Mental Health Services Act

Annual Update
Fiscal Year 2019-2020

POSTED
April 22, 2019

This MHSA Plan Update is available for public review and comment through May 21, 2019. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on May 21, 2019.

Public Hearing Information:
Imperial County Behavioral Health Services
202 N. Eighth Street, El Centro, CA 92243
Training Room – Second Floor
Tuesday, May 21, 2019, at 12:00 p.m.

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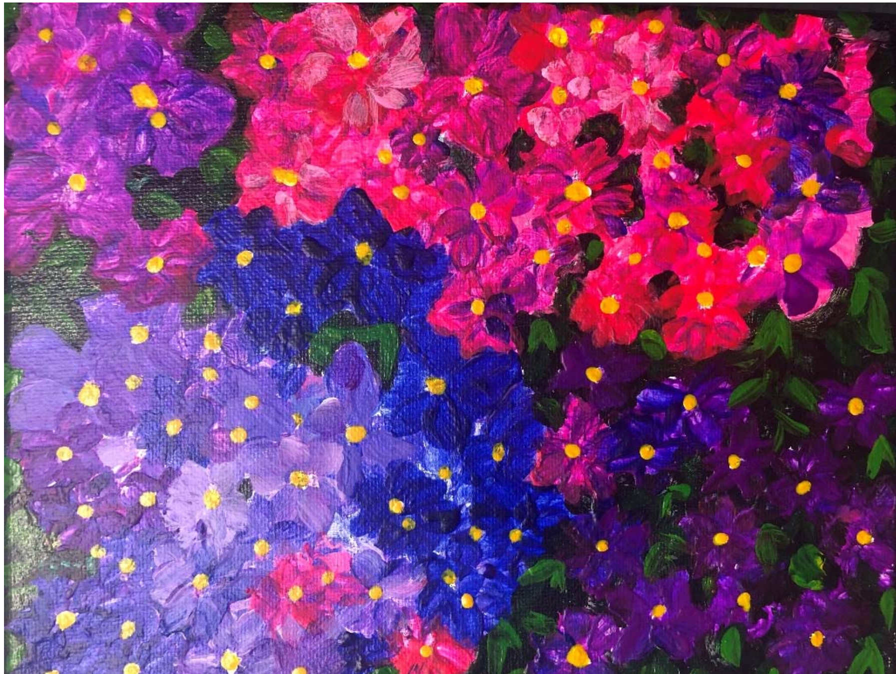
Imperial County
Behavioral Health Services



This art work was created by a consumer at the MHSA Wellness Center.

Mental Health Services Act

Annual Update
Fiscal Year 2019-2020

Table of Contents

Section A - MHSA Annual Update FY 2019-2020

Executive Summary…………………………………………………………………… 1

MHSA County Compliance Certification…………………………………………….. 8

MHSA County Fiscal Accountability Certification………………………………….. 9

MHSA Background………………………………………………………………… 10

Community Program Planning Process…………………………………………….. 12

Annual Update Requirements……………………………………………………….. 15

Implementation Progress Report by Component………………………………….. 16

Community Services and Supports…………………………………………… 16

Full Service Partnership…………………………………………………….. 16

Youth and Young Adult Services Full Service Partnership Program…. 16

Adult and Older Adult Services Full Service Partnership Program…… 29

General Systems Development…………………………………………….. 37

Wellness Center Program………………………………………………… 37

Outreach and Engagement…………………………………………………. 42

Outreach and Engagement Program………………………………….. 42

Transitional Engagement Supportive Services Program……………… 45

Prevention and Early Intervention……………………………………………… 57

Prevention…………………………………………………………………… 58

Early Intervention…………………………………………………………… 70

Innovation………………………………………………………………………… 75

First Step to Success Program…………………………………………… 76

Three-Year Prevention and Early Intervention Evaluation Report…………….. 84

Workforce Education and Training…………………………………………….. 105

Capital Facilities and Technological Needs……………………………………… 107

MHSA Funding Summary FY 2019-2020…………………………………………… 113

Section B – Reallocated Unspent Funds……………………………………...….. 115

Reallocated Unspent Funds………………………………………………………… 117

MHSA Funding Summary – Reallocated Unspent Funds……………………………... 124
Section C – Prudent Reserve Assessment……………………………………...…………… 126

Section A: MHSA Annual Update FY 2019-2020

Executive Summary

The Mental Health Services Act (MHSA) became a state law on January 1, 2005, after having been approved by California voters. The MHSA was designed to expand and transform California's mental health service systems by providing funds to reduce the long-term adverse impact of untreated severe mental illness and serious emotional disturbance. The goal of MHSA programs is to provide services that promote well-being, recovery, and self-help; prevent the long-term negative impact of severe mental illness; and reduce stigma. Services are culturally competent, easier to access, and more effective in preventing and treating severe mental illness.

Using a "whatever it takes" approach, Imperial County Behavioral Health Services (ICBHS), through a stakeholder process that includes consumers, family members, and community partners, has developed and implemented various MHSA programs to meet the specific needs of Imperial County. As a result of this community planning process, the following programs and services will be available during FY 2019-2020:

<u>Community Services and Supports</u>
The largest component of the MHSA, Community Services and Supports programs focus on children and families, transition-age youth, adults, and older adults who suffer from severe mental illness or serious emotional disturbance. Programs provided through Community Services and Supports include:

- *Youth and Young Adult Services Full Service Partnership Program* – The Youth and Young Adults Service Full Service Partnership (YAYA-FSP) Program provides services and supports to severely mentally ill (SMI) and seriously emotionally disturbed (SED) youth and young adults, ages 12 to 25. Services available to YAYA-FSP Program clients include: case management; rehabilitative services; "wrap-like" services; integrated community mental health and substance abuse treatment; crisis response; alternatives to juvenile hall; home and community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; benefit acquisition; and respite care. The YAYA-FSP Program staff are trained to implement the following treatment models: Cognitive Behavioral Therapy; Trauma-Focused Cognitive Behavioral Therapy; Functional Family Therapy; Interpersonal Psychotherapy; Motivational Interviewing; Portland Identification and Early Referral Model; and Aggression Replacement Training. Additionally, health and exercise groups, and Tai Chi classes are available to YAYA-FSP Program clients.

  During FY 2018-2019, the YAYA-FSP Program offered to provide additional services to probationers who have been ordered to receive services at Rite Track. Currently, the Probation Department contracts with Rite Track Youth Services to provide services and supports that are tailored to the needs of juvenile offenders who are under their supervision. Since music has been proven to regulate mood, decrease anxiety, and reduce impulsivity, ICBHS offers a music program to probationers attending Rite Track. The youth have the opportunity to play an instrument, record songs, or incorporate singing. The music program has been well received. In addition to the music program, Tai Chi instruction was provided to juveniles held at the local Juvenile Hall facility.

  The YAYA-FSP Program, Department of Social Services (DSS), and Probation Department continued to work collaboratively to improve access to services and outcomes for children, youth, and their families. A Continuum of Care Reform (CCR)

committee was formed for that purpose. Currently, the CCR committee is working on finalizing a Continuum of Care MOU between all three agencies and newly added member who serves as the Foster Youth Coordinator from Imperial County Office of Education.

YAYA-FSP Community Service Workers expanded their outreach efforts at local high schools to increase awareness and education to the adolescent population and to those who will refer them to the school districts. Efforts were made by reaching out to all high schools in the north end of Imperial County as well as El Centro and Imperial High School Districts where informational booths were set up at various school events. YAYA Services has also assigned a program supervisor as the liaison with educational institutions, primarily the local high school districts, to serve as a point of contact for collaboration or referral purposes.

For FY 2019-2020, the YAYA-FSP Program will continue to work toward: implementing evidence-based practices that are specific to diagnosis and population; improving access to services in the Calexico region; making facilities LGBT friendly and inviting; increasing consumers' engagement; and decreasing consumers' no-show rates to scheduled appointments.

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

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

During FY 2018-2019, the Adult-FSP Program provided numerous supports to assist the homeless community, including motel vouchers, rental assistance, and other qualified expenses to help this population maintain a home, obtain a job or attend college.

Adult FSP clinics also continued to identify clients who would benefit from substance use disorder services. Adult FSP staff refer consumers to SUD-ODS Services and work collaboratively to stabilize consumers and provide needed services to improve the lives of this population. During FY 2018-2019, the Adult-FSP Program identified 187 consumers with a substance use disorder. Sixty-seven consumers accepted referrals to SUD treatment. Clinics continue to assess consumers for substance use in the course of treatment in order to make appropriate treatment recommendations.

For FY 2019-2020, the Adult-FSP Program will continue to work toward: improving FSP screening protocols for new referrals as evidenced by an increase in the number of FSP consumers at each clinic site; reducing the number of Adult-FSP Program consumer crisis desk admissions and hospitalizations; providing services and supports that teach, empower, and assist clients in accessing services, avoiding homelessness, managing their independence, and improving safety and permanence at home, school, and in the community; providing Moral Reconation Therapy to consumers who have a history with the criminal justice system; increasing the number of Adult-FSP Program consumers with a co-occurring substance use disorder who are referred to and receive substance abuse treatment; improving access to mental health services for LGBT individuals; and increasing the number of peer support staff and volunteers that work specifically with the Adult-FSP Program population.

- *Wellness Center* – 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. Currently, there are two Wellness Center facilities, one in El Centro and one in Brawley, that provide services that focus on social skills, recovery skills, encouragement, wellness, positive self-esteem, and community involvement. The Wellness Center has partnered with outside agencies to offer consumers educational 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. Consumers are also offered the opportunity to attend classes on English as a second language, arts and crafts, Tai Chi, photography, self-esteem, life skills, cooking, embroidery/sewing, and computers.

  During FY 2018-2019, Wellness Center consumers participating in the music classes, who are otherwise known as *The Wellness Center Superstars*, performed for the World Mental Health Day Summit on October 12, 2018. Some of the comments from outside observers have been that the group is inspiring and that they are very talented. *The Wellness Center Superstars* have recorded their second CD, which began being sold in January 2018. The profits of the CD sales will help fund future recordings and ongoing social activities within the Wellness Center and in the community.

  For FY 2019-2020, the Wellness Center will continue to work toward: increasing the number of consumers who obtain a GED, certificates, and/or college degrees; increasing consumers' participation in the exercise/fitness program and nutritional classes; increasing consumers' independence and social connections by engaging them in their Wellness and Recovery Action Plan; increasing consumers' participation in the life skills class, GED program, and Department of Rehabilitation services; implementing family psychoeducation groups; and engaging consumers in their overall mental health treatment and participation in the programs and groups offered at the Wellness Centers.

- *Outreach and Engagement Program* – The Outreach and Engagement Program provides outreach services to unserved and underserved SED and SMI individuals in the neighborhoods where they reside, including those who are homeless, in order to reduce the stigma associated with receiving mental health treatment and increase access to mental health services. The program also provides education to the community regarding mental illness and symptoms, early identification of mental illness, and

resources to improve access to care through local outreach. The program assists individuals in obtaining mental health treatment services from ICBHS by providing information pertaining to programs, services, and the intake assessment process; conducting home visits; scheduling intake assessment appointments; and providing transportation to intake assessment appointments when necessary.

The Outreach and Engagement Program is also responsible for conducting outreach in order to ensure SED and SMI clients, and their family members, have the opportunity to participate in the community program planning process.

During FY 2019-2020, the Outreach and Engagement Program will continue to work toward reducing the stigma associated with receiving mental health treatment and increasing access to mental health services.

- *Transitional Engagement Supportive Services Program* – the Transitional Engagement Supportive Services (TESS) Program provides outreach and engagement activities to unserved and underserved SED and SMI individuals over the age of 14. The TESS Program provides individualized mental health rehabilitation/targeted case management services to youth and young adults, adults, and older adults who have experienced a personal crisis in their life requiring involuntary or voluntary mental health crisis interventions services. In addition, the TESS Program provides supportive services to assist conservatees who have recently been released from LPS Conservatorship. These services assist the individual with reintegrating back into the community and provide a supportive environment including gaining entry into the mental health system. The TESS Program also assists AB 109, non-active, and active individuals who are referred to the McAlister Institute for 14-day drug and alcohol detox (adults) or 21-day drug and alcohol detox (adolescents). The TESS Program provides aftercare and follow-up services.

  Services available to clients at the TESS Program include: initial intake assessment; medication support; mental health services – nurse and rehabilitation technician; targeted case management; and crisis intervention. The TESS Program provides linkage to variety of community resources, including, but not limited to: emergency shelter, clothing and food baskets; permanent housing; SSI/SSA benefits or appeal; DSS/Cash Aid; substance abuse treatment and/or rehabilitation referral; general physician, dentist, and/or optometrist; and other ICBHS program and community resources. The TESS Program is also responsible for implementing Phase I and Phase II of the Portland Identification and Early Referral (PIER) Model.

  During FY 2018-2019, the TESS Program divided into two programs: TESS and Community Engagement Supportive Services (CESS) Program. The TESS Program will provide linkage and engagement to individuals who are hospitalized or on conservatorship, while the CESS Program will provide linkage and engagement to individuals who are referred by community agencies, such as the local jail, Probation, or Department of Social Services.

  For FY 2019-2020, both the TESS and CESS Programs will continue to work toward: increasing efforts to engage homeless individuals; improving successful transfers to outpatient mental health services; increasing community outreach presentations to various community agencies and organizations; improving follow-up services for individuals who are hospitalized out-of-county and are not returning to Imperial County;

and improving mental health service delivery for individuals scheduled to be released from the Imperial County Jail.

Prevention and Early Intervention

The intent of Prevention and Early Intervention programs is to engage individuals before the development of severe mental illness or serious emotional disturbance, or to alleviate the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. Programs provided through Prevention and Early Intervention include:

- *Prevention* -- 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 untreated mental illness.

  The Incredible Years is a comprehensive evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote children's development in a positive environment, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social and emotional development. The program is focused on strengthening parenting competencies and fostering positive parent-child interactions and attachments for children ages 2 through 12. Groups are provided by the Child Abuse Prevention Council free of charge in English and/or Spanish at non-traditional settings, such as schools, after school programs, churches, resource centers, or at the Child Abuse Prevention Council office. Referrals to the Incredible Years Program are made by community agencies or parents' self-referral.

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

  For FY 2019-2020, the prevention component of the Prevention and Early Intervention Program will continue to focus on implementing universal prevention activities, which include providing the Incredible Years Parenting Program as well as outreach and education activities targeting unserved and underserved populations, in efforts to decrease the probability of children and youth developing mental disorders.

- *Early Intervention -- Trauma-Focused Cognitive Behavioral Therapy Program* – The Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) is an early intervention program that addresses the needs of children and youth in the community who have been exposed to trauma. The TF-CBT Program is utilized as an intervention to treat children and adolescents, ages 4 to 18, who have been exposed to a traumatic experience. By providing prevention and early intervention activities, mental health becomes part of the wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

The TF-CBT model is being implemented as an early intervention activity aiming to prevent mental illness from becoming severe and disabling. TF-CBT is being provided to help children, youth, and their parents overcome the negative effects of traumatic life events such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to natural disasters (earthquakes), terrorist attacks, or war trauma. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment.

For FY 2019-2020, the early intervention component of the Prevention and Early Intervention Program will continue to focus on implementing the TF-CBT Program in order to prevent the long-term negative effects of child traumatic stress and prevent the development of mental illness.

Innovation

Innovation programs provide opportunities to learn something new that has the potential to transform the mental health system. Innovation programs are novel, creative, and ingenious mental health approaches that promote recovery and resilience and lead to learning that advances mental health. Programs provided through Innovation include:

- *First Steps to Success Program* – Imperial County's MHSA Innovation Plan was approved and adopted by the County Board of Supervisors on January 14, 2014, and approved by the California Mental Health Services Oversight and Accountability Commission during March 2014. The goal of the Innovation Plan is to develop and maintain an effective interagency collaboration between ICBHS and the local education system, with a defined system to provide mental health services in the school setting to young children, ages four to six, who are experiencing behavioral and emotional problems or are at risk of serious mental illness, and are an unserved or underserved population. Through the joint implementation of the evidence-based First Steps to Success (FSS) Program, ICBHS will be able to replicate and expand collaborative efforts to school districts countywide and, in the process, develop a strong and effective collaborative relationship.

  The FSS Program is an evidence-based, early intervention program that historically has been implemented by school personnel and focuses on the transitioning kindergarten (TK) and kindergarten population. In the Innovation Plan, mental health rehabilitation technicians, rather than school personnel, will be providing the interventions at school, serving as the behavior coach or interventionist where they will have daily interactions with the teachers. This provides classroom teachers with immediate access to services, consultation, and, when needed, information on other ICBHS resources.

  ICBHS contracted with Clarus Research to conduct a comprehensive evaluation on the Innovation Plan for Imperial County. Based on the information provided by Clarus Research, the data does not indicate any noteworthy increases in referrals of kindergarten age children to mental health services since the Innovation Project was implemented. Clarus Research recommends utilizing additional time to gather further referral data to provide results and see if the collaboration has been firmly established through the implementation of a school-based intervention between ICBHS and the education system and to see if that collaboration has been successful in increasing access to mental health services, increasing awareness of mental health problems and

available resources, reducing stigma, and improving the quality of services provided to young children in Imperial County.

On December 19, 2016, during the quarterly MHSA Steering Committee meeting, ICBHS presented to the stakeholders in attendance the recommendation to extend the Innovation Project for two additional years, making the Innovation Project a five-year project. During the meeting, data gathered from Clarus Research was presented, as well as interest in implementing the FSS Program in three additional school districts, Westmorland, Holtville, and San Pasqual School Districts, as well as expanding to new classrooms in Calexico and Seeley School Districts. All attendees supported the proposal to extend the current Innovation Project an additional two years.

June 30, 2017, was the projected end date of Imperial County's Innovation Project, FSS Program; however, because not all approved funds have been spent, the FFS Program continues to be implemented using approved unspent funds. Since October 2017, MHSOAC has provided technical assistance to ICBHS on developing and submitting a plan to the MHSOAC to request an extension of the FSS Program. For FY 2019-2020, the FSS Program will continue to be implemented in order to develop and maintain an effective interagency collaboration between ICBHS and the local education system. Additionally, the program will expand services to additional elementary schools and increase the number of TK/kindergarten children served.

Workforce Education and Training

The Workforce Education and Training component provides funding for education and training for all individuals who provide direct or support services in the Public Mental Health System in order to develop and maintain a sufficient workforce capable of providing effective mental health services. During FY 2018-2019, the trainings were provided on the following topics: Assessment, Diagnosis, and Treatment of Eating Disorders; Motivational Interviewing; and Mental Health Interpreting.

Activities planned through Workforce Education and Training for FY 2019-2020 include:

- Mental Health Interpreter Training Program

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs component provides resources to promote the efficient implementation of the MHSA, producing long-term impacts with lasting benefits that improve the mental health system. Activities planned through Capital Facilities and Technological Needs for FY 2019-2020 include:

- Purchase of Chrome Boxes
- Creation of guest network
- Completion of testing phase of signature pads for client plans
- Continue annual staff training

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Imperial

☐ Three-Year Program and Expenditure Plan

☑ Annual Update

Local Mental Health Director	Program Lead
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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

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Imperial

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Andrea Kuhlen	Name: Josue G. Mercado
Telephone Number: (442) 265-1602	Telephone Number: (442) 265-1277
E-mail: AndreaKuhlen@co.imperial.ca.us or andreakuhlen.icbhs@gmail.com	E-mail: josuemercado@co.imperial.ca.us or auditorsic19@gmail.com
Local Mental Health Mailing Address: Imperial County Behavioral Health Services, 202 N. Eighth Street, El Centro, CA 92243	

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

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

Local Mental Health Director (PRINT) ________________ Signature ________________ Date

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

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

County Auditor-Controller / City Financial Officer (PRINT) ________________ Signature ________________ Date

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

Three-Year Program and Expenditure Plan, Annual Update, and RER Certification (02/14/2013)

MHSA Background

In November 2004, California voters passed Proposition 63, which became a state law entitled the Mental Health Services Act (MHSA). The MHSA is funded through a 1 percent tax on personal incomes of over $1 million. The MHSA was designed to expand and transform California's mental health service systems. It was enacted into law on January 1, 2005.

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

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

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

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

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

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

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

Community Program Planning Process

The Imperial County Behavioral Health Services (ICBHS) Director, in collaboration with the Mental Health Board, headed the administration of the MHSA community program planning process, as well as the development of the FY 2019-2020 Annual Update. A Steering Committee that includes stakeholders is involved at all levels of the MHSA community program planning process.

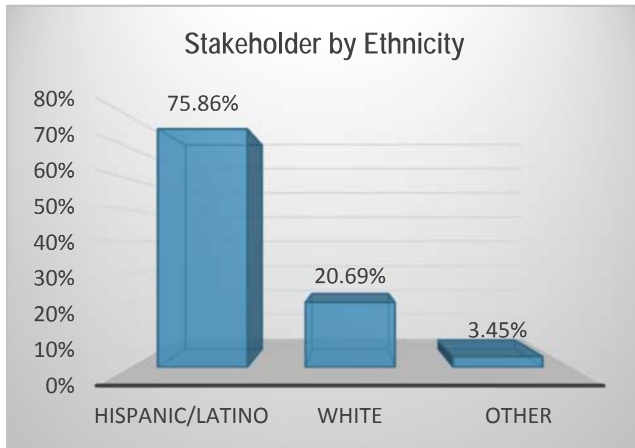
The MHSA Steering Committee meets on a quarterly basis to provide input and recommendations to the Department regarding the populations to be targeted for services under MHSA funding and evidence-based practices that would address issues and needs identified in the community. The committee is informed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

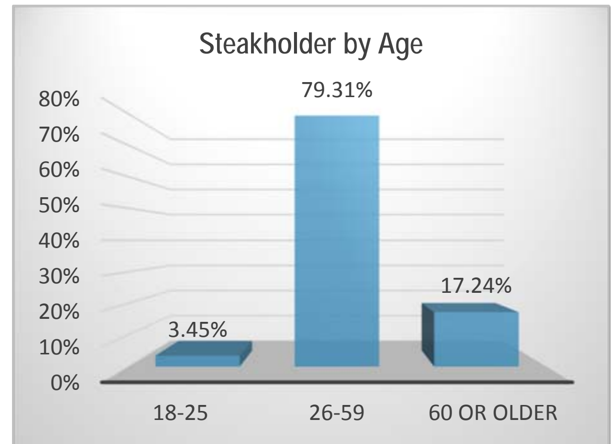
Stakeholders participating in the Steering Committee include consumers, family members, and peer supporters as well as representatives from law enforcement, education, veteran organizations, social services, community health agencies, and provider and system partners. Below is a list of agencies of which the stakeholders represent:

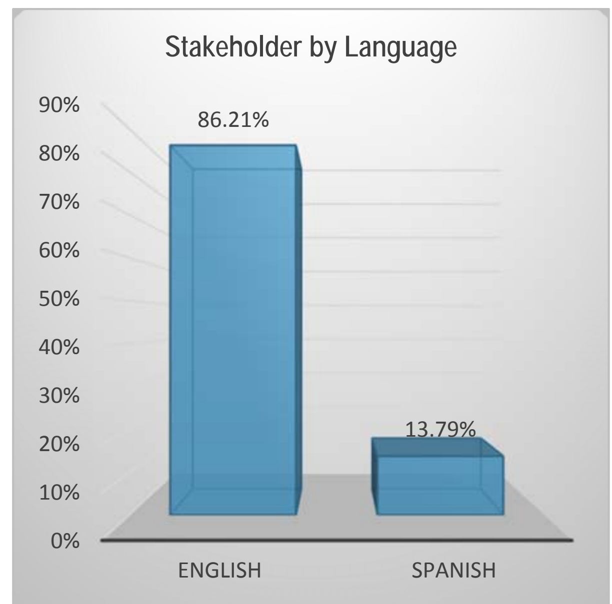
- Center for Family Solutions
- Child Abuse Prevention Council
- Clinicas de Salud del Pueblo
- Department of Social Services
- Imperial County Executive Office
- Imperial County Courts
- Imperial County Office of Education
- Imperial County Probation Department
- Imperial County Public Administrator's 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
- Mental Health Board Members
- National Alliance on Mental Illness
- Teach, Respect, Educate, Empower, Self (TREES) of Imperial County

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

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







During FY 2018-2019, the MHSA Steering Committee met on the following dates:

- September 17, 2018
- December 17, 2018
- March 18, 2019
- April 22, 2019
- June 17, 2019

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.

During FY 2018-2019, ICBHS continued a community planning process to identify needed supports and services for unserved and underserved populations. Outreach and engagement to underserved populations continued to expand through the scope of "Let's Talk About It" and "Exprésate", the weekly-aired, locally produced and hosted behavioral health radio programs in English and Spanish, the County's threshold language. Informational shows continued to provide the community with program overviews, referral and access information, the populations each program serves, and contact information through broadcast on three separate local radio stations. KXO Radio provided internet podcast hosting of all the radio shows that aired. With this podcast storing, any community member, friend, neighbor, family member, as well as agency personnel from ICBHS or any community agency, can access the information and refer an individual to a particular topic that may apply to their recovery at any time. Moreover, anyone can search the archives and listen in support of their own interests and/or needs.

The ongoing outreach and engagement to underserved populations identified in the MHSA processes received a variety of media and advertising support. The local English and Spanish newspapers and their internet sites, *Imperial Valley Women's Magazine*, and the local radio stations are targeted with program advertising. The shows have attracted a regular listenership and have established their voice as the local voice of radio wellness in the community.

30-Day Review Process
The FY 2019-2020 Annual Update was posted for a 30-day public review and comment period from April 22, 2019 through May 21, 2019.

Circulation
The FY 2019-2020 Annual Update was distributed through the MHSA Steering Committee, the Cultural Competence Task Force, and the Mental Health Board, as well as to the public during planned activities by the MHSA Outreach and Engagement Program's outreach workers. Advertisement for the Public Hearing was posted in the Imperial Valley Press, which is circulated throughout all regions of the county. Residents were able to provide feedback through a Public Comment Form.

ICBHS also facilitated informational outreach meetings to obtain public feedback regarding the FY 2018-2019 Annual Update. Imperial County made these sessions available as follows:

- April 30, 2019, 5:00 p.m. to 5:30 p.m. at 202 N. 8th Street, El Centro, CA 92243
- May 2, 2019, 5:00 p.m. to 5:30 p.m. at 205 Main Street, Brawley, CA 92227
- May 7, 2019, 5:00 p.m. to 5:30 p.m. at 25 E. Third Street, Calexico, CA 92231
- May 9, 2019, 5:00 p.m. to 5:30 p.m. at 202 N. 8th Street, El Centro, CA 92243

Public Hearing
After the 30-day public review and comment period, a Public Hearing was held by the Mental Health Board on May 21, 2019. The Mental Health Board also reviewed the Annual Update for FY 2019-2020 and made recommendations for revision, as appropriate. A summary and analysis of any substantive recommendations received during the public comment period and at the Public Hearing, including any substantive changes made to the Annual Update in response to public comments, are documented and included as Attachment 1 to this plan.

Annual Update Requirements

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

This 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 2017-2018 through 2019-2020 Three-Year Plan.

The intent of the Annual Update 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 (CFTN)

Implementation Progress Report by Component

Community Services and Supports

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:

- Children and families
- Transition-age youth
- Adults
- Older adults

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

- Full Service Partnerships
- Systems Development
- Outreach and Engagement

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

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

Imperial County Behavioral Health Services (ICBHS) has requested Full Service Partnership funds for the Youth and Young Adult Services Full Service Partnership Program and the Adult and Older Adult Services Full Service Partnership Program. General Systems Development funds were requested for the Recovery Center Program and Outreach and Engagement funds were requested for the Outreach and Engagement Program and the Transitional Engagement Supportive Services Program.

Full Service Partnership

Youth and Young Adult Services Full Service Partnership Program

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

community re-entry from juvenile hall; youth and parent mentoring; supported employment or education; transportation; housing assistance; and benefit acquisition.

The target population for each of the Full-Service Partnership programs for Youth and Young Adult (YAYA) Services is as follows:

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

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

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

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

- Medication Support Services
- Mental Health Services – Therapy (Individual, Group, Family)
- Mental Health Services – Rehabilitative
- Targeted Case Management
- Intensive Care Coordination
- Intensive Home Based Services
- Crisis Intervention
- Therapeutic Behavioral Services (TBS)

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

Cognitive Behavioral Therapy (CBT): CBT is an evidence-based psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence

behaviors. CBT is commonly used to treat a wide range of disorders including anxiety, depression, and addiction. Cognitive behavioral therapy is generally short-term and focused on helping clients 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.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT): TF-CBT is a treatment for children and youth, ages 12 to 25, provided by clinicians at Full Service Partnership clinic sites, that involves individual sessions. The goal of TF-CBT is to help address the biopsychosocial needs of children and youth, with Post-Traumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences. It includes active participation of parents or primary caregivers. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents are provided knowledge and skills related to processing the trauma; managing distressing thoughts, feelings, and behaviors; enhancing safety, parenting skills, and family communication.

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

Family Therapy

Family therapy is provided for clients and families when appropriate. Clinicians, in both clinic and home settings, provide family therapy interventions. The family therapy components teach families to include evidence-based cognitive-behavioral strategies for addressing family functioning, modeling and prompting positive behavior, providing directives and information, developing creative programs to change behavior, all while remaining sensitive to family member abilities and interpersonal needs.

Interpersonal Psychotherapy (IPT): IPT is an evidenced-based model utilized for the treatment of depression and other mood disorders being provided by clinicians at the FSP clinic sites. The model focuses on assisting clients to improve their interpersonal relationships or change their expectations about themselves. IPT also aims to aid clients 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 of ages 9 and above and their families.

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

Portland Identification and Early Referral (PIER): The PIER model is an early detection and intervention approach. This evidence-based model focuses on the prodromal phase of a developing psychotic illness and advocates psychosocial interventions and drug treatments that are tailored to the individual. The objective of the PIER model is to transition an individual identified with early serious mental illness into an evidence-based treatment model as quickly as possible to improve outcomes in treatment and allow for transition back into the community. Specific goals of PIER include: interrupting the very early progression of psychotic disorders, improving outcomes and preventing the onset of the psychotic phase of Serious Mental Illness like Bipolar Disorder, Major Depression, and Schizophrenia. PIER's emphasis is on family psycho-education and supported education and employment for the individual through the families' participation in Family Workshops, Joining Sessions, and Multi-Family Groups. The groups are an opportunity for the family to meet with clinical staff and 5-6 other PIER families to learn more about the illness process, ways to reduce stress, and how to get on with your lives thus improving outcomes and preventing the onset of the psychotic phase of Serious Mental Illness.

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

ICBHS has continued to maintain contracts with businesses and agencies in the community that address the needs of the youth and young adults being served through the YAYA-FSP program. The following are services currently being contracted by ICBHS and provided to clients:

Youth and Young Adults Fitness Program: Studies have shown that exercise improves mental health by reducing symptoms of anxiety, depression, negative mood, improving self-esteem, and cognitive function. In order to combine the benefits of exercise with traditional mental health treatments, the YAYA-FSP program provides an exercise program to promote health and wellness and guides them to a healthier and more active lifestyle. Fitness Oasis Health Club and Spa provides youth and young adult clients with severe mental illness and/or serious emotional disorders with physical training and nutritional guidance. Fitness activities are provided with guided supervision from fitness staff. Transportation is also provided to clients who opt to receive this service. However, this can be problematic to the clients who live in the more distant communities requiring longer travel distances. Consequently, YAYA-FSP programs will expand the use of consumer support funds to pay for gym memberships in the communities where clients reside, thereby reducing the transportation barriers that exist.

Tai-Chi: ICBHS contracted with a certified Tai Chi instructor to provide classes to youth at Imperial County Juvenile Hall. Given that the youth participating in the Tai Chi classes are able to learn techniques of relaxation, mindfulness, and self-regulation it was determined that students attending the Adolescent Habilitative Program (AHLP) at Southwest High School would also benefit from these classes. We have found that the

youth have been receptive to the concepts provided by these classes and have valued the opportunity.

