This MHSA Plan Update is available for public review and comment through May 19, 2015. This document can be accessed at http://www.co.imperial.ca.us/behavioralhealth through the website’s bulletin board, or at http://imperial.networkofcare.org/mh/. We welcome your feedback via phone, fax, or email, or during the Public Hearing to be held on May 19, 2015.

Public Hearing Information:
Imperial County Behavioral Health Services
202 N. Eighth Street, El Centro, CA 92243
Training Room – Second Floor
Tuesday, May 19, 2015, at 12:00 p.m.

Questions or comments? Please contact:
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Behavioral Health Services

This portrait was created by one of the consumers of the MHSA El Centro Recovery Center Program.

Mental Health Services Act

Annual Update
Fiscal Year 2015-2016
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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 2015-2016:

Community Services and Supports

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 Adult 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 medication support; mental health services – nurse, therapy, and rehabilitation technician; targeted case management; intensive care coordination; intensive home based services; crisis intervention; “wrap-like” services; substance abuse treatment; 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; Cognitive Processing Therapy; Depression Treatment Quality Improvement; the Behavior Code Training interventions; Functional Family Therapy; Motivational Interviewing; Aggression Replacement Training; Juvenile Offenders Training interventions; Portland Identification and Early Referral (PIER) Model; Cognitive Behavioral Therapy-Depression Treatment. Additionally, equine therapy, health and exercise groups, and general education development (GED) classes are available to YAYA-FSP Program clients.

During FY 2014-2015, the YAYA-FSP Program expanded its client admission criterion to include individuals who: have made recent suicidal attempts, gestures, and/or threats; have had frequent crisis desk visits; have had recent psychiatric hospitalization(s); are currently in the juvenile justice system; and/or have a history of delinquent behaviors.

Additionally, during FY 2014-2015, a YAYA-FSP Program clinician has been assigned part-time to the alternative education school located in El Centro to conduct intake assessments for the purpose of identifying and referring students who are at risk of being or are currently involved in the juvenile justice system and are in need of mental health services.
health services. Community service workers and mental health workers will also be assigned to participate in scheduled visitations at Juvenile Hall to educate youth in custody and their family on mental health services.

During FY 2015-2016, the YAYA-FSP Program plans to train and certify staff on Moral Reconciliation Therapy and Mindfulness Interventions and Dialectical Behavior Therapy adaptations. The YAYA-FSP program also plans to provide yoga classes to clients to teach them relaxation techniques.

During FY 2015-2016, the YAYA-FSP Program will be stationing a community service worker part-time at the Family Resource Center in Calipatria to provide the community with information on mental health services and how to access them.

- **Adult and Older Adult Services Full Service Partnership Program** – The Adult and Older Adult 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; alcohol and drug services; crisis response; and peer support. The Adult-FSP Program provides clients linkage to the following: emergency shelter; permanent housing; emergency clothing; food baskets; SSI/SSA benefits application and/or appeals; DSS Cash Aid application; Section 8 Housing application; substance abuse treatment and/or rehabilitation referral; 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 or do not have transportation.

During FY 2015-2016, the Adult-FSP Program plans to expand by offering FSP services to clients at the Adult Anxiety and Depression Clinics in Brawley, El Centro, and Calexico (site to open in FY 2015-2016). This re-configuration of service delivery will increase the availability of FSP services to a broader population of underserved and underserved individuals who meet the criteria for FSP services.

- **Recovery Center Program** – The Recovery Center Program (RCP) provides engagement and education to and promotes wellness, recovery, and self-sufficiency amongst unserved and underserved SMI adults and older adults, ages 26 and older. Structured activities are scheduled on a daily basis, including, but not limited to, educational classes; pre-employment, job readiness, and employment training; GED classes; English as a Second Language classes; arts and crafts; life skills; cooking; medication education support groups; wellness groups; and health and fitness classes. Additionally, outpatient services are available at the Recovery Center Program/Outpatient (RCP/OP) Clinic for clients who meet criteria for Specialty Mental Health Services. Services provided at the RCP/OP Clinic include medication support, targeted case management, crisis intervention, and individual therapy.

During FY 2015-2016, the RCP will be renamed the “Resource Center”. The same services and supports will be provided; however, the Resource Center will become Phase Three of the new Integrated Recovery Services Program. Phase One and Two of this program will include individuals who have recently been admitted to one of the adult outpatient clinics subsequent to being hospitalized; have recently experienced decompensation; have been held on a 5150 and released; have been discharged from jail/prison; or are at high-risk for treatment non-compliance, suicide, and/or co-occurring
substance abuse. Upon completion of Phase One and Two, clients will then be referred to the Resource Center (Phase 3) to continue to build upon their recovery.

- **Outreach and Engagement Program** – The Outreach and Engagement Program continues to provide 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.

- **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 targets individuals who are discharged from Lanterman-Petris Short Act (LPS) Conservatorship by the courts, acute care psychiatric hospitals, or Imperial County Behavioral Health Services-Crisis and Referral Desk; or who are referred by the community and in need of supportive services while transitioning to mental health outpatient treatment.

The TESS Program provides individualized mental health rehabilitation/targeted case management services to youth and young adults, adults, and older adults who 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 non-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).

Services available to clients at the TESS Program include: initial intake assessment; mental health services – nurse and rehabilitation technician; medication support; 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; Section 8 Housing; substance abuse treatment and/or rehabilitation; general physician and/or dentist; MHSA programs; and driver’s license/ID.

During FY 2014-2015, the TESS Program began implementing the PIER Model, an early detection and intervention approach that focuses on the pre-psychotic (prodromal) phase of a developing psychotic illness or the first psychotic break.

During FY 2015-2016, the TESS Program plans expand program criterion to include SMI adults, ages 18 to 59, who are incarcerated in the adult criminal justice system or have been incarcerated in the past year and are transitioning back into the community. The TESS Program plans to station a mental health rehabilitation technician part-time at the
Imperial County Jail to initiate outreach and engagement services prior to an individual’s release.

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 a universal strategy that addresses the entire Imperial County population by focusing on providing outreach and educating on the effects of trauma and the importance of identification and early intervention. Prevention services 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.

During FY 2015-2016, ICBHS is planning to reinstate a parenting program to address the needs of children/youth in stressed families. In recent meetings with stakeholders, in particular education and the Department of Social Services, the need to reinstate a parenting program has been raised. Based on recommendations from the California Institute for Behavioral Health Solutions, ICBHS will be implementing the Incredible Years Program to provide prevention services to the unserved and underserved children/youth in stressed families in Imperial County. The Incredible Years model is a comprehensive evidence-based practice with a set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in school-age children, ages 6 to 12 years. This model will be implemented in partnership with other agencies closely involved during the planning process.

- **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 a “help first” system that engages individuals before the development of serious mental illness or serious emotional disturbance. 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 utilized as the intervention to treat children and adolescents, ages 3 to 18, males and females, who have been exposed to a traumatic experience. This therapy 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.
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 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 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 First Steps to Success (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, MHRTs (MHRTs), 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. The FSS Program began its implementation during October 2014 at three El Centro elementary schools: Lincoln Elementary, McKinley Elementary, and Washington Elementary.

It is planned to expand services to other elementary schools for the new 2015-2016 school year by training additional kindergarten teachers and implementing the First Steps to Success Program through the Innovation Plan.

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. Activities completed through Workforce Education and Training during FY 2014-2015 include:

- **Evidence-Based and Promising Practices Trainings** – During FY 2014-2015, ICBHS implemented the following training and technical assistance programs, as approved under the MHSA FY 2014-2015 through FY 2016-2017 Three-Year Plan:
  - Aggression Replacement Training (ART) Agency Trainer Training – Five staff were trained and certified as trainers of the ART model on November 17-18, 2014.
  - Juvenile Offenders Training – 53 staff attended this two-day training on September 8-9, 2014, and continue to participate in regular case consultation.
  - PIER Model Training – 21 staff were trained on the PIER Model on July 21-25, 2014, and continue to participate in regular case consultation.
- Cognitive Behavioral Therapy-Depression Treatment (CBT-DT) Training – 15 staff were trained on the CBT-DT model on October 13-14, 2014, and continue to participate in regular case consultation.
- The Behavior Code Conference – Two staff workshops were provided on October 27 and 28, 2014, and one parent workshop was provided on October 27, 2014. In total, 35 parents, 84 local K-12 educators, and 42 ICBHS staff attended the workshops.
- Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Ally (LGBTQQIAA) Consultation – A contract is currently in place for YAYA-FSP to receive consultation services in an effort to improve cultural competence of the LGBTQQIAA population. Consultation calls have been ongoing since January 2015.

  Clinical Practicum Supervision – To date, eight MFT practicums students have received clinical practicum supervision during FY 2014-2015.

Activities planned through Workforce Education and Training for FY 2015-2106 include:
- Crisis Intervention Training
- Moral Reconciliation Therapy Training
- Data Collection and Reporting Consultation
- Mindfulness Interventions and Dialectical Behavior Therapy Adaptations for Mental Health – Training and Consultation
- Cognitive Processing Therapy
- Clinical Practicum Supervision

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. Projects completed through Capital Facilities and Technological Needs during FY 2014-2015 include:

  Project 1: Electronic Health Record System Project -- During FY 2014-2015, ICBHS implemented the following electronic health record system projects, as approved under the MHSA FY 2014-2015 through FY 2016-2017 Three-Year Plan:
  - OrderConnect – a secure web-based prescribing and electronic lab ordering management system, OrderConnect has been installed and implemented in its entirety.
  - Crystal Report Consultant – consultant services were provided by XPIO health in the areas of: training to staff on crystal reports; assistance with report optimization and properly formatted formulas for existing reports; and development of more complex crystal reports requiring the linkage of several tables of data.
  - Meaningful Use Consultant – ICBHS contracted with XPIO Health to facilitate the enrollment process in the Medicare and Medicaid incentive program for adopting certified electronic health record technology and to ensure that the requirements for participation for each eligible professional are met; ensure that the proper documentation for continued participation in the incentive program is submitted timely; and develop areas of the electronic health record as needed to meet requirements.
- MyAvatar Upgrade – the RadPlus platform was updated on January 16, 2015, to the most current version (2015). The update also included preparation for the system to transition from ICD-9 to ICD-10 and from DSM-IV to DSM-V diagnoses.

- Project 3: Other Technological Needs Projects that Support MHSA Operations – During FY 2014-2015, ICBHS implemented the following technological needs projects, as approved under the MHSA FY 2014-2015 through FY 2016-2017 Three-Year Plan:
  - ITEMS (Information Technology Enhancement Management System) – this project ensure that staff have adequate computer technology hardware/software to operate in a modernized, transformed, and integrated information systems environment. New computers have been installed and staff are currently working with newer technology.
  - Catastrophic Contingency Disaster Back-Up Plan – system upgrades and hardware were installed to safeguard the electronic health record in the event of a catastrophic disaster.
  - Probation Collaborative – a collaborative system was developed with the Imperial County Probation Department to include the use of outcome measurement tools, evidence-based practices, and coordination of services for youth who are on Probation.

Activities planned through Capital Facilities and Technological Needs for FY 2015-2016 include:
- CareConnect
- Enlightened Analytics
- MyHealthPointe
- Document Imaging and Signature Capture
- ITEMS (Information Technology Enhancement Management System)
- WIN Server 2012 training for Systems Technology staff
- Expansion of current system capacity for more users
- NetSmart Conference training for Information Systems staff
MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: __________ Imperial _________  ☐ Three-Year Program and Expenditure Plan  ☑ Annual Update

<table>
<thead>
<tr>
<th>Local Mental Health Director</th>
<th>Program Lead</th>
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</table>

Local Mental Health Mailing Address:
Imperial County Behavioral Health Services
202 N. Eighth Street
El Centro, CA92243

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

County/City: Imperial

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

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<th>County Auditor-Controller / City Financial Officer</th>
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</table>

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

---

I 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% 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 Mental Health Services Oversight and Accountability Commission. It also requires that the plans be certified by the county mental health director and the county auditor-controller.
Community Planning Process

The Imperial County Behavioral Health Services (ICBHS) Director, in collaboration with the Mental Health Board, headed the administration of the MHSA community planning process, as well as the development of the FY 2015-2016 Annual Update. A Steering Committee that includes stakeholders is involved at all levels of the MHSA community planning process. Stakeholders participating in the Steering Committee represent consumers, family members, and peer supporters; the local Probation Department, Sheriff’s Department, Superior Court, SELPA, Social Services Department, County CEO’s office, Child Abuse Prevention (CAP) Council, and Public Administrator’s Office; education; community health agencies; and provider and system partners.

The MHSA Steering Committee meets on a quarterly basis to provide input and recommendations to the Department regarding the populations to be targeted for services under MHSA funding and 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.

The following stakeholders are members of the MHSA Steering Committee:

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Representative Of</th>
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<td>Community Service Worker II</td>
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<tr>
<td>Asiad, Mohamed</td>
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<td>Mental Health Board</td>
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<td>Avila, Roberto</td>
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<td>Grass, John</td>
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<tr>
<td>Grimm, Tammy</td>
<td>Court Executive Officer</td>
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<tr>
<td>Guz, Cindy</td>
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<tr>
<td>Holmes, Rose</td>
<td>Local Coordinator</td>
<td>National Alliance on Mental Illness</td>
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<td>Horn, Michael</td>
<td>Director</td>
<td>ICBHS</td>
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<tr>
<td>Ibarra, Leticia</td>
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<td>Clinicas de Salud del Pueblo</td>
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<td>Jimenez, Gabriela</td>
<td>Behavioral Health Manager</td>
<td>ICBHS Youth &amp; Young Adults Division</td>
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<tr>
<td>Kühlen, Andrea</td>
<td>Assistant Director</td>
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</tr>
<tr>
<td>Leptich, Kurt</td>
<td>Director</td>
<td>SELPA</td>
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<tr>
<td>Mills-Morita, Pamela</td>
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<td>Morris, Bertha</td>
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<td>Ortiz, Francisco</td>
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<td>Pizaco, Joe</td>
<td>Deputy CEO</td>
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<tr>
<td>Price, Margaret</td>
<td>Director</td>
<td>Department of Social Services</td>
</tr>
<tr>
<td>Ramirez, Alvaro</td>
<td>Lieutenant</td>
<td>El Centro Police Department</td>
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### Table of Participants

<table>
<thead>
<tr>
<th>Name</th>
<th>Title</th>
<th>Representative Of</th>
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</thead>
<tbody>
<tr>
<td>Reyes, Barbara</td>
<td>Quality Improvement Specialist</td>
<td>ICBHS Managed Care Unit</td>
</tr>
<tr>
<td>Rhinehart, Maria</td>
<td>Operations Manager</td>
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<tr>
<td>Rhodes, Nancie</td>
<td>Chair</td>
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<tr>
<td>Robinson, Lori</td>
<td>Regional Manager</td>
<td>San Diego Regional Center</td>
</tr>
<tr>
<td>Ruiz, Maria</td>
<td>Behavioral Health Manager</td>
<td>ICBHS Adults &amp; Older Adults Division</td>
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<tr>
<td>Saikhon, Norma</td>
<td>Public Administrator</td>
<td>Public Administrator’s Office</td>
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<tr>
<td>Sarot, Glenn</td>
<td>Member</td>
<td>Mental Health Board</td>
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<tr>
<td>Sauza, Margaret</td>
<td>Director</td>
<td>Sure Helpline Crisis Center</td>
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<tr>
<td>Ulloa, Juan</td>
<td>Judge</td>
<td>Superior Court</td>
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<tr>
<td>Vega, Jessica</td>
<td>Peer Supporter</td>
<td>ICBHS Youth &amp; Young Adults Division</td>
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<tr>
<td>Vargas, Gina</td>
<td>Director</td>
<td>Center for Family Solutions</td>
</tr>
<tr>
<td>Walk, Harold</td>
<td>Member</td>
<td>Mental Health Board</td>
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<tr>
<td>Wyatt, Maria</td>
<td>Behavioral Health Manager</td>
<td>ICBHS Children &amp; Adolescents Division</td>
</tr>
</tbody>
</table>

In addition to the above, 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 Recovery Center Program in order to encourage consumer and family member attendance.

**During FY 2014-2015, the MHSA Steering Committee met on the following dates:**

- September 15, 2014
- December 15, 2014
- March 16, 2015
- April 20, 2015
- June 15, 2015

Meeting flyers advertising the date, time, location, and purpose of each respective MHSA Steering Committee meeting were posted in the waiting areas of ICBHS’ clinics and were distributed to consumers, family members, and community members by the MHSA Outreach and Engagement Program’s outreach workers. Moreover, the meeting information was also made available to the public through the ICBHS website and the ICBHS Network of Care.

ICBHS incorporates all feedback from the MHSA Steering Committee into its MHSA Workgroup meetings, which are scheduled on a monthly basis. The MHSA Workgroup met on the following dates during FY 2014-2015:

- July 28, 2014
- August 25, 2014
- September 29, 2014
- November 10, 2014
- November 24, 2014
- December 22, 2014
- February 23, 2015
- March 30, 2015
- April 27, 2015
- June 29, 2015
During FY 2014-2015, 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. MHSA Program information shows continued to provide the community with program overviews, referral and access information, the populations each programs 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, going on their tenth year of broadcasting, 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 2015-2016 Annual Update was posted for a 30-day public review and comment period from April 20, 2015, through May 19, 2015.

Circulation
The FY 2015-2016 Annual Update was posted for public access on the ICBHS website and the ICBHS Network of Care. In addition, it was distributed through the MHSA Steering Committee, the Cultural Competence Task Force, and the Mental Health Board, as well as to the public 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 that was both posted to the ICBHS website and the ICBHS Network of Care, and distributed along with the Annual Update.

ICBHS also facilitated informational outreach meetings to obtain public feedback regarding the FY 2015-2016 Annual Update. Imperial County made these sessions available as follows:

- April 21, 2015, 5:00 p.m. to 5:30 p.m. at 202 N. 8th Street, El Centro, CA 92243
- April 28, 2015, 5:00 p.m. to 5:30 p.m. at 205 Main Street, Brawley, CA 92227
- May 7, 2015, 5:00 p.m. to 5:30 p.m. at 850 Encinas Avenue, Calexico, CA 92231
- May 14, 2015, 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 19, 2015. All community input and comments were reviewed to determine if changes to the FY 2015-2016 Annual Update are necessary. All input, comments, and Board recommendations 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 2014-2015 through 2016-2017 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 (CF/TN)

The information compiled in this update is twofold: it is an update of work plans and projects implemented during FY 2014-2015 and a forecast for FY 2015-2016.
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; benefit acquisition; and respite care.

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

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

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

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

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

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

Cognitive Behavioral Therapy (CBT): CBT is an evidence-based psychotherapeutic treatment that helps patients understand the thoughts and feelings that influence behaviors. CBT is commonly used to treat a wide range of disorders including anxiety, depression, and addiction. 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 4 to 18, that involves individual sessions with the client and parent as well as joint parent-child sessions. The goal of TF-CBT is to help address the biopsychosocial needs of children and youths, with Posttraumatic Stress Disorder (PTSD) or other problems related to traumatic life experiences, and includes active participation of their parents or primary caregivers. TF-CBT is a model of psychotherapy that combines trauma-sensitive interventions with cognitive behavioral therapy. Children and parents are provided knowledge and skills related to processing the trauma; managing distressing thoughts, feelings, and behaviors; and enhancing safety, parenting skills, and family communication.

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

Depression Treatment Quality Improvement (DTQI): DTQI is an evidence-based cognitive behavioral intervention. The model utilizes quality improvement processes to guide the provision of therapeutic services to adolescents and young adults with depression. DTQI focuses on helping individuals reduce depressive symptoms and improve their quality of life. DTQI consists of three modules: 1) Fun Activities Module; 2) Thoughts Module; and 3) Social Relationships Module. DTQI includes a final session that focuses on termination and relapse prevention to enhance clients’ success after the conclusion of treatment.

The Behavior Code Training: The training focuses on understanding children’s behaviors and the use of differential diagnosis to properly assess children who may otherwise be inappropriately diagnosed. The training provides participants with the appropriate interventions to be used based on the presenting symptoms and behaviors and therefore, improve children’s functioning in the school setting.

Functional Family Therapy (FFT): FFT is a family-based treatment program for high-risk youth who are either “at risk” for, or who manifest, antisocial behavioral problems such as conduct disorder, oppositional defiant disorder, disruptive behavior disorder, violent acting-out, and substance abuse disorders. FFT targets youth between the ages of 11 and 18 from a variety of ethnic and cultural groups. Co-morbid behavioral or emotional problems, such as anxiety or depression, may also exist as well as family problems, such as communication and conflict issues. The FFT model allows for successful intervention through clinical practice that is flexibly structured, culturally sensitive, and accountable to youth, their families, and the community. FFT has a systematic, yet individualized, family-focused approach to juvenile crime, violence, drug abuse, and other related problems. FFT is a strength-based model that focuses on and assesses those risk and protective factors that impact the adolescent and his or her environment. FFT attempts to alleviate emotional disturbances, change maladaptive patterns of behavior, and encourage personality growth and development. FFT also pays specific
attention to both intra-familial and extra-familial factors and how they present within and influence the therapeutic process.

**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.

**Aggression Replacement Training (ART):** ART is a cognitive behavioral intervention program to help children and adolescents, ages 12 to 18, to improve social skill competence and moral reasoning, better manage anger, and reduce their aggressive behavior. The program consists of 10 weeks (30 sessions) of intervention training, provided in one-hour sessions, three times per week. Incremental learning, reinforcement techniques, and guided group discussions enhance skill acquisition and reinforce the lessons in the curriculum.

The ART Program is a multi-modal intervention consisting of three components:

- **Skills Streaming:** Teaches a curriculum of Pro-Social, interpersonal skills that train on more effective alternatives to aggressive and violent behavior;
- **Anger control training:** Trains the youth on the use of effective responses when provoked; and
- **Moral Reasoning:** Assists in instilling values that respect the rights of others and promotes the use of the skills learned in the first two components.

Research has shown that students who develop skills in these areas are far less likely to engage in a wide range of aggressive and high-risk behaviors. Lessons in this program are intended to address the behavioral, affective, and cognitive components of aggressive and violent behavior.

**Juvenile Offenders Training:** The Juvenile Offenders Training focuses on teaching participants about criminal career patterns and explanations of juvenile offending, transitions between juvenile and young adult offending, criminal thinking patterns, mental health and substance use risks, the Risk/Need model, as well as prevention and intervention for juveniles and young adults.

**Portland Identification and Early Referral (PIER) Model:** 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 PIER Model’s emphasis is on family psycho-education and supported education and employment for the individual.

The objective of the PIER Model is to transition an individual identified with early severe mental illness into an evidence-based treatment model as quickly as possible to improve outcomes in treatment and allow for transition back into the community. Specific goals of the PIER Model include: interrupting the very early progression of psychotic disorders, improving outcomes and preventing the onset of the psychotic phase of severe mental illness like bipolar disorder, major depression, and schizophrenia.
Cognitive Behavioral Therapy-Depression Treatment (CBT-DT): CBT-DT is a therapy model used for adult clients with a depression diagnosis. This model helps individuals change their unhealthy thoughts and behaviors to improve their mood and daily functioning skills. This is a manualized model that focuses on cognitive restructuring to identify dysfunctional or distorted thoughts and develop balanced and realistic thinking through:

- Behavioral activation to increase daily behaviors;
- Pleasurable activities;
- Problem solving barriers; and
- Goal setting.

This model will also improve their interpersonal skills by:

- Increasing social support;
- Improving communication skills; and
- Assisting with problem solving in social situations.

This model consists of three major modules that address the following areas:

- Thoughts;
- Activities; and
- People Interactions.

Staff will provide psychoeducation prior to starting the modules, 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 to complete all modules, which includes the discussion of relapse and termination.

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

**Equine Therapy:** Animals Plus delivers horsemanship services to clients with emotional and/or behavioral impairments that promote development of the individual's life skills. These services lead the individual toward increased confidence, patience, and self-esteem. Youth and young adults, ages 12 to 25, are paired with horses whose personalities and behaviors challenge them to explore the concept of responsibility for one's behavior and choices, logical consequences, nurturing of others, self-evaluation, and control.

**Youth and Young Adults Exercise Program:** Fitness Oasis Health Club and Spa provides youth and young adult clients with severe mental illness and/or serious emotional disturbances with physical training and fitness guidance. This service promotes health and wellness for the clients and guides them to a healthier and more active lifestyle. Clients referred to Fitness Oasis Health Club and Spa can participate in Zumba toning, weight training, Pilates, and yoga classes. Clients are also provided with education on healthy nutrition and the benefits of exercise. A MOU with Clinicas Del Salud Del Pueblo, Inc., was executed to provide and array of comprehensive primary health care services including a medical clearance examination for individuals participating in the exercise program.
General Educational Development (GED) Classes: Imperial Valley Regional Occupational Program and ICBHS entered into a MOU to provide GED preparation classes and needed educational services to youth and young adults receiving mental health services at the YAYA-FSP Program.

Notable Performance Measures:
During FY 2014-2015, the YAYA-FSP Program has continued to implement a standardized method for measuring outcomes by specific disorder, and has implemented two general tools that measure overall functioning. For the general tools, 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 and annually thereafter. The YOQ is a tool for children and youth, ages 4 to 17, receiving mental health services that is 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 youth who are receiving ART, FFT, and Equine Therapy, or 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 and annually thereafter. Basis 24 provides a complete patient profile and measures the change in self-reported symptom and problems difficulty over the course of time. Basis 24 measures the clients' level of depression, functioning, interpersonal relationships, psychosis, substance abuse, emotional liability, and risk for self-harm.

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

<table>
<thead>
<tr>
<th>Instrument Name</th>
<th>Disorder</th>
<th>Age Group</th>
<th>Areas of Measurement</th>
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</thead>
<tbody>
<tr>
<td>Adult ADHD Self Report Scale <em>(ASRS-v1.1)</em></td>
<td>ADHD</td>
<td>18 +</td>
<td>ADHD Symptoms in Adults</td>
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<tr>
<td>Center for Epidemiologic Studies Depression Scale - Mood Questionnaire <em>(CES-D)</em></td>
<td>Depression</td>
<td>12+</td>
<td>Depression</td>
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<td>Conners 3 ADHD Index - Parent <em>(3-P)</em></td>
<td>ADHD</td>
<td>6-18</td>
<td>Inattention, Hyperactivity/Impulsivity, Learning Problems, Executive Functioning, Aggression, Peer Relations</td>
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<tr>
<td>Conners 3 ADHD Index - Parent Short <em>(3-PS)</em></td>
<td>ADHD</td>
<td>6-18</td>
<td>Inattention, Hyperactivity/Impulsivity, Learning Problems, Executive Functioning, Aggression, Peer Relations</td>
</tr>
<tr>
<td>Instrument Name</td>
<td>Disorder</td>
<td>Age Group</td>
<td>Areas of Measurement</td>
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<tr>
<td>Conners 3 ADHD Index - Self Report (3-SR)</td>
<td>ADHD</td>
<td>8-18</td>
<td>General Psychopathology Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer &amp; Family Relations ADHD Inattentive ADHD Hyperactive-Impulsive ADHD Combined Oppositional Defiant Disorder Conduct Disorder</td>
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<tr>
<td>Conners 3 ADHD Index - Self Report Short (3-SRS)</td>
<td>ADHD</td>
<td>8-18</td>
<td>General Psychopathology Inattention Hyperactivity/Impulsivity Learning Problems Executive Functioning Aggression Peer &amp; Family Relations ADHD Inattentive ADHD Hyperactive-Impulsive ADHD Combined Oppositional Defiant Disorder Conduct Disorder</td>
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<tr>
<td>Conners 3 ADHD Index - Teacher (3-T)</td>
<td>ADHD</td>
<td>6-18</td>
<td>Inattention Hyperactivity/Impulsivity Learning Problems (Full Length Only) Executive Functioning (Full Length Only) Defiance/Aggression Peer/Family Relations</td>
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<td>Conners 3 ADHD Index - Teacher Short (3-TS)</td>
<td>ADHD</td>
<td>6-18</td>
<td>Inattention Hyperactivity/Impulsivity Learning Problems (Full Length Only) Executive Functioning (Full Length Only) Defiance/Aggression Peer/Family Relations</td>
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<td>Eyberg Child Behavior Inventory (ECBI)</td>
<td>Disruptive Behaviors</td>
<td>2-16</td>
<td>Behavior Problems Intensity Scale – Frequency of Problems Problem Scale – Parent’s Tolerance</td>
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<td>Generalized Anxiety Disorder Assessment (GAD-7)</td>
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<td>Panic Disorder Social Anxiety Post-Traumatic Stress Disorder</td>
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<td>Instrument Name</td>
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<td>Areas of Measurement</td>
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<td>Illness Management and Recovery Scale: Client Self-Rating (IMR)</td>
<td>Psychotic Disorder, Schizophrenia, Bipolar</td>
<td>18 +</td>
<td>No Domains</td>
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<td>Patient Health Questionnaire (PHQ-9)</td>
<td>Depression</td>
<td>18-25</td>
<td>Dysthymia Depression</td>
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<td>PTSD Checklist-Specific Civilian (PCL-C)</td>
<td>PTSD</td>
<td>18 +</td>
<td>PTSD Symptoms</td>
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<tr>
<td>PTSD Checklist-Specific Monthly (PCL-S)</td>
<td>PTSD</td>
<td>18 +</td>
<td>Measures PTSD Symptoms From the Past Month</td>
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<tr>
<td>PTSD Checklist-Specific Weekly (PCL-S)</td>
<td>PTSD</td>
<td>18 +</td>
<td>Measures PTSD Symptoms From the Preceding Week</td>
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<td>UCLA Post Traumatic Stress Reaction Index - Parent (PTSD-RI-Parent)</td>
<td>PTSD</td>
<td>3-18</td>
<td>PTSD Symptoms</td>
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<tr>
<td>UCLA Post Traumatic Stress Reaction Index - Self Report (PTSD-RI-SR)</td>
<td>PTSD</td>
<td>7-18</td>
<td>PTSD Symptoms</td>
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Information and scores for these measurement outcome tools are being submitted through the electronic health record.

ICBHS also contracted with Barbara “Cricket” Mitchell, Sole Proprietor, to assist in the development of a data-sharing system between ICBHS and Imperial County Probation Department for individuals actively on probation and receiving treatment from ICBHS. The first phase of this system included conducting a reliability and validity study on the Positive Achievement Change Tool (PACT), an assessment tool currently being used by Probation to identify youth considered “high-risk”. Toward the goal of demonstrating that the PACT was a viable option for measuring outcomes, a reliability and validity study was conducted using historical data collected by Imperial County Probation Department. Reliability was assessed by examining the concordance of rating from independent Probation Officers and validity was assessed by examining the ability of the risk level rating to predict recidivism. This study was imperative in determining the reliability and validity of the PACT as this tool was expected to drive the ICBHS treatment plan. The PACT Study was concluded on December 31, 2014, and findings were provided to the Youth and Young Adult Services Deputy Director. The study was shared with Probation staff and will be reviewed in detail between agencies to discuss the next step for this collaboration.
During FY 2014-2015, the YAYA-FSP Program made the following progress towards the goals and objectives identified in the MHSA Three-Year Plan for FY 2014-2015 through FY 2016-2017:

- The YAYA-FSP Program has continued to implement nine evidence-based programs that target the needs of youth and young adults, ages 12 to 25. During FY 2014-2015, two additional models were implemented: PIER and CBT-DT. In addition, two staff were trained as trainers for the ART Model and they subsequently trained five additional staff to conduct ART groups in the community. The implementation of these evidence-based models includes the training of staff and their participation in a series of consultation calls with an assigned model consultant. Clinicians also attend regular group supervision for each of the evidence-based models implemented.

As part of the implementation of each evidence-based model, staff are required to complete outcome measurement tools that are specific to the client’s diagnosis and to the treatment model. Currently, the YAYA-FSP Program is able to retrieve data that is client specific to measure the outcome of the treatment being provided. The ability to retrieve data that is program, practitioner, and department specific is in the development process.

- A facility in the northern region of Imperial County (Brawley) was secured in late January 2015. The YAYA-FSP Program began providing services from this location in February 2015. The building provides ample space for the various groups, trainings, and coaching that will be conducted on site for the 12 to 25 year-old population residing in the northern region. This will include facilitation of ART, PIER Model Multi-Family Groups, GED classes, music groups, and eventually Moral Reconciliation therapy groups. A building in Calexico to serve individuals in the southern region has been identified and it is anticipated that services will be provided during FY 2015-2016.

- Staff from the Youth and Young Adult Services Division attended the five-day PIER Model training that took place on July 21-25, 2014. They learned the signs and symptoms of the prodromal phase and the key elements of the PIER Model including community outreach, assessment, and treatment. Staff were also trained in and became certified in administering the Structured Interview for Prodromal Syndromes (SIPS) tool. They also received three days of intensive training in facilitating the multi-family groups which included role plays, demonstrations, and peer feedback.

Staff also attended three outreach webinars and are now attending the following monthly consultation calls: outreach, administrative, and outcome measurement consultation calls. The multi-family group consultation calls began in February 2015. Youth and Young Adult Services staff and Crisis and Engagement staff have conducted a total of 13 outreach presentations to various community agencies including: local junior high and high schools (academic counselors and administrators), all ICBHS mental health outpatient clinics, ICBHS Alcohol and Drug Programs, Mental Health Services Act Steering Committee, one local police department, Imperial Valley Community College and Aurora Alternative Education High School.

In addition, steps have been taken to develop the PIER Steering Committee, with the first meeting being scheduled during February 2015. The purpose of this steering committee is to provide oversight and recommendations for the PIER Model. Currently, the PIER Steering Committee includes representatives from ICBHS, Imperial County
Office of Education, El Centro School District, local businesses, and Imperial Valley College. Efforts are being made to recruit additional community representatives.

- Ongoing efforts are being made on the implementation of LGBTQQIAA (Lesbian, Gay, Transgender, Queer, Questioning, Intersex, Asexual, Ally) sensitive services and clinic atmosphere. In January 2014, Dr. Ebony Williams trained several staff on the LGBTQQIAA population. Continuing efforts will be made on ensuring that clinical facilities are made more LGBTQQIAA friendly and that the Intake Assessment and Re-Assessment both include the proper terminology to identify crucial information in this area.

Additionally, ICBHS contracted with Scott E. McClure, Ph.D., for training and consultation on the LGBTQQIAA population. Trainings are scheduled to begin in April 2015 and will consist of two staff-specific sessions (one clinical and one non-clinical). The trainings will focus on enhancing staff’s diversity education including the broadening of core cultural competencies and specific focus will be paid to underserved and underprivileged groups and the diverse issues faced by clients with LGBTQQIAA backgrounds. Furthermore, Dr. McClure has begun to provide monthly consultation calls to a workgroup made up of Youth and Young Adult Services staff and Quality Management staff. The goal of the workgroup is to improve the accessibility and utilization of mental health services among the LGBTQQIAA population, as well as improve the ability to collect Sexual Orientation/Gender Identify (SOGI) data as a means of facilitating the LGBTQQIAA community’s access and utilization of mental health services.

- The YAYA-FSP Program has maintained a contract with Animals Plus to continue with the delivery of equine therapy services for the youth and young adult population. Equine therapy focuses on teaching participants better behavior choices, understanding of logical consequences, nurturing of others, self-evaluation, and control. During FY 2014-2015, 28 referrals to equine therapy were made. The YAYA-FSP Program will continue to focus on increasing these referrals.

- An exercise incentive program has been established in an effort to increase referrals and motivate current participants to attend the YAYA-FSP exercise program at Fitness Oasis. In addition, the program has begun to offer two additional classes; therefore, clients now have the availability to attend Pilates, Yoga, Zumba toning, or weight training. Newly added classes provide a variation of exercise programs to accommodate to the individual’s interest and abilities. During FY 2014-2015, only 22 referrals were made. It is anticipated that with the modification to the exercise program and the planned incentives, client participation will increase.

- In February 2014, YAYA-FSP Program staff attended a three-day Motivational Interviewing training and subsequently participated in consultation calls with Scott McClure, PhD., for a period of 12 months during which they learned interviewing skills in a form of a collaborative conversation for strengthening a person’s own motivation and commitment to change. The goal for implementing this model is to increase clients’ participation and motivation to treatment and as a result decrease the “no show” rate.

During FY 2013-2014, the YAYA-FSP Program had an average “no-show” rate of 32% for all appointments. The current “no-show” rate for all appointments for FY 2014-2015 is
25%, which is a 7% decrease. The goal for the YAYA-FSP Program is to maintain an overall “no-show” rate of 20% or less.

The YAYA-FSP Program continues to work toward the goals and objectives identified in the MHSA FY 2014-2015 through 2016-2017 Three-Year Plan.

The average number of unduplicated clients served at the YAYA-FSP Program is approximately 330 per year. The average cost per person is $13,760. Currently, the YAYA-FSP Program is serving a total of 419 youth and young adults. The charts below provide a demographic summary of the YAYA-FSP Program:
Examples of Notable Community Impact:
On February 20, 2014, YAYA-FSP Program staff participated in The Behavior Code Training presented by Jessica Minahan, M.ED, BCBA. Participants included psychiatrists, nurses, mental health rehabilitation technicians, clinicians, program supervisors, managers, school officials, and Imperial County Probation Department. On October 27 and 28, 2014, ICBHS hosted The Behavior Code Educator Conference in collaboration with Imperial County Office of Education. A total of 84 educators that included teachers, administrators, and school counselors attended this one-day training. A parent workshop on this topic was also conducted the evening of October 27, 2014, with an interpreter provided for monolingual Spanish speaking participants. A total of 35 individuals participated in the parent workshop. Currently, ICBHS is planning on developing a contract for additional educator conferences and booster trainings.

The YAYA-FSP Program has significantly improved its working relationship with Imperial County Probation Department by collaborating and assisting Juvenile Hall staff with the development of a Suicide Prevention Plan and participating in the Quality Assurance Committee Meeting composed of Juvenile Hall administration and their medical services staff. The YAYA-FSP Program has also assisted Juvenile Hall staff in the development of a procedure that identifies levels of supervision for those incarcerated youth that present risk for self-harm. In addition, Imperial County Probation has been invited to several trainings, including the Juvenile Offenders Training, Applied Suicide Intervention Skills Training, and Non-Violent Crisis Intervention Training to help them gain knowledge and understanding on proper interventions when working with youth who present problem behaviors or risk of suicide. Currently, the YAYA-FSP Program is working on developing other trainings and informational presentations for the Probation Department that include information on mental health disorders and symptoms.

During FY 2014-2015, YAYA-FSP program supervisors, community service workers, and clinicians conducted various outreach activities at the different school districts in Imperial County, Imperial Valley College, and other community agencies. These outreach activities have focused on educating the community on available mental health services and the referral process, mental health disorders, and the PIER Model. As a result of these efforts, the YAYA-FSP Program increased the number of clients being served by 53% during FY 2014-2015.

YAYA-FSP Program clinicians are currently in the process of developing workshops on mental health issues and services to be provided to parents at the Alternative Education Schools in Imperial County. Advertisements have also been purchased for all local high school yearbooks advertising YAYA-FSP Program services and more ads will be purchased for all local high school press books as a way of targeting the youth population. The goal of these workshops and advertisement is to educate the community on mental illness and reduce the stigma associated with accessing mental health services.

In addition, steps have been taken to develop the PIER Steering Committee, with the first meeting being scheduled during February 2015. The purpose of this steering committee is to provide oversight and recommendations for the PIER Model. Currently, the PIER Steering Committee includes representatives from ICBHS, Imperial County Office of Education, El Centro School District, local businesses, and Imperial Valley College. Efforts are being made to recruit additional community representatives.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
The YAYA-FSP Program has continued to identify a “no-show” rate that is above the Department’s set benchmark of 25% for psychiatrist and 15% for clinicians. To improve access
to services, a facility in the northern region of Imperial County (Brawley) was secured in late January 2015. The YAYA-FSP Program began providing services from this location in February 2015 and it is anticipated that the “no-show” rate for clients in this region will decrease as services are now more accessible. The YAYA-FSP Program is in the process of securing a building in the southern area of Imperial Valley in efforts to expand services and decrease the “no-show” rate for clients residing in this area.

Additionally, in an effort to engage clients and motivate them to participate in treatment, YAYA-FSP Program staff have been provided with Motivational Interviewing training. The YAYA-FSP Program is also in the process of developing a contract for a Mindfulness Interventions and Dialectical Behavioral Therapy Adaptations for Mental Health training that has components of engagement and motivation.

The YAYA-FSP exercise program has experienced a low referral rate and low participation. It has been identified that clients who are referred are not attending on a regular basis. In response to the low participation in the YAYA-FSP exercise program, a meeting was held with Fitness Oasis Health Club and Spa staff to develop strategies to motivate clients and increase their participation. From this meeting, an exercise incentive program was established and additional classes are being offered giving clients the opportunity to participate in an exercise program that fits their interest and needs. Clients now have the availability to choose between Pilates, Yoga, Zumba toning, or weight training.

Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:
The ICBHS Youth and Young Adults Division is composed of the YAYA-FSP Program and the Anxiety and Depression clinic. The Anxiety and Depression clinic specializes in providing mental health services to youth and young adults that are diagnosed with depression and anxiety disorders. During FY 2014-2015, it was noticed that the Anxiety and Depression clinics referrals were significantly increasing. In addition, a number of clients from the Anxiety and Depression clinics were identified as high risk due to repeated admissions to the crisis desk, being involved in the juvenile justice system, or due to having history or current hospitalizations. After further evaluation of these cases, it was determined that these client would be better served if provided with the supportive services offered through the YAYA-FSP Program. As a result, the criterion for the YAYA-FSP Program was expanded to include individuals who:

- Have made recent suicidal attempts, gestures, and/or threats;
- Have had frequent crisis desk visits;
- Have had recent psychiatric hospitalization(s);
- Are currently in the juvenile justice system; and/or
- Have a history of delinquent behaviors.

The YAYA-FSP Program has been working closely with Imperial County Office of Education and Imperial County Probation Department for the purpose of identifying and referring students who are at risk or currently involved in the juvenile justice system and are in need of mental health services. As part of these collaborative efforts, a YAYA-FSP Program clinician has been assigned part-time to the Alternative Education School located in the city of El Centro to conduct intake assessments for these students. The scheduled starting date for these services is April 13, 2015.

In addition, community service workers and mental health workers will be assigned to participate in scheduled visitations at Juvenile Hall to educate youth in custody and their families
on mental health services. It is anticipated that these services will assist in engaging youth and families and in reducing stigma associated with accessing mental health services.

**Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:**
The YAYA-FSP Program will be contracting with California Institute of Behavioral Health Solutions (CiBHS) for Moral Reconation Therapy (MRT) training and consultation. MRT is a cognitive behavioral program for substance abuse treatment and for criminal justice offenders. More than 130 published reports have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years after treatment. Studies show MRT-treated offenders have re-arrest and re-incarceration rates 25% to 75% lower than expected. By use of interactive structured group sessions and homework assignments, 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 program steps, moral reasoning increases in adult and juvenile offenders. Staff from the YAYA-FSP Program and Imperial Valley Occupational Program will attend the MRT training and become certified to run MRT groups with clients. These group facilitators will also participate in consultation and booster trainings. The training is anticipated to be scheduled in late 2015 or early 2016.

The YAYA-FSP Program is also in the process of developing a contract with Jason Murphy-Peddulla, Marriage and Family Therapist Intern, Mindfulness Consultant and Educator to provide the Mindfulness Interventions and Dialectical Behavior Therapy (DBT) Adaptations for Mental Health Training. This course consists of training in mindful awareness, gentle movement, and group support. The program is designed for people who want less stress and more balance and healthy living in day-to-day life. This course is modeled after the mindfulness-based stress-reduction work of Jon Kabat-Zinn, Ph.D., from the University of Massachusetts Medical Center and featured in Bill Moyer's television series "Healing and the Mind."

Mindfulness-based stress reduction focuses on developing a person’s capacity for attention and awareness, and creates the optimal underlying conditions for all learning and teaching. Mindfulness is the simple practice of paying attention to one’s experiences (thoughts feelings, physical sensations) moment-by moment with non-judgmental awareness. Mindfulness training develops skills such as:

- Attention and concentration;
- Emotional and cognitive awareness and understanding;
- Body awareness and coordination; and
- Interpersonal awareness and communication skills.

Clients will learn life-long tools to help maximize life, even in the midst of stress, pain, and illness. They will gain understanding on how mindfulness is the practice of increasing non-judgmental awareness in day-to-day life and how it develops the potential to experience each moment, no matter how difficult or intense, with serenity and clarity.

Elements of DBT will also be introduced as part of this training. Participants will gain understanding and skills in:

- Mindfulness/wise mind;
- Distress tolerance; and
- Emotional regulation vs. dysregulation.
Clients who are treated with the use of these interventions will learn skills in the following:

- Exposure and desensitization: experiencing physical pain or emotional distress without excessive emotional reactivity which tends to make symptoms worse;
- Cognitive change: non-judgmental observation can lead to understanding that thoughts, sensations, and emotions do not necessitate escape or avoidance behaviors (R. Baer, 2003); and
- Self-management: Improved self-observation may promote use of a range of coping skills (cues and urges are noted without giving in to them).

In addition, the YAYA-FSP Program will also be entering a contract with a certified yoga instructor that will work with the youth and young adult population and will teach them relaxation techniques such as deep breathing and light yoga.

A community service worker will also be stationed part-time at the Family Resource Center located in the city of Calipatria as of August 2015 to provide the community with information on mental health services and the referral process.

**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 include case management, rehabilitative services, “wrap-like” services, integrated community mental health services, 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:

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

The Adult-FSP Program provides a variety of services, in a culturally competent environment, to adults and older adults, ages 26 and older, in all of the adult outpatient clinic locations. Individuals eligible to receive services through the Adult-FSP Program benefit from receiving medication support, therapy, and mental health rehabilitation/targeted case management services, if needed. Additionally, the program’s mental health rehabilitation technicians assist consumers with reintegrating back into the community through linkage of the following applicable services: emergency shelter; permanent housing; emergency clothing; food baskets; SSI/SSA benefits application and/or appeals; DSS Cash Aid application; Section 8 Housing application; substance abuse treatment and/or rehabilitation referral; 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 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 or do not have transportation.

**Notable Performance Measures:**
The Adult-FSP Program began utilizing the Behavior and Symptom Identification Scale (BASIS 24) in January 2014 during Initial Intake Assessment and at the time of annual treatment plan updates, which occurs annually to measure progress and assess performance outcomes. This tool is useful in assessing the outcome of mental health treatment from the consumer’s point of view. It measures self-reported difficulty in the major symptoms and functioning domains (depression/functioning, relationship, self-harm, emotional lability, psychosis, and substance abuse) that lead to the need for mental health services. It is being used for outcome assessment purposes by comparing scores obtained over time for progress or lack of progress, as well as program effectiveness. This tool has been implemented in all the adult outpatient clinics.
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. Tools have been utilized and entered into the electronic health record as of January 2014. The system for analyzing the data is currently under development.

<table>
<thead>
<tr>
<th>Instrument Name</th>
<th>Disorder</th>
<th>Age Group</th>
<th>Areas of Measurement</th>
<th>Rating Scale</th>
<th>Frequency of Implementation</th>
<th>Tools Completed as of January 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult ADHD Self Report Scale (ASRS-v1.1)</td>
<td>ADHD</td>
<td>18 +</td>
<td>ADHD Symptoms in Adults</td>
<td>4 or More of Shaded Areas in Part A=ADHD</td>
<td>At INA, Quarterly and Upon Discharge</td>
<td>0</td>
</tr>
<tr>
<td>Behavior and Symptom Identification Scale (Basis 24)</td>
<td>General</td>
<td>18 +</td>
<td>Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm</td>
<td>0-4 Scale 0-4 Subscale for Each Area</td>
<td>At Intake and Annually</td>
<td>964</td>
</tr>
<tr>
<td>Center for Epidemiologic Studies Depression Scale – Mood Questionnaire (CES-D)</td>
<td>Depression</td>
<td>18 +</td>
<td>Depression</td>
<td>Range is 0-10 &gt;24 Significant Depressive Symptoms</td>
<td>Initial or Pre-Mid Treatment (After Modules): 2x (After Activities and Thoughts module) At Discharged or Post</td>
<td>20</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder Assessment (GAD-7)</td>
<td>Anxiety</td>
<td>18 +</td>
<td>Panic Disorder Social Anxiety Post-Traumatic Stress Disorder</td>
<td>5-9 Mild Anxiety 10-14 Moderate Anxiety 15-21 Severe Anxiety (10 is Cut Off for Anxiety Disorder)</td>
<td>Initial and Quarterly</td>
<td>321</td>
</tr>
<tr>
<td>Illness Management and Recovery Scale: Client Self-Rating (IMR)</td>
<td>Recovery</td>
<td>18 +</td>
<td>No Domains</td>
<td>5 Point Likert Scale Range is 13-65</td>
<td>Initial and Quarterly</td>
<td>577</td>
</tr>
<tr>
<td>Patient Health Questionnaire (PHQ-9)</td>
<td>Depression</td>
<td>60 +</td>
<td>Depression</td>
<td>5-9 Minimal Sx 10-14 Minor Dep, Dysthymia, Major Dep, Mild 15-19 Major Dep, Moderate Severe &gt; 20 Major Dep, Severe</td>
<td>At Each Session</td>
<td>480</td>
</tr>
<tr>
<td>Instrument Name</td>
<td>Disorder</td>
<td>Age Group</td>
<td>Areas of Measurement</td>
<td>Rating Scale</td>
<td>Frequency of Implementation</td>
<td>Tools Completed as of January 2014</td>
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</tr>
<tr>
<td>PTSD Checklist-Specific Civilian (PCL-C)</td>
<td>PTSD</td>
<td>18 +</td>
<td>PTSD Symptoms</td>
<td>Total Score of 45 or Above = PTSD Confirmation</td>
<td>As Needed for Assessment</td>
<td>97</td>
</tr>
<tr>
<td>PTSD Checklist-Specific Monthly (PCL-S)</td>
<td>PTSD</td>
<td>18 +</td>
<td>Measures PTSD Symptoms From the Past Month</td>
<td>Total Score of 45 or Above = PTSD Confirmation</td>
<td>Before the Start of Session 1 of CPT</td>
<td>63</td>
</tr>
<tr>
<td>PTSD Checklist-Specific Weekly (PCL-S)</td>
<td>PTSD</td>
<td>18 +</td>
<td>Measures PTSD Symptoms From the Preceding Week</td>
<td>Change of 10 Point Difference = Clinically Significant Amount of Improvement or Exacerbation</td>
<td>Each Weekly Therapy Session for CPT Model</td>
<td>63</td>
</tr>
</tbody>
</table>

The Adult-FSP Program goals and objectives for FY 2014-2015 through FY 2016-2017, as identified in the MHSA Three-Year Plan, are to:

- **Reduce:**
  - Symptoms and impairments of mental illness and alcohol and drug use;
  - Number of individuals who are homeless or at risk for homelessness;
  - Use of emergency room care and hospitalizations;
  - Inability to work;
  - Inability to manage independence;
  - Involuntary services;
  - Institutionalization; and
  - Criminal justice involvement.

- **Increase:**
  - Number of individuals receiving FSP services;
  - Level of personal and community functioning; and
  - Employment of FSP eligible individuals.

Adult-FSP Program staff will continue to provide services and supports to assist with the reduction of isolation; unemployment; family and relationship problems; suicide; violence; sexual and physical victimization; and serious medical illness (such as HIV and Hepatitis B and C); improve safety and stability of housing; and prevent early death. Program staff will work towards assisting individuals achieve independence and management of their continuing recovery efforts.

Meaningful data and achievements are being measured by monitoring the outcome data collected in the BASIS 24 instrument at the time of Initial Intake Assessment. This tool measures any changes in symptoms over the course of time. Additionally, data from the Adult-FSP Program Assessment Form, Adult Quarterly Assessment forms, and Key Event Tracking Form is currently being tracked and monitored during the course of treatment.
The Adult-FSP Program serves approximately 200 consumers per year; however, the Adult-FSP Program projects that approximately 450 consumers will be served per year after broadening the focus of the target population and expanding capacity to deliver services.

Consumers in the Adult-FSP Program who qualify for Medi-Cal services will be enrolled and all appropriate services will be billed to Medi-Cal. The average cost per each consumer during FY 2015-2016 will be approximately $2,049. The charts below provide a demographic summary of the Adult-FSP Program:
Examples of Notable Community Impact:
During October 2014, Adult-FSP Program staff were trained and certified on the CBT-DT model. CBT-DT is a therapy model used for adult clients with a depression diagnosis. This model helps individuals change their unhealthy thoughts and behaviors to improve their mood and daily functioning skills. This is a manualized model that focuses on cognitive restructuring to identify dysfunctional or distorted thoughts and develop balanced and realistic thinking. Adult-FSP Program staff are currently implementing this model and participating in regular case consultation.

In addition, steps are currently being taken to ensure that clinical facilities are made more LGBTQIA friendly and that both the Intake Assessment and Re-Assessment include the proper terminology to identify crucial information in this area.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
Presently, Adult-FSP Program services are delivered at two Recovery Center Program - Outpatient clinics. These clinics are located in Brawley and El Centro. Currently, Adult-FSP Program services are limited to the incarcerated/recently incarcerated, dual disorders, and older adult population. With the exception of dual disorders, services were limited for individuals with psychotic disorders and bi-polar disorder. This method of service delivery unintentionally restricted access to FSP services to eligible individuals due to the limited number of clinics where FSP services are provided. Additionally, clients assigned to the Anxiety and Depression clinics did not have access to FSP services prior to the planned reconfiguration of service delivery. Therefore, the Adult-FSP Program will be reconfiguring service delivery to increase the availability of FSP services to a broader population of underserved and underserved individuals who meet the criteria for FSP services.

Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:
There were no significant changes to the Adult-FSP Program for FY 2014-2015.

Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:
It has been determined that Adult-FSP Program services need to be made available to all individuals who meet FSP criteria and that FSP services should be expanded to include the Adult Anxiety and Depression Clinics in Brawley, El Centro, and Calexico (site to open in FY 2015-2016). This reconfiguration of service delivery will increase the availability of FSP services to a broader population of un-served and underserved individuals. Additionally, this will result in an increase in the Adult-FSP Program capacity by providing services in three additional outpatient clinics. The impact of this change will allow SMI individuals who meet FSP criteria to obtain FSP services at all adult outpatient clinics. It is expected that these changes will more than double the capacity for service delivery to FSP qualified individuals.

General Systems Development

Recovery Center Program
The main focus of the Recovery Center Program (RCP) is to provide engagement and education and promote wellness, recovery, and self-sufficiency. RCP staff serve the unserved and underserved adults and older adults, ages 26 and older, who are severely mentally ill and have an included diagnosis as outlined in W&IC Code 5600.3. RCP staff offer daily structured
activities that assist consumers in their recovery from their mental illness, as well as assist them with rebuilding a healthy and more independent lifestyle.

The RCP has partnered with outside agencies, such as the Department of Rehabilitation/Work training Center, Imperial Valley College, 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). RCP staff provide bus vouchers and/or arrange 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, photography, self-esteem, life skills, cooking (such as baking and/or cake decorating), and quilting/sewing. Additionally, consumers are offered the opportunity to participate in various support groups, such as medication education, wellness groups, and health and fitness classes. Consumers also have an individualized Wellness and Recovery Action Plan (WRAP) to assess their specific level of recovery and plan appropriate recovery goals.

Outpatient treatment services are also available at the Recovery Center Program/Outpatient (RCP/OP) Clinic for clients who meet criteria for Specialty Mental Health Services, which includes:
- Medication Support;
- Targeted Case Management;
- Crisis Intervention; and
- Individual Therapy.

The majority of the populations served by the RCP/OP Clinic is bilingual-Spanish speaking. Service are offered and provided in the consumer’s preferred language (English or Spanish when requested). This ensures that the program has the ability to provide interpretive services when needed. The services offered by the RCP/OP Clinic are provided in a culturally competent setting. Currently, the RCP/OP Clinic operates one clinic in El Centro and one clinic in Brawley. These clinics offer a full array of outpatient services including medication support, targeted case management, and Mental Health Services – rehabilitation and therapy.

Effective FY 2015-2016, ICBHS will be renaming the “Recovery Center Program” as the “Resource Center”. The name “Resource Center” more accurately describes the services that are provided. Additionally, this name change reduces the confusion that exists in the use of Resource Center and Recovery Center. The Recovery Center name is also embedded in the outpatient clinic name (Recovery Center/Outpatient Clinic or RCP/OP Clinic). The newly named Resource Center will represent Phase Three of the “Integrated Recovery Services Program”, which is explained in the “Significant Changes, Including New or Discontinued Programs, for FY 2015-2016” section. The services that the Resource Center currently offers will not change and will continue to offer daily structured activities that assist consumers in their recovery from their mental illness, as well as assist them with rebuilding a healthy and more independent lifestyle.

**Notable Performance Measures:**
Outcome measurement tools are currently being implemented to measure progress made by clients who attend the RCP. The tools that have been implemented in this program are the
Illness Management and Recovery Scale (IMRS), Personal Recovery Plan, and the Consumer Feedback Form.

The Illness Management and Recovery Scale (IMRS) is helpful in treatment planning and assessing recovery in individuals with severe mental illness. This tool is useful for tracking outcomes and is administered on a quarterly basis. The IMRS will also be the data collection instrument for the PIER Multi-Family Groups.

The Personal Recovery Plan and the Consumer Feedback Form are rating tools generated by the program to track individual progress on their recovery goals.

The RCP/OP Clinic staff are currently implementing the outcome measurement tools as noted below:

<table>
<thead>
<tr>
<th>Instrument Name</th>
<th>Disorder</th>
<th>Age Group</th>
<th>Areas of Measurement</th>
<th>Rating Scale</th>
<th>Frequency of Implementation</th>
<th>Tools Completed as of January 2014</th>
</tr>
</thead>
<tbody>
<tr>
<td>Adult ADHD Self Report Scale (<em>ASRS-v1.1</em>)</td>
<td>ADHD</td>
<td>18 +</td>
<td>ADHD Symptoms in Adults</td>
<td>4 or More of Shaded Areas in Part A=ADHD</td>
<td>At INA, Quarterly and Upon Discharge</td>
<td>0</td>
</tr>
<tr>
<td>Behavior and Symptom Identification Scale (<em>Basis 24</em>)</td>
<td>General</td>
<td>18 +</td>
<td>Depression and Functioning Interpersonal Relationships Psychosis Substance Abuse Emotional Liability Self-Harm</td>
<td>0-4 Scale 0-4 Subscale for Each Area</td>
<td>At Intake and Annually</td>
<td>964</td>
</tr>
<tr>
<td>Center for Epidemiologic Studies Depression Scale – Mood Questionnaire (<em>CES-D</em>)</td>
<td>Depression</td>
<td>18 +</td>
<td>Depression</td>
<td>Range is 0-10 &gt;24 Significant Depressive Symptoms</td>
<td>Initial or Pre-Mid Treatment (After Modules): 2x (After Activities and Thoughts module) At Discharged or Post</td>
<td>20</td>
</tr>
<tr>
<td>Generalized Anxiety Disorder Assessment (<em>GAD-7</em>)</td>
<td>Anxiety</td>
<td>18 +</td>
<td>Panic Disorder Social Anxiety Post-Traumatic Stress Disorder</td>
<td>5-9 Mild Anxiety 10-14 Moderate Anxiety 15-21 Severe Anxiety (10 is Cut Off for Anxiety Disorder)</td>
<td>Initial and Quarterly</td>
<td>321</td>
</tr>
<tr>
<td>Instrument Name</td>
<td>Disorder</td>
<td>Age Group</td>
<td>Areas of Measurement</td>
<td>Rating Scale</td>
<td>Frequency of Implementation</td>
<td>Tools Completed as of January 2014</td>
</tr>
<tr>
<td>--------------------------------------------------------------------------------</td>
<td>----------</td>
<td>-----------</td>
<td>----------------------</td>
<td>--------------</td>
<td>------------------------------</td>
<td>-----------------------------------</td>
</tr>
<tr>
<td>Illness Management and Recovery Scale: Client Self-Rating (IMR)</td>
<td>Recovery</td>
<td>18 +</td>
<td>No Domains</td>
<td>5 Point Likert Scale Range is 13-65</td>
<td>Initial and Quarterly</td>
<td>577</td>
</tr>
<tr>
<td>Patient Health Questionnaire (PHQ-9)</td>
<td>Depression</td>
<td>60 +</td>
<td>Depression</td>
<td>5-9 Minimal Sx 10-14 Minor Dep, Dysthymia, Major Dep, Mild 15-19 Major Dep, Moderate Severe &gt; 20 Major Dep, Severe</td>
<td>At Each Session</td>
<td>480</td>
</tr>
<tr>
<td>PTSD Checklist-Specific Civilian (PCL-C)</td>
<td>PTSD</td>
<td>18 +</td>
<td>PTSD Symptoms</td>
<td>Total Score of 45 or Above = PTSD Confirmation</td>
<td>As Needed for Assessment</td>
<td>97</td>
</tr>
<tr>
<td>PTSD Checklist-Specific Monthly (PCL-S)</td>
<td>PTSD</td>
<td>18 +</td>
<td>Measures PTSD Symptoms From the Past Month</td>
<td>Total Score of 45 or Above = PTSD Confirmation</td>
<td>Before the Start of Session 1 of CPT</td>
<td>63</td>
</tr>
<tr>
<td>PTSD Checklist-Specific Weekly (PCL-S)</td>
<td>PTSD</td>
<td>18 +</td>
<td>Measures PTSD Symptoms From the Preceding Week</td>
<td>Change of 10 Point Difference = Clinically Significant Amount of Improvement or Exacerbation</td>
<td>Each Weekly Therapy Session for CPT Model</td>
<td>63</td>
</tr>
</tbody>
</table>

The goals and objectives for the RCP and RCP/OP Clinic, as identified in the MHSA FY 2014-2015 through 2016-2017 Three-Year Plan, continue to focus on assisting clients increase their level of insight and self-awareness; strengthen their ability to provide self-care; strengthen their supports; increase involvement with jobs, school, and/or hobbies; and reduce homelessness, inability to work, inability to manage independent living, isolation, and involuntary services. The expected outcome is to maintain recovery involving overall health, wellness, and self-sufficiency.

Meaningful data and achievements have been measured with the aforementioned outcome measurement tools. During FY 2014-2015, the RCP has implemented the IMRS, the Personal Recovery Plan, and the Client Feedback Form. These instruments are designed to track progress made towards individual recovery goals. A system for analyzing the data is currently under development.

The Exhibit 6 report will continue to be utilized to provide the number of consumers served. This report indicates the target number of consumers that the program anticipates serving, as well as
an actual count of the number of consumers that are actually served during each specific quarter.

Additionally, the PIER Model of Early Detection and Intervention for the Prevention of Psychosis is in the early stages of implementation and is anticipated to be fully implemented by the end of FY2015-2016. The PIER Model is an early detection and intervention approach that focuses on the pre-psychotic (prodromal) phase of a developing psychotic illness. Upon identification of the individual experiencing a recent onset of psychosis, early and subsequent intervention will reduce the likelihood and/or severity of future psychotic episodes. The PIER Model is designed for adults and has three key parts: community outreach, assessment, and treatment. The implementation of the PIER Model will include training and consultation calls for staff that will be providing the outreach activities and treatment. The intervention used in the treatment component consists of Multi-Family Groups. This intervention will be available to Adult-FSP, RCP, and RCP/OP clients. The Illness Management Recovery Scale (IMRS) will be used to track client functioning during the program.

The RCP/OP Clinic provides services to all eligible individuals. Services rendered are billed to Medi-Cal for eligible beneficiaries. The RCP/OP Clinic currently serves approximately 1,300 clients. It is anticipated that this number will remain constant in FY 2015-2016. Consequently, the average cost per each consumer for FY2015-2016 will be approximately $1,001. The following charts provide a demographic summary of the RCP:

![RCP by Gender Chart]

![RCP by Age Chart]
Examples of Notable Community Impact:
As a result of opening an additional RCP/OP Clinic in Brawley, easier access to mental health services is now available for residents in Brawley and the North County area. This has reduced the need for traveling long distances for mental health services and increased program engagement. Future plans include opening a clinic in the Calexico area which will further expand our capacity for service delivery. It is anticipated that this clinic will open during FY 2015-2016.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
Many individuals who have been recently placed on a 5150 involuntary hold, hospitalized, incarcerated, or experienced symptom instability resulting in decompensation require an increased level of care to aid in re-stabilization; however, due to these destabilizing life events, these individuals are often difficult to engage or lack adherence to treatment services. The RCP offers numerous services that will assist clients in acquiring recovery and stabilization, but many are not prepared or equipped to enter this level of service during their period of destabilization. This has resulted in clients failing to follow through with treatment recommendations and referrals. Therefore, these individuals will be assigned to the new Integrated Recovery Services Program, as noted in the “Significant Changes, Including New or Discontinued Programs, for FY 2015-2016” section.

Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:
There were no significant changes to the RCP for FY 2014-2015.

Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:
Recovery services at ICBHS will be identified as the "Integrated Recovery Services Program", which will be implemented as a three-phase approach to recovery during FY 2015-2016. Phases will be designed to engage the individual based on his or her level of stability and recovery needs. Individuals who enter Phase One and Two include those who:
- Have recently been admitted to one of the adult outpatient clinics subsequent to being hospitalized;
- Have recently experienced decompensation;
• Have been held on 5150 and released;
• Have been discharged from jail/prison; and/or
• Are at high-risk for treatment non-compliance, suicide, and/or co-occurring substance abuse.

Phase One and Two of the Integrated Recovery Services Program will be designed to provide clients with a foundation for recovery, which will include multi-family groups, psychoeducation, medication adherence, nutrition education, fitness activities, and problem solving skills, with the intent of establishing and maintaining stabilization of their mental health symptoms. Upon completion of Phase One and Two, clients will then be referred to the Resource Center (Phase 3) to continue to build upon their recovery. Phase 3 services are noted above as services by the RCP.

Outreach and Engagement

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 outreach at local schools; homeless shelters; substance abuse treatment facilities and self-help groups; low-income housing; faith-based organizations; and community-based organizations. 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.

Notable Performance Measures:
During July 1, 2014, through March 31, 2015, 3,755 individuals were provided with outreach. The table and charts on the following page provide a demographic summary of the individuals who were provided with outreach during this time frame.
<table>
<thead>
<tr>
<th>Demographic Category</th>
<th>1&lt;sup&gt;st&lt;/sup&gt; Quarter</th>
<th>2&lt;sup&gt;nd&lt;/sup&gt; Quarter</th>
<th>3&lt;sup&gt;rd&lt;/sup&gt; Quarter</th>
<th>Total</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Gender</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Female</td>
<td>881</td>
<td>815</td>
<td>744</td>
<td>2,440</td>
</tr>
<tr>
<td>Male</td>
<td>474</td>
<td>331</td>
<td>461</td>
<td>1,266</td>
</tr>
<tr>
<td>Not Reported</td>
<td>1</td>
<td>13</td>
<td>35</td>
<td>49</td>
</tr>
<tr>
<td><strong>Age Group</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>0 to 13</td>
<td>20</td>
<td>422</td>
<td>300</td>
<td>742</td>
</tr>
<tr>
<td>14 to 25</td>
<td>343</td>
<td>113</td>
<td>355</td>
<td>811</td>
</tr>
<tr>
<td>26 to 64</td>
<td>622</td>
<td>386</td>
<td>516</td>
<td>1,524</td>
</tr>
<tr>
<td>65+</td>
<td>334</td>
<td>192</td>
<td>25</td>
<td>551</td>
</tr>
<tr>
<td>Not Reported</td>
<td>37</td>
<td>46</td>
<td>44</td>
<td>127</td>
</tr>
<tr>
<td><strong>Ethnicity</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>African American</td>
<td>6</td>
<td>6</td>
<td>15</td>
<td>27</td>
</tr>
<tr>
<td>Asian/Pacific Islander</td>
<td>3</td>
<td>1</td>
<td>7</td>
<td>11</td>
</tr>
<tr>
<td>Hispanic</td>
<td>1,307</td>
<td>1,103</td>
<td>1,063</td>
<td>3,473</td>
</tr>
<tr>
<td>Native American</td>
<td>0</td>
<td>1</td>
<td>2</td>
<td>3</td>
</tr>
<tr>
<td>White</td>
<td>11</td>
<td>28</td>
<td>71</td>
<td>110</td>
</tr>
<tr>
<td>Multiethnic</td>
<td>15</td>
<td>13</td>
<td>23</td>
<td>51</td>
</tr>
<tr>
<td>Other</td>
<td>6</td>
<td>0</td>
<td>2</td>
<td>8</td>
</tr>
<tr>
<td>Not Reported</td>
<td>8</td>
<td>7</td>
<td>57</td>
<td>72</td>
</tr>
</tbody>
</table>

**Outreach by Ethnicity**

- African American: 92.5%
- Asian/Pacific Islander: 0.3%
- Hispanic: 0.1%
- Native American: 2.9%
- White: 1.4%
- Multi-Ethnic: 0.2%
- Other: 1.9%
- Not Reported: 0.0%

**Outreach by Gender**

- Female: 65.0%
- Male: 33.7%
- Not Reported: 1.3%

**Outreach by Age**

- 0-13: 19.8%
- 14-25: 21.6%
- 26-64: 40.6%
- 65+: 14.7%
- Not Reported: 3.4%
Approximately 75% of outreach activities were conducted either fully or partially in Spanish, Imperial County’s threshold language.

The goal of the Outreach and Engagement Program is to educate local unserved severely mentally ill and seriously emotionally disturbed individuals and encourage utilization of mental health services. During July 1, 2014, through March 31, 2015, the Outreach and Engagement Program focused outreach efforts at 41 different sites, including, but not limited to: alternative education schools; Women, Infant, and Children (WIC) Program; Catholic Charities; the Center for Family Solutions; Imperial Valley Regional Occupational Program; Our Lady of Guadalupe Shelter; the Methadone Clinic; Neighborhood House; Niland FRC; Sure Helpline Crisis Center; and Juvenile Hall. Outreach was also conducted through individual home visits.

Examples of Notable Community Impact:
As a result of outreach efforts made during July 1, 2014, through March 31, 2015, 114 individuals were successfully engaged into the mental health system.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
No challenges or barriers were encountered by the Outreach and Engagement Program during FY 2014-2015.

Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:
There were no significant changes to the Outreach and Engagement Program for FY 2014-2015.

Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:
No significant changes to the Outreach and Engagement Program are planned for FY 2014-2015.

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 ages 14 and over. The TESS Program targets individuals who are discharged from Lanterman-Petris Short Act (LPS) Conservatorship by the courts, acute care psychiatric hospitals, or ICBHS-Crisis and Referral Desk; or who are referred by the community and in need of supportive services while transitioning to mental health outpatient treatment. The TESS Program provides individualized mental health rehabilitation/targeted case management services to youth and young adults, adults, and older adults who 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 offers services that are culturally competent and strength- and community-based.

The TESS Program assists non-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 after care and follow-up services. The objective of this program is to
assist the individual in accessing mental health and substance abuse related treatment upon release from the McAlister Institute Detox Program.

The role of the mental health rehabilitation technician (MHRT) for the TESS Program is to provide outreach and engagement services to unserved and underserved populations. The TESS Program MHRT contacts local community shelters on a weekly basis to establish contact with potential consumers living in such facilities. The TESS Program MHRT educates local community shelter staff and potential consumers regarding the services offered by ICBHS. The TESS Program has also established a referral process with the local medical hospital, El Centro Regional Medical Center (ECRMC). Program staff works in collaboration with ECRMC-Emergency Room staff to identify individuals who are exhibiting psychiatric symptoms in order to educate them on the referral process and services of care offered by ICBHS. A referral process was also developed with West Shores High School in the outer Northern region of Imperial County and El Centro Police Department with the goal to expand accessibility to mental health services to the unserved and underserved.

Services available to clients at the TESS Program include:
- Initial Intake 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:
- Emergency shelter;
- Permanent housing;
- Emergency clothing;
- Emergency food baskets;
- SSI/SSA benefits application or appeal;
- DSS/Cash Aid;
- Section 8 Housing;
- Substance abuse treatment and/or rehabilitation referral;
- General physician and/or dentist;
- MHSA programs; and
- Driver’s license/ID application.

Additionally, the TESS Program provides educational information on the importance of mental health treatment, recovery, and accessibility to services. Individuals are linked to the ICBHS Youth and Young Adult Services or Adults Services Divisions for continuity of care.

The TESS Program assists in expediting services to individuals after the assessment or prescreening evaluation finds them to be in imminent need of services due to high risk of decompensation, homelessness, or in need of linkage to community resources.

Staff at the TESS Program have been trained on the overall needs of individuals ages 12 and older. The training provided to staff and treatment models currently being implemented at the TESS Program include the following:
Cognitive Behavioral Therapy-Depression Treatment (CBT-DT): CBT-DT is a therapy model used for adult clients with a depression diagnosis. This model helps individuals change their unhealthy thoughts and behaviors to improve their mood and daily functioning skills. This is a manualized model that focuses on cognitive restructuring to identify dysfunctional or distorted thoughts and develop balanced and realistic thinking by:

- Behavioral activation to increase daily behaviors;
- Pleasurable activities;
- Problem solving barriers; and
- Goal setting.

This model will also improve their interpersonal skills by:

- Increasing social support;
- Improving communication skills; and
- Assisting with problem solving in social situations.

This model consists of three major modules that address the following areas:

- Thoughts;
- Activities; and
- People Interactions.

Staff will provide psychoeducation prior to starting the modules, 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 to complete all modules, which includes the discussion of relapse and termination.

Portland Identification and Early Referral (PIER) Model:
The contract for the PIER Model for Early Detection and Intervention for the Prevention of Psychosis was finalized and staff from the TESS Program attended the five-day PIER Model training from July 21-25, 2014.

The PIER Model is an early detection and intervention approach that focus on the pre-psychotic (prodromal) phase of a developing psychotic illness. This model includes early identification of those individuals with prodromal and active symptoms. The PIER Model is designed for adolescents and young adults between ages of 12 and 25. Staff learned the signs and symptoms of the prodromal phase and the key elements of the PIER Model including community outreach, assessment and treatment. Staff were also trained on and became certified in administering the Structured Interview for Prodromal Syndromes (SIPS) tool. They also received three days of intensive training in facilitating the multi-family groups which included role plays, demonstrations, and peer feedback.

Staff also attended three outreach webinars and are now attending the following monthly consultation calls: outreach, administrative, and outcome measurement consultation calls. The multi-family group consultation calls began in February 2015. Staff assigned to implement the PIER Model have conducted a total of twenty (20) outreach presentations to various community agencies including: local junior high and high schools (academic counselors and administrators), all ICBHS mental health outpatient clinics, ICBHS Alcohol and Drug Programs, Mental Health Services Act Steering Committee, one local police department, Imperial Valley Community College, and Aurora Alternative Education High School. As a result of the community outreach presentations, the TESS
Program has received seven community referrals with the objective of coordinating further assessment via the use of the Structured Interviewed for Psychosis-Risk Syndromes assessment to determine criteria and eligibility for PIER Model services.

In addition, steps have been taken to develop the PIER Steering Committee, with the first meeting being scheduled during February 2015. The purpose of this steering committee is to provide oversight and recommendations for the PIER Model. Currently, the PIER Steering Committee includes representatives from ICBHS, Imperial County Office of Education, El Centro School District, local businesses, and Imperial Valley College. Efforts are being made to recruit additional community representatives.

Juvenile Offenders Training:
A contract was finalized for training and consultation on issues related to the juvenile offender population. On September 8-9, 2014, Scott E. McClure, Ph.D., facilitated the Juvenile Offender Training for Youth and Young Adult Services staff, Crisis and Engagement staff, and Imperial County Probation Department staff. Those in attendance from Youth and Young Adult Services and Crisis and Engagement Services included psychiatrists, nurses, clinicians, MHRTs, program supervisors, and managers. Staff were trained on advances in theory and evidence-based approaches to working with at-risk youth and young adults. Training participants also learned about criminal career patterns and explanations of juvenile offending, transitions between juvenile and young adult offending, criminal thinking patterns, mental health and substance use risks, the Risk/Need model, as well as prevention and intervention for juveniles and young adults.

Since October 2014, monthly consultation calls with Dr. McClure have been conducted and staff who attended the training present on cases for discussion and feedback to enhance skills learned at the training.

The Behavior Code Training (Youth and Young Adult Services staff and Educator Conference): The training focused on understanding children’s behaviors and the use of differential diagnosis to properly assess children who may otherwise be inappropriately diagnosed. The training provided participants with the appropriate interventions to be used based on the presenting symptoms and behaviors. On February 20, 2014, Youth and Young Adult Services staff made up of psychiatrists, nurses, MHRTs, clinicians, program supervisors, managers, as well as the ICBHS Crisis and Engagement Unit and Imperial County Probation Department staff were trained. On October 27 and 28, 2014, ICBHS hosted The Behavior Code Educator Conference in collaboration with Imperial County Office of Education. A total of 84 educators (teachers, administrators, school counselors) attended this one-day training. A parent workshop on this topic was also conducted the evening of October 27, 2014, with translation provided for monolingual Spanish speaking participants. A total of 35 individuals participated in the parent workshop. There are plans to develop a contract for additional educator conferences and booster trainings.

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.
Notable Performance Measures:
During FY 2014-2015, the TESS Program continued to implement two general tools that measure the overall functioning of clients. The TESS Program is administrating the Behavior and Symptoms Identification Scale 24 (BASIS 24) outcome measurements tool to establish a baseline of symptoms and impairments to clients ages 18 to 25. The BASIS 24 is administered at the time of intake assessment and is re-administered on an annual basis. From July 1, 2014, to present the TESS Program completed 128 BASIS 24 outcome measurements evaluations.

The TESS Program has incorporated the Youth Outcomes Questionnaire (YOQ) Self-Report and Parent-Report Version as a result of the expansion of TESS Program services to target the youth and young adult population, ages 12 to 17. For the general tools, 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 and annually thereafter. The YOQ is a tool for children and youth, ages 4 to 17, receiving mental health services that is 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.

From July 1, 2014, to present, there were 26 YOQs completed through the TESS Program.

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

<table>
<thead>
<tr>
<th>Instrument Name</th>
<th>Disorder</th>
<th>Age Group</th>
<th>Areas of Measurement</th>
</tr>
</thead>
<tbody>
<tr>
<td>Behavior and Symptom Identification Scale (BASIS 24)</td>
<td>General</td>
<td>18 +</td>
<td>Depression and Functioning, Interpersonal Relationships, Psychosis, Substance Abuse, Emotional Liability, Self-Harm</td>
</tr>
<tr>
<td>Youth Outcomes Questionnaire – Parent (YOQ – Parent)</td>
<td>General Tool</td>
<td>4-17</td>
<td>Interpersonal Distress, Somatic, Interpersonal Relations, Social Problems, Behavioral Dysfunction, Critical Items</td>
</tr>
</tbody>
</table>

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

During FY 2014-2015, the TESS Program served 427 consumers, helping link individuals experiencing a mental health diagnosis or dual diagnosis to outpatient services. From July 1, 2014, to present, 140 individuals experiencing a mental health disorder or dual diagnosis were successfully transferred to mental health services as follows:
- Youth and Young Adult (YAYA) Services – 56 clients
- Adult and Older Adult Services – 77 clients
- Conservatorship – 4 clients
- Calexico Family Resource Center – 1 client
- San Pascual Family Resource Center – 2 clients

During this time frame, 19 TESS Program consumers were provided linkage to receive an Initial Intake Assessment and were screened out due to not meeting medical necessity criteria. From the 427 TESS Program admissions, 60 are still in the process of being linked to mental health services and/or community resources. Overall, 208 did not complete linkage to mental health services. Contributing factors for individuals not following up with ICBHS are as follows: declining/refusing outpatient mental health treatment (77); non-compliance to treatment due to not being able to make contact/unable to locate (42); consumers relocating to other counties (84); and incarcerated/in placement (5).

The TESS Program clients who qualify for Medi-Cal will be enrolled and all appropriate services will be billed to Medi-Cal. The average cost per each participant per year is approximately $938.20 from July 1, 2014, to present. The TESS Program has provided services to approximately 427 clients and receives an average of 47 referrals per month. The following charts provide a demographic summary of the TESS Program:

![TESS Program by Gender](chart1.png)

![TESS Program by Age](chart2.png)
Examples of Notable Community Impact:
In July 2014, the PIER Model was incorporated into the TESS Program with the objective to educate the community, treat youth and young adults 12 to 25 years old, and assist families in preventing psychosis. The TESS Program staff has been focusing on outreach efforts to establish formal relationships with agencies that might identify and refer individuals experiencing pre-psychotic symptoms (prodromal) or the first episode of psychosis.

During FY 2014-2015, there have been a total of 20 outreach presentations to various community agencies within Imperial County, including: Calexico Unified School District, El Centro Police Department, ICBHS-Center for Clinical Training, Brawley Family Resources Center, El Centro Unified School District Board, local junior high and high schools (academic counselors and administrators), all ICBHS mental health outpatient clinics, ICBHS Alcohol and Drug Programs, Mental Health Services Act Steering Committee, Imperial Valley Community College, Aurora Alternative Education High School, Imperial County Office of Education, San Diego Regional Center, Calipatria Unified School District/ Migrant Program, and State of California Employment Development Department. As a result of the community outreach presentations, the TESS Program has received seven community referrals with the objective of coordinating further assessment via the use of the Structured Interviewed for Psychosis-Risk Syndromes (SIPS) assessment for early intervention and the prevention of psychosis.

Additionally, the TESS Program administration staff has been working in collaboration with El Centro Police Department (ECPD). This working alliance has led to periodic meetings to discuss outreach and engagement efforts for individuals who might benefit from mental health services. As a result, the TESS Program established a referral process with ECPD allowing on-duty officers to have access to the electronic TESS Community Referral. Since this referral process was establishment in October 2014, the TESS Program has received 3 community referrals from ECPD.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
Despite the increase of successful transfers to the outpatient clinics, the TESS Program has continued to encounter difficulties with engaging some individuals and linking them to mental health services.
health services. There also continues to be a struggle with reducing stigma associated to mental illness resulting in higher levels of non-compliance and resistance to treatment.

In an effort to increase engagement, The TESS Program staff were trained in Motivational Interviewing, Juvenile Offender Training, and PIER Model in the effort to engage individuals and increase the accessibility of mental health services to the underserved / unserved populations.

Additionally, The TESS Program developed a community referral process with the following local community agencies: El Centro Police Department (ECPD), El Centro Regional Medical Center (ECRMC), Center for Family Solutions (CFFS), West Shores High School, and Imperial County Department of Social Services-Adult Protective Services. The TESS Program will continue to maintain a constructive and collaborative relationship with community agencies with the objective of engaging and linking clients to mental health services.

**Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:**

During FY 2014-2015, a contract for the PIER Model was finalized and TESS Program staff attended the five-day PIER Model training from July 21-25, 2014. Staff learned the signs and symptoms of the prodromal phase and the key elements of the PIER Model including community outreach, assessment, and treatment. Staff were also trained on and became certified in administering the Structured Interview for Prodromal Syndromes (SIPS) tool. They also received three days of intensive training in facilitating the multi-family groups which included role plays, demonstrations, and peer feedback.

Staff also attended three outreach webinars and are now attending the following monthly consultation calls: outreach, administrative, and outcome measurement consultation calls. The multi-family group consultation calls began in February 2015. Staff assigned to implement the PIER Model have conducted a total of 20 outreach presentations to various community agencies including: local junior high and high schools (academic counselors and administrators), all ICBHS mental health outpatient clinics, ICBHS Alcohol and Drug Programs, Mental Health Services Act Steering Committee, one local police department, Imperial Valley Community College and Aurora Alternative Education High School. As a result of the community outreach presentations the TESS Program has received seven community referrals with the objective of coordinating further assessment via the use of the SIPS assessment to determine criteria and eligibility for PIER Model services.

Steps have been taken to develop the PIER Steering Committee and the first meeting took place during February 2015. The purpose of this steering committee is to provide oversight and recommendations for the PIER Model. Currently, the PIER Steering Committee includes representatives from ICBHS, Imperial County Office of Education, El Centro School District, local businesses, and Imperial Valley College. Efforts are being made to recruit additional community representatives.

The following illustrates significant data reported by the TESS Program for FY 2014-2015:

- During FY 2013-2014, there were 43 cases successfully linked to mental health services. In FY 2014-2015 there have been a total of 140 cases successfully linked to mental health services. Data demonstrates a significant increase in the number of cases successfully linked to mental health services.

- There has been a decrease of psychiatric re-hospitalizations under the TESS Program due to the fact that clients are linked to the outpatient clinics within 14 days of admission.
One contributing factor to the decrease in re-hospitalizations is that upon hospitalization discharge, the TESS Program MHRT coordinates immediate follow up mental health services to assist clients prevent a re-hospitalization. The number of TESS Program clients re-hospitalized within a 30-day period for FY 2014-2015 was four.

- During FY 2014-2015, TESS Program staff continue to work by linking clients to outpatient clinics within the 14-day period. The number of clients re-admitted to the Crisis Referral Desk in a 30-day period was 62, which indicates a slight decrease in crisis re-admissions. TESS Program staff will continue to work in improving engagement skills to prevent crisis re-admissions.

- During FY 2014-2015 and since the establishment of the TESS community referral process, the TESS Program has received 53 community referrals.

**Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:**

To increase mental health awareness and reduce stigma associated with mental illness, the TESS Program is expected to incorporate an additional component that will promote recovery and resiliency among SMI adults, ages 18 to 59, by expanding service criterion to adults who are incarcerated in the criminal justice system or have been incarcerated in the past year and are transitioning back into the community. Individuals eligible to receive services will be referred to outpatient mental health services and benefit from receiving medication support, therapy, and mental health rehabilitation/targeted case management services, if needed. Additionally, the TESS Program MHRT will assist individuals with the reintegrating into the community through linkage to local community resources and/or services.

The TESS Program MHRT will be stationed part-time at Imperial County Jail and will work in collaboration with the Imperial County Jail psychiatric nurse prior to an individual’s release. The psychiatric nurse, in conjunction with correctional officers, will identify potential clients and will consult with the TESS Program MHRT with the objective of initiating outreach and engagement services. Once potential clients are identified, the TESS Program MHRT will conduct a prescreening evaluation with the individual. Based on reported information, the TESS Program MHRT will determine if the individual might benefit from further mental health assessment by coordinating an initial intake assessment to determine criteria. The intake assessment will be conducted while the individual is still incarcerated.

For individuals actively receiving psychiatric treatment while incarcerated, the TESS Program MHRT will participate in psychiatric teleconference as part of the engagement process. The TESS Program MHRT will be a member of the Imperial County Jail Quality Assurance Committee. For individuals who are incarcerated and are not receiving psychiatric treatment, the TESS Program MHRT will conduct outreach and engagement services with the objective of increasing mental health awareness and reducing stigma associated with mental illness. In addition, the TESS Program MHRT will provide psychoeducation of symptoms/behaviors, normalization, and identification of needed community resources. These involve accessing community resources/services and linkage to mental health and/or drug and alcohol services.

The overall objective of the TESS Program is to promote resilience and hope through full community integration by offering linkage to mental health and/or other community services. Doing so will result in an increase in mental health and/or drug and alcohol services, reintegration to the community, and decreased recidivism.
The TESS Program’s goals and objectives for FY 2014-2015 through FY 2016-2017 are to reduce disparities in services provided to individuals residing in racially and ethnically diverse communities; reduce homelessness, hospitalizations, incarcerations, and stigma associated with mental illness; increase collaboration in the level of engagement in racially and ethnically diverse communities; and strengthen the local communities’ capacity to identify target populations and to promote their inclusion in the mental health services delivery system.
Prevention and Early Intervention

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.

To facilitate accessing services and supports at the earliest signs of mental health problems and concerns, PEI builds capacity for providing mental health early intervention services at sites where people go for other routine activities (e.g., health providers, education facilities, community organizations). Mental health becomes part of the wellness for individuals and the community, reducing the potential for stigma and discrimination against individuals with mental illness.

Trauma-Focused Cognitive Behavioral Therapy Program

Imperial County has been implementing Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) as an early intervention program that addresses the needs of children and youth in the community who have been exposed to trauma. This program has given ICBHS the opportunity to serve the local unserved and/or underserved populations, as well as the opportunity to increase access by providing services in non-traditional, non-threatening settings that provide a safe environment, such as home, schools, community centers, and family resource centers. The TF-CBT Program has also allowed for the development of a “help first” system in order to engage individuals before the development of serious mental illness or serious emotional disturbance, and to alleviate the need for additional or extended mental health treatment by facilitating access to supports at the earliest signs of mental health problems. 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.

Prevention

The prevention component utilizes a universal strategy that addresses the entire Imperial County population by focusing on providing outreach and educating on the effects of trauma and the importance of identification and early intervention. Prevention services 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. These preventative activities are provided by a number of staff, including master level clinicians and a mental health rehabilitation technician, program supervisor, and manager.

Other outreach and prevention services include individual discussions with school personnel, distribution of informational flyers at community events, articles on local magazines, and radio shows on ICBHS’ weekly radio show programs “Let’s Talk About It” and “Exprésate:. The presentations incorporate topics such as the effects of trauma, bullying, anxiety, and depression in children and youth, respectful behaviors and empathy, as well as available resources. During FY 2014-2015, PEI staff have provided prevention services at the following locations:

- Migrant Head Start (6 presentations)
Early Intervention
The TF-CBT model was selected to address the need for early intervention for the priority population of Trauma-Exposed individuals. TF-CBT is utilized as the intervention to treat children and adolescents, ages 3 to 18, males and females, who have been exposed to a traumatic experience. This therapy 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.

Notable Performance Measures:

Prevention
Prevention activities conducted in Imperial County are universal and intended for all community members. These activities have been presented in English and Spanish, as needed, in efforts to reach the unserved and/or underserved populations. The prevention activities have assisted in bridging the gap in the community by establishing collaborative efforts with agencies that provide services to local residents. These agencies are assisting in ensuring community members have access to appropriate services when needed. Information on the number of attendees has been collected in some of the presentations where small groups are present; however, it has not always been possible to obtain specific numbers of attendees participating in larger groups such as those participating in school assemblies, health fairs, or listening to the radio show. Based on referral information, ICBHS has been able to identify that the source of referrals to the TF-CBT Program have come from several schools countywide and from the following:

- California Rural Legal Assistance
- Department of Social Services
- Health Department
- Office of Education
- Migrant Program
- Referrals from private practice
- Self-referrals from parents or family members

Because of the nature of the program's outreach activity and inability to determine the exact number of individuals who actually participate in prevention activities, it is not possible to identify the cost per individual; however, the amount expended on prevention activities from July 1,
2014, to February 28, 2015, totals to $227,332. This cost includes clinicians, mental health rehabilitation technicians, a program supervisor, and a manager providing county wide universal prevention services.

**Early Intervention**
For the reporting period of FY 2014-2015, demographic data is only available for seven months. From July 1, 2014, to February 28, 2015, 198 individuals have been served. This includes 88 children and youth and their 110 parents/legal guardians. The estimated cost per person is $1,923. This cost includes therapy sessions conducted by master level clinicians, as well as rehabilitative, linkage, and referral services by the mental health rehabilitation technician to the child/youth and his or her parents/legal guardians.

The charts below provide a demographic summary of the TF-CBT Program:
From July 1, 2014, to February 28, 2015, the TF-CBT Program has assessed 88 children and youth, of which 82 met criteria for services under PEI. Six children and youth assessed met criteria for Specialty Mental Health Services and were referred by the assessing clinician to the ICBHS Children and Adolescents Outpatient Clinic for mental health treatment. Out of 82 children and youth, 24 are currently receiving TF-CBT services and 58 have been discharged. Out of the 58 children and youth that have been discharged, 49 (84%) have not received additional mental health treatment after receiving TF-CBT therapy services and nine (16%) children and youth served under the early intervention component of PEI have entered the mental health system, either by referral from the PEI clinician or by parent request.

Information specific to the outcomes based on pre- and post-evaluation tools completed by children/youth and their parents/caregivers is not available for submission with this report. ICBHS contracted with California Institute for Behavioral Solutions (CiBHS) for program evaluation and submits evaluation data on all children and youth served under the TF-CBT Program. CiBHS then provides a Performance Dashboard Report on Imperial County’s outcomes. The data was submitted on February 19, 2015 for services provided through the end of January 2015; however, as of April 2015, CiBHS’ Dashboard reports have not yet been received.

TF-CBT continues to prove to be effective as an early intervention method given the decrease in symptoms reported by both parent and the child/youth at the end of the intervention and the number of low entrance into the mental health system. It should also be noted that the number of referrals to this program are continuous from different sources, with the program having to, at times, put referrals on a waiting list. Data will continue to be collected and evaluated to determine if this early intervention has had long lasting effects on children and youth services by preventing the development of mental illness.

The TF-CBT Program goals and objectives for FY 2015-2016 are the following:

1. Continue to provide TF-CBT as an early intervention strategy to children and youth in order 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.
   - Prevent the development of mental illness by helping children and youth develop adaptive skills for dealing with stress, anxiety, and loss – all related to the trauma.
   - Enhance children and youth’s personal safety.
• Resolve parental distress about the child/youth’s experience.
• Enhance parental support for their children.

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

3. Continue to 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.

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

Examples of Notable Community Impact:

Prevention
The TF-CBT Program’s prevention activities have assisted ICBHS bridging the gap in the community by establishing collaborative efforts with local agencies such as the Department of Social Services, the education system, and other agencies that provide services to local residents. These agencies have become familiar with the TF-CBT program and are assisting in ensuring community members have access to appropriate services by making referrals when needed. The continuous receipt of referrals from these agencies and the acceptance of services by parents are testimony of the success of the outreach activities.

Early Intervention
TF-CBT has been successful in preventing the development of serious mental illness. This can be measured by the pre- and post-evaluation scores that indicate a decrease in symptoms and by preventing the entrance into treatment of approximately 84% of all children who receive this early intervention service. TF-CBT has brought awareness to community members on the effects commonly experienced by children who have experienced trauma, such as poor self-esteem, difficulty trusting others, mood instability, and self-injurious behaviors, including substance abuse.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
The proposed staffing for the TF-CBT Program for FY 2014-2015 was three full-time clinicians and one mental health rehabilitation technician; however, due to staffing turnover and expansion of other programs, the TF-CBT Program has not been fully staffed at all times. Newly hired staff were not trained on the TF-CBT model, resulting in a delay in providing needed interventions to identified children and youth. The program has always had constant referrals and currently has a waiting list for children/youth waiting to be served. The program is expected to have three full-time clinicians trained on the TF-CBT model by the end of FY 2014-2015 and meet the demand for services and eliminate the waiting list by providing uninterrupted direct services to all children/youth referred during FY 2015-2016.
Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:
There were no significant changes to the TF-CBT Program for FY 2014-2015.

Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:
For FY 2015-2016, ICBHS is planning to reinstate a parenting program to address the needs of one of the priority populations, which are the unserved or underserved Children/Youth in Stressed Families. Imperial County conducted an extensive community planning processes for its CSS and PEI Plans. In the initial PEI FY 2007-2008 through FY 2009-2010 Plan, the community stakeholders provided feedback to the PEI Program Planning committee and identified the need to implement a parenting program as a prevention activity. The Nurturing Parenting Program was implemented through a contract with Imperial County Office of Education; however, due to the Great Recession, funding decreased and the decision was made to discontinue this intervention due to the uncertainty of funding. In recent meetings with stakeholders, in particular education and the Department of Social Services, the need to reinstate the parenting program has been raised. Stakeholders indicate that resources continue to be limited and the need to provide assistance and support to parents continues to exist.

Discussions held with the three largest elementary school districts have been held and they have expressed their interest in collaborating with ICBHS to ensure the sustainability of a parenting program for children/youth in stressed families. In some of the community outreach activities, the MHSA Steering Committee, ICBHS Mental Health Board, consumers, and parents of consumers have expressed the importance of providing parenting programs in the community. A deputy director and managers from the Department of Social Services have also expressed their interest in providing parents with tools to improve their skills necessary to provide a nurturing and structure home environment and prevent the use of aggressive discipline methods. Data previously collected from the community during the CSS and PEI planning processes was reviewed and analyzed again. The data obtained from consumers and community stakeholders continues to support the need to provide prevention services to local children/youth in stressed families.

CiBHS came to Imperial County and met with management staff from ICBHS, the Department of Social Services, and the Juvenile Probation Department and recommended several evidence-based programs based on the county’s population and need to implement a countywide system and service improvement. One of the recommended evidence-based programs was the Incredible Years (IY), which was selected as the evidence-based model to be implemented under PEI as it meets the needs of this community. IY has achieved some of the highest ratings based on having multiple random clinical trials, empirical support, and research. California Evidence-Based Clearinghouse for Child Welfare gives IY its highest rating of 1, indicating it is well supported by research evidence.

IY will be implemented to provide prevention services to the unserved and underserved children/youth in stressed families in Imperial County. IY is a comprehensive evidence-based practice with a set of curricula designed to promote social competence and prevent, reduce, and treat aggression and related conduct problems in school-age children, ages 6 to 12 years. IY BASIC Parenting is the IY parent training program that is the foundation for improved outcomes. It is conducted as a group with two trained facilitators and involves 10 to 14 two-hour weekly meetings. Parenting skills are taught through a combination of video vignettes, role playing, rehearsals, homework, and group support.

As indicated in the initial PEI Plan, this model will be implemented in partnership with other agencies closely involved during the planning process. Agencies such as the Department of Social Services, the Probation Department, local school districts, and the ICBHS Alcohol and
Drug Department continue to be committed to identify families that could benefit from this program. This model will be provided free of charge to families from Imperial County and will be delivered in non-traditional settings such as schools, after school programs, churches, and family resource centers.

The following are the goals of implementing IY as a new prevention activity under PEI:

1. Develop a contract agreement between ICBHS and the IY trainer(s) to provide training to PEI and local educators.

2. 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.

3. 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.
   a. Once PEI staff are trained on the IY model, they will be conducting outreach activities in the community that will generate referrals of the PEI target populations and have access to the unserved and underserved populations of our community.

4. Provide IY 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.

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

6. Evaluate the effectiveness of this program by collecting appropriate evaluation data.
   a. Fidelity to the IY model will be closely followed to replicate proven outcomes. Demographic information and outcome data will be collected using the following recommended measurement tools to determine if the model has had any impact on the children/youth and their families:
      i. Youth Outcome Questionnaire (YOQ), pre- and post-program
      ii. Peer & Self Evaluation (Parent)
      iii. Parent Final Satisfaction Questionnaire
      iv. Parent Group Leader Collaborative Process Checklist
      v. Parent Program Implementation Fidelity Questionnaire
      vi. Parent & Child Program Session Alignment
      vii. Parent Weekly Evaluation

7. 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 and individuals who represent the unserved and/or underserved populations of consumers and their families.
Statewide Prevention and Early Intervention Projects

In 2007, the Mental Health Services Oversight and Accountability Commission (MHSOAC) approved various statewide Prevention and Early Intervention (PEI) projects. In May 2008, the MHSOAC determined that the Suicide Prevention, Student Mental Health Initiative, and Stigma and Discrimination Reduction Statewide PEI Projects would be most effectively implemented through a single administrative entity. In 2010, Imperial County joined the California Mental Health Services Authority (CalMHSA), a Joint Powers Authority focused on the delivery of the statewide PEI projects. As a CalMHSA member, Imperial County’s Statewide PEI Program Components Allocation was assigned directly to CalMHSA to implement the three statewide projects.

In 2013, with MHSA funding for the Statewide PEI Projects targeted to end on June 30, 2014, the CalMHSA Board of Directors adopted a two-phase planning strategy for continuing the investment in statewide PEI efforts. To sustain the statewide PEI projects, CalMHSA requested that each county contribute a share of its local PEI funding to CalMHSA. On January 6, 2015, the Board of Supervisors approved Imperial County’s continued participation in the CalMHSA statewide PEI project, Phase 1, with funding in the amount of $48,915. Imperial County’s Phase 2 sustainability funding commitment is $48,915 for FY 2015-2016 and FY 2016-2017.

The arguments for sustaining statewide PEI projects through CalMHSA include being able to maximize resources for the most efficient purchasing of products, such as material translated into threshold languages and media buys, or services, such as technical assistance, and implementation of population-based strategies that will result in larger social impact, such as the statewide social marketing campaign.

Imperial County Office of Education Student Well-Being and Family Resources Sustainable Activities of K-12 Student Mental Health Initiative

The Imperial County Office of Education (ICOE) Student Well-Being and Family Resources Department has been providing services stemming from the K-12 Student Mental Health Initiative targeted at the priority population identified in the MHSA PEI Plan, which is people facing trauma, isolation, repeated abuse, and/or domestic violence; refugees; and children and youth living in stressed families. ICOE continues to build relationships among local agencies to develop effective use of resources, improved communication, and information sharing of student mental health issues. Services include building capacity in school districts for education and training of school staff and community members.

Notable Performance Measures:

- Number of Trainings Conducted to Date: 115
- Number of Participants Served to Date: 4,368
Impact:

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<th>In this Training:</th>
<th>LOW  1</th>
<th>2</th>
<th>3</th>
<th>4</th>
<th>HIGH  5</th>
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<td>Prior to this training, my level of useable knowledge regarding the topic(s) presented was:</td>
<td>5  4.9%</td>
<td>9  8.9%</td>
<td>43 42.5%</td>
<td>42 41.5%</td>
<td>2  1.9%</td>
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<td>6  5.9%</td>
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<td>2</td>
<td>3</td>
<td>4</td>
<td>HIGH  5</td>
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<td>The overall rating of the training is:</td>
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<td>4  3.9%</td>
<td>22  21.7%</td>
<td>69  68.3%</td>
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Agencies/Districts Served:

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<th>Site/Project:</th>
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| Calexico Unified School District | Cesar Chavez Elementary School  
| | Enrique Camarena Junior High School  
| | Aurora Continuation High School  
| | District Wide Parent Conference |
| San Pasqual Valley Unified School District | Vocational Academy/Community Day School  
| | Bill Manes Alternative Education High School  
| | Bill Manes Adult Education Program |
| Calipatria Unified School District | Calipatria High School  
| | Calipatria Migrant Program |
| Meadows Union School District | Meadows School |
| Heber Union School District | Heber Middle School  
| | Dogwood Elementary School |
| El Centro Elementary School District | Wilson Junior High School  
| | Kennedy Junior High School |
| Brawley Union High School District | Brawley Union High School  
<p>| | Desert Valley Continuation High School |
| Alternative Education Program | Community Schools: Calexico, El Centro, Brawley |
| Juvenile Hall Court Appointed School | Esther Huff School |
| Imperial County Probation Department | Rite Track Program |
| Imperial Valley College | Extended Opportunity Programs and Services (EOPS) Program |
| Imperial Valley Regional Occupational Program | Project ACE (Accessing Careers through Education) |
| Imperial County Office of Education | AmeriCorps Mentors |
| Imperial County Office of Education | Migrant Education Program |
| Imagine School | Charter School |
| St. Mary’s Catholic School | Parochial School |
| MANA National Latina Organization | Countywide Junior High School Girls |
| WomanHaven, Inc., Center for Family Solutions | Anger Management Batterer’s Intervention Program |
| Imperial County Public Health Department | Promotora/Community Health Worker Training Project |
| Court Appointed Special Advocate (CASA) | CASA of Imperial County |</p>
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<th>Site/Project:</th>
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<td>City of Niland</td>
</tr>
<tr>
<td>Assembly of God</td>
<td>Faith-based organization</td>
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**Examples of Notable Community Impact:**
Parents have repeatedly expressed their gratitude for the services they have received through this project. Positive impacts have been observed regarding parent’s heightened awareness of and sensitivity to mental health issues and disorders. We have observed parents more willing to seek mental health services for either them, or to assist their child or family member who may be struggling with mental health issues. A sample comment from a parent taken from our Training Evaluation Form indicates the following, “Very well explained training. Thank you for showing us how to keep supporting and helping our children.” We continually receive favorable comments such as this (written and verbal) after parents receive the services. Additionally, schools (administrators, teachers, support staff, counselors, etc.) are becoming better aware of students who may be struggling with mental health issues as a result of our services so that referrals to mental health professionals are made in a timely manner and support services are provided to students on campus.

**Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:**
Student Well-Being and Family Resources has longstanding expertise in providing services in the area of mental health prevention and early intervention. We have maintained close collaborative relationships with our county’s sixteen independent school districts for over two decades. Because of this strong relationship and accessibility to students and staff, districts have been very welcoming to services. The challenge we have experienced involved a higher demand for services from the districts than we were able to provide due to the number of staff dedicated to this project. Therefore placing school sites on a waiting list was necessary. Student Well-Being and Family Resources has tremendous expertise in outreach efforts with public service agencies and in turn contributed to successful collaborations in serving parents, including migrant and foster parents, through this project.

**Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:**
There were no significant changes to the Imperial County Office of Education Student Well-Being and Family Resources Sustainable Activities of K-12 Student Mental Health Initiative for FY 2014-2015.

**Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:**
The request to use MHSA funds for the Imperial County Office of Education Student Well-Being and Family Resources Sustainable Activities of K-12 Student Mental Health Initiative was for FY 2014-2015 alone; therefore, this program will not be continued through MHSA for FY 2015-2016.
Innovation

MHSA Innovation funds 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 developed within communities in ways that are inclusive and representative, especially of un-served, 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 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.

First Steps to Success Program

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 at risk of serious mental illness, and are an unserved or underserved population. Imperial County has not been successful in past attempts to establish this collaborative approach, which is essential to meeting the needs of young children, and did not know how to develop and sustain this joint effort. The reality, though, is that neither agency can accomplish this task without the other, thus the combined effort of implementing an evidence-based program with ICBHS staff in schools will allow ICBHS to replicate and expand services to other school districts countywide and, in the process, develop strong and effective collaborative relationships.

The First Steps to Success (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, MHRTs (MHRTs), 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. The FSS Program began its implementation during October 2014 at three El Centro elementary schools: Lincoln Elementary, McKinley Elementary, and Washington Elementary.

FSS is a positive reinforcement program designed to assist children in developing pro-social skills that will assist them in being successful at school and home. The FSS Program consists of three interconnected modules:

- Proactive, universal screening of kindergartners;
- School intervention involving the teacher, peers, and the target child; and
- Parent/caregiver training and involvement to support the child's school adjustment.

The planning and implementation of the FSS Program has been an effective tool in establishing a relationship between ICBHS and the education system. There have been different activities that have been essential to building this relationship:

- Planning Meetings – These meetings were held with the special education psychologist, the three school principals, and the ICBHS deputy director, behavioral health manager, and program supervisor overseeing the FSS Program. This interaction was key for the exchange of information on processes, ideas, and concerns. This also allowed for the
sharing of information on each agency’s systems; development of an implementation plan; and discussion of possible roadblocks.

- Training on FSS – Staff from both agencies attended the training together and got an opportunity to interact, ask questions about their role in this process, and express their concerns related to additional responsibilities.

- Implementation Meetings – Regular meetings have been established with the special education psychologist, the three school principals, and the ICBHS deputy director, behavioral health manager, and program supervisor overseeing the FSS Program. During these meetings, the implementation plan is reviewed, updates are provided on each of the programs, information on services is shared, and additional ideas are discussed. In previous meetings, channels of communication were established along with a process for problem solving.

- Consultation Calls with Clarus Research – Regular consultation calls with Clarus Research personnel have taken place during which ICBHS and education administrators have received guidance on the implementation process; the importance of collecting data; and the completion of surveys to measure the effectiveness of this intervention towards accomplishing desired outcomes.

**Notable Performance Measures:**
ICBHS has established a three-year contract with Clarus Research to evaluate the effectiveness of the collaboration between ICBHS and the education system. Clarus Research has participated in consultation calls with ICBHS staff and education administrators where they have provided guidance on the implementation process.

ICBHS has provided baseline demographic information for purpose of comparing increase in service delivery to young children. Baseline data related to current collaboration has been collected via completion of surveys from both agencies; however, given that fact that the program is in its first year of implementation, ICBHS is unable to provide outcome information on the following areas:

- Components of effective collaborative relationships that can be replicated in other settings;
- Organizational and/or policy supports that contribute to effective collaborations;
- Staff strengths, attitudes and character that contribute to effective collaborations; and
- Impact of stakeholders or the beneficiary involvement in the collaborative process.

Clarus Research is currently working towards developing evaluation tools.

Some of the activities that were non-existent before the implementation of this Innovation Plan were the joint trainings and meetings between ICBHS and education staff. The ICBHS manager and program supervisor for this program have coordinated regular formal meetings with school administrators and the special education director. During the regular collaborative meetings, an implementation action plan is developed that defines the activities to be accomplished as well as the individuals responsible for those activities. Regular collaborative meetings are held to evaluate progress and identify areas needing clarification or improvement. As a result of these meetings, staff have become invested in this project; roles and responsibilities have been identified; channels of communication have been established; ICBHS staff has been provided
with working space in three elementary schools; and a total of seven teachers in these three schools are actively implementing this model.

From October 2014 to January 2015, 13 kindergarten children have been served through the FSS Program, at a total cost of $18,871 per child. This cost includes the FSS training costs; paying stipends to teachers; MHRT's working closely with school staff on a daily basis; providing linkage and referral services to the parents and teachers; and startup costs related to the implementation of a new program. Furthermore, one of the three elementary schools has requested an additional teacher to be trained. As a result, a total of eight kindergarten teachers have been trained on the FSS model.

The charts below provide a demographic summary of the FSS Program:
Examples of Notable Community Impact:
ICBHS and the education system have been committed to developing a new innovative collaborative relationship and have agreed to share the same mission, vision, and goal. Both agencies have the shared goal to address the needs of early school-age children. The education system and ICBHS have been working together in the implementation of the FSS Program in three different schools, which has aided the development of a collaborative relationship. Even though participation from both agencies has been committed and consistent, information on the outcomes of the identified goals for this project are not available as the program is still in its first year of implementation. ICBHS contracted with Clarus Research and is currently in the process of collecting information that will measure whether or not the efforts of establishing a strong collaboration with the education system to increase access to services for this unserved and/or underserved population have been successful.

Both agencies have become partners in the identification and referral of young children at risk of serious mental illness and their families at three elementary schools, with the goal of ensuring their access to appropriate mental health services. The Innovation Plan includes the delivery of early intervention activities in the school setting. The collaboration between ICBHS and education appears to have strengthened and allowed teachers and other school personnel to enhance their knowledge in the understanding and identification of mental illness in young children. Additionally, a system for screening and provision of mental health services has been established through the implementation of the FSS Program. The goal is to establish, sustain, and strengthen the interagency collaboration between the two agencies and to be able to replicate and expand this early intervention to other school districts countywide.

Both ICBHS and school personnel participated together in the training of the FSS model. On June 12 and 13, 2014, ICHBS staff, which included the program supervisor, manager, and MHRTs, along with school administrators and teachers, participated in a two-day FSS training. Teachers were provided a stipend for their time and participation, as well as training materials to implement the FSS activities in the classroom. On December 3, 2014, ICBHS and school staff participated in a one-day FSS booster training. The training provided teachers and MHRTs additional interventions/activities for implementing the FSS program. The training also answered any questions or concerns that ICBHS and school staff may have had on the implementation process. Staff from both agencies have worked together on the implementation of the model, which has resulted in the early identification of at risk behaviors in young children. By collocating a MHRT in kindergarten classrooms, it is expected that a new working relationship will be developed that will be a bridge to providing information on mental illness and providing services in a non-traditional setting. The MHRT is trained to work with the child, the teacher, and the entire class.

The FSS Program also engages parents of identified children. While parent collaboration is not in itself innovative, this interaction will result in an increase in the education, awareness, and dialogue about indicators of mental illness and risk factors in kindergarten-age children. The parents/caregivers receive feedback each day from the MHRT to provide support to the child at home. The MHRT also works with the parents/caregivers one hour per week for six weeks on a home-base component where parents/caregivers receive interventions and fun activities to do with their child to support and enhance school success. Through the process of delivering services, staff introduce information about mental illness to parents and teachers in order to facilitate dialogue, problem solving, and referrals. This in turn will assist in the reduction of stigma related to mental illness and increase access to services.
The innovation of this program lies in learning and defining how the implementation of the evidence-based model contributed to the success of developing and sustaining a collaborative relationship between these two agencies. By establishing this collaboration, both agencies will share a common mission when working with young children at risk of serious mental illness and their parents.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
One challenge has been the implementation of Common Core at the same time ICBHS began implementation of the FSS Program. The implementation of Common Core curriculum is a priority to the El Centro Elementary School District and the state of California. Kindergarten teachers have expressed that it is a burden to learn and implement both the Common Core and the FSS Program in the same year.

During January 2015, Clarus Research developed a survey that was provided to ICBHS and school staff involved in the implementation process of the FSS Program. The survey collected information on current collaboration. Results of the survey are still pending, but once they are provided, they will be utilized to identify challenge areas and make necessary modifications to the collaboration process between the two agencies.

Significant Changes, Including New or Discontinued Programs, for FY 2014-2015:
The Innovation plan is a new three-year plan for Imperial County that was approved in March 2014. There are no plans at this time to discontinue the program.

Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:
It is planned to expand services to other elementary schools for the new 2015-2016 school year by training additional kindergarten teachers and implementing the FSS Program through the Innovation Plan.
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. Aggression Replacement Training (ART) – Designed to alter the behavior of aggressive and violent youth, ages 12 to 17, who were incarcerated in juvenile institutions to reduce aggressive, antisocial, and high-risk behavior and promote anger management and social competence. It is expected that implementing this practice will reduce the number of seriously emotionally disturbed youth and transition-age youth in juvenile halls, re-incarceration, inability to work, inability to manage independence, and isolation, as well as improve safety and permanence at home, school, and in the community. 10 and 16 staff were trained on the ART model on August 6-7, 2012, and June 10-11, 2013, respectively, and participated in regular consultation calls following each training.

2. Trauma-Focused Cognitive Behavioral Therapy (TF-CBT) – Designed to reduce Post-Traumatic Stress Disorder (PTSD) symptoms by exploring inaccurate or unhelpful cognitions about the trauma and the feelings that accompany them. The expected outcomes are decreased PTSD symptoms; decreased externalizing problem behaviors; improved parent-child relationships; improved parenting; and decreased parental depression. It is expected that implementing this practice will improve safety and permanence at home, school, and in the community of seriously emotionally disturbed youth/transition-age youth. Eight staff were trained on the TF-CBT model on March 19-21, 2013, and participated in regular consultation calls following the training.

3. Cognitive Processing Therapy (CPT) – CPT is an evidence-based, short-term treatment for PTSD, developed by Dr. Patricia Resick and her colleagues. CPT is based on a social cognitive theory of PTSD that focuses on how the traumatic event is construed and coped with by a person who is trying to regain a sense of mastery and control over his or her life. Understanding and competence in treating PTSD is an important skill for mental health providers to have. Eight staff were trained on the CPT model on December 9-10, 2013, and participated in regular consultation calls following the training.

4. Depression Treatment Quality Improvement (DTQI) – DTQI is an evidence-based cognitive behavioral intervention. The model, which was developed by Joan Asarnow, Ph.D., and Maggie Rea, Ph.D., utilizes quality improvement processes to guide the
 provision of therapeutic services to teens and young adults, ages 12 to 21, with depression. The expected outcomes are reductions in depressive symptoms; improved quality of life ratings; and higher participation in mental health services. Five staff were trained on the DTQI model on November 6-7, 2013, and participated in a follow-up booster training and regular consultation calls following the initial training.

5. ART Agency Trainer Training – The ART Agency Trainer Training certified staff to become trainers of the ART model, allowing for the ongoing training of ART facilitators. ART is designed to alter the behavior of aggressive and violent youth, ages 12 to 17, who were incarcerated in juvenile institutions to reduce aggressive, antisocial, and high-risk behavior and promote anger management and social competence. It is expected that implementing this practice will reduce the number of seriously emotionally disturbed youth and transition-age youth in juvenile halls, re-incarceration, inability to work, inability to manage independence, isolation, as well as improve safety and permanence at home, school and in the community. Five staff were trained and certified as trainers of the ART model on November 17-18, 2014. 10 staff have since been trained by the agency trainers as facilitators of the ART model.

6. Juvenile Offenders Training – Provided by Scott E. McClure, Ph.D., a consultant and trainer of evidence-based mental health, addiction, and criminal offender interventions, the Juvenile Offenders Training provides participants with an increased knowledge and understanding of advances in theory and evidence-based approaches to working with at-risk youth and young adults. Training participants learn about criminal career patterns and explanations of juvenile offending, transitions between juvenile and young adult offending, criminal thinking patterns, mental health and substance use risks, the Risk/Need model, as well as prevention and intervention for juveniles and young adults. In addition, this training is provided from a Motivational Interviewing and Cognitive Behavioral point of view, both of which are highly regarded as evidence-based approaches to criminal offender treatment. 53 staff attended this two-day training on September 8-9, 2014, and have been participating in regular consultation calls following the training.

7. Portland Identification and Early Referral (PIER) Model Training – The California Institute for Behavioral Health Solutions (CiBHS) coordinated training for clinicians, mental health rehabilitation technicians, nurses, and psychiatrists on the PIER Model, an early detection and intervention approach that focuses on the pre-psychotic (prodromal) phase of a developing psychotic illness. The current literature refers to these individuals as ultra-high risk (UHR). The prodromal phase is a time when psychotic disorders are highly treatable and interventions may set the foundation for an unusually good outcome and long-term prognosis. This model includes early identification of those individuals with prodromal and active symptoms, as well as state-of-the-art treatment that can continue, perhaps in a less intense form, for as long as the person remains vulnerable. The PIER Model is designed for adolescents and young adults between the ages of 12 and 25.

The success of the PIER Model is predicated on connecting with, engaging, and educating social workers, doctors, nurses, students, teachers, parents, clergy, police officers, youth workers, and other groups that have regular interactions with adolescents and young adults. Families and patients are educated on the psychobiology of psychosis and trained in coping skills to avoid psychosis by reducing stress and optimizing social environment at home, school, and work. Moreover, participants are provided direct
assistance, guidance and ongoing support to gain employment and succeed in their educational goals. 21 staff were trained on the PIER Model on July 21-25, 2014, and continue to participate in regular case consultation.

8. Cognitive Behavioral Therapy-Depression Treatment (CBT-DT) – Depression is the leading cause of disability worldwide and is associated with substantial loss of quality of life in patients and their relatives, increased mortality rates, high levels of service use, and considerable economic costs. One of the best-studied evidence-based depression treatment protocols is the CBT-DT Program developed by Dr. Ricardo Munoz and Jeanne Miranda. The Munoz & Miranda version was designed specifically for low-income ethnic minority communities. Treatment consists of three four-session cognitive behavioral modules for a total of 12-16 sessions. The modules focus on cognition, activities, and relationships and are based on cognitive behavioral techniques. The program uses a psycho-educational approach that empowers patients to understand their depression and learn skills to manage their mood and realities. The skills taught include coping skills, cognitive restructuring, behavior activation to increase pleasant activities, problem solving, goal setting, as well as social skills to improve interpersonal relationships.

This training program focuses both on equipping providers with CBT skills, but also building up leadership within each agency to support implementation of CBT practices after the training period, as well as building capacity of ICBHS leadership to understand the specific barriers and facilitators of implementing group CBT within their agencies. In consultation with ICBHS, Victoria Ngo, Ph.D., a clinical psychologist and Associate Behavioral Scientist at the RAND Corporation in Los Angeles and Director of Ngo Clinical Consultant, Inc., will train ICBHS staff on the Miranda & Munoz model. She has extensive expertise in developing, evaluating, and capacity building for evidence-based treatments for depression, anxiety, and trauma in diverse communities.

Effective trainings of evidence-based practices require extended supervision of a treatment case. Thus phone consultations will be provided to groups of five clinicians for one hour each week to apply CBT skills to a practice individual or group cases. During these consultation calls, the group will review audio-recorded therapy sessions of the trainees and discuss issues related to application of the treatment and troubleshoot challenges. These calls offer the supervision support necessary to develop and sustain adherence to the CBT Intervention for Depression.

15 staff were trained on the CBT for Depression model on October 13-14, 2014, and continue to participate in regular case consultation.

9. The Behavior Code Conference – About 10 percent of the school population—or 9 to 13 million children—struggle with mental health problems. In a typical classroom of 20, chances are good that one or two students are dealing with serious psychosocial stressors relating to poverty, domestic violence, abuse and neglect, or a psychiatric disorder. These children represent the most challenging students in our classrooms today. Their mental health problems make it difficult for them to regulate their emotions and focus on learning. Most of the time, they lack basic skills necessary to regulate their behaviors and, sometimes, to even recognize their own actions. They can be inflexible and have outbursts for no apparent reason—daily disrupting the classroom routine. They can disengage socially or be clingy, sleepy, or irritable. They can defy school personnel repeatedly and argue incessantly. Despite their best efforts, school providers do not
always do a good job with these students. Children with behavioral challenges often fail in school, waste too much time in detentions and suspensions, and fall years behind in academics, never mastering the skills they need to make adequate progress. Teachers are often ill equipped to respond to students’ challenging behaviors. These educators receive minimal training in child and adolescent mental health or in interventions that can help reduce behavioral incidents and increase access to curriculum.

The conference, facilitated by Jessica Minahan, M.Ed, BCBA, a board-certified behavior analyst, special educator and Director of Behavioral Services for Neuropsychology and Education Services for Children and Adolescents, provided understanding and effective interventions for two of the most challenging student behaviors in the classroom and at home: students with anxiety-related and oppositional behavior.

Two staff workshops were provided on October 27 and 28, 2014, and one parent workshop was provided on October 27, 2014. In total, 35 parents, 84 local K-12 educators, and 42 ICBHS staff attended the workshops.

10. Consultation for Shared Data Tracking System between Imperial County Behavioral Health Services (ICBHS) and Probation Department – The Youth and Young Adult Services Division contracted with Barbara “Cricket” Mitchell, Sole Proprietor, to assist in the development of a data-sharing system between ICBHS and Imperial County Probation Department for individuals actively on probation and receiving treatment from ICBHS. The first phase of this system included conducting a reliability and validity study on the Positive Achievement Change Tool (PACT), an assessment tool currently being used by Probation to identify youth considered “high-risk”. Toward the goal of demonstrating that the PACT was a viable option for measuring outcomes, a reliability and validity study was conducted using historical data collected by Imperial County Probation Department. Reliability was assessed by examining the concordance of rating from independent Probation Officers and validity was assessed by examining the ability of the risk level rating to predict recidivism. This study was imperative in determining the reliability and validity of the PACT as this tool was expected to drive the ICBHS treatment plan. The PACT Study was concluded on 12/31/14 and findings were provided to the Youth and Young Adult Services Deputy Director. The study was shared with Probation staff and will be reviewed in detail during the next management meeting between agencies to discuss the next step for this collaboration.

11. Lesbian, Gay, Bisexual, Transgender, Queer, Questioning, Intersex, Asexual, Ally (LGBTQQIAA) Consultation – ICBHS Youth and Young Adult Services contracted with a consultant to increase staff cultural competency skills with the LGBTQQIAA population. Goals of the consultation include improving staff knowledge and competence in the LGBTQQIAA population, improving current systems in mental health services to capture necessary information (i.e. including LGBTQQIAA language in Intake Assessments, Reassessments, and other forms), and making facilities LGBTQQIAA friendly and inviting.

“Studies show that lesbian, gay, bisexual, transgender (LGBT) populations, in addition to having the same basic health needs as the general population, experience health disparities and barriers related to sexual orientation and/or gender identity or expression. Many avoid or delay care or receive inappropriate or inferior care because of perceived or real homophobia, biphobia, transphobia, and discrimination by health care providers and institutions” (GLMA, Gay and Lesbian Medical Association, Guidelines for Care of
Lesbian, Gay, Bisexual, and Transgender Patients). It is anticipated that by addressing these disparities and improving mental health treatment, individuals will be provided with high quality services that result in an increase in overall functioning and quality of life.

Consultation began in January 2015 and will continue for the remainder of the calendar year.

Additional evidence-based and promising practices approved as part of the FY 2014-2015 through 2016-2017 Three-Year Plan include evidence-based training models for both anxiety in adults and attention deficit hyperactivity disorder; the Incredible Years Training; training on dialectical behavior therapy; further training on the DTQI model; and the peer trainings Peer Employment Training, Recovery Practices in Leading and Coaching: Developing and Sustaining a Peer Support Workforce, and Facing Up/A Guide to Self-Directing Wellness. These trainings are anticipated to be implemented during FY 2015-2016.

Action 2: Interpreter Training Program
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.

Mental Health Interpreter Training for Providers Who Use Interpreter Services is designed for monolingual English speaking clinicians and other providers to learn to work more effectively with consumers through the use of trained interpreters. Topics for the training included a discussion in federal and state regulation, interpreter’s legal and ethical responsibilities, terminology, of interpretation, therapeutic triad, role of the interpreter, and cross-cultural communication.

The Interpreter Training Program was approved as part of the FY 2011-2012 WET Plan. The Mental Health Interpreter Training for Interpreters three-day workshop was offered December 5-7, 2012. 24 staff attended the training. The Mental Health Interpreter Training for Providers Who Use Interpreter Services one-day training was offered on December 8, 2012. 15 clinicians attended the training. This action is completed.

Action 7: Crisis Response
Mental Health First Aid Instructor Certification – The instructor certification is a five day (32-hour) course. Certified instructors completing the five day course will learn:

- To teach the Mental Health First Aid program, including the five-step action plan, evidence-supported treatment and self-help strategies, and prevalence data;
- To present the program with fidelity to the tested core model;
- To apply the program to a range of adult learning styles; and
- To tailor presentations to diverse audiences and learning environments.

The five day instructor certification program qualifies participants to conduct the 12-hour Mental Health First Aid course to any interested audience in the community. The course introduces
participants to risk factors and warning signs of mental health problems, builds understanding of their impact, and overviews common treatment. Those who take the 12-hour course to certify as Mental Health First Aides learn a five-step action plan encompassing the skills, resources, and knowledge to help an individual in crisis connect with appropriate professional, peer, social, and self-help care.

The Crisis Response action was approved under WET as part of the FY 2012-2013 Annual Update. On February 24-28, 2014, four staff became certified Youth Mental Health First Aid instructors. This action is completed.

**Mental Health Career Pathway Programs**

**Action 3: Clinical Practicum Supervision**

This action is a collaborative effort between a local university, a federally qualified health center (FQHC), and Imperial County to assist MFT students moving forward in their careers by providing opportunities to obtain practicum hours on a volunteer basis. Imperial County will facilitate the placement MFT practicum students at the FQHC as well as dedicate licensed clinical professionals to provide clinical supervision to undergraduates as an early engagement strategy to develop licensed clinical staff and encourage students to consider a career in the public mental health field.

There is a critical need for additional licensed clinicians in the labor force. This collaborative will serve both the county and the community in developing trained professionals to provide mental health services.

During FY 2011-2012, FY 2012-2013, and FY 2013-2014, licensed clinical professionals provided clinical supervision to ten, 11, and 12 MFT practicum students, respectively. To date, eight MFT practicum students have received clinical supervision during FY 2014-2015. This action was approved to continue being implemented as part of the FY 2014-2015 through FY 2016-2017 Three-Year Plan.

**Financial Incentive Programs**

**Action 4: Stipends for Graduate Students**

This action provided for 10 stipends to individuals interested in pursuing a graduate level degree in social work from San Diego State University to expand the diversity and cultural competence of our workforce. Our stipend program offered a fixed amount to students in the second and third year of their MSW program to assist in covering their expenses in exchange for a commitment to work in the public mental health system for a specific time period.

On September 11, 2012, ICBHS entered into a multi-year Memorandum of Understanding (MOU) with the SDSU School of Social Work and Research Foundation. According to the terms of the MOU, ICBHS would grant funding for eight educational stipends, not to exceed $9,000 per year, plus the sum of the cost of staff time, operating cost, and administrative overhead needed to manage the program. The SDSU School of Social Work and Research Foundation agreed to distribute the eight stipends during FY 2012-2013 and FY 2013-2014. During FY 2012-2013, 2013-2014, 2014-2015, and 2015, the SDSU School of Social Work and Research Foundation would track and report on the number of students that complete the program and
manage contract responsibilities that include offering specific courses that focus on mental health.

The action to provide stipends for graduate students was approved as part of the FY 2011-2012 WET Plan. In March 2012, eight MSW students from SDSU-Imperial Valley Campus applied for the stipends and all of the students were awarded the stipends after submitting an application, writing an essay, and completing an interview. The eight stipend recipients are all Hispanic females. Seven of the stipend recipients are bilingual Spanish. This action is completed.

Notable Performance Measures in FY 2014-2015:
Action 1: Evidence-Based and Promising Practices Trainings
During FY 2014-2015, ICBHS implemented the PIER Model Training, ART Agency Trainer Training, Juvenile Offender Training, and CBT for Depression Training; facilitated the Behavior Code Conference for staff, local educators, and parents; and received consultation on both the LGBTQ population and on developing a shared data tracking system with the Imperial County Probation Department. Full reports on the outcomes of this action are included in the section on CSS programs.

Action 3: Clinical Practicum Supervision
During FY 2014-2015 licensed clinical professionals provided clinical supervision to eight MFT practicum students.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
Action 1. Evidence-Based and Promising Practices Trainings
There were no challenges or barriers to implementing the Evidence-Based and Promising Practices Training action during FY 2014-2015.

Action 3: Clinical Practicum Supervision
There were no challenges or barriers to implementing the Clinical Practicum Supervision action during FY 2014-2015.

Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:
Action 1: Evidence-Based and Promising Practices Trainings
In line with Imperial County’s commitment to a well-educated and well-prepared workforce, the following evidence-based training opportunities have been identified for FY 2015-2016:

1. Crisis Intervention Training (CIT) – Facilitated through CiBHS, CIT provides peace officers and other first responders an opportunity to develop increased knowledge and understanding of mental illness to effectively coordinate appropriate responses/interventions for individuals with mental illness. Benefits gained from CIT include:
   - Increased collaboration with law enforcement, mental health providers, and communities;
   - Rapid and immediate crisis response;
   - Decreased arrests and incarceration;
   - Improved access to resources and alternative interventions for offenders experiencing mental illness;
   - Improved 5150 process; and
   - Decreased use of force by law enforcement.
Officers gain knowledge and understanding of physical and behavioral indicators of mental illness, diagnosis, treatment interventions, and available resources for mental health services specific to crisis intervention. CIT trained officers develop an increased understanding of mental illness and effective tactical strategies which enables them to coordinate appropriate interventions for individuals and family members living with mental illness.

2. Moral Reconciliation Therapy (MRT) Training – Facilitated through CiBHS, MRT is a cognitive-behavioral program for substance abuse treatment and criminal justice offenders. More than 130 published reports have documented that MRT-treated offenders show significantly lower recidivism for periods as long as 20 years after treatment. Studies show MRT-treated offenders have re-arrest and re-incarceration rates 25%-75% lower than expected. By use of interactive structured group sessions and homework assignments, 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 program steps, moral reasoning increases in adult and juvenile offenders.

3. Data Collection and Reporting Consultation – ICBHS has dedicated significant time and resources to developing a system of care based on evidence-based practice implementation within its three divisions defined by client age. In order to inform clinical practice and document treatment outcomes, a series of standardized questionnaires has been selected for each treatment target/disorder and age group, and a great deal of effort has been directed toward building the data collection infrastructure for these measures, as well as other client-level data. In addition to the use of standardized measures for data collection at the individual client level, ICBHS routinely conducts surveys of staff to assess their perspectives of program and organizational level functioning.

Questions that arise after such extensive resource investment include: How consistently are the required clinical outcome measures being implemented? What is being done with the information obtained from the measures? Are the data getting to the right source(s)? Are the questions being asked in staff surveys providing helpful information? How can the data from clinical outcome measures and staff surveys be used to most effectively inform practice, improve systems and convey success?

In an effort to address these questions, and others, the proposed scope of work for Data Collection and Reporting Consultation includes three phases: (1) Assessment; (2) Recommendations; and (3) Training.

The Assessment phase of work will include at least one day on-site at ICBHS to observe current data collection, data entry, and reporting processes. Interviews will be conducted with key staff in each of the three divisions, which may occur during the site visit and/or via telephone. A follow-up on-site visit(s) will be made if determined necessary by all parties.

The Recommendations phase will include a summary of findings from the Assessment phase and concrete suggestions for addressing any issues or concerns, as well as suggestions for new processes that would help ICBHS meet its clinical, programmatic and outcome reporting goals. Recommendations will include specific methodology to be
employed for successful implementation of systems change related to data collection, data entry and reporting.

The Training phase will include development of a mutually-agreed upon training outline for implementing systems changes desired by ICBHS as a result of the Recommendations. A timeline will be developed and training will be delivered on-site at ICBHS, with ongoing consultation occurring via telephone calls for a period of at least three months post-training. On-site follow-up review of data collection, data entry and reporting processes will occur at approximately six months post-training.

4. Mindfulness Interventions and Dialectical Behavior Therapy (DBT) Adaptations for Mental Health – Training and Consultation – Facilitated by Jason Murphy-Pedulla, Marriage and Family Therapist Intern, Mindfulness Consultant and Educator, the Mindfulness Interventions and DBT Adaptations for Mental Health Training consists of training in mindful awareness, gentle movement, and group support. The program is designed for people who want less stress and more balance and healthy living in day-to-day life. This course is modeled after the mindfulness-based stress-reduction work of Jon Kabat-Zinn, Ph.D., from the University of Massachusetts Medical Center and featured in Bill Moyer's television series "Healing and the Mind."

Mindfulness training develops skills such as:
- Attention and concentration;
- Emotional and cognitive awareness and understanding;
- Body awareness and coordination; and
- Interpersonal awareness and communication skills.

Clients will learn life-long tools to help maximize life, even in the midst of stress, pain, and illness. They will gain understanding on how mindfulness is the practice of increasing non-judgmental awareness in day-to-day life and how it develops the potential to experience each moment, no matter how difficult or intense, with serenity and clarity.

Elements of DBT will also be introduced as part of this training Participants will gain understanding and skills in:
- Mindfulness/wise mind;
- Distress tolerance; and
- Emotional regulation vs. dysregulation.

This training will replace the previously approved Dialectical Behavior Therapy Conference.

5. Cognitive Processing Therapy (CPT) Training – This training will introduce staff to one of the most effective treatments for individuals who have Post-Traumatic Stress Disorder (PTSD). CPT is an evidence-based, short-term treatment for PTSD, developed by Dr. Patricia Resick and her colleagues. CPT is based on a social cognitive theory of PTSD that focuses on how the traumatic event is construed and coped with by a person who is trying to regain a sense of mastery and control over his or her life. Understanding and competence in treating PTSD is an important skill for mental health providers to have. This training is a two-day workshop for 16 staff followed by 26 weekly consultation calls for two teams of therapists.
Budget Justification:

**Action 1: Evidence-Based and Promising Practices Trainings**

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. **CIT:**

<table>
<thead>
<tr>
<th>Item</th>
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<tr>
<td><strong>Preparation</strong></td>
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<td>Trainers – one contracted trainer per day</td>
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2. **MRT Training:**

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<tr>
<td>Organize and convene four-day MRT Facilitator Training for 20 participants</td>
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<td>Implementation support</td>
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<tr>
<td>o Monthly administrative consultation calls – approximately 14 calls</td>
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<td>o Site Visit 12-14 months following implementation</td>
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<td>Advanced Training, two-day training for 20 participants six to nine months following implementation</td>
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<tr>
<td>Outcome measures and evaluation</td>
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<td>Workbook purchase for participants (100 workbooks @$25.00 each)</td>
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4. Mindfulness Interventions and DBT Adaptations for Mental Health – Training and Consultation:

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<tr>
<td>• Presentation (one three-day session) &amp; Consultation</td>
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<td>• Two-day training fee</td>
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Action 3: Clinical Practicum Supervision

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<td>• Clinical Supervision by two clinical supervisors</td>
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Total Evidence-Based and Promising Practices Trainings: $ 146,475.15
Total Mental Health Career Pathway Programs: $ 12,197.00
Total FY 2015-2016 $ 158,672.15
Capital Facilities and Technological Needs

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

The Imperial County CF/TN Plan was submitted to the Department of Mental Health in May 2011. The plan identifies the technological needs which meet the goals set by the state to:

1. Modernize and transform clinical and administrative information systems to ensure quality of care, parity, operational efficiency and cost effectiveness; and
2. Increase client and family empowerment and engagement by providing tools for secure client and family access to health information that is culturally and linguistically competent within a wide range of public and private settings, as the county moves towards and integrated Information Systems Infrastructure.

Project 1: Electronic Health Record System Project

CareConnect and OrderConnect

Originally identified in the plan submitted in May 2011, CareConnect provides a secure way to exchange clinical and administrative information between and among providers involved in the care of the consumer; OrderConnect is a secure web-based prescribing and electronic lab ordering management system. These clinically innovative solutions help providers improve quality of care, reduce errors, and meet criteria to receive Medicaid and Medicare funds for Meaningful Use of an Electronic Health Record (EHR). These products are fully integrated with Avatar, ICBHS' Information System.

OrderConnect has been installed and implemented in its entirety. Psychiatrists are able to forward prescriptions from their desktops and are also able to send and receive lab orders and results. An additional function that has become available for the OrderConnect product is the ability to e-prescribe Schedule II medications. ICBHS will be looking to update the system to provide this function to psychiatrists.

Pending implementation is the CareConnect part of the application that will allow for the exchange of information with other community providers such as Clinicas de Salud del Pueblo. ICBHS is currently in discussions with NetSmart, the vendor, to continue with this project.

Enlightened Analytics

A project identified in the MHSA FY 2013-2014 Annual Update, Enlightened Analytics is a NetSmart product which allows an organization to access information about services provided; consumer information; quality outcomes; and cost of services through a drill down process that views real time detailed information by population, service provider, program, division, or the entire organization. The original plan was to acquire this product in FY 2013-2014; however, it remains pending as efforts were focused on optimizing RadPlus, the platform where this application will be uploaded. RadPlus was updated on January 16, 2015, and resources will be directed to proceed with this project in FY 2015-2016.
Crystal Report Consultant
An identified need in the MHSA FY 2013-2014 Annual Update, the consulting group of XPIO Health was chosen as the vendor to provide the following services:

- Training of existing staff for crystal reports, thus creating an internal source for these skills. Trainings were provided on June 17-18, 2015, to three ICBHS staff.
- Assistance with report optimization and properly formatted formulas for existing reports. Administrative analysts in Information Systems regularly met with a consultant to request assistance in developing reports in addition to having this resource available as needed.
- Development of some of the more complex crystal reports requiring the linkage of several tables of data. A consultant assisted in developing crystal reports for monitoring receivables activity and for project with the Department of Probation requiring the reformatting of a database.

XPIO familiarity with the infrastructure of Avatar was an advantage that was leveraged when developing reports. The agency's experience in working with the Department of Health Care Services' requirements provided clear guidance when developing crystal reports. A contract was renewed for FY 2014-2015 to continue this collaboration and also to provide training to new staff in Information Systems.

Meaningful Use Consultant
The Meaningful Use of EHR programs under the HITECH Act specify criteria and incentives related to the improvement of health care quality, safety, and efficiency through the promotion of health information technology, including electronic health records and private and secure electronic health information exchange. Under HITECH, eligible health care professionals can qualify for Medicare and Medicaid incentive payments when adopting certified EHR technology. ICBHS is participating in this program and contracted with XPIO Health for FY 2014-2015 to facilitate the enrollment process in this program; ensure that the requirements for participation for each eligible professional are met; ensure that the proper documentation for continued participation in the incentive program is submitted timely; and develop areas of the EHR needed to meet requirements. The participating eligible professionals have been enrolled and ICBHS is preparing to continue the work to ensure that the meaningful use requirements for the EHR are met.

MyAvatar Upgrade
The RadPlus platform was updated on January 16, 2015, to the most current version (2015). The update provides a different version of the EHR with additional functionality for easier workflow and better support from the vendor. The update included close collaboration with NetSmart, including trainings to work on the new screen formats, data table structure, and updated workflows. ICBHS prepared the screens according to user disciplines to facilitate workflow, provided trainings to all Avatar users to prepare them for the transition, and worked extensively during the conversion process to ensure system availability after the transition. The update went well with limited issues – any that arose were dealt with promptly.

The update also included the preparation of the system to transition from ICD-9 to ICD-10 and from DSM-IV to DSM-V diagnoses. While the administrative analyst assigned to assist with this project was not hired prior to the transition, one was hired post-update and is currently part of the workforce for Information Systems and will work on the imminent deadline of October 1, 2015, for a conversion date to ICD-10 for billing purposes and DSM-V for diagnosing. Currently, the EHR is able to support this transition. Additional work consists of updating forms where diagnoses appear throughout the EHR as well as reports that pull this information.
**Project 2: Client and Family Empowerment**

*MyHealthPointe*

Previously identified as ConsumerConnect in the plan submitted in May 2011, this application allows ICBHS to engage, empower, and partner with consumers in their care and recovery. In its current version, it enables consumers to be connected to their care in a bi-directional, self-service environment. MyHealthPointe is seamlessly integrated with Avatar to form a secure two-way channel of information between care providers and consumers. Consumers are empowered to engage in their care through efficient access to their clinical and individual information. The MyHealthPointe portal gives consumers the ability to interact with their medical information when and where it is convenient.

The implementation of MyHealthPointe is pending. The state-of-the-art server was installed, leaving only the implementation of MyHealthPointe. ICBHS is moving forward to begin this application and will restart discussions with the vendor to ensure this project is completed.

**Project 3: Other Technological Needs Projects that Support MHSA Operations**

*Document Imaging and Signature Capture*

This item was identified in the original plan submitted in May 2011. Document Imaging facilitates the electronic collection, transformation, management, delivery, storage, and ongoing access to information. This information can include images, insurance forms, orders, lab results, referrals and releases, system-created legal documents, and other information vital to electronic health records. The application for document imaging was upgraded to Perceptive and is pending implementation at ICBHS. The signature capture allows for electronically capturing the consumer’s signature into any document in Avatar.

Implementation is pending. The state-of-the-art server where a virtual server was created to house this module was installed. ICHBS has continued discussions with the vendor, NetSmart, to provide the needed elements to continue with the installation. A quote for the upgrade has been provided and is currently being reviewed to ensure the server meets configuration requirements.

*ITEMS (Information Technology Enhancement Management System)*

Project ITEMS was identified in the original plan submitted in May 2011 and includes the installation of workgroup servers for the centralization and management of key ICBHS data at all remote offices; replacement of desktop computers; and the standardization of PC operating systems. It also includes updating all PCs to the same latest version of business applications; installation of data back-up repositories; and automation of data back-ups using the latest enterprise back-up software. The ITEMS project ensures that staff have adequate computer technology hardware/software to operate in a modernized, transformed, and integrated information systems environment.

As time has elapsed, new computers have been installed and staff are working with newer technology. In revamping the current infrastructure of the network, a need has been identified to replace outdated cables to the now available fiber optic option. This will require the replacement to the fiber option on all switches connecting the network thus facilitating communications within the network.
**Catastrophic Contingency Disaster Back-Up Plan**

In implementing the complete catastrophic contingency disaster back-up plan identified in the MHSA FY 2013-2014 Annual Update, the following was completed:

- The assessment of the electrical configuration of the server room to sustain the number of UPSs to be used as back-up power was completed;
- The fire suppressant system to replace the current water sprinklers was implemented and a maintenance agreement for the system is pending Board of Supervisors approval;
- The enterprise back-up solution/server was installed and the scope of the work by this server was amplified to house Avatar only;
- Work was completed on implementing a redundant back-up repository to include two of the three locations targeted: on-site on a local server and at county server. The third location off-site is pending vendor selection. Possibilities include the EHR vendor, NetSmart, and quotes have been requested; and
- An isobase was installed in March 2014 to hold the secured cage where all ICBHS servers are stored. The isobase serves as a protection to prevent from a catastrophic loss in case of an earthquake as the cage sits on top of a moving platform that moves with the building instead of collapsing with the motion of an earthquake.

As part of the Catastrophic Contingency Disaster Back-up Plan, the existing Network Attached Storage was replaced in June 2014 with a Synology updated product. The NAS provides a safe storage place for the onsite back-ups with increased speed. Additionally, Netvault, an application used to transfer information in a secure manner, was installed to complete onsite back-ups to County IT services.

Mentioned in the previous update was the purchase of a 70’ inch HD monitor in the computer lab to monitor ICBHS network configuration, which is not needed due to the current management of the network by County IT. Mentioned also was the management of Helpdesk tickets for which a different process was adopted and is not necessary to acquire a different application that would facilitate work requests.

**Training Needs - System Technology**

This need was identified in the MHSA FY 2014-2015 through FY 2016-2017 Three-Year Plan and is pending. The systems analyst spent most of FY 2014-2015 implementing the proposed solutions to the hardware and networks issues and did not have the opportunity to take the training as specified. The need to learn about the newer operating systems and technology persists. The MCSA /MCSE: Windows 2012 Server Infrastructure training program focuses on creating the proper environment to provide efficient solutions and guides through the creation of architectures for newer technology. Investing in training on new and evolving areas of software allows for providing better data center performance as well as reducing everyday operation costs by providing the right set of tools to manage these new technologies. A 15-day training with a certified trainer has been identified and it is intended that the systems analyst will be attending this training.

**Expansion of Services**

ICBHS planned and implemented expansion of services and added one additional site for services in the city of Brawley. The additional staff was provided with the equipment necessary to work and record documentation as they provide services to their consumers. Additional workstations requiring computers, monitors, printers, and other accessories were installed. Additional licenses were also purchased from the vendor, NetSmart.
Probation Collaborative
Over the course of the last three years, the collaborative with the Department of Probation changed to include the use of additional outcome measurement tools, evidence-based practices, and coordination of services for youth who are on probation. Probation staff administer a tool to determine the high/low risk probability that youth will reoffend. ICBHS staff also administer outcome measurement tools that assist in evaluating if the youth is improving or deteriorating. Using these two systems gives each agency the ability to provide the most adequate services to ensure the youth’s success. By placing the youth in optimal treatment via the identification of risk levels and with treatment that ensures his or her success, the youth benefits as these two agencies are working together to improve outcomes. The collaborative called for:

- A referral system;
- Fluid exchanges of information;
- Outcome measurement tracking; and
- An administrative analyst to facilitate the collaboration between the two agencies.

While the collaboration remains in effect, the majority of the work completed by Information Systems was the extraction and conversion of data to meet the data requirements of the consultant evaluating and validating the outcome tools used by the Probation Department.

Notable Performance Measures in FY 2014-2015:
During FY 2014-2015, several of the projects related to the server room and upgrading of hardware were completed. The most notable projects include:

- The purchase and installation of a state-of-the-art server with an updated operating system that allows for virtualizations, thus creating increased capacity for a growing database. The server was named Titan and houses the middleware server and the database server of the electronic health record;
- The purchase and installation of a Synology Network Attached Storage server, which assists with daily back-ups and allows for data storage of a variety of data, such as a surveillance system, medical records, and shared directories; and
- The application Netvault was purchased and installed to facilitate the secure transmission of data to the County IT server.

Additionally, there were milestones met for the EHR. The most notable projects include:

- The migration of the EHR data from the 5-server configuration into Titan occurred in August 2014. The migration was a success as the disruption in service to users was minimal and some performance issues that affected the 5-server configuration was resolved; and
- The platform for the electronic health record was updated to RadPlus 2014 in January 2015 with great success. Users were aware of the change at the early phase of the project and super users were selected to collaborate with Information Systems through regular user group meetings. Training was provided to all staff who use Avatar. The upgrade has resolved previous performance issues and users report being satisfied with the newer version of the system. Information Systems continues to work on developing workflow efficiencies that may be advantageous to maximize the added functionality of the newer version of the electronic health record, MyAvatar.

Having completed much of the planned infrastructure changes, the stage is set to develop the additional modules that will create a complete EHR that will meet the meaningful use requirements.
The goals for CF/TN are as follows:

1. Add the necessary workstations for an increased workforce – inventory information will be updated and maintained to keep track of the quantity of equipment.

2. Maintain an adequate supply of systems resources (licenses) for staff to access the system as needed – the number of help desk cases submitted requesting new users will be monitored to ensure availability.

3. Update the server room with necessary equipment upgrades – as work progresses with the upgrades, system accessibility will be monitored.

4. Electronic health record to pass meaningful use requirements – progress towards this goal will be measured by meeting the set objectives for meaningful use.

Challenges or Barriers and Strategies to Mitigate Those Challenges or Barriers in FY 2014-2015:
Much of the time was dedicated to the implementation of changes in the server room to create a secure environment for all equipment; to the installation of hardware upgrades and purchases needed; and to the update of MyAvatar. The upgrades to some of the modules included application implementation as well as training provided to staff. Additionally, during August 2014, the installation of the state-of-the-art servers was completed and system applications and data were migrated to the new server. There was less resources dedicated to the implementation of the CareConnect, MyHealthPointe, and Document Imaging products. These modules need to be developed to create a complete electronic health record that would meet the requirements for Meaningful Use Stage Two.

A systems analyst worked on the transition from a 5-server configuration to the state-of-the-art server, which created an EHR supported by two virtual servers and an external report server. The newly acquired hardware allows the full implementation of CareConnect, MyHealthPointe, and Document Imaging modules, which are still pending and for which ICBHS will continue to update. Most hardware and network issues have been resolved and ICBHS is ready to update the system to meet the meaningful use requirements.

Significant Changes, Including New or Discontinued Programs, for FY 2015-2016:
In the course of working with the established projects there have been other identified needs that are consistent with the original goal of transforming and modernizing the information system towards an integrated infrastructure. The following projects are being adopted:

Expansion of Services
ICBHS has plans for future expansion and is adding more sites to existing sites for services. In planning for this expansion, there will be the need for additional workstations requiring computers, monitors, printers, and other accessories. As the workforce expands, there will also be the need to expand the current system capacity for more users and increase the system user licenses by purchasing them from the vendor, NetSmart.

Training Needs – Information Systems
The Information Systems staff, in keeping up with the anticipated changes and in preparing to better support users, is needing to attend the annual conference hosted by the vendor. During this conference, staff have the opportunity to learn about upcoming changes to the system. The changes to the system are in response to changes in requirements issued by the California
Department of Health Care Services, as well as new technology available. Additionally, there are new training possibilities available from NetSmart, which bundles courses for program certification in various areas that are within the modules used by ICBHS. The certifications available are:

- System Administrator – MyAvatar;
- Clinical Workstation;
- General Technical;
- Meaningful Use;
- Modeling;
- Practice Management – Billing; and
- Practice Management – Non-billing.

ICBHS plans to certify staff on the administration and management of its EHR.
## Budget Justification:

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<th>FY 2016-2017</th>
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<td>NTST Annual Trainings (four staff attending)</td>
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<td></td>
<td>• Travel Costs (Hotel + Per Diem)</td>
<td>$4,400.00</td>
<td>$8,800.00</td>
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</tr>
<tr>
<td></td>
<td>• Training</td>
<td>$1,200.00</td>
<td>$2,400.00</td>
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<tr>
<td></td>
<td><strong>Subtotal per year:</strong></td>
<td><strong>$5,600.00</strong></td>
<td><strong>$11,200.00</strong></td>
<td><strong>$5,600.00</strong></td>
</tr>
<tr>
<td>1</td>
<td>NST Certifications (four staff attending)</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td></td>
<td>• Training</td>
<td>$10,000.00</td>
<td>$5,000.00</td>
<td>$5,000.00</td>
</tr>
<tr>
<td>1</td>
<td>Meaningful Use Consulting Services</td>
<td>$100,000.00</td>
<td>$50,000.00</td>
<td>$50,000.00</td>
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<table>
<thead>
<tr>
<th>Project</th>
<th>Staff</th>
<th>Total</th>
<th>FY 2015-2016</th>
<th>FY 2016-2017</th>
</tr>
</thead>
<tbody>
<tr>
<td>3</td>
<td>Juvenile Probation Collaboration - Administrative Analyst</td>
<td></td>
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<tr>
<td></td>
<td>Hourly Rate $22.49 (Step A, Range 273)</td>
<td>$46,779.00</td>
<td>$93,558.00</td>
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</tr>
<tr>
<td></td>
<td>Benefits</td>
<td>$22,454.00</td>
<td>$44,908.00</td>
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<tr>
<td></td>
<td><strong>Subtotal per year:</strong></td>
<td><strong>$69,233.00</strong></td>
<td><strong>$138,466.00</strong></td>
<td><strong>$69,233.00</strong></td>
</tr>
<tr>
<td>1</td>
<td>Administrative Analyst - System Support</td>
<td></td>
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<td></td>
</tr>
<tr>
<td></td>
<td>Hourly Rate $22.49 (Step A, Range 273)</td>
<td>$46,779.00</td>
<td>$93,558.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td>Benefits</td>
<td>$22,454.00</td>
<td>$44,908.00</td>
<td></td>
</tr>
<tr>
<td></td>
<td><strong>Subtotal per year:</strong></td>
<td><strong>$69,233.00</strong></td>
<td><strong>$138,466.00</strong></td>
<td><strong>$69,233.00</strong></td>
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**Total:** $584,666.00 $265,300.00 $319,366.00
## MHSA Funding Summary
### FY 2015-2016

<table>
<thead>
<tr>
<th>County:</th>
<th>Imperial</th>
<th>Date:</th>
<th>4/15/2015</th>
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### MHSA Funding

<table>
<thead>
<tr>
<th></th>
<th>CSS</th>
<th>WET</th>
<th>CFTN</th>
<th>PEI</th>
<th>INN</th>
<th>Local Prudent Reserve</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>A. Estimated FY 2015/16 Funding</strong></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>1. Estimated Unspent Funds from Prior Fiscal Years</td>
<td>$3,050,699</td>
<td>$423,317</td>
<td>$475,668</td>
<td>$2,152,937</td>
<td>$650,130</td>
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</tr>
<tr>
<td>2. Estimated New FY 2015/16 Funding</td>
<td>$5,667,061</td>
<td>$0</td>
<td>$0</td>
<td>$1,416,765</td>
<td>$372,833</td>
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</tr>
<tr>
<td>3. Transfer in FY 2015-16</td>
<td></td>
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<td></td>
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</tr>
<tr>
<td>4. Access Local Prudent Reserve in FY 2015-16</td>
<td></td>
<td></td>
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<td></td>
</tr>
<tr>
<td>5. Estimated Available Funding for FY 2015-16</td>
<td>$8,717,760</td>
<td>$423,317</td>
<td>$475,668</td>
<td>$3,569,702</td>
<td>$1,022,963</td>
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<tr>
<td><strong>B. Estimated FY 2015/16 Expenditures</strong></td>
<td>$6,467,299</td>
<td>$423,317</td>
<td>$475,668</td>
<td>$741,041</td>
<td>$747,058</td>
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<tr>
<td><strong>C. Estimated FY 2015/16 Contingency Funding</strong></td>
<td>$2,250,461</td>
<td>$0</td>
<td>$0</td>
<td>$2,828,661</td>
<td>$275,905</td>
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</tbody>
</table>

*Per 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

<p>| | | | | | | |</p>
<table>
<thead>
<tr>
<th></th>
<th></th>
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<th></th>
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</tr>
</thead>
<tbody>
<tr>
<td>1. Estimated Local Prudent Reserve Balance on June 30, 2015</td>
<td>$130,047</td>
<td>$0</td>
<td>$0</td>
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</tr>
<tr>
<td>2. Contributions to the Local Prudent Reserve in FY 2015/16</td>
<td>$0</td>
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<td></td>
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<td></td>
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</tr>
<tr>
<td>3. Distributions from Local Prudent Reserve in FY 2015/16</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4. Estimated Local Prudent Reserve Balance on June 30, 2016</td>
<td>$130,047</td>
<td>$0</td>
<td>$0</td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>