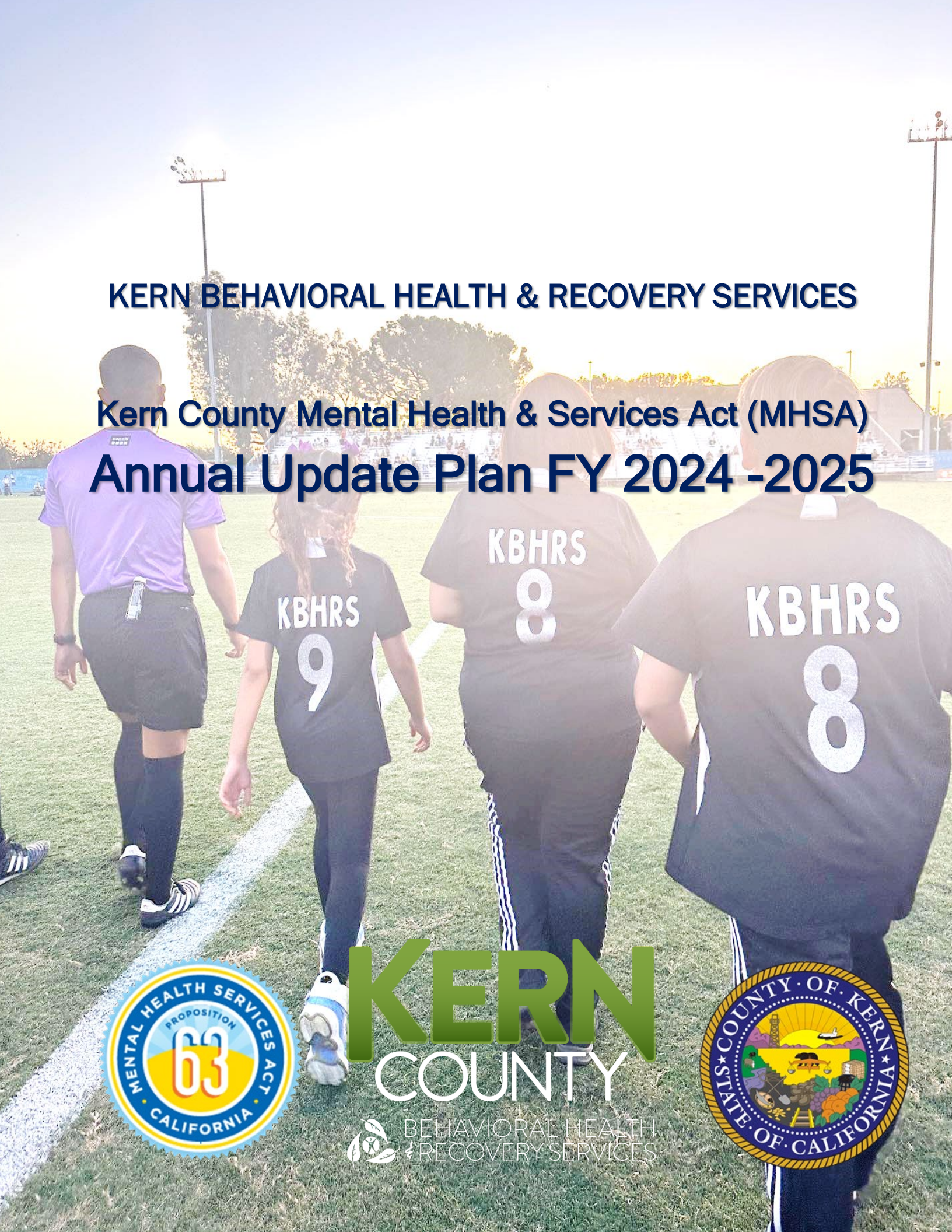
KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Kern County Mental Health & Services Act (MHSA)

Annual Update Plan FY 2024 -2025



KERN COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES

Table of Contents

Welcome Message from the Director 6
Executive Summary 9
Mission, Vision & Values 14
Exhibit A: County Compliance Certification 19
Exhibit B: County Fiscal Certification 21
IN 19-017 Certification 23
MHSOAC IN 23-001 25
Response 25
Disclosure 31
Land Acknowledgment 33
Homeless & Unhoused Support 35
Psychosis and Treatment Resistant Programming 43
County Demographics 48
Stakeholder Involvement & Community Program Planning Process (CPPP) 52
MHSA Program Directory 74
Community Services & Supports (CSS) 81
CSS – Outcomes Report 83
Full-Service Partnership (FSP) Programs 114
Adult Transition Team (ATT)/Homeless Adult Team (HAT) 117
Adult Wellness and Recovery Action Plan (Adult WRAP) 124
Assertive Community Treatment (ACT) 127

Transition Age Youth (TAY) 131
Wellness, Independence, and Senior Enrichment (WISE) 134
Youth Multi-Agency Integrated Services Team (Youth MIST) 138
Youth Wellness and Recovery Action Plan (Youth WRAP) 141
General System Development (SD) Programs 145
Access & Assessment (A&A) 148
Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE) 151
Consumer Family Learning Center (CFLC) 155
Crisis Walk-in Clinic (CWiC) 158
Home to Stay 161
Recovery and Wellness Center (RAWC) 164
Self-Empowerment Team (SET) 168
Prevention and Early Intervention (PEI) 171
PEI Outcome Report 176
Access to Care: Crisis Hotline 227
Community Referral Network 230
Continuum of Care Reform (CCR) Foster Youth Engagement 234
Court Appointed Special Advocates (CASA) 237
Foster Care Engagement 240
Help Me Grow 244
Homeless Outreach Program 249
Kern County Superintendent of Schools (KCSOS) – School-Based Program 253
Living Well 256

Outreach & Education 261
Prepare U 293
Reengagement 296
Suicide Prevention and Outreach & Education (O&E) 299
Transition Age Youth (TAY) Dual Recovery 302
Transition Age Youth (TAY) Self Sufficiency 305
Volunteer Senior Outreach Program (VSOP) 309
Youth Brief Treatment (YBT) 313
Youth Juvenile Justice Engagement 317
Zero Suicide 320
Innovation Programs (INN) 325
INN Outcomes Report 328
Early Psychosis Learning Health Care Network (LHCN) 334
Mobile Clinic with Street Psychology 336
The Healing Project (AKA Recovery Station) 340
Workforce Education and Training (WET) 344
WET Outcomes Report 347
Clinical Internship 355
Employee Wellness Initiative 358
Psychology Internship 360
Relias Training 363
Training Enhancement 367
Capital Facilities and Technological Needs (CFTN) 371

Allocap Software 373
Electronic Health Record (Smart Care) 375
PEC & CSU Renovation 377
Website Redesign 379
Grants 380
Early Psychosis Intervention on PLUS (EPI Plus) 381
Kern Youth Resilience Program (MHSSA Student Grant) 383
No Place Like Home (NPLH) 386
Budget 388
Appendix I: MHSOAC – MHSA Plans, Updates, and Reports 401
Appendix II: Stakeholder's 30-Day Public Comment Period 403
Appendix III: Behavioral Health Board Public Hearing Minutes 435
Appendix IV: Kern County Board of Supervisors Adoption and Approval 440
Appendix V: Acronym List 452


Welcome Message from the Director

KERN COUNTY / Behavioral Health & Recovery Services



The Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2023-2024 is an opportunity for Kern Behavioral Health and Recovery Services (KernBHRS) to inform stakeholders, community partners, clients, their family members, and the Board of Supervisors of highlights, accomplishments, and changes since the last Annual Plan. Maintaining the principles of MHSA, the department has continued to strengthen community collaboration, cultural and linguistic competence, service access, and consumer and family-driven decision-making. Our MHSA-funded programs have also promoted awareness, education, and stigma reduction in our community.

Looking back at 2023, a defining theme for this past year has been change. Change initiatives impacted all areas of service, the people we serve, how we care for our staff, and how programs are funded. The department has pursued opportunities to build infrastructure, expand our workforce, and establish services in new and innovative ways. We believe these change initiatives will result in a stronger, more comprehensive behavioral health system. Building a better behavioral health future is the foundation for a healthier community, and we are excited about what is happening in KernBHRS and what is happening in Kern County!

The following represents a brief snapshot of significant accomplishments over the past year.

Homeless Initiatives

The department continues to work closely with homelessness collaborative member agencies and local partners to build needed resources to support those living unsheltered on the street and experiencing homelessness.

KernBHRS was granted Mental Health Services Act innovation funding to expand and enhance existing street outreach services. This funding will support the department in building two mobile units for outreach activities. Funding will also expand the homeless outreach program, bringing more medical professionals to our unhoused clients. Street medication has been a key intervention, supporting efforts to work with those living with mental illness on the street.

Additional Permanent Supported Housing for individuals with behavioral health challenges came online, with the opening of the first of several No Place Like Home funded locations. The department collaborated with the Housing Authority on several successful applications, expanding housing opportunities for Kern County's homeless.

Youth Mental Health

Youth mental health needs remained a high priority throughout 2023 as we saw increasing demands for services for youth with a higher level of need. This provided the department opportunities to collaborate with key

partners supporting youth behavioral health needs and improving accessibility. Some of these partners included schools, managed care plans, the Department of Human Services, and the Probation Department. Through these collaborations, agencies were able to develop strategies to address youth who have complex needs, and who may not respond to traditional support.

Challenges and Concerns in 2023 and Beyond

KernBHRS experienced workforce challenges in 2023, with high rates of turnover and fewer applicants for vacancies across professional and non-professional job classifications. The department is using this opportunity to find innovative ways to highlight the benefits of working in a highly rewarding and meaningful profession, both addressing recruitment and supporting retention for the existing workforce.

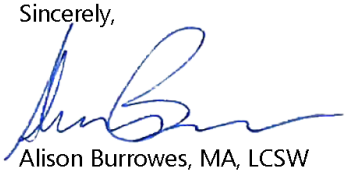
2024 promises to be a big year as multiple initiatives and changes in the behavioral health field come together to shape services. Areas of focused change initiatives include:

- Services for the homeless will expand, with the inclusion of Care Court, expansion of housing resources, and an additional focus on homeless outreach.
- Work with justice-involved individuals will be a priority. Several initiatives will be presented in 2024 around creating more efficient and expanded diversion programs and jail in-reach (providing services to incarcerated individuals before their release). These initiatives promise to support those with mental health needs moving through our justice systems.
- MHSA Reform is another initiative with a wide reach, promising to impact our delivery of behavioral health services.

These initiatives promise to expand service opportunities for some of the most vulnerable in the community. We look forward to strengthening our services in these areas, while supporting our staff and systems through the change.

KernBHRS' MHSA programming has impacted countless lives in Kern County, providing education, treatment opportunities, and resources for residents. The department continues to be committed to providing excellent services for our community members, fostering hope and recovery for those we serve.

Sincerely,



Alison Burrowes, MA, LCSW
Behavioral Health Interim Director
Kern Behavioral Health and Recovery Services

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.

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:

- Adult Wrap announced they have created the Bakersfield Referral Team (BRT) to engage with people in the community who require outreach engagement due to high crisis utilization but who are not yet open to our department.
- The Homeless Adult Team (HAT) has expanded supportive services to accommodate the vast needs of those experiencing homelessness. Those services include adding supportive housing treatment team to their menu of services while bringing our No Place Like Home sites online.

System Development:

- Access and Assessment (A&A) has moved divisions from Crisis services to the Adult System of Care.
- KernBHRS has partnered with California Mental Health Services Authority (CalMHSA) for Statewide Medi-Cal Certification for Peer Support Services.

- Consumer Family Learning Center (CFLC) Bakersfield reopened its facility for in-person groups in March 2023.

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 include holistic approaches to prevention such as non-traditional Animal Assisted Therapy as well as school-based services, expanded access, and linkage for difficult-to-engage individuals and several other promising programs.

Important Changes:

- Access to Care: Crisis Hotline expanded due to implementation of 988 allowing Hotline to add 2 clinicians, chat/text options and enhancement of outreach efforts throughout Kern County
- Kern County Superintendent of Schools (KCSOS) School-Based Program expanded into the rural area of Lake Isabella at Wallace Middle School.
- Living Well: Within the last year, the Specialty Services Team has expanded to provide a Perinatal Health & Wellness Program.
- Individual Placement and Supports (IPS) has undergone its annual fidelity review rating as in "Good" standing. IPS has expanded to meet the high demand for our Transitional Age Youth (TAY) population.

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:

- Learning Healthcare Network began on 05/26/2022 and it is scheduled to sunset at 05/26/2026.
- Mobile Clinic with Street Psychiatry began on 03/25/2023 with the hiring of the first staff.
- The Healing Project is scheduled to sunset on 6/10/2024.

WORKFORCE EDUCATION AND TRAINING

The goal of the Workforce Education and Training (WET) component is the development of a diverse workforce. Staff, clients, families, and caregivers are given training to help others by providing skills to promote wellness and other positive mental health outcomes. Staff, clients, families, and caregivers can work collaboratively to deliver client-and family-driven services and provide outreach to unserved and underserved populations. Staff, clients, families, and caregivers also provide services that are linguistically and culturally competent and relevant and include viewpoints and expertise of clients and their families and caregivers.

Important Changes:

- In FY 2023-2024, the Employee Wellness Initiative Program was implemented.