Notable Performance Measures:
During FY 2017-2018, the YAYA-FSP program has continued to implement a standardized method for measuring outcomes by specific disorder and the implementation of two general tools that measure overall functioning. All youth ages 12 to 17, and their parents are administered the Youth Outcome Questionnaire-Self Report (YOQ-SR) and Youth Outcome Questionnaire for parents at the time of intake, annually, and upon the discharge of services. The YOQ is a tool for children and youth ages 4 to 17 receiving mental health services that are designed to measure treatment progress. The YOQ tracks changes in functioning during the course of treatment. The areas of measurement include interpersonal distress, somatic symptoms, interpersonal relations, social problems, behavioral dysfunction, and other critical items. The YOQ is also being used with those youths who are receiving TF-CBT, and are enrolled in the exercise program.

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

Effective October 1, 2018, ICBHS Child and Adolescent and Youth and Young Adult Divisions implemented the Child and Adolescent Needs and Strengths Assessment Tool (CANS) and Pediatric Symptom Checklist (PSC-35) pursuant to MHSUDS Information Notice No. 17-052 and 18-048. The CANS is a structured assessment used for identifying youth and family actionable needs and useful strengths. It provides a framework for developing and communicating about a shared vision and uses youth and family information to inform planning, support decisions, and monitor outcomes. This assessment is to be completed at the beginning of treatment, every six months, and at the end of treatment for all children/youth from age 6 through age 20. The PSC-35 is a psychosocial screening tool designed to facilitate the recognition of cognitive, emotional, and behavioral problems so appropriate interventions can be initiated as early as possible. Parents/caregivers complete the PSC-35 for all children/youth from age 3 through age 18. Prior to the implementation of these tools staff received training from the Praed Foundation.

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

Instrument Name	Disorder	Age Group	Areas of Measurement
Adult ADHD Self Report Scale ***(ASRS-v1.1)***	ADHD	18 +	ADHD Symptoms in Adults
Behavior and Symptom Identification Scale ***(BASIS 24)***	General	18 +	Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm
Child and Adolescent Needs and Strengths Assessment Tool ***(CANS)***	General	6-20	Needs Strengths

Center for Epidemiologic Studies Depression Scale - Mood Questionnaire ***(CES-D)***	Depression	12 +	Depression
Conners 3 ADHD Index – Parent ***(3-P)***	ADHD	6-18	Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer Relations
Conners 3 ADHD Index – Parent Short ***(3-PS)***	ADHD	6-18	Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer Relations
Conners 3 ADHD Index – Self Report ***(3-SR)***	ADHD	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
Conners 3 ADHD Index - Self Report Short ***(3-SRS)***	ADHD	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
Conners 3 ADHD Index - Teacher ***(3-T)***	ADHD	6-18	Inattention Hyperactivity/Impulsivity Learning Problems (Full Length Only) Executive Functioning (Full Length Only) Defiance/Aggression Peer/Family Relations
Conners 3 ADHD Index - Teacher Short ***(3-TS)***	ADHD	6-18	Inattention Hyperactivity/Impulsivity Learning Problems (Full Length Only) Executive Functioning (Full Length Only) Defiance/Aggression Peer/Family Relations

Eyberg Child Behavior Inventory ***(ECBI)***	Disruptive Behaviors	2-16	Behavior Problems Intensity Scale – Frequency of Problems Problem Scale – Parent's Tolerance
Generalized Anxiety Disorder Assessment ***(GAD-7)***	Anxiety	18 +	Panic Disorder Social Anxiety Post-Traumatic Stress Disorder
Pediatric Symptom Checklist ***(PSC-35)***	General	3-18	Internalizing Problems (Depression or Anxiety) Attention Problems (ADHD) Externalizing Problems (Conduct Disorder or Oppositional Defiant Disorder) Suicidality
PTSD Checklist-Specific - Civilian ***(PCL-C)***	PTSD	18 +	PTSD Symptoms
PTSD Checklist-Specific - Monthly ***(PCL-S)***	PTSD	18 +	Measures PTSD Symptoms From the Past Month
PTSD Checklist-Specific - Weekly ***(PCL-S)***	PTSD	18 +	Measures PTSD Symptoms From the Preceding Week
Patient Health Questionnaire ***(PHQ-9)***	Depression	18-25	Depression
UCLA Post Traumatic Stress Reaction Index - Parent ***(PTSD-RI-Parent)***	PTSD	3-18	PTSD Symptoms
UCLA Post Traumatic Stress Reaction Index - Self Report ***(PTSD-RI - SR)***	PTSD	7-18	PTSD Symptoms
Youth Outcomes Questionnaire - Parent ***(YOQ - Parent)***	General Tool	4-17	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items
Youth Outcomes Questionnaire – Self Report ***(YOQ - SR)***	General Tool	12-18	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record.

The YAYA-FSP Program goals and objectives for FY 2017-2018 through FY 2019-2020, as identified in the MHSA Three-Year Plan, are to:

- Continue to implement evidence-based practices that are specific to diagnosis and population and promote recovery and resiliency. With the implementation of the measurement outcome tools, the YAYA-FSP Program has been able to gather information and produce outcome reports that demonstrate treatment progress over

time that is client specific. Individual client services are being modified as necessary based on the data to ensure positive outcomes for clients. Furthermore, efforts will continue to be made in developing a system for data analysis that gathers outcome data that is team, unit, and department specific to ensure the YAYA-FSP Program is keeping fidelity and meeting the goals set forth by the Department.

- To improve access to services for unserved or underserved areas by securing an additional building in the south-end of Imperial County in the city of Calexico. Achievement in this region will be measured by tracking the increase of consumers served in this area of Imperial County. It is anticipated that once this clinic has been established there will be a significant increase in caseload size.

- Continue to improve and make facilities LGBT friendly and inviting, conduct outreach and engagement activities to increase services to the LGBT youth, and continue to address and define the unmet needs for LGBT youth in the community

- Increase referrals to equine therapy and improve outcomes in the areas of confidence, patience, and self-esteem. Consumers will then be able to demonstrate better behavior choices, understanding of logical consequences, nurturing of others, self-evaluation, and control. This increase in referrals will be promoted by the education of YAYA-FSP Program staff on the services and benefits of equine therapy, thus encouraging referrals. Increase of referrals will be measured by the number of referrals received and the YOQ-SR will provide information on consumers' progress in the area of confidence, patience, and self-esteem per fiscal year.

- Improve consumers' physical health by increasing the number of consumers referred to the YAYA-FSP exercise program at Fitness Oasis. This increase in referrals will be promoted by the education of YAYA-FSP Program staff on the services and benefits, thus encouraging referrals. The AVATAR system is now able to track individuals' Body Mass Index (BMI), which will be calculated at the initial nursing assessment. Consumers that present a risk based on their BMI, or report a desire to improve their physical health, will be referred for a physical evaluation and to the exercise program, thus increasing referrals. Another strategy to increase referrals consists of collaborating with Fitness Oasis in offering the exercise program on site to those consumers attending Community School or currently in Juvenile Hall. Outcomes will continue to be measured by tracking the increase in the number of referrals per fiscal year.

- Increase services through Imperial Valley Regional Occupation Program, which focuses on education performance and skill building, to increase the number of consumers who obtain a GED or a high school diploma. This increase in referrals will be promoted by the education of YAYA-FSP Program staff on the service and benefits, thus encouraging referrals. This will promote wellness, recovery, and self-sufficiency, and assist consumers with rebuilding a healthy and more independent lifestyle. The YAYA-FSP Program will continue to identify and make referrals to consumers whose emotional disturbances prevent them from maximizing their academic performance, thus in need of further academic assistance. Consumers will have access to computers and the internet to aid them in completing school assignments, as well as tutoring services that are sensitive to the unique needs of the YAYA-FSP Program consumer. Outcomes will be measured by tracking the

number of consumers referred and the number of consumers who obtain a GED or a high school diploma per fiscal year.

- Increase consumers' engagement to services and decrease the "no-show" rate through the use of motivational interviewing skills and outreach services. Additionally, the exploration of appointments with the nursing staff geared to education on the medication and diagnosis specific to the consumer to assist in the reduction of stigma and promoting the importance of medication compliance. Outcomes will be measured by tracking consumers' attendance to appointments and tracking the decrease of the "no-show" rate.

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

The YAYA-FSP Program has continued to provide evidence-based practices that are specific to diagnosis and population to improve patient outcomes, standardized care, and support effective treatment. With the continued use of these evidence-based models, individual client services are also modified based on outcome data, for better treatment results and effects.

In July 2018, three additional clinicians were trained on Trauma-Focused Cognitive Behavioral Therapy and four newly hired clinicians will be attending in March of 2019. These cohorts must attend consultation calls and a booster training to be prepared to treat adolescents who have been exposed to a traumatic experience.

- One goal of the YAYA-FSP Program continues to be to provide the unserved or underserved residents in the outlying areas of Imperial County with accessible and needed mental health services. Construction is now underway in the City of Calexico, CA, on a building suited for ICBHS needs. Construction is scheduled to be completed in April 2019. This new site will allow ICBHS to begin providing mental health services to the unserved or underserved population in that area. It is anticipated that once this clinic has been established, there will be a significant increase in caseload size. This achievement will be measured by tracking the increase of consumers served in this area.

- Ongoing efforts are being made to ensure the provision of LGBT (Lesbian, Gay, Bisexual, Transgender) sensitive services, as well as a sensitive clinic atmosphere. These efforts continue to include staff participation in LGBT community committees to contribute to making efforts to collect data to define the unmet needs of LGBT youth and their families. This information would help the department to identify the type and extent of unmet needs, thus assisting in providing targeted services and directing resources to address the needs of LGBT youth. One of these efforts includes additional training to be provided to ICBHS clinical staff in order to expand their skills in addressing the needs of the LGBT population with mental health needs. Dr. Lee-Ann Gray has been contracted to provide training for all staff at ICBHS. Training topics will include LGBTQ and Clinical Strategies to Support Sexual Orientation and Gender Identity Development, Self Compassion practices for clinicians and patients, increasing kindness, respect, cultural competency, and clinical confidence with diverse populations, Interacting and serving LGBTQ youth, adults, and families, and Empathy Circle Training. The YAYA-FSP Program has also

ensured that clinical facilities are LGBT friendly by being designated as LGBT Safe Zones, as well as identified with a "Safe Zone" poster. The "Safe Zone" symbol has also been added to the YAYA brochures and is posted at our outreach booths/tables during outreach events out in the community. This has been done to clearly communicate that clinics are welcoming and receptive locations for the LGBT community. YAYA staff also has begun to connect with LGBT clubs at local high schools and attend meetings when possible in order to meet our objective of meeting the unmet needs of our LGBT youth

- YAYA-FSP Programs continued to maintain a contract with Animals Plus to deliver Equine Therapy services to the youth and young adult population. In an effort to increase referrals to Equine Therapy, the staff began to promote additional outdoor activities being offered such as hiking, fishing, and gardening. Staff also provided education on the service and benefits, thus encouraging referrals. Despite our increase in outreach and promotion of this service, client interest remained low with limited participation and referrals resulting in an underutilization of the services. Thus resulting in the discontinuance of this equine therapy at the end of this fiscal year.

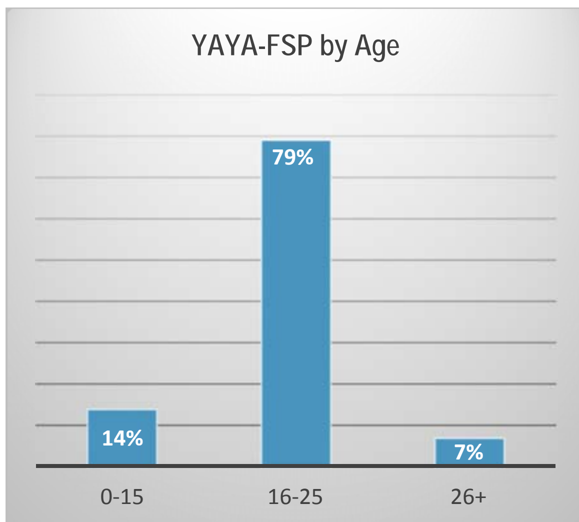
- YAYA-FSP staff continues their efforts to increase the number of consumers referred to the YAYA-FSP exercise program. YAYA-FSP staff continue to provide education on the service and benefits the client can achieve by participating in the exercise program. Fitness activities are provided with guided supervision by certified fitness staff. Transportation is also provided to clients who opt to receive this service. However, this can be problematic to the clients who live in the more distant communities requiring longer travel distances. Consequently, YAYA-FSP programs will expand the use of consumer support funds to pay for gym memberships in the communities where clients reside, thereby reducing the transportation barriers that exist. Currently, consumers receive fitness training with a contracted provider, called "Fitness Oasis". This will also encourage additional male consumers to participate since the contracted provider primarily serves the female population. Outcomes will continue to be measured by tracking the increase in the number of referrals per fiscal year and the use of a pre-post YOQ-R in order to measure the impact on symptoms and behaviors.

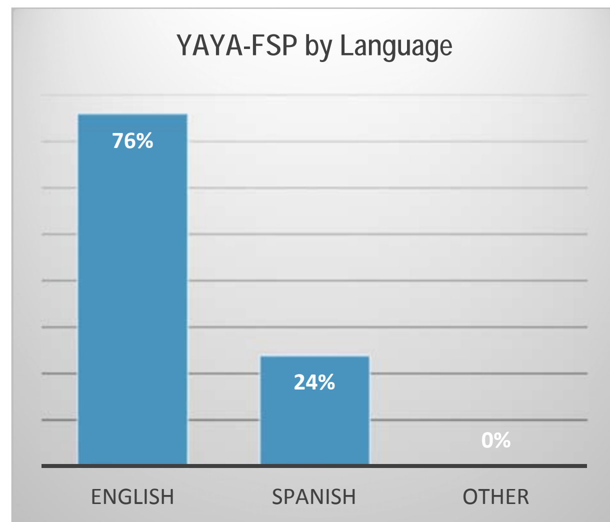
- During FY 2018-2019, GED services were terminated however pre-employment services remain available to clients at the Adults' Wellness Centers. Imperial Valley Regional Occupation Program (IVROP) offers consumers pre-employment, job readiness, and employment training. If consumers are interested in obtaining a high school diploma or GED, this can be achieved through the Wellness Centers as well. Community Service Workers have been prompting these services during their outreach and engagement activities.

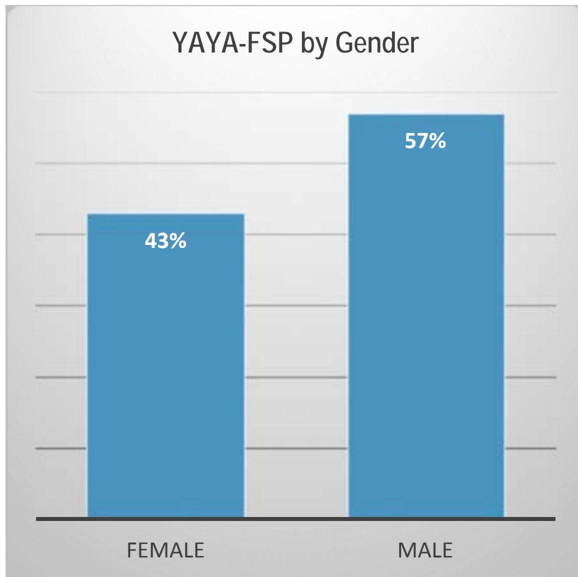
- The importance of meeting the mental health needs of youth continues to be a priority therefore YAYA staff have ongoing discussions on ways to improve the no show rate to clinical appointments. Staff continues to actively work on increasing consumers' engagement to services through the use of motivational interviewing skills in an attempt to encourage the client's commitment to services. Additionally, medication and diagnosis education sessions with the nurses continues to be provided for all clients who will be receiving mediation support services or who are identified as needing medication and diagnosis education to reinforce treatment

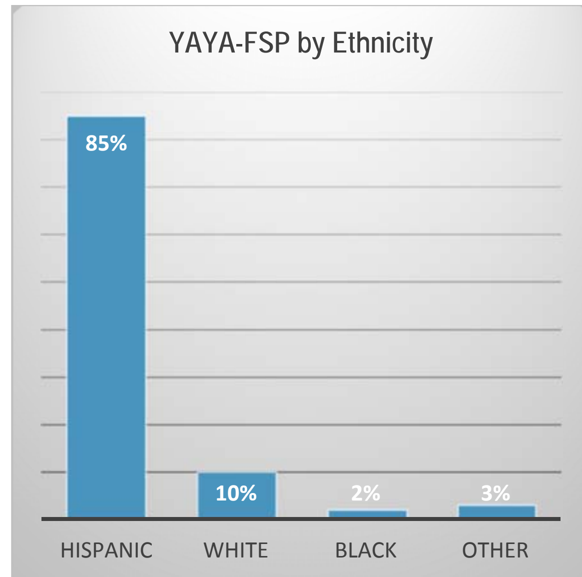
adherence. These medication and diagnosis individual sessions continue to be specific to the consumer and their families and continue to assist in the reduction of stigma this promoting the importance of treatment adherence. In an effort to capture the voice and choice of the population we serve the YAYA-FSP Programs administered surveys to gather more information about the needs and motivation of our clients in the course of delivering mental health services. The survey results showed that 82% feel better, encouraged or hopeful when they leave from their appointment with psychiatrist or therapist and that 75% look forward to their appointment or want more frequent appointments with mental health rehabilitation technician. The survey results also showed that 53% consider the care they are receiving at ICBHS-YAYA important, 37% extremely important and 10% somewhat important. Eighty-three (83%) of clients reported they are encouraged to continue attending their appointments because they believe will get better over time, want to feel better, and because their parents encourage them. However, results also revealed barriers in their treatment with 63% reporting they have a tendency not to come to their appointments due to lack of transportation or family demands. In consideration of survey results and review of no show rates, it was determined that an incentive program may prove to be effective in decreasing no show rate to appointments.

The number of unduplicated clients served at the YAYA-FSP program during FY 2018-2019 was 524, an increase of 9 clients from last year (up to 01/31/19). The average cost per person is $7,064. Below is a program demographic summary for FY 2018-2019:









Notable Community Impact:
In an ongoing effort to continue to enhance the working collaboration with Imperial County Probation Department, YAYA Services offered to provide additional services to probationers who have been ordered to receive services at Rite Track. Currently, the Probation Department contracts with Rite Track Youth Services to provide services and supports that are tailored to the needs of juvenile offenders who are under their supervision. Since music has been proven to regulate mood, decrease anxiety, and reduce impulsivity, ICBHS offers a music program to probationers attending Rite Track. The youth have the opportunity to play an instrument, record songs, or incorporate singing. The music program has been well received. In addition to the music program, Tai Chi instruction was provided to juveniles held at the local Juvenile Hall facility.

ICBHS, Department of Social Services (DSS), and Probation Department continue to work collaboratively to improve access to services and outcomes for children, youth, and their families. A Continuum of Care Reform (CCR) committee was formed for that purpose. Currently, the CCR committee is working on finalizing a Continuum of Care MOU between all three agencies and newly added member who serves as the Foster Youth Coordinator from Imperial County Office of Education. The MOU outlines a system in which information will follow effectively from the various agencies while ensuring client confidentiality. Representatives from ICBHS, Department of Social Services (DSS), and Probation Department attend the monthly Inter-County Collaborative Group Home Meeting that serves as a forum to discuss Short-Term Residential Therapeutic Program (STRTP) updates, program statements, and mental health updates such as the implementation of AB 1299 that established Presumptive Transfers. ICBHS has also participated in the AB 1299 monthly calls where members from the southern counties discuss implementation processes and share forms related to Presumptive Transfers. ICBHS has developed policies and procedures to ensure that placing agencies have the necessary documents when a child is placed out of the county of jurisdiction or incoming foster children placed out of their county of original jurisdiction are able to access mental health services in a timely manner. ICBHS has worked promptly to prepare mental health records for children/youth placed out of their county of jurisdiction to ensure that the child/youth receives Specialty Mental Health Services based upon their individual strengths and needs. For children/youth placed in

Imperial County, ICBHS has provided timely provision of mental health services by conducting an assessment given that mental health records have not been consistently provided.

YAYA-FSP Community Service Workers expanded their outreach efforts at local high schools to increase awareness and education to the adolescent population and to those who will refer them to the school districts. Efforts were made by reaching out to all high schools in the north end of Imperial County as well as El Centro and Imperial High School Districts where informational booths were set up at various school events such as Freshmen Orientation, Back to School Nights, Southwest High School's Social Awareness Week, World Mental Health Day Conference at Imperial Valley College, and during lunch hour breaks at Southwest and Imperial High Schools. Informational materials were disseminated at these events where the Community Service Workers had the opportunity to engage the students with any inquiries they might have related to mental health services at ICBHS. YAYA Services has also assigned a program supervisor as the liaison with educational institutions, primarily the local high school districts, to serve as a point of contact for collaboration or referral purposes. This program supervisor participates in the weekly School Attendance Review Board (SARB) meetings to diagnose and resolve persistent student attendance or behavioral problems. The Calexico, El Centro, Holtville, and Seeley SARB members have been pleased to have a mental health professional at these meetings who can readily inform them on mental health services available, the process on how to access them, as well as provide valuable input and feedback when students are exhibiting behavioral difficulties at school. This liaison has served to strengthen relationships with the aforementioned high school districts. Due to the success of this liaison, Specialty Mental Health Services are now being provided on the campuses of the Central Union High and Brawley Union High School District within each of their Family Resource Centers.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2017-2018:

During FY 2017-2018, the YAYA-FSP Program identified the following challenges or barriers:

- The YAYA-FSP Program has continued to identify a no show rate that is above the established benchmark of 25 percent for psychiatric medication support services appointments and psychotherapy appointments. In efforts to engage clients and motivate them to participate in treatment, YAYA-FSP clinicians have been working to engage clients and building therapeutic rapport prior to their intake assessment. Clients are contacted prior to their appointments and educated on the treatment process and obstacles to appointment attendance are explored. Questions regarding their appointments and treatment are answered to help decrease clients' anxiety related to mental health treatment. Also, medication and diagnosis education sessions with YAYA Services nursing staff are being offered at the clinics to assist in the reduction of stigma and promote treatment compliance. Aforementioned activities have served as a strategy to improve the no-show rates to mental health appointments by educating youth on the benefits of treatment adherence.

- The YAYA-FSP Exercise Program continues to experience a low referral rate and participation. It has been identified that clients who are referred are not attending on a regular basis. As a result of the low participation in the YAYA-FSP exercise program, mental health workers began contacting consumers referred to the program prior to their classes to provide encouragement and support in an effort to improve attendance. During their contacts, they educated consumers on the benefits of improving their physical health. The exercise incentive program continues to be a

strategy in place that serves to motivate clients and increase their participation. Consumer support funds have been utilized to pay for clients' membership to their gym of choice primarily since males have expressed the desire to attend gender neutral gyms. The current exercise program is held at an all-female gym. A survey was also administered to youth and young adult consumers to gather additional input and feedback on the need or desire of fitness programs. Survey results indicated an interest in yoga/meditation, martial arts, and dance. Given the feedback provided, the YAYA-FSP Program is in the process of contracting with additional gyms that will provide an array of fitness programs that match consumer's level of interest.

- The referral numbers to the YAYA-FSP GED program continue to be minimal due to the lack of consumer interest. As a result of the low number in the GED program, a shift in service focus was made from a GED service only with an emphasis on educational performance and skill building. This is being promoted by the education of YAYA-FSP program staff on the service and its benefits. Additionally, consumers have access to computers and the internet to assist them in completing any school assignments, as well as tutoring services that are sensitive to the unique needs of the YAYA-FSP consumer. However, participation continued to be low which ultimately led to a decision to terminate this component. However, the emphasis was redirected toward the IVROP Pre-Pre Employment program for our young adult population.

Significant Changes, Including New or Discontinued Programs, for FY 2018-2019:
Moral Reconation Therapy, GED program, and Tai Chi were discontinued in the Rite Track Program during FY 2018-2019.

Significant Changes, Including New or Discontinued Programs, for FY 2019-2020:
Equine Therapy will be discontinued for the upcoming fiscal year.

Adult and Older Adult Services Full Service Partnership Program

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

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

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

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

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

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

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

b. They are underserved and at risk of:
   (1) Homelessness;
   (2) Involvement in the criminal justice system (i.e., jail, probation, parole); **or**
   (3) Institutionalization (i.e., jail, psychiatric hospital, Institute for Mental Disease, Skilled Nursing Facility).

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

The Adult-FSP Program provides a variety of services, in a culturally competent environment, to adults and older adults, ages 26 and older, in all of the adult outpatient clinic locations. Individuals eligible to receive services through the Adult-FSP Program benefit from receiving medication support, therapy, and mental health rehabilitation/targeted case management services, if needed. Additionally, the program's Mental Health Rehabilitation Techniciansassist 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 aforementioned rehabilitation services and linkage to eligible individuals. Additionally, for the older adult population, delivery of needed supports and services are provided at their homes if they are homebound, unable to access public transportation, or do not have transportation.

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

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

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

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

Cognitive Behavioral Therapy-Anxiety (CBT-Anxiety): CBT-Anxiety is a therapy model used for adult clients with an anxiety related diagnosis. CBT-Anxiety is based on assumptions that psychological disorders involve dysfunctional thinking. CBT-Anxiety helps clients 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-Anxiety uses a variety of helpful techniques and strategies to challenge unhelpful patterns of thinking that trigger or increase anxiety related symptoms. Behavior techniques, in particular, help address those behaviors which may be used to reduce anxiety or avoid it altogether, including:

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

This model will also help clients 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 addresses the following areas:

- Thoughts;
- Activities; and
- People Interactions

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

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

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

MRT addresses beliefs and reasoning. It is a systematic, step-by-step group counseling treatment approach for treatment-resistant clients. The program is designed to alter how clients think and make judgments about what is right and wrong. The MRT system approaches the problem of treating resistant populations as a problem of low levels of moral reasoning. Moral reasoning represents how a person makes decisions about what he or she should or should not do in a given situation.

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

MRT systematically focuses on seven basic treatment issues:

- Confrontation of beliefs, attitudes and behaviors;
- Assessment of current relationships;
- Reinforcement of positive behavior and habits;
- Positive identity formation;
- Enhancement of self-concept;
- Decrease in hedonism and development of frustration tolerance; and,
- Development of higher stages of moral reasoning.

Notable Performance Measures:
The Adult-FSP Program has continued to implement a standardized method for measuring outcomes by specific disorder, as well as continues to utilize the BASIS 24 at the point of intake and annually, thereafter. The BASIS 24 provides a complete patient profile and measures the change in self-reported symptoms and problem difficulty over the course of time. The BASIS 24 also measures the client's level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional lability, and risk for self-harm. Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record.

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:

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

The Adult-FSP Program goals and objectives for FY 2017-2018 through FY 2019-2020, as identified in the MHSA Three-Year Plan, are to:

- Increase the number of FSP consumers at each clinic by providing training and education on the criteria for FSP services to those staff who make the initial contact with consumers to schedule an intake assessment appointment and to clinical staff who conduct assessments and determine treatment criteria.

- Reduce the number of crisis desk admissions and hospitalizations by increasing the use of mental health interventions that assist consumers with decreasing or eliminating impairments in an important area of life functioning as a result of their mental illness.

- Provide services and supports that teach, empower, and assist clients in accessing needed services; reduce incidents or risk of homelessness; improve clients' ability to manage independence and increase their ability to work or attend school; and improve safety and permanence at home, school, and in the community.

- Provide MRT services to consumers who have a history with the criminal justice system to help them increase moral reasoning, improve judgement and treatment adherence, and reduce recidivism.

- Increase the number of Adult-FSP Program consumers with a co-occurring substance use disorder who are referred to and receive substance use treatment.

- Decrease symptoms of mental illness by increasing the number of consumers who are referred to and attend the Medication and Diagnosis Education Groups and adhere to their recommended treatment.

- Improve access to mental health services for the LGBT community by increasing outreach efforts, having LGBT friendly clinics, and identifying specific LGBT factors at the time of initial intake assessment and annual assessment.

- Increase the number of peer support staff or volunteers that work specifically with the Adult-FSP population by engaging them into treatment and providing support and guidance to those who are receiving services.

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

- Since the start of July 2018, the Adult Services FSP programs at Calexico, El Centro, and Brawley have averaged a total of 17 new FSP clients per month. Trainings were provided to Adult Services staff including clinicians, mental health rehabilitation technicians, nurses, and doctors on the criteria for FSP services. These trainings are ongoing and have assisted staff to properly identify clients who meet and would benefit from FSP Services. Currently, Adults Services is providing services to approximately 1,409 clients who meet FSP criteria at the Adult Calexico, El Centro, and Brawley FSP clinics.

- From July 2018 to January 2019, 88 consumers assigned to Adult and Older Adult Services have been admitted to the Crisis and Referral Desk. These consumers are

quickly identified, assessed, and provided with FSP services. These intensive services have assisted consumers in becoming stable and continuing with outpatient services. Sixteen consumers have been hospitalized since July 2018, which constitutes an 18 percent hospitalization rate after they are provided services at the Crisis and Referral Desk and provided outpatient services succeeding in maintaining a lower level of care.

- Since July 2018, an average of 5 consumers per month reported being homeless at each of the FSP Clinics, this constitutes a total of 143 occasions consumers reported being homeless since July 2018. Furthermore, an average of three consumers per month reported being at-risk of being homeless at each of the FSP Clinics, or a total of 79 times consumers reported being at risk of becoming homeless. Consumers identified as homeless or at-risk of homelessness are provided intensive services through the FSP clinics. The clinics ensure to assess the consumer's needs and ensure personal safety, permanent housing, and continuance and completion of vocational or education goal is met. Consumers are assisted with managing independence, workability and vocation ability by referring to DOR, Wellness Center Services, IVROP, CET, and other community based workability, vocational, education programs including completion of GED, Associates Degree, or Bachelor's degree. Adult-FSP clients are able to access Consumer Supports and Services to assist them with housing vouchers including eviction prevention, security deposits, credit reporting fees, utilities, etc.; patient travel, education, and training, and other supportive services including clothing, food, hygiene items, etc. During FY 2018-2019, Adult-FSP Services have spent so far $180,161 on consumer support services.

- By the start of FY 2018-2019 all Mental Health Rehabilitation Technicians(MHRT's) have been trained on Moral Reconation Therapy (MRT). Groups were coordinated at El Centro and Brawley clinics. Since July 2018, 57 consumers were referred to MRT groups and 6 consumers on average per month participated in this model.

- During FY 2018-2019, the Adult-FSP Program identified 187 consumers with a substance use disorders. Since July 2018, 165 clients receiving services in an Adult FSP clinic are also receiving SUD Services. Clinics continue to assess consumers for substance use in the course of treatment in order to make appropriate diagnostic updates and treatment recommendations as well as allowing clients to access FSP services.

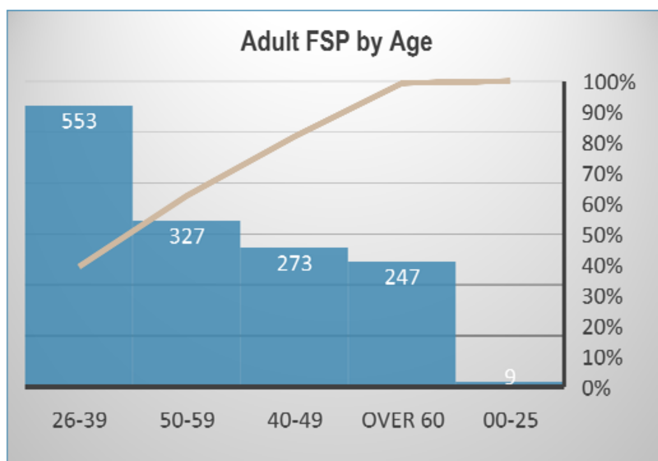
- Due to the increase demand of nurse time to telemedicine and the unavailability of nurses to be hired at this time, Medication and Diagnosis Education Groups were put on hold until more nursing time becomes available. At this time, nurses are providing this model to clients on a one on one basis during their regularly scheduled follow up appointment with the nurse, a special coding was added to monitor this service.

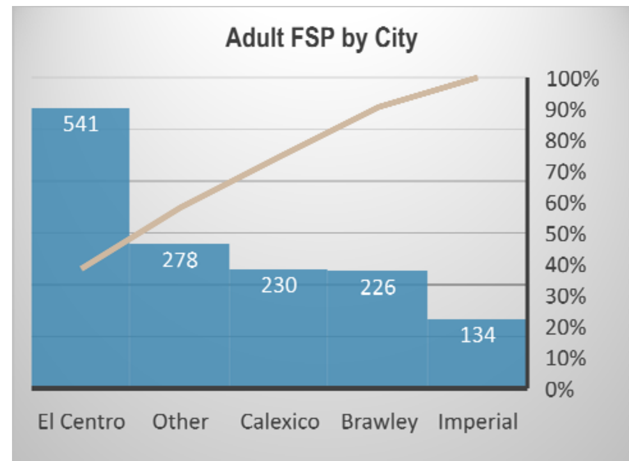
- In order to improve the accessibility and utilization of mental health services among LGBT population, the Adult-FSP Program has maintained an open relationship with the local LGBT Resource Center, which serves the LGBT community in Imperial County. Adults Services continues to be available to provide presentations, ICBHS Information and brochures are at the LGBT Resource Center in order educate and help reduce the stigma associated with receiving mental health services. Signs of LGBT safe environment are posted throughout the Adult-FSP Program clinics to aid in informing LGBT clients that it is a safe, judgement-free environment.

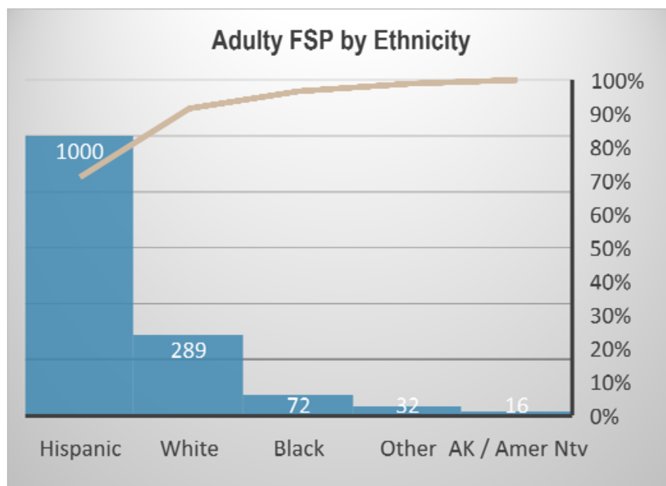
- During FY 2018-2019, three (3) Mental Health Worker positions were approved and staffed; these positions will be assigned to the three FSP clinics in Calexico, El Centro, and Brawley. The Wellness Center Consumer staff grew to 2 employed staff, 11 County certified consumer volunteers/peer supporters, and 35 un-official volunteer peer supporters. The volunteers assist with such tasks as running group sessions, completing WRAP plans and initial assessments, answering phones, assisting the consumers with making appointments, interpreting, overseeing the client store and collecting funds, preparing coffee for the clients, keeping the clients break room clean, assisting clients with signing into program/groups for the day, assisting with special activities (arts and crafts, potlucks, and etc.), leading in the development and production of the Wellness Center Newsletter, and creating and posting the monthly calendars for the clients. These volunteers play a very important role in the daily and overall functions of the Wellness Center. It is expected that these volunteers will use their experience and apply for positions in the department.

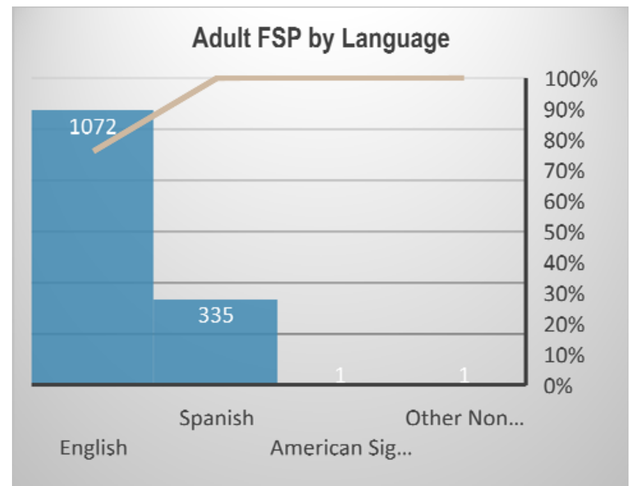
The number of unduplicated-clients served by the Adult-FSP Program is approximately 1,409 for FY 2018-2019 based on caseload assignments per team. There was an approximate monthly average cost per person of $ $3,288.51 for FY 2018-2019 which only covers 6 months and appears to be a decrease in monthly average compared to FY 2017-2018 of $8,519.45 per person for that year.

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









Notable Community Impact:
In an effort to assist our homeless community, Adult FSP clinics have spent so far $180,161 on consumer support services during FY 2018-2019. These funds have been spent on motel vouchers, rental assistance, and other qualified expenses to help this population maintain a home, obtain a job or attend college.

Adult FSP clinics continue to identify clients who would benefit from substance use disorder services. Adult FSP staff refer consumers to SUD-ODS Services and work collaboratively to stabilize consumers and provide needed services to improve the lives of this population. During FY 2018-2019, the Adult-FSP Program identified 187 consumers with a substance use disorder. Sixty-seven consumers accepted referrals to SUD treatment. Clinics continue to assess consumers for substance use in the course of treatment in order to make appropriate treatment recommendations.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2018-2019:
Since July 2018, the Diagnosis and Medication Education Groups were put on hold due to the unavailability of nursing time. Two nurses remain on long term leave and recruitment for additional nurses has been unsuccessful. Furthermore, due to the increase demand of nurse time to telemedicine and Substance Use Disorder Clinic; it has become unsustainable to continue to provide this model with our current staff available. Nurses have been directed to provide the interventions of this model on a one on one basis with clients who would benefit from this model. Nurses meet with these consumers during their scheduled follow-up visits.

Another barrier in Adult-FSP Programs was continued implementation of the MRT model. Despite the high number of referrals from the different FSP and non FSP clinics, participation has been minimal and inconsistent. Staff have been provided with a protocol to help them assess, refer, and follow up with consumers in an effort to increase attendance to this model. Consumers are provided with transportation and staff have been directed to provide more information to clients about the model to motivate and engage them.

Significant Changes, Including New or Discontinued Programs for FY 2018-2019:
During FY 2018-2019, Adult Services postponed the implementation of Medication and Diagnosis Education Groups. Adult Services contracted with Orbit Health to provide telemedicine services. This new service increased the demand for nurse time; furthermore, we have been unable to recruit more nurses to meet the demand. Medication and Diagnosis Education Groups were put on hold until more nursing time becomes available. At this time, nurses are providing this model to clients on a one-on-one basis during their regularly scheduled follow up appointment with the nurse.

Significant Changes, Including New or Discontinued Programs for FY 2019-2020:
No significant changes are planned for FY 2019-2020.

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. Currently, ICBHS has two Wellness Center facilities, one in El Centro and one

in Brawley. 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 receiving at least one Specialty Mental Health Service 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, integration into the community, 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 a support group, 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 average number of unduplicated consumers served at the El Centro and Brawley Wellness Centers is approximately 502 per year. The cost per person for the Wellness Centers combined for FY 2018-2019 is $3068.41 in six (6) months per person which is a decrease from Fiscal Year 2017-2018 of $7,357.24.

The Wellness Center continues to partner 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 continues with a music instructor who provides group and individual voice and instrumental music instruction. Wellness Center staff provides bus vouchers and/or arrange for transportation through the ICBHS Transportation Unit based upon the consumer's specific transportation needs.

Through the aforementioned agencies, consumers are also offered the opportunity to attend classes on English as a Second Language, Arts and Crafts, Tai Chi, photography, self-esteem, life skills, cooking (such as baking and/or cake decorating), embroidery/sewing, and computers.

Notable Performance Measures:
Outcome measurement tools are currently being implemented to measure progress made by clients who attend the Wellness Centers. One of the tools implemented in this program is the Illness Management and Recovery Scale (IMRS), which is an evidence-based measurement tool used to assess different aspects of illness management and recovery for individuals. It is used to measure outcomes in individuals ages 18 and older who are diagnosed with disorders

related to bipolar, psychosis, schizophrenia, depression, anxiety, or trauma. The IMRS is administered upon intake and quarterly thereafter.

The IMRS scores focus on the following areas:

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

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

Major components of the WRAP include the following:

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

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

The Wellness Centers' goals and objectives for FY 2017-2018 through FY 2019-2020, as identified in the MHSA Three-Year Plan, are to:

- Increase the number of consumers who obtain a GED, certificate, and/or college degree through their participation in the different vocational and educational programs provided at the Wellness Center.

- Improve clients' overall physical health by increasing consumers' participation in the exercise/fitness program and participation in nutritional classes. Progress will be measured by a decrease in consumers' BMI and through consumers' reported physical health improvement.

- Increase consumers' independence and social connections by engaging them in their WRAP to strengthen their social supports and increase involvement in pleasurable and social activities.

- Increase consumers' ability to maintain stable housing, maintain employment, and manage independent living through participation in IVROP life skills classes, the GED program, and linkage to the Department of Rehabilitation.

- Implement family psycho education groups to increase family participation in consumers' treatment and build consumers' significant supports.

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

During FY 2018-2019, the Wellness Center made the following progress toward the goals and objectives identified in the MHSA Three-Year Plan for FY 2017-2018 through FY 2019-2020:

- Currently, there are 94 clients registered at Imperial Valley College. Sixty-two (62) were enrolled in FY 2017-2018. Twenty-nine (29) consumers are participating in IVROP services for GED, and seven Department of Rehabilitation (DOR) referrals were in job placements under the Work Training Center.

- Since July 2018, the Wellness Centers enrolled an average of 62 consumers to exercise programs and 56 to nutritional programs. Previous data regarding BMI scores were not tracked consistently by the exercise program providers. Effective August 2018, the exercise program providers began to track the scores on a more consistent basis. Currently, for FY 2018, there were a total of 22 enrolled and 16 reducing baseline BMI. Consumers also reported physical health improvement which is being monitored through the Illness Management and Recovery Scale (IMRS) measurement tool and the WRAP, which are updated on a monthly basis with each consumer. Currently, 83 have reported improvement in their physical health.

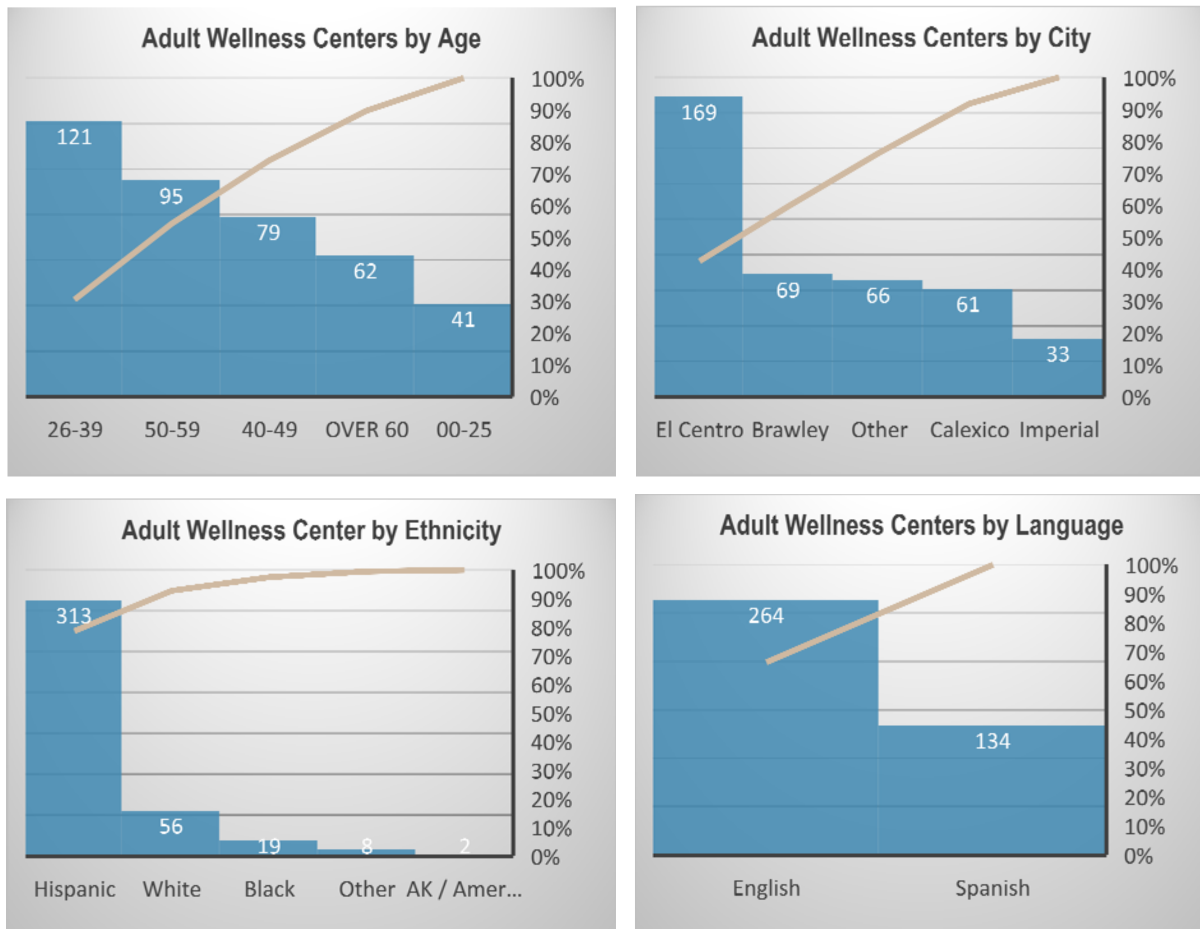
- Since July 2018, a total of 361 consumers attending the Wellness Center Services updated their WRAP either monthly or quarterly depending upon the stage of recovery. This is a significant increase from last year's 150 updates. Based on the completion of these WRAP plans, 288 consumers reported strengthening social supports through involvement in the Wellness Center activities compared to 88 reported last year. A total of 140 reported actively participating in pleasurable activities, compared to 80 in 2017; and 151 reported involvements in social activities, compared to 75 in 2017.

- Since July 2018, 436 consumers reported having stable housing, compared to 358 in 2017; 31 clients reported maintaining employment, compared to 20 in 2017; 142 are participating in IVROP life skills, compared to 103 in 2017; 39 are participating in the GED program, compared to 43 in 2017; and 15 (for the last 6 months) are participating in services through the Department of Rehabilitation for employability, compared to 23 in 2017.

- Effective February 2018, three peer support groups a week are being offered at the El Centro Wellness Center and two peer support groups a week at the Brawley Wellness Center. The topics are related to consumers' well-being. The Wellness Centers continue to work closely with NAMI and encourage consumers and their families to participate in the evening groups hosted at our Wellness Center sites.

➢ Since July 2018, 435 consumers have been participating regularly in the different programs offered during the weekdays at the El Centro and Brawley Wellness Centers. This is an increase when compared to 345 in 2017. Attendance to these programs is monitored daily and reported on a monthly basis. These services include fitness programs, nutritional programs, music lessons, vocational and educational services, social activities, peer support groups, among other services that promote consumers' wellness and overall recovery.

The following charts provide a current demographic summary of the Wellness Centers:



Notable Community Impact:
The Wellness Center contracts with a music teacher to expand music classes to both the El Centro and Brawley Wellness Centers. Through these classes, the Wellness Center builds on consumers' musical strengths and polishes their talents. By empowering consumers and teaching them a skill that they can perform out in the community and becoming part of a group of consumers with similar backgrounds and recovery goals, the Wellness Center has been able to help them with their recovery in a less traditional way. Consumers participating in the music classes, who are otherwise known as *The Wellness Center Superstars*, performed for the World Mental Health Day Summit on October 12, 2018. They also performed for EQRO in 2018. Some of the comments from outside observers have been that the group is inspiring and that they are very talented. *The Wellness Center Superstars* have recorded their second CD, which began

being sold in January 2018. The profits of the CD sales will help fund future recordings and ongoing social activities within the Wellness Center and in the community.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2018-2019:
During FY 2018-2019, the Wellness Centers encountered challenges and barriers that have impacted the functions of the program. The program was unable to properly track Body Mass Index (BMI). They were not able to develop baseline BMI information or track progress due to lack of appropriate staff and equipment to do so. In August 2018, the programs received the appropriate machines to assist with this and the exercise instructors made all efforts to assist with monitoring the data. As a result, we began tracking this data and are expecting that, within the next few months, we can obtain valid data to show if progress has been made by each participant enrolled in this part of the exercise program.

The ability to meet the demands of the program's transportation needs has also been a challenge. The program has an assigned vehicle; however, it is currently not meeting the needs of providing transportation for additional services such as outside exercise program, park walks, and social outings. Currently the programs alleviate this need by requesting vehicles from the ICBHS vehicle pool through the Transportation Unit; however, the requests have been more frequent and there has been an increase in consumers participating. As a result, the Transportation Unit does always not have enough vehicles to meet the needs of the program's outings. Consequently, staff are required to make multiple trips to accommodate the need and reduces the time available for the activities.

Significant Changes, Including New or Discontinued Programs for FY 2018-2019:
The Wellness Centers have not been able to expand the variety of groups consumers are requesting due to lack of rooms or open space to conduct activities and additional groups simultaneously. Consumers have requested that some groups be conducted based on the level of recovery. They have also requested more variety of services/groups during the day (i.e. medication education groups, support groups, nutritional classes, arts and crafts) while optional educational classes are taught in another room. One of the ways this barrier was mitigated was by extending the hours at the center from 9:00 a.m. to 12:00 p.m. to 9:00 a.m. to 4:00 p.m. It is expected that both Wellness Centers will have additional space to provide more groups and activities as a result of planned remodeling of the buildings. This is expected to be effective in May 2019.

Significant Changes, Including New or Discontinued Programs for FY 2019-2020:
The plan is to implement the evidence-based model Illness Management and Recovery Model to improve awareness of mental illness, treatment and steps/ skills that lead to recovery. Management staff is currently identifying how the model is applied and will work on determining training and next steps needed to implement.

Outreach and Engagement

Outreach and Engagement Program

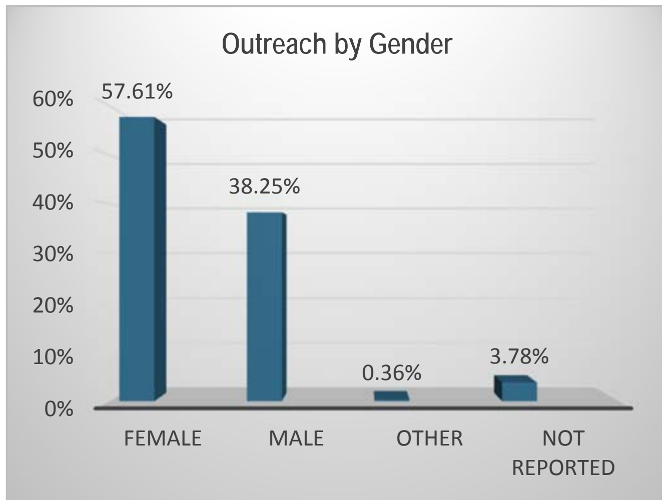
The Outreach and Engagement Program is an important component of the MHSA, as the program provides outreach and engagement services to unserved and underserved SED and SMI individuals in the areas where they reside. The goal of the program is to reduce the stigma associated with receiving mental health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

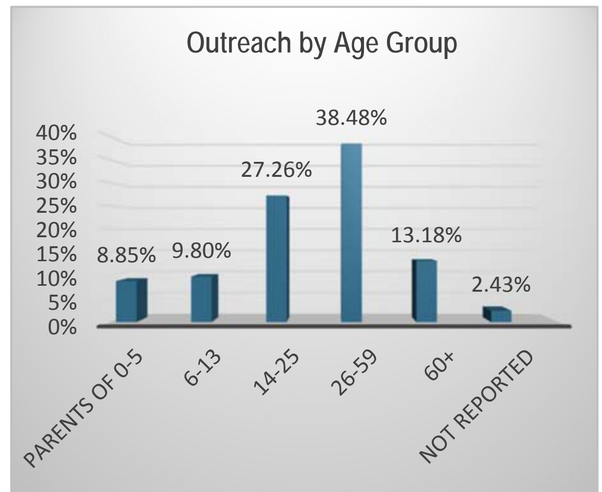
The Outreach and Engagement Program provides education to the community regarding mental illnesses and their signs and symptoms; resources to help improve access to mental health care; and information regarding mental health services available through ICBHS. Staff provides outreach at many community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

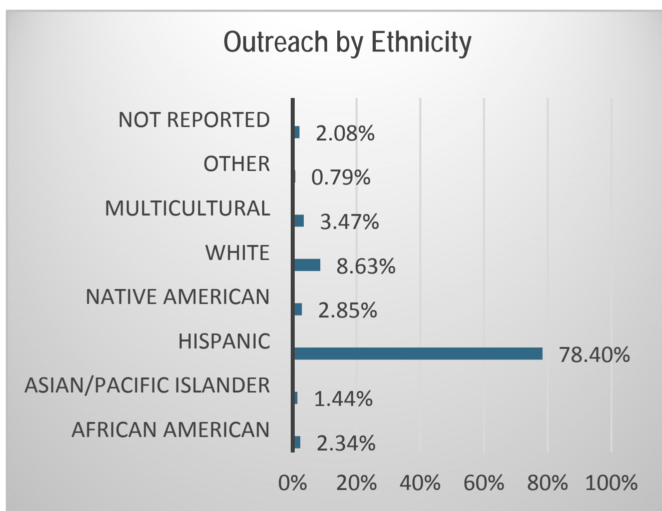
Additionally, the Outreach and Engagement Program assists individuals in obtaining services from ICBHS by providing education on how to initiate services and assistance in scheduling the initial intake assessment appointment. Staff also provide linkage to transportation services for the initial intake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

Notable Performance Measures:
During CY 2018, 11,824 individuals were provided with outreach. The charts below provide a demographic summary of the individuals who were provided with outreach during this time frame.

Outreach and Engagement Program CY 2018 Demographics						
Demographic Category	**1st Quarter**	**2nd Quarter**	**3rd Quarter**	**4th Quarter**	**CY Total**	**Percentage of Total**
Gender						
Female	2,444	1,096	935	2,337	6,812	57.61%
Male	1,367	895	711	1,550	4,523	38.25%
Other	17	2	2	21	42	0.36%
Not Reported	66	16	261	104	447	3.78%
Total	**3,894**	**2,009**	**1,909**	**4,012**	**11,824**	**100%**
Age Group						
Parents of 0 to 5	620	49	258	177	1,104	8.85%
6 to 13	215	170	267	570	1,222	9.8%
14 to 25	1,064	502	608	1,226	3,400	27.26%
26 to 59	1,432	854	800	1,714	4,800	38.48%
60+	589	452	199	404	1,644	13.18%
Not Reported	140	32	27	104	303	2.43%
Total	**4,060**	**2,059**	**2,159**	**4,195**	**12,473**	**100%**
Ethnicity						
African America	89	32	36	122	279	2.34%
Asian/Pacific Islander	80	13	17	62	172	1.44%
Hispanic	3,021	1,589	1,553	3,197	9,360	78.4%
Native American	83	124	10	124	341	2.85%
White	435	147	187	261	1,030	8.63%
Multicultural	102	49	72	191	414	3.47%
Other	57	3	12	22	94	0.79%
Not Reported	118	53	26	51	248	2.08%
Total	**3,985**	**2,010**	**1,913**	**4,030**	**11,938**	**100%**







Notable Community Impact:
A notable community impact from 2018 was the implementation of a Sexual Orientation/Gender Identity survey to improve outreach and engagement data collection with the LGBTQ population. Imperial County implemented a bilingual three-question survey that quickly, privately, and confidentially allows an individual to state their assigned birth gender, current gender, and sexual orientation. The survey was developed in English and Spanish. Outreach and Engagement staff were trained on respectful administration and the survey is now included in data gathering at all informational booth outreach events. It is anticipated that the data gathered will provide additional insight into more effective outreach and engagement strategies for our LGBTQ populations.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2018-2019:
Emphasis is being placed on expanding mental health awareness events from Imperial County Behavioral Health to community events accessing a variety of populations. In 2017-2018, “May is Mental Health Awareness” events were held in three local high schools, the local community college, as well as Behavioral Health Wellness Centers. In June 2018, plans were made to have Behavioral Health informational booths at high school football games at Southwest High School in El Centro.

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

Significant Changes, Including New or Discontinued Programs, for FY 2019-2020:
No significant changes are planned for FY 2019-2020.

Transitional Engagement Supportive Services Program

The Transitional Engagement Supportive Services (TESS) Program provides outreach and engagement services with a special emphasis to unserved and underserved population including Severe Emotional Disturbed (SED) and Severe Mentally Ill (SMI) individuals ages 14 and older. The TESS Program serves individuals who have been discharged from Lanterman-Petris Short Act (LPS) Conservatorship by the courts, acute care psychiatric hospitals, Imperial County Behavioral Health Services (ICBHS), and Mental Health Triage Unit (MHTU). The objective of the TESS Program is to provide supportive services while individuals transition to outpatient mental health treatment. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care.

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

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

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

Services available to clients at the TESS Program include:
- Initial Intake Assessment;
- Initial Nursing Assessment;
- Initial Psychiatric Assessment;
- Medication Support;
- Mental Health Services-Nurse;
- Mental Health Services- Rehabilitation Technician;
- Targeted Case Management; and
- Crisis Intervention

The TESS Program provides linkage to a variety of community resources, including, but not limited to:
- Education and Employment;
- Emergency Shelter;
- Permanent Housing;
- Emergency Clothing;
- Emergency Food Baskets;
- SSI/SSA Benefits Application or Appeal;
- DSS/Cash Aide Assistance Application;
- Section 8 Housing Application;
- Substance Use Treatment or Rehabilitation Referral;
- Finding a primary care physician, dentist and/or optometrist;
- Referral to Other MHSA Programs;
- Driver's License/ID Application;
- Linkage to Immigration Agencies;
- Linkage to Developmental Disability Agencies;
- Linkage to Parole/Probation;
- Other ICBHS programs and community resources

The TESS Program assists in expediting services to individuals, upon prescreening evaluation, who have been found to be in imminent need of services due to high risk of decompensation 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 Mental Health Rehabilitation Technician for the purpose of securing safe hospital discharge planning and offering to secure immediate access to mental health services.

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

As a result of the increasing amount of community referrals, the TESS Program has expanded services to the new MHSA Community Engagement Supportive Services Program effective January 1, 2019.

Community Engagement Supportive Services Program (CESS) provides intensive outreach services to individuals in the community who suffer from a Serious Mental Illness (SMI) and or co-occurring disorders and those who are in need of obtaining mental health services. The focus of the CESS program is to provide intensive outreach services in the community; not only provide services and advocacy to clients, but to also spread awareness and educate the community regarding mental illness. In addition, the CESS program strives to improve

coordination of services through collaboration with community agencies such as local hospitals, law enforcement agencies, Department of Social Services, nonprofit homeless providers, emergency shelters, and faith-based organizations. In addition, the CESS program also works in collaboration with the Imperial County Jail and the State of California Department of Corrections Rehabilitation. The objective of the CESS Program is to provide supportive services while individuals transition to outpatient mental health treatment. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care.

Portland Identification Early Referral (PIER) Model

The CESS Program is also responsible for implementing Phase I, Phase II, and Phase III of the Portland Identification Early Referral (PIER) Model, whose objective is to educate the community, provide treatment to the youth, and assist families in preventing psychosis. PIER Model consists of outreach and engagement (Phase I) and in-depth assessment (Phase II) using the Structured Interview for Prodromal Syndromes (SIPS) to determine prodromal or first episode criteria for the PIER Mode, and Multifamily Groups (Phase III) which provides an opportunity for families and support persons to meet with clinical staff in a group setting to learn more about symptoms and ways to reduce stress.

Moral Reconation Therapy (MRT)

Moral Reconation Therapy (MRT) is an organized treatment strategy that seeks to decrease recidivism among criminal offenders by increasing moral reasoning. Its cognitive-behavioral approach combines elements from a variety of psychological traditions to progressively address ego, social, moral, and positive behavioral growth. As a result, programs that have implemented MRT have shown a significant reduction in the rates of recidivism.

CESS continues to implement MRT groups formally provided by the TESS program at the County Jail as of September 19, 2016. Since the implementation of the MRT, there are currently three MRT groups, two males and one female group, both of which meet once a week for 2-hour sessions. For FY 2018-2019, there have been 12 completions of the program.

Motivational Interviewing

Motivational Interviewing is a collaborative communication strategy that strengthens the individual's own motivation to change. This method is designed to strengthen personal motivation for and commitment to a specific goal by eliciting and exploring the person's own reasons for change within an atmosphere of acceptance and compassion. Motivational Interviewing is a proven method of communication for helping individuals undertake and maintain behavioral change.

Both the TESS and CESS programs have aimed towards successfully linking individuals to mental health services. The following data provides the number of individuals served through the TESS Program with the number of successful transfers to outpatient mental health services. During FY 2018-2019, the TESS Program has served 374 individuals to date, of which, 153 were successfully transferred to outpatient mental health services. Additionally, the CESS program served 58 individuals and, out of those 58 individuals, 22 were successfully transferred to outpatient mental health services. The average cost per person was $1,471.06.

Since the implementation of the CESS program on January 1, 2019, CESS has received 160 referrals, of which, 22 have successfully been transferred to mental health services.

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

Demographic Category	TESS FY 2018-2019	CESS FY 2018-2019
Gender		
Female	167	21
Male	206	37
Other	1	0
Not Reported	0	0
Total	**374**	**58**
Age Group		
0 to 13	3	2
14 to 25	123	16
26 to 59	220	31
60+	28	9
Not Reported	0	0
Total	**374**	**58**
Ethnicity		
Hispanic	289	50
Black	8	0
White	71	6
Alaskan Native	0	0
Asian Native	1	0
Other	3	2
Total	**374**	**58**

Notable Performance Measures:
The TESS Program administers the BASIS 24 outcome measurement tool to establish a baseline of symptoms and impairments to those clients age 18 years and older. The areas of measurement include depression/functioning, relationships, self-harm, emotional liability, psychosis, and substance abuse. The BASIS 24 is administered at the time of initial intake assessment and is re-administered on an annual basis.

The TESS Program completed 227 BASIS 24 and the CESS completed 8 BASIS 24 for FY 2018-2019. The TESS Program incorporated the YOQ-SR and YOQ-Parent Report as a result of the expansion of the TESS Program services to target the youth and young adult population, ages 14 to 17. For the general tools, all youth, ages 14 to 17, and their parents are administered the YOQ-SR and YOQ-Parent Report at the time of initial intake assessment and annually, thereafter. The tool is designed to measure treatment progress and tracks changes in

functioning during the course of treatment. The areas of measurements include interpersonal distress, somatic symptoms, interpersonal relations, social problems, behavior dysfunction, and other critical items. 82 Youth Outcome Questionnaires were completed by the TESS and 3 by the CESS during FY 2018-2019.

During FY 2018-2019, for the PIER Model, there has been 17 Structured Interview for Prodromal Syndromes (SIPS) completed. Out of those, 13 individuals met criteria under prodromal, 2 for a first psychotic episode, and 5 were screened out. From those, 13 individuals and their families are currently participating in PIER Model services through 3 treatment cohorts: Cohort One – an English group, and 2 Cohort Two's – in Spanish groups. There are currently 8 individuals and their families in the process of starting PIER Model services.

Below is a list of measurement tools that are currently being implemented at the TESS Program:

Instrument Name	Disorder	Age Group	Areas of Measurement
Behavior and Symptom Identification Scale ***(BASIS 24)***	General	18 +	Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm
Youth Outcomes Questionnaire – Parent ***(YOQ – Parent)***	General Tool	4-17	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items
Youth Outcomes Questionnaire – Self-Report ***(YOQ – SR)***	General Tool	12-18	Interpersonal Distress Somatic Interpersonal Relations Social Problems Behavioral Dysfunction Critical Items
Structured Interview for Prodromal Syndromes ***(SIPS)***	Psychotic Disorders	12-25	Usual Thought Content/Delusional Ideas Suspiciousness/Persecutory Grandiose Ideas Perceptual Abnormalities/Hallucinations Disorganized Communication
Pediatric Symptom Checklist 35 **(PSC 35)**	General Tool	3-18	Psychosocial screening tool designed to facilitate recognition of cognitive, emotional, and behavioral problems.
Child and Adolescents Needs and Strengths ***(CANS)***	General Tool	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

Information and scores for these measurement outcome tools are being submitted through the AVATAR electronic health record.

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

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

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

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

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

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

Program to provide outreach and successful transfers to outpatient mental health services.

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

- The TESS and CESS Programs have continued to increase efforts to engage homeless individuals by improving collaboration with homeless shelters and educate agencies on mental illness and services available in the community. Presentations at local agencies will be done by a community service worker and, upon identifying potential clients, staff will gather information and complete referral form and link them to Behavioral Health Services. For FY 2018-2019, a total of 432 referrals have been received. Due to having a shortage of staff and the continued expansion of the department, outreach has been limited; however, the TESS and CESS Programs will continue working towards accomplishing this goal.

- In order to prevent individuals from decompensating and readmitting to the MHTU and/or inpatient psychiatric hospitalization, TESS and CESS Programs will continue to work on improving successful transfers to outpatient mental health services by linking clients to outpatient clinics within the 30-day time frame, which will be accomplished by expediting services. So far, a total of 200 initial nursing assessments have been completed be the TESS and CESS programs. Clients will be scheduled for an initial intake assessment within three days, for those who are discharged from the MHTU and/or inpatient hospital, or seven days, if referred by community referral. Upon completion of the initial intake assessment, the client will have an initial nursing assessment and initial psychiatric assessment for medication support scheduled within the three-week time frame via telehealth services in order to expedite service delivery. For FY 2018-2019, a total of 168 individuals were successfully transferred to outpatient services. Additionally, since November 2017, in order to prevent clients from decompensating and ensure access to medication regiment, a psychiatrist is assisting the TESS and CESS Programs by seeing clients that are in need of medication support and/or have been recently discharged from psychiatric hospital.

- The CESS Program will remain focused on providing presentations to non-profit organizations, social services agencies, school districts, health clinics, shelters, local physician offices, law enforcement agencies, local hospitals, home health agencies, the Mexican Consulate, and colleges, with the objective of expanding accessibility to mental health services and drug and alcohol services. The following is a breakdown of the presentations done during the current fiscal year:

02/15/19 - Ama Tu Corazon Resource Fair
02/09/19 - Calexico Farmers Market
01/31/19 - Senior Appreciation Day
01/18/19 - Westmorland Resource Center
01/16/19 - Niland Community Resource Fair
12/19/18 - La Feria Navida
12/15/18 - Imperial Market Days
12/07/18 - PACT

11/30/18 - Christmas Tree Lighting
11/29/18 - Imperial Valley College World Aids Day
11/28/18 - Salvation Army Health and Wellness
11/03/18 - Food Truck Fest
10/30/18 - Southwest High School Football
10/20/18 - Health and Wellness Fair Farmers Market
10/19/18 - Southwest High school Football
10/17-18 - Calipatria Health and Wellness
10/12/18 - World Mental Health Day – Imperial Valley College
10/03/18 - Title 1 Parent Conference
09/28/18 - Southwest High School Football
09/20/18 - Imperial Valley College Suicide Prevention
09/14/18 - Southwest High School Football

This has created a great impact on PIER Model services. As of October 2017, Cohort One was completed after 2 years of biweekly groups and currently, there are three (3) active Multifamily Groups and one pending to begin.

- The TESS Program will continue working to improve expedited follow-up services and care coordination for those individuals who are placed in a psychiatric hospital. Via mental health rehabilitation technician services, the TESS Program will assist hospital social workers to ensure follow-up care is implemented by coordinating placement, scheduling mental health outpatient appointments, and linkage to other community services. To date, during FY 2018-2019, a total of 80 hospitalized clients have been referred to the TESS Program and 26 Clients hospitalized by other counties were successfully linked to ICBHS.

FY 18-19 - YTD	No. of admissions
July	10
August	9
September	7
October	9
November	12
December	15
January	13
February	5
Total	**80**

Hospitalization Follow-Ups for FY 18-19 – YTD	
Successfully linked to ICBHS	80
In County Private Provider Services	54
Out of County Outpatient Services	26
Lost Contact	0
Declined Services	N/A
In Process of Linking to ICBHS	N/A
Total Out-of-County Hospitalizations	**80**

- CESS will continue to improve mental health service delivery at the Imperial County Jail by conducting initial intake assessments for those individuals who are scheduled to be released. Upon release, the CESS Program will assist in expediting services for those individuals to have an initial nursing assessment and an initial psychiatric assessment

for medication support within the three-week time frame. Additionally, Mental Health Rehabilitation Technicians(MHRT) services will be provided to support individuals in reintegrating back into the community. To date, during FY 2018-2019, there have been a total of 19 County Jail referrals. A total of 9 completed Initial Intake Assessments while pending to be released and **7** individuals have been successfully linked to outpatient services. There are currently **3** individuals waiting to be released from the County Jail and transition back into the community.

During FY 2018-2019, the TESS Program served 374 individuals. From July 1, 2018 to present, 146 were successfully transferred to outpatient mental health services, 5 did not meet medical necessity. Overall, 223 did not complete linkage due to non-compliance or were unable to locate.

TESS Program: Referral Outcome Overview	
Successful Linkages to Mental Health Outpatient Clinics:	146
Did Not Meet Medical Necessity:	5
Unsuccessful Linkages:	223
Pending:	0
Total TESS Referrals:	**374**

TESS Program: Successful Transfer	
Youth and Young Adults Services	44
Adult and Older Adult Services	101
Conservatorship	0
San Pasqual Family Resource Center	1
Children Services	0
Total TESS Transfers:	**146**

During FY 2018-2019, the CESS Program served 58 individuals. From January 1, 2019 to present, 22 were successfully transferred to outpatient mental health services.

CESS Program: Referral Outcome Overview	
Successful Linkages to Mental Health Outpatient Clinics:	22
Did Not Meet Medical Necessity:	0
Unsuccessful Linkages:	36
Pending:	0
Total TESS Referrals:	**58**

CESS Program: Successful Transfer

Youth and Young Adults Services	7
Adult and Older Adult Services	15
Conservatorship	0
San Pasqual Family Resource Center	0
Children Services	0
Total TESS Transfers:	**22**

Notable Community Impact:
In an effort to engage homeless individuals and increase the accessibility of mental health services to the unserved/underserved populations, the TESS and CESS Programs participate in the Imperial Valley Homeless Task Force and enrolls individuals in the Projects for Assistance in Transition from Homelessness (PATH) Program. The PATH Program is designed to support the outreach to, engagement of, and delivery of services to eligible individuals who are homeless or at risk of homelessness whom of are the hardest to reach and most difficult to engage, with unknown severity of mental illness and/or co-occurring substance abuse disorders. Additionally, the TESS and CESS Programs continue to work in collaboration with homeless shelters to educate on mental illness, accessibility of services, and stigma reduction.

The TESS and CESS Programs will continue to target homeless individuals via on-going outreach efforts with the goal to increase mental health awareness and reduce the stigma associated with mental illness.

Through a community service worker, the TESS Program provides outreach and engagement services to unserved and underserved populations. Staff contacts local community shelters to establish contact with potential consumers living in such facilities and educates local community shelter staff and potential consumers regarding the services offered by ICBHS. Additionally, the community service worker is the liaison with inmates that are about to be released from County Jail. For FY 2018-2019, to date, there have been 25 outreach presentations which have led to an increase of referrals to ICBHS. In efforts to better assist the population and provide better services, it was necessary to expand services by splitting the functions of the TESS program and creating a new program called CESS program. With the addition of this program, it is expected to concentrate mainly on providing outreach in engagement services directly to the community and capture a new audience with an emphasis on increasing more community referrals.

The CESS Program will continue to work in collaboration with various community entities such as El Centro Regional Medical Center and Pioneers Memorial Hospital – Emergency Room staff to identify individuals who are exhibiting psychiatric symptoms in order to educate them on the referral process and continuity of care offered by ICBHS. Additionally, via the community referral process, the TESS Program receives referrals from West Shores High School in the outer, Northern region of Imperial County, El Centro Police Department, Veteran's Affairs, Imperial County Department of Social Services – Children & Family Services and Adult Protective Services, IVROP, IVC, Planned Parenthood of Imperial Valley, Calexico Clinicas de Salud del Pueblo, the Mexican Consulate, Adult Day Out Programs, Healthpeak Home Health Care, Imperial County Victim Witness, Sure Helpline Crisis Center, the ICBHS Assessment Center, Imperial County Probation Department, Federal Parole El Centro Office, California Department of Corrections and Rehabilitation, and local physicians' offices – all with the goal to expand accessibility to mental health services to the unserved and underserved.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2018-2019:
Due to the growth of the program and increase of client admissions and different variants, it was necessary to split the program and develop a description of roles and responsibilities for CESS and TESS. CESS and TESS continued to encounter difficulties with engaging some individuals and linking them to the outpatient mental health services. The most prominent barrier is the lack of doctor time available at the outpatient clinics. Consequently, it was necessary to include the completion of the initial psychiatry assessment prior to being transferred to the designated outpatient clinic. Additionally, the TESS Program has noticed an increase in re-hospitalizations of those inactive clients residing out-of-county. As of November 29, 2016, a Performance Improvement Plan (PIP) was implemented to ensure continuity of care for Imperial County Medi-Cal beneficiaries who are discharged from a psychiatric hospital. The PIP focused on implementing interventions to improve care coordination to assist beneficiaries. TESS and CESS programs are having difficulties is a shortage of staff to fulfill the community needs. As a result, a requisition was submitted to the County Board of Supervisors to hire a community service worker to increase community outreach and be able to target the homeless population.

Significant Changes, Including New or Discontinued Programs, for FY 2018-2019:
During FY 2018-2019, The MHSA TESS Program expanded services with the development of a new program: Community Engagement Supportive Services (CESS). The CESS program was established on January 1, 2019. In an effort to expedite coordination of services, CESS will focus on providing intensive outreach and engagement services aimed towards increasing access to mental health services and engaging individuals into the needed array of services through ICBHS including screening, development of rapport, offering support while assisting with immediate and basic needs. CESS will also work in collaboration with community agencies promoting awareness in order to facilitate the referral process in obtaining mental health services for individuals who are currently suffering from SMI or Substance Use Disorders. In addition, CESS will continue to collaborate with Imperial County Jail and the State of California Department of Corrections Rehabilitation. The objective of the CESS Program is to provide supportive services while individuals transition to outpatient mental health treatment. Services provided are directed to address the specific needs of each individual when he or she is transitioning to different levels of care.

To increase mental health services and ensure clients are successfully linked to the outpatient clinics, TESS and CESS are providing additional services which include initial psychiatric assessment prior to the transfer to outpatient clinics, effective September 2019.

Due to the Mental Health Triage and Engagement Services (MHTES) taking a proactive approach to the delivery of services, it was determined to have the MHTHES-Community Engagement Supportive Services (CESS) as the assigned clinic to provide Portland Identification Early Referral model and interventions for the 1st psychotic episode or for individuals in the prodromal phase. Previously, these services were provided jointly by staff at the Youth and Young Adult Full Service Partnership clinics and staff at the Mental Health Triage and Engagement Services. Effective February 1, 2019, the MHTES-CESS consolidated the PIER Model and reorganized the delivery of services. PIER will stand as a supplemental program offered through CESS upon previously meeting the Full Service Partnership (FSP) criteria at the Youth and Young Adult clinics. The Youth and Young Adult FSP clinics will route referrals to MHTES-CESS Program once potential PIER clients are identified and criteria are met.

The CESS Program will be responsible for implementing Phase I and Phase II of the Portland Identification Early Referral (PIER) Model. Phase I consists of providing outreach and engagement services to potential PIER individuals and educating the community at large. Phase II entails an in-depth evaluation via the Structured Interview for Prodromal Syndromes (SIPS) assessment to determine admission criteria.

Effective February 1, 2019, a supplemental program was integrated into the Mental Health Triage and Engagement Division called Portland Identification and Early Referral – Full Services Partnership (PIER-FSP). This program will be in charge of implementing Phase III of PIER Model which involves families and support persons meeting with clinical staff in a group setting to learn more about symptoms and ways to reduce stress through the multi-family groups.

Effective March 2018, ICBHS implemented the Drug Medi-Cal Organized Delivery System (DMC-ODS). With the implementation of the DMC-ODS program, the CESS and TESS have transitioned the Residential and Transitional Housing Programs including the McAlister and San Diego Freedom Ranch programs to the DMC-ODS Program.

The TESS and CESS Program goals and objectives for 2018-2019 through FY 2019-2020 are to:

- To continue to engage homeless individuals by increasing accessibility of mental health services to the underserved or unserved population;

- To improve delivery of services to those are homeless or at risk of homelessness who are the hardest to reach and most difficult to engage with unknown severity of mental illness and/or co-occurring substance use; TESS and CESS will train specific staff on SOAR training and monitor those cases for a least 90 days;

- To improve collaboration with homeless shelters and educate on mental health services to identify possible referrals by having at least one presentation per month and keep track of referrals from the homeless shelter;

- To continue successfully transfer individuals to the outpatient clinics within 30 days of admission by completing the entire intake process which includes: intake assessment, initial nursing assessment and initial psychiatric assessment prior to transfer;

- To continue to increase community outreach presentations to the community. CESS will be engaging in outreach events twice monthly to educate and reach the unserved and unserved population;

- Staff providing outreach services will be identifying key community agencies and will participate in meetings and/or multi-disciplinary teams with the purpose of educating, informing and creating a networking system that will increase the number of referrals;

- To continue follow-up services for those individuals that are hospitalized out-of-county and are not returning to Imperial county to increase accessibility of services and decrease hospitalizations. TESS will continue to coordinate placement, scheduling mental health appointments, and assisting with the accessibility of services;

- To continue to improve mental health services delivery at the County jail by conducting initial intake assessments for those individuals who are scheduled to be released. CESS will be assisting in expediting services upon release from jail. CESS will keep track of jail referrals to provide outreach and successfully transfer to the outpatient mental health services.

Prevention and Early Intervention (PEI)

The intent of Prevention and Early Intervention (PEI) programs is to move to a "help first" system in order to engage individuals before the development of severe mental illness or serious emotional disturbance, or to alleviate the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. The PEI programs have implemented strategies to reduce negative outcomes such as school failure/dropout, prolonged suffering and/or removal of children from their homes that may result from untreated mental illness.

To facilitate access to services and support at the earliest signs of mental health problems and concerns, PEI builds capacity for providing prevention and mental health early intervention services at sites where people go for other routine activities such as health providers, education facilities, and community organizations.

Prevention and Early Intervention Programs				
Prevention	Early Intervention	Stigma and Discrimination	Outreach for Increasing Recognition of Early Signs of Mental Illness	Access and Linkage to Treatment
✓ TF-CBT Prevention ✓ Incredible Years	✓ TF-CBT Early Intervention	✓ Stigma and Discrimination	✓ TF-CBT Prevention ✓ TF-CBT Early Intervention ✓ Stigma and Discrimination ✓ Outreach and Engagement* ✓ Transitional Engagement Supportive Services* ✓ Community Engagement Supportive Services Program*	✓ TF-CBT Prevention ✓ TF-CBT Early Intervention ✓ Incredible Years ✓ Stigma and Discrimination ✓ Outreach and Engagement* ✓ Transitional Engagement Supportive Services* ✓ Community Engagement Supportive

				Services Program*
***Programs are provided under the MHSA CSS component**				

Prevention Programs

ICBHS provides selective prevention for children and youth exposed to traumatic experiences. This prevention component implements key strategies to reduce the negative outcomes such as school failure/dropout and prolonged suffering from becoming severe and disabling. The prevention services are provided at sites where residents of Imperial County go for other routine activities such as schools and other community organizations. This integration allows mental health to become part of the wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

Since 2009, ICBHS has implemented Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as a selective prevention program. The TF-CBT model was selected to address the needs of the priority population of children and adolescents, ages 4 to 18, who have been exposed to a traumatic experience, but who do not present symptoms typically exhibited by those who experience a traumatic event such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to natural disasters (earthquakes), terrorist attacks, war trauma, and cyber bullying. The goal of the TF-CBT model is to prevent mental illness from developing and to help the individual recognize the potential signs and symptoms of a mental disorder and to learn skills to overcome the negative effects of traumatic life events. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment.

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

The TF-CBT Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community. Similarly, this program has allowed increase access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment, such as the home, schools, community centers, and family resource centers. The program has also helped foster a "help first" system by facilitating access to supports to prevent the development of mental illness. The focus of this program is to engage individuals before the development of serious mental illness or serious emotional disturbance.

For FY 2017-2018, ICBHS has provided selective prevention services to 137 children/youth and approximately to 171 parents/legal guardians at a cost of $2,570 per child/parent. This cost includes the provision of TF-CBT therapy sessions by master level clinicians, as well as linkage and referral services by the clinicians for the child/youth and their parents/legal guardians.

The following is the demographic information for FY 2017-2018 (January 2018):

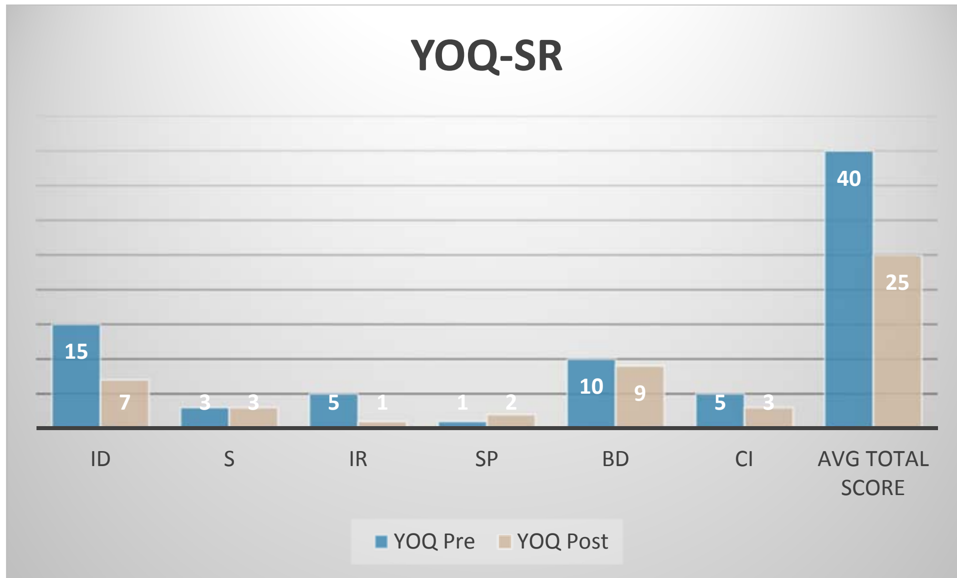
Age Group	Total	Percentage
0 - 15	131	96%
16 -18	6	4%
TOTAL	**137**	**100%**
Gender	**Total**	**Percentage**
Female	70	51%
Male	67	49%
Race	**Total**	**Percentage**
Black	3	2%
White	129	94%
Asian	1	1%
Other	4	3%
Language	**Total**	**Percentage**
English	88	64%
Spanish	49	36%
Ethnicity	**Total**	**Percentage**
Hispanic: Mexican/Mex-American	121	88%
Non-Hispanic: African/Black	3	2%
Non-Hispanic: Japanese	1	1%
Non-Hispanic: European	8	6%
More than one Ethnicity	4	3%

Notable Performance Measures:
ICBHS continues to measure performance outcomes for the selective prevention component of PEI. Information on this program is gathered and outcome measurements data is entered into the department's information system (AVATAR). Performance outcome tools, Youth Outcome Questionnaire and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) are manually entered into a log. ICBHS' Information System department is currently in the process of contracting with an agency to develop, and generate reports to evaluate the effectiveness of the program as a prevention strategy.

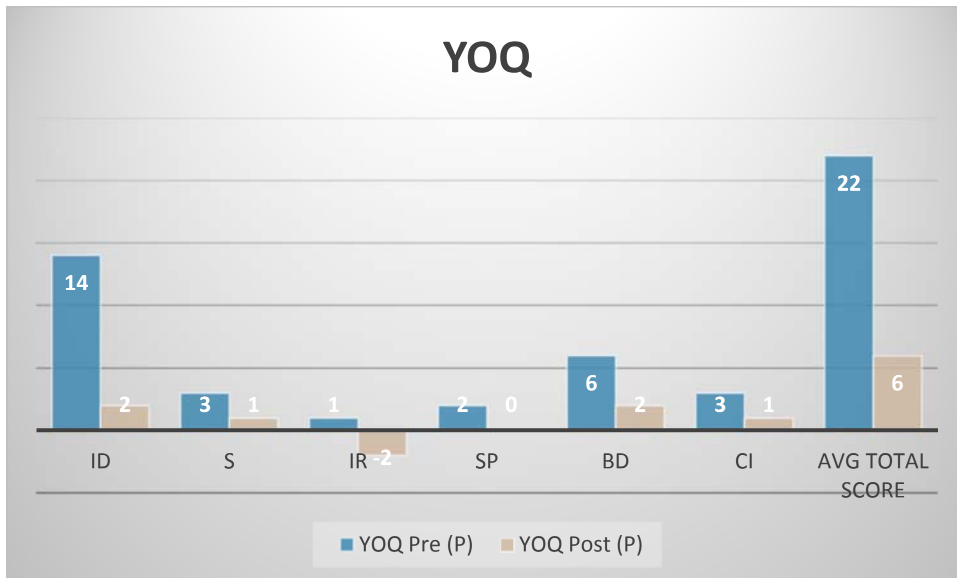
FY 17-18, a total of 137 children/youth were served and 67 successfully completed the TF-CBT model. Out of 67 successful completions, 63 parents/legal guardians/caregivers and 6 children/youth completed a pre and post YOQ. Some of the contributing factors to this discrepancy included: 1) Pre or Post data was not obtained after numerous attempts by our clinicians, 2) the YOQ-SR is for children ages 12 to 18, and many of the children who successfully completed the TF-CBT model were under the age of 12.

The following graphs include outcome data based on pre and post outcome evaluation tools completed by children/youth and their parents/legal guardian/caregiver.

Graph 1: YOQ complete by child/youth (n=6)



Graph 2: YOQ tool completed by Parent/legal guardian/caregiver (n=63)



Based on the above scores, children/youth who have experienced a traumatic event in their lives, have improved their overall functioning after completing the TF-CBT model. This is evident by a decrease in the YOQ scores based on data collected from children/youth and parent/legal guardian/caregiver.

Notable Community Impact:
The program continues to be successful in meeting the needs of the community given the support provided by community partners. The program receives constant referrals from schools, community agencies and children's mental health outpatient treatment. For FY 17-18, 137 children/youth were provided services. Out of the 137 served, 112

(82%) have not required or sought additional mental health treatment since being discharged from the Prevention TF-CBT program, which speaks of the impact this program has made in the lives of children and youth and our community.

Challenges or Barriers and Strategies to Mitigate those Challenges or Barriers:
One of the continued challenges under the Prevention component of PEI is having the adequate staff to provide services. For FY 2017-2018, the PEI TF-CBT program was staffed with 4 part-time clinicians totaling 1.95 FTEs.

Significant Changes, including new or discontinued programs for FY 18-19
There were no significant changes during FY 18-19.

Progress Made Towards Achieving Goals Identified in the MSHA Three-Year Plan:

- *Increase the number of children/youth served to 225 by increasing clinical staff to develop the capacity to serve all children referred to this program in a timely manner.*

  During FY 2017/2018, PEI served a total of 697 individuals under the TF-CBT program. The TF-CBT program is divided into two programs: Prevention and Early Intervention.

  - **Prevention:** The goal of serving 225 children/youth developed in the 3-year plan was not modified. For FY 17-18, the TF-CBT - Prevention program served a total of 308 individuals. This total includes 137 children/youth and 171 parents/legal guardians/caregivers. Out of 137 children/youth, 67 (50%) successfully completed TF-CBT; 7 (5%) were transferred to the children's outpatient during therapy due to requiring a higher level of treatment such as medication support services; 33 (24%) declined services either at intake or during therapy and 30 (21%) are actively being served as of June 30, 2018.

  - **Early Interventions:** The TF-CBT – Early Intervention program provided services to 389 individuals of which 173 were children/youth and approximately 216 were parents/legal guardians. For the next MHSA 3-year plan, the goal will be modified for both the Prevention and Early Intervention programs.

Program Goals and Objectives for the IY Program during FY 2018-2019:

- Provide TF-CBT as a selective prevention strategy to children and youth in order to prevent functional impairments of a traumatic event.

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

- Utilize the PTSD-RI, YOQ, and YOQ-SR to measure symptoms and behaviors of children/youth served and monitor the outcome of children/youth served to evaluate after prevention (TF-CBT) services are provided.

- Collect demographic information on populations served, when possible, for purpose of program evaluation and required reporting.

Incredible Years (IY) - Parenting Model

ICBHS provides a parenting program to address the needs of unserved and/or underserved families to prevent prolonged suffering and to prevent at risk families from having their children removed from their homes. IY was the selected parenting program as this model appears to meet the needs of the community, focusing on strengthening parenting competencies and fostering positive parent-child interactions and attachments for infants to children, up to the age of 12 years. IY is a comprehensive evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote children's development in a positive environment, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social and emotional development.

This program is conducted by two trained facilitators in a group setting with up to 12 parents. The program consists of 10 to 18 two-hour weekly meetings. 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 the community as the program materials are available in English and Spanish.

ICBHS continues to contract with a local agency, the Child and Parent Council (CAP Council), for the implementation of a parenting program in targeting our priority population of children and youth in stressed families as part of our prevention program.

For FY 2017-2018, the CAP Council has conducted 28 groups, providing services to 622 parents at an average cost of $479 per parent. This cost includes staffing, child care, mileage, phone and internet service, insurance, mileage reimbursement, books and office supplies, advertising, office equipment and repairs, incentives for parents, and printing costs.

Below is the demographic information for FY 2017-2018:

Age Group	***Total***	***Percentage***
0 - 15	1	1%
16 - 25	63	10%
26 - 59	518	83%
60+	27	4%
Missing	13	2%
Sex Assigned at Birth	***Total***	***Percentage***
Female	481	77%
Male	141	23%
Gender Identity	***Total***	***Percentage***
Female	481	77%
Male	141	23%
Sexual Orientation	***Total***	***Percentage***
Heterosexual/Straight	524	84%
Decline to Answer	98	16%
Race	***Total***	***Percentage***
Am. Indian/Alaska Native	6	1%

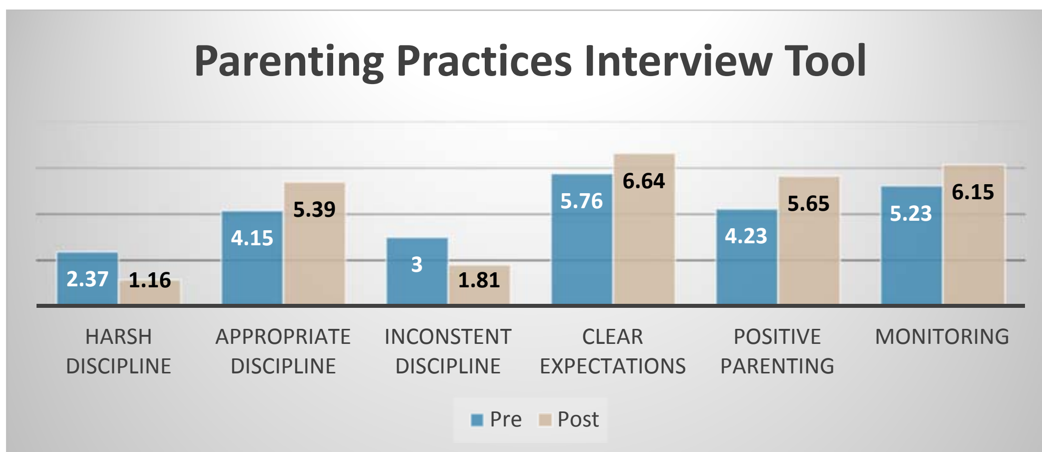
Black/African American	11	2%
Other Pacific Islander	1	0%
White	574	92%
Other	30	5%
Ethnicity	***Total***	***Percentage***
Mex/Mexican American	567	91%
European	26	4%
African	11	2%
Asian Indian/ South Asian	1	0%
Other	4	1%
Missing	13	2%
Language	***Total***	***Percentage***
English	140	62%
Spanish	86	38%
Other Language	1	0%
Veteran Status	***Total***	***Percentage***
Yes	3	1%
No	594	95%
Missing	25	4%
Identifies with any Disability or Special Needs	***Total***	***Percentage***
Yes	20	3%
No	578	93%
Missing	24	4%
Disabilities or Special Needs	***Total***	***Percentage***
Difficulty Seeing	4	1%
Difficulty Hearing	1	0%
Difficulty Speech	5	1%
Mental Health	7	1%
Physical Mobility	12	2%
Chronic Health	5	1%
None	588	95%

Notable Performance Measures:
For FY 2017-2018, the CAP Council conducted a total of 28 parenting groups, 10 groups in Spanish and 18 groups in English, serving a total of 622 parents. The CAP Council provided parents with a pre and post outcome tool to measure parenting skills. The Parenting Practices Interview (PPI) tools measure parenting practices including hard discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring. For items 1 and 3, a lower post-score compared to the pre scores demonstrate reduction in inconsistent and harsh discipline. For items 2, 4 and 5, a higher post score compared to the pre score demonstrates improvement of appropriate discipline, clear expectations, and positive parenting. For item 6, a high monitoring score might indicate a style of “helicopter” parenting and a low score might indicate a style of “free-range” parenting.

Below is the outcome data obtained for FY 2017-2018:

	Pre-Survey	Post-Survey
1. Harsh Discipline	2.37	1.16
2. Appropriate Discipline	4.15	5.39
3. Inconsistent Discipline	3	1.81
4. Clear Expectations	5.76	6.64
5. Positive Parenting	4.23	5.65
6. Monitoring	5.23	6.15

Graph 3: Pre and Post PPI Scores completed by parent/legal guardian/custodian



Notable Community Impact
Based on the data obtained from the PPI tools given to parents before and after completion of the parenting groups, it can be determined that the IY curriculum has been effective given the decrease in scores in the areas of harsh discipline and inconsistent discipline, and an increase in scores in the areas of appropriate discipline, clear expectations, and positive parenting. Data will continue to be collected and evaluated to determine if the IY Program has long lasting effects on parents and children by children being raised in supportive structured environments, preventing the development of mental illness.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers:
A challenge the Incredible Years program faces is to increase penetration rates for the Native American population and hard to reach populations in the north-end area. The CAP Council has conducted outreach services in these communities; however, it has been unsuccessful in sustaining a parenting group. For FY 18-19, ICBHS has contracted with the Teach, Respect, Educate, Empower, Self (TREES) organization to continue the effort of providing the Incredible Years parenting group in north-end areas and Winterhaven, especially targeting the Native American population.

Significant Changes, Including New or Discontinued Programs, for FY 2018-2019:
Reallocation of funds:
ICBHS is utilizing reallocated funds (MHSUDS Information Notice No: 17-059) in the amount of $691,964, to expand the PEI under the Prevention component.

Extension of Contracts:
ICBHS is extending the contract with CAP Council. The contract will be extended for two additional years (FY 2018-2019 $277,300 and FY 2019-2020 $277,300) with a total of $554,600. ICBHS also contracted with an additional agency, Teach, Respect, Educate, Empower, Self (TREES) of Imperial County. The TREES organization will also be providing the IY curriculum to parents residing in the more distant areas in the northern and eastern region of Imperial County to include; Niland, Winterhaven, and the Salton Sea areas. The contract will be in the amount of $64,276.56.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers:

- *Develop a contract agreement between ICBHS and IY trainer(s) to provide training to PEI, IY contract providers, and local educators.*

  ICBHS has completed the first goal; ICBHS staff and contract providers have been trained on the following Incredible Years curriculum to include the Pre-School (4 to 5) and the School Age (6 to 12 years) curriculum. For FY 17-18, ICBHS contracted again with the Incredible Years organization to provide training for baby (0 to 12 months n) and toddler (1 to 3 years) curriculum. On October 10th and 11th, 2017, the Incredible Years agency trainer trained ICBHS staff, which included clinicians, Mental Health Rehabilitation Technicians(MHRT's) and contract providers on the Baby and Toddler curriculum. Additionally, a Booster training was held on January 16th and 17th, 2018 to reinforce the facilitators' knowledge acquired in the initial training.

- *Implement IY, which is an evidence-based model that will address the needs of children/youth in stressed families and the unserved and underserved populations of Imperial County.*

  Since FY 15-16 ICBHS has contracted with CAP Council to implement the IY parenting program and target the priority population of children and youth in stressed families as part of the prevention component of the PEI Program.

- *Increase the level of communication and collaboration between the PEI Program and local elementary school districts, at the same time assisting in the sustainability of this program, by attending trainings and co-facilitating some of the parenting groups.*

  ICBHS continues maintaining a relationship with educators and the CAP Council for the implementation of IY. A partnership was established with the CAP Council through the development of a formal contract. The CAP Council is a local agency that has a long established system for delivering services to families in the community, which has been very helpful in the recruitment of staff and delivery of services. The CAP Council continues to provide Incredible Years groups free of charge to all families residing in Imperial County.

PEI Program staff continue to conduct outreach activities in the community to promote and generate referrals for the IY parenting groups targeting the PEI populations. The PEI Manager and Program Supervisor also disseminate information on IY to local elementary school administrators to generate referrals and engage parents. Several schools in Calexico, Heber, Westmorland, and Holtville contacted the CAP Council to provide an IY parenting group at their school sites to improve their parental engagement and school environment. Through the training, planning and implementation and co-facilitation of IY, ICBHS continues maintaining a strong collaborative relationship with educators and CAP Council.

- *Provide Incredible Years groups in English and Spanish, in non-traditional and safe environment such as schools, community centers, family resource centers and other community agencies to increase access to unserved and underserved children/youth in stressed families.*

  ICBHS and the CAP Council continue to ensure the delivery of IY is provided in a culturally competent manner. The CAP Council continues to hire and maintain staff that is bilingual and bicultural. Classes have been facilitated in Spanish using the Spanish version for school-age populations. The IY groups were delivered in non-traditional settings such as Mains and Jefferson Elementary Schools in Calexico, Dogwood Elementary School in Heber, Westmorland Elementary School, Pine Elementary School in Holtville, Imperial County Office of Education Child Care Center, United Families office and at the CAP Council office to increase access to unserved and underserved children/youth in stressed families.

- *Provide parenting groups, in community settings with accessible hours and in cities where the need is identified by consumers and community partners.*

  CAP Council continues to provide parenting groups in community settings where the need has been identified. Groups were held at the following locations: Mains and Jefferson Elementary Schools in Calexico, Dogwood Elementary School in Heber, Westmorland Elementary School, Pine Elementary School in Holtville, Imperial County Office of Education Child Care Center, United Families office and at the CAP Council office. The majority of the parenting groups are held in the evening hours to meet the needs of working parents. Additionally, child care services are provided at all of the parenting groups.

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

  In order to evaluate the effectiveness of the IY program, the CAP Council continues collecting pre and post evaluation data. The CAP Council utilizes the IY Parent Practices Interview Sample, which provides data on changing parenting practices. The CAP Council is also utilizing the following program tools that evaluate client outcomes and fidelity to the program:

- Parenting Perceptions:
  - Parenting Practices Interview
- Social Validity Measures
  - Parent Program Satisfaction Questionnaire
  - Parent Weekly Evaluations
- Fidelity
  - Weekly Leader Checklist

- *Provide information on outcomes to community stakeholders during the quarterly MHSA Steering Committee Meetings. The evaluation and outcome data will be provided during the MHSA Steering Committee meetings which are attended by local stakeholders, including families of children, who also represent the unserved and/or underserved populations of our consumers and their families.*

  During the quarterly MHSA Steering Committee Meetings and during other public meetings or presentations, updates on the IY program as well as demographic information, program evaluation and outcomes are disseminated to consumers and community stakeholders. These meetings are attended by ICBHS staff, local partner agencies, consumers and family members of consumers. During the quarterly MHSA Steering Committee meetings, the CAP Council Director provides demographic data to community stakeholders and consumers on the IY parenting groups.

Program Goals and Objectives for the IY Program during FY 2018-2019:

1. Implement the IY Program to address the needs of the unserved and underserved populations of children/youth in stressed families of Imperial County.

2. Provide IY parenting groups in English and Spanish, in non-traditional and safe environments, such as schools, community centers, family resource centers, and other community agencies, to increase access to unserved and underserved children/youth in stressed families.

3. Provide IY parenting groups in cities where the need is identified by consumers and community partners.

4. Increase communication and collaboration with local elementary school districts, at the same time assisting in the sustainability of the IY Program by co-facilitating some of the parenting groups provided by the elementary school districts.

5. Evaluate the effectiveness of the IY Program by collecting appropriate evaluation data.
   - Fidelity to the IY model will be closely followed to replicate proven outcomes.
   - Pre- and post-outcome data will be collected using the PPI measurement tool.
   - Collect demographic information on populations served for purpose of program evaluation and required reporting.

6. Provide information on outcome data to community stakeholders during meetings, community events, and during the quarterly MHSA Steering Committee meetings,

which are attended by local stakeholders, including families of children and those who represent local unserved and/or underserved populations and their families.

7. Increase services to parents, by providing the IY curriculum for different age groups covering infants to age 12.

Stigma and Discrimination Reduction Program

PEI utilizes a universal strategy to reduce stigma and discrimination related to being diagnosed with a mental illness, having a mental illness or to seeking mental health services. The program addresses the entire Imperial County community, focusing on providing education and trainings on the effects and symptoms of mental illness and the importance of early identification and early intervention. The program brings awareness on the importance of increasing recognition of early signs of mental illness to community members. Outreach activities provide information on the consequences commonly experienced by children and youth with untreated mental illness or who have been exposed to trauma such as, poor self-esteem, school failure, poor social skills, poor coping skills, self-injurious behaviors, substance abuse, and involvement with the criminal justice system.

Stigma and discrimination reduction activities are delivered to large and small groups at health fairs, career fairs, and school presentations. They are provided by a number of PEI Program staff, including master level clinicians, Mental Health Rehabilitation Technicians(MHRT's), the program supervisor, and program manager. Other activities include educational discussions with schools and community agencies on mental health issues and available mental health services and resources. Additionally, ICBHS conducts a weekly radio show called "Let's Talk About It". The radio show is used for educational purposes on issues and topics that have significant Behavioral Health impacts. The show is broadcasted on several stations in Imperial County and is also made available via a podcast. The show has hosted a number of world-renowned experts on mental health and substance use topics and interventions:

- 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"

Stigma and discrimination reduction activities have assisted in establishing collaborative efforts with local agencies, such as the Department of Social Services and education districts, which provide services to local residents. These partner agencies have become familiar with services provided under the PEI programs, as well as ICBHS outpatient services. They have assisted in facilitating community members' access to appropriate services by making referrals when

needed. The continuous receipt of referrals to the PEI programs, from these and other community agencies along with the acceptance of services by parents are a testimony of the success of PEI programs.

For FY 2017-2018 the Stigma and Discrimination Reduction Program staff provided 67 mental health prevention activities and reached 2,862 students, teachers, parents, administrators, and professionals in the community, at a cost of approximately $84.40 per contact. This cost includes stigma and discrimination services being provided by clinicians, Mental Health Rehabilitation Technicians(MHRT's), the program supervisor and manager. Approximately 25 percent of staff time is dedicated to stigma and discrimination reduction activities and it is projected this same percentage will continue for the next fiscal year. The number of attendees has been collected from small groups; however, it has not always been possible to obtain specific numbers of attendees participating in larger groups such as those participating in large school assemblies or number of individuals listening to the radio show.

Below is the demographic information for FY 2017-2018:

Program	***Number Served***	***Type of Responders***	***No. Served***
Stigma and Discrimination Reduction	2862	Teachers	253
		Parents	278
		Community Members	94
		Foster Youth	32
		Students	2205

Notable Performance Measures:
For Fiscal Year 2017-2018, Stigma and Discrimination Reduction staff conducted 67 activities which consisted of 16 trainings and 51 educational presentations to decrease the stigma and discrimination related to mental health. Staff provided services to 2,862 community members which included teachers, parents, foster youth, students and the general population of Imperial County.

Examples of Notable Community Impact:
The Stigma and Discrimination Reduction program continues to assist in bridging the gap in the community by establishing collaborative efforts with local agencies such as the Department of Social Services, local education agencies, and other community agencies that provide services to local residents. These agencies have become familiar with services provided under the PEI programs and are assisting in ensuring community members/general public have access to appropriate services by making facilities available for presentations or parenting groups, extending invitations to health fairs to disseminate information or requesting for PEI staff to attend meetings to present on various mental health topics. Their support has also been evident by the number of requests for trainings/presentations received since the implementation of the PEI program.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers:
The challenges encountered during FY 2017-2018 is gathering and inputting the reporting data required for PEI due to the lack of staffing. It is expected for FY 2018-2019 to hire a full time Analyst position who will be dedicated to entering this data.

Significant Changes, Including New or Discontinued Programs, for FY 2018-2019:
PEI staff will continue providing the TF-CBT model as a prevention and early intervention strategy. However, a significant change that is foreseen for FY 2018-2019 will be the reduction of Stigma and Discrimination prevention activities that are conducted by PEI staff. The foreseen change of Stigma and Discrimination activities is due to challenges in hiring new staff and the need to prioritize the provision of direct client services based on the number of PEI referrals received for the TF-CBT model.

Progress Made Towards Achieving Goals Identified in the MSHA Three-Year Plan:

- *Provide universal prevention activities through outreach and education by providing information and presentation to the community at large on trauma, effects of trauma, importance of identification and early intervention as well as available resources.*

  Stigma and discrimination reduction activities are presented as needed in English and Spanish in efforts to reach the unserved and/or underserved populations. They are universal and intended for all community members in Imperial County to decrease the stigma and discrimination associated with mental illness. These activities include training and education by providing information to the community on mental illness, importance of identification and early intervention. They assist in providing educational information to parents/caregivers, school staff and the community in general. They also provide information on identifying individuals at risk of or who may be presenting early signs of mental illness of emotional disturbance in order to link them to treatment or other available resources.

Program Goals and Objectives for the Stigma and Discrimination reduction program for FY 2018-2019:

1. Provide universal stigma and discrimination reduction activities through trainings and education by providing information and presentation to the community at large to decrease the stigma and discrimination related to a mental health illness.

2. Collect demographic information on populations served, when possible, for purpose of program evaluation and required reporting.

3. Collect survey data during stigma and discrimination reduction activities on changes in attitudes, knowledge and/or behavior related to mental illness.

Early Intervention Program

Since 2009, ICBHS has implemented Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program. The TF-CBT model was selected to prevent children who have been exposed to a traumatic event from prolonged suffering and prevent school failure/dropout due to an untreated mental illness. TF-CBT is utilized as an intervention to treat children and adolescents, ages 4 to 18. The goal of the TF-CBT model is to prevent mental illness from becoming severe and disabling and help the individual overcome the negative effects of traumatic life events, such as child sexual or physical abuse; traumatic loss of a loved one; domestic, school, or community violence; or exposure to natural disasters (earthquakes), terrorist attacks, war trauma, and cyber bullying. TF-CBT incorporates cognitive and behavioral interventions with traditional child abuse therapies that focus on enhancement of interpersonal trust and empowerment.

Trauma-Focused Cognitive Behavioral Therapy (TF-CBT)

The TF-CBT Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community. Similarly, this program has allowed increase access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment, such as the home, schools, community centers, and family resource centers. The program has also helped foster a "help first" system by facilitating access to supports at the earliest signs of mental health problems. The goal of this program is to provide early intervention services before the development of serious mental illness or serious emotional disturbance, or to alleviate the need for additional or extended mental health treatment. By providing early intervention activities, mental health becomes part of the wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

For FY 2017-2018, TF-CBT has provided services to 173 children/youth and approximately to 216 parents/legal guardians at a cost of $1,373 per child/parent. This cost includes therapy sessions conducted by Licensed Clinical Social Workers and master level clinicians, as well as linkage and referral services by the clinicians for the child/youth and their parents/legal guardians.

Below is the demographic information for FY 2017-2018:

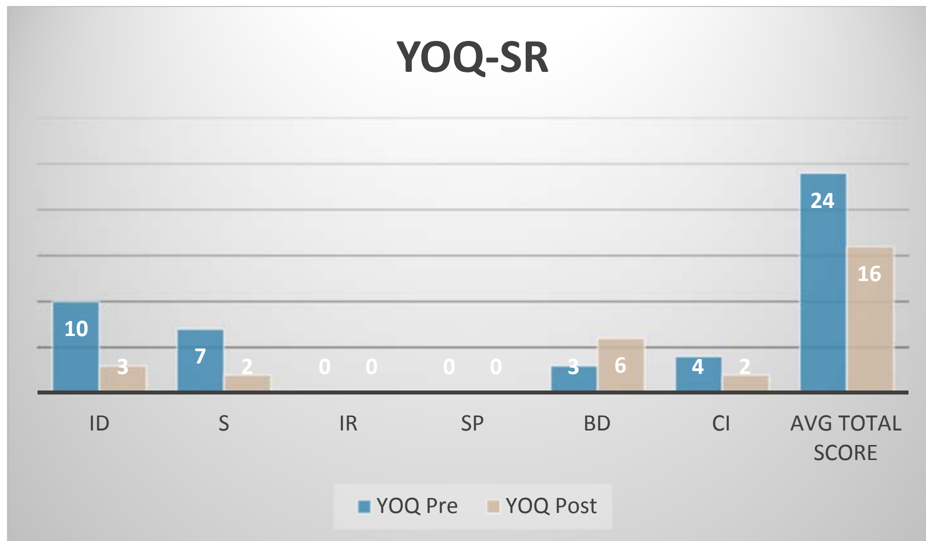
Age Group	***Total***	***Percentage***
0 - 15	165	95%
16 -18	8	5%
Gender	***Total***	***Percentage***
Female	96	55%
Male	77	45%
Race	***Total***	***Percentage***
Black	2	1%
White	167	97%
Other	4	2%
Language	***Total***	***Percentage***
English	102	59%
Spanish	70	40%
Other Chinese Language	1	1%
Ethnicity	***Total***	***Percentage***
Hispanic: Mexican/Mex-American	160	92.5%
Non-Hispanic: African/Black	2	1%
Non-Hispanic: European	7	4.5%
More than one Ethnicity	4	2%

Notable Performance Measures:

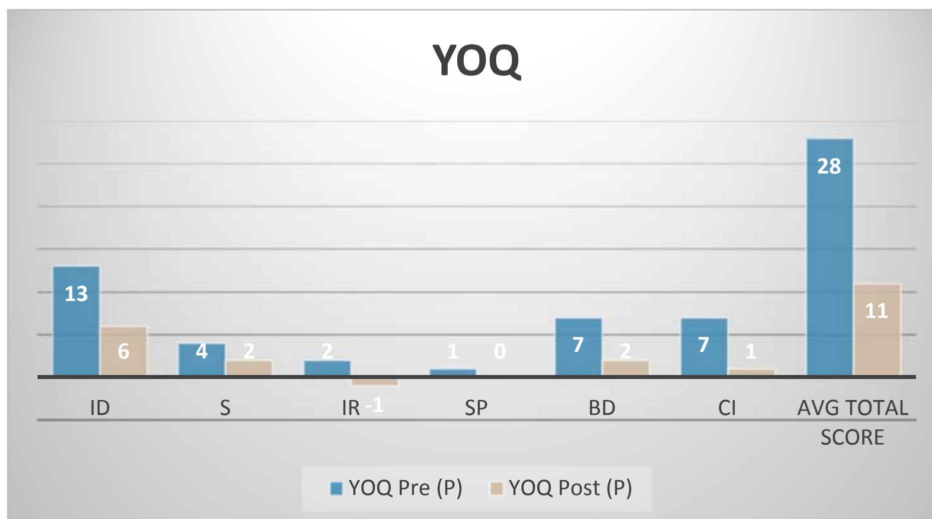
ICBHS continues to measure performance outcomes for the early intervention component of TF-CBT. Information on this program is gathered and outcome measurements data is entered into the department's information system (AVATAR). Additionally, Performance outcome tools, Youth Outcome Questionnaire and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

FY 17-18, a total of 34 children/youth completed successfully the TF-CBT model, however only 3 children/youth completed the post/pre tools. The YOQ-Self Report is completed by children/youth ages 12 to 18, many of the children who successfully completed the model were younger than 12. Thirty-six parents completed the pre and post YOQ (two clients had more than 1 parent participate in the program). Below are the scores for the YOQ outcome tools.

Graph 4: YOQ tool completed by children/youth (n=3)



Graph 5: YOQ tool completed by parent/legal guardian/caregiver (n=36)



Providing TF-CBT as an early program continue to being effective in improving the mental health and overall functioning of children/youth who were exposed to trauma.

This is evidenced by a decrease in scores in the YOQ scores based on data collected from children/youth and parent/caregiver.

Examples of Notable Community Impact:
Since the implementation of PEI as an early intervention program, there has been an increase in interaction with the public and community partners which has assisted in the development of collaborative relationships. ICBHS has done presentations regarding the goal of PEI and providing early intervention to children and adolescents exposed to traumatic experiences. This interface with the community has brought awareness on the effects commonly experienced by children who have been exposed to traumatic events, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behaviors, including substance abuse. The continuous receipt of referrals from these agencies and the acceptance of services by parents are testimony of the success of the outreach activities.

For FY 17-18, 173 children/youth have been served, 120 (88%) have not required or sought additional mental health treatment since being discharged from the Early Intervention TF-CBT program. Fifty-three (12%) of children/youth have received additional mental health treatment, by being transferred based on the clinician's referral or by parental/caregiver request. Based on the outcomes, the PEI TF-CBT program has shown to have made a positive impact in the lives of children and youth and the community.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2017-2018:
One of the challenges under the early intervention component of PEI is having the adequate staff to provide timely services and obtain reporting data as required by PEI regulations. The proposed staffing for the TF-CBT Program for 2017-2018 was to have four full-time clinicians trained in the TF-CBT model; however, due to the increase in demand for mental health services and hiring difficulties, the TF-CBT Program has not been fully staffed at all times. For FY 2017-2018, the PEI TF-CBT program was staffed with 4 part-time clinicians totaling 1.95 FTEs. Additionally, due to staff turnover, the clerical support needed to assist in the daily office operations was not available to assist in statistical data.

Significant Changes, Including New or Discontinued Programs, for FY 2017-2018:
No significant changes during FY 2017-2018.

Significant Changes, Including New or Discontinued Programs, for FY 2018-2019:
Staff Increase:
Increase staffing to 3 full-time clinicians trained in the TF-CBT model to meet the continued demand for services and hire an analyst to assist in the PEI reporting requirements as required by the MHSA PEI regulations.

Recommendation to Transition Innovation Plan – First Step to Success (FSS) to PEI Plan:
On March 18, 2019 during the MHSA Steering Committee meeting, stakeholders were informed the Five-Year Innovation Plan, First Step to Success (FSS) Program would be coming to an end on April 2019. Based on the success of this program in creating a collaborative relationship with school districts to increase access to services to children ages 4 to 6, the recommendation was made to transition the FSS Program to the

Prevention and Early Intervention Plan as an early intervention program. This would allow ICBHS to sustain this successful program and to continue to provide early intervention services to unserved and underserved children in Imperial County. Stakeholders present during the MHSA meeting did not object transitioning FSS to an early intervention program under the PEI component. The final Innovative Project Report outlining the outcomes of this five-year FSS Program will be presented to stakeholders during a special MHSA Steering Committee meeting. Additionally, in the next MHSA Three-Year Program Report, ICBHS will incorporate a description of the new FSS - Early Intervention Program to give community members and stakeholders an opportunity to get involved and provide feedback on this recommended change.

Progress Made Towards Achieving Goals Identified in the MSHA Three-Year Plan:

- *Provide TF-CBT as an early intervention strategy to children and youth to prevent children and youth from experiencing some of the long-term negative effects of child traumatic stress, such as increased risk of substance abuse; suicide attempts; social difficulties; and relationship difficulties. TF-CBT will similarly prevent the development of mental illness by helping children/youth develop adaptive skills for dealing with stress, anxiety, and loss related to the trauma; enhance children/youth's personal safety; resolve parental distress about the child/youth's experience; and enhance parental support for their children.*

  For FY 17-18, 173 children/youth and 216 parents/legal guardians/caregivers were provided with TF-CBT services. Children and youth living in Imperial County are continuously exposed to prevalent environmental factors such as high poverty rate; lower educational levels, family dysfunction, worries about immigration status, and drug trafficking. All these factors are associated with at risk of developing trauma related symptoms. Given the high continued request for early intervention services by community members at times resulting in a waiting list, it can be determined this continues to be an unmet need.

- *Collect demographic and evaluation data to measure the outcome and performance of the TF-CBT Program as an early intervention strategy utilizing the UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) and the Youth Outcome Questionnaire (YOQ & YOQ-SR). These evaluation tools will measure and monitor symptoms, behaviors and outcomes of children/youth served to evaluate the development of serious mental illness after early interventions (PEI TF-CBT) services were provided.*

  ICBHS continues to collect demographic and measurement tools for the TF-CBT program. The TF-CBT program utilizes two measurement tools: the UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI) which assesses the frequency of occurrence of post-traumatic stress disorder symptoms and the Youth Outcome Questionnaire (YOQ) which assesses the children's global mental health functioning. Pre and Post data is utilized to measure outcomes and performance. Clinicians input the outcome data into ICBHS information system data base (AVATAR).

- *Increase the number of children/youth served to 225 by increasing clinical staff to develop the capacity to serve all children referred to this program in a timely manner.*

For FY 2017-2018, 389 individuals were served. This total includes 173 children/youth and 216 parents/legal guardians/caregivers were provided with services under the TF-CBT Program. Out of 173 children/youth, 58 (33%) were transferred to the children's outpatient at intake or during therapy due to requiring a higher level of treatment such as medication support services; 32 (18%) where transferred to MHSA PEI TF-CBT for prevention services at intake, 22 (13%) declined services at intake or during therapy; 34 (20%) successfully completed TF-CBT; and 27 (16%) are actively being served as of June 30, 2018.

The following are the goals and objectives for each component of the TF-CBT Program during 2018-2019:

1. Provide TF-CBT as an early intervention strategy to children and youth in order to overcome the functional impairments of a traumatic event.

2. Collect demographic and evaluation data to measure the outcome and performance of the TF-CBT Program as an early intervention strategy and develop and generate outcome evaluation reports.

3. Utilize the PTSD-RI, YOQ, and YOQ-SR to measure symptoms and behaviors of children/youth served and Monitor the outcome of children/youth served to evaluate the development of serious mental illness after early interventions (PEI TF-CBT) services were provided.

4. Collect demographic information on populations served, when possible, for purpose of program evaluation and required reporting.

Innovation

MHSA Innovation funds provide opportunities to learn something new that has the potential to transform the mental health system. Innovation Projects are novel, creative, and ingenious mental health approaches developed within communities in ways that are inclusive and representative, especially of unserved, underserved, and inappropriately served individuals. Innovation promotes recovery and resilience, reduces disparities in mental health services and outcomes, and leads to learning that advances mental health in California. Imperial County's MHSA Innovation Project was approved and adopted by the County Board of Supervisors on January 14, 2014, and approved by the California Mental Health Services Oversight and Accountability Commission (MHSOAC) in March 2014.

The ICBHS Innovation Project consists of implementing key strategies that assist in achieving the goal of developing and sustaining an effective interagency collaboration between ICBHS and schools throughout Imperial County in an effort to provide services to the unserved and/or underserved population. These strategies consist of staff from both agencies working together in the implementation of a program that allowed staff to understand each other's roles and responsibilities, improve knowledge of services, and establish channels of communication. Due to the low penetration rate for providing services to kindergarten-age children, key strategies are needed to facilitate and increase access to services. By establishing a collaborative relationship between ICBHS and Education it is expected that a collaborative system will be developed and sustained to increase access to services for this target group.

First Step to Success Program

From March 2014 to June 2018, ICBHS has utilized the First Step to Success (FSS) Program, an evidence-based model, as a vehicle to develop a strong and effective collaborative relationship with local schools. The FSS Program is an early intervention program that historically has been implemented by school personnel and focuses on the kindergarten population. The FSS Program is a positive reinforcement program designed to assist children in developing pro-social skills that will assist them in being successful at school and home. In this Innovation Project, ICBHS has been using Mental Health Rehabilitation Technicians (MHRT's), rather than school personnel, to provide the interventions at school; MHRT's have daily interactions with teachers. This has provided classroom teachers with immediate access to mental health services, consultation, and, when needed, information on other ICBHS resources.

Since the implementation of the Innovation Project, ICBHS and school personnel have participated together in training for the FSS Program. A total of 44 kindergarten teachers were trained on the FSS Program during the three-year Project. The FSS training provides teachers and Mental Health Rehabilitation Technicians with interventions/activities for implementing the FSS Program together, which has resulted in the early identification of at risk behaviors in young children. The FSS Program also engages parents of identified kindergarten children. The Mental Health Rehabilitation Technician works with the parents/caregivers one hour per week for twelve weeks using a promising evidence-based model: Parents Reach Achieve and Excel Through Empowerment Strategies (PRAXES). Through this intervention, parents/caregivers develop skills on how to support their child's learned skills and enhance their school success. After the twelve weeks, Mental Health Rehabilitation Technicians continue, based on need, to conduct home visits to reinforce the skills learned.

Through the process of delivering services, ICBHS staff introduces information on mental health awareness to parents and teachers including indicators of mental illness and risk factors in kindergarten-age children. It is hoped that this dialogue will facilitate problem solving as well as generate referrals to outpatient services, if indicated. This regular interaction, in turn, may be assisting in the reduction of stigma related to mental illness and increase access to services. The joint effort of implementing the FSS program in the schools has allowed ICBHS to develop and expand collaborative efforts to other Imperial County schools. Since March 2014, a total of 44 classrooms have implemented the FSS program; however, for FY 17-18, 3 new elementary schools implemented the FSS program, bringing the total to 50 classrooms. Additionally, the 6 new kindergarten teachers were trained by experienced Mental Health Rehabilitation Technicians (MHRT's). This has proven knowledge of the FSS program has spread among other elementary schools in Imperial County.

For FY 2017-018, the FSS Program provided services to 106 children and approximately 133 parents/legal guardians at a cost of $1,867 per child/parent. This cost includes the expense of implementing the FSS program at 50 classrooms in 17 school sites; salaries for 3 full-time and 6 part-time Mental Health Rehabilitation Technicians who worked closely with school staff on a daily basis; providing interventions to children in a school setting; and providing collateral services to parents/legal guardians as well as linkage and referral services. No MHSA Innovation funding was utilized for FY 2017-2018, the FSS program generated FPP revenue.

Below is the demographic data for FY 2017-2018:

Age Group	***Total***	***Percentage***
0 -15	106	100%
Gender		
Female	23	23%
Male	83	78%
Language		
English	62	58%
Spanish	44	42%
Race		
American Indian	1	.5%
Black	1	.5%
White	4	4%
Hispanic	97	92%
Other	3	3%
Ethnicity		
American Indian	1	.5%
Hispanic: Mexican	97	92%
Non-Hispanic: African	1	.5%
Non-Hispanic: European	4	4%
Non-Hispanic: Other	3	3%

The Innovation of this project assists in learning if the implementation of an evidence-based model has contributed to the success of developing, establishing and sustaining a strong collaborative relationship between ICBHS and the education system as it relates to kindergarten-age children. The goal of this project is to learn if the process of working towards establishing a long lasting relationship between ICBHS and the local education system allowed for the delivery of mental health interventions in a school setting and increased access to an unserved population.

Notable Performance Measures:
During FY 2017-2018, the FSS program did not utilize MHSA Innovation funds and did not contract with Clarus Research to conduct an evaluation on the development of a sustained collaborative relationship between ICBHS and education. To ensure the collaborative relationship between ICBHS and education continued strongly, the Innovation Program Supervisor made many efforts in maintaining close communication with all schools involved in the implementation of First Step to Success. Efforts were made to answer any questions and concerns, provide constructive feedback, to ensure the model was being implemented by Innovation staff adhering to the model. Moreover, the ongoing communication reinforced the goal of building a strong relationship with all school administrators and teachers, and to provide support when needed. As a result, teachers and other school administrators have been more receptive and accepting of the program, the admission and referral process; they have expressed being pleased with the services and involvement of ICBHS. As ongoing efforts have been made by Innovation staff and Program Supervisor to promote FSS, an increase in interest has been noticed as new schools have requested to expand the FSS program in their schools. FSS staff has also become more involved in the initial process of referring, and are active in providing psychoeducation to the parents on mental health and ICBHS services, which has led to higher rates of interest and acceptance from the parents and school staff.

To evaluate if the collaboration has resulted in increased access to services for children in kindergarten, ICBHS gathered data which consisted of children ages 4 to 6 who have accessed mental health services from the different school districts. Prior to the implementation of the First Step to Success program, data obtained from the California External Quality Review Organization (CAEQRO) report for FY 2013-2014, ICBHS' approved Medi-Cal claims for children 0-5 (non-foster-care) accounted for 1.16% for Imperial County, compared to 1.32% for small counties and 1.88% for statewide. These percentages have increased for Imperial County since the implementation of the FSS Program indicating an increase of mental health services being provided to kindergarten age children.

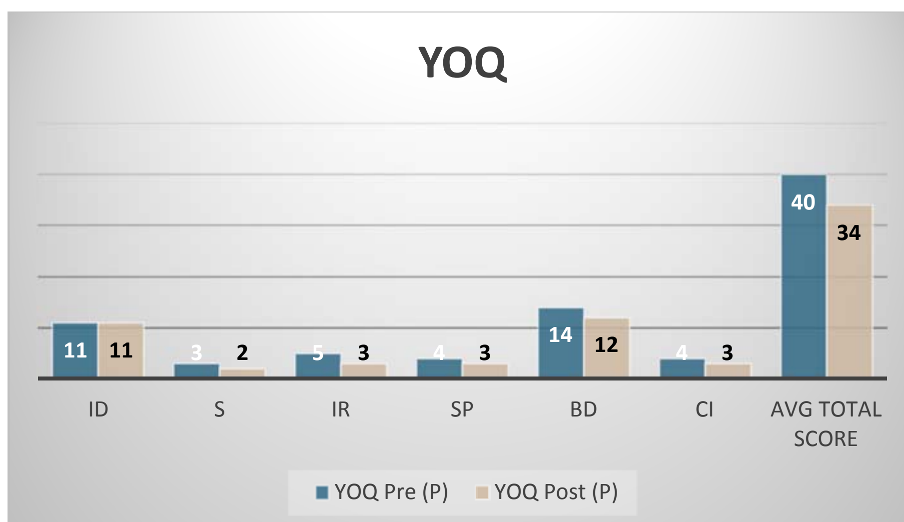
Below is the data from CAEQRO by Fiscal Year:

Fiscal Year	***Imperial County***	***Small Counties***	***State Average***
2013-2014	1.16%	1.32%	1.88%
2014-2015	2.99%	1.70%	2.14%
2015-2016	3.04%	1.56%	2.12%
2016-2017	3.27%	1.46%	2.04%

For FY 2017-2018, the FSS Program provided services to 106 clients, of which 44 (42%) successfully completed the program. 16 (15%) clients were transferred to the Children's Outpatient clinic for a higher level of care (medication support/therapy), 1 (.5%) parents declined services at intake and 36 (34%) parents declined services after the intake assessment after numerous attempts by the Mental Health Rehabilitation Technicians (MHRT's) to contact parents were made. Moreover, 5 (5%) clients did not meet medical necessity, and 4 (3.5%) continue to receive services under the FSS program as of June 30, 2018.

Despite this Innovation Project's objective of developing a collaborative relationship to increase access to services, ICBHS has also been collecting information on children's program progress to evaluate the effectiveness of the actual FSS Model. The FSS Program utilizes the Youth Outcome Questionnaire (YOQ) which is completed by the parent/legal guardian/caregiver to measure performance outcomes. The pre YOQ is given at admission into the FSS program and the post is given when the child has successfully completed the program. Out of 44 children that successfully completed the FSS Program, 35 pre and post YOQs were completed by the parent/legal guardian/caregiver, 9 post YOQs were not completed even after several unsuccessful attempts by the Mental Health Rehabilitation Technicians (MHRT's) to obtain the post scores from the parents/legal guardians/caregivers. Below are the scores pre and post scores for the YOQ outcome tools.

Graph 1: YOQ tool completed by parent/legal guardian/caregiver (n=35)



The FSS program has shown to be effective as an early intervention program based by a decrease in the overall average total scores from the post YOQ. A lower average total score indicates a more normative aspect of the child's/youth's overall mental health functioning. Post YOQ scores on the specific scales in the above graph; Somatic, Interpersonal Relations, Social Problems, Behavioral Dysfunction, and Critical Items, indicate a decrease in areas of distress and an improvement in the overall functioning in the child/youth. With the exception of the Interpersonal Distress scale, there was no change in the pre and post scores; however the scores were below the clinical cut point of 16.

Examples of Notable Community Impact:
ICBHS and local schools continue to be committed in developing and maintaining a collaborative relationship and share the same mission, vision, and goal to address the needs of early school-age children. ICBHS and local schools continue to work together in the implementation of the FSS Program. This has assisted in the continued development of a collaborative relationship.

The collaboration between ICBHS and local schools has continued to strengthen. Both agencies continue working as partners and have allowed teachers and other school personnel to enhance their knowledge, identification and referral of families with young children at risk of serious mental illness. As the relationship between ICBHS and school entities strengthen, additional schools, of which the FSS program has not been implemented, have reached out in attempt to add this model to their schools. Within this time frame 3 additional schools were added, Desert Gardens Elementary and Sunflower Elementary in El Centro and Rockwood Elementary in Calexico. These schools have implemented the model in 6 new additional classrooms. The continued goal is to expand the FSS Program to additional schools to ensure young children and their families have access to appropriate mental health services.

The implementation of the FSS Program at 17 schools has been utilized as a tool in developing, establishing, and maintaining a collaborative relationship with education. Some of the continued activities that have assisted in developing and maintaining the relationship between ICBHS and local schools consists of having regular meetings with school administrators to discuss any

implementation updates for each school sites, evaluate progress and identify areas needing clarification or improvement.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2017-2018:
ICBHS and local schools have faced challenges that impeded the expansion of this program to additional schools and collecting necessary information. School administrators understand the benefits of offering the FSS Program in their schools and have been very interested in implementing it in their schools. However, they have experienced difficulties in obtaining the buy-in from their teachers, who see this as an added responsibility in their already busy schedules. Newly trained kindergarten teachers have expressed the burden of implementing First Step to Success and also meeting the educational mandatory requirements imposed by the State and their school districts. The educational requirements of teachers continue to be an ongoing challenge in the implementation of the Innovation Project; some of the requirements are the implementation of Common Core, State testing requirements and lesson plans.

As efforts continue, to work with school administrators to improve the relationship and obtain the buy-in from school personnel, a strategy used to obtain teacher's cooperation has been to provide FSS Services to students that are currently receiving other services within Behavioral Health. ICBHS staff has identified children currently active in receiving Behavioral Health services and who they consider appropriate for the FSS program. The FSS program has developed a process to accept referrals from other ICBHS programs, which has helped the FSS program supervisor initiate a conversation with teachers that are currently not implementing FSS services. The FSS program supervisor contacts the school administration and meets with them to further discuss how the child was referred to FSS, and how the student will benefit from the services. This strategy has resulted in school administrators and teachers, becoming familiar with the program. Similarly, this has led to teachers initiating referrals of students that have not been previously identified as needing services and are not actively receiving services through ICBHS.

Another challenge has been the ability of ICBHS to hire staff fast enough to expand the program to additional schools that have expressed interest in implementing the FSS Program. Because Imperial County is a rural county, staff spends time on the road as they have to travel to different cities, limiting their time to serve additional classrooms. Another factor contributing to the challenges is that the FSS program has undergone, and continues to experience changes with staff; staff members have promoted, left the program for career growth and/or educational growth, leaving the FSS program under staffed. Another challenge is the hiring process, which is considered to be a lengthy process only prolonging the ability to provide services at the schools. As additional employees are hired, new staff undergo the process of being trained, further delaying the availability to provide services.

A problem faced after the first year of implementation was that, as the program expanded to additional schools, the need to meet with additional principals increased. It became very difficult to coordinate meetings where all school administrators could participate; therefore, the program supervisor had to change the approach to meeting with principals individually to provide information on the implementation process. Information obtained from how the first cohort went was shared and adjustments were made as needed. It is unclear if this change in communication and collaboration will have a positive or negative impact on developing and sustaining a collaborative relationship.

One goal for this Innovation Project was to offer the FSS Program to all Imperial County school districts in order to reach the unserved and underserved populations within the county. ICBHS has yet to reach this goal. ICBHS hopes to continue with its efforts to expand to additional school districts. By expanding this Project until April 2019, this will also allow for the collection of more data and information to evaluate if the implementation of a school-based intervention will have an enduring outcome of solidifying a working collaboration between ICBHS and the educational system. It would be important to evaluate if this collaborative relationship has resulted in the increased access to services to address the needs of unserved and underserved young children in kindergarten classrooms.

Significant Changes, Including New or Discontinued Programs, for FY 2018-2019:

Expansion of Services:

Imperial County's Innovation Project, FSS Program, had a projected end date of June 30, 2017. The program did not provide services during July and August and services resumed on September 1, 2017, at the existing 14 school sites utilizing only Short-Doyle Medi-Cal to fund the FSS program. During the 2017/2018 school year, 6 new classrooms implemented the FSS program in 3 new schools.

INN Plan Extension:

Imperial County submitted an extension of the Innovation Project: FSS Program to the MHSOAC for approval to utilize additional MHSA Innovation funds until April 2019. The extension was approved in August 2018 which provided an opportunity to implement the new strategies and to develop a system or new approach to collaboration that could be replicated countywide. With this extension, ICBHS has been expanding the FSS Program to other elementary schools in Imperial County during the 2018-2019 school year, with the ultimate goal of reaching more schools and increasing access to the unserved and underserved populations. Two new school districts have been identified for potential expansion: Imperial Unified School District and Calipatria Unified School District. ICBHS and school administrators have scheduled meetings to discuss the implementation process by identifying specific schools, obtaining the initial support and buy-in of the teachers and school principals, as well as scheduling training dates and hiring new mental health staff. The extension also gave ICBHS the opportunity to evaluate if the adapted or modified strategies implemented in FY 2017-2018 and FY 2018-2019 have resulted in the successful establishment of a collaborative relationship between these two agencies.

Program Adaptations:

During FY 17-18 the FSS program implemented significant changes by utilizing a new approach that focused on sustaining a collaborative relationship between ICBHS and local schools. This approach consisted of applying several strategies implemented during FY 2016/2017 based on lessons learned from the initial three-year Project. The program adaptations were as follows:

1. To improve teachers' cooperation and willingness to participate in the program, teachers participated in a meeting prior to the implementation of the FSS Program where they were provided a presentation of the FSS model. During this meeting they had the opportunity to review and provide feedback on protocols, roles and responsibilities, hear testimonies from teachers who have seen results and ask any questions they might have.

2. To increase teachers' awareness of mental illness and reduce stigma associated with mental illness, they were provided information on the importance of early

identification and early interventions. They were also provided with information of available services through ICBHS and how to make referrals for assessment.

3. To assist in the process of identifying children in need of the FSS Program or other ICBHS Services; ICBHS staff assisted teachers by conducting classroom observations and consulted with them to identify and refer to appropriate services.

4. To identify if parents' acceptance of the program improves; ICBHS staff rather than teachers introduced the program to parents. ICBHS also discussed the importance of early identification, early intervention and available services.

5. To continue the development of a process in communicating and collaborating effectively, ICBHS staff continued to meet individually with school administrators and teachers on a monthly basis.

Staff Increase:

Additionally, two psychiatric social worker positions were requested for FY 18-19 to fulfill the requirement of conducting thorough assessments for the FSS Program. Currently all FSS Program intake assessments are being conducted by clinicians, assigned to the PEI program, at elementary schools or at the clients' homes. As the FSS Program continues to expand to additional schools, additional clinicians are necessary to meet the needs and demands of the incoming FSS Program referrals. They will be able to conduct thorough intake assessments and admit the client into services. The new psychiatric social workers will be conducting assessments in community settings for those children considered appropriate for this program. The psychiatric social worker will assess and evaluate client's needs, refer to appropriate services as needed, as well as provide care coordination with the assigned Mental Health Rehabilitation Technician.

Recommendation to Transition Innovation Plan – First Step to Success (FSS) to PEI Plan:

On March 18, 2019 during the MHSA Steering Committee meeting, stakeholders were informed the Five-Year Innovation Plan, First Step to Success (FSS) Program would be coming to an end in April 2019. Based on the success of this program in creating a collaborative relationship with school districts to increase access to services to children ages 4 to 6, the recommendation was made to transition the FSS Program to the Prevention and Early Intervention Plan as an early intervention program. This would allow ICBHS to sustain this successful program and to continue to provide early intervention services to unserved and underserved children in Imperial County. Stakeholders present during the MHSA meeting did not object transitioning FSS as an early intervention program under the PEI component. The final Innovative Project Report outlining the outcomes of the five-year FSS Program will be presented to stakeholders during a special MHSA Steering Committee meeting. Additionally, in the next MHSA Three-Year Program Report, ICBHS will incorporate a description of the new FSS - Early Intervention Program to give community members and stakeholders an opportunity to get involved and provide feedback on these recommended changes.

Progress Made Towards Achieving Goals Identified in the MHSA Three-Year Plan:

- *Develop and maintain an effective interagency collaboration between ICBHS and the local education system with a defined system to provide mental health services in the school setting to the unserved or underserved population of young children ages four to six, who are experiencing behavioral and emotional problems or at risk of serious mental illness.*

To develop and maintain an effective interagency collaboration between ICBHS and the local education system, ICBHS implemented the FSS Program, an evidence-based model that provides mental health services in the school setting to young children ages 4 to 6 who are experiencing behavioral and emotional problems or are at risk of serious mental illness. The innovative approach of implementing FSS is needed to develop a successful and productive collaborative relationship between ICBHS and Education to address the mental health needs and increase access to mental health services of kindergarten-age children in school settings. By having ICBHS and education staff working together in a school setting, it is expected a well-established working relationship will be developed. It is hoped this will increase the teachers' knowledge and awareness regarding early signs of behavioral and emotional problems in young children. Teachers will also gain the knowledge on the appropriate interventions needed to address the child's behaviors and symptoms.

Program Goals and Objectives for FY 2018-2019:
ICBHS is requesting approval from MHSOAC to expand the current Innovation Project until April 2019 to achieve the following Innovation Project goals:

1. Develop and sustain a new approach to collaborative relationships between mental health and education to improve access to services to unserved and underserved population of children in kindergarten.

2. Develop an effective system that can be replicated when developing a collaborative relation between mental health and education by using lessons learned from this Innovation Project.

3. Expand services to additional elementary schools during FY 2018-2019 in efforts to cover all Imperial County school districts in order to reach all unserved and underserved children.

4. Identify the organizational supports at all levels needed that contribute to effective collaborations.

5. Identify mental health and education staff's strengths, attitudes and character that contribute to effective collaborations.

6. Provide training to additional teachers and Mental Health Rehabilitation Technicians on FSS to ensure successful implementation of the model.

7. Through the development of this collaborative relationship; expand parents and teachers' awareness on the extent of how mental illness reaches into this age group of children to decrease the stigma related to mental health.

8. Collect information necessary to evaluate the success of this Innovation Project.

Prevention Programs

Prevention and Early Intervention Programs				
Prevention	Early Intervention	Stigma and Discrimination	Outreach for Increasing Recognition of Early Signs of Mental Illness	Access and Linkage to Treatment
✓ TF-CBT Prevention ✓ Incredible Years	✓ TF-CBT Early Intervention	✓ Stigma and Discrimination	✓ TF-CBT Prevention ✓ TF-CBT Early Intervention ✓ Stigma and Discrimination ✓ Outreach and Engagement* ✓ Transitional Engagement Supportive Services* ✓ Community Engagement Supportive Services Program*	✓ TF-CBT Prevention ✓ TF-CBT Early Intervention ✓ Incredible Years ✓ Stigma and Discrimination ✓ Outreach and Engagement* ✓ Transitional Engagement Supportive Services* ✓ Community Engagement Supportive Services Program*
***Programs are provided under the MHSA CSS component**				

TF-CBT – Prevention Program

<u>Brief Program Description</u>

ICBHS has implemented a therapy model as a selective prevention strategy under the prevention component of the MHSA Prevention and Early Intervention Plan. The intent of the TF-CBT – Prevention Program is to prevent negative outcomes such as school failure/dropout and prolonged suffering of children and youth exposed to a traumatic experience. The selected model is Trauma Focused-Cognitive Behavioral Therapy (TF-CBT), an evidence-based model that provides services to children and adolescents ages 4 to 18, who have been exposed to trauma. This model was implemented to address the unique needs of children and youth who do not meet criteria for a DSM-V diagnosis, but who have experienced a traumatic life event

such as a loss of a loved one, bullying or exposure to natural disasters (earthquakes). This TF-CBT - Prevention Program utilizes TF-CBT as a short-term selective prevention approach that can work in as few as 12 or less sessions. Part of this treatment approach includes individual sessions for the child and for the parents or caregivers, as well as joint parent-child sessions.

Evaluation

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 traumatic event and prevent children/youth from requiring early intervention services or treatment. The following are questions the evaluation was to address:

1. Will providing TF-CBT in a selective prevention program improve the mental health functioning of children/youth who have been exposed to trauma?

To measure the improvement in mental health and functioning, ICBHS implemented a screening process to identify children/youth who had been exposed to a traumatic experience, but who did not meet criteria for a DSM-V diagnosis. This screening has been done by clinicians who conduct thorough interviews with children/youth and their families/caregivers. Once the child/youth is identified as meeting the target population for selective prevention services, the child/youth and parent/guardian are asked to complete pre evaluation tools, before the start of the TF-CBT model. Upon completion of the services, the child/youth and their parent/guardian complete post evaluation tools. Pre and post evaluation tools are used to measure mental health functioning.

2. Will the participation of children/youth and their families in TF-CBT prevent the onset of mental illness?

To measure if the TF-CBT model was effective in preventing the onset of mental illness, the evaluation design consisted of collecting pre and post evaluation tools to determine if scores decreased after treatment or if children/youth developed a mental illness. Additionally, information was also collected from the ICBHS internal data system to track children/youth who received TF-CBT model as a selective prevention strategy and whether or not they accessed mental health treatment over time.

Model Fidelity

Fidelity to the TF-CBT model is monitored by providing ongoing supervision to clinicians by licensed clinicians who are knowledgeable in the TF-CBT model. ICBHS has implemented the Quality Improvement Committee - Psychotherapy (QIC-P) meetings where clinical charts are reviewed and clinicians are provided with feedback and direction specific to model adherence. Supervising clinicians ensures TF-CBT fidelity is maintained through case discussion during supervision meetings or through chart reviews by evaluating how the core TF-CBT components are implemented and the sequence in which the components are provided by clinicians to the child and family are followed.

Measures Utilized

ICBHS continues to measure performance outcomes for this selective prevention component. The TF-CBT – Prevention program currently utilizes two performance outcome tools: Youth Outcome Questionnaire and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI). ICBHS developed and implemented a system for the collection of results of performance outcome tools completed by clients. Data is gathered and entered into the department's

information system (AVATAR) by clinical staff. ICBHS had previously contracted with a consultant who was working with Information Systems unit to create reports that would provide information on performance outcomes. The consultant was unable to finish this project and ICBHS had to contract with a new consultant, Todd Sosna Consulting, to continue with this project. The goal is to continue to work with ICBHS' Information System unit to develop a system that will provide reports that will help guide our programs and practices. Information will be used by clinical staff to review client outcomes and improve treatment planning. Management will also use data to determine clinical staff and program effectiveness and for program planning. The following are the measurement tools utilized by the TF-CBT model.

The UCLA PTSD-RI is an outcome measure 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.

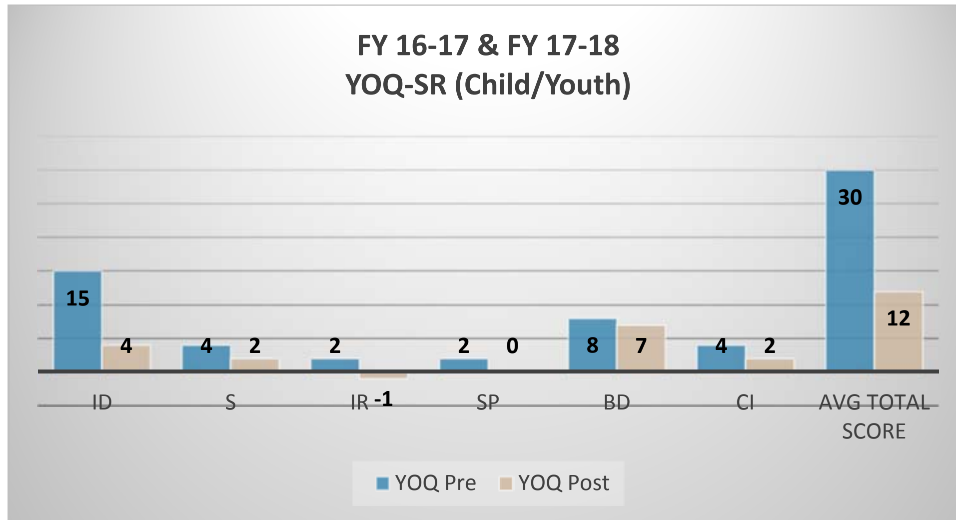
The YOQ and YOQ-SR are outcome measurement tools completed before and after participation in TF-CBT. The 64-item standardized questionnaires assess children/youth's global mental health functioning to include the following: Interpersonal Distress (ID), Somatic (S), Interpersonal Relations (IR), Social Problems (SP), Behavioral Dysfunction (BD) and Critical Items (CI), 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.

Finally, ICBHS' internal data system is utilized to determine if children/youth have accessed mental health treatment after completion of the TF-CBT Prevention Program. This information is limited to capturing only the data from children/youth who may have accessed services through ICBHS and not outside providers.

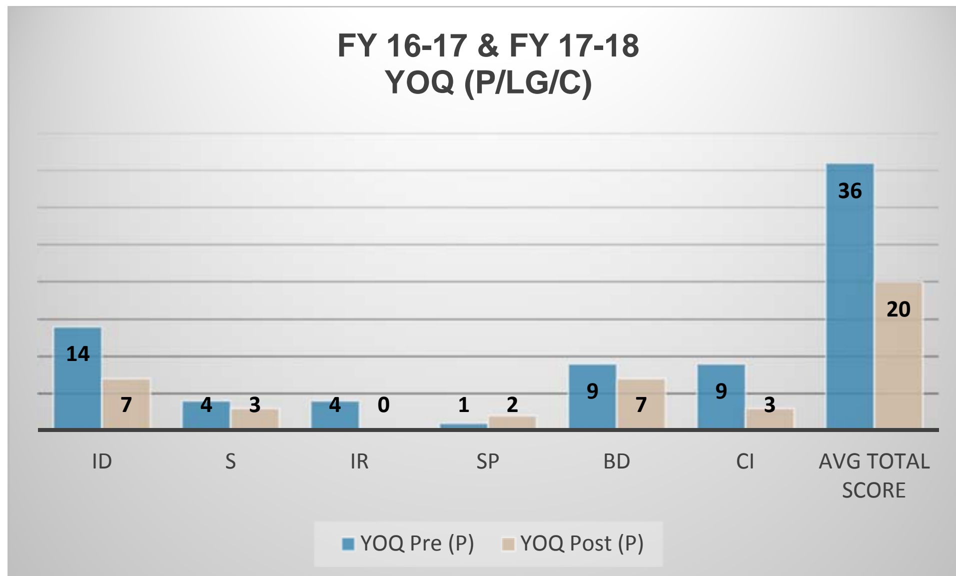
Outcomes

For FY 16-17 to FY 17-18, a total of 161 children/youth successfully completed the TF-CBT model, however pre and post YOQ data were only captured on 34 children/youth and 147 parents/legal guardians/caregivers. Additionally, 139 children/youth and 157 parent/legal guardians/caregivers completed a pre and post UCLA PTSD-RI tool. Some of the contributing factors to this discrepancy included: 1) Pre or Post data was not obtained due to children being younger than 12 years of age, YOQ tools are to be completed on 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) Pre or Post data was not obtained after numerous unsuccessful attempts to contact parent by the PEI clinicians. The following graphs include outcome data based on pre and post outcome YOQ and UCLA tools.

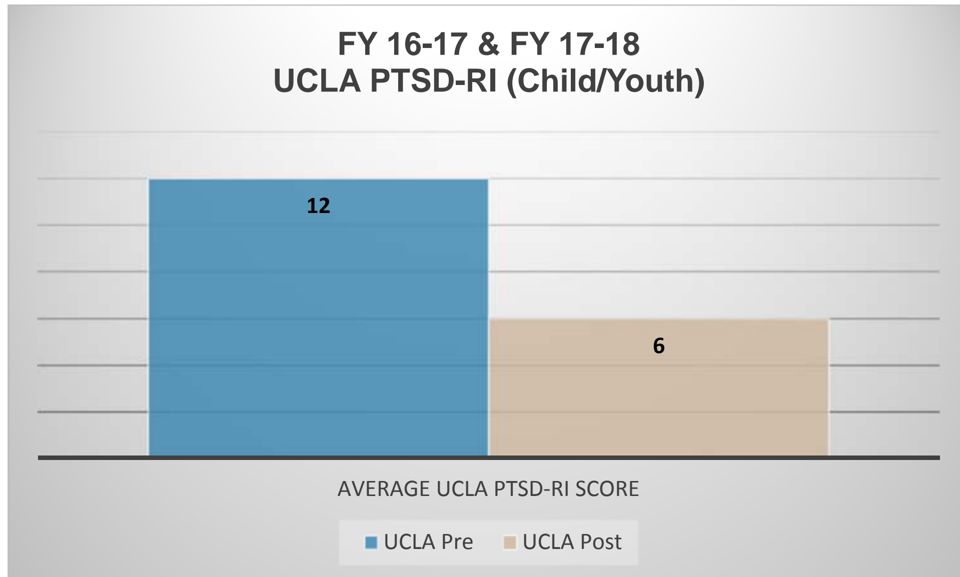
Graph 1: Outcomes measures on Pre-YOQ-SR and Post-YOQ-SR tools completed by children/youth: (n=34)



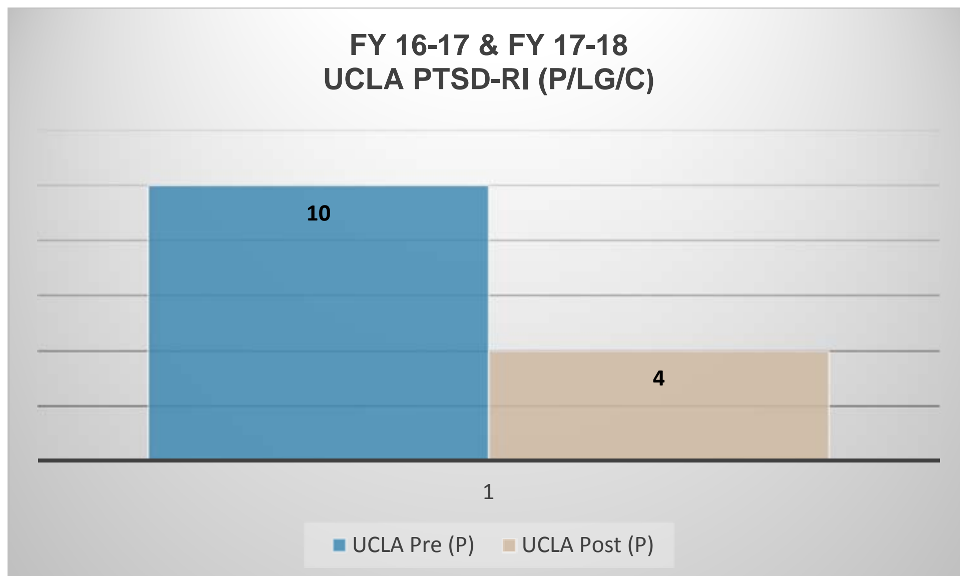
Graph 2: Outcomes measures on Pre-YOQ and Post-YOQ tools completed by parents/legal guardians/caregivers: (n=147)



Graph 3: Outcomes measures on Pre-UCLA and Post-UCLA tools completed by children/youth: (n=139)



Graph 4: Outcomes measures on Pre-UCLA and Post-UCLA tools completed by parent/legal guardian/caregivers: (n=157)



Outcome on Evaluation Questions:

1. Will providing TF-CBT as a selective prevention program improve the mental health functioning of children/youth who have been exposed to trauma?

Providing TF-CBT in a selective prevention program has proven to be effective in improving the mental health and overall functioning of children/youth who were exposed to trauma. This is

evidenced by a decrease in scores in the YOQ and the PTSD-RI total scores based on data collected from children/youth and parent/caregiver. Please refer above to Graphs 1, 2 3 and 4.

2. Will the participation of children/youth and their families in TF-CBT prevent the onset of mental illness?

For FY 16-17 and 17-18, the participation of children/youth and their families in TF-CBT model has proven to be effective preventing the onset of mental illness in the majority of children/youth that participated. Out of 306 (FY 16-17 = 169 and FY 17-18 = 137) children/youth that were provided with TF-CBT, 243 or 79% have not required or sought additional mental health treatment since being discharged from the program, which speaks of the impact this program has made in the lives of children and youth in our community. Only 63 or 21% children/youth served in the TF-CBT Prevention as a selective program have entered the mental health system, either by referral from the PEI clinician or by parent request.

The implementation of TF-CBT – Prevention Program has proven to be effective given the decrease in symptoms reported by both children/youth and their parent/caregiver at the end of program and the number of low entrance into the mental health system. The program receives constant referrals from schools, community agencies and children's mental health outpatient treatment. 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 TF-CBT – Prevention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed.

For FY 2016-2017 the TF-CBT – Prevention Program served 169 children/youth.

- 152 (93%) received interventions under this program;
- 3 (2%) children/youth and their parents/caregiver were transferred to the TF-CBT – Early Intervention Program as they qualified to receive services under the Early Periodic Screening, Diagnostic and Treatment (EPSDT) criteria and
- 8 (5%) were transferred to the children's outpatient clinic during therapy due to requiring a higher level of treatment 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.

For FY 2017-2018 the TF-CBT – Prevention Program serviced 137 children/youth;

- 130 (95%) received services under this program;
- 7 (5%) were transferred to the children's outpatient clinic during therapy due to requiring a higher level of treatment 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.

Improving Timely Access to Services for Underserved Populations:
The TF-CBT – Prevention Program has allowed increase access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment, such as the home, schools, community centers, and family resource centers. To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, PEI builds capacity for providing mental health selective prevention services out in the community. This allows mental health to become part of the community, reducing the potential for stigma and discrimination against individuals with mental illness. The program has also helped foster a "help first" system by facilitating access to supports at the earliest signs of mental health problems. The focus of this program is to engage individuals before the development of serious mental illness or serious emotional disturbance, or to alleviate the need for additional or extended mental health treatment.

Data Collection
Access and Linkage to Treatment:
Data on outcome measurement tools is collected at intake and upon discharge from therapy sessions. Based on the scores from the outcome measurement tools, clinicians determine, based on their clinical judgement, 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 the Children's outpatient clinic for a higher level of treatment. Data is also collected on all referrals received and made on a monthly basis.

Referral information is collected and logged to generate a monthly report for the purpose of disseminating the information to stakeholders during the Quarterly MHSA Steering Committee. For FY 16-17 and 17-18, the TF-CBT Prevention program received 306 referrals as follows:

Referral Source	FY 2016-2017	FY 2017-208
Brawley Elementary District	8	2
Calexico School District	18	6
Department of Social Services	18	18
El Centro Elementary District	28	12
ICBHS	83	87
Imperial School District	0	2
Self-Referrals	14	10
Total	**169**	**137**

Timely Access to Services for Underserved Populations:
ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is made. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

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. 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, in the client's preferred language, notifying them of the

appointment and reminder calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. For individuals who want to be seen sooner than their scheduled intake or therapy appointment, the Program Supervisor reviews the clinician's schedules and in coordination with the clinician, makes every effort to meet the needs of the individual.

Incredible Years

Brief Program Description

ICBHS provides a universal prevention program to address the needs of unserved and/or underserved families in order to prevent prolonged suffering and the negative outcome of removing their children from their homes. Incredible Years (IY) was the selected universal prevention program as this parenting model meets the needs of the community, focusing on strengthening parenting competencies and fostering positive parent-child interactions and attachments for infants to children, up to the age of 12 years. IY is a comprehensive evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote children's development in a positive environment, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social and emotional development.

ICBHS has contracted with a local agency, the Child and Parent (CAP) Council, for the implementation of the Incredible Years program to target our priority population of children and youth in stressed families as part of our universal prevention program. Incredible Years program is conducted as a group of up to 12 parents with two trained facilitators per group. The program involves 10 to 18 two-hour weekly sessions. Parenting skills are taught through a combination of video vignettes, role playing, rehearsals, homework and group support. In addition, this model was selected in order to meet the linguistic and cultural needs of our community as the program materials are available in English and Spanish.

Evaluation

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 such as ACEs, family conflict or domestic violence, ongoing stress, etc., by building protective factors for parents/caregivers. The following is the question the evaluation is to address:

1. Will providing Incredible Years 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?

Measures Utilized

The CAP Council provided parents with a pre and post tool to measure performance outcomes on parenting skills. The Parenting Practices Interview (PPI) tool measures disciplinary style of the parent/legal guardian/caregiver. Items being measured are: hard discipline; appropriate discipline; inconsistent discipline; clear expectations; positive parenting; and monitoring.

Outcomes

For FY 16-17 to FY 17-18, the CAP Council made contact with 946 parents/legal guardians/caregivers by means of a referral from a community agency, self-referrals, walk-ins, or phone calls. Out of the 946 contacts, a total of 653 individuals enrolled in this program and

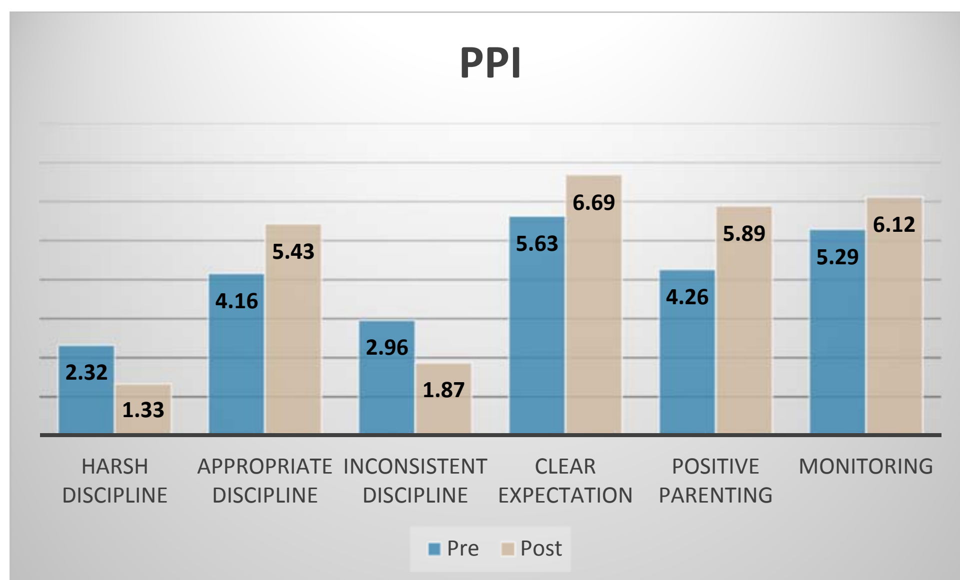
344 parents/legal guardians/caregivers successfully completed the Incredible Years model and obtained a certificate. Some of the contributing factors for some of the parents not completing the Incredible Years model include; 1) parents were migratory farm workers and temporarily moved out of the County; 2) family illness; 3) incarceration; and 4) mental health and/or substance use problems.

Outcome on Evaluation Questions:

1. Will providing Incredible Years to parents/caregivers strengthen parenting competencies and foster positive parent-child interactions for infants to children, up to the age of 12 years?

For FY 16-17 and 17-18, the CAP Council conducted a total of 51 parenting groups, 27 in Spanish and 24 in English, providing the IY curriculum to 653 parents/legal guardians/caregivers. Based on the data obtained from the PPI tools given to parents/legal guardians/caregivers, before and after completion of the IY parenting groups, it can be determined that the IY curriculum has been effective given the decrease in scores in the areas of harsh discipline and inconsistent discipline, and an increase in scores in the areas of appropriate discipline, clear expectations, and positive parenting. Please refer below to Graph 5.

Graph 5: Outcome measures on Pre PPI and Post PPI completed by parents/caregivers for FY 16-17 and 17-18



The Incredible Years program, provided by the CAP Council, continues to be an effective universal prevention program. Data will continue to be collected and evaluated to determine if the IY Program has long lasting effects on parents in raising children in a supportive structured environments and preventing the development of mental illness by reducing risk factors.

<u>Strategies</u>

Access and Linkage to Treatment:

The prevention component utilizes universal strategies that address the entire Imperial County population. These strategies include a parenting program, the Incredible Years, which addresses the needs of children/youth in stressed families, and outreach and education

activities, which focus on the importance of early identification and intervention to reduce the negative outcomes that may result from individuals in stressed families. Referrals to the Incredible Years Program are made by community agencies or parents' self-referral.

For FY 16-17 and 17-18, ICBHS did not have a system to track referrals generated by the CAP Council to Behavioral Health. However, starting in FY 18-19, the CAP Council was given direction to complete the PEI Screening and Referral Tracking Form, developed by the MHSA PEI Learning Community. The form will be completed by the CAP Council staff for all Incredible Year participants who get referred to ICBHS for mental health and/or substance use disorder services.

Improving Timely Access to Services for Underserved Populations:
The Incredible Years program has allowed increased access to services by providing parenting groups free of charge in English and/or Spanish to all Imperial County residents. The CAP Council provided services at non-traditional settings, such as schools, after school programs, churches, resource centers, or at the Child Abuse Prevention Council office targeting unserved and underserved populations. Additionally, the CAP Council continues to ensure the delivery of IY is provided in a culturally competent manner. The CAP Council continues to hire and maintain staff that is bilingual and bicultural. The Spanish classes are facilitated in Spanish using the Spanish curriculum for the 0 to 12 age population. For FY 16-17 and 17-18, the CAP Council provided Incredible Years parenting groups in the cities of Calexico, El Centro, Brawley, Heber, Westmorland and Holtville.

Data Collection
Access and Linkage to Treatment:
The CAP Council collects outcome data on IY participants, on the Parenting Practices Interview questionnaire, before the start of the IY groups and at the end of the groups. The CAP council also collects data on all referrals received from outside agencies to the IY parenting groups. For FY 16-17 and 17-18, the CAP Council received a total of 653 referrals for the IY program. Below is the breakdown of the referrals received:

ICBHS	CPS	Court	Comm. Agency	Social Services	Probation	Schools	Self-Referred	**Total**
68	75	27	16	6	23	182	256	**653**

A plan has been implemented for FY 18-19, for the CAP Council to complete the PEI Screening and Referral Tracking Form by the CAP Council staff for any Incredible Year participant who has a mental/behavioral health symptoms or would benefit from mental health and/or substance use disorder services.

Timely Access to Services for Underserved Populations:
The Child and Parent Council provides parenting groups on a timely basis. CAP Council staff is readily available to provide services. As parents/legal guardians/caregivers are admitted, they are given the opportunity to be placed on an existing ongoing group or wait until a new parenting group starts.

Early Intervention Program

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/youth living in Imperial County are continuously exposed to prevalent environmental factors such as high poverty rate; lower educational levels, family dysfunction, worries about immigration status, and drug trafficking. All these factors are associated with at risk of developing trauma related symptoms. Like the TF-CBT - Prevention Program, the TF-CBT - Early Intervention Program utilizes the TF-CBT model with the goal of reducing the negative outcomes such as school failure/dropout and prolonged suffering due to having an untreated mental illness. TF-CBT is an evidence-based model that incorporates cognitive and behavioral interventions that focus on enhancement of interpersonal trust and empowerment.

Evaluation

The intent of implementing the TF-CBT Early Intervention Program is to provide interventions before the development of serious mental illness or serious emotional disturbance from becoming severe and disabling for children/youth who have been exposed to a traumatic event. An additional goal is to prevent children/youth from requiring 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, reducing the stigma and discrimination against individuals with mental illness. The following are questions the evaluation was to 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 and functioning, ICBHS implemented a screening process to identify children/youth who had been exposed to a traumatic experience. This screening has been done by clinicians who conduct thorough interviews with children/youth and their families. Once children/youth were identified as meeting the target population for the TF-CBT – Early Intervention Program, the child/youth and parent/guardian completed a pre evaluation tools, before starting the TF-CBT model. At the end of the model, children/youth and their parent/guardian completed post evaluation tools. Pre and post evaluation tools were used to measure mental health functioning.

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 evaluation tools to determine if scores decreased after treatment or if children/youth developed a mental illness. Information was also collected from the ICBHS internal data system to track children/youth who received TF-CBT model for early intervention and whether or not they accessed mental health treatment over time.

Model Fidelity
Fidelity to the TF-CBT model is monitored by providing ongoing supervision to clinicians by licensed clinicians who are knowledgeable in the TF-CBT model. ICBHS has implemented the Quality Improvement Committee - Psychotherapy (QIC-P) meetings where clinical charts are reviewed and clinicians are provided with feedback and direction specific to model adherence. Supervising clinicians ensure TF-CBT fidelity is maintained through case discussion during clinical supervision or 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 and family are followed. 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
ICBHS continues to measure performance outcomes for the TF-CBT - Early Intervention Program under PEI. The TF-CBT – Early Intervention Program currently utilizes two performance outcome tools: Youth Outcome Questionnaire and UCLA Post-Traumatic Stress Disorder Reaction Index (PTSD-RI). ICBHS has developed and implemented a system for the collection of results of performance outcome tools completed by clients. Data is gathered and entered into the department’s information system (AVATAR) by clinical staff. ICBHS had previously contracted with a consultant who was working with Information Systems unit to create reports that would provide information on performance outcomes. The consultant was unable to finish this project an ICBHS had to contract with a new consultant, Todd Sosna Consulting, to continue with this project. The goal is to continue to work with ICBHS’ Information System unit to develop a system that will provide reports that will help guide our programs and practices. Information will be used by clinical staff to review client outcomes and improve treatment planning. Management will use it to determine clinical staff and program effectiveness and for program planning. The following are the measurement tools utilized by the TF-CBT model.

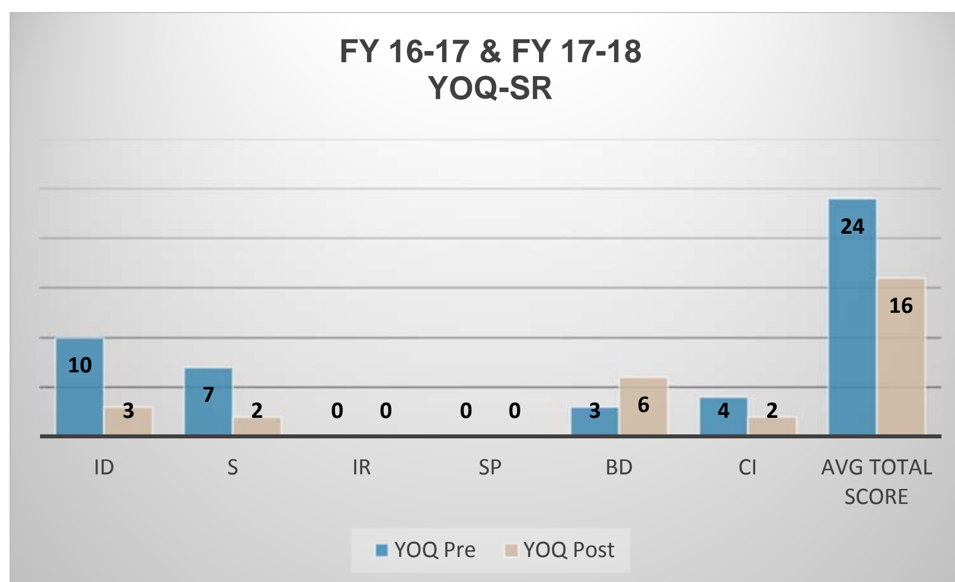
The UCLA PTSD-RI is an outcome measure completed before and after participation in TF-CBT. The evaluation component of this measure has 20 items that assess the frequency of occurrence of post-traumatic stress disorder symptoms during the prior month according to both child/youth self-reports and reports 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 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), 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.

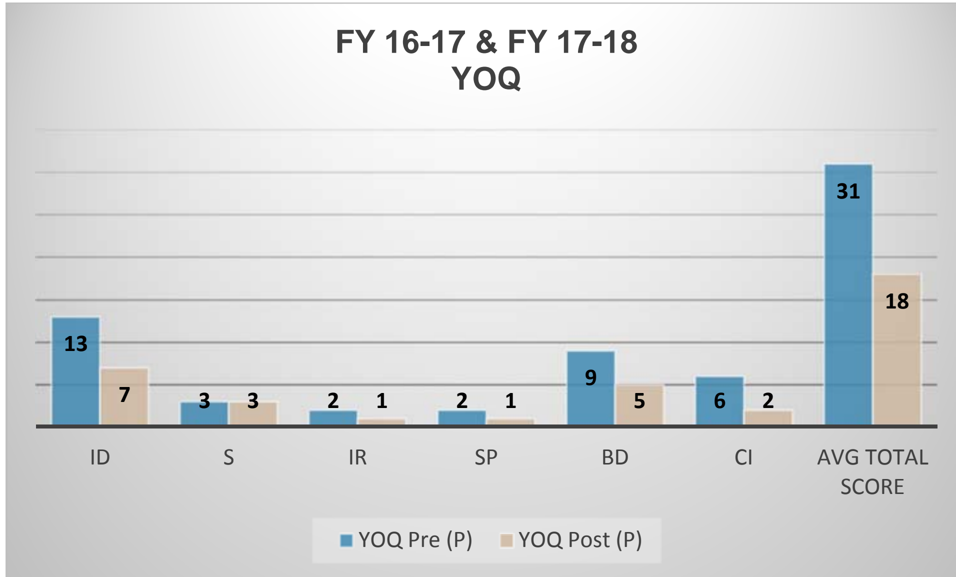
ICBHS' internal data system is utilized to determine if children/youth accessed to mental health treatment after completion of the TF-CBT Early Intervention Program. This information is limited to capturing only the data from children/youth who may have accessed services through ICBHS and not outside providers.

Outcomes
For FY 16-17 to FY 17-18, a total of 39 children/youth successfully completed the TF-CBT model. Out of the 39 that completed the model, pre and post YOQ data was only captured on 3 children/youth and on 40 parents/legal guardians/caregivers. Additionally, 36 children/youth and 41 parents/legal guardians/caregivers completed a pre and post UCLA PTSD-RI tool. Some of the contributing factors to this discrepancy included: 1) Pre or Post data was not obtained due to children being younger than 12 years of age, YOQ tools are to be completed on 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) Pre or Post data was not obtained after numerous unsuccessful attempts to contact parent by the PEI clinicians; 4) some of the children/youth had more than 1 parent participate in the TF-CBT model. The following graphs include outcome data based on pre and post outcome YOQ and UCLA tools.

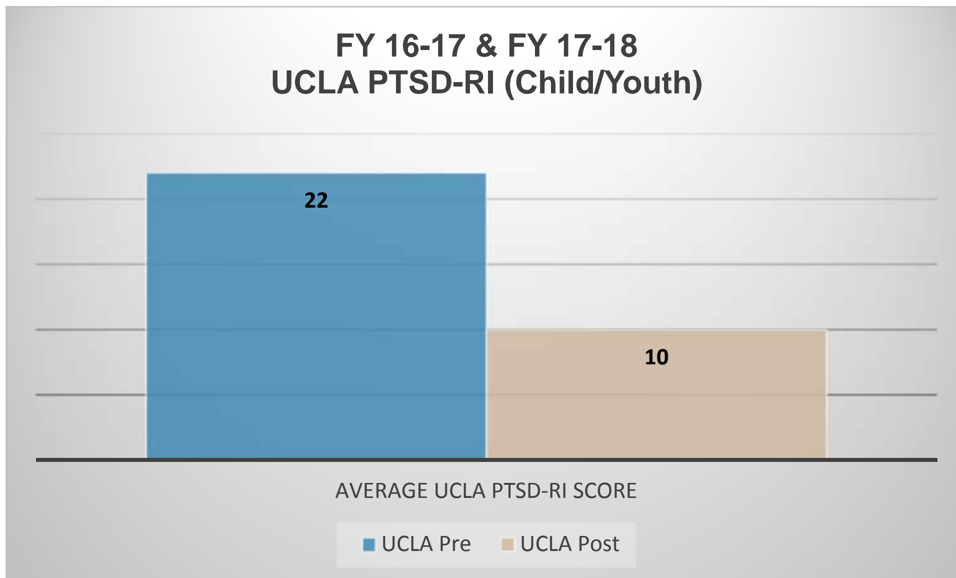
Graph 6: Outcomes measures on Pre-YOQ-SR and Post-YOQ-SR tools completed by children/youth: (n=3)



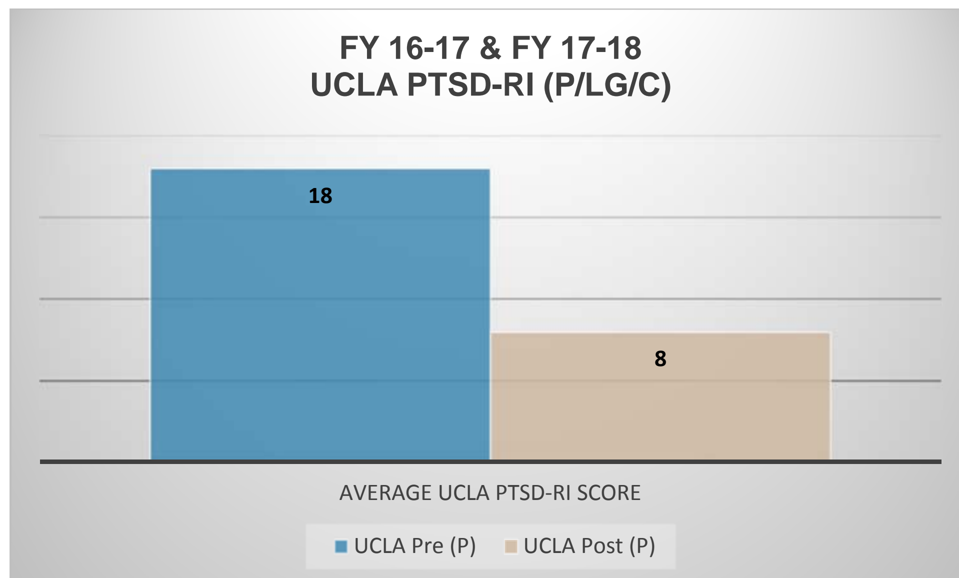
Graph 7: Outcomes measures on Pre-YOQ and Post-YOQ tools completed by parents/caregivers: (n=40)



Graph 8: Outcome measures on Pre and POST UCLA PTSD-RI completed by children/youth: (n=36)



Graph 9: Outcome measures on Pre and POST UCLA PTSD-RI completed by parents/legal guardians/caregivers: (n=41)



Outcome on Evaluation Questions

1. Will providing TF-CBT model in an early intervention program improve the mental health functioning of children/youth who have been exposed to trauma?

Providing TF-CBT in an early intervention program has proven being effective in improving the mental health and overall functioning of children/youth who were exposed to trauma. This is evidenced by a decrease in scores in the YOQ and the PTSD-RI total scores based on data collected from children/youth and parent/legal guardian/caregiver. Please refer above to Graphs 6, 7, 8 and 9.

2. Will the participation of children/youth and their families in TF-CBT model prevent the onset of mental illness?

For FY 16-17 and 17-18, the participation of children/youth and their families in TF-CBT early intervention model has proven to be effective to prevent the onset of mental illness in the majority of children/youth that participated. Out of 304 children/youth that were provided with TF-CBT, 204 (67%) have not required or sought additional mental health treatment since being discharged from the program, which speaks of the impact this program has made in the lives of children and youth in our community. Only 100 (33%) children/youth served under in the TF-CBT Early Intervention Program have entered the mental health system, either by referral from the PEI clinician or by parent request.

The implementation of the TF-CBT Early Intervention Program has proven to be an effective given the decrease in symptoms reported by both children/youth and their parent/caregiver at the end of program and the number of low entrance into the mental health system. Data will continue to be collected and evaluated to determine if this early intervention program has had long lasting effects in the children and youth services by requiring extended treatment or a higher level of treatment.

Strategies

Access and Linkage to Treatment:

The TF-CBT – Early Intervention Program has given ICBHS the opportunity to serve the unserved and/or underserved populations in the community and to link them to medically necessary care and treatment if needed.

For FY 2016-2017 the TF-CBT – Early Intervention Program served 131 children/youth.

- 51 (39%) children/youth and their parents/legal guardians/caregivers were provided services under the TF-CBT Early Intervention Program and met the criteria for a DSM-V diagnosis and medical necessity.
- 44 (34%) children/youth and their parents/legal guardians/caregivers were transferred at intake or during therapy to the TF-CBT – Prevention Program who do not meet criteria for a DSM-V diagnosis and nor the medical necessity criteria.
- 36 (27%) children/youth and their parents/legal guardians/caregivers were transferred at intake or during therapy to the children's outpatient clinic for a higher level of treatment to include: medication support, rehabilitation services, therapy services, TBS, IHBS and/or ICC services under the EPSDT criteria.

For FY 2017-2018 the TF-CBT – Early Intervention Program provided services 173 children/youth.

- 83 (48%) children/youth and their parents/legal guardians/caregivers were provided services under the TF-CBT Early Intervention Program and met the criteria for a DSM-V diagnosis and medical necessity.
- 32 (18%) children/youth and their parents/legal guardians/caregivers were transferred at intake or during therapy to the TF-CBT – Prevention Program who do not meet criteria for a DSM-V diagnosis and did not meet the medical necessity criteria.
- 58 (34%) children/youth and their parents/legal guardians/caregivers were transferred to the children's outpatient clinic for a higher level of treatment to include: medication support, rehabilitation services, therapy services, TBS, IHBS and/or ICC services under the EPSDT criteria.

Improving Timely Access to Services for Underserved Populations:

Since the implementation of TF-CBT – Early Intervention Program, there has been an increase in interaction with the public and community partners which has assisted in the development of collaborative relationship. ICBHS has done presentations on the goal of TF-CBT – Early Intervention Program to provide early intervention to children and adolescents exposed to traumatic experiences. This interface with the community has brought awareness on the effects commonly experienced by children who have been exposed to traumatic events, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behaviors, including substance abuse. The continuous receipt of referrals from these agencies and the acceptance of services by parents are testimony of the success of the outreach activities.

The TF-CBT – Early Intervention Program has also increased access to services by providing services in English and Spanish in non-traditional, non-threatening settings that provide a safe environment, such as the home, schools, community centers, and family resource centers. The goal of the program is to address and promote recovery and related functional outcomes from a mental illness early in its emergence, and/or to alleviate the need for additional or extended mental health treatment.

Data Collection
Access and Linkage to Treatment:
Data on outcome measurement tools is collected at intake and at discharge from therapy sessions. Based on the scores from the outcome measurement tools, clinicians are able to determine, based on their clinical judgement, the appropriate level of individualized treatment for all the children/youth assesses through the TF-CBT – Early Intervention Program. If necessary, clinicians are able to expedite transfers to the Children's outpatient clinic for a higher level of treatment.

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 MHSA Steering Committee.

Referral Source	FY 2016-2017	FY 2017-208
Brawley Elementary District	6	12
Calexico School District	16	24
Department of Social Services	14	15
El Centro Elementary District	30	28
ICBHS	49	88
Heber Elementary District	1	0
Self-Referrals	15	6
Total	**131**	**173**

Timely Access to Services for Underserved Populations:
ICBHS' Quality Management Unit (QM) collects data on a quarterly basis on all intake appointments for *Improving Timely Access to Services for Underserved Populations.* The established standard time to provide individuals with an appointment for an initial intake assessment is seven (7) business days and the time to start therapy is seven (7) calendar days from the date a referral to therapy is made. Clinician time is allocated to each program/team based on history of new admissions and referrals to therapy. Program Supervisors and clerical staff are in constant communication to evaluate available time and recommend changes if needed to meet timeliness of appointments. ICBHS has been consistent in meeting the timeliness for initial intake assessments.

To improve attendance, strategies have been implemented to remind clients of their appointments. They are sent a letter notifying them of the appointment and reminder calls are made the day before the appointment. If a client cancels or reschedules the appointment, other clients are called so that they can be seen sooner than originally scheduled. Individuals who want to be seen sooner than their scheduled intake or therapy appointment, the Program Supervisor reviews the clinician's schedules and with the coordination of the clinician will make every effort to meet the needs of the individual.

Stigma and Discrimination Reduction Program

Brief Program Description
PEI utilizes a universal strategy to reduce stigma and discrimination related to being diagnosed with a mental illness, having a mental illness or to seeking mental health services. The program addresses the entire Imperial County community, focusing on providing education and trainings on the effects and symptoms of mental illness and the importance of early identification and early intervention. The program also brings awareness on the importance of increasing recognition of early signs of mental illness to community members on consequences commonly

experienced by children and youth who have been exposed to trauma, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behaviors, including substance abuse.

Stigma and discrimination reduction activities are delivered to large and small groups in health fairs, career fairs, and school presentations. Activities are also provided on a one-to-one basis for education or training purposes. They are provided by a number of PEI Program staff, including master level clinicians, Mental Health Rehabilitation Technicians, program supervisor, and the program manager. Other activities include educational discussions with schools and community agencies on mental health issues and available mental health services and resources. Additionally, ICBHS conducts a weekly radio show program "Let's Talk About It". The radio uses the show for educational purposes on issues and topics that have significant Behavioral Health impacts and promotes stigma and discrimination reduction. The show is broadcasted on several stations in Imperial County and is also made available on podcast. The show has hosted a number of world-renowned experts on trauma, mindfulness and substance use, such as:

- 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"

Changes in Attitudes, Knowledge, and/or Behavior Related to Mental Illness

Stigma and discrimination reduction activities have assisted in establishing collaborative efforts with local agencies, such as the Department of Social Services, school districts and community agencies; that provide services to local residents. These partner agencies have become familiar with the 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.

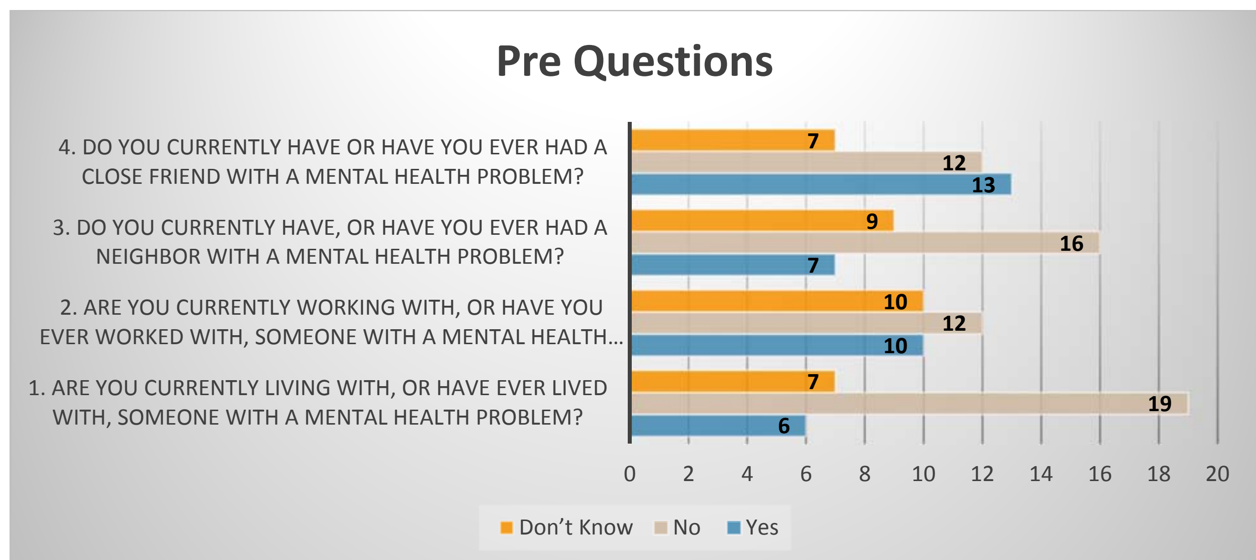
Stigma and discrimination reduction activities are presented as needed in English and Spanish in efforts to reach the unserved and/or underserved populations. They are universal and intended for all community members in Imperial County to reduce the stigma and discrimination associated with mental illness. These activities include training and education by providing information to the community on mental illness, importance of identification and early intervention. They assist in providing educational information to parents/caregivers, school staff and the community in general on identifying individuals at risk of or who may be presenting early

signs of mental illness of emotional disturbance in order to link them to treatment or other available resources.

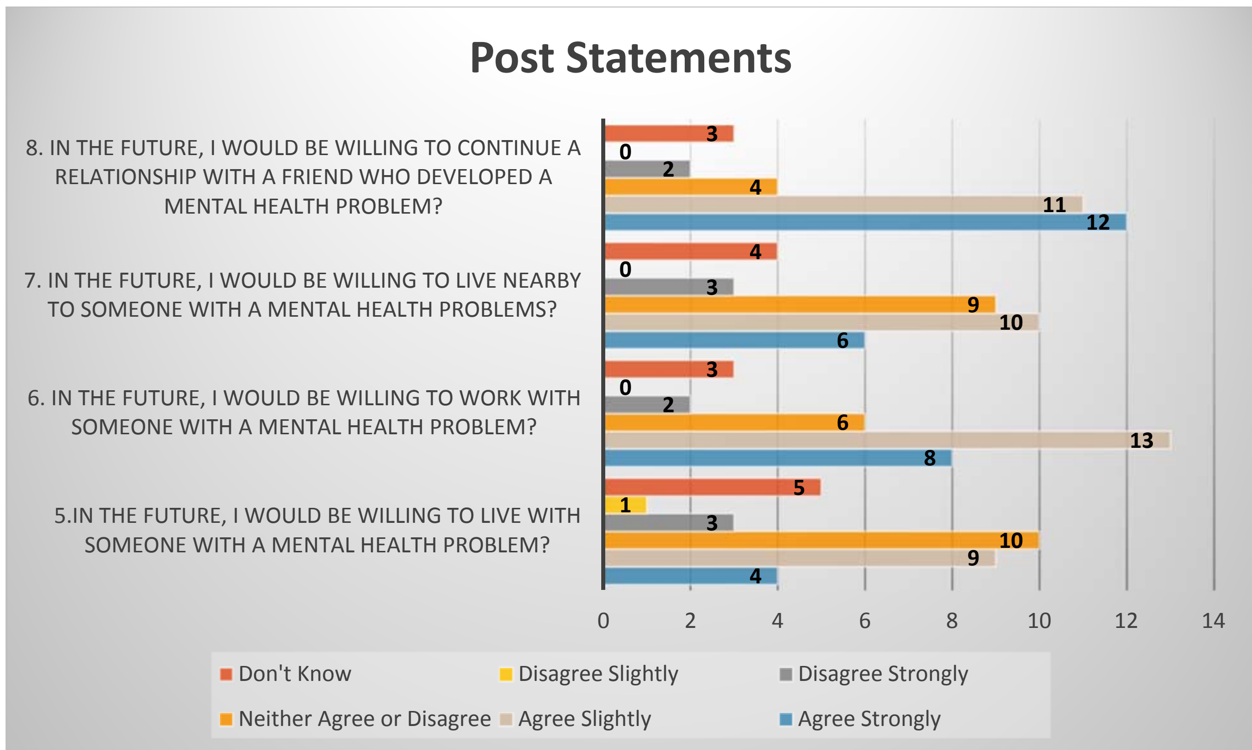
For FY 16-17 and 17-18 the Stigma and Discrimination Reduction staff provided 148 educational and trainings activities and reached 4,003 students, teachers, parents, administrators, and professionals in the community. The demographic data, number of attendees and surveys has been collected on a voluntary basis from individuals and small groups; however, it has not always been possible to obtain specific numbers of attendees participating in larger groups such as those participating in large school assemblies or number of individuals listening to the radio show.

In May 2018, the Stigma and Discrimination Reduction staff distributed the Reported and Intended Behavior Scale survey during the trainings or education group. Individuals were asked to answer 4 questions before the training or education group. After the training or education group, individuals were asked to answer 4 statements. For FY 17-18, 62 surveys; 30 in Spanish and 32 in English, were collected after a Stigma and Discrimination Reduction training or education group.

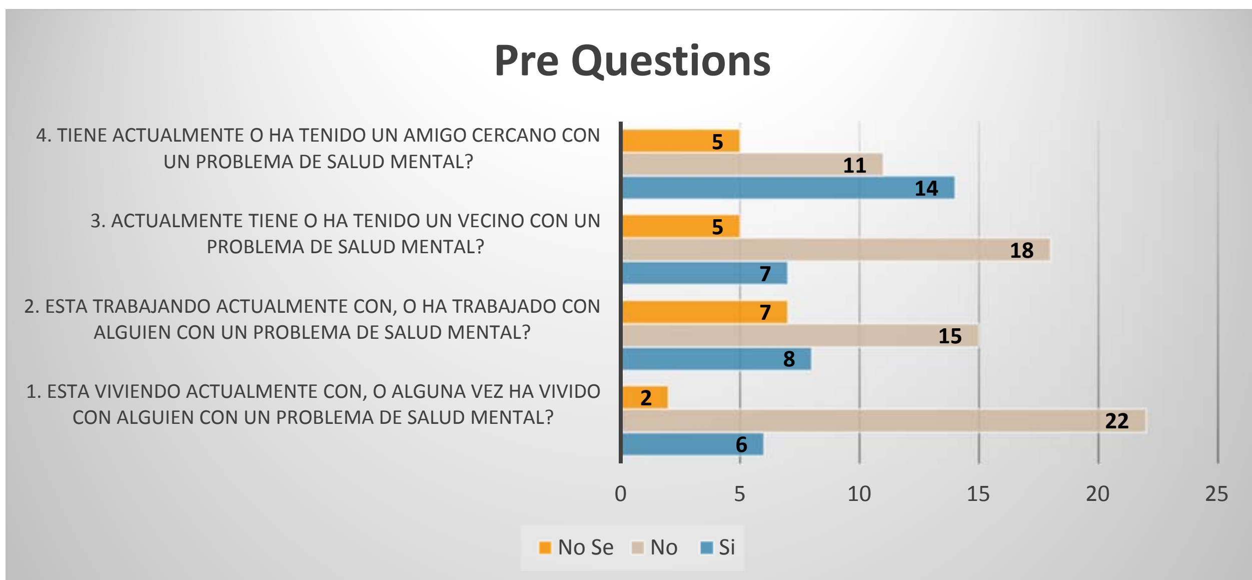
Graph 10: RIBS survey results (English), Pre Questions (n=32)



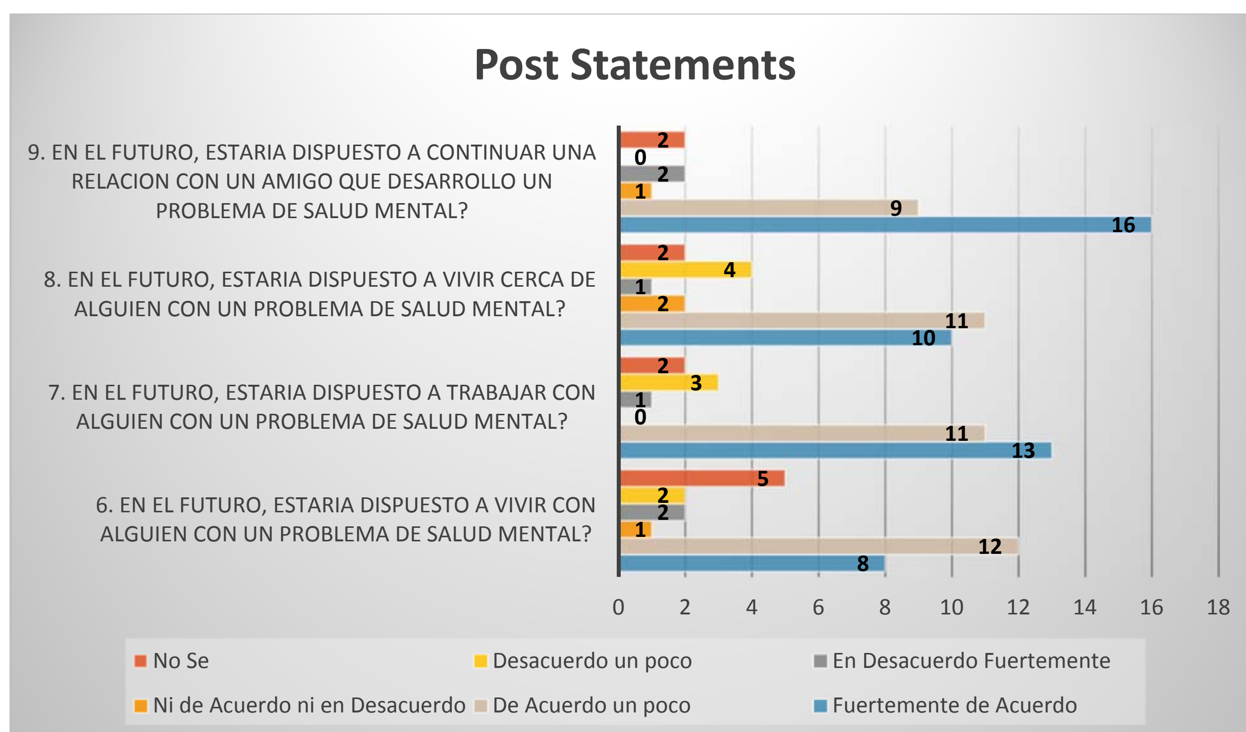
Graph 11: RIBS survey results (English) Post Statements (n=32)



Graph 12: RIBS Survey Results (Spanish) Pre Questions (n=30)



Graph 13: RIBS Survey Results (Spanish) Post Statements (n=30)



Based on the results from the RIBS surveys, providing stigma and discrimination reduction activities has proven there has been a change in how individuals view and perceive in relation to people who have a mental health illness. For example, question #4, in Graph # 10, was asked to individuals before the training or education group, “Are you currently living with or have ever lived with someone with a mental health problem?” 59% (19) of the individuals surveyed respond “No”. After the training or education groups 41% (13) or the individuals responded “Slightly Agree and Strongly Agree” to statement #5, in Graph 11, “In the future, I would be willing to live with someone with a mental health problem.” Please refer above to Graphs 10, 11, 12 and 13.

Stakeholder Involvement:
Imperial County Behavioral Health Services has established the 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. 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 and components to include: 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.

Workforce Education and Training

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

Training and Technical Assistance

Action 1: Evidence-Based and Promising Practices Trainings
The CSS stakeholder process identified the need to further utilize evidence-based and promising practices. Since the WET Plan's approval by the Mental Health Services Oversight and Accountability Commission in May 2011, the following evidence-based and promising practices trainings have been completed to date through the WET component:

1. Assessment, Diagnosis, and Treatment of Eating Disorders – Approximately .4 percent of young females will struggle with symptoms of anorexia and 1 percent to 1.5 percent of young females will experience symptoms of bulimia. Although low in prevalence these disorders are often associated with anxiety, depression, obsessive compulsive disorder, medical disorders, suicide, and substance abuse, which are more common disorders among young adults. Anorexia nervosa (AN) is a complex and difficult to treat illness that in a number of cases becomes chronic and disabling. It is a disorder of unknown etiology that most commonly occurs in adolescent girls. Anorexia nervosa individuals exhibit an egosyntonic resistance to eating which leads to a significantly low body weight, intense fear of gaining weight, body image distortions, and severe weight loss due to a relentless pursuit of thinness and restrictive eating. Improvements in the understanding and treatment of AN are of particular importance given its chronic and relapsing course, often entailing costly and severe medical morbidity. Importantly, AN has the highest death rate of any psychiatric illness, also because there are no proven effective treatments to reverse the symptoms. Bulimia nervosa (BN) is a seriously life-threatening eating disorder. People with BN may be secretly binge eating large amounts of food and then purge, trying to get rid of the extra calories in an unhealthy way. These youths are preoccupied with weight and body shape, judging themselves harshly for self -perceived flaws, not wanting to eat in public or in front of others, going to the bathroom right after eating or during meals, and exercising too much. Youth with bulimia may be at risk for suicide, anxiety, depression, substance abuse, and medical complications.

   A two-day training for clinicians, psychiatrists, and administrative staff is scheduled on May 8-9, 2019.

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

A four-day training was provided to staff during January 2019. Additional two-day trainings are also scheduled in April 2019 and May 2019, as well as ongoing consultation calls.

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

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

Training and Technical Assistance

During FY 2019-2020, the following training and technical assistance activities are planned:

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

Budget Justification

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

1. *Mental Health Interpreter Training Program*

Item	Estimated Total
(2) Two Day Interpreter Training	$21,000
Total Item	$21,000

Capital Facilities and Technological Needs

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

During FY 2018-2019, the following activities were planned and carried out:

A. Client and Family Empowerment

a. Consumer Portal Kiosks

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

1. Children's Team 5 and Team 12 – 120 North 8th Street, El Centro
2. Crisis and Referral Desk – 202 North 8th Street, El Centro
3. El Centro Children and Adolescent – 801 Broadway Street, El Centro
4. Adult El Centro Anxiety and Depression – 1699 Main Street, Suite A, El Centro
5. Adult Brawley MHSA FSP – 205 Main Street, Brawley
6. Adult Brawley Anxiety and Depression – 220 Main Street, Brawley
7. YAYA Brawley Clinic – 1535 Main Street, Brawley
8. Children's Team 6 – 195 South 9th Street, Brawley
9. Adult Calexico Anxiety and Depression – 25 East 3rd Street, Calexico
10. FRC-San Pasqual – 676 Baseline Road, Winterhaven

The desire of ICBHS to install these kiosks proved difficult. Assigned computers to the two existing kiosk locations were in some instances made unavailable by individuals tampering with software within the computer. At other times, the kiosks were left unattended and would be off during unknown periods of time. Information Systems then started monitoring the kiosks on a weekly basis. Reports indicated that the internet, at times, was not available and that the computer needed maintenance, which then required the computer to be taken back to the computer lab for fixing.

It became more apparent that the wrong technology was being used to accomplish the desired access to the consumer portal. In thinking of strategies to accomplish this goal,

Imperial County IT department recommended the use of Chromebooks that are less expensive, easier to configure, and provided the needed access to the internet through Google Chrome.

Information Systems is collaborating with County IT and Purchasing for the needed furniture to create kiosks at the previously mentioned locations using Chrome Boxes.

Another way that clients could log in to the consumer portal is by using their own devises (tablet or cellular phone). ICBHS would assist with this process by providing Wi-Fi access through a guest network. ICBHS and County IT are collaborating on evaluating Wi-Fi capabilities through a wireless survey for each of the above locations, which will determine based on the physical qualities of the site the devises needed to provide a Wi-Fi guest network for clients to use. Additionally, this was a recommendation made by the EQRO during their review on January 29-30, 2019.

Goals and Objectives for FY 2019-2020:
One of the goals for the upcoming fiscal year is to purchase the Chrome Boxes and to install them at the above locations. Information Systems will also be monitoring on a regular basis to ensure that the equipment is working as expected and providing the access to the consumer portal.

Another goal is to create a guest network that will allow clients an access point to the internet and the availability of the consumer portal on their own mobile devices.

b. Wellness Center Computers Upgrade

The Wellness Centers at El Centro and Brawley have computer labs where clients use 10 existing computers to complete General Education Diploma courses and to complete other homework assignments. It is a great tool to have and provides consumers with the access to technology. The computers were installed several years ago and were in need of upgrades to a more current software and hardware. ICBHS planned to upgrade computers to provide consumers with more current technology.

In considering the best technology to provide this platform, Imperial County IT recommended the use of a server and thin clients that would provide access to clients wishing to have access to a computer and to the internet. County IT Director is soliciting quotes from various providers that would create this platform. There are several advantages to this platform. From a client perspective, it offers the same benefits of a computer. Clients would be able to access needed websites as well as needed software for completion of assignments. From an Administrators perspective, there is less maintenance needed, updates are pushed to a single machine compared to several machines, there is better security from viruses and hacking attacks and end users are less prone to accidentally damage the computer by deleting systems files.

Goals and Objectives for FY 2019-2020:
Goals for next year include obtaining several quotes for the server and thin clients, finalizing on a decision and implement at both El Centro and Brawley computer labs.

B. Document Imaging and Signature Capture

Signature Capture

ICBHS completed the installation and testing of Perceptive, the document imaging technology, which would allow for the transition into the full electronic health record. Signed electronic documents is one of the needs to make this transition. Signature pad appliances were part of previous MHSA CFTN plans; however, ICBHS was not ready to acquire and use this technology. Currently, ICBHS transitioned to Perceptive and had begun the use of signature capture at the point of service for client plan which is in testing phase.

ICBHS moved forward with creating the client plan in the electronic health record. Currently signatures pads are installed in several offices where this document is being piloted with great success. The pilot is intended to determine best workflows, to refine the forms, and to learn best implementation and installation strategies.

There are additional documents needing client signature: releases of information, privacy notice acknowledgement, medical information forms as well as other documents. Additional equipment will be needed for front desks, nurses' offices, doctors' offices, and interviewing rooms.

Goals and Objectives for FY 2019-2020:
The goals for the upcoming year include the completion of the testing phase of the client plan and the deployment to all ICBHS clinics. This would include the deployment of signature pads to the remaining teams to equip staff to capture the client signature on the client plan.

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

a. XPIO Contracted Services

ICBHS contracted with XPIO Health, a consultant who has the skills to support the Department's efforts with meeting Meaningful Use Objectives, adherence to HIPAA Security rules and requirements and the preparation of the Annual Security Risk Assessment. They also provide services that deliver completed online trainings that could be loaded into ICBHS e-learning platform to provide online training for all ICBHS staff. Additionally, they served as consultants for troubleshooting issues with the electronic health record.

XPIO Health dedicated staff who are experienced in managing Eligible Professionals (EPs) through the phases of Meaningful Use; they have helped organizations realized funding from the incentive program offered by CMS. For ICBHS, they managed 11 doctors who continue to work through the Stage 2 of Meaningful Use. They provided CMS registration maintenance, EHR system registrations, documentation repository to preserve required reports and documents, address post-file questions, and advisory support for the configuration and development of Volume and Quality Measure reports. Meaningful use attestations were submitted prior to the March 31, 2019 deadline. Currently, XPIO is providing technical assistance on how best to set up MyAvatar to ensure that data and reports match the requirements for the Meaningful Use Stage 3.

During this fiscal year, they also provided a platform to conduct the Security Risk Assessment (SRA). The process of conducting SRA requires an evaluation of possible risks to the ability of ICBHS to provide computer and system services and helps in drafting the contingency plan. XPIO assisted ICBHS with preparing the annual SRA and also assisted with the testing of the contingency plan. The process of testing the contingency plan helped in refining the plan to ensure that ICBHS is prepared in case of an emergency.

Additionally, ICBHS worked with XPIO on meeting CMS, DHCS and HIPAA Privacy and Security regulations that require staff be trained at hire, annually and have reminders throughout the year to create a "culture of compliance". XPIO assisted in preparing the content provided by ICBHS to provide an online training through the e-learning platform at ICBHS. Creating the trainings online in this platform allowed the Staff Development Unit to process this training as they would any other training. They were able to process status reports, send reminders and notify supervisors of staff's registration and attendance to the training. XPIO assisted with the following trainings:

HIPAA Privacy – this training is an overview of the current HIPAA 45 CFR regulations that healthcare agencies and business associates need to follow to achieve compliance.

HIPAA Security – this training addresses the Security Rule and provides staff with education about how to keep information safe when working with electronic protected health information.

Compliance – this training addresses the requirement by CMS and DHCS to train staff on the compliance program at ICBHS. This includes policies and procedures adopted to detect and prevent fraud, waste and abuse.

XPIO Health also has the skills to provide assistance with further development of forms needed to transition to a full electronic health record. For example, one of the forms that XPIO provided assistance with in the last year was the client plan.

Goals and Objectives for FY 2019-2020:
Goals for the upcoming year include: a) Working with XPIO for the annual preparation of the three trainings mentioned above as well as the Cultural Competency Annual Training. b) Working with XPIO to prepare MyAvatar to report on Meaningful Use Stage 3 for the eligible professionals that qualify for the program and 3) Working with XPIO to complete the Annual Security Risk Assessment and continue to test the contingency plan.

b. Staff Training

Technology changes are increasing rapidly and Information Systems staff need to stay current on the upcoming changes of the electronic health record, MyAvatar. The vendor of the application, NetSmart, provides the opportunity for structured module trainings, an annual national conference and annual regional conferences.

Four Analysts and one manager attended training on 12/10/18. The training focused on advanced modeling techniques for CWS and new functionality that included best practices for several MyAvatar modules. This training also provided some networking

opportunities and much was learned from other counties on how to best work with the client plant. Additionally, three staff will be attending the annual nationwide conference offered by the vendor in early May.

Goals and Objectives for FY 2019-2020:
The goal for next year includes to purchase trainings for two new Information Systems staff and to attend the annual conference offered by NetSmart.

D. Clinician Point of View - Mobile Solution

This is an addition to the three-year plan. As ICBHS goes fully electronic, it needs to have information more readily available. The electronic health record vendor NetSmart has a solution that could be used to deploy mobile electronic devices. The name of the tool is Clinician Point of View which enables a user to access and update client plans, progress notes, services entries, client demographics and other forms in MyAvatar. This tool would allow staff to go out in the field and document services provided on the spot. It will also allow for the collection of client signatures from clients. The advantage of this tool is that it does not need an internet connection to run the electronic health record. The solution allows the view of stored data and the creation of new data within the mobile devise during the offline session and once the staff comes back to the office and connects the devise to the system it synchronizes the data to the electronic health record. ICBHS would like to purchase this tool in the next fiscal year to facilitate the transition to a full electronic health record so that information would be available to staff even when out of the office.

This purchase will also need the deployment of mobile devises. County IT has recommended the purchase of Dell Windows Tablets, ICBHS concurs with this recommendation. Tablets have a touchscreen that would allow for signature collection without the need for a separate signature pad. We are estimating that each Clinic should have at minimum 3 devises that staff would be able to check out when working out in the field. It is estimated that about 47 Dell Windows Tablets will be needed for deployment.

Budget Justification

Item	
Consumer Portal Kiosks	
Chrome Books (10)	5,480.00
Titan Edge Wall Mounted Workstation for 10 clinics	13,540.00
Remodeling Costs to ensure privacy (if needed)	$15,000.00
Subtotal:	**34,020.00**
Wellness Center Computer Upgrade	
Hosted Server / Implementation	52,820.00
Thin Clients – El Centro Wellness Center – 10	5,780.00
Thin Clients – Brawley Wellness Center – 10	5,780.00
Subtotal:	**64,380.00**
Signature Capture	
Signature Terminals - 75	31,618.50
Subtotal:	**31,618.50**

Consultant – Meaningful Use, Training, EHR	
Year 2 Contract	75,000.00
Subtotal:	**75,000.00**
Training	
Module Training (1 yr.)	2,900.00
Annual National Conference (1 yr.)	7,000.00
Subtotal:	**9,900.00**
Clinician POV	
Professional Services	9,000.00
Licenses	13,860.00
Dell Windows 10 Tablets	61,664.00
Subtotal:	**84,524.00**
GRAND TOTAL:	**299,442.50**

MHSA Funding Summary
FY 2019-2020

County: **IMPERIAL** Date: **3/27/19**

	MHSA Funding					
	A	B	C	D	E	F
	CSS	PEI	INN	WET	CFTN	Prudent Reserve
A. Estimated FY 2019/20 Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	4,001,158	4,583,195	1,592,497	35,710	297,468	
2. Estimated New FY2019/20 Funding	6,647,389	1,661,847	437,328			
3. Transfer in FY2019/20[a/]	0			0	0	0
4. Access Local Prudent Reserve in FY2019/20						0
5. Estimated Available Funding for FY2019/20	10,648,547	6,245,042	2,029,825	35,710	297,468	
B. Estimated FY2019/20 MHSA Expenditures	7,761,049	1,365,929	688,935	35,710	297,468	
C. Estimated FY2019/20 Unspent Fund Balance	2,887,498	4,879,113	1,340,890	0	0	

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	430,047
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Estimated Local Prudent Reserve Balance on June 30, 2020	430,047

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Section B: Reallocated Unspent Funds

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Reallocated Unspent Funds

During FY 2017-2018, ICBHS requested authorization to utilize reallocated unspent funds (MHSUDS Information Notice No. 17-059) for the Community Services and Supports (CSS) and Prevention and Early Intervention (PEI) components. The reallocated unspent funds total to $131,375 for CSS and $691,964 for PEI. A description of how the funding will be utilized for each component is included below.

Consistent with MHSA statutory and regulatory requirements, this request for reallocated unspent funds was circulated for review and comment as part of Imperial County's FY 2018-2019 MHSA Annual Update for at least 30 days to representatives of stakeholder groups and any interested party who has requested a copy. A public hearing was held by the local mental health board.

Community Services and Supports

The reallocated unspent CSS funds will be utilized for the development of a Peer Supporter Specialists/Consumer Employee Development Unit that will be under the direction of the Center for Clinical Training/Staff Development Unit. Presently, there is no department, program or staff designated to work towards the development of Peer Support staff. Such an effort requires outreach, consumer training, job readiness, placement, and follow-up activities. Adding additional staff positions would allow staff to function as Peer Support Specialist and would contribute to the Department's efforts to fulfill plans to enhance and build our service capacity. This project has been prioritized due to the fact that a focused and directed effort is needed to bring about the results that create a consumer workforce within ICBHS.

ICBHS has emphasized the value of employing peer support as staff within the Department whenever possible. Presently, the Department's efforts to hiring peer supporters have been limited to those individuals who apply for available positions through Imperial County's Human Resources application process. The consumers do not receive any preparation or specialized training to assist them in becoming ICBHS employees and are at times able to obtain employment if they meet the qualifications for the positions available. Additionally, the County of Imperial does not currently have a position/job description for Peer Support staff or positions that emphasize lived experience of a person with a mental illness.

ICBHS will utilize the SAMHSA Core Competencies for Peer Support Specialists in Behavioral Health as the guideline for establishing the tasks/duties of Peer Supporter Specialists. These competencies included 11 different categories. They are as follows:

Category I: Engages peers in Collaborative and Caring Relationships
This category of competencies emphasized peer workers' ability to initiate and develop on going relationships with people who have behavioral health condition and/or family members. These competencies include interpersonal skill, knowledge about recover form behavioral health conditions and attitudes consistent with a recovery orientation.

1) Initiates contact with peers
2) Listens to peers with careful attention to the content and emotion being communicated
3) Reaches out to engage peers across the whole continuum of the recovery process
4) Demonstrates genuine acceptance and respect

5) Demonstrates understanding of peers' experiences and feelings

Category II: Provides Support

The competencies in this category are critical for the peer support specialist to be able to provide the emotional, informational, instrumental, and affiliation support people living with behavioral health conditions may want.

1) Validates peers' experiences and feelings
2) Encourages the exploration and pursuit of community roles
3) Conveys hope to peers about their own recovery
4) Celebrates peers' efforts and accomplishments
5) Provides concrete assistance to help peers accomplish tasks and goals

Category III: Shares Lived Experiences of Recovery

These competencies are unique to peer support, as most roles in behavioral health services do not emphasize or even prohibit the sharing of lived experiences. Peer Support Specialists need to be skillful in telling their recovery stories and using their lived experiences as a way of inspiring and supporting a person living with behavioral health conditions. Family Peer Support Specialist likewise share their personal experiences of self-care and supporting a family-member who is living with behavioral health conditions.

1) Relates their own and others' personal recovery stories to peers to inspire hope
2) Discusses ongoing personal efforts to enhance health, wellness, and recovery
3) Recognizes when to share experiences and when to listen
4) Describes personal recovery practices and helps peers discover recovery practices that work for them

Category IV: Personalizes Peer Support

These competencies help Peer Support Specialists to tailor or individualize the support services provided to and with a peer. By personalizing peer support, the peer worker operationalizes the notion that there are multiple pathways to recovery.

1) Understands his/her own personal values and culture and how these may contribute to biases, judgments and beliefs
2) Appreciates and respects the cultural and spiritual beliefs and practices of peers and their families
3) Recognizes and responds to the complexities and uniqueness of each peer's process of recovery
4) Tailors services and supports to meet the preferences and unique needs of peers and their families

Category V: Supports Recovery Planning

These competencies enable Peer Support Specialists to supports other peers to take charge of their lives. Recovery often leads people to want to make changes in their lives. Recovery planning assists people to set and accomplish goals related to home, work, community and health.

1) Assists and supports peers to set goals and to dream of future possibilities
2) Proposes strategies to help a peer accomplish tasks or goals
3) Supports peers to use decision-making strategies when choosing services and supports
4) Helps peers to function as a member of their treatment/recovery support team
5) Researches and identifies credible information and options from various resources

Category VI: Links to Resources, Services, and Supports
These competencies assist Support Specialists to help other peers acquire the resources, services, and supports they need to enhance their recovery. Peer Support Specialists apply these competencies to assist other peers to link to resources or services both within behavioral health settings and in the community. It is critical that Support Specialists have knowledge of resources within their communities as wells as on-line resources.

1) Develops and maintains up-to-date information about desired resources and services
2) Assists peers to investigate, select, and use needed and desired resources and services
3) Helps peers to find and use health services and supports
4) Accompanies peers to community activities and appointments when requested
5) Participates in community activities with peers when requested

Category VII: Provides information about skills related to health, wellness, and recovery
These competencies describe how Peer Support Specialists coach, model or provide information about skills that enhance recovery. These competencies recognize that Support Specialists have knowledge, skills and experiences to offer others in recovery and that the recovery process often involves learning and growth.

1) Educates peers about health, wellness, recovery and recovery supports
2) Participates with peers in discovery or co-learning to enhance recovery experiences
3) Coaches peers about how to access treatment and services and navigate systems of cars
4) Coaches peers in desired skills and strategies
5) Educates family members and other supportive individuals about recovery and recovery supports
6) Uses approaches that match the preferences and needs of peers

Category VIII: Helps Peers to Manage Crises
These competencies assist Peer Support Specialists to identify potential risks and to use procedures that reduce risks to peers and others. Peer Support Specialist may have to manage situations, in which there is intense distress and work to ensure the safety and well-being of themselves and other peers.

1) Recognizes signs of distress and threats to safety among peers and in their environments
2) Provides reassurance to peers in distress
3) Strives to crate safe spaces when meeting with peers
4) Takes action to address distress or a crisis by using knowledge of local resources, treatment, services and support preferences of peers
5) Assists peers in developing advance directives and other crisis prevention tools

Category IX: Values Communication
These competencies provide guidance on how Peer Support Specialists interact verbally and in writing with colleagues and others. These competencies suggest language and processes used to communicate and reflect the value of respect.

1) Uses respectful, person-centered, recovery-oriented language in written and verbal interactions with peers, family members, community members, and others
2) Uses active listening skills
3) Clarifies their understanding of information when in doubt of the meaning

4) Conveys their point of view when working with colleagues
5) Documents information as required by program policies and procedures
6) Follows laws and rules concerning confidentiality and respects others' rights for privacy

Category X: Supports Collaboration and Teamwork
These competencies provide direction on how Peer Support Specialists can develop and maintain effective relationships with colleagues and other to enhance the peer support provided. These competencies involve not only interpersonal skills but also organization skills.

1) Works together with other colleagues to enhance the provision of services and supports
2) Assertively engages providers from mental health services, addiction services, and physical medicine to meet the needs of peers
3) Coordinates efforts with health care providers to enhance the health and wellness of peers
4) Coordinates efforts with peers' family members and other natural supports
5) Partners with community members and organizations to strengthen opportunities for peers
6) Strives to resolve conflicts in relationships with peers and others in their support network

Category XI: Promotes Leadership and Advocacy
These competencies describe actions that Peer Support Specialists use to provide leadership within behavioral health programs to advance a recovery-oriented mission of the services. They also guide peer workers on how to advocate for the legal and human rights of other peers.

1) Uses knowledge of relevant rights and laws (ADA, HIPAA, Olmstead, etc.) to ensure that peer's rights are respected
2) Advocates for the needs and desires of peers in treatment team meetings, community services, living situations, and with family
3) Uses knowledge of legal resources and advocacy organization to build an advocacy plan
4) Participates in efforts to eliminate prejudice and discrimination of people who have behavioral health conditions and their families
5) Educates colleagues about the process of recovery and the use of recovery support services
6) Actively participates in efforts to improve the organization
7) Maintains a positive reputation in peer/professional communities

Category XII: Promotes Growth and Development
These competencies describe how Peer Support Specialists become more reflective and competent in their practice. The competencies recommend specific actions that may serve to increase peer workers' success and satisfaction in their current roles and contribute to career advancement.

1) Recognizes the limits of their knowledge and seeks assistance from other when needed
2) Uses supervision (mentoring, reflection) effectively by monitoring self and relationships, preparing for meetings and engaging in problem-solving strategies with the supervisor (mentor, peer)

3) Reflects and examines own personal motivations, judgments, and feelings that may be activated by the peer work, recognizing signs of distress, ad knowing when to seek support
4) Seeks opportunities to increase knowledge and skills of peer support

The development of this unit will occur in phased steps with the intent of engaging, training and integrating volunteer/employed Peer Support Specialists to provide supportive activities and consumer employees in the daily operations of ICBHS.

Phase 1:

a. Add additional staff consisting of 3 Community Service Worker II (CSW) to do the following:
    1) Develop/acquire Peer Support Training Material.
    2) Develop description of Peer Supporter and tasks/duties.
    3) Conduct outreach and engagement activities with clinical teams, Wellness Center, and clients to recruit consumers to become Peer Supporters.
    4) Conduct Peer Support Training for CSWs based on Peer Support Competencies 1-12.
    5) Assist in the integration of volunteer Peer Supporters within the clinical teams or administrative services.

Phase 2:

a. Conduct outreach and engagement activities with clinical teams, Wellness Centers, and clients to recruit consumers to become Peer Supporter Workers.
b. Conduct Peer Support Training for Peer Supporters based on Peer Support Competencies 1-12.
c. Assist in the integration of volunteer Peer Supporters within the clinical teams or administrative services.
d. Collaborate with Supervisors/Managers in the development of a job description for Peer Support Worker position.
e. Conduct pre-employment training for consumers, consisting of completing applications, developing resumes, proper dress, attire, grooming, hygiene, interview skills, work habits, etc.
f. Provide encouragement and support for consumers applying for employment with Behavioral Health.

Phase 3:

a. Conduct outreach and engagement activities with clinical teams, Wellness Centers, and clients to recruit consumers to become Peer Supporters.
b. Conduct Peer Support Training for Peer Support Workers.
c. Assist in the integration of volunteer Peer Supporter Workers within the clinical teams or administrative services.
d. CSW will conduct outreach and support to consumers who have been employed with Behavioral Health.
e. Communicate with clinical teams when necessary to assist the consumer achieve success as an employee.
f. Meet with the consumer to address concerns or issues that may arise during employment.

Goals:

The goal for the development of Peer Supporter/ Consumer Employee Development Unit is:

a. Creating the opportunities for consumers to become either ICBHS volunteers or employees.
b. Integrate ICBHS volunteers or employees at various levels of operation based on their individual skill, abilities and education.
c. Provide a supportive environment for consumers to obtain gainful employment that would assist them in providing for their own independence, support and recovery.

Prevention and Early Intervention

The reallocated unspent PEI funds will be utilized to extend prevention services through the Incredible Years Program and the Stigma and Discrimination Reduction Program. In 2009 Imperial County conducted an extensive community PEI Community Program Planning process. The planning process for the PEI component obtained meaningful feedback from the community and identified priorities and needs which contributed to the current PEI strategies being implemented by ICBHS:

- Trauma-Focused Cognitive Behavioral Therapy,
- Incredible Years, and
- Stigma and Discrimination.

Incredible Years - Parenting Program:

Under the PEI Program, ICBHS implemented Incredible Years, an evidence-based program, to address the needs of one of the identified priority population in MHSA, unserved and/or underserved Children/Youth in Stressed Families. Incredible Years was the selected parenting program as this model meets the needs of the community, focusing on strengthening parenting competencies and fostering positive parent-infant/child interactions and attachments for infants and children through twelve years of age. Incredible Years is a comprehensive evidence-based practice with a set of curricula designed to provide parents with the necessary skills to promote the development of infants and children's in a positive environment, nurturing relationships, reducing harsh discipline, and fostering parents' ability to promote children's social and emotional development.

As indicated in the 2009 initial PEI Plan, for FY 2017-2018, ICBHS contracted with the Child and Parent (CAP) Council for the implementation of the Incredible Years Program to target the priority population of children and youth in stressed families as part of Imperial County's PEI prevention program. As of January 2018, the CAP Council has provided the Incredible Years Program to parents/caregivers in English and/or Spanish, free of charge to all families residing in Imperial County. All Incredible Years groups have been delivered in non-traditional settings such as schools, after school programs, churches, resource centers, or at the CAP Council office. Referrals to the Incredible Years Program were made by community agencies, Department of Social Services, schools, or parents' self-referral. The CAP Council has conducted 17 Incredible Years groups, 12 in Spanish and 5 in English, providing services to 226 parents. ICBHS PEI staff also collaborated with the CAP Council in providing the Incredible Years Program by co-facilitating the Incredible Years groups. PEI staff has also conducted several outreach activities in the community to decrease stigma and discrimination by promoting and generating referrals for the Incredible Years parenting groups targeting the PEI populations.

ICBHS extended the contract with the CAP Council. The contract was extended for two additional years (FY 2018-2019 $277,300 and FY 2019-2020 $277,300) for a total of $554,600

in order to secure funding and allow the CAP Council to continue providing the Incredible Years parenting groups to parents. ICBHS is also planning on contracting with a new community organization to provide the Incredible Years Program. The Teach, Respect, Educate, Empower, Self (TREES) Imperial County organization will also be providing the Incredible Years curriculum to parents residing in the northern and eastern region of Imperial County to include: Salton Sea areas, Niland, and Winterhaven.

Stigma and Discrimination Reduction Program:
Imperial County is over 4,597 square miles and is comprised of seven incorporated cities (Brawley, Calexico, Calipatria, El Centro, Holtville, Imperial, and Westmorland) and seven unincorporated areas, some of which are located more than 45 minutes apart from each other. ICBHS will be requesting to hire 2 Community Service Workers (CSW). The CSWs will be responsible for providing outreach activities in the community to decrease the stigma and discrimination associated with mental health. They will assist in providing information on available mental health services and resources and process for accessing these services. They will work on engaging the unserved and underserved population and serve as liaison to assist them navigate the admission process and service delivery system. The CSWs will be assigned to specific locations where they can provide outreach, engagement, and service delivery to the community.

MHSA Funding Summary
Re-Allocated Funds

County: **IMPERIAL** Date: **3/27/19**

	MHSA Funding					
	A	B	C	D	E	F
	CSS	PEI	INN	WET	CFTN	Prudent Reserve
A. Estimated Reallocated Funding						
1. Estimated Unspent Funds from Prior Fiscal Years	131,375	332,982	0			
2. Estimated New FY2019/20 Funding	0					
3. Transfer in FY2019/20[a/]	0					
4. Access Local Prudent Reserve in FY2019/20						
5. Estimated Available Funding for FY2019/20	131,375	332,982	0	0	0	
B. Estimated FY2019/20 MHSA Expenditures	131,375	332,982	0			
C. Estimated FY2019/20 Unspent Fund Balance	0	0	0	0	0	

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

D. Estimated Local Prudent Reserve Balance	
1. Estimated Local Prudent Reserve Balance on June 30, 2019	430,047
2. Contributions to the Local Prudent Reserve in FY 2019/20	0
3. Estimated Local Prudent Reserve Balance on June 30, 2020	430,047

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Section C: Prudent Reserve Assessment

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: County of Imperial

Fiscal Year: 2019-2020

Local Mental Health Director

Name: Andrea Kuhlen

Telephone: 1-442-265-1602

Email: andreakuhlen@co.imperial.ca.us

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Andrea Kuhlen	Andrea Kuhlen	3/27/19
Local Mental Health Director (PRINT NAME)	Signature	Date

[1] Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (02/19)

IMPERIAL COUNTY
Behavioral
Health Services
Systems of Care

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT

Current Fiscal Year **2018-2019**

Imperial County **Plan Update** **2019-2020**

Imperial County has calculate an amount to be establish as its Prudent Reserve.
that does not exceed a 33% average amount allocated to the Community
Services and Supports (CSS) Component (previous five years) as
required by Welfare & Institutional Code 5892 and 5892.1 (SB 192)

The following five previous fiscal years were use to determined an average:

	Fiscal Year		**Amount**
	2013-14	$	6,059,685
	2014-15	$	8,442,567
	2015-16	$	7,086,999
	2016-17	$	9,043,624
	2017-18	$	9,759,832
Total MHSF Allocated to Imperial County:		$	40,392,707
CSS Component - Five Year Average		$	6,139,691
Imperial County established a	**20%**	**$**	**1,227,938**
which does not exceed the Maximum 33% Prudent Reserve Level		$	2,026,098