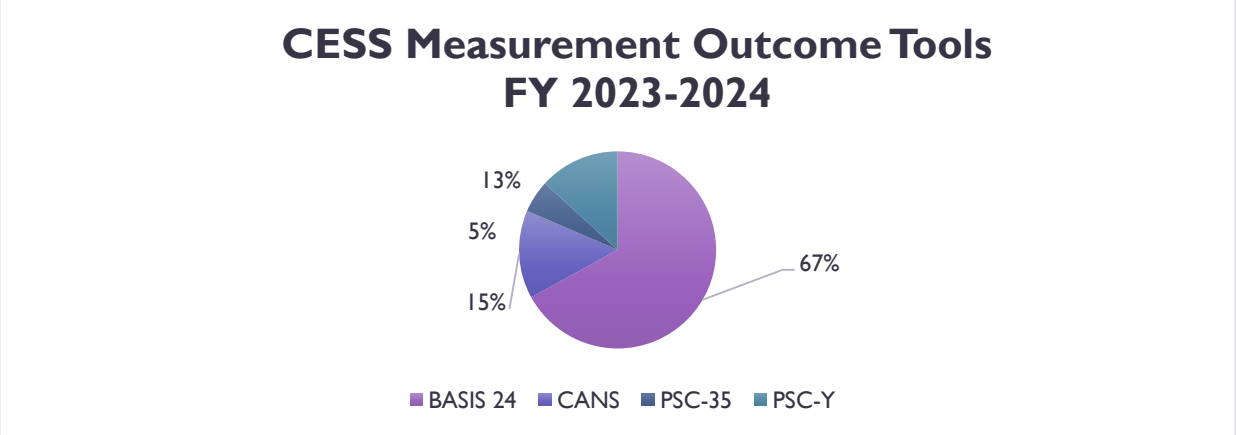
Basis 24	CANS	PSC-35 & PSC-Y
• Behavior and Symptom Identification Scale	• Child and Adolescent Needs and Strengths	• Pediatric Symptom Check List

The CESS Program continues its commitment to assessing client needs and tracking progress over time through the administration of the Behavior and Symptom Identification Scale 24 (BASIS 24). This tool provides a comprehensive profile of each client and evaluates changes in self-reported symptoms and challenges across key areas, including depression, daily functioning, interpersonal relationships, psychosis, substance use, emotional regulation, and risk for self-harm. BASIS 24 is administered during the initial assessment and subsequently on an annual basis to individuals aged 18 and older. During FY 2023-2024, the CESS Program conducted 264 BASIS 24 assessments.

To support decision-making and enhance treatment planning for youth, the CESS Program utilizes the Child and Adolescent Needs and Strengths (CANS) tool. Designed for individuals between the ages of 6 and 20, CANS aids in determining the appropriate level of care, facilitates service coordination, and allows for ongoing outcome monitoring. Throughout the first two quarters of FY 2023-2024, a total of 57 CANS assessments were completed.

The Pediatric Symptom Checklist (PSC-35) remains a vital screening tool within the program, helping to identify cognitive, emotional, and behavioral concerns in children and adolescents. By detecting potential challenges early, the tool supports timely interventions that address the psychosocial well-being of youth. During this reporting period, the CESS Program administered 21 PSC-35 assessments.

In addition, the CESS Program continues to utilize the Pediatric Symptom Checklist Youth Version (PSC-Y) for clients aged 11 to 20. This assessment measures key areas such as



interpersonal distress, somatic symptoms, social difficulties, behavioral functioning, and critical risk indicators. During FY 2023-2024, a total of 52 PSC-Y assessments were completed.
The following is a list of measurement outcome tools currently implemented at the CESS Program 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(CI)	*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 CI	*General Instrument*	15 minutes / 35 questions	*Intake: Clinician*	*Intake*

CESS Referral Overview

During FY 2023-2024, the CESS Program outreach efforts lead to the program receiving six hundred and eighty-two (682) community referrals. A breakdown of the Community Referrals, Clients Served, and Program Discharges can be seen below:

CESS Program Referral Outcome Overview FY 2023-2024	
Total Community Referrals	
ICBHS	506
Law Enforcement	12
ICDSS	10
IVC	42
Self	66
APS	2
Public Health	1
LGBT	2
Fresenius	2
ECRMC	4
Medical Treatment	5
Family	7
Avenal Prison	2
Unicare	2
Innercare	1
CDCR	9
Naphcare	6
School	2
State Hospital	1
Total Community Referrals	**682**
Clients Served	
Admissions	671
Screened Out	35
Pending Admission	21
Total Clients Served	**727**
CESS Program Discharges	
Successful Linkages to Mental Health Outpatient Clincs	209
Screened Out	25
No Care Needed – Sufficient Progress	2
Unsuccessful Linkages Total	422
Total Discharges	**658**

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

CESS Client Demographic Category FY 2023-2024	
Gender	
Female	303
Male	421
Other (not reported)	3
Total	**727**
Age	
0 to 13	6
14 to 25	195
26 to 59	451
60 +	75
Not Reported	0
Total	**727**
Ethnicity	
Hispanic	520
White	158
African American	15
Alaskan Native/Native American	8
Asian	1
Other/Not Reported	25

	FY 23-24	FY 24-25	% Change
Admissions	727	381	53%

Budget

The number of individual clients served in **FY 2023-2024**, seven hundred and twenty-seven (727). The average cost per individual served was one thousand, seven hundred and twenty-nine dollars and sixty cents ($1,729.60).

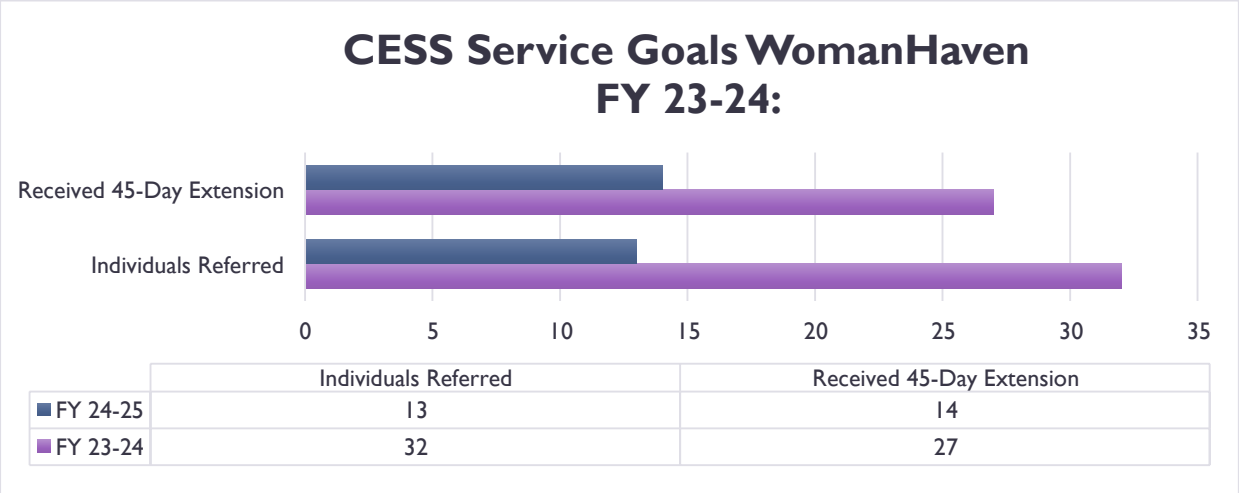
CESS Service Projections for FY 2023-2024 through 2025-2026

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 2023-2024

During FY 2023-2024, the CESS Program set a goal to engage homeless individuals by increasing accessibility to mental health services by 5% each year. To achieve this, the program focused on targeted outreach, enrollment efforts, and service coordination to connect individuals experiencing homelessness with essential mental health resources. During this reporting period, CESS successfully enrolled one hundred and nine-teen (119) homeless individuals into the Projects for Assistance in Transition from Homelessness (PATH), reflecting a 2% decrease in serviced individuals from the previous fiscal year. In addition to increasing accessibility to mental health services, the CESS Program continued its partnership with Women Haven – Center for Family Solutions to provide emergency lodging and facilitate long-term housing linkages. As part of these efforts, thirty-two (32) homeless individuals of the one hundred and nine-teen (119) were referred to Women Haven, and twenty-seven (27) received a 45-day extension for continued shelter, ensuring greater stability and access to additional support services. While the program has not yet fully met the 5% target by the end of this reporting period, continued outreach and engagement efforts are expected to help CESS reach the goal before the end of the reporting year.

	Reporting Period: FY 22-23	5% Goal: FY 23-24	Reporting Period: FY 23-24
PATH Enrollments	121	127	119



During FY 2023-2024, the CESS Program set a goal to train two (2) additional ICBHS staff in SSI/SSDI Outreach, Access, and Recovery (SOAR) to enhance service delivery for individuals who are homeless or at risk of homelessness. However, staffing shortages and competing service demands limited the program's capacity to implement this training during the reporting period. Despite these challenges, CESS remains committed to achieving this goal and will continue prioritizing SOAR training as staffing stabilizes. By equipping staff with the necessary skills to assist clients in navigating benefits, the program aims to improve accessibility to financial and mental health resources for the homeless population.

During FY 2023-2024, the CESS Program set a goal to complete the assessment process and transfer ten (10) individuals per month to an outpatient clinic within thirty (30) days of

admission to ensure timely access to continued mental health care. This process included conducting a comprehensive assessment, initial nursing evaluation, and psychiatric assessment before transitioning individuals to the appropriate level of care.

During FY 2023-2024 the CESS Program successfully exceeded this goal by transferring seventy-eight (78) individuals to outpatient clinics, demonstrating the program's commitment to streamlining assessment procedures and improving service continuity. This achievement reflects the program's dedication to reducing service gaps and ensuring individuals receive the necessary support for their ongoing mental health treatment. Moving forward, CESS will continue to refine its processes to maintain efficiency and enhance access to outpatient care.

During FY 2023-2024, the CESS Program set a goal to participate in three (3) outreach events per month to increase accessibility to mental health services by 5%. Through dedicated efforts, the program successfully met and exceeded this goal, reinforcing its commitment to expanding mental health access for unserved and underserved populations. As part of its strategy to increase mental health awareness among homeless individuals, the CESS Program continued to collaborate with key community partners, including emergency shelters, by conducting Outreach and Engagement Presentations on available mental health services. During this reporting period, CESS provided eighteen (18) outreach presentations, hosted fifty-eight (58) informational booths, and disseminated one hundred and sixteen (116) brochures, ensuring that critical mental health resources reached those in need. By strengthening partnerships and increasing outreach efforts, the program successfully connected more individuals to mental health services, helping bridge gaps in accessibility. Moving forward, CESS will continue to build upon these efforts, further expanding outreach initiatives and community collaborations to enhance service delivery and ensure that those experiencing homelessness and mental health challenges receive the necessary support.

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

Outreach and Engagement Activities Conducted by CESS

CESS Program **Outreach and Engagement Activities FY 2023-2024**			
Outreach Presentations		18	
Informational Booth/Brochures-Disseminations		116	
Informational Booth		58	
Outreach Presentations			
Agency	**Group Population**	**Topic**	**Language Conducted**
Heber Library	Elderly	CESS Services	English/Spanish
Camarena Library	Elderly	CESS Services	English/Spanish
Calexico Community Center	Elderly	CESS Services	English/Spanish
Outreach Community Agencies			
Brawley Library		Boys & Girls	
Post office		Mother Earth Nutrition	
Salads 2 Go		Calexico Apples	
City Hall		Police Department	
Aquatic Center		OneStop	
Fort Yuma Heathcare		San Pascual Healthcare	
Innercare		Dr. Vo	
IV Medical Clinic		Grifos Plasma	
CVS Pharmacy		Imperial Clinica	
Calexico Library		Casa Alegria	
The Spot		Valley Medical Pharmacy	
WIC		Good Neighborhood Pharmacy	
Community Center			

During FY 2023-2024, the CESS Program remained committed to ensuring individuals released from County Jail receive timely access to outpatient mental health services. With a goal of successfully linking 5% of individuals to outpatient clinics, the program focused on conducting initial assessments before release, facilitating referrals, and expediting service connections to ensure continuity of care. During this reporting period, CESS received one hundred and nine (109) jail referrals and successfully transferred one hundred and six (106) individuals to outpatient mental health services, successfully meeting and exceeding the 5% target. This accomplishment reflects the program's strong coordination efforts with the County Jail and outpatient clinics, ensuring that justice-involved individuals receive the necessary mental health support upon re-entering the community. Building on this success, CESS will continue to enhance referral tracking, strengthen collaboration with correctional and community partners, and refine service linkage strategies to sustain and improve access to mental health care for individuals transitioning out of the criminal justice system.

The CESS Program has made significant strides in FY 2024-2025, building on its successes from the previous fiscal year while addressing challenges along the way. Here's a breakdown of the program's progress and outcomes:

- **Community Referrals**: 387 community referrals were received in the first and second quarters, with the majority (279) coming from ICBHS, supplemented by referrals from law enforcement, ICDSS, and other sources.
- **Client Engagement**: A total of 381 clients were served, resulting in 392 admissions. However, 11 clients were screened out.
- **Successful Care Linkages**: 121 individuals were successfully connected to mental health outpatient clinics.
- **Discharges**: 410 total discharges were recorded, with 268 of those classified as unsuccessful linkages. A small number of discharges were categorized as "no care needed" or "sufficient progress."
- **Demographics**: The client population included 181 females and 200 males, with most clients aged between 14 and 59 years.

Outreach and Engagement Efforts

- The program conducted **115 outreach activities**, including:
    - **12 presentations**
    - **48 informational booths**
    - **55 brochure disseminations**
- The outreach efforts targeted elderly populations, with services provided in **English and Spanish** at locations such as the **Heber Library**, **Camarena Library**, and **Calexico Community Center**.

The data showcases the CESS Program's ongoing growth and its efforts to enhance outreach, improve care linkages, and provide meaningful support to individuals. These accomplishments lay the foundation for continued success as the program moves forward into FY 2024-2025.

CESS Program Referral Outcome Overview FY 2024-2025	
Total Community Referrals	
ICBHS	279
Law Enforcement	22
ICDSS	39
IVC	21
Self	13
APS	3
Family Doctor	1
Other	2
Fresenius	2
ECRMC	1
Day Out	1
Family	3
Total Community Referrals	**387**
Clients Served	
Admissions	370
Screened Out	11
Pending Admission	0
Total Clients Served	**381**
CESS Program Discharges	
Successful Linkages to Mental Health Outpatient Clincs	121
Screened Out	18
No Care Needed – Sufficient Progress	3
Unsuccessful Linkages Total	268
Total Discharges	**410**

Client Demographic for the CESS Program

CESS Demographic Category FY 2024-2025	
Gender	
Female	181
Male	200
Other (not reported)	0
Total	**381**
Age	
0 to 13	1
14 to 25	94
26 to 59	235
60 +	51
Not Reported	0
Total	**381**
Ethnicity	
Hispanic	277
White	70
African American	15
Alaskan Native/Native American	3
Asian	0
Other/Not Reported	16
Total	**381**

CESS Program
Outreach and Engagement Activities FY 2024-2025

Outreach Presentations	12
Informational Booth/Brochures-Disseminations	55
Informational Booth	48
Total	**115**

Outreach Presentations

Agency	Group Population	Topic	Language
Heber Library	Elderly	CESS Services	English/Spanish
Camarena Library	Elderly	CESS Services	English/Spanish
Calexico Comm. Center	Elderly	CESS Services	English/Spanish

Outreach Community Agencies

Imperial Library	One Stop
Heber Library	Alegria
DSS	ECRMC Lab and Imaging Center
IV Life Center	Imperial Valley Medical Clinic
Farmacia del Pueblo	ADAPP
Imperial County Aging and Disability Services	Innercare
EBT Card Insurance	Fresenius Health Care
Child Support	EC FSP Clinic
Mother Earth Nutrition	Day Out
Lions Center	Valley Pharmacy

Brawley Library
WIC
Cafesito Bar
Hope Café
MD Medical Center
Brawley Primary Clinic
AmeriMex Pharmacy

Notable Community Impacts

During FY 2023-2024, the CESS Program made a significant impact by expanding access to mental health services, strengthening service linkages, and enhancing outreach efforts to reach vulnerable populations. Through its focused initiatives, the program successfully connected individuals experiencing homelessness, justice-involved individuals, and those in need of ongoing mental health care to essential services, reinforcing its commitment to improving community well-being.

A key achievement was the successful transition of individuals from County Jail to outpatient mental health services, ensuring they received the necessary support upon release. This accomplishment highlights the program's strong coordination with correctional facilities and outpatient providers, reducing service gaps and promoting continuity of care for justice-involved individuals.

The CESS Program also played a vital role in increasing mental health accessibility for individuals experiencing homelessness. By enrolling individuals into the Projects for Assistance in Transition from Homelessness (PATH) and strengthening partnerships with emergency shelters, CESS continued to address the complex needs of this population. Additionally, through its collaboration with Women Haven – Center for Family Solutions, the program facilitated emergency lodging referrals and extended housing support, reinforcing its commitment to stabilizing housing and mental health services for those in crisis.

Community outreach remained a priority, with CESS exceeding its goal by conducting outreach presentations, hosting informational booths, and distributing mental health resources to increase awareness of available services. These efforts ensured that unserved and underserved populations had direct access to critical information and support.

The program also facilitated the timely transfer of individuals from crisis services to outpatient clinics within the designated timeframe, ensuring rapid access to continued mental health care. By streamlining assessment and referral processes, CESS strengthened the mental health continuum of care, reducing delays in service delivery.

These accomplishments demonstrate the CESS Program's dedication to improving access to mental health services, fostering community partnerships, and ensuring individuals in need receive the appropriate care and support. Moving forward, the program will build upon these successes, further refining its strategies to enhance service delivery and make an even greater impact on the community.

Challenges or Barriers and Strategies to Mitigate Challenges/Barriers

During FY 2023-2024, the CESS Program encountered various challenges that affected service delivery, outreach efforts, and linkage to mental health services. Staffing shortages remained a significant barrier, with turnover, internal promotions, and workforce transitions limiting the program's ability to expand outreach and provide consistent services. These workforce limitations also impacted the implementation of SOAR training, preventing the program from meeting its goal of training additional staff to assist homeless individuals in

securing financial benefits for long-term stability. Despite these setbacks, the program remains committed to stabilizing its workforce by prioritizing recruitment, strengthening staff training, and ensuring structured onboarding to improve retention and service capacity.

Engaging individuals experiencing homelessness also presented ongoing challenges, as their transient nature and limited shelter options made consistent outreach and service retention difficult. The scarcity of emergency housing further complicated efforts to establish long-term connections and facilitate access to mental health services. In response, CESS will continue enhancing partnerships with emergency shelters, housing providers, and community organizations to expand engagement opportunities.

Despite successfully meeting the goal of linking individuals released from County Jail to outpatient mental health services, challenges in ensuring continuity of care persisted. Many individuals faced difficulties in following through with treatment due to transportation barriers, stigma, and the struggles of reintegration into the community. To address this, CESS will strengthen its collaboration with correctional facilities and outpatient clinics, developing more structured discharge planning and follow-up support to ensure individuals transitioning out of the justice system remain engaged in their mental health care.

Through these targeted strategies, the CESS Program remains dedicated to overcoming barriers and enhancing service accessibility for vulnerable populations. By refining outreach efforts, strengthening community partnerships, and prioritizing workforce development, the program will continue working toward improving mental health care accessibility and ensuring individuals receive the support they need.

Significant Changes, Including New Programs

During FY 2023-2024, the CESS Program successfully met its goals of completing the assessment process and transferring individuals to outpatient services within thirty (30) days of admission, as well as consistently participating in outreach events to increase accessibility to mental health services. Given this success, the program is now raising its targets to further enhance service delivery and expand its impact on the community.

For the upcoming FY 2024-2025, the goal for timely assessment completion and outpatient transfers will be increased to fifteen (15) individuals per month, ensuring a greater number of clients receive seamless transitions into continued care. Additionally, the outreach goal will be expanded to four (4) events per month, with an aim to increase accessibility to mental health services by 7%, reinforcing CESS's commitment to reaching more individuals in need.

Recognizing the importance of direct clinical intervention, the program will also introduce a new goal focused on therapy services. Moving forward, CESS will engage and provide therapy to at least three (3) patients per reporting period, ensuring that individuals not only receive referrals but also gain access to essential therapeutic support to promote long-term mental health stability.

These adjustments reflect the program's dedication to continuous improvement, ensuring that more individuals in need receive timely, comprehensive, and effective mental health services.

Goals and Objectives for 2025-2026

1. CESS will continue to engage homeless individuals by increasing accessibility of mental health services by 5% each year.
2. 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.
3. Within thirty (30) days of admission, CESS will successfully complete the assessment process and transfer fifteen (15) individuals per month to the Outpatient Clinic for continued mental health services, ensuring timely access to care and a smooth transition into ongoing treatment.
4. CESS will participate in four (4) outreach events monthly to increase accessibility to mental health services by 7%, expanding efforts to engage unserved and underserved populations.
5. CESS Program will successfully link 5% of individuals released from County Jail to the appropriate outpatient clinic.
6. CESS will engage and provide therapy to at least three (3) patients per reporting period, ensuring individuals not only receive referrals but also gain access to essential therapeutic support for long-term mental health stability


Workforce
Education &
Training
IMPERIAL COUNTY
CALIFORNIA

Workforce Education and Training

Program Description

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

Imperial County Behavioral Health Services focuses on WET funding in the following three areas:
Action I: Training and Technical Assistance
Action II: Financial Incentive Program (Employee Engagement Initiative)
Action III: Southern Counties Regional Partnership

Action 1: Training and Technical Assistance

Evidence-Based and Promising Practices Trainings

Mental Health Interpreter Training

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

During FY 2023-2024, the Mental Health Interpreter Training for non-clinical staff was hosted on May 11-14, 2024. The training provided by National Latino Behavioral Health Association was scheduled virtually, 3.5 hours per day for a total of 14 hours. A total of 17 staff attended this training.

Goals and Objectives for FY 2024-2025

For the upcoming FY of 2024-2025, the WET component of the MHSA funding will host one (1) Mental Health Interpreter Training to maintain workforce capacity to respond to the interpretation service needs of the consumers with limited language skills. A maximum of 35 staff will be trained in interpreters' services for this fiscal year. The training is scheduled for May 12-15, 2025.

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

Budget for FY 2024-2025

Item	Estimated total
(1) 4 half-day Interpreter Training for FY 2024-202	$12,500

Goals and Objectives for FY 2025-2026

For the upcoming FY of 2025-2026, the WET component of the MHSA funding will host:

- (1) one in-person Mental Health Interpreter Training to maintain workforce capacity to respond to the interpretation service needs of the consumers with limited language skills. A maximum of 35 staff will be trained in interpreters' services for this fiscal year.
- (1) one in person BHIT training for providers. Training will target monolingual English-speaking doctors, clinicians, and other mental health providers who may need to use interpreters.
- Training will target monolingual English-speaking doctors, clinicians, and other mental health providers who may need to use interpreters.
-

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 training courses, research on pricing conducted for the purposes of this plan, and comparable existing contracts.

Budget for FY 2025-2026

Item	Estimated total
(1) 2-day Interpreter Training for FY 2025-2026	$16,500
(1) 1-day Providers Using Interpreter Training	$8,250
Total item	**$24,750**

Assertive Community Treatment (ACT) Model Training and Support Services

During FY 2023-2024, ICBHS was unable to finalize a contract with the Center for Evidence-Based Practices at Case Western Reserve University to provide training and support on the ACT model for ICBHS staff. This training was intended to strengthen the development of the ICP-FSP program by enhancing staff engagement, skill-building, and program planning. Despite the delay in securing the contract, efforts to advance the ICP-FSP program have continued, moving it toward the implementation phase.

Once executed, the contract will enable Case Western Reserve University to deliver clinical training on ACT Standard Training Modules, including ACT Core Processes, Foundations of Motivation and Engagement, Stage-Wise Treatment, and the Addictions/DD Model. As of now, the agreement between ICBHS and the Center for Evidence-Based Practices remains pending and has not yet been finalized.

Program Goals and Objectives for 2025-2026

For FY 2025-2026, ICBHS will continue efforts to establish a contract with the Center for Evidence-Based Practices at Case Western Reserve University. Additionally, ICBHS plans to extend contract services to provide ongoing training and support for staff on the ACT model. The goal is to ensure that a sufficient number of staff are trained to prevent service disruptions due to transfers or promotions, maintaining continuous access to intensive services for those in need. The contracted activities will include programmatic and clinical consultations, clinical training sessions, and evaluation services. These training courses have been instrumental in supporting the development of the ICBHS FSP-ICP program. Staff participation in training and skill development has contributed to advancing the program's planning stages and has propelled the FSP-ICP program forward.

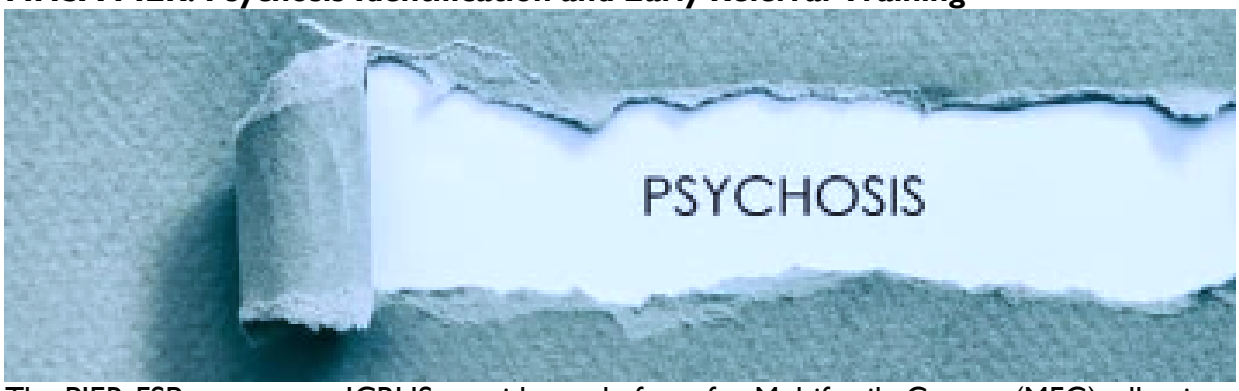
During FY 2023-2024 and 2024-2025 no WET funds were utilized for ACT training. ICBHS remains committed to finalizing the contract for FY 2025-2026 to support the program's continued growth and implementation.

Budget Justification for 2025-2026

Item	Estimated Total
ACT Training for FY 2025-2026	$ 25,000

**all budget items are estimates*

MHSA PIER: Psychosis Identification and Early Referral Training



The PIER-FSP program at ICBHS provides a platform for Multifamily Groups (MFG), allowing families to connect with clinical staff and other PIER-engaged families to discuss and better understand troubling symptoms. These support groups emphasize recovery, resiliency, and an optimistic therapeutic approach while promoting shared decision-making and maintaining a client-centered focus. As a key component of early intervention, the PIER-FSP program plays a vital role in identifying at-risk youth within the ICBHS community. By implementing proactive measures, the program aims to prevent the progression of symptoms and reduce the likelihood of developing Serious Mental Illness (SMI), ultimately supporting long-term mental well-being.

Goals and Objectives for FY 2023-2024

The objective of the PIER-FSP program for FY 2023-2024 was to strengthen its collaboration with the PIER Model Training Institute to expand staff training opportunities. The traditional approach required sending staff to PIER Model facilities for on-site training, which proved costly and reduced the number of participants who could complete the training.

The FSP-PIER program continued efforts to secure training and support services for newly hired staff, ensuring that the workforce remains adequately prepared to provide high-quality services. Training initiatives have been essential in advancing the development of the PIER-FSP program, maintaining a sufficient number of trained staff to prevent service disruptions caused by personnel transitions.

During FY 2023-2024, ICBHS successfully established a contract with the PIER Model Training Institute trained twenty-four (24) staff members. During FY 2024-2025 trainees received supervision sessions. A total of $37,500.00 in WET funds was utilized for this training.

Program Goals and Objectives for 2025-2026

The PIER-FSP will continue to pursue and identify a training facility to engage staff with the necessary trainings to continue serving individuals in need of the PIER Model.

Budget for FY 2025-2026

Item	Estimated Total
PIER Model Training with Lodging ($3,000) for FY 25-26	$ 38,000

**all budget items are estimates*

Wellness Management and Recovery (WMR), formerly known as Illness Management and Recovery (IMR)

The inclusion of a WMR model was not initially part of the 2023-2024 MHSA Plan. However, it has since been recognized that training new staff and retraining staff is essential to ensure the delivery of high-quality services to consumers. In the Wellness Center staff were last trained in the Illness Management and Recovery (IMR) model in 2019. Since then, we have had staff turnover and new staff hired that are not trained in IMR. There are 20 staff members who require training to maintain the use of this model within our program and to continue delivering it to our consumers. California Institute Behavioral Health Solutions (CIBHS) has renamed the model to Wellness Management and Recovery (WMR), which teaches wellness self-management strategies in the context of pursuing personal goals. This training is designed to provide the information, skills, and resources needed to help participants set up and facilitate WMR groups within the program, or to use the WMR curriculum individually with people receiving services.

The focus of IMR/WMR is:

- Psycho-education
- Cognitive-behavioral approaches to medication adherence
- Relapse prevention plan
- Social skills training
- Coping skills training

Program Goals and Objectives for 2025-2026

The PIER-FSP will continue to pursue and identify a training facility to engage staff with the necessary training to continue serving individuals in need of the PIER Model.

The estimated cost to train up to 20 staff of our Wellness Center staff for this 12-hour training and consultation calls for 6 months is $20,000.00 dollars. Consultation calls, training material and manual are included.

Budget for FY 2025-2026

WMR Budget for FY 2025-2026	Number of Units	Amount
Total		**$20,000.00**

**all budget items are estimates*

Interpersonal Psychotherapy (IPT)

Imperial County Behavioral Health (ICBHS) aimed to expand its clinical capacity by training additional clinicians in Interpersonal Psychotherapy (IPT) during FY 2023-2024. To achieve this, ICBHS established a contract with the Interpersonal Psychotherapy Institute and successfully trained thirty (30) clinicians.

IPT is an evidence-based, time-limited psychotherapy designed to address affective disorders, anxiety disorders, and eating disorders across a broad demographic, from children and adolescents to older adults. The approach focuses on interpersonal issues as the primary factor contributing to psychological distress. Its core objectives include symptom resolution, improved interpersonal functioning, and enhanced social support. IPT treatment typically consists of 6-20 sessions, with the option for maintenance therapy as needed.

As part of its ongoing commitment to expanding access to evidence-based interventions, ICBHS planned to train up to fifteen (15) clinicians from various divisions to further integrate IPT into its service offerings, ensuring a well-equipped workforce to meet the diverse mental health needs of the community.

During FY 2023-2024, ICBHS utilized $51,600.00 of the WET funds for the IPT training.

Consultation calls and booster training was completed with trained staff during FY 2024-2025. No additional training is planned for FY 2025-2026.

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

During the 2024-2025 fiscal year, Eye Movement Desensitization and Reprocessing (EMDR) training was initially planned for clinical staff. However, due to the implementation of an intensive Somatic Trauma Therapy training program, which was conducted through weekly sessions over a four-month period, it was determined that the EMDR training would be postponed. This decision allowed clinicians to fully engage with and apply the skills from the Somatic Trauma Therapy training.

With the completion of this training and consultation process, clinicians have honed their new skills and are now prepared to advance their trauma treatment capabilities through EMDR training. After conducting research into best practices and training providers, we have identified certified training options for EMDR. The training program aligns with our commitment to high-quality, evidence-based training which comes at and increased cost. The progression of therapist development and the dedication to equipping staff with the tools needed to provide the best possible mental health services to our community has been carefully thoughtful, resulting in a change in implementation plan and cost.

EMDR is a comprehensive, evidence-based psychotherapy that helps accelerate treatment for a wide range of issues related to disturbing past events and present life conditions. EMDR therapy is applicable for all ages. It is especially effective in rapidly reducing symptoms across various clinical concerns.

This program prepares therapists to become EMDR Trained by providing didactic instruction and consultation. Therapists will learn to apply evidence-based EMDR techniques, develop case conceptualizations using attachment theory, the theory of structural dissociation. They will also be trained to perform all eight phases of EMDR, with a focus on PTSD, anxiety, depression, and other DSM-V-TR diagnoses.

EMDR therapy involves guiding clients to focus on traumatic memories while simultaneously engaging in bilateral stimulation, such as guided eye movements, hand-tapping, or auditory tones. This process helps reprocess the traumatic memories, reducing their emotional impact and fostering adaptive resolution. Over time, clients may experience relief from distress, a shift in negative beliefs, and improved emotional well-being.

Budget for FY 2025-2026

The estimated cost includes materials and consultation costs for up to 40 staff.

EMDR Budget for FY 2025-2026	Number of Units	Amount
Total		**$47,250 + $1,750 = $65,000.00**

**all budget items are estimates*

Somatic Therapy for Complex Trauma Training

This training model is designed to heal trauma by focusing on physical sensations and bodily responses associated with traumatic experiences. By working with the "body memory" of trauma, techniques such as breathwork, movement, and body awareness are employed to release stored tension and foster emotional healing. The program emphasizes the mind-body connection, helping individuals feel safe within their own bodies as they explore and process past traumas.

By December 31, 2024, therapists from four different divisions completed an intensive 4-month training program, running from September 1 to December 31, 2024. The program followed a 15-week structured plan that combined self-paced modules with live virtual sessions, allowing participants to engage flexibly while still benefiting from guided learning.

The training was divided into three interconnected parts to support progressive skill-building, with video modules requiring 1-3 hours of viewing per week:

- **Part 1:** Introduced nine foundational somatic therapy techniques, enabling therapists to immediately begin applying these methods with clients.
- **Part 2:** Focused on understanding and addressing survival responses and implicit memories, equipping participants to navigate more complex challenges.
- **Part 3:** Developed advanced skills for working directly with attachment trauma and repairing relational wounds.

To ensure continued support, participants received three months of follow-up supervision sessions led by department clinical supervisors after completing the training.

Program Goals and Objectives for 2024-2025

This training has been completed, and payments were fulfilled during FY 2024-2025. No additional training is scheduled for FY 2025-2026.

PEARLS

ICBHS trained Mental Health Rehabilitation Technicians and Community Service Workers in the PEARLS model in February 2023-April 2023. The services were launched in October 2024. PEARLs, model is for older adults ages 60 and older that focuses on mental health interventions that improve their psychological well-being and overall health. Services are provided in the individual's home or anywhere in the community. It is an effective skill-building program that helps older adults manage and reduce their feelings of depression and isolation. PEARLS is designed to reduce depression in physically impaired and socially isolated individuals by providing 8 sessions over a 19-week period with monthly follow-up calls for the next 3 months to ensure sustained gains or referral to services if needed. The model utilizes the following three basic components:

- Problem Solving Treatment (PST);
- Social and Physical Activation; and
- Pleasant Activity Scheduling

There were no further expenditures for PEARLS upon completion of training in 2023 with a total cost of $2,500.00. No additional PEARLS training is scheduled for FY 2025-2026.

Visual Reference: https://depts.washington.edu/hprc/programs-tools/pearls/

Matrix Modeling Training – Virtual

The Matrix Model is a structured, multi-component behavioral treatment model that consists of evidence-based practices, including relapse prevention (recovery planning), family therapy, group therapy, psychoeducation, and self-help involvement, delivered in a sequential and clinically coordinated manner. The model consists of 16 weeks of group sessions held three times per week, which combine Cognitive Behavioral Therapy, family education, social support, contingency management, medication for addiction treatment and individual counseling. The Model adapts to various levels of care through the continuum of care and focuses on both mental health and substance use disorders concurrently.

The Matrix Model Training is compiled of core components to address specific population:

- Matrix Adult Core Training
- Matrix Model for Criminal Justice Training
- Matrix Model for Teens and Young Adults Training
- Matrix Key Supervisor Training

This training took place during FY 2024-2025. No other training is planned for FY 2025-2026

Visual Reference: https://www.rehabcenter.net/matrix-model-addiction-treatment/

Substance Use Disorder (SUD) Integrated Care Conference – In Person

The Department of Health Care Services (DHCS) hosts an annual SUD Integrated Care Conference that provides an opportunity for the behavioral health workforce to learn from other professionals in the field about emerging trends and issues that affect SUD and co-occurring mental health disorders, innovations in programming and delivery systems across the continuum of care for underserved and under resourced individuals and communities. The conference aims to:

- Improve the integration of SUD, mental health, and physical health services.
- Promote communication and coordination between behavioral health and physical health services.
- Discuss the evolving SUD environment across different disciplines and settings.
- Provide training opportunities for behavioral health professionals.

ICBHS SUD Treatment Programs have been evolving treating clients not only with a SUD but with co-occurring disorders. 87% of clients served in SUD Treatment Programs have been diagnosed with a co-occurring mental health disorder. It continues to be imperative for clinical and management staff to have opportunities to maintain proficiency in proven practices of integration and other avenues that will enhance SUD prevention, intervention, treatment, and recovery services.

Goals and Objectives for FY 2024-2025

39 staff composed of behavioral health therapists, SUD counselors, mental health rehabilitative technicians, psychiatrist, nurse, administrative analysts, community service workers, program supervisors, behavioral health managers, medical director, deputy directors and assistant director. This conference took place during FY 2024-2025.

Goals and Objectives for FY 2025-2026

ICBHS is planning to send approximately 25 staff to the Substance Use Disorder Integrated Care Conference to continue to enhance their knowledge and skills. This conference is planned for August 19-21, 2025, in Long Beach, CA at a budgeted estimate of $25,000.

Budget for FY 2025-2026

SUD Integrated Care Conference	Estimated Amount
Up to approx. 25 staff.	Registration Fees: $25,000.00

ASAM Criteria 4th Edition 2-Day Course: Foundations & Skills Building - Virtual

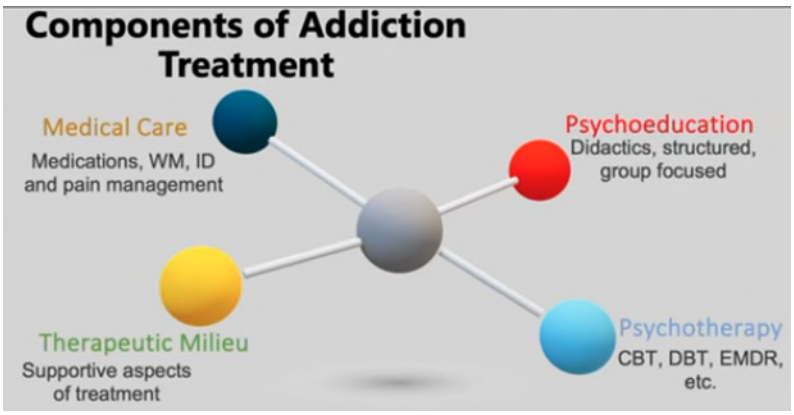
This two-day course includes the ASAM Criteria 4th Edition Foundations Course and the ASAM Criteria 4th Edition Skill-Building Course at a discounted rate. Each course provides the tools to utilize the ASAM Criteria with the utmost care and evidence-based practice.

The ASAM Criteria 4th Edition Foundations Course covers developing patient-centered service plans as well as making objective decisions about patient admission, continuing care, and transfer/discharge for individuals with addictive, substance-related, and co-occurring conditions. The workshop content is based on information found in The ASAM Criteria: Treatment Criteria for Addictive, Substance-Related, and Co-Occurring Conditions, Fourth Edition and incorporates an opportunity for participants to practice applying the information through case-based activities.

The ASAM Criteria 4th Edition Skill Building Course will follow multiple case scenarios along the patient's journey through the continuum of care. It will provide an in-depth understanding of providing level of care recommendations, developing individualized treatment plans, and conducting reassessments for continued service or transition of care for patients with addiction and co-occurring conditions. Additionally, participants will examine implementation challenges and develop strategies to provide appropriate treatment for persons with substance use disorders (SUDs). It is recommended that attendees successfully complete the Foundations course before beginning this course.

Budget for FY 2025-2026

ASAM Criteria 4th Edition Course Budget for FY 2025-2026	Number of Units	Estimated Amount
Up to 65 staff.	12 hours	Registration Fees: $38,675.00 Printed Materials: $9,100.00
	Total	**$47,775.00**



https://www.google.com/search?q=asam+4th+edition+training&rlz

Seeking Safety Virtual Training

Seeking Safety is a cognitive behavioral therapy model that treats co-occurring post-traumatic stress disorder (PTSD) and substance use disorders (SUD). It is a flexible model that can be delivered in a group or individual session setting. The therapy model is based on five key principles:

- Safety: Helping clients feel safe in their relationships, thoughts, emotions, and behaviors.
- Integrated treatment: Working on both trauma and SUD simultaneously.
- Psychoeducation: Educating clients about the link between trauma, substance use, and coping skills.
- Focus on ideals: Helping clients re-identify their values and goals.

This evidenced based model is designed to be integrated with other treatments and is more effective than treating a disorder separately. Seeking Safety is an extremely safe treatment model as it directly addresses both trauma and SUD but without requiring clients to delve into the trauma narrative.

Goals and Objectives for FY 2024-2025

15 clinical staff composed of Behavioral Health Therapists SUD Counselors and a clinical supervisor were trained during FY 2024-2025. The department found virtual training at no cost to the department. There is no additional training planned for FY 2025-2026.

Visual Reference: https://educationalenhancement-casaconline.com/seeking-safety-therapy-attaining-safety-and-healing-from-trauma-and-addiction

National Council for Wellbeing Conference (NatCon)

NatCon is the largest conference in mental health and substance use treatment and it aims to build the capacity of mental health and substance use treatment organizations through workshops and presentations, and to promote a greater understanding of mental wellbeing as a core component of comprehensive health and healthcare. Sending staff to NatCon will provide learning opportunities to stay updated on clinical practices, protocols, and advancements in the treatment of behavioral health and substance use disorders. It ensures that our clinical and administrative staff remain informed in the latest development in clinical practices, which is vital in maintaining high standards in patient care and improving outcomes. Additionally, attending NatCon will give the opportunity to ICBHS's Mental Health First Aid (MHFA) facilitators to participate in the MHFA Summit where they will listen to informative panels of experienced professionals and participate in workshops that will enhance their skills as MHFA facilitators.

Goals and Objectives for FY 2024-2025

ICBHS is planning to send 10 staff to the National Council for Mental Wellbeing Conference (NatCon) to continue to enhance their knowledge and skills. This conference is planned for May 5-7, 2025, at a budgeted estimate of $35,000.

Goals and Objectives for FY 2025-2026

ICBHS is planning to send 7 staff to the National Council for Mental Wellbeing Conference (NatCon) to continue to enhance their knowledge and skills. This conference is planned for 2026, at a budgeted estimate of $25,000.

Budget for FY 2025-2026

NatCon	Estimated Amount
Up to approx. 7 staff.	Registration Fees: $25,000.00

ASIST

The ASIST training is a two-day workshop that teaches people how to help people at risk of suicide. ASIST is designed for caregiving groups and includes interactive activities like discussions, simulations, and visuals. At the end of the training participants will learn how to:

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

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

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

Goals and Objectives for FY 2024-2025

During FY 2024-2025 ICBHS only had 3 ASIST trainers. As of December 2024, training was provided to 9 new trainers in order to meet the monthly trainings for our community. The budget for this training was $40,000. There was 1 trainer that could not commit to the training session in December so this staff will be taking the training for FY 2025-2026.

Budget for FY 2025-2026

Item	Estimated Total
ASIST Training for FY 2025-2026	$ 3,000

**this budget is for any last minute incidentals; budget items are estimates*
budget items are estimates

SafeTalk

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

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

Goals and Objectives for FY 2024-2025

At this time ICBHS only have 1 (one) SafeTalk trainer. ICBHS will pursue securing more training for trainers during June of 2025 with a total estimated budget of $12,000.

SafeTALK training is scheduled for June 2025; however, there is a possibility that the training may not come to fruition. If that scenario does happen, the allocated funds would need to be rolled over to FY 2025-2026, ensuring their availability in the budget for that fiscal year.

Teen-Mental Health First Aid (t-MHFA)

teen Mental Health First Aid (tMHFA) is a training program for teens brought to the United States by the National Council for Mental Wellbeing in partnership with Born This Way Foundation. It teaches teens in grades 10-12, or ages 15-18, how to identify, understand and respond to signs of a mental health or substance use challenge in their friends and peers. The training gives teens the skills to have supportive conversations with their friends and teaches them how to get help from a responsible and trusted adult.

tMHFA can be taught in either one of the two ways mentioned below:

In-person: Lessons are conducted in person in six 45-minute sessions or three 90-minute sessions.
Blended: Teens complete a self-paced online lesson, then participate in six live, Instructor-led sessions. These Instructor-led sessions can be:

- Video conferences.
- In-person classes.

Instructors are on the frontlines of the program, training teens in their communities how to assess, respond and bring in a trusted adult if a peer seems to be having a mental health or substance use challenge. Instructors teach from a national curriculum, tailor discussions to their participants and compile a list of local resources for help. Instructor candidates can be certified to teach tMHFA in-person or online.

The National Council for Mental Wellbeing requires that adults who teach the tMHFA program to teens attend a tMHFA Instructor training to be certified in the curriculum.

Significant Change During FY 2024-2025

ICBHS would like to send 10 staff to a 3-day tMHFA Instructor training. The cost per instructor candidate $4,000.

- 1-day optional training for Blended certification
- 125 tMHFA manuals

Due to contract delays, this training will now be pursued during FY 2025-2026.

Budget for FY 2025-2026

Item	Estimated Total
tMHFA Training for FY 2025-2026	$40,000

**all budget items are estimates*

Nonviolent Crisis Intervention (NCI)

During FY 2024-2025 ICBHS had enough trainers to meet the needs of the department and continue to have trainings one time per month.

Goals and Objectives for FY 2024-2025

ICBHS currently has enough trainers to meet the needs of the department and continues to have trainings one time per month. The current training needs are to maintain certifications current for the 12 trainers ICBHS has. The budgeted amount was $23,000.

There are no additional recertification costs programmed for FY 2025-2026.

Action II: Financial Incentive: Employee Engagement Initiative

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.

Employee Engagement Initiative with Todd Sosna: Strategic Approach and Implementation

Imperial County Behavioral Health Services (ICBHS) prioritizes employee engagement, as emphasized by the External Quality Review Organization (EQRO). ICBHS has hired Dr. Todd Sosna to enhance this by assessing engagement levels, identifying improvements, and implementing strategies for a positive work environment. His expertise will support workforce morale, professional development, and operational efficiency initiatives.

A foundational component of this initiative includes a comprehensive assessment of employee engagement through surveys and focus groups. The consultant will analyze key data points such as employee satisfaction, retention rates, and turnover metrics to evaluate existing engagement strategies and identify strengths and gaps. This assessment will provide insight into critical engagement drivers, including career development opportunities, work-life balance, recognition, and diversity, equity, and inclusion (DEI) considerations.

A tailored employee engagement strategy will be developed following the assessment to align with ICBHS's organizational culture and goals. This strategy will include structured leadership training and development programs to equip supervisors and managers with the tools necessary to cultivate a supportive and motivating work environment. Additionally, communication strategies—such as town halls, staff newsletters, and internal memos—will be refined to enhance transparency, collaboration, and feedback across all levels of the organization. Employee wellness initiatives will also be explored, focusing on mental, emotional, and physical well-being and recognizing the unique challenges faced by professionals in the behavioral health sector. Implementing engagement initiatives will be monitored through a structured framework that evaluates key performance indicators, including employee satisfaction scores, retention trends, and overall workplace productivity. A continuous feedback loop will be established to assess engagement strategies' effectiveness, ensuring adjustments are made as needed to maintain alignment with organizational priorities and workforce needs.

To ensure the long-term sustainability of engagement efforts, ICBHS leadership will receive ongoing consultation. This includes regular planning meetings, assistance in designing and executing employee retention surveys, and strategic guidance on fostering a culture of engagement and continuous improvement. ICBHS aims to create a work environment where employees feel valued, supported, and motivated to contribute to the organization's mission by investing in a structured and data-driven approach to employee engagement.

Overview

The budget for Employment Engagement Activities in FY 2024-2025 is projected at $13,588.42, covering costs associated with the Employee Retreat and Town Hall Meeting consultations with Dr. Todd Sosna. Initially, $75,000.00 was allocated for these activities; however, an adjustment is needed to reflect the actual projected expenses of approximately $20,000.00 for this fiscal year. We anticipate maintaining a similar expense structure for FY 2025-2026 and FY 2026-2027 to ensure program continuity. Projected consultation services from Dr. Todd Sosna will be capped at $14,400.00 per year, resulting in a three-year total expenditure of $33,600.00.

Breakdown of FY 2024-2025 Employment Engagement Expenses

1. Employee Retreat

The Employee Retreat fosters engagement, team collaboration, and professional well-being. The following expenses are projected:

- Catering – $8,500.00
- Tables/Chairs Rental – $505.50
- Water/Drinks – $382.92
- Subtotal: $9,388.42

2. Employment Engagement – Town Hall Meetings (Consultations: Dr. Todd Sosna)

Dr. Todd Sosna will provide consultation services for Town Hall Meetings to support ongoing workforce engagement efforts. These meetings facilitate discussions on workforce needs, employee feedback, and organizational development.

- Consultation Services – $4,800.00 (Projected amount based on a cap of 8 hours per month, covering the remaining months of the current fiscal year)
- Subtotal: $4,800.00

Total Employment Engagement Activities for FY 2024-2025

Expense Category	Amount ($)
Employee Retreat	$9,388.42
Employment Engagement – Town Hall Meetings (Consultations)	$4,800.00
Total	**$13,588.42**

Adjusted Budget for Multi-Year Expenditures (FY 2024-2027)

Since the original allocation of $75,000.00 will not be fully utilized in FY 2024-2025, the remaining funds are proposed to be reallocated over the next two fiscal years to ensure ongoing Employment Engagement Activities, mainly consultation services for Town Hall Meetings with Dr. Todd Sosna:

- FY 2025-2026: $14,400.00
- FY 2026-2027: $14,400.00
- Total for FY 2025-2027: $28,800.00
- Grand Total for Three-Year Period (FY 2024-2027): $33,600.00. Which includes the original projection of FY 2024-2025 - $ 4,800.00

This adjustment aligns expenses with actual projections while ensuring the continuation of key employee engagement initiatives in the coming years.

Summary:

- The FY 2024-2025 budget was adjusted to approximately $20,000.00 to reflect actual expenditures.
- The remaining funds will be reallocated to FY 2025-2026 and FY 2026-2027 to sustain ongoing engagement activities.
- Final expenditure will be monitored, and necessary adjustments will be made accordingly.

Action III: Southern Counties Regional Partnership

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

SCRP Original Budget for Imperial County for FY 2020-2025

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

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

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

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

A total of $30,000 was transferred out of SCRP Imperial County Stipend funds into SCRP Imperial County Pipeline funds to be expended over the remaining year beginning July 2024 with final student grant awards in June 2025.

SCRP Modified Budget for Imperial County as of 2024-2025

	Program Funds	Loan Repayment	Approx # of awards	Stipends	Approx # of Stipends	Retention	Pipeline
		approx 50%			$6,000 each	Regional Trainings	
Imperial	$356,535	$176,590	24	$30,000	5	$19,945	$130,000

Imperial County also transferred a total of $96,000 as for the last 2 fiscal years there have been no stipend applications received under the contract managed with Phillips Graduate Institute of Campbellsville University.

-Stipend and Loan Repayment Awards-

As of FY 2024-2025 the following is a summary of Stipend and Loan Reimbursement awards.

Imperial County Awards per FY	Loan Repayment Awards	Stipend Awards
FY 2021-2022	6	3
FY 2022-2023	5	2
FY 2023-2024	7	0
FY 2024-2025	6	0
Total	**24**	**5**

-SCRP Retention Regional Trainings-

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

-Pipeline Project-

The Pipeline Project is an approach to engage young people to explore and potentially consider the Behavioral Health field as a potential career option. The pipeline project considers planning a variety of activities that could help build the workforce in the future.

The transfer of funds into the School Mental Health Awareness Club Pipeline Pilot will now have a total budget of $130,000 for club grants and senior student stipends. The goals established when the project was approved by the SCRP included:

1. Increase number of schools with active, student engaged mental health awareness clubs.
2. Provide funding support to existing student mental health awareness clubs for activities and incentives.
3. Encourage students, particularly those with lived experience, to engage and participate in campus mental health awareness clubs.
4. Provide positive recognition and financial support to college-bound students who have excelled in their contributions to mental health awareness through participation in campus mental health awareness clubs.

Significant Changes to Goals and Objectives for FY 2025-2026

1. Retain training(s) in support of educating school-based professionals on mental health among youth.
2. Host a Behavioral Health Professional Awareness Fair.
3. Provide Scholarships to students (high school senior or college) that are pursuing a degree in the behavioral health field.

-SCRP Conference-

During FY 2023-2024 and 2024-2025, Imperial County staff were supported to attend the Whole Person Integrated Conferences both in 2024 and in 2025.

Whole Person Integrated Care Conference March 26-27, 2024 Pomona, CA

Whole Person Integrated Care Conference March 18-19, 2025 Pomona, CA

March 26-27, 2024

March 18-19, 2025

The overall budget for Workforce Education and Training for FY 2025-2026

Item	Estimated Total
ACTION 1: Training & Technical Assistance	
Mental Health Interpreter Training	$24,750
Assertive Community Treatment Training	$25,000
PIER Training	$38,000
Wellness Management and Recovery Training	$20,000
Eye Movement Desensitization & Reprocessing Training	$40,000
ASAM Criteria 4th Edition Skill Building Training	$41,493
Teen Mental Health First Aid Training	$40,000
ASIST Training	$3,000
SUD Integrated Care Conference	$25,000
NatCon 26	$25,000
ACTION 2: Employee Engagement Initiative	
Employee Engagement	$14,400
ACTION 3: Southern Counties Regional Partnership Program	
SCRP Activities	**$356,535
WET ADMINISTRATION	
WET Administration	41,530.00
Total	**$338,173.00**

**all budget items are estimates; **SCRP funds are from a separate funding source and will not be included in the financial reports.*


Capital
Facilities &
Technological
Needs

Capital Facilities and Technological Needs

Capital Facilities and Technological Needs (CFTN), one of five components of MHSA, provides resources for the efficient implementation of MHSA programs. Utilization of the CFTN funds should produce long-term results that will advance the mental health system's objectives of wellness, recovery, and resiliency, prevention/early intervention, and expanding opportunities for accessible, community-based services that reduce disparities to underserved groups.
The following section provides updates of the CFTN needs that took place during FY 2024-2025 as well as what is planned for the upcoming FY 2025-2026.

A. CLIENT AND FAMILY EMPOWERMENT

a. Consumer Portal Kiosks FY 2024-2025 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. The deployment of Consumer Portal Kiosks was strategized to provide locations available within designated clinics for clients to access the consumer patient portal on accessible computers.

During FY 2024-2025, ICBHS reassessed the best course of action on providing clients with access to their information considering the implementation of a new electronic health record (EHR) in a partnership with CalMHSA. ICBHS has continued to work in collaboration with CalMHSA to expand its interoperability platform: CalMHSA Connex. Connex provides the interoperability infrastructure that allows ICBHS to satisfy its Patient Access Application Programing Interface (API) requirements as dictated by CMS and DHCS – spelled out. This API provides the infrastructure for 3rd party vendors to connect with client data maintained by ICBHS' EHR, SmartCare. It provides for the opportunity for clients to access their health information on an application of their choice. This framework is still relatively new and has not seen application development by 3rd parties at this point, but it is anticipated that clients would benefit from the use of APIs to access their information in the future.

ICBHS continues to work with CalMHSA on setting up SmartCare's native Client Portal solution. During FY 2024-2025, CalMHSA has expanded functionality to define roles and permissions for portal users and has provided additional documentation related to the setup and maintenance of the portal.

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

- Adult Brawley MHSA FSP Clinic
- Team 12 Clinic
- Adult El Centro Anxiety and Depression Clinic

Some sites that had the kiosk installed are no longer considered installed as there have been changes in location or changes in the office that have required the equipment to be removed. The following are pending from the originally scheduled sites:

- YAYA Brawley Clinic
- San Pascual Clinic FRC
- YAYA MHSA FSP Clinic
- Team 4 Clinic
- Adult Anxiety and Depression Clinic
- Adult MHSA FSP Wellness Center
- Intensive Community Program

Goals and Objectives for FY 2025-2026

ICBHS intends to continue testing and development of SmartCare's native Client Portal solution with estimated deployment in Q2 of FY 2025-2026. Continued deployment of Consumer Portal Kiosks at additional locations will be evaluated in consideration of portal deployment developments.

Budget for FY 2025-2026

A total budget of $17,000 was estimated in support of consumer portal kiosks in FY 24-25. Due to shifting priorities after the implementation of SmartCare EHR, this funding was unutilized during FY 24-25 and is being shifted to the Software Upgrade project for FY 25-26.

B. CONSULTANT – Contracted Service and Staff Training

a. XPIO Contracted Service FY 2024-2025 Update

ICBHS has contracted with XPIO Health to assist with the requirement of completing a Security Risk Assessment (SRA). An annual SRA is required for HIPAA covered entities, which ICBHS is a covered entity. The SRA evaluates if an organization is meeting the Health Insurance Portability and Accountability Act (HIPAA) and other relevant federal and CA state regulations. The exercise reports on areas that are met and identifies areas that may need improvement or mitigation. The goal is to work on remediating identified issues and ensure a secure environment for Protected Health Information (PHI). The SRA was completed as of August 16, 2023. in accordance with federal and state requirements by XPIO Health on behalf of ICBHS. The HIPAA Security and

Privacy Officer organized its completion. During the SRA, Managed Care and IS staff work on assessing the organization's security posture, risk management, and compliance. This analysis is consistent with the requirements for protecting PHI and is based on the NIST 800-171 framework. Additionally, XPIO assisted in completing trainings materials for the annual training courses of Compliance, HIPAA Security and Privacy and 42 CFR. However, during this fiscal year, the Security and Privacy Officers coordinated the training to be provided via zoom and then staff were assigned the training on the ICBHS Learning Management System. This strategy has worked well to ensure that the annual requirements of training for HIPAA and Compliance are met.

The results of the SRA demonstrate that ICBHS continues to apply reasonable rigor and attention to mitigating their security risk and as always, some risks previously identified remain with emerging risks requiring new attention. The SRA is viewed as one important step in an ongoing process of continued improvement and risk mitigation - not an end point. ICBHS continues to work on remedying identified issues.

Goals and Objectives for FY 2025-2026

At this time ICBHS has decided to forgo a contract with XPIO and instead self-assessed for its upcoming SRA. Penetration testing services will continue to need to be contracted out and alternative vendors are being considered.

Budget for FY 2025-2026

The estimated budget in support of SRA for FY 2025-2026 is $22,000

b. Staff Training FY 2023-2024 Update

The main goal for this item was to provide training opportunities for staff to develop the skills needed to mine and analyze data from the electronic health record (EHR). This data is provided to management, supervisors, and line staff to have a way to measure processes that are being completed as established, that services are being provided with quality and adhering to protocol and that documentation is being completed as needed.

Training opportunities were provided to ICBHS staff on UDEMY platform which provides technical skills to do data mining and reporting. 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 skills and content ranging from very technical skills such as Structure Query Language (SQL), Crystal Reports, JavaScript, SSRS Report Building and project management as well as soft skills such as conflict resolution, customer service and emotional intelligence to name a few. Administrators for Udemy can build and assign learning tracks to speed up onboarding of new staff. These learning tracks provide guided content, deadlines to complete the training as well as test to ensure that content is learned. ICBHS has created learning

tracks that SQL for beginners, intermediate and advanced levels. These trainings have been proven to improve staff SQL skills and have allowed for better analysis of information.

For FY 2024-2025, ten IS staff were assigned to several learning pathways to evolve skills in Structured Query Language (SQL). Staff spent a total of 53 hours and 24 minutes reviewing training content within the Udemy training platform. Staff completed courses to improve SQL query writing, data analysis, and report creation. The Udemy training platform has also served as a tool for professional development where staff have completed courses in communication skills and improving better business writing. The goal of assigning professional development courses is to provide staff with the opportunity to effectively work with various units of the department with enhanced communication skills and develop their analytical skillset.

Goal and Objectives for FY 2025-2026

It is ICBHS goal to ensure that data is available to system users so they can monitor productivity, adherence to protocols, completion of documentation and effective use of the system. As part of the training program moving forward, we intend to utilize new technologies such as Microsoft Power BI 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.

A total of 20 licenses will be assigned to Administrative Analysts, Program Supervisors, Behavioral Health Managers and Deputy Director. The subscription is renewed on an annual basis.

Budget for FY 2025-2026

The estimated budget in support of Staff Trainings for FY 2025-2026 is $8,190

C. TELECOMMUNICATIONS MOBILE SOLUTIONS

There are four types of telecommunication networks: landline telephone networks, mobile phone networks, cable television networks, and the Internet. EHR requires access to a telecommunications network. Through real time access to the EHR, ICBHS staff can 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.

ICBHS will follow the following guidelines when deploying mobile solution equipment: 1) consideration is given to what needs to be accomplished with it and where it is intended to be used; 2) all equipment will be listed in the equipment inventory list; 3) all users of mobile equipment are required to be adequately trained; 4) consideration will be given to County IT's security policies and procedures to ensure adherence.

During FY 2024-2025, due to continuing efforts to expand EHR functionality and several new state and federal initiatives, resources have been focused on other tasks leaving little time for further exploration of mobile equipment.

Goals and Objectives for FY 2025-2026

The goal continues to be to provide mobile devices where staff can access the EHR and use out in the field to record documentation and to obtain client signatures when needed. 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 at a variety of locations and to document services provided. Additionally, the iPads would have a cellular data plan to provide flexibility to stay connected whenever staff are away from Wi-Fi.

Budget for FY 2025-2026

Originally a budget of $6,900 was estimated for the purchase of 10 iPads. To date this funding has not been used due to shifting priorities related to the implementation of SmartCare EHR. This funding is being redirected towards expenditures related to the Software Upgrade project.

D. SOFTWARE UPGRADE

a. Microsoft Office 365 FY 2023-2024 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 computer hardware. Microsoft Office is a collection of software applications designed to improve productivity and streamline the completion of common tasks on a computer. 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. Due to Microsoft not supporting Microsoft Office 2016 there was a need to upgrade to Microsoft Office 365

During FY 2024-2025, the remaining ICBHS computers and laptops have been upgraded to Microsoft 365 and a total of 663 users continue to be maintained.

Goals and Objectives for FY 2024-2025

ICBHS will continue to subscribe to MS Office 365 for annual renewals.

Budget for FY 2025-2026

The estimated budget in support of MS Office 365 renewals for FY 2025-2026 is $267,149.22

E. PHONE UPGRADE

In FY 2023-2024, ICBHS in collaboration with County IT planned and completed the implementation of Zoom Phones. This implementation is based on the recommendation by County IT and the approval by the Board of Supervisors. County IT and IS staff work diligently to ensure a smooth transition. An evaluation was conducted of the two telephone systems that ICBHS was using. Mitel-on-premise and 173

Mitel-cloud was used at various sites. There was an inventory taken for each system where every user and telephone number were mapped to an inventory of current phone lists. There was a total of 626 Mitel-on-premise lines at 23 different locations. In addition, there were 11 sites at ICBHS that have Mitel-cloud lines.

The zoom phone lists were reviewed for accuracy and then provided to County IT, where it was identified that additional zoom phone licenses were needed for desks that needed a physical phone and staff rotated through these desks. Additionally, telephones had to be purchased as the previous Mitel phones were not compatible with Zoom Phones. ICBHS staff were provided with some options and the outcome was the selection of wireless headsets, wired headsets, a Poly Internet Protocol phones for the staff's office and Trio C-60 Conference Phones for conference rooms. The purchase of this equipment was completed in April 2024 for an implementation date of April 19, 2024.

In FY 2024-2025, ICBHS continued to work through implementation and troubleshooting presenting issues, ICBHS continues to expand its knowledge of Zoom phone functionality and learn about other services provided. Chat functionality has been implemented and is used extensively throughout the department to facilitate fast and secure communication between providers and staff members. As a result, the previous chat software "Trillian" has been discontinued.

Goals and Objectives for FY 2024-2025

ICBHS continues to work through implementation and troubleshooting presenting issues. ICBHS will continue to subscribe for annual renewals.

Budget for FY 2025-2026

The estimated budget in support of phone upgrades for FY 2025-2026 is $130,116.96

Tentative Overall CF/TN Budget

Client & Family Empowerment								
Consume Portal Kiosks	**# of Units**	**Cost per Unit**	**# of Years**	**Expense**	**FY23-24**	**FY24-25**	**FY25-26**	**Total**
Chromebases (6)	6	$833.33	1	$5,000	$0	$0	$0	$0
Titan Edge Wall Mounted Workstation (6)	6	$2,000.00	1	$12,000	$0	$0	$0	$0
Client & Family Empowerment Total:					**$0**	**$0**	**$0**	$0

Consultant - Contracted Service, SRA, Training					FY23-24	FY24-25	FY25-26	Total
XPIO Contracted Services/SRA	1	$35,000	3	$105,000	$35,000	$55,000	$22,000	$112,000
Staff Trainings (Udemy)	18	$365.00	3	$19,710	$8,190	$8,190	$8,190	$24,570
Consultant-Contracted Service Total:					**$43,190**	**$63,190**	**$30,190**	**$136,570**

Telecommunications Mobile Solutions					FY23-24	FY24-25	FY25-26	Total
10 Apple Ipads (Data)	10	$690.00	1	$6,900.00	$0	$0	$0	$0
Telecommunications Mobile Solutions Total					**$0**	**$0**	**$0**	**$0**

Intensive Community Program					FY23-24	FY24-25	FY25-26	Total
Computer Equipment	1	$30,000	1	$30,000	$0	$0	$0	$0
IT Infrastructure	1	$4,000.00	1	$4,000	$27,090	$0	$0	$27,090
Intensive Community Program (ICP) Total:					**$27,090**	**$0**	**$0**	**$27,090**

Software Upgrade					FY23-24	FY24-25	FY25-26	Total
Microsoft 365 Windows Upgrade Subscription Purchase (3 years)	1	$220,000	2	$440,000	$175,000	$246,673	$267,149	$688,822
Software Upgrade Total:					**$175,000**	**$246,673**	**$267,149**	**$688,822**

Phone Upgrade					FY23-24	FY24-25	FY25-26	Total
Zoom Phone Upgrade/Annual Membership	1	$86,400	3	$259,200	$0	$120,000	$130,117	$250,117
One time migration costs / Professional Services	1	$45,000	1	$45,000	$43,884	$0	$0	$43,884
Zoom Phone Equipment	1	$5,000	1	$5,000	$131,550	$0	$0	$131,550
Phones Upgrade Total:					**$175,434**	**$120,000**	**$130,117**	**$425,551**
FISCAL YEAR TOTALS:		**3 YEAR CFTN PLAN TOTALS**			**$420,714**	**$429,863**	**$427,456**	**$1,278,033**


Funding
Plan
Reports

Prudent Reserve Assessment

Significant Change for FY 2025-2026

A significant change for FY 2025-2026 was the need to assess WET, CFTN, and the Prudent Reserve. The update impacts the WET and CFTN components. The assessment was in response particularly to the allocation towards the CFTN component. This assessment increases the CFTN funding from $325,000 to $416,961 for FY 2025-2026. The impact to the Prudent Reserve is from $200,000 to $50,000. No funding will be transferred into the WET component.

MENTAL HEALTH SERVICES ACT

WET, CFTN and PRUDENT RESERVE ASSESSMENT

Current Fiscal Year **2024-25**

County: **Imperial County** Annual Plan Update: **FY 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*	*$ 2,844,372*	*33%*
2019-2020	$ 8,846,908	$ 6,724,602			
2020-2021	$ 13,441,789	$ 10,215,760			
2021-2022	$ 14,972,661	$ 11,379,223	**Current Bal.**	$ 630,521	7%
2022-2023	$ 9,831,833	$ 7,474,731	Estimated Update	$ 450,000	
Imperial County MHSF	$ 56,701,386	$ 43,096,543	**TOTAL**	**$ 1,080,521**	**13%**
FIVE-YEAR AVERAGE:	**$ 11,340,277**	**$ 8,619,309**			

Allowable Transfer (WIC 5892 (b)(1)) **20%** **$ 1,723,861.72**

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	$ 50,000	$ 325,000	$ 575,000
2025-2026	$ 50,000	$ -	$ 416,961	$ 466,961
TOTAL	**$ 450,000**	**$ 350,000**	**$ 923,862**	**$ 1,723,862**

Allowable & Available for Transfer **$ (0.28)**

FY 2025-26

Transfer Estimate:	Three-Year Plan	Plan Update	TOTAL
Local Prudent Reserve (PR)	$ 450,000	$ 50,000	$ 450,000
Prevention & Early Intervention (PEI)	$ -	$ -	$ -
Work,Education,Trng(WET)	$ 350,000	$ -	$ 350,000
Capital Facilities & Tech(CFTN)	$ 923,862	$ 416,961	$ 923,862
TOTAL	**$1,723,862**	$ 466,961	**$ 1,723,862**

Approve By: _____ _____

Title Director Date

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Funding Summary for the MHSA Annual Plan Update Estimates for FY 2025-2026

Mental Health Services Act
FY 2025-26 Annual Plan Update Estimates
Funding Summary

County: **Imperial** 3/27/2025

	Community Services & Supports	Prevention & Early Intervention	Innovation	Work, Education & Training	Capital Facilities & Tech. Needs	**Prudent Reserve	TOTAL
A. Estimated for FY 2025-2026							
1 Estimated Unspent Funds from Prior Years	$ 10,526,857	$ 6,848,567	$ 1,997,399	$ 339,053	$ 25,380	$ 1,030,521	$ 19,737,256
2 Estimated New Funding: 2025-26	$ 10,673,669	$ 2,668,417	$ 702,215	$ -	$ -	$ -	$ 14,044,302
3 Transfer In: 2025-26	$ (466,961)	$ -	$ -	$ -	$ 416,961	$ 50,000	$ -
4 Access Local Prudent Reserve in FY: 2025-26	$ -	$ -	$ -	$ -	$ -	$ -	$ -
5 Estimated Available Funding for FY: 2025-26	$ 20,733,565	$ 9,516,984	$ 2,699,614	$ 339,053	$ 442,341	$ 1,080,521	$ 33,731,557
B. Estimated MHSA Expenditures: 2025-26	**$ 12,925,074**	**$ 3,947,628**	**$ 580,317**	**$ 338,173**	**$ 427,456**	**$ -**	**$ 18,218,648**
C. Estimated FY 2025 - 2026 Unspent Fund Balance	**$ 7,808,491**	**$ 5,569,356**	**$ 2,119,298**	**$ 880**	**$ 14,885**	**$ -**	**$ 15,512,909**

D. Estimated Local Prudent Balance	
6 Estimated Local Prudent Reserve Balance on **June 30, 2025**	$ 1,030,521
7 Contributions to the Local Prudent Reserve in FY 2025-26	$ 50,000
8 Distributions from Local Prudent Reserve in FY 2025-26	$ -
9 Estimated Local Prudent Reserve Balance on June 30, 2026	**$ 1,080,521**

Behavioral Health Services Act
FY 2025-26 Annual Plan Update Estimates
Community Services & Supports (CSS)

County Imperial 3/27/2025

	2025-26				
	Estimates Total Mental Health Services	Mental Health Services Fund (Including Interest)	Federal Medi-Cal FFP	2011 BH Subaccount	Other Funding Sources
FSP Programs					
Youth and Young Adults Full Service Partnership (YAYA-FSP)	$ 5,427,137.26	$ 1,794,472.41	$ 2,129,041.96	$ 1,477,035.10	$ 26,587.79
Adult and Older Adults Full Service Partnership (Adult-FSP)	$ 9,448,564.91	$ 2,337,506.92	$ 5,210,300.57	$ 1,820,428.21	$ 80,329.21
Psychosis Identification and Early Referral Training (PIER)	$ 843,858.06	$ 562,903.36	$ 41,436.75	$ 18,616.95	$ 220,901.00
Intensive Community Program (ICP-FSP)	$ 178,148.04	$ 178,148.04	$ -	$ -	$ -
Non FSP Programs					
Wellness Centers	$ 1,543,164.48	$ 1,543,164.48	$ -	$ -	$ -
Outreach & Engagement	$ 950,690.20	$ 950,690.20	$ -	$ -	$ -
Transitional Engagement Sup Serv (TESS)	$ 1,370,403.65	$ 673,583.79	$ 473,262.90	$ 212,630.36	$ 10,926.60
Community Engagment Sup Serv (CESS)	$ 1,403,660.87	$ 275,465.48	$ 768,967.74	$ 345,486.38	$ 13,741.27
Hollistic Outreach Prevention & Engagement (HOPE)	$ 1,207,182.77	$ 1,207,182.77	$ -	$ -	$ -
CSS Planning	$ 42,130.91	$ 42,130.91	$ -	$ -	-
CSS Administration	$ 3,359,825.92	$ 3,359,825.92	$ -	$ -	-
CSS Housing	$ -	$ -	$ -	$ -	-
CSS Evaluation	$ -	$ -	$ -	$ -	-
Total CSS Program Estimated Expenditures	25,774,767.07	$ 12,325,074.28	$ 8,623,009.92	$ 3,874,197.00	$ 352,485.87
FSP Program as Percentage of Total	70.92%				

Mental Health Services Act
FY 2025-26 Annual Plan Update Estimates
Prevention & Early Interventon (PEI)

County **Imperial** 3/27/2025

	2025-26				
	Estimates Total Mental Health Services	Mental Health Services Fund (Including Interest)	Federal Medi-Cal FFP	2011 BH Subaccount	Other Funding Sources
Prevention Programs					
Trauma-Focus Cognitive Behavioral Therapy (TF_CBT) - Prevention	$ 1,167,132.08	$ 1,135,791.11	$ -	$ 31,340.97	$ -
First Steps of Success (FSS) Prevention	$ 291,579.59	$ 283,744.35	$ -	$ 7,835.24	$ -
Incredible Years (IY)	$ 349,226.24	$ 349,226.24	$ -	$ -	$ -
Rising Stars (RS)	$ 648,391.34	$ 648,391.34	$ -	$ -	$ -
Early Intervention Programs					
Trauma-Focus Cognitive Behavioral Therapy (TF_CBT) Early Interv	$ 366,752.65	$ -	$ 164,418.94	$ 202,333.71	$ -
First Steps of Success (FSS) Early Interv	$ 476,802.48	$ 77,754.98	$ 189,477.68	$ 209,569.82	$ -
Stigma & Discrimination					
Positive Engagement Team (PET)	$ 663,821.94	$ 663,821.94	$ -	$ -	$ -
Stigma & Discrimination Mental Health Fair (Kennedy Middle School)	$ 10,000.00	$ 10,000.00	$ -	$ -	$ -
Reps 4 Vets	$ 177,333.47	$ 177,333.47	$ -	$ -	$ -
Outreach for Increasing Recognition of Early Signs of Mental Illnes	$ 25,185.45	$ 25,185.45	$ -	$ -	$ -
Access & Linkage	$ 25,952.56	$ 25,952.56	$ -	$ -	$ -
PEI Planning	$ 4,817.31	$ 4,817.31	$ -	$ -	$ -
PEI Administration	$ 545,609.36	$ 545,609.36	$ -	$ -	$ -
PEI Evaluation	$ -				
Total PEI Program Estimated Expenditures	**$ 4,752,604.47**	$ 3,947,628.11	$ 353,896.62	$ 451,079.74	$ -

Behavioral Health Services Act
FY 2025-26 Annual Plan Update Estimates
INNOVATION (INN)

County: Imperial

3/27/2025

	2025-26				
	Estimates Total Mental Health Services	Mental Health Services Fund (Including Interest)	Federal Medi-Cal FFP	2011 BH Subaccount	Other Funding Sources
Semi-Statewide Enterprise Health Record System Improvement (E.H.R.)					
Approval Date: January 25, 2023	$ 580,316.56	$ -	$ -	$ -	$ -
Start Date: January 25, 2023					
End Date: June 25, 2028					
Amount: $3,089,331					
INN Planning	$ -	$ -	$ -	$ -	$ -
INN Evaluation	$ -	$ -	$ -	$ -	$ -
INN Administration	$ -	$ -	$ -	$ -	$ -
Total INN Project(s) Estimated Expenditures	$ 580,316.56	$ -	$ -	$ -	$ -

Mental Health Services Act
FY 2025-26 Annual Plan Update Estimates
Workforce, Education & Training (WET)

County: **Imperial** 3/27/2025

	2025-26				
	Estimates Total Mental Health Services	Mental Health Services Fund (Including Interest)	Federal Medi-Cal FFP	2011 BH Subaccount	Other Funding Sources
Training & Technical Assistance					
MH Interpreting Training	$ 24,750.00	$ -	$ -	$ -	$ -
Assertive Community Treatment Training	$ 25,000.00	$ -	$ -	$ -	$ -
PIER Training	$ 38,000.00	$ -	$ -	$ -	$ -
Wellness Management & Recovery	$ 20,000.00	$ -	$ -	$ -	$ -
Eye Movement Desensitization & Reprocessing Trainig	$ 40,000.00	$ -	$ -	$ -	$ -
ASAM Criteria 4th Edition Skill Building	$ 41,493.00	$ -	$ -	$ -	$ -
Teen Mental Health First Aid	$ 40,000.00	$ -	$ -	$ -	$ -
ASIST Training	$ 3,000.00	$ -	$ -	$ -	$ -
SUD Integrated Care Conference	$ 25,000.00				
NATCON 26	$ 25,000.00				
Financial Incentives					
Employee Engagement	$ 14,400.00				
WET Planning	$ -	$ -	$ -	$ -	$ -
WET Admin	$ 41,530.02	$ -	$ -	$ -	$ -
WET Evaluation	$ -	$ -	$ -	$ -	$ -
Total WET Estimated Expenditures	**$ 338,173.02**	$ -	$ -	$ -	$ -

Behavioral Health Services Act
FY 2025-26 Annual Plan Update Estimates
Capital Facilities & Technological Needs (CFTN)

County: Imperial

3/27/2025

	2025-26				
	Estimates Total Mental Health Services	Mental Health Services Fund (Including Interest)	Federal Medi-Cal FFP	2011 BH Subaccount	Other Funding Sources
CFTN - Capital Facilities Projects					
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
	$ -	$ -	$ -	$ -	$ -
Training & Technical Assistance					
Client & Family Empowerment	$ -	$ -	$ -	$ -	$ -
Consultant, SRA, Training	$ 30,190	$ -	$ -	$ -	$ -
Telecommunications Mobile Solutions	$ -	$ -	$ -	$ -	$ -
Software & Phone	$ 397,266	$ -	$ -	$ -	$ -
CFTN Planning	$ -	$ -	$ -	$ -	$ -
CFTN Admin	$ -	$ -	$ -	$ -	$ -
CFTN Evaluation	$ -	$ -	$ -	$ -	$ -
Total CFTN Estimated Expenditures	$ 427,456.00	$ -	$ -	$ -	$ -

Cost per Client Estimates for FY 2025-2026 for CSS, PEI, and *INN Components

IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

Mental Health Services Act
Community Services & Supports (CSS)
Estimated Cost Per Client

Program	Annual Plan Update FY 2025-26 Unduplicated Consumers to be Served FY 2025-26	Estimated Program Costs FY 2025-26	Cost Per Client Estimate FY 2025-26
Youth and Young Adult	505	$ 5,427,137	$ 10,747
Adult and Older Adult	2,018	$ 9,448,565	$ 4,682
Portland Identification & Early Referral - FSP (PIER-FSP)	21	$ 843,858	$ 40,184
Intensive Community Program	10	$ 178,148	$ 17,815
Wellness Centers	297	$ 1,543,164	$ 5,196
Outreach & Engagement	99,300	$ 950,690	$ 10
Transitional Engagement Supportive Services (TESS)	237	$ 1,370,404	$ 5,782
Community Engagement Supportive Services (CESS)	463	$ 1,403,661	$ 3,032
Hollistic Outreach Prevention & Engagement (HOPE)	240	$ 1,207,183	$ 5,030
TOTAL	103,091	$ 22,372,810	$ 92,477

W&I Code 5847 (a), W&I Code 5830 Part 3; W&I Code5830 Part 3.2; W&I Code 5840 Part 3.6; W&I 5850 Part 4

Each county mental health program shall prepare expenditure plans for adults and seniors, for innovation programs for prevention and early intervention programs for services for children, and updates to the plans developed pursuant to this section. Each expenditure update shall indicate the number of children, adults, and seniors to be served and the cost per person. The expendiure update sahll include utilization of unspent funds allocated in the previous years and the proposed expenditures for the same purpose.

IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY

Mental Health Services Act

Prevention & Early Interventon (PEI)

Estimated Cost Per Client

Program	Annual Plan Update FY 2025-26 Unduplicated Consumers to be Served FY 2025-26	Estimated Program Costs FY 2025-26	Cost Per Client Estimate FY 2025-26
Trauma-Focus Cognitive Behavioral Therapy (TF_CBT) - Prevention	117	$ 1,167,132	$ 9,975
First Steps of Success (FSS) Prevention	97	$ 291,580	$ 3,006
Incredible Years (IY)	377	$ 349,226	$ 926
Rising Stars (RS)	242	$ 648,391	$ 2,679
Trauma-Focus Cognitive Behavioral Therapy (TF_CBT) Early Interv	101	$ 366,753	$ 3,631
First Steps of Success (FSS) Early Interv	97	$ 476,802	$ 4,915
Positive Engagement Team (PET)	9,680	$ 663,822	$ 69
Stigma & Discrimination Mental Health Fair (Kennedy Middle School)	480	$ 10,000	$ 21
Reps 4 Vets	1,500	$ 177,333	$ 118
Outreach for Increasing Recognition of Early Signs of Mental Illness	242	$ 25,185	$ 104
Access & Linkage	242	$ 25,953	$ 107
TOTAL	12,691	$ 4,151,040	$ 25,341

W&I Code 5847 (e), W&I Code 5830 Part 3, W&I Code5830 Part 3.2, W&I Code 5840 Part 3.6, W&I 5850 Part 4

Each county mental health program shall prepare expenditure plans for adults and seniors, for innovation programs for prevention and early intervention programs for services for children, and updates to the plans developed pursuant to this section. Each expenditure update shall indicate the number of children, adults, and seniors to be served and the cost per person. The expendiure update sahll include utilization of unspent funds allocated in the previous years and the proposed expenditures for the same purpose.

*NOTE: The Cost per Client Report under INN would not have an estimated amount as there are no direct services offered to clients as the current INN project supports the development and establishment of the counties Electronic Health Record.

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Appendix

Appendix I

Definition of Acronyms

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

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


Attachment

Attachment 1 – Significant Community Feedback to the MHSA Annual Plan Update for FY 2025-2026

During the 30-day public review and comment period, Imperial County Behavioral Health Services (ICBHS) Department invited feedback on the MHSA Annual Update for FY 2025-2026 via Zoom Forums, Survey Monkey, email, and phone call.

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

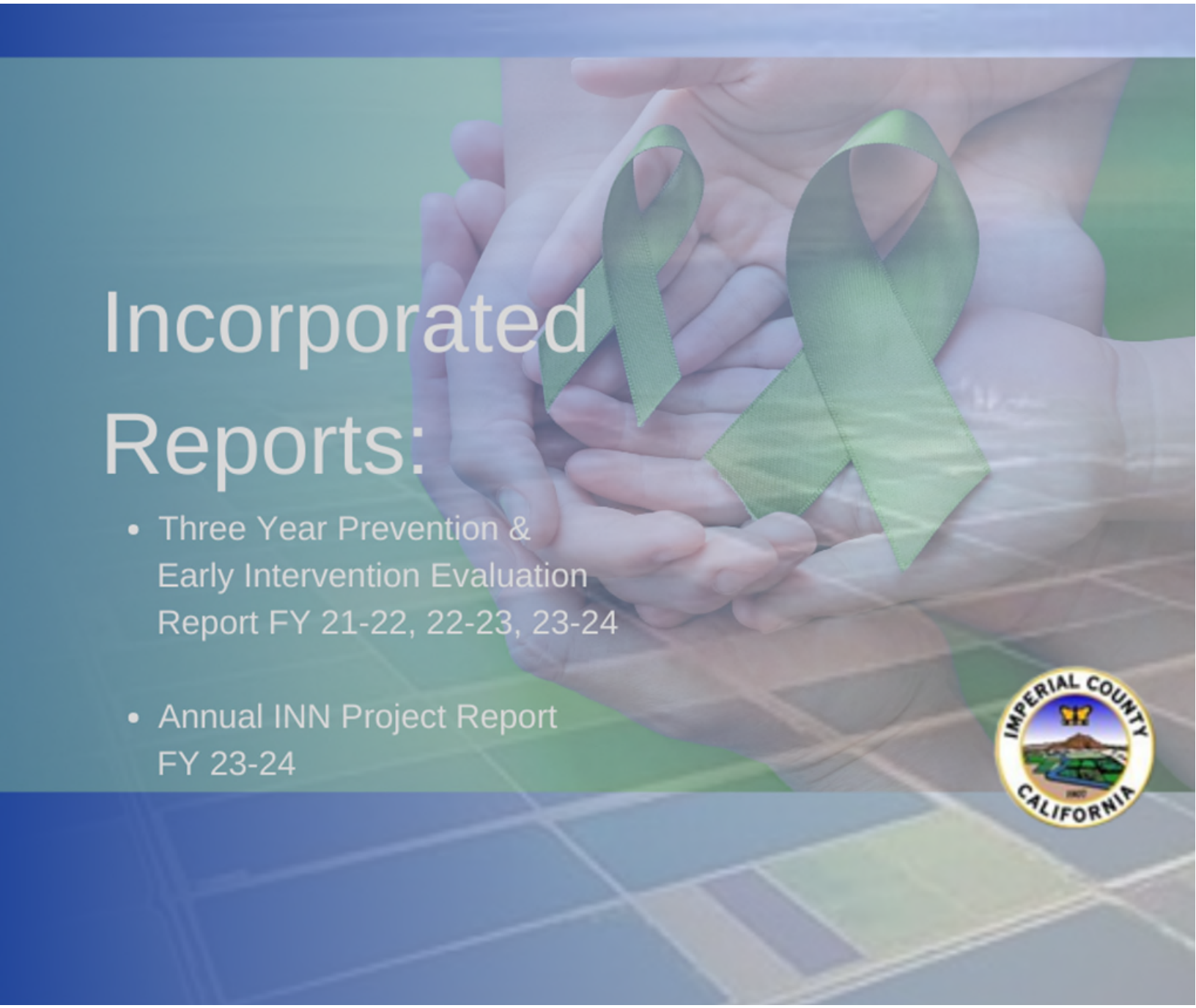
The announcements included the information related to the following Community Forums and of the Public Hearing that was held during the ICBHS Behavioral Health Advisory Board meeting:

The following is a list of significant changes to the MHSA Annual Program and Expenditure Plan Update for FY 2025-2026 by close of the review period on April 16, 2025.

Changes, Comments and Recommendation Collected During Review Period

Date	Name of Event	Event Format	Comment
NO COMMENTS, CHANGES, RECOMMENDATIONS COLLECTED DURING THIS PLANS REVIEW PERIOD.			

On April 16, 2025, the Imperial County Behavioral Health Advisory Board recommended the ICBHS MHSA Program and Expenditure Annual Update for FY 2025-2026 be presented to the Imperial County Board of Supervisors for their final review and approval of the plan.



Incorporated Reports:

- Three Year Prevention & Early Intervention Evaluation Report FY 21-22, 22-23, 23-24
- Annual INN Project Report FY 23-24

THREE -YEAR PREVENTION AND EARLY INTERVENTION EVALUATION REPORT
Fiscal Years (FY) 2021/2022, 2022/2023 and 2023/2024

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

PRIORITY AREAS

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

Prevention Programs:

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) – Prevention Program

Brief Program Description

Imperial County Behavioral Health Services (ICBHS) has implemented Trauma Focused Cognitive Behavioral Therapy (TF-CBT), an evidence-based treatment model that has been shown to assist children and adolescents aged 4 to 18 in overcoming challenges related to trauma, as the selective prevention strategy within the prevention component of the Mental Health Services Act (MHSA) Prevention and Early Intervention Plan. TF-CBT specifically addresses the unique needs of children and youth who may not meet the criteria for a Diagnostic and Statistical Manual of Mental Disorders (DSM)-V diagnosis but have experienced adverse life events, such as the loss of a loved one, bullying, or exposure to natural disasters.

The primary goal of the TF-CBT Prevention Program is to mitigate negative outcomes, including school failure, dropout, substance use, and extended suffering, among children and youth who have encountered traumatic events. This prevention program employs TF-CBT as a short-term selective intervention designed to help children and youth cope with their trauma-related challenges within 12 sessions or fewer. Components of the treatment include individual sessions for the child, sessions for parents or caregivers, and joint sessions involving both the parent and child.

Evaluation Questions

The intent of implementing the TF-CBT Prevention Program was to assist in fostering a "help first" system by facilitating access to supports at the earliest signs of mental health problems for children/youth who have been exposed to a negative life event and to prevent children/youth from requiring outpatient treatment. The following are the questions this evaluation will address:

1. ***Will providing TF-CBT in a selective prevention program improve the mental health functioning of children/youth who have been exposed to negative life events?***

To measure the improvement in mental health functioning, ICBHS implemented a screening process to identify children/youth who had been exposed to a negative life experience, but who did not meet criteria for a DSM-V diagnosis. This screening tool is completed by clinicians who conduct thorough interviews with children/youth and their families. Once the child/youth is identified as meeting the target population for selective prevention services, the child/youth and parent/legal guardian/caregiver are asked to complete pre-evaluation tools, prior to commencement of the model. Upon completion of services, the child/youth and their

parent/legal guardian/caregiver complete post evaluation tools. The scores obtained from the pre and post evaluation tools are used to measure the child's/youth's mental health functioning.

2. ***Will the participation of children/youth and their families in TF-CBT prevent the onset of mental illness?***

To assess the effectiveness of the TF-CBT model in preventing the onset of mental illness, the evaluation design involved the collection of pre- and post-treatment evaluation tools to determine any changes in scores following treatment. Data was gathered from ICBHS's internal system to track children/youth who received TF-CBT as a selective prevention strategy and whether or not they accessed mental health treatment over time.

Model Fidelity

Fidelity to the TF-CBT model is maintained through ongoing supervision provided by Licensed Clinical Supervisors who are knowledgeable of the model. ICBHS has established the Quality Improvement Committee for Psychotherapy (QIC-P) meetings, during which clinical charts are reviewed. Feedback and guidance regarding model adherence are provided to clinicians based on the findings from these QIC-P meetings. Clinical Supervisors play a crucial role in ensuring the fidelity of TF-CBT through case discussions during supervision, TF-CBT fidelity meetings, and chart reviews. During these meetings, Clinical Supervisors assess the implementation of the core TF-CBT components and the sequence in which clinicians apply these components while working with children, youth, and their families.

Measures Utilized

ICBHS continues to measure performance outcomes for this selective prevention component. Clinical staff collect and enter outcome measurement data into the department's electronic health record (EHR), SmartCare. However, the reporting capabilities of SmartCare are limited. To address this, ICBHS contracted with Todd Sosna Consulting to develop a report to track client outcomes. Our goal is to collaborate with ICBHS' Information System Unit to create reports that will effectively inform our programs and practices. This information will be utilized by clinical staff to assess client outcomes and enhance treatment planning. Additionally, management will use this data to evaluate the effectiveness of clinical staff and programs, as well as for future program planning. The TF-CBT Prevention Program currently employs several performance outcome measurement tools, including the Youth Outcome Questionnaire (YOQ), Youth Outcome Questionnaire-Self Report (YOQ-SR), UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI), Child and Adolescent Needs and Strengths (CANS), and the Pediatric Symptom Checklist (PSC-35).

The UCLA Child/Adolescent PTSD Reaction Index for DSM 5 (PTSD-RI) is designed for use with school-age children and adolescents. This tool is a semi-structured clinician interview that assesses a child's trauma history and full range of DSM-5 PTSD symptoms and diagnostic criteria.

The Youth Outcome Questionnaire (YOQ) is a parent-report assessment tool designed to evaluate treatment progress for children and adolescents aged 4 to 17. The Youth Outcome Questionnaire-Self Report (YOQ-SR) is intended for adolescents aged 12 to 18, allowing them to self-report on their experiences. Prior to and following participation in the TF-CBT model, the appropriate outcome measurement tool is provided to the client and parent/legal guardian/caregiver.

These standardized questionnaires consist of 64 items that assess the overall mental health functioning of children and youth, encompassing several key domains: Interpersonal Distress (ID), Somatic Symptoms (S), Interpersonal Relationships (IR), Social Problems (SP), Behavioral Dysfunction (BD), and Critical Items (CI), all based on experiences from the prior week. Responses will be collected from both youth self-reports (ages 12 to 18) and parent/caregiver reports for children aged 4 to 17.

The total scores for the YOQ and YOQ-SR range from 16 to 240, with scores of 47 or higher for parent/caregiver reports and 46 or higher for youth self-reports indicating a level of functioning that is comparable to clinical populations.

The Child and Adolescent Needs and Strengths (CANS) is a multi-purpose tool developed to support care planning and level of care decision-making for children and youth aged 5 to 21. The CANS gathers information on youths and parents/caregivers' needs and strengths. Strengths are the child/youth's assets: areas of 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 helps treatment providers decided which of a child/youth's needs are the most important to address in treatment or service planning. 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.

The Pediatric System Checklist (PSC-35) is a psychosocial screening tool that is used to identify cognitive, emotional, and behavioral problems in children/youth ages 3 to18. The PSC-35 is completed by parents or caregivers for children/youth ages 3 to 18. For children ages 4 and 5, a score of 24 or higher suggests the presence of significant behavioral or emotional problems. For children ages 6 through 16, the cutoff score is 28 or higher.

Outcomes

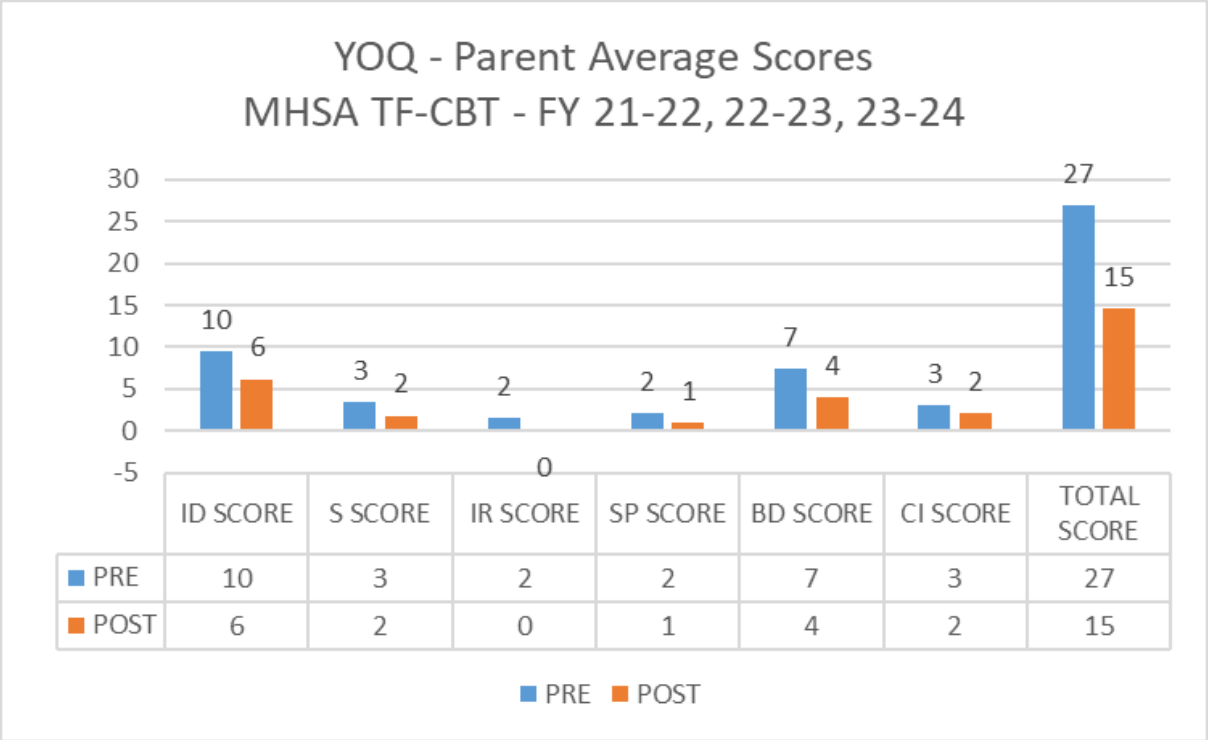
During fiscal years 2021/2022 through 2023/2024, a total of 187 children and youth were served by the Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) program. Of these, 82 children successfully completed the TF-CBT model. Of those 82 children/youth, 29 completed a Pre YOQ, and 26 completed a Post YOQ-SR. For parents, legal guardians, and caregivers, 84 completed a Pre YOQ, while 73 completed a Post YOQ. Furthermore, 77 youth completed a Pre UCLA-PTSD-SR, with 59 completing a Post UCLA PTSD-SR. Eighty parents, legal guardians, and caregivers completed a Pre UCLA-PTSD, and 70 completed a Post UCLA PTSD-

SR. A total of 143 Child and Adolescent Needs and Strengths (CANS) assessments were completed, and 55 post-CANS assessments were conducted upon discharge, indicating sufficient progress. In total, 177 Pre PSC-35 outcome measurement tools were collected; 158 were completed by parents, legal guardians, caregivers and 19 by the child or youth. Additionally, 78 Post PSC-35 assessments were completed, with 67 completed by the parent, legal guardian, caregiver and 11 by the child or youth.

Some of the contributing factors for not collecting all of the tools include the following:

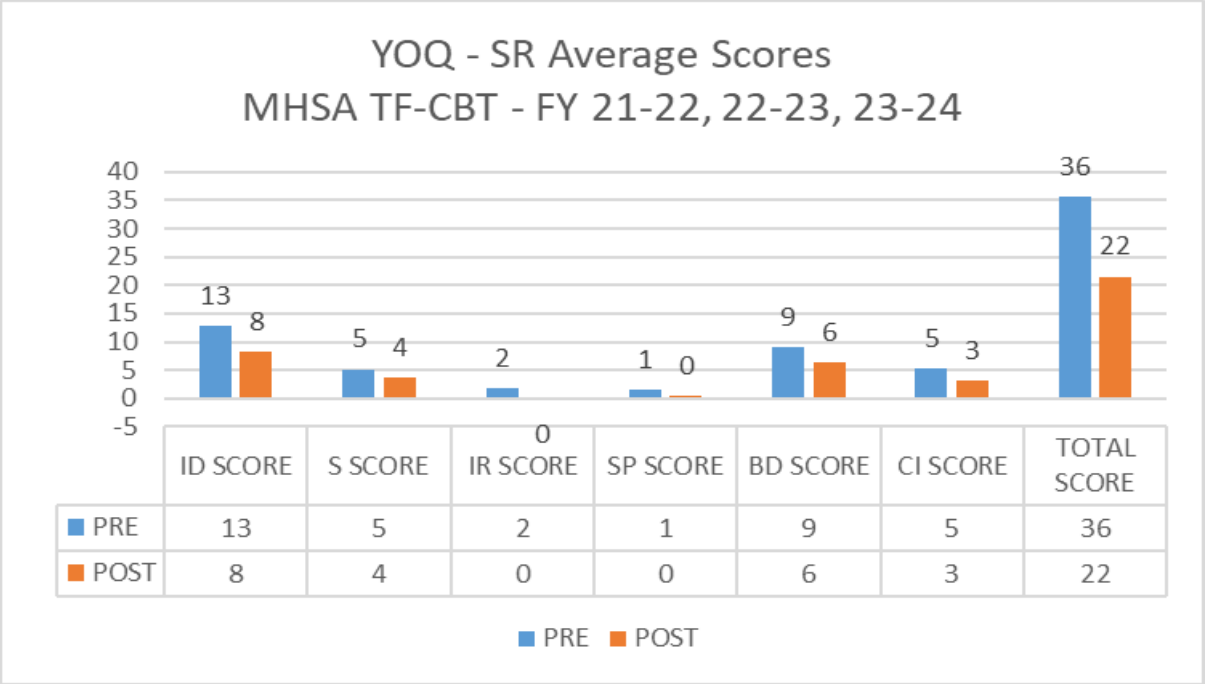
1) Pre or Post data was not obtained due to children being younger than 12 years of age. The YOQ self-report (SR) are to be completed only by children/youth ages 12 to 18.
2) Pre or Post UCLA data was not obtained due to children being younger than 7 years of age; however, reliability on the score is age 12, tools were provided to children younger than 12 based on clinical judgement.
3) Post tools were not collected for children/youth who were transferred to a higher level of care.
4) Pre or Post data was not obtained after numerous unsuccessful attempts to contact parent by the Prevention and Early Intervention clinicians. The following graphs include outcome information based on pre and post data for the YOQ, UCLA, CANS, and PSC-35 tools.

GRAPH 1

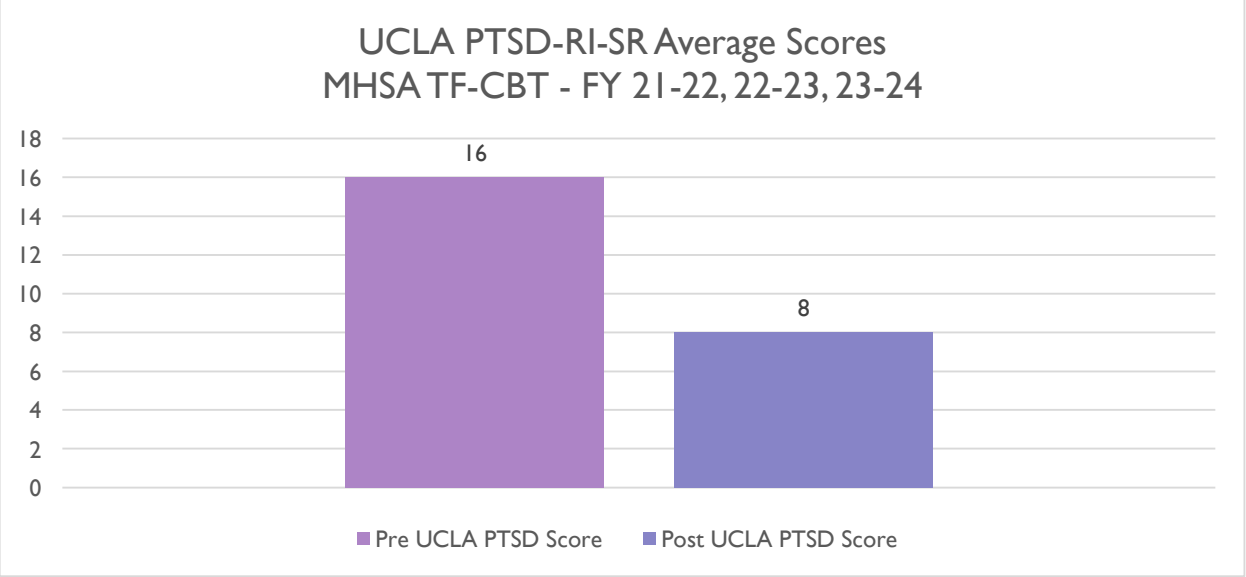


	ID SCORE	S SCORE	IR SCORE	SP SCORE	BD SCORE	CI SCORE	TOTAL SCORE
PRE	10	3	2	2	7	3	27
POST	6	2	0	1	4	2	15

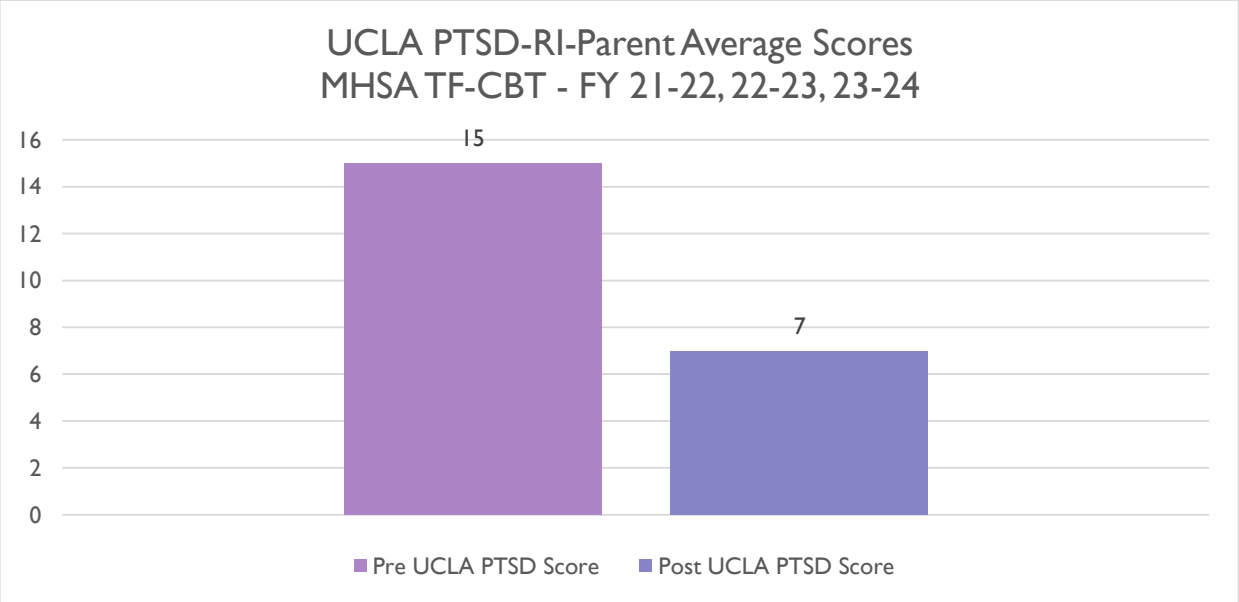
GRAPH 2



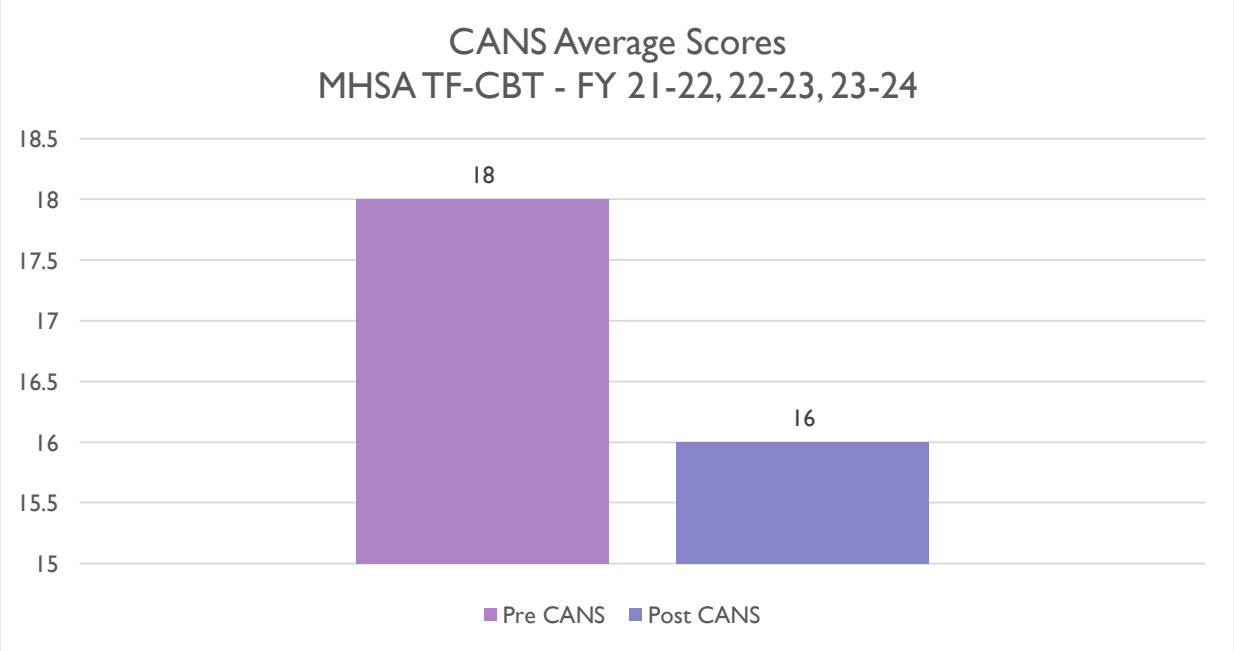
GRAPH 3



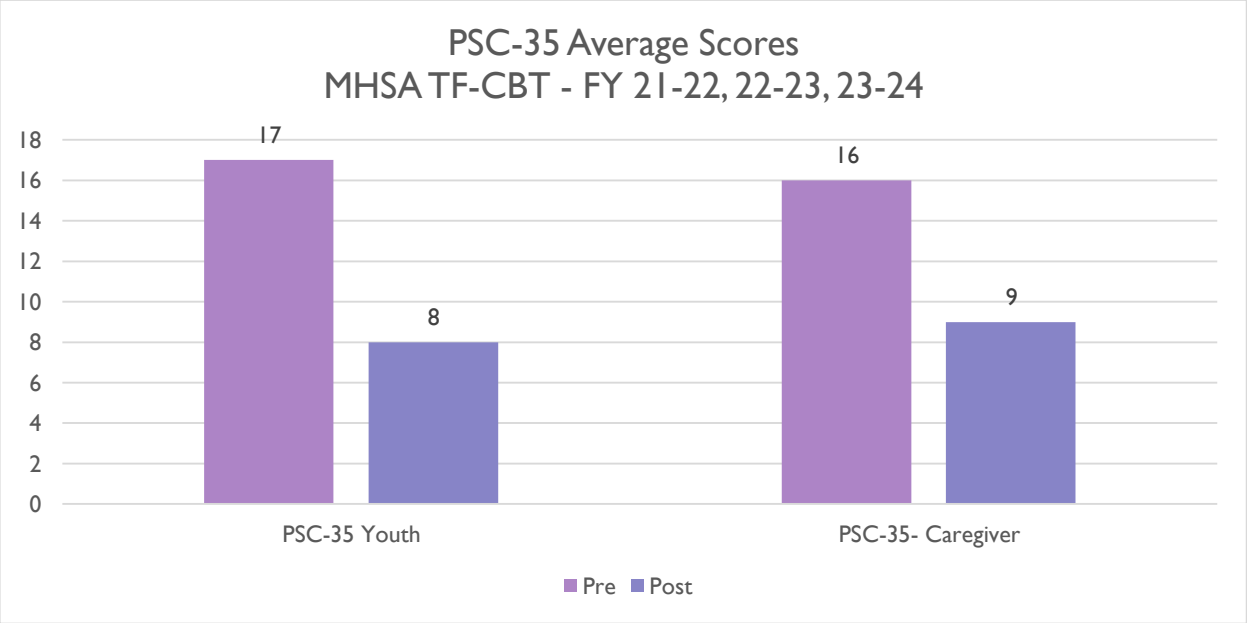
GRAPH 4



GRAPH 5



GRAPH 6



Outcome on Evaluation Questions

1. ***Will providing Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) as a selective prevention program improve the mental health functioning of children/youth who have been exposed to negative life events?***

   Providing TF-CBT as a selective prevention program has demonstrated effectiveness in enhancing the mental health and overall functioning of children and youth who have experienced adverse life events. This is supported by reductions in scores on the Youth Outcome Questionnaire (YOQ), UCLA PTSD Reaction Index, Child and Adolescent Needs and Strengths (CANS), and the Pediatric Symptom Checklist-35 (PSC-35), as illustrated in graphs 1 through 6.

2. ***Will the participation of the children/youth and their families in Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) prevent the onset of mental illness?***

   The participation of children/youth and their families in the TF-CBT model has proven to be effective in preventing the onset of mental illness among the majority of participants. Out of the 187 children/youth who received TF-CBT, 82 individuals (44%) successfully completed the program and have neither required nor sought additional mental health treatment since their discharge, indicating the significant positive impact this program has had on the lives of children and youth in our community.

Notably, only 1 child/youth (1%) involved in the TF-CBT prevention program was referred to the mental health system for further treatment, either through a referral from the PEI clinician or at the request of a parent. Additionally, 4 clients (2%) were assessed and determined not to require any prevention services. During the process, 51 clients (27%) opted out of services either during or after the intake process, or relocated out of the county. Furthermore, 12 clients (6%) were transitioned to the TF-CBT program, as they met the eligibility requirements under the Early Periodic Screening, Diagnostic, and Treatment (EPSDT) program.

The implementation of the TF-CBT Prevention Program has proven to be effective, as evidenced by the reduction in reported symptoms from both children/youth and their parents, legal guardians, or caregivers at the conclusion of the program, along with a decrease in new entries into the mental health system. The program consistently receives referrals from schools, community agencies, and children and youth mental health outpatient clinics. Ongoing data collection and evaluation will be conducted to assess whether this selective prevention program has produced lasting impacts on services for children and youth by mitigating the onset of mental illness.

Strategies

Access and Linkage to Treatment

The TF-CBT Prevention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community by linking them to medically necessary care and treatment if required. For Fiscal Years (FY) 2021/2022 through 2023/2024 the Mental Health Services Act (MHSA) TF-CBT Prevention Program served 187 children/youth. The table below illustrates the outcomes of the program:

Table 1 - MHSA TF-CBT - Total Children/Youth Served
FY 2021/2022 to FY2023/ 2024

Total Served	Percentage	Outcome
82	44%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
4	2%	Did not need any Prevention Services – Referred to IY
12	6%	Transferred, averaging within 1 calendar days, to the TF-CBT – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria
1	1%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS) and/or Intensive Care Coordination (ICC) services

		under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
51	27%	Declined services either at intake or afterwards, or moved out of county
37	20%	Actively being served as of June 30, 2024
187	**100%**	**Total**

Improving Timely Access to Services for Underserved Populations

The TF-CBT Prevention Program has allowed the increase in access to services by providing services in English and Spanish, in non-traditional, non-threatening settings that provide a safe environment for clients and their families. To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, PEI builds capacity for providing mental health selective prevention services out in the community, allowing mental health to become part of the community, reducing the potential for stigma and discrimination against individuals with mental illness. The program has also helped foster a "help first" system by facilitating access to supports at the earliest signs of mental health problems. The focus of this program is to engage individuals before the development of a serious mental illness or serious emotional disturbance, and to alleviate the need for additional or extended mental health treatment.

Data Collection

Access and Linkage to Treatment

Data on outcome measurement tools are collected at intake and upon discharge from therapy. Based on the scores from the outcome measurement tools and their clinical judgement, clinicians determine the appropriate level of individualized treatment for all the children/youth assessed through the TF-CBT Prevention Program. If necessary, clinicians are able to expedite transfers to any of the regionalized Children's Outpatient Clinics for a higher level of care. Data is also collected on all referrals received and made on a monthly basis.

Referral information is systematically collected and recorded to generate a monthly report that is shared with stakeholders during the Quarterly Mental Health Services Act (MHSA) Steering Committee meetings. For Fiscal Years 2021/2022, 2022/2023, and 2023/2024, the TF-CBT Prevention program received a total of 187 referrals, detailed as follows:

Table 2 – MHSA TF-CBT Referral Source

Referral Source	FY 2021/2022 to FY 2023/2024
ICBHS Outpatient Clinics	187
Total	**187**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all CalAIM'S assessment appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial assessment is 10 business days and the time to start therapy is 7 calendar days from the date a referral to therapy is initiated. ICBHS has been consistent in meeting the timeliness for initial assessments. Clinician time is also allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter, in the client's preferred language, notifying them of the appointment and reminder/retention calls are made the day before the appointment. If a client cancels or reschedules their appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled intake or therapy appointment contact the program and the Program Supervisor reviews the clinician's schedules in coordination with the clinician to meet the needs of the individual.

First Step to Success (FSS) – Prevention Program

Brief Program Description

The First Step to Success (FSS) program was initially implemented in March 2014 as an Innovation Project in 7 kindergarten classrooms in Imperial County. The primary objective of FSS was to employ a school-based model (First Step Next) for children aged 4 to 6, as a vehicle to develop a collaborative relationship between mental health and education. On March 31, 2019, funding from the Mental Health Services Act (MHSA) Innovation for the FSS project concluded, leading to the program's transition. From its inception in March 2014 to its conclusion in March 2019, the program expanded significantly from 7 to 51 Transitional/Kindergarten classrooms throughout Imperial County. With the approval of stakeholders, FSS transitioned from an Innovation Project to a Prevention Program, categorized as an additional Prevention and Early Intervention (PEI) program for FY 2019-2020.

FSS is a prevention program developed to be provided in a school setting. The FSS program focuses on the kindergarten population. Mental Health Rehabilitation Technicians (MHRTs) who are collocated in the classrooms provide positive reinforcement utilizing Positive Behavioral Intervention and Services (PBIS) to children who have been identified/referred by their teacher. FSS interventions are designed to assist children in developing pro-social skills that will assist them in being successful at school, home and in the community. The goal of the FSS program is to prevent mental illness from developing.

Evaluation Questions

The intent of implementing the FSS - Prevention program was to increase the penetration rate of young children ages 4 to 6. Prior to the implementation of FSS, data obtained from the California External Quality Review Organization (CalEQRO) report for Calendar Year (CY) 2013, showed Medi-Cal approved claims for ICBHS for children (non-foster care) ages 0-5 at 1.16%. This penetration rate was extremely low when compared to other small counties that had a penetration rate of 1.32% and California which had a penetration rate of 1.88%. The following are questions this evaluation will address:

1. ***Will providing First Step to Success (FSS) in a selective prevention program increase the penetration rate of children ages 4 to 6?***

To measure if FSS increased the penetration rate, ICBHS obtained data from CalEQRO and from its own internal data sources. Based on the CalEQRO report for FY 23-24, for Calendar Year (CY) 2022, ICBHS had a penetration rate of 2.54% for ages 0-5 which exceeds the penetration rate for small counties and statewide. The FSS program is provided to children who are in Transitional Kindergarten (TK) and Kindergarten. Many of the children who are in kindergarten turn 6 years old; however, for the purpose of this evaluation only children ages 4 and 5 will be counted in penetration rates.

2. ***Will providing First Step to Success (FSS) in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

To measure improvements in mental health functioning, ICBHS conducts assessments on children exhibiting behavioral challenges who do not qualify for a DSM-V diagnosis. Once the child is identified as meeting the target population for selective prevention services, a request is made for the parent, legal guardian, or caregiver to complete pre-evaluation tools. Upon completion of the program, the parent/legal guardian/caregiver completes post-evaluation tools. The scores from these evaluations are utilized to measure improvements in the client's mental health functioning.

Model Fidelity

The FSS Program Supervisor monitors fidelity to the First Step Next model by conducting on-site school visits, home visits and reviewing the client's clinical chart. Furthermore, ICBHS has implemented the Quality Improvement Committee (QIC) MHRT meetings where clinical charts are reviewed. Based on the QIC-MHRT findings, MHRTs are provided with feedback and direction specific to appropriate interventions.

Measures Utilized

ICBHS measures performance outcomes for this selective prevention component. Data is collected and entered into the department's electronic health record system, SmartCare, by our clinical staff. However, the reports generated by SmartCare have certain limitations. To enhance our reporting capabilities, ICBHS contracted with Todd Sosna Consulting to create a report to track client outcomes. Our objective is to continue to collaborate with the Information Systems unit at ICBHS to develop a reporting system that will effectively support our program and practice guidance.

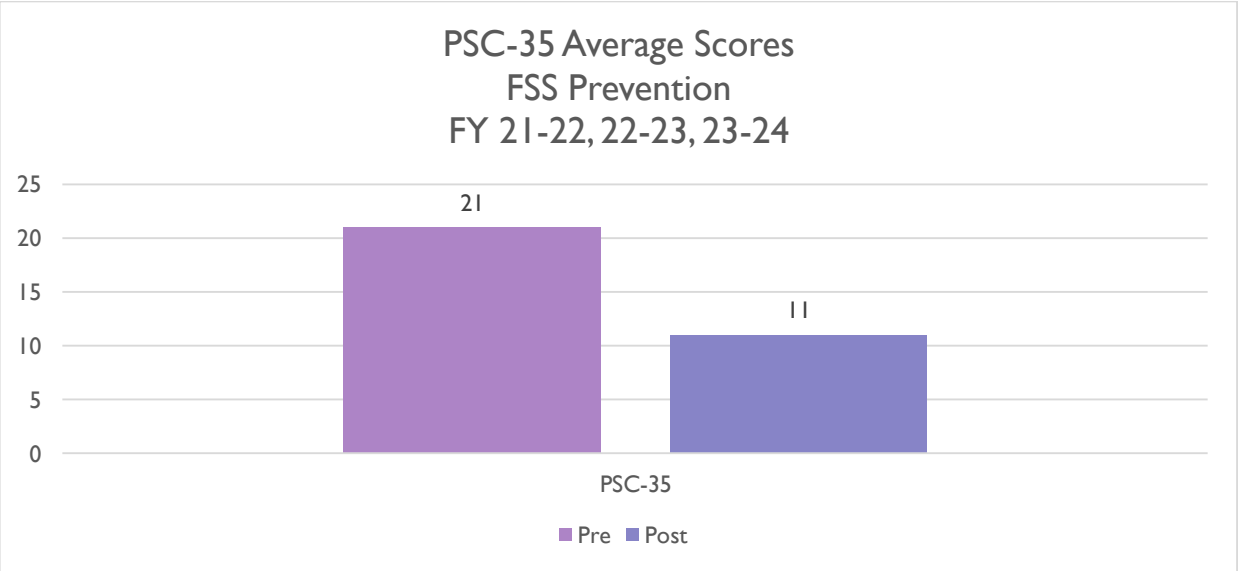
Clinical staff utilize the Pediatric Symptom Checklist (PSC-35) score to assess the levels of treatment and services required. Additionally, management will leverage this data to evaluate the effectiveness of clinical staff and programs, as well as for overall program planning. The FSS program currently utilizes the PSC-35 as its primary performance outcome measurement tool.

The Pediatric System Checklist (PSC-35) is a psychosocial screening tool that is used to identify cognitive, emotional, and behavioral problems in children/youth ages 3 to18. The PSC-35 is completed by parents or caregivers for children/youth ages 3 to 18. For children ages 4 and 5, a score of 24 or higher suggests the presence of significant behavioral or emotional problems. For children ages 6 through 16, the cutoff score is 28 or higher.

Outcomes

During Fiscal Years (FY) 2021/2022 to FY 2023/2024, a total of 190 clients received services from FSS. A pre-PSC-35 tool was provided to 124 parents, legal guardians, or caregivers; however, only 66 of these individuals completed the tool. Reasons for not completing the tool included refusal from the parent/legal guardian/caregiver or the child not exhibiting any impairments that would necessitate use of the tool. At the conclusion of services, 20 parents/legal guardians/caregivers completed a post-PSC-35 tool. It is important to note that 104 parents, legal guardians, or caregivers did not complete the post-tool due to their child's transfer to a higher level of needed prevention services. Post-PSC scores are available through the First Step to Success – Early Intervention program. Below are the average Pre and Post scores for the PSC-35 tool.

GRAPH 7



The above graph shows the average PSC-35 score was 21, which suggests the children being served under the FSS Prevention program needed very limited mental health services due to having minimal or no impairment.

Outcome on Evaluation Questions

1. ***Will providing First Step to Success (FSS) in a selective prevention program increase the penetration rate of children ages 4 to 6?***

FSS as a selective prevention program has proven to be effective in increasing the penetration rate of children ages 4 to 6. This is evidenced by data obtained from the California External Quality Review Organization (CalEQRO) report for FY's 22-23 and 23-24 which use information from Calendar Year (CY) 2021 and 2022.

Prior to the implementation of FSS in Imperial County, ICBHS' penetration rate for CY 2013 for children ages 0-5 accounted for 1.16%, compared to 1.32% for small counties and 1.88% statewide. Since the implementation of the FSS Program, the percentages for penetration rates have increased for Imperial County and are higher than small counties and state average indicating an increase of mental health services being provided to this age group. The table below shows data from CalEQRO of penetration rates by Calendar Year for 2021 and 2022:

Table 3– Penetration Rates from CalEQRO

Calendar Year (CY)	Imperial County	Small Counties	State Average
2021	2.20%	1.03%	1.59%
2022	2.54%	1.31%	1.82%

2. ***Will providing First Step to Success (FSS) in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

The implementation of the FSS - Prevention Program has proven to be effective given the decrease in symptoms reported by the client's parent/legal guardian/caregiver at the end of program. Data will continue to be collected and evaluated to determine if this selective prevention program has had lasting effects in the children and youth services by preventing the development of mental illness.

Strategies

Access and Linkage to Treatment

The FSS Prevention Program has provided ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed. For FY 2021/2022 to FY 2023/2024, the MHSA FSS Prevention Program served 190 children. The table below shows the outcomes of the program:

Table 4 - MHSA FSS - Total Children Served FY 2021/2022 to FY 2023/2024

Total No.	Percentage	Outcomes
35	18%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
24	13%	Did not need any Prevention Services – Referred to IY
76	40%	Transferred, averaging within 1 calendar days, to the TF-CBT – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria
1	1%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS),

		Intensive Home-Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
52	27%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
2	1%	Actively being served as of June 30, 2024
190	**100%**	**Total**

Improving Timely Access to Services for Underserved Populations

The FSS Prevention Program has increased access to services to young children by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment to them and their families. To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, FSS builds capacity for providing mental health selective prevention services in the child's classroom and in their home. The program has also helped foster a "help first" system by facilitating access to services at an early age and at the earliest signs of mental health problems.

Data Collection

Access and Linkage to Treatment

Data on outcome measurement tools is collected at intake to the program. Based on the score from the outcome measurement tool, Clinicians and/or MHRTs determine the appropriate level of individualized service for each child either prevention, early intervention or treatment. If necessary, clinicians are able to expedite transfers to any of the regionalized Children's Outpatient Clinics for a higher level of care. Data is also collected on all referrals received and made on a monthly basis.

Referral information is systematically collected and recorded to generate a monthly report that is shared with stakeholders during the Quarterly Mental Health Services Act (MHSA) Steering Committee meetings. For Fiscal Years 2021/2022, 2022/2023, and 2023/2024, the FSS prevention program received 190 referrals, detailed as follows:

Table 5-MHSA FSS Program Referrals

Referral Sources -FSS Prevention FY 2021/2022 to 2023/2024		
School	**District**	**Referrals**
Brawley Elementary School District	Brawley	1
Phil Swing Elementary School		6
Miguel Hidalgo Elementary		2
Oakley Elementary School		3
Mains Elementary	Calexico	1
Jefferson Elementary		3

Cesar Chavez Elementary		1
Kennedy Gardens Elementary		1
United Families Preschool Calexico		1
Rockwood Elementary		2
Margaret Hedrick Elementary	El Centro	8
Sunflower Elementary School		6
Lincoln Elementary School		1
Washington Elementary		13
Martin Luther King Elementary		2
Mckinley Elementary School		5
Emmett Finley Elementary	Holtville	1
Dogwood Elementary School	Heber	26
Ben Hulse Elementary	Imperial	13
Cross Elementary School		4
T L Waggoner Elementary School		2
Meadows School	Meadows	6
Westmorland Union Elementary School	Westmorland	5
Seeley Union School District	Seeley	4
Self-Referral		7
San Diego Regional Center		3
ICOE		1
ICBHS		62
Total referrals		**190**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial CalAIM assessment is 10 business days. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance to CalAIM assessments, ICBHS has implemented several strategies to remind parents and caregivers of their appointments. An appointment reminder letter is sent via mail in the preferred language of the parents/legal guardians/caregivers to the clients address on file. Additionally, reminder/retention calls are made the day prior to the appointment. In the event that a parent/legal guardian/caregiver cancels or reschedules their appointment, ICBHS proactively contacts other parents and caregivers to offer them an earlier appointment. Furthermore, individuals seeking an earlier intake appointment can reach out to the program directly. The Program Supervisor will then review the clinician's schedules and, in collaboration with the clinician, will make every effort to accommodate the needs of the individual.

Incredible Years (IY)

Brief Program Description

ICBHS offers a universal prevention program aimed at addressing the needs of unserved and/or underserved families to mitigate prolonged suffering and the potential adverse outcomes associated with the removal of children from their homes. The Incredible Years (IY) program has been selected as it effectively meets community needs by enhancing parenting skills and promoting positive interactions and attachments between parents and their children, from infancy through age 12. IY is a comprehensive, evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote a child's development in a positive environment, while reducing harsh discipline to promote the child's social and emotional development. IY is provided in a group setting to parents with two trained facilitators per group. The program involves 10 to 18 two-hour weekly sessions. Parenting skills are taught through a combination of video vignettes, role-playing, rehearsals, homework, and group support. In addition, this model was selected in order to meet the linguistic and cultural needs of our community as the program materials are available in English and Spanish

ICBHS contracted with two local agencies; the Child and Parent (CAP) Council and the Teach-Respect-Educate-Empower-Self (TREES), for the implementation of the IY program to target the population of children and youth in stressed families as part of our universal prevention program. However, in October 2021 TREES submitted a contract termination letter with a termination date of December 03, 2021.

Evaluation Question

The goal of implementing the Incredible Years program is to improve the mental health functioning of stressed individuals and families and to prevent or reduce the possible negative outcomes such as incarceration, removal of children, homelessness, etc. This prevention program also intends to reduce the risk factors of adverse childhood experiences (ACES), family conflict or domestic violence, by building protective factors for parents/caregivers. The following is the evaluation question for the both the CAP Council and TREES:

1. ***Will providing Incredible Years (IY) to parents/legal guardians/caregivers strengthen parenting competencies and foster positive parent-child interactions for infants to children, up to the age of 12 years?***

   To evaluate whether the Incredible Years (IY) program strengthens parenting competencies and promotes positive parent-child interactions, parents/legal guardians/caregivers were asked to complete pre and post outcome measurement tools. Pre and post scores will be utilized to measure the parenting functioning of parents/legal guardians/caregivers.

Model Fidelity

The CAP Council and TREES received consultation and support directly from the Incredible Years agency. Consultation maximizes the *quality* of group leader performance and ensures the program adheres and maintains model fidelity. Consultation is also part of the *training process* as the group leaders receive feedback from accredited coaches and mentors on their group leadership style.

Measures Utilized

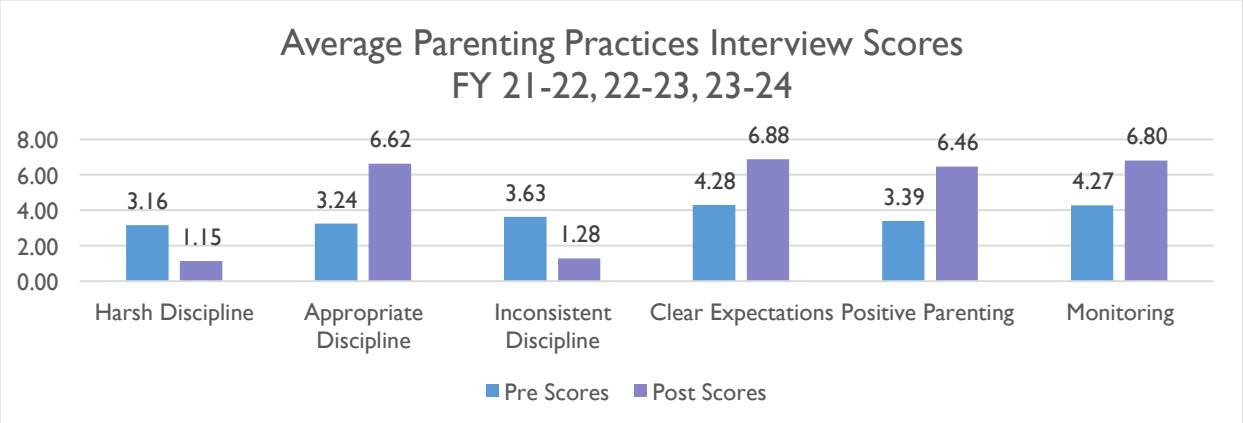
The CAP Council and TREES provide parents with pre- and post-tools to measure performance outcomes. Both programs utilize the Parenting Practices Interview (PPI) for parents/caregivers of children ages 6 to 12. The PPI assesses various parenting practices, including hard discipline, appropriate discipline, inconsistent discipline, clear expectations, positive parenting, and monitoring behaviors. Additionally, the CAP Council provides the Parenting Scale (PS) for parents/caregivers of toddlers, as well as the Karitane Parenting Confidence Scale (KPCS) for those with infants. The PS is a 7-point scale, where lower scores reflect effective parenting and higher scores indicate potential dysfunction. The KPCS measures the confidence levels of parents/legal guardians/caregivers in raising a newborn or infant, with higher scores signifying increased confidence.

Outcomes

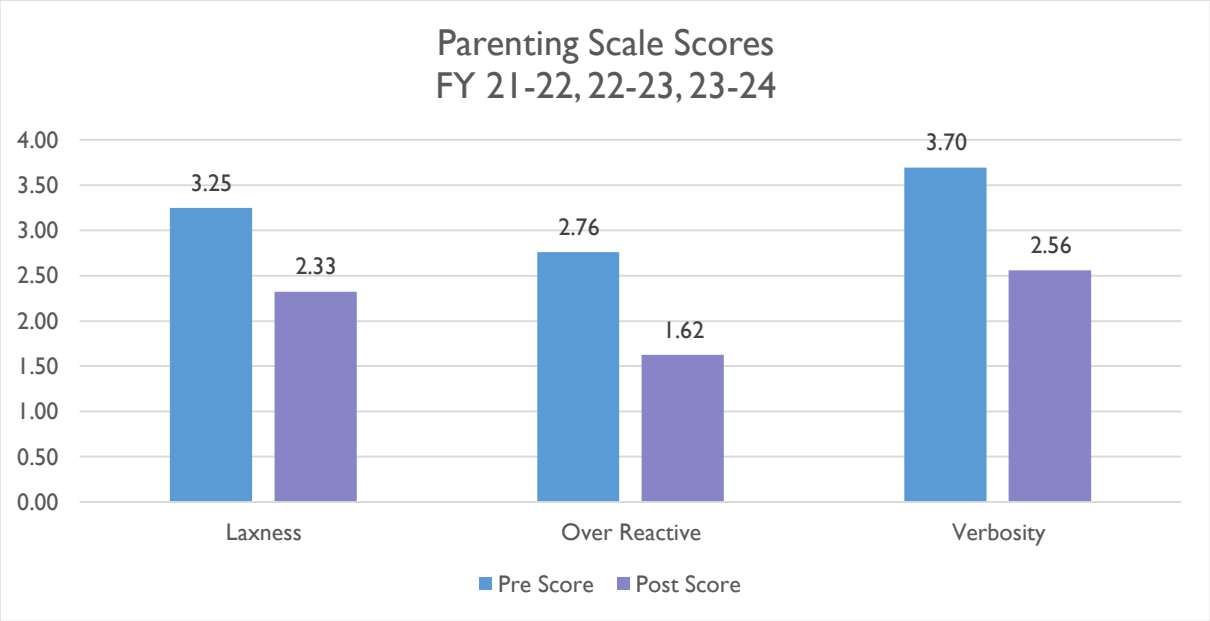
Child and Parent (CAP) Council

For FYs 2021/2022 to 2023/2024, the CAP Council provided services to 705 parents, legal guardians, and caregivers through referrals from community agencies, walk-ins, and phone inquiries. Additionally, they facilitated a total of 65 parenting groups. The following presents the outcomes derived from the measurement tools utilized with parents, legal guardians, and caregiver:

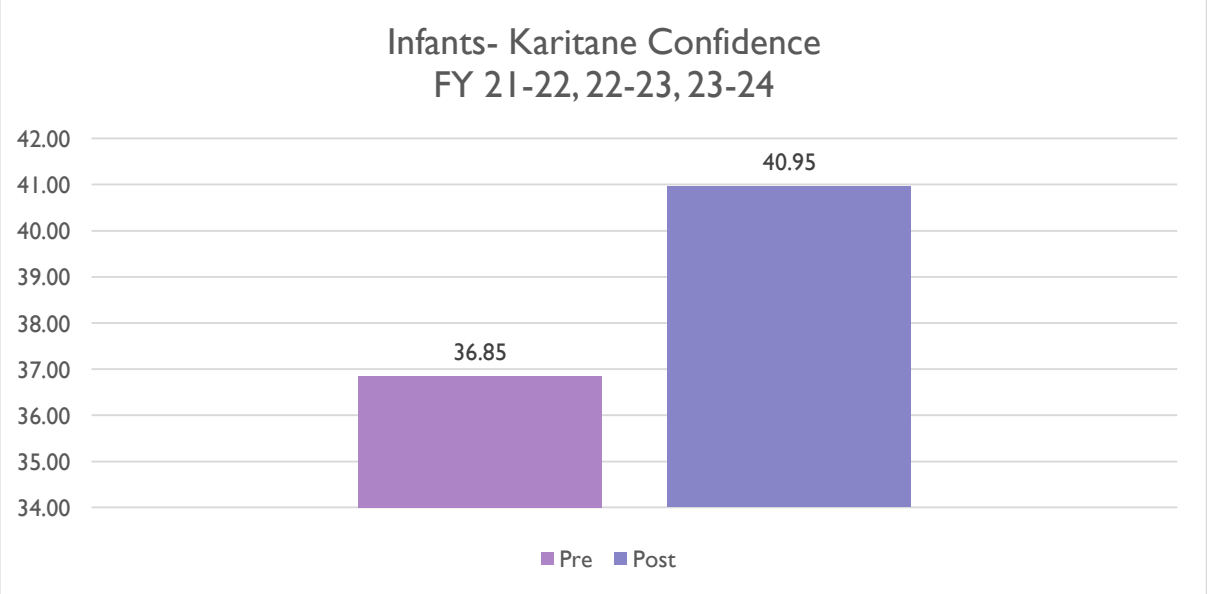
GRAPH 8



GRAPH 9



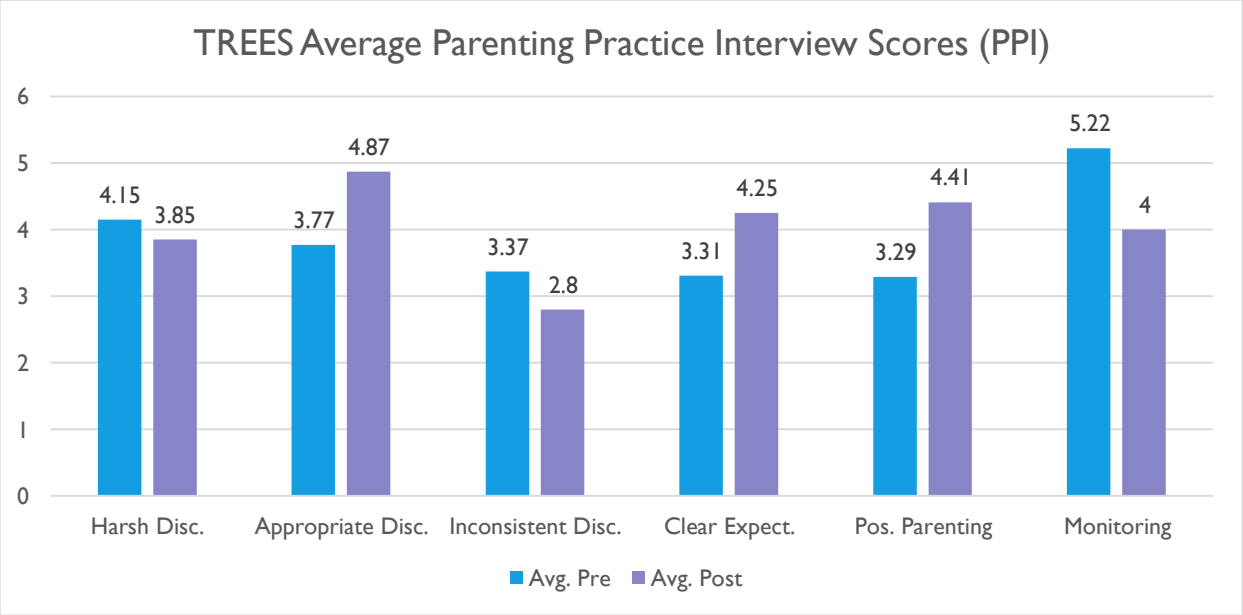
GRAPH 10



Teach-Respect-Educate-Empower-Self (TREES)

TREES submitted data for the months of July, August, September, October, and November 2021, as they requested their contract be terminated on December 3, 2021. During FY 2021/2022, TREES received a total of 78 referrals from community agencies, walk-in clients, or telephone inquiries. Out of these 78 referrals, 40 parents, legal guardians, or caregivers actively participated in services. TREES facilitated a total of 33 parenting groups. Graph 11 presents the outcomes derived from the measurement tools employed with parents, legal guardians, and caregivers.

GRAPH 11



Outcome on Evaluation Questions

1. ***Will providing Incredible Years (IY) to parents/caregivers strengthen parenting competencies and foster positive parent-child interactions for infants and children up to the age of 12?***

Child and Parent (CAP) Council and Teach-Respect-Educate-Empower-Self (TREES)

Based on the data obtained from the PPI, PS and KPCS tools, given to parents/caregivers before and after completion of the IY parenting groups, it can be determined the IY curriculum has been effective in strengthening parenting competencies and fostering positive parent-child interactions. The IY model continues to be an effective universal prevention program, which has resulted in positive outcomes as noted in graphs 8 through 11.

Strategies

Access and Linkage to Treatment

The prevention component utilizes universal strategies that address the entire Imperial County population. These strategies include a parenting program, the Incredible Years, which addresses the needs of children/youth in stressed families, and outreach and education activities, which focus on the importance of early identification and intervention to reduce the negative outcomes that may result from individuals in stressed families. Referrals to the Incredible Years Program are made by community agencies or parents' self-referral.

For fiscal years 2021 to 2024, the CAP Council submitted 6 referrals to ICBHS for parents seeking assessments for mental health services. Additionally, the TREES program did not submit any referrals during fiscal year 2021-2022.

Improving Timely Access to Services for Underserved Populations

The Incredible Years program has enhanced access to services by offering free parenting groups in English and Spanish to all residents of Imperial County. The CAP Council and TREES have delivered services in non-traditional settings, including schools, after-school programs, churches, and resource centers, targeting unserved and underserved populations within the community. As of fiscal year 2021/2022, TREES terminated its contract with ICBHS; however, the CAP Council continues to provide IY parenting group in the northern and eastern regions of Imperial County.

Despite ICBHS's ongoing efforts to expand service delivery in these areas, challenges remain in reaching the unserved and underserved Native American population, as well as other hard-to-reach populations. The CAP Council is committed to ensuring that the Incredible Years program is delivered in a culturally competent manner. To that end, the CAP Council will continue to hire and retain bilingual and bicultural staff. Spanish language IY classes are conducted using a Spanish curriculum for children ages 0 to 12.

From fiscal years 2021/2022 to 2023/2024, the Incredible Years parenting groups were offered in the following cities: Calexico, El Centro, Brawley, Heber, Westmorland, Winterhaven, Salton City, and Holtville.

Data Collection

Access and Linkage to Treatment

The CAP Council and TREES collected data on all referrals received from outside agencies. Below is the breakdown of the referrals received for each of the agencies during FY 2021/2022 to 2023/2024:

Table 6 - Child and Parent (CAP) Council

Probation	ICBHS	CPS	Court	Comm. Agency	Social Services	Schools	Self-Referred	Total
29	14	198	53	24	11	17	359	**705**

**CAP provided services to 705 Parents/Legal Guardians/Caregivers, in some cases 1 referral were for both parents and/or caregivers.*

Table 7 - Teach-Respect-Educate-Empower-Self

CPS	Court	Comm. Agency	Social Services	Schools	Self-Referred	Total
0	0	13	0	27	38	**78**

TREES program received 78 referrals; however, data was limited due to the contract termination of December 3, 2021. For FY 2020-2021, the TREES program was in operation for only 5 months. Consequently, there is insufficient data to evaluate the program's effectiveness, as the duration of implementation was too short to draw any definitive conclusions.

Timely Access to Services for Underserved Populations

The CAP Council offers parenting groups on a regular basis and is readily available to provide services. Upon admission, parents, legal guardians, or caregivers have the option to join an existing ongoing group or wait for the commencement of a new group. All Incredible Years groups facilitated by CAP are offered at no cost to any parent or caregiver residing in Imperial County.

Rising Stars

Brief Program Description

The Rising Stars program is a preventive program designed to offer services to children/youth aged 5 to 18 who are currently in foster care and enrolled in local school districts. The primary objective of this program is to mitigate the risk factors associated with mental health issues while enhancing the protective factors for participating foster children and youth.

Rising Stars staff deliver a variety of preventive services, including social-emotional learning activities, leadership development, self-esteem enhancement, Developmental Assets workshops, team-building exercises, mentoring, academic support, enrichment activities, educational field trips, college preparation workshops, and study skills training, as well as Science, Technology, Engineering, Arts, and Math (STEAM) workshops. All strategies employed by the Rising Stars program are designed to be culturally competent and linguistically appropriate for the target population.

Additionally, Rising Stars collaborates with staff from ICBHS, the Department of Social Services (DSS), local school districts, and other community stakeholders to assist foster children/youth in overcoming the impacts of trauma.

Foster care children/youth commonly experience various forms of adverse childhood experiences (ACEs), which increases the likelihood of negative outcomes as adults. Examples of ACEs include the following: experiencing abuse or neglect, growing up in household with substance abuse, suicide within the family, witnessing violence within the home, mental illness within the family or having an incarcerated parent. Foster children/youth who have experienced childhood trauma and ACEs are at risk of developing depression, high anxiety, post-traumatic stress disorder, substance use disorders and/or other mental health disorders.

Evaluation Question

The goal of implementing the Rising Starts program is to reduce the risk factors for mental health illness and enhance the protective factors of the participating foster children/youth. The following is the question this evaluation will address:

1. ***Will providing Rising Stars to Foster Care children/youth strengthen and enhance protective factors and reduce risk factors?***

To evaluate the effectiveness of the Rising Stars program in enhancing protective factors and mitigating risk factors, children/youth, and their parent/legal guardian/caregiver complete pre-outcome measurement tools during the admission process. Upon discharge from the program, post-outcome measurement tools are also administered. The scores obtained from both the pre- and post-outcome tools will be utilized to assess the overall well-being of each child /youth.

Model Fidelity

The Rising Stars program implements 7 strategies to improve the well-being, protective factors, social skills, academic performance, and behavior outcomes for children/youth in foster care. The strategies utilized by Rising Stars emphasize the principles of trauma-informed care and are culturally competent and linguistically appropriate for children/youth in foster care. The following are the seven strategies used by Rising Stars:

1. ***Hope Theory*** – Developed by the Alliance of HOPE International, provides activities at Camp HOPE, that enhance the social skills, self-esteem and academic skills of children/youth who have experienced ACEs.
2. ***Developmental Assets*** – Utilizes the curriculum developed by the Search Institute, emphasizes a strength-based approach to explore strengths, developmental assets and positive relationships within the environment of the participating foster child/youth.
3. ***Social-Emotional Learning*** – Promotes positive development and reduces potential risk factors associated with childhood trauma.
4. ***Mentoring*** – Rising Stars staff and community partners provide a network of supportive individuals that help motivate the foster children/youth during vulnerable period in their lives.
5. ***Academic Support*** – Rising Stars offers workshops and activities for foster children/youth to enhance their academic and communication skills.
6. ***College Exploration*** – Rising Stars integrates the exploration of higher education and other post-secondary training opportunities into workshops, field trips and other activities.
7. ***Trauma-Informed*** – Employs the six principles of trauma-informed care—1. safety, 2. trustworthiness and transparency, 3. peer support and mutual self-help, 4. collaboration and mutuality, 5. empowerment, voice and choice, and 6. consideration of cultural, historical, and gender issues—to establish a supportive environment aimed at assisting children/youth in foster care in overcoming their barriers and Adverse Childhood Experiences (ACEs).

Measures Utilized

Rising Stars utilizes several performance outcome measurement tools, including the Pediatric Symptom Checklist (PSC)-35, the Youth Pediatric Symptom Checklist (Y-PSC)-35, and the Child and Youth Resilience Measure (CYRM-R). The PSC-35 is a psychosocial screening tool designed for children and youth aged 4 to 16 and is completed by parents, caregivers, or legal guardians. The Y-PSC-35 caters to youth aged 11 to 18 and is completed directly by the youth. Developed by Bright Futures, the PSC-35 assists providers in identifying potential cognitive, emotional, and behavioral challenges. This 35-item questionnaire enables Rising Stars staff to recognize possible barriers and facilitate access to prevention or early intervention services for children and youth in foster care. A "positive score" on this screening tool indicates the potential need for further evaluation by a mental health professional at ICBHS. If necessary, students who could benefit from early intervention services or treatment will be linked to behavioral health service providers. Prevention and early intervention services are crucial in

helping children and adolescents avoid the onset of mental health issues. Rising Stars staff will refer students and provide a copy of the PSC-35 to ICBHS. The PSC-35 screening tool will be administered during the enrollment process for all participating foster care students.

The Child and Youth Resilience Measure (CYRM-R) assesses the resiliency levels of participating students. This 17-point questionnaire employs a 5-point Likert scale and was developed based on extensive research conducted by the Resilience Research Centre (RRC). Rising Stars staff will administer this measurement tool within the first month of a student's enrollment in the Rising Stars program. Assessing the ability of students in foster care to overcome adversity is vital both in their current circumstances and in preparation for future challenges. This resiliency scale has been used by various agencies in multiple countries to evaluate students' capacity for positive adaptation in the face of adversity. Following the completion of summer academy or summer camp activities, students will complete a Follow-Up CYRM-R questionnaire.

Outcomes

During this three-year reporting period, Rising Stars collaborated with 45 schools across Imperial County. Below is a list of the school that Rising Stars collaborated with. Additionally, Rising Stars conducted 376 workshops and activities during fiscal years 2021 to 2024.

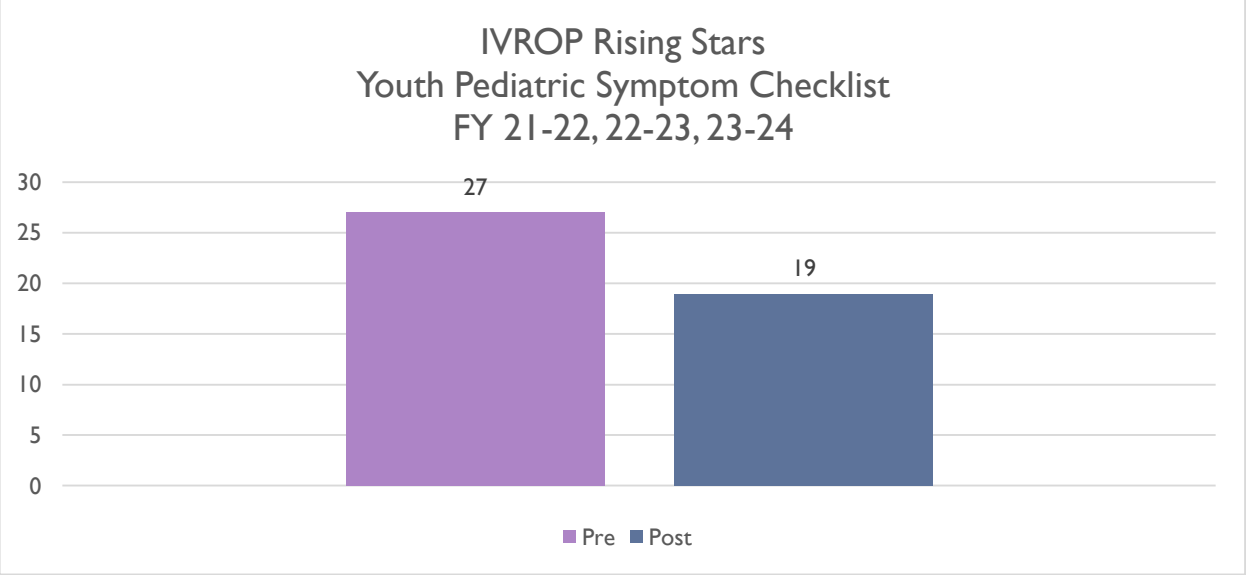
Table 8 - FY 2021/2022 to 2023/2024 Implementation of Rising Stars

School Site	School District
Barbara Worth Jr. High	Brawley Elementary School District
Miguel Hidalgo Elementary School	Brawley Elementary School District
Witter Elementary School	Brawley Elementary School District
Oakley Elementary	Brawley Elementary School District
Phil D. Swing Elementary	Brawley Elementary School District
Brawley Union High School	Brawley Union High School District
Dessert Valley High School	Brawley Union High School District
Cesar Chavez Elementary	Calexico Unified School District
De Anza 9th Grade Academy	Calexico Unified School District
Dool Elementary	Calexico Unified School District
Enrique Camarena Jr. High	Calexico Unified School District
Calexico High School	Calexico Unified School District
Mains Elementary	Calexico Unified School District
Kennedy Gardens Elementary	Calexico Unified School District
Jefferson Elementary	Calexico Unified School District
Rockwood Elementary	Calexico Unified School District
Aurora High School	Calexico Unified School District
William Moreno Junior High	Calexico Unified School District
Calipatria High School	Calipatria Unified School District

Central Union High School	Central Union High School District
Southwest High School	Central Union High School District
Desert Garden Elementary School	El Centro Elementary School District
De Anza Magnet School	El Centro Elementary School District
Margaret Hedrick Elementary	El Centro Elementary School District
Kennedy Middle School	El Centro Elementary School District
Wilson Jr. High School	El Centro Elementary School District
Sunflower Elementary School	El Centro Elementary School District
Harding Elementary School	El Centro Elementary School District
Lincoln Elementary School	El Centro Elementary School District
Washington Elementary	El Centro Elementary School District
Heber Elementary School	Heber Elementary School District
Dogwood Elementary School District	Heber Elementary School District
Heber Junior High	Heber Elementary School District
Holtville High School	Holtville Unified School District
Valley Christian Heritage School	Imperial Unified School District
Del Rio Academy School	Imperial County Office of Education
Cross Elementary	Imperial Unified School District
Frank Wright Middle School	Imperial Unified School District
Imperial High School	Imperial Unified School District
Ben Hulse Elementary School	Imperial Unified School District
T.L Waggoner Elementary School	Imperial Unified School District
McCabe Elementary	McCabe Union Elementary School District
Sea View Elementary School	Coachella Valley Unified School District
Seeley Union Elementary School	Seely Union Elementary School District
Westmorland Elementary School	Westmorland Union Elementary School District

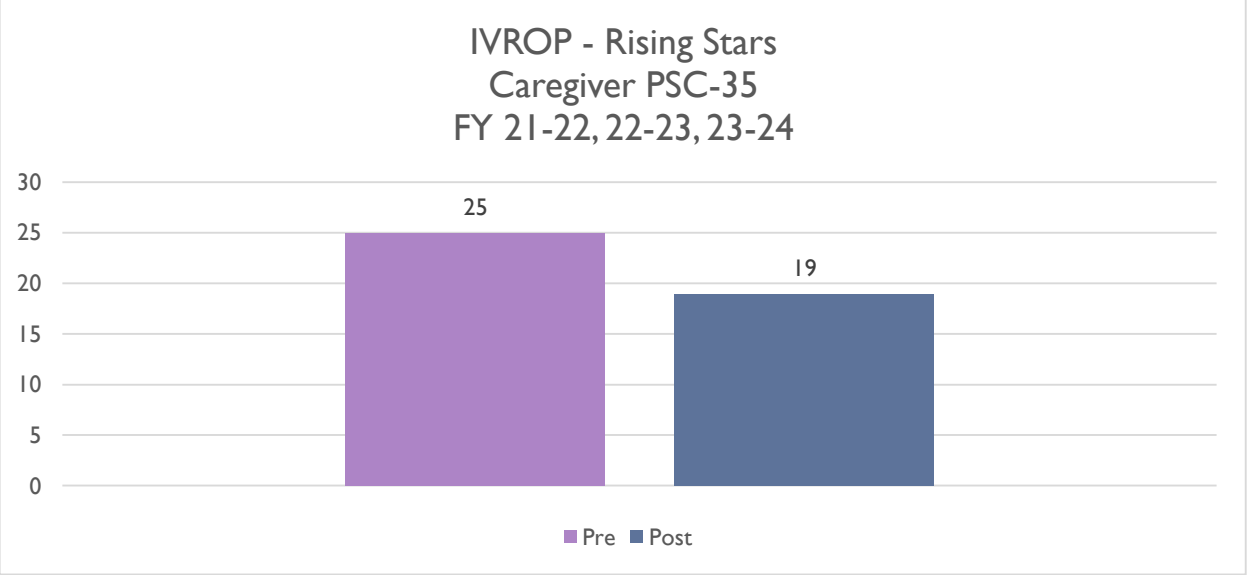
Approximately 136 Rising Star students completed a pre-PSC-35 with an average pre-score of 27. Forty-nine (49) Rising Start students completed a post-PSC-35 with an average post-score of 19. Graph 12 illustrates the average pre and post scores.

GRAPH 12



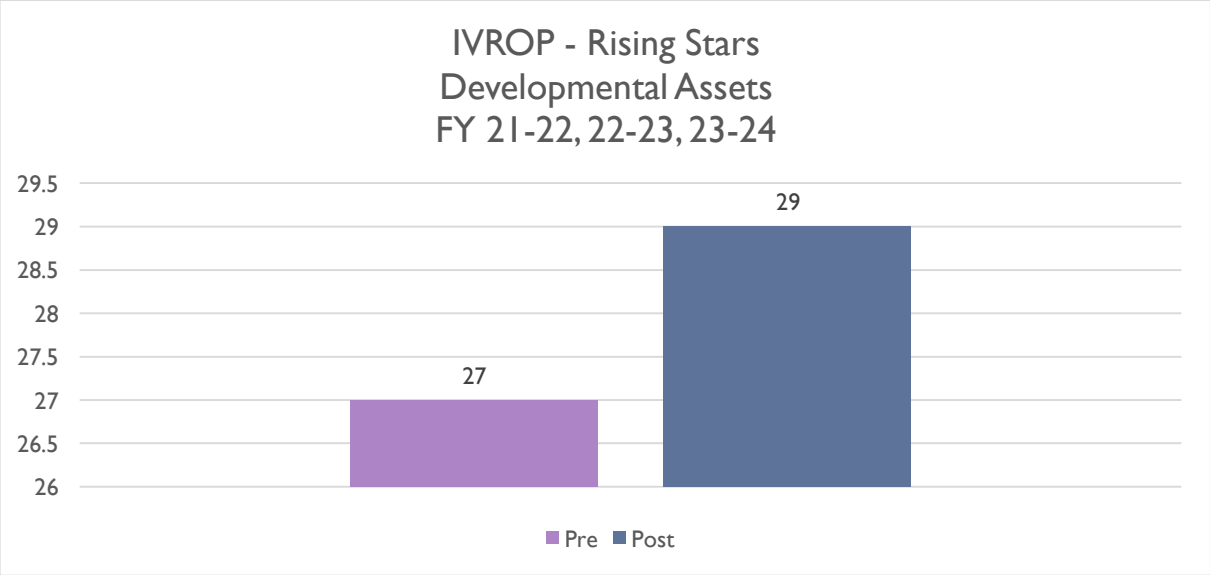
Sixteen (16) parent/legal guardians/caregivers complete both pre and post PSC-35. The average pre-PSC 35 score is 25 and the average post PSC-35 score is 19. Graph 13 illustrates the average pre and post scores. Risings Stars encountered challenges with obtaining post scores from parents/legal guardians/caregivers are not available to provide post scores. Additionally, post outcome measurement tools are conducted at the end of every fiscal year during the programs summer activities; however, if a youth is not enrolled in the summer program a post tool is not obtained. Rising stars is addressing this challenge by dedicating time during the year to conduct individual post assessments. Additionally, if a client remains in the program, which is the case for most of the youth, a post tool would not be provided.

GRAPH 13



Rising stars collected 232 pre developmental asset tools; however, only 39 individuals completed a pre and post developmental asset tool. The average pre and post scores were derived from the 39 individuals who completed both tools. The average pre score was 27 and the average post score was 29. Graph 14 shows the average pre and post scores.

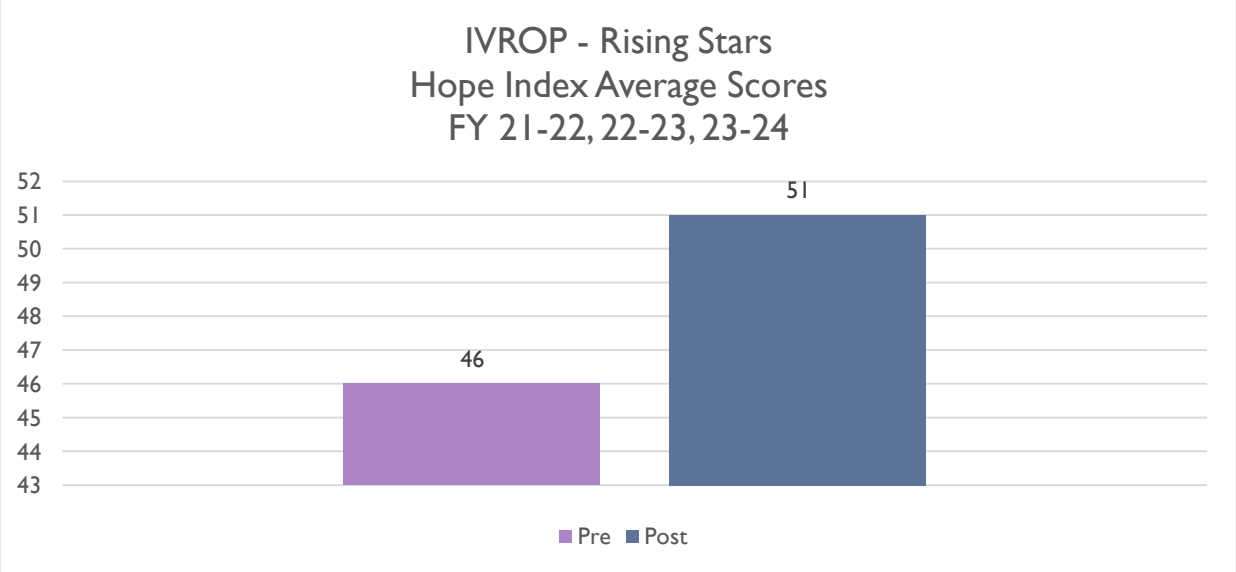
GRAPH 14



Rising stars collected 215 pre-Hope Index tools; however, only 53 individuals completed a pre and post Hope Index tool. The average pre and post scores were derived from the 53 individuals who completed both tools. The average pre score was 46 and the average post score was 51. Graph 15 shows the average pre and post scores. A factor to consider

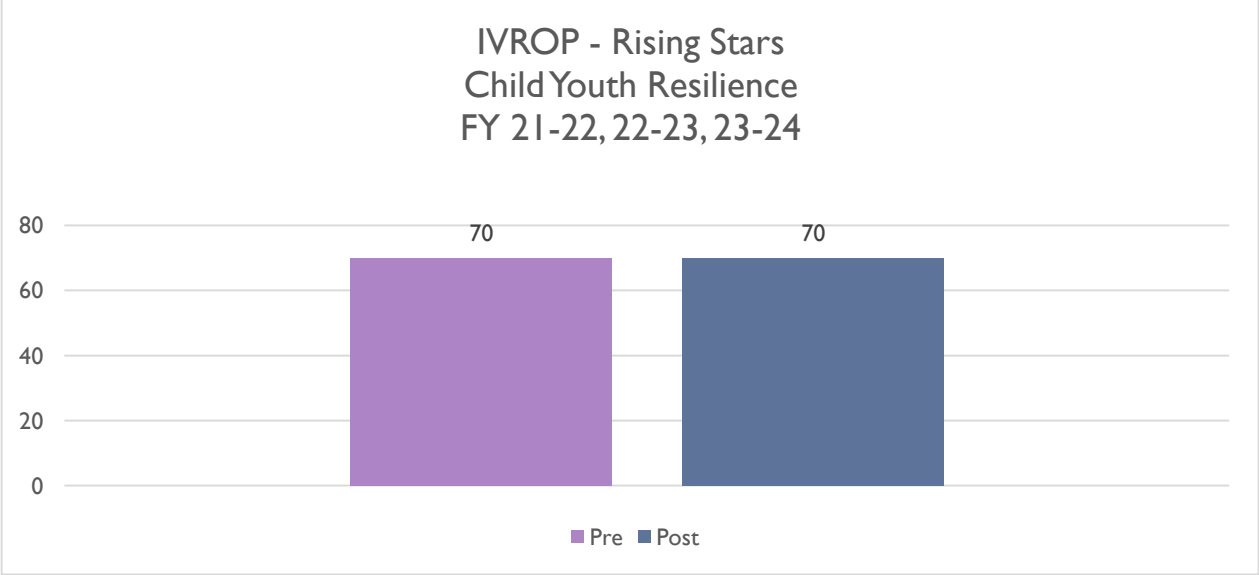
regarding the post scores for the Hope Index tools is some youths do not see the value in completing the assessment or they have difficulty understanding questions. Rising Stars is addressing these challenges by working one-on-one with the youth and translating questions if required and also providing youth with incentives to complete pre and post tools.

GRAPH 15



Rising stars collected 196 pre-Child Youth Resilience measures; however, only 47 individuals completed a pre and post Child Youth Resilience measure. The average pre and post scores were derived from the 47 individuals who completed both tools. The average pre and post scores was 70. Graph 16 shows the average pre and post scores. Factors that affected post scores were the presence of external stressors at the time of completion, such as new foster placements, familial discord, or court proceedings. It is vital to note that these external challenges the youth faces do not negate the effectiveness of the program, but highlights the complexity of measuring real-world conditions. Moving forward Rising Stars will incorporate contextual analysis alongside quantitative data to provide an accurate reflection of program impact.

GRAPH 16



Outcome on Evaluation Questions

1. ***Will providing Rising Stars to Foster Care children/youth strengthen and enhance the protective factors and reduce the risk factor?***

Based on data obtained from Rising Stars, the program has been effective for foster children/youth as post PSC-35 scores obtained from participants and parents/guardians/caregivers show a decrease. Additionally, there is an increase in the post scores for Developmental Assets and the Hope Index.

Strategies

Access and Linkage to Treatment

The Rising Stars program provides the PSC-35 to the foster child's parents/legal guardian/caregiver or the Y-PSC-35 and the Adverse Childhood Experience (ACE) to the youth on admission to the program. Results from the PSC-35 and ACE (high scores) determine if the child/youth need a referral to mental health. In both of the outcome tools, there are no post tools; they are given as a one-time assessment at the start of services. Table 9 provides information on the number of pre and post outcome tools completed and their average score.

Table 9 – Outcome Tools

Outcome Tool	Number Completed	Average Score
Pre Y-PSC-35	136	27
Post Y-PSC-35	49	19
Pre PSC-35 (Caregiver)	16	25
Post PSC-35 (Caregiver)	16	19
ACE	210	3

**PSC-35/Y-PSC-35 score of 28 or higher. ACE sore of 4 or higher*

Improving Timely Access to Services for Underserved Populations

The Rising Stars program provides services for children/youth who are in the Foster Care system and are a very underserved population. IVROP has over 10 years of experience collaborating with ICBHS to provide preventive and supportive services to Imperial County youth. This collaboration has improved the timely access to mental health services and other supportive service to the underserved population of foster children/youth in Imperial County.

Data Collection

Access and Linkage to Treatment

The strong collaboration between IVROP, ICBHS, Department of Social Services and local school districts has facilitated the primary goals of providing timely access and linkage to treatment services to foster care children/youth.

Table 10 – FY 2021/2022 to 2023/2024

Referral Source	Total
School District	205
Department of Social Services	37
Self-Referral	34
Total Referrals	276
Referrals Out	**Total**
Referrals to ICBHS	50
Other Agencies	5

**A majority of individuals enrolled in Rising Stars are already receiving ICBHS Services.*

During this three-year reporting period, Rising Stars provided services to approximately 439 individuals. Table 11 provides the demographic information of participants served.

Table 11 - Demographic information for Rising Stars FY 2021-2022 to 2023-2024

Age Group	Total	Percentage
0 – 15	351	80%
16-25	88	20%
Total	**439**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	199	45%
Male	214	49%
Decline to Answer	26	6%
Total	**439**	**100%**
Gender Identity	**Total**	**Percentage**
Female	199	45%
Male	214	49%
Genderqueer/non-binary	4	1%
Decline to answer	22	5%
Total	**439**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual	268	61%
Gay or Lesbian	5	1%
Bi-sexual	9	2%
Questioning	1	0
Declined to answer	156	36%
Total	**439**	**100%**
Race	**Total**	**Percentage**
American Indian or Alaska Native	12	2%
Asian	3	1%
African American or Black	31	7%
Native Hawaiian or Pacific Islander	1	0%
White	192	44%
Biracial	89	20%
Other	77	18%
Declined to answer	34	8%
Total	**439**	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-American/Chicano	326	75%
Central American	5	1%
Other Hispanic or Latino	2	0%
African	24	5%
Asian Indian/South Asian	2	0%
Chinese	5	1%
European	1	0%
Filipino	1	0%

Other	24	5%
Declined to answer	36	9%
More than one ethnicity	13	4%
Total	**439**	**100%**
Language	**Total**	**Percentage**
English	347	79%
Spanish	69	16%
Declined to answer	23	5%
Total	**439**	**100%**
Veteran Status	**Total**	**Percentage**
No	439	100%
Total	**439**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disabilities	327	74%
Difficulty Hearing	4	1%
Difficulty Seeing	9	2%
Mental Domain/Developmental Disabilities	22	5%
Chronic Health Condition	1	0%
Other Disability	25	6%
Declined to answer	51	12%
Total	**439**	**100%**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for a CalAIM assessment is 10 business days and the time to start therapy is 7 calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled intake or therapy appointment, the Program Supervisor reviews the clinician's schedules and with the coordination of the clinician will make every effort to meet the needs of the individual.

Stigma and Discrimination Reduction Programs

Brief Program Description

PEI utilizes a universal strategy aimed at reducing stigma and discrimination associated with mental health diagnoses, living with mental illness, and seeking mental health services. The Stigma and Discrimination Reduction Program (SDRP) serves the entire County of Imperial, with a focus on providing education and training on the effects and symptoms of mental illness, as well as the importance of early identification and early intervention. Additionally, the program raises awareness among community members regarding the importance of recognizing early signs of mental illness and the challenges often faced by children and youth who have experienced or have been exposed to trauma.

Stigma and discrimination reduction initiatives are conducted for both large and small groups at health fairs, career fairs, and school presentations. Additionally, these activities are also available on a one-on-one basis for educational or training purposes. A diverse team of PEI Program staff, including master-level clinicians, mental health rehabilitation technicians, program supervisors, and program managers, facilitate these activities.

Further efforts include educational discussions with schools and community agencies focused on mental health issues, as well as the mental health services and resources available. Additionally, ICBHS produces a weekly radio program in English and Spanish titled "Let's Talk About It," which aims to educate the community on various mental health topics, thereby fostering understanding and reducing stigma and discrimination faced by individuals with mental health challenges. This program is broadcasted on multiple stations across Imperial County and is also accessible as a podcast. The show has featured numerous esteemed experts in the fields of trauma, mindfulness, and substance use, including the following:

- **Bessel Van Der Kolk, MD Founder of Trauma Center at Justice Resource Institute:** "Body Keeps the Score: Brain, Mind, and Body in the Healing of Trauma"
- **Dan Siegel, MD - Psychiatrist and Author Clinical Professor of Psychiatry at UCLA School of Medicine, Founder and Co- Director of the UCLA Mindful Awareness Research Center:** "The Whole-Brain Child: Revolutionary Strategies to Nurture Your Child's Developing Mind"
- **Dr. Ellen Langer, Ph.D. Social Psychologist Professor in the Psychology Department at Harvard University** "Mindfulness…What is mindfulness?"
- **Annemieke Golly, Ph.D. Co-Developer First Steps to Success Program**
- **Kim Mueser, Ph.D. Executive Director of the Boston University College of Health and Rehabilitation Sciences:** Sargent College
- **Steve Dilsaver, MD Staff Psychiatrist ICBHS-El Centro:** "Post-Traumatic Stress Disorder (PTSD): Rates in Community Mental Setting"
- **Bruce K. Alexander, PhD - Author Professor Emeritus Department of Psychology Simon Fraser University:** "Rat Park Revisited: Rethinking Addiction"

Evaluation Question

The goal of the Stigma and Discrimination Reduction Program (SDRP) is to reduce the negative feelings, attitudes, beliefs, perceptions, stereotypes and/or discrimination related to being diagnosed with a mental illness, having a mental illness, or seeking mental health services. The program also strives to increase acceptance, dignity, inclusion, and equity for individuals with mental illness, and members of their families. The following is the question this evaluation will address:

1. ***Will providing Stigma and Discrimination Reduction Program to community members* decrease their stigma and discrimination towards mental health by changing their attitudes and/or behavior and increasing their knowledge related to mental illness?**

To measure if the SDRP changes the community's attitudes and/or behavior and increases knowledge on mental health, surveys will be completed before (Pre) an education group or training and afterward (Post). Responses from pre and post surveys will be used to measure change.

Model Fidelity

PEI staff provides educational groups and training sessions to all communities throughout Imperial County. These sessions aim to reduce stigma and discrimination related to mental health. The training and educational groups cover signs and symptoms associated with various mental health diagnoses, including depression, anxiety, ADHD/ADD, and trauma. Additional topics include eating disorders and self-harming behaviors. During these sessions, PEI staff exclusively utilizes surveys and materials that have been pre-approved by the Program Manager and/or Program Supervisor.

Measures Utilized

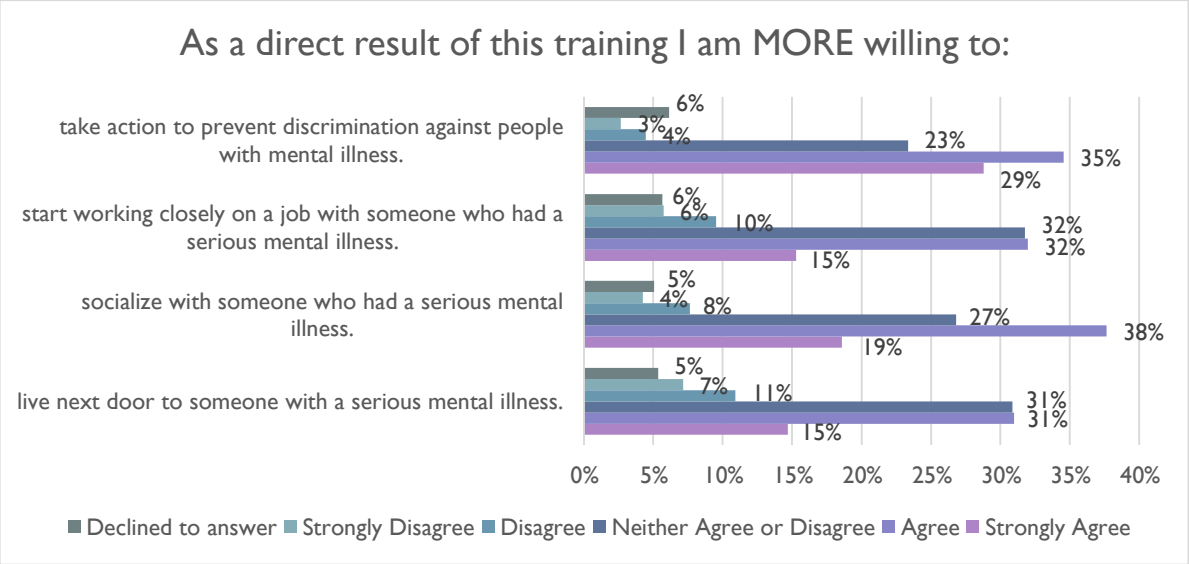
For FYs 2021 to 2024, PEI staff utilized the *Stigma and Discrimination Reduction Program* survey. The SDRP survey assesses the most central features of stigma and is designed to be used when providing trainings and/or educational groups. The survey assesses changes in behavior or practice in participants and gathers data on whether and how they used what they learned during the educational groups and trainings. The goal of the SDRP survey is to see if there are any shifts in attitudes, knowledge, and beliefs about mental illness.

Outcomes

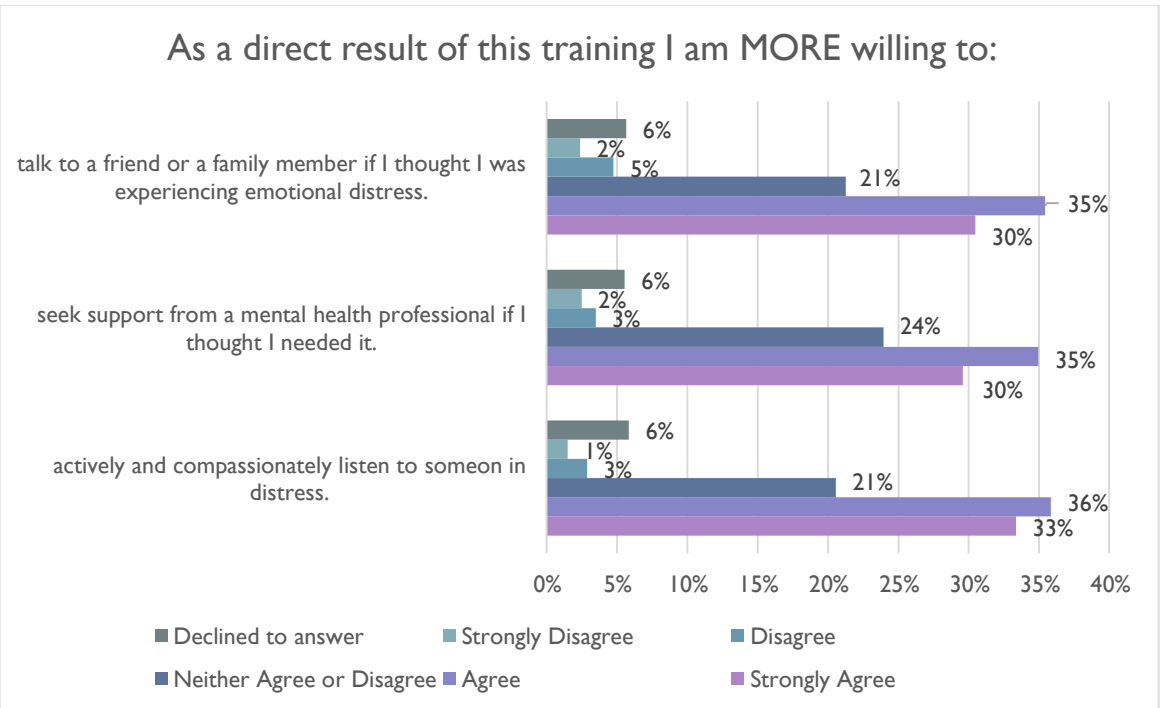
For the fiscal years 2021 to 2024, PEI staff administered the SDRP surveys to community members and stakeholders during training sessions and educational groups. A total of 1,007

participants completed the SDRP survey across 111 presentations. The results of the SDRP surveys are illustrated in Graphs 17 through 21.

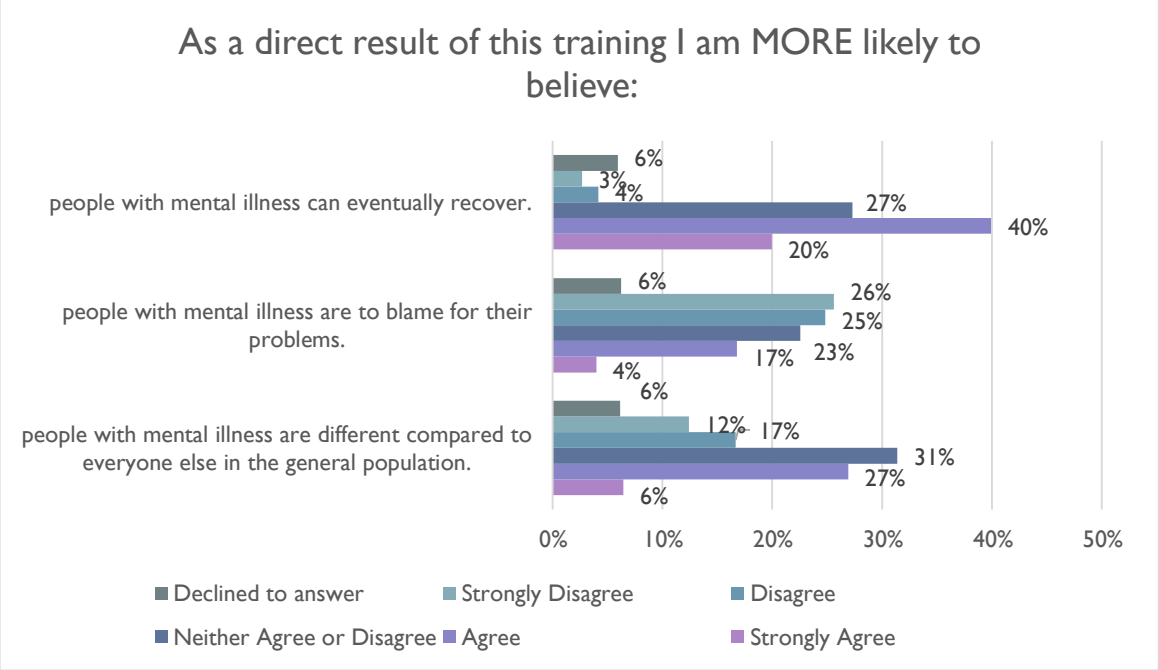
GRAPH 17



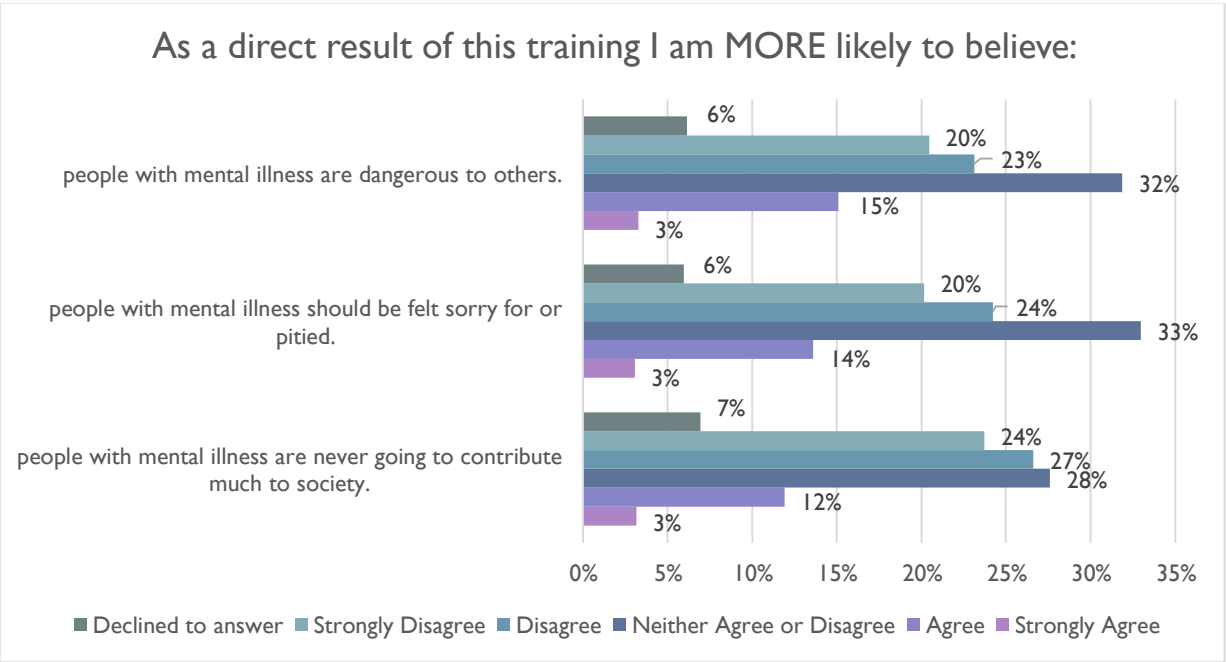
GRAPH 18



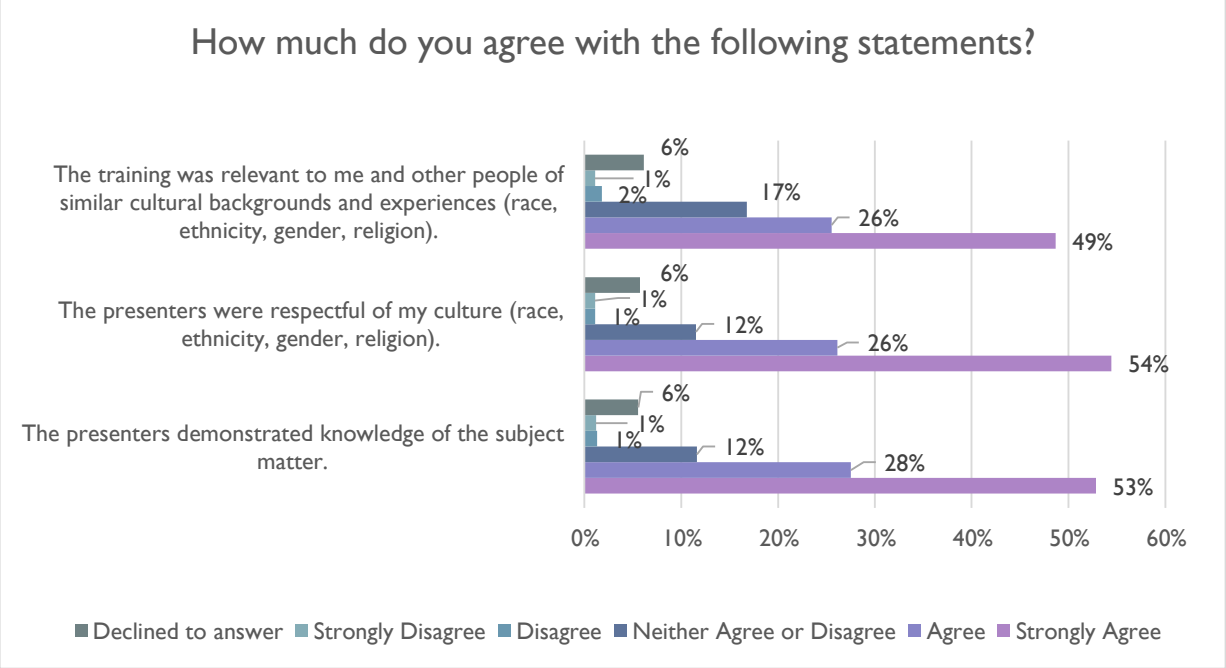
GRAPH 19



GRAPH 20



GRAPH 21



Outcome on Evaluation Question

1. ***Will providing Stigma and Discrimination Reduction Program to community members* decrease their stigma and discrimination towards mental health by changing their attitudes and/or behavior and increasing their knowledge related to mental illness?**

Based on the survey results, implementing stigma and discrimination reduction initiatives has positively influenced individuals' perceptions of people with mental health conditions. For instance, as shown in Graph 17, 64% of respondents expressed a willingness to take action to prevent discrimination against individuals with mental illness, while 23% remained neutral on the matter. Furthermore, 47% indicated a readiness to collaborate closely in a work environment with someone who has a serious mental illness, with 32% choosing not to express a definitive opinion. In terms of social interactions, 57% of individuals were more open to socializing with those who have serious mental health issues, while 27% maintained a neutral stance. Additionally, 46% of respondents indicated a greater willingness to live next door to someone facing serious mental health challenges, with 31% neither agreeing nor disagreeing with the statement.

Moreover, Graph 20 indicates that providing stigma and discrimination reduction activities creates a change in how individuals view and perceive people who have a mental health illness as 43% of individuals disagreed or strongly disagreed with the notion that people with mental illness pose a danger to others, while 32% did not take a firm position on the statement.

Similarly, 51% disagreed or strongly disagreed with the belief that individuals with mental health conditions are unlikely to contribute significantly to society, while 24% chose to remain neutral.

Strategies

Access and Linkage to Treatment

The Stigma and Discrimination Reduction Program offers universal services aimed at all community members in Imperial County, with the objective of alleviating the stigma and discrimination related to mental illness. Activities include universal training and education, delivering vital information to the community regarding mental illness, along with emphasizing the importance of identification, prevention, and early intervention. These activities are designed to combat stigma and discrimination and to facilitate community members' access to mental health services by mitigating the stigma and discrimination associated with mental health.

Improving Timely Access to Services for Underserved Populations

Stigma and discrimination reduction activities are presented in English and/or Spanish in efforts to reach the unserved and/or underserved populations. Activities include providing trainings and educational information to parents/caregivers, school staff and the community in general on identifying individuals at risk of, or who may or are presenting signs of mental illness in the hope that underserved populations will access mental health services. Stigma and discrimination reduction activities have also assisted in establishing collaborative relationships with local agencies, such as the Department of Social Services, school districts and community agencies. These partner agencies have become familiar with PEI programs, as well as ICBHS outpatient services, and have assisted in facilitating community members' access to appropriate services by making referrals when needed. The continuous receipt of referrals, to the PEI programs for prevention and early intervention services from these and other community agencies and the acceptance of services by parents are a testimony of the success of PEI program's Stigma and Discrimination Reduction activities.

Data Collection

Access and Linkage to Treatment

During fiscal years (FYs) 2021 to 2024, the Stigma and Discrimination Reduction team conducted 111 educational presentations and set-up 807 resources tables across Imperial County. These outreach efforts engaged approximately 3,588 students, teachers, parents, administrators, and community members. Demographic data, number of attendees, and surveys were collected on a voluntary basis from individuals and small groups. However, it has occasionally been challenging to capture precise attendee counts for larger gatherings, such as school assemblies. Additionally, it has been challenging to capture the count of those individuals listening to the ICBHS radio show. Below is the demographic data obtained from 1,508 participants who were part of these presentations.

Table 11 Demographic information for Stigma FY 2021/2022 to 2023/2024

Age Group	Total	Percentage
0-15	476	32%
16-25	675	45%
26-59	275	18%
60+	13	1%
Declined to answer	69	4%
Total	**1,508**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	887	59%
Male	546	36%
Declined to answer	75	5%
Total	**1,508**	**100%**
Gender Identity	**Total**	**Percentage**
Female	877	58%
Male	541	36%
Genderqueer/non-binary	7	0.5%
Transgender	1	0.1%
Questioning or unsure of gender identity	2	0.1%
Other	4	0.3%
Declined to answer	76	5%
Total	**1,508**	**100%**
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	18	1%
Heterosexual/Straight	995	65%
Bisexual	55	4%
Questioning or unsure of sexual orientation	8	1%
Queer	3	0.5%
Another sexual orientation	5	0.5%
Decline to answer	424	28%
Total	**1,508**	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	36	2%
Asian	1	0.5%
African American or Black	56	4%
Native Hawaiian or other Pacific Islander	3	0.5%
White	709	47%
Other	283	19%
Multi-Racial	126	8%
Declined to answer	294	19%
Total	**1,508**	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	1222	81%

Central American	7	0.5%
Puerto Rican	2	0.5%
Caribbean	1	0.5%
South American	2	0.5%
Other Hispanic or Latino	28	1%
African	36	1%
Chinese	1	0.5%
Eastern European	2	0.5%
European	3	0.5%
Filipino	1	0.5%
Vietnamese	1	0.5%
Multi-Ethnic	48	2%
Other	30	2%
Decline to answer	124	8%
Total	**1,508**	**100%**
Language	**Total**	**Percentage**
English	952	63%
Spanish	483	32%
American Sign Language	1	0.5%
Other	4	0.5%
Declined to answer	68	4%
Total	**1,508**	**100%**
Veteran Status	**Total**	**Percentage**
Veteran	6	1%
Non-veteran	1437	95%
Decline to answer	65	4%
Total	**1,508**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
Yes	98	6%
No	1200	80%
Decline to answer	210	14%
Total	**1,508**	**100%**
98 Individuals Identified with Disabilities	**Total**	**Percentage**
Difficulty Seeing	11	11%
Difficulty Hearing or having speech understood	7	7%
Mental Domain	60	62%
Physical/Mobility Disability	4	4%
Chronic Health Condition	2	2%
Other	7	7%
Declined to identify disability	7	7%
Total Disabilities	**98**	**100%**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial CalAIM assessment is 10 business days and the time to initiate therapy is 7 calendar days from the date a referral is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments. ICBHS has been consistent in meeting the timeliness for assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day prior to their appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. For individuals who want to be seen sooner than their scheduled CalAIM assessment or therapy appointment, the Program Supervisor reviews the clinician's schedules and coordinates with the clinician to ensure the needs of the individual are met.

PET PEI Evaluation Report FY 2021 to 2024

The Positive Engagement Team, commonly referred to as the "PET," plays a vital role in our efforts to connect with underserved populations in need of mental health services. Recognizing the challenges posed by the stigma surrounding mental health within the community, Imperial County Behavioral Health Services (ICBHS) has implemented various engagement strategies to increase access to services to unserved or underserved populations. The PET Project has specifically been designed as a Stigma and Discrimination Reduction program aimed at increasing access to services for these populations while also working to mitigate stigma associated with seeking mental health services.

On August 27, 2019, ICBHS contracted with Todd Sosna, Ph.D., founder of Todd Sosna Management Consulting (TSMC), to evaluate and analyze the effectiveness of the PET Project. TSMC developed 2 surveys to be used by the project, a community outreach survey, and an engagement survey. The community outreach survey was to be provided to community members during outreach events. The engagement survey was to be provided to consumers who were accessing the mental health system. All surveys developed by TSMC were in the community's threshold languages, English and Spanish.

During outreach events or at the clinic, the dogs serve as engagement tools to welcome and attract community members and consumers, encouraging them to interact with the dogs at their comfort level. During these interactions, the human-dog team, comprised of the dog, the dog-handler, and the Community Service Worker (CSW), take the opportunity to demonstrate the dog's training and share its life story as an inspiring example of resilience. The CSW subsequently provides the consumer or community member with the appropriate survey.

Following the completion of their service in the program, PET project dogs become eligible for permanent adoption by ICBHS consumers or community members who have formed a connection with them. This process not only facilitates the training of additional dogs but also assists the dogs in the program in finding their "forever home.

Changes Made to the Project

On March 14, 2022, ICBHS convened its MHSA Quarterly Steering Committee meeting. During this meeting, stakeholders were informed that funding for the three-year Innovation Project, known as the Positive Engagement Team (PET), would conclude on March 31, 2022. Extensive qualitative data collected through surveys, client testimonials, and staff interviews indicated a positive reception for the PET program, with strong support from both Steering Committee members and stakeholders for its continuation.

As a result, a proposal was presented during the meeting to transition the PET program from an Innovation initiative to the Prevention and Early Intervention (PEI) program as a new Stigma and Discrimination Reduction program. This transition would enable ICBHS to maintain a welcoming environment at outpatient clinics and outreach events by continuing to utilize PET dogs as engagement tools to mitigate mental health stigma and discrimination. Stakeholders present at the MHSA meeting unanimously agreed to this transition.

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.

Outreach Engagements

During the 3-year reporting period, various events were organized to ensure community members remained connected to available mental health services. A total of 807 outreach events were held, attracting an estimated 40,727 attendees. During these outreach events, staff collected 9,315 demographic surveys. Surveys are completed on a voluntary basis by community members. PET project staff collaborated with partner agencies and actively participated in these events alongside a PET dog and its handler. At the events, the Community Service Worker (CSW) assigned to the PET project presented information on ICBHS services, distributed informational materials, and administered surveys. The collaborative effort involved 3 dogs, 3 pet handlers, and 3 ICBHS Community Service Workers. Below is a detailed breakdown of the data collected.

Table 12 Demographic information for PET FY 2021/2022 to 2023/2024

Age Group	Total	Percentage
0-15	3,105	33%
16-25	3,505	38%
26-59	2,100	23%
60+	398	4
Declined to answer	207	2%

Total	**9,315**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	5,447	58%
Male	3,729	40%
Declined to answer	139	2%
Total	**9,315**	**100%**
Gender Identity	**Total**	**Percentage**
Female	5,270	57%
Male	3,613	39%
Genderqueer/non-binary	22	0.5%
Transgender	3	0%
Questioning or unsure of gender identity	17	0.5%
Other	7	0%
Declined to answer	383	3%
Total	**9,315**	**100%**
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	212	2%
Heterosexual/Straight	5,326	57%
Bisexual	127	1%
Questioning or unsure of sexual orientation	55	1%
Queer	20	0.5%
Another sexual orientation	16	0.5%
Decline to answer	3,559	38%
Total	**9,315**	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	63	1%
Asian	74	1%
African American or Black	244	3%
Native Hawaiian or other Pacific Islander	69	1%
White	6,655	71%
Other	1,101	12%
Multi-Racial	359	4%
Declined to answer	750	7%
Total	**9315**	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	7,447	80%
Central American	26	0.5%
Puerto Rican	23	0.5%
Caribbean	1	0%
South American	4	0%
Other Hispanic or Latino	115	1%
African	138	1%

Asian Indian/South Asian	3	0%
Chinese	19	0.5%
Eastern European	8	0%
European	126	1%
Filipino	31	0.5%
Japanese	17	0%
Korean	7	0%
Middle Eastern	7	0%
Multi-Ethnic	390	4%
Other	143	2%
Decline to answer	810	9%
Total	**9,315**	**100%**
Language	**Total**	**Percentage**
English	7,172	77%
Spanish	2,026	22%
Arabic	1	0%
Cantonese	6	0%
Other	4	0%
Declined to answer	106	1%
Total	**9,315**	**100%**
Veteran Status	**Total**	**Percentage**
Veteran	111	1%
Non-veteran	8,658	93%
Decline to answer	546	6%
Total	**9,315**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
Yes	280	3%
No	7,010	75%
Decline to answer	2,025	22%
Total	**9,315**	**100%**
280 Individuals Identified with disabilities	**Total**	**Percentage**
Difficulty Seeing	8	3%
Difficulty Hearing or having speech understood	4	1%
Mental Domain	161	58%
Physical/Mobility Disability	15	5%
Chronic Health Condition	11	4%
Other	5	2%
Declined to specify disability	76	27%
Total Disabilities	**280**	**100%**

Evaluation Data/Outcomes

During Fiscal years 2021 to 2024, the PET program implemented a new survey at the outpatient clinics as part of the Stigma and Discrimination Reduction Program. Community Service Workers conducted 1,440 clinic visits and collected 121 clinic engagement surveys. Participation in these surveys is voluntary. Below is a breakdown of the responses obtained from the surveys.

Table 13 – PET Clinic Engagement Surveys

Language		
English	95	79%
Spanish	26	21%
Total	**121**	**100%**
Did you know there would be a dog at our clinic today?		
Yes	33	27%
No	88	73%
Total	**121**	**100%**
How positive or negative has your experience been in having the dog/s present for today's appointment		
Mostly positive	96	80%
Somewhat positive	15	12%
Neither negative nor positive	7	6%
Somewhat Negative	0	0%
Mostly Negative	3	2%
Total	**121**	**100%**
Did the presence of the dog/s promote trust and engagement into treatment?		
Yes	119	98%
No	2	2%
Total	**121**	**100%**
How do you feel about there being a dog at our clinic?		
I LIKE that there is a dog	110	91%
I DO NOT CARE that there is a dog	10	8%
I do NOT LIKE that there is a dog	1	1%
Total	**121**	**100%**

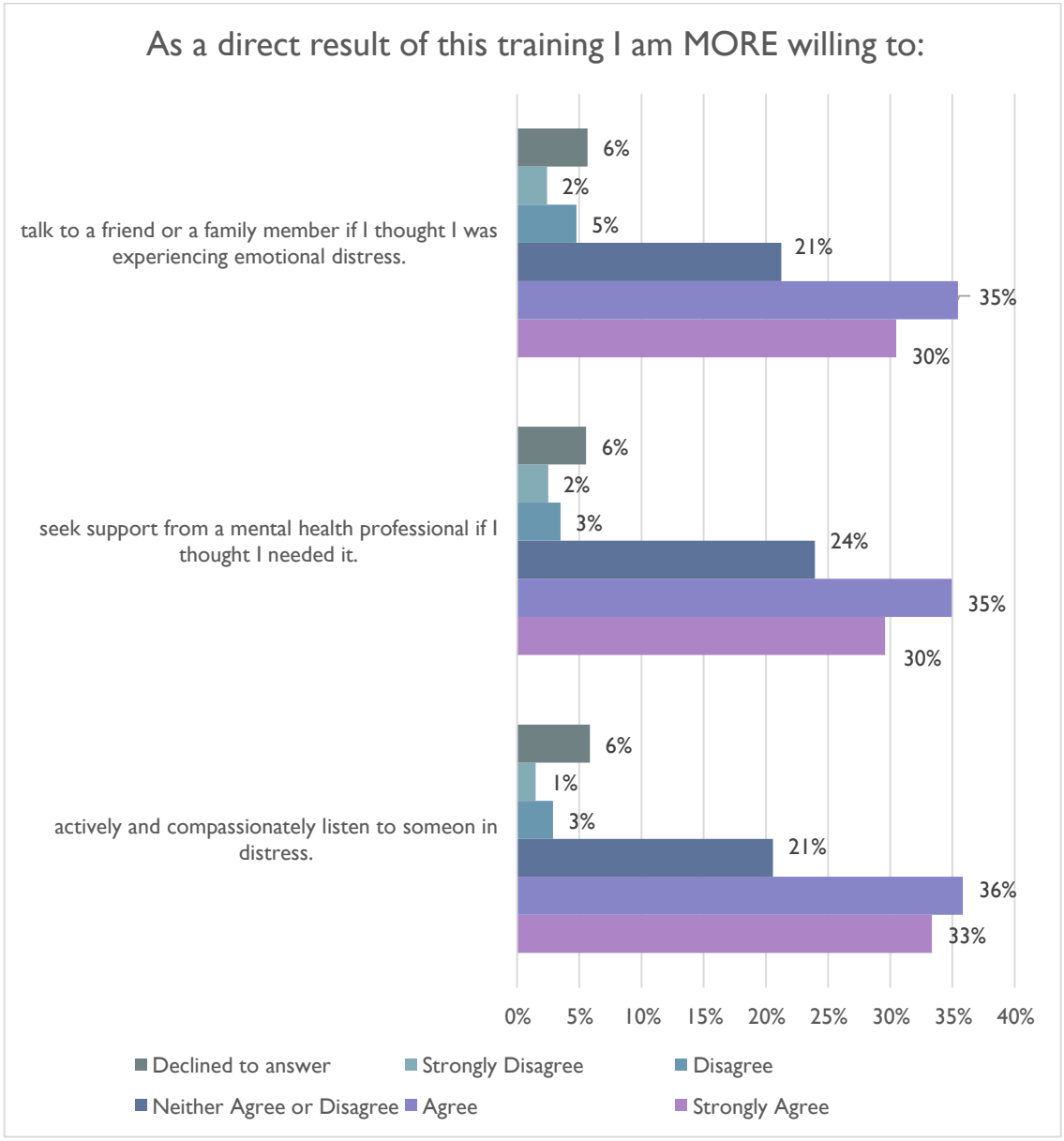
Do you think you will be more likely to come to your next appointment if you know that you will see the dog again?		
Yes	116	96%
No	5	4%
Total	**121**	**100%**
Demographic information		
Age Group		
0-15	21	17%
16-25	14	12%
26-59	36	30%
60+	3	2%
Decline to answer	47	39%
Total	**121**	**100%**
Sex assigned at birth		
Female	47	39%
Male	26	21%
Decline to answer	48	40%
Total	**121**	**100%**
Gender		
Female	45	37%
Male	25	21%
Decline to answer	51	42%
Total	**121**	**100%**
Race/ Ethnicity		
Asian	1	1%
Hispanic or Latino	55	45%
White	4	3%
More than one race	7	6%
Other	1	1%
Decline to answer	53	44%
Total	**121**	**100%**

Based on the 121 surveys completed by participants at the outpatient clinics, consumer feedback indicated that PET dogs were perceived as beneficial, as they helped consumers feel relaxed while waiting for their scheduled appointment. Participants reported their experiences with the PET project as "excellent," with one individual nothing that it made the wait time enjoyable. These responses highlight the positive impact of the program when implemented on a larger scale at ICBHS outpatient clinics.

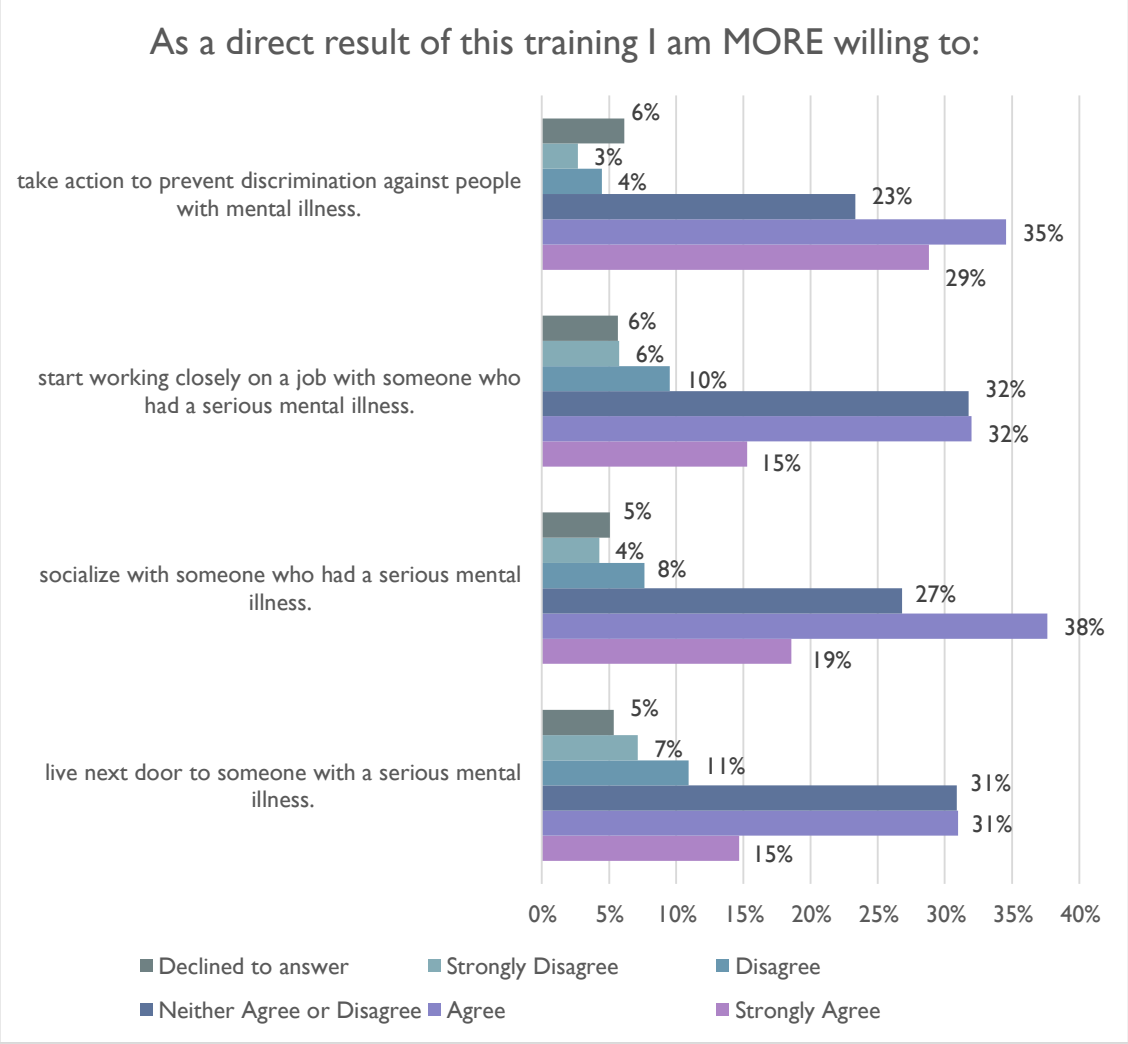
Outreach Engagement Survey Data FYs 2021 to 2024

The Stigma and Discrimination Reduction program conducted 111 presentations, with an estimated attendance of 3,588 individuals. Additionally, 1,508 Demographic surveys were collected during this period (Table 14). Furthermore, during these presentations, 1,007 Stigma and Discrimination Reduction Participant Questionnaires were collected. Surveys and questionnaires are completed on a voluntary basis. Graphs 22 through 26 provide a detailed breakdown of this information.

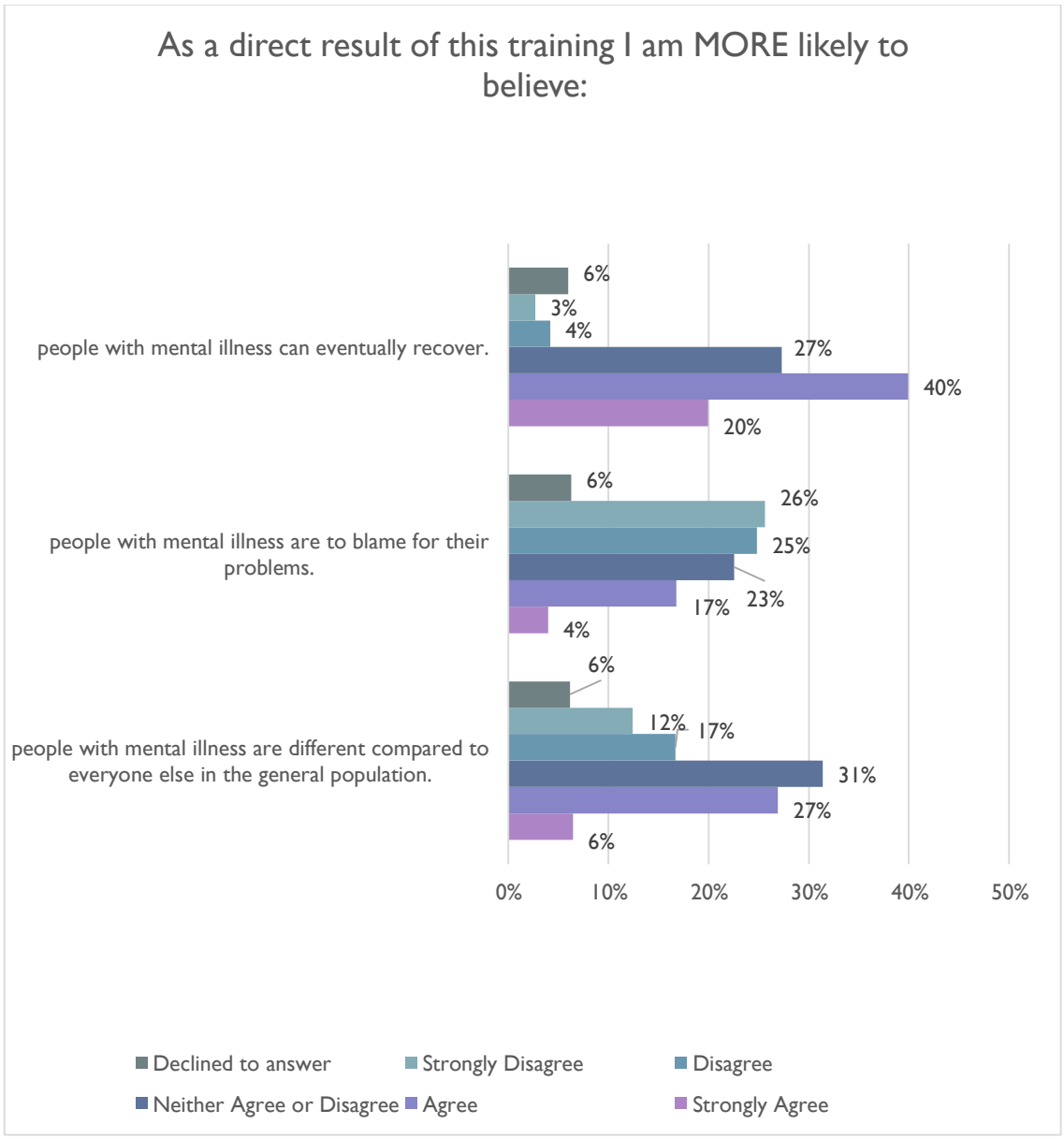
GRAPH 22



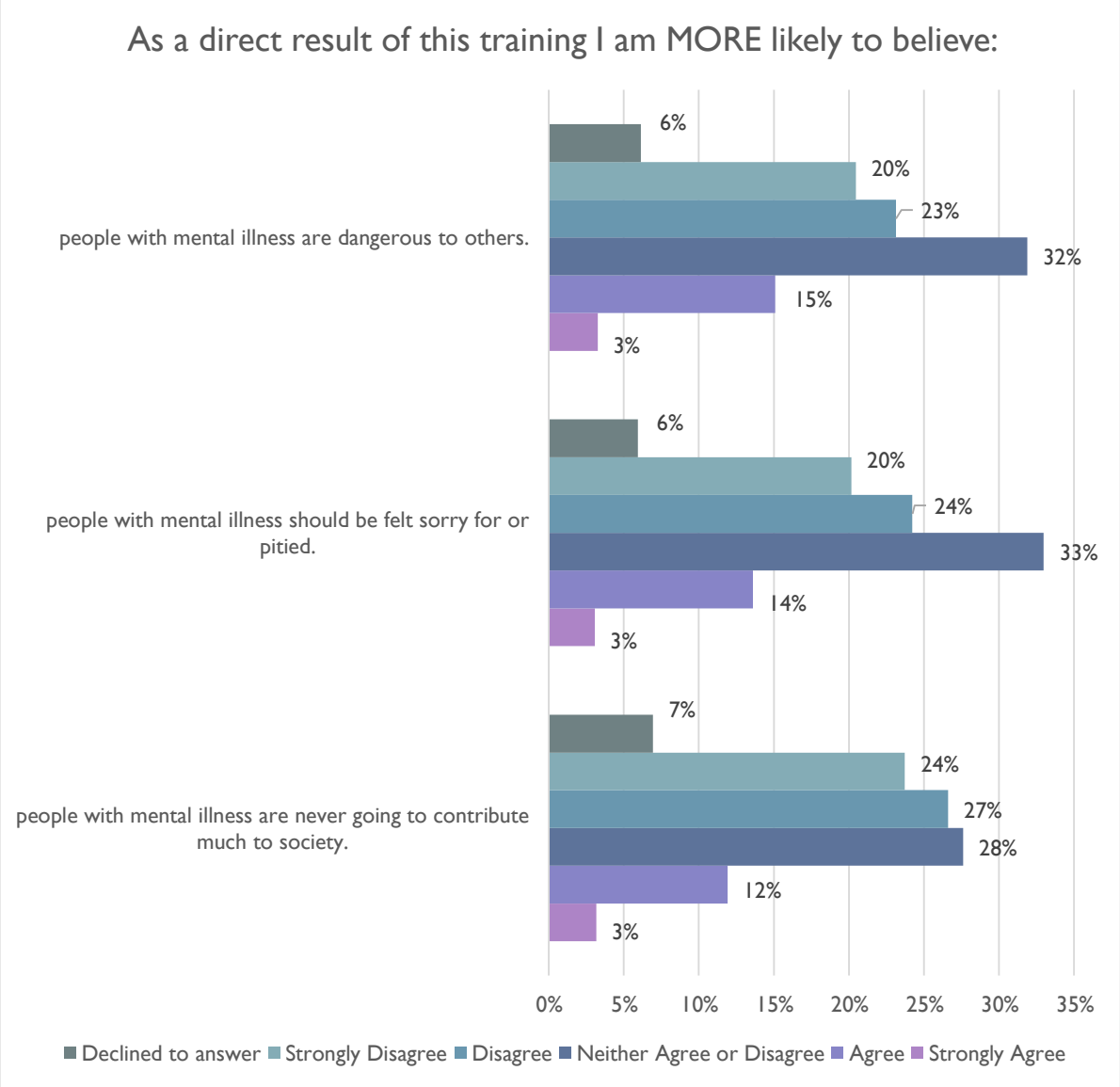
GRAPH 23


As a direct result of this training I am MORE willing to:
take action to prevent discrimination against people with mental illness.
6%
3%
4%
23%
35%
29%
start working closely on a job with someone who had a serious mental illness.
6%
6%
10%
32%
32%
15%
socialize with someone who had a serious mental illness.
5%
4%
8%
27%
38%
19%
live next door to someone with a serious mental illness.
5%
7%
11%
31%
31%
15%
0%
5%
10%
15%
20%
25%
30%
35%
40%
Declined to answer
Strongly Disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

GRAPH 24


As a direct result of this training I am MORE likely to believe:
people with mental illness can eventually recover.
6%
3%
4%
27%
40%
20%
people with mental illness are to blame for their problems.
6%
26%
25%
23%
17%
4%
people with mental illness are different compared to everyone else in the general population.
6%
12%
17%
31%
27%
6%
0%
10%
20%
30%
40%
50%
Declined to answer
Strongly Disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

GRAPH 25


As a direct result of this training I am MORE likely to believe:
people with mental illness are dangerous to others.
6%
20%
23%
32%
15%
3%
people with mental illness should be felt sorry for or pitied.
6%
20%
24%
33%
14%
3%
people with mental illness are never going to contribute much to society.
7%
24%
27%
28%
12%
3%
0%
5%
10%
15%
20%
25%
30%
35%
Declined to answer
Strongly Disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

GRAPH 26

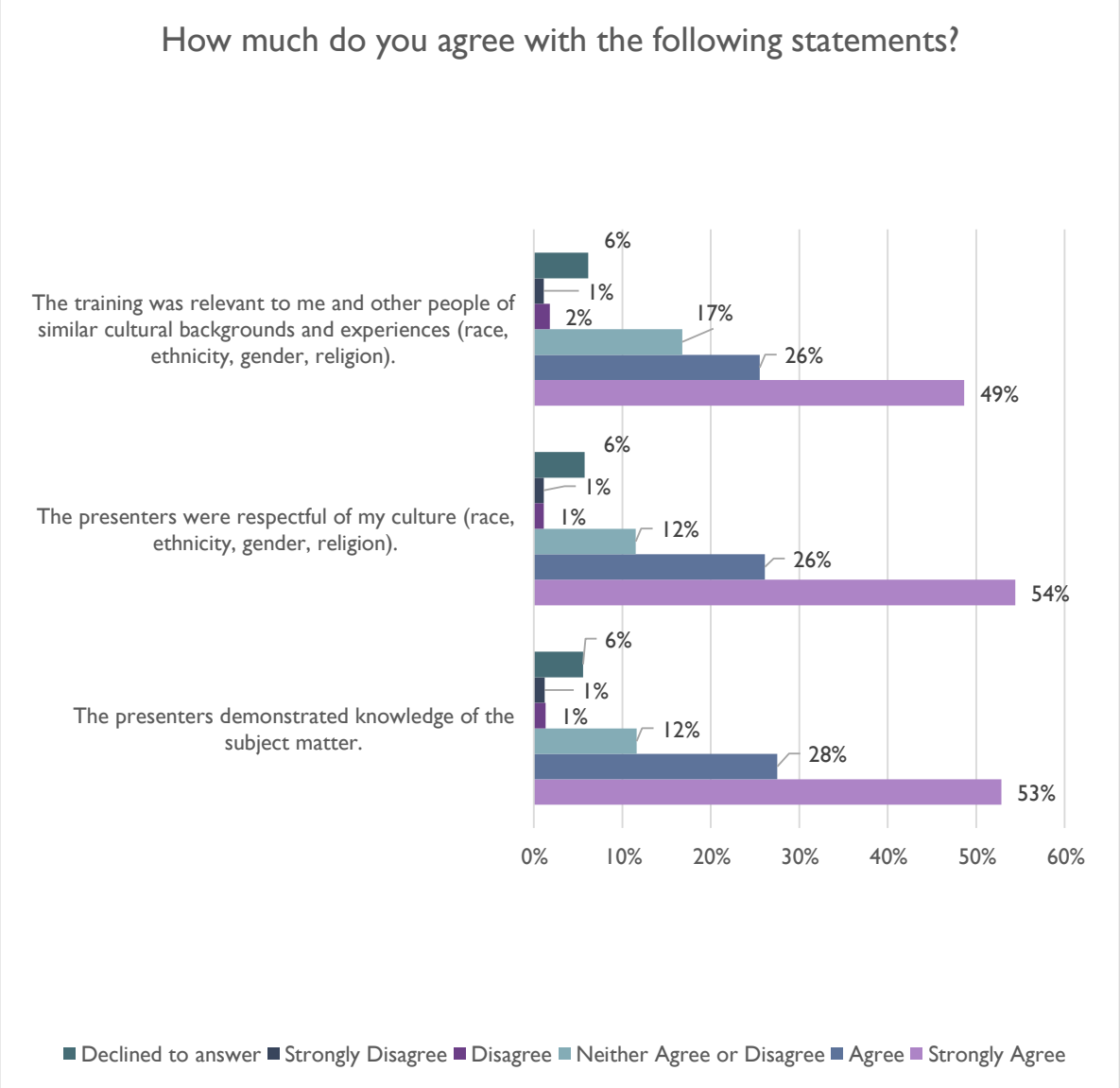
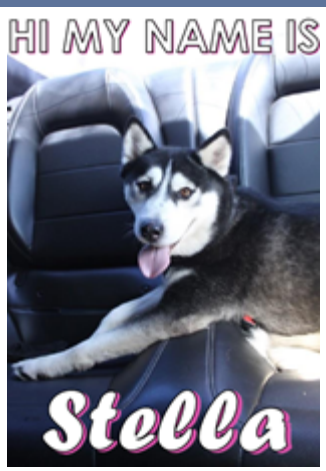

How much do you agree with the following statements?
The training was relevant to me and other people of similar cultural backgrounds and experiences (race, ethnicity, gender, religion).
6%
1%
2%
17%
26%
49%
The presenters were respectful of my culture (race, ethnicity, gender, religion).
6%
1%
1%
12%
26%
54%
The presenters demonstrated knowledge of the subject matter.
6%
1%
1%
12%
28%
53%
0%
10%
20%
30%
40%
50%
60%
Declined to answer
Strongly Disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

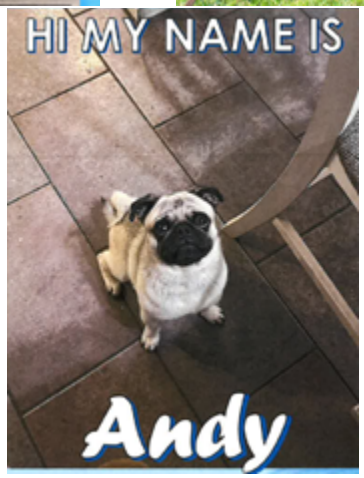
Table 14 Demographics Data of the Outreach Events for FY 2021/2022 to FY 2023/2024:

Age Group	Total	Percentage
0-15	476	32%
16-25	675	45%
26-59	275	18%
60+	13	1%
Declined to answer	69	4%
Total	**1,508**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	887	59%
Male	546	36%
Declined to answer	75	5%
Total	**1,508**	**100%**
Gender Identity	**Total**	**Percentage**
Female	877	58%
Male	541	36%
Genderqueer/non-binary	7	0.5%
Transgender	1	0%
Questioning or unsure of gender identity	2	0%
Other	4	0.5%
Declined to answer	76	5%
Total	**1,508**	**100%**
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	18	1%
Heterosexual/Straight	995	66%
Bisexual	55	4%
Questioning or unsure of sexual orientation	8	1%
Queer	3	0%
Another sexual orientation	5	0%
Decline to answer	424	28%
Total	**1,508**	**100%**
Race	**Total**	**Percentage**
American Indian/Alaska Native	36	2%
Asian	1	0.5%
African American or Black	56	4%
Native Hawaiian or Other Pacific Islander	3	0.5%
White	709	47%
Other	283	19%
Multi-Racial	126	8%
Declined to answer	294	19%
Total	**1,508**	**100%**
Ethnicity	**Total**	**Percentage**

Mexican/Mexican-Am/Chicano	1222	82%
Central American	7	0%
Puerto Rican	2	0%
Caribbean	1	0%
South American	2	0%
Other Hispanic or Latino	28	2%
African	36	2%
Chinese	1	0%
Eastern European	2	0%
European	3	0%
Filipino	1	0%
Vietnamese	1	0%
Multi-Ethnic	48	3%
Other	30	2%
Decline to answer	124	9%
Total	**1,508**	**100%**
Language	**Total**	**Percentage**
English	952	63%
Spanish	483	32%
American Sign Language	1	0%
Other	4	0%
Declined to answer	68	5%
Total	**1,508**	**100%**
Veteran Status	**Total**	**Percentage**
Veteran	6	0%
Non-veteran	1,437	96%
Decline to answer	65	4%
Total	**1,508**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
Yes	98	6%
No	1200	80%
Decline to answer	210	14%
Total	1508	**100%**
98 individuals Identified with disabilities	**Total**	**Percentage**
Difficulty Seeing	11	11%
Difficulty Hearing or having speech understood	7	7%
Mental Domain	60	62%
Physical/Mobility Disability	4	4%
Chronic Health Condition	2	2%
Other	7	7%
Declined to identify disability	7	7%
Total Disabilities	**98**	**100%**

Imperial County Behavioral Health Services
Positive Engagement Team





Reps-4-Vets

For Fiscal Year 2022-2023, ICBHS developed a contract with Reps-4-Vets. The primary objective of Reps-4-Vets is to provide awareness and understanding of mental health and its impact on individuals, families, and communities. In addition, Reps-4-Vets will conduct engagement activities and linkage to mental health services. While the primary focus will be on the veteran population in Imperial County, outreach will also extend to law enforcement, first responders, and other community members who may benefit from information, access, and referrals to mental health services.

During FY's 2022-2024, Reps 4 Vets participated in 67 events, consisting of 44 resource tables or informational booths and 23 presentations. During the 44 events where Reps-4-Vets utilized resources tables to reach an estimate of 6,526 community members who attended events. Of those 6,526 individuals, 3,203 completed a demographic survey. Surveys are completed on a voluntary basis. Additionally, approximately 385 veterans received information on mental health services and 5 referrals for services was received from Reps-4-Vets. Below is a breakdown of the demographic information collected.

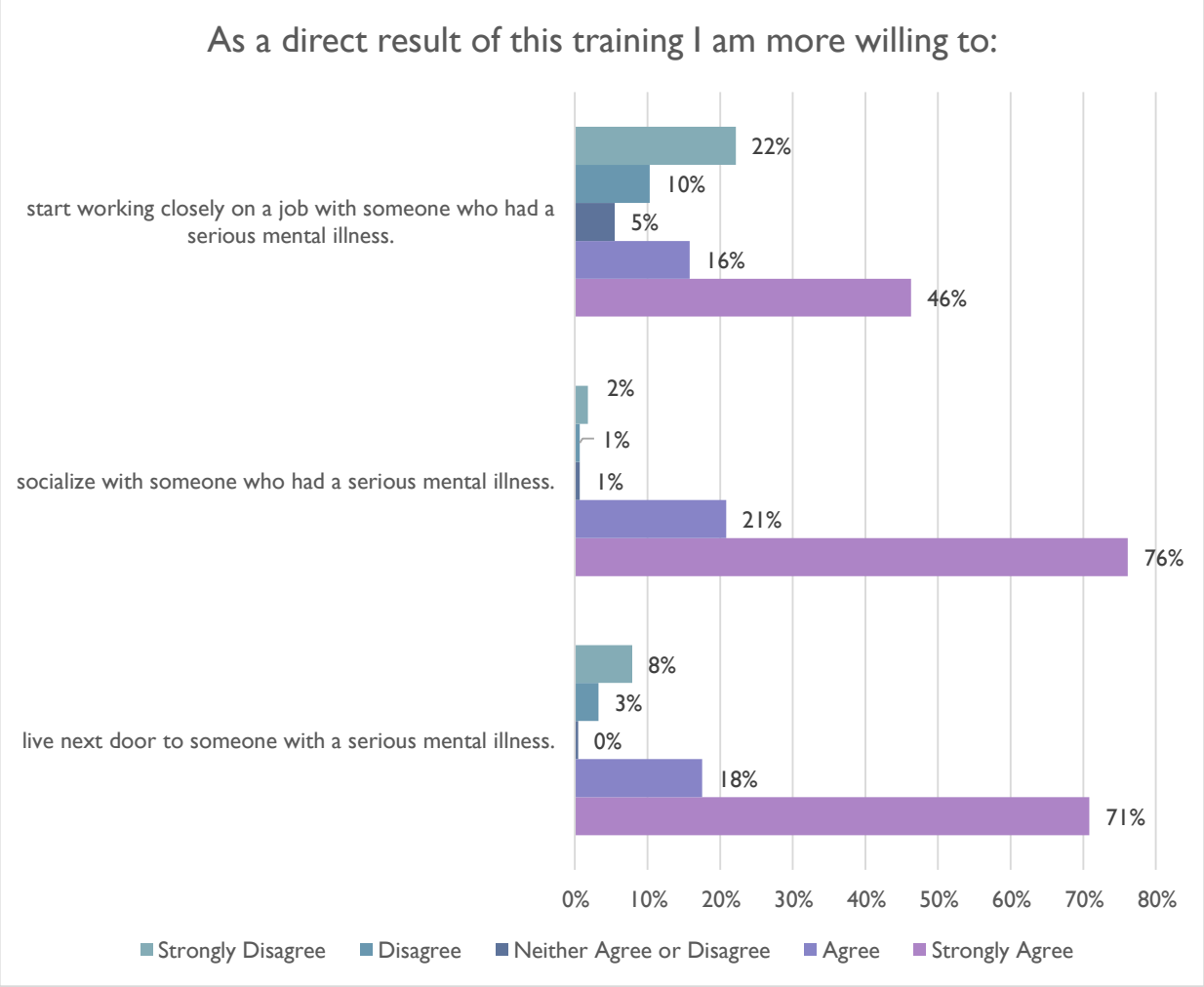
Table 15: Reps-4-Vets Demographic Information Resource Tables and Booths

Age Group	Total	Percentage
0-15	6	0%
16-25	787	25%
26-59	2,020	63%
60+	390	12%
Total	**3,203**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	1,416	45%
Male	1,777	55%
Declined to answer	10	0%
Total	**3,203**	**100%**
Gender Identity	**Total**	**Percentage**
Female	1,410	45%
Male	1,769	55%
Transgender	7	0%
Genderqueer /non-binary	2	0%
Another gender identity	12	0%
Decline	3	0%
Total	**3,203**	**100%**
Sexual Orientation	**Total**	**Percentage**
Gay or Lesbian	66	3%
Heterosexual/Straight	3,114	97%
Bisexual	15	0%
Declined to answer	8	0%

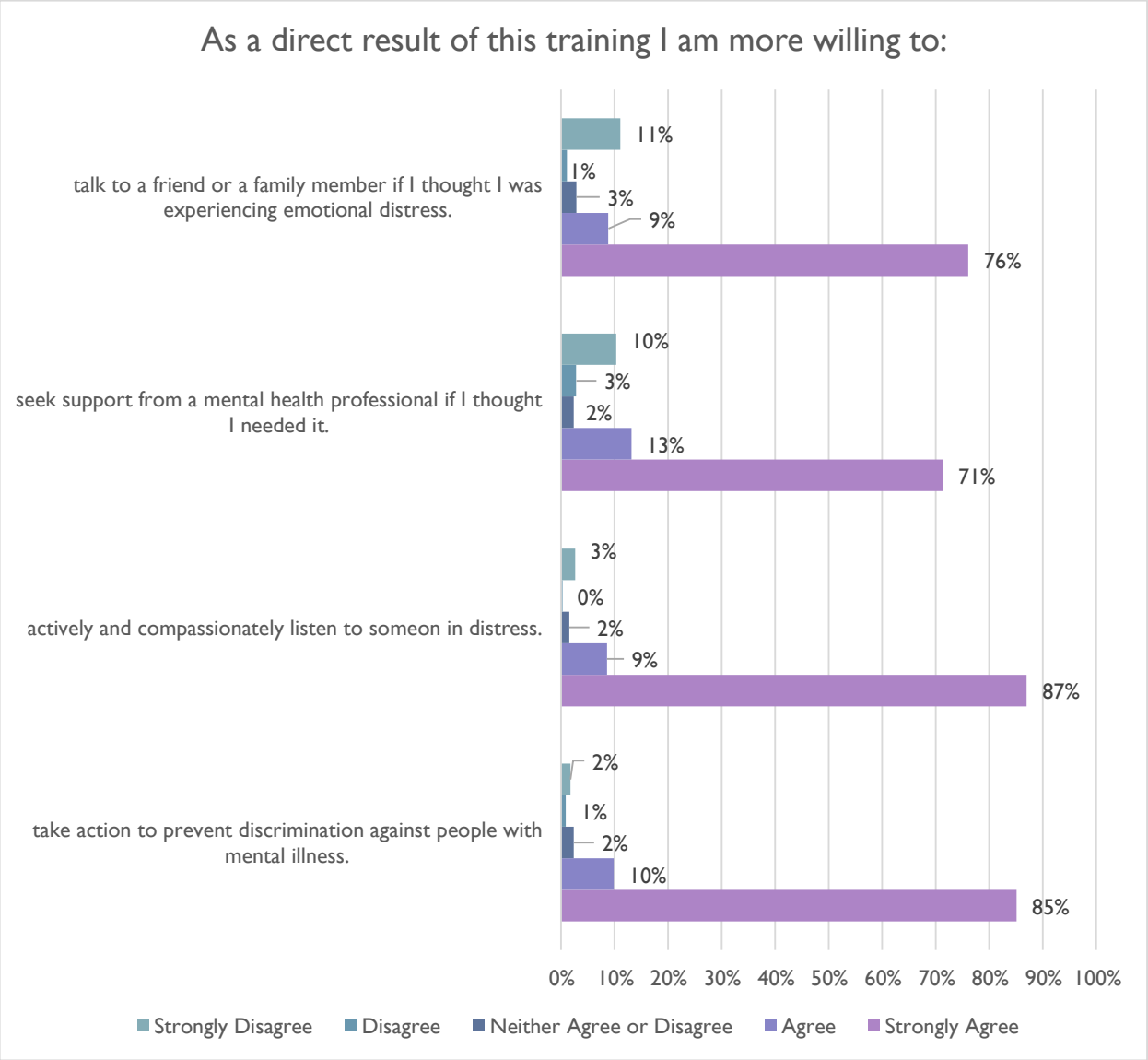
Total	3,203	100%
Race	**Total**	**Percentage**
African American or Black	61	2%
White	491	15%
Other	2,228	70%
Multi-Racial	349	11%
Declined to answer	74	2%
Total	3,203	100%
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	2,579	81%
Central American	4	0%
Puerto Rican	3	0%
South American	22	1%
Other Hispanic or Latino	6	0%
African	61	2%
Chinese	1	0%
Eastern European	34	1%
European	480	15%
Filipino	4	0%
Middle Eastern	1	0%
More than one race	7	0%
Declined to answer	1	0%
Total	**3,203**	**100%**
Language	**Total**	**Percentage**
English	3,021	94%
Spanish	169	6%
Declined	13	0%
Total	**3,203**	**100%**
Veteran Status	**Total**	**Percentage**
Veteran	385	12%
Non-veteran	2,818	88%
Total	**3,203**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No Disability	1,373	43%
Difficulty seeing	14	0%
Difficulty hearing	20	1%
Mental Domain	63	2%
Physical disability	54	2%
Chronic Health	19	1%
Other Disability	8	0%
Decline to Answer	1,652	51%
Total	**3,203**	**100**

As previously noted, Reps-4-Vets conducted 23 presentations, where approximately 567 individuals attended. Of these attendees, 456 completed the Stigma and Discrimination Reduction Questionnaires. Graphs 27 through 31 summarize the responses from the surveys.

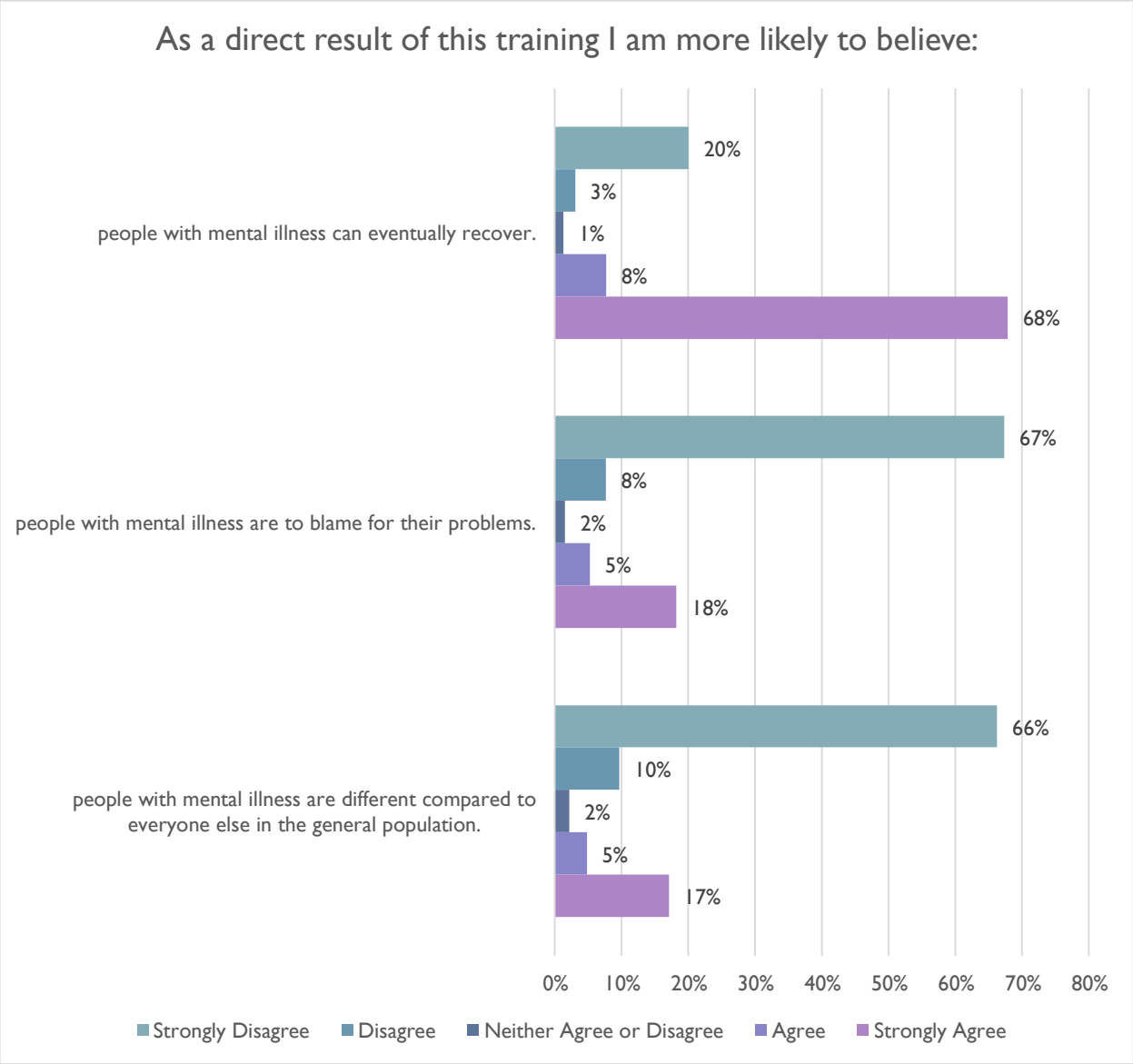
GRAPH 27



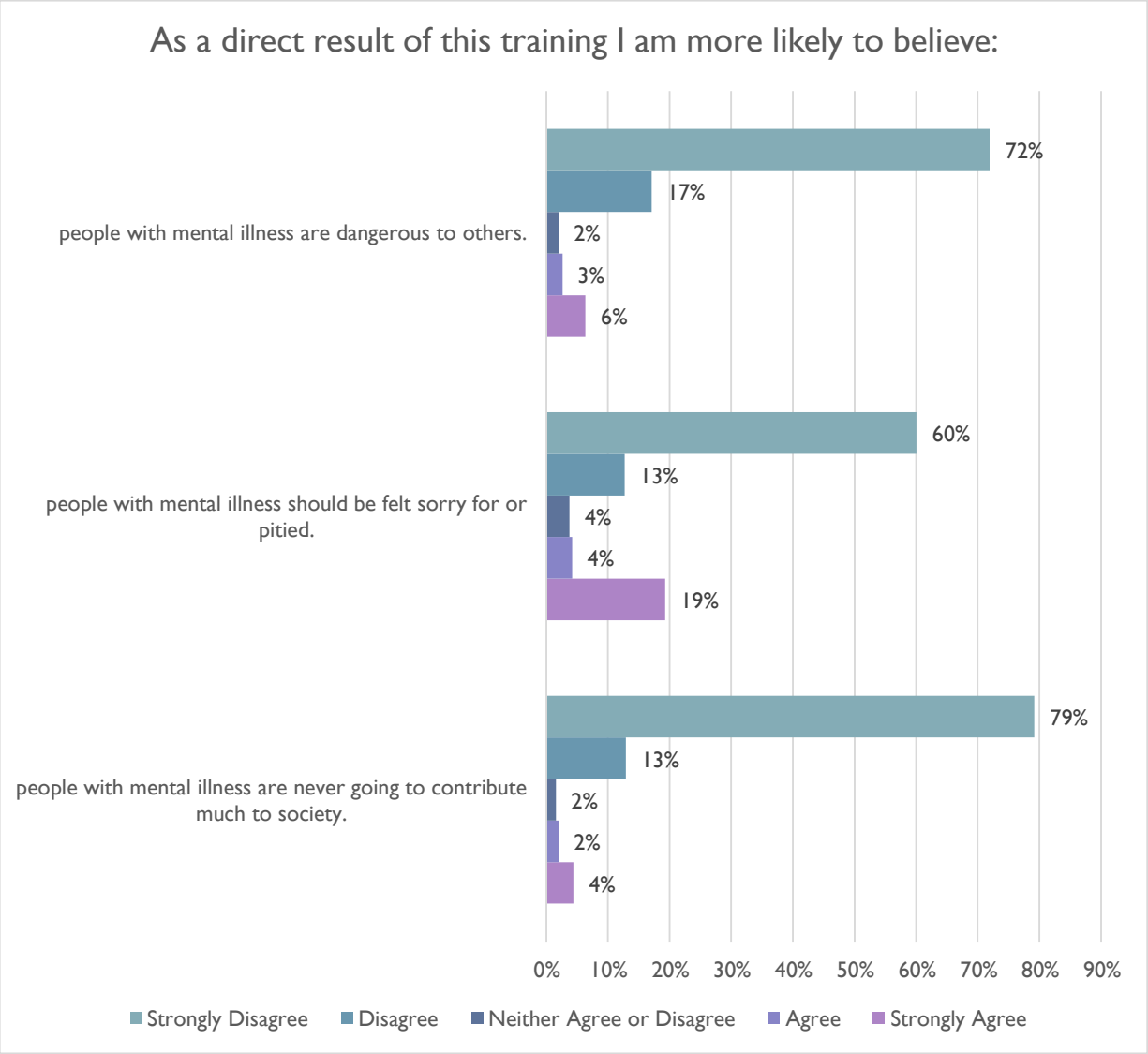
GRAPH 28


As a direct result of this training I am more willing to:
talk to a friend or a family member if I thought I was experiencing emotional distress.
11%
1%
3%
9%
76%
seek support from a mental health professional if I thought I needed it.
10%
3%
2%
13%
71%
actively and compassionately listen to someon in distress.
3%
0%
2%
9%
87%
take action to prevent discrimination against people with mental illness.
2%
1%
2%
10%
85%
0% 10% 20% 30% 40% 50% 60% 70% 80% 90% 100%
Strongly Disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

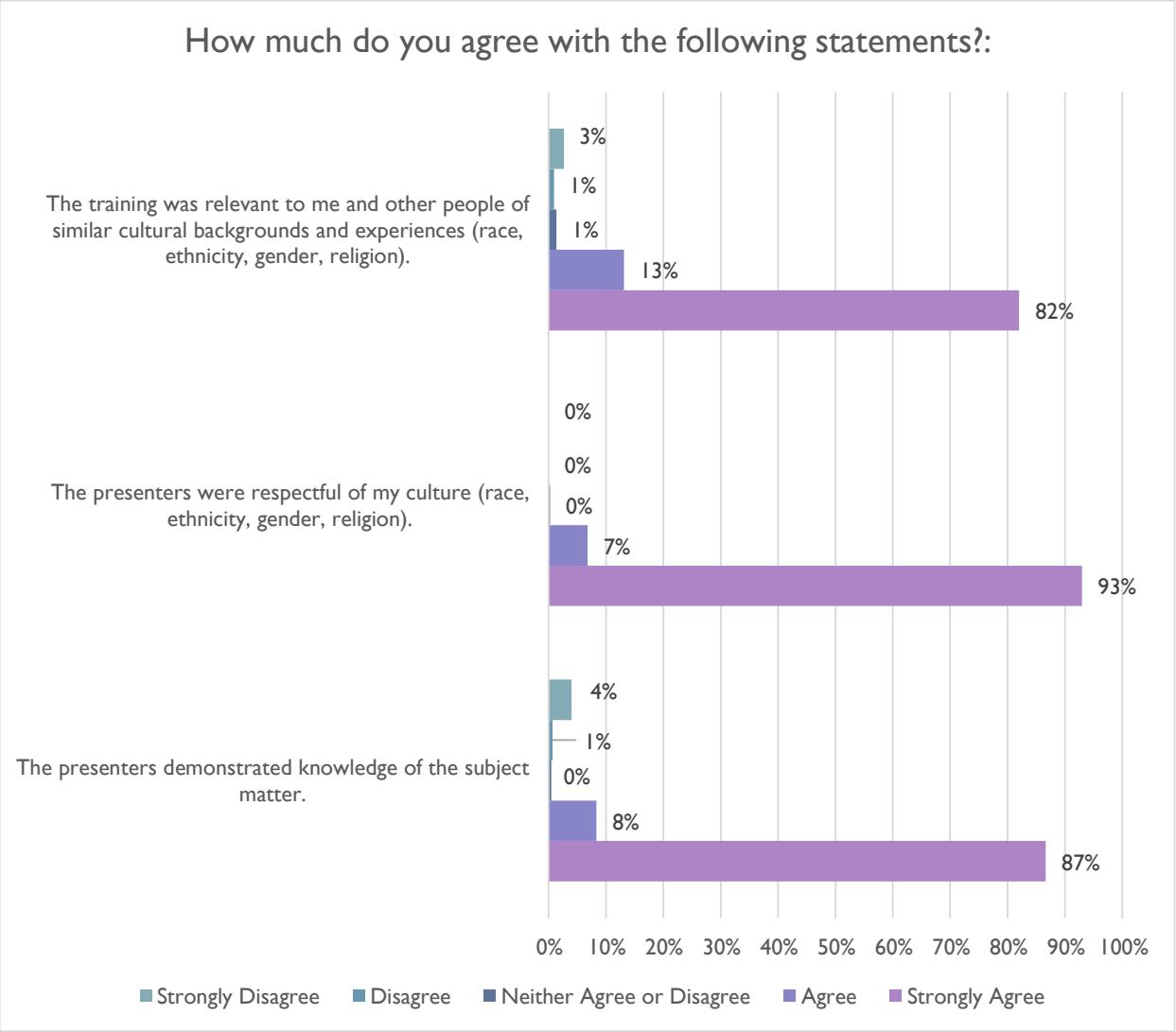
GRAPH 29


As a direct result of this training I am more likely to believe:
people with mental illness can eventually recover.
20%
3%
1%
8%
68%
people with mental illness are to blame for their problems.
67%
8%
2%
5%
18%
people with mental illness are different compared to everyone else in the general population.
66%
10%
2%
5%
17%
0%
10%
20%
30%
40%
50%
60%
70%
80%
Strongly Disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

GRAPH 30


As a direct result of this training I am more likely to believe:
people with mental illness are dangerous to others.
72%
17%
2%
3%
6%
people with mental illness should be felt sorry for or pitied.
60%
13%
4%
4%
19%
people with mental illness are never going to contribute much to society.
79%
13%
2%
2%
4%
0%
10%
20%
30%
40%
50%
60%
70%
80%
90%
Strongly Disagree
Disagree
Neither Agree or Disagree
Agree
Strongly Agree

GRAPH 31



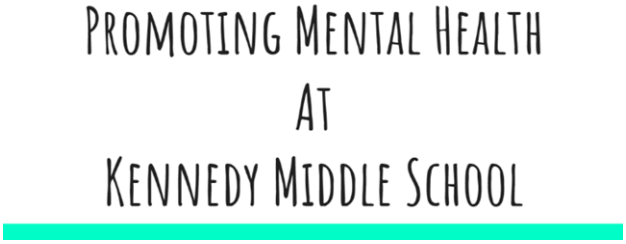
As of January 2024, Reps-4-Vets started collecting and reporting demographic information for presentations, as they encountered challenges in gathering data at the beginning of their contract. Reps-4-Vets worked with ICBHS develop a system that ensures accurate collection and reporting of demographic data. Below is the demographic information obtained during presentations.

Table 16 Reps-4-Vets Demographic Data for Presentations

Age Group	Total	Percentage
16-25	3	4%
26-59	64	83%
60+	10	13%
Total	**77**	**100%**
Sex Assigned at Birth	**Total**	**Percentage**
Female	15	19%
Male	62	81%
Total	**77**	**100%**
Gender Identity	**Total**	**Percentage**
Female	15	19%
Male	62	81%
Total	**77**	**100%**
Sexual Orientation	**Total**	**Percentage**
Heterosexual/Straight	77	100%
Total	**77**	**100%**
Race	**Total**	**Percentage**
White	21	27%
Other	56	73%
Total	**77**	**100%**
Ethnicity	**Total**	**Percentage**
Mexican/Mexican-Am/Chicano	56	73%
European	21	27%
Total	**77**	**100%**
Language	**Total**	**Percentage**
English	77	100%
Total	**77**	**100%**
Veteran Status	**Total**	**Percentage**
Veteran	10	13%
Non-veteran	67	87%
Total	**77**	**100%**
Identifies with any Disability or Special Needs	**Total**	**Percentage**
No disability	38	49%
Difficulty hearing	5	6%
Mental Domain	11	14%
Physical disability	6	8%
Decline to Answer	17	23%
Total	**77**	**100%**

Stipend in Support of Stigma and Suicide Prevention at Kennedy Middle School

During the thirty (30) day posting of the MHSA Annual Plan Update for FY 2024-2025, ICBHS received a comment from Helen McClain, LCSW, Kennedy Middle School Social Worker, requesting a ten-thousand-dollar ($10,000.00) stipend for Kennedy Middle Schol students for stigma reduction and suicide prevention activities.



Activity Description

For the past three (3) years Kennedy Middle School students have changed their peer's attitudes and culture on mental health by promoting mental health wellness at their school throughout the school year. Promoting mental health wellness and addressing the stigma surrounding mental health in middle schools is crucial for fostering a supportive environment. Students at Kennedy Middle School have created a supportive peer led atmosphere that makes mental health a priority, so students feel empowered to speak about mental health issues to decrease the stigma associated to mental illness and with seeking mental health services.

Throughout the school year a cadre of approximately thirty (30) Kennedy Middle School students led by school Social Worker Helen McClain, LCSW, provide presentations on mental health resources, techniques, and tips that aim at destigmatizing mental health. All of these activities culminate in the Annual Mini-Mental Health Fair were the thirty (30) students present to over four hundred fifty (450) of their peers and teachers on a myriad of mental health related topics, such as, Anxiety; Sadness Vs. Depression; Self-Care; Healthy Vs. Unhealthy Relationships; FACTS of Suicide awareness; Coping Skills; and Relaxation. In teams of three (3), the thirty (30) students create engaging mental health activities that are directly correlated to their mental health topic. These activities are designed to promote positive mental health and well-being for middle school students.

https://docs.google.com/presentation/d/1GXKuO9osAiLxVHlZr9hOyRrbFHrVGhfLp0l5N6nmCTQ/edit#slide=id.p

Budget

Providing a ten-thousand-dollar ($10,000.00) stipend to Kennedy Middle School students would allow for the enhancement of activities and supplies with the goal of reducing stigma and suicide prevention.

Goals and Objectives for FY 2024-2025

- Provide presentations on mental health resources, techniques, and tips that aim at destigmatizing mental health.
- Start the planning to host the Annual Mini-Mental Health Fair at Kennedy Middle School during FY 2024-2025.
- Provide information on activity outcomes to the community and stakeholders via Mental Health Plan Update, Mental Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

Activity Description for FY 2025-2026

Continuing to promote mental health wellness and addressing the stigma surrounding mental health in middle schools is crucial for fostering a supportive environment, especially for students in low-income rural communities where individuals experience higher levels of stress due to economic hardships and exposure to trauma. In order to reduce stigma and building resilience, students at Kennedy Middle School have created a supportive peer led atmosphere that makes mental health a priority, empowering students to speak about mental health issues to decrease the stigma associated to mental illness and with seeking mental health services. Throughout the school year a group Kennedy Middle School students led by school Social Worker Helen McClain, LCSW, provide presentations on mental health resources, techniques, and tips that aim at destigmatizing mental health. All of these activities culminate in the Annual Mini-Mental Health Fair were students present to over four hundred fifty (450) of their peers and teachers on a myriad of mental health related topics, such as, Anxiety; Sadness Vs.

Depression; Self-Care; Healthy Vs. Unhealthy Relationships; FACTS of Suicide awareness; Coping Skills; and Relaxation. In teams of three (3), students create engaging mental health activities that are directly correlated to their specific mental health topic. These activities are designed to promote positive mental health and well-being for middle school students. Providing a ten-thousand dollar ($10,000.00) stipend to Kennedy Middle School students would allow for the enhancements of activities and supplies with the goal of reducing stigma and suicide prevention. This petition was presented at the MHSA Steering Committee Meeting held in April 2025 where it received a response from the majority of those present in support of providing funds in the amount of $10,000 for the upcoming year activities that will support reducing stigma and suicide prevention.

Goals and Objectives for FY 2025-2026

Goals and objectives are to remain the same as prior years, no significant changes:

- Provide presentations on mental health resources, techniques, and tips that aim at destigmatizing mental health.
- Start the planning to host the Annual Mini-Mental Health Fair at Kennedy Middle School during FY 2025-2026.
- Provide information on activity outcomes to the community and stakeholders via Mental Health Plan Update, Mental Health Advisory Board meetings, Mental Health Services Act (MHSA) Steering Committee meetings, partner agency meetings, video and print media.

Budget for FY 2025-2026

Providing a ten-thousand-dollar ($10,000.00) stipend to Kennedy Middle School students for Fy 2025-2026 would allow for the enhancement of activities and supplies with the goal of reducing stigma and suicide prevention.

Outreach for Increasing Recognition of Early Signs of Mental Illness Program

Brief Program Description

ICBHS provides *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* by actively engaging, encouraging, and educating community members on ways to recognize and respond appropriately to early signs of mental health issues. Mental Health Rehabilitation Technicians (MHRTs) assigned to the First Step to Success (FSS) program are collocated at several Transitional Kindergarten (TK) and Kindergarten classrooms across various elementary schools throughout the county. The objective is for the MHRTs to educate TK and Kindergarten teachers in recognizing young children who may require mental health services. TK and Kindergarten teachers are uniquely situated to detect early signs of mental health concerns in their students. Without timely intervention, these issues may remain undiagnosed, potentially resulting in adverse life outcomes, including school dropout, incarceration, substance use, and homelessness. While stationed at the schools, the MHRTs also provide Outreach Services aimed at increasing recognition of early signs of mental illness to the parents, legal guardians, and caregivers of students, with the intention of educating them on how to identify early sings of mental health problems and encouraging them to purse mental health services for their children. Additionally, Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) clinicians provide outreach services to families, school personnel, and community service providers to enhance awareness of early signs of mental illness.

Evaluation Question

Outreach Services for Increasing Recognition of Early Signs of Mental Illness' intent is to provide services to key members of the community where they will be able to recognize and respond effectively to early signs of mental health. ICBHS makes every effort to provide outreach services to the general population, however *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* targets key members of the community such as first responders, school staff, and community agencies. The following is the question this evaluation will address:

1. ***Will providing Outreach Services for Increasing Recognition of Early Signs of Mental Illness improve access to mental health services?***

To measure the improvement in access to mental health services ICBHS PEI programs collects data on the number of referrals received, number of admissions, outcome measurement tools, demographic data and penetration rates.

Model Fidelity

PEI MHRTs and Clinicians provide mobile mental health services to the all residents of Imperial County. The majority of the services are provided in the schools or at the client's home. PEI

staff actively promotes mental health services by offering educational groups and/or trainings on mental health services to key members of the community. The content of these trainings and educational groups encompasses the identification of signs and symptoms associated with various mental health diagnoses. All materials utilized during the training sessions and education groups receive prior approval from the Program Manager and/or Program Supervisor.

Measures Utilized

Outreach Services for Increasing Recognition of Early Signs of Mental Illness utilizes PEI staff to conduct outreach. For FYs 2021 to 2024, PEI staff conducted 419 presentations to various schools and community agencies reaching approximately 458 community members. The goal of these presentations/educational groups is to educate key community members on ways to recognize and respond effectively to early signs of mental health and to make appropriate referrals. PEI staff provided the following presentations:

Table 17 - No. of Presentations and No. Served FY 2021/2022 to 2023/2024

Type of presentation	Location / Agency	Number of presentations	Number of individuals
Education	Schools	311	321
Education	School Districts	12	12
Education	Parents/Caregivers/ Apartments	69	69
Education	Community Agencies	9	24
Education	Community and Recreational Centers	4	4
Education	Community Libraries	6	6
Education	Imperial County Office of Education	4	15
Education	Imperial Valley Regional Occupational Program	1	3
Education	Rite Track	1	1
Education	United Families Preschools	2	3
Totals		**419**	**458**

Outcomes

Outcomes on Evaluation Question

1. ***Will providing Outreach Services for Increasing Recognition of Early Signs of Mental Illness improve access to mental health services?***

Providing *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* has proven to being effective in improving access to mental health services as PEI programs provide a continuum of care. Children/youth referred to PEI programs are assessed and are provided

with an individualized level of care based on their individual needs. Children/youth assessed are placed or transferred to a either a prevention, early intervention or treatment services in a seamless fashion. PEI staff is collocated at several elementary schools providing mental health services and providing outreach services as evidenced table 17. This effort has increased the penetration rate of young children ages 0 to 5 for the past three years. The table below shows the comparison of the penetration rate between Imperial County, small counties and the state average of young children.

Table 18 – Cal-EQRO Penetration Rates

Calendar Year*	Imperial County	Small Counties	State Average
2021	2.20%	1.03%	1.59%
2022	2.54	1.31%	1.59%

**Data obtained from the CalEQRO Report*

Strategies

Access and Linkage to Treatment

The *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community, especially young children and to link them to medically necessary care and treatment if needed. For FYs 2021 to 2024 the *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* conducted 419 educational/trainings to 458 key community members and obtained 943 referrals. All of the 943 referrals received an assessment and were provided with prevention, early intervention or treatment services. Below is a breakdown of the referrals received from key community agencies/members.

Table 19 - Outreach Services for Increasing Recognition of Early Signs of Mental Illness Referrals

Number of Referral FY 2021/2022 to 2023/2024		
Program	**Prevention**	**Early Intervention**
Trauma Focused CBT	187	300
First Step to Success	190	266
Sub-Total	**377**	**566**
Total	**943 Referrals**	

Improving Timely Access to Services for Underserved Populations

Implementation of *Outreach Services for Increasing Recognition of Early Signs of Mental Illness* has assisted the community with increasing mental health awareness. For the past three years, PEI staff have done presentations to increase access to services for underserved populations, with the goal of providing prevention and early intervention to young children and their families. All outreach presentations are conducted in either English or Spanish in non-traditional, non-

threatening settings that provide a safe and non-judgmental environment to clients and their families.

Data Collection

Access and Linkage to Treatment

Data is gathered at each outreach activity requested by community agencies or schools. The collection of demographic data is conducted on a voluntary basis. Gathering demographic information has posed challenges when conducting educational or training sessions for very large groups. All data collection is manually recorded in a log with the objective of disseminating this information to stakeholders during the Quarterly Mental Health Services Act (MHSA) Steering Committee meetings.

Table 20 - Outreach Services for Increasing Recognition of Early Signs of Mental Illness
Referral Source

Referral Source	Number of Referrals
ICBHS Outpatient Clinics	613
Schools	268
Caregivers	39
San Diego Regional Center	5
Imperial County Office of Education	8
Dept. of Social Services	2
SARB	5
Migrant Head Start	1
Imperial Valley Regional Occupational Program	2
Total	**943**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all CalAIM Assessment appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial CalAIM assessment is 10 business days and the time to start therapy is 7 calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of intake appointments. ICBHS has been consistent in meeting the timeliness for assessments.

To improve attendance to the CalAIM assessments, strategies have been implemented to remind clients of their appointments. Clients are sent a letter notifying them of their appointment and reminder calls are made the day prior to the appointment. If a client cancels or reschedules, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment inform the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

Access and Linkage to Treatment Program

Brief Program Description

Imperial County Behavioral Services provides *Access and Linkage* services through the PEI Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and First Step to Success (FSS) programs. Both the TF-CBT and FSS programs connect children/youth and their parents/legal guardian/caregivers to appropriate mental health treatment. All children/youth referred to TF-CBT and/or FSS are screened and assessed for mental health services. Children/youth who meet medical necessity are referred to either early intervention services to receive Specialty Mental Health Services (SMHS) under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria or to treatment for a higher level of care to include medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS) and/or Intensive Care Coordination (ICC) services. Children/youth who do not meet medical necessity are provided prevention services along with their parents/legal guardians/caregivers.

Evaluation Question

The goal of the *Access and Linkage to Treatment* program is to link children/youth to appropriate mental health services at the early onset of mental health issues. PEI staff works closely with parents/legal guardian/caregivers, teachers and community members to assist in identifying children/youth who are at a potential risk of developing a mental health illness. The following is the question this evaluation will address:

1. ***Will providing Prevention and Early Intervention programs (TF-CBT and FSS) link children/youth and their Parent/Legal Guardian/Caregiver to appropriate mental health services?***

To measure Access and Linkage to appropriate mental health services, ICBHS PEI programs collect data on the number of referrals received, number of admissions, outcome measurement tools, demographic data and penetration rates.

Model Fidelity

To maintain model fidelity, the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) and First Step to Success (FSS) programs utilize the Children's CalAIM assessment to assess the child's/youth's mental health functioning. Masters level Clinicians who are either licensed or registered conduct the initial assessment with the child/youth in collaboration with the parent/legal guardian/caregiver. Based on the information obtained by the child/youth, parent/legal guardian/caregiver, teachers, and data from outcome measurement tools, the clinician determines the individualized and appropriate level of care for them.

Measures Utilized

The PEI, TF-CBT and FSS programs, utilize several performance outcome measurement tools to determine the child/youth's level of care and needs.

TF-CBT utilizes the following performance outcome measurement tools:

- ***Youth Outcome Questionnaire (YOQ) and Youth Outcome Questionnaire Self-Report (YOQ-SR)*** – The YOQ and YOQ-SR are outcome measurement tools completed before and after participation in TF-CBT. The 64-item standardized questionnaires assess children/youth's global mental health functioning to include the following: Interpersonal Distress (ID), Somatic (S), Interpersonal Relations (IR), Social Problems (SP), Behavioral Dysfunction (BD) and Critical Items (CI). The YOQ is completed by parents/legal guardians/caregivers for children ages 4 to 17. The YOQ-SR is completed by children/youth ages 12 to 18. Possible Total YOQ and YOQ-SR scores range from 16 to 240. Scores of 47 or higher for the YOQ and 46 or higher for the YOQ-SR indicate need for clinical intervention.

- ***UCLA Post Traumatic Stress Reaction Index Parent (UCLA-PTSD-RI-Parent) and UCLA Post Traumatic Stress Index Self Report (UCLA-PTSD-RI-SR) -*** are outcome measurement tools completed prior and after participation in TF-CBT. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms. The UCLA-PTSD-RI-Parent is completed by parents/legal guardians/caregivers of children ages 3 to 18. The UCLA-PTSD-RI-SR is completed by children/youth ages 7 to 18. Possible Total PTSD Severity Scores range from 0-68 and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

The FSS program utilizes the following performance outcome measurement tools:

- ***Pediatric Symptom Checklist (PSC-35) -*** A psychosocial screening tool completed by parents/legal guardians/caregivers for children/youth ages 3 through 18. The PSC-35 is completed during the admission process (Pre) and at discharge (Post) of the FSS program. The PSC-35 is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. The cutoff scores for children ages 4 to 5 is 24 and for children/youth ages 6 to 16 is 28.

- ***Child and Adolescent Needs and Strengths (CANS) -*** A multi-purpose assessment tool developed to assess the well-being of children/youth ages 6 to 20. The CANS gathers information on the child/youth's and parent's/legal guardian/caregiver's needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. The CANS is used to decide which of a child/youth's needs are the most important to address in treatment or service planning.

- ***Parental Stress Index (PSI)*** - The PSI is used to measure the relative stress in the parent-child relationship and measures the following domains: Parental Distress (PD), Parent-Child Dysfunctional Interaction (P-CDI) and the Difficult Child (DC), which combine to form a Total Stress score. This tool is administered to parents/legal guardians/caregivers in the first (Pre) session and during the last (Post) session of Parents Reach And eXcel through Empowerment Strategies (PRAXES).

Outcomes

Both the TF-CBT and FSS programs (prevention and early intervention) track the outcomes of every child/youth that are admitted into these PEI programs. Children/youth may be referred to TF-CBT or FSS, but may be transferred out of these PEI programs into a higher level of care based on their individual needs. Below are the outcomes of every child/youth that was admitted into the TF-CBT or FSS programs.

Table 21 - TF-CBT and FSS (Prevention and Early Intervention) FY 2021/2022 to 2023/2024

Total Served	Percentage	Outcome
248	26%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
42	4%	Did not need any Prevention Services - Referred out
67	7%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services
88	9%	Transferred, averaging within 1 calendar days, to the – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria
176	19%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
213	23%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
109	12%	Actively being served as of June 30, 2024
943	**100%**	**Total**

Outcome on Evaluation Questions

1. ***Will providing Prevention and Early Intervention programs (TF-CBT and FSS) link children/youth and their Parent/Legal Guardian/Caregiver to appropriate mental health services?***

Based on the table above, providing TF-CBT and FSS has proven to be successful as each child/youth and their families are promptly linked to the appropriate level of care. Furthermore, each child/youth and their parents/legal guardians/caregivers work closely with PEI staff so they receive individualized care to prevent the risk of developing a mental health illness.

Strategies

Access and Linkage to Treatment

TF-CBT and FSS are *mobile* programs. They provide services out in the community in locations to include but not limited, schools, homes, libraries and places of worship. Both programs facilitate access and linkages to treatment services and support to prevent the development of mental illness. The provision of mobile services enhances access to and engagement with treatment for unserved or underserved populations. Furthermore, all services are offered in both English and Spanish in non-traditional, non-threatening environments that ensure a safe atmosphere for children, youth, and their families.

Improving Timely Access to Services for Underserved Populations

PEI staff from the TF-CBT and FSS programs have improved the Timely Access to Services for Underserved Populations because of their ability to provide mobile services. The PEI programs do not required families to pull their children out of school and travel to an outpatient clinic to obtain mental health services. PEI services are provided on site at the child/youth's school or home which improves their timely access to care. Additionally, FSS staff is collocated at schools where school personnel have access to consult with them and are able to immediately refer students to mental health services.

Data Collection

Access and Linkage to Treatment

For fiscal years 2021 through 2024, the PEI programs received a total of 943 referrals. Data was collected on the source of the referrals and the outcomes associated with them. Each of the 943 referrals were processed, and the children/youth received a CalAIM assessment. Additional information was gathered pertaining to the assessment outcomes, demographic characteristics, outcome measurement tools, and discharge status. Furthermore, data is continuously captured throughout the treatment process. PEI staff conducts ongoing

assessments of the child's/youth's levels of care and, when necessary, facilitates access to additional treatment services. These services may include Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS), and/or Intensive Care Coordination (ICC).

See *Table 21 for FY 2021/2022 to 2023/2024* regarding the outcomes of the 943 referrals.

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard to provide individuals with an appointment for an initial CalAIM assessment is 10 business days and the time to start therapy is 7 calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness standards. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day prior to their appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment contact the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

Early Intervention Programs

Trauma Focused-Cognitive Behavioral Therapy (TF-CBT) Early Intervention Program

Brief Program Description

ICBHS has implemented Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program for children and youth ages 4 to 18, who have been exposed to a traumatic experience and meet criteria for a DSM-V included diagnosis. Children and youth living in Imperial County experience high poverty rates, lower educational levels, and higher family dysfunction, which increase their likelihood of developing trauma related symptoms. Like the TF-CBT - Prevention Program, the TF-CBT - Early Intervention Program utilizes the TF-CBT model with the goal of reducing negative outcomes associated with trauma. TF-CBT is an evidence-based model that incorporates cognitive and behavioral interventions that focus on enhancement of interpersonal trust and empowerment.

Evaluation Questions

The intent of implementing the TF-CBT Early Intervention Program is to provide interventions to children/youth before the development of a serious mental illness or serious emotional disturbance. An additional goal of the TF-CBT Early Intervention Program is to prevent children/youth from requiring a higher level of treatment and/or the need for additional or extended mental health treatment. By providing early intervention services, mental health becomes part of a wellness routine for individuals and the community, which also reduces the stigma and discrimination against individuals with mental illness. The following are questions this evaluation will address:

1. Will providing TF-CBT as an early intervention program improve the mental health functioning of children/youth who have been exposed to trauma?

To measure the improvement in mental health functioning, ICBHS implemented a screening process to identify children/youth who had been exposed to a traumatic experience. This screening is completed by clinicians who conduct thorough interviews with children/youth and their families. Once children/youth meet the criteria for the TF-CBT Early Intervention Program, the child/youth and parent/legal guardian/caregiver complete a pre outcome measurement tool, before the start of the model. At the end of the model, children/youth and their parent/legal guardian/caregiver complete a post outcome measurement tool. Scores from the pre and post tools are utilized to measure mental health functioning and treatment outcomes.

2. Will the participation of children/youth and their families in TF-CBT prevent the need of a higher level of treatment for mental illness?

To measure if the TF-CBT model was effective in preventing the need of a higher level of treatment for mental illness, the evaluation design consisted of collecting pre and post outcome measurement tools to determine if scores decreased after treatment or if the children/youth developed a mental illness.

Model Fidelity

Fidelity to the TF-CBT model is monitored by providing ongoing supervision to clinicians by a licensed Clinical Supervisor who is knowledgeable of the TF-CBT model. ICBHS has implemented the Quality Improvement Committee - Psychotherapy (QIC-P) meetings where clinical charts are reviewed and clinicians are provided with feedback and direction specific to model adherence. Additionally, clinicians attend weekly individual and group supervision with an assigned Clinical Supervisor. Supervising clinicians ensure TF-CBT fidelity is maintained through case discussion during clinical supervision or via chart review by evaluating how the core TF-CBT components are implemented and the sequence in which the components are provided by clinicians to the child/youth and family. Clinicians also attend a TF-CBT fidelity group where cases are discussed. Supervising clinicians use the following criteria to evaluate whether fidelity standards are being met:

- Each TF-CBT component must be implemented for each child unless there are clinical reasons for deleting a component.
- The TF-CBT components must be implemented in the "PRACTICE" order unless there is a compelling reason to change the sequencing.
- Progression from one component to the next must occur within a reasonable time period as indicated by the model.

Measures Utilized

The TF-CBT Early Intervention Program utilizes the following performance outcome measurement tools: the Youth Outcome Questionnaire (YOQ) and the UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI). ICBHS developed and implemented a system for the collection of results of performance outcome tools. Clinical staff are responsible for gathering and entering this data into the department's electronic health record system, SmartCare. However, the reports generated by SmartCare have certain limitations. Therefore, ICBHS contracted with Todd Sosna Consulting to develop a system to create reports to assist in guiding programs and practices. Information derived from these reports will enable clinical staff to assess client outcomes and enhance treatment planning. Additionally, management will utilize these reports to evaluate the effectiveness of clinical staff and programs. Below are the measurement tools utilized by the TF-CBT model.

The UCLA PTSD is an outcome measurement tool completed by participants before and after participation in TF-CBT. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms during the prior

month according to both child/youth self-reports and reports of their parents/caregivers (for children ages 3-18). Possible Total PTSD Severity Scores range from 0-68; and scores of 38 or higher have the greatest sensitivity and specificity for detecting PTSD.

The YOQ is a parent report measure of treatment progress for children and adolescents ages 4-17. The YOQ-SR is an adolescent self-report for adolescents ages 12-18. After participation in the TF-CBT mode, the appropriate outcome measurement tool is provided to the client and parent/legal guardian/caregiver. The 64-item standardized questionnaires assess children/youth's global mental health functioning to include the following: Interpersonal Distress (ID), Somatic (S), Interpersonal Relations (IR), Social Problems (SP), Behavioral Dysfunction (BD) and Critical Items (CI), within the prior week according to both youth self-reports (ages 12 to 18) and reports of their parents/caregivers (for children ages 4 to 17). Possible Total YOQ and YOQ-SR scores range from 16 to 240. Scores of 47 or higher for parent/caregiver report and 46 or higher for youth self-report are most similar to clinical populations.

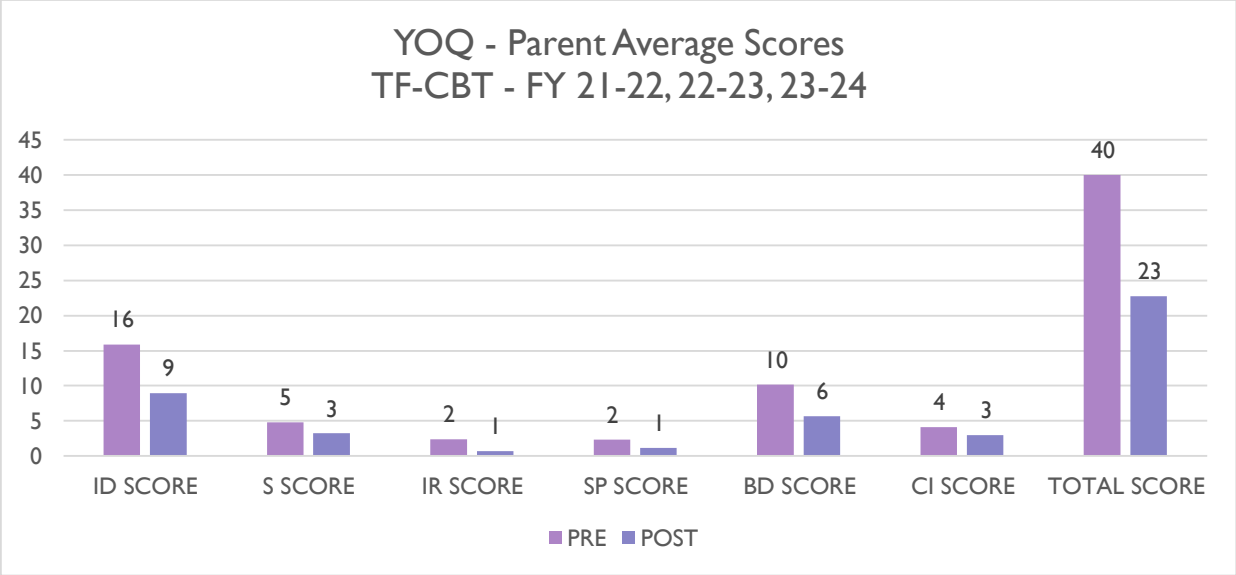
Outcomes

For the three-year reporting period, a total of 300 children/youth were provided services under the TF-CBT program. Of the 300 children/youth served, 65 successfully completed the TF-CBT model. Performance outcome measurement tools are completed upon admission and discharge from the program. The two outcome measurements tools that are administered are the YOQ/YOQ-SR and the UCLA PTSD/UCLA PTSD SR. For the YOQ, 91 parents/legal guardians/caregivers completed Pre YOQ tools and 73 completed Post YOQ Tools. Twenty-nine (29) youth completed a pre YOQ-SR and 25 completed a post YOQ-SR. For the UCLA PTSD, 88 parents/legal guardians/caregivers completed a pre-UCLA PTSD and 72 completed a post UCLA PTSD. In addition, 71 minors completed a pre-UCLA PTSD-SR and 58 competed a post UCLA PTSD-SR. Some of the contributing factors to the discrepancies listed above included the following:

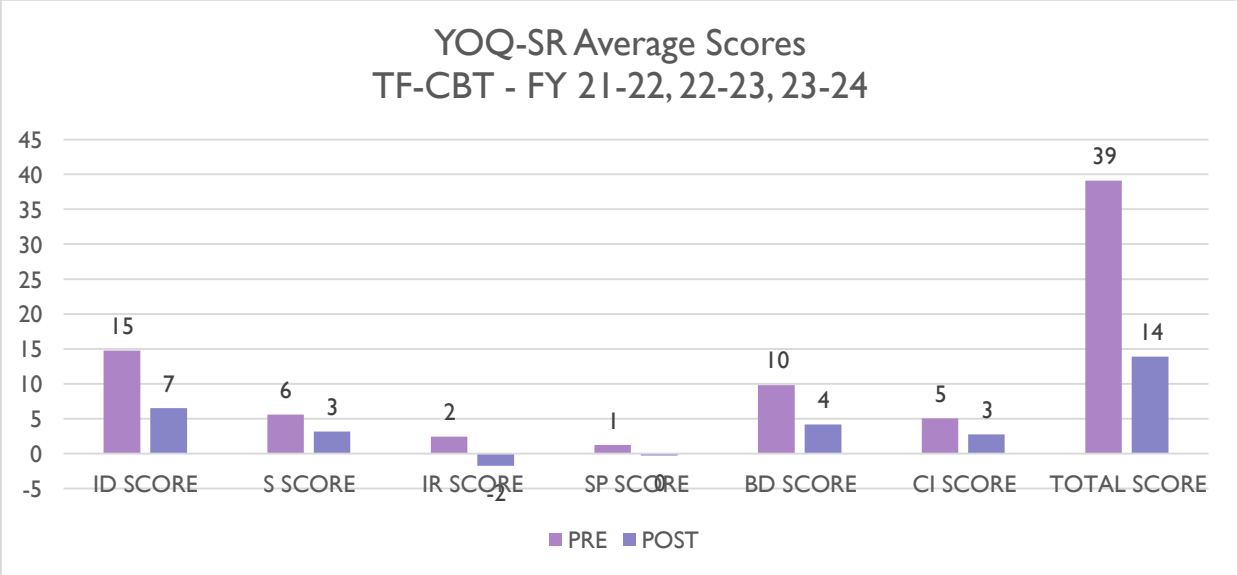
1) Pre or Post YOQ SR data is not obtained on children younger than 12 years of age, YOQ tools are to be completed on children/youth ages 12 to 18;
2) Pre or Post UCLA PTSD SR data is not obtained on children being younger than 7 years of age; however, reliability on the score is age 12, and tools may be provided to children younger than 12 based on clinical judgement;
3) Pre or Post data was not obtained after numerous unsuccessful attempts to contact parent by PEI clinicians;
4) Post data was not collected for children/youth who were transferred to a higher level of care;
5) Some of the children/youth had more than 1 parent participate in the TF-CBT model.

Graphs 32 through 35 provide data derived from pre and post scores using the YOQ and UCLA outcome measurement tools.

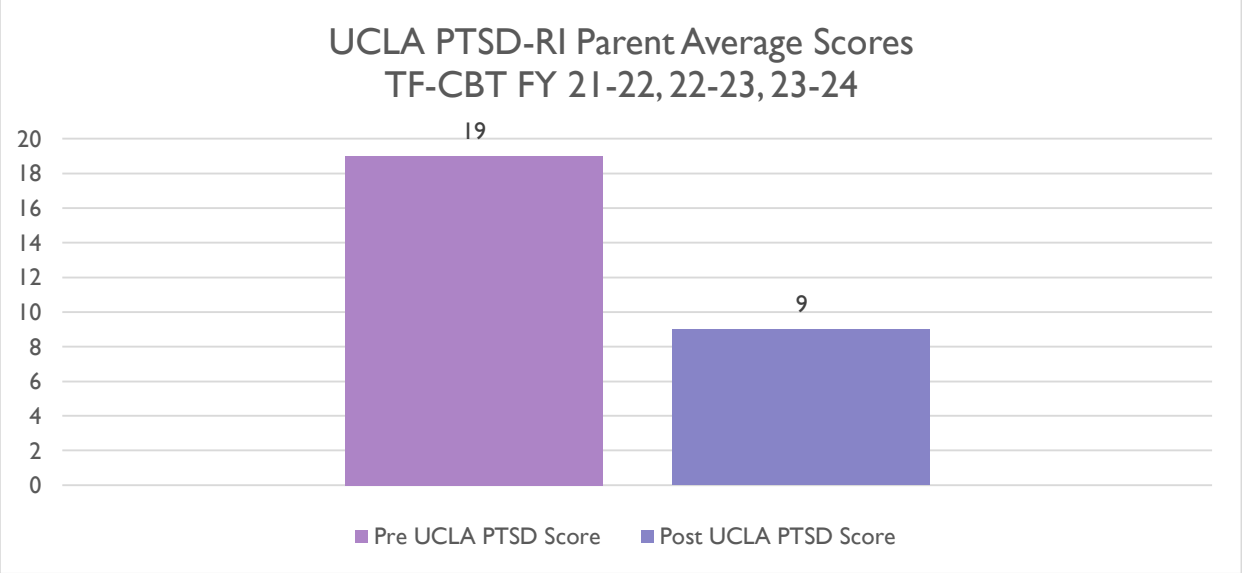
GRAPH 32



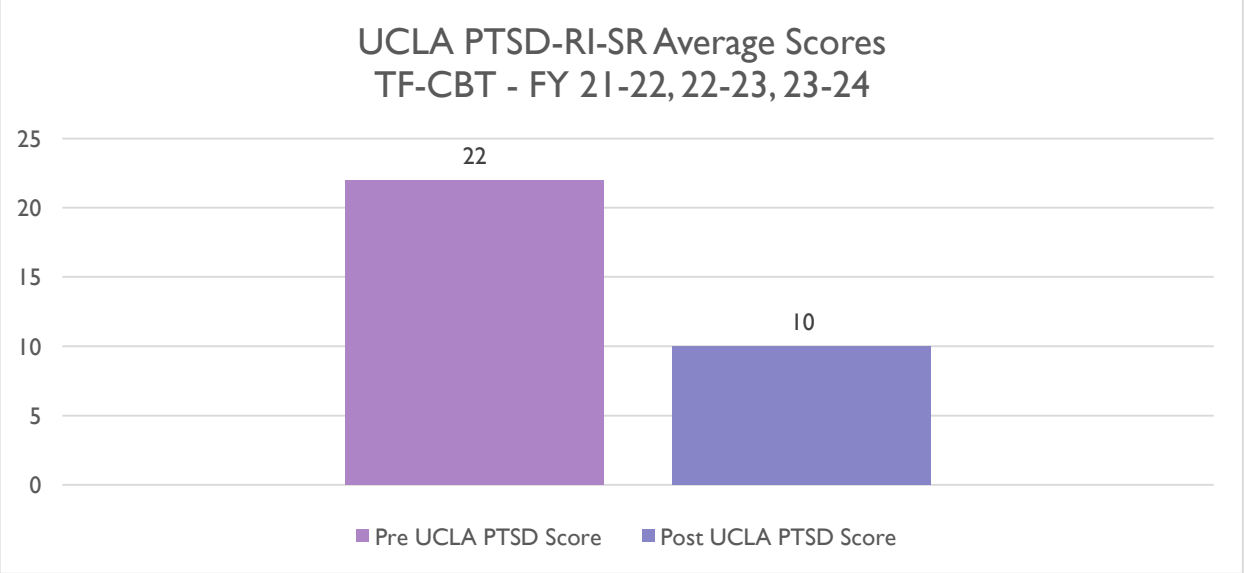
GRAPH 33



GRAPH 34



GRAPH 35



Outcome on Evaluation Questions

1. ***Will providing the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model as an early intervention program improve the mental health functioning of children/youth who have been exposed to trauma?***

Providing TF-CBT as an Early Intervention program has proven to be effective in improving the mental health and overall functioning of children/youth who were exposed to trauma. This is

evidenced by a decrease in scores in the YOQ and the UCLA PTSD-RI. Please refer above to graphs 32 through 35.

2. ***Will the participation of children/youth and their families in the Trauma Focused Cognitive Behavioral Therapy (TF-CBT) model prevent the onset of mental illness?***

The participation of children/youth and their families in TF-CBT early intervention has proven to be effective given the decrease in symptoms reported by both children/youth and their parent/caregiver at the end of program and the low number of children/youths entering the mental health system. Data will continue to be collected and evaluated to determine if this early intervention program has had long lasting effects in the children and youth.

Strategies

Access and Linkage to Treatment

The TF-CBT Early Intervention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed. For this reporting period, the TF-CBT Early Intervention Program served 300 children/youth.

Table 22 – TF-CBT Early Intervention Program

Total No.	Percentage	Outcomes
65	22%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
46	15%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services
111	37%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
48	16%	Declined services either at intake or afterwards, or moved out of county
30	10%	Actively being served as of June 30, 2024
300	**100%**	**Total**

Improving Timely Access to Services for Underserved Populations

Since the implementation of the TF-CBT Early Intervention Program, there has been an increase in engagement with the public and community partners, fostering collaborative relationships. ICBHS has conducted presentations across the community to outline the objectives of the TF-CBT Early Intervention Program, raising awareness about the impact of traumatic events on children/youth. The ongoing referrals from community agencies and the positive response from parents in accepting services are clear indicators of the success of our outreach efforts.

The TF-CBT Early Intervention Program has also increased access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment to children/youth and their families. The goal of the program is to address and promote recovery and related functional outcomes from a mental illness early in its emergence, and/or to alleviate the need for additional or extended mental health treatment.

Data Collection

Access and Linkage to Treatment

Data obtained from performance outcome measurement tools are collected during the initial CalAIM assessment and at discharge from therapy. Based on the scores from the performance outcome measurement tools, clinicians are able to determine the appropriate level of individualized treatment for all the children/youth referred to the TF-CBT Early Intervention Program. If necessary, clinicians are able to expedite transfers to the Children or the Youth and Young Adult (YAYA) outpatient clinics for a higher level of care. Additionally, if the child/youth does not meet the criteria for an included diagnosis for Specialty Mental Health Services (SMHS) the clinician will transfer them to a lower level of care for prevention services. Data is also collected on all referrals received on a monthly basis. Referral information is manually entered in a log to generate a monthly report for the purpose of disseminating the information to stakeholders during the Quarterly Mental Health Services Act (MHSA) Steering Committee meetings.

Table 22 – TF-CBT Early Intervention Referral Source

Referral Source/School	District	Number
TF-CBT Early Interventions Referral Sources	School District	Referrals
Miguel Hidalgo Elementary School	Brawley	12
Myron Witter Elementary	Brawley	4
Phil Swing Elementary School	Brawley	5
Witter Elementary	Brawley	1
Brawley SARB	Brawley	4
Dogwood Elementary School	Calexico	2

Dool Elementary School	Calexico	1
Cesar Chavez Elementary School	Calexico	6
Blanche Charles Elementary	Calexico	7
Mains Elementary	Calexico	1
Rockwood Elementary	Calexico	1
William Moreno Jr High School	Calexico	15
Calexico Family Resource Center	Calexico	0
Enrique Camarena Jr High	Calexico	1
De Anza Magnet School	El Centro	1
FACT Program	El Centro	2
Harding Elementary School	El Centro	5
Lincoln Elementary	El Centro	1
McKinley Elementary School	El Centro	14
Wilson Jr High School	El Centro	9
Margaret Hedrick Elementary	El Centro	2
IV Homeschool Academy	El Centro	1
Kennedy Middle School	El Centro	5
Southwest High School	El Centro	1
Frank Wright Middle School	Imperial	15
T.L Waggoner Elementary	Imperial	1
Imperial High School	Imperial	4
Heber School	Heber	1
SARB		5
Department of Social Services		2
Imperial County Office of Education		7
Imperial County Behavioral Health		135
Imperial Valley Regional Occupational Program		2
Self-Referral		27
Total		300

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial CalAIM assessment is 10 business days and the time to start therapy is 7 calendar days from the date a referral to therapy is completed. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness

of appointments. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment contact the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

First Step to Success (FSS) - Early Intervention Program

Brief Program Description

ICBHS has utilized the FSS Early Intervention Program as a vehicle to maintain an effective collaborative relationship between mental health and education. Prior to the implementation of the FSS program, the penetration rates for young children in Imperial County was below the state and small county averages. The FSS Program was developed to increase mental health services to young children. As a result of the implementation of the FSS program, ICBHS was able to increase the penetration rates for young children above the state and small county averages. The program also fostered a collaborative relationship with local school districts. Based on the success of this program in April 2019 it transitioned from an Innovation Project to an Early Intervention Program under PEI. This has allowed ICBHS to sustain this successful program and continue to provide Early Intervention services to unserved and underserved young children in Imperial County.

The FSS program has traditionally been implemented by school personnel and focuses on the kindergarten population. This program employs positive reinforcement strategies to help children cultivate pro-social skills that contribute to their success both at school and at home. In contrast to previous practices, ICBHS utilizes Mental Health Rehabilitation Technicians (MHRTs) to deliver early interventions within schools. Additionally, the FSS program actively involves parents, legal guardians, and caregivers of identified kindergarten children via weekly home visits. The FSS MHRT dedicates 1 hour per week for a duration of 12 weeks to work with parents/legal/guardians/caregivers, utilizing a promising practice model known as Parents Reach Achieve and eXcel through Empowerment Strategies (PRAXES). This intervention enables parents, legal guardians, and caregivers to develop skills necessary to support their child's mental health needs and equip them to effectively advocate for their children within the school environment.

Evaluation Questions

The intent of implementing the FSS Early Intervention program was to increase the penetration rate of young children ages 4 to 6. An additional intent of the implementation of FSS as an early intervention program is to provide interventions before the development of a serious mental illness or serious emotional disturbance. The following are questions the evaluation will address:

1. ***Will providing FSS in a selective prevention program increase the penetration rate of children ages 4 to 6?***

To measure if FSS has increased the penetration rate, ICBHS obtained data from the CalEQRO and from ICBHS' own internal data system. Penetration rates for children 0-5 will be obtained for FYs 2021/2022 and 2022/2023. The FSS program is provided to children who are in Transitional Kindergarten (TK) and Kindergarten. Many of the children who are in

kindergarten turn 6 years old; however, for the purpose of this evaluation only children ages 4 and 5 will be counted in penetration rates.

2. ***Will providing FSS in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

To measure the improvement in mental health functioning, ICBHS assesses children who are experiencing behavioral issues, but do not meet criteria for a DSM-V diagnosis. Once the child is identified as meeting the target population for selective prevention services, the parent/legal guardian/caregiver are asked to complete pre-evaluation tools. Upon completion of the program, the parent/legal guardian/caregiver complete post evaluation tools. Scores from pre and post evaluation tools are used to measure the child's mental health functioning.

Model Fidelity

The FSS Program Supervisor monitors fidelity of the First Step Next model by conducting on site school visits, home visits and reviewing client's clinical charts. Additionally, ICBHS has implemented the Quality Improvement Committee (QIC) - MHRT meetings where clinical charts are reviewed. Based on QIC-MHRT findings, MHRTs are provided feedback and direction specific to appropriate interventions.

Measures Utilized

The FSS Early Intervention program currently utilizes several performance outcome measurement tools to measure and assess client's progress. The Pediatric Symptom Checklist (PSC-35) is a psychosocial screening tool completed by parents/legal guardians/caregivers for children/youth ages 3 through 18. The PSC-35 is completed during the admission process (Pre) and at discharge of the FSS program (Post). It is designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. For children ages 4 to 5, the PSC-35 cutoff score is 24 and for children ages 6 to 16, the cutoff score is 28.

Another performance outcome tools utilized by the FSS Early Intervention program is the Child and Adolescent Needs and Strengths (CANS) for children ages 6 through 20. The CANS gathers information on the child/youth's and parent's/legal guardian/caregiver's needs and strengths. Strengths are the child/youth's assets: areas in life where they are doing well or have an interest or ability. Needs are areas where a child/youth requires help or intervention. The CANS is used to decide which of a child/youth's needs are the most important to address in treatment or service planning.

The FSS program also collects data on the effectiveness of the PRAXES model. The Parental Stress Index (PSI) is administered to parents/legal guardians/caregivers in the first (Pre) session of PRAXES and during the last (Post) session. The PSI evaluates the level of stress in the parent–child system and measures the following domains: Parental Distress (PD), Parent-

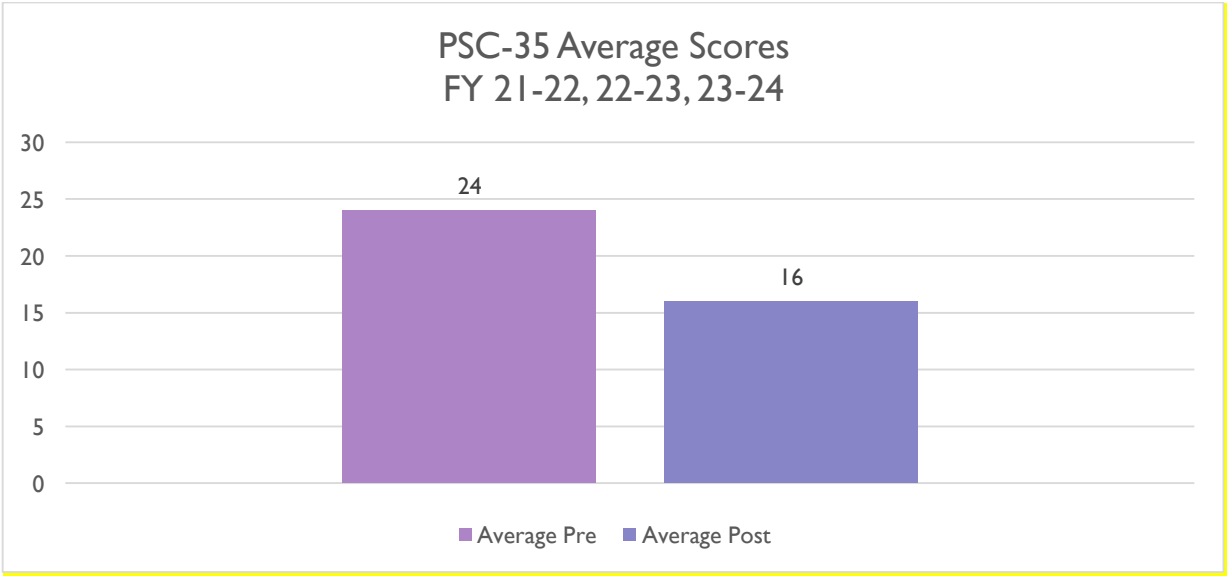
Child Dysfunctional Interaction (P-CDI) and the Difficult Child (DC). Scores from all of these domains are combined to form a total stress scale.

ICBHS developed and implemented a system for the collection of results of performance outcome measurement tools. Data is gathered and entered into the department's electronic health record, SmartCare, by clinical staff. However, reports generated by SmartCare are limited in scope. ICBHS contracted with a consultant, Todd Sosna Consulting, to develop a report to track clients' outcomes. The goal is to continue to work with ICBHS' Information System unit to develop a system that will provide reports to help guide our programs and practices. Clinical staff review the PSC-35, CANS and PSI scores to improve treatment planning and determine level of treatment and services. Management will use the data to determine clinical staff and program effectiveness.

Outcomes

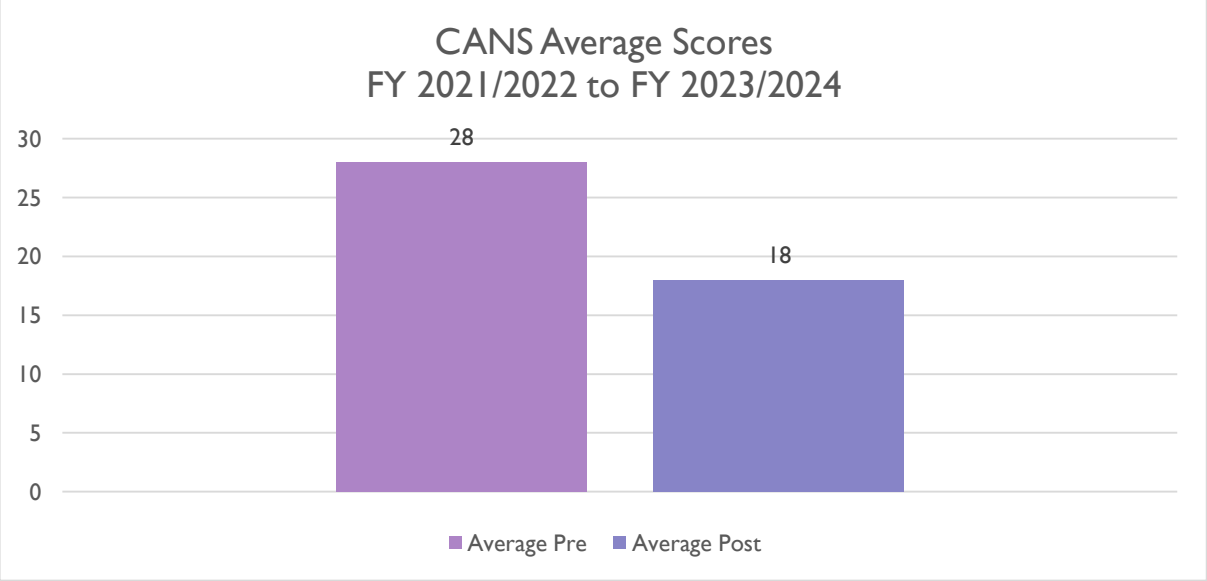
For FYs 2021 to 2024, 266 children were served in the FSS early intervention program. Graphs 36 through 38 provide the average Pre and Post scores for the PSC-35, CANS, and PSI.

GRAPH 36



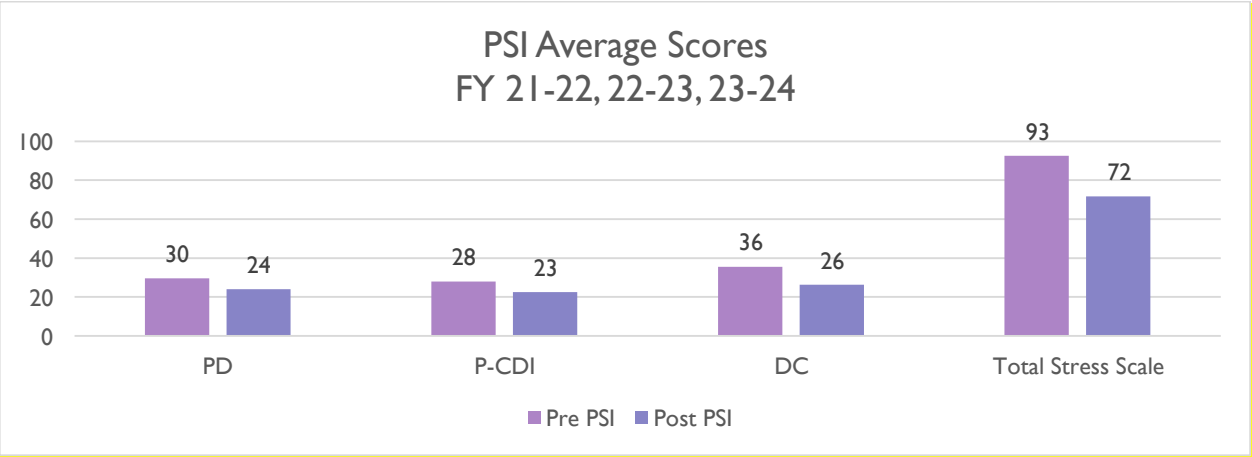
Graph 36 shows an average pre-PSC-35 score of 24, indicating that the child required early intervention mental health services. The FSS program was unable to collect Pre-PSC-35 scores for 66 parents, as they either requested to discharge services during treatment or did not comply with program requirements after intake. The post-PSC-35 score of 16 reflects a reduction in and improvement of the child's cognitive, emotional, and behavioral challenges.

GRAPH 37



Graph 37 reflects an average pre-CANS score of 28 and an average post-CANS score of 18. The average post-CANS score of 18 indicates that after completing the program, children demonstrated low levels of need and significant strengths across various aspects of their lives. It is important to note that the FSS program was unable to obtain pre-CANS scores for 66 parents/legal guardians/caregivers, and post-CANS scores for 94 parents/legal guardians/caregivers. Several factors contributed to this situation, including: 1. The CANS is applicable for children ages 6 to 20 and children younger than 6 years old at the time of the initial CalAIM assessment, and/or discharge. 2. Parents requested to terminate services. 3. Parents were not compliant with completing the performance outcome measurement tools even after several unsuccessful attempts by the assigned MHRT. 4. Children were transferred to either a higher or lower level of treatment.

GRAPH 38



Graph 38 presents an average pre-PSI score of 93 and an average post-PSI score of 72. The average post-PSI score of 72 indicates a reduction in stress among parents/legal guardians/caregivers, highlighting the effectiveness of the program in alleviating parental stress which directly affects the child's mental health. FSS encountered challenges in obtaining pre and post PSI scores for several participants due to the following reasons: 1. Some parents requested to terminate services or were non-compliant after the initial intake. 2. Certain parents did not complete the performance outcome measurement tools despite multiple attempts by the assigned Mental Health Rehabilitation Therapist (MHRT) to engage them. 3. Some children were transitioned to either a higher or lower level of treatment.

Outcome on Evaluation Questions

1. ***Will providing FSS as an Early Intervention program increase the penetration rate of children ages 4 to 6?***

FSS as an Early Intervention program has proven to be effective in increasing the penetration rate of children ages 4 to 6. This is evidenced by data obtained from the California External Quality Review Organization (CalEQRO) reports for CY 2020, 2021, and 2022. Prior to the implementation of the FSS program in Imperial County, ICBHS' penetration rate for CY 2013 accounted for 1.16%, compared to 1.32% for small counties and 1.88% statewide. Since the implementation of the FSS Program, the percentages for penetration rates have increased for Imperial County and are higher than small counties and state average indicating an increase of mental health services being provided to kindergarten age children, please see table 23 below.

Table 23 – Penetration Rates from CalEQRO

Calendar Year	Imperial County	Small Counties	State Average
2020	2.22%	1.24%	2%
2021	2.20%	1.03%	1.59%
2022	2.54%	1.31%	1.59%

2. ***Will providing FSS in a selective prevention program improve the mental health functioning of children ages 4 to 6?***

The implementation of FSS Early Intervention Program has proven to be effective given the decrease in scores in the post-performance outcome measurement tools as indicated in graphs 36 through 38. Data will continue to be collected and evaluated to determine if this selective prevention program has had long lasting effects in the children and youth services by preventing the development of mental illness.

Strategies

Access and Linkage to Treatment

The FSS Early Intervention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed. Table 24 provides the breakdown.

Table 24 - FSS - Total Children Served FY 2021/2022 to FY 2023/2024

Total No.	Percentage	Outcomes
66	25%	Successful Completion – Did not require higher level of care and are not actively receiving mental health treatment.
21	8%	Transferred, averaging within 1 calendar day, to a lower level of care – Prevention Services.
63	24%	Transferred, averaging within 10 calendar days, to a high level of care – Treatment Services to include: medication support, rehabilitation services, therapy services, Therapeutic Behavioral Services (TBS), Intensive Home-Based Services (IHBS) and/or Intensive Care Coordination (ICC) services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria.
66	25%	Declined services either at admission or during assessment phase, or moved out of county or unable to contact to complete admission.
10	4%	Did not meet medical necessity referred to outside agency
40	14%	Actively being served as of June 30, 2024
266	**100%**	**Total**

Improving Timely Access to Services for Underserved Populations

The FSS Early Intervention Program has increased access to services to young children by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment for the child/youth and their families. To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, FSS builds capacity for providing mental health early intervention services in the child's classroom and in their home. The program has also helped foster a "help first" system by facilitating access to services at an early age and at the earliest signs of mental health issues.

Data Collection

Access and Linkage to Treatment

Data on performance outcome measurement tools is collected during the intake and discharge from the FSS program. Based on the scores from the performance outcome measurement tools, Clinicians and/or MHRTs can determine the appropriate level of individualized service

(prevention, early intervention or treatment) for each child. If necessary, clinicians are able to expedite transfers to the Children's outpatient clinic for a higher level of care. Data is also collected on all referrals received and reported on a monthly basis.

Referral information is collected and logged to generate a monthly report for the purpose of disseminating the information to stakeholders during the Quarterly Mental Health Services Act (MHSA) Steering Committee meeting. For FY 2021/2022 to FY 2023/2024, the FSS Prevention program received 266 referrals as follows:

Table 25 FSS Early Intervention Referral Source

Referral Sources FSS Early Intervention FY 2021/2022 to 2023/2024		
School	**District**	**Referral**
Brawley Elementary School District	Brawley	1
Enrichment Center Preschool		1
Dool Elementary	Calexico	2
Meadows School		5
Margaret Hedrick Elementary	El Centro	4
Sunflower School		3
Desert Garden Elementary		1
Ben Hulse Elementary	Imperial	3
Dogwood Elementary School	Heber	8
Seeley Elementary	Seeley	1
ICBHS		151
Self-Referral		5
Migrant Head Start		1
San Diego Regional Center		2
MHSA FSS		78
Total		**266**

Timely Access to Services for Underserved Populations

ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial CalAIM assessment is 10 business days and the time to start therapy is 7 calendar days from the date a referral to therapy is made. ICBHS has been consistent in meeting the timeliness for initial assessments.

To improve attendance to the assessments, strategies have been implemented to remind clients' parents/caregivers of their appointments. They are sent a letter, in the parents'/caregivers' preferred language, notifying them of the appointment and reminder/retention calls are made the day before the appointment. If parent/caregiver cancels or reschedules the appointment, other parents/caregivers are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled appointment contact the team so the Program Supervisor can coordinate with the clinician to meet the client's individual needs.

Stakeholder Involvement

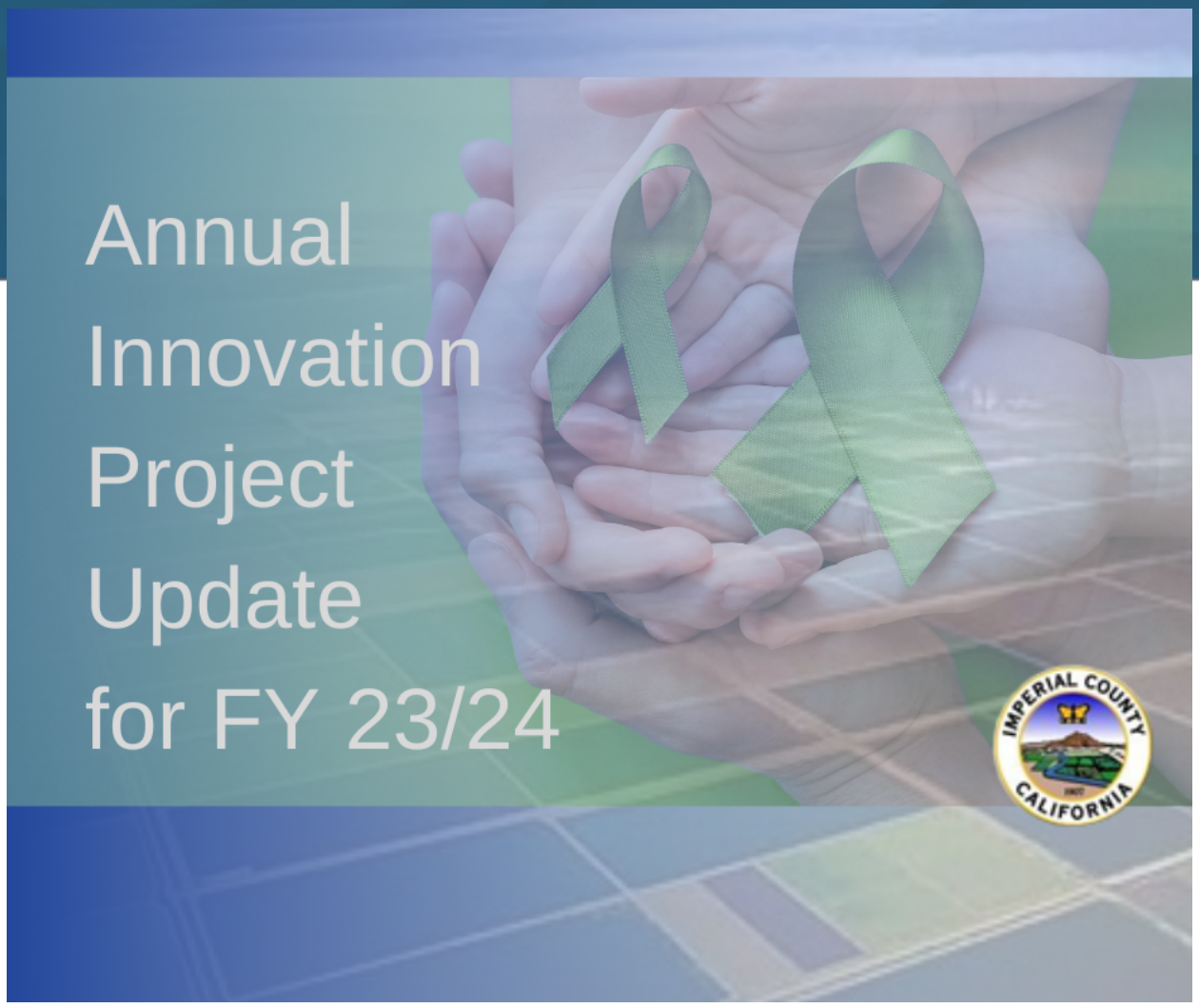
Imperial County Behavioral Health Services has established the Mental Health Services Act (MHSA) Steering Committee meetings. This committee meets on a quarterly basis and is attended by local stakeholders, consumers, including families of children, adults and older adults with severe mental illness. MHSA Members are also representative of the cultural, ethnic and racial diversity of our consumers and community and represent the unserved and/or underserved populations of our consumers and their families.

The purpose of the Steering Committee is to inform the consumers, their families and the community on the progress, changes and outcomes of the MHSA programs. The Steering Committee provides updates on the following: Community Supports and Services (CSS), Prevention and Early Intervention, Innovation, Workforce Education and Training (WET), Capital Facilities and Technological Needs, and Housing. During the Steering Committee meeting, members have the opportunity to participate by providing feedback and recommendations. Information on the progress and outcomes of the Prevention and Early Intervention programs has been presented on a regular basis as a standing agenda item during the Steering Committee quarterly meetings.

Significant Change under PEI - WISE Contract

Adults and Older Adults implemented the Program to Encourage Active and Rewarding Lives (PEARLS) model to help older adults with deal with depressive symptoms and isolation. 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 client's homes, providing up to eight sessions over a 19-week period. After those eight sessions are completed, clients are provided with follow up calls, which take place once a month for the following three months. The program was initially started as an MHSA PEI program that was to be contracted with IVROP with a program called Worth & Inspiration for Senior Esteem (WISE). The plan did not develop as anticipated, but the department proceeded to train MHRT's and CSW's to provide the model which was implemented in October 2024.

Due to the cost, it was determined not to pursue the contract with IVROP. This program was not started nor implemented. The department implemented the PEARLS interventions by training more staff on the model and having MHRT's and CSW implement the model at the team level for Adult's and Older adults that met the criteria and were interested in receiving the interventions. PEARLS was added in the program description for Adult Division and in WET in the 3Y plan and in current update. Please remove estimate for Worth & Inspiration for Senior Esteem (WISE) of $405,462 for FY 24-25 and $420,654.00 for FY 25-26.



Annual Innovation Project Report(s):

- Electronic Health Record Statewide Project for FY 23/24

CalMHSA
California Mental Health Services Authority

Annual Electronic Health Record Statewide Project Report for FY 2023-2024

Imperial

Semi-Statewide Enterprise Health Record

Multi-County Collaborative INN Project

Annual Innovative Project Report

Reporting Period: July 1, 2023 – June 30, 2024

Project Period: Start Date: February 1, 2023. End Date: February 1, 2028


IMPERIAL COUNTY
Behavioral Health Services
MENTAL HEALTH & SUBSTANCE USE RECOVERY
Hope, Wellness and Recovery

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Project Overview and Local Need

1. Please describe this Innovation project and its purpose.

This is a multi-county, scalable INN project that stems from a larger Semi-Statewide Enterprise Health Record (EHR) project CalMHSA is concurrently leading (the EHR Project). In fiscal year (FY) 2023-24, CalMHSA partnered with 23 California counties – collectively responsible for 27% of the state's Medi-Cal members – on the Semi-Statewide Enterprise Health Record project. In FY 2024-25, to date CalMHSA is partnering with 25 counties, collectively responsible for 35% of the state's Medi-Cal members.

This project is unique in that it engages counties to collaboratively design a lean and modern EHR to meet the needs of counties and the communities they serve.

The key principles of the EHR project include:

Enterprise Solution: Acquisition of an EHR that supports the entirety of the complex business needs (the entire "enterprise") of county behavioral health plans. This approach also facilitates data sharing between counties for patient treatment and payment purposes as patients move from one county to another.

Collective Learning and Scalable Solutions: Moving from solutions developed within individual counties to a semi-statewide cohort allows counties to achieve alignment, pool resources and bring forward scaled solutions to current problems, thus reducing waste, mitigating risk and improving quality.

Leveraging CalAIM: CalAIM implementation represents a transformative moment when primary components within the EHR are being re-designed (e.g., clinical documentation and Medi-Cal claiming), while data exchange and interoperability with physical health care — toward improving care coordination and client outcomes — are both required and supported by the State.

Lean and Human-Centered: Engaging with experts in human-centered design to reimagine the clinical workflow in a way that reduces "clicks" (the documentation burden), increases client safety and natively collects outcomes.

Interoperable: Typically, county behavioral health has, in response to state regulations, developed documentation that is out of alignment with data exchange standards. We are reimagining the clinical workflow, allowing critical information about the people we serve to be formatted in a way that will be interoperable (standardized and ready to participate in key initiatives like health information exchanges).

2. Please describe how this project makes a change to an existing practice in the field of mental health, including but not limited to application to a different population.

This project will meet the general requirements by making a change to an existing practice in the field of mental health — specifically, the practice of documenting care in an EHR that meets the needs of the county's workforce and the clients they serve. This innovative project aims to transform the standard use of an electronic health record by standing up a semi-statewide behavioral health electronic health record in collaboration with a cohort of counties. This new EHR is responsive to identified provider needs and supports the spread of best practices among the participating counties. Optimizing the EHR

to meet daily workflow needs of treating providers can enhance working conditions, increase efficiencies, and reduce burnout, ultimately improving the conditions under which direct client care is provided. With the input of provider stakeholders and best practice experts in the field of human-centered design, the new EHR is being collaboratively and intentionally designed to improve the method and ease of documenting in the EHR as well as gathering and appropriately sharing pertinent clinical information from the EHR, which will promote less time spent on "treating the chart" and more time spent on "treating individuals" in need of care.

3. Please describe how this project impacts your County's local need(s).

On June 23, 2022, Imperial County Behavioral Health Services (ICBHS) began implementing a new electronic health record (SmartCare) in collaboration with CalMHSA. Imperial County was chosen as the pilot county for this semi-statewide electronic health record project. Both the MHP and DMC-ODS went live on February 1, 2023.

SmartCare offers a comprehensive suite of features designed to address the challenges faced by Imperial's previous EHR, MyAvatar, while significantly enhancing healthcare operations. With its web-based platform, SmartCare eliminates the need for third-party software, reducing logistical and security complexities while cutting costs and streamlining onboarding and maintenance. The system also provides expanded clinical functionality through customizable views and dashboards, catering to the specific needs of different provider types. In addition, SmartCare integrates seamlessly with Microsoft SQL Server, enabling real-time reporting and facilitating improved interoperability for efficient data exchanges. Designed with the CalAIM framework in mind, SmartCare simplifies the management of procedure codes, billing rules, and documentation, reducing administrative burdens and improving workflow efficiency. Built with data automaticity and error prevention at its core, SmartCare optimizes both provider and clerical staff productivity while minimizing the risk of errors, further enhancing the overall user experience.

SmartCare provides a range of technical features and functionalities that resolve the challenges faced with Imperial's previous EHR, MyAvatar. One of the key improvements is SmartCare's web-based application, which can be accessed from any device without the need for third-party software. In contrast, myAvatar required the installation of various third-party software on each workstation, creating both logistical and security issues. Regular updates and installations were dependent on the licensing structures of multiple entities, making the process cumbersome. SmartCare's fully web-based platform has eliminated these complexities, reduced costs and sped up onboarding and ongoing maintenance processes.

Furthermore, SmartCare provides expanded clinical functionality through the development of views and dashboards customized to different provider types. SmartCare allows users to customize how they interact with the EHR to best meet their preferences and needs. A clinician may choose that when selecting a client within the EHR, they are taken to client's clinical summary screen that provides high

level information on the client including demographics, diagnosis, medications, etc. However, a billing staff might choose to have the client's account of charges open when they select a client in the EHR. This level of customization, which myAvatar lacked, significantly improves the user experience by allowing for more efficient and individualized workflows.

SmartCare leverages Microsoft SQL Server (MSSQL) to enable real-time reporting capabilities through Microsoft SQL Server Reporting Services (SSRS), which is seamlessly integrated into the Electronic Health Record (EHR) system. This integration allows users to access on-demand reports that provide timely, accurate insights into various aspects of healthcare operations. The use of MSSQL also simplifies integration with a range of external reporting tools, offering greater flexibility compared to systems like myAvatar's Cache RDBMS. CalMHSA has taken advantage of SmartCare's standardized data structure to create a collective dashboard to monitor key performance indicators (KPIs) such as population demographics, diagnoses, service utilization, program enrollments and discharges, and billing processes and compare those trends with other counties. Additionally, the standardized data structure within SmartCare facilitates better interoperability, allowing for smoother data exchanges and the ability to leverage economies of scale. This reduces implementation costs, ensuring a more cost-effective and efficient approach to system integration across multiple stakeholders.

SmartCare has effectively streamlined processes in alignment with the CalAIM framework, facilitating smoother implementation and operation. When implementing SmartCare, CalMHSA specifically designed the system with CalAIM's payment reform in mind. CalMHSA can quickly create and apply the necessary procedure codes and billing rules across all counties, while also allowing for county-specific customizations. This approach significantly reduces the administrative burden for counties, particularly when updating procedure codes, making the process more efficient. Additionally, SmartCare's documentation was redesigned to meet CalAIM's documentation requirements, providing a more streamlined experience for providers. The updated progress note functionality reduces the number of clicks required, enhancing workflow efficiency. Furthermore, SmartCare is built with data automaticity at its core, minimizing redundant data entry for both providers and clerical staff, thus improving productivity and reducing the risk of errors.

One specific example of improved processes is the fact that SmartCare is designed to minimize errors. Providers are only permitted to use procedure codes that are relevant to assigned function and scope of work. For SmartCare, this was one of the top priorities. By limiting selections to only those that are appropriate for the user, SmartCare can prevent most errors from occurring in the first place. This is accomplished with embedded business rules. Other errors are detected by an overnight billing job that determines whether any elements are pending or incorrect. The warning is attached to the service and is reviewed by clinics and fiscal staff. Any errors identified on the "Services" list page will be reviewed by the clinic staff and addressed with the provider. The error will be resolved during the next nightly billing job occurrence if the issue is resolved. Furthermore, the staff is able to electronically append progress notes creating a second version, as well as correct errors without the assistance of IS.

The following design or functionality features are pending or continue to require improvement:

- State reporting modules to meet requirements of monthly data submission for Client Services Information (CSI) data, and the California Outcomes Measurement System (CalOMS) for reporting substance use treatment service data.
- Module for managing services provided by Management Service Organizations.
- Interoperability functionality to accomplish data exchange with other healthcare providers and patient health information access.
- Organizational Provider (CBO) entity billing.
- Development of information screens to be available in multiple languages. (Imperial's threshold language is Spanish)
- Bulk scanning feature.
- Legacy System data archiving
- Agency customization of widgets and forms.
- Accuracy of client self-pay statement functionality.

Progress Update and Identified Changes

1. Please describe your project progress from July 1, 2023, through June 30, 2024.
ICBHS is still in the implementation phase due to the following ongoing tasks:

- Continuous development of State Reporting Modules.
- Ongoing report generation and refinement.
- Pending functionality for the data warehouse to improve reporting capabilities.
- Complete migration of client data from the legacy system, including archiving of full client history.
- Full integration of interoperability functionality with national networks remains incomplete.
- Testing and updates to client self-pay statement functionality.

No new staff have been hired for this project. The Information Systems (IS) team currently has one vacant analyst position.

CalMHSA is the primary contractor for the Semi-Statewide EHR project, and ICBHS contracts with CalMHSA to implement and maintain its instance of the shared EHR model. CalMHSA provides support for system implementation, updates, Level 2 support, Disaster Recovery, and ensures compliance with the Service Level Agreement (SLA).

Imperial has been collaborating with CalMHSA on an interoperability solution called *CalMHSA Connex*. This platform facilitates various interoperability functions, serving as a Health Information Exchange with plans to tie into the CareQuality network. Connex also helps Imperial meet its CMS Patient Access API and Provider Directory API requirements. A data archiving solution, integrated with Connex, is under development to archive legacy EHR information and make it accessible for the Patient Access API and other interoperability objectives.

During this reporting period, CalMHSA worked with Imperial and other counties to implement a new psychiatry note. This new feature, developed with input from medical directors and prescribers, integrates data from multiple areas of the EHR (e.g., diagnoses, medications, labs, allergies) and allows providers to reuse relevant sections from prior notes. This reduces the need for data reentry and facilitates faster updates. Furthermore, CalMHSA has expanded this functionality with various face sheets and reports that aggregate information to support better clinical decision-making.

CalMHSA has created a comprehensive set of documentation available on their website (2023.calmhsa.org), which is paired with the CalMHSA Learning Management System (LMS) to train providers and onboard new staff. This documentation has significantly alleviated the administrative burden associated with system and clinical documentation updates. Additionally, CalMHSA provides downtime versions of forms and progress notes to be used if the EHR system or specific components become unavailable, supporting Imperial's contingency plans.

The SmartCare system utilizes "list pages," which present information in a tabular format and allow sorting and direct links to other sections of the EHR. Imperial has been working to build protocols that use these list pages to identify service errors before regular billing cycles are completed. Providers regularly review these lists to ensure services are cleared and ready to process for timely billing.

ICBHS continues to collaborate with CalMHSA to resolve issues with the state reporting modules. Weekly meetings are held with CalMHSA and other counties to address problems with modules such as CSI, CalOMS, CANS, PSC-35, 274, MHSA FSP, and ASAM. Any issues identified by Imperial are submitted through a helpdesk system (Helix), where tickets are linked to the state reporting lead from CalMHSA. Significant progress has been made in transitioning from the implementation phase to the maintenance phase, though critical errors remain to be resolved.

During this reporting period, Imperial successfully onboarded one additional Community-Based Organization (CBO) to fully migrate to SmartCare, bringing the total number of fully migrated CBOs to two. Discussions are underway with another CBO to migrate to SmartCare in the next reporting period. All other CBOs either submit invoices for recoupment or send electronic batch files that are ingested and processed by SmartCare.

2. Has your county experienced any changes in project implementation and/or local need since the submission of your Appendix for MHSOAC approval? What is/are the reason(s) for this/these change(s)?

Imperial County continues with project implementation as described in the original plan. There are no changes in project Implementation and/or local needs since the submission of our Appendix.

3. How does this change/these changes noted in #2 above impact or modify your project plan and/or timeline?

N/A

CalMHSA's Internal Evaluation and Qualitative Analysis of the State of Electronic Health Records Across California Counties

CalMHSA partnered with IDEO, a global, human-centered design and research company with over 40 years of consulting experience working in social and government sectors. As reported in the 2023 Annual Report, IDEO conducted interviews with over 50 county staff, met with EHR and other analogous experts (e.g., digital storytellers, data visualization scientists and behavioral scientists), and completed an in-depth analysis of SmartCare to inform design strategies that align with user needs, promote transparent communication, augment decision-making and best practices and, through increased efficiency, reduce staff burnout and improve workforce retention. IDEO identified the following key needs in the previous project period:

- An improved EHR design that allows for a holistic view of patient data rather than siloed across different areas of the software
- Better facilitation of record keeping and sharing across the platform
- Improved utilization of automaticity and intentional pauses at moments to accurately capture structured data to reduce redundancy, disseminate key information and promote best practices while maintaining flexibility and trust amongst users
- Transparent dialogue and a disruption of bias patterns in the software so the data entered can promote equitable outcomes and care

During this project period, CalMHSA initiated or completed multiple initiatives that align with the needs identified by IDEO as well as the project aims / learning goals outlined in the subsequent section.

Data Automaticity: Toward the goal of reducing documentation burden and ensuring providers have current information available to support clinical decision making and care coordination, functionality was implemented that syncs clinical data across multiple documents within the EHR. For example:

- When a provider writes a progress note, they can add a newly identified problem to the client's problem list from within the note itself. The newly identified problem is automatically added to the client's problem list for viewing by others on the treatment team without the provider needing to duplicate the entry.
- A new psychiatry note was implemented, designed with county input (e.g., medical directors, nurses, prescribers, pharmacists). The note pulls recent and relevant data from other chart sources (e.g., current medications, labs, allergies, orders), allowing providers to access key medical information for clinical decision making. The note also allows providers to select what information is clinically relevant from recent session notes, allowing them to pull important medical information forward without having to retype.

EHR Functionality to Promote Client Safety and Clinical Best Practice:

- Client face sheets and reports (e.g., discharge, shift summaries, facility medication administration, medication reconciliation, appointments) were created that aggregate comprehensive data into a cohesive and holistic clinical presentation for providers.
- Mechanisms were implemented to ensure critical client information (e.g., legal holds, seclusion/restraints, medication reconciliation, drug interactions) are evaluated timely and routinely to enhance safeguards for patient rights and safety. For example, CalMHSA developed mechanisms for counties to track a client's legal hold status, which was iteratively improved to incorporate DHCS guidance. Providers can review key information, such as when the legal hold was last reviewed and the review outcome, helping them understand the client's progression through legal hold process, promoting efficient and timely review to ensure the provision of clinically appropriate care.

Collective Dashboards: Multiple counties identified dashboarding as a local need to support activities such as workflow management, monitoring, and outcomes tracking. CalMHSA launched PowerBI dashboards in February 2024 that transform raw EHR aggregate (non-PHI) data into actionable insights for counties. They display county-specific data on key indicators (e.g., population demographics and diagnoses, service utilization, program enrollment/discharges, billing processes), which can be used to inform program planning/oversight, decision-making through an equity lens and benchmarking system performance. Counties can also compare their performance to other counties (e.g., of similar size or region) as well as aggregate performance across all counties using the EHR for statewide benchmarking.

EHR User Support: CalMHSA instituted multiple platforms to provide continuous support to counties across EHR user roles/disciplines (e.g., clinicians, prescribers, administrators, contract providers, quality

management, front desk and billing staff). Some resources are available 24 hours a day, seven days a week to ensure counties have access to information on-demand, as needed.

Chatbot: CalMHSA implemented an innovative, AI-driven technology that provides on-demand information retrieval to respond to EHR user support questions (e.g., on EHR functionality, billing requirements, etc.). Staff can access the Chatbot on their home page dashboard when they login to the EHR. Chatbot was used continuously throughout FY 2023-24, averaging around 4,000 messages every month (approximately 47,000 messages total).

EHR Knowledge Base Website: CalMHSA published and maintains a county-facing website that includes training materials, user guides, FAQs and tools to support counties in using the EHR. Website analytics for nine months in FY 2023-24 show active engagement:

- 36,000 active users viewed 425,000 website pages. The average number of pages viewed per user was approximately 12, and the average active engagement time spent on the site per session was around 5.7 minutes.
- Around 22,000 documents were downloaded by around 4,400 users, with two of the most common files being EHR Essentials (1,700 downloads, 1,200 users) and Clinical Workflow (1,100 downloads, 826 users). The average number of download events per user was around five.
- The top ranked page paths were Clinical Documentation (32,000 views) and Billing Documentation (14,000 views).

Helpdesk: The Helpdesk is available 7 a.m. to 7 p.m. (PST), Monday through Friday, to respond to user needs and requests. Helpdesk utilization data show active county engagement with this resource in FY 2023-24. During the initial EHR rollout in quarter 1, the total number of tickets (approximately 6,700) was nearly three times the remaining quarterly totals and then stabilized in quarters 2 through 4 (averaging around 2,100 tickets per quarter). This pattern suggests users benefitted most from Helpdesk support when the system was new.

County Shared Decision-Making Meetings: CalMHSA began facilitating shared decision-making meetings in quarter 3 of FY 2023-24 to obtain county input on improvements/ developments to the EHR system. Between March and June 2024, CalMHSA hosted five meetings on various topics (patient portal, crisis stabilization billing, supervisor document review processes, tracking client grievances and appeals, and EHR development prioritization). On average, around 55 individuals across 20 counties attended these meetings. Shared decision-making strategies will continue to be used to guide development efforts over time.

Meta-Tagging: In FY 2023-24, CalMHSA began working with counties to implement program meta-tagging, which is a process where counties define key attributes of each program such as service

populations and intended outcomes. Meta-tagging allows counties to group programs with similar attributes – once fully adopted, it can be used for program planning as well as tracking outcomes across comparable programs within and between counties. As part of the initial rollout, meta-tagging has been used to streamline certain billing processes:

- Meta-tagging enabled CalMHSA to accurately identify the types of services provided through the programs and ensure appropriate billing codes and modifiers are applied. This process ensures precise billing and alleviates the need for counties to manually attach programs to rate schedules. Automating this task significantly reduced the time and inefficiency associated with updating potentially hundreds of rate records per program.
- CalMHSA developed an innovative process that integrates the service tables and rate schedules published by DHCS with each county's specific meta-tagging. This results in a comprehensive set of rate records that is automatically uploaded into the county's SmartCare environments via a script. This streamlined approach significantly reduces the time required to implement critical billing updates, ensuring counties can operate more efficiently and effectively.

Evaluation Data/Learning Goals/Project Aims

CalMHSA contracted with the RAND Corporation to conduct a comprehensive evaluation of the project. RAND selected evidence-based EHR metrics grounded in measurement science that are precise, reliable and valid. To ensure a systematic evaluation of the migration to the new EHR platform, RAND is employing two measurement approaches:

1. A pre-post **user survey to measure user experience and satisfaction** of existing EHRs and the new EHR across all participating counties.
2. Pre-post **task-based usability testing** to obtain objective measures of EHR usage and burden (as measured by the length of time required to complete specific, common tasks in the EHR) before and after the migration to the new EHR.

The pre-phase measurements were collected and reported in the 2023 Annual Report. The timeline for completing the post-phase measurements was extended due to multiple DHCS policy changes that impacted county operations during this project period (e.g., documentation reform, payment reform), which contributed to an extended EHR implementation period. RAND will complete the post-EHR migration measurements and evaluation of project aims/learning goals outlined below at a future date. The evaluation will eventually allow for an assessment of how the transition to the new EHR resulted in changes to usability and user satisfaction.

Learning Goals/Project Aims
Quality
Comprehensiveness of client care
Efficiency of clinical practice
Interactions within the health care team
Clinician access to up-to-date knowledge

Safety/Privacy Avoiding errors (i.e., drug interaction) Ability to use clinical data for safety Personal and professional privacy
Satisfaction Ease of use Clinician's stress level Rapport between clinicians and clients Client's satisfaction with the quality of care they receive Interface quality
Outcomes Communication between clinicians and staff Analyzing outcomes of care System usefulness Information quality

Program Information for Individuals Served

This project focuses on transforming current EHR systems and processes counties use for the provision of behavioral health services. Accordingly, we have not estimated the number of individuals expected to be served annually. As noted previously, the participating counties in the Semi-Statewide Enterprise Health Record project are collectively responsible for serving the population of Medi-Cal members who need specialty mental health and/or substance use disorder treatment services among approximately 35% California's Medi-Cal members.

Regarding specific project information on individuals to served, this project focuses on transforming the current EHR *system and the processes* California counties use for the provision of behavioral health services rather than directly testing an innovative approach to *service delivery.*

Budget and Annual Expenditures

Summary:

- **Total Budget INN FY 2023-24: $607,833**
- **YTD Expenditures: $578,387**

Total dollar amount expended during the reporting period on this Innovative Project by the following funding sources:

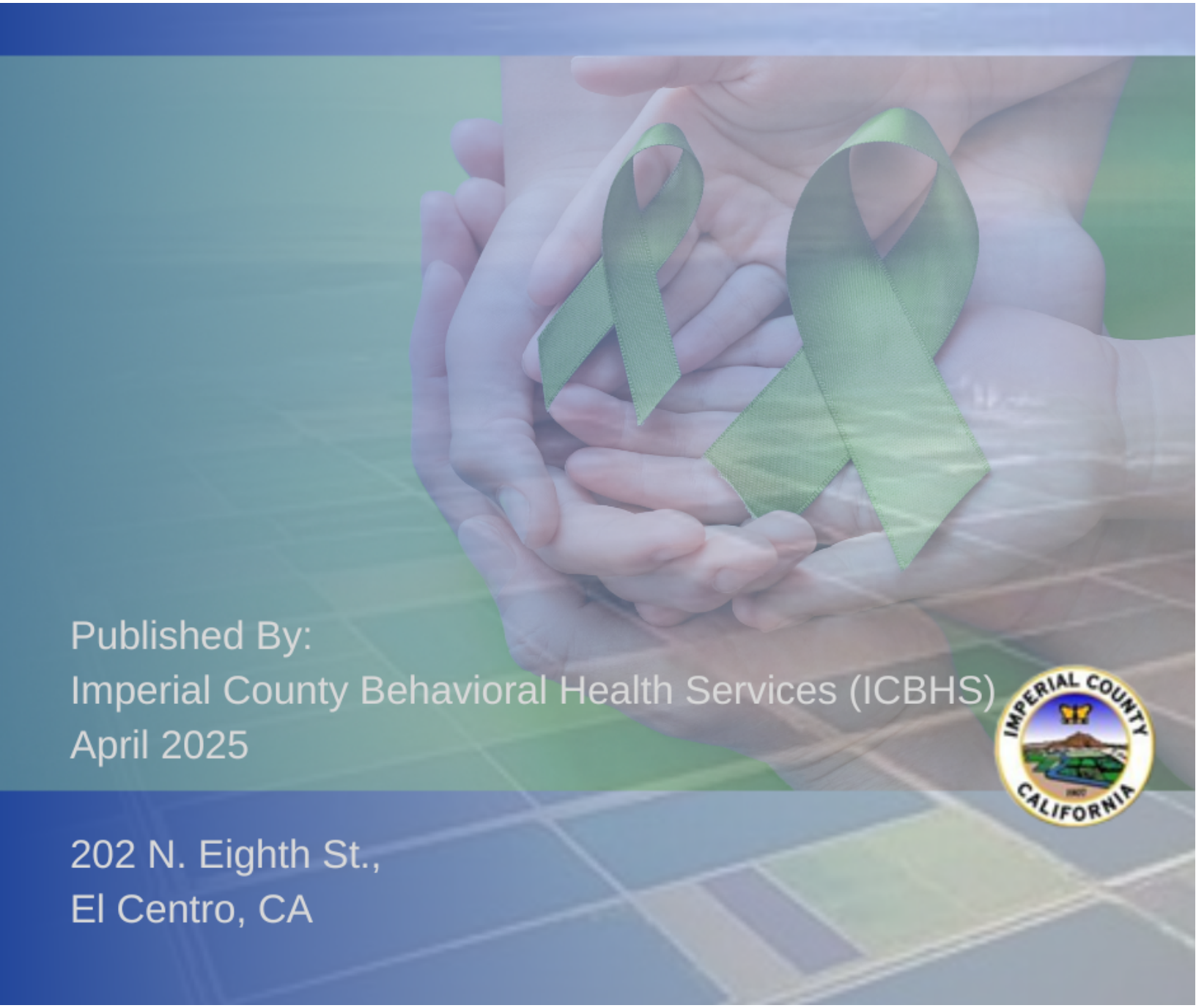
Total		
	Funding Categories	**FY 23-24**
1	Innovation (INN) MHSA Funds*	$578,387
2	Federal Financial Participation	$-
3	1991 Realignment	$-
4	Behavioral Health Subaccount	$-
5	Other funding**	$-
6	Total Proposed Expenditures	$578,387

Total dollar amount expended during the reporting period for the administration of this Innovative Project by the following funding sources:

Administration		
	Funding Categories	**FY 23-24**
1	Innovation (INN) MHSA Funds*	$578,387
2	Federal Financial Participation	$-
3	1991 Realignment	$-
4	Behavioral Health Subaccount	$-
5	Other funding**	$-
6	Total Proposed Expenditures	$578,387

Total dollar amount expended during the reporting period for the evaluation of this Innovative Project by the following funding sources:

Evaluation		
	Funding Categories	**FY 23-24**
1	Innovation (INN) MHSA Funds*	$-
2	Federal Financial Participation	$-
3	1991 Realignment	$-
4	Behavioral Health Subaccount	$-
5	Other funding**	$-
6	Total Proposed Expenditures	$-



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