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:

- The buy-in to the state Electronic Health Record was funded from CFTN.
- Allocap Software was purchased for the Finance Department.
- The Website Redesign fee was paid with CFTN funding to make the public-facing website more user-friendly and accessible for all, including translated pages.

Fiscal Year 2023/2024 Allocations

Kern County estimates that in FY 23-24, a drastic increase in MHSA revenue will be experienced due to projection announcements coming from the state level. This potential extra revenue will assist to help offset payment reform for programs with braided funding. According to state predictions, this will be a peak in funding with the following two years predicted to decline in revenue.

Kern County estimates $90,336,505 in allocations for FY 23-24 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.


Mission, Vision & Values


KERN
COUNTY
BEHAVIORAL HEALTH
& RECOVERY SERVICES
Hope. Healing. Recovery


mission
Working together to support hope,
healing and recovery.


vision
What you need when you need it.


values
Healing, Service Excellence,
Community, Innovation.

Exhibit A: County Compliance Certification

MHSA COUNTY COMPLIANCE CERTIFICATION

County: KERN COUNTY

Local Mental Health Director	Program Lead
Name: ALISON BURROWES	Name: LIZ BAILEY
Telephone Number: (661) 868-6609	Telephone Number: (661) 868-7852
E-mail: ABurrowes@kernbhrs.org	E-mail: ebailey@kernbhrs.org
County Mental Health Mailing Address:	KERN BEHAVIORAL HEALTH & RECOVERY SVS PO BOX 1000 BAKERSFIELD, CA 93302-1000

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 TUESDAY, FEBRUARY 27, 2024.

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.

ALISON BURROWES
Local Mental Health Director/Designee (PRINT)

Alison Burrowes Digitally signed by Alison Burrowes Date: 2024.02.26 11:11:54 -08'00' 2/26/24
Signature Date

County: KERN

Date: 2/26/24

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: ALISON BURROWES

Telephone: (661) 868-6609

Email: ABurrowes@kernbhrs.org

Document for Certification:

MHSA REVENUE & EXPENDITURE REPORT **FY:** 2022-2023

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.

ALISON BURROWES	Alison Burrowes Digitally signed by Alison Burrowes Date: 2024.01.04 17:00:20 -08'00'	01/04/2024
Local Mental Health Director (PRINT)	Signature	Date

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

DHCS 1820 (02/19)


IN 19-017 Certification

State of California - Health and Human Services Agency Department of Health Care Services

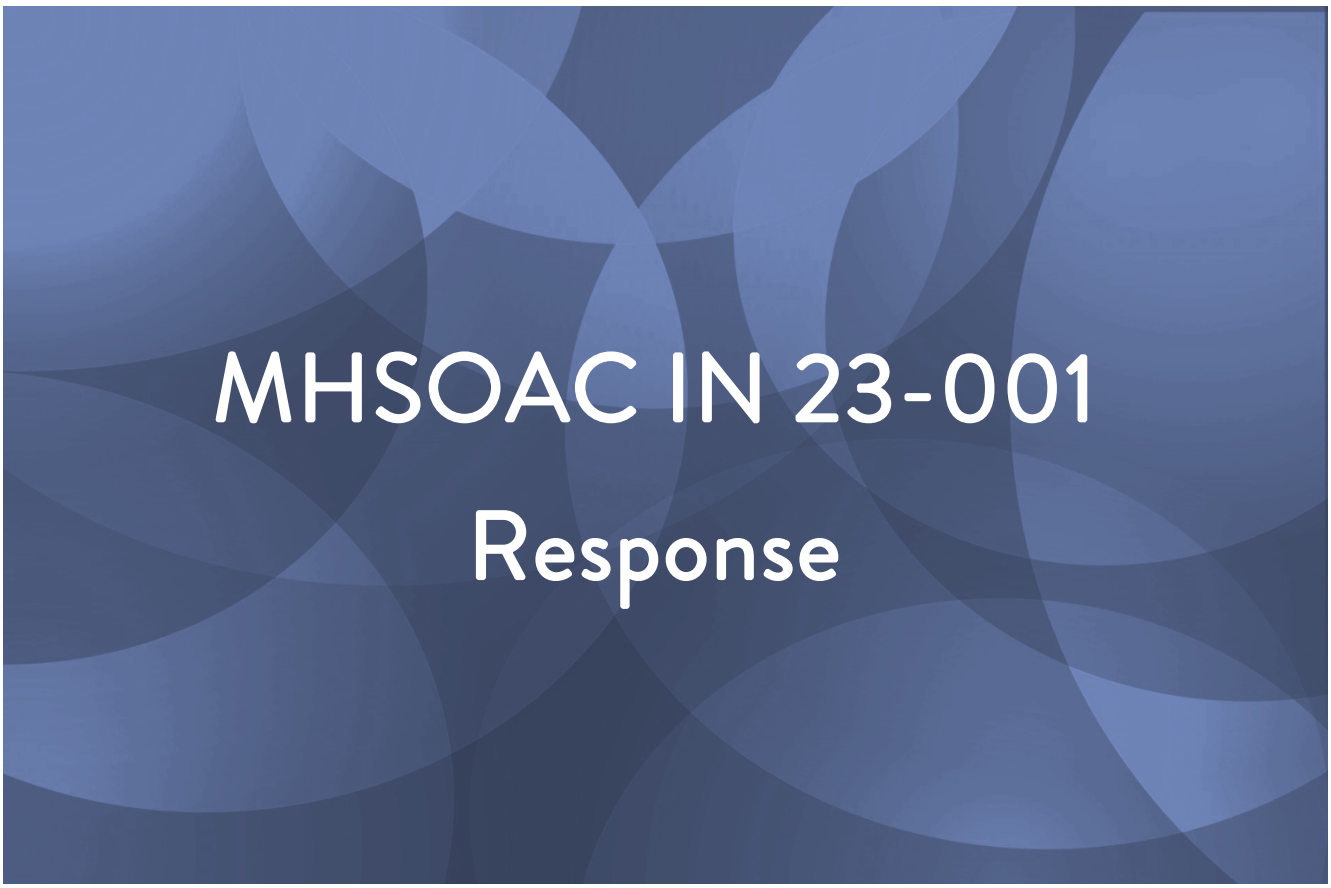
Mental Health and Substance Use Disorder Assessment Reporting Form

Background and Instructions
Assembly Bill 2265 (Quirk-Silva, 2020) enacted Welfare and Institutions Code 5891.5 which requires counties to report to DHCS the number of people assessed for co-occurring mental health (MH) and substance use disorder (SUD) and the number of people assessed for cooccurring SUD who were later determined to have only an SUD without another co-occur ring MH condition. Please enter the requested information in the fields below and submit a completed form electronically to MHSA@dhcs.ca.gov by October 1 following the end of the previous fiscal year.

Section I: County Information		
a. County Name: Kern		
b. Preferred County Contact Information:		
Christina Rajlal	CRajlal@kernbhrs.org	(661) 868-6681
Contact Name	Email	Phone Number
c. Date of Completion: 9/28/23		

Section II: Reporting		
a. Reporting Period:	7/1/22 through	6/30/23
b. Number of people assessed for co-occurring MH and SUD:		9,670.00
c. Number of people assessed for co-occurring MH and SUD who were ultimately determined to have only an SUD without another co-occurring MH condition:		0.00

DHCS 5259 (09/2022)


MHSOAC IN 23-001
Response

In reference to MHSOAC Information Notice #23-001 published April 26, 2023

As per Welfare and Institutions Code sections 5840.7 and 5840.8, the Mental Health Oversight & Accountability Commission has adopted the following priorities for the use of prevention and early intervention funds:

TABLE 1: PEI PRIORITIES IN THE USE OF PEI FUNDING

PROGRAMS	#1 - Childhood trauma prevention and early intervention to deal with the early origins of mental health needs	#2 - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan	#3 - Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college	#4 - Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)	#5 - Strategies targeting the mental health needs of older adults
Access to Care: Crisis Hotline			X		X
Community Referral Network		X			
Continuum of Care Reform (CCR) Foster Youth Engagement	X	X			
Court Appointed Special Advocates (CASA)	X				
Foster Care Engagement		X			
Help Me Grow	X	X			
Homeless Outreach Program		X			X
Kern County Superintendent of Schools (KCSOS) School-Based Program			X		

Living Well				X	
Outreach & Education			X		
Prepare U		X	X		
Reengagement		X			
Suicide Prevention Outreach & Education			X		
Transition Age Youth (TAY) Dual Recovery	X				
Transition Age Youth (TAY) Self Sufficiency			X		
Volunteer Senior Outreach Program (VSOP)					X
Youth Brief Treatment (YBT)	X				
Youth Juvenile Justice Engagement		X	X		
Zero Suicide			X		

Section 5840.7(d)(1) requires that counties shall, through their MHSA Three-Year Program and Expenditure Plans and Annual Updates, focus the use of their PEI funds on the Commission-established priorities or other priorities as determined through their respective, local community partner processes. If a County chooses to focus on priorities other than or in addition to those established by the Commission, "the plan shall include a description of why those programs are included and metrics by which the effectiveness of those programs is to be measured."

To meet the requirements of Section 5840.7(d)(1), each County shall show in the PEI Component of its Fiscal Year 2024-2027 Three-Year Program and Expenditure Plan (in this case, this rule aligns with this Three-Year Program of 2023-2026) the following:

1. Which specific PEI priorities does the County address, an estimate of the share of PEI funding allocated to each priority, and an explanation of how community partner input contributes to those allocations?
    a. Details meeting this requirement can be found on the previous page in Table 1. Additionally, KernBHRS has a very robust Stakeholder process that guides all programming decisions funded by the MHSA. Throughout the year, many Stakeholder meetings occur within the County to collect community partner input into the contribution of funding to PEI programs. A summary of the Stakeholder process can be found in the Community Planning and Stakeholder Feedback chapter of this plan. Additionally, the funding breakdown by each listed category can be found below:

Category 1 - Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.	
Programs	**Budget FY 2022/2023**
CASA	$ 20,000
Continuum of Care	$ 767,777
Help Me Grow	$ 261,555
TAY Dual Recovery	$ 220,095
Youth Brief Treatment	$ 2,594,327
Total	**$ 3,863,754**

Category 2 - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan.	
Programs	**Budget FY 2022/2023**
Community Referral Network	$ 331,331
Continuum of Care	$ 767,777
Foster Care Engagement	$ 1,077,867
Help Me Grow	$ 261,555
Homeless Outreach	$ 2,969,547
Prepare U	$ 104,509
Reengagement	$ 1,417,386
Youth Juvenile Justice Engagement	$ 289,197
Total	**$ 7,219,169**

Category 3 - Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college.	
Programs	**Budget FY 2022/2023**
Crisis Hotline	$ 1,878,756
KCSOS – School-Based Program	$ 599,724
Outreach & Education	$ 84,477
Prepare U	$ 104,509
Suicide Prevention Outreach	*
TAY Self Sufficiency	$ 325,562
Youth Juvenile Justice Engagement	$ 289,197
Zero Suicide	$ 213,465
Total	**$ 3,495,690**

*Note: Funding wasn't allocated due to the pandemic. Services rolled up into Crisis Hotline.

Category 4 - Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs).	
Programs	**Budget FY 2022/2023**
Living Well	$ 2,161,526
Total	**$ 2,161,526**

Category 5 - Strategies targeting the mental health needs of older adults.	
Programs	**Budget FY 2022/2023**
Crisis Hotline	$ 1,878,756
Homeless Outreach	$ 2,969,547
VSOP	$1,030,068
Total	**$ 5,878,371**

2. If the County had determined to pursue alternative or additional priorities to those listed in Section 5840.7(a), how did the County make these determinations through its community partner process?
    a. At this time, the County does not have any alternative programs that do not meet the PEI priorities listed in Information Notice #23-001.

3. For any alternative or additional priority identified by the County, what metric or metrics relating to the assessment of the effectiveness of the program intended to address that priority the County will measure, collect, analyze, and report to the Commission, to support statewide learning.
    a. Currently, the County does not have any alternative or additional priorities for PEI.

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 2024-2025". 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 Care Services (DHCS) that the title should be corrected to reflect the upcoming fiscal year.

Furthermore, in this current plan titled "Kern County Mental Health Services Act (MHSA) Annual Update FY 2024-2025," the reader will find this plan to be inclusive of the following practices:

- Most of the data and fiscal amounts listed in this plan are referring to data and amounts from Fiscal Year 2022-2023. To write the plan, the most current available and complete data and fiscal reporting for the year is from Fiscal Year 2022-2023.
- This plan is written and adopted currently in the Fiscal Year 2023-2024 and will be articulated from that point in time.
- This plan's title is reflective of the MHSA requirement (*see **Appendix I**)* for Fiscal Year 2024-2025 and therefore will be named Kern County Mental Health Services Act (MHSA) Annual Update FY 2024-2025.


Land Acknowledgment

LAND ACKNOWLEDGEMENT IN HONOR OF KERN COUNTY INDIGENOUS PEOPLES; PUEBLOS, RANCHERIAS, AND TRIBAL LANDS



To the original people native to this land. The area known as Kern County today is the homeland of several American Indian tribes including the federally recognized Tejon Tribe, comprised of Kitanemuk, Yokut, and Chumash peoples; the Tübatulabal comprised of Tulami, Tübatulabal, and Palagewan people; the Western Mono peoples; Kawaiisu peoples; and Chalon peoples.

