Kern County Mental Health Services Act (MHSA) ANNUAL UPDATE PLAN Fiscal Year 2022-2023







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WELCOME MESSAGE FROM THE DIRECTOR

BEHAVIORAL HEALTH&RECOVERY SERVICES



The Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2021-2022 is an opportunity for Kern Behavioral Health and Recovery Services (KernBHRS) to inform stakeholders, community partners, clients and their families members, and the Board of Supervisors of highlights, accomplishments, and changes since the last Annual or 3-Year Plan. KernBHRS continues to embrace the principles of MHSA and holds true to its values. MHSA's programs will continue to improve community collaboration, cultural and linguistic competence, access and linkage to services, and consumer and family-driven-decision-making.

Our MHSA funded programs offer services that promote healing, hope and recovery as well as awareness, education, and support with the intention to lower mental health stigma in our community. Among my vision of KernBHRS is the intention to create a better continuum of care and implement the programs that have demonstrated their effectiveness. With this mindset, the goal is to increase coordination across programs, providers, community partners, and sister agencies.

One of the most notable goals that has been emphasized is to verify and uphold that programs have outcome measurements methods that support it's value to the system of care. We are committed to exercise fiscally sound practice while providing high quality care and services to our residents. Collaboration with our stakeholders has reinforced venues for increased attention like our youth demographic and supporting transitions from high to lower intensive levels of care. Commitment to put our clients and stakeholders needs and wishes are at the forefront of our decisions and remains our guiding North Star.

We are continuously working on our ability to help people of multiple cultures and co-occurring diagnoses. We believe that individuals with mental illness or addictions can recover and rejoin us as members of thriving community. We are a resource to support those that have struggled in their journeys during the pandemic and have expanded efforts to bring suicide prevention to the forefront of community discussion. To be a successful department, we always start with hope. With hope there is recovery.

Sincerely,

Stacy Kuwahara, LMFT
Behavioral Health Director
Kern Behavioral Health and Recovery Services

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KERN COUNTY

DISCLOSURE

As per the MHSA review by the Department of Health Care Services (DHCS) conducted on March 8, 2022, Auditors noted a revision was needed to update the naming convention of the 3-Year Program, Annual Update and Expenditure Plan. Please note that this Annual plan is titled "Kern County Mental Health Services Act (MHSA) Annual Update Plan FY 2022-2023". Previously, Kern County included in the report title the fiscal year that the plan was written; however, Kern County has received feedback from the Department of Health Services (DHS) that title should be corrected to reflect the upcoming fiscal year.

For future auditing purposes, it will appear that there is a gap between the last report written titled "Mental Health Services Act Annual Report 2020-2021" and this report "Kern County Mental Health Services Act (MHSA) Annual Update Plan FY 2022-2023." However, what appears as a gap, is not, as the naming convention has been adjusted to be in alignment with Department of Health Care Services recommendations.

Furthermore, in this current plan titled "Kern County Mental Health Services Act (MHSA) Annual Update Plan FY 2022-2023," the reader will find this plan to be inclusive of the following practices:

- Most of the data and fiscal amounts listed in this plan is referring to data and amounts from Fiscal Year 2020-2021. To write the plan, the most current available and complete data and fiscal reporting for the year is from Fiscal Year 2020-2021.
- This plan is written and adopted currently in the Fiscal Year 2021-2022 and will be articulated from that point in time.
- This plan's title is reflective of the MHSA requirement for Fiscal Year 2022-2023 and therefore will be named Kern County MHSA Annual Update Plan FY 2022-2023.

EXECUTIVE SUMMARY

The Mental Health Services Act

The Mental Health Services Act (MHSA) was passed via Proposition 63 in November 2004 and enacted in 2005. The purpose and intent of the Act was to reduce negative outcomes and prolonged suffering associated with mental illness. By passing the Act, a one percent tax was imposed on Californians with adjusted annual incomes over $1 million. Funding provided to each County is dedicated to preventing and reducing homelessness, suicide, incarceration, unemployment, school failure or dropout and the removal of children from their homes due to untreated mental illness. MHSA programs have five (5) components: Community Services and Support, Prevention and Early Intervention, Innovation, Workforce Education and Training, and Capital Facilities and Technological Needs.

KernBHRS contracted EVALCORP to evaluate the MHSA System of Care and give recommendations, tools, and strategies to implement a standardized approach through MHSA. During the rework with EVALCORP, MHSA looked at the initial intent of each of the Prevention and Early Intervention (PEI) programs, and decided to restructure the organization into the five required PEI categories

Community Services and Support

Community Services and Support (CSS) is the largest component of MHSA. The CSS component is focused on community collaboration, cultural competence, and client and family-driven services and systems. CSS maintains a wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component.

Important Changes:

Full-Service Partnership (FSP)

- Relational Outreach Engagement Model (ROEM) implemented under the Homeless Adult Team (HAT).
- Individual Placement and Supports (IPS) piloted under Homeless Adult Team (HAT), Adult Transition Team (ATT) and Transition Age Youth (TAY).

System Development (SD)

- EVALCORP implemented a standardized outcomes measurement tool.

Prevention and Early Intervention

The goal of the Prevention and Early Intervention (PEI) component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers, family members, and stakeholders in the development of PEI projects and programs. The plan includes PEI programs that reach all Kern County communities and address the needs of all age groups. The programs such as Living Well provide specialized services to populations underserved in the community such as individuals diagnosed with an eating disorder, LGBTQ+ individuals, human trafficking victims, and individuals who have experienced severe trauma.

Important Changes:

- Freedom, Recovery and Empowerment with Dogs (FRED): Due to reductions in MHSA funding caused by the COVID-19 pandemic, the FRED program ended on 6/30/2021.
- Living Well; Individual Placement and Supports (IPS) was added to the menu of services for FY 21/22.
- Rebranding of Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH).
    - Community Referral Network
    - Bakersfield Referral Team
    - Reengagement
- Continuum of Care Reform Foster Youth Engagement started on 10/11/2021.

Innovation

The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding approval for the Innovation (INN) component of MHSA. The goal of INN is to increase access to underserved groups, increase the quality of services, promote interagency collaboration, and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed INN plan.

Important Changes:

- Smart911 Innovation Program ended programming 6 months earlier than expected, as sustainability of the program was sourced with the Kern County Sheriff's Department. The remaining 6 months of the life of the Smart911 Innovation plan went towards sustainability and warm hand off efforts to the Kern County Sherriff's Office.

- The Healing Project also known as The Recovery Station (Bakersfield Location) experienced significant structural damage from weather and flooding. The Program relocated to the Consumer Family Learning Center (CFLC), which was underutilized due to the Pandemic. Additionally, due to underutilization of The Recovery Station (Delano Location), site was terminated 4/13/2022. Additional resources from the Delano closure will be reallocated to The Recovery Station (Bakersfield Location) for a 5-bed expansion and additional funding will be reallocated to future Innovation Programs.
- The Learning Healthcare Network Innovation Plan was developed to offset additional needs to launch the Early Psychosis Intervention (EPI) Plus Programming to support the implementation of the Coordinated Specialty Care (CSC) Team.
- On 3/24/2022, The MHSOAC approved the Mobile Clinic with Street Psychiatry Plan for implementation.
- On 5/26/2022, The MHSOAC approved the Learning Health Care Network Innovation Plan for implementation.

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component is the development of a diverse workforce. WET includes education and training programs and activities for prospective and current Public Mental Health System employees, contractors and volunteers. Employees, contractors, volunteers, clients, families, and caregivers can receive training opportunities and develop skills in promoting wellness and other positive mental health outcomes for the community and clients. WET can be used to provide outreach to unserved and underserved populations. WET gives the county mental health plan the opportunity to invest in further development in linguistically and culturally competent and relevant services and supports.

Important Changes:

- Engagement & Recovery Oriented Training Program ended in Fiscal Year 20/21 due to low utilization during the pandemic. Key principles will be taken and utilized where appropriate in other current and appropriate programs.

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer-support and consumer-run facilities, development of community-

based settings and the development of a technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

Important Changes:

- Utilized CFTN Funding for buy-in to statewide county Electronic Health Record (EHR) Collaborative project to purchase new EHR due to aging out of software.
- Utilized CFTN Funding to purchase Allocap Software to support Finance Department in Fiscal Tracking.

Fiscal Year 2020/2021 Allocations

Kern County estimates $60,406,731 in allocations for MHSA programs and services. In addition, funds unspent from prior fiscal years continue to be appropriated to cover future costs which exceed each yearly estimated allocation.

PSYCHOSIS and TREATMENT RESISTANT PROGRAMING

Kern Behavioral Health and Recovery Services is committed to provide care for some of the highest level of need individuals that the department serves, those experiencing psychosis and/ or may be treatment resistant. Under the Mental Health Services Act, a multitude of services are offered to support individuals within this category. Full-Service Partnership Teams, including ACT, AOT, and HAT are leading the department in support for individuals within this arena.

Additionally, the Kern County MHSA Team applied for the Early Psychosis Intervention Plus Grant from the Mental Health Services Oversight and Accountability Commission, to aid in funding and providing earlier intervention support for Early Psychosis with the Transition Age Youth. Additionally, in the summer of 2022, KBHRS plans to utilize Innovation funding to launch the Learning Healthcare Network Innovation Plan which will add additional funding support and data tracking to supplement the additional staffing and programming needs to launch the Coordinator Specialty Care team in conjunction with the Early Psychosis Intervention Plus Grant.

In addition, also under Innovation funding, the Mobile Clinic with Street Psychiatry Innovation Plan has been approved in the Spring of 2022. This plan will provide Street Psychiatry to some of the most vulnerable people in the downtown Bakersfield community, experiencing homelessness. From data already collected and based off the need articulated by Kern's Stakeholders, this program will also serve individuals experiencing psychosis and/or are treatment resistant.

Lastly, to aid in transparency of the progress and successes of work with this population, on the next following pages is a public transparency report on the Assisted Outpatient Treatment (AOT) Program. This report is in response to Stakeholder feedback of wanting to see and understand more quantified information of how the AOT program is operating.

Assisted Outpatient Treatment (AOT)

- Our Assisted Outpatient Treatment (AOT) staff participated in **50** community meetings, events, presentation to increase AOT awareness.
- A total of **40** community members/organizations are now aware of the AOT Program.

TARGET GROUPS:

INTERNAL TEAMS	CONTRACT AGENCIES	LOCAL ORGANIZATIONS
INPATIENT FACILITIES	LAW ENFORCEMENT	FAMILY & SUPPORT PERSONS

PARTICIPATING GROUPS:

Assertive Community Treatment (ACT)	Consumer Family Learning Center (CFLC)	Green Gardens	Residency/Grow
Assertive Community Treatment North (ACT North)	Child Guidance Adult	Homeless Adult Team (HAT)	Recovery Inspire Support Empower Team (RISE)
Adult Protective Services	Chronic Psychosis Workgroup	Homeless Collaborative	Substance Abuse Resource Team (SART)
Adult Transition Team (ATT)	Crisis Intervention Team (CIT)	Kern County Probation	Southeast Bakersfield Adult Team (SEBA)
Bakersfield Behavioral Health Hospital	Crisis Intervention Team Homeless Committee	Kern Medical	Self-Empowerment Team (SET)
Behavioral Health Board	Clinica Sierra vista	Manteca City Council	Transitional Age Youth (TAY)
CalWorks	Code Enforcement	Mental Health Collaborative of KC	Volunteer Senior Outreach Program (VSOP)
Correctional Behavioral Health	Crestwood Psychiatric Health Facility	Mobile Evaluation Team (MET)	Wellness, Independence and Senior Enrichment (WISE)
Crisis Case Management Outreach (CCMO)	Crisis Walk-in Clinic (CWIC)	Psychiatric Evaluation Center (PEC)	West Recovery and Wellness Center (RAWC)
College Community Services (CCS)	Flood Ministries	Provider meeting	Youth Wraparound

Trainings

Trainings: 9

1. Counseling on access to lethal means (3)
2. Safety planning and structured follow up (4)
3. Suicide specific interventions and best practices (4)
4. Community based suicide prevention (4)
5. Columbia Suicide Severity Rating Scale (CSSRS) (3)
6. Assertive Community Treatment Team: Evidence-Based Practices (2)
7. Cognitive Behavior Therapy for Psychosis (3)
8. CPI- Nonviolent crisis intervention (3)
9. Cultural competence (6 hours per year) (4)

AOT Staff: 4

1. Assisted Outpatient Treatment Staff: Kristal Powell, Sarah Appleton, Christina Cortez and Michelle Bernal

KernBHRS Staff: 16

1. Cognitive Behavioral Therapy for Psychosis (5)
2. Evidence-Based Treatment for First Episode Psychosis (10)
3. Prodromal Signs of Psychosis (1)

FY 2020 -2021
16 KernBHRS Staff members

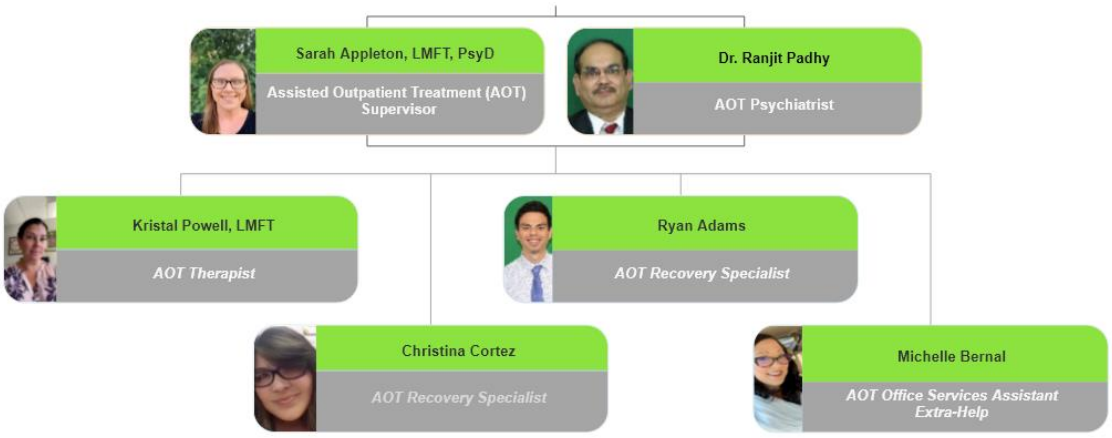
Quarter 1
7 KernBHRS Staff members

Quarter 2
0 KernBHRS Staff member

Quarter 3
4 KernBHRS Staff members

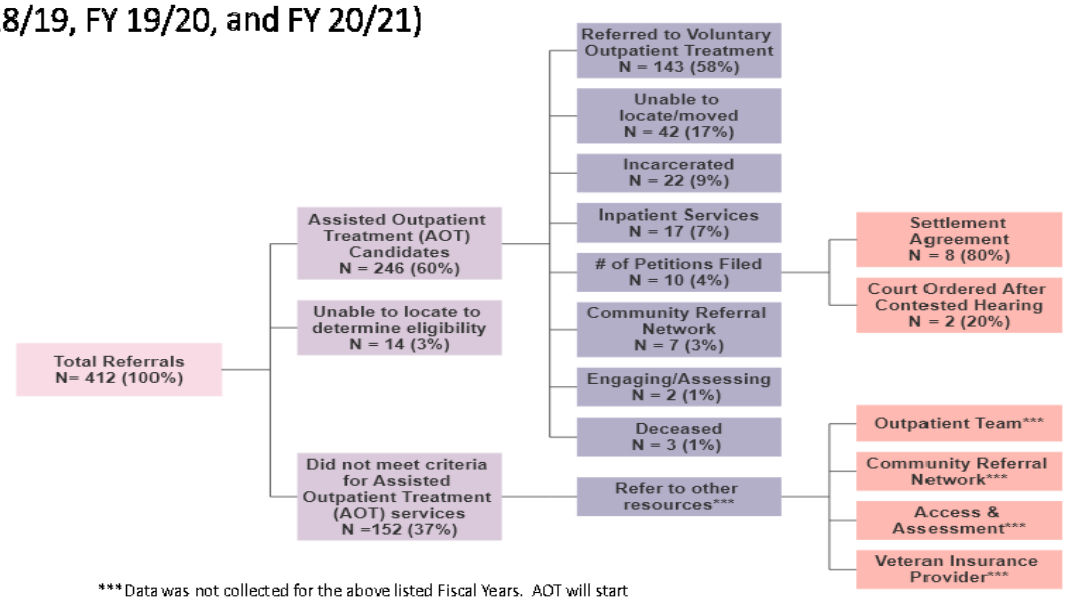
Quarter 4
5 KernBHRS Staff members

Meet Our Team!



Referrals and Enrollment

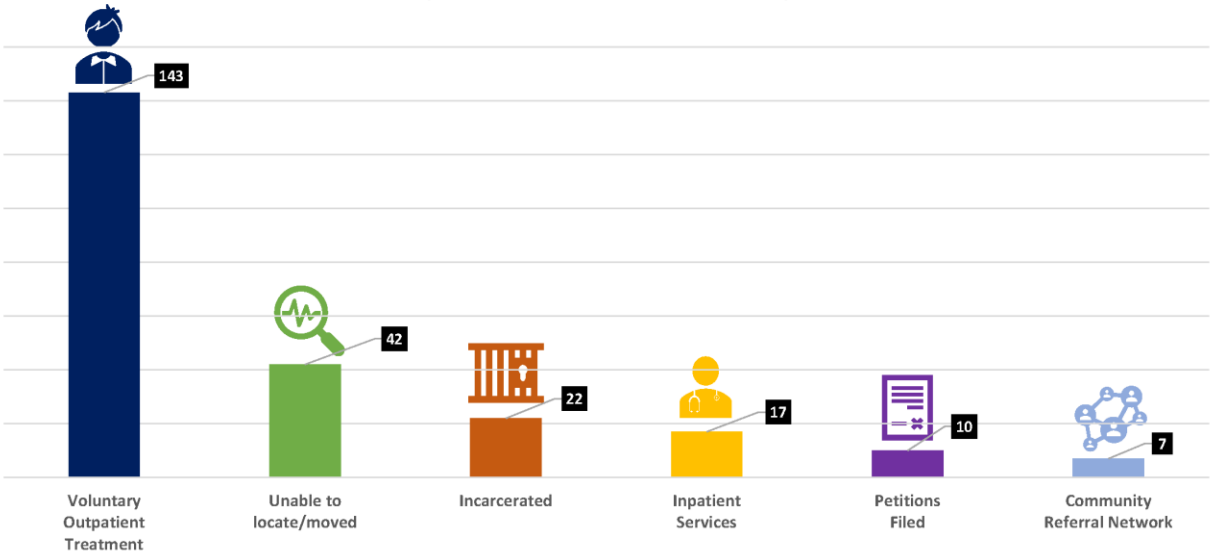
(FY 18/19, FY 19/20, and FY 20/21)



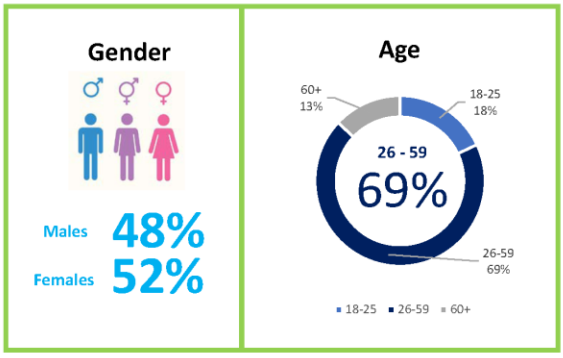
***Data was not collected for the above listed Fiscal Years. AOT will start collecting this information starting FY 21/22.

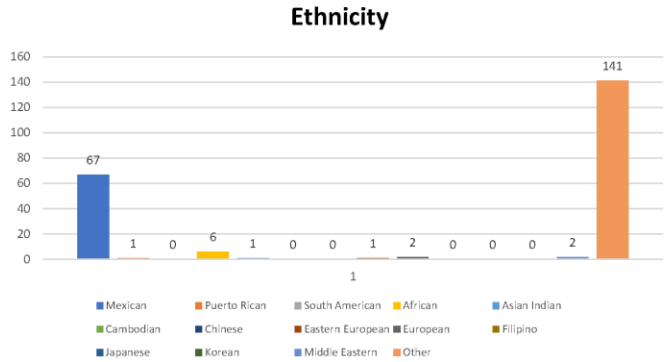
Outcomes of clients that met criteria for AOT

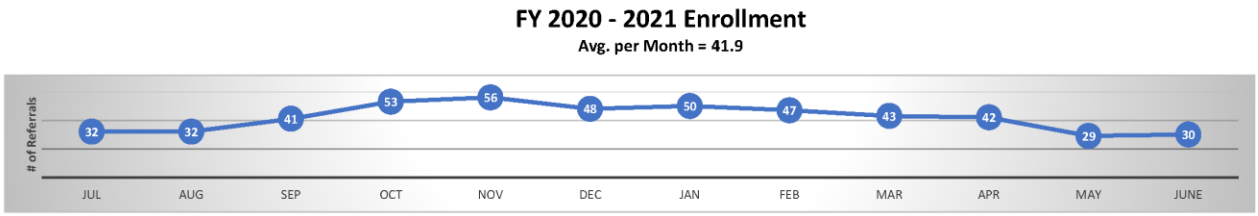
(FY 18/19, FY 19/20, and FY 20/21)

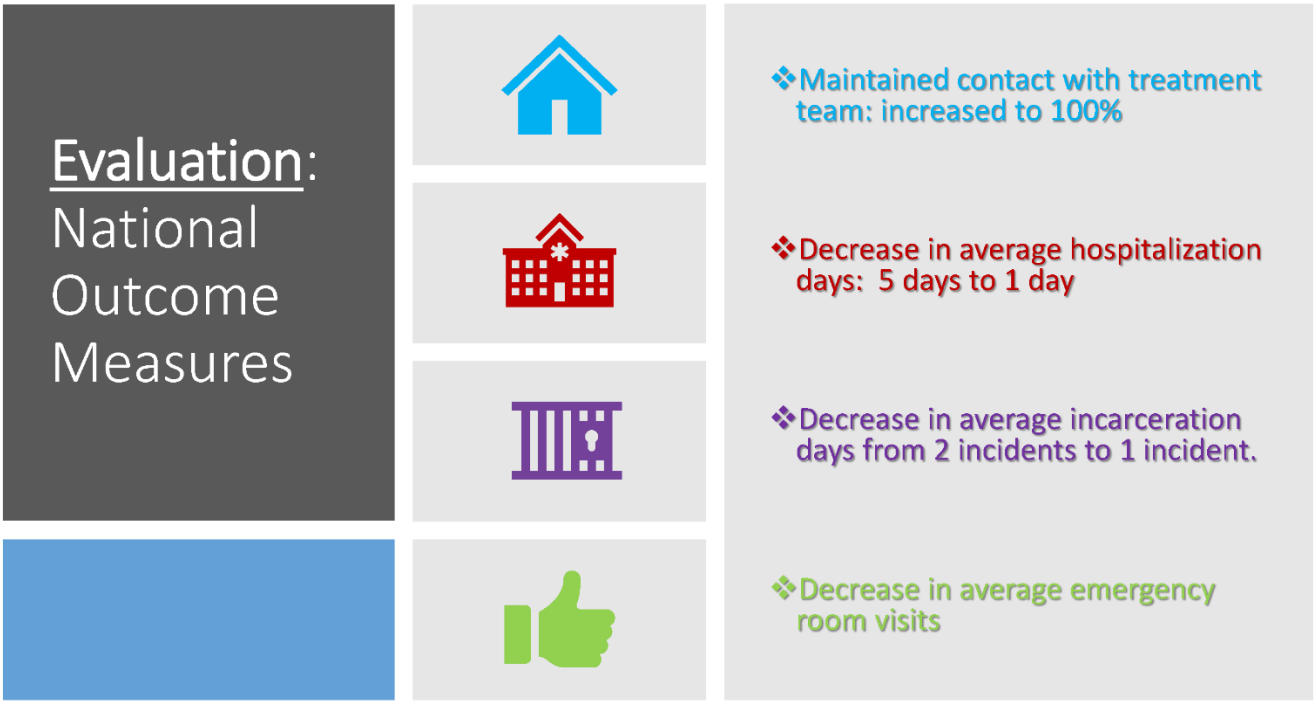


Referral Demographics









Evaluation:
Perception of Care (FY 19/20 & 20/21)

- 100% of clients strongly agree staff was welcoming.
- 100% of clients felt good about their overall wellness at the conclusion of AOT court supervised treatment.
- 80% of clients felt satisfied with the services they received.
- 60% of clients realized they needed help.
- 60% of clients realized they could benefit from services.
- 100% of clients agree or strongly agree staff treated them with respect.
- 100% of clients strongly agree staff spoke in a way they understood.

Success Beyond Numbers



Individual:

A 35-year-old female was referred to AOT Program.

Before Program:

She was referred to AOT by her outpatient treatment team in September 2020 due to decompensation after the loss of a loved one.

Client was noncompliant with recommended treatment and medication and "living in a home infested with bed bugs… leaving the stove turned on with the gas running," using substances and responding to internal stimuli.

Currently:

- After an extended engagement effort, Client agreed to a settlement agreement.
- At this time, client has moved to a room and board that is clean. She has gained a healthy amount of weight due to eating healthier and she has visited a primary care physician and is taking psychotropic medications as prescribed. She engages with AOT and ACT staff weekly.

Housing

- July 2018 – June 2019
  - 0 court supervised clients
- July 2019 – June 2020
  - 1 of 1 client housed (100%)
- July 2020 – June 2021
  - 7 of 7 client housed (100%)

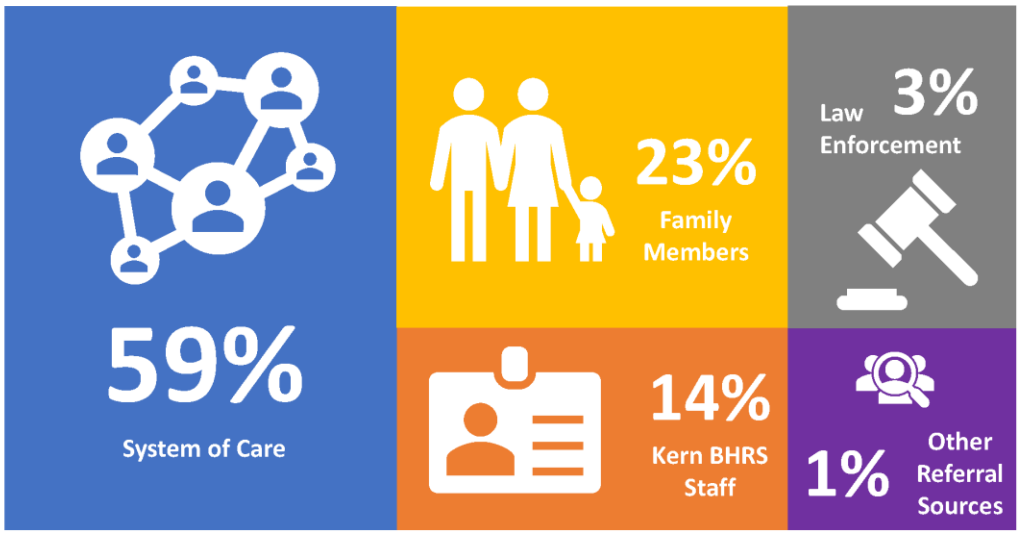


Program Goals

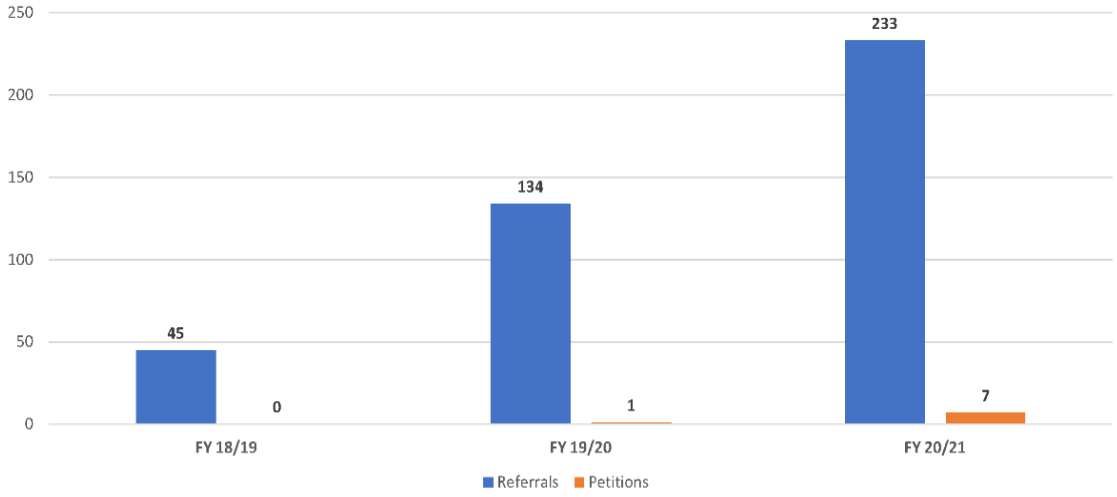
- Increase community presentations to educate public and increase appropriate referrals.
- Increase staffing to increase capacity for outreach and engagement.
- Improve data monitoring process.
- Increase petitions submitted to the court.
- Improve communication with conservator's office.
- Strengthen relationships with local law enforcement and continue providing education to local law enforcement departments.



Referral Sources



Referrals and Petitions



COVID-19 UPDATE

During the COVID-19 pandemic, the operations of the department quickly shifted away from its traditional management style to being managed by the KernBHRS Department Operations Center (DOC). Shifting to this management style, which is in line with the National Preparedness Goal and uses the National Incident Management System (NIMS), allowed the DOC to regularly assess the situation in real-time and make rapid adjustments to service provision. This rapid decision-making immediate implementation of state and federal mandates; while maintaining the highest level of services allowed under current guidance. Operations under NIMS have allowed KernBHRS to expand and contract operations as needed, even lending staff to work at county-wide testing and vaccination sites as all KernBHRS employees are disaster service workers. The NIMS goals are to prevent, protect against, mitigate, respond to, and recover from incidents. While KernBHRS, and all service providers, are currently in response mode, we look forward to recovery for all from this global experience.

Many programs have experienced some cancelations of group activities, in-person services, trainings, and meetings to endorse social distancing. Most programs have received enhanced technological support to enable telehealth, virtual meeting platforms, and mobile internet and email capabilities. Some programs supporting clients that have moved to virtual or telehealth means are limiting their in-person contact with clients to respect social distancing standards. In-person outreach and engagement are very limited and enhanced with media and social media support if possible. Despite the loss of staff members due to COVID-19, Kern County declared a hiring freeze during the COVID-19 response

Provided below is a list of MHSA programs that have been affected by the COVID-19 pandemic and how the program designs have shifted from the initial intent of the program as of 06/2021.

KernBHRS COVID-19 RESPONSE	CHANGES THAT HAVE OCCURRED									
PROGRAM EXPERIENCE CHANGE	Moved to Virtual Platform or Telehealth *While most services are on a virtual platform, in-person services are available to those in crisis or in need of in-person services.	Canceled Group Activities	Reduction in Services or Portal/Full Program Suspension	Cancellation of Events	Experienced Loss in Staffing	Enhanced Media Outreach	Expanded Services	Providing Linkage to Emergency Housing, Food & Resources	Decreased or Suspension of Outreach	Notes
COMMUNITY SERVICES AND SUPPORTS (CSS)										
FULL-SERVICE PARTNERSHIP (FSP)										
Adult Transition Team (ATT)/Homeless Adult Team (HAT)		X								
Adult Wraparound	X							X		
Assertive Community Treatment	X									
Multi-Agency Integrated Services Team (MIST)			X							
Transition Age Youth (TAY)	X									
Wellness, Independence, and Senior Enrichment	X	X		X						
Youth Wraparound	X						X			Youth Wraparound is providing in-person services at PEC, Emergency Department, & Inpatient facility.
GENERAL SYSTEM DEVELOPMENT (SD)										
Access & Assessment & Crisis Walk-In Center (CWIC)	X									Access & Assessment & Crisis Walk-In Center (CWIC) are providing in-person services.
Adult Wraparound	X									
Consumer Family Learning Center (CFLC)	X		X							
Dialectical Behavior Therapy (DBT)	X				X					
Home to Stay			X							

KernBHRS COVID-19 RESPONSE	CHANGES THAT HAVE OCCURRED									
PROGRAM EXPERIENCE CHANGE	Moved to Virtual Platform or Telehealth *While most services are on a virtual platform, in-person services are available to those in crisis or in need of in-person services.	Canceled Group Activities	Reduction in Services or Portal/Full Program Suspension	Cancellation of Events	Experienced Loss in Staffing	Enhanced Media Outreach	Expanded Services	Providing Linkage to Emergency Housing, Food & Resources	Decreased or Suspension of Outreach	Notes
Recovery and Wellness Center (RAWC)	X									
Self-Empowerment Team (SET)	X									
PREVENTION AND EARLY INTERVENTION (PEI)										
Access to Care: Crisis Hotline										
Art Risk Reduction Program (ARRP)			X							
Court Appointed Special Advocates (CASA)	X									
Early Psychosis Outreach & Intervention "La CLAVE"			X			X				
Foster Care Engagement	X									
Help Me Grow						X		X		
Homeless Outreach Program										
KCSOS- School Based Program (formerly known as Kern Youth Resilience and Support Program)										
Living Well	X									
Outreach & Education	X	X		X		X		X		
Prepare U			X							
Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)	X									
Suicide Prevention Outreach & Education	X								X	
TAY Dual Recovery	X									
TAY Self Sufficiency	X	X						X		

KernBHRS COVID-19 RESPONSE	CHANGES THAT HAVE OCCURRED									
PROGRAM EXPERIENCE CHANGE	Moved to Virtual Platform or Telehealth *While most services are on a virtual platform, in-person services are available to those in crisis or in need of in-person services.	Canceled Group Activities	Reduction in Services or Portal/Full Program Suspension	Cancellation of Events	Experienced Loss in Staffing	Enhanced Media Outreach	Expanded Services	Providing Linkage to Emergency Housing, Food & Resources	Decreased or Suspension of Outreach	Notes
Volunteer Senior Outreach Program (VSOP)	X							X		
Yoga	X	X		X		X				
Youth Brief Treatment	X								X	
Youth Juvenile Justice Engagement	X									
Zero Suicide					X					
INNOVATIONS										
Help@Hand (formerly known as Tech Suite)	X				X					
Special Needs Registry Project- Smart911				X		X				
The Healing Project (AKA The Recovery Station)										
WET										
Clinical Internship	X									
Psychology Internship	X									
Relias Learning	X									
Training Enhancement	X	X		X						

MISSION, VISION & VALUES

Mission

Working together to achieve hope, healing, and a meaningful life in the community.

Vision

People with mental illness and addictions recover to achieve their hopes and dreams, enjoy opportunities to learn, work, and contribute to their community.

Values

Hope, Healing, Community, Authority
We honor the potential in everyone
We value the whole person-mind, body, and spirit
We focus on the person, not the illness
We embrace diversity and cultural competence
We acknowledge that relapse is not a personal failure
We recognize authority over our lives empowers us to make choices, solve problems and plan for the future

EXHIBIT A: COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Kern

Local Mental Health Director	Program Lead
Name: Stacy Kuwahara	Name: Christina Rajlal
Telephone Number: 661-868-6609	Telephone Number: 661-868-6681
E-mail: skuwahara@kernbhrs.org	E-mail: crajlal@kernbhrs.org
County Mental Health Mailing Address: Kern Behavioral Health and Recovery Services PO Box 1000 Bakersfield, CA 93302	

I hereby certify that I am the official responsible for the administration of county mental health services in and for said county and that the County has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this annual update, including stakeholder participation and nonsupplantation requirements.

This 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 annual update was circulated to representatives of stakeholder interests and any interested party 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 June 14, 2022.

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.

Stacy Kuwahara
Local Mental Health Director/Designee (PRINT)

Signature

6/15/22
Date

County: Kern

Date: 6/15/22

EXHIBIT B: COUNTY FISCAL CERTIFICATION

State of California
Health and Human Services Agency

Department of Health Care Services

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: County of Kern

Local Mental Health Director

Name: Stacy Kuwahara, LMFT

Telephone: (661) 868-6609

Email: skuwahara@kernbhrs.org

Document for Certification:

MHSA Revenue & Expenditure Report **FY:** 2021-2022

I hereby certify[1] under penalty of perjury under the laws of the State of California that the attached Annual MHSA Revenue and Expenditure Report or Adjustments to Revenue or Expenditure Summary Worksheet is complete and accurate to the best of my knowledge.

Stacy Kuwahara — Local Mental Health Director (PRINT)

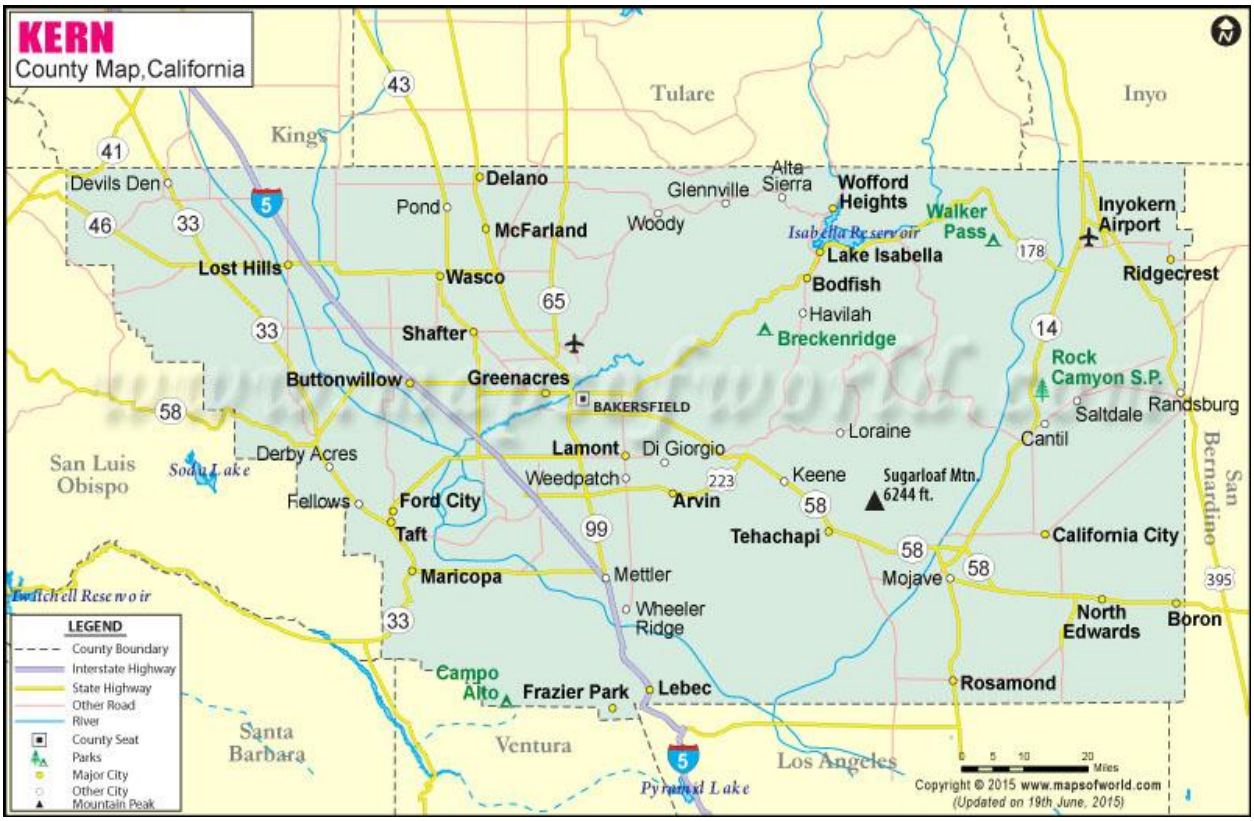
Signature

6/15/22 — Date

[1] Welfare and Institutions Code section 5899(a)

DHCS 1820 (02/19)

COUNTY DEMOGRAPHICS



About Kern County

Located on the southern edge of the San Joaquin Valley, Kern County is the third-largest county in California covering 8,163 square miles. Kern County is home to a diverse population enjoying the benefits of its mountains, valleys, desert, and agricultural landscape. The county is bordered by Ventura County, San Louis Obispo County, Kings County, San Bernardino County, Santa Barbara County, Los Angeles County, Tulare County, and Inyo County.

Kern County is a thoroughfare for travelers and commuters as it connects many on the North-South route via Interstate 5 and Highway 99 and, to the east, Highway 58. Residents have access to recreational activities like hiking trails at Wind Wolves, river rafting at Kern River, and touring museums.

The numbers gathered for this section are based on 2020 estimates from the Census Bureau.

Economy

Kern County employs about 353,000 people. Kern County has a heavy presence in oil and agriculture. Kern County produces over 70% of oil reserves in California. Both industries have been negatively affected. The decline in oil prices resulted in the loss of many jobs, and the drought has severely affected animal and crop-based agriculture.

Kern is known as the "breadbasket of the world." Its leading agricultural products include table grapes, almonds, citrus, pistachios, and dairy.

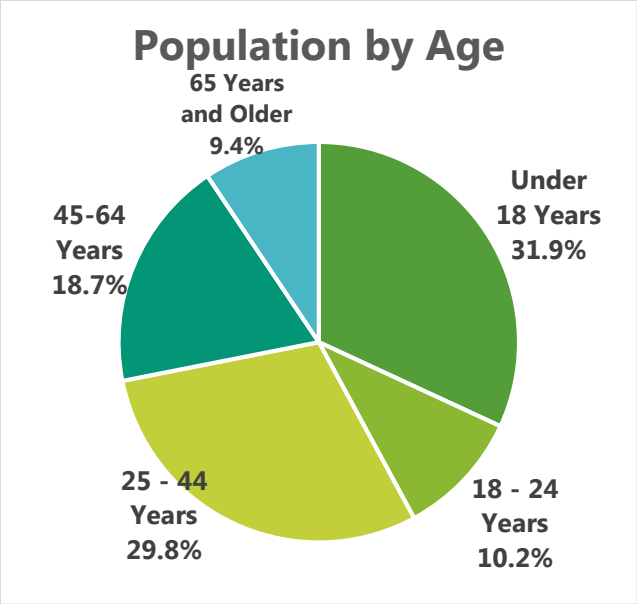
Besides those two industries, military-based avionic production and manufacturing plays a big role in Kern County's economy. The Edwards Air Force Base and the China Lake Naval Air Weapons Station is in East Kern County and provides many jobs for residents in Ridgecrest, Mojave, and Rosamond. The Solar and Wind energy industry has been building more momentum in the recent years contributing to an increase of construction and operational jobs throughout Kern County. Wind energy-based jobs are provided primarily in the Tehachapi Mountain and Mojave Desert areas.

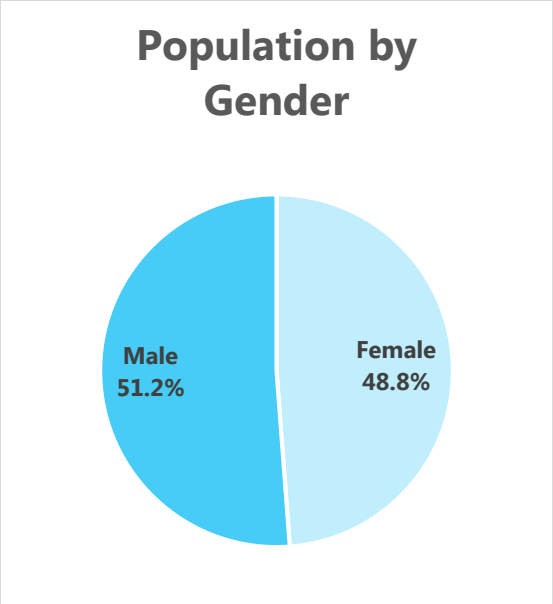
Unemployment Rate in June 2020	Unemployment Rate in June 2019	Median Householder Income	Income Inequality Between Men and Women
15.70 %	8%	$53,350	.497 higher than the national average.

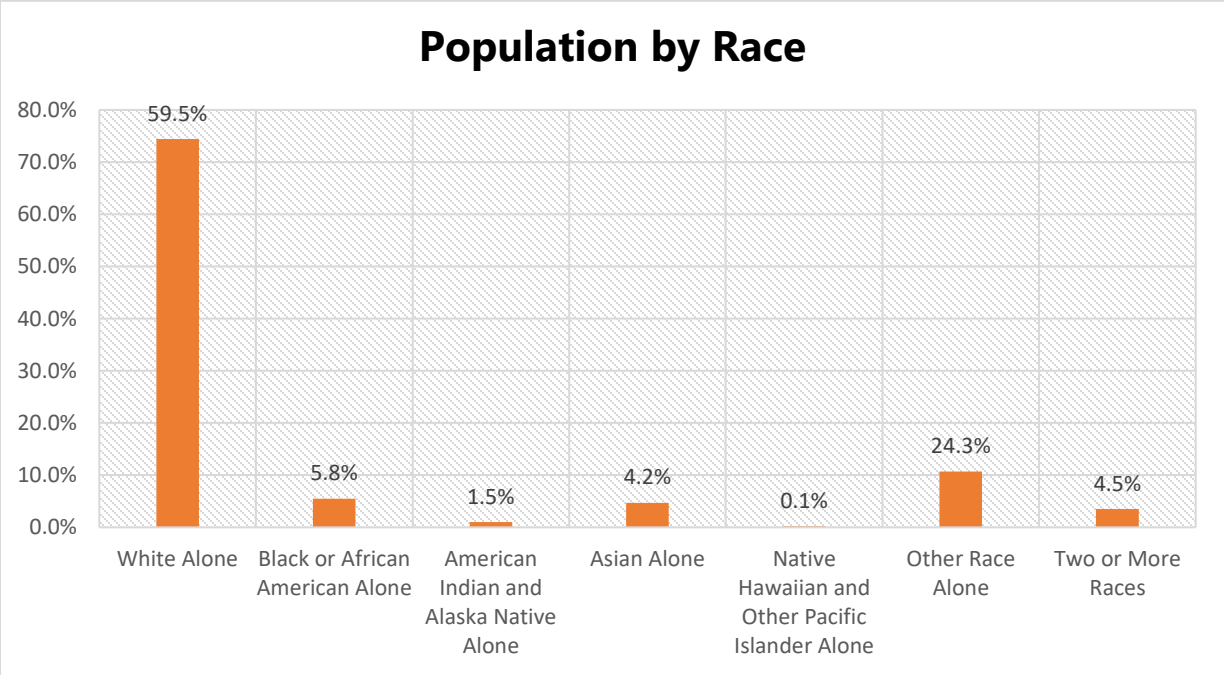
Source: United States Census Bureau

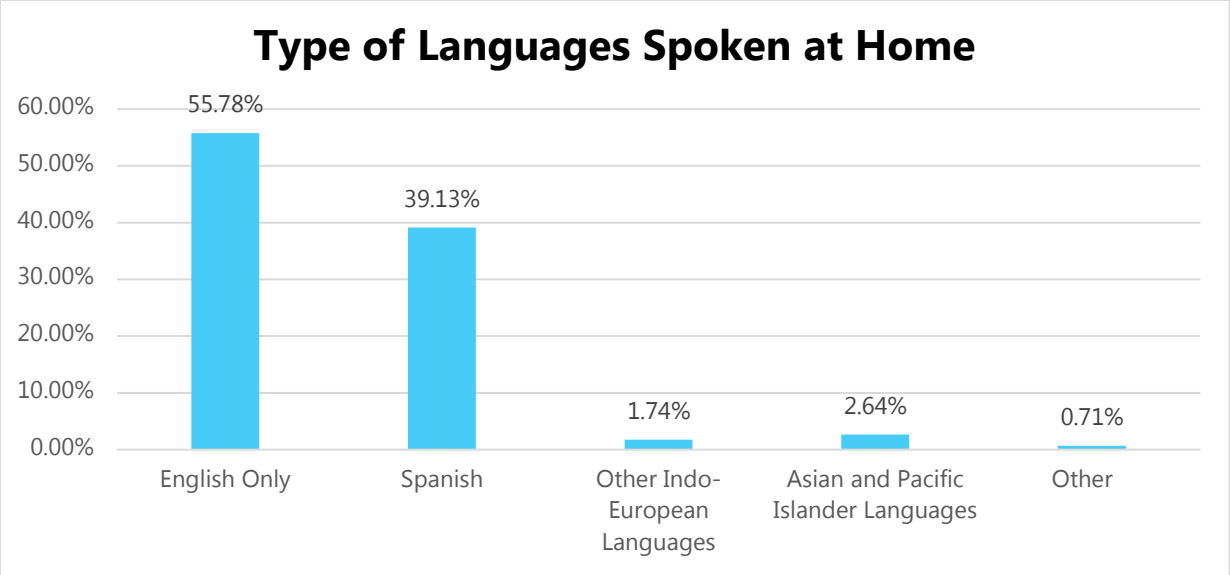
Population Breakdown

The population of Kern County is most closely estimated to be 909,235 according to Census Bureau estimates. 403,455 of those individuals live in Bakersfield. Kern County is continually growing each year. According to the Kern Economic Development Corporation, Kern County has an annual average increase of-.071%. By 2021, the total population is anticipated to reach 913,090 English and Spanish are the primary threshold languages. The graphs below are based on data gathered from the United States Census Bureau.

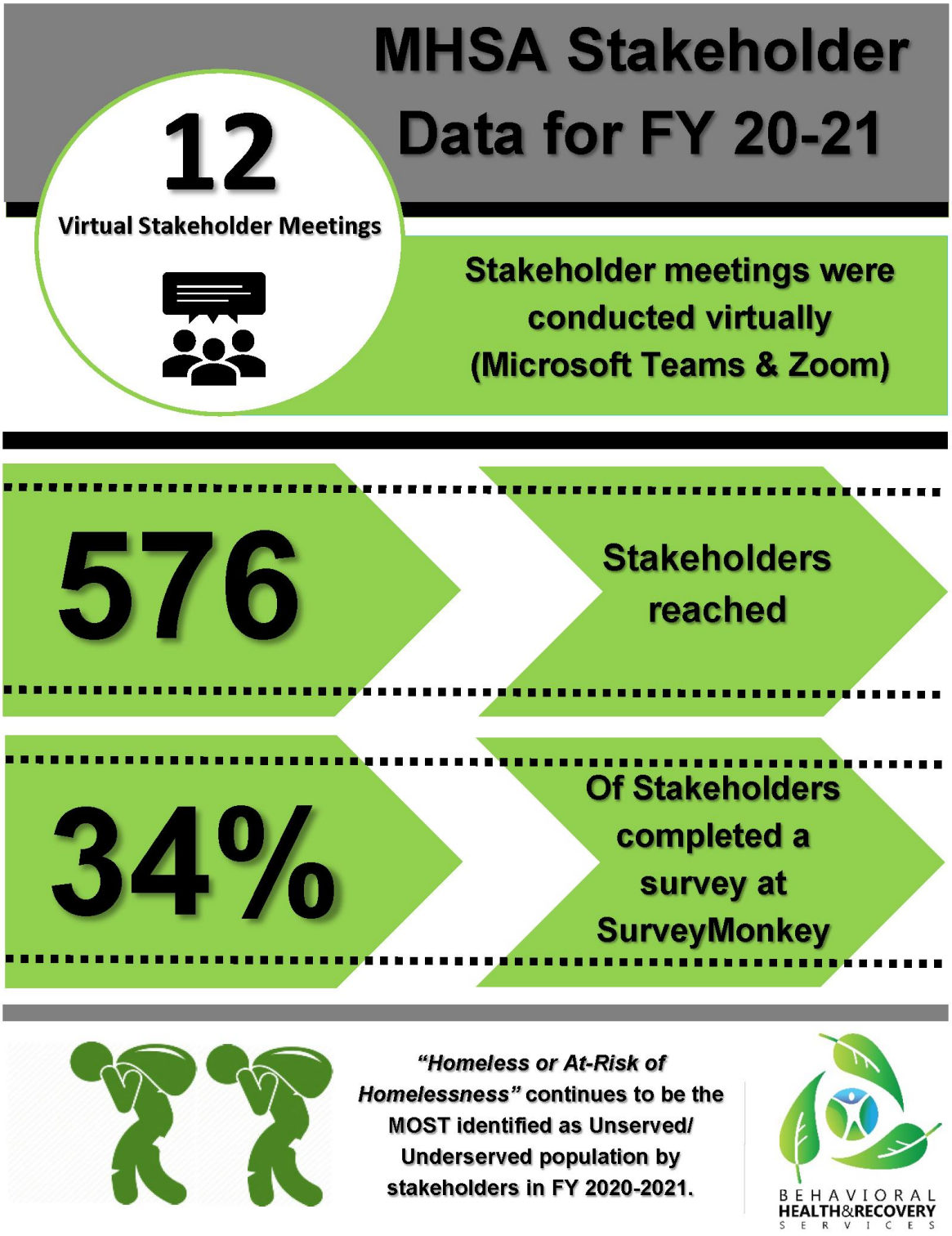

Population by Age
65 Years and Older 9.4%
Under 18 Years 31.9%
45-64 Years 18.7%
25 - 44 Years 29.8%
18 - 24 Years 10.2%


Population by Gender
Male 51.2%
Female 48.8%


Population by Race
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
59.5%
5.8%
1.5%
4.2%
0.1%
24.3%
4.5%
White Alone
Black or African American Alone
American Indian and Alaska Native Alone
Asian Alone
Native Hawaiian and Other Pacific Islander Alone
Other Race Alone
Two or More Races


Type of Languages Spoken at Home
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
55.78%
39.13%
1.74%
2.64%
0.71%
English Only
Spanish
Other Indo-European Languages
Asian and Pacific Islander Languages
Other

COMMUNITY PROGRAM PLANNING PROCESS & STAKEHOLDER FEEDBACK


MHSA Stakeholder Data for FY 20-21
12
Virtual Stakeholder Meetings
Stakeholder meetings were conducted virtually (Microsoft Teams & Zoom)
576
Stakeholders reached
34%
Of Stakeholders completed a survey at SurveyMonkey
"Homeless or At-Risk of Homelessness" continues to be the MOST identified as Unserved/ Underserved population by stakeholders in FY 2020-2021.
BEHAVIORAL HEALTH&RECOVERY SERVICES

The Mental Health Services Act & the Community Program Planning Process

During FY 2020/2021, the Mental Health Services Act (MHSA) team gathered feedback from different communities across Kern County regarding their respective behavioral health needs through the implementation of the Community Program Planning Process (CPPP) also referred as "the Stakeholder process".

Great importance is placed on the preparation and delivery of the stakeholder process, as it is the driving force behind the consideration of program implementation in their respective communities. Any individual who resides in the community is considered a stakeholder and is welcome to participate and give their feedback.

The focus of the CPPP is to collect feedback on programs and services either already in effect and needing modification, or new programs that need to be created in order to provide appropriate, comprehensive, and meaningful mental health care.

The FY 2020/2021 started amid a Global COVID-19 pandemic. The MHSA Coordination team learned how to conduct VIRTUAL Stakeholder meetings; the new technology proved to be quite a learning experience.

Even though we held a smaller number of Stakeholder Meetings *(**36** Stakeholder Mtgs for FY19/20 vs **12** Stakeholder Mtgs for FY20/21)*, we experienced an increase of ***Total Stakeholders*** reached *(**437** Stakeholders for FY19/20 vs **576** Stakeholder for FY20/21).*

We experienced challenges collecting written feedback in form of Stakeholder Surveys (26.5% reduction from FY19/20 to FY20/21). Once we realized the challenge, our team implemented several changes which included some of the following:

- Changed videoconferencing platform from Microsoft Teams to Zoom
- Utilized polling features to obtain immediate feedback during Stakeholder Meetings
- Changed from paper Stakeholder Surveys to electronic surveys via SurveyMonkey

Calendar of Stakeholder Meetings for FY 2020-2021

Preparation for FY 2020/2021 meetings began with the creation of the *Stakeholder Calendar*. The calendar consisted of 12 meetings which were strategically scheduled throughout the year.

When preparing the schedule and the agenda for each stakeholder meeting, we took into consideration specific requests and for that reason created townhall meetings with the following topics in mind:

FY 2020 – 2021 - Requested Topics of Interest:

Program Changes	Highest Need Groups	Native Americans & Native Hawaiians	Prevention
			
Evaluation/ Outcomes	**Stigma Reduction**	**Innovation Ideas & Programs**	**TAY/ Youth and School districts**
			

FY 2020 – 2021 – Schedule of Virtual Stakeholder Meetings:

Date	Location	Time	Participants	Focus	Attendance	Surveys Received/ Completed
July 30, 2020 (Thursday)	Microsoft Teams	3:00 PM	Virtual Townhall Meeting	Budget Cuts and Program Changes due to Covid-19	81	31
August 26, 2020 (Wednesday)	Microsoft Teams	3:00 PM	Virtual Townhall Meeting	Additional Budget Cuts and Program Changes due to Covid-19	60	28
September 2, 2020 (Wednesday)	Microsoft Teams	3:00 PM	Virtual Townhall Meeting	Serving the Bakersfield American Indian Health Project	17	4

September 22, 2020 (Tuesday)	Microsoft Teams	3:00 PM	Virtual Townhall Meeting	Engaging Community with Prevention & Stigma/ Discrimination Reduction	17	8
September 29, 2020 (Tuesday)	Microsoft Teams	3:00 PM	Virtual Townhall Meeting	Changes to PEI, INN Programing and Expansion of PrepareU	73	28
November 19, 2020 (Thursday)	Microsoft Teams	1:00 PM	Taft Community Forum	Identifying needs in the City of Taft, CA	38	4
December 11, 2020 (Friday)	Microsoft Teams	3:00 PM	Community Forum	Transitional Aged Youth Services	67	17
January 28, 2021 (Thursday)	Zoom Meeting	3:00 PM	Community Forum	Focus on MH Providers	43	14
February 2, 2021 (Tuesday)	Zoom Meeting	3:00 PM	Community Forum	Evalcorp & Recovery Station	55	15
April 9, 2021 (Tuesday)	Zoom Meeting	10:30 AM	Community Forum	CFTN, Homeless Programming Updates and CFLC	62	17
May 13, 2021 (Thursday)	Zoom Meeting	3:00 PM	Community Forum	Budget	38	10
June 21, 2021 (Monday)	Zoom Meeting	10:00 AM	Community Forum	INN Project	25	17

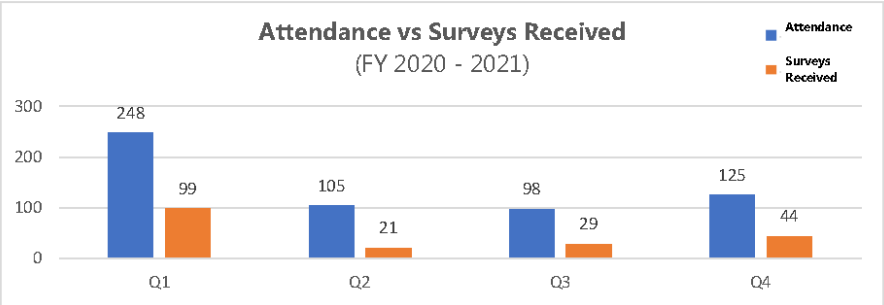
TOTALS	**576**	**193**

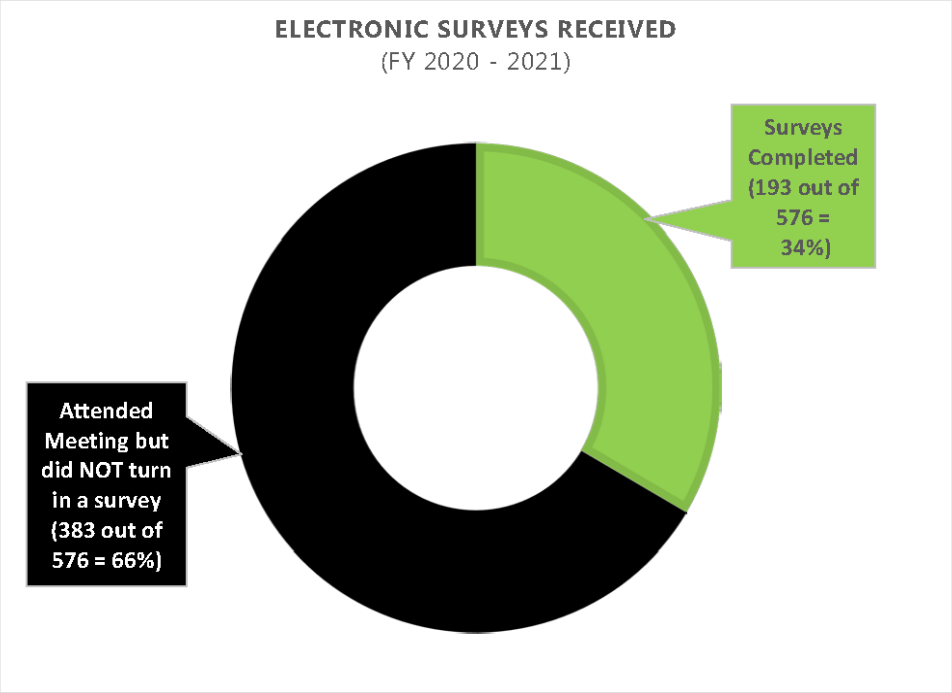
On March 16, 2020, The State of California declared a statewide lockdown and ordered all counties to shelter in place until further notice. Even though our direct services and telehealth capabilities continued providing essential services to our clientele, all in-person and/or group meetings were impacted by the statewide lockdown.

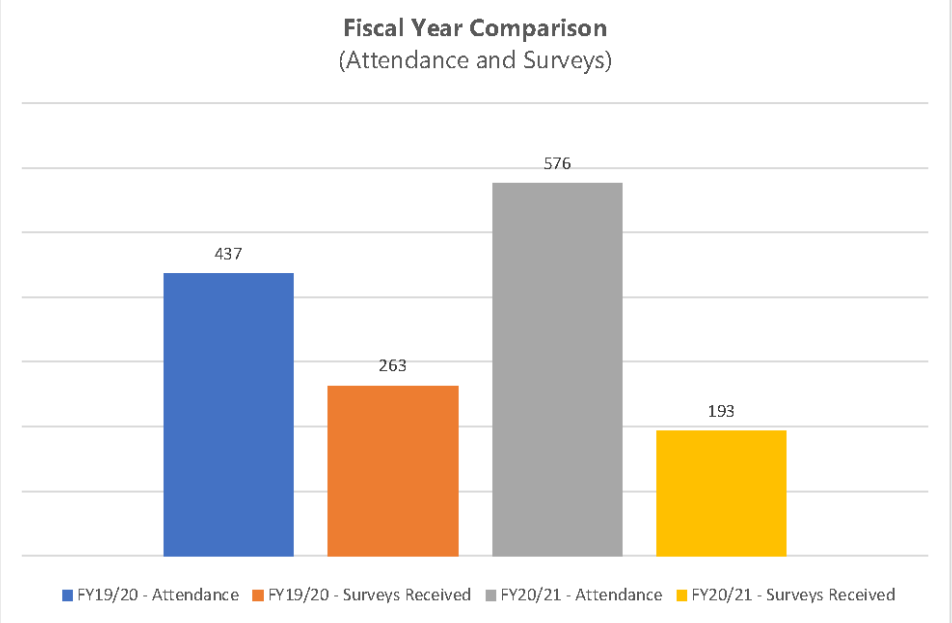
On June 11, 2021, Governor Newsom announced that effective June 15, 2021, restrictions such as physical distancing, capacity limits and the county tier system would end. The MHSA Coordination Team will work on a new calendar for FY 2021-2022 that will reflect the end of statewide lockdown restrictions.

CPPP – Collecting Data

The following demographics were compiled based on **193** surveys collected from the **576** Stakeholders who participated in our *Virtual Stakeholder Meetings* during the FY 2020-2021 (**July 2020 through June 2021)**:

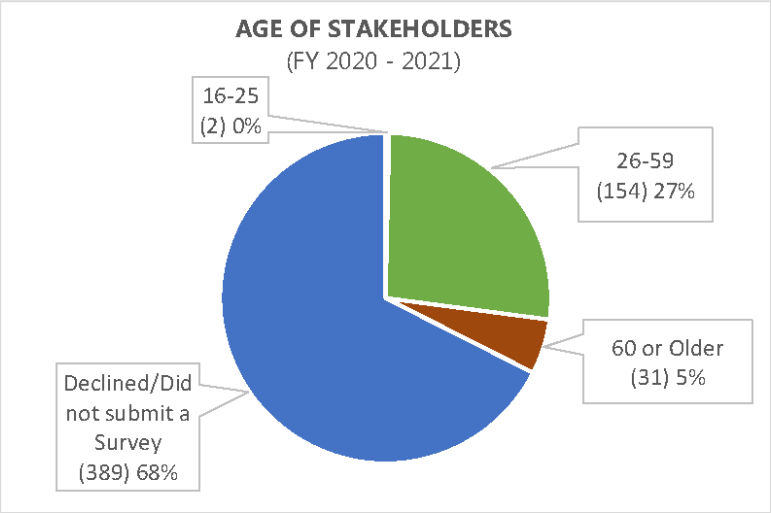


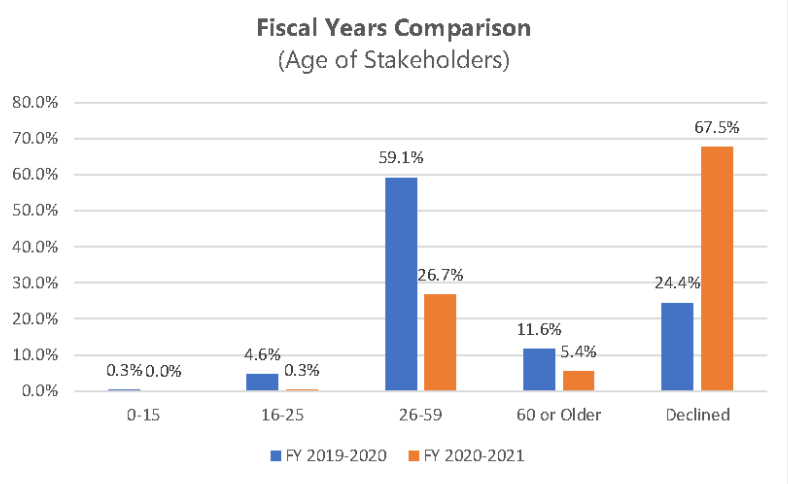

ELECTRONIC SURVEYS RECEIVED
(FY 2020 - 2021)
Surveys Completed (193 out of 576 = 34%)
Attended Meeting but did NOT turn in a survey (383 out of 576 = 66%)

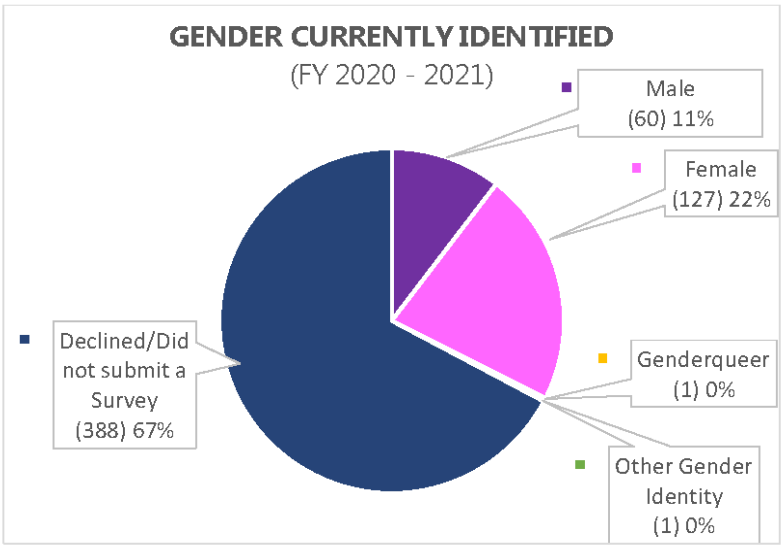

Fiscal Year Comparison
(Attendance and Surveys)
437
263
576
193
FY19/20 - Attendance
FY19/20 - Surveys Received
FY20/21 - Attendance
FY20/21 - Surveys Received

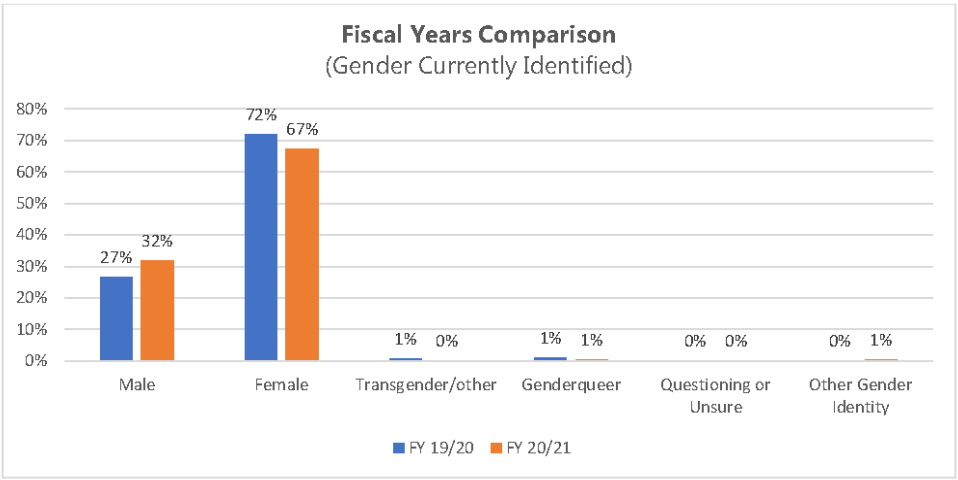
DEMOGRAPHICS

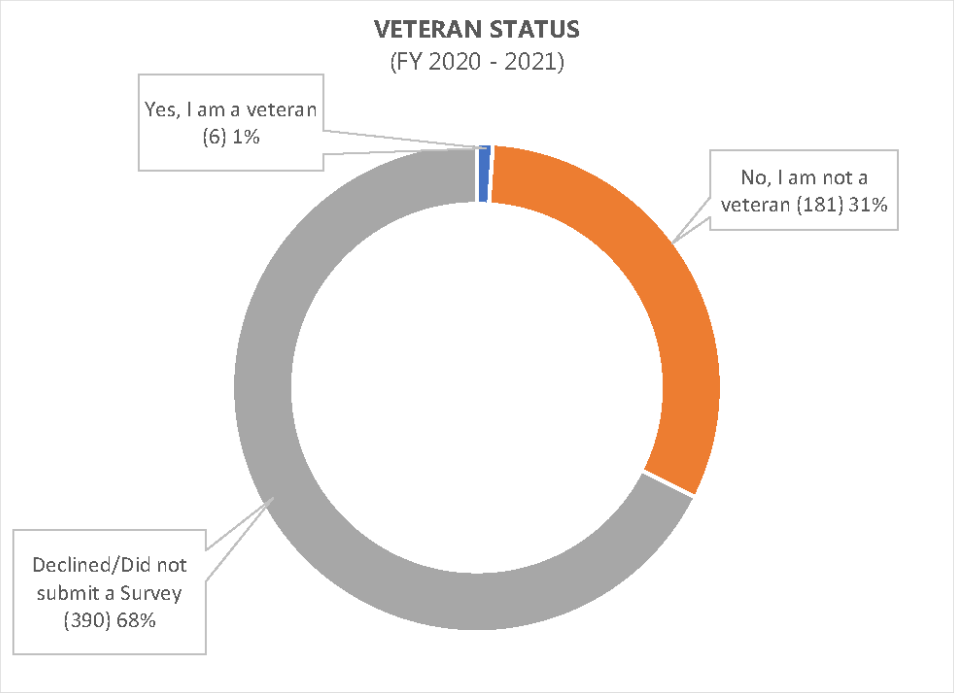
Of the **576** Stakeholders who participated in virtual meetings during the FY 2020-2021, **193** (34%) followed a link to SurveyMonkey and completed a survey. The surveys collected revealed that the majority of those who completed a survey identified as being between the ages of 26-59, with the largest portion of this population identifying as ***Female***. However, we have experienced an increase of ***Male*** participation during this fiscal year.

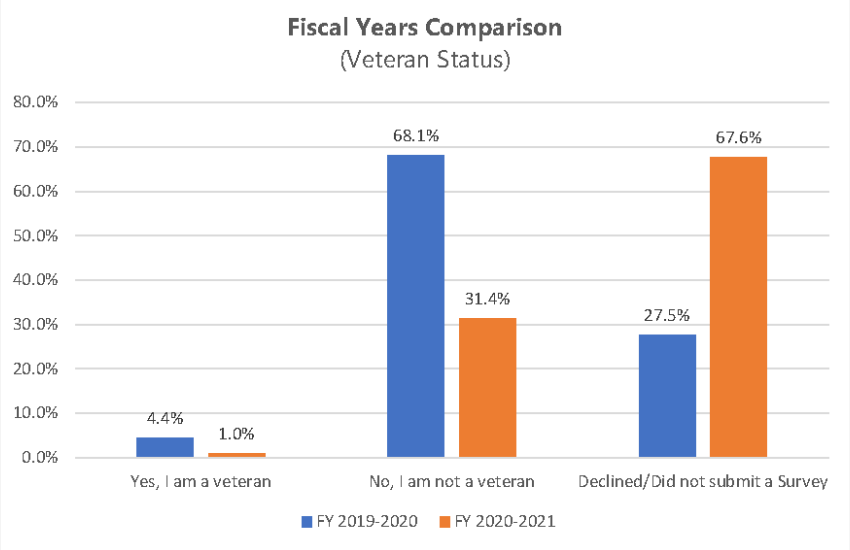


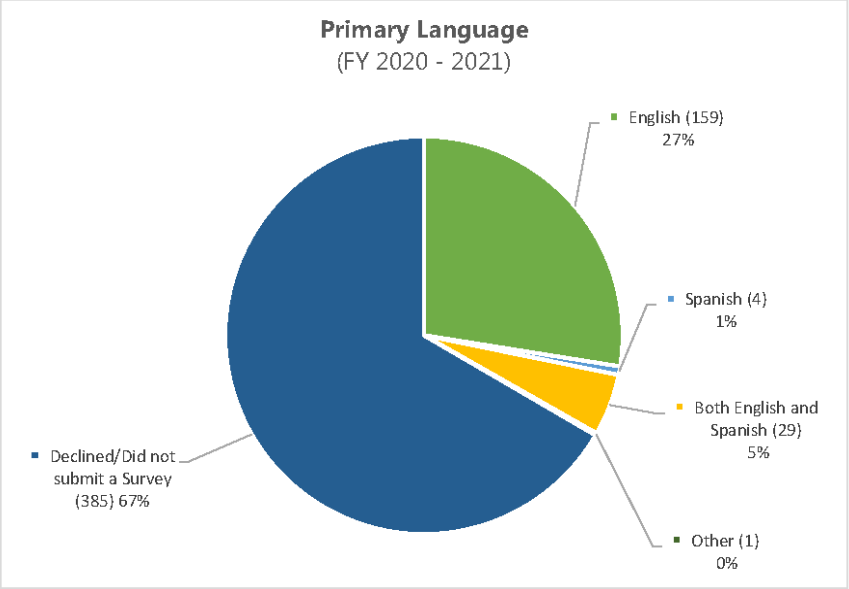


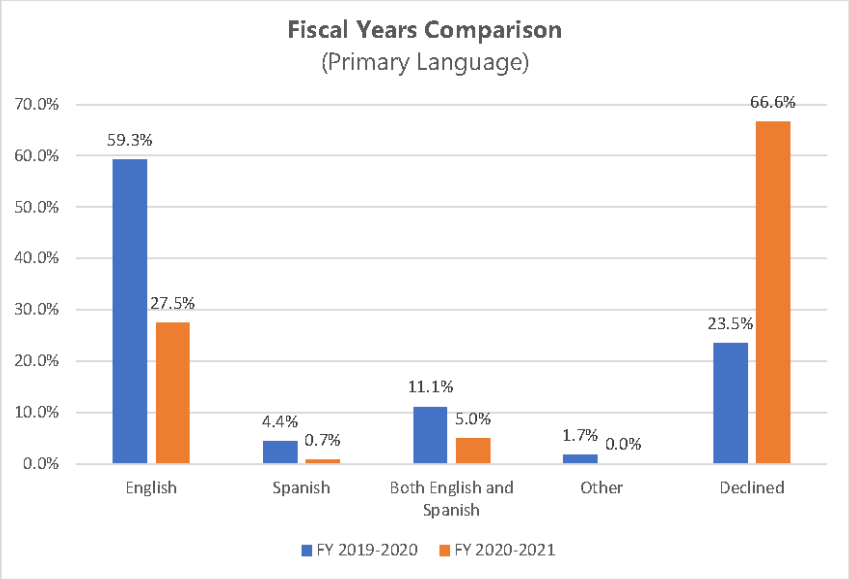

GENDER CURRENTLY IDENTIFIED
(FY 2020 - 2021)
Male
(60) 11%
Female
(127) 22%
Genderqueer
(1) 0%
Other Gender
Identity
(1) 0%
Declined/Did
not submit a
Survey
(388) 67%


Fiscal Years Comparison
(Gender Currently Identified)
80%
70%
60%
50%
40%
30%
20%
10%
0%
27%
32%
72%
67%
1%
0%
1%
1%
0%
0%
0%
1%
Male
Female
Transgender/other
Genderqueer
Questioning or
Unsure
Other Gender
Identity
FY 19/20
FY 20/21


VETERAN STATUS
(FY 2020 - 2021)
Yes, I am a veteran (6) 1%
No, I am not a veteran (181) 31%
Declined/Did not submit a Survey (390) 68%

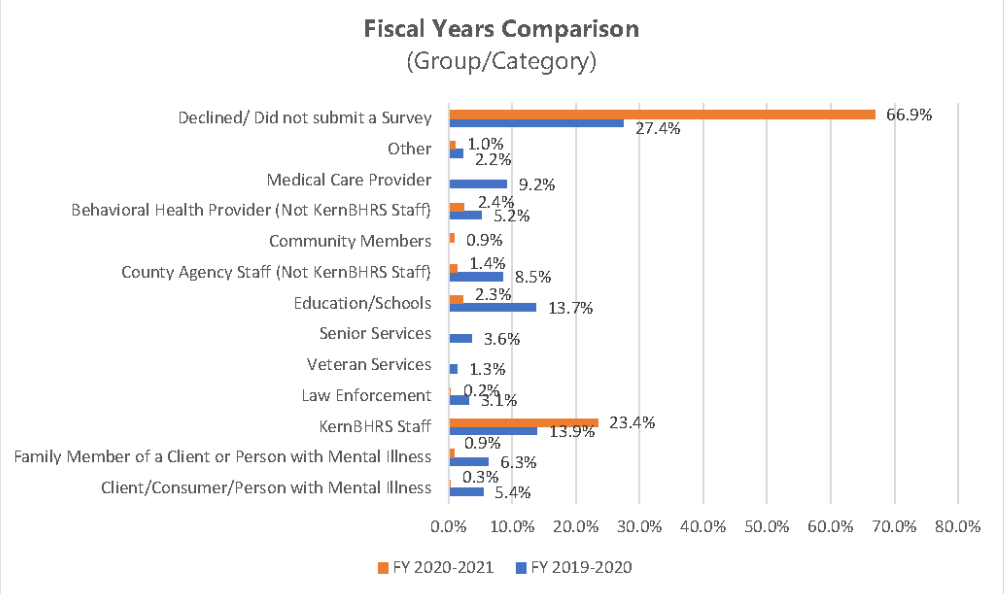

Fiscal Years Comparison
(Veteran Status)
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
4.4%
1.0%
68.1%
31.4%
27.5%
67.6%
Yes, I am a veteran
No, I am not a veteran
Declined/Did not submit a Survey
FY 2019-2020
FY 2020-2021

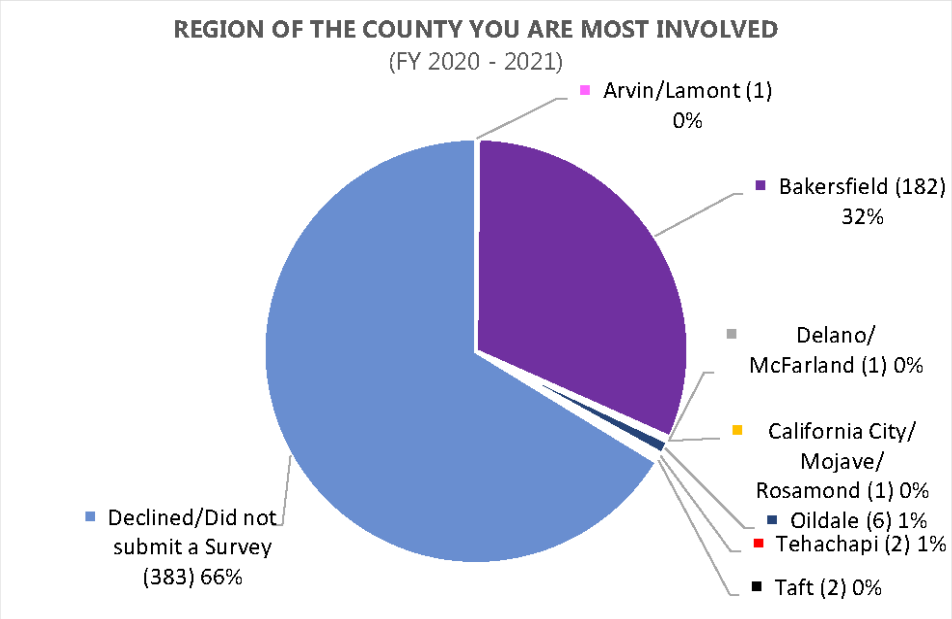

Primary Language
(FY 2020 - 2021)
English (159) 27%
Spanish (4) 1%
Both English and Spanish (29) 5%
Other (1) 0%
Declined/Did not submit a Survey (385) 67%


Fiscal Years Comparison
(Primary Language)
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
59.3%
27.5%
4.4%
0.7%
11.1%
5.0%
1.7%
0.0%
23.5%
66.6%
English
Spanish
Both English and Spanish
Other
Declined
FY 2019-2020
FY 2020-2021

STAKEHOLDER REPRESENTATION

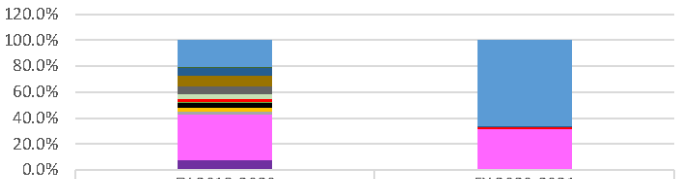
Stakeholder Categories Represented (FY 2020-2021)					
Declined	Behavioral Health Provider (not BHRS)	Education/ School	Community Member	Other	Family Members of a Client
386 (66.9%)	14 (2.4%)	13 (2.3%)	8 (1.4%)	6 (1.0%)	5 (0.9%)
County Agency Staff (Not BHRS)	Medical Provider	Client/ Consumer/Person with Mental Illness	Law Enforcement	Senior Services	Veteran Services
5 (0.9%)	2 (0.3%)	2 (0.3%)	1 (0.2%)	0 (0.0%)	0 (0.0%)





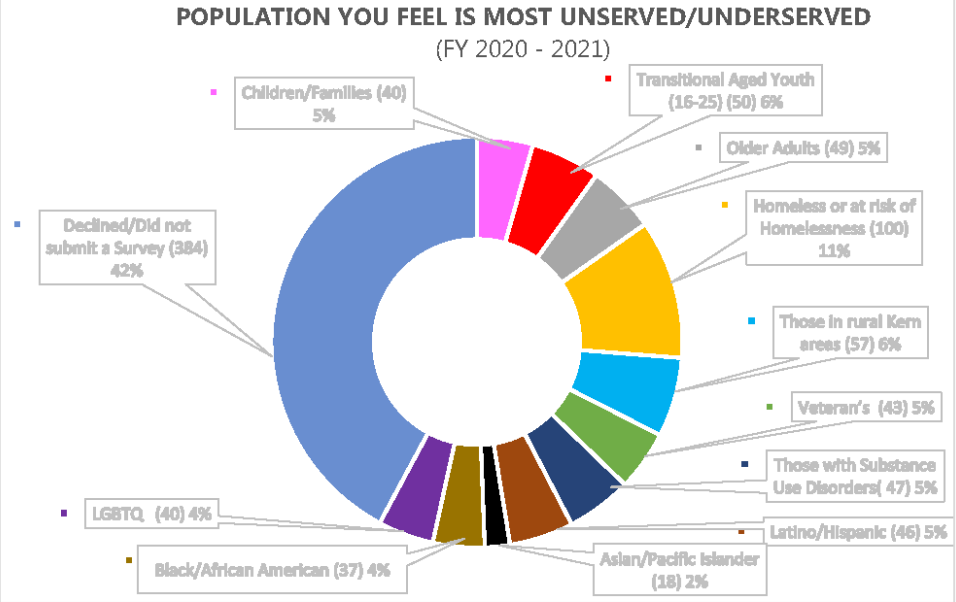
Fiscal Years Comparison

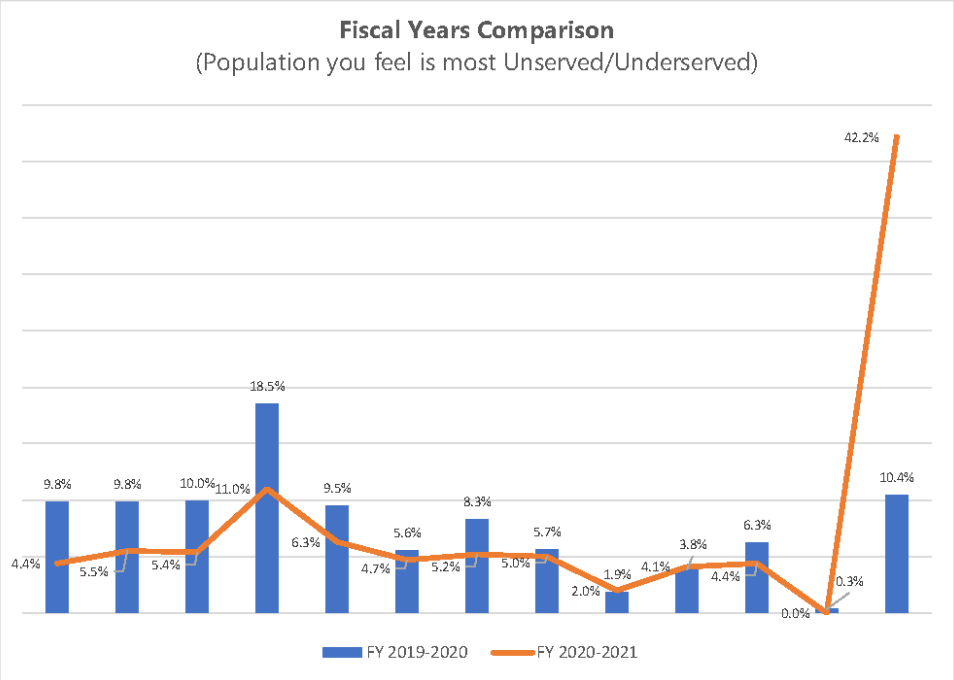
(Region of the County You are most involved)



	FY 2019-2020	FY 2020-2021
Declined/Did not submit a Survey	20.1%	66.3%
Frazier Park/Mountain Communities	0.8%	0.0%
Taft	6.1%	0.3%
Ridgecrest	8.2%	0.0%
Tehachapi	5.7%	0.3%
Kern River Valley	4.2%	0.0%
Oildale	2.1%	1.0%
Buttonwillow/Lost Hills	0.8%	0.0%
Wasco/Lost Hills	3.6%	0.0%
California City/Mojave/Rosamond	2.5%	0.2%
Delano/McFarland	3.0%	0.2%
Bakersfield	34.9%	31.5%
Arvin/Lamont	7.8%	0.2%

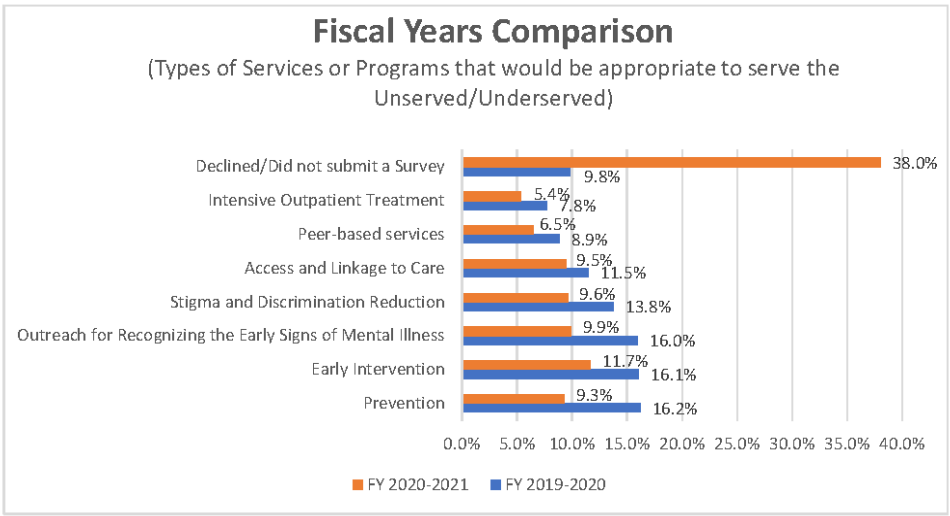
STAKEHOLDER IDENTIFIED MENTAL HEALTH SERVICE NEEDS





Types of Services or Programs that would be appropriate to serve the Unserved/Underserved
(FY 2020 - 2021)





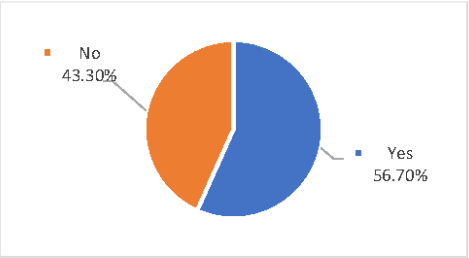
ZOOM POLLING

According to Stakeholder feedback received during Stakeholder meetings, Zoom has become the go-to-video-call app for many community organizations, schools and individuals. Therefore, we have switched from ***Microsoft Teams*** to ***Zoom Video Communication*** platform.

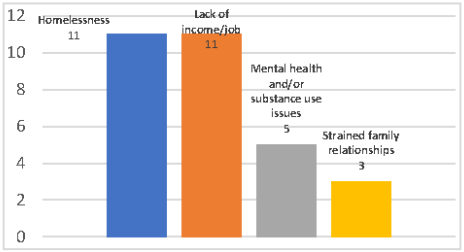
One of Zoom's features is POLLING. The POLLING feature allowed us to create single choice or multiple-choice polling questions during a Zoom meeting. We were able to launch the poll during our meetings and gather the responses from our Stakeholders in real time. We also had the ability to download a report of polling after the meeting.

Here are some of the poll questions and feedback we received during our Virtual Stakeholder Meetings:

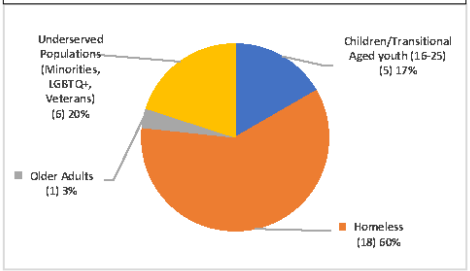
Would you be willing to sit on a regular committee to provide feedback on the proposed project?



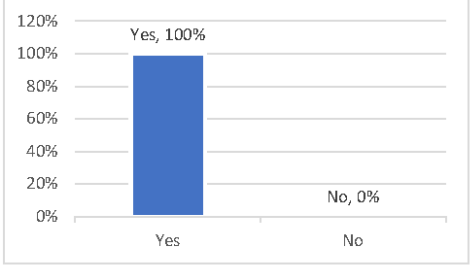
Which is the biggest barrier you feel individuals face upon exiting incarceration?



Which population should be the focus of a Prop 47 program?



Are you in favor of moving forward with the Mobile Clinic with Street Psychiatry as it was presented?



FY 2020-2021 Stakeholder Data Report					
Age Groups:			**Sexual Orientation:**		
0-15	**0**	0%	Straight/Heterosexual	**160**	27.7%
16-25	**2**	0.3%	Gay or Lesbian	**4**	0.7%
26-59	**154**	26.7%	Bisexual	**11**	1.9%
60 or Older	**31**	5.4%	Questioning	**0**	0.0%
Declined/Did not submit a Survey	**389**	67.5%	Queer	**1**	0.2%
Gender assigned at birth:			Another sexual orientation	**1**	0.2%
Male	**60**	10.4%	Declined/Did not submit a Survey	**400**	69.3%
Female	**128**	22.2%	**Race:**		
Intersex	**0**	0.0%	Asian	**4**	0.7%
Declined/Did not submit a Survey	**388**	67.4%	Native Hawaiian/Pacific Islander	**3**	0.5%
Gender Currently Identified with:			Black/African American	**18**	3.1%
Male	**60**	10.4%	Latino/Hispanic	**55**	9.4%
Female	**127**	22.0%	Tribal/Native American	**8**	1.4%
Transgender/other	**0**	0.0%	White/Caucasian	**84**	14.3%
Genderqueer	**1**	0.2%	Two or More Races	**15**	2.6%
Questioning or Unsure	**0**	0.0%	Tribe: 1Kern, 1Chalon-Esselen, 1Tolteca	**3**	0.5%
Other Gender Identity	**1**	0.2%	Declined/Did not submit a Survey	**397**	67.6%
Declined/Did not submit a Survey	**388**	67.2%	**Ethnicity:**		
Disability:			African	**7**	**1.2%**
Vision	**2**	0.3%	Asian Indian/South Asian	**3**	0.5%
Hearing, or difficulty understanding speech	**3**	0.5%	Cambodian	**0**	0.0%
Mental/Cognitive	**6**	1.0%	Chinese	**0**	0.0%
Mobility/Physical	**2**	0.3%	Eastern European	**7**	1.2%
Chronic Medical illness (not limited to pain)	**8**	1.4%	Korean	**0**	0.0%
None	**147**	25.6%	Middle Eastern	**0**	0.0%
Declined/Did not submit a Survey	**406**	70.7%	Vietnamese	**0**	0.0%
Veteran Status:			European	**24**	4.2%
Yes, I am a veteran	**6**	1.0%	Filipino	**2**	0.3%
No, I am not a veteran	**181**	31.4%	Japanese	**0**	0.0%
Declined/Did not submit a Survey	**390**	67.6%	Caribbean	**0**	0.0%
Primary Language:			Central American	**7**	1.2%
English	**159**	27.5%	Mexican/Mexican American/Chicano	**51**	8.9%
Spanish	**4**	0.7%	Puerto Rican	**1**	0.2%
Both English and Spanish	**29**	5.0%	South American	**1**	0.2%
Other	**1**	0.2%	Two or more ethnicities	**25**	4.3%
Declined/Did not submit a Survey	**385**	66.6%	Other: W. European (3), Hispanic (1), American (4), Native (2)	**15**	2.6%
			Declined/Did not submit a Survey	**432**	75.1%

Group/Category:			Population you feel is most unserved/underserved in the above-mentioned community:		
Client/Consumer/Person with Mental Illness	2	0.3%	Children/Families	40	4.4%
Family Member of a Client or Person with Mental Illness	5	0.9%	Transitional Aged Youth (16-25)	50	5.5%
Kern BHRS Staff	135	23.4%	Older Adults	49	5.4%
Law Enforcement	1	0.2%	Homeless or at risk of Homelessness	100	11.0%
Veteran Services	0	0.0%	Those in rural Kern areas	57	6.3%
Senior Services	0	0.0%	Veterans	43	4.7%
Education/Schools	13	2.3%	Those with Substance Use Disorders	47	5.2%
Community Member	8	1.4%	Latino/Hispanic	46	5.0%
County Agency Staff (Not Kern BHRS Staff)	5	0.9%	Asian/Pacific Islander	18	2.0%
Behavioral Health Provider (Not Kern BHRS Staff)	14	2.4%	Black/African American	37	4.1%
Medical Care Provider	2	0.3%	LGBTQ	40	4.4%
Other	6	1.0%	Other	0	0.0%
Declined/Did not submit a Survey	386	66.9%	Declined/Did not submit a Survey	384	42.2%

Region of the County you are most involved:			Please indicate the types of services or programs that would be appropriate to service the above-mentioned population:		
Arvin/Lamont	1	0.2%	Prevention	95	9.3%
Bakersfield	182	31.5%	Early Intervention	119	11.7%
Delano/McFarland	1	0.2%	Outreach for Recognizing the Early Signs of Mental Illness	101	9.9%
California City/Mojave/Rosamond	1	0.2%	Stigma and Discrimination Reduction	98	9.6%
Shafter/Wasco	0	0.0%	Access and Linkage to Care	97	9.5%
Buttonwillow/Lost Hills	0	0.0%	Peer-based services	66	6.5%
Oildale	6	1.0%	Intensive Outpatient Treatment	55	5.4%
Kern River Valley	0	0.0%	Declined/Did not submit a Survey	387	38.0%
Tehachapi	2	0.3%			
Ridgecrest	0	0.0%			
Taft	2	0.3%			
Frazier Park/Mountain Communities	0	0.0%			
Declined/Did not submit a Survey	383	66.3%			

(Note: participants may select more than 1 answer)

MHSA PROGRAM DIRECTORY

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	**Adult Transition Team (ATT)/ Homeless Adult Team (HAT)**	**ATT** Provides culturally appropriate and recovery-oriented services to serve adults who have previously been under-served, inappropriately or un-served because traditional mental health services were not effective in engaging them or meeting their needs. After-hours care and services are available. **HAT** Expansion of ATT. Provides services to clients who are homeless or at risk of becoming homeless, who also require specialty mental health treatment. Collaborates with public agencies and community organizations working with the homeless, including Flood Ministries, Veterans Administration, payee service providers, legal assistance programs, sober living environments, and additional agencies providing affordable housing. After-hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Reduce the likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness. Increase independent living.	**ATT** •Intensive case management services •Housing assistance/placements •Crisis counseling •Linkage to employment and education •Job development •Job coaching •Linkage to community resources such as a primary physician, Department of Human Services, and Social Security •Psychoeducational groups focusing on anger management, coping skills, grief loss, relapse prevention •Substance abuse counseling including 12-step •Linkage to Narcotics Anonymous/Alcoholics Anonymous meetings •Psychiatric services •Transportation •Parolee Services **HAT** •Linkage to resources and housing •Assist with the application process for Medi-Cal and Social Security benefits •Provide screenings and assessments at Outreach and Education events in a secure setting •Homeless outreach with Flood Ministries and Crisis Intervention Team (CIT) •Transportation •Parolee Services •Relational Outreach and Engagement Model (ROEM)
	Location(s):	**KernBHRS** 2525 North Chester Ave., Bakersfield, CA 93308		

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	**Adult Wraparound KernBHRS**	Offers brief intensive mental health services for adults who are experiencing increased impairment to their life function as a result of increased mental health symptomology. Identify clients that are at risk of hospitalization or frequent use of crisis services. After-hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Reduce the likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrest & homelessness. Increase independent living.	•Skill-based interventions •Intensive support activities •Case management •Assist with linkage to community-based services •Cognitive Behavioral Therapy (CBT) •Motivational Interviewing •Wellness and Recovery Action Plan (WRAP) •Transportation •Access and linkage to care •Engagement with family members and individuals •Identifying and linking at-risk adults •Outreach in community settings, homeless shelters, veteran service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, parks, and other public settings •Follow-up with individuals •Bakersfield Referral Network- This program will expedite outreach to individuals that need support entering the system of care.
	Location(s):	**KernBHRS** 2151 College Ave., Bakersfield, CA 93301		
FSP	**Assertive Community Treatment (ACT)**	Provides specialty mental health care to those with severe and persistent mental illness. After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrest & homelessness. Increase independent living.	•Cognitive Behavioral Therapy for Psychosis (CBTp) •Dialectical Behavioral Therapy (DBT) •Dual Recovery Anonymous Groups •Individual Therapy •Referrals to Consumer Family Learning Center (CFLC) •Crisis Intervention and Assessment •Assisted Outpatient Treatment (AOT) •Individual Placement Support (IPS) •Transportation
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309	**MHS Systems, Inc.** 5121 Stockdale Hwy., Bakersfield, CA 93309	

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	**Transition Age Youth (TAY)**	Provides a full spectrum of services using a youth-driven approach. After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth	Reduce substance abuse and high-risk behaviors. Increase independent living. Transitioning TAY aged youth into adulthood. Provide a comfortable non-stigmatizing space, rich in resources for youth who need assistance navigating the foster care system.	**TAY at KernBHRS** •Assessments •Psychiatric care •Individual and group therapy •Counseling for mental health and/or co-occurring disorders •Medication management •Linkage to community resources (including physical health care, housing, and pro-social opportunities) •Substance use assessments and linkage. •Tele-Psych services •Individual Placement Support (IPS) •Transportation **TAY at Dream Center** •Assist with educational and vocational goals •Transition to Independent Process (TIP) treatment model •In-Vivo teaching •Eye Movement Desensitization and Reprocessing (EMDR)
	Location(s):	**KernBHRS** 330 Truxtun Ave., Bakersfield, CA 93301 **The Dream Center** 1801 19th Street., Bakersfield, CA 93301		
FSP	**Wellness, Independence and Senior Enrichment (WISE)**	Provides mental health services to the older adult population. After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Older Adults	Assist client in maintaining or gaining independent. Eliminate barriers to community resources. Reduce likelihood of recidivism in hospitalizations, mental health emergencies, & homelessness. Increase independent living.	•Individual rehabilitation and skill building strategies •Cognitive Behavioral Therapy (CBT) •Dialectical Behavioral Therapy (DBT) •Solution Focused Therapy (SFT) •Problem-Solving Therapy (PST) •Neurocognitive impairments screening •Assist in accessing community resources (such as Social Security and affordable housing) •Referral to Consumer Family Learning Center (CFLC) •Depression Group •IT Group •Geropsychiatric •Socialization opportunities

Funding Category	Program	Program Description	Program Goal	Services Offered
	Wellness, Independence and Senior Enrichment (WISE) (continued)			•Transportation
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309		
FSP	**Youth Multi-Agency Integrated Services Team (MIST)**	Provides a variety of specialty mental health services for children and families. Populations served include youth at risk of losing placement, foster youth (both wards and dependent) and Commercially Sexually Exploited Children (CSEC). After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Children & Transition Age Youth	Reduce number of recurrent placement(s), mental health symptom(s), & problem behavior(s). Promote pro-social behavior(s). Reduce likelihood of recidivism in hospitalizations, mental health emergencies, & homelessness. Increase independent living.	•Treatment Foster Care Oregon (TFCO) •Dialectical Behavioral Therapy (DBT) •Aggression Replacement Training (ART) •Cognitive Behavior Therapy (CBT) •Trauma Informed CBT •Solution Focused Brief Therapy (SFBT) •Motivational Interviewing •Stages of Change •Co-occurring services •Co-Occurring Recovery Group (COR) •My Life My Choice psychoeducation group •Medication management •Crisis intervention •On Call 24/7/365 •Comprehensive case management •Reunification with families •Assist with finding available resource families to provide homes for at-risk adolescent population •Recruit for resource families for adolescents aged 12-18 •Provide TFCO resource family certification and on-going training •Transportation
	Location(s):	**KernBHRS** 3300 Truxtun Ave., Bakersfield, CA 93301		
FSP	**Youth Wraparound**	Provides intensified services for youth at risk of hospitalization or frequent need of crisis intervention. Staff are available after-hours and on weekends and holidays to	Decrease mental health symptom(s) and high-risk behavioral(s). Ensure children are retained in their homes or as close to a home-like setting as possible. Reduce	•Intensified treatment services •Individual and family therapy •Psychiatric services •Medication management

Funding Category	Program	Program Description	Program Goal	Services Offered
	Youth Wraparound (continued)	ensure immediate services are available during times of crisis. **Program Category:** Community Services and Supports **Population Focus:** Children & Transition Age Youth	likelihood of recidivism in hospitalizations, mental health emergencies, & homelessness. Increase independent living.	•Therapeutic Behavioral Therapy (TBS) •Cognitive Behavioral Therapy (CBT) •Trauma-focused CBT •Motivational Interviewing •Dialectical Behavior Therapy (DBT) •Partner with families and community agencies Transportation
	Location(s):	**KernBHRS** 3300 Truxtun Ave., Bakersfield, CA 93301 **College Community Services** 16940 State Hwy 14, Ste F Mojave, CA 93501 **Child Guidance Clinic** 3628 Stockdale Hwy Bakersfield, CA 93309 **College Community Services** 29325 Kimberlina Rd Wasco, CA 93280 **Child Guidance Clinic** 2001 North Chester Ave Bakersfield, CA 93308 **College Community Services** 1021 4th Street, Ste B Taft, CA 93268 **Child Guidance Clinic** 1430 6th Ave Delano, CA 93215 ***College Community Services** 2731 Nugget Ave Lake Isabella, CA 93240 **Clinica Sierra Vista** 3105 Wilson Road Bakersfield, CA 93304 **College Community Services** 1400 N. Norma Street, Ste 133 Ridgecrest, CA 93555 **Clinica Sierra Vista** 8787 Hall Road Lamont, CA 93241 **College Community Services** 113 East "F" Street Tehachapi, CA 93561		
SD	**Access & Assessment/Crisis Walk in Clinic (CWIC)**	**Access & Assessment:** Acts as an entry point to the Adult System of Care for those experiencing mental health related symptoms. Most clients entering are self-referred as walk-ins or are brought in by family members or collaborating agencies including Kern County Public Health and Kern County Probation. **CWIC:** Provides crisis intervention, screening, assessment and comprehensive discharge planning for those experiencing crisis-level mental health symptoms, but do not require an involuntary hold or hospitalization. **Program Category:** Community Services and Supports **Population Focus:** Children & Transition Age Youth	**Access & Assessment:** Complete a culturally sensitive mental health assessment in preferred language of client. Increase assessments to give access to specialty mental health services or link to other community resources as needed. **CWIC:** Reduce severity of mental health symptoms. Identify and link clients to necessary and appropriate care. Complete a culturally sensitive mental health assessment in preferred language of client. Increase service delivery to the community to prevent crisis services or hospitalization or incarceration.	**Access & Assessment:** •Screenings •Assessments •Urgent and Emergent Assessments •Referrals to specialty or non-specialty services •Linkage to community resources •Referral to SUD for those presenting with co-occurring symptoms •Crisis Intervention •Cognitive Behavioral Therapy (CBT) •Dialectical Behavior Therapy (DBT) •Referrals to PEC and CWIC **CWIC** •Crisis Intervention •Linkage to community resources •Mental health access and linkage •Social Support •Dialectical Behavioral Therapy (DBT)

Funding Category	Program	Program Description	Program Goal	Services Offered
	Access & Assessment/Crisis Walk in Clinic (CWIC) (continued)			•Cognitive Behavioral Therapy (CBT)
	Location(s):	**Access & Assessment: KernBHRS** 2151 College Ave., Bakersfield, CA 93305 **CWIC: KernBHRS** 2151 College Ave., Bakersfield, CA 93305		
SD	**Adult Wraparound Core**	Provides distinct services through inpatient and outpatient programs for adults currently served by the system of care. The inpatient program provides one-time hospital discharge planning assistance at the request of the primary treatment team. The outpatient program provides 6-8 weeks of intensified mental health services at the direction of the primary team. Wraparound services are intended to augment mental health services provided by primary outpatient teams and to reduce crises and hospitalizations through intensified case management/linkage, interventions, and individual counseling. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Decrease mental health symptoms and high-risk behaviors. Improve overall life-functioning through appropriate mental health interventions. Reduce the likelihood of recidivism in hospitalizations, mental health emergencies, & homelessness. Increase independent living.	•Skill-based interventions •Intensive support activities •Case management assistance with obtaining resources •Assist with linkage to community-based services •Individual therapy •Family therapy •Crisis intervention •Cognitive Behavioral Therapy (CBT) •Motivational interviewing •Wellness and Recovery Action Plan (WRAP) •Socialization opportunities
	Location(s):	***Clinica Sierra Vista** 1400 South Union Ave Bakersfield, CA 93307 **College Community Services** 1400 North Norma St., Ste 133 Ridgecrest, CA 93555 **Clinica Sierra Vista** 828 High Street Delano, CA 93215 **College Community Services** 113 East F Street Tehachapi, CA 93561 ***Clinica Sierra Vista** 3717 Mt. Pino Way Suite C&D Frazier Park, CA 93225 ***College Community Services** 16940 Highway 14. Ste. F Mojave, CA 93501 **Clinica Sierra Vista** 8787 Hall Road Lamont, CA 93241 ***College Community Services** 1021 4th Street Ste. B Taft, CA 93268 ***College Community Services** 2821 H Street Bakersfield, CA 93301 **College Community Services** 930 F Street Wasco, CA 93280 ***College Community Services** 2731 Nugget Ave Lake Isabella, CA 93240 ***Child Guidance Clinic, Inc.** 3509 Union Ave Bakersfield, CA 93305		

Funding Category	Program	Program Description	Program Goal	Services Offered
SD	**Consumer Family Learning Center (CFLC)**	The Consumer Family Learning Centers are community resources for self-help and peer support for people whose lives have been affected by mental illness and/or substance use. They are open to anyone 18 years of age or older who have an interest in mental health and substance use recovery. Anyone can come to the centers to learn about recovery, make friends and have fun. **Program Category:** Community Services and Supports **Population Focus:** Adults/Older Adults	Actively engage members in treatment, self-care and their own recovery. Promote ongoing participation in groups and classes so that members may choose to become volunteers and help others at the centers. Encourage members to learn to facilitate or co-facilitate classes. Increase client participation in the system of care committees and evaluations, so that their voices will be heard.	•Evening and Saturday groups, activities and classes offered in Bakersfield •Spanish speaking groups and classes •Outreach to community-based organizations •Arts and crafts •Music •Physical activity •Support groups that are peer-led •Crisis Addiction Counseling (CAC) •Field trips •Health classes •Movie nights NAMI events and classes (for example: Family to Family, NAMI walk)
	Location(s):	**KernBHRS** 2001 28th Street, South Tower Bakersfield, CA 93301 **College Community Services** **HOPE Center** 1400 N. Norman Street, Ste. 137 Ridgecrest, CA 93555 **College Community Services** **The Learning Center** 107 S. Mill Street, Ste. B Tehachapi, CA 93561		
SD	**Home to Stay**	Housing first model that provides individuals in the Kern Behavioral Health and Recovery Services System of Care (SOC) with linkage to housing so they can focus on recovery. **Program Category:** Community Services and Supports **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults	Provide appropriate housing to clients engaged in behavioral health services.	•Review case every 90 days •Recommend appropriate housing options •Provide an emergency shelter voucher for housing until short-term housing can be arranged •Review status of benefits acquisition •Packed for Recovery
	Location(s):	**KernBHRS** 5121 Stockdale Hwy, Suite 205, Bakersfield, CA 93309		
SD	**Recovery and Wellness Centers (RAWC)**	Provides multi-level mental health and substance use treatment services to individuals experiencing challenges in life functioning as the result of mental illness and/or substance use. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Improve access to care and treatment outcomes. Reduce incarceration(s), & inpatient psychiatric hospitalization(s). Increase growth in client responsibility, hope, and self-empowerment. Transition clients to non-	•Cognitive Behavioral Therapy (CBT) •Dialectical Behavior Therapy (DBT) •Motivational Interviewing •Solution Focused Brief Therapy (SFBT) •Depression and anxiety groups •Seeking safety groups •Anger management groups

Funding Category	Program	Program Description	Program Goal	Services Offered
	Recovery and Wellness Centers (RAWC) (continued)		specialty community-based mental health care or medication management.	•Conflict resolution groups •Peer support •Linkage to primary health care •Medication management •Linkage to community resources •Substance Use services •Individual therapy Eye Movement Desensitization and Reprocessing (EMDR) (only at West and SE RAWC)
	Location(s):	**KernBHRS- Northeast** 3715 Columbus St Bakersfield, CA 93306 **KernBHRS- West** 5121 Stockdale Hwy Bakersfield, CA 93309 **KernBHRS- Southeast** 1600 E. Belle Terrace Ave Bakersfield, CA 93307 **Clinica Sierra Vista- South** 1400 South Union Ave Bakersfield, CA 93307 **Child Guidance Clinic- Adult Program- North** 3509 Union Ave Bakersfield, CA 93305 **College Community Services- West Kern** 930 F Street Wasco, CA 93280 **College Community Services- Central** 2821 H Street Bakersfield, CA 93301		
SD	**Self-Empowerment Team (SET)**	Utilizes staffed Peer Support Specialist with lived in experience in active recovery from mental health and/or substance use challenges. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Increase awareness by providing a living example to clients and family members that people do recover. Increase awareness by providing services to clients by learning to use the public transportation system to help identify and work toward achieving their own life goals. Increase client participation by incorporating social, educational, and otherwise meaningful activities into their schedule through CFLC activities. Increase participation and support program development for unserved and underserved populations through work with the Cultural Competence Resource Committee.	•Motivational interviewing. •Dialectical Behavior Therapy (DBT) •Coping skills •Seeking safety •Wellness Recovery Action Plan (WRAP) •Solution-Focused Brief Therapy (SFBT) •Assist members in transitioning back into the community •Assist members in leaning to use public transportation •Assist members in grocery shopping •Assist members in incorporating social, educational, and otherwise meaningful activities into their schedules •Assist member and clinicians in developing intensified service or crisis intervention plans
	Location(s):	**KernBHRS** 2001 28th Street, South Tower, Bakersfield, CA 93301		

Funding Category	Program	Program Description	Program Goal	Services Offered
PEI	**Access to Care: Crisis Hotline**	24/7 team that provides both crisis and non-crisis counseling, suicide intervention, coping skills guidance, and referrals for persons who call and are in immediate crisis situations. Additionally, the hotline can be used as an access point to assist someone wanting to access care even if they are not in crisis. **Program Category:** Access & Linkage **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults Crisis Hotline: (800) 991-5272 *Suicide Use Division Hotline: (866)266-4898 *Available after-hours	Collaborate with callers on solutions and coping skills to assist through their crisis. Ensure that callers who are at imminent risk get immediate assistance.	•Crisis Intervention • Suicide risk assessment and intervention •Mental Health and Substance Use Disorder related support and referral •Follow-up calls and caring notes
	Location(s):	**KernBHRS** 2525 North Chester Ave., Bakersfield, CA 93308		
PEI	**Court Appointed Special Advocates (CASA)**	Utilizes trained advocates to thoroughly research each child's trauma and developmental history, then ensure that the information reaches the proper Psychiatrists. **Program Category:** Access & Linkage **Population Focus:** Children and Transition Age Youth	Increase cross-system coordination. Increase service time to foster youth through ensuring essential histories that will aid in decision making are known to treatment providers.	•File assessments •Essential History Form completion •EH Form to Health & Education Passport in Child Welfare Services
	Location(s):	**CASA of Kern County** 1717 Columbus St., Bakersfield, CA 93305		
	Continuum of Care Reform Foster Youth Engagement	The Continuum of Care Reform (CCR) Foster Youth Engagement (FYE) Team focuses on the fundamental principle of CCR, which is that "Children should not have to change placements to get the services and supports they need". CCR Foster Youth Engagement focuses on helping to facilitate safety and permanence through trauma informed care. Through engagement efforts and system coordination foster youth will be supported within their family or family like environment whenever possible. As the needs of the youth do require the more structured treatment of a Short-Term Residential Therapeutic Program (STRTP), the CCR Foster Youth Engagement Team will support Intensive Care coordinator (ICC), STRTP and CFT in implementation of trauma-focused care aimed at	Actively engage with foster youth, families and partner agencies, while providing support, direct services, attend Intensive Care Coordinator's/Client Family Team (ICC's/CFT) Meetings, and complete Qualified Individual (QI) assessment when needed providing recommendations to placing agency as to the best placement and treatment options for foster youth.	•Engage with Partner Agencies providing support and outreach and education. •Participate in Intensive Care Coordination (ICC) meeting and assist in recommending needed services and supports to foster youth in Short-Term Residential Therapeutic Program's (STRTP's) or those referred for Qualified Individual (QI) assessment requesting placement in STRTP. •Conduct Mental Health (MH) Assessments and Treatment plans as deemed necessary. •Consultations Ongoing collaboration with partner agencies and STRTP's.

Funding Category	Program	Program Description	Program Goal	Services Offered
	Continuum of Care Reform Foster Youth Engagement (continued)	providing appropriate treatment, so that foster youth may be stepped down to family/ family-based home setting in a timely manner. **Program Category:** Outreach for Increasing Recognition of Early Signs of Mental Illness. **Population Focus:** Children and Transition Age Youth		
	Location(s):	**KernBHRS Children's System of Care** 3300 Truxtun Ave., Bakersfield, CA 93301		
PEI	**Foster Care Engagement**	Works to actively engage youth in the Foster Care system who are not engaged in mental health services. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Children and Transition Age Youth	Actively engage and provide care for foster youth with mild-to-moderate behavioral health care needs. Increase foster care referrals for behavioral health needs through outreach and education efforts.	•Outreach and education to Social Workers (SW's) with DHS and Foster Family Agencies (FFA's) •Psychoeducation to DHS SW's. FFA's and foster parents •Consultations •Review referrals for care •Prevent lapse in services •Expedite services for foster youth •Assessment Treatment services
	Location(s):	**KernBHRS Children's System of Care** 3300 Truxtun Ave., Bakersfield, CA 93301		
PEI	**Help Me Grow**	Offers developmental and behavioral screening to Kern County parents for their children aged 0-5 years old. **Program Category:** Access & Linkage **Population Focus:** Children aged 0-5	Provide early screening for development and behavioral services needs for children. Link to and provide appropriate care for children screening positive for developmental and behavioral care needs.	•Developmental and behavioral screenings •Complete online Ages and Stages Questionnaire screening services. •Referrals to KernBHRS
	Location(s):	**First 5** 2724 L St., Bakersfield, CA 93301		
PEI	**Homeless Outreach Program**	Serves homeless individuals with behavioral health needs. Supports to help these individuals achieve and maintain long term stability and permanent housing. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth, & Adults/Older Adults	Increase the number of homeless individuals referred into behavioral health treatment. Decrease the number of days of homelessness for individuals with behavioral health conditions.	•Linkage to appropriate treatment services •Linkage to housing •24/7 Homeless Outreach Hotline •Transportation Services •Food and clothing assistance

Funding Category	Program	Program Description	Program Goal	Services Offered
	Homeless Outreach Program (continued)			
	Location(s):	***Mental Health Systems, Inc.** 5121 Stockdale Hwy., Suite 200 Bakersfield, CA 93309 **Flood Bakersfield Ministries, Inc.** 610 24th St., Bakersfield, CA 93301		
PEI	**KCSOS- School Based Program (formerly known as Kern Youth Resilience and Support Program)**	Offers behavioral health interventions and mentoring services to designated school districts. Other services include Outreach and education services, training and support for staff, students, parents, and communities. **Program Category:** Access & Linkage **Population Focus:** Children, Transition Age Youth, & Adults	Increase preventative school-based services for at-promise youth in grades 6-8.	•Mental Health First Aid Training •Forward Thinking Interactive Journaling •Cognitive Behavioral Therapy (CBT) • Mentoring through utilization of members of AmeriCorps •Family/parent engagement projects •Cross-system coordination Monitor families to ensure successful connections to KernBHRS or other behavioral health provider
	Location(s):	**Beardsley Junior High School** 1001 Roberts Lane Bakersfield, CA 93308 **Haven Drive Middle School** 341 Haven Drive Arvin, CA 93203 **KCSOS Community Learning Center** 222 34th Street Bakersfield, CA 93301 **Richland Junior High School** 331 Shafter Avenue Shafter, CA 93263 **Standard Middle School** 126 Ferguson Avenue Bakersfield, CA 93308 **Wallace Middle School** 3240 Erskine Creek Rd Lake Isabella, CA 93240		
PEI	**Living Well**	Provides specialized services to populations underserved in the community such as individuals diagnosed with an eating disorder, LGBTQ+, human trafficking victims, and individuals who have experience severe trauma. **Program Category:** Stigma & Discrimination Reduction **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults	Prevent further deterioration in areas of life functioning due to mental illness. Increase access to specialized services for unserved and underserved individuals. Increase staff competency in treating special programs.	•Eye Movement Desensitization and Reprocessing (EMDR) •Cognitive Behavioral Therapy (CBT) •Dialectical Behavioral Therapy (DBT) •Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ+) •Eating Disorder •Family Connections DBT
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309 **The Center for Sexuality and Gender Diversity** 902 18th St., Bakersfield, CA 93301		

Funding Category	Program	Program Description	Program Goal	Services Offered
PEI	**Outreach & Education**	Outreach and Education is managed by the Outreach and Education Coordinator who is the main contact for O&E events being attended and represented by KernBHRS staff. Requests to attend events are received by the O&E Coordinator either by email or a Wufoo request. Other O&E events may include: Representation at Town Hall Meetings, Specialized presentation requests, and Meeting with community members who are interested in learning more about KernBHRS services. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults	Increase stakeholder feedback to identify unserved and underserved populations. Increase Mental Health First Aid Training to community. Increase participation in community events throughout Kern County. Increase utilization of State funded campaign information and materials focused on suicide prevention and stigma reduction.	•May is Mental Health Awareness Month •September is Suicide Prevention Awareness Month •September is Substance Use Recovery Awareness Month •NAMI Walk •Save a Life Today (SALT) Walk •Each Mind Matters •Know the Signs •Multiple ethnically, culturally, and spiritual significant community outreach events
	Location(s):	**KernBHRS** 2001 28th St, North Tower, Bakersfield, CA 93301		
PEI	**Prepare U**	The Prepare U curriculum follows a carefully designed arc to help students learn the skills needed to identify mental and emotional risks and concerns, more effectively cope with concerns in healthy ways on their own, and know how to engage additional parental, community, or professional support when needed. **Program Category:** Prevention **Population Focus:** Children, Transition Age Youth	Ensure students learn the skills necessary to increase mental health and wellbeing. Increase understanding of biopsychosocial determinants of mental health. Bring awareness of how to safely and effectively conduct experiential learning activities related to mental health in a classroom environment.	•Teacher's manual •Students manual •Class videos •Meditation videos •Interactive card game •Crisis Resources
	Location(s):	**Buena Vista High School-Continuation** 900 N 10th St Taft, CA 93268	**Taft Union High School** 701 Wildcat Way Taft, CA 93268	**A.M. Thomas Middle School** 20979 Lobos Court Lost Hills, CA 93249	**Community Learning Center** 222 34th St Bakersfield, CA 93301

Funding Category	Program	Program Description	Program Goal	Services Offered
PEI	**Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)**	Provides community outreach, education, and engagement services. Outreach and Education services are provided with the focus of identifying and engaging at risk adults who are experiencing challenges in accessing and/or remaining engaged in traditional mental health and substance use disorder services. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth, & Adults/Older Adults	Improve accessibility of care by successfully linking individuals with ongoing treatment services. Decreased number of monthly law enforcement contacts as evidenced by data collected by the law enforcement communications centers.	•Access and linkage to care •Engagement with family members and individuals •Identifying and linking at-risk adults •Outreach in community settings, homeless shelters, veteran service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, park and other public settings •Follow-up with individuals
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309 **Clinica Sierra Vista** 8787 Hall Rd., Lamont, CA 93241 *Due to needs shifting within Kern County during the pandemic, the REACH team was disbanded and rebranded to provide necessary more focused and tailored support to the county's need. From REACH, 3 different programs were created, and the program was therefore rebranded.		
PEI	**REACH Expansion**	Provide community outreach, education, and engagement services. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth, & Adults/Older Adults	Improve accessibility of care by successfully linking individuals with ongoing treatment services. Improve service engagement by increasing the number of individuals remaining engaged in treatment. Increase the number of individuals successfully discharging from KernBHRS treatment services. Decreased number of monthly law enforcement contacts as evidenced by data collected by the law enforcement communications centers.	**REACH Outreach Services** •Access and linkage to care •Engagement with family members and individuals •Identifying and linking at-risk adults •Outreach in community settings, homeless shelters, veteran service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, park and other public settings **REACH Reengagement Services** •Follow-up with individuals •Service coordination for re-engagement •Engage clients •Family engagement •Full range of services
	Location(s):	**SERAWC** 1600 E. Belle Terrace Way Bakersfield, CA 93307 **Clinica Sierra Vista** 8787 Hall Road Lamont, CA **NERAWC** 3751 Columbus St Bakersfield, CA 93306 ***College Community Services** 930 F Street **WRAWC** 5121 Stockdale Hwy Ste 275 Bakersfield, CA 93309 **College Community Services** **Child Guidance Clinic** 661 Roberts Ln. Bakersfield, CA **College Community Services** **Clinica Sierra Vista** 1400 South Union Ave. Bakersfield, CA **College Community Services** 2821 H. St **Clinica Sierra Vista** 828 High Street Delano, CA ***College Community Services** ***Clinica Sierra Vista** 3717 Mt. Pinos Way, Suites C&D Frazier Park, CA ***College Community Services** 113 East F Street ***College Community Services**	

Funding Category	Program	Program Description	Program Goal	Services Offered
	REACH Expansion (continued)	Wasco, CA 1021 4th Street, Ste. B Taft, CA 2731 Nugget Avenue Lake Isabella, CA Bakersfield, CA 1400 North Norma St., Ste. 133 Ridgecrest, CA Tehachapi, CA 16940 Highway 14, Ste. F Mojave, CA *Due to reductions in Mental Health Services Act funding caused by the COVID-19 pandemic the following locations ended in FY 20/21: CSV Frazier Park, CCS Wasco, CCS Ridgecrest, CCS Tehachapi, & CCS Mojave. Due to needs shifting within Kern County during the pandemic, the REACH team was disbanded and rebranded to provide necessary more focused and tailored support to the county's need. From REACH, 3 different programs were created, and the program was therefore rebranded.		
PEI	**Suicide Prevention Outreach & Education**	Provides KernBHRS staff, members of the community, community-based organizations, businesses, churches, educational organizations, and others seeking education, training and resources pertaining to suicide prevention. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults Suicide Prevention Hotline (800) 273-8255	Identify and provide support for families who have lost a loved one to suicide.	•Culturally competent outreach and training to Kern County: -Question, Persuade, and Refer (QPR) Training. -Applied Suicide Intervention Skills Training (ASIST) -More than Sad -Zero Suicide practices. -Customized trainings and presentation to fit target population.
	Location(s):	**KernBHRS** 2525 North Chester Ave., Building H., Bakersfield, CA 93308		
PEI	**TAY Dual Recovery**	Provides immediate supportive behavioral health and substance use care in a sober living environment for up to 90-days. **Program Category:** Early Intervention **Population Focus:** Transition Age Youth	Provide a safe setting for TAY to stabilize, which will improve the likelihood of being able to effectively diagnose and treat emotional and behavioral difficulties.	•Substance abuse groups (daily in-house) •Individual substance abuse counseling •Alcoholics Anonymous or Narcotics Anonymous meetings (one per day) •Transportation assistance •Teaching life skills group •Case management
	Location(s)	**The Third Tradition** 3316 Lavern Ave., Bakersfield, CA 93309		
PEI	**TAY Self Sufficiency**	One-stop resource center for current and former foster youth. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth	Youth goals, progress and areas for opportunity are reviewed through the Casey Life Skills Assessment and Casey Life Skills Homeless Youth Assessment based on the type of services received. The Casey Life Skills Homeless Youth Assessment will serve as the assessment tool for SSP case managed youth who are homeless. Once housed, these formerly homeless youth will receive the Casey Life	•Engagement and linkage to resources and services •Medi-Cal assistance •Emergency food assistance •Housing assistance •Educational advocacy/support •College financial aid •Workshops and group learning •Leadership development

Funding Category	Program	Program Description	Program Goal	Services Offered
	TAY Self Sufficiency (continued)		Skills Assessment. Both tools are designed to be used in a collaborative conversation between the SSP Prevention Services Facilitator and the youth.	
	Location(s):	**The Dream Center** 1801 19th St., Bakersfield, CA 93301		
PEI	**Volunteer Senior Outreach Program (VSOP)**	Recruits and trains volunteers to act as companions and advocates for adults over 60 who are housebound, have a limited support system and/ or family support or have experienced a significant loss. Program also provides peer to peer support. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Older Adults	Provide information on mental illness to seniors in the community. Increase access and linkage to treatment for older adults, including those in underserved populations. Provide support for older adults by increasing social interaction and meaningful activity in their daily lives.	•Public education through health fairs, senior living facilities, churches, and community collaborative meetings •Provide information on program as well as signs and symptoms of mental illness to dispel stigma and create access to services. •Referrals to screening at outreach events •Screening •Early intervention treatment •Referrals to higher level of care •Screening to measure prescription drug and alcohol use •Peer to peer support
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Ste 275 Bakersfield, CA 93309 ***College Community Services** 930 F Street Wasco, CA 93280 **College Community Services** 113 F Street Tehachapi, CA 93561 **Aging & Adult Services** 5357 Truxtun Ave Bakersfield, CA 93309 **College Community Services** 2731 Nugget Ave Lake Isabella, CA 93240		
PEI	**Youth Brief Treatment**	Provides stigma reduction education materials and outreach designed to allow for ease of access and linkage to treatment for those with behavioral health care needs. Same day walk-in mental health screening, assessment, and brief interventions for those in need and is available through providers in Geographic Service Areas throughout Kern County. **Program Category:** Early Intervention	Increase knowledge and supportive attitudes about mental health care and stigma reduction. Outreach to traditionally underserved families and youth.	•Education and outreach to schools and the community •Walk-in assessment and brief treatment •Clinical skills training for staff

Funding Category	Program	Program Description	Program Goal	Services Offered
		Population Focus: Children & Transition Age Youth		
	Youth Brief Treatment (continued) Location(s):	**KernBHRS Children's System of Care** 2621 Oswell Street, #119 Bakersfield, CA 93306 **Child Guidance Clinic** 3628 Stockdale Hwy Bakersfield, CA 93309 **Child Guidance Clinic** 1430 6th Ave Delano, CA 93215 **Child Guidance Clinic** 2001 North Chester Ave Bakersfield, CA 93308 **Clinica Sierra Vista** 3105 Wilson Rd Bakersfield, CA 93304 **Clinica Sierra Vista** 7839 Burgundy Ave Lamont, CA 93241 **College Community Services** 29341 Kimberlina Rd, Suite 102 Wasco, CA 93280		
PEI	**Youth Juvenile Justice Engagement**	Provides treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system. **Program Category:** Access & Linkage **Population Focus:** Children & Transition Age Youth	Increase access to mental health care for unserved and underserved youth and families. Reduce the duration of untreated mental illness for those with serious mental health care needs. Provide outreach to increase recognition of early signs of mental illness.	•Consultation for engagement •Access and linkage to treatment programs •Mental health treatment. •Reduce repeat incarceration •Reduce school failure and/or dropout •Reduce or eliminate suicidal ideation and self-harm
	Location(s):	**KernBHRS Children's System of Care** 3300 Truxtun Ave., Bakersfield, CA 93301		
PEI	**Zero Suicide**	Linkage and access to suicide-specific treatment for clients and staff care for those who work with suicidal clients. It is designed to implement communitywide suicidal ideation and behavior screening through a specific set of tools and strategies. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Transition Age Youth & Adults/Older Adults Suicide Prevention Hotline: 1-800-273-8255	Prevent suicide by universally screening for risk and eliminating the likelihood of death by suicide.	•Suicide screening •Suicide risk assessment. •Safety plan •Suicide care management plan •Educating the community and spreading awareness •Awareness campaigns and training
	Location(s):	**Assertive Community Treatment (ACT)** 5121 Stockdale Highway, Suite 275, Bakersfield, CA 93309 **Homeless Adult Team (HAT)** 2525 North Chester Kern Linkage Program- Suite C, Bakersfield, CA 93308 **Wellness, Independence, Senior Enrichment (WISE)** 5121 Stockdale Highway, Suite 150B, Bakersfield, CA 93309		
INN	**Learning Health Care Network**	Additional Innovation funding will be used to support the CSC model and run it to fidelity. This will include additional staff positions for accurate client to provider ratio,	Enhanced Culturally Appropriate and Education to the community. Fast-tracking people experiencing Early Psychosis into care	•Education and outreach to individuals and families on recognizing the early signs of psychosis and offer treatment options to these individuals.

Funding Category	Program	Program Description	Program Goal	Services Offered
	Learning Health Care Network (continued)	standardized outcome measurement tracking, and buy-in to a network of leaders within the field of Early Psychosis.		
	Location(s):	**KernBHRS Commonwealth** 3300 Truxtun Ave, Bakersfield, CA 93301		
INN	**Mobile Clinic with Street Psychiatry**	Provides a mobile clinic with psychiatry services the community along with outreach services.	Remove barriers to psychiatric and behavioral health care. Provide additional support to aid the homeless crisis in Kern.	• Street Psychiatry •Mobile Medical Services •General Public Outreach Community Support •Disaster Response
	Location(s):	*This program goes out to the community to provide services.		
INN	**Special Needs Registry Project-Smart911**	Purchased and implement the Smart 911 registry and assist individuals with behavioral health needs to create a Smart 911 profile **Program Category:** Innovation **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults	Increase awareness of providing vital information for first responders in case of an emergency or disaster. Increase the number of profiles created. Increase awareness of Smart911 by attending outreach events and collaborating with first responders. Increase media and social media marketing.	•Safety Profiles •Facility Profiles •Vulnerable Needs registry •Outreach events to help clients and the community sign up
	Location(s):	**Administration: KernBHRS** 2001 28th St Bakersfield, CA 93301	Public Service Answering Points at Police and Fire Departments throughout Kern County	**Smart911.com**
INN	**The Healing Project (AKA The Recovery Station)**	Provides a safe place for adults to gain sobriety and begin discussions about options and possibilities for achieving sustained sobriety and stability. Once sober a bridge into linkage and access to mental health and substance use services are provided and available. **Program Category:** Innovation **Population Focus:** Adults 18 and older	Provide a law enforcement diversion for persons who are acutely intoxicated and have a co-occurring mental illness where, instead of being arrested, they are presented with an opportunity for peer engagement, assessment, brief clinical interventions, and linkage with community-based services.	•Comfort and hygiene services •Mental health and substance use screening •Warm hand-off to community services and supports •Recovery planning •Peer support services
	Location(s):	**The Healing Project- Bakersfield** 312 Kentucky Street Bakersfield, CA 93305	**The Healing Project- Delano** 629 Main St Delano, CA 93215	
WET	**Clinical Internship**	KernBHRS staff pursuing licensure in the mental health Licensed Practitioners of Healing Arts (LPHAs) are provided direct clinical supervision hours required by licensing authorities, utilizing training and experiential learning.	Provide KernBHRS staff development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human	•Core Competencies based on the Marriage and Family Therapist, Social Work, Professional Clinical Counselors Competencies. Associates and/or Interns gain weekly hours based on the number of

Funding Category	Program	Program Description	Program Goal	Services Offered
	Clinical Internship (continued)	**Program Category:** Workforce Education and Training **Population Focus:** Staff/Workforce	diversity consultation, interdisciplinary relationships, supervision, ethics, law and public policy.	clients/patients they provided services to each week.
	Location(s):	**Administration** 3300 Truxtun Ave Bakersfield, CA 93301	• **Rotations at each KernBHRS Clinical Team Location**	
WET	**Psychology Internship**	Provides interns a broad range of clinical experiences in a variety of settings. **Program Category:** Workforce Education and Training **Population Focus:** Students, Staff/Workforce	Achieve post-doc licensure after the completion of the internship term.	•Development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, interdisciplinary relationships, supervision, ethics, law, public policy and scientific foundations and research.
	Location(s):	**Psychology Internship Administration** 3300 Truxtun Ave. Suite 225 Bakersfield, CA 93301	**Foster Care Rotation**2621 Oswell St., Ste 119Bakersfield, CA 93306	
WET	**Relias Learning**	Online easy-to-use training system which provides a myriad of training modules for behavioral health agencies. **Program Category:** Workforce Education and Training **Population Focus:** Staff/Workforce & Workforce	Provide updated relevant training with over 930 online modules that are updated monthly.	•Team Building •Therapy Methods Specific to Demographic (Children Youth and Families, Older Adults, Serious Mental Illness) •Supervision and Management Skills •Compliance/Safety •HR/Legal •Employee Support and Development •Addiction •Integrated Care •Behavioral Health General, Paraprofessional •Cultural Competence Trainings
	Location(s):	**KernBHRS** 3300 Truxtun Ave., Bakersfield, CA 93301		
WET	**Training Enhancement**	Provides various workforce development trainings and conferences for KernBHRS staff, providers, and the public. **Program Category:** Workforce Education and Training	Reduce the stigma associated with mental health and increase the knowledge and skills of our workforce.	•Conferences •Trainings •Eye Movement Desensitization and Reprocessing (EMDR) startup

Funding Category	Program	Program Description	Program Goal	Services Offered
	Training Enhancement (continued)	**Population Focus:** Behavioral Health Staff, Parents, Non-profit agency staff that deal with homeless individuals or victims of domestic violence, K-12 Educators and School Counselors		
	Location(s):	**KernBHRS** 3300 Truxtun Ave. Bakersfield, CA 93301		
CFTN	**The Healing Project (AKA The Recovery Station)**	The project consists of renovating two buildings and adding technological infrastructure that will transform the buildings into secure locations that meet the needs for people undergoing sobering and recovery treatment. **Program Category:** Capital Facilities and Technological Needs **Population Focus:** No clients will be served. Cost to this project is only for building costs.	Signed contracts with contracted providers that will provide services and help with the construction plan of the buildings. During FY 20/21, one Healing Project location will be purchased.	•Services within The Healing Project will provide adults with access and linkage to treatment for mental health and/or substance use disorders
	Location(s)	For more information, please contact the MHSA team at MHSATeam@kernbhrs.org		

COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Services and Supports

Community Services and Supports (CSS) is the largest component of the Mental Health Services Act (MHSA). The CSS component is focused on community collaboration, cultural competence and client and family driven services and systems. CSS maintains a wellness focus, which includes concepts of recovery and resilience, integrated service experiences for clients and families, as well as serving the unserved and underserved. Housing is also a large part of the CSS component.

CSS Programs:

Full-Service Partnership (FSP)

- Adult Wraparound
- Adult Transition Team (ATT) and Homeless Adult Team (HAT)
- Assertive Community Treatment (ACT)
- Transition Age Youth (TAY)
- Wellness, Independence, and Senior Enrichment (WISE)
- Youth Multi-Agency Integrated Services Team (Youth MIST)
- Youth Wraparound

System Development (SD)

- Access and Assessment and Crisis Walk-in Clinic (CWIC)
- Adult Wraparound Core
- Consumer Family Learning Center
- Home to Stay
- Recovery and Wellness Center (RAWC)
- Self-Empowerment Team (SET)

Outreach and Engagement

- Currently, we do not have an O&E Program under this funding stream. Outreach and Engagement programming occurs under our PEI category.

Housing Program

- Currently, we do not have a Housing Program under this funding stream. Housing services are provided through our Home to Stay program in System Development.

FULL SERVICE PARTNERSHIP (FSP) PROGRAMS

Full-Service Partnership Programs

KernBHRS continues in FY 2020/2021 with seven (7) Full-Service Partnership (FSP) programs which make up 53% (of budgeted funds for the CSS component). FSP programs are designed to serve those with serious mental illness and/or severe emotional disturbance. Mental health care provided by KernBHRS System of Care teams and providers working in FSPs provide "whatever it takes" services, meaning care is available 24/7 to assist with crisis intervention and immediate needs.

Children, Transition Age Youth (TAY), Adults and Older Adults receive care built to fit specific needs to reduce homelessness, suicide, incarcerations, school dropout or failure, unemployment and prolonged suffering.

FSP Teams by Age Group:

FSP Programs	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)
Adult Transition Team (ATT)/ Homeless Adult Team (HAT)			X	X
Adult Wraparound KernBHRS			X	X
Assertive Community Treatment (ACT)			X	X
Transition Age Youth (TAY)		X		
Wellness, Independence, and Senior Enrichment (WISE)				X
Youth Multi-Agency Integrated Services Team (MIST)	X	X	X	X
Youth Wraparound	X	X		

FSP Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 21/22, including all revenue sources.

FSP Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Adult Transition Team (ATT)/ Homeless Adult Team (HAT)	$3,150,646	$3,842.25	820
Adult Wraparound KernBHRS	$1,467,817	$9,469.79	155
Assertive Community Treatment (ACT)	$1,529,124	$40,712.76	75
Transition Age Youth (TAY)	$3,042,832	$10,142.77	300
Wellness, Independence, and Senior Enrichment (WISE)	$1,318,687	$13,186.87	100
Youth Multi-Agency Integrated Services Team (MIST)	$1,497,385	$12,478.21	120
Youth Wraparound	$4,382,042	$4,237.95	1034

FSP Programs	
Adult Transition Team (ATT)/ Homeless Adult Team (HAT)	**Updates:** **Homeless Adult Team:** HAT has started providing on site services for residents of Bakersfield's homeless shelters and low barrier navigation centers, as well as expanding outreach with community partners Flood Ministries and Clinica Sierra Vista to engage with individuals whose mental health symptoms prevent them from utilizing shelter or navigation center beds. Additionally, HAT has created an expansion team called Relational Outreach and Engagement Model team (ROEM). ROEM works with clients who have a high behavioral health need, who are highly visible in the community and who have a history of refusal of services and/or lack of engagement. ROEM clients do not traditionally carry a lengthy legal history, however; they do identify as chronic homeless. ROEM works diligently to eliminate the barriers to housing and behavioral health services. ROEM works closely with public agencies and community organizations including: Flood Ministries, The Navigation Centers, The Homeless Center and The Mission as well as payee service providers, legal assistance programs, sober living environments and additional agencies providing affordable housing. **Adult Transition Team:** ATT now works closely with the parole behavioral health program for referrals for clients who are on parole. ATT has also begun working with Superior Court and the Public Defender's office to provide court ordered diversion services to individuals who are competent to stand trial and would benefit from an outpatient mental health program in lieu of serving jail sentences. Both teams have also begun a new pilot program, Individual Placement Support (IPS) that assists clients in obtaining competitive employment by assisting with the application and interview process, teaching skills to manage symptoms while on the job and consulting regularly with employers to provide the support necessary to maintain employment. **Success Story:** **Homeless Adult Team:** Individual was referred to the Homeless Adult Team (HAT) while residing in a shelter-based program. This individual has over a ten-year history of mental health treatment, going from crisis services to outpatient care, to treatment while incarcerated. While working the shelter program and participating in HAT services, the individual was able to obtain therapy to deal with past trauma. After successfully completing the program, individual was able to be placed at a low barrier shelter where obtained a housing voucher and now lives independently. **Adult Transition Team:** Prior to receiving services with ATT, the individual was homeless, had several interactions with law enforcement, and severe substance abuse. Since beginning treatment, individual has maintained housing for the last 18 months, works regularly with psychiatrist and therapist to address symptoms, meets with a substance abuse counselor to maintain sobriety, and has maintained employment for the last two months with the help of our new Individual Placement Support (IPS) program.

FSP Programs	
Adult Wraparound KernBHRS	**Updates:** Adult Wraparound staff has been assigned to each local provider Clinica Sierra Visa, Child Guidance and College Community Services to wraparound acute clients in need of intensified services who are at risk for a crisis. Bakersfield Referral Team was transferred to Adult Wraparound during this fiscal year. Bakersfield Referral Team receives referrals from the community, family members or other professionals for individuals that may need mental health services. Staff focus on building rapport with the referred individuals and offer support in linking to needed resources, services and supports. **Success Story:** Individual was referred to Adult Wraparound short-term level 4 services by Outpatient Team due to utilizing crisis hotline and Mobile Evaluation Team (MET) with increased suicidal Ideation. Adult Wraparound coordinated services at a rate of 4 direct services a week face to face and one phone call. The individual had clinical support on the weekends when needed. Three months later the individual was able to obtain employment, maintain medication compliance and return to using only outpatient services; reflecting the decrease in acuity, intensity, crisis utilization and increasing functioning, social relationships, and engagement with available resources.
Assertive Community Treatment (ACT)	**Updates:** No current updates. **Success Story:** Individual was referred to Assertive Community Treatment (ACT) during an extensive stay at an inpatient psychiatric hospital. Individual has a medical condition that requires medication but was unwilling to follow medical directives which intensified the medical condition. After several months of intensive engagement, individual became willing to engage in behavioral health interventions and began talking with ACT staff. Individual was willing to move to a room and board facility and began taking medication. Individual is currently stable and has not required hospitalization or crisis services for several months.
Transition Age Youth (TAY)	**Updates:** The team has been working diligently to partner with the TAY Dual Recovery Program at Third Tradition Sober Living to provide support to youth with co-occurring disorders. The youth can stay in this program for up to 90 days but can now be extended to an additional 90 days should they require additional support. This has allowed us to provide additional support to the most vulnerable youth to help support their mental health and substance use recovery. The team has also been providing Eye Movement Desensitization Reprocessing (EMDR) therapeutic services to client with favorable outcomes **Success Story:** A former Transition Age Youth (TAY) individual has secured employment with one of our community partners. This individual struggled with substance use, suicidal ideations, and history of self-harming. After receiving services, the individual is doing well, receives praise from the employer and is helping other TAY individuals with achieving their goals

FSP Programs	
Wellness, Independence, and Senior Enrichment (WISE)	**Updates:** In 2020 as the Covid-19 pandemic began WISE made modifications to the way services were provided to maintain continuity of client care. This included the use of Personal Protective Equipment (PPE) and social distancing while providing services outside client's homes. Telehealth via virtual platforms were also incorporated for those who preferred to continue with services via this method while navigating the uncertainty of the pandemic **Success Story:** Individual was linked to the WISE team after seeking help for severe symptoms of depression, anxiety, anger, feelings of worthlessness, visual/auditory hallucinations, and suicidal ideations. Since joining the WISE team the individual has actively participated in individual rehab and individual therapy and learned cognitive-behavioral therapy techniques and coping skills to manage symptoms. Through extensive targeted case management services individual was able to reach the goal of getting accepted into a senior housing apartment. Individual reports looking forward to sessions, happily completes "homework," and with the support of the WISE team, was able to reconnect with friends and family.
Youth Multi-Agency Integrated Services Team (MIST)	**Update:** Youth MIST equips parents/caregivers with psychoeducation and insight into their child's mental health diagnosis, medication, and child welfare and school information including the special education and Individual Education Plan (IEP) process. Youth MIST works with the entire family, and caregivers are offered support and mental health services when needed as well. Youth MIST strives to instill hope and empowerment, provide a holistic approach to promote health and well-being, and integration into the community for both the youth and their family. **Success Story:** Supervisor had heard about a youth in the Special Multi-Agency Referral Team (SMART) for several years. Youth was having severe tantrum behaviors, school problems and suicide ideation. Youth was referred to Treatment Foster Care Oregon (TFCO) and has graduated from the program. Tantrums have been completely extinguished, is stable in school and has learned many self-soothing and coping skills that there is no longer suicide ideation. Youth is in a stable long term (forever) foster home.
Youth Wraparound	**Update:** Youth Wraparound continues to partner with Kern Behavioral Health and Recovery Services (KernBHRS) Crisis Services to co-locate staff at the Mary K Shell Center and also the Psychiatric Evaluation Center addressing crisis utilization rapidly and providing more timely services. Staff have also responded directly to Kern Medical ER to triage linkage and broker services. In conjunction with our geographic providers Youth Wraparound sub-units, we continue to notify the system of crisis utilization and request service intensification by sending a written letter to complement existing notifications. The intended outcome is to have all youth utilizing crisis services benefit from intensified services and simultaneously reduce recidivism. **Success Story:** Youth presented as self-harming, not accepting responsibility for negative behaviors, having difficulty working through trauma and was having difficulty communicating with mother and is now doing much better. After providing services, this youth now has accepted

FSP Programs	
Youth Wraparound (continued)	responsibility for any negative behaviors, communicating appropriately with mother and is no longer self-harming. Youth has own home and now has a driver's license and is able to drive.

MHSA ANNUAL FULL-SERVICE PARTNERSHIP OUTCOME AND MEASUREMENTS REPORT DATA FOR FISCAL YEAR 2020-2021

PARAMETERS

- PARTNERS WHO HAVE COMPLETED 1 YEAR OF FSP
- BASELINE IS MEASURED AS 12 MONTHS PRIOR TO PARTICIPATING IN THE FSP
- BASELINE IS COMPARED TO YEAR 1 AND THE PERCENT CHANGE IN GREEN FONT MEANS IMPROVEMENT WHILE RED FONT IS NO IMPROVEMENT AT THIS TIME



FULL-SERVICE PARTNERSHIP TEAMS:
ACT
ADULT WRAP AROUND
ATT/HAT
TAY
MIST
WISE
YOUTH WRAPAROUND





PARTNERS WHO HAVE COMPLETED ONE YEAR

	n	PARTNERS 12 months prior	Year 1	% Change
MH Emergencies	928	394	232	-41.12%
Psychiatric Hospitalizations	928	253	203	-19.76%
Incarcerations	943	159	88	-44.65%
Arrests	928	168	72	-57.14%
Homelessness	928	93	62	-33.33%
		DAYS/EVENTS		
		12 months prior	**Year 1**	**% Change**
Psychiatric Hospital Days	928	9,581	10,576	10.39%
Incarceration Days	928	18,015	9,971	-44.65%
Homeless Days	928	15,234	5,171	-66.06%
MH Emergency Events	928	1,730	926	-46.47%
Number of Arrests	928	337	116	-65.58%



BEHAVIORAL HEALTH&RECOVERY SERVICES

GENERAL SYSTEM DEVELOPMENT (SD) PROGRAMS

General System Development (SD) Programs

Designed to serve people and their families through alternative and culturally specific treatments, peer support, supportive services, wellness centers, personal service coordination, needs assessment, individual services and supports plan development, crisis intervention/stabilization services, family education services, and project-based housing. SD can also be used to improve the service delivery system for people and families and implement strategies for reducing ethnic/racial disparities.

Access to Care-Access and Assessment is the front door to KernBHRS – from our Crisis Hotline team to Access and Assessment. Access to Care teams are designed to provide access linkage to both System and Community mental health care. Recovery Supports is a set of treatment and recovery programs richly involved in peer support, through peer-involved and/or peer-led programs.

SD Teams by Age Group:

SD Programs	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adult (60+)
Access & Assessment/Crisis Walk-in Clinic (CWIC)	X	X	X	X
Adult Wraparound Core		X	X	X
Consumer Family Learning Center (CFLC)		X	X	X
Home to Stay	X	X	X	X
Recovery and Wellness Centers (RAWC)		X	X	X
Self-Empowerment Team (SET)		X	X	X

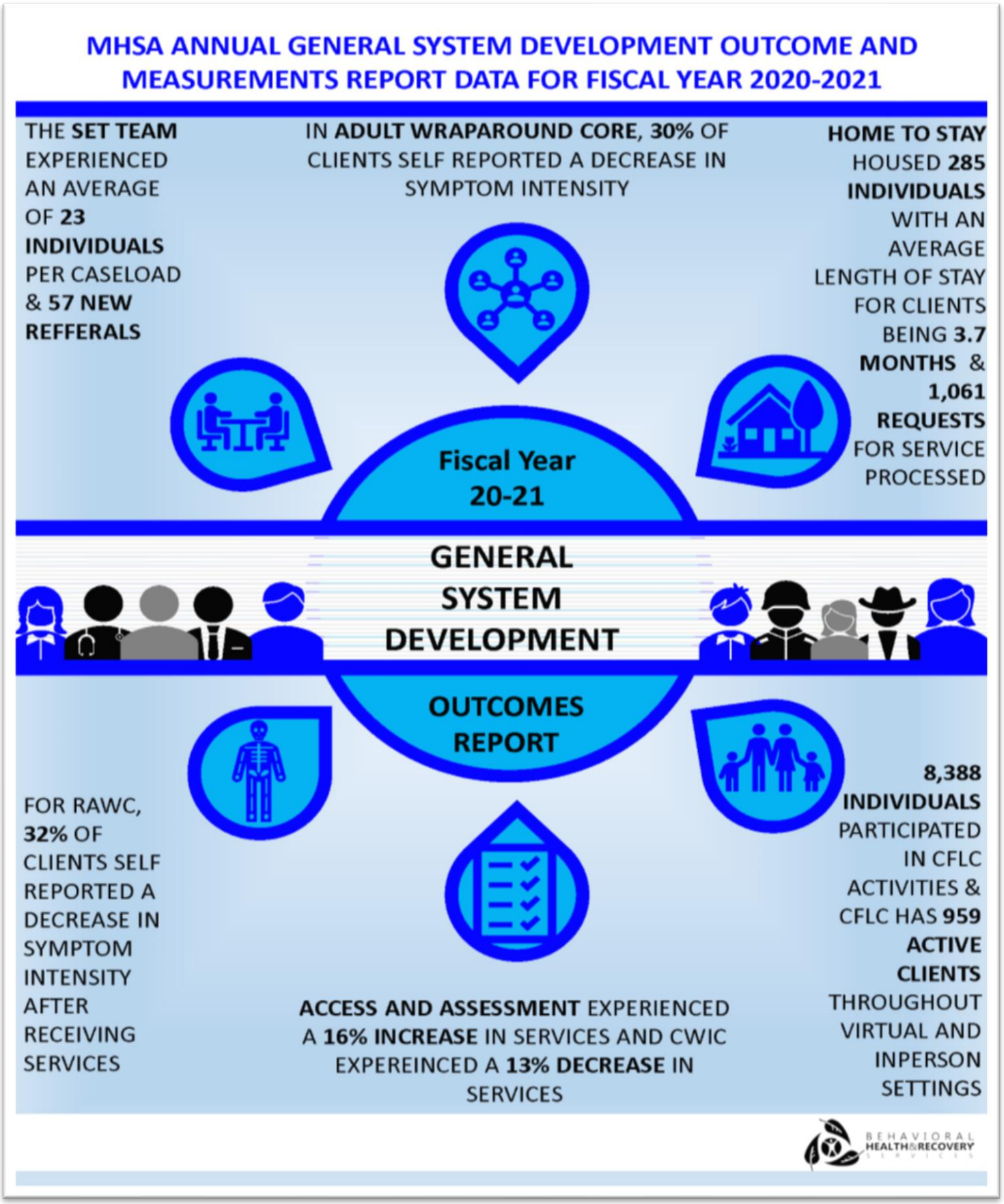
SD Proposed Expenditure Plan and Estimated Cost Per Client
The table below represents the estimated cost per client in FY 21/22, including all revenue sources

SD Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Access & Assessment/Crisis Walk-in Clinic (CWIC)	$1,759,414	$409.83	4,293
Adult Wraparound Core	$537,799	$1,792.66	300
Consumer Family Learning Center (CFLC)	$1,088,916	$197.98	5,500
Home to Stay	$497,067	$1,420.19	350
Recovery and Wellness Centers (RAWC)	$12,822,073	$2,331.87	5500
Self-Empowerment Team (SET)	$582,136	$1,485.03	392

Program	
Access & Assessment & Crisis Walk-in Clinic (CWIC)	**Updates:** The program continues to serve the community by linking them to appropriate services. **Success Story:** **Access & Assessment:** Staff were at an event when an individual called the staff by full name. The individual said, "I know you probably don't remember me, but you saved my life; you did my screening, help me get assess and get started with services. I was homeless and on drugs. Now I am stable, I have my own place, I am sober, and a college student." **CWIC:** A collaboration effort between Crisis Walk-in Clinic (CWIC) team and Assertive Community Treatment (ACT) team, we were able to create a plan to reduce crisis and hospitalizations interactions with a particular individual by engaging, wrapping around the individual and having individual serve as a peer on the unit by instilling hope. This has resulted in individual not having any crisis interactions or inpatient hospitalizations in two months.
Adult Wraparound Core	**Updates:** No current updates. **Success Story:** Individual had attempted suicide via overdose. Through WRAP services, individual was able to learn coping skills and create & utilize a safety plan. In addition, was able to identify stressors and replace them with positive outlets. Individual has not utilized crisis services since being involved in WRAP and has implemented the skills learned to regulate emotions.
Consumer Family Learning Center (CFLC)	**Updates:** Due to the COVID-19 pandemic, the MHSA-funded SD CSS consumer-led wellness centers continued providing groups, classes and individual services virtually. Participants were able to join the virtual sessions by videocall or audio only, according to their preferences. **Program Success:** A member started attending our Spanish Support groups at CFLC. The member used to be very quiet and not sure if support groups were a good fit. As a result of attending emotional support groups weekly and staying connected, we have seen a more confident person emerge. This member is more active in our group discussions and is always willing to share their recovery story with others.

Program	
Home to Stay	**Updates**: Outreach efforts are being developed including increased housing options, partnered with housing providers to adjust to COVID-19 issues, creating peer housing ambassadors, currently have staff housing ambassadors and the Community Based Organization group as potential peers. **Success Story:** Multiple individuals gained housing independence by using the tools and resources available to gain employment or approval for Social Security Insurance (SSI) which led them to housing independence in which they were able to pay for their own housing and to successfully maintain their own finances in order to remain in their current housing.
Recovery and Wellness Centers (RAWC)	**Updates:** As of December 2020, the team has been working on a Discharge Project identifying clients ready to transition to lower levels of care upon consulting with Dr., Nurse and dyad team. The team was also assigned two additional employees to assist with the Discharge Project, which has been very successful. **Success Story:** Individual began receiving services due to history of Auditory and Visual Hallucinations with paranoia and depressed, mood, and anxiety. Individual isolated in their room daily and lacked any motivation to engage in employment. Since receiving services, individual has stopped hearing voices and seeing shadows and their depressed mood, anxiety and paranoia has decreased significantly. Individual has returned to work and has held down a job for the last three months. Individual has extensive history and continues to experience mental health symptoms that lead to inpatient hospitalization and conservatorships. Individual has benefited from intensive and wrap around services, individual therapy, individual rehab and case manage to improve independent living skills, social skills, increasing insight and awareness and improving overall wellness. Individual is attending to basic hygiene, completing household chores, utilizing GET bus transportation services and has repaired relationships with parents. Individual was receiving treatment services with the team, with continued support, skills and case management individual was able to move out of Room & Board. Individual has been residing with family member and reports being much happier at new placement. With the assistance of family support, continued case management and REACH staff, individual has successfully graduated from the program and transferred to lower level of care with a community provider.
Self-Empowerment Team (SET)	**Updates:** Due to the COVID pandemic, SET staff have shifted their focus from training consumers on how to use the public bus system, to training consumers on how to use ride services that are provided by their healthcare providers (upon request), in order to assist consumers in attending appointments and obtaining medications from pharmacies. **Success Story:** An individual served by the Self-Empowerment Team (SET) experienced co-occurring mental health and substance use disorder challenges. This individual lived at a Permanent Supportive Housing (PSH) facility for former chronically homeless individuals. Following planned

Program	
Self-Empowerment Team (SET) (continued)	inpatient psychiatric hospitalizations that included medication administration, this individual regained their faculties; now follows medication regimen; can stay focused; has become a fully functional member of society; and lives in harmony with others in a sober living environment. This success story demonstrates the positive impact of collaboration between the individual receiving services, the contracted Behavioral Health service provider, and the Kern Behavioral Health and Recovery Services System of Care.


MHSA ANNUAL GENERAL SYSTEM DEVELOPMENT OUTCOME AND MEASUREMENTS REPORT DATA FOR FISCAL YEAR 2020-2021
THE SET TEAM EXPERIENCED AN AVERAGE OF 23 INDIVIDUALS PER CASELOAD & 57 NEW REFFERALS
IN ADULT WRAPAROUND CORE, 30% OF CLIENTS SELF REPORTED A DECREASE IN SYMPTOM INTENSITY
HOME TO STAY HOUSED 285 INDIVIDUALS WITH AN AVERAGE LENGTH OF STAY FOR CLIENTS BEING 3.7 MONTHS & 1,061 REQUESTS FOR SERVICE PROCESSED
Fiscal Year 20-21
GENERAL SYSTEM DEVELOPMENT
OUTCOMES REPORT
FOR RAWC, 32% OF CLIENTS SELF REPORTED A DECREASE IN SYMPTOM INTENSITY AFTER RECEIVING SERVICES
8,388 INDIVIDUALS PARTICIPATED IN CFLC ACTIVITIES & CFLC HAS 959 ACTIVE CLIENTS THROUGHOUT VIRTUAL AND INPERSON SETTINGS
ACCESS AND ASSESSMENT EXPERIENCED A 16% INCREASE IN SERVICES AND CWIC EXPEREINCED A 13% DECREASE IN SERVICES
BEHAVIORAL HEALTH & RECOVERY SERVICES

PREVENTION AND EARLY INTERVENTION (PEI)

Prevention and Early Intervention

The goal of the Prevention and Early Intervention (PEI) component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

In October 2015, regulations pertaining to PEI programs were revised. These revisions included adding a series of components and strategies within the program structure. Originally, either prevention, early intervention, or a combined program may continue as such, but additional components are required to suit specific PEI needs, including: Access and Linkage to Treatment, Outreach for Increasing Recognition for Early Signs of Mental Illness, Stigma and Discrimination Reduction, and an optional Suicide Prevention program.

KernBHRS has practiced demographic reporting throughout PEI programs. This is done via surveys and through outreach opportunities including the Community Stakeholder Planning Process and other Stakeholder meetings.

The Crisis Hotline and Outreach & Education programs provide Stigma and Discrimination Reduction and Outreach for Increasing Recognition of Early Signs of Mental Illness services. The Crisis Hotline, a suicide prevention program also received its five-year re-accreditation through the American Association of Suicidology and is part of the National Suicide Prevention Lifeline.

During 2015/2016, the Crisis Hotline also implemented the Suicide Outreach Team, which works with the Kern County Coroner to identify and provide support for families who have lost a loved one to suicide. PEI programs within the KernBHRS System of Care and its providers have been developed to serve all age groups: Children, TAY, Adults, and Older Adults.

PEI Programs

- Access to Care – Crisis Hotline
- Court Appointed Special Advocates (CASA)
- Continuum of Care Reform Foster Youth Engagement
- Foster Care Engagement
- Help Me Grow
- Homeless Outreach Program
- KCSOS- School Based Program
- Living Well
- Outreach and Education

- Prepare U
- Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)-Rebranded
    - Community Referral Network
    - Reengagement
- Suicide Prevention Outreach & Education
- TAY Dual Recovery
- TAY Self Sufficiency
- Volunteer Senior Outreach Program (VSOP)
- Youth Brief Treatment (YBT)
- Youth Juvenile Justice Engagement
- Zero Suicide

PEI Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 21/22, including all revenue sources.

PEI Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Access to Care- Crisis Hotline	$2,144,675	$56.44	38,000
Continuum of Care Reform Foster Youth Engagement	$767,777	$9,597.21	80
Court Appointed Special Advocates (CASA)	$20,000	$400.00	50
Foster Care Engagement	$718,429	$1,596.5	450
Help Me Grow	$261,555	$622.75	420
Homeless Outreach Program	$1,500,000	$1,500.00	1000
KCSOS-School Based	$599,724	$1,713.50	350
Living Well	$1,451,252	$6,595.60	220
Outreach & Education	$148,193	$11.86	12,500
Prepare U	$104,509	$1,066.42	98
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)	$1,009,253	*Program has been rebranded	*Program has been rebranded
Suicide Prevention Outreach & Education	$250,656	$25.07	10,000
TAY Dual Recovery	$220,095	$5,118.49	43
TAY Self Sufficiency	$325,562	$715.52	455
Volunteer Senior Outreach Program (VSOP)	$771,032	$10,280.43	75
Youth Brief Treatment (YBT)	$2,836,759	$591.61	4,795
Youth Juvenile Justice Engagement	$194,926	$1,911.04	102
Zero Suicide	$159,102	$11.36	14,000

PEI Programs	
Access to Care-Crisis Hotline	**Updates:** There has been an increased community need for the Crisis Hotline during the Pandemic. Kern has seen increased utilization during these trying times. KernBHRS has been able to keep the Crisis Hotline fully staffed and available 24/7 through the COVID-19 pandemic. **Success Story:** We had an individual call multiple times, very angry and using explicit language. Staff encouraged the individual to continue calling and express themselves as needed. Staff was very accepting and caring and were extremely patient with the individual. Initially the individual would not answer questions but after some time the individual started to share. This individual was suffering many losses and experienced fleeting thoughts of suicide. Eventually a safety plan was established, and individual was connected to services.
Continuum of Care Reform Foster Youth Engagement	**Updates:** In the fall of 2021, Legislation passed requiring all counties effective 10/1/2021 to provide trained professional and licensed clinicians to provide Qualified Individual Assessments to all children being referred to a Short Term Residential Therapeutic Program. This enacted the birth of the new Continuum of Care Reform Foster Youth Engagement team. **Success Story:** KernBHRS was notified in the early fall of the new legislative requirements to provide the Qualified Individual Assessment support and worked very quickly to put together a new team that would be responsible for the programmatic goals and provide the needed assessments to all children being referred to a Short Term Residential Therapeutic Program. The Continuum of Care Reform Foster Youth Engagement program was developed with stakeholder support and launched on 10/11/2021.
Court Appointed Special Advocates (CASA)	**Update:** CASA is currently serving 115 children prescribed Mental Health Medications. We are in the file mining process on 24 of those cases. We met our funding goals for FY 20-21 by completing 48 CASA Essential Histories. The Mental Health Program Supervisor will be changing to a new lead in the next month. We continue to be assigned to children who have significant mental health needs. **Success Story:** Court Appointed Special Advocates (CASA) was preparing a court report of observations regarding the youth, the CASA asked the group home administrator for the list of medications and dosages that youth was currently taking. CASA had received a report and compared it to the group home staff's records and found there was a large discrepancy in what was ordered and what was being given to the youth. CASA completed an Essential History Form and asked to be present at the follow-up medication management session via zoom. After speaking with the CASA, reading the CASA Essential History, assessing the youth's behaviors both before and after the med increase, it was determined that the medication need to be given as prescribed and the dosage reduced. Without the CASA's following up to look and compare the records from both the prescribing doctor and the group home staff, the youth could have continued to be over-medicated. CASA considers this to be the backbone of the Mental Health Advocacy program and a success story.

PEI Programs	
Foster Care Engagement	**Updates:** Foster Care Engagement continues to provide ongoing education and support to social workers, foster youth, and their family/support system by highlighting the benefits of early detection, referral, and overall benefits of coordinating behavioral health services to help foster youth prevent decompensation and entry into a higher level of care. **Success Story:** Youth was recently placed in foster care and had difficulty engaging with trusting adults including Foster Care Engagement Team Therapist. Youth ran away upon being placed giving the Therapist barriers to establishing a rapport and finding stable placement. However, with ongoing communication with Department of Human Services (DHS) staff and the ability to provide immediate unscheduled services to the youth, Therapist began to build rapport with youth through a client-centered approach. With the help of the Therapist and collaboration with DHS, a Therapeutic Foster Care Oregon placement was found which will help with ongoing behavioral health services, support, and stability that will help youth be successful with the goal of reunifying with family
Help Me Grow	**Update:** The program has collaborated with preschool sites to provide support to their classrooms in providing the screening online or by phone. HMG is collaborating with Unite Us to explore different options for the referral process. The HMG Care Coordinator will use the Unite Us platform to support the families in the referral process for children who may need additional support services. The HMG committee continues to meet once a month to network with agencies that provide children services. **Success Story:** 2-1-1 Development Specialist assisted a parent with the screening tools. During the screening, the parent talked about concerns with child's speech and behavior. Once the screening was complete, a referral was sent to the Help Me Grow (HMG) Care Coordinator due to the screening outcomes. At the end of the call, the parent expressed gratitude for the screening services available by 2-1-1 and Help Me Grow. Stated was hopeful that the child might finally receive the services needed.
Homeless Outreach Program	**Updates:** During the COVID-19 pandemic, Flood Ministries has continued to provide street outreach and engagement, screening for the Coordinated Entry System for prioritization for housing placement, linkage to behavioral health and medical services, and housing placement, through the Homeless Outreach Program. **Success Story:** Kern Behavioral Health and Recovery Services (KernBHRS) in collaboration with Flood Ministries and the Housing Authority, were able to successfully transfer a formerly chronically homeless individual with high behavioral health needs and other complex medical conditions, who was having a hard time in their current placement, to an independent living facility and improved the quality of their life by avoiding a return to homelessness.

PEI Programs	
KCSOS-School Based Program	**Updates:** During the 2020-2021 school year, 975 individuals participated in professional development training or outreach events. There have been some staff changes. Two full-time School Social Workers and four AmeriCorps mentors were hired to fill open positions during the start of the 2021-2022 school year. A new Program Supervisor and Coordinator I were hired. Schools have returned to full in-person instruction. **Success Story:** Family member reached out to the school for mental health support and the individual was referred to the School Social Worker (SSW). Family had recently moved from out of state and the individual had been receiving Social Security Insurance (SSI) benefits and taking medication to address mental health needs. Individual had been given a short supply of medication prior to the move by provider and was running out. There was a hold placed on individuals Medi-Cal coverage due to the move between states. The SSW was able to collaborate with the Kern County Superintendent of Schools (KCSOS) Medi-Cal Navigator Program to help the family get their Medi-Cal activated. Through the collaboration between the SSW and Navigator Project Facilitator the individuals Medi-Cal was activated that same day and able to start services with a provider.
Living Well	**Updates:** Within the last year the program has implemented a new fidelity program titled Individual Placement Support (IPS). Support is provided to clients seeking employment, obtaining employment, and maintaining employment. **Success Story:** Individual was in out of the hospital due to physical complications due to their eating disorder behaviors. The individual has made progress and is now at a healthier weight and has had symptoms reduction. The individual's symptoms have improved and is able to manage anxiety along with keeping a healthy diet. Individual was struggling with night terrors. Individual was in Eye Movement Desensitization and Reprocessing (EMDR) for 6 months and was able to gain resourcing skills from the start that helped with the night terrors. Not all symptoms of trauma completely went away. However, with EMDR individual was able to utilize resourcing skills in the moment to cope and continue to complete daily tasks. Dialectical Behavioral Therapy (DBT) participant and graduate that suffered with severe emotion dysregulation, anxiety and agoraphobia which prevented them from leaving their house, their ability to care for themselves, live independently and negatively impacted their relationships. By graduation the individual had learned how to manage their thoughts and emotions to a degree that allowed them to recover. Individual Placement Support (IPS) provided support to an individual to ensure that individual is asking the right questions on the job and safety matters on the job etc. This individual works at a Distribution Center and was hired on permanently and is very excited.

Outreach & Education

Updates: As more High Schools are returning to in class setting, more requests from schools have been solicited from school administrators and staff for KernBHRS staff to attend school events as resource fairs.

Success Story: Kern BHRS & Creative Crossing Co-Create collaborated on The EverGREEN Project to create and depict 4 large scale public facing murals at different locations throughout Kern County and promote mental health awareness and help erase the stigma related to mental health. These murals were rendered in a culturally appropriate way and were gifted to community-based organizations in high public traffic areas to increase visibility and encourage the public to start conversations around mental wellness.



PEI Programs	
Prepare U	**Update:** KernBHRS has expanded the Prepare U Program to the Bakersfield City School District. Both Standard and Beardsley School District have active Memorandums of Understanding with KernBHRS and are looking to implement in the beginning of the new FY 2022-2023. **Success Highlight:** Based on the feedback we received from our largest school district, to reach children at a younger age, the Live Network has updated its curriculum to be more culturally responsive to the Kern County demographic.
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)	**Update:** Due to needs shifting within Kern County during the pandemic, the REACH team was disbanded and rebranded to provide necessary more focused and tailored support to the county's need. From REACH, 3 different programs were created, and the program was therefore rebranded: • Bakersfield Referral Network-additionally, this program was rebranded under the menu of services component of the Full-Service Partnership Adult Wrap around team. This program will expedite outreach to individuals that need support entering the system of care. • Community Referral Network- this component is comprised of geographical providers outreach to individuals that need support entering the system of care within the rural areas of Kern County. • Reengagement- this component of programming is set aside to reengagement individuals that are open to the system of care but have not engaged in treatment, support or services for a period of time. This population is deemed as those possibly needing to reengage in treatment. **Program Highlight and Success:** • Bakersfield Referral Team was transferred to Adult Wraparound during this fiscal year. Bakersfield Referral Team receives referrals from the community, family members or other professionals for individuals that may need mental health services. • Community Referral Network- A referral was received from family support who reported individual was non-verbal, not leaving their room, and not completing basic activities of daily living such as showering and eating. Outreach services were provided and through multiple home visits, rapport was built with individual and education regarding effective ways to support individual was delivered to the family. After much effort individual was successfully linked to outpatient mental health services and continues to progress and be actively engaged in treatment. • Reengagement- Individual was referred to Reengagement by their treatment team. Individual had significant health issues that were barriers to consistent participation in treatment. In addition to facilitating linkage to various medical specialist appointments,

PEI Programs	
	Reengagement staff made regular home visits to monitor Mental Health (MH) progress/symptoms and helped individual build a natural support system that included friends, neighbors and reestablishing a relationship with family. Individual was successfully closed to the Reengagement program and continues to be actively engaged in treatment.
Suicide Prevention Outreach & Education	**Update:** Program has continued to provide awareness trainings online because of COVID-19 and is looking forward to the time school campuses reopen fully to visitors to allow speakers to come into schools and present. **Success Story:** Completed an online training for suicide awareness. An attendee felt a family member was depressed but was afraid to ask the "Suicide" question. After the training, decided to ask the question and found out the family member had a full plan. They knew to call Hotline and got the family member help. Attendee did NOT want to go to the training but decided to attend.
TAY Dual Recovery	**Updates:** The TAY team has been working diligently to partner with the TAY Dual Recovery Program at Third Tradition Sober Living to provide support to youth with co-occurring disorders. The youth can stay in this program for up to 90 days but can now be extended to an additional 90 days should they require additional support. This has allowed us to provide additional support to the most vulnerable youth to help support their mental health and substance use recovery. The team has also been providing Eye Movement Desensitization Reprocessing (EMDR) therapeutic services to client with favorable outcomes. **Success Story:** Individual transitioned from the Transition Age Youth (TAY) program to Third Tradition Sober Living. Individual obtained a California Identification Card, Electronic Benefit Transfer (EBT) card, Social Security Card, and COVID vaccination card while at Third Tradition. Individual has gained fulfilling relationships that have been positive influences. Individual shared "The people here at Third Tradition have become my family. They believe in me, and I trust them, they motivate me to be positive and make the right decisions". While at Third Tradition individual has made strides and have learned living skills; cooking, cleaning, time management, and money management.
TAY Self Sufficiency	**Updates:** New partnerships that were established during FY 2020-2021 with KernBHRS' Substance Use Disorder Team, Homeless Adult Team, and BHRS Recovery Station made it possible to better link youth to mental health and/or substance abuse intervention/treatment services when BHRS Transition Aged Youth (TAY) Team gates are closed or if youth do not meet criteria for the TAY Team. **Success Story**: A homeless youth who was struggling with substance abuse decided was at the point where finally wanted supportive services and housing. The Kern Behavioral Health and Recovery Services (KernBHRS) TAY Team immediately responded to a referral submitted by Self-Sufficiency Program (SSP) staff and the youth quickly entered the TAY Third Tradition Sober Living program. With the support of Third Tradition, TAY, and SSP staff, the youth was able to achieve sobriety, obtain employment, and successfully moved into his/her own housing unit.

PEI Programs	
Volunteer Senior Outreach Program (VSOP) Volunteer Senior Outreach Program (VSOP) (continued)	**Updates:** In 2020 as the Covid-19 pandemic began VSOP made modifications to the way services were provided to maintain continuity of client care. This included the use of Personal Protective Equipment (PPE) and social distancing while providing services outside client's homes. Telehealth via virtual platforms were also incorporated for those who preferred to continue with services via this method while navigating the uncertainty of the pandemic. **Success Story:** Individual lives alone and would spend most of the time isolated which slowly began to negatively impact their wellbeing, creating anxiety and low mood. Was introduced to the senior center and began to expand social skills and develop interpersonal relationships. Individual was linked to different resources and to a Volunteer Senior Outreach Program (VSOP) volunteer who met in the home to provide socialization which helped to reduce isolation. At the end of services, the individual demonstrated improvement and attending the senior center on their own and reporting a decrease in low mood and anxiety.
Youth Brief Treatment (YBT)	**Updates:** No current updates. **Success Story:** Kern Behavioral Health and Recovery Service's Outpatient clinic provided services for a family seeking behavioral health treatment for their child. Youth, initially, reported symptoms of depression which were creating impairments to educational activities. Family reports due to services received, individual is now very happy, grades are better, has straight A's, mood is much better, and individual socializes more with the family.
Youth Juvenile Justice Engagement	**Updates:** Continues to partner with KCPD (Kern County Probation Department) to engage youth in Juvenile Justice focusing on engagement pre and post incarceration and in facilities such as Juvenile Hall, Pathways, Crossroads, and Camp Owens. Coordinated with KCPD to engage youth prior to their dispositional hearing once in custody to reduce time to access mental health services and increase engagement, collaborated with juvenile justice to participate in Intensive Case Coordination Meetings, navigate WIC 709 referrals from Juvenile Superior Court, and attend court hearings to advocate for services and supports for youth from a myriad of referral sources. **Success Story:** Began working with a youth at the beginning of this year, youth has struggled with mental health and substance use issues but has remained receptive throughout treatment to change. Team continued to meet with the youth while detained which allowed us the ability to strengthen rapport and provide interventions. Since being released, youth has been linked to substance use services and remains engaged and

PEI Programs	
	receptive to treatment. Our ability to meet with youth while incarcerated allows us to maintain rapport, provide safety, and provide stability when they feel most alone.
Zero Suicide	**Updates:** As of November 2021, Zero Suicide has been implemented within the following divisions at Kern Behavioral Health and Recovery Services (KernBHRS): Adult System of Care, Children System of Care, Crisis Division, and Kern Linkage Division. Zero Suicide is currently being implemented with the Substance Use Division at KernBHRS, with estimated completion by June 2022. Additionally, Zero Suicide has been implemented with all specialty mental health services contractors, including Child Guidance Clinic, Clinica Sierra Vista, College Community Services, and Mental Health Systems. **Success Story:** Provider reported that they use the list of individuals on the Positive Action Toward Hope and Healing (PATHH) to identify individuals at risk of suicide. Kern Behavioral Health and Recovery Services (KernBHRS) and its providers have completed a total of 95,258 screeners in the Electronic Health Record (EHR). With Zero Suicide forms being included as drop downs within progress notes, staff report that this makes it easier for them to complete the screener. Teams reported that they spent a lot of time screening and scanning the screeners into the EHR, however now with Zero Suicide forms integrated into their progress notes it has freed up staff time to do client care.

3 Year PEI Evaluation Report FY19-20 to FY21-22

Kern County MHSA Prevention and Early Intervention

EVALCORP
Measuring What Matters

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3

INTRODUCTION

The Mental Health Services Act (MHSA) was passed by California voters in 2004 through Proposition 63, which designated funding to improve mental health service systems throughout the State. MHSA has several funded components, including Prevention and Early Intervention (PEI), which is intended to support programs that prevent mental illnesses from becoming severe and disabling.

Through MHSA funds, Kern Behavioral Health & Recovery Services (KernBHRS) supports PEI programs that address the mental health prevention and early intervention needs of the County's culturally and regionally diverse communities. KernBHRS funded programs that were administered by both the County and contracted community service providers.

KBHRS contracted with EVALCORP Research & Consulting to evaluate the MHSA funded programs starting in FY 19-20. This report summarizes data for PEI programs funded during FYs 18-19, 19-20, and 20-21 to look at trends in outcomes, satisfaction, and demographics. The evaluation employed a mixed-methods approach, utilizing quantitative and qualitative data provided to the County by PEI-funded programs.



PEI PROGRAMS

The goal of the Prevention and Early Intervention (PEI) component of the MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers and family members in the development of PEI projects and programs.

PEI programs were required to suit specific needs including Access and Linkage to Treatment, Outreach for Increasing Recognition for Early Signs of Mental Illness, Stigma and Discrimination Reduction, and Suicide Prevention.

The Crisis Hotline and Outreach & Education programs provide Stigma and Discrimination Reduction and Outreach for Increasing Recognition of Early Signs of Mental Illness services. The Crisis Hotline, a suicide prevention program, also received its five-year re-accreditation through the American Association of Suicidology and is part of the National Suicide Prevention Lifeline. During 2015/2016, the Crisis Hotline also implemented the Suicide Outreach Team, which works with the Kern County Coroner to identify and provide support for families who have lost a loved one to suicide.

PEI programs within the KernBHRS System of Care and its providers have been developed to serve all age groups: children, transition-age youth (TAY), adults, and older adults. The PEI Programs for the three fiscal years (FYs) covered in this report are listed in Table 1. The descriptions of these programs are in Table 2.

PEI PROGRAMS

Table 1. PEI Programs by Fiscal Year, 2018 - 2021

Program Name	FY 18-19	FY 19-20	FY 20-21
1. *Access to Care: Crisis Hotline*	X	X	X
2. *Art Risk Reduction Program*	X	X	
3. *Biblical Counseling*	X	X	
4. *Court Appointed Special Advocates*	X	X	X
5. *Early Psychosis Outreach & Intervention: LaCLAVE*	X	X	
6. *Family Connections Dialectical Behavior Therapy*	X	X	
7. *Foster Care Engagement*	X	X	X
8. *Freedom, Recovery and Empowerment with Dogs*	X	X	X
9. *Help Me Grow*	X	X	X
10. *Homeless Outreach Team*	X	X	X
11. *KCSOS- School Based Program (formerly known as Kern Youth Resilience and Support Program)*			X
12. *Living Well*		X	X
13. *Outreach & Education*	X	X	X
14. *Packed for Recovery*	X	X	
15. *Prepare U*		X	X
16. *Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH) Expansion*	X	X	X
17. *Suicide Prevention Outreach and Education*	X	X	X
18. *TAY Career Development*	X	X	
19. *TAY Dual Recovery*		X	X
20. *TAY Self Sufficiency*	X	X	X
21. *Transitions Curriculum*	X	X	
22. *Volunteer Senior Outreach Program*	X	X	X
23. *Yoga*	X	X	X
24. *Youth Brief Treatment*	X	X	X
25. *Youth Juvenile Justice Engagement*	X	X	X
26. *Zero Suicide*		X	X

6

PEI PROGRAMS

Table 2. PEI Program Descriptions

Program Name	Description
Access to Care: Crisis Hotline	Provides crisis intervention, suicide risk assessment, intervention, referral to services, information about community-based resources, and problem solving and coping skills. Offers mental health and substance use disorder related support and referral as well as follow-up calls and caring notes.
Art Risk Reduction Program	Allows clients to explore and express themes through diverse media. Themes may include stress reduction, relaxation, emotional expression, exploration of self and self-esteem/empowerment, reinforcement of positive self-talk, dealing with loss or trauma, relationships, anxiety management techniques and development of coping skills.
Court Appointed Special Advocates	Utilizes specially trained CASA's to thoroughly research each child's trauma and developmental history, then ensure that the information reaches the proper psychiatrists.
Early Psychosis Outreach & Intervention: LaCLAVE	Conducts outreach to LatinX populations to provide linkage to treatment services to adolescents and young adults experiencing symptoms of early psychosis.
Family Connections Dialectical Behavior Therapy	Provides general and diagnosis-specific psychoeducation to those with family members experiencing mental health symptoms.
Foster Care Engagement	Works to actively engage youth in the foster care system who are not engaged in mental health services. Social workers are provided psychoeducation on the importance of engaging foster youth in order to both identify potential undiagnosed and address current mental health concerns.

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Table 2. PEI Program Descriptions (continued)

Program Name	Description
Freedom, Recovery and Empowerment with Dogs	A prevention program that adds an animal interventionist and a certified therapy canine into existing Seeking Safety groups and other evidence-based practices. Adding animal-assisted interventions and therapy can help to attract certain individuals into group services and to better engage with the facilitators and their peers and receive the material in a more effective manner.
Help Me Grow	Offers developmental and behavioral screening to Kern County parents for their children aged 0-5 years old. This universal surveillance and screening is provided for all children and links those at risk for developmental and behavioral problems to appropriate programs and services.
Homeless Outreach Team	Serves homeless individuals with behavioral health needs. The program provides a wide range of services and supports to help these individuals achieve and maintain long term stability and permanent housing. The program includes two primary components: homeless street outreach and housing services (including housing wraparound services).
KCSOS- School Based Program (formerly known as Kern Youth Resilience and Support Program)	Utilizes evidence-based practices and programs to reduce stigma associated with either being diagnosed with a mental illness or seeking mental health services, increase awareness of behavioral health issues which will result in early identification, and create a culture change to normalize positive mental health. These strategies are implemented in designated school districts within Kern County include behavioral health interventions and mentoring services.

8

PEI PROGRAMS

Table 2. PEI Program Descriptions (continued)

Program Name	Description
Living Well	Provides specialized services to populations underserved in the community. The program ensures individuals with very specific treatment needs are afforded services provided by staff appropriately trained to address these needs. Populations served include perinatal (including individuals experiencing symptoms post-partum), veterans, individuals diagnosed with an eating disorder, LGBTQ+, human trafficking victims, and individuals who have experienced severe trauma.
Outreach & Education	The main contact for O&E events being attended and represented by KernBHRS staff.
Packed for Recovery	Provides services to KernBHRS clients who are exiting homelessness, incarceration, in-patient care, TAY or Child Short-Term Residential Therapeutic Program.
Prepare U	An easy-to-facilitate, evidence-supported, multi-faceted experiential mental health curriculum designed for grades 8-12. The curriculum help students learn the skills needed to identify mental and emotional risks and concerns, more effectively cope with concerns in healthy ways on their own, and to know how to engage additional parental, community, or professional support when needed.
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH) Expansion	Provides community outreach, education and engagement services to community members and partner agencies, with the focus of identifying and engaging at risk adults who are experiencing challenges in accessing and/or remaining engaged in traditional mental health and substance use disorder services. Delivers temporary case management services to assist individuals in getting successfully linked with ongoing outpatient treatment.

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Table 2. PEI Program Descriptions (continued)

Program Name	Description
Suicide Prevention Outreach and Education	Provides suicide prevention outreach and education services to support the efforts of KernBHRS in providing opportunities for training and outreach surrounding suicide prevention.
TAY Career Development	The Transition Age Youth (TAY) Career Development Program provides TAY youth (aged 16-25) a unique opportunity to address personal barriers, including stressors, while developing the skills necessary to successfully engage in gainful employment. The program was developed for TAY youth who are either new to the TAY mental health services program or who have transitioned from mental health care, primarily serving youth who have a history with foster care or probation.
TAY Dual Recovery	Provides immediate supportive behavioral health and substance use care in a sober living environment for up to 90-days to TAY. Focuses on stabilizing youth during their stay at the sober living facility to aid them in their recovery and community living.
TAY Self Sufficiency	Enhances services available for the Kern County Network for Children's Dream Center. Services are provided through a multidisciplinary effort involving various agencies and organizations.
Transitions Curriculum	Provides group or individual training designed to prevent prolonged suffering due to mental health symptoms. Focuses on personal life and career management.
Volunteer Senior Outreach Program	Utilizes trained volunteers, who work alongside clinicians and case managers to conduct outreach to older adults throughout Kern County. Designed to educate and engage seniors who are homebound or living independently and at risk of isolation.

Table 2. PEI Program Descriptions (continued)

Program Name	Description
Yoga	Provides stress management and mindfulness skills to Kern residents. Open to all, the program teaches residents techniques for managing stress in order to increase wellness.
Youth Brief Treatment	Provides stigma reduction education materials and outreach designed to allow for ease of access and linkage to treatment for those with behavioral health care needs. Offers same day walk-in mental health screening, assessment, and brief interventions for those in need.
Youth Juvenile Justice Engagement	Engages youth and families who have been active in the juvenile justice system. Provides treatment for those with mild-to-moderate mental health care needs.
Zero Suicide	A national best-practice suicide prevention framework for health and behavioral health care systems. The model stresses the importance of linkage and access to suicide-specific treatment for clients and staff care for those who work with suicidal clients.

METHODOLOGY

Evaluation Design

Demographics

Data about the demographic characteristics of PEI program participants are collected on an annual basis. In this report, demographics are reported in aggregate across all PEI programs by year. All demographic information is self-reported in the case of adults or parent-reported in the case of children. The demographic characteristics collected include age, disability status, ethnicity, gender, preferred language, race, sexual orientation, and veteran status. Pursuant to California Code of Regulations, Title 9 § 3560.010, sexual orientation, current gender identity, and veteran status are not collected from minors under 12 years of age.

Outcomes

To enhance compliance with the MHSA reporting regulations, KernBHRS contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with reporting requirements. Beginning in FY 20-21, two standardized PEI outcome surveys were developed: 1) a survey completed by clients about their own experiences with the relevant program, 2) a survey completed by parents/guardians of children under the age of nine. To ensure greater inclusivity and maximum reach, surveys were made available in both online and paper forms as well as in English and Spanish.

Referrals

Referrals from PEI programs to mental and social services are collected and displayed in this report in an aggregate fashion over a three-year timespan. Referrals are made both to services within the KernBHRS system of care and to external services. The tracking of referrals is used to demonstrate the extent to which PEI programs provide Access and Linkage to Treatment.

DEMOGRAPHIC DATA

The aggregate demographic program data are shown in Table 3. Demographic data displayed are unduplicated. However, it is possible that one individual may have received services from two or more PEI programs and thus be counted more than once in the aggregate data. Differences in sample size by category are primarily due to the fact that participants could decline to respond to any demographic item.

These tables highlight year over year differences in the demographic composition of program recipients across all PEI programs. One notable trend, for example, is the increase in the proportion of participants with disabilities served by PEI programs.

Table 3. Demographic Data by Fiscal Year, 2018 - 2021

	FY 18-19	FY 19-20	FY 20-21
Age	**n=2032**	**n=3133**	**n=2401**
12-15	52%	52%	52%
16-25	37%	42%	39%
26-59	2%	1%	4%
60+	9%	5%	5%
Disability	**n=931**	**n=943**	**n=471**
Has a disability	19%	57%	68%
No disability	81%	43%	32%
If they have a disability please select the type(s)*	**n=174**	**n=534**	**n=319**
Vision	10%	34%	18%
Hearing	2%	5%	5%
Mental	41%	33%	30%
Mobility	7%	3%	14%
Chronic	17%	10%	19%
Other	22%	16%	14%
Veteran Status	**n=594**	**n=1301**	**n=628**
Yes	2%	2%	4%
No	98%	98%	96%

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DEMOGRAPHIC DATA

Table 3. Demographic Data by Fiscal Year, 2018 – 2021 (continued)

	FY 18-19	FY 19-20	FY 20-21
Race	**n=3695**	**n=4843**	**n=4400**
American Indian or Alaska Native	1%	3%	1%
Asian	2%	1%	1%
Black or African American	10%	10%	8%
Native Hawaiian or other Pacific Islander	2%	-	-
White	24%	23%	26%
Other	59%	55%	60%
More than One	3%	8%	4%
Hispanic or Latino*	**n=1682**	**n=2233**	**n=2099**
Caribbean	-	-	-
Central American	-	2%	-
Mexican/Mexican American/Chicano	45%	45%	48%
Puerto Rican	-	-	-
South American	-	-	-
Non-Hispanic or Non-Latino*	**n=2029**	**n=2532**	**n=2175**
African	2%	4%	3%
Asian Indian/South Asian	-	-	-
Cambodian	-	1%	-
Chinese	-	-	-
Eastern European	-	-	-
European	1%	1%	1%
Filipino	-	-	-
Japanese	-	-	-
Korean	-	-	-
Middle Eastern	-	-	-
Vietnamese	2%	-	-
Other	48%	43%	45%
Two or More	2%	3%	2%
Language Spoken at Home	**n=3804**	**n=5150**	**n=4396**
English	81%	79%	78%
Spanish	18%	17%	18%
English and Spanish	-	4%	3%
Other	1%	1%	-

*In this table, ethnicities are divided into "Hispanic or Latino" and "Non-Hispanic or Latino." Percentages in this section are out of the total count of all ethnicities. However, the sample size at the head of each column in this section refers to the sample size of the "Hispanic or Latino" and "Non-Hispanic or Latino" groupings.

DEMOGRAPHIC DATA

In FY 2020-2021, PEI programs served proportionally more LGBTQ+ participants compared with prior years.

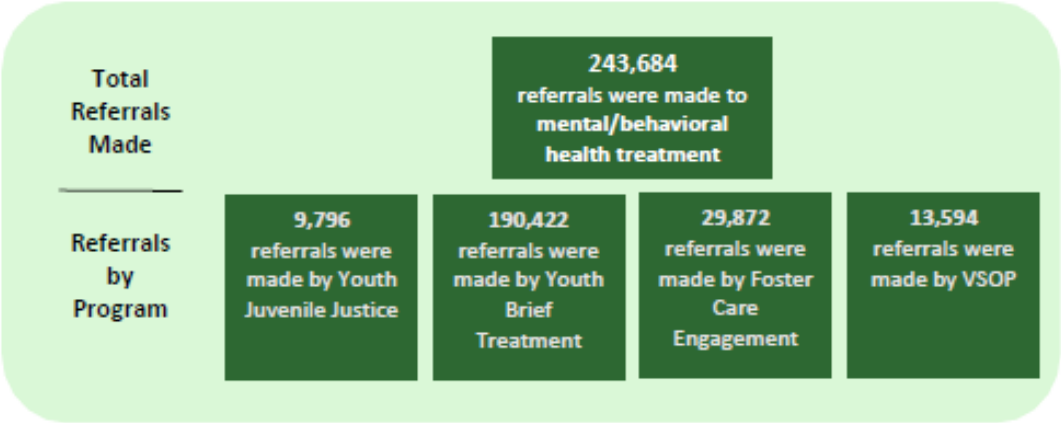
Table 3. Demographic Data by Fiscal Year, 2018 – 2021 (continued)

	FY 18-19	FY 19-20	FY 20-21
Gender Identity	**n=386**	**n=1196**	**n=390**
Female	54%	52%	44%
Male	54%	47%	39%
Transgender	1%	1%	4%
Genderqueer	-	-	1%
Other	-	-	7%
Questioning/unsure of gender identity	-	-	5%
Sex Assigned at Birth	**n=3757**	**n=5156**	**n=4457**
Male	51%	51%	49%
Female	49%	49%	51%
Another sex	-	-	-
Sexual Orientation	**n=310**	**n=984**	**n=324**
Heterosexual or Straight	86%	84%	60%
Gay or Lesbian	6%	4%	12%
Bisexual	6%	9%	8%
Queer	-	1%	1%
Questioning or unsure of sexual orientation	1%	1%	5%
Another sexual orientation	-	1%	14%

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REFERRALS TO MENTAL HEALTH SERVICES

PEI referrals are tracked to document the extent to which these programs provide Access and Linkage to Treatment. California Code of Regulations Title 9 § 3735 defines "Access and Linkage to Treatment" as "connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs."
The Access and Linkage to Treatment strategy is evaluated via referrals tracking from PEI programs. In this report, the number of referrals provided by PEI programs is reported for each program that currently tracks referrals, over the three-year period of the report (FYs 2018-2021).



Referrals were offered to link clients to the following types of services:

- Payee services
- Local food banks
- Churches that provide food and clothes
- Supplemental Security Income
- Primary care providers
- Independent living centers
- Department of Human Services (for MediCal and CalFresh)
- Recovery stations
- Narcotic Anonymous/Alcoholics Anonymous community groups
- Low-income housing

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PEI OUTCOMES SURVEY RESULTS FY 20-21

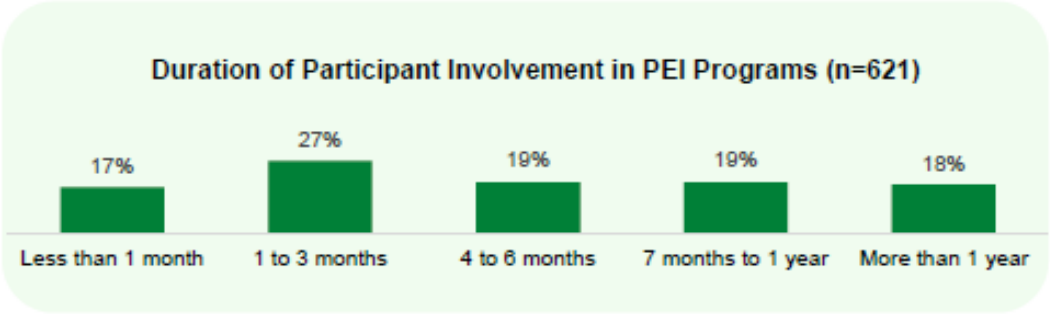
Outcomes are presented (1) in aggregate, by type of survey (i.e., self-report vs. child survey); and (2) by each of the PEI programs required to collect outcome data. Findings are presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts. Data collection occurred in two rounds – first during the month of October 2020 and second during the month of May 2021. The report shows the results of the October sample, followed by the May sample, and concluding with a report combining both months. The combined report may contain duplicated individuals depending on the duration for which the individual received services.

Outcome Surveys Collected by Program

	PEI Program Name	Survey Outcomes Data Number of Surveys
1	Foster Care Engagement	67
2	Freedom Recovery and Empowerment with Dogs (FRED)	13
3	KCSOS - School-Based Program	20
4	Living Well	33
5	Prepare U	44
6	Transition Age Youth Dual Recovery	9
7	Transition Age Youth Self Sufficiency	108
8	Volunteer Senior Outreach Program (VSOP)	43
9	Youth Brief Treatment (YBT)	292
10	Youth Juvenile Justice Engagement	21
	Total	650

Notes: several PEI programs are not required to collect surveys (e.g., Access to Care Crisis Hotline) and are not included in this table.

Duration of Participant Involvement

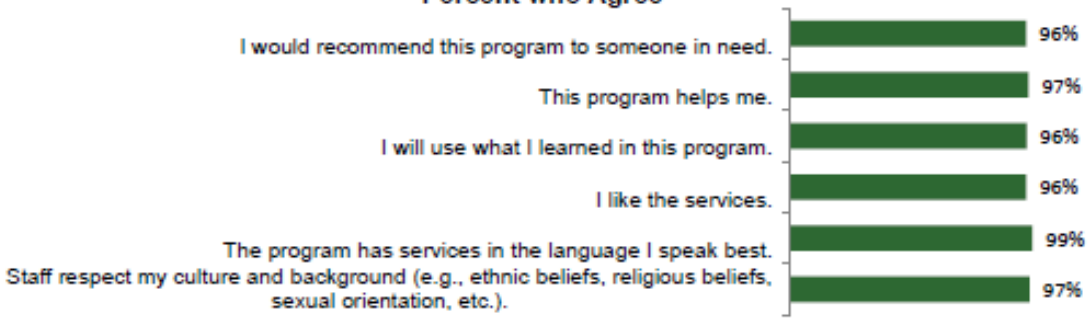


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Overall: Self-Report Survey Outcomes (9+ years old)

Survey results across all programs are reported together in this section of the report (n=650). A total of 428 participants completed the self-reported survey (i.e., individuals who were 9 years old or older), while a total of 222 participants completed the child survey (completed by the parent or guardian of children under the age of 9 or children requiring assistance completing the survey). Participants could choose whether to take the survey in English or Spanish; 584 surveys were completed in English and 66 surveys were completed in Spanish. Since not all programs were required to administer the second page of the survey, the sample size for the modules of the survey on the second page is smaller.

Program Satisfaction and Cultural Competence (n=423-428)
Percent who Agree



Outcomes (n=394-424)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	9%	91%
I think treatment can help improve symptoms of mental illness.	6%	94%
I am more likely to seek help for a mental health problem.	10%	90%
I know where to go for mental health services.	9%	91%
I know where to go for substance use services for myself or other household members.	19%	81%

18

Outcomes (n=187-194)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	8%	92%
I learned how to take steps towards the future I want.	13%	87%
I feel better.	11%	89%
I have more energy during the day.	21%	79%
I feel less worried.	20%	80%
I feel better when I think about the future.	23%	77%
I care more about the things that are happening in my life.	9%	91%
I can handle problems better.	14%	86%
I know when to ask for help with an emotional problem.	11%	89%

Outcomes (n=55-177) ‡

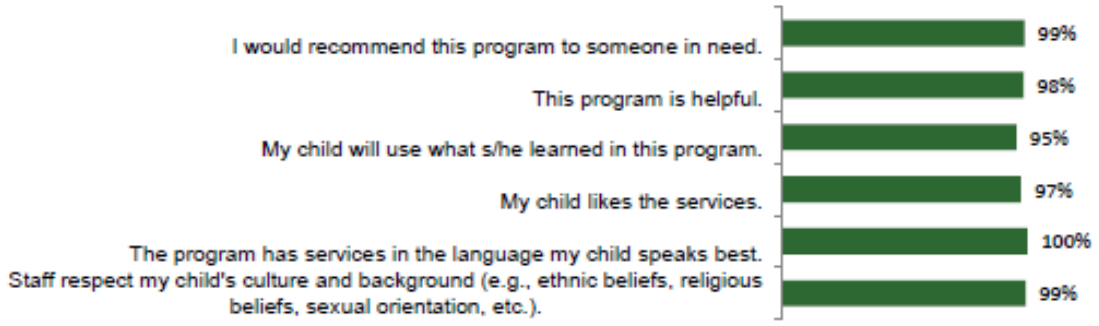
As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	1%	52%	47%
My grades in school have...	3%	45%	52%
My housing situation has...	1%	51%	48%
My job situation has...	2%	44%	55%
My relationship with friends and family has...	1%	33%	66%

‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

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Overall: Child Survey Outcomes

Program Satisfaction and Cultural Competence (n=210-222)
Percent who Agree



Child Outcomes (n=210-222)

As a result of participating in this program …	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	18%	82%
My child thinks treatment can help improve symptoms of mental illness.	11%	89%
I know where to go to get mental health services for my child.	3%	97%
My child knows how to get help when s/he has a mental health problem.	13%	87%
I know where to go for substance use services for myself or other household members.	12%	88%

20

Child Outcomes (n=174-181)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	16%	84%
My child is learning to behave more appropriately.	4%	96%
My child feels better.	5%	95%
My child has more energy during the day.	15%	85%
My child feels less worried.	14%	86%
My child feels better when s/he thinks about the future.	18%	82%
My child cares more about the things that are happening in his/her life.	11%	89%
My child can handle problems better.	15%	85%
My child knows when to ask for help with an emotional problem.	15%	85%

Child Outcomes (n=137-171) ‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	2%	46%	52%
My child's grades in school have...	8%	39%	53%
My child's housing situation has...	2%	58%	40%
My child's relationships with friends and family have...	2%	27%	71%

‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

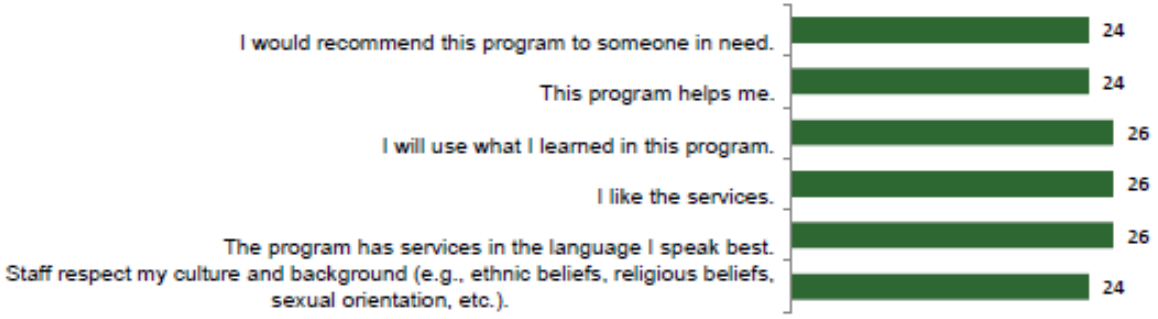
21

1. FOSTER CARE ENGAGEMENT

This section contains the results of surveys from the Foster Care Engagement program. A total of 67 surveys were completed for this program. Of these, 26 were self-reported surveys, while the other 41 were child surveys completed by a parent/guardian about their child. Results from the Self-Report survey are presented first, followed by results from the child survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=24-26)



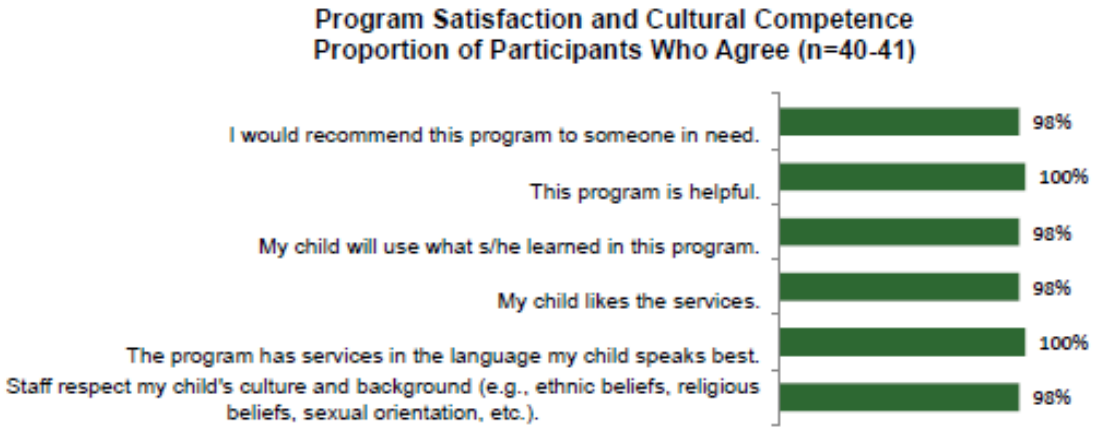
Outcomes (n=15-26)

As a result of participating in this program ...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	2	23
I think treatment can help improve symptoms of mental illness.	1	25
I am more likely to seek help for a mental health problem.	3	23
I know where to go for mental health services.	2	24
I know where to go for substance use services for myself or other household members.	6	9

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FOSTER CARE ENGAGEMENT

Child Survey Outcomes



Child Outcomes (n=37-41)

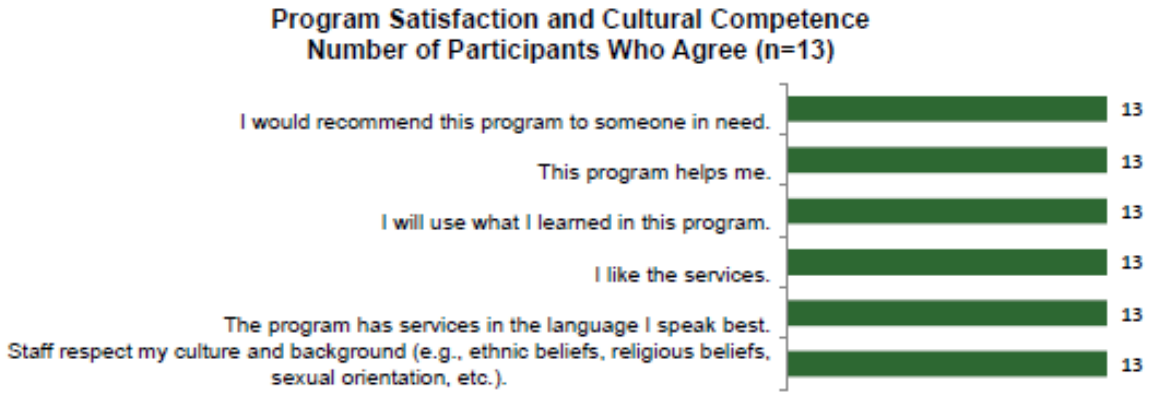
As a result of participating in this program ...	% Disagree or Strongly Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	18%	82%
My child thinks treatment can help improve symptoms of mental illness.	10%	90%
I know where to go to get mental health services for my child.	0%	100%
My child knows how to get help when s/he has a mental health problem.	10%	90%
I know where to go for substance use services for myself or other household members.	11%	89%

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2. FREEDOM RECOVERY & EMPOWERMENT WITH DOGS

This section contains the results of surveys from the Freedom Recovery and Empowerment with Dogs (FRED) program. A total of 13 surveys were completed for this program. Of these, all were self-reported surveys. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes



Outcomes (n=13)

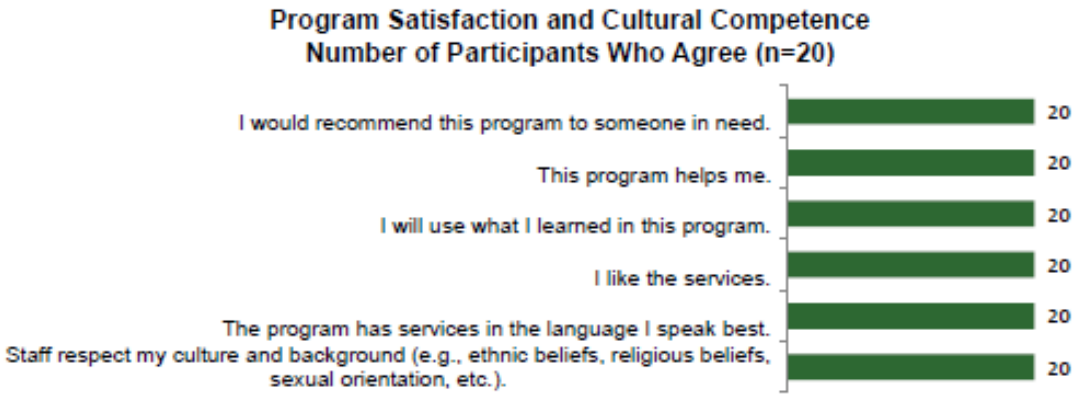
As a result of participating in this program ...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	0	13
I think treatment can help improve symptoms of mental illness.	1	12
I am more likely to seek help for a mental health problem.	2	11
I know where to go for mental health services.	1	12
I know where to go for substance use services for myself or other household members.	1	12

24

3. KCSOS SCHOOL-BASED PROGRAM

This section contains the results of surveys from the KCSOS School-Based Program. A total of 20 surveys were completed for this program. All were self-reported surveys. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes



Outcomes (n=13-20)

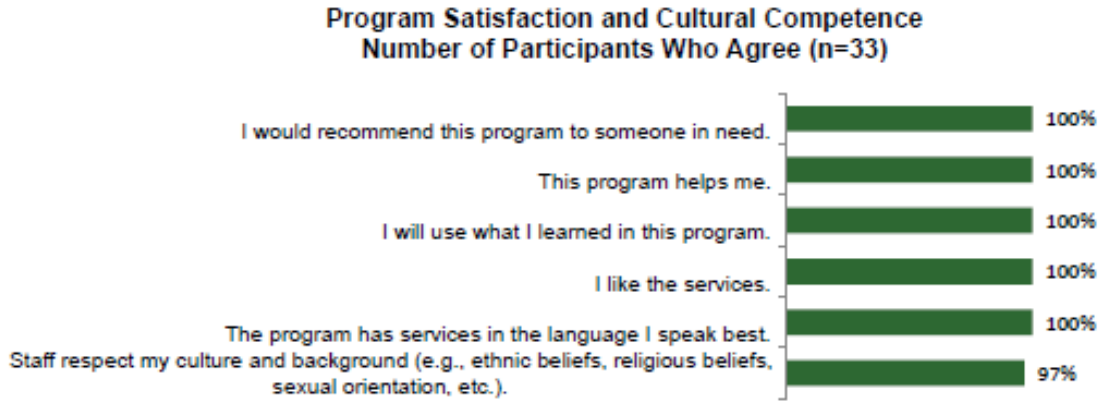
As a result of participating in this program ...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	0	20
I think treatment can help improve symptoms of mental illness.	0	20
I am more likely to seek help for a mental health problem.	0	20
I know where to go for mental health services.	0	20
I know where to go for substance use services for myself or other household members.	6	7

25

4. LIVING WELL

This section contains the results of surveys from the Living Well program. A total of 33 surveys were completed for this program. All were self-reported surveys. All participants chose to take the survey in English.

Self-Report Survey Outcomes



Outcomes (n=32-33)

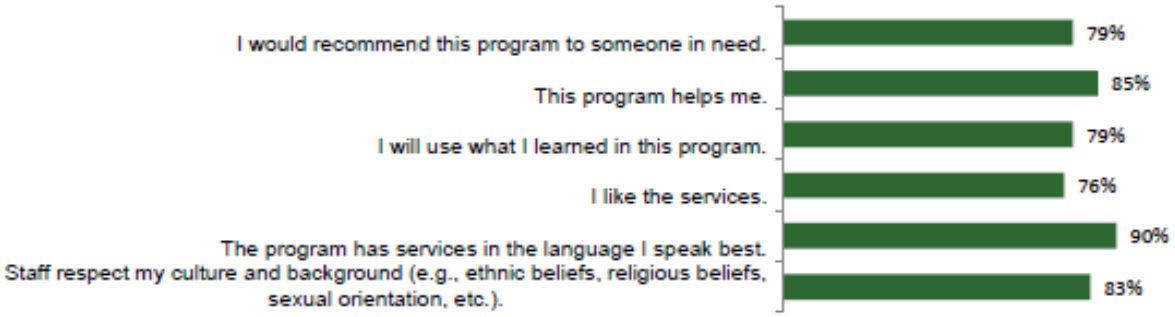
As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	9%	91%
I think treatment can help improve symptoms of mental illness.	0%	100%
I am more likely to seek help for a mental health problem.	6%	94%
I know where to go for mental health services.	6%	94%
I know where to go for substance use services for myself or other household members.	22%	78%

5. PREPARE U

This section contains the results of surveys from the Prepare U program. A total of 44 surveys were completed for this program. Of these, 42 were self-reported surveys and 2 were child surveys. Since the total number of participants who completed the child survey was small, counts rather than percentages are presented for that section. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=41-42)



Outcomes (n=40-42)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	27%	73%
I think treatment can help improve symptoms of mental illness.	24%	76%
I am more likely to seek help for a mental health problem.	32%	68%
I know where to go for mental health services.	37%	63%
I know where to go for substance use services for myself or other household members.	35%	65%

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PREPARE U

Outcomes (n=41-42)

As a result of participating in this program…	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	21%	79%
I learned how to take steps towards the future I want.	24%	76%
I feel better.	26%	74%
I have more energy during the day.	31%	69%
I feel less worried.	31%	69%
I feel better when I think about the future.	38%	62%
I care more about the things that are happening in my life.	24%	76%
I can handle problems better.	26%	74%
I know when to ask for help with an emotional problem.	27%	73%

Outcomes (n=22-35) ‡

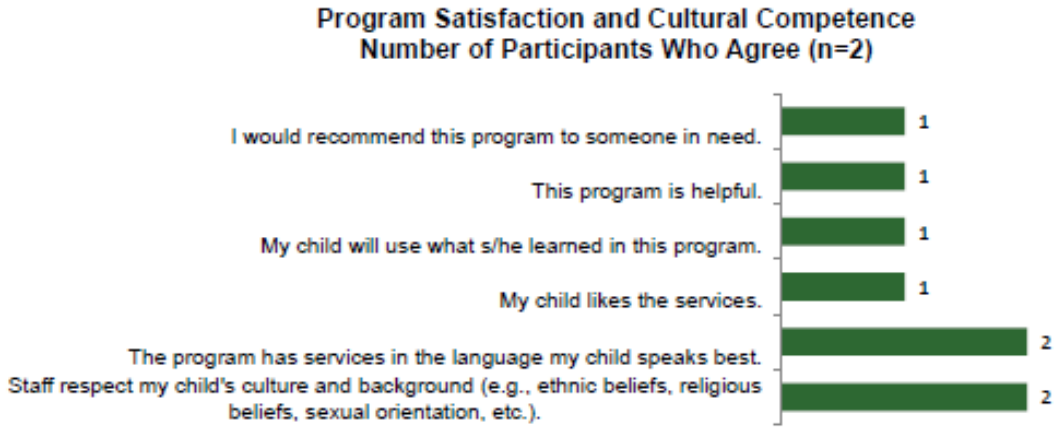
As a result of participating in this program …	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has…	3%	37%	60%
My grades in school have…	8%	39%	53%
My housing situation has…	0%	51%	49%
My job situation has…	0%	32%	68%
My relationship with friends and family has…	0%	41%	59%

‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

28

PREPARE U

Child Survey Outcomes



Child Outcomes (n=2)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	2	0
My child thinks treatment can help improve symptoms of mental illness.	1	1
I know where to go to get mental health services for my child.	2	0
My child knows how to get help when s/he has a mental health problem.	0	2
I know where to go for substance use services for myself or other household members.	1	1

29

PREPARE U

Child Outcomes (n=2)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	1	1
My child is learning to behave more appropriately.	0	2
My child feels better.	2	0
My child has more energy during the day.	2	0
My child feels less worried.	2	0
My child feels better when s/he thinks about the future.	1	1
My child cares more about the things that are happening in his/her life.	2	0
My child can handle problems better.	1	1
My child knows when to ask for help with an emotional problem.	0	2

Child Outcomes (n=2) ‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My child's school attendance has...	0	2	0
My child's grades in school have...	1	1	0
My child's housing situation has...	0	1	0
My child's relationships with friends and family have...	0	1	1

‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

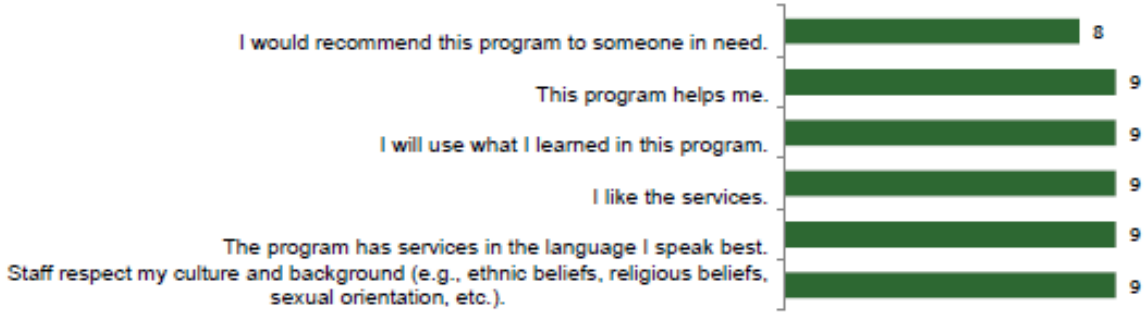
30

6. TRANSITION AGE YOUTH DUAL RECOVERY

This section contains the results of surveys from the Transition Age Youth (TAY) Dual Recovery program. A total of 9 surveys were completed for this program. All were self-reported surveys. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=9)



Outcomes (n=8-9)

As a result of participating in this program ...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	0	9
I think treatment can help improve symptoms of mental illness.	1	8
I am more likely to seek help for a mental health problem.	0	9
I know where to go for mental health services.	0	8
I know where to go for substance use services for myself or other household members.	0	9

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TRANSITION AGE YOUTH DUAL RECOVERY

Outcomes (n=7-9)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	0	9
I learned how to take steps towards the future I want.	0	9
I feel better.	1	7
I have more energy during the day.	1	6
I feel less worried.	0	8
I feel better when I think about the future.	0	8
I care more about the things that are happening in my life.	1	8
I can handle problems better.	0	9
I know when to ask for help with an emotional problem.	0	9

Outcomes (n=4-9) ‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	2	2
My grades in school have...	0	2	2
My housing situation has...	0	1	6
My job situation has...	0	3	4
My relationship with friends and family has...	0	2	7

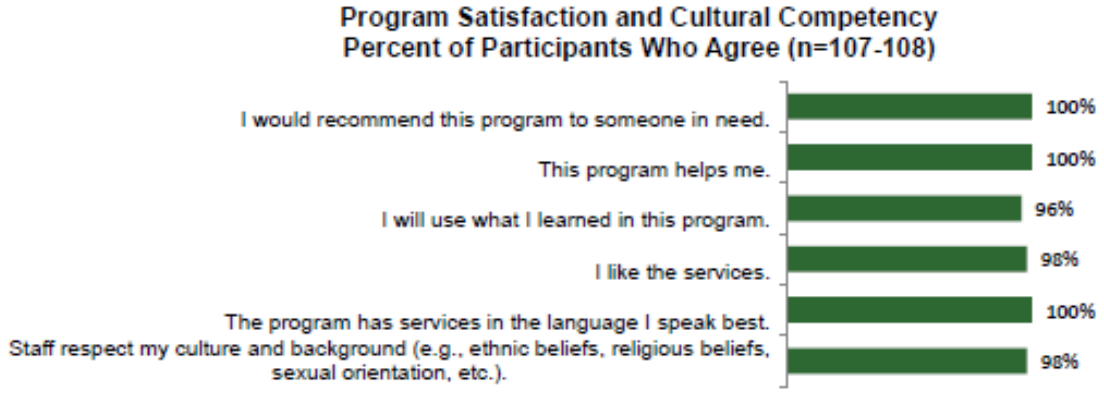
‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

32

7. TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

The charts and tables below display the results of surveys collected from the Transition Age Youth (TAY) Self-Sufficiency program. A total of 108 clients completed the Self-Report Survey; no clients completed the child version of the outcome survey. TAY participants are required to complete the items on the first page of the Outcomes Survey but not the second page. All participants chose to take the survey in English.

Self-Report Survey Outcomes



Outcomes (n=108)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	10%	90%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	10%	90%
I know where to go for mental health services.	8%	92%
I know where to go for substance use services for myself or other household members.	4%	96%

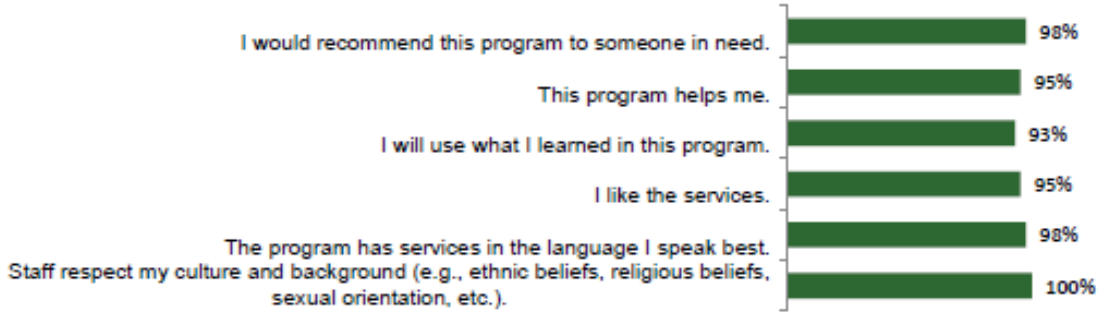
33

8. VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP)

The data displayed below summarize the results of surveys collected from the Volunteer Senior Outreach Program (VSOP). A total of 43 clients completed the Self-Report Survey; no clients completed the child version of the outcome survey. Since the total number of participants who completed each type of survey was small (i.e., less than 30), counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=43)



Outcomes (n=38-41)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	7%	93%
I think treatment can help improve symptoms of mental illness.	5%	95%
I am more likely to seek help for a mental health problem.	8%	92%
I know where to go for mental health services.	12%	88%
I know where to go for substance use services for myself or other household members.	24%	76%

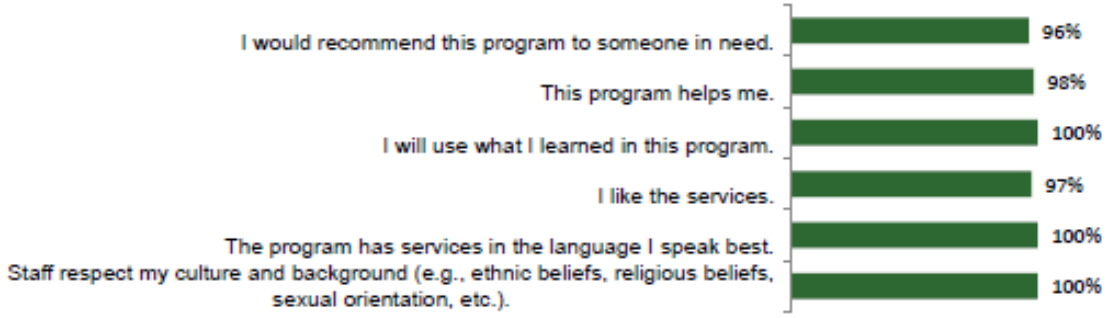
34

9. YOUTH BRIEF TREATMENT

The charts and tables below display the results of the surveys collected from the Youth Brief Treatment program. A total of 292 clients completed a survey. Of these, 114 participants filled out the Self-Report survey and 178 completed the Child Survey. Two-hundred twenty-three participants chose to take the survey in English and 59 participants chose to take the survey in Spanish.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n=113-114)



Outcomes (n=106-114)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	8%	92%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	6%	94%
I know where to go for mental health services.	6%	94%
I know where to go for substance use services for myself or other household members.	26%	74%

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YOUTH BRIEF TREATMENT

Outcomes (n=100-105)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	6%	94%
I learned how to take steps towards the future I want.	11%	89%
I feel better.	6%	94%
I have more energy during the day.	19%	81%
I feel less worried.	15%	85%
I feel better when I think about the future.	20%	80%
I care more about the things that are happening in my life.	5%	95%
I can handle problems better.	13%	87%
I know when to ask for help with an emotional problem.	8%	92%

Outcomes (n=16-97) ‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	1%	59%	40%
My grades in school have...	2%	42%	56%
My housing situation has...	1%	56%	43%
My job situation has...	6%	56%	38%
My relationship with friends and family has...	1%	30%	69%

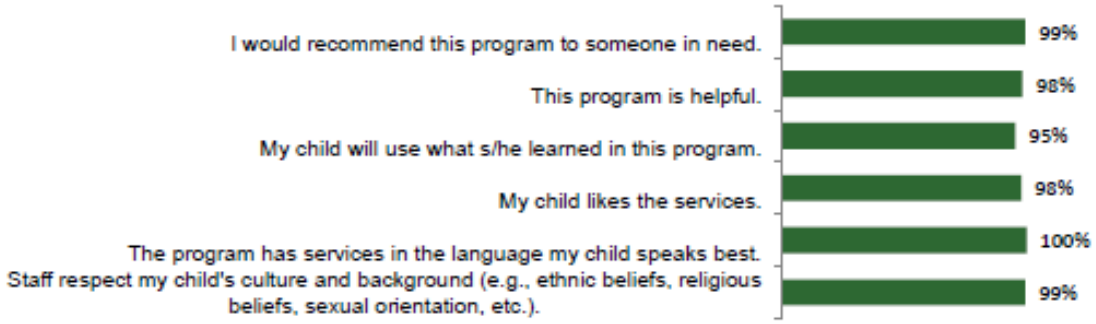
‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

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YOUTH BRIEF TREATMENT

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Proportion of Participants Who Agree (n=177-178)



Child Outcomes (n=170-178)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	18%	82%
My child thinks treatment can help improve symptoms of mental illness.	13%	87%
I know where to go to get mental health services for my child.	2%	98%
My child knows how to get help when s/he has a mental health problem.	13%	87%
I know where to go for substance use services for myself or other household members.	17%	83%

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YOUTH BRIEF TREATMENT

Child Outcomes (n=154-159)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	17%	83%
My child is learning to behave more appropriately.	5%	95%
My child feels better.	4%	96%
My child has more energy during the day.	15%	85%
My child feels less worried.	13%	87%
My child feels better when s/he thinks about the future.	18%	82%
My child cares more about the things that are happening in his/her life.	10%	90%
My child can handle problems better.	16%	84%
My child knows when to ask for help with an emotional problem.	16%	84%

Child Outcomes (n=117-150) ‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	2%	46%	52%
My child's grades in school have...	8%	39%	53%
My child's housing situation has...	3%	62%	35%
My child's relationships with friends and family have...	2%	27%	71%

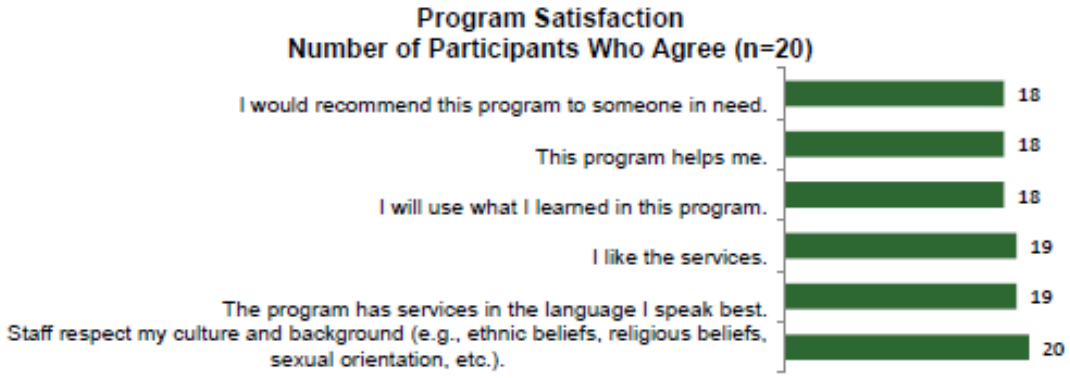
‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

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10. YOUTH JUVENILE JUSTICE ENGAGEMENT

The chart and table below display the results from surveys collected from the Youth Juvenile Justice Engagement program. A total of 20 clients completed the self-report survey and 1 client completed the child survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes



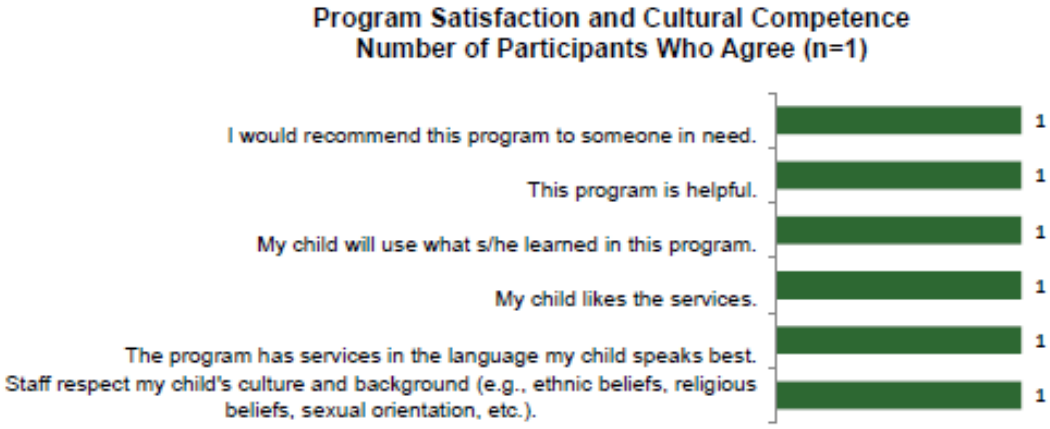
Outcomes (n=20)

As a result of participating in this program ...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	3	17
I think treatment can help improve symptoms of mental illness.	2	18
I am more likely to seek help for a mental health problem.	2	18
I know where to go for mental health services.	0	20
I know where to go for substance use services for myself or other household members.	2	18

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YOUTH JUVENILE JUSTICE ENGAGEMENT

Child Survey Outcomes



Child Outcomes (n=1)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	1
My child thinks treatment can help improve symptoms of mental illness.	0	1
I know where to go to get mental health services for my child.	0	1
My child knows how to get help when s/he has a mental health problem.	0	1
I know where to go for substance use services for myself or other household members.	0	1

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APPENDIX A: PEI DATA COLLECTION MATRIX BASED ON PEI CATEGORIES

	PEI Program Name	PEI Categorization for FY20-21					Survey Pages to be Completed
		Prevention (Required)	Early Intervention (Required)	Stigma and Discrimination Reduction (Required)	Access and Linkage to Treatment (Required)*	Outreach for Increasing Recognition of Early Signs of Mental Illness (Required)**	
1.	Prepare U	X					Front & back
2.	Transition Age Youth Dual Recovery		X				Front & Back
3.	Youth Brief Treatment (YBT)		X				Front & Back
4.	Freedom Empowerment and Recovery with Dogs (FRED)			X			Front only
5.	Living Well			X			Front only
6.	Transition Age Youth Self Sufficiency				X		Front only
7.	Youth Juvenile Justice Engagement				X		Front only
8.	KCSOS - School-Based Program (Previously named "Kern Youth Resilience and Support")				X		Front only
9.	Foster Care Engagement					X	Front only
10.	Volunteer Senior Outreach Program (VSOP)					X	Front only
11.	Yoga					X	None
12.	Suicide Prevention O&E					X	None
13.	Zero Suicide					X	None
14.	Outreach & Education***					X	None
15.	Access to Care Crisis Hotline				X		None
16.	Homeless Outreach Team (HOT)				X		None
17.	Help Me Grow				X		None
18.	REACH Expansion				X		None
19.	Court Appointed Special Advocates±				X		May collect data via other avenues
	*Required category, required strategy **Required category, optional strategy ***CSS O&E ± The CASA program, because it does not interface with clients directly, may be evaluated through other means.						

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INNOVATION PROGRAMS (INN)

Innovation

The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding approval for the Innovation (INN) component of the MHSA. The goal of INN is to increase access to underserved groups, increase the quality of services, promote interagency collaboration, and increase access to services. Counties select one or more goals and use those goals as the primary priority or priorities for their proposed INN plan.

INN Programs:

- **Special Needs Registry Project- Smart911**
  - MHSOAC Approval Date: 4/24/2017
  - Length of Program: 5 years
- **The Healing Project (AKA The Recovery Station)**
  - MHSOAC Approval Date: 2/22/2018
  - Length of Program: 5 years
- **The Mobile Clinic with Street Psychiatry**
  - MHSOAC Approval Date: 3/24/2022
  - Length of Program: 5 years
- **The Learning Health Care Network**
  - MHSOAC Approval Date: 5/26/2022
  - Length of Program: 5 years

Important Changes:

- **Bakersfield Recovery Station**
  - Due to damage to the building during a winter storm in December 2021, Bakersfield Recovery Station has temporarily move from their permanent location at 312 Kentucky Street, Bakersfield CA 93305 to the *Consumer Family Learning Center located at 2001 28th Street, Bakersfield, CA 93301*. Once extensive repairs are completed at the Kentucky location, the Bakersfield Recovery Station will move back to its permanent location.
- **Temporary Site (CFLC) –** 2001 28th St, Bakersfield, CA 93301
- **The Mobile Clinic with Street Psychiatry Plan –** was passed, more detail to come in the new fiscal year.
- **The Learning Health Care Network Plan –** was passed, more detail to come in the new fiscal year.

INN Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 21/22, including all revenue sources.

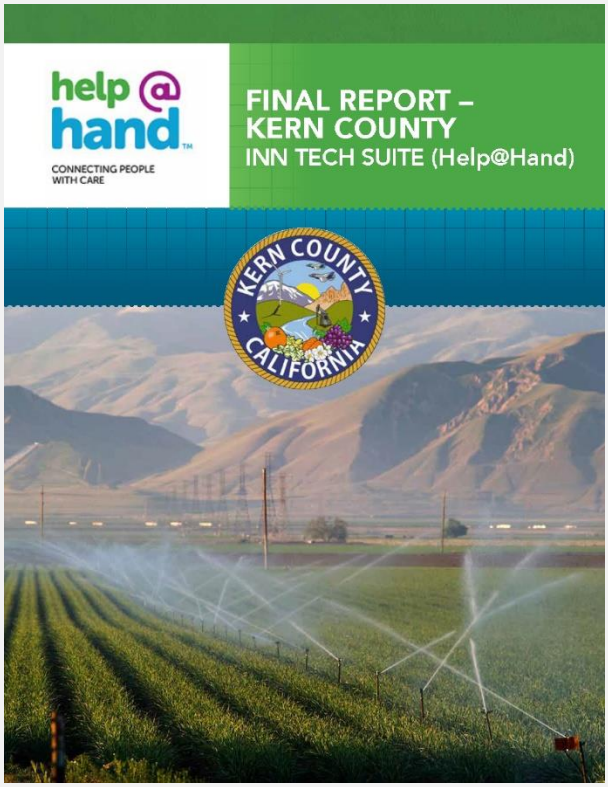
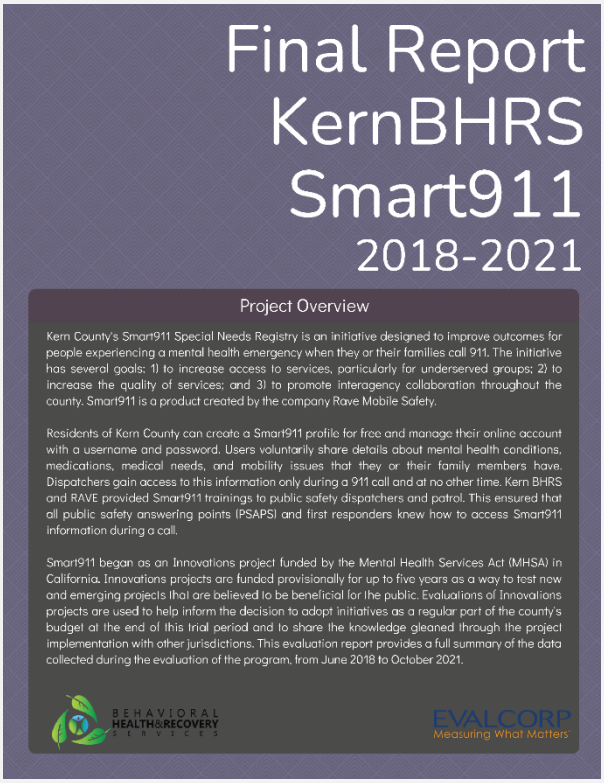
INN Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Learning Health Care Network	$1,632,257	*Program is still in the launching stages	*Program is still in the launching stages
Special Needs Registry: Smart911	* Program has ended.	*Program has ended.	*Program has ended.
The Healing Project (AKA The Recovery Station)	$1,197,915	$741.28	1,616
Mobile Clinic with Street Psychiatry	$2,215,011	*Program was approved by the MHSOAC in the Spring of 2022	*Program was approved by the MHSOAC in the Spring of 2022, in implementation phase.

INN Programs	
Learning Health Care Network	**Updates:** The Learning Health Care Network was approved by the MHSOAC on 5/26/2022 with a budget of $1,632,257. The CSC Team will grow with the use of these funds in the summer of 2022. **Program Highlight:** The funding for the Learning Health Care Network will supplement the additional funding from the EPI Plus Grant to launch the CSC Team and run the model to fidelity including the staff to client ratio that is needed for the model.
Special Needs Registry: Smart911	**Updates:** During this past fiscal year, KernBHRS searched for a sustainable funding stream to continue Smart 911 after the sunset date of the Innovation funding period. KernBHRS partnered with the Kern County Sherriff's Office to continue the Smart 911 program through the Sheriff. Smart 911 under KernBHRS ended all programming at the close of the 2021 calendar year and moved towards a warm hand off and transitioning all Smart 911 resources to the Sherriff's Office. **Success Story:** When faced with external problems regarding COVID-19 or natural disasters, the Kern community was able to see the benefits of this program. Consequently, directly following stay at home orders, there was a large influx of safety profile registrants. KernBHRS learned from this program, that it benefits the greater general public as a whole and not just those within the behavioral health community.
The Healing Project (AKA The Recovery Station)	**Updates:** Due to underutilization, the Stakeholders voted in support of the closure of the Delano Recovery Station. It was determined that funding could be better utilized in an enhancement of more available beds at the Bakersfield Recovery Station and to upcoming Innovation proposals being developed in response to the pandemic. The Stakeholders voted in support of adding 5 additional beds at the Bakersfield Recovery Station. In addition, the Bakersfield Recovery Station had structural flood damage to their building in the winter of 2021 due to a significant storm. KernBHRS has been working on all repairs and hopes to reopen at the Kentucky Street Location soon. After repairs are completed, KernBHRS will apply for an upgrade Conditional Use Permit to add the additional 5 beds. In the meantime, the Bakersfield Recovery Station has been relocated to the Consumer Family Learning Center location, as the Consumer Family Learning Center is still operating under a virtual platform.

INN Programs	
The Healing Project (AKA The Recovery Station) continued	***Note: a full Innovation Project Evaluation is provided further in this Innovation Update section including the update of the significant program changes in the closure of the Delano Recovery Station location. **Success Story:** The Healing Project has been a great resource to the community through the pandemic. The utilization rates in the Bakersfield area have steadily increased during the pandemic as Kern County has seen substance use and behavioral health crises increase. In 2021, the Board of Supervisors reached out to the KernBHRS Executive Team asking for a more immediate response needed to support those facing homelessness. The Healing Project supports many individuals facing homelessness gain an open door, access and linkage into substance use and behavioral health care. The Healing Project along with other specific programs in KernBHRS that focus on supporting those facing homelessness has been a huge resource to the community in such a trying time.
Mobile Clinic with Street Psychiatry	**Updates:** This implementation team is working on a timeline for build out of the two customized mobile clinics and will work on an implementation plan for the program. **Success Story:** On March 24th, 2022, the Mental Health Services Oversight and Accountability Commission approved the Mobile Clinic with Street Psychiatry Innovation Plan. This plan had a phenomenal amount of support from the Kern County community and is a needed service to reach unhoused individuals needing behavioral health or substance use disorder support.

INN Programs Ending in FY 21/22

In FY 21/22, two Innovation programs came to an end. Final reports are found at:

Appendix V – Help@Hand Final Report	Appendix VI – Smart911 Final Report
	

Draft § 3915. Innovative Project Evaluation

Bakersfield
312 Kentucky Street, Bakersfield CA 93305 Phone # 661-336-6400 Fax # 661-321-9039
Temporary Site (CFLC) – 2001 28th St, Bakersfield, CA 93301

Delano
629 Main Street, Delano CA 93215 Phone # 661-394-2441 Fax # 661-263-4891

Delano Healing Project

The Kern County Healing Project is a combination of two facilities located in Delano and Bakersfield, California. Kern County is collaborating with Telecare Corporation Inc. to be the provider/vendor for this project. Both sites are open 24/7. The project incorporates a voluntary sobering center model with the addition of Peer Support Staff. Services for the Bakersfield site began June 1, 2020 with ten beds and the Delano establishment opened its doors on June 15, 2020 with five beds.

Data is collected to track overall operations and monitor the intended outcomes of the project. The intended outcomes include:

1. 1,600 yearly admissions
2. Reduction in arrests and Psychiatric Evaluation Center admissions for individuals under the influence in Bakersfield and Delano. Baseline information to be pulled from existing law enforcement and KernBHRS crisis service data.
3. 75% positive feedback from clients on the impact of services provided and led by Peer staff, on their likelihood of engaging in follow up treatment. This information would be collected through surveys provided at discharge and/or in follow up contact.
4. 25% of those entering the Healing Project Recovery Stations will be engaged in follow up treatment after first admission.

Total Admissions: Clients referred by community partners to the Healing Project that meet admission criteria. Stakeholders examples: hospitals, law enforcement, homeless outreach programs, crisis systems of care, etc.

Satisfaction Surveys: Voluntary questionnaires provided to clients prior to discharge.

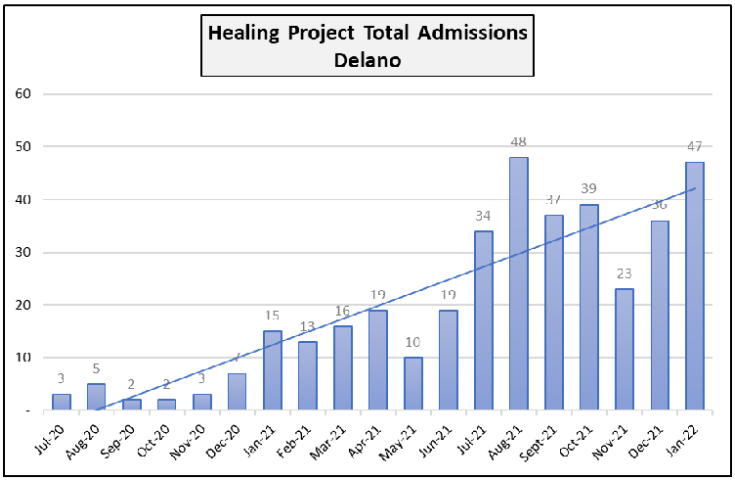
Director Stacy Kuwahara, LMFT
PO Box 1000, Bakersfield, CA 93302
P: 661-868-6600 • F: 661-861-1020
www.KernBHRS.org • @KernBHRS on

Mental Health and Substance Use Disorder Treatment Follow Up: Vendor provides a monthly list of clients who accepted a referral to mental health, substance use disorder services. The list includes clients who were reconnected with their treatment teams/case managers. Referrals are verified using the electronic health record Cerner.

1,600 Yearly Admissions

Disclaimers:

1) The Healing Project began operations in the midst of the COVID-19 pandemic. Data was negatively affected by this factor. This is reflected in the increase in Total Admissions month-to-month.
2) The Delano program is scheduled to close on April 13, 2022. Only data from June 2020 – January 2022 will be used in this report.



Total admissions for the Delano Healing Project were 378. The facility did not admit/receive any referrals for June 2020. Average total admissions per month were 19 from July 2020 – January 2022. The lowest recorded monthly total admission were in October and September 2020 with two admissions for each month. The largest recorded number of monthly admissions was in August 2021 with a total of 48 clients. 41 out of the 378 clients were monolingual non-English admissions. 161 out of 378 individuals disclosed they were experiencing homelessness. The facility admitted 163 unique individuals.

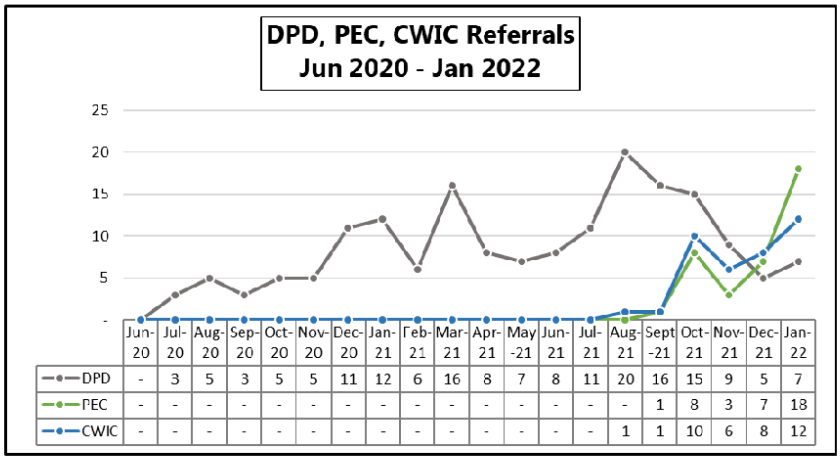
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Primary referral sources include:

1) Law Enforcement (Delano Police Department/Kern County Sheriff's Office)
   33% of total referrals
   Total: 176
2) Walk-Ins/Self-Referral Pilot
   28% of total referrals
   Total: 151
3) Transportation Pilot
   9% of total referrals
   Total: 49
4) Crisis Walk-In Clinic
   7% of total referrals
   Total: 38
5) Psychiatric Evaluation Center
   7% of total referrals
   Total: 37
6) Hospitals
   7% of total referrals
   Total: 38

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Reduction in Arrests and Crisis Care Admissions to the PEC/CWIC



	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22
DPD	-	3	5	3	5	5	11	12	6	16	8	7	8	11	20	16	15	9	5	7
PEC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	8	3	7	18
CWIC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	10	6	8	12

The Delano Police Department (DPD) was one of the primary referral sources for the Healing Project in Delano. DPD referred an average of nine individuals each month from June 2020 – January 2022. The average number of referrals from the crisis systems of care such as the Psychiatric Evaluation Center and the Crisis-Walk-In Clinic averaged two referrals per month.

75% Positive Client Feedback

Positive feedback must reflect the impact of services provided and led by Peer staff, and the likelihood of clients engaging in follow up treatment. All survey data was provided voluntarily by clients towards the end of their stay (near discharge). No surveys were completed in June and October 2020.

Client feedback must be at least 75% positive for the categories listed in the below:

1) Overall feedback
2) The impact of services provided and led by Peer staff
3) Likelihood of engaging in Substance Use Disorder treatment
4) Likelihood of engaging in Mental Health treatment

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	Delano Positive Feedback Summary 20-22				Total Completed Surveys	Total Admissions	Survey/Client Ratio
	Overall Feedback	Peer Staff	SUD Treatment	MH Treatment			
Jun-20	-	-	-	-	-	0	0%
Jul-20	100%	100%	50%	50%	2	3	67%
Aug-20	100%	100%	-	100%	1	5	20%
Sep-20	50%	100%	-	50%	2	2	100%
Oct-20	-	-	-	-	-	2	0%
Nov-20	100%	100%	100%	100%	1	3	33%
Dec-20	100%	100%	50%	75%	4	7	57%
Jan-21	100%	100%	-	-	1	15	7%
Feb-21	100%	86%	57%	86%	7	13	54%
Mar-21	100%	30%	50%	40%	10	16	63%
Apr-21	89%	100%	89%	89%	9	19	47%
May-21	100%	100%	100%	100%	5	10	50%
Jun-21	100%	86%	71%	86%	7	19	37%
Average	80%	77%	44%	60%	4	9	41%
Jul-21	92%	83%	67%	67%	12	34	35%
Aug-21	100%	89%	89%	89%	9	48	19%
Sep-21	95%	100%	84%	89%	19	37	51%
Oct-21	73%	73%	87%	67%	15	39	38%
Nov-21	92%	92%	83%	100%	12	23	52%
Dec-21	77%	54%	77%	92%	13	36	36%
Jan-22	100%	70%	80%	100%	10	47	21%
Average	90%	80%	81%	86%	13	38	36%
Total Average	83%	78%	57%	69%	7	19	39%

Legend:

1) Light red highlight with red font
    a. Less than 75% of clients provided positive feedback.
2) White highlight with black font
    a. 75% (or more) clients provided positive feedback.
3) Yellow highlight with black font
    a. Averages for fiscal year.
4) Light blue highlight with black font
    a. Total averages for the 2020 – 2021 and 2022-2023 fiscal years.

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FY 20-21

Clients completed an average of four surveys each month for the 20-21 fiscal year. Total average admissions during the same year were nine. 41% of clients who were admitted to the Healing Project completed a survey after their stay. An average of 80% of clients stated they were very pleased or pleased regarding their overall experience at the Delano Healing Project. 77% of clients indicated that they were very pleased or pleased with the recovery coaching and support provided by Peer staff. 44% of clients mentioned they were definitely or probably going to begin/continue substance use disorder treatment after their stay. 60% of clients indicated they were definitely or probably going to begin/continue mental health treatment.

FY 21-22

For the 21-22 fiscal year, the average number of completed surveys per month increased from an average of 4 to 13. The average number of monthly admissions increased from 9 to 38. However, the average number of clients who completed surveys each month decreased from 41% to 36%. Overall, 90% of clients said they were very pleased or pleased with the services provided at the Delano Healing Project (increase of 10% from 2020-2021). 80% of clients indicated that they were very pleased or pleased with the recovery coaching and support provided by Peer staff. The average number of clients who reported they would definitely or probably begin/continue substance use disorder treatment after their stay increased from 41% to 81%. An average of 86% of clients indicated they would definitely or probably begin/continue mental health treatment.

FY 20-22

From June 2020 to January 2022, an average of 83% of the clients who completed the surveys were overall very pleased or pleased with the services. 78% of the clients were very pleased or pleased with recovery coaching and support provided by Peer staff. Both categories scored above the desired outcomes of 75%. The substance use disorder and mental health treatment categories fell below 75%. Clients were less inclined to

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begin/continue treatment for SUD services compared to MH treatment. An average of 57% of clients provided positive feedback regarding SUD treatment and 69% of clients indicated they would be interested in MH services. Most clients believe that they do not have substance use issues/disorders which may cause the difference in responses. Clients completed an average of seven surveys each month while admissions were 19 on average.

In summary, an average of 39% of clients who were admitted to the Delano Healing Project completed a survey. The Overall Feedback and Peer Staff categories met the 75% positive feedback intended outcome. Both the SUD Treatment and MH Treatment categories struggled in the 20-21 fiscal year. This negatively impacted the averages at the end of the year. All four categories increased in positive feedback during the 21-22 fiscal year. The most significant changes were regarding the likenesses of clients engaging in SUD or MH treatment. This is despite the average survey to client ratio decreasing from 41% to 36%.

	Delano Positive Feedback Summary 20-22				Total Completed Surveys	Total Admissions	Survey/Client Ratio
	Overall Feedback	Peer Staff	SUD Treatment	MH Treatment			
Jun-20	-	-	-	-	-	0	0%
Jul-20	100%	100%	50%	50%	2	3	67%
Aug-20	100%	100%	-	100%	1	5	20%
Sep-20	50%	100%	-	50%	2	2	100%
Oct-20	-	-	-	-	-	2	0%
Nov-20	100%	100%	100%	100%	1	3	33%
Dec-20	100%	100%	50%	75%	4	7	57%
Jan-21	100%	100%	-	-	1	15	7%
Feb-21	100%	86%	57%	86%	7	13	54%
Mar-21	100%	80%	50%	40%	10	16	63%
Apr-21	89%	100%	89%	89%	9	19	47%
May-21	100%	100%	100%	100%	5	10	50%
Jun-21	100%	86%	71%	86%	7	19	37%
Average	80%	77%	44%	60%	4	9	41%
Jul-21	92%	83%	67%	67%	12	34	35%
Aug-21	100%	89%	89%	89%	9	48	19%
Sep-21	95%	100%	84%	89%	19	37	51%
Oct-21	73%	73%	87%	67%	15	39	38%
Nov-21	92%	92%	83%	100%	12	23	52%
Dec-21	77%	54%	77%	92%	13	36	36%
Jan-22	100%	70%	80%	100%	10	47	21%
Average	90%	80%	81%	86%	13	38	36%
Total Average	83%	78%	57%	69%	7	19	39%

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25% of Clients will be Engaged in Follow Up Treatment

A successful follow up into treatment consists of: Healing Project staff assisting client in obtaining an appointment for SUD/MH services and the client attended that appointment, if the client accepted an appointment onsite, if the client was reconnected with their treatment team, if the client agreed to be transported to an appointment/treatment facility for SUD/MH services upon discharge from the Healing Project, if the client was linked or returned to a residential treatment facility or a sober living environment.

2020-2021 Delano Healing Project: Treatment Follow Up					
	Total Admissions	MH Referrals	Successful MH	SUD Referrals	Successful SUD
Jun-20	0	-	-	-	-
Jul-20	3	2	1	1	1
Aug-20	5	-	-	1	-
Sept-20	2	-	-	-	-
Oct-20	2	-	-	-	-
Nov-20	3	-	-	1	1
Dec-20	7	1	1	2	-
Jan-21	15	2	-	6	2
Feb-21	13	-	-	3	2
Mar-21	16	-	-	1	1
Apr-21	19	1	-	3	2
May-21	10	1	1	3	3
Jun-21	19	-	-	4	4
Total	114	7	3	25	16

MH Referral Success Rate	SUD Referral Success Rate
43%	64%

1) 43% of total MH referrals successfully followed up with treatment and 64% of SUD referrals followed through with SUD services.
2) It is interesting to see that the results reflect the opposite of what clients indicated in the satisfaction surveys. Clients reported they were more likely to engage in MH services than SUD treatment.

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Fiscal Year 2020-2021 Evaluation

Overall Performance	
Successful MH / Total Admissions	Successful SUD / Total Admissions
3%	14%

20-21 Total Treatment Follow Up
17%

3) During the 2020-2021 fiscal year, out of 114 total admissions, only 17% of clients successfully followed through with treatment. Most of the successful referrals were related to SUD services (16 out of 114). One advantage was that staff at the Delano Healing Project were able to secure same day appointments for clients. Unfortunately, the results did not meet the minimum 25% requirement mentioned in the intended outcomes for the project by 8%.

2021-2022 Delano Healing Project: Treatment Follow Up					
	Total Admissions	MH Referrals	Successful MH	SUD Referrals	Successful SUD
Jul-21	34	2	-	4	2
Aug-21	48	1	1	3	1
Sept-21	37	2	1	7	7
Oct-21	39	-	-	3	1
Nov-21	23	-	-	7	4
Dec-21	36	-	-	4	1
Jan-22	47	-	-	8	3
Total	264	5	2	36	19

MH Referral Success Rate	SUD Referral Success Rate
40%	53%

4) For the 21-22 fiscal year, 40% of total mental health referrals followed through with treatment and 53% of all SUD referrals followed through with SUD services.
5) Total SUD referrals continue to exceed the total number of MH referrals. In the Satisfaction Surveys, clients indicated that they would be more likely to follow through with MH services than SUD treatment. The results indicate that clients actually follow up with SUD referrals at a higher rate than MH referrals.

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Fiscal Year 2020 – 2022 Evaluation

2020 - 2022 Overall Performance	
Successful MH / Total Admissions	**Successful SUD / Total Admissions**
1.3%	9.3%

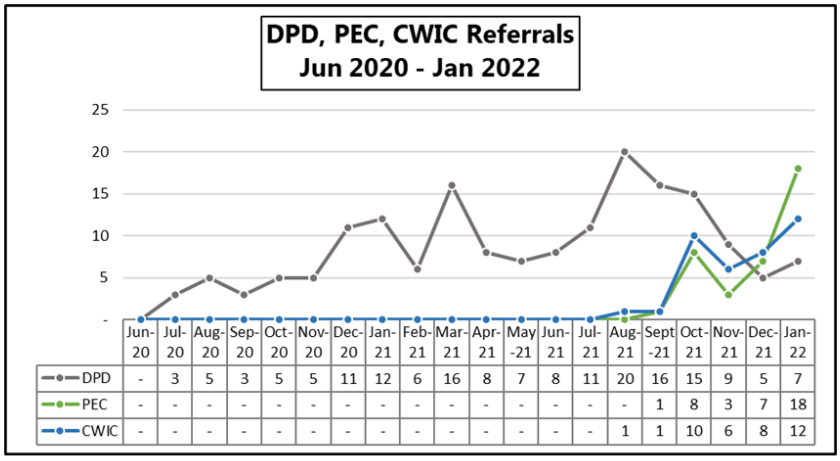
Total Treatment Follow Up
11%

6) Out of 378 total admissions for the 2021-2022 fiscal year, only 11% of clients successfully followed through with treatment. Most of the successful referrals were related to SUD services (35 out of 378 = 9.3%). 5 out of 378 total admissions successfully followed through with a MH referral (1.3%). The Delano Healing Project fell short by 14% of meeting the intended outcome of 25%.

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Primary Objective

Primary purpose/objective of the healing project was to provide the crisis systems of care a resource for individuals who do not meet the criteria for psychiatric holds. Additionally, to assist law enforcement in reducing the overall number of arrests related to alcohol and/or drug intoxication.



	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22
DPD	-	3	5	3	5	5	11	12	6	16	8	7	8	11	20	16	15	9	5	7
PEC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	8	3	7	18
CWIC	-	-	-	-	-	-	-	-	-	-	-	-	-	-	1	1	10	6	8	12

The Delano Police Department (DPD) was one of the primary referral sources for the Healing Project in Delano. DPD referred an average of nine individuals each month from June 2020 – January 2022. Total DPD referrals were 172. The average number of referrals from the crisis systems of care such as the Psychiatric Evaluation Center and the Crisis-Walk-In Clinic averaged two referrals per month. Total referrals from both the PEC/CWIC were 75.

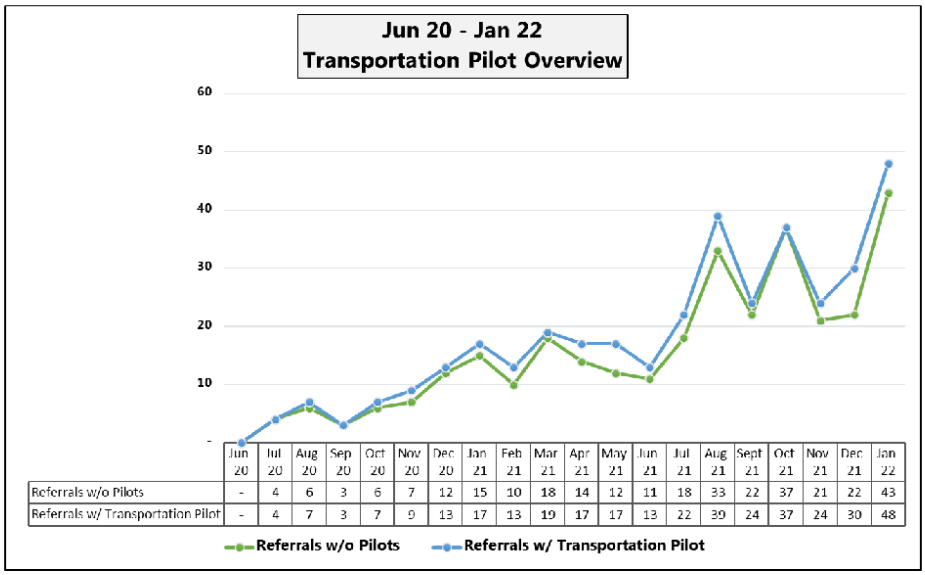
Assess Impact of New/Changed Elements - Pilots

Transportation Pilot – September 2020 (ongoing)

Description: To better meet the needs of the community, the Transportation Pilot initiative provides transportation assistance to referral sources who lack the means to transport clients to the Healing Project. Upon referral, a staff member from the Delano Healing Project will visit the referral source. The potential client will be screened again to verify all admission criteria is met. If the client is an appropriate candidate, the Healing Project staff member will transport the client back to the facility. The Transportation Pilot

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is only available within Delano city limits and dependent on staffing schedules. Offering transportation assistance increases overall flow from referral sources and establishes, reinforces relationships with community partners.



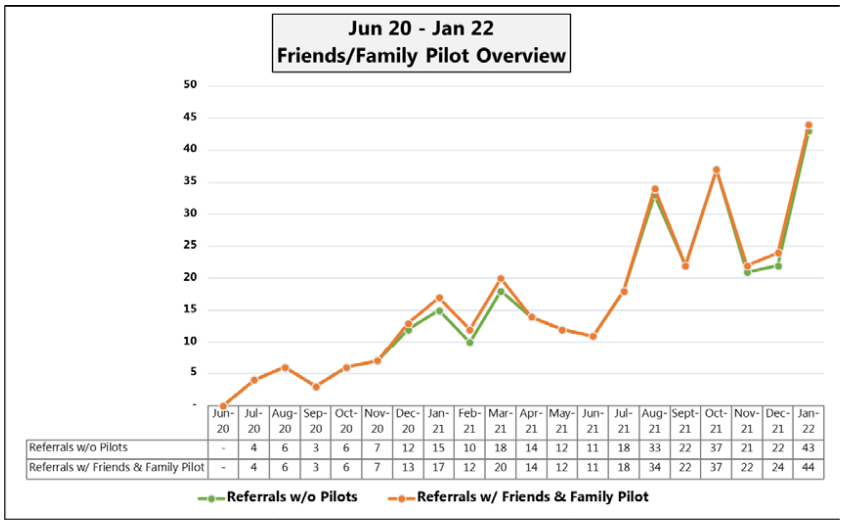
	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22
Referrals w/o Pilots	-	4	6	3	6	7	12	15	10	18	14	12	11	18	33	22	37	21	22	43
Referrals w/ Transportation Pilot	-	4	7	3	7	9	13	17	13	19	17	17	13	22	39	24	37	24	30	48

Average monthly referrals increased by roughly 17% from 16 to 18. A total of 314 clients were referred excluding the pilots. With the addition of the Transportation Pilot, referrals increased by 16% to 363.

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Friends/Family Pilot – November 19, 2020 (ongoing)

Description: The Friends & Family Pilot will allow the Healing Project to accept referrals from the Delano community. Referrals will be accepted via telephone. All admission criteria and screenings will remain in place.



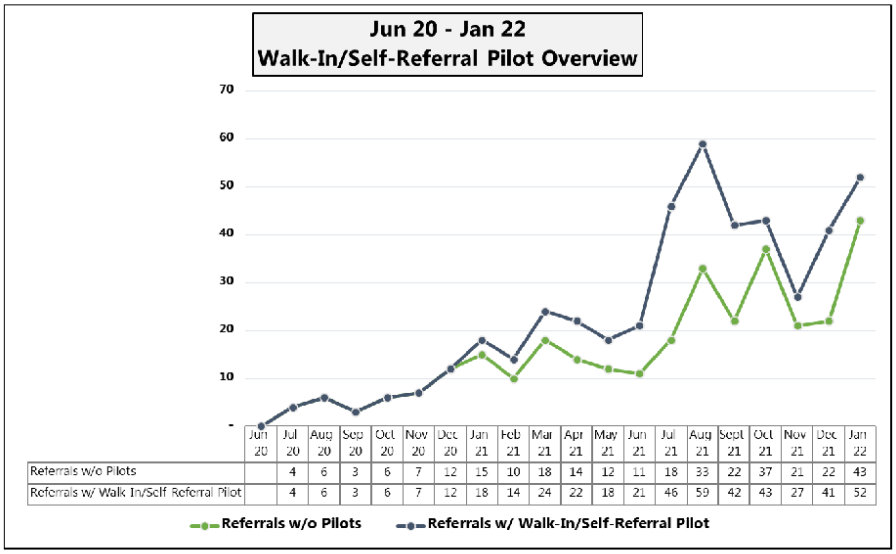
	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22
Referrals w/o Pilots	-	4	6	3	6	7	12	15	10	18	14	12	11	18	33	22	37	21	22	43
Referrals w/ Friends & Family Pilot	-	4	6	3	6	7	13	17	12	20	14	12	11	18	34	22	37	22	24	44

Average monthly referrals increased by roughly 4% from 15.70 to 16.30. A total of 314 clients were referred excluding the pilots. With the addition of the Friends/Family Pilot, referrals increased to 326.

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Walk-ins/ Self-referrals (December 28, 2020 – ongoing)

Description: The Walk-In and Self-Referral Pilot will allow the Healing Project Recovery Station to accept individuals who are not referred. All admission criteria and screenings will remain in place. This pilot is in response to what is seen as a need in the Delano community. The establishment often encounters individuals who would like to refer themselves via telephone or walk up to the facility without a referral.



	Jun 20	Jul 20	Aug 20	Sep 20	Oct 20	Nov 20	Dec 20	Jan 21	Feb 21	Mar 21	Apr 21	May 21	Jun 21	Jul 21	Aug 21	Sept 21	Oct 21	Nov 21	Dec 21	Jan 22
Referrals w/o Pilots		4	6	3	6	7	12	15	10	18	14	12	11	18	33	22	37	21	22	43
Referrals w/ Walk In/Self Referral Pilot		4	6	3	6	7	12	18	14	24	22	18	21	46	59	42	43	27	41	52

Average monthly referrals increased by roughly 43% from 16 to 23. A total of 314 clients were referred excluding the pilots. With the addition of the Walk-In and Self-Referral Pilot, referrals increased by 48% to 465.

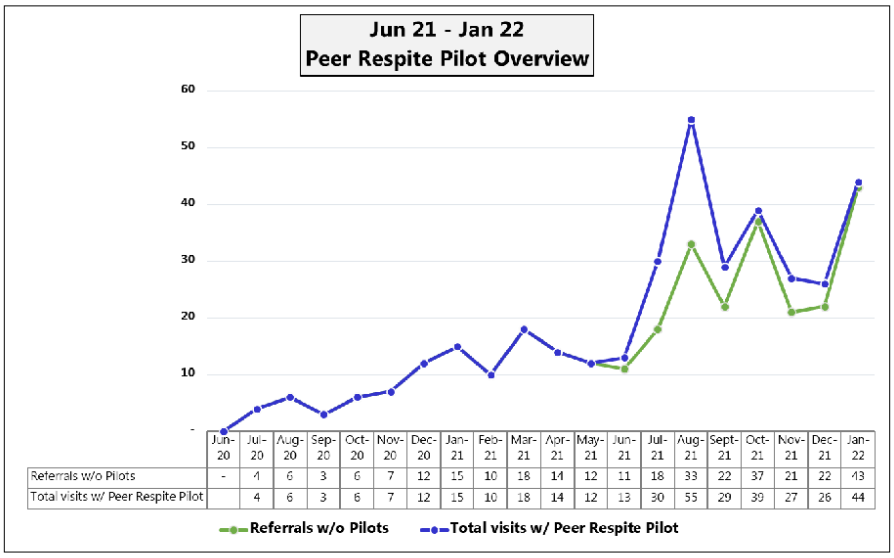
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Co-Occurring Education Groups (COEG) or Peer Respite Services – June 14, 2021 (ongoing)

Description: Co-Occurring Education Groups (COEG) is a curriculum created for individuals, and loved ones of those individuals, who may have concerns related to substance use, mental health, or a combination of both. The COEG curriculum uses an educational approach that encourages participants to learn about substance use and identify additional health and recovery topics that they might be interested in discussing. Although this is not a treatment program, the goal of COEG is to help individuals become more aware of the risks of their substance use and move them closer to positive change. Participation is voluntary and on a drop-in basis. Groups can be done in any order or as standalone sessions. Groups will also be available via Zoom in the near future.

Group Class Calendar		
Sunday	10:00 a.m. to 11:30 a.m. Hopes and Dreams that Inspire	5:00 p.m. to 6:30 p.m. Understanding Co-Occurring Conditions
Monday	10:00 a.m. to 11:30 a.m. What is Addiction?	5:00 p.m. to 6:30 p.m. The Recovery Journey for Mental Illness
Tuesday	10:00 a.m. to 11:30 a.m. My Values	5:00 p.m. to 6:30 p.m. My Story
Wednesday	10:00 a.m. to 11:30 a.m. Pros and Cons of Using Alcohol and Other Drugs	5:00 p.m. to 6:30 p.m. Triggers and Cravings
Thursday	10:00 a.m. to 11:30 a.m. Learning to Make Choices	5:00 p.m. to 6:30 p.m. Stages of Change
Friday	10:00 a.m. to 11:30 a.m. Early Stages of Recovery	5:00 p.m. to 6:30 p.m. My Identity Now and My Future Identity
Saturday	10:00 a.m. to 11:30 a.m. How Use Impacts Us and Our Family	2:00 p.m. to 3:30 p.m. The Recovery Journey 5:00 p.m. to 6:30 p.m. Recovery and Change

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	Jun-20	Jul-20	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21	Aug-21	Sept-21	Oct-21	Nov-21	Dec-21	Jan-22
Referrals w/o Pilots	-	4	6	3	6	7	12	15	10	18	14	12	11	18	33	22	37	21	22	43
Total visits w/ Peer Respite Pilot		4	6	3	6	7	12	15	10	18	14	12	13	30	55	29	39	27	26	44

No group sessions were ever requested from the community. The individual sessions recorded primarily consisted of clients who did not wish to be admitted to the Healing Project but would like to talk with staff and ask questions. An average of 7 individuals visited the Delano facility each month from June 2021 – January 2022 for peer respite services. Total utilization of the pilot involved 54 visits. Monthly visits increased by roughly 13% from 16 to 19.

With/Without the Delano Healing Project – General

A total of 163 unique clients were admitted to the Healing Project from July 2020 - January 2022. 57% of unique clients identified as experiencing homeless. There were 215 clients who were admitted to the Healing Project more than once since services began. The clients would have continued to cycle through the system increasing booking times for the Delano Police Department or the Kern County Sheriff's Office. The project provides a safe sobering environment for individuals who have not committed any crimes or broken laws. Prior to the project, individuals would be imprisoned resulting in longer booking times throughout the systems and less officers patrolling communities. The screening process at

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the Delano Healing project is estimated to be less than 15 minutes. This allows officers to return to the field faster than average jail booking times.
Hospital Emergency Departments refer clients who do not require urgent medical attention but may be experiencing symptoms of mental health or substance use disorder issues. The project increases the number of available beds at hospitals and allows staff to focus on clients in need of urgent medical attention.

The Psychiatric Evaluation Center (PEC) and the Crisis Walk-In Clinic (CWIC) transitioned clients who did not meet a 72-hour involuntary hold or 5150. The project began as a referral-based system only accepting clients from community partners (DPD, hospitals, etc.). The introduction of various pilots extended services to the Delano community and reduced the need for frequent utilizers to be referred using other systems of care. For example, rather than waiting for referring parties to transport clients to the Healing Project, the Transportation Pilot offers to pick up clients within Delano City limits. If the individual has a support system the Friends, and Family Pilot accepts referrals from family members and close friends. The screening requirements and admission criteria did not change. Additionally, individuals are able to walk in or refer themselves via telephone using the Walk-In and Self-Referral Pilot.

Cultural Competence

Majority of staff employed by the provider were peers. Peers are individuals who have lived experience with substance use disorders who are now using their stories of recovery to help others. This allowed for opportunity for further engagement and understanding of the client's thought process, emotions, and responses. This is reflected in the survey results as majority of clients indicated that they were very pleased or pleased with the services provided by the peers. Staff are also required to complete cultural competence training annually.

The Delano Healing Project converted from a referral only facility to a resource available to the general public. Numerous advertisement methods such as billboard, radio interviews, commercials, and outreach were used to inform the Delano community about the resource. The advertisements were in English and Spanish. Monthly Stakeholder meetings were held virtually via Microsoft Teams to provide updates, answer questions,

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and obtain feedback from Stakeholders. The attendees, organizations/agencies were supportive of the Healing Project with each meeting. Unfortunately, the numbers did not meet the identified requirements.

Evaluation

There are two Healing Project facilities in Kern County. One in Bakersfield with 10 beds and the facility in Delano with 5 beds. The design was for each location to provide services to their respective communities. The establishments would also depend on one another when needed. One objective from the intended outcomes was to serve 1,600 people each year. To determine the average number of admissions for each facility, the 2019 5-year estimates were used for the Bakersfield and Delano populations. Data was obtained from the United States Census Bureau. The population for Bakersfield was estimated to be 377,917 and 52,886 for Delano and surrounding areas. The Delano Healing project was intended to assist the neighboring communities of Wasco and McFarland; thus, their populations were also included.

Breakdown

(Based on Population)

City	Population (2019)	% of Total
Bakersfield	377,917	80%
Delano	52,886	11%
Wasco	27,193	6%
McFarland	14,823	3%
Total	472,819	100%

80% of 1600 =	**1280**
	+
20% of 1600 =	**320**
	1600

The populations for Bakersfield and Delano Healing Projects are estimated to the total 472,819. Bakersfield consists of up to 80% of the total target population. It was determined that Bakersfield would provide 80% of total admissions (1280 out of 1600). The City of Delano and the surrounding areas would provide 20% of the admission requirement (320 out of 1600). The combined individual goals equal the admission objective for the project during the 20-21 fiscal year (1280 + 320 = 1600).

Fiscal Year 20-21 Admission Results

	Projected #'s	Actual #'s	Difference
Bakersfield	1280	1447	167
Delano Area	320	114	-206
Goal	**1600**	**1561**	-39

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The Bakersfield site exceeded the minimum required admissions by 167. The Delano Healing project did not meet the requirement by 206 admissions. The Healing Project fell short of the intended outcome by 39 admissions. The low utilization for the Delano Healing Project during the 20-21 fiscal year is the primary reason for the closure. Stakeholders were informed of the decision and voted to close the facility during the Mental Health Services Act (MHSA) Stakeholders meetings. The meetings were held in January 14th and 31st of the 2022. Despite outreach efforts and the addition of the pilots, the Delano Healing Project did not yield the desired results.

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Annual Report KernBHRS Smart911 FY20-21

Project Overview

Kern Smart911 Special Needs Registry is an initiative designed to improve outcomes for people experiencing a mental health emergency when they or their families call 911. The initiative has several goals: to increase access to services, particularly for underserved groups; to increase the quality of services; and to promote interagency collaboration throughout the county. Smart911 is a product created by the company Rave Mobile Safety.

Residents of Kern County can create a Smart911 profile for free and manage their online account with a username and password. Users voluntarily share details about mental health conditions, medications, medical needs, and mobility issues that they or their family members have. Dispatchers gain access to this information only during a 911 call and at no other time. Kern BHRS and RAVE provided trainings to dispatchers and patrol to ensure that all public safety answering points (PSAPs) and first responders know how to access Smart911 information during a call.

Smart911 is an Innovations project funded by the Mental Health Services Act (MHSA) in California. Innovations projects are funded provisionally for up to five years as a way to test new and emerging projects that are believed to be beneficial for the public. Evaluations of Innovations projects are used to help inform the decision to adopt initiatives as a regular part of the county's budget at the end of this trial period and to share the knowledge gleaned through the project implementation with other jurisdictions.

This evaluation report provides an update of the Smart911 initiative, and reflects data current through FY20/21.

BEHAVIORAL HEALTH&RECOVERY SERVICES

EVALCORP Measuring What Matters

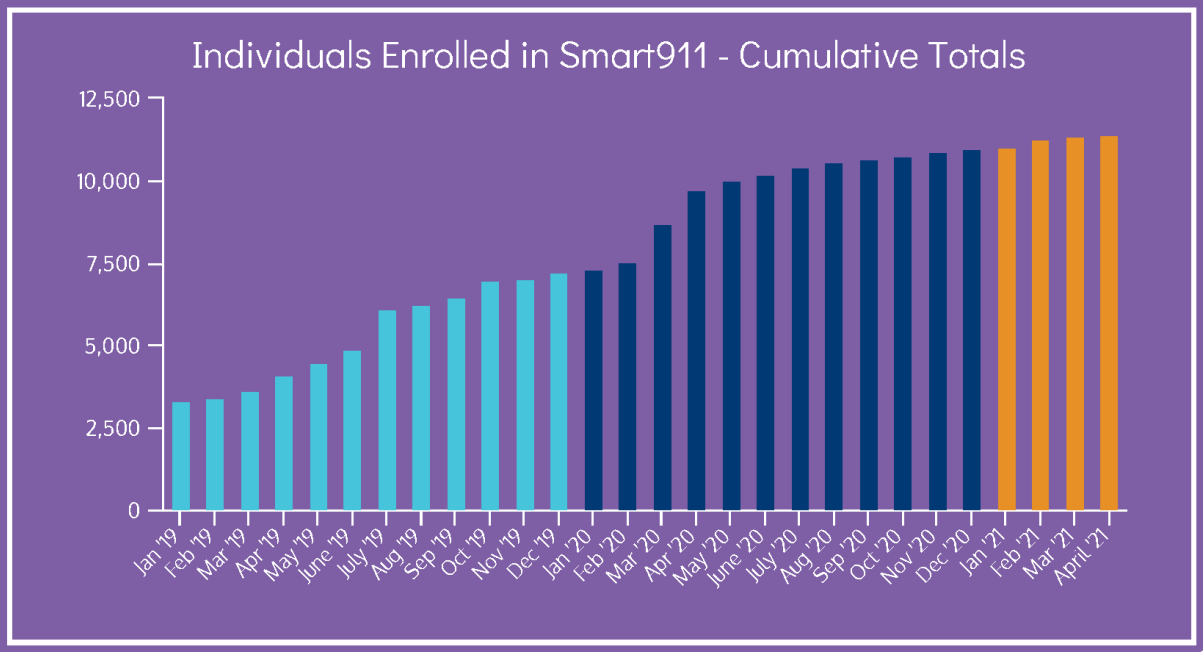
Enrollments

11,328

People have enrolled in Smart911 in Kern County since the beginning of the project.

The large number of subscribers suggests that Smart911 fills a need felt by many Kern County residents to communicate more clearly with first responders in emergency situations. The program continues to grow every month, although enrollment slowed considerably in 2020.

Detailed analysis of monthly data reveals that promotional events for Smart911 are often followed by increases in signups. A second driver of signups may be natural disasters such as wildfires.



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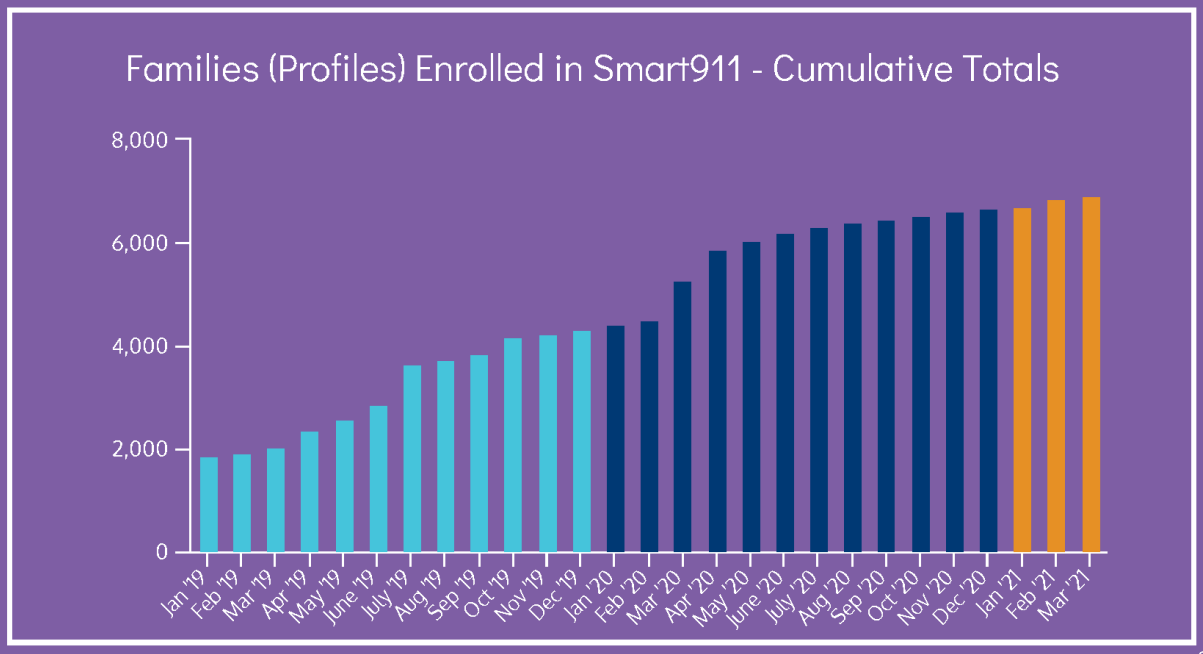
Family Enrollments

A key feature of the application is that family members are able to enroll under a single Smart911 profile, combining information from multiple members of the same household under a single telephone number. This makes it easy for one member of the family to register the needs of other members.

Family enrollment trends follow the same pattern as individual enrollment, with the largest gains in enrollment at the beginning of the project and slower increases in subsequent months. The average Kern profile contains information about 2 individuals.

6,958

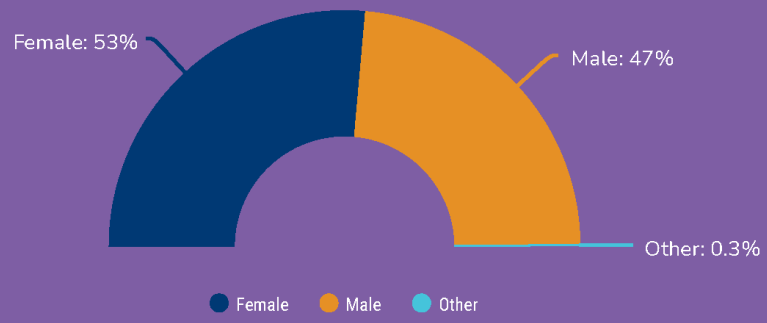
Families have enrolled in Smart911 in Kern County since the beginning of the project.



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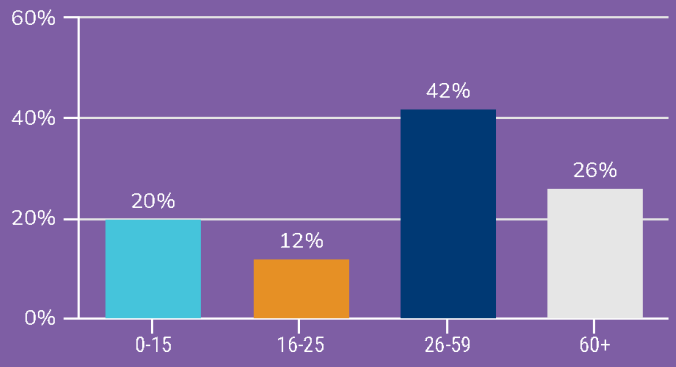
Demographics

Gender of Enrollees



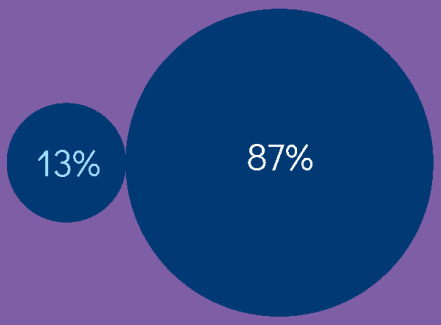
Women are more likely than men to have Smart911 accounts in Kern County. The gender distribution in the Kern population is close to 51% male, 49% female (US Census, County Population by Characteristics: 2010-2019). This difference from the population is statistically significant ($p < .001$). This means that, all things being equal, women are more likely to enroll than are men. (While the "other" category rounds to 0%, it is shown here for completeness.)

Age Distribution of Enrollees



4

Behavioral Health

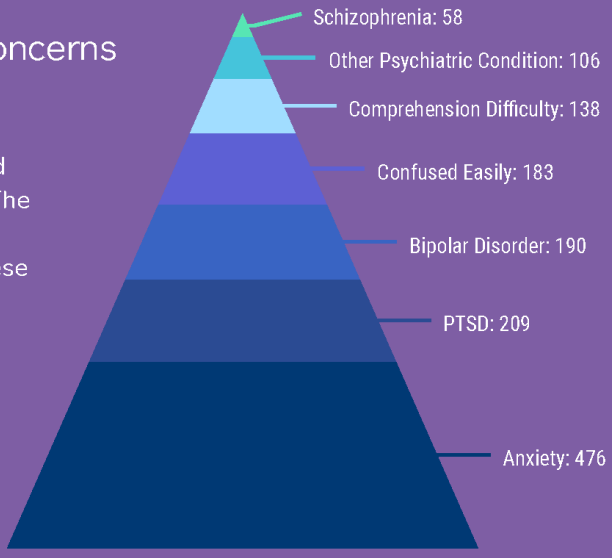


All Behavioral Health Concerns

One of the goals of the Smart911 project is to enroll individuals with a behavioral health concern. Of the 11,328 individuals enrolled n the program since the beginning of the project, 1,432 reported a behavioral health concern. That is, about **13%** of enrolled individuals list a behavioral concern on their profile. This suggests that there are many reasons why individuals subscribe to Smart911 that were not envisioned in the original design of the project.

Priority Behavioral Health Concerns

Early in the evaluation, seven priority behavioral health issues were identified to be tracked in monthly enrollments. The pyramid to the right shows the raw numbers of individuals with each of these seven priority issues enrolled in Smart911. The proportion of new enrollees reporting these issues is historically between 4%-11% each month.

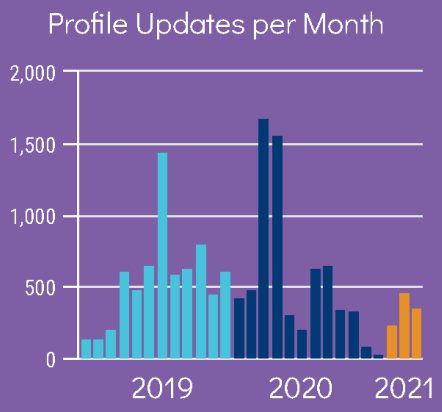


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Use of Smart911



When Smart911 subscribers call 911 from their listed number, information appears to the dispatcher and first responders. When this happens, it is called a "profile pop." Profile pops are one indicator of how heavily the Smart911 service is being used.



Smart911 users can update their profiles to reflect changes in their living situation or health. Profile updates are a proxy for engagement with the platform. On average about 500 Kern residents update their Smart911 each month.

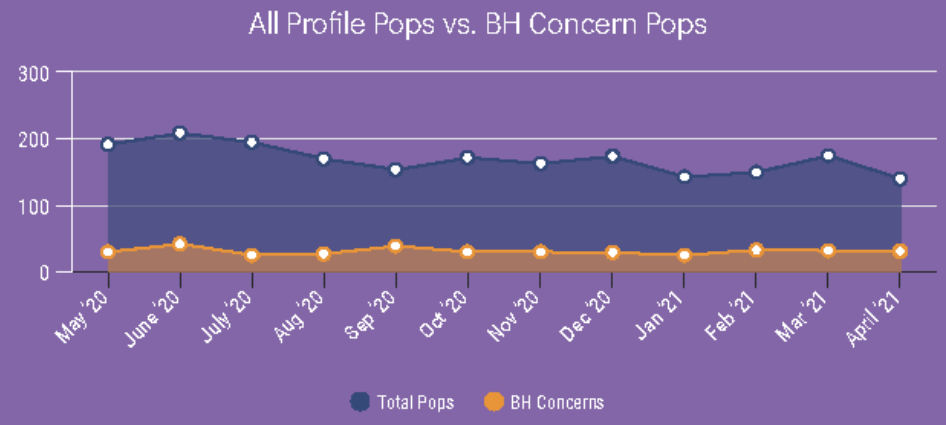
6

Users with Behavioral Health Concerns

Q How often is Smart911 used by people with behavioral health concerns?

A 18% of all subscriber calls in the last year were made by people who specified one or more priority behavioral concerns on their profile.

People with behavioral health conditions were 38% more likely to call 911 than their share of users (13%) would suggest. This proportion has remained fairly consistent throughout the last 12 months, ranging from 12%-25% of calls.



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Prior Data Collection & Findings

Staff Pulse Survey

Conducted in Fall 2018, the Staff Pulse Survey queried KernBHRS staff about perceptions of Smart911 and any training needs. The evaluation team found that KernBHRS staff (n=218) at 22 sites were familiar with Smart911 (88%). However, most staff had not enrolled anyone in the program (18%) and a large proportion (38%) felt they would benefit from additional training.

Client & Family Survey

Conducted in Fall 2018, the Client & Family Survey queried attendees at a mental health resource fair, around half of whom receive mental health services, about Smart911 enrollment. The evaluation team found that most (81%) of those surveyed (n=134) did not have a Smart911 profile. Of those who had a profile, 96% reported they would recommend Smart911 to others. To summarize, few people with mental health needs have a Smart911 profile, but those who do have a profile are satisfied.

Academy Awards Luncheon Attendee Survey

Conducted in May 2019, the Academy Awards Luncheon Attendee Survey polled behavioral health clients, family members and friends of clients, peers and family navigators, law enforcement officers and employees, behavioral health providers, and KernBHRS staff. In this audience segment (n=178), most respondents had heard of Smart911 (72%) and about half (57%) had learned about it from KernBHRS. Nearly all respondents (99%) who had heard of Smart911 said they would recommend it to others.

Staff & Provider Survey

Conducted during Summer 2019, the staff and providers survey again queried staff perceptions of Smart911 and training needs (see Staff Pulse Survey, above). In this sample (n=373), more respondents were familiar with Smart911 than the previous year (91%) and more reported having enrolled clients in Smart911 (25%). However, an even larger proportion than the previous year (51%) felt that they would benefit from additional training to assist clients with enrolling in Smart911. To summarize, as of mid-2019, relatively few staff had ever helped enroll clients in Smart911.

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Prior Data Collection & Findings

CIT Officer Survey

Conducted in Summer 2019, the Crisis Intervention Team (CIT) Officer Survey queried the use of Smart911 among law enforcement officers from 10 service areas. Of the officers surveyed (n=112), only 6% had used Smart911 during an emergency response.

Peer Workshop Attendee Survey

Conducted in January 2020, the Peer Workshop Attendee survey queried perceptions of Smart911 among a sample of Kern BHRS peers. All (100%) of respondents (n=19) had heard of Smart911 and most (63%) learned about it from BHRS or another behavioral health provider. 95% reported they would be comfortable with law enforcement having access to their Smart911 profile.

MHSA Community Forum Survey

Conducted in February 2021, the Community Forum Survey queried participants in a public meeting largely attended by Kern BHRS staff on their perceptions of Smart911. The majority of attendees had not created a Smart911 account: the most common reason being that they did not wish to provide personal information to law enforcement. Participants selected Facebook, radio, billboards as the top suggestions for advertising platforms to promote the service.

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Prior Data Collection & Findings

Year 1 Key Stakeholder Interviews

During FY18-19 structured interviews were conducted with 14 stakeholders from Kern BHRS, Kern County Sheriff's Office, and RAVE. Stakeholders were asked to share their experiences with Smart911, reflect on implementation challenges, and make suggestions for improvements. Three main themes were prominent: (1) use of Smart911 kiosks and iPads; (2) PSAP/staff engagement; and (3) gaining client trust, particularly those with mental or behavioral health needs. Namely, interviewees reported that the kiosk system for signups lacked privacy and took too long. They also reported that staff were reluctant to offer Smart911 due to limited time with clients. Finally, interviewees explained that a very large proportion of clients are wary of giving personal information to law enforcement due to privacy concerns.

Year 2 Key Stakeholder Interviews

During FY19-20, structured interviews were conducted with 12 stakeholders from Kern BHRS and RAVE. Once again, stakeholders were asked to share their experiences with Smart911, reflect on implementation challenges, and make suggestions for improvements. Some of the themes that arose in the prior year's interviews emerged again: staff are reluctant to enroll clients and clients are reluctant to sign up. Interviewees proposed that additional dedicated staff would be useful to promote signups of Kern BHRS clients, but that existing staff limitations did not allow personnel to be easily retasked for this purpose. Interview participants reported that natural disasters during FY19-20, including fires and an earthquake, drove enrollment for Kern residents, regardless of behavioral health concerns. Finally, these stakeholders suggested that additional data about the utility of Smart911 to first responders should be prioritized in future data collection.

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Summary of Findings

1. More than 11,000 Kern residents now use Smart911. Enrollment in the program continues to grow, with noticeable increases after disasters and publicity events.

2. Most signups and calls are from people who do not report a behavioral health concern. However, individuals reporting behavioral health concerns are more likely to call 911 once they are signed up.

3. Some parts of the program have met greater success than others. Those who sign up for the service tend to be very satisfied. However, enrolling individuals with behavioral health concerns has proven more challenging than expected, due to low staff buy-in, a need for additional provider training, and low client trust.

4. Finally, an area of future focus will be understanding the utility of the program among first responders.

11

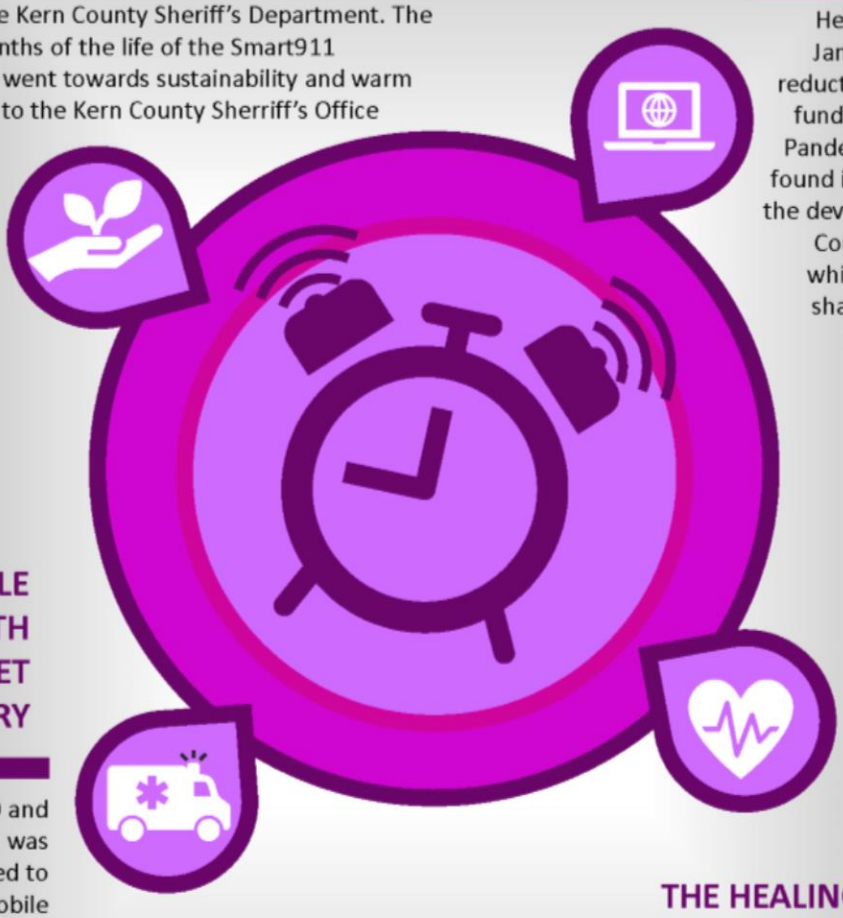
MHSA ANNUAL INNOVATION OUTCOME AND MEASUREMENTS REPORT DATA FOR FISCAL YEAR 2020-2021

SMART 911

Smart911 Innovation Program ended programming 6 months earlier, as sustainability of the program was sourced with the Kern County Sheriff's Department. The remaining 6 months of the life of the Smart911 Innovation plan went towards sustainability and warm hand off efforts to the Kern County Sherriff's Office

HELP @ HAND

Help @ Hand ended January 2021 due to reductions in the MHSA funding caused by the Pandemic. Success was found in the program by the development of Kern County's App Guide, which was able to be shared as a resource county to county.



MOBILE CLINIC WITH STREET PSYCHIATRY

Throughout 2020 and 2021 a plan was being developed to launch a new Mobile Clinic program. The MHSOAC approved the Mobile Clinic with Street Psychiatry Plan for implementation on 3/24/2022.

THE HEALING PROJECT (aka THE RECOVERY STATIONS)

The Healing Project served 1,502 individuals at the Bakersfield site and 114 individual at the Delano site in FY 20-21. Due to underutilization of The Healing Project in Delano, site was terminated 4/13/2022. Additional resources from Delano closure will be reallocated to The Recovery Station (Bakersfield Location) for a 5 bed expansion and additional funding will be reallocated to future Innovation Programs.

BEHAVIORAL HEALTH&RECOVERY SERVICES

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

The goal of the Workforce Education and Training (WET) component is to develop a diverse workforce. Clients and families/caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes.

KernBHRS' workforce is able to work collaboratively to deliver client-and family-driven services and provide outreach to unserved and underserved populations. They also provide services that are linguistically and culturally competent, relevant, and include viewpoints and expertise of clients and their families/caregivers.

WET Programs:

- Clinical Internship
- Psychology Internship
- Relias Learning
- Training Enhancement

Important Changes:

- Engagement & Recovery Oriented Training Program ended in Fiscal Year 20/21 due to lower utilization during the pandemic. Key principles will be taken and utilized where appropriate in other current and appropriate programs.

WET Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per staff/contractor in FY 21/22, including all revenue sources.

WET Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Clinical Internship	$66,730	$556.08	120
Psychology Internship	$966,193	$241,548.25	4
Relias Training	$196,035	$93.35	2,100
Training Enhancement	$2,347,175	$773.62	3,034

WET Programs	
Clinical Internship	**Update:** The program continues to grow each year and many students request to do their practicum at KernBHRS. The support staff can assist by maintaining the Master List of Licensed Professional and the Master List of Intern/Associates, and working with the various departments to collect data and various related information, such as interns, associates who passed their licensure exam, date license was issued, expiration and license number. **Success Story:** The nature of this program is to develop clinical staff that are integral to the workforce. There were 120 pre-licensed clinical staff supported through the Clinical Internship Program. In Fiscal Year 2020-2021 18 passed Licensure. In the Fiscal Year 2021-2022 7 individuals have passed Licensure.
Psychology Internship	**Update:** Limited opportunity to conduct face to face psychological services such as psychological testing and group therapy due to COVID-19 precautions. **Success Story:** In Fiscal Year 2020-2021 total applicants into the Psychology Internship program was 28 for all 3 phases of the program. In Fiscal Year 2021-2022, Psychology Internship program had a total of 44 total applicants. Only phase 1 was completed for this cohort and all 4 interns were matched in the first phase. So within the year applicants for the Psychology Internship program grew from 28 applicants to 44 applicants.
Relias Training	**Update:** The WET Coordinator successfully added the Relias Virtual classroom feature that allowed KernBHRS to develop, assign, present and track facilitator-led web-based training. This was a targeted goal to enhance training efforts during the pandemic. **Success Story:** Program continues to provide current, relevant training to KernBHRS internal and contract partner agency staff while learning new presentation platforms in a remote work environment. KernBHRS was able to expand Relias licensures to provide training resources to more contracted providers and community-based partners and now provides upwards of 2,100 individuals training support.
Training Enhancement	**Updates:** Funding in this category allowed KernBHRS to shift resources when needed to provide an array of virtual based workshops and training to ensure that staff-maintained training resources and supports while navigating through the pandemic. **Success Story:** Successfully used multiple web-based platforms to continue to provide over 1000 training sessions to more than 1800 internal and contract partner staff and community agency partners.

MHSA ANNUAL WORKFORCE, EDUCATION AND TRAINING OUTCOME AND MEASUREMENTS REPORT DATA FOR FISCAL YEAR 2020-2021

TRAINING ENHANCEMENT

Despite the team being unable to attend in-person trainings due to COVID-19, Training Enhancement successfully used multiple web-based platforms to continue to provide over 1000 training sessions to more than 1800 internal and contract partner staff and community agency partners.

RELIAS TRAINING

Program continues to provide current, relevant training to KernBHRS internal and contract partner agency staff, training approximately 2,100 individuals. Specialized training plans for Kern medical residents, on-site and telehealth medical staff and substance use contract partner agency staff enabling standardization of information presented as well as accountability means to ensure compliance.



CLINICAL INTERNSHIP AND SUPPORT PROGRAM

KernBHRS started the Multicultural Clinical Supervision Training Program and leads the way among the 13 Southern California Regional Partnership counties. KernBHRS had 5 Train the Trainers who successfully completed the program. 120 individuals were supported through Clinical Internship and Supervision.

KERN PSYCHOLOGY INTERNSHIP

The program obtained American Association Accreditation status in April 2020 for the internship program, golden and highest standard for Psychologist training. Increased in internship applicants this year. Increase in "exposure" by graduate schools wanting practicum site agreements with KernBHRS due to APA accreditation. 4 new Psychology Internship positions were available.

BEHAVIORAL HEALTH & RECOVERY SERVICES

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Capital Facilities and Technological Needs

The Capital Facilities and Technological Needs (CFTN) component works towards the creation of a facility that is used for the delivery of MHSA services to mental health clients and their families or for administrative offices. Funds may also be used to support an increase in peer support and consumer-run facilities, development of community-based settings, and the development of technological infrastructure for the mental health system to facilitate the highest quality and cost-effective services and supports for clients and their families.

CFTN Programs:

- The Healing Project (AKA The Recovery Station) FY 20/21
- Electronic Health Record (EHR)
- Allocap Software

Important Changes:

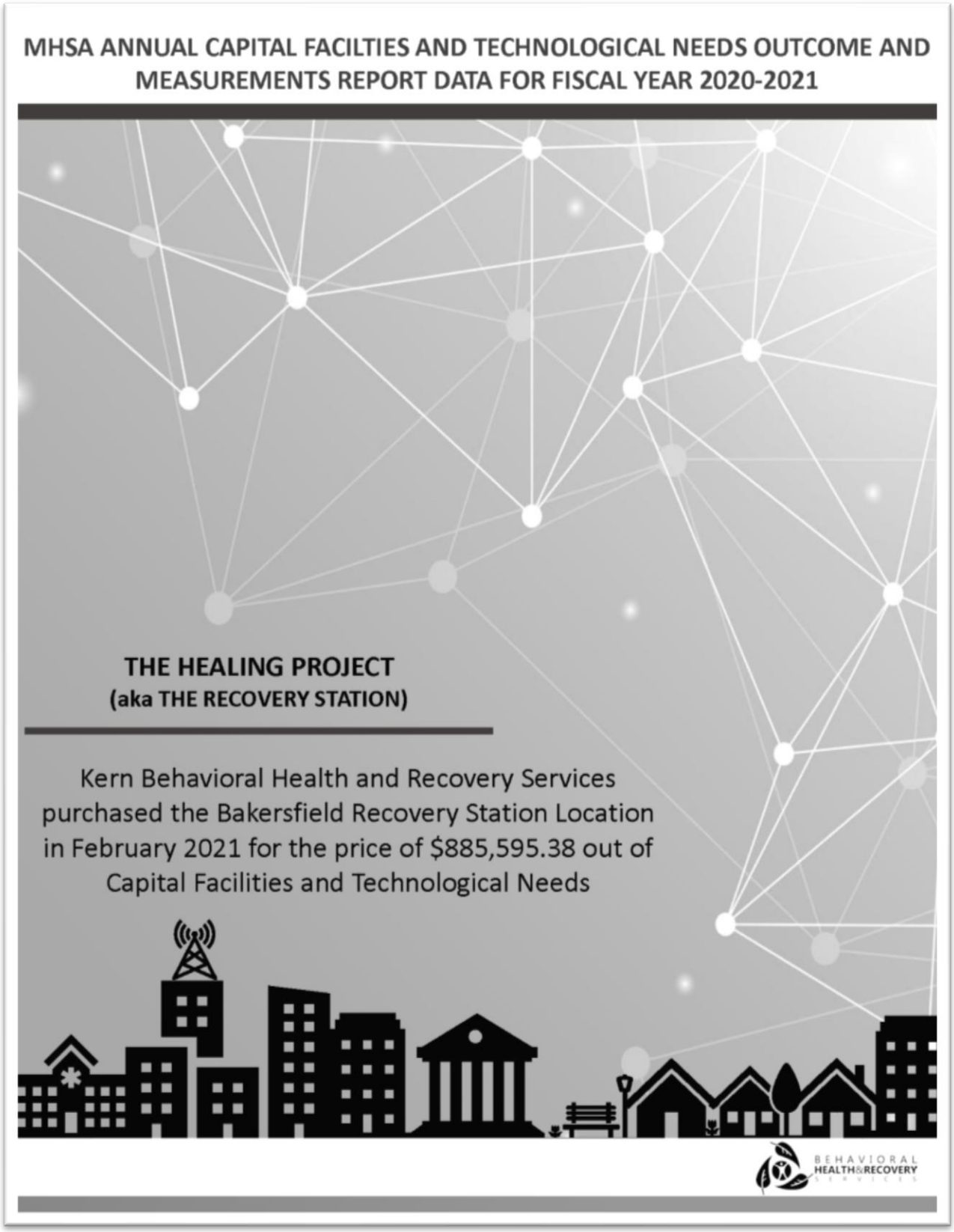
- Utilized CFTN Funding for buy-in to statewide county Electronic Health Record (EHR) Collaborative project to purchase new EHR due to aging out of software.
- Utilized CFTN Funding to purchase Allocap Software to support Finance Department in Fiscal Tracking.

CFTN Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per project in FY 21/22, including all revenue sources.

CFTN Programs	Annual Budgeted Funds
Electronic Health Record	$150,000.00
Allocap Software	$20,000.00

CFTN Programs	Program Update	Success Story
Electronic Health Record	One time start up buy-in purchase of infrastructure to support acquiring new EHR through a County Collaborative EHR project.	Transaction has been completed in Fiscal Year 2021-2022.
Allocap Software	One-time purchase of Allocap Software needed to support Finance Department's Fiscal Tracking.	Transaction has been completed in Fiscal Year 2021-2022.


MHSA ANNUAL CAPITAL FACILTIES AND TECHNOLOGICAL NEEDS OUTCOME AND MEASUREMENTS REPORT DATA FOR FISCAL YEAR 2020-2021
THE HEALING PROJECT
(aka THE RECOVERY STATION)
Kern Behavioral Health and Recovery Services purchased the Bakersfield Recovery Station Location in February 2021 for the price of $885,595.38 out of Capital Facilities and Technological Needs
BEHAVIORAL HEALTH&RECOVERY SERVICES

GRANTS

<table>
<tr><th>Program</th><th>Description</th><th>Targeted Group</th><th>Goals</th></tr>
<tr>
<td>Early Psychosis Intervention PLUS (EPI Plus)</td>
<td>KernBHRS will establish an early psychosis and mood disorder intervention program using the Coordinated Specialty Care (CSC) model with this grant.

The term of this contract is for four (4) years.

The total amount of this Agreement shall not exceed $1,999,924 and is allocated as follows for each year:

<table>
<tr><th>Year</th><th>Total</th></tr>
<tr><td>First Year</td><td>$ 502,334</td></tr>
<tr><td>Second Year</td><td>$ 498,804</td></tr>
<tr><td>Third Year</td><td>$ 498,804</td></tr>
<tr><td>Fourth Year</td><td>$ 499,982</td></tr>
</table>
</td>
<td>The target group for this effort is youth and young adults between the age of 15 and 25 but can assist others outside of this age range if needed.</td>
<td>• Improve the lives of Californians with mental health needs before those needs escalate and
become severe or disabling.
• Support a more coordinated effort to decrease the duration of untreated psychosis and
mood disorder.
• Expand service capacity for early psychosis and mood disorder detection and intervention
services in California.
• Conduct broad community-based outreach to individuals at clinical high risk (CHR) for psychosis with rapid referral to reduce duration of untreated psychosis
• Develop and maintain a team-based Coordinated Specialty Care (CSC) program with the
following components:
o Case management
o Recovery-oriented psychotherapy and relapse prevention
o Family psychoeducation and psychotherapy
o Educational and vocational support
o Pharmacotherapy and primary care coordination</td>
</tr>
</table>

Program	Description	Targeted Group	Goals
Kern Youth Resilience Program-MHSSA Student Grant	The Mental Health Student Services Act (MHSSA) is a competitive grant program established to fund partnerships between county behavioral health departments and local education entities for the purpose of increasing access to mental health services in locations that are easily accessible to students and their families. Kern County was selected as one of four large County's awarded the four-year grant. This grant will create greater access to mental health services through a Mental Health MTSS model. Implement a sustainable cross-age Peer to Peer mentoring program that could be replicated at additional school sites and with little to no cost. Build the capacity of the participating districts to access LEA Medi-Cal billing to support LCSWs or LMFTs treatment planning for students in Tiers 1 and 2. Build the capacity of districts to make referral to GSAs (mental health providers) based on the LEA's needs assessment of the student within their multi-tiered systems of support. Build the capacity of districts to provide non-clinical interventions such as Check In Check Out (CICO) to prevent mental health issues from becoming more pervasive. Increase school staff, mental health providers, and community to recognize the signs of experiencing a mental health or addictions challenge or is in crisis. Improve the continuum of care and referral process in Kern County by bringing LEAs, KernBHRS and GSAs together to develop a streamlined referral process. Additionally, in FY 2021-2022, this grant was extended for a 5th year for any remaining unspent funds. *Amount not to exceed $6,000,000.00	The target group for this effort is school-aged youth.	• Increase in-school connectedness among foster and homeless students • Decrease chronic absenteeism rate for targeted populations • Increased graduation rates • Decreased dropout rates • Improved ELA and Math scores among foster and homeless youth • Decrease in behavior referrals

Program	Description	Targeted Group	Goals
No Place Like Home (NPLH) Loans to counties*, or their housing development sponsors.	On July 1, 2016, Governor Brown signed landmark legislation enacting the No Place Like Home program to dedicate up to $2 billion in bond proceeds to invest in the development of permanent supportive housing for persons who are in need of mental health services and are experiencing homelessness, chronic homelessness, or who are at risk of chronic homelessness. The bonds are repaid by funding from the Mental Health Services Act (MHSA). In November 2018 voters approved Proposition 2, authorizing the sale of up to $2 billion of revenue bonds and the use of a portion of Proposition 63 taxes for the NPLH program. Key features of the program include: • Counties will be eligible applicants (either solely or with a housing development sponsor). • Funding for permanent supportive housing must utilize low barrier tenant selection practices that prioritize vulnerable populations and offer flexible, voluntary, and individualized supportive services. • Counties must commit to provide mental health services and help coordinate access to other community-based supportive services. Through this project two permanent supportive housing sites are slated to open in the summer of 2022.	Adults with serious mental illness, or children with severe emotional disorders and their families and persons who require or are at risk of requiring acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention because of a mental disorder with symptoms of psychosis, suicidality or violence and who are homeless, chronically homeless, or at risk of chronic homelessness. At risk of chronic homelessness includes persons who are at high risk of long-term or intermittent homelessness, including persons with mental illness exiting institutionalized settings with a history of homelessness prior to institutionalization, and transition age youth experiencing homelessness or with significant barriers to housing stability.	To acquire, design, construct, rehabilitate, or preserve permanent supportive housing for persons who are experiencing homelessness, chronic homelessness or who are at risk of chronic homelessness, and who are in need of mental health services.

SUICIDE PREVENTION STRATEGIC PLAN

KERN COUNTY

Suicide Prevention Strategic Plan

MAY 2022

BEHAVIORAL HEALTH&RECOVERY SERVICES







KERN COUNTY
GROUNDED & BOUNDLESS



Introduction

According to the Mental Health Services Oversight & Accountability Commission (MHSOAC), Suicide in California remains a significant public health challenge. In 2020, 4,075 Californians lost their lives to suicide, according to federal statistics. In Kern County, we lost 134 lives in Kern County in the same year.

There is hope. The evidence for effective suicide prevention practices is growing every day. Guided by data and community input, the MHSOAC developed a statewide strategic plan for suicide prevention that incorporates the latest information and evidence to guide state and local actions for saving lives.

With the guidance of the MHSOAC strategic plan and other experts, ***Kern County's Suicide Prevention Strategic Plan*** outlines public health recommendations and strategies to prevent suicide that are aligned with statewide calls for advancements in innovation and mental health access. It includes detailed discussion of four strategic aims and how to achieve them; suicidal prevention; implementation and evaluation of vulnerable populations; development of partnerships; and outreach and education.

Zero Suicide is a commitment to suicide prevention in health and behavioral health care systems, and a specific set of tools and strategies. It is both a concept and a practice. Its core propositions are that suicide deaths for people under care are preventable, and that the bold goal of zero suicides among persons receiving care is an aspirational challenge that health systems should accept.

Zero Suicide Kern is a culture shift towards consistent and comprehensive suicide-safe care as well as a commitment to "the safety and support of the staff, who do the demanding work of treating and caring for suicidal" clients. This transformation requires specific tools and strategies, and KernBHRS has developed a set of procedures as our way of implementing the Zero Suicide model in Kern County. Experience has shown that this approach works, and this implementation represents our commitment to making suicide a non-event in this county.

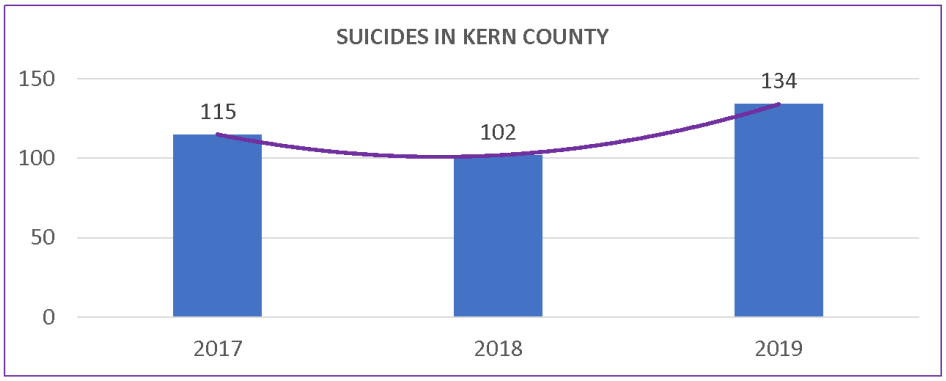
The Problem of Suicide in Kern County

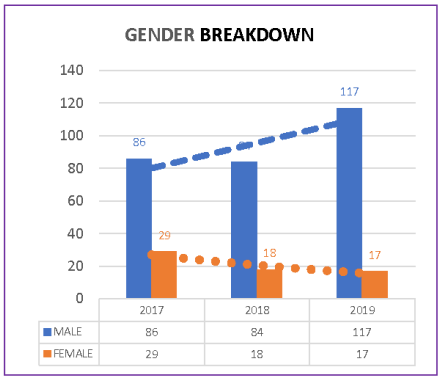
Despite a national strategy for suicide prevention and multiple federal, national, and state/local initiatives, death by suicide continues to be a concern in Kern County.

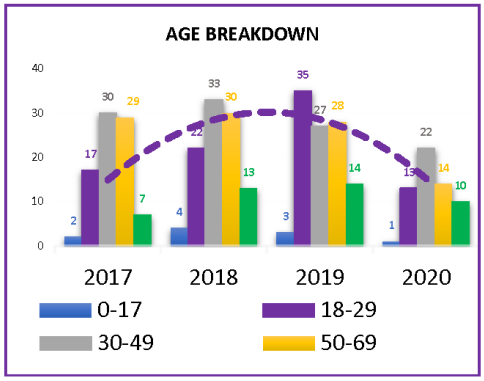
Suicide is a complicated phenomenon, with no single cause and no single solution. We will identify higher risk populations and incorporate a wide range of prevention services, activities, trainings, marketing and communication to meet the needs of our community.

As for the process itself, it's convening, deciding, identifying the problem and goals and objectives to stop the problem.

To prevent suicide and to address the broad range of risk and protective factors (e.g., community support, economic opportunities, problem-solving skills), a comprehensive and coordinated approach is needed.

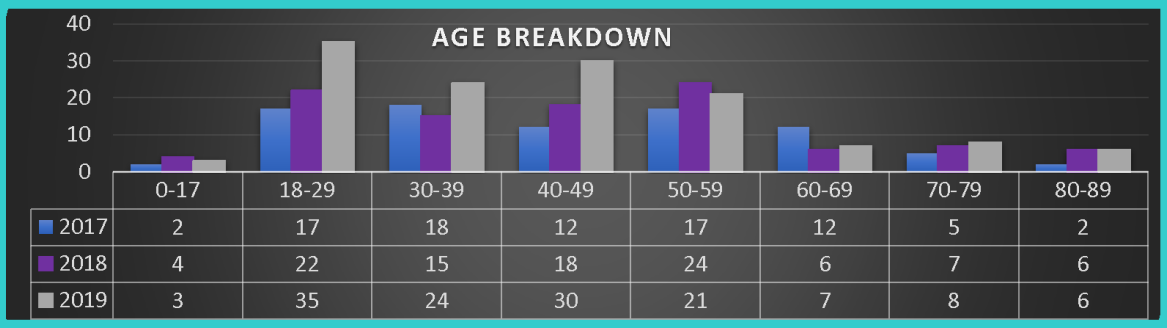




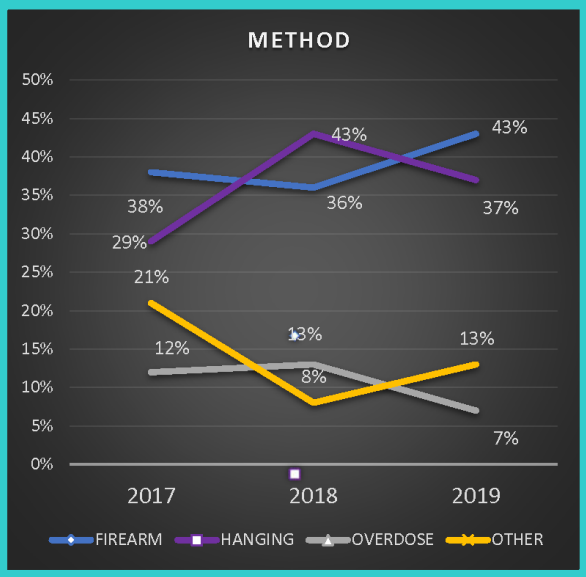


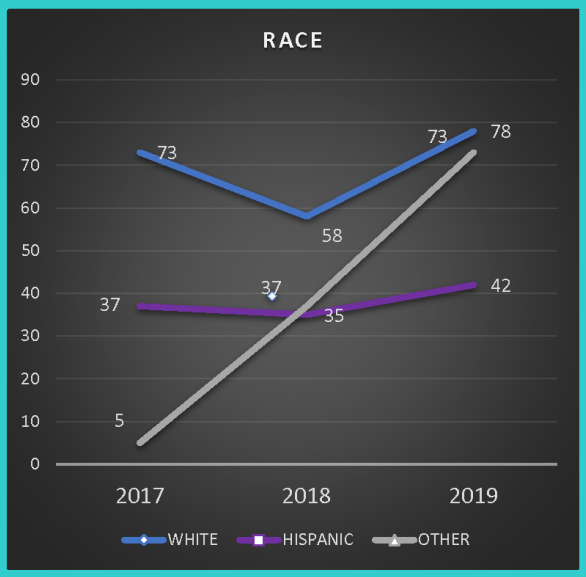
CORONER'S DATA 2017-2019

GENDER BREAKDOWN	2017	2018	2019
MALE	86	84	117
FEMALE	29	18	17
TOTAL	115	102	134



	0-17	18-29	30-39	40-49	50-59	60-69	70-79	80-89
2017	2	17	18	12	17	12	5	2
2018	4	22	15	18	24	6	7	6
2019	3	35	24	30	21	7	8	6

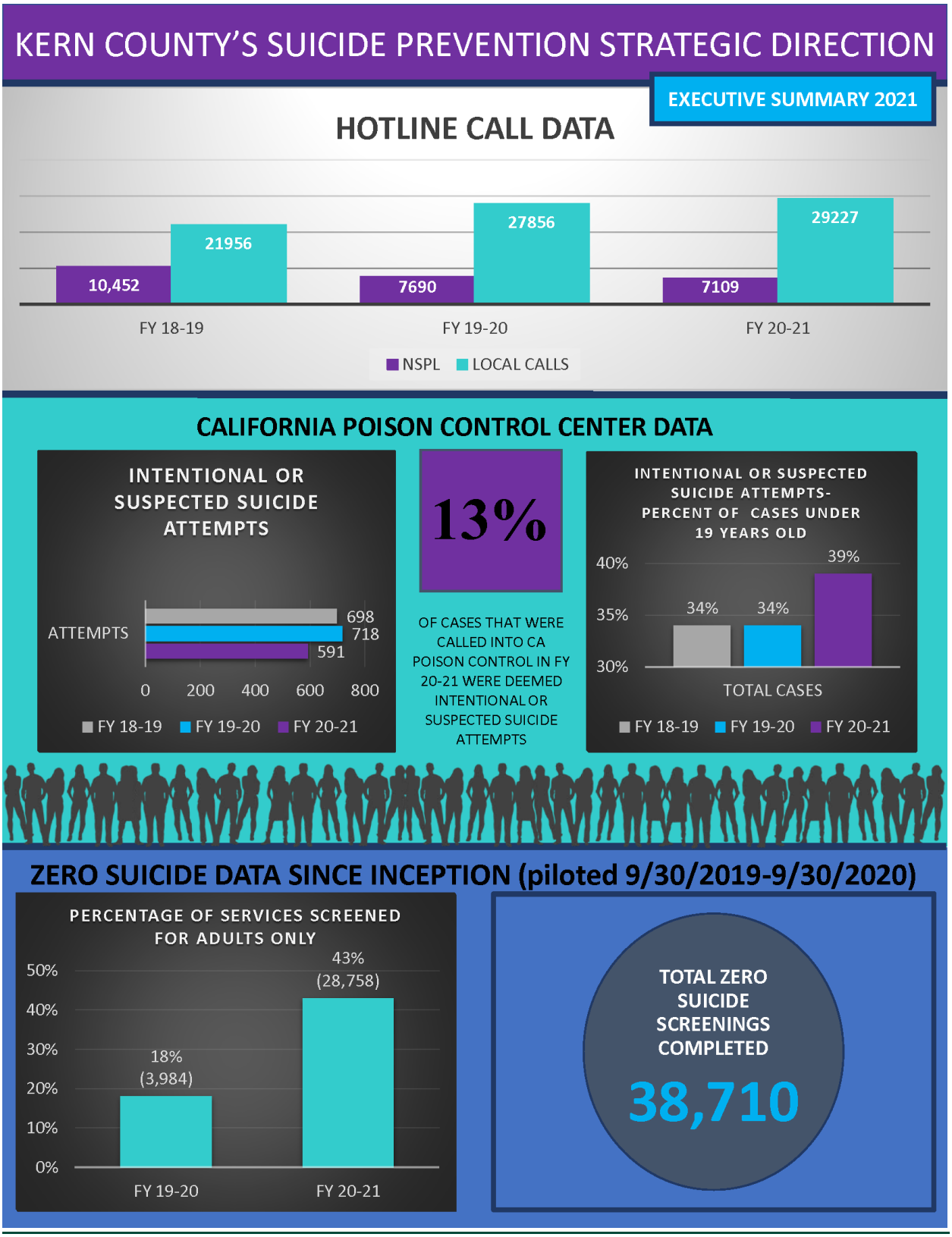




SUICIDE PREVENTION COLLABORATIVE

- Bakersfield City School District
- Kern High School District
- Sheriff and BPD
- Faith Community
- Survivors of Loss and Attempt Survivors
- Coroner
- Kern County Superintendent of Schools
- SUD Providers
- All Hospitals
- Gun Shops
- Funeral Directors
- LGBTQ+
- Promotoras
- Bakersfield College
- Cal State Bakersfield
- PCPs
- NAMI




KERN COUNTY'S SUICIDE PREVENTION STRATEGIC DIRECTION
EXECUTIVE SUMMARY 2021
HOTLINE CALL DATA
10,452
21956
7690
27856
7109
29227
FY 18-19
FY 19-20
FY 20-21
NSPL
LOCAL CALLS
CALIFORNIA POISON CONTROL CENTER DATA
INTENTIONAL OR SUSPECTED SUICIDE ATTEMPTS
ATTEMPTS
698
718
591
0
200
400
600
800
FY 18-19
FY 19-20
FY 20-21
13%
OF CASES THAT WERE CALLED INTO CA POISON CONTROL IN FY 20-21 WERE DEEMED INTENTIONAL OR SUSPECTED SUICIDE ATTEMPTS
INTENTIONAL OR SUSPECTED SUICIDE ATTEMPTS- PERCENT OF CASES UNDER 19 YEARS OLD
40%
35%
30%
34%
34%
39%
TOTAL CASES
FY 18-19
FY 19-20
FY 20-21
ZERO SUICIDE DATA SINCE INCEPTION (piloted 9/30/2019-9/30/2020)
PERCENTAGE OF SERVICES SCREENED FOR ADULTS ONLY
50%
40%
30%
20%
10%
0%
18%
(3,984)
43%
(28,758)
FY 19-20
FY 20-21
TOTAL ZERO SUICIDE SCREENINGS COMPLETED
38,710

Strategic Plan Recommendations to Exec

Timeline: Short-Term Goals (Years 1-2)

Objectives:

- Complete internal implementation of Zero Suicide
- Focused Outreach and Education for the public and community partners
- Create an overall Kern County Suicide Prevention Strategic Plan



Strategic Plan Recommendations to Exec (continues)

Timeline: Long-Term Goals (Years 3-5)

Objectives:

- Form a Kern County Suicide Death Review Committee
- Form a Kern County Suicide Prevention Consortium
- Postvention Team Implementation



What Works for Suicide Prevention in Kern County

- Suicide Prevention Training for the community and all agencies in Kern County
- Encourage help seeking behavior
- Reducing stigma associated with Suicide and seeking mental health care
- Making sure that people have basic needs met and measurements of quality of life
- Postvention is prevention
- System of Care
    - PEC
    - Hotline
- Social Emotional Learning (SEL)
- PSA & Poster – goal for September 2022
    - "Some might consider normal to thinking about suicide! Except suicide is NOT normal"
    - Identify groups that represent different walks of life and ethnicities
        - Native American representation
        - Latinx representation
        - LGBTQ+/TAY representation
        - Suicide Survivors representation



RELIAS LEARNING

Learning Format	Prevention	Intervention	Postvention
Online	19	22	1
In-Person	8	5	0

INVENTORY OF CURRENT TRAININGS OFFERED RELATED TO SUICIDE	LEARNING FORMAT	Prevention	Intervention	Postvention
ADDRESSING SUICIDE IN ADOLESCENTS AND TRANSITION AGE YOUTH	Online	X	X	
ADVANCED PRACTICE IN TREATING INDIVIDUALS WITH CO-OCCURING DISORDERS	Online		X	
APPROACHES TO COMMUNITY-BASED SUICIDE PREVENTION (+)	Online	X		
ASSESSMENT AND TREATMET OF OBSESSIVE-COMPULSIVE AND RELATED DISORDERS	Online		X	
BEST PRACTICES IN SUICIDE SCREENING AND ASSESSMENT	Online	X	X	
BIPOLAR AND RELATED DISORDERS IN YOUTH	Online	X	X	
CALM	Online	X	X	
CIBHS WEBINAR 7: EFFECTIVE SUICIDE AND CRISIS INTERVENTION USING TELEHEALTH	Online		X	
COUNSELING ON ACCESS TO LETHAL MEANS (*)	Online	X	X	
IDENTIFICATION, PREVENTION, AND TREATMENT OF SUICIDAL BEHAVIOR FOR SERVICE MEMBERS AND VETERANS	Online	X	X	
IN SESSION: PRACTICING CLINICAL SKILLS TO PREVENT SUICIDE	Online	X	X	
IN SESSION: SUICIDE ASSESSMENT AND INTERVENTION FOR ADULTS	Online		X	
MANAGING REACTIONS WHEN WORKING WITH SUICIDAL CLIENTS: A GUIDE FOR CLINICANS	Online	X	X	
NON-SUICIDAL SELF-INJURIOUS BEHAVIOR IN ADULTS	Online	X	X	
PHQ-9 AND GAD-7 IMPLEMENTATION TRAINING	Online	X	X	
PREVENTING SUICIDE AMONG VETERANS	Online	X		
PREVENTING SUICIDE IN YOUTH: THE ROLE OF PARAPROFESSIONALS	Online	X		
PREVENTING SUICIDE THROUGH EFFECTIVE POSTVENTION	Online	X	X	X
SAFTEY PLANNING INTERVENTION FOR SUICIDAL INDIVIDUALS (*)	Online		X	
STRUCTURED FOLLOW UP AND MONITORING FOR SUICIDAL INDIVIDUALS (*)	Online		X	
SUICIDE AND DEPRESSION IN OLDER ADULTS	Online	X	X	
SUICIDE RISK ASSESSMENT USING C-SSRS	Online	X	X	
SUICIDE SCREENING FOR DIRECT CARE	Online	X	X	
SUICIDE, ASSESSMENT, INTERVENTIONS, AND MANAGEMENT	Online		X	
SUICIDE-SPECIFIC INTERVENTIONS AND BEST PRACTICES (+)	Online		X	
TRAINING ON SUICIDE PREVENTION	Online	X		
VETERANS AND MENTAL HEALTH	Online	X	X	
CBT-SP	In-person	X	X	
ASIST & ASIST REFRESHER	In-person	X	X	
BEHAVIORAL HEALTH LIVING EXPERIENCE TRAINING	In-person	X		
CLAAS	In-person	X		
CORE ACADEMY: QPR, ZERO SUICIDE, RECOVERY MODEL AND SELF-CARE	In-person	X	X	
MENTAL HEALTH FIRST AID & YOUTH MHFA	In-person	X	X	
MORE THAN SAD	In-person	X		
ZERO SUICIDE C-SSRS (*)	In-person	X	X	

\+ =Required training for all KernBHRS staff every 2 years
* =Required for all KernBHRS staff on Clinical teams every 2 years

OLDER ADULTS

ADULTS

YOUTH

CHILDREN

TRAININGS OFFERED TO THE PUBLIC:

- QPR
- ASIST
- MHFA Youth
- CLAAS
- SUICIDE AWARENESS TRAININGS FOR SCHOOLS
- TRAINING VIDEOS AND MANUALS FOR SCHOOL DISTRICTS
- VARIED CUSTOMIZED TRAININGS TO ANY POPULATION

SUICIDE PREVENTION STRATEGIC PLAN

YEARS 1-2

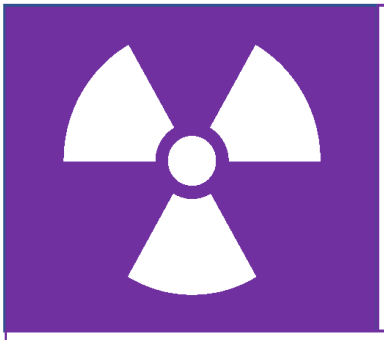
- COMPLETE INTERNAL IMPLEMENTATION OF ZERO SUICIDE
- FOCUSED OUTREACH AND EDUCATION FOR THE PUBLIC AND COMMUNITY PARTNERS
- CREATE AN OVERALL KERN COUNTY SUICIDE PREVENTION STRATEGIC PLAN

YEARS 3-5

- FORM A KERN COUNTY SUICIDE DEATH REVIEW COMMITTEE
- FORM A KERN COUNTY SUICIDE PREVENTION CONSORTIUM
- POSTVENTION TEAM IMPLEMENTATION



Warning Signs for Suicide



Immediate Risk

Some behaviors may indicate that a person is at immediate risk for suicide.

The following three should prompt you to immediately call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255) or a mental health professional.

- Talking about wanting to die or to kill oneself
- Looking for a way to kill oneself, such as searching online or obtaining a gun
- Talking about feeling hopeless or having no reason to live

Serious Risk

Other behaviors may also indicate a serious risk—especially if the behavior is new; has increased; and/or seems related to a painful event, loss, or change.

- Talking about feeling trapped or in unbearable pain
- Talking about being a burden to others
- Increasing the use of alcohol or drugs
- Acting anxious or agitated; behaving recklessly
- Sleeping too little or too much
- Withdrawing or feeling isolated
- Showing rage or talking about seeking revenge
- Displaying extreme mood swings





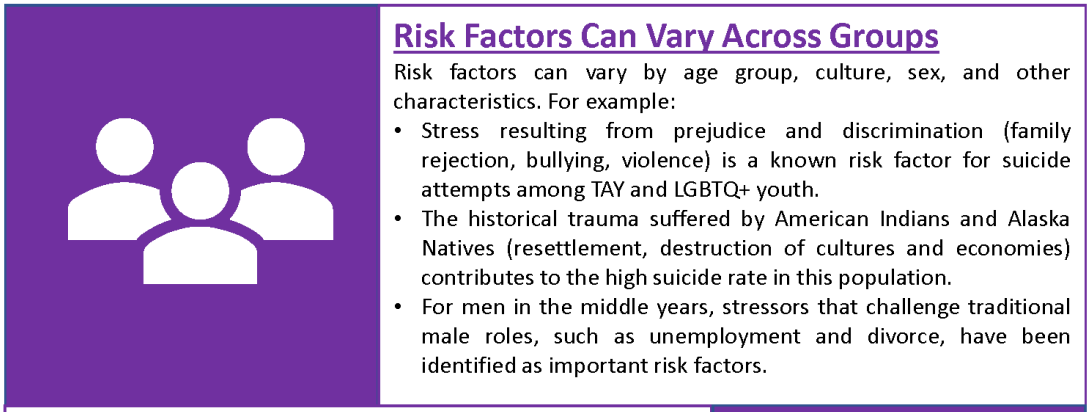
Risk Factors

Risk factors are characteristics of a person or his or her environment that increase the likelihood that he or she will die by suicide (i.e., suicide risk).

Major risk factors for suicide include:

- Prior suicide attempt(s)
- Misuse and abuse of alcohol or other drugs
- Mental disorders, particularly depression and other mood disorders
- Access to lethal means
- Knowing someone who died by suicide, particularly a family member
- Social isolation
- Chronic disease and disability
- Lack of access to behavioral health care

Warning Signs for Suicide *(continues)*



Risk Factors Can Vary Across Groups

Risk factors can vary by age group, culture, sex, and other characteristics. For example:

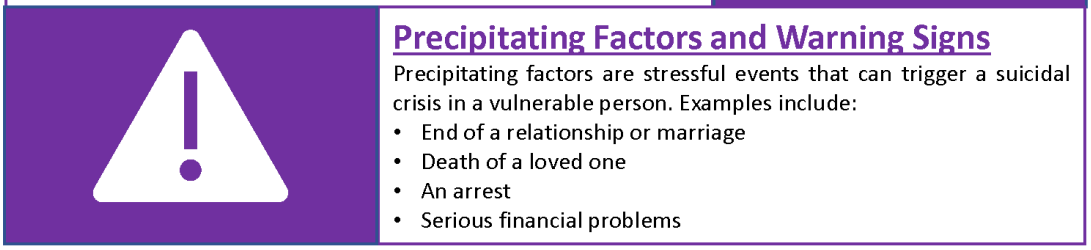
- Stress resulting from prejudice and discrimination (family rejection, bullying, violence) is a known risk factor for suicide attempts among TAY and LGBTQ+ youth.
- The historical trauma suffered by American Indians and Alaska Natives (resettlement, destruction of cultures and economies) contributes to the high suicide rate in this population.
- For men in the middle years, stressors that challenge traditional male roles, such as unemployment and divorce, have been identified as important risk factors.

Protective Factors

Protective factors are personal or environmental characteristics that help protect people from suicide.

Major protective factors for suicide include:

- Effective behavioral health care
- Connectedness to individuals, family, community, and social institutions
- Life skills (including problem solving skills and coping skills, ability to adapt to change)
- Self-esteem and a sense of purpose or meaning in life
- Cultural, religious, or personal beliefs that discourage suicide



Precipitating Factors and Warning Signs

Precipitating factors are stressful events that can trigger a suicidal crisis in a vulnerable person. Examples include:

- End of a relationship or marriage
- Death of a loved one
- An arrest
- Serious financial problems

Suicide is Preventable



Resources

APPENDIX

Get Help Now



If you or someone else needs support, a trained crisis counselor the National Suicide Prevention Lifeline is available at **800-273-TALK (8255)** or by texting **TALK to 741741**



For LGBTQ youth, The Trevor Project is available at **866-488-7386** or text **START to 678678**



For people who are deaf or hard of hearing, the Lifeline is available at **800-799-4889**



For law enforcement personnel, the COPLINE is available at **800-267-5463**



For teens, the **TEEN LINE** is available at **310-855-4673** or **text TEEN** to **839863**



For veterans, the Lifeline is available at **800-273-TALK (8255)** and press **1**



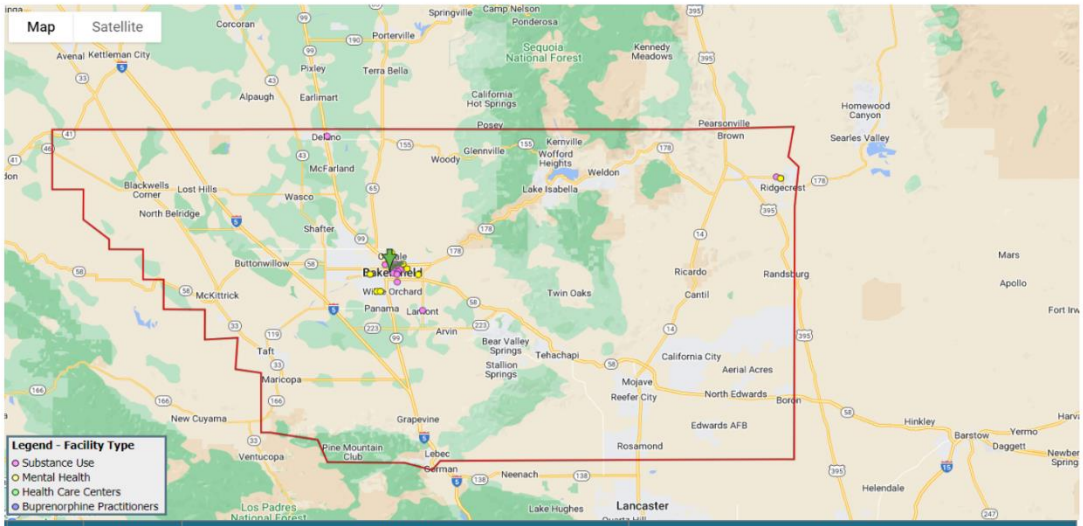
For transgender people, the Trans Lifeline is available at **877-565-8860**



For other first responders, the Fire/EMS Helpline is available at **888-731-FIRE (3473)**

KernBHRS Crisis Line
1-800-991-5272

Additional Resources



#	Miles	Facility Name	Address
1	0.30	Kern County Hispanic Commission KCHC Outpatient Recovery Services	1304 L Street Bakersfield, CA 93301 661-634-9877
2	0.46	Aegis Treatment Centers LLC	1018 21st Street Bakersfield, CA 93301 661-861-9967
3	0.88	Bakersfield Recovery Services DBA Jasons Retreat Intensive OP	2917 Eye Street Bakersfield, CA 93301 661-237-8200
4	0.92	Bakersfield American Indian Health Prg (BAIHP)	1617 30th Street Bakersfield, CA 93301 661-327-4030
5	0.99	Turning Point of Central California Ken Kennemer Substance Abuse Trt Ctr	1100 Union Avenue Bakersfield, CA 93307 661-458-6611 x2321
6	1.00	Turning Point of Central California Kern Day Reporting Center	1101 Union Avenue Suite 100 Bakersfield, CA 93307 661-437-4860 x2272
7	1.07	Teens Living Clean SUD Outpatient Treatment Team	300 East Truxtun Avenue Bakersfield, CA 93305 661-852-2658
8	1.54	Kern Behav Hlth and Recovery Services SUD Outpatient Treatment Team	222 34th Street Bakersfield, CA 93301 661-852-5560
9	1.61	Community Service Organization (CSO) Behav Hlth Program/Brotherhood Center	1124 Baker Street Bakersfield, CA 93305 661-327-9376
10	1.77	Aegis Treatment Centers LLC	501 West Columbus Street Bakersfield, CA 93301 661-328-0245
11	2.03	Action Family Counseling Inc Bakersfield IOP	3801 Buck Owens Boulevard Suite 105 Bakersfield, CA 93308 661-325-4357

Additional Resources *(CONTINUES)*

12	2.23	American Health Services LLC Bakersfield Health Services	1010 1/2 South Union Avenue Bakersfield, CA 93307 661-321-0234
13	2.48	Legacy Village LLC DBA Oregon Street Recovery Center	1620 Oregon Street Bakersfield, CA 93305 661-846-2745
14	2.62	Kern Behavioral Health System Childrens System of Care	P.O. Box 1000 Bakersfield, CA 93302 661-868-6600
15	2.93	Crisis Services Mary K Shell Building	2151 College Avenue Bakersfield, CA 93305 661-868-8155
16	3.53	Henrietta Weill Memorial Child Guidance Clinic Inc	661 Roberts Lane Bakersfield, CA 93308 661-393-5836
17	3.88	Kern Linkage/North Chester Center Adult Outpatient	2525 North Chester Avenue Bakersfield, CA 93308 661-868-1842
18	4.32	Aspire Behavioral Health	8307 Brimhall Road Suite 1705 Bakersfield, CA 93312 661-829-7301
19	4.38	Psychiatric Wellness Center	8329 Brimhall Road Suite 804 Bakersfield, CA 93312 661-431-1555
20	4.58	Bakersfield Behavioral Healthcare Hospital LLC (BBHH)	5201 White Lane Bakersfield, CA 93309 661-398-1800
21	4.58	Bakersfield Behavioral Healthcare Hospital LLC (BBHH)	5201 White Lane Bakersfield, CA 93309 661-398-1800
22	5.00	Psychiatric Wellness Center	6313 Schirra Court Suite 1 Bakersfield, CA 93313 661-323-6410
23	5.05	Crestwood Behavioral Health Inc	6700 Eucalyptus Drive Suite A Bakersfield, CA 93306 661-363-8127
24	9.75	Community Service Organization (CSO) Behav Hlth Program/De Colores Center	10420 Main Street Lamont, CA 93241 661-845-3753
25	30.16	Aegis Treatment Centers LLC	1019 Jefferson Street Delano, CA 93215 661-721-0463
26	77.15	Aegis Treatment Centers LLC	1111 West Inyokern Road B Ridgecrest, CA 93555 760-301-6945
27	77.86	College Community Services Ridgecrest	1400 North Norma Street Suite 133 Ridgecrest, CA 93555 760-499-7406
28	77.92	College Community Services Ridgecrest	1400 North Norma Street Suite 133 Ridgecrest, CA 93555 760-499-7406

BUDGET

Budget Summary

The development of the MHSA Annual Plan budget is based on historical knowledge and trends from prior Fiscal Years including FY 2020-2021. Staffing and known expectations of program costs are a factor in budget planning for the upcoming year. KernBHRS currently does not have a threat for reversion and the Prudent Reserve is under 33%. Due to MHSA being a volatile funding stream in the middle on the COVID-19 pandemic, KernBHRS anticipates continued change within the upcoming fiscal years.

ANNUAL REVENUE AND EXPENDITURE REPORT

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 A (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Information Worksheet

1	Date:	1/31/2022
2	ARER Fiscal Year *(20YY-YY):*	2020-21
3	County:	Kern
4	County Code:	15
5	Address:	PO Box 1000
6	City:	Bakersfield
7	Zip:	93302-1000
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Bernave Garcia
10	Title of Preparer:	Accountant III
11	Preparer Contact Email:	bergarcia@kernbhrs.org
12	Preparer Contact Telephone:	(661) 868-6832

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Component Summary Worksheet

County	**Kern**	**Date:**	**1/31/2022**

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$738,154.00	$166,603.00	$31,472.00	$0.00	$0.00	$936,229.00
2	Joint Powers Authority Interest Earned						$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$7,476,296.00
4	Transfer from Local Prudent Reserve	$0.00	$0.00	$0.00
5	CSS Funds Transferred to Local Prudent Reserve	$0.00		$0.00
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$7,476,296.00

		A	B	C	D	E	F
SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve		**CSS**	**PEI**	**WET**	**CFTN**	**PR**	**TOTAL**
8	Transfers	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
9	MHSA Funds	$37,195,779.54	$12,267,595.04	$2,395,200.55	$2,967,631.74	$885,535.38	$55,711,742.25
10	Medi-Cal FFP	$24,596,215.41	$3,860,083.96	$0.00	$0.00	$0.00	$28,456,299.37
11	1991 Realignment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	Behavioral Health Subaccount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13	Other	$620,954.18	$6,849.06	$0.00	$0.00	$0.00	$627,803.24
14	**TOTAL**	**$62,412,949.13**	**$16,134,528.06**	**$2,395,200.55**	**$2,967,631.74**	**$885,535.38**	**$84,795,844.86**

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		**TOTAL**
15	**Total Annual Planning Costs**	$0.00
16	**Total Evaluation Costs**	$285,000.00
17	**Total Administration**	$9,529,673.05
18	**Total WET RP**	
19	**Total PEI SW**	$0.00
20	**Total MHSA HP**	$33,708.00
21	**Total Mental Health Services for Veterans**	$62,790.57

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Community Services and Supports (CSS) Summary Worksheet

SECTION ONE

		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	**CSS Annual Planning Costs**	$0.00					$0.00
2	**CSS Evaluation Costs**	$168,440.80					$168,440.80
3	**CSS Administration Costs**	$7,323,884.01	$3,562,063.14				$10,885,947.15
4	**CSS Funds Transferred to JPA**						$0.00
5	**CSS Expenditures Incurred by JPA**						$0.00
6	**CSS Funds Transferred to CalHFA**						$0.00
7	**CSS Funds Transferred to PEI**						$0.00
8	**CSS Funds Transferred to WET**						$0.00
9	**CSS Funds Transferred to CFTN**						$0.00
10	**CSS Funds Transferred to PR**						$0.00
11	**CSS Program Expenditures**	$29,703,454.73	$21,034,152.27	$0.00	$0.00	$620,954.18	$51,358,561.18
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$37,195,779.54**	**$24,596,215.41**	**$0.00**	**$0.00**	**$620,954.18**	**$62,412,949.13**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA,PEI,WET,CFTN and PR)**	**$37,195,779.54**	**$24,596,215.41**	**$0.00**	**$0.00**	**$620,954.18**	**$62,412,949.13**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	**County Code**	**Program Name**	**Program Type**	**Total MHSA Funds (Including Interest)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**	**Grand Total**
14	15	Assertive Community Treatment	FSP	$2,667,209.63	$1,716,745.58			$15,995.37	$4,399,950.58	$4,399,950.58
15	15	Adult Transition	FSP	$3,745,174.14	$1,760,341.56			$95,589.32	$5,601,105.02	$5,601,105.02
16	15	Home to Stay	FSP	$406,542.00					$406,542.00	$406,542.00
17	15	Youth MIST	FSP	$1,293,066.54	$653,439.75			$0.00	$1,946,506.29	$1,946,506.29
18	15	Youth WRAP	FSP	$3,914,678.31	$3,156,983.82			$1,470.66	$7,073,132.79	$7,073,132.79
19	15	Transition Aged Youth	FSP	$1,561,875.31	$1,185,467.98			$17,028.67	$2,764,371.96	$2,764,371.96
20	15	WISE	FSP	$836,525.98	$631,365.43			$3,541.89	$1,471,433.30	$1,471,433.30
21	15	Adult WRAP	FSP	$1,445,684.88	$771,505.04			$38,180.34	$2,255,370.26	$2,255,370.26
22	15	Access & Assessment Center	Non-FSP	$1,944,397.99	$1,763,181.43			$83,005.48	$3,790,584.90	$3,790,584.90
23	15	West Bakersfield RAWC	Non-FSP	$2,503,085.49	$1,883,725.44			$76,475.15	$4,463,286.08	$4,463,286.08
24	15	Northeast Bakersfield RAWC	Non-FSP	$1,029,194.21	$2,095,083.66			$83,192.00	$3,207,469.87	$3,207,469.87
25	15	Southeast Bakersfield RAWC	Non-FSP	$2,176,928.89	$1,978,785.50			$77,398.36	$4,233,112.75	$4,233,112.75
26	15	Bakersfield RAWC - Contractors	Non-FSP	$1,891,271.46	$2,940,091.14			$99,402.29	$4,930,764.89	$4,930,764.89
27	15	Self-Empowerment Team	Non-FSP	$667,416.03	$2,928.77			$202.85	$670,547.65	$670,547.65
28	15	Consumer Family Learning Center	Non-FSP	$1,722,113.04					$1,722,113.04	$1,722,113.04
29	15	Adult Wrap - Contractors	Non-FSP	$228,846.56	$494,507.17			$29,471.80	$752,825.53	$752,825.53
30	15	Home to Stay	Non-FSP	$1,669,444.27					$1,669,444.27	$1,669,444.27

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Prevention and Early Intervention (PEI) Summary Worksheet

County		Kern	Date:	1/31/2022

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
1	**PEI Annual Planning Costs**	$0.00					$0.00
2	**PEI Evaluation Costs**	$64,726.45					$64,726.45
3	**PEI Administration Costs**	$1,315,311.57	$150,364.49				$1,465,676.06
4	**PEI Funds Expended by CalMHSA for PEI Statewide**						$0.00
5	**PEI Funds Transferred to JPA**						$0.00
6	**PEI Expenditures Incurred by JPA**	$142,333.00					$142,333.00
7	**PEI Program Expenditures**	$10,745,224.02	$3,709,719.47	$0.00	$0.00	$6,849.06	$14,461,792.55
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$12,267,595.04**	**$3,860,083.96**	**$0.00**	**$0.00**	**$6,849.06**	**$16,134,528.06**

SECTION TWO

		A	B
		Percent Expended for Clients Age 25 and Under, All PEI	**Percent Expended for Clients Age 25 and Under, JPA**
9	**MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures**	**48.06%**	

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Prevention and Early Intervention (PEI) Summary Worksheet

SECTION THREE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
#	County Code	Program Name	Prior Program Name	Combined/ Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentag for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	15	Youth Juvenile Justice		Standalone	Access and Linkage	Youth Juvenile Justice	100%	100%	100.0%	$180,981.80	$132,126.51				$313,108.31
11	15	Foster care Engagement		Standalone	Outreach	Foster care Engagement	100%	100%	100.0%	$485,889.70	$335,375.25				$821,264.95
12	15	Youth Brief Treatment		Standalone	Early Intervention	Youth Brief Treatment	100%	100%	100.0%	$2,590,116.87	$3,140,464.81			$1,601.73	$5,732,183.41
13	15	KCSOS-School Based Program	Youth Resilience & Support	Standalone	Access and Linkage	KCSOS-School Based Program	100%	100%	100.0%	$475,337.61					$475,337.61
14	15	Tay Dual Recovery		Standalone	Early Intervention	Tay Dual Recovery	100%	100%	100.0%	$220,095.00					$220,095.00
15	15	Self Sufficiency Program		Standalone	Access and Linkage	Self Sufficiency Program	100%	100%	100.0%	$311,406.99					$311,406.99
16	15	Help Me Grow		Standalone	Access and Linkage	Help Me Grow	100%	100%	100.0%	$166,228.91					$166,228.91
17	15	CASA		Standalone	Access and Linkage	CASA	100%	100%	100.0%	$19,200.00					$19,200.00
18	15	Prepare U		Standalone	Prevention	Prepare U	100%	100%	100.0%	$93,398.86					$93,398.86
19	15	Volunteer Senior Outreach Program		Standalone	Outreach	VSOP	100%	0%	0.0%	$740,495.02					$740,495.02
20															$0.00
21	15	Crisis Hotline		Standalone	Access and Linkage	Crisis Hotline	100%	40%	40.0%	$1,431,946.77					$1,431,946.77
22	15	FRED Program		Standalone	Stigma & Discrimination Reduction	FRED Program	100%	0%	0.0%	$52,766.76					$52,766.76
23	15						100%	0%		$0.00					$0.00
24	15	Homeless Outreach Program		Standalone	Access and Linkage	Homeless Outreach Program	100%	0%	0.0%	$1,588,678.00					$1,588,678.00
25	15	Zero Suicide		Standalone	Outreach	Zero Suicide	100%	0%	0.0%	$166,884.90					$166,884.90
26	15	Suicide Prevention Program		Standalone	Outreach	Suicide Prevention Program	100%	40%	40.0%	$70,564.06					$70,564.06
27	15	Yoga		Standalone	Outreach	Yoga	100%	0%	0.0%	$89,422.50					$89,422.50
28	15	Early Psychosis		Standalone	Early Intervention	Early Psychosis	100%	0%	0.0%						$0.00
29	15	REACH		Standalone	Access and Linkage	REACH	100%	0%	0.0%	$928,221.10	$101,752.90			$5,247.33	$1,035,221.33
30															$0.00
31	15	Outreach & Education		Standalone	Outreach	Outreach & Education	100%	10%	10.0%	$68,494.40					$68,494.40
32	15	Living Well	Family Connections	Standalone	Stigma & Discrimination Reduction	Living Well	100%	70%	70.0%	$1,065,094.77					$1,065,094.77

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Innovation (INN) Summary Worksheet

County		Kern	Date:	1/31/2022

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Fund (Including Interest)	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
1	**INN Annual Planning Costs**	$0.00					$0.00
2	**INN Indirect Administration**						$0.00
3	**INN Funds Transferred to JPA**						$0.00
4	**INN Expenditures Incurred by JPA**						$0.00
5	**INN Project Administration**	$179,532.89	$0.00	$0.00	$0.00	$0.00	$179,532.89
6	**INN Project Evaluation**	$51,832.75	$0.00	$0.00	$0.00	$0.00	$51,832.75
7	**INN Project Direct**	$2,163,834.91	$0.00	$0.00	$0.00	$0.00	$2,163,834.91
8	**INN Project Subtotal**	$2,395,200.55	$0.00	$0.00	$0.00	$0.00	$2,395,200.55
9	**Total Innovation Expenditures (Excluding Transfers to JPA)**	**$2,395,200.55**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,395,200.55**

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N
#		**County Code**	**Project Name**	**Prior Project Name**	**Project MHSOAC Approval Date**	**Project Start Date**	**MHSOAC-Authorized MHSA INN Project Budget**	**Amended MHSOAC-Authorized MHSA INN Project Budget**	**Project Expenditure Type**	**Total MHSA Funds (Including Interest)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
10	A	#N/A	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$31,740,514.00		Project Administration	$3,855.62					$3,855.62
10	B	#N/A	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$31,740,514.00		Project Evaluation	$51,832.75					$51,832.75
10	C	#N/A	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$31,740,514.00		Project Direct	$136,082.54					$136,082.54
10	**D**	**#N/A**	**SPECIAL NEEDS REGISTRY PROJECT: SMART 911**		**4/27/2017**	**7/1/2017**	**$31,740,514.00**		**Project Subtotal**	**$191,770.91**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$191,770.91**
11	A	#N/A	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		$0.00	$169,830.61					$169,830.61
11	B	#N/A	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		$0.00						$0.00
11	C	#N/A	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		$0.00	$2,019,237.20					$2,019,237.20
11	**D**	**#N/A**	**THE HEALING PROJECT**		**2/28/2018**	**2/20/2018**	**$14,685,510.00**		**$0.00**	**$2,189,067.81**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,189,067.81**
12	A	#N/A	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		$0.00	$5,846.66					$5,846.66
12	B	#N/A	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		$0.00						$0.00
12	C	#N/A	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		$0.00	$8,515.17					$8,515.17
12	**D**	**#N/A**	**INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES**		**10/26/2017**	**4/1/2018**	**$2,000,000.00**		**$0.00**	**$14,361.83**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$14,361.83**

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Workforce Education and Training (WET) Summary Worksheet

County		Kern	Date:	1/31/2022

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
1	**WET Annual Planning Costs**	$0.00					$0.00
2	**WET Evaluation Costs**						$0.00
3	**WET Administration Costs**	$710,944.58					$710,944.58
4	**WET Funds Transferred to JPA**						$0.00
5	**WET Expenditures Incurred by JPA**						$0.00
6	**WET Program Expenditures**	$2,256,687.16	$0.00	$0.00	$0.00	$0.00	$2,256,687.16
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$2,967,631.74**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,967,631.74**

SECTION TWO

	A	B	C	D	E	F	G	H
#	**County Code**	**Funding Category**	**Total MHSA Funds (Including Interest)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
8		Workforce Staffing						$0.00
9	15	Training/Technical Assistance	$1,955,123.62					$1,955,123.62
10		Mental Health Career Pathways						$0.00
11	15	Residency/Internship	$301,563.54					$301,563.54
12		Financial Incentive						$0.00

STATE OF CALIFORNIA **Department of Health Care Services**
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2020-21
Capital Facility Technological Needs (CFTN) Summary Worksheet

County		Kern	Date:	1/31/2022

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
1	**CFTN Annual Planning Costs**	$0.00					$0.00
2	**CFTN Evaluation Costs**						$0.00
3	**CFTN Administration Costs**						$0.00
4	**CFTN Funds Transferred to JPA**						$0.00
5	**CFTN Expenditures Incurred by JPA**						$0.00
6	**CFTN Project Expenditures**	$885,535.38	$0.00	$0.00	$0.00	$0.00	$885,535.38
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$885,535.38**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$885,535.38**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	**County Code**	**Project Name**	**Prior Project Name**	**Project Type**	**Total MHSA Funds (Including Interest)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
8	15	Healing Project		Capital Facility	$885,535.38					$885,535.38

APPENDIX I: MINUTES FROM THE BEHAVIORAL HEALTH BOARD PUBLIC HEARING

BEHAVIORAL HEALTH&RECOVERY SERVICES

KERN COUNTY BEHAVIORAL HEALTH BOARD

https://www.KernBHRS.org/behavioral-health-board

Behavioral Health & Recovery Services

Location: 2001 - 28th Street, Bakersfield, CA @ 5:30 PM

May 23, 2022

AGENDA

5:30 p.m. In Person Meeting	1. BHB Regular Meeting Welcome and Board Introductions – Charles Collom, Chair
	2. Establish Quorum
ACTION ITEM	3. Approval of Draft Minutes for April 25, 2022, Regular Meeting
	4. Presentation "*KernBHRS Suicide Prevention, Outreach and Education Efforts*"
	5. Public Comment: *This Meeting is subject to the Brown Act Rules. This portion of the agenda is reserved for persons desiring to address the Board on any matter not on this agenda and over which the Board has jurisdiction. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information; or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct staff to place a matter of business on a future agenda. Speakers should state their name for the record before making their comments. Speakers are requested to limit their discussions to three minutes each.*
	6. Unfinished Business:
ACTION ITEM	7. New Business: A. Kern County Mental Health Services Act (MHSA) Annual Update Plan Fiscal Year 2022-2023
	8. Chair Report – Charles Collom
	9. KernBHRS Adult Clinical Services Report – Heather Hornibrook, Interim Deputy Director
	10. KernBHRS Specialty Clinical Services Report – Robin Taylor, Deputy Director

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11. KernBHRS Department Report – Stacy Kuwahara, Director

12. Board Member Item: *This portion of the meeting is reserved for members to present to other members and to the public, information, announcements, and items that have come to their attention. No formal action by the Board will be taken. A member may request to calendar an item for consideration at a future meeting or refer an item to Behavioral Health & Recovery Services or a Board Committee. Speakers are requested to limit their discussions to three minutes each.*

13. Committee Reports:
    A. Adult Treatment & Recovery Services: Lorre Webb
    B. Children's Treatment & Recovery Services: Dian Schneider and Jeff Burdick
    C. System Quality Improvement Committee: David Kessler

14. Announcements to the Public

ACTION ITEM

15. Adjourn to next regular meeting June 27, 2022, In Person at KernBHRS Administration, 2001 28th Street, Westchester Training Room

All agenda items supporting documentation is available for public review at Kern Behavioral Health & Recovery Services Administration, 2001 - 28th Street, Bakersfield, during regular business hours, 8:00 a.m. to 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

Disabled individuals who need special assistance to attend or participate in a meeting of the Behavioral Health Board may request assistance at Kern Behavioral Health & Recovery Services, 2001 - 28th Street, by calling (661) 868-6600 or at tlindsey@KernBHRS.org. Every effort will be made to reasonably accommodate individuals with disabilities by making meeting materials available in alternative formats. Requests for assistance should be made five working days in advance of a meeting whenever possible.

BEHAVIORAL HEALTH&RECOVERY SERVICES

KERN COUNTY BEHAVIORAL HEALTH BOARD
REGULAR MEETING MINUTES

Monday, May 23, 2022
5:30 p.m.
Behavioral Health and Recovery Services (KernBHRS)
2001 28th Street, Bakersfield, CA, Westchester Training Room and Teams

BOARD MEMBERS PRESENT:

Charles Collom – Chair: *Excused*
Sonia Silva (Dist. 1) – 1st Vice Chair
Stephanie Hermeston (Dist. 1) – 2nd Vice Chair
David Kessler (Dist. 3) – Parliamentarian: *Excused*
John Antonaros – Board of Supervisors Appointee
Deborah Fabos (Dist. 2)
Bryson Gholston (Dist. 3)
Traco Matthews (Dist. 4): *Excused*
Nancy Solis (Dist. 5): *Absent*
Dian Schneider (Dist. 2)
Lorre Webb (Dist. 2): *Excused*
Flossie White (Dist. 4)
Jeff Burdick (Dist. 1)

Tracy Lynch – BHB Coordinator

OTHERS PRESENT:

Ben Valdez
Jon Colocho
Marisa Trebizo
Veronica Welch

KERNBHRS STAFF:

Stacy Kuwahara – Director
Lynn Corse
Candee Del Rio
Jennie Sill
Amber Lobos
Ana Olvera
Ellen Eggert
Emily Lyles
Robin Taylor
Estela Stewart

1. **Welcome and Introductions:** Sonia Silva welcomed all in attendance.

2. **Establish Quorum:** 8 present 4 excused 1 absent; Quorum established.

3. **Approval of Regular Meeting Minutes (Draft) for April 25, 2022:** MOTION by Stephanie Hermeston to approve minutes and seconded by Bryson Gholston; SEVEN AYES; 1 ABSTAINED. Motion passed.

4. **Presentation by Jennie Sill and Ellen Eggert, "KernBHRS Suicide Prevention, Outreach and Education Efforts"**
   Shared a presentation via PowerPoint on Youth Based Outreach and Education, Children's System of Care, Prepare U, More Than Sad, Community Based Outreach and Education, General Outreach and Education, Suicide Prevention Collaborations, and Resources. Time allowed for *Questions and Answers.*

5. **Public Comment:** None

6. **Unfinished Business:** None

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7. **New Business:**
   A. **Kern County Mental Health Services Act (MHSA) Annual Update Plan Fiscal Year 2022-2023 – Amber Lobos and Candee Del Rio:** Shared a presentation via Power Point on MHSA Annual Plan Update FY 22-23 & Annual Revenue and Expenditure Report (ARER). Time allowed for *Questions and Answers.* MOTION by Jeff Burdick to approve the MHSA Annual Update Plan Fiscal Year 2022-2023 and seconded by Dian Schneider, ALL AYES. Motion passed.

8. **Chair Report:** None.

9. **Adult Clinical Services Report – Emily Lyles for Heather Hornibrook, Interim Deputy Director:**
   - Adult System of Care:
     - As of April 1st, we are all back on site providing in person services.
     - Assisted Outpatient Team: Big increase in referrals and doing trainings in the community.
     - Specialty Services Team: Provides Dialectical Behavioral Therapy (DBT), Eye Movement Desensitization and Reprocessing (EMDR) and works with a Doctor on Eating Disorders.
     - Early Psychosis Program: Recently implemented.
   - Kern Linkage Division:
     - Supportive Pathway Opportunities (SPO) Program: Allotted 20 additional spots on their team.
     - Relational Outreach and Engagement Team (ROEM): Continue to be successful working in the community providing services to the chronically homeless population. Received Innovation funds for a mobile clinic.
   - Recovery Supports:
     - California Mental Health Services Authority (CalMHSA): Working closely with CalMHSA regarding statewide Medi-Cal peer support training certification.
     - Homeless Outreach Program: We have a contract with Flood Ministries who work with our Outreach Teams, Homeless Adult Team, Relational Outreach and Engagement Team. Many of Flood Ministries staff have lived experiences of homelessness.
     - Self-Empowerment Team (SET): Staffed by Behavioral Health Peer Support Specialists and certified Substance Use Disorder Specialists continues to provide peer outreach and engagement. Also, piloting a permanent supportive housing peer liaison program.
     - Consumer Family Learning Center (CFLC): Providing 25 virtual groups to members and consumers per month. At least one group per day is in Spanish. Outdoor Art classes were held this month to prepare for the Art in the Park Event. College Community Services operates the Hope Center in Ridgecrest and Tehachapi Learning Center, and they offer in person groups.
   - Housing Division:
     - Back on site doing announced and unannounced visits.
     - Proposition 47: $6 Million Grant Application submitted to support 3 program areas (Forensics supportive services, Community based supportive services, and Substance Use Disorder early intervention and engagement).

10. **Specialty Clinical Services Report – Robin Taylor, Deputy Director**
    - Department Supports Division:
      - Asian Pacific Islander (API) Event on May 25 from 3-4 PM. Flier will be emailed out to BHB Members.
      - Grant Writing Training: Sending 10 staff.
    - Contracts Division:

- Contracts on schedule to be completed for next Fiscal Year operations.

- Children's System of Care:
  - KernBHRS Crossroads Implementation: Taking over from Probation July 1.
  - Mental Health Student Services Act (MHSSA): Completing grant to expand MHSSA and proposing further integration between KernBHRS and Kern County Superintendent of Schools.
  - Seeing increase of youth coming into services. From January to March there was a 67% increase in youth coming in for Assessments.

11. Department Report – Stacy Kuwahara, Director

- Governors May revision came out with a lot of grant funding.
- State Recoupment: Kern County has an $8 million payback.
- Care Court: Conversations going on and legislation being negotiated.
- Children and Youth: Lot of money going into investments for children and youth that is meaningful. Studying impact of technology on youth and how it impacts their mental health and putting money aside for youth suicide prevention.
- Homelessness: Lot of money going into development projects to build out affordable housing, more money for project Home Key, money for interim housing for local governments, and increasing social security investments (cost of living adjustments).
- Data Notebook: Posted and gearing up to do Data Notebook again this year. Topic of the survey is out earlier than usual and is on Homelessness.
- Staff Retention: Focusing on supporting my staff.
- COVID: Projected to go into a mini surge peaking around July 5. We may need to have some flexibility again in our June meeting. Strategic event in July, may be pushed to August.

12. Board Member Item:

- Dian Schneider: Attended System Quality Improvement Committee today and there was a really nice presentation I thought would be nice for the BHB on Patient Rights. Cultural Competence Training for staff, can BHB members attend? Stacy will find out and report back to the BHB.

13. Committee Reports:

A. Adult Treatment & Recovery Services – Lynn Corse for Lorre Webb: Committee meets every 2nd Wednesday from 4-5:30 PM in person and Teams. Goals have been set for the year and we focus on a different goal each meeting. We have a speaker invited to come talk to us about that goal. Last meeting focused on SB803 Statewide Peer Support Specialist Training Certification Program.

B. Children's Treatment & Recovery Services –Jeff Burdick: Meets quarterly, next meeting is scheduled for July 14th.

C. System Quality Improvement Committee – Dian Schneider for David Kessler: Discussed earlier under Item #12, Board Member Item. Graph on death rates for last year and where the numbers are going. Increase of suicides during COVID in Transitional Age Youth (TAY) group.

14. Public Announcements: None.

15. Adjourn: MOTION by Jeff Burdick to adjourn to the next regular meeting in person on June 27, 2022 and seconded by Dian Schneider. ALL AYES. Motion passed. Adjourned at 6:52 p.m.

Items Distributed via Meeting Invite
BHB Meeting Schedule 2022

BHB Agenda for May 23, 2022
Meeting Minutes (Draft) from April 25, 2022
https://www.kernbhrs.org/behavioral-health-board

APPENDIX II: MINUTE ORDER FROM THE BOARD OF SUPERVISORS

SUMMARY OF PROCEEDINGS

BOARD OF SUPERVISORS - COUNTY OF KERN

1115 Truxtun Avenue
Bakersfield, California

Regular Meeting
Tuesday, June 14, 2022

09:00 A.M.

Note: Members of the Board of Supervisors may have an interest in certain contracts that the Board considers where the member holds a position on a non-profit corporation that supports the functions of the County. Supervisors are assigned to these positions as part of annual committee assignments by the Chairman of the Board. These interests include, with the Supervisor holding the position, the following: California State Association of Counties (Supervisors Peters and Scrivner); Community Action Partnership of Kern (Supervisor Maggard); Kern County Network for Children (Supervisor Peters); Kern Economic Development Corporation (Supervisors Scrivner, Maggard, and Couch); Southern California Water Committee (Supervisors Couch and Maggard); Tobacco Funding Corporation, Kern County (Supervisors Scrivner and Peters); Kern County Foundation, Inc. (Supervisor Scrivner); and Kern Medical Center Foundation (Supervisors Maggard and Scrivner).

BOARD RECONVENED

Supervisors: Peters, Scrivner, Maggard, Couch, Perez
ROLL CALL: All Present

SALUTE TO FLAG - Led by Third District Supervisor Mike Maggard

NOTE: The vote is displayed in bold below each item. For example, Scrivner-Perez denotes Supervisor Scrivner made the motion and Supervisor Perez seconded the motion.

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" OR "C" WERE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION.

BOARD ACTION SHOWN IN CAPS

BOARD OF SUPERVISORS - PET OF THE WEEK

NICHOLAS CULLEN, DIRECTOR, ANIMAL SERVICES DEPARTMENT, INTRODUCED LEXUS, A 2-YEAR-OLD FEMALE BULLY BREED MIX, AVAILABLE FOR ADOPTION AT THE KERN COUNTY ANIMAL SHELTER

RESOLUTIONS/PROCLAMATIONS

1) Proclaim June 2022 as Elder Abuse Awareness Month in Kern County - PROCLAIMED; MADE PRESENTATION TO JEREMY OLIVER, INTERIM DIRECTOR, AGING AND ADULT SERVICES DEPARTMENT; JEREMY OLIVER HEARD

Maggard-Peters: All Ayes

CA-43) Proposed retroactive Program Letter of Agreement with Kern County Hospital Authority to provide outpatient psychiatric training for residents and fellows participating in the Kern Psychiatry Training Program from July 1, 2021 through June 30, 2026 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 326-2022

Peters-Perez: All Ayes

CA-44) Proposed Amendment No. 5 to Agreement 409-2019 with Crestwood Behavioral Health, Inc. to provide enhanced residential treatment services, to increase funding by $600,000 for a new total amount not to exceed $11,888,056 (Fiscal Impact: $600,000; Realignment; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 327-2022

Peters-Perez: All Ayes

CA-45) Proposed Amendment No. 1 to Agreement 329-2020 with Keenan Perkins to provide certification review hearings, to increase funding by $7,000 for a new total amount not to exceed $157,000 (Fiscal Impact: $7,000; Realignment; Budgeted; Mandated) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 328-2022

Peters-Perez: All Ayes

CA-46) Proposed Amendment No. 4 to Agreement 366-2019 with Sycamore Healthcare, Inc. to provide behavioral health services in a supervised residential environment, to increase funding by $30,000 for a new total amount not to exceed $2,222,000 (Fiscal Impact: $30,000; Realignment; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 329-2022

Peters-Perez: All Ayes

CA-47) Kern County Mental Health Services Act Annual Update Plan - Fiscal Year 2022-2023 and Expenditure Plan for Fiscal Year 2020-2021 and approve submission to the Mental Health Services Oversight and Accountability Commission and Department of Health Care Services (Fiscal Impact: None) - APPROVED; ADOPTED ANNUAL REPORT

Peters-Perez: All Ayes

CA-48) Request to approve non-standard terms and conditions with Zoom Video Communications Inc. for the purchase of software to provide telehealth services to mental health and substance use disorder clients in an amount not to exceed $26,324 (Fiscal Impact: None) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Peters-Perez: All Ayes

CA-49) Request to approve non-standard terms and conditions with FEI.com, Inc DBA FEISystems for a two-year renewal of a screening software in an amount not to exceed $47,260 (Fiscal Impact: None) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Peters-Perez: All Ayes

CHILD SUPPORT SERVICES

CA-50) Proposed Amendment No. 2 to Agreement 372-2018 with American Eagle Attorney Services, Inc. for service of legal process documents, to extend the term for one year from July 1, 2022 to June 30, 2023 and increase compensation by $120,000 for a new total amount not to exceed $740,000 (Fiscal Impact: $120,000; State/Federal Grant Funded; Budgeted; Mandated) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 330-2022

Peters-Perez: All Ayes

APPENDIX III: MHSA ACRONYM LIST

AA- Alcoholics Anonymous
AA/NA- Alcoholics Anonymous/Narcotics Anonymous
AAS- American Association of Suicidology
AB- Assembly Bill
ACCME- Accreditation Council for Continuing Medical Education
ACT- Assertive Community Treatment
AKA- Also Known As
AOT- Assisted Outpatient Treatment
APA- American Psychological Association
APPIC- Association of Psychology Postdoctoral and Internship Career
ARRP- Art Risk Reduction Program
ART- Aggression Replacement Training
ASIST- Applied Suicide Intervention Skills Training
ASL- American Sign Language
ASOC- Adult System of Care
ASQ- Ages and Stages Questionnaire
ASQ-3- Ages and Stage Developmental Screening Tool
ASQ:SE2- Ages and Stages Social Emotional Screening Tool
ASWB- Association of Social Work Board
At-promise- students who have a high probability of flunking a class or dropping out of their school.
ATT- Adult Transition Team
BAS- Burden Assessment Scale (Pre/Post)
BBS- Board of Behavioral Sciences
BH- Behavioral Health
BHB- Behavioral Health Board
BOS- Board of Supervisors
BPD- Borderline Personality Disorder
CA-BRN- California Board of Registered Nursing
CAF- Children Adolescents and Families
CASA- Court Appointed Special Advocates
CBO- Community Based Organization
CBT- Cognitive Behavior Therapy
CBTp- Cognitive Behavioral Therapy specialized for psychosis
CBT-SP- Cognitive Behavior Therapy-Suicide Prevention
CCAPP- California Consortium of Addiction Professionals
CCMO- Crisis Case Management Outreach
CCR- California Code of Regulations
CCRC- Cultural Competence Resource Committee
CCS- College Community Services
CFLC- Consumer Family Learning Center
CFT- Child Family Team
CFTN- Capital Facilities and Technological Needs
CGC- Child Guidance Clinic
CICO- Check In Check Out
CIT- Crisis Intervention Team
COR- Co-Occurring Recovery Group
COVID-19- Coronavirus
CPPP- Community Program Planning Process
CSEC- Commercially Sexually Exploited Children
CSOC- Children's System of Care
CSS- Community Services and Supports
C-SSRS- Columbia-Suicide Severity Rating Scale
CSV- Clinica Sierra Vista
CWiC- Crisis Walk-in Clinic
CWS- Child Welfare System
DASS21- Depression/Anxiety & Stress Scale (Pre/Post)
DBT- Dialectical Behavior Therapy
DCR- Data Collection and Reporting
DHS- Department of Human Services
EBP- Evidence Based Practices
EH- Essential History
EHR- Electronic Health Record
EMDR- Eye Movement Desensitization and Reprocessing
FACE- Functional Analysis of Care Environments
FFA- Foster Family Agencies
FRED- Freedom, Recovery and Empowerment with Dogs
FSP- Full-Service Partnership
FTS- First Team Services
FY- Fiscal Year

GA- General Assistance
GAD-7- Generalized Anxiety Disorder
GSA- Geographic Service Area
HAT- Homeless Adult Team
HMIS- Homeless Management Information System
HR- Human Resources
ICC- Intense Care Coordination
ICC/CFT- Intense Care Coordination/Child Family Team
IDEAS- Identifying Depression Empowering Activities for Seniors
IDT- Individual Daily Treatment
IEP- Individual Education Plan
IESP- Integrated Enhanced Service Plan
ISMIP- Transitioned Integrated Services for Mentally Ill Paroles
IHSS- In Home Supportive Services
INN- Innovation
IT- Information Technology
JPPS- Juvenile Probation Psychiatric Services
KCPD- Kern County Probation Department
KCSOS- Kern County Superintendent of Schools
KernBHRS- Kern Behavioral Health and Recovery Services
KLD- Kern Linkage Division
KYRS- Kern Youth Resilience and Support
LCSW- Licensed Clinical Social Worker
LGBTQ+- Lesbian, Gay, Bisexual, Transgender and Queer
LMFT- Licensed Marriage and Family Therapist
LPCC- Licensed Professional Clinical Counselor
LPHA- Licensed Practitioners of Healing Arts
MET- Mobile Evaluation Team
MFT- Marriage Family Therapist
MHS- Mental Health Systems
MHSA- Mental Health Services Act
MHSOAC- Mental Health Services Oversight and Accountability Commission
MIST- Youth Multi-Agency Integrated Services Team
MLA- Master Lease Agreement
MNCAMH- University of Minnesota and the Minnesota Center for Chemical and Mental Health
NA- Narcotics Anonymous
NACT- Network Adequacy Certification Tool
NAMI- National Alliance on Mental Illness
NSPL- National Suicide Prevention Line
O&E- Outreach and Education
OES- Office Emergency Services
PATHH- Positive Action Toward Hope and Healing
PCL-C- PTSD Checklist-Civilian Version (behavioral science)
PCP- Primary Care Provider
PEC- Psychiatric Evaluation Center
PEC/CSU- Psychiatric Evaluation Center/Crisis Stabilization Unit
PEI- Prevention and Early Intervention
PET- Peer Employment Training
PHQ-9- Patient Health Questionnaire
PIO- Public Information Officer
PROMIS- Patient Reported Outcome Measurement Information System
PSAP- Public Service Answering Point
PST- Problem Solving Therapy
PTSD- Post Traumatic Stress Disorder
QID- Quality Improvement Division
QPR- Question, Persuade, and Refer
RAWC- Recovery and Wellness Center
REACH- Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health
RER- Revenue and Expenditure Report
ROEM- Relational Outreach and Engagement Model
ROI- Release of Information
SALT- Save a Life Today
SAMHSA- Substance Abuse and Mental Health Services Administration
SARB- Student Attendance Review Board
SD- System Development
SDR- Stigma and Discrimination Reduction

SES- Socio-Economic Status
SET- Self-Empowerment Team
SFBT- Solution Focused Brief Therapy
SFT- Solution Focused Therapy
SLUMS- Saint Louis University Mental Status
SMART- Special Multi-Agency Referral Team
SOC- System of Care
SQIC- System Quality Improvement Committee
SSDI- Social Security Disability Insurance
SSI- Supplemental Security Income
SSP- Self Sufficiency Program
STAR- Succeeding Through Achievement and Resilience
STRTP- Short-Term Residential Therapeutic Program
SUD- Substance Use Division
T4C- Thinking for a Change
TAY- Transition Age Youth
TBS- Therapeutic Behavioral Services
TFCO- Treatment Foster Care Oregon
TIP- Transition to Independence Process
TTY- Teletypewriter or Text Telephone
VI-SPDAT- Vulnerable Index-Service Prioritization Decision Assistance Tool
VSOP- Volunteer Senior Outreach Program
WET- Workforce Education and Training
WHO-DAS-12- World Health Organization Disability Assessment Schedule
WISE- Wellness, Independence, and Senior Enrichment
WRAP- Wellness and Recovery Action Plan
YBT- Youth Brief Treatment

APPENDIX IV: STAKEHOLDER'S 30-DAY PUBLIC COMMENT PERIOD

30-DAY PUBLIC REVIEW of MHSA ANNUAL UPDATE PLAN FY 2022-2023 Total Surveys Collected: 4 *(Note: participants may select more than 1 answer)*			
Age Group:		**Sexual Orientation:**	
0-15	0	Straight/Heterosexual	4
16-25	0	Gay or Lesbian	0
26-59	3	Questioning or Unsure	0
60 or Older	1	Queer	0
Declined/Did not submit a survey	0	Asexual	0
Gender assigned at birth:		Bisexual	0
Male	2	Pansexual	0
Female	2	Another sexual orientation	0
Intersex	0	Declined/Did not submit a survey	0
Declined/Did not submit a survey	0	**Race:**	
Gender Currently Identified with:		Asian	1
Male (Cis Male)	2	Native Hawaiian/Pacific Islander	0
Female (Cis Female)	2	Black/African American	1
Transgender/other	0	Latino/Hispanic	2
Genderqueer	0	Tribal/Native American	0
Non-binary	0	White/Caucasian	0
Genderfluid	0	Two or More Races:	0
Questioning or Unsure	0	Declined/Did not submit a survey	0
Other Gender Identity	0	**Ethnicity:**	
Declined/Did not submit a survey	0	African	0
Disability:		Asian Indian/South Asian	1
Vision	0	Cambodian	0
Hearing, or difficulty understanding	0	Chinese	0
Mental/Cognitive (excludes behavioral)	1	Eastern European	0
Mobility/Physical	0	Korean	0
Chronic Medical illness	0	Middle Eastern	0
None	0	Vietnamese	0
Declined/Did not submit a survey	3	European	0
Veteran Status:		Filipino	0
Yes, I am a veteran	0	Japanese	0
No, I am not a veteran	3	Caribbean	0
Declined/Did not submit a survey	1	Central American	0
Primary Language:		Mexican/Mexican American/Chicano	2
Only English	3	Puerto Rican	0
Only Spanish	0	South American	0
Both English and Spanish	1	Two or More Ethnicities (see below)	0
Other language	0	Declined/Did not submit a survey	1
Declined/Did not submit a survey	0		

Group/Category		Population you feel is most unserved/underserved in the above-mentioned community	
Client/Consumer/Person with Mental Illness	0	Children/Families	1
Family Member of a Client or Person with Mental Illness	0	Transitional Aged Youth (16-25)	0
KernBHRS Staff	3	Older Adults	0
Law Enforcement	0	Homeless or at risk of Homelessness	1
Veteran Services	0	Those in rural Kern areas	1
Senior Services	0	Veterans	0
Education/Schools	0	Those with Substance Use Disorders	0
Community Member	0	Latino/Hispanic	1
County Agency Staff (Not KernBHRS Staff)	0	Asian/Pacific Islander	0
Behavioral Health Provider (Not KernBHRS Staff)	0	Black/African American	0
Medical Care Provider	0	American Indian / Alaska Native	0
Other	0	LGBTQ+	0
Declined/Did not submit a survey	1	Other	0
Describe other:	0	Declined/Did not submit a survey	0

Region of the County you are most involved	
Arvin/Lamont	0
Bakersfield	3
Delano/McFarland	0
California City/Mojave/Rosamond	0
Wasco/Shafter	0
Buttonwillow/Lost Hills	0
Oildale	0
Kern River Valley	0
Tehachapi	0
Ridgecrest	1
Taft	0
Frazier Park/Mountain Communities	0
Declined/Did not submit a survey	0

Do you have any comments or additional recommendations for the proposed Mental Health Services Act Annual Report FY 2021-2022 for Kern County?	
Declined/Did not submit a survey	**2**
Answered	**2**

- I believe one population underserved in the community is Pregnant women, new mothers and those experience PPD.
- This should be as public to the communities as candidates running for public office. Even mental health employees are unaware of the report or given opportunities for input. You keep it a secret then wonder why mental health still has a stigma.

APPENDIX V: Innovation Project – Help@Hand Final Report

help @ hand™

CONNECTING PEOPLE WITH CARE

FINAL REPORT – KERN COUNTY

INN TECH SUITE (Help@Hand)





1 **Name of Innovation Project: Increasing Access to Mental Health Services and Supporting Utilizing a Suite of Technology-Based Mental Health Solutions**

2 **Brief summary of the priority issue related to mental illness or to an aspect of the mental health service system for which the County chose to design and test the Innovation Project**

In March 2018, Kern County Behavioral Health and Recovery Services (Kern BHRS) and Los Angeles County Department of Mental Health were the first inaugural counties to initiate their involvement in the Mental Health Services Act (MHSA) Innovation Tech Suite Program (branded as Help@Hand in 2019). In May 2018, they were joined by Modoc, Mono, and Orange Counties. Together, these collaborative county partners intended to utilize a suite of technology-based mental health services and solutions designed to: (1) Expand and diversify capacity to overcome isolation, stigma, privacy and other social barriers and to expand capacity to provide alternate modes of engagement, support and intervention; (2) Detect mental illness earlier, including depression, psychosis, and bipolar disorder; and (3) Intervene earlier to prevent mental illness and improve client outcomes.

Kern BHRS proposed targeting six specific populations: (1) Those with sub-clinical mental health symptom presentation, including those who may not recognize that they are in the early course of a mental health condition; (2) Those at risk for mental illness or relapse of mental illness; (3) Socially isolated individuals, including older adults; (4) Those experiencing high frequency of inpatient psychiatric care; (5) Current behavioral health clients in need of additional support; and (6) Family members of children and adults with mental illness in need of additional support.

Three therapeutic focus areas were identified at the project's inception: (1) Peer Chat and Digital Therapeutics; (2) Virtual Evidence-Based Therapy utilizing an avatar; and (3) Digital Phenotyping using passive data for early detection and intervention. Seven qualified vendors were identified through a Request for Qualification (RFQ) process and conducted in-person demonstrations of their products. Two vendors, Mindstrong and 7 Cups, were selected as the first Help@Hand technology products based on a review of qualifications, demonstrations, and initial testing by end-users and staff.

3 **Description of any changes that the County made to the Innovation Project during the course of its implementation and evaluation and the reasons for and impact of the changes, including any changes in the timeline**

Kern Intends to Implement 7 Cups and Mindstrong

7 CUPS

By the end of July 2018, 7 Cups had adapted the product to geo-locate members in three of the four Cohort #1 counties participating in the Help@Hand project (Los Angeles, Orange, and Modoc Counties) and to showcase county branding and resources. Kern County was added in September, and Mono was never added due to contracting issues. A custom field at login offered the additional ability to input a county-supplied code for clinic referrals. Users in the Cohort #1 counties also received full access to the premium service of unlocked paths, which was typically only available at a subscription price. In concert with 7 Cups staff, Kern County prepared for a soft launch to a select number of 27 participants: 12 were members of the Consumer Family Learning Center (CFLC) and 15 were Peers employed by the agency. Kern County's goal was to have a well defined group of participants who could give feedback on their satisfaction and experience. 7 Cups staff came to Bakersfield for this launch of their product.

By late 2018, challenges around the definition of Peers used in 7 Cups and concerns about product fit (e.g. security, privacy, acceptability) with county and stakeholder needs began to contribute to the failure of implementing 7 Cups broadly across the Collaborative. In April 2019, work with 7 Cups was discontinued in Kern County. In late August 2019, 7 Cups received a 30-day notice of termination of contract for convenience from the Help@Hand Collaborative.

MINDSTRONG

In September 2018, Mindstrong was launched at the Stockdale Recovery and Wellness Center (RAWC). In August 2018, there were 20 users, but that number declined to about 8-9 users in December 2018. This was due to the Stockdale RAWC team being dissolved and the staff reassigned to other existing teams. Early learnings (described below) from this effort were useful for future implementation planning activities from the Collaborative.

In April 2019, Mindstrong announced a programmatic pause. Although work with Mindstrong continued with Orange County, Mindstrong and Kern County's plans to work together did not materialize due to lack of fit with the needs of Kern County's communities.

Other Changes

THE PEERS' GUIDE TO BEHAVIORAL HEALTH APPS

In Spring 2018, Kern BHRS's focus shifted to creating *"The Peers' Guide to Behavioral Health Apps"*, a resource brochure that informed readers of publicly available apps and mobile sites for mental wellbeing. Additionally, the Peer workforce grew to accommodate this effort to develop and disseminate the app guide. Two editions of the app guide have been published in both English and Spanish since it was first developed.

"The Peers' Guide to Behavioral Health Apps" Development

The following is a timeline for the development of *"The Peers' Guide to Behavioral Health Apps"*:

- Spring 2018: The Director of Kern BHRS suggested the idea for the app guide to create a practical product that the public could readily use in collaboration with the Help@Hand project.
- Summer 2018: Kern BHRS began the app guide development. As part of the app guide development, an assembly of committee stakeholders was created by Kern County's Help@Hand Tech Lead. The app guide committee was made up of 12 Peers who were community members with lived experience of mental health (or co-occurring) issues, accompanied by the experience of recovery and training to use these experiences. They worked in a volunteer or employed capacity in the Recovery Services Division of Kern BHRS.
- Summer 2018: Kern BHRS' app guide committee began exploring a variety of apps. They looked at "Top 10-Lists" online and in newspaper articles, such as the New York Times, for lists recommended for anxiety, depression, etc. The app guide committee was also open to suggestions from those who were familiar in the area of mental wellness, like the Behavioral Wellness Board.

- November 2018: The app guide committee produced an initial outline of the app guide that consisted of 15 apps selected based on familiarity and personal experience with the app. Each app that was reviewed had to meet specific inclusion criteria that was specific to Kern County's population. The inclusion criteria consisted of the following:
    - Had to be free—no subscription fees as participants have extremely limited funds;
    - Had to be both Android and iPhone compatible;
    - Included some apps that have a Spanish option, as it is Kern County's threshold language;
    - Apps that had an "Assessment Tool" to complete in order to participate were excluded—due to the fact that these assessments tend to be tedious and might be a turn-off to consumers;
    - Apps that were "class like" (e.g., had homework, lots of reading, lectures, and long listening sessions of educational materials) were excluded – due to this feature not being desirable or a good fit with Kern BHRS clients;
    - Had to be as anonymous as possible to protect personal health information (PHI)
- December 2018: A pilot version of the app guide was shared internally at Kern BHRS for review. The app guide committee also gathered feedback from the Help@Hand evaluation team, who provided recommendations regarding app evaluation and selection criteria, app guide design, and dissemination considerations. All recommendations were incorporated before the release of the first version of the app guide.
- April 2019: The first version of *"The Peers' Guide to Behavioral Health Apps"* was published by Kern BHRS.

"The Peers' Guide to Behavioral Health Apps"- Version 1

The first version of *"The Peers' Guide to Behavioral Health Apps"* consisted of 12-pages containing 30 apps organized into six categories that would be important to Kern BHRS's populations:

1. Behavioral health and wellness
2. The mind
3. The body
4. Recovery
5. Veterans
6. Sleep

For each app, a short description including the app's purpose and an overview of its contents were provided. Additionally, it was indicated if the apps were available in Spanish.

The app guide was disseminated both digitally on the Kern BHRS website and physical handouts were circulated within Kern BHRS. At least 6,500 copies of the app guide were printed and distributed throughout Kern County in both English and Spanish.

Outside of Kern BHRS, the app guide was shared with other county mental health service organizations, such as Mono, Modoc, San Bernardino, and Santa Barbara Counties, thus leading to cross-county collaborations within and outside of the Help@Hand project.

Cross-County Collaboration

Kern County tried to find success in the creation and use of the app guide. They leveraged their local resources to help other counties, particularly smaller counties with limited resources, such as Modoc County. This was a success in continuing collaborative efforts in the Help@Hand partnership with the other participating counties. Kern County successfully worked with Modoc County to adapt the Kern County version of *"The Peers' Guide to Behav-*

ioral Health Apps" for the Modoc County community. This was a strong and successful cross-county partnership and collaboration. Kern County took the lead in developing the document, and then together with input from the Peers in Modoc County, rebranded the document to include Modoc's logo and Modoc warmline/crisis information.

"The Peers' Guide to Behavioral Health Apps"- Version 2 and Future Directions

The second version of the *"The Peers' Guide to Behavioral Health Apps"* was released in December 2019.

In order to support the sustainability of behavioral health apps in the existing system of care, Kern BHRS created a plan to revise the guide semi-annually and devoted considerable marketing efforts into disseminating the guide, such as promoting the app guide via local media channels as an available resource during the COVID-19 pandemic.

ADDITIONAL CHANGES WITHIN THE COLLABORATIVE

From January through September of 2019, a second cohort of counties/cities (e.g. Cohort #2) was added to the Collaborative, while contracts with 7 Cups and Mindstrong were terminated. A second Request for Statement of Qualification (RFSQ) was released in September 2019 and another 93 digital mental health therapeutic products were on-boarded for piloting in the program by early 2020. In the first quarter of 2020, CalMHSA with support of the Help@Hand evaluation team introduced the pilot evaluation plan. In March of 2020, however, the COVID-19 pandemic dramatically affected the world, forcing counties/cities to shift to the global and local crisis.

At the beginning of the project, Kern BHRS planned to participate in the Help@Hand project for three years. Kern BHRS leadership had decided that the app guide was a marker of successful completion of the Help@Hand project.

4 Summary of program information:

YEAR 1 (September 2018-December 2019)

	Quarter 1 (Sept 2018-Feb 2019)	Quarter 2 (Mar 2019 – May 2019)	Quarter 3 (June 2019 – Sept 2019)	Quarter 4 (Oct 2019 – Dec 2019)
Products In Use/ Planned	• Mindstrong • 7 Cups (Planned)	• Mindstrong • 7 Cups (Planned) • New apps as they become available (Planned)	• N/A	• App guide, 2nd Edition– English and Spanish Versions
Implementation Approach	To be determined	• Mindstrong– Pilot completed, Phase II on hold • 7 Cups– Pilot com–pleted, Currently on hold	• Shifted implementation focus to app guide	• Wide distribution of the app guide • Date set to present app guide to county/city Board of Supervisors in Jan. • Kern BHRS Manage–ment • Kern BHRS contract CEOs • Starting systematic distribution to other Kern County agencies

Other Unique Qualities (about implementation, target audience, or other program aspect)	• N/A	• Mindstrong and 7 Cups were vetted by a Peer focus group	• Peers reviewed proposed apps for usability, engagement, variety, privacy, and other factors • Offered to assist other counties/cities develop their own tailored app guide	• Planning to offer clini–cian education on app guide • Assisting other counties/cities develop their own tailored app guide: Mono, Modoc, and Santa Barbara • Planning drafts for Nevada, Fresno, & Inyo Counties/Cities
Milestone(s)	• Each app was tested by a team of Peer users • Planning for Mind–strong implementation in Dialectical Behav–ioral Therapy (DBT) team	• Mindstrong and 7 Cups were vetted by focus group of Peers • Multiple challenges with Mindstrong and 7 Cups were identified and communicated with CalMHSA • Planned Mindstrong implementation with DBT team, but effort was put on hold • Created an app guide of publicly available apps for County/City–wide distribution	• Each app in the guide was vetted by a focus group of Peers and reviewed to assure relevance • Production of a bro–chure of publicly avail–able apps for County/City– wide distribution • Edited Kern's app guide in order to have a Modoc version • Began assisting Santa Barbara County/City to complete their imple–mentation of an app guide	• Published the 2nd Edition of the *"Peers' Guide to Behavioral Health Apps"* app guide–English and Spanish • Created a version of the app guide for Mo–doc, Mono, and Santa Barbara Counties/ Cities that included content modifications and printing set–up • Prep and planning for Peer Workshop: A four–hour empower–ment training for Kern BHRS and contracted Peers • Empowered Peers through the app guide development and dissemination • Prep & planning for hosting 2–day Digital Literacy training for Peers throughout the state
Lessons Learned	• The proposed apps need to be thoroughly vetted prior to piloting with clients. A prime role of County/ City mental health is to assure the provision of safe products to their vulnerable population. • Digital Literacy takes one–on–one coaching and so is time consuming and labor intensive. • Consumers benefit from basic digital literacy training. • Collaborating with fellow Counties/Cities is fruitful and productive. • Working with County/City agencies requires an abundance of patience and perseverance.			
Implementation Approach	• Focus on producing a product. Time and energy can be spent on process and procedures with no resulting product.			

YEAR 2 (January 2020-December 2020)

	Quarter 1 (Sept 2020-Feb 2020)	Quarter 2 (Mar 2020 – May 2020)	Quarter 3 (June 2020 – Sept 2020)
Products in Use/Planned	• App guide, 2nd Edition– En–glish and Spanish • App guide, 3rd Edition (planned)	• App guide, 2nd Edition– En–glish and Spanish • App guide, 3rd Edition (planned)	• App guide, 2nd Edition– En–glish and Spanish • App guide, 3rd Edition (planned)
Implementation Approach **Other Unique Qualities (of target audience, implementation, or other program aspect)**	• Wide distribution of the app guide • Offer clinician education on app guide (planned) • Support other Help@Hand Counties/Cities (Mono, Modoc, and Santa Barbara) develop their own tailored app guide • Adapt app guide for Nevada, Fresno, San Bernardino, and Inyo Counties to publish their own app guide	• Wide distribution of the app guide • Offer clinician education on app guide (planned) • Support other Help@Hand Counties/Cities (Mono, Modoc, and Santa Barbara) develop their own tailored app guide • Adapt app guide for Nevada, Fresno, San Bernardino, and Inyo Counties to publish their own app guide	• Wide distribution of the app guide • The state–wide medical emer–gency declared by the Governor has resulted in a pause on all Help@Hand activities
Milestones	• Published the 2nd Edition of *"The Peers' Guide to Behavioral Health Apps"* app guide in English and Spanish • Created a version of the app guide for Modoc, Mono, and Santa Barbara Counties that included content modifica–tions and printing set–up • Prepared and Implemented a four–hour Peer Workshop on empowerment training for Kern BHRS and contracted Peers • Empowered Peers though the app guide development and dissemination • Prepared and hosted two–day Digital Mental Health Literacy Training for Help@Hand Peers • Presented app guide to County Board of Supervisors in January • Presented to the Kern BHRS Management and to the Kern BHRS contract CEOs • Started systemic distribution to other Kern County agencies	• The state–wide medical emergency declared by the Governor has resulted in a pause on all Help@Hand activities	

Lessons Learned	• The proposed apps need to be thoroughly vetted prior to piloting with clients. A prime role of County mental health is to assure the provision of safe products to their vulnerable population. • Digital literacy takes one–on–one coaching which is time consuming and labor intensive. • Consumers benefit from basic digital literacy training. • Collaborating with fellow counties is fruitful and productive. • Working with County agencies requires an abundance of patience and perseverance. • It is vital that the Peer employees not only have lived experience, but that they will have progressed sufficiently in their recovery that they feel free to share details of their journey. This sharing of surviving and thriving in their recovery is a prime issue to benefit our consumers and members.
Recommendations	• Focused on producing a product. Time and energy can be spent on process and procedures with no resulting product.

The following tables show demographic information. The first table contains demographic information for users and clinicians, involved in the program and who completed surveys. It has a sample size of less than 20. The second table contains demographic information for the users only and the third table contains information for the clinicians only. Both of the latter tables have sample sizes of less than 10 each. Sixty-nine percent (69%) of the survey respondents identified as female, and 77% of the survey respondents were between 25 and 59 years old. In terms of race, 54% identified as White.

Regarding the table with demographic information of the users only, all users (100%) reported English being their first language and 43% of the users reported being single. All users (100%) reported their annual household income as less than US $40,000 and 14% of the users reported being a veteran.

Demographics (For users and clinicians - n < 20)	(%)
Age	
0–15 (children/youth)	0%
16–25 (transition age youth)	8%
26–59 (adult)	77%
Ages 60+ (older adults)	8%
Number of respondents who declined to answer the question	8%
Gender	
Male	31%
Female	69%
Number of respondents who declined to answer the question	0%
Race	
American Indian or Alaska Native	0%
Asian	0%
Black or African American	0%
Native Hawaiian or other Pacific Islander	0%
White	54%
Hispanic or Latino	15%
Other	15%
More than one race/More than one ethnicity	15%
Number of respondents who declined to answer the question	0%

Highest Education Level	
Less than high school	0%
High school graduate or GED equivalent	8%
Professional degree / Some college / Associate's degree	38%
Bachelor's degree	38%
Master's and/or Doctorate degree	15%

Demographics (Users Only - n < 10)	(%)
Current Student Status	
Community College Student	29%
Public College Student	29%
Not Applicable	43%
English as the first language	
Yes	100%
No	0%
Number of respondents who declined to answer the question	0%
Veteran Status	
No	86%
Yes	14%
Number of respondents who declined to answer the question	0%
Homeless Status	
No	100%
Yes	0%
Number of respondents who declined to answer the question	0%
Sexual Orientation	
Gay or Lesbian	0%
Heterosexual or Straight	71%
Bisexual	14%
Questioning or unsure of sexual orientation	0%
Queer	0%
Another sexual orientation	0%
Number of respondents who declined to answer the question	14%
US Born	
Both my parents and I were born in the US	86%
Both of my parents were born in a country other than the US, but I was born in the US	14%
Only one of my parents was born in a country other than the US, but I was born in the US	0%
Number of respondents who declined to answer the question	0%
Current Marital Status	
Single	43%
Married or In a committed relationship or partnership but unmarried	29%
Divorced / Separated	29%
Widowed	0%
Number of respondents who declined to answer the question	0%

Annual Household Income	
Under $10,000	14%
$10,000–$39,999	86%
$40,000–$69,999	0%
$70,000–$99,999	0%
$100,000–$149,999	0%
$150,000 or above	0%
Number of respondents who declined to answer the question	0%

Demographics (Clinicians Only - n < 10)	(%)
Mental Health Discipline	
Case Manager	17%
Clinical Psychology	17%
Marriage and Family Therapy	17%
Recovery Specialist	33%
Recovery Specialist and Case Manager	17%
Length at Current Agency	
0–12 months	17%
13–24 months	33%
25–36 months	33%
More than 36 months	17%
Primary Work Setting	
Outpatient	100%
Inpatient	0%
Residential Treatment Center	0%
Day Treatment Center	0%
School	0%
Group Home	0%
Assessment/Evaluation Clinic	0%
Other	0%

5 Final Evaluation Results

(A) Description of evaluation methodology

The Help@Hand evaluation team conducted site visits with Kern County in December 2018, April 2019, and November 2019, as well as quarterly peer evaluation activities. These efforts are described below.

SITE VISIT (DECEMBER 2018)

Kern BHRS Leadership and Clinical Providers

Nineteen semi-structured qualitative interviews were conducted by the Help@Hand evaluation team with Kern BHRS leadership and clinicians.

Kern Community Members

One group interview was conducted over the phone by the Help@Hand evaluation team, with the four 7 Cups and Mindstrong users. Additionally, these 4 users were surveyed by the Help@Hand evaluation team.

SITE VISIT (APRIL 2019)

Kern Community Members

The Help@Hand evaluation team conducted four one on one interviews over the phone with the 7 Cups and Mindstrong users. Additionally, these four users were surveyed by the Help@Hand evaluation team.

SITE VISIT (NOVEMBER 2019)

Kern BHRS' Tech Lead

Kern BHRS Tech Lead was interviewed by the Help@Hand evaluation team. This was a semi-structured interview as a follow up to the December 2018 site visit. Additionally, two surveys were administered online to the Kern BHRS Tech Lead. These surveys were used to characterize the quality of communication between Kern County stakeholders involved in the Help@Hand project and the Help@Hand evaluation team, and to assess recommendations made from the Help@Hand evaluation team to Kern BRHS since the 2018 site visit.

PEER EVALUATIONS (QUARTERLY THROUGHOUT HELP@HAND PROGRAM)

In addition to site visits, the evaluation team interviewed and surveyed Peer Leads across the Help@Hand Collaborative on a quarterly basis. In addition, anonymous surveys were completed by Peers who were at that time expected to support Help@Hand. Peers were identified by Peer Leads as individuals with lived experience who were explicitly engaged in supporting Help@Hand on an ongoing basis.

(B) Outcomes of the Innovation Project including those related to the selected primary purpose, with a focus on whatever was new or changed compared to established mental health practices

1. EXPERIENCES OF THE KERN BHRS LEADERSHIP AND CLINICAL PROVIDERS

7 Cups and Mindstrong

Overall, Kern BHRS leadership and clinical providers reported both favorable and constructive evaluations about using Mindstrong and 7 Cups in their clinic and setting. Providers and leadership liked the idea of extending clinical support, especially crisis support, to clients outside of the regular clinic hours. They also liked giving clients opportunities to work at their own pace and comfort with mobile technologies. At the same time, providers reported wanting deeper understanding of how these products work and how they are applicable to their workflow. Targeted strategies to boost individual knowledge and shared learning (e.g., train-the-trainer, clinic champions to support ongoing training and consultation, clinical supervision) were thought to be useful to build clinician knowledge and competence.

During the follow-up visits, there was a marked shift in the leadership's and clinician's attitudes. Overall, Mindstrong and 7 Cups were seen as "disappointing" and a poor fit for their communities. Because of this, Kern County discontinued the use of 7 Cups and Mindstrong, and shifted its focus towards their app guide: *"The Peers' Guide to Behavioral Health Apps"*. The Peer workforce grew to accommodate the development and dissemination of the app guide. Kern County also assisted other counties to produce their own version of the app guide.

"The Peers' Guide to Behavioral Health Apps"

Kern BHRS' behavioral health director envisioned creating an inexpensive and readily available handout for their clients. The vision was for the handout to include free and readily accessible apps that would be widely disseminated through out Kern County. It was thought to be beneficial to have Kern's consumers vet the apps so that they would be more desirable to them. Because of the decision to discontinue the use of 7 Cups and Mindstrong, Kern BHRS shifted its focus to-wards their app guide.

The apps, app guide, and the overall Help@Hand program appear to have increased conversations and awareness around mental health topics among Kern BHRS and community members.

2. EXPERIENCES OF HELP@HAND PEERS

Because of the small number of Peers in Kern County, and the desire to protect their confidentiality, formal data presented below includes all Help@Hand Peers across the Collaborative.

Overall, Peers enjoyed meeting a wider circle of Peers and greater collaboration with other county personnel as well as working closely with in-county personnel on this project. They were proud of the role they played in garnering community involvement, especially in 7 Cups. "Empowered" was the word that came up most frequently. Peers explained they felt empowered because of what they learned through participation in Help@Hand, both personally and professionally.

Peer Lead interviews provided insights on the following: (1) the definition of a Peer; (2) Help@ Hand's Peer structure; (3) Peer activities; (4) benefits of and challenges with Help@Hand's Peer component; and (5) the perceptions of engaging Peers in Help@Hand. Peer surveys echoed these themes. Note: This information appears as part of the Year 1 Evaluation Report, September 2018 – December 2019, Submitted February 2020 and includes updated information collected through November 2020.

Definition of a Peer

There was consistency across all the counties/cities that a Peer was a person with lived experience with mental health challenges and with the recovery process. One county/city added that Help@Hand Peers should have prior experience with technology, and another county/city emphasized interpersonal skills.

Help@Hand's Peer Structure

There was considerable variability in how Peers were identified, hired, trained, managed and supervised. In a county, the Peer Lead described a formal and well-supported structure that included a formal job posting and interview process, a two-week period of orientation and onboarding in addition to specific Help@Hand training for new staff, ongoing weekly meetings with the Peer Lead, and submission of periodic timesheets to their Team Supervisor who was also a county/city employee. Another Peer Lead reported that 7 Cups originally recruited and trained their Peers. These Peers transitioned to be consultants for the county/city and were employed by CalMHSA. A third Peer Lead reported that their county/city had contracted with a local community-based mental health services organization to hire, train, and supervise Peers. A fourth Peer Lead reported that their county/city assigned two Peers with prior roles within the county/city to support Help@Hand. These Peers reported directly to the Help@Hand Lead.

Peer Activities

Although counties/cities described a number of ways Peers support Help@Hand, several reported that Peers provided input on materials and technologies (e.g., the app guide and potential apps for Help@Hand pilots) considered or developed for the community. Activities in some counties/cities included:

7 Cups and Mindstrong

The Peers supported the initial Help@Hand endevour to implement 7 Cups and Mindstrong. The Peers had the important role of vetting these products, due to their expertise with mental health challenges and recovery. Peers were active participants of both apps – setting them up on their work phones so that they could have live experience. Peers were present when Mindstrong was piloted in order to answer client questions and to help set Mindstrong up on the clients' smartphones. Peers practiced both the listening and calling the Peer Support offered by 7 Cups. Peers were instrumental in developing test scenarios to ascertain the exact weaknesses of 7 Cups and came together in weekly meetings to share their findings. It was determined by the Peers that the technologies were not an acceptable means to help clients with their mental wellbeing.

"The Peers' Guide to Behavioral Health Apps"

The Peer workforce grew to accommodate this effort to develop and disseminate the app guide. The Peers worked to identify, review, and discuss the apps for the app guide. They met on a weekly basis for 1-hour to openly share ideas and vote on decisions around the app guide. In November 2018, a Peer employee who had skills in graphic design, created the first iteration of the app guide to be presented to the Behavioral Health director. Feedback was gathered and incorporated into the app guide by the Peers in December 2018 and the first edition of the app guide was ready for internal distribution by January 2019. During the internal distribution, the Peers gathered a second round of feedback from Kern BHRS staff members and from the Help@Hand evaluation team. By April 2019, the first version of the app guide was disseminated outside of Kern County with the help of Kern BHRS' Peer workforce. It is important to note that the Peers were the driving force behind the *"The Peers' Guide to Behavioral Health Apps"*, thus making it clear that they are an essential part of the Help@Hand project and Kern's behavioral wellness team.

Kern Peer Summit

A Peer Summit was held in Kern County to allow Peers to learn from and strengthen relationship with each other.

Benefits and Challenges with Help@Hand's Peer Component

All interviewees were enthusiastically optimistic about the potential contributions that Peers can likely make after their role was more clearly defined. Anticipated contributions include providing feedback on proposed intervention tools (e.g. specific technologies, Appy Hours, app guides, etc.), creating and producing educational materials to support Help@Hand and engaging with members of the target population to promote and support their use of Help@Hand apps.

At the same time, the interviewees identified challenges within the Help@Hand program. First, there was some turnover in Peers in some counties/cities. Reasons for Peers leaving the project included: a mismatch between the Peer's expectations of the job and the actual characteristics of the job; mental health relapse; and promotion or finding a job elsewhere. Second, a few counties/cities' Peers noted challenges with the lack of a standardized tool for evaluating apps being considered for Help@Hand pilots.

Over time, Peer respondents noted additional challenges to integrating Peers into the Help@Hand Collaborative. Client-level challenges included: lack of digital literacy among clients; lack of access to the internet or cell phones among clients; need for bilingual staff and materials; and restrictions on face-to-face contact related to the COVID-19 pandemic. County/city-level challenges related to the COVID-19 pandemic (e.g., re-allocation of county/city resources and work-from-home requirements) limited Peer staffing capacity since many Peers wear multiple hats within their agencies and do not have enough time to spend on Help@Hand; need for better internal communication within and among county/city staff; and difficulty recruiting, hiring and retaining Peers.

Perceptions of Engaging Peers in Help@Hand

Several counties/cities noted strong support and appreciation for the CalMHSA-sponsored Peer activities, including the Peer Summits. Two counties/cities mentioned their intention to deploy Appy Hours as a result of the Peer Summits.

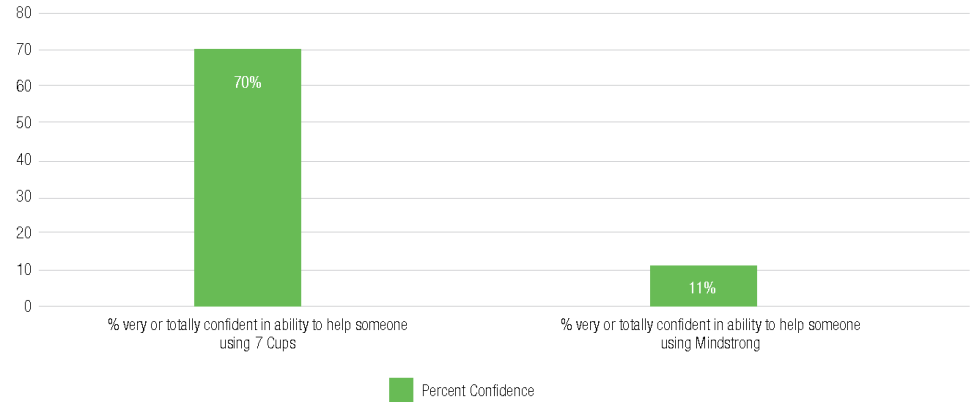
Peer Survey Results

The data collected from the anonymous Peer surveys largely affirmed the findings from the interviews with the Peer Leads. Thirteen Peers responded to the Wave #1 survey, representing two counties/cities. The data indicated that 46% of respondents received formal training related to their Help@Hand role.

As shown in **Figure 1**, 70% were very confident or totally confident in their ability to help someone use 7 Cups, and 11% were very confident or totally confident in their ability to help someone use Mindstrong. It should be noted that at this stage, Peers had not been accorded a specific role related to supporting the use of Mindstrong, and many of them had no experience with the app at all.

Seven Peers responded to the survey during Wave #2, representing three counties/cities. The Wave #2 surveys showed that Peers were overwhelmingly supportive of the concept that mental health apps (in the ab-

Figure 1. Peers' Confidence in Their Ability to Help Others with 7 Cups and Mindstrong



stract) were useful for assisting individuals seeking support for mental health needs (100% of respondents reported that mental health apps were "very useful"). In addition, the Wave #2 data indicated that Peers were very confident that including Peers in Help@Hand would be effective for improving access to mental health needs, decreasing mental health services stigma, and providing early intervention for individuals seeking mental health services.

3. EXPERIENCES OF KERN CLIENTS AND COMMUNITY MEMBERS

Mindstrong

Kern County piloted Mindstrong among a group of high functioning clients who were transitioning to the community. Some of the clients who had used Mindstrong in Kern County (n<10) were surveyed and interviewed. Due to the small sample size, findings below are discussed in general, rather than providing specific statistical analyses. The following discussion does not assess the validity of Mindstrong, but rather focuses on users' perceptions of and reported use of Mindstrong.

In general, participants viewed Mindstrong rather positively. Please note this was a small sample size and there may have been sample bias in terms of the individuals who agreed to discuss their experiences of Mindstrong. In other words, these participants by nature may have been more accepting of and interested in Mindstrong than participants who chose not to participate in interviews and surveys. Data also pertained to users in one county and should not be generalized to other counties.

Factors Influencing Adoption and Use of Mindstrong among Clients

Most commonly, participants reported using Mindstrong because their healthcare provider encouraged them to use it, followed by wanting support to improve their mental health. It was less common for participants to report that they tried Mindstrong because they like trying new technologies.

The results also indicated that the users had in general a good acceptance of mental health apps, which may contribute to their acceptance of specific apps like Mindstrong. A number of factors may have influenced the adoption and use of Mindstrong. All features, such as the dashboard with biomarkers, chatting with a healthcare provider, and mental health information, were viewed as useful. Mindstrong's ability to initiate contact with a clinician and act as a conduit to communication and support by the users' care team was particularly important. Biomarkers were thought to be useful, but only if participants could interpret, reflect, and act on the data in meaningful ways.

Reasons for Discontinued Use of Mindstrong

Irrespective of Mindstrong's discontinuation at Kern County's Stockdale RAWC clinic, the majority of participants reported having stopped using Mindstrong at some point. This was most commonly due to lack of access. For example, some participants discussed getting a new phone and having trouble getting an access code to Mindstrong. Some also discussed how they were unable to use Mindstrong during hospitalizations. Others had stopped actively using the app even though they did not delete it from their phone.

Clients' Feedback on Mindstrong

Some participants reported that Mindstrong provided then with tangible data related to their mental health that they would not otherwise have. This helped because it gave them something concrete to better understand their experiences and functioned as a tool to engage in reflection.

Although responses were mixed, participants also reported that Mindstrong helped them manage mental health symptoms, was useful for recovery, and made them more likely to reach out for help. Participants felt that Mindstrong had less of an impact on their feelings about having a mental health condition and feelings of connectedness.

One of the points brought up by the participants was that it was unclear how long participants are supposed to use Mindstrong and what happens once it is no longer available. In the cases where Mindstrong was not

available to clients or clients changed care, participants suggested the possibility of having recommendations for next steps. Discontinuation of Mindstrong in Kern County brought up important questions about how to best support users' wants and needs, especially after Mindstrong.

"The Peers' Guide to Behavioral Health Apps"

The app guide was disseminated throughout Kern County. No feedback was provided to Kern BHRS. Following the development and dissemination of Versions 1 & 2 of the app guide, Kern BHRS is still open to feedback from community members-although none has been provided.

(C) Any variation in outcomes based on demographics of participants, if applicable

Sample not big enough to conduct these analyses.

(D) Assessment of which activities or elements of the innovation project contributed to successful outcomes

The following elements directly support the goals of Help@Hand as outlined on Page 1, paragraph 1:

1. **Collaboration between and within counties was a successful outcome experienced by Kern BHRS.** Collaboration was important to Kern, where Kern could provide leadership in ways that both supported and expanded the scope of the project. In-person meetings and workshops were especially supportive to a successful collaboration process.
2. **Peer training resulted in tools to continue digital health literacy education.**
3. **Appy Hours implementation was never realized as they were interrupted by the COVID-19 pandemic.** All in-person meetings were canceled and staff were reassigned to new non-project tasks focused on managing pandemic responses. As time went by, Peer staff employment was completed and they were not replaced due to county-wide hiring freeze.
4. **The app guide is being widely distributed, thus allowing individuals a wide variety of apps to use.** This gives opportunity for individuals to realize when they need additional mental health support and allows Kern BHRS to intervene earlier to prevent mental illness and improve client outcomes. It also expands capacity to provide alternate modes of engagement, support and intervention.

(E) Explanation of how the evaluation was culturally competent

The following describes the effort that was made to make ensure that the evaluation was culturally competent:

1. **Creation of a standing statewide Evaluation Advisory Board tasked with providing critical guidance and insight into the following:**
   - Evaluation methods should be appropriate to the intervention model being used in respect to scope and data collection;
   - Evaluation should include measures of both process outcomes (implementation) and behavioral/health status outcomes (changes in participants) relevant to the goals of the intervention;
   - Evaluation is designed to address key target audiences and includes considerations of county-level variability (including cultural and ethnic/racial competencies);
   - Evaluation is seen as a vehicle for program improvement (internal use) and program accountability (external use) and should provide information for the purposes of potential replication of the project;
   - Evaluation findings will contribute to the existing knowledge base on what works in the field of minority health;
   - Evaluation practices will be aligned with identified best and promising practices that are promoted nationally and federally.

Membership:

To ensure a culturally competent statewide evaluation, the Board includes a diverse team of stakeholders, such as: CalMHSA partners and community members; behavioral health/social scientists; decision makers who have experience in guiding evaluation structure and direction and who have practical experience in community, county and large-scale evaluation efforts; consumer and family members who have been on the receiving end of mental health services; Peers with lived experience; and people who represent diverse communities (e.g. LGBTQ, racial/ethnic diversity, older adults).

Frequency of Meeting:

Prior to COVID-19, the statewide evaluation advisory board was convened quarterly: two times a year for a one-day meeting (in person), and two half-day meetings (by telephone). Post COVID-19, the Board is convened only virtually every quarter, with meetings lasting 3-4 hours.

2. **Convening of a work group to conceptualize and measure mental health stigma:**

One of the core shared learning objectives of the overall Help@Hand program was to reduce stigma associated with mental illness by promoting mental wellness. Evaluating this outcome requires the ability to measure mental health stigma prior to and after the implementation of the project. The Help@Hand evaluation team after reviewing the literature to identify potential measures to assess this learning objective identified more than 400 measures of mental health stigma. Therefore, the evaluation team developed a process to identify measures that would be both validated, relevant, and appropriate for measuring the expected impact of the Help@Hand program. To accomplish this goal, a taskforce of 11 experts were convened to recommend mental health stigma measures for the Help@Hand evaluation. This process followed three guiding principles:

- Use a community participatory process by involving Peers and family members, county/city mental health professionals, and scholars in the field of mental health stigma measurement and survey development;
- Include a review of existing and published mental health stigma measures that considered the advantages and disadvantages of each measure for Help@Hand;
- Facilitate consensus among the Taskforce to recommend the best measures for the Help@Hand evaluation.

The Taskforce met for a workshop in October 2019 at Lake Arrowhead, California for two days of learning and discussion on: the meaning of mental health stigma and its impact on different stakeholders; mental health stigma research and measurement; and implications of these issues for conceptualizing and measuring mental health stigma in the context of the Help@Hand project. Taskforce members also participated in discussions on how the different dimensions of mental health stigma relate to Help@Hand. Following the two-day workshop, the Taskforce continued discussions in order to identify and recommend specific measures using the adapted Delphi method to reach consensus. This work is further described in the report entitled "Conceptualizing and Measuring Mental Health Stigma" (available from CalMHSA).

3. **Local review of all evaluation data collection instruments (e.g surveys and interview guides):**

The Help@Hand evaluation team worked closely with Kern Peers to share survey and interview materials. Local Peers included broad representation from diverse communities, including LGBTQ, racially/ethnically diverse people, older adults, and isolated people. Peers had the opportunity to comment on the content and structure of all survey materials and interview guides. This tailoring helped ensure a balance between standardizing key aspects of the data collection process while allowing for the influence of local variability.

4. **Prioritization and dissemination of relevant behavioral health information to Kern County community members:**

Fifty-four percent (54%) of Kern County is made up of Hispanic individuals. The app guide was created in both English, *"The Peers' Guide to Behavioral Health Apps"*, and Spanish, *"La Guía de Compañeros para*

Aplicaciones sobre la Salud Conductual". It was key to the development and dissemination of the app guide to include culturally relevant material to Spanish speaking populations. The app guide was published in a hardcopy format to distribute as part of outreach activities for the department. Additionally, the app guide was also made available publicly through the Kern BHRS website and through social media in both English and Spanish. Kern BHRS made the app guide as publicly available as possible.

(F) Explanation of how stakeholders contributed to the evaluation

As noted above, a committee of stakeholders was assembled to draft an initial list of apps for consideration as part of the app guide. These stakeholders continued to contribute to the evaluation by gathering and providing feedback on the app guide. The involvement of community stakeholders allowed for the prioritization of features relevant to Kern County community members, such as the availability of apps in Spanish (the production of a Spanish version of the app guide).

6 Whether and how the county will continue the Innovation Project, the source of ongoing funding, if applicable, the reason for the decision, and how the county involved stakeholders in the decision

Kern County successfully completed their 3- year commitment to the Help@Hand project. Kern County formally notified CalMHSA on 10/01/2020 that they will not be continuing their participation in the Help@Hand project as they have successfully completed their portion of the project.

7 Whether the Innovation Project achieved its intended outcomes and a summary of what was learned

Like all innovation initiatives, Help@Hand had multiple successes punctuated by barriers that required innovative solutions to overcome them. Barriers are something to be expected when setting out to accomplish innovative system transformation. Kern County successfully accomplished this innovative accomplishment following a shift in focus to the development and dissemination of Versions 1 & 2 of *"The Peers' Guide to Behavioral Health Apps"*.

LEARNINGS

Collaborative Learnings Identified Across Cohort #1 Counties

#1: Working in a strong Collaborative can be very rewarding. The warm and collegial partnership with the other Cohort #1 counties contributed to deep sharing and learning. For example, the Cohort #1 counties worked together to identify challenges with vendor products around alignment with county needs for privacy, security, and target audience fit. Documentation around county processes for privacy and data confidentiality were shared across county. In another example, Kern's support and partnership led to the development of Modoc's app guide.

#2: Developing a strong roadmap that includes all stakeholders with detailed work plans and a clear fiscal model are critical keys to success. This strategic roadmap includes key county stakeholders, but importantly, in large collaboratives like Help@Hand, must include cross-county stakeholder considerations, representing the various stakeholders across the program.

#3: Including Peer involvement in the Help@Hand Collaborative is overwhelmingly seen as a value-added component. Peers offer a unique and critical perspective on product selection, development, and delivery.

#4: Building a digital mental health infrastructure requires consideration of the following factors: (1) The hardware/technology needs of clients and consumers (e.g. phones are not fully charged, phones are loaned to others for periods of time, no data and lack of connectivity to WiFi, phone replacement frequency); (2) the soft skills needs of clients and consumers (e.g. digital literacy skills); (3) the preferences of clients and consumers (e.g. what kind of technologies do people want, how do they want to use these products in their lives, do they want system-integration); and (4) the availability of products that fit these preferences (e.g. what it is currently optimized to do, who it is intended for/not intended for, supporting data/studies, what is required from counties to be able to implement the current version of the product, is the product available in multiple languages, for what age group, literacy level).

#5: Drawing on county strengths to expand through collaboration. We appropriately and successfully leveraged the opportunities of working with other counties to take full advantage of the resources made available through this project. We were at the fore-front of testing two commercial products with our target audiences, and although these products turned out to not be good fits for us, we learned a great deal in the process. We expanded discussions around digital literacy and involved Peers and community members in conversations around access and use of digital mental health therapeutics. We also laid the foundation within Kern BHRS to be able to more easily work with a mental health technology vendor in the future. Finally, our efforts around evaluation taught us a great deal about the needs of Kern BHRS clinicians and service providers, and our diverse community stakeholders.

Kern County Specific Learnings

#6: Incorporating technology with mental health services can increase the accessibility of care to more individuals. The use of technology to provide mental health services often circumvents traditional delivery pathways. This may be useful for patient outreach, creating direct-to-consumer supportive care. Many organizations are considering using apps to expand mental health service delivery systems. If they choose not to develop their own apps, they must learn how to select and recommend existing apps. For example, Kern BHRS developed reviewing guidelines when looking for apps to include in the app guide (see appendix for example of the review guidelines).

#7: Developing a comprehensive guide to available mental health apps requires a strong understanding of the content available, needs of the community, and input from community stakeholders. The skills and resources required to produce the *"The Peers' Guide to Behavioral Health Apps"* included knowledge of digital mental health products, knowledge of community needs, and knowledge of services, in addition to design and dissemination skills, and involved community stakeholders, subject-matter experts from Help@Hand, members of the marketing team, and many other Kern BHRS Peers and staff.

#8: App guides are useful products to help support consumers and clinicians navigate the complexities of the digital mental health landscape. App guides can help provide consumers with a place to start if they are thinking about using technology to improve their mental wellness.

8 Description of how the county disseminated the results of the Innovation Project to stakeholders, and if applicable to other counties (e.g. as the county determined that the information would be of benefit to other counties)

In line with parallel dissemination efforts, Kern BHRS will share results as part of the Mental Health Services Act annual update for FY 20/21, which will be shared with stakeholders in the Spring of 2021. On 8/14/2020 OAC was notified on Kern's intent to close participation in Help@Hand to reallocate remaining dollars towards pandemic needs. On 8/26/2020, a stakeholder meeting was held, 75% (21 individuals) of stakeholders voted in favor of ending Help@Hand. On 9/29/2020, a stakeholder meeting was held, 100% (27 individuals) of stakeholders voted in favor of ending Kern's participation in Help@Hand. On 12/11/2020, a stakeholder meeting was held, 93% (14 individuals) of stakeholders casting a vote, voted in favor of continuation of reverting funds from Help@Hand to a pandemic response innovation plan.

Stakeholders supported the decision in ending participation in Help@Hand, as reverting unused dollars to more critical programming during the Pandemic. The finalized document will be published and submitted to MHSOAC and DHCS via the Mental Health Services Act annual update with stakeholder, behavioral health board and board of supervisor review and approval no later than June 2021.

9 Any other data or information the County considers relevant.

Kern County is very grateful to MHSOAC for the opportunity to have been part of the Help@Hand Collaborative and a member of Cohort #1. This experience has brought great satisfaction to Kern County's Peers and boosted the awareness of our community in digital health resources. Our exit from Help@Hand is somewhat bittersweet, but necessary in order to remain fiducially responsible to our stakeholders and community.

(9B) The county shall include a copy of any presentations, reports, articles, manuals, CDs, DVDs, videos, or any other materials developed to communicate successful new or changed mental health practices, lessons learned and evaluation results of the Innovative Project

The following are attached to this report:

- Versions 1 & 2 of the *"The Peers' Guide to Behavioral Health Apps"* app guide
- App evaluation rubric used by the app reviewers
- Learning briefs from Kern's pre and post implementation of the Help@Hand project
- App guide poster presented at the 2020 Association for Behavioral and Cognitive Therapies annual conference
- Manuscript for the app guide that is currently in press at the Psychiatric Services journal

The Peers' Guide to Behavioral Health Apps

Mental Health and Wellness Apps curated by clients and peers.



BEHAVIORAL HEALTH&RECOVERY SERVICES

MODOC COUNTY Behavioral Health

Hope. Healing. Life.

"Tested and Suggested" by KernBHRS Consumers

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Introduction

Modoc County Health Services is providing this pamphlet as a resource for the community. It is a quick guide to useful phone and internet apps. These apps can be utilized in daily activities to promote wellbeing. Our vison is to make things simple by taking the hassle out of searching through 100's of available apps online. We have researched and utilized the apps, personally finding them useful for many interests such as exercise, nutrition, education, emotional health, relaxation and mindfulness.



Disclaimers:
This booklet is designed for informational purposes only. It is not intended to replace therapists, doctors or prescribed medications. It is a resource to assist with locating apps that may be helpful in your daily life.

Some apps in this guide may have associated charges and in-app purchasing available. It is important to note that all apps in this booklet were chosen in part based on the features available in the free version. We do not endorse the purchase of add-ons to any app. To do so would be at your own risk.

Modoc County Health Services and its partner organizations do not endorse the use of any apps in place of proper treatment with trained professionals. Use these apps at your own risk.

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- **Fooducate** - Healthy Eating
- **My Fitness Pal** - Diet & Fitness Tracker
- **Plant Nanny** - Hydration Tracker
- **J&J Official 7 Minute Workout** - Fitness

As Modoc County consumers and peers, we applaud our fellow peers in Kern County for creating this App booklet. We've tried these apps, too, and find them useful. Thank you, Kern County for sharing your pamphlet with Modoc County.

This brochure will be reviewed and updated by KernBHRS consumers regularly. Last review was **10-03-2019**

Please send any suggestions for apps to be considered to AppGuide@kernBHRS.org

Behavioral Health & Wellness

My 3 Support Network
You define your network and plan to stay safe. With My 3, you can be prepared to help yourself and reach out to others when you're having thoughts of suicide.

PTSD Coach
Designed for veterans and military service members who have or may have Post Traumatic Stress Disorder. This app provides users with education about PTSD, information about professional care, self-assessment for PTSD, opportunities to find support and tools that can help users manage the stress of daily life with PTSD.

Sanvello
Popular app for stress, anxiety and depression. Use Sanvello to manage daily mental health with tools like mood and health tracking, mindfulness meditation and cognitive behavioral therapy.

What's Up
Whenever you're feeling low, want to pick yourself up, or want to inspire yourself, the What's Up app is available for you to read through and assimilate.

The WRAP
People who use WRAP say that it helps them feel better more often and improves the overall quality of their lives. Over time, they have found that it can easily be adapted to deal with any situation in their lives—anything from deep sadness to arthritis, from substance use to hearing voices, from panic attacks to diabetes to grieving the death of a loved one. In WRAP, we believe there are no limits to wellness and recovery.

page 3

For the Mind

Insight Timer
Popular, free meditation app. Helps with sleeping, anxiety and stress, assists with recovery from addictions, helps to achieve self-love and compassion. Worldwide community of meditation.



Stop, Breathe & Think
Meditation and mindfulness, to help you feel strong, connected, and inspired through life's ups and downs. Voted best health app. Over 3.5 million downloads along with 11 million emotional check ins.



Color Therapy for Adults
Stress relieving tool for adults. A digital, anti-stress coloring book for adults.



Lake: Coloring Books
Color yourself happy. Fun and addictive coloring app that's simple and has a playful design. It comes packed with creativity enhancing tools.



Lumosity
Want to test your memory skills or give your brain an exercise? Try this fun memory game to improve your memory, speed, get better accuracy, distinguish between colors and much more. This logical game is designed for all age groups as it is a skill test game. You score points and advance levels. Very fun game that you will enjoy.



edX
Massive open online course provider. Hosts online university level courses in a wide range of disciplines to a worldwide student body. Some courses are free.



Khan Academy
Learn anything with this app for free. Learn using videos, interactive exercises, and in-depth articles in a wide variety of content areas!



For the Body

Fooducate
Lose weight with less food and healthy eating. Track your progress and get motivated. Fooducate is the only app that looks beyond the calories to help you lose weight and keep it off.



MY FITNESS PAL
A Smart Phone app and website that tracks diet and exercise to determine optimal caloric intake and nutrients for the user's goals. Employs gamification elements to motivate users.



Plant Nanny
Plant Nanny combines health with fun to remind you to drink water regularly. The cute plant keeps you company every day by living in your phone. In order to keep it alive and help it grow, you must give it water at certain periods of time.



J&J Official 7 Minute Workout
A fast, simple, science-based way to make every minute count! 22 preset workouts, varying in intensity and duration and designed to fit your schedule.





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Disclaimer
This booklet is designed for informational purposes only. It is not intended to replace therapists, doctors or prescribed medications. It is a resource to assist with locating apps that may be helpful in your daily life.

All apps featured in this booklet are available on both iTunes App Store and the Google Play Store.



For help accessing these apps, please call (530) 569-0359.

SUICIDE PREVENTION LIFELINE

If you're having thoughts of suicide or are in crisis, contact the Crisis Hotline at **(800) 699-4880** or **(530) 233-6312** or Dial 911


Are you or someone you know In Crisis?
Hope is only a call away!
Call us, we care
CRISIS HOTLINE
24 Hours a Day
1-800-699-4880
or (530) 233-6312
Dial 711 for
Telecommunications Relay Service
Intervention & Prevention Services
• Problem Solving Skills
• Anxiety
• Coping Skills
• Depression
• Relationship Problems
• Anger Management
• Substance Use
MODOC COUNTY Behavioral Health
www.modochealthservices.org

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SU SALUD MENTAL EN SUS PROPIOS TÉRMINOS

La Guía de Compañeros para Aplicaciones sobre la Salud Conductual

Aplicaciones para su bienestar y salud mental escogidas por clientes y compañeros



BEHAVIORAL HEALTH&RECOVERY SERVICES

MODOC COUNTY Behavioral Health

Esperanza. Sanación. Vida.

"Probado y Sugerido" por los consumidores de KernBHRS

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Introducción

Servicios de salud del condado de Modoc ofrece esta guía como un recurso para la comunidad. Es una guía de referencia rápida para aplicaciones útiles de números de teléfono e Internet. Estas aplicaciones se pueden utilizar en actividades diarias para promover el bienestar. Nuestro objetivo es simplificar y eliminando la molestia de buscar en 100s de aplicaciones disponibles en la internet. Hemos investigado y utilizado las aplicaciones, personalmente encontrándolas útiles en varios temas tal como el ejercicio, nutrición, educación, salud emocional, relajación y atención plena.



Descargos de Responsabilidad:
Esta guía está diseñada sólo para fines informativos. No pretende reemplazar a los terapeutas, médicos o medicamentos recetados. Es solo un recurso para ayudar a localizar aplicaciones que pueden ser útiles en su vida diaria.

Algunas aplicaciones en esta guía pueden tener cargos asociados y compras en la aplicación disponibles. Es importante tener en cuenta que todas las aplicaciones que se encuentran en esta guía fueron seleccionadas usando la versión gratuita. No respaldamos compras adicionales de ninguna aplicación. Cualquier compra adicional sería bajo su propio riesgo.

Servicios de salud del condado de Modoc y sus organizaciones asociadas no certifican el uso de ninguna aplicación en lugar de un tratamiento adecuado con profesionales capacitados. Utilice estas aplicaciones bajo su propio riesgo

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My 3 Support Network - Desarrollo del Plan de Seguridad
PTSD Coach - Educación e Información sobre el TEPT (Trastorno de Estrés Postraumatico)
Sanvello - Seguimiento del Estado de Amino y la Salud
What's Up - Inspiración y Elevación del Estado de Animo
The WRAP - Bienestar y recuperación

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Stop, Breathe & Think - Atención Plena
Color Therapy for Adults - El Alivio del Estrés
Lake: Coloring Books - El alivio del Estrés
Lumosity - Mantiene tu Cerebro en Forma
edX - Aprendizaje en la Internet
Kahn Academy - Aprendizaje en la Internet

Para el Cuerpo......5

Fooducate - Alimentación Saludable
My Fitness Pal - Seguimiento de Dieta y Ejercicio
Plant Nanny - Seguimiento de Hidratación
J&J Official 7 Minute Workout - Aptitud Física

Como consumidores y pares del Condado de Modoc, aplaudimos a nuestros compañeros en el Condado de Kern por crear este folleto de la Aplicación. También probamos estas aplicaciones y las encontramos útiles. Gracias, Condado de Kern por compartir su folleto con el Condado de Modoc.

Este guía será revisada y actualizada cada trimestre.
La última revisión fue el **10-03-2019**

Favor de enviar cualquier sugerencia de aplicaciones para ser considerado a AppGuide@kernBHRS.org

Bienestar y Salud Conductual

My 3 Support Network*
Usted define su red y plan para mantenerse seguro. Con **My 3**, puede estar preparado para ayudarse a sí mismo y comunicarse con otros, cuando tenga pensamientos suicidas.

PTSD Coach

Diseñado para veteranos y miembros del servicio militar que tienen o pueden tener trastorno por estrés postraumático (TEPT). Esta aplicación proporciona a los usuarios información sobre el TEPT, información sobre la atención profesional, la autoevaluación, oportunidades para encontrar apoyo y herramientas que pueden ayudar a los usuarios a manejar el estrés de la vida diaria con el TEPT.

Sanvello
Aplicación popular para el estrés, la ansiedad y la depresión. Use Sanvello para administrar la salud mental diaria con herramientas como el seguimiento del estado de ánimo, la meditación de atención plena y la terapia cognitiva conductual.

What's Up
Cuando te sienta deprimido, quiera recuperarse o inspirarse, la aplicación What´s Up está disponible para leer y asimilar.

The WRAP

Las personas que usan WRAP dicen que les ayuda a sentirse mejor con más frecuencia y mejora la calidad general de sus vidas. Con el tiempo, han descubierto que puede adaptarse fácilmente para hacer frente a cualquier situación en sus vidas, desde tristeza profunda hasta artritis, desde el uso de sustancias hasta escuchar voces, desde ataques de pánico hasta diabetes y lamentar la muerte de un ser querido. En WRAP, creemos que no hay límites para el bienestar y la recuperación.

NOTA: El * indica cuales aplicación son traducidas al Español

página 3

Para la Mente

Insight Timer*
Popular, aplicación de meditación gratuita. Ayuda a dormir, con la ansiedad y el estrés, a recuperarse de las adicciones, a lograr el amor propio y la compasión. Esta es una comunidad mundial de meditación.



Stop, Breathe & Think*
Meditación y atención plena, para ayudarlo a sentirse fuerte, conectado e inspirado a través de los altibajos de la vida. Votado como la mejor aplicación de salud. Más de 3.5 millones de descargas junto con 11 millones de personas que reportan su control emocional.



Color Therapy for Adults
Herramienta de alivio de estrés para adultos. Un libro de colorear digital, antiestrés para adultos.



Lake: Coloring Books
Colorea feliz. Aplicación para colorear divertida y adictiva que es simple y tiene un diseño divertido. Viene lleno de herramientas para realzar la creatividad.



Lumosity*
¿Quieres poner a prueba tus habilidades de memoria o ejercitar tu cerebro? Prueba este divertido juego de memoria para mejorar tu memoria, velocidad, obtener una mayor precisión y mucho más. Este juego lógico está diseñado para todas las edades, ya que es un juego de prueba de habilidad. Muy divertido juego que disfrutarás.



edX*
Proveedor masivo de cursos abiertos en la red. Organiza cursos de nivel universitario en la red en una amplia gama de disciplinas para estudiantes por todo el mundo. Algunos cursos son gratuitos.



Khan Academy*
Aprenden cualquier cosa con esta aplicación de forma gratuita. ¡Aprenda a usar videos, ejercicios interactivos y artículos en profundidad en una amplia variedad de áreas de contenido!



NOTA: El * indica cuales aplicación son traducidas al Español

página 4

Para el Cuerpo

Fooducate

Pierde peso con menos comida y una alimentación saludable. Sigue tu progreso y motívate. Fooducate es la única aplicación que ve más allá de las calorías para ayudarlo a perder peso y no recuperarlo.



MY FITNESS PAL*

Una aplicación para teléfonos celulares inteligentes y la red que observa la dieta y el ejercicio para determinar el consumo óptimo de calóricas y los nutrientes para alcanzar las metas del usuario. Emplea elementos de gamificación para motivar a los usuarios.



Plant Nanny*

Plant Nanny combina la salud con la diversión para recordarle que beba agua regularmente. La linda planta te compaña todos los días viviendo en tu teléfono. Para mantenerla viva y ayudarla a crecer, debe darle agua en ciertos períodos de tiempo.



J&J Official 7 Minute Workout

¡Una manera rápida, simple y basada en la ciencia de hacer que cada minuto cuente! 22 entrenamientos predeterminados, que varían en intensidad y duración. Diseñados para ajustarse a su horario.

NOTA: El * indica cuales aplicación son traducidas al Español





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Descargos de Responsabilidad
Este folleto está diseñado sólo para fines informativos. No pretende reemplazar a los terapeutas, médicos o medicamentos recetados. Es un recurso para ayudar a localizar aplicaciones que pueden ser útiles en su vida diaria.

Todas las aplicaciones contenidas en esta guía se pueden encontrar en la tienda de aplicaciones de iTunes y la tienda de juegos de Google.



Para obtener ayuda en como utilizar estas aplicaciones, llame al (530) 569-0359.

SUICIDE PREVENTION LIFELINE

Si tiene pensamientos de suicidio o está en crisis, comuníquese con la Línea directa de crisis al
(800) 699-4880 o **(530) 233-6312**
or Marque 911

página 6


¿Está usted o conoce a alguien en crisis?
¡La esperanza está a solo una llamada de distancia!
Llámanos, nos importa
LÍNEA DIRECTA DE CRISIS
24 Horas al Día
1-800-699-4880
or (530) 233-6312
Marque 711 para Servicios de Retransmisión de Telecomunicaciones
Servicios de Intervención y Prevención
•Desarrollo de habilidades para resolver problemas
•Ansiedad
•Habilidades de Afrontamiento
•Depresión
•Problemas de pareja
•Manejo de la ira (furia, enojo etc.)
•Uso de sustancias
MODOC COUNTY Behavioral Health
www.modochealthservices.org

App Review Testing Questions

Name of Reviewer: Date of Review:

App Name and Version:

Describe basic Functionality:

Does it work on: Desktop _ I-Phone_ Yes Android_

Free to Download? Does it have Subscription services?

Who is the App designed for and what age groups?

Simplicity and ease of use: Easy registration:

Is it fun to use and beneficial for the purpose intended?

Visual and sound design: Does it promote creative and imaginative use?

Does it have features that help those with low vision, hearing impairments or other disabilities?

Does it ask for PHI? If yes, how does it state that this will be safe-guarded?

Does it list important number (i.e. Crisis Hotline)?

Does it provide feedback?

Do you recommend it for use in the Brochure?

LKB, 2-11-19

UC Irvine
100 Theory, Suite 120 | Irvine, CA 92617
Tel: 949.824.0149 | Fax: 949.824.3985

RAPID DATA ANALYSIS REPORT – KERN COUNTY
PRE-IMPLEMENTATION
MEETING DATE: DECEMBER 20, 2018

AUTHORS: Elizabeth Eikey, Gloria Mark, Stephen Schueller, Margaret Schneider, Dara Sorkin, Nicole Stadnick

REPORT DATE: 1/22/2019

Members of the UCI Evaluation Team completed a pre-implementation evaluation visit at the Kern Behavioral Health & Recovery Services Site in Bakersfield, CA on December 20, 2018. The purpose of the visit was to meet with leadership (including supervisors and managers, Tech Suite leads), providers, and peers, and to learn more about their experiences with the Tech Suite.

UCI Attendees: Dara Sorkin, Stephen Schueller, Nicole Stadnick, Martha Neary, and Daniela Macias, and Elizabeth Eikey (joined by telephone)

Special thanks to the following people: Martha Neary, Robert Montgomery, Shayan Shakiba for assistance in preparing this report.

Agenda:	
8AM- 12PM	Interviews with clinicians
9AM-10AM	Robert Farmer—IT Manager
10AM-11AM	Robin Taylor—Deputy Director
11AM-12PM	Stand-In for Privacy officer-Dawn on Vacation Lesleigh Davis--QA manager & Ty Hudgins
12PM-1PM	Working lunch
1PM-2PM	Bill Walker-Director, Robin Taylor 1 to 1:30
1PM-4PM	Interviews with Clinicians
2PM-3:30PM	7 Cups Users
3:30PM- 5PM	Mindstrong Users

CURRENT DIRECTIONS

- Mindstrong was first rolled-out at Stockdale (RAWC) Recovery and Wellness Center. Currently, the Stockdale Team is being dissolved and the staff re-assigned to other existing teams, as a way to increase the size of the teams and to decrease staff's case loads.
    - ✓ As of Aug 30th there were 20 users, estimated that only 8-9 are still using the app. As such, Mindstrong will no longer be used by this initial set of clients. A new team has been selectd: DBT, as the implementation of the Diary Card in LA appears to have been successful. Potential for adding up to another 20 users (15 clients and 3-5 staff).
- Creation of a 'Resource Apps' (e.g. Calm, Candy Crush, Coloring, Nutrition/Wellness) Brochure that also includes publically available and helpful apps and mobile sites.
- Continued 2-hour weekly meeting with 3-5 Peer Leads and Lamar as part of Tech Suite.
- Considered expanding to residency program: outpatient treatment/ongoing psychiatry, but as of January, 2019 Kern decided it will not be introducing Mindstrong to this team at this time. It was determined that the lack of frequent contact with clients would not make this a good fit.

ACCOMPLISHMENTS

1. State wideness
2. Innovative by virtue of bringing into new systems in County Behavioral Health
3. Commitment to supporting the app vendors
4. Shared risk
5. Desire to protect County Clients but also grow the program
6. Working to address the need to work through problems **FAST**
7. Working to address the need to make it work in public venue

8. Creation of new Job titles and Civil Service positions to hire Peers into peer positions. These peers have a portion of their time dedicated to the Tech Suite Innovation project.

INDICATORS OF TECH SUITE SUCCESS

(In order for Kern to consider the Tech Suite a success must do the following):

1. "Of the teams that are offered the use of the Tech Suite apps, 15% of their open clients will report using the apps."
2. Identify who gets what, most useful (Most beneficial users – creating a product, but don't know the population)
3. Develop and sustain internal consumer driven process for identifying useful app products that will continually be updated and shift. (This is a reference to the Brochure of publically available useful apps that is addressed above).
4. Do no harm

FRUSTRATIONS

General Technology Issues

- ✓ No permanent cell phone
- ✓ Utilize phone for basic things
- ✓ Untrusting of technology
- ✓ No established email account

7 Cups

- ✓ Concerned about the County providing their recommendation without solving some of the safety concerns
- ✓ Concerned about the quality of the Listener on the site.

- ✓ Like some parts: more services/support to people who don't have enough, and having access to someone who cares
- ✓ Do not like: unmoderated chat rooms, unmoderated listeners; problems with the NONI navigators
- ✓ Screening out dangerous folks (from becoming listeners/peers)
- ✓ Would like if listeners could have some form of rating system, such as stars
- ✓ Concern: 7 cups not a HIPPA compliant organization

Mindstrong

- ✓ Would like a mobile app that offers DBT, but do not feel comfortable having Mindstrong communicate directly with clients.
- ✓ Thought they were receiving a Fitbit for the mind to help them understand their own mental wellness, but report clients are confused about interpretation of bio-markers. Lamar corresponds with Mindstrong about this communication problem in Oct. 2018
- ✓ Looking for a more useful product that norms changes again the individual and/or against a population of similar others
- ✓ System does not appear to be sensitive – 2 clients had incidents (e.g. hospitalized, suicidal, Psychiatric Evaluation Center, [PEC]) that were not caught by the system early on in order to prevent this from happening.

Other Issues

- ✓ There is no current BAA with CalMHSA
- ✓ Sequestering – limited access to charts for sequestered people (1-2%)—Unable to provide this type of privacy in Mindstrong case-load list. The Department has determined that to protect privacy that Sequstered clients will not be able to participate in this project.

IMPLEMENTATION EVALUATION
Stephen Schueller and Nicole Stadnick (Co-Leads)

OVERVIEW

During our visit we conducted 19 semi-structured qualitative interviews and administered 9 surveys (6 providers, 3 peers). We used the Rapid Assessment Procedure-Informed Clinical Ethnography[1] to summarize our findings from the visit in the context of the Consolidated Framework for Implementation Research (CFIR)[2], which is one of our organzining frameworks for guiding and understanding the findings from our evaluative efforts.

SUMMARY AND SYNTHESIS

Overall, the individuals we interviewed and surveyed reported optimism that the Tech Suite apps (i.e., 7Cups and Mindstrong) could be helpful for their clients and in this setting. People liked the idea of extending support outside of the hours providers and clinics were available and to give clients opportunities to work at their own pace and comfort with mobile technologies. At the same time, providers reported wanting deeper understanding of how these products work and how they are applicable to their workflow. Targeted strategies to boost knowledge (i.e., train-the-trainer, clinical supervision, ongoing consultation) could be useful to build knowledge and competence.

REPORT DETAILS

CFIR DOMAINS OF EVALUATION	SUMMARY OF RESULTS
Intervention Characteristics	In the surveys, participants were asked to rate Mindstrong and 7Cups on a variety of aspects including the following: Acceptability (perception that the app is satisfactory), Appropriateness (perceived fit of the app with the setting), and Feasibility (extent to which the app can be successfully used in the setting). Of note, although we asked providers to respond to questions about a specific app (i.e., either 7Cups or Mindstrong), 4 of the 6 providers responded to a combination of 7Cups and Mindstrong. We will work to clarify this in future data collection activities. The mean (average) scores for Acceptability, Appropriateness, and Feasibility scales (each has 3 items) of the apps are represented below by app referenced. Response options ranged from 1 (completely disagree) to 5 (completely agree). We caution against over-interpretation of these survey data given the small number of providers responses.

	MS & 7 Cups (N = 4)	MS (N = 2)	7 Cups (N = 1)
Acceptability *Example item: "Mindstrong/7Cups meets my approval".*	2.69	3.38	4.00
Appropriateness *Example item: "Mindstrong/7Cups seems fitting for my work".*	2.44	4.38	5.00
Feasibility *Example item: "Mindstrong/7Cups seems possible".*	2.65	3.50	4.75

Of note, those who rated both apps tended to have slightly lower scores, indicating less positive views of the apps. This might reflect less comfort with a specifc app due to use of both, or perceived challenges with implementing both apps within one setting. Although the individuals rating MS and 7Cups individually rated these products fairly high, the individuals who rated both products together rated the combination as only slightly above the midpoint of the scale.

Facilitators: People seemed generally positive that both Mindstrong and 7Cups could bring about beneficial change. They were viewed as innovative and forward thinking and could appeal to clients who might be interested in technology. People were really enthusiastic about the growth paths in 7Cups and the ability to receive support on their own time and at their own pace.

Barriers/Obstacles: In general, two reasons reduced enthusiasm about Mindstrong: 1) people were not confident in the predictive validity of the app (i.e., its ability to detect crises), 2) people were confused by the "biomarkers" and how to interpret them. Generally the potential of client-facing Mindstrong features was viewed more positively that the pontential of provider-facing Mindstrong features. Although, again in its current form the client-facing features contained in the Mindstrong Health app (i.e., the biomarkers) have not been found to be very informative or helpful. As such though, Mindstrong features focused on providers might be faced with less enthusiasm.

Recommendations: More user-friendly content within the Mindstrong app could facilitate easier interpretation of the biomarkers. Additionally, Mindstrong could prepare more clinic-friendly materials to help providers explain the app to their clients. 7Cups could be more transparent with the monitoring and expertise of listeners and help clients

	have an easier time identifying appropriate content.
Inner Setting	**Facilitators:** People expressed very positive views about the organizational climate and culture in this setting. People felt supported to try new things and comfortable sharing their expertise with others. Many people talked positively of the lessons learned through a regular meeting of people (providers and supervisors) involved with the Tech Suite. **Barriers/Obstacles:** People discussed some logistical or operational challenges with implementing the Tech Suite including knowing who to turn to with questions and where to acess examples of the clinical successes of the Tech Suite. **Recommendations:** Continue practices (e.g., regular Tech Suite consultation meetings) that facilitate coordination and communication among individuals involved with the implementation of the Tech Suite. Create opportunities to share resources related to the Tech Suite products.
Outer Setting	**Facilitators:** People reflected positiviely on the opportunity of the Tech Suite to impart meaningful change on mental health services. **Barriers/Obstacles:** Many people discussed challenges as to the fit of the Tech Suite products to their clients needs and resources. Many providers reported their clients did not have smartphones or data plans to support apps like 7Cups or Mindstrong. There was also a sense of sociopolitical pressure to demonstrate that the funding used to support the Tech Suite was used well. **Recommendations:** It is recommended to align the needs of the clients (e.g., access to smartphones or data plans) and resources (fiscal and administrative) of the clinical settings with the requirements of the Tech Suite.
Characteristics of Individuals	**Facilitators:** People were generally enthusiastic about the Tech Suite. Some providers were wearing pins to encourage people to ask them about Mindstrong. Many people described themselves as having general comfort with computer and mobile technology and were interested in learning to use technology in their clinical work. **Barriers/Obstacles:** In general people reported a lack of knowledge as how to introduce and onboard clients to the Tech Suite products as well as how to interpret Mindstrong's biomarkers. **Recommendation:** Support clinical champions to assist in the delivery of the Tech Suite products. This includes recognizing those who have interest and skills in this area. Such individuals, however, also need support (e.g., time, training, a formal title/designation) to be able to make

	use of their interests and skills.
Process	**Facilitators:** Individuals reported that the app vendors appeared willing to make changes (albeit those changes may not always align with the desired changes from the settings). Providers described that the initial trainings by the app vendors and when app vendor staff were in the clinic were helpful to initially understand the apps and onboard clients. **Barriers/Obstacles**: Although initial training and support was helpful, when app vendors left the settings, people reported that continued or new use of the apps slowed down or halted. Some providers attributed some of these challenges to a perceived lack of fit between the business models and operating practice of the vendors and the models and practices of mental health services. It was noted that for tools to be useful, they need to integrate with existing practices. **Recommendation:** More efforts could be taken to support development of local expertise through models such as train-the-trainer or developing local champions. Streamline processes for reporting between clinic learnings and app vendors but also useful to prioritize changes for app vendors such that the changes viewed as important are addressed.

1Palinkas, L. A., & Zatzick, D. (2018). Rapid Assessment Procedure Informed Clinical Ethnography (RAPICE) in Pragmatic Clinical Trials of Mental Health Services Implementation: Methods and Applied Case Study. *Administration and Policy in Mental Health and Mental Health Services Research*, 1-16.

[2] Damschroder, L. J., Aron, D. C., Keith, R. E., Kirsh, S. R., Alexander, J. A., & Lowery, J. C. (2009). Fostering implementation of health services research findings into practice: a consolidated framework for advancing implementation science. *Implementation science*, *4*(1), 50.

PEER EVALUATION
Margaret Schneider

OVERVIEW

The three current peers were administered surveys.

SUMMARY AND SYNTHESIS

None of the Peers surveyed (N = 3) had received a formal training to prepare them for onboarding clients to the tech suite, and there seemed to be a general desire for more additional training. Two of the peers were confident in the way the county was rolling out the Tech Suite, and they all were confident in their ability to use and understand 7Cups. The endorsement of 7Cups for being useful to clients was lukewarm, and there seemed to be a sense that 7Cups is useful for a subset of clients (those not in crisis and not severely mentally ill) and that there is room for improvement in the app.

REPORT DETAILS

None of the Peers surveyed had attended a formal training event to prepare them for assisting with the onboarding of clients/users to the Tech Suite.

- One Peer was trained on the job, and had one training with the 7Cups people which was not all that helpful.
- One Peer did not receive any training and wished that they had.
- One Peer had prior experience with 7Cups before joining the tech suite.

The Peer who expressed a desire for more training expressed less confidence, compared to the others, in the way that the county is implementing the Tech Suite ("not providing training or information") and in their own ability to help someone learn to use 7Cups ("If I am properly trained and given an instructional process").

The other two Peers were very confident in the way the county is implementing the Tech Suite ("We're taking it slow to make sure it's done right"; "I believe the apps would be beneficial to our clients") and in their own ability to help someone learn to use 7Cups ("I am experienced with all the little and big things 7Cups has to offer"; "Prior personal experience with 7Cups").

All of the Peers expressed confidence in their ability to use and understand 7Cups.

One of the Peers was a Listener and all were Members with 7Cups.

There was a lack of consensus on how useful 7Cups is for assisting Members who are seeking social support (1 "a little useful"; 1 "somewhat useful"; and 1 "very useful"), Peers and offered the following comments:

- "It's a helpful tool for those who need it".
- "7Cups provides a person, one on one, which is important for non-crisis members".

- "If they use it correctly".

Peers thought that the 7Cups app is "somewhat useful" for assisting Members who are seeking mental health services, and offered the following comments:

- "It's a good start for the community but the website needs to be restructured to see resources easier".
- "I believe the purpose of 7Cups is for support, I have not used it for resources/services except refer to crisis hotline".
- "Depending on the scenario and severity of mental illness".

USER EVALUATION
Elizabeth Eikey and Gloria Mark (Co-Leads)

OVERVIEW

As part of this trip, group interviews and surveys developed by the User Evaluation Core Team were deployed to assess the user experience of 7 Cups and Mindstrong. Interviews and surveys were conducted with four users total, two assessing the experience of 7 Cups client users and two assessing the experience of Mindstrong client users. Due to the small sample size (n=4), these results are preliminary and thus full conclusions from the data cannot be drawn. We report findings that may be of interest at this stage of data collection, particularly those related to the users' perceptions of the apps, their usability, and the learning objectives (outcomes) identified by the counties. Because of the small sample size, we report only limited quantitative results from the surveys; we focus this report on these quantitative descriptive findings from the surveys and the qualitative assessment from the interviews.

SUMMARY AND SYNTHESIS

7 Cups users felt that 7 Cups is useful in their recovery process, that it helped them become aware of mental health symptoms sooner, and that it reduced stigma. However, these users did not currently use 7 Cups due to a lack of accessibility / assistive technology features, their perception that they are too busy to use the app, concerns with not understanding what features are free and what require payment, and concerns about Listeners not being true peers and being able to relate to users' experiences.

Mindstrong users liked Mindstrong but did not feel that Mindstrong has reduced their need to seek in-person professional mental health services or treatment. Two main reasons why users liked Mindstrong were the personalized feedback it provided and the perception that it provided care on demand. Understanding their own data from the app was challenging and users expressed that they do not know how to interpret the data (especially the baseline) and do not know what to do with the information. Users desired more personalized interaction with clinicians on Mindstrong, stating that clinician responses sounded too scripted.

REPORT DETAILS

DOMAINS	SUMMARY OF RESULTS: SURVEYS
USABILITY	Usability was assessed using the System Usability Scale (SUS), where scores are provided out of 100. Higher scores indicate better usability than lower scores. As a benchmark, a 2015 *International Journal of Human-Computer Interaction* publication[1] of four experiments with 3,575

[1] Kortum, P., & Sorber, M. (2015). Measuring the Usability of Mobile Applications for Phones and Tablets International Journal of Human-Computer Interaction Measuring the Usability of Mobile Applications for Phones and Tablets. *International Journal of Human-Computer Interaction*, *31*(2015), 518–529. https://doi.org/10.1080/10447318.2015.1064658

	participants on the usability of the top 10 apps on both phones and tablets with two operating systems, iOS and Android, found the average usability score for these apps was 77.7, with an approximate 20-point spread (67.7–87.4) between the highest and lowest rated apps (Kortum & Sorber, 2015). • *7 Cups' usability score: 67.5* • *Mindstrong's usability score: 73.8* The average usability scores of 7 Cups and Mindstrong rank lower than the previously mentioned top 10 apps; however, it is important to note that the usability scores vary from participant to participant across both apps, as shown in Table 1. **Table 1. Usability Scores** **#** | **App** | **SUS Score (Out of 100)** 1 | 7 Cups | 80 2 | 7 Cups | 55 3 | Mindstrong | 92.5 4 | Mindstrong | 55
EFFECTIVE-NESS	Perceptions of effectiveness were assessed using the following items on a scale from 1-Strongly Disagree to 5-Strongly Agree (1-Strong disagree, 2-Somewhat disagree, 3-Neither agree nor disagree, 4-Somewhat agree, 5-Strongly agree). Notably, both 7 Cups users strongly agreed that 7 Cups is useful in their recovery process, and both Mindstrong users strongly disagreed that Mindstrong has reduced their need to seek in-person professional mental health services or treatment. • *7 Cups' effectiveness: Mean = 3.75* • *Mindstrong's effectiveness: Mean = 2.5* **Table 2. Perception of Effectiveness Ratings** **#** | **App** | *App is effective treating my mental health issues.* | *App is useful in my recovery process.* | *Using app improves my life.* | *App has reduced my need to seek in-person professional mental health services or treatment.* 1 | 7 Cups | 3 | 5 | 3 | 3 2 | 7 Cups | 3 | 5 | 5 | 3 3 | Mindstrong | 1 | 4 | 4 | 1 4 | Mindstrong | 3 | 3 | 3 | 1

DETECT AND ACKNOW-LEDGE MENTAL HEALTH SYMPTOMS SOONER (LO1)

Perceptions of the apps' ability to detect and acknowledge mental health symptoms sooner were assessed using the following item on a scale from 1-Strongly Disagree to 5-Strongly Agree. Interestingly, both 7 Cups users strongly agreed that 7 Cups helped them become aware of mental health symptoms sooner.

- *7 Cups' ability to detect and acknowledge mental health symptoms sooner: Mean = 5*
- *Mindstrong's ability to detect and acknowledge mental health symptoms sooner: Mean = 2.5*

Table 3. Perception of Apps' Ability to Detect and Acknowledge Mental Health Symptoms

#	App	*Using app helped me become aware of mental health symptoms sooner than I would have if I didn't use the app.*
1	7 Cups	5
2	7 Cups	5
3	Mindstrong	4
4	Mindstrong	1

REDUCE STIGMA (LO2)

Perceptions of the apps' ability to reduce stigma were assessed using the following items on a scale from 1-Strongly Disagree to 5-Strongly Agree. Notably, both 7 Cups users strongly agreed that 7 Cups makes it feel like mental health issues are a natural part of life and makes them feel better about having mental health issues. This was in comparison to Mindstrong users who rated these items neutral.

- *7 Cups' ability to detect and acknowledge mental health symptoms sooner: Mean = 5*
- *Mindstrong's ability to detect and acknowledge mental health symptoms sooner: Mean = 2.5*

Table 4. Perception of Apps' Ability to Reduce Stigma

#	App	*App makes it feel like mental health issues are a natural part of life.*	*Using app makes me feel better about having mental health issues.*
1	7 Cups	5	5
2	7 Cups	5	5
3	Mindstrong	3	3
4	Mindstrong	1	3

INCREASE ACCESS TO

Perceptions of the apps' ability to provide access to support and care were assessed using the following items on a scale from 1-Strongly Disagree to

SUPPORT AND CARE (LO3)

5-Strongly Agree. Interestingly, both 7 Cups and Mindstrong users at least somewhat agreed that using the app helped them get access to support sooner, and both 7 Cups users reported at least somewhat agreeing that 7 Cups makes them more aware of mental health services available to them.

- *7 Cups' ability to provide access to support and care: Mean = 3.7*
- *Mindstrong's ability to provide access to support and care: Mean = 2.8*

Table 5. Perception of Apps' Ability to Provide Access to Support and Care

#	App	*Using app has helped me get access to support sooner than I would have if I did not use it.*	*App has provided me with access to mental health services.*	*App has made me more aware of mental health services available to me.*	*Because I used app, I am more likely to reach out for help.*	*Because I used app, I have talked with my doctor about my mental health concerns.*
1	7 Cups	5	5	5	5	1
2	7 Cups	4	1	4	3	4
3	Mindstrong	4	1	3	4	3
4	Mindstrong	4	4	1	2	2

INCREASE BELONGING AND SOCIAL CONNECTED-NESS (LO4)

Perceptions of the apps' ability to increase belonging and social connectedness were assessed using the following items on a scale from 1-Strongly Disagree to 5-Strongly Agree. Notably, both 7 Cups users at least somewhat agree that using 7 Cups makes them feel like they are part of a community.

- *7 Cups' ability to increase belonging and social connectedness: Mean = 3.75*
- *Mindstrong's ability to increase belonging and social connectedness: Mean = 2.88*

Table 6. Perception of Apps' Ability to Increase Belonging and Social Connectedness

#	App	*App makes me*	*Using app has*	*I feel a sense of*	*Using app makes me*

		feel connected to other people.	*increased my interactions with people.*	*belonging from using app.*	*feel like I'm part of a community.*
1	7 Cups	3	3	3	5
2	7 Cups	4	4	4	4
3	Mindstrong	4	3	4	4
4	Mindstrong	3	1	1	3

DOMAINS	INTERVIEWS
7 CUPS	Because of the small number of users, interviews were done in an impromptu, focus group-style manner. Both participants had not used 7 Cups in some time, but they were part of the original stakeholder group when app vendors were being pitched. To protect the participants identify, they will be identified as (s)he, they, or user where appropriate. **Overall Impressions: Motivation for Use and Aspects Users Liked** These users' awareness of 7 Cups was through the Tech Suite project. Participants were impressed by the 7 Cups presentation (more than a year ago). One user noted that (s)he felt the app was promising, and wanted them to be the app "winners" that would be chosen to be part of the Tech Suite. The online questionnaire was perceived as worthwhile, supplying feedback and answers. **Lack of Use** However, both 7 Cups participants currently did not use 7 Cups. The following are their reasons for not using it: • Lack of accessibility / assistive technology features • Their perception that they are too busy to use the app • Concerns with what is free and what requires payment • Concerns about Listeners being able to relate to users' experiences (S)he said (s)he had a good reason for 7 Cups to be winner: they had a website and an app and had assistive technology as part of the website. However, this user had multiple reasons why (s)he did not use 7 Cups. This user used the Listener function on the website about one month after the LA presentation; 7 Cups was beta testing at this point, but there were concerns with the Listeners. There appears to be a lack of trust in Listeners. The user felt the Listener wasn't sure how to help; the participant said (s)he knew (s)he threw the Listener a "curve ball", and while (s)he felt they did a pretty good job overall, they are not trained to

really know how to help with the types of issues (s)he had. (S)he also expressed that (s)he knew the Listener was going to have a hard time in helping the issue.

There were other reasons associated with the app itself for lack of use. Accessibility was important to this user. While this user did download the app, (s)he had not used the app; rather, used the website due to accessibility. This participant uses the phone mostly for games, and does not generally use his/her phone for other types of apps. However, (s)he did express wanting to use the 7 Cups app. Also, (s)he felt the layers made the user think it would be too time consuming. It bothered the user that the AI bot does not work on iPhone or iPad. (S)he said if they could fix that then it'd be perfect. They need to make sure the mic on the phone works with 7 Cups; this inhibits proper use. Last, (s)he wants assistive technology to aid in reading and writing with 7 Cups.

When asked why they don't use 7Cups, one user claimed (s)he's too busy but said this may be related to their approach/avoidance to things more broadly. The user commented that in his/her experience a lot of people cannot read and may not understand online treatment.

Changes Desired

Both users were concerned with the treatment question on the app. The treatment question on the app implies that one must pay for it. Another user said it may make users not trust the app. Mental health is already stigmatized, so any question related to treatment can be problematic. A suggestion was to simply state in the app: if you need paid treatment, then click here; if you need Listeners, click here.

The users want the Listeners to relate to them as peers. The Listeners are from all over, but one user stated that they do not want to speak with a Listener who is half his/her age or from another country.

There was confusion about what requires payment in the app. One user said there is supposed to be no paid option in Kern county for 7 Cups, but it still comes up. Another user expressed that the Listener portion should be reworded; otherwise, 7 Cups is implying that Listeners are actually a paid therapist.

Concerns and Suggestions

Participants discussed a number of concerns with 7 Cups and offered insights into possible changes to improve their experience:

- They were unsure what is free and what requires payment. Their perception was that current wording about treatment implies that

	these are paid services ○ *Suggestion:* There should be a clear differentiation between paid counseling and a Listener • They felt some stigma related to asking about treatment ○ *Suggestion:* Consider changing the terminology used about treatment • They had concerns about Listeners being able to relate to users' experiences ○ *Suggestion:* There should be a good method to create good matches between users and Listeners
MINDSTRONG	**Motivation for Use and Aspects Users Liked** Participants were interested in and saw value in using Mindstrong because of its promise to help detect a crisis before it happens. They thought the app could help with mental health and envisioned that it could help especially by detecting and intervening *before* a crisis. Overall, participants seemed to like Mindstrong and enjoyed using it. Two main reasons why they liked it were that personalized feedback it provided and the perception that it provided them with care on demand. **General Usefulness** One user was motivated to use the app because they were interested in anything that would be useful to help with mental health, particularly where one could reach out before a crisis. One user switched phones and forgot the password, so s(he) hasn't been actively using Mindstrong anymore. One user felt Mindstrong would have been valuable to use when hospitalized in the recent past, but it didn't pick up on this particular crisis. **Challenges in Understanding the Data** Participants expressed in general a lack of understanding about their data and do not know what to do with the information. Interpretation of data is a problem. Users expressed that it would be helpful to collect contextual information, such as new medications that could cause changes to the baseline. One user said Mindstrong provides valuable feedback in the form of "blips" in baseline. However, one participant said they cannot use the data because it's "all over the place". When one user started taking a medication, the baseline leveled. This user understood the meaning of the baseline only because they wrote down when they started medication and then compared that to app data. Users expressed that an interaction with a clinician could aid them in understanding the data.

	The therapists utilized the baseline data. One user commented that the therapist told them that the user was better on weekends. When asked why, the therapist replied that they knew by looking at the baseline. Another user did like that they reached out and contacted the user right away. Other times, (s)he wished it would have picked up on changes, but the app didn't (earlier in the use of the app). There is no indication of calls or texts on the app and no information about calls or texts shown on the visualization of baseline. One user was not sure what information the phone is collecting even though it was explained by a person and on the app itself. This user believes the descriptions of the biomarkers are good, stating "it's pretty basic". Users felt that providing some comparison to a population baseline would be useful, perhaps with people with the same diagnosis. The dashboard is used. One user described seeing changes to the baseline and looking at the previous day to see what the day was like. However, the user had no idea why the baseline fluctuates and noted that weekends are different. When the user sees the data, this does not cause them to change their future behavior but rather wonder about past behavior. For example, when [removed information to protect user identity], the app picked up on that. The user could identify what caused the change in baseline on the app. **Clinician / Therapist Interaction** Users expressed some dissatisfaction with the clinician/therapist aspects of the app. Users felt that their clinicians provide direct support, whereas the Mindstrong app only tracks cognitive and emotional functioning. Thus, the app acts as an "adjunct" to what the clinician offers. During one interaction, one user felt it was helpful to have a "steady" voice (via the clinician/therapist interaction) even if it was through text; this particular interaction seemed more genuine. **Some specific incidents reported are as follows:** One user started trying to use texting; this user has been in counseling before and knows what (s)he is supposed to do during many scenarios, and thus the app therapist tells the user what the user already knows what to do. For example, during a panic attack, the user was told one should practice normal breathing. However, the user wants the app to

text *before* a crisis point, as texts after a crisis point aren't really useful.

Another comment was that text responses appear like the person is reading from a book. It sounds too scripted and not personal enough.

One time the app did not pick up on a crisis. This user was then hospitalized and didn't know how to reach out. The user knew (s)he was in crisis, but the app didn't. (S)he reached out to their clinician.

Privacy

The users differed on their concerns about privacy. One user said they have no privacy concerns and leave the keyboard on. Another user said there were some privacy concerns, but the user makes sure to turn off global mode when using particular apps, like when banking, shopping, etc. The user says it's probably not picking up on this activity because the keyboard is turned off.

Managing Care

One user discussed the process that occurs when users go out of the normal range. Someone calls or texts when one goes out of range, but there is no indicator of calls or texts on the app.

Users would like for the app to track them before they get to a crisis and not just when one is experiencing the crisis.

Concerns and Suggestions

Participants discussed a number of concerns with Mindstrong and offered insights into possible changes to improve their experience:

- They experienced challenges in creating an actionable item. Users don't know what to do with their data.
  - *Suggestion:* Allow users to capture context (e.g., notes, new medications)
  - *Suggestion:* Showcase Mindstrong calls/texts on visualization
- They had difficulty interpreting changes to a baseline.
  - *Suggestion:* Provide markers on visualization to show what is a big or small change
  - *Suggestion:* Information could be compared to other users
  - *Suggestion:* Someone could teach users how to interpret their data when they are signing up for the app
  - *Suggestion:* An online tutorial could help users learn how to interpret their data
- They felt that responses with clinicians are too generic and

	scripted. ○ *Suggestion:* Make interactions more genuine and personable • Problems should be detected *before* a crisis occurs.

NEXT STEPS

Robert Farmer – IT Interview

✓ BAA (Kern and UCI)

✓ HIPAA / Security and Privacy

✓ Substance Use – Need special release

EHR Integration

✓ Ask if user is using 7 cups and Mindstrong

Ty Hudgins (Planning Analyst) and Lesleigh Davis (Quality Assurance/ Improvement Manager) Interview

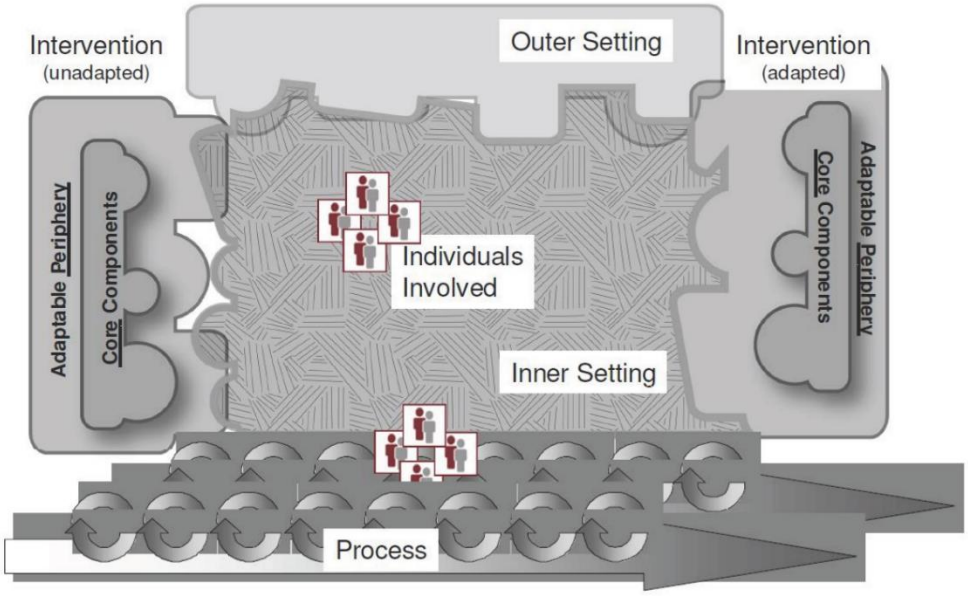
Follow up visit for implementation period assessment

✓ Return in 3-6 months (April-July) for an implementation period assessment, would involve similar activities (inteviews with providers, surveys, general observation and meetings with leadership).

Consider conducting needs assessment/survey

✓ Similar to what was done for Smart-911

APPENDIX: CONSOLIDATED FRAMEWORK FOR IMPLEMENTATION RESEARCH (CFIR)



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HELP@HAND Evaluation

LEARNING UPDATE:
KERN COUNTY POST-IMPLEMENTATION EVALUATION (11/15/2019)

AUTHORS: Stephen Schueller, UCI; Nicole Stadnick, UCSD; and Kera Swanson, UCI

REPORT DATE 2/5/2020

Members of the UCI Evaluation Team completed a virtual post-implementation evaluation with the Kern Behavioral Health and Recovery Services (KBHRS) in Bakersfield, CA on November 15, 2019, and distributed two follow-up surveys to the Help@Hand Lead on December 2, 2019. The purpose of the post-implementation evaluation site visit was to learn about the experience of the Help@Hand Lead with implementing the Help@Hand project in Kern County since the pre-implementation evaluation site visit on December 20, 2018 by the Implementation Core.

SITE VISIT ACTIVITIES

Time	UCI Team	Description
11/15/2019	Nicole/Kera	60 Minute Interview with Lamar Brandysky
12/02/2019	Kera	Post-Implementation Feedback Surveys sent to Lamar Brandysky

EXECUTIVE SUMMARY AND RECOMMENDATIONS:

Since the last evaluation site visit in December 2018, Kern County discontinued the use of 7Cups and Mindstrong, and shifted its focus towards their app guide: "The Peers' Guide to Behavioral Health Apps". The Peer workforce grew to accommodate this effort to develop and disseminate the app guide. Kern County is also assisting other counties to produce their own version of the app guide. Moving forward, Kern County will work on updating and disseminating the app guide to internal and external entities.

Based on our synthesis, we provide the following recommendations (see page 3 for more details about these recommendations):

- Collect information about the uptake, use, and feedback on the app guide. This can be both within-county and between-county. Standardizing the collection and review of this information can improve learnings.
- Develop "champions" of the app guide with future dissemination groups. Consider who should be invited to "Appy Hours" and whether different models might work best to support dissemination and feedback (e.g., train-the-trainer, hub-and-spoke, etc.)
- Track adaptations done to the app guide to accommodate the needs of different sites and organizations.
- Track feedback and experience from the "Appy Hours."

METHODS

This evaluation was conducted remotely to minimize the burden of data collection on the Kern Help@Hand Lead and included the following:

- **Help@Hand Lead Interview;** A semi-structured interview was conducted with the Help@Hand Lead. The interview aimed to learn what occurred in the County since the pre-implementation site visit done by the Implementation Core in December 2018.

- **Help@Hand Lead Surveys:** Two online surveys were administered online to the County Tech Lead. These surveys were used to characterize the quality of communication between Kern County stakeholders involved in the Help@Hand Project and the UCI Evaluationteam; and to assess recommendations made from the UCI team to Kern County in the previous Learning Update.

KEY FINDINGS AND RECOMMENDATIONS

Since the pre-implementation evaluation in Kern County in December 2018, the focus of the Help@Hand project has shifted from the initial apps, Mindstrong and 7Cups, to the development and dissemination of the Kern app guide. With this refocus towards the app guide, Kern has increased their Peer workforce to assist in the creation of the app guide.

Current State of Implementation:

- KBHRS leadership determined that 7Cups and Mindstrong were a poor fit for their county and discontinued use of these products.
- Kern County shifted their focus to develop and disseminate an app guide, which lists available apps which could be downloaded by a consumer.
    - Kern County is in the process of developing version 2 of their app guide, which revises content including potentially updating the recommended apps.
    - Version 2 is expected to launch in early 2020.
    - KBHRS plans to meet with other service groups like Kern County Probation Department and Juvenile Hall next year to further dissemination efforts of the app guide.
    - Clinicians were not trained on Version 1 of the app guide, but Kern County is planning to offer clinician education about Version 2 of the app guide.
- Kern plans to assist several Help@Hand Counties, including Modoc, Santa Barbara and Mono, to develop their own County specific app guide.

Workforce Changes:

- Several staffing changes occurred over the past year, including changes in leadership positions, redistribution of the original Help@Hand staff employees to different teams, and significant growth in the Peers workforce.
- The significant growth of the Peer workforce enabled Kern County to continue activities related to their app guide.
    - Activities included meeting weekly to discuss potential additions to the app guide, dissemination plans, and efforts to collaborate with other Counties to develop their own app guides.

Facilitators for the Help@Hand project in Kern County:

- Support for the app guide within the County, including Director of Kern Behavioral Health and Recovery Services and Peers, as well as across the Collaborative and CalMHSA.
- The Help@Hand project and app guides are enhancing the involvement of Peers and provides opportunities to contribute to learnings.
- Diverse modes of education and involving Peers and stakeholders including digital literacy education and "Appy Hours."

Evaluation results also reflect a positive working relationship between Kern County and UCI. Strong relationships between collaborating organizations can promote successful future evaluation and application of findings. Additionally, results indicate that 4 out of the 6 recommendations applicable to Kern County's current state of implementation were adopted since the previous Learning Update from the pre-implementation evaluation site visit.

Key Recommendations:

UCI provides the following **key recommendations:**

1. Because the first version of the app guide has been developed and disseminated, **it is recommended that KBHRS track the uptake, use, and overall feedback from clinicians and other users of the app guide**.
2. In addition to sharing the guide across counties, **KBHRS** might **consider sharing these methods across counties to standardize the collection and review of information**.
3. The success of the app guide is driven by the strong support by a "champion." Given the importance of champions for dissemination, KBHRS should **consider different models for developing champions**. This might be inviting potential champions to a broader "Appy Hour" or developing "App Hour" events for potential sites. Models of development might be a train-the-trainer model (an individual goes out to provide training for new champions) or a hub-and-spoke model (a central hub provides support for subsequent spokes).
4. Given that the app guide has already changed from a beta version to Version 1 to Version 2, **it would be useful to track these adaptations, the reason for making changes, and whether contextual adaptations could be identified to ease adjustment to various settings.**

5. Given the importance of the "Appy Hours" to inform and disseminate the app guide, it is recommended to **track feedback from and experiences with the "Appy Hours."**
    - Diverse modes of education and involving Peers and stakeholders including digital literacy education and "Appy Hours."

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Curating the digital mental health landscape with a guide to behavioral health apps: A county-driven resource



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BACKGROUND

- Although app marketplaces contain many mental health apps, **little curation occurs**, impeding adoption and posing potential harm to consumers.
- An emerging solution to these challenges is the advent of curated lists of apps, or '**app guides**', which provide recommendations for a limited number of apps.
- **App guides come with challenges of their own**, including lack of consumer and clinician awareness of guides, unknown quality, limited relevance, and lack of direct consumer input.
- Collaborative development of app guides with relevant stakeholders can produce guidance **tailored to the needs of specific communities**.

METHODS

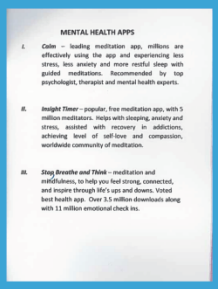
- We summarize a collaborative project focused on the creation of a community app guide led by Kern County Behavioral Health & Recovery Services in order to:
  1) Illustrate an example of the iterative process and resulting product of app guide development in a publicly-funded context
  2) Outline opportunities and barriers that emerged.
- This app guide was developed by Kern County Behavioral Health and Recovery Services as part of Help@Hand, a multi-county collaborative in California funded by the Mental Health Services Act (Prop 63) and administered on behalf of the counties by the California Mental Health Services Authority (CalMHSA) to implement digital mental health solutions to improve the reach and impact of mental health services.

We provide an illustration of how a publicly funded mental health service organization collaboratively created a mental health 'App Guide' that was tailored to local community needs and disseminated across a statewide collaborative.

Kern App Guide Development Timeline	
Spring 2018	Project planning initiated
Summer 2018	Initial App List assembled
November 2018	First App Guide outline drafted
December 2018	Pilot App Guide drafted for distribution & review
April 2019	1st Edition App Guide published
December 2019	2nd Edition App Guide published

HIGHLIGHTS

- At least 6,500 copies of the Kern App Guide were printed and distributed within Kern County (in both English and Spanish) not including web traffic
- The App Guide was also distributed to all 14 California counties participating in the Help@Hand Innovation Project
- The App Guide was tailored to local needs through direct feedback and involvement from community stakeholders



MENTAL HEALTH APPS

i. **Calm** – leading meditation app, millions are effectively using the app and experiencing less stress, less anxiety and more restful sleep with guided meditations. Recommended by top psychologist, therapist and mental health experts.

ii. **Insight Timer** – popular, free meditation app, with 5 million meditators. Helps with sleeping, anxiety and stress, assisted with recovery in addictions, achieving level of self-love and compassion, worldwide community of meditation.

iii. **Stop, Breathe and Think** – meditation and mindfulness, to help you feel strong, connected, and inspire through life's ups and downs. Voted best health app. Over 3.5 million downloads along with 11 million emotional check ins.

Example from Early Draft

Take a picture to download the **Kern App Guide** (Available in both English and Spanish)



Example from Final Version

RESULTS

- Development of the Peer's Guide to Behavioral Health Apps (Kern App Guide) occurred **over ~ 1 year** guided by a Committee of up to 12 community members (Peers) working or volunteering for Kern Behavioral Health & Recovery Services (Kern BHRS)
- Committee first generated a list of 15 apps based on prior familiarity
- Each app was reviewed by at least 3 different
  - *Free*
  - *Available for both Android and iPhone*
  - *Available in Spanish*
  - *Offers accessibility features for those with low vision, hearing impairments, or other disabilities*
  - *Offers privacy and data protection*
  - *Simple and easy to use – not "class-like"*
  - *Requires no homework or lectures*
- Reviews were discussed in **weekly 1 hour meetings and final selections were made by Committee vote**
- While developing the 1st Ed., Kern BHRS solicited feedback from the academic evaluation partners from Help@Hand
- The Committee incorporated feedback into the app selection and evaluation process, adding to and editing the original list, to produce the 1st Ed. App Guide of 30 apps, published in April, 2019
- Incorporating feedback from community stakeholders, 2nd Ed. was released December, 2019

DISCUSSION

A number of opportunities and barriers were identified that may be useful to other organizations seeking to develop their own app guides

- **Opportunities** especially those of community stakeholders, was one of the key opportunities identified as this allowed for the guide to be revised and tailored to genuine local needs
- **Barriers** Recruiting and coordinating team members with a wide variety of experiences and areas of expertise and negotiating between

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Curating the Digital Mental Health Landscape with a Guide to Behavioral Health Apps: A County-Driven Resource

Currently in press at Psychiatric Services

Abstract

With over 10,000 mental health apps available, consumers and clinicians who wish to adopt such tools can be overwhelmed by the multitude of options and lack of clear evaluative standards. Despite the increasing prevalence of curated lists of apps, or 'app guides', challenges remain. Organizations providing mental health services to consumers have an opportunity to address these challenges by producing guides that meet relevant standards of quality and are tailored to local needs. This column summarizes an example of the collaborative process of app guide development in a publicly funded mental health service context and highlights its opportunities and barriers.

Highlights:

- Although app marketplaces contain many mental health apps, little curation occurs, impeding adoption and posing potential harm to consumers.
- Curated lists of mental health apps, or 'app guides' that meet relevant standards of quality can and should be tailored to the needs of various communities.
- We summarize a collaborative project focused on the creation of such a guide in order to: illustrate an example of the iterative process and resulting product of app guide development in a publicly funded context, and outline opportunities and barriers that emerged.

Funding acknowledgement:

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Introduction

Over 10,000 mobile mental health applications ("apps") are currently available to the public (1). Sifting through this multitude of apps often leaves consumers and clinicians overwhelmed, unsatisfied, and in many cases without a useful or effective resource (2). Though a number of frameworks exist to guide people through a process of app evaluation (e.g., (3)), these frameworks leave consumers and clinicians without specific app recommendations. An emerging solution to these challenges is the advent of curated lists of apps, or 'app guides', which provide recommendations for a limited number of apps, usually with a specific target, like depression (4). These range from relatively basic "top ten" lists to expertly researched guides evaluating aspects such as evidence of their effectiveness, user experience, adequacy of data security, and privacy (5) that have been curated for specific audiences, such as veterans or employers (6).

Despite the proliferation of these guides, challenges remain. Many challenges mirror those posed by the apps themselves, including consumer and clinician awareness, unknown quality, limited relevance, and lack of direct consumer input. Mental health service organizations have an opportunity to address these challenges through a collaborative process of app guide development (4). By involving community stakeholders, content-matter experts, clinicians, and end users in this process, organizations can produce app guides that meet explicitly stated standards of quality and are tailored to local needs. Here, we present an example from a California county mental health program to illustrate the iterative process and resulting product of app guide development, and outline opportunities and barriers that emerged.

The Help@Hand Project

This column presents an output from a publicly funded innovation project in California: Help@Hand. In 2005, California enacted Proposition 63, the "Mental Health Services Act" (AB

488), which authorized earmarked taxes for behavioral health services (7). Each county allocates the revenue generated by this tax to a combination of several specified areas, including "innovation" projects. Innovation projects develop or test "new, unproven mental health models" with the goal of increasing the quality of mental health services and access to those services by underserved groups (8). Help@Hand is a multi-year innovation project representing a collaboration between 14 California city and county behavioral health departments to explore the use of technology to improve the reach and impact of mental health services. A formative evaluation of this project is being conducted by a team with expertise in program evaluation, health services research, mental health app evaluation, and human-computer interaction.

The Peers' Guide to Behavioral Health Apps

As part of the Help@Hand project, Kern Behavioral Health & Recovery Services (KernBHRS) created a curated list of apps, "The Peers' Guide to Behavioral Health Apps" (Kern App Guide) to inform consumers about various apps that could help support people's mental health. A Spanish version, "La Guía de Compañeros para Aplicaciones sobre la Salud Conductual", was also produced to reach the large proportion of Spanish-speakers in their community.

The development of the Kern App Guide was an iterative process that is well-suited to analysis using the Replicating Effective Programs (REP) implementation framework (9), which has been widely used to prepare and package community-based programs for dissemination (4). The REP framework stages consist of 1) Pre-Conditions: identifying local needs and implementation barriers, 2) Pre-Implementation: gathering stakeholder feedback and testing the intervention, 3) Implementation: intervention training, delivery, evaluation, and refinement, and

4) Maintenance and Evolution: establishing organizational changes to sustain practices. The Kern App Guide development process will be described according to the four REP stages below.

Pre-Conditions

In the context of the Kern App Guide development, the pre-conditions stage included several activities, including identification of a need for a new app guide, recruitment of a committee representing the various stakeholders impacted by the project, and drafting of an initial list of apps for consideration. The idea for an app guide was first suggested by the Director of KernBHRS in the spring of 2018 as an opportunity to create a practical product in collaboration with Help@Hand. The app guide development was initiated in summer 2018 by a KernBHRS project manager who assembled a committee of stakeholders. The App Guide Committee included 12 Peers who were community members with lived experience of mental health (or co-occurring) issues, accompanied by the experience of recovery and training to use these experiences, working in a volunteer or employed capacity in the Recovery Services Division of KernBHRS. By November 2018, this Committee had produced an initial outline of the app guide consisting of 15 apps selected based on familiarity and personal experience as a starting point for the formal evaluation process.

Pre-Implementation

The pre-implementation stage involved the assembly of the Committee to determine the evaluation criteria for the refinement of the list, as well as the evaluation and selection process itself. Beginning in November 2018, Committee members initiated a formal review process. Several factors were selected for evaluation and selection based on needs of their community, including: no-cost, availability in Spanish, accessibility on both iPhone and Android platforms, privacy and data protection, simplicity, and ease of use. The rubric used for app evaluation is

included in Appendix A. Using these criteria, Committee members searched for new apps to add to the original list of 15 apps for formal review. Several dozen apps were identified, each of which was subsequently reviewed independently by at least 3 Committee members. These reviews were discussed by the Committee in weekly 1-hour meetings and final inclusion was decided by majority vote. By the end of December 2018, a pilot app guide was published for internal review and distribution. The Committee also solicited feedback on the pilot guide and candidate apps from the evaluation partners, who provided recommendations regarding app evaluation and selection criteria, as well as design and dissemination considerations, which were incorporated before the release of the guide.

Implementation

With the help of the marketing staff, the first edition of the Kern App Guide was published in April 2019 (all versions available at https://www.kernbhrs.org/appguide). The 12-page first edition guide contained 30 apps organized into six categories: behavioral health and wellness, the mind, the body, recovery, veterans, and sleep. Short descriptions including the app's purpose and an overview of its contents were provided for each recommended app, as well as an indication of which apps were available in Spanish. The guide was disseminated both digitally on the KernBHRS website and via physical handouts circulated within Kern BHRS, from leadership to service delivery teams. At least 6,500 copies have been printed and distributed within Kern County in both English and Spanish. Outside of KernBHRS, the guide was shared with other county mental health service organizations, including the CalMHSA conference of Help@Hand participants, and the California Behavioral Health Directors Association.

Maintenance and Evolution

After the publication of the first edition, the Committee continued meeting weekly to incorporate stakeholder feedback and select and review new apps. These meetings typically included five to nine members and included brainstorming, discussion, and voting to add or remove apps from the guide. The evaluation partner also provided detailed recommendations regarding app evaluation and selection criteria. One example of a change made in regards to stakeholder feedback was to avoid apps that felt "class like" with extensive homework, reading, or lectures. A second edition was released in December, 2019. To support the sustainable implementation of behavioral health apps into the existing system of care, KernBHRS created a plan to revise the guide semi-annually and devoted considerable marketing efforts into distributing the guide, including promoting the guide via local media channels as an available resource during the outbreak of the COVID-19 pandemic.

Preliminary Outcomes and Learnings

The Kern App Guide development process provides an example of the time, effort, and collaboration required to create a tailored app guide that meets the specific needs of local community members. A team of approximately a dozen people at KernBHRS developed the guide over a period of approximately one year, with each member dedicating on average several hours per week to the project. The skills and resources required to produce the Kern App Guide included knowledge of digital mental health products, knowledge of community needs, and knowledge of services, in addition to design and dissemination skills, and involved community stakeholders, subject-matter experts from Help@Hand, members of the marketing team, and many other Kern BHRS Peers and staff. The guide has been widely disseminated in Kern County both physically and digitally, and versions of the guide were adapted for five other counties: Inyo, Mono, Modoc, San Bernardino, and Santa Barbara.

Discussion

Opportunities and Barriers

The integration of behavioral health apps into the services provided by KernBHRS has provided lessons in both the opportunities of incorporating multiple perspectives into innovation projects and barriers to implementing such collaboration. Including multiple perspectives, especially those of community stakeholders, was one of the key opportunities identified. The use of technology to provide mental health services often circumvents traditional delivery pathways. This may be useful for patient outreach, creating direct-to-consumer supportive care, but it can pose challenges to identifying those helped by such products, making it difficult to incorporate their feedback. This lack of feedback can be especially problematic given that low community involvement is a key weakness of many existing app guides (3). In this case, the potential disconnect that can accompany technological solutions was addressed by adopting a stakeholder-driven process of evaluation that allowed for the refinement and tailoring of recommendations (e.g., through the guide) to improve their relevancy to the actual needs and expectations of the community they were meant to serve. Specifically, the involvement of community stakeholders allowed for the prioritization of features relevant to Kern County community members, such as the availability of apps in Spanish (and the production of a Spanish version of the app guide).

Nevertheless, this multi-step process is not simple and illustrates some barriers to doing this work. Recruiting and organizing team members with the wide variety of experiences and different areas of expertise can be challenging. Once assembled, negotiating between the perspectives, preferences, and needs of different stakeholders requires care and patience. It can be difficult to arrive at a consensus regarding the many decisions required of the process and some tradeoffs may be necessary. For instance, some evaluation criteria were not weighted as

heavily, such as evidence-base for app effectiveness, because much of the "evidence" created for these products was not co-created with relevant communities and therefore might not be relevant (10).

Some ways to address these barriers would be the use of structured and iterative processes such as plan-do-study-act frameworks or to create toolkits that identify core processes and roles and might facilitate adaptation. With this in mind, the Kern App Guide was presented to the community as just one version of the guide that could and would be updated. The challenge of conducting and updating app evaluations has been demonstrated elsewhere (11), and another solution might be increased transparency over the limitations present in any guide based on such evaluations.

Conclusion

Generating an app guide is a multifaceted process that requires diverse knowledge and resources. Here, we provide an example of how a publicly funded mental health service organization, in collaboration with different partners, created a tailored app guide to increase their community's awareness of mental health apps that could serve as relevant mental health resources. The Kern App Guide, as part of the Help@Hand project, provides a concrete example of the implementation process of health app evaluation on which other service settings can draw. Such guides are not one-size-fits-all solutions, but the process represents a template for how app guides can be created by considering the unique needs of a community and leveraging various areas of expertise. Many organizations are considering using apps to expand mental health service delivery systems. If they choose not to develop their own apps, they must learn how to select and recommend existing apps. App guides, like the one presented here, can be a useful

tool to support consumers and clinicians in navigating the complexities of the digital mental health landscape.

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APPENDIX VI: Innovation Project – Smart911 Final Report

Final Report KernBHRS Smart911 2018-2021

Project Overview

Kern County's Smart911 Special Needs Registry is an initiative designed to improve outcomes for people experiencing a mental health emergency when they or their families call 911. The initiative has several goals: 1) to increase access to services, particularly for underserved groups; 2) to increase the quality of services; and 3) to promote interagency collaboration throughout the county. Smart911 is a product created by the company Rave Mobile Safety.

Residents of Kern County can create a Smart911 profile for free and manage their online account with a username and password. Users voluntarily share details about mental health conditions, medications, medical needs, and mobility issues that they or their family members have. Dispatchers gain access to this information only during a 911 call and at no other time. Kern BHRS and RAVE provided Smart911 trainings to public safety dispatchers and patrol. This ensured that all public safety answering points (PSAPS) and first responders knew how to access Smart911 information during a call.

Smart911 began as an Innovations project funded by the Mental Health Services Act (MHSA) in California. Innovations projects are funded provisionally for up to five years as a way to test new and emerging projects that are believed to be beneficial for the public. Evaluations of Innovations projects are used to help inform the decision to adopt initiatives as a regular part of the county's budget at the end of this trial period and to share the knowledge gleaned through the project implementation with other jurisdictions. This evaluation report provides a full summary of the data collected during the evaluation of the program, from June 2018 to October 2021.

BEHAVIORAL HEALTH&RECOVERY SERVICES

EVALCORP Measuring What Matters

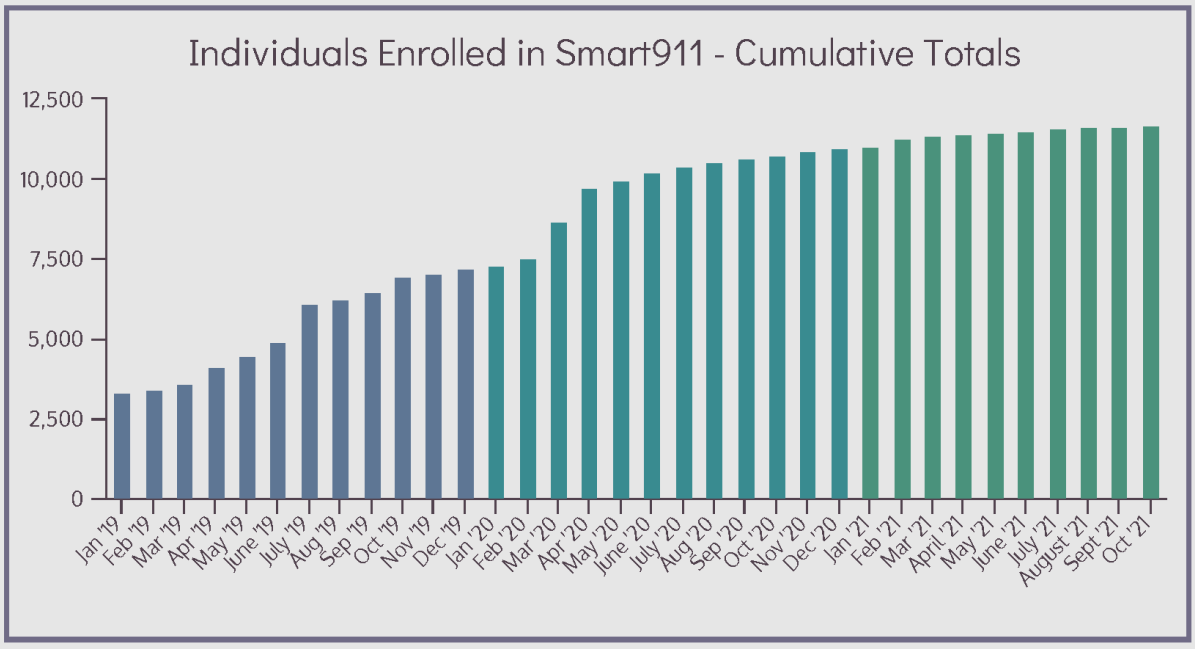
Enrollments

11,684

People have enrolled in Smart911 in Kern County since the beginning of the project.

Enrollment in the Smart911 service was substantial for a Kern County program. The program continued to grow every month, although enrollment slowed considerably in 2020.

Detailed analysis of monthly data reveals that promotional events for Smart911 are often followed by increases in signups. A second driver of signups may be natural disasters such as wildfires.



2

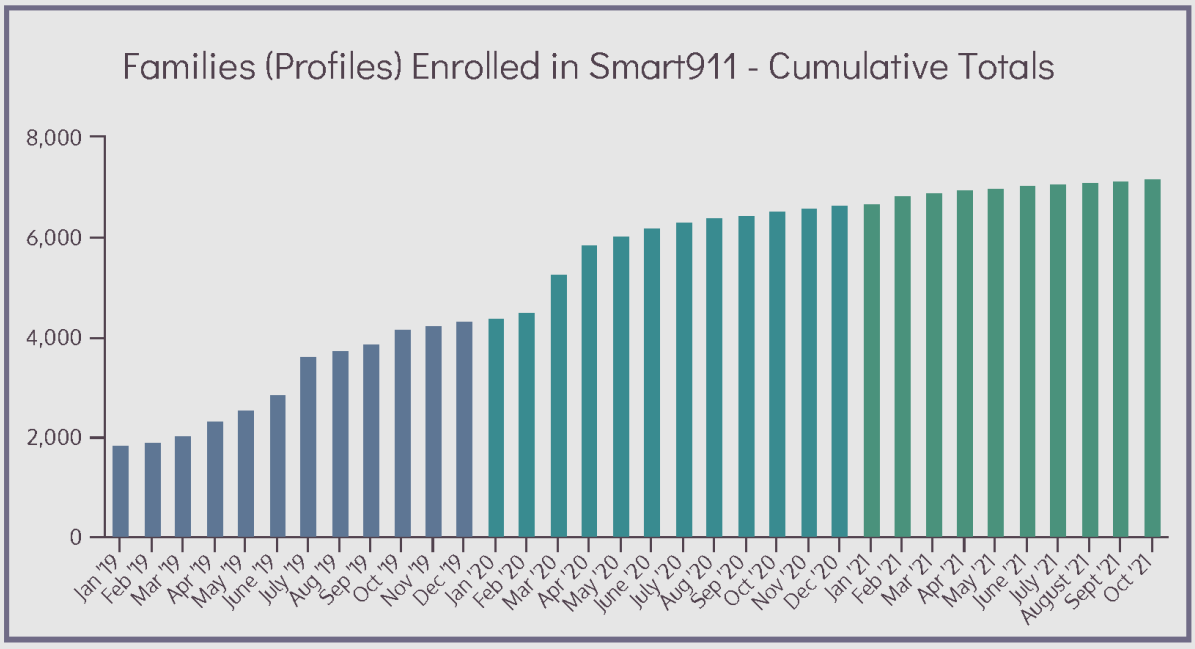
Family Enrollments

A key feature of the application is that family members are able to enroll under a single Smart911 profile, combining information from multiple members of the same household under a single telephone number. This makes it easy for one member of the family to register the needs of other members.

Family enrollment trends follow the same pattern as individual enrollment, with the largest gains in enrollment at the beginning of the project and slower increases in subsequent months. The average Kern profile contains information about 2 individuals.

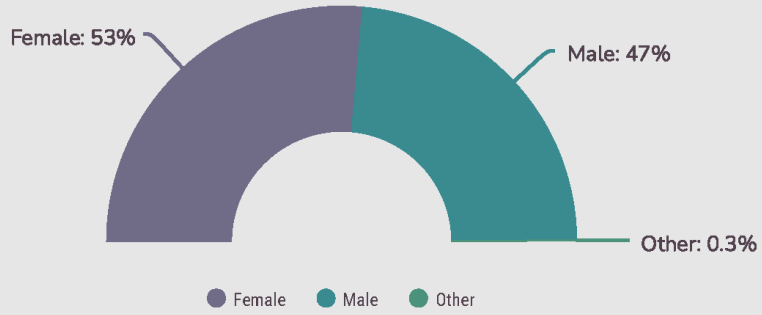
7,160

Families have enrolled in Smart911 in Kern County since the beginning of the project.

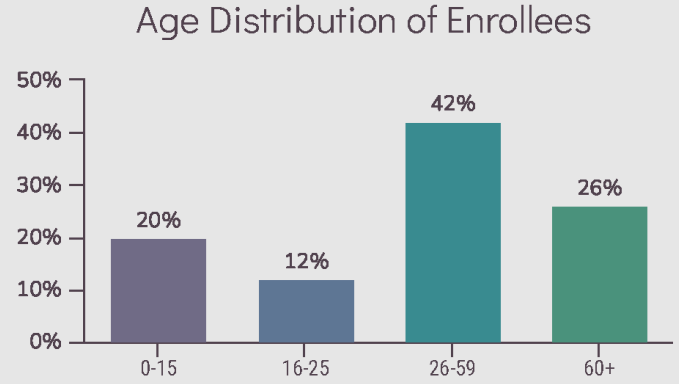


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Demographics



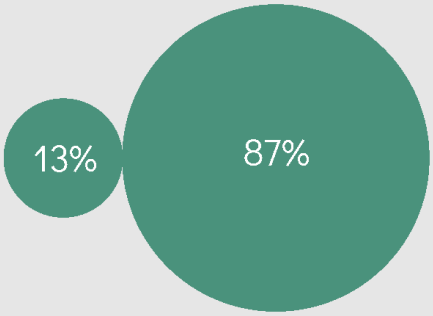
Women are more likely than men to have Smart911 accounts in Kern County. The gender distribution in the Kern population is close to 51% male, 49% female (US Census, County Population by Characteristics: 2010-2019). This difference from the population is statistically significant ($p < .001$). This means that, all things being equal, women are more likely to enroll than are men. (While the "other" category rounds to 0%, it is shown here for completeness.)



People 25 and younger are less likely to have Smart911 accounts than their share of the population would suggest. (US Census, ACS, 2019). This difference from the population is statistically significant for both 0-15 and 16-25 age groups ($p < .001$). Meanwhile, people 60 and older, who account for 16% of the population, were much more likely to sign up than expected.

4

Behavioral Health

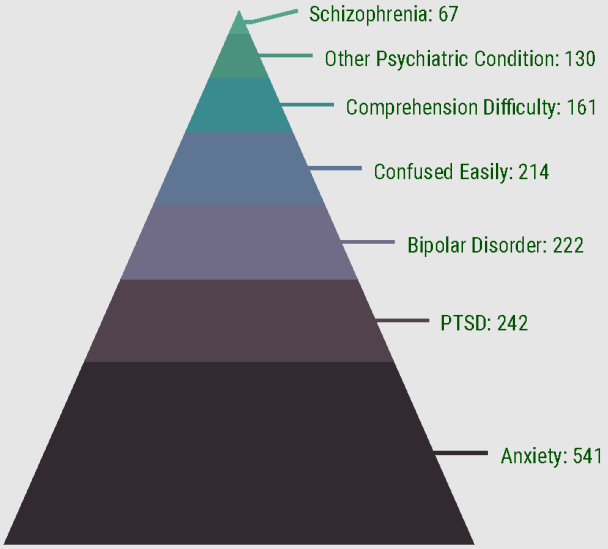


All Behavioral Health Concerns

One of the goals of the Smart911 project is to enroll individuals with a behavioral health concern. Of the 11,684 individuals enrolled n the program since the beginning of the project, 1,547 reported a behavioral health concern. That is, about **13%** of enrolled individuals list a behavioral concern on their profile. The prevalence of mental health needs, broadly defined, in California has been estimated at 16% (California Mental Health and Substance Use System Needs Assessment and Service Plan, 2013).

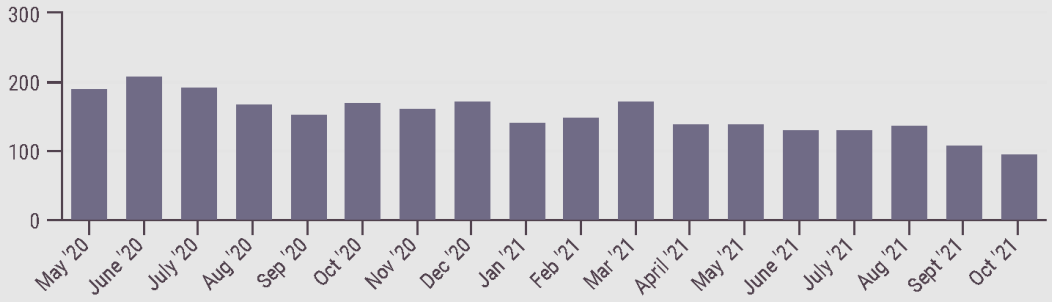
Priority Behavioral Health Concerns

Early in the evaluation, seven priority behavioral health issues were identified to be tracked in monthly enrollments. The pyramid to the right shows the raw numbers of individuals with each of these seven priority issues enrolled in Smart911. The proportion of new enrollees reporting these priority issues is historically between 4%-11% each month.

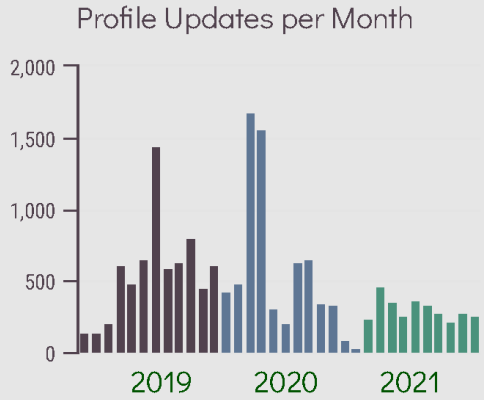


5

Use of Smart911



When Smart911 subscribers call 911 from their listed number, information appears to the dispatcher and first responders. When this happens, it is called a "profile pop." Profile pops are one indicator of how heavily the Smart911 service is being used. This chart displays the number of unique callers.



Smart911 users can update their profiles to reflect changes in their living situation or health. Profile updates are a proxy for engagement with the platform. On average about 500 Kern residents update their Smart911 each month.

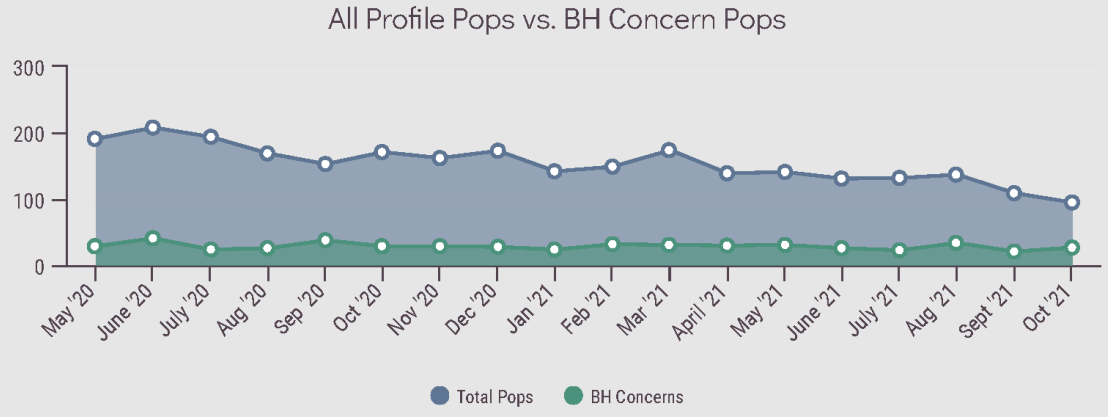
6

Users with Behavioral Health Concerns

Q How often is Smart911 used by people with behavioral health concerns?

A 19% of all subscriber calls in the last year were made by people who specified one or more priority behavioral concerns on their profile.

While people with behavioral health conditions made up 13% of users, they made 19% of calls to 911. Thus, people with behavioral health conditions were 43% more likely to call 911 than their share of users would suggest. In some months, users with behavioral health conditions made up more than 1:4 Smart911 calls.



7

Survey Findings

Staff Pulse Survey

Conducted in Fall 2018, the Staff Pulse Survey queried KernBHRS staff about perceptions of Smart911 and any training needs. The evaluation team found that KernBHRS staff (n=218) at 22 sites were familiar with Smart911 (88%). However, most staff had not enrolled anyone in the program (82%) and a large proportion (38%) felt they would benefit from additional training.

Client & Family Survey

Conducted in Fall 2018, the Client & Family Survey queried attendees at a mental health resource fair, around half of whom receive mental health services, about Smart911 enrollment. The evaluation team found that most (81%) of those surveyed (n=134) did not have a Smart911 profile. Of those who had a profile, 96% reported they would recommend Smart911 to others. To summarize, few people with mental health needs have a Smart911 profile, but those who do have a profile are satisfied.

Academy Awards Luncheon Attendee Survey

Conducted in May 2019, the Academy Awards Luncheon Attendee Survey polled behavioral health clients, family members and friends of clients, peers and family navigators, law enforcement officers and employees, behavioral health providers, and KernBHRS staff. In this audience segment (n=178), most respondents had heard of Smart911 (72%) and about half (57%) had learned about it from KernBHRS. Nearly all respondents (99%) who had heard of Smart911 said they would recommend it to others.

Staff & Provider Survey

Conducted during Summer 2019, the staff and providers survey again queried staff perceptions of Smart911 and training needs (see Staff Pulse Survey, above). In this sample (n=373), more respondents were familiar with Smart911 than the previous year (91%) and more reported having enrolled clients in Smart911 (25%). However, an even larger proportion than the previous year (51%) felt that they would benefit from additional training to assist clients with enrolling in Smart911. To summarize, as of mid-2019, relatively few staff had ever helped enroll clients in Smart911.

8

Survey Findings

CIT Officer Survey

Conducted in Summer 2019, the Crisis Intervention Team (CIT) Officer Survey queried the use of Smart911 among law enforcement officers from 10 service areas. Of the officers surveyed (n=112), only 6% had used Smart911 during an emergency response.

Peer Workshop Attendee Survey

Conducted in January 2020, the Peer Workshop Attendee survey queried perceptions of Smart911 among a sample of Kern BHRS peers. All (100%) of respondents (n=19) had heard of Smart911 and most (63%) learned about it from BHRS or another behavioral health provider. 95% reported they would be comfortable with law enforcement having access to their Smart911 profile.

MHSA Community Forum Survey

Conducted in February 2021, the Community Forum Survey queried participants in a public meeting largely attended by Kern BHRS staff on their perceptions of Smart911. The majority of attendees had not created a Smart911 account: the most common reason being that they did not wish to provide personal information to law enforcement. Participants selected Facebook, radio, and billboards as the top suggestions for advertising platforms to promote the service.

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Stakeholder Interviews

Year 1 Key Stakeholder Interviews

During FY18-19 structured interviews were conducted with 14 stakeholders from Kern BHRS, Kern County Sheriff's Office, and RAVE. Stakeholders were asked to share their experiences with Smart911, reflect on implementation challenges, and make suggestions for improvements. Three main themes were prominent: (1) use of Smart911 kiosks and iPads; (2) PSAP/staff engagement; and (3) gaining client trust, particularly those with mental or behavioral health needs. Namely, interviewees reported that the kiosk system for signups lacked privacy and took too long. They also reported that staff were reluctant to offer Smart911 due to limited time with clients. Finally, interviewees explained that a very large proportion of clients are wary of giving personal information to law enforcement due to privacy concerns.

Year 2 Key Stakeholder Interviews

During FY19-20, structured interviews were conducted with 12 stakeholders from Kern BHRS and RAVE. Once again, stakeholders were asked to share their experiences with Smart911, reflect on implementation challenges, and make suggestions for improvements. Some of the themes that arose in the prior year's interviews emerged again: staff are reluctant to enroll clients and clients are reluctant to sign up. Interviewees proposed that additional dedicated staff would be useful to promote signups of Kern BHRS clients, but that existing staff limitations did not allow personnel to be easily retasked for this purpose. Interview participants reported that natural disasters during FY19-20, including fires and an earthquake, drove enrollment for Kern residents, regardless of behavioral health concerns.

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Findings and Recommendations

1. More than 11,000 Kern residents now use Smart911. Enrollment in the program continues to grow, with noticeable increases after disasters and publicity events. Growth and user engagement slowed noticeably in 2021.

   Recommendation: In the future, programs like Smart911 should explore the possibility of integrating opt-in record sharing in institutional settings as a part of standard intake procedure, allowing records to be copied automatically into the system with less patient involvement.

2. Most signups and calls are from people who do not report a behavioral health concern. However, individuals reporting behavioral health concerns are more likely to call 911 than are people without behavioral health concerns.

   Recommendation: Kern County may wish to continue implementation of programs like Smart911, since such programs fill a gap in existing services recognized by individuals with mental and behavioral health challenges.

3. Some parts of the program have met greater success than others. Those who sign up for the service tend to be very satisfied. However, enrolling individuals with behavioral health concerns has proven more challenging than expected, due to low staff buy-in, a need for additional provider training, and low client trust.

   Recommendation: Kern County agencies with higher capacity to operate and promote the program should consider incorporating Smart911 into the services they offer. Such a transition - to the Kern County Sheriff's Office - is currently in progress.

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End of Report