May we acknowledge and honor our Indigenous people who came before us and still walk beside us today on these ancestral lands by choosing to gather today in the active practice of acknowledgment and appreciation for Kern County's Indigenous People's history, contributions, and lives.

Developed collaboratively with representatives of Bakersfield American Indian Health Project, Owens Valley Career Development Center, the Tejon Tribe, and Kern BHRS.


Homeless & Unhoused Support

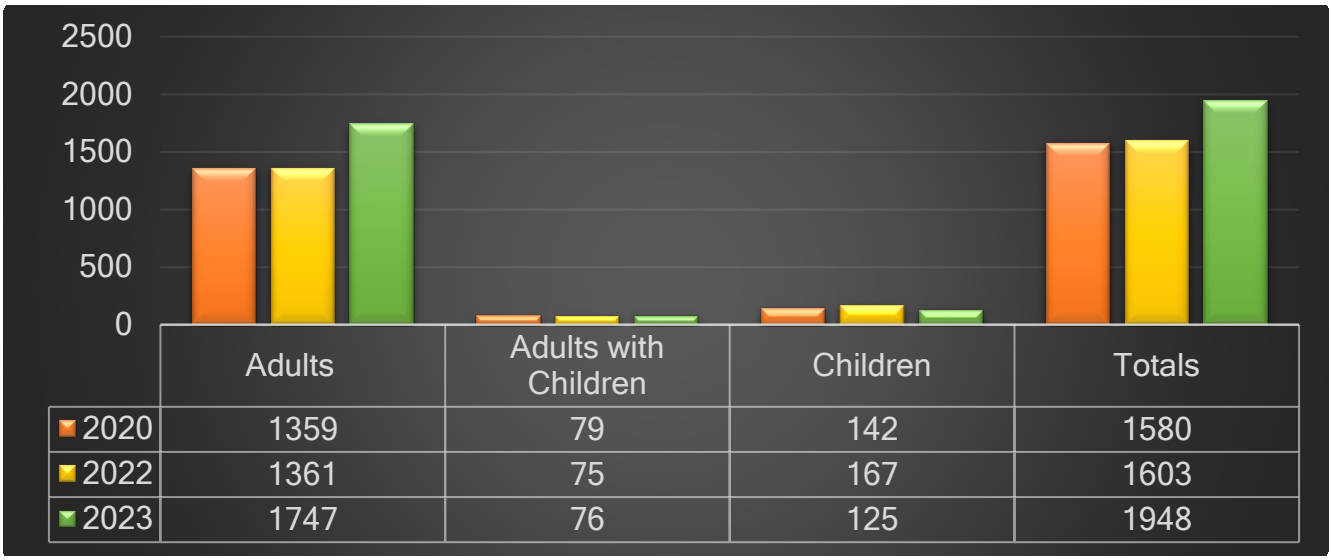
Kern Behavioral Health and Recovery Services is committed to providing care for some of the highest level of need individuals that the department serves, those experiencing psychosis and/ or may be treatment resistant. Under the Mental Health Services Act, a multitude of services are offered to support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

HOMELESS POPULATION & BHRS IN KERN COUNTY

According to the California Budget and Policy Center, the severe shortage of affordable housing — particularly housing that is affordable to people with the lowest incomes — is the number-one driver of California's homelessness crisis. For Californians with the very lowest incomes — those categorized as "extremely low-income" under the definition used for most state and federal housing policies — there were only 23 housing units that were affordable and available for every 100 renter households as of 2020. Statewide, an estimated 1.2 million new affordable homes are needed by 2030 to meet the housing needs of Californians with low incomes.

COVID-19 had a clear and direct impact on increasing homeless and substance abuse issues and exasperating mental health conditions. The unsheltered population has been disproportionately impacted by the public health emergency. Many of these individuals have been unable or unwilling to seek traditional help through our homeless shelters or behavioral health services.

2023 KERN COUNTY HOMELESS POINT IN-TIME COUNT



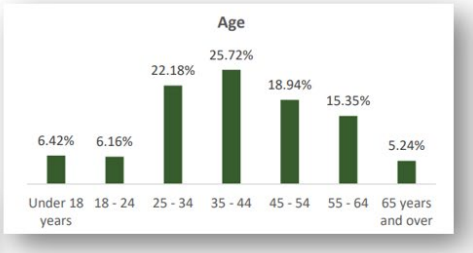
	Adults	Adults with Children	Children	Totals
2020	1359	79	142	1580
2022	1361	75	167	1603
2023	1747	76	125	1948

**2021 Point-In-Time Count was not conducted due to COVID 19.*

2023 KERN COUNTY HOMELESS POPULATION – DEMOGRAPHICS

52% of the Houseless population is currently **UNSHELTER**

48% of the Houseless population is currently in **EMERGENCY SHELTER & TRANSITIONAL HOUSING**



SUB-POPULATIONS

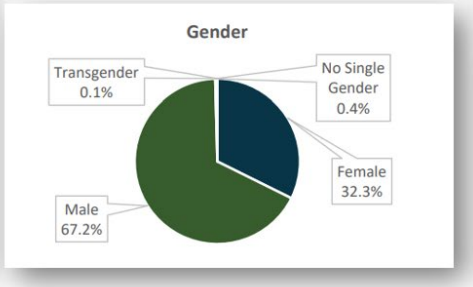
CHRONICALLY HOMELESS	50% Sheltered 254 Individuals	50% Unsheltered 251 Individuals
VETERANS	64% Sheltered 59 Individuals	36% Unsheltered 33 Individuals
YOUTH	59% Sheltered 71 Individuals	41% Unsheltered 49 Individuals

HOUSEHOLDS COMPOSITION

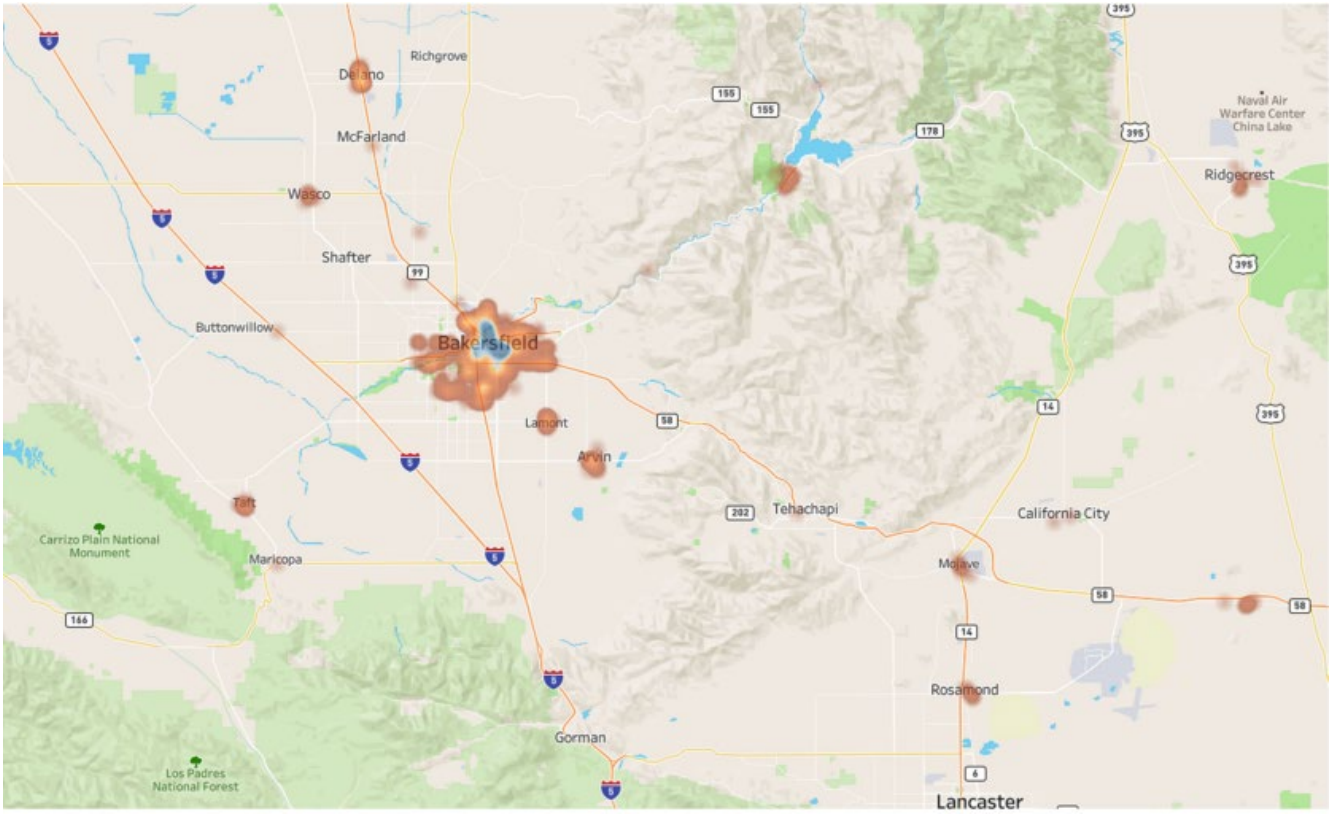
ADULTS WITH NO CHILDREN
43% Sheltered, 57% Unsheltered
1747 Individuals in 1728 Households

ADULTS WITH CHILDREN
93% Sheltered, 7% Unsheltered
199 Individuals in 71 Households

UNACCOMPANIED MINORS
50% Sheltered, 50% Unsheltered
2 Minors in 2 Households







Density map of Kern County for 2023 Point-in-Time Count

Additional Homeless Populations	*Sheltered	*Unsheltered
Adults with a serious mental illness	343	187
Adults with a substance use disorder	220	162
Adults with HIV/AIDS	5	17
Adult survivors of domestic violence	52	6

**Sheltered and Unsheltered as defined by 2023 Point in Time (PIT) Count*

Sheltered Homelessness: A state of homelessness where an individual is currently residing in an emergency shelter, navigation center, or transitional housing.

Unsheltered Homelessness: A state of homelessness where an individual is currently residing in a place not meant for human habitation including abandoned buildings, vehicles, park benches, sidewalks, or encampments.

City	Count
Arvin	22
Bakersfield	815
Hwy 99 north of Bakersfield	2
Buttonwillow	1
California City	2
Area east of California City	7
Delano	39
Lake Isabella/Kern River Valley	12
Hwy 178 between Bakersfield and Lake Isabella	1
Lamont	18
Lost Hills	0
Maricopa	1
McFarland	1
Mojave	6
Ridgecrest	7
Rosamond	6
Shafter	0
Taft	10
Tehachapi	1
Wasco	7

BEHAVIORAL HEALTH & SUBSTANCE USE DISORDER SERVICES

RELATIONAL OUTREACH AND ENGAGEMENT MODEL (ROEM)



ROEM focuses on interventions and provides support to unsheltered individuals moving into housing placements through an array of services and engagement activities. The staff works with existing housing and placement providers to support expanded capacity for all housing resources and ensure expedited placement access is available when needed. Additional intensive services are provided after initial placement to ensure housing stability.

The **High Impact List Program** is a component of ROEM that started this past year in partnership with Bakersfield Police Department (BPD). This program component focuses on the engagement and relationship building with unsheltered individuals to accept behavioral health services all while keeping in mind their housing needs. Individuals served are level 4, our highest level of need. They are also generally 5150'd for Grave Disability. They are highly visible in the community and referrals come from community dignitaries including board of supervisors, the mayor, the director of KernBHRS, etc. who typically gather collective concerns from the community. These individuals in this program may also be on BPDs list of frequent called about individuals in the community by concerned citizens.

The High Impact List Program works with BPD by receiving referrals of those who might meet the criteria for ROEM with their main focus of working on their behavioral health journey. We follow the stages of the ROEM Model with the exception that BPD is brought in right away as to help assist in supporting their recovery journey. The ROEM Team will participate in the BPD sweeps of encampments where we assess referrals for services and link them to appropriate community partners.

HOMELESS ADULT TEAM (HAT)



Regardless of an individual's back story, the Homeless Adult Team (HAT) has a "whatever it takes" motto to help its clients reach recovery. The team provides intensive behavioral health and co-occurring treatment and services to adults who have been or are at risk of being homeless, in psychiatric hospitals, in prison, or on probation over the past year. Services include assessments, treatment plans, case management, peer support, group therapy, crisis intervention, and referrals.

MOBILE UNIT

The Mobile Unit provides field-based outreach, engagement, support, and treatment to individuals with severe and persistent mental illness who are experiencing unsheltered homelessness. Services are provided by addressing basic needs; providing street psychiatry and providing linkage to appropriate services (mental health and substance use).



KERN COUNTY NAVIGATION CENTERS

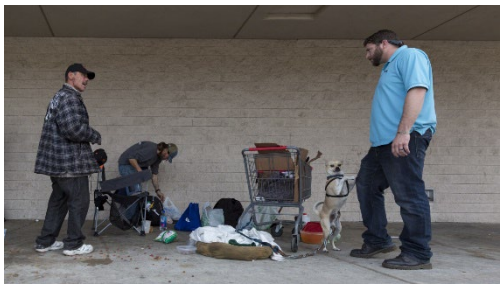


M Street Navigation Center: The 150-bed facility is owned by the County of Kern and is designed to be a 24-hour facility providing shelter beds, meals, laundry services, medical assessment, sole personal care, mental health, pet care, housing placement assistance, and employment assistance to unsheltered individuals who face significant barriers to supportive housing care.

Brundage Lane Navigation Center: The Brundage Lane Navigation Center is a 150-bed emergency shelter program operated by Mercy House, on behalf of the City of Bakersfield. They serve single homeless men and women, couples, and animal companions. Their program has many resources on-site including: Kern Department of Human Services, Kern Medical, Kern Behavioral Health & Recovery Services, and Critters without Litters. They work with various community partners and volunteer groups to provide a range of wellness programs and job training. No walk-ups are allowed, and all referrals are through Flood Ministries.

HOMELESS OUTREACH PROGRAM

The Homeless Outreach Program with Flood Ministries Bakersfield continues to provide street outreach and temporary or permanent housing placement to homeless individuals in Kern County, including those with high behavioral health needs. Flood serves Metro Bakersfield as well as rural areas of Kern County. Flood street outreach staff have lived experience with homelessness and are specially trained to engage those individuals with significant barriers to housing.



NO PLACE LIKE HOME (NPLH)



No Place like Home (NPLH) is a permanent supportive housing program for those who experience chronic homelessness and a severe mental health disorder and/or substance use disorder. NPLH is also meant for those who are at high risk of inpatient hospitalization or incarceration due to the severity of their mental health and/or substance use. NPLH housing vouchers are managed directly by the Housing Authority of Kern. Eligibility is determined by the Coordinated Entry System (CES) and a mental health screening and assessment that is administered by the Supportive Housing Treatment Team. The Supportive Housing Treatment team (SHTT) provides ongoing supportive behavioral health and substance use treatment to the NPLH housing voucher recipients. Services provided include but are not limited to additional case management, linkage to community resources, education on independent living skills, therapy, etc.

COMMUNITY REFERRAL NETWORK

The Community Referral Web Application was developed and implemented to accurately record client referrals, client and family/support interactions, client outcomes, and community partner outreach efforts. Metrics in the web application have been continuously refined to improve the quality and accuracy of data being collected. The re-branded program was developed and disseminated clinic-specific marketing materials (i.e.: posters, flyers, cards) for consistency and standardization.

MENTAL HEALTH SUCCESS STORIES

Homeless Outreach Program Success Story

The Homeless Outreach Program with Flood Ministries Bakersfield continues to provide street outreach and temporary or permanent housing placement to homeless individuals in Kern County, including those with high behavioral health needs. Flood serves Metro Bakersfield as well as rural areas of Kern County. Flood street outreach staff have lived experience with homelessness and are specially trained to engage those individuals with significant barriers to housing.

Community Referral Network Success Story

The individual was unhoused and after many attempts was linked to services by *Community Referral Network*. A major barrier to attending services was transportation to the clinic. To address this, services were provided in the field and at the Arvin Navigation Center. The individual is continuously provided with food baskets and hygiene bags, and is connected to Flood Ministries, has been provided with hotel vouchers and is in the process of obtaining long-term housing. The individual was linked to psychiatry, a Primary Care Physician, and a dentist. The individual has made tremendous progress and is committed to behavioral health services and is becoming familiar with resources in the community.

SUBSTANCE USE DISORDER SERVICES



Naloxone is a life-saving medication used to reverse an opioid overdose, including heroin, fentanyl and prescription opioid medications. Naloxone can be quickly given through nasal spray (Narcan®) in the nose, or through an injectable or auto-injector into the outer thigh or another major muscle. Naloxone is safe and easy to use, works almost immediately, and is not addictive. Naloxone has very few negative effects, and has no effect if opioids are not in a person's system.

To prevent opioid overdose deaths, Kern Behavioral Health & Recovery Services & Drug Free Kern are helping distribute naloxone/Narcan in Kern County. The Naloxone Distribution Project provides organizations access to Naloxone at no cost.

The Naloxone Distribution Program is based on the train-the-trainer model. The program trains organizations that conduct outreach to high-risk populations throughout the county. Participants learn the warning signs of an opioid overdose, how to administer Naloxone, and best practices in relation to engaging active substance users. Program participants are provided Naloxone kits to distribute at no cost.


Psychosis and Treatment
Resistant Programming

TREATMENT RESISTANT PROGRAMMING

RISE TEAM (RECOVER, INSPIRE, SUPPORT & EMPOWER)



Once a person starts substance use treatment, they are also assigned to the RISE team. Whatever a person's recovery looks like, the team's dedicated staff is right there to support and empower a client throughout their treatment. RISE serves both youth and adults living in the metro Bakersfield area and helps connect them to resources and services that they may need as they recover.

ASSISTED OUTPATIENT TREATMENT (AOT)

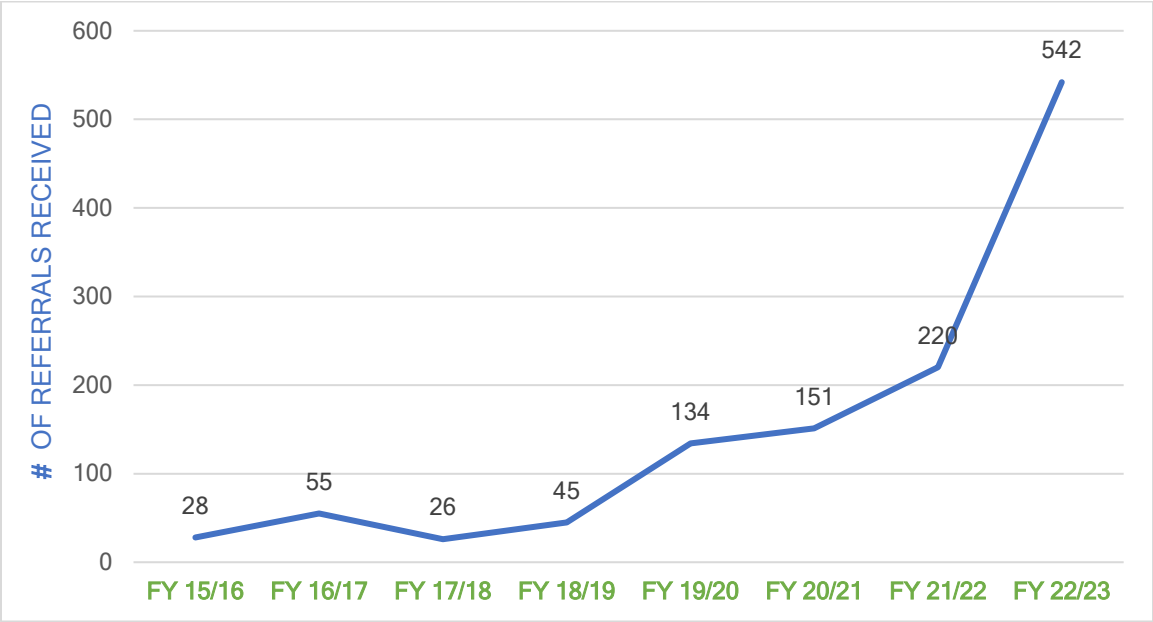
Assembly Bill 1421 established the Assisted Outpatient Treatment (AOT) Demonstration Project Act of 2002, known as Laura's Law, which provides court-ordered community treatment for individuals with a history of repeated hospitalization or incarceration, or a history of violent behavior to self or others. AOT permits California Counties to utilize courts, probation, and mental health systems to address the needs of individuals unable to participate in community mental health treatment programs without supervision.

AOT combines court supervision with high-intensity community-based behavioral health services and has been proven to interrupt the tragic cycle often experienced by a person with mental illness who has difficulty engaging in traditional outpatient services. The program may reduce hospitalizations, incarcerations, and mental health crises.

AOT is a less restrictive and more preventative approach that provides intensive treatment to a person who has a history of risk to self and in many cases AOT can prevent the need for an involuntary hold.

DATA FOR FY 2022/2023	# OF CLIENTS
# OF CURRENT ACTIVE CLIENTS	20
# OF CLIENTS CURRENTLY PARTICIPATING IN COURT-SUPERVISED TREATMENT	3
# OF CLIENTS IN COURT PROCESS	6
# OF CLIENTS IN THE MONITORING PHASE	11

AOT REFERRALS BY FISCAL YEAR



AOT REFERRAL UTILIZATION

Education to the community about AOT has improved the number of clients who are referred appropriately to the program. In FY18/19, about half of the clients were not eligible for the program. Compared to about 70% last quarter.

FY 2022-2023
TOTAL REFERRALS RECEIVED = 220



Qualified for Services	Did not meet criteria	Unable to locate
14% (30)	74% (163)	12% (27)

AOT SUCCESS STORY

So far, we have "graduated" two individuals from the AOT program, and both have been successful step downs to voluntary services.

Our most recent success was with an individual who was referred to AOT due to ongoing suicidal behavior including more than 7 attempts to die by suicide and multiple inpatient hospitalizations.

While with AOT, the individual and her family received intensive case management, individual therapy and family therapy, and psychiatric services.

This individual has not been hospitalized since beginning AOT. On an exit survey, the individual noted that they strongly agree that they feel good about their wellness and strongly agreed that they are satisfied with the services they received.

CARE COURT IN KERN COUNTY

Community Assistance, Recovery and Empowerment (CARE) Court is a new framework to get people with mental health and substance use disorders the support and care they need. CARE Court is aimed at helping the thousands of Californians who are suffering from untreated mental health and substance use disorders leading to homelessness, incarceration or worse. CARECourt includes accountability for everyone – on the individual and on local governments with court orders for services.

WHO DOES THIS PROGRAM HELP?

- 18 years or older
- Has a diagnosis in disorder class: Schizophrenia Spectrum and Other Psychotic Disorders
- Currently experiencing behaviors and symptoms associated with severe mental illness (SMI)
- Not clinically stabilized in on-going voluntary treatment
- At least one of the following:
    - Unlikely to survive safely without supervision and their condition is deteriorating
    - Needs services and support to prevent relapse or deterioration, leading to grave disability or harm to others
- Participation in a CARE Plan or Agreement is the least restrictive alternative
- Likely to benefit from participating in a CARE Plan or Agreement

HOW IS CARE COURT DIFFERENT FROM AOT?

- CARE has a narrow list of mental illness diagnoses which qualify.
- CARE has a large list of qualifying petitioners.
- CARE allows a supporter to assist with treatment team and supportive decision making.
- CARE program duration is one year (with a second year granted if necessary).
- CARE will be available in every county statewide by 2025 - no matter the insurance plan!

CARE COURT IN KERN COUNTY

- Currently attending statewide calls to obtain as much information and resources to ensure program success.
- Meeting with local departments to begin discussions on a process for Kern.
- Learning from pilot counties that are scheduled to go live in October 2023.
- Kern County will be required to be live by December 2024.


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, deserts, and agricultural landscape. The county is bordered by Ventura County, San Luis 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 2022 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.

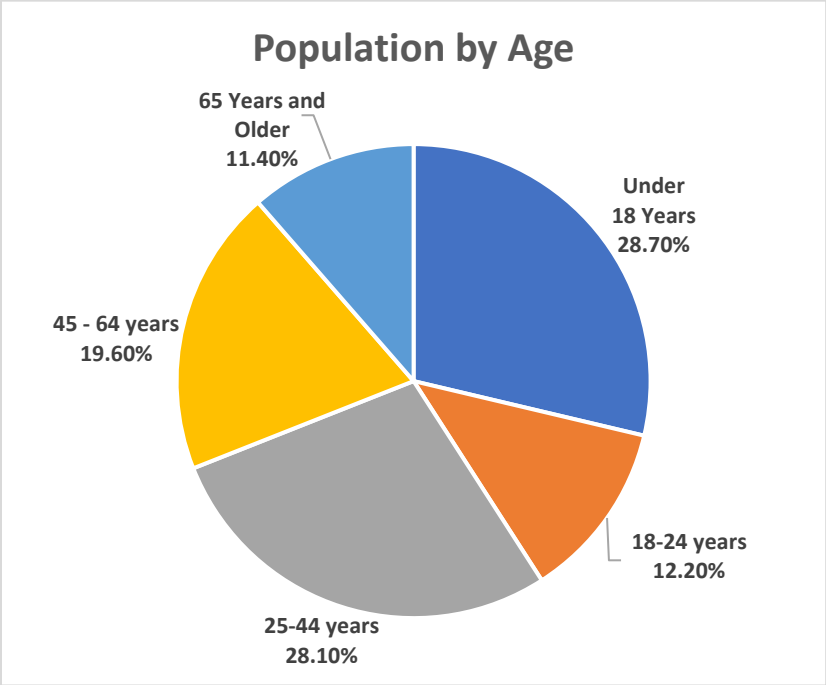
Besides those two industries, military-based avionic production and manufacturing play a big role in Kern County's economy. The Edwards Air Force Base and the China Lake Naval Air Weapons Station is in East Kern County and provides many jobs for residents in Ridgecrest, Mojave, and Rosamond. The Solar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

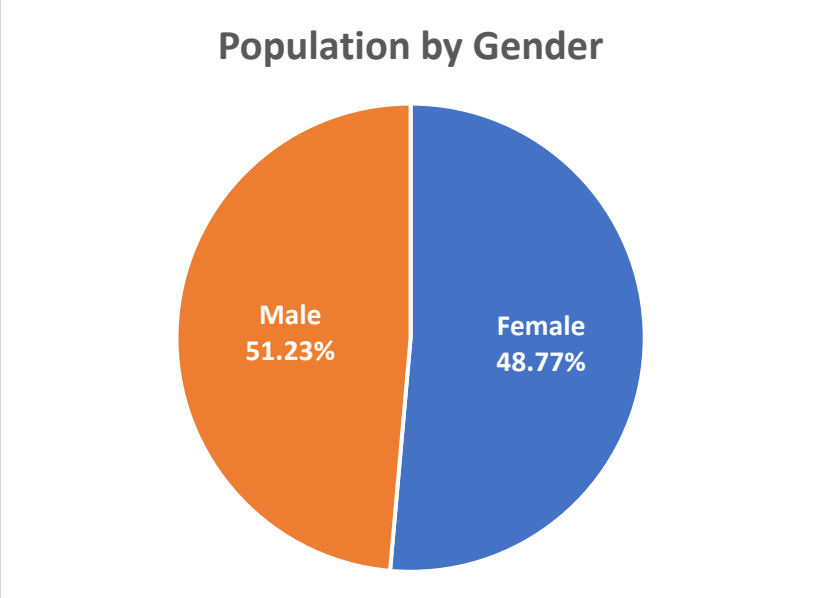
Unemployment Rate in June 2022	Unemployment Rate in June 2021	Median Householder Income	Income Inequality Between Men and Women
3.6 %	5.9%	$66,275	0.49 higher than the national average.

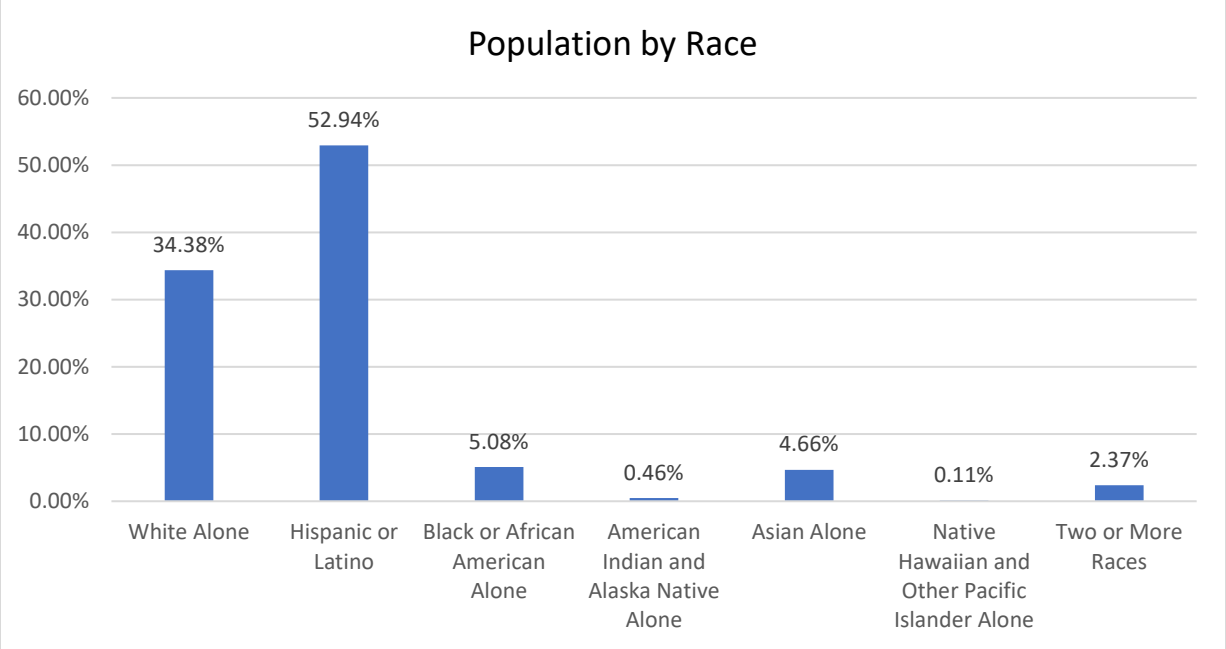
Source: United States Census Bureau

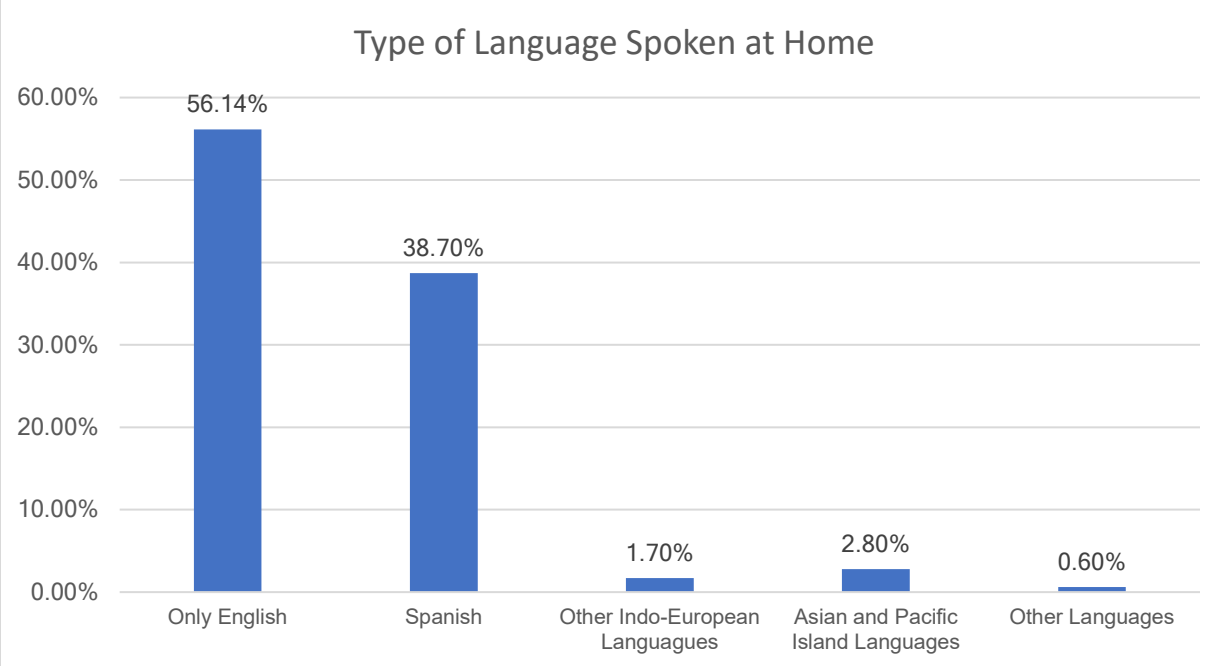
POPULATION BREAKDOWN

The population of Kern County is most closely estimated to be 917,673 with 407,615 of those individuals living in Bakersfield, according to Census Bureau estimates. Kern County is continually growing each year, with an annual average rate increase of 0.76%, according to the Kern Economic Development Corporation. By 2023, the total population of Kern County is anticipated to reach 939,775. The primary threshold languages in Kern County are English and Spanish. The demographic graphs below are based on data gathered from the United States Census Bureau.






Population by Race
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
34.38%
52.94%
5.08%
0.46%
4.66%
0.11%
2.37%
White Alone
Hispanic or Latino
Black or African American Alone
American Indian and Alaska Native Alone
Asian Alone
Native Hawaiian and Other Pacific Islander Alone
Two or More Races


Type of Language Spoken at Home
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
56.14%
38.70%
1.70%
2.80%
0.60%
Only English
Spanish
Other Indo-European Languagues
Asian and Pacific Island Languages
Other Languages


Stakeholder Involvement &
Community Program Planning
Process (CPPP)

STAKEHOLDER INVOLVEMENT

STAKEHOLDER INVOLVEMENT REFERENCING WIC SECTION 5848(A)

According to Welfare and Institution Code section 5848(a), Kern County shall describe how stakeholder involvement demonstrates a partnership with constituents and stakeholders throughout the process that includes meaningful stakeholder involvement on mental health in policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. Summarized below is detailed information as to how KernBHRS incorporates WIC Section 5848(a) into their local process in partnership with their stakeholders.

MENTAL HEALTH POLICY



KernBHRS sets a standard in the Community Program Planning Process/ Stakeholder Process to give continued education on MHSA Policy and legislative updates that impact the Act. At every stakeholder meeting, MHSA Policy is reviewed. If legislation passes, it could bring changes to a current program or it could initiate the development of a new program. The legislative and policy will be reviewed with stakeholders in-depth. If the legislation requires change in an existing program or initiates the development of a new program, it will also be presented for a vote of stakeholders' approval.

Additionally, the Behavioral Health Director, throughout the year provides Townhall presentations and local news segments that include discussions of mental health policies and legislative impacts.

PROGRAM PLANNING AND IMPLEMENTATION

Throughout all four quarters of the year, the Community Program Planning Process occurs. There is always at least one Stakeholder meeting per quarter but many times there are multiple meetings per quarter as needed to disseminate information to the public and gain support for program changes or implementations from Kern County Stakeholders.

In the last years, the MHSA Team has monitored stakeholder feedback closely to identify areas of high need and growth. This has set a foundational understanding and trends of the need for KernBHRS to progressively build ideas and concepts of how to continuously move towards process improvement in service delivery. This

Fiscal Year, the Community Program Planning Process shifted from public meetings to incorporating additional perspectives in which feedback from Stakeholders can be collected. This includes incorporating: General Stakeholder In-Person Sessions, Virtual Stakeholder Meetings, Collaborative or Invitational Stakeholder Meetings, Listening Sessions, and Key Informant Interviews.

Additionally, to encourage clients and family members to participate in the Community Program Planning Process and training offered, KernBHRS provides incentives for client and family involvement. Sometimes these incentives are in the form of giveaway items or gift cards for participating in the process.

Kern County's MHSA Team provides a transparency report each quarter of the year followed by an annual report at the end of each year that compiles the program planning, Stakeholder input, Stakeholder comments, Stakeholder support, and implementation. These reports are posted on the KernBHRS Public Webpage for the public to read and review. Stakeholders can always refer to these reports to ensure that their comments, input, suggestions, and support were documented and a part of the decision-making process.

MONITORING

KernBHRS MHSA Team uses the outside evaluator, Evalcorp, as a third-party neutral party for data collecting on outcome measurements. The data that is collected and evaluated is used with Stakeholders for the decision-making process. Additionally, Evalcorp produces evaluation reports throughout each year to monitor the viability of all MHSA programming. These reports are also posted in the Annual and 3 Year Reports which get presented to Stakeholders for feedback and are posted for the thirty (30) day public comment period.

EVALUATION

As mentioned in the Monitoring section, KernBHRS MHSA Team uses the outside evaluator, Evalcorp, as a third-party neutral party for data collecting on outcome measurements. After the data is collected, it is evaluated over time in collaboration with EVALCORP, the MHSA team, programmatic teams, and Stakeholders through Stakeholder meetings and/or published reports from the MHSA Team. This evaluation process assists in making business-level decisions for current and future programming. Additionally, EVALCORP's work towards monitoring and evaluating of all MHSA programs can be summarized in their annual evaluation reports which get presented to Stakeholder feedback and are posted for a thirty (30) day public comment period. These evaluation reports also get published in the final draft of the Annual Update.

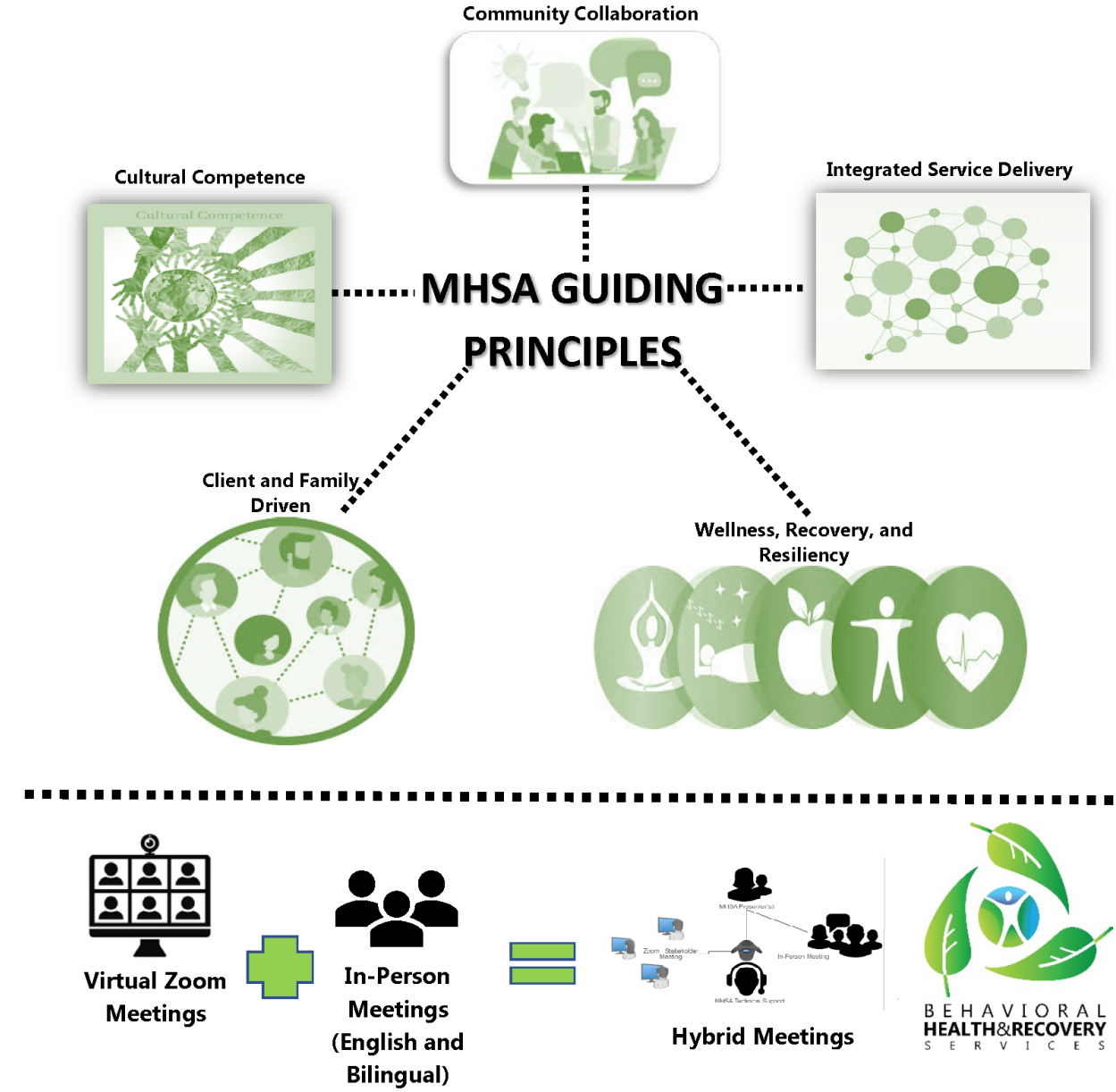
BUDGET ALLOCATIONS

The KernBHRS MHSA Team along with the Senior Administrative & Fiscal Services Officer present the budgeted amount of all MHSA programs annually to Stakeholders in-person at the end of the fiscal year Stakeholder meetings for feedback. Additionally, the budget allocations for all use of the MHSA funds along with a copy of the Annual Revenue and Expenditure plan is posted for thirty (30) days for public comment within the Annual Update. Stakeholders can read this plan and provide feedback in writing to the MHSA Team. Lastly, throughout the year as programs change, evolve, or new ones are created, the MHSA team will propose these programs through the stakeholder program with attached projected Budget Allocations for Stakeholder approval. Through the Stakeholder process, the MHSA Team keeps the public very educated and knowledgeable of budget allocations throughout the use of MHSA funding and MHSA ensures that Stakeholder feedback regarding budget allocations is collected and integrated into the decision-making process.

KERN COUNTY MENTAL HEALTH SERVICES ACT (MHSA)

COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

ANNUAL REPORT – FISCAL YEAR 2022-2023



THE MENTAL HEALTH SERVICES ACT & THE COMMUNITY PROGRAM PLANNING PROCESS

More than two million Californians are affected by potentially disabling mental illnesses every year. To address this, California's voters passed Proposition 63 (also known as Mental Health Services Act or MHSA) in the November 2004 General Election. Proposition 63 promised to greatly improve the delivery of mental health services and treatment across the State of California and taxes very high-income individuals an additional one percent portion of their annual income that exceeds one million dollars.

The MHSA represents a comprehensive approach to the delivery of behavioral health services and support for the residents of Kern County. It also addresses a broad continuum of prevention, early intervention, and service needs; providing the necessary infrastructure, technology, and training elements that will effectively support behavioral health and substance use programs.

Kern Behavioral Health and Recovery Services (KernBHRS) utilize five MHSA principles to guide its Community Program Planning Process (CPPP). Those guiding principles are:

MHSA GUIDING PRINCIPLES

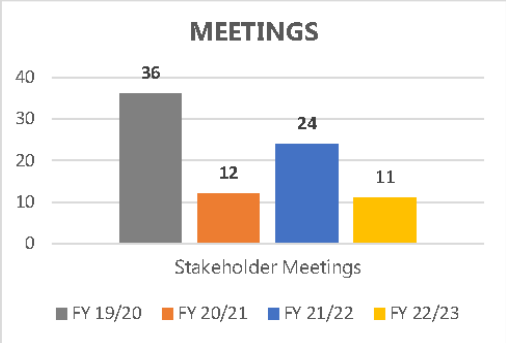
1. **Community Collaboration**
   Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
2. **Cultural Competence**
   Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
3. **Client, Consumer, and Family Involvement**
   Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.
4. **Wellness and Recovery**
   Services should promote recovery and resiliency by allowing clients and consumers to define their goals so they can live fulfilling and productive lives.
5. **Integrated Service Delivery**
   Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.

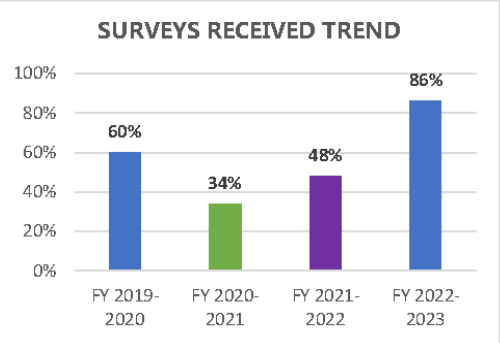
Great importance is placed on the preparation and delivery of the stakeholder process, as it is the driving force behind the consideration of program implementation. Any individual who resides in the community is considered a stakeholder and is welcome to participate and give feedback.

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

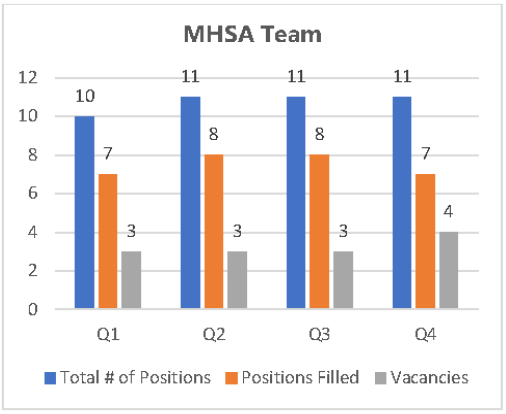
In the Fiscal Year 2022 – 2023, the MHSA Team continued dealing with the challenges of "the new normal of living with COVID-19". The MHSA Coordination team adapted to conduct Virtual Stakeholder Meetings, In-person Stakeholder Meetings (English & English/Spanish Bilingual), and Hybrid Stakeholder Meetings (a combination of the above).

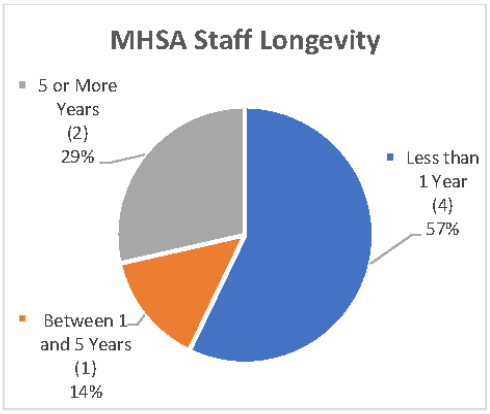
Even though we had a reduction in the number of Stakeholder Meetings in comparison to the fiscal year pre-COVID-19 (see **MEETINGS** graph below), we experienced an ***increase*** in the percentage of Stakeholders who provide valuable feedback (see **SURVEYS RECEIVED TREND** graph below).





FY 2022 – 2023 was a year of high employee turnover rate for Kern Behavioral Health and Recovery Services (KernBHRS). The high turnover rate and staff longevity were contributing factors to the decline in the number of stakeholder meetings we were able to conduct during the fiscal year (see charts below).





CPPP INCENTIVE PROGRAM

The CPPP Incentive Program started on December 1, 2021 and it continued in the FY 2022 - 2023. This incentive program offers a $20 gift card for consumers/clients, their families, and other MHSA program participants for attending a MHSA Community Forum.

To qualify for the CPPP Incentive Program, interested consumers/clients, family members, and other MHSA program participants must first ***pre-register*** to attend the MHSA Community Forum. Upon pre-registration, the MHSA staff ensures that those who ***pre-register*** have reliable access to Zoom if joining virtually. If the meeting is in person, MHSA staff verifies that they have all the information to be able to attend an in-person meeting.

If they do not have reliable access, the MHSA staff provide other options that may be available to them (i.e. Consumer Family Learning Center, County Library, Program Site, School, etc.) to ensure their attendance and participation.

During the MHSA Community Forum, MHSA staff confirms the consumer/client, family member, or other MHSA program participants' attendance. If the forum was in-person, the participant receives the $20 gift card at the end of the meeting. If attending virtually, the $20 gift card is mailed to the address they provided during pre-registration.

During this fiscal year, we distributed the following number of $20 gift cards:

MHSA Community Forum Date	7/20/2022	8/12/2022	12/6/2022	12/21/2022	2/3/2023	2/28/23	**FY 2022 – 2023 TOTAL**
# of Gift Cards Distributed	2	1	2	2	1	7	**15**

The MHSA/CPPP Incentive Program information was added to both the English and Spanish flyers (see below). The information was also shared through other communication outlets such as weekly electronic newsletters, MHSA email invites, and KernBHRS social media platforms (*see samples below*).

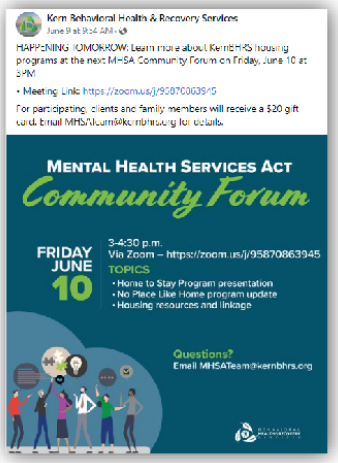
MHSA Community Forum Flyer (English)



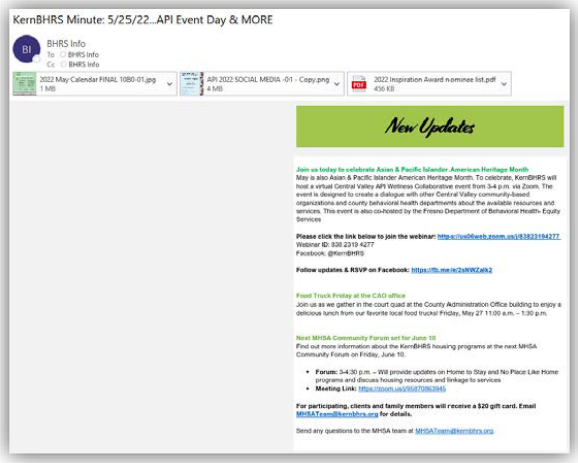
MHSA Community Forum Flyer (Spanish)



KernBHRS Facebook post



KernBHRS Minute – Weekly Electronic Newsletter



CALENDAR OF STAKEHOLDER MEETINGS FOR FY 2022 – 2023

SCHEDULE OF VIRTUAL, IN-PERSON & HYBRID STAKEHOLDER MEETINGS:

Date	Location	Time	Participants	Focus	Attendance	Surveys Received/ Completed
July 20, 2022 (Wednesday)	In-Person Meeting (Dream Center)	12:00 PM	Community Forum	Services for Youth	32	30
July 25, 2022 (Monday)	In-Person Meeting (Westchester)	11:00 AM	Community Forum	MHSA Expansion and Infrastructure Efforts	10	9
July 26, 2022 (Tuesday)	VIRTUAL Zoom Meeting	12:00 PM	Community Forum	MHSA Expansion and Infrastructure Efforts	17	9
August 12, 2022 (Friday)	In-Person Meeting (Dream Center)	11:30 AM	Community Forum	Services for Youth	17	17
September 7, 2022 (Wednesday)	VIRTUAL Zoom Meeting	11:30 AM	Community Forum	Housing, Expansion Efforts, and Additional Community Needs	10	6
December 6, 2022 (Tuesday)	In-Person Meeting (Westchester)	11:30 AM	Community Forum	Housing, Program Updates, Expansion Efforts	13	13
December 21, 2022 (Wednesday)	In-Person Meeting (Westchester)	10:30 AM	Community Forum	Innovation Updates	9	8
February 3, 2023 (Friday)	In-Person Meeting (Dream Center)	12:00 PM	Community Forum	Behavioral Health Crisis Grants	12	9

February 8, 2023 (Wednesday)	In-Person Meeting (Westchester)	10:30 AM	Community Forum	Behavioral Health Crisis Grants	4	4
February 28, 2023 (Wednesday)	In-Person Meeting (Presented in both English & Spanish) (Westchester)	11:30 AM	Community Forum	Staff Retention and Recruitment	19 *(12 English & 7 Spanish)*	19 *(12 English & 7 Spanish)*
April 27, 2023 (Thursday)	In-Person Meeting (Westchester)	11:30 AM	Community Forum	Presenting MHSA 3-Year Plan and Annual Revenue and Expenditure Plan (ARER)	9	6
TOTALS					152	130

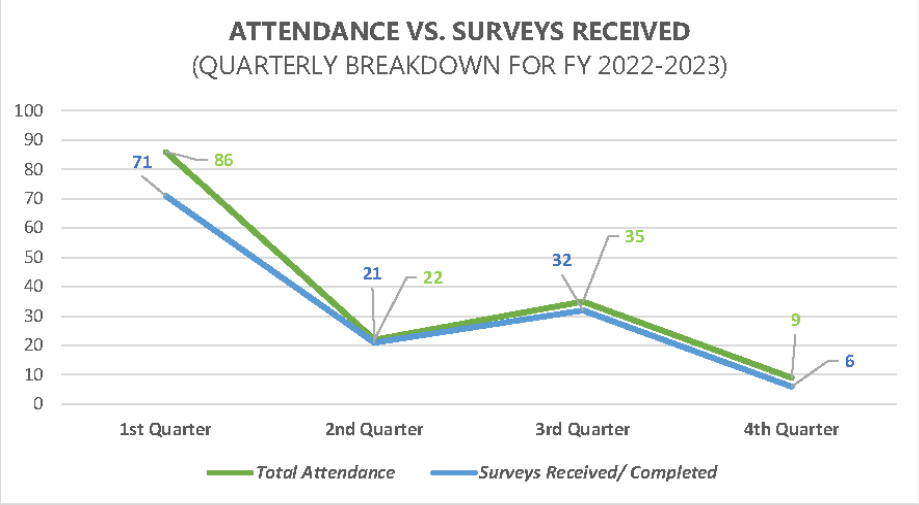
+ In-Person Community Forum and Stakeholder feedback were received with the use of paper surveys.

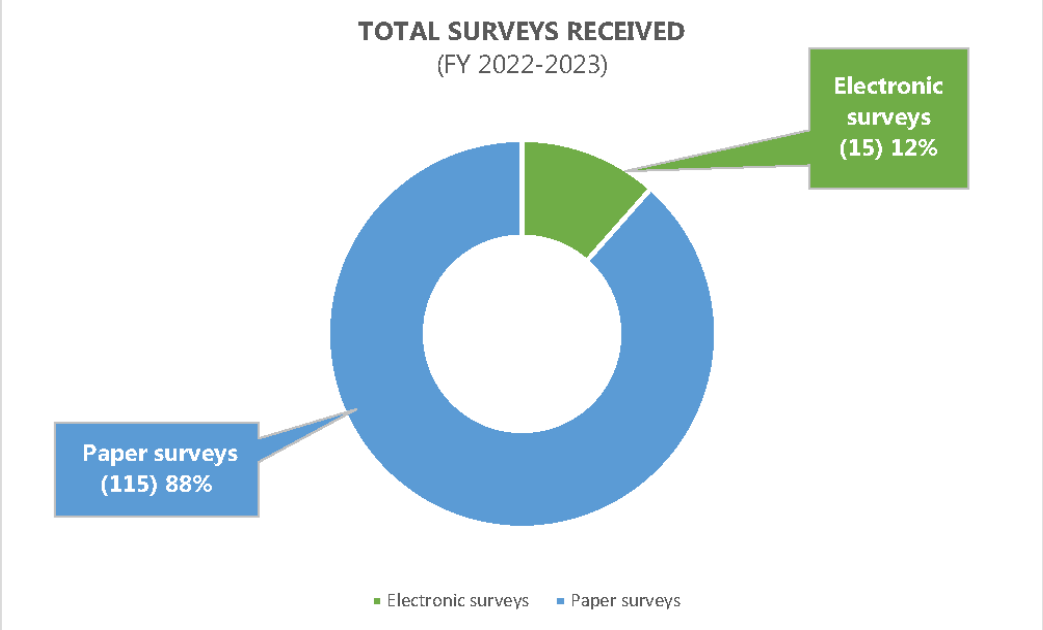
- Virtual Community Forum via Zoom. Stakeholder feedback was received via a SurveyMonkey link.

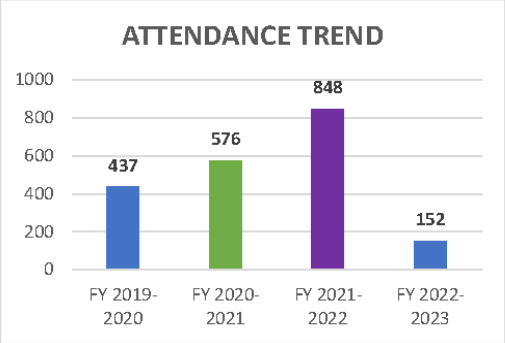
*** Hybrid Community Forum was presented in person in both English and Spanish. Forums were conducted in separate rooms simultaneously. All materials and surveys were provided in both English and Spanish.**

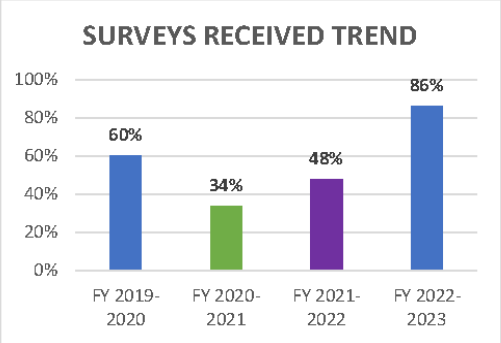
CPPP – COLLECTING DATA

The following demographics were compiled based on **130** surveys collected from the **152** Stakeholders who participated in our Virtual, In-Person, and Hybrid Stakeholder Meetings during the FY 2022-2023 (**July 2022 through June 2023**):







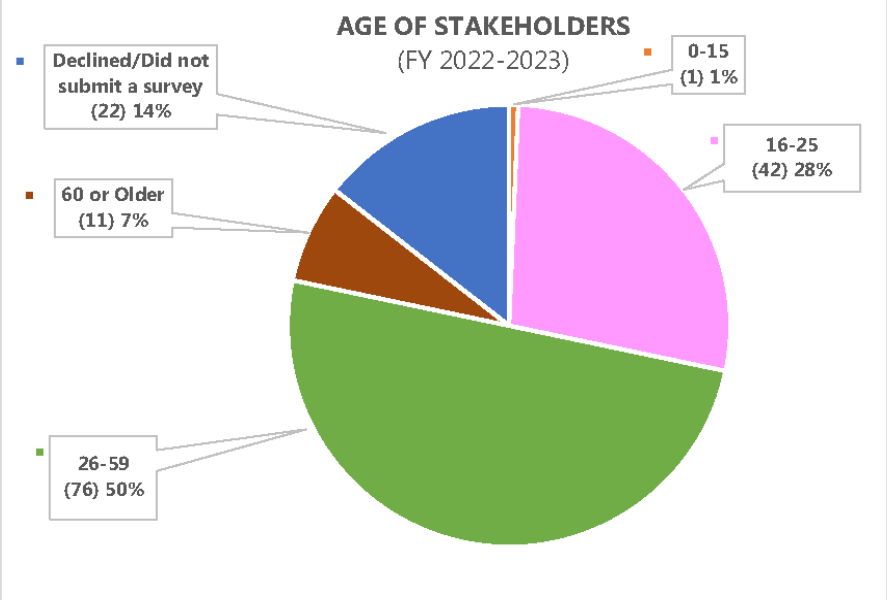


DEMOGRAPHICS

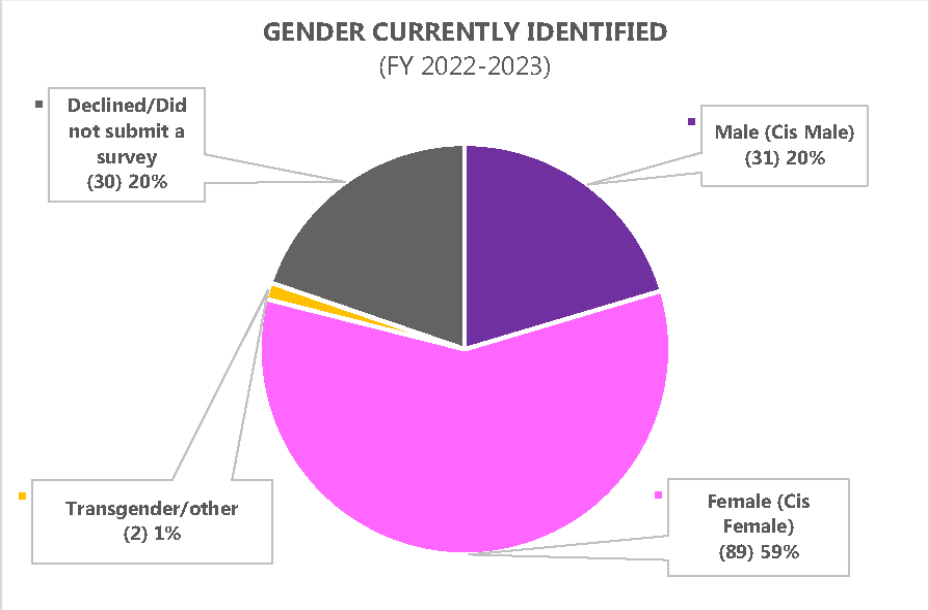
Of the **152** Stakeholders who participated in Community Forums in the FY 2022-2023, **130** (86% of stakeholders) completed a survey.

Of the total surveys, **115** (88%) completed paper surveys, and **15** (12%) were completed via SurveyMonkey.com.

The surveys collected revealed that the majority of those who completed a survey identified as being between the ages of 26-59 (**50%**), with the largest portion of this population identified as **Female (59%)**.

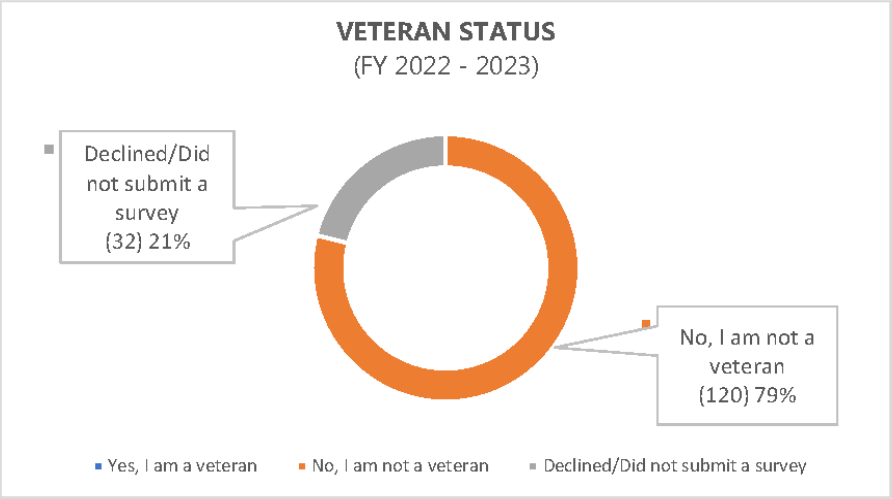


AGE OF STAKEHOLDERS		
AGE GROUPS	**N**	**%**
26 – 59	**76**	**50%**
16 – 25	**42**	**28%**
Declined/Did not submit a survey	**22**	**14%**
60 or Older	**11**	**7%**
0 – 15	**1**	**1%**
TOTALS	**152**	**100%**

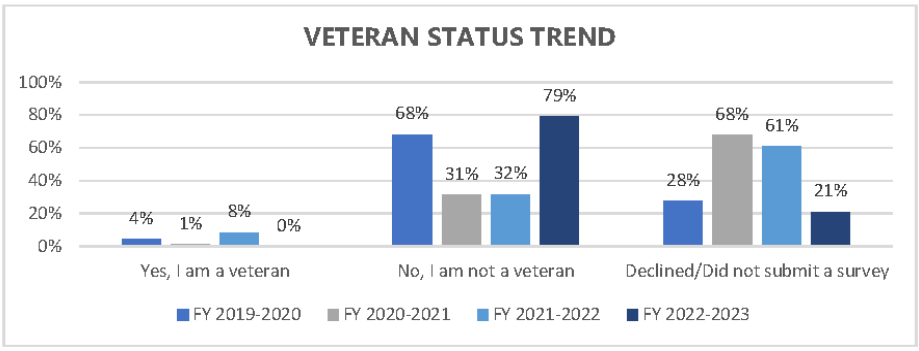


GENDER CURRENTLY IDENTIFIED	N	%
Female (Cis Female)	89	59%
Male (Cis Male)	31	20%
Declined/Did not submit a survey	30	20%
Transgender	2	1%
Genderqueer, Nonbinary, Genderfluid, Questioning or Unsure	0	0%
TOTALS	152	100%

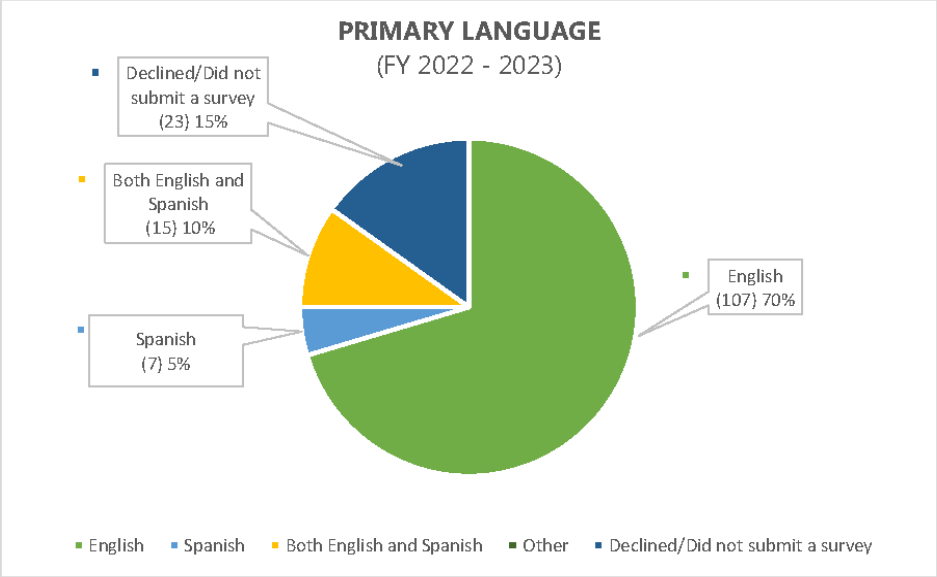
VETERAN STATUS



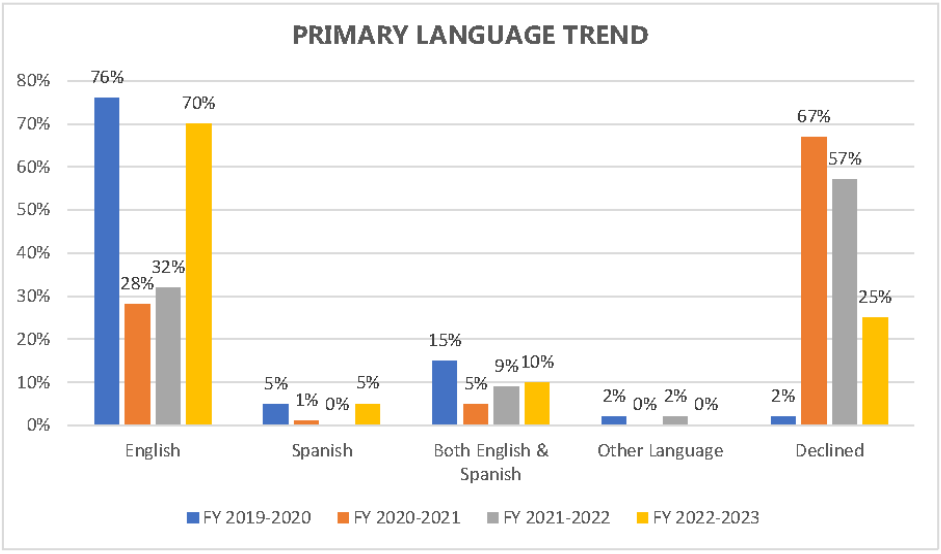
VETERAN STATUS	N	%
No, I am not a veteran	120	79%
Declined/Did not submit a survey	32	21%
Yes, I am a veteran	0	0%
TOTALS	152	100%



PRIMARY LANGUAGE



PRIMARY LANGUAGE	N	%
English	107	70%
Declined/Did not submit a survey	23	15%
Both English and Spanish	15	10%
Spanish	7	5%
TOTALS	152	100%



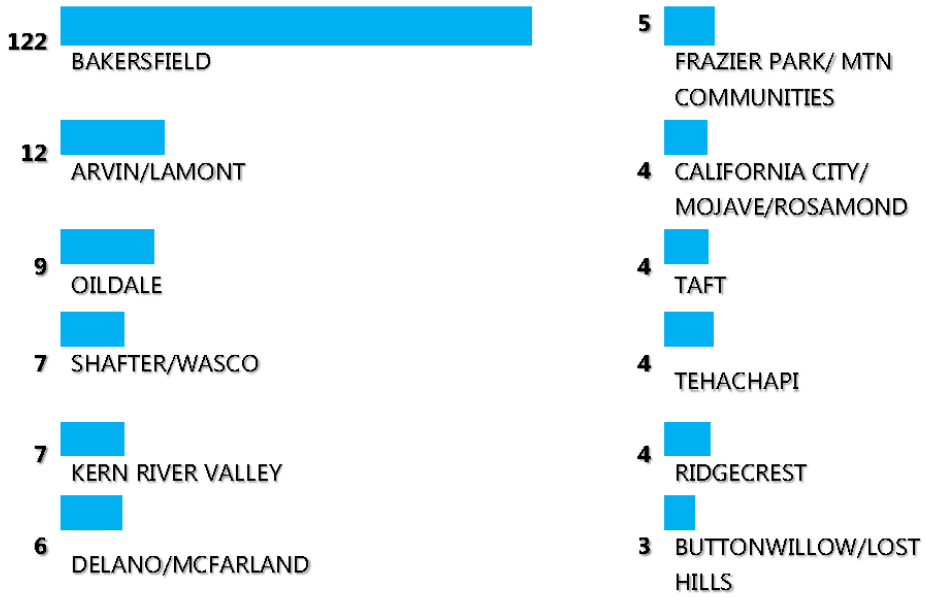
STAKEHOLDER REPRESENTATION

STAKEHOLDER CATEGORIES REPRESENTED* (FY 2022-2023)			
KernBHRS Staff	Education/ School	Client/ Consumer/Person with Mental Illness	Family Members of a Client
53 (25.4%)	47 (22.5%)	36 (17.2%)	14 (6.7%)
Community Member	County Agency Staff (Not KernBHRS)	Other	Behavioral Health Provider (not KernBHRS)
13 (6.2%)	9 (4.3%)	9 (4.3%)	2 (1%)

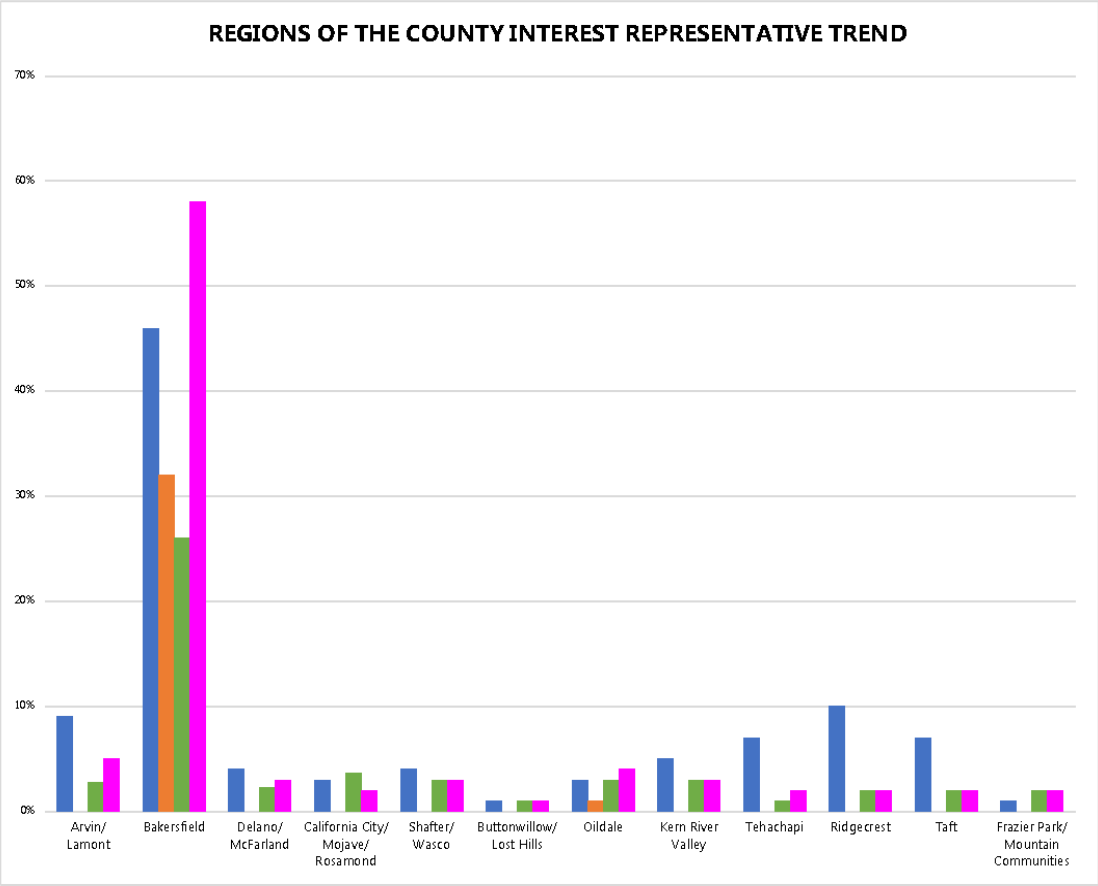
**NOTE: There was a total of 26 (12.4%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.*

REGIONS OF THE COUNTY REPRESENTED*

(FY 2022-2023)



**NOTE: There was a total of 28 (13.0%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.*



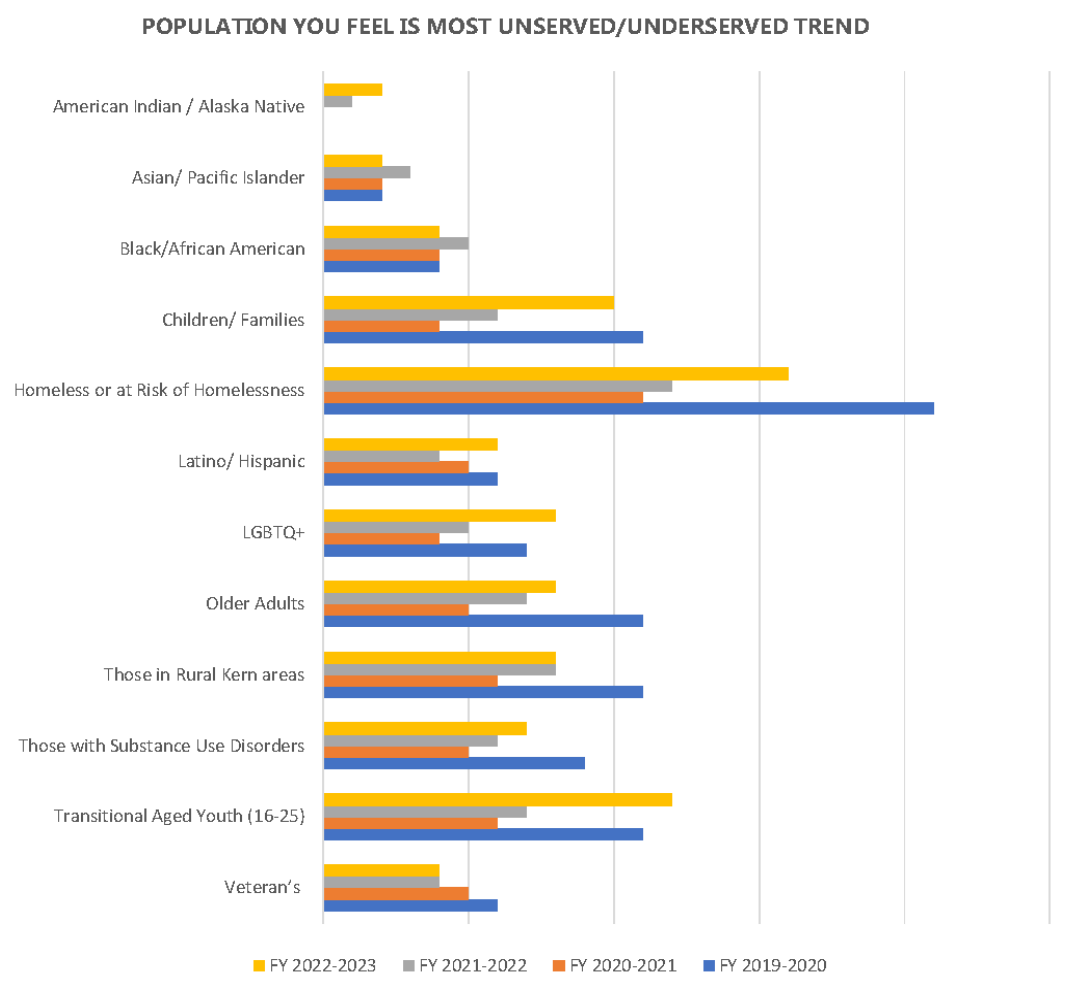
REGIONS OF THE COUNTY INTEREST REPRESENTATIVE TREND (DATA TABLE)				
TOWNS & CITIES	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023
Arvin/Lamont	9%	0%	3%	5%
Bakersfield	46%	32%	26%	58%
Delano/McFarland	4%	0%	2%	3%
California City/ Mojave/ Rosamond	3%	0%	4%	2%
Shafter/Wasco	4%	0%	3%	3%
Buttonwillow/ Lost Hills	1%	0%	1%	1%
Oildale	3%	1%	3%	4%
Kern River Valley	5%	0%	3%	3%
Tehachapi	7%	0%	1%	2%
Ridgecrest	10%	0%	2%	2%
Taft	7%	0%	2%	2%
Frazier Park/ Mountain Communities	1%	0%	2%	2%
Declined/ Did not submit a Survey	0%	66%	48%	13%

UNSERVED/UNDERSERVED POPULATION

One of the questions we asked stakeholders is to tell us what populations they feel are currently unserved or underserved. The answers we receive from our stakeholders, help us assess our programs and plan needed changes to current and future services.

In the past 4 fiscal years, **Homeless or at Risk of Homelessness** has ranked #1 with an average of **15%**.

AVERAGE 15% Homeless or at Risk of Homelessness	**AVERAGE 9%** Transitional Aged Youth (TAY) (16-25)	**AVERAGE 8%** Children/ Families, Older Adults, and Those in Rural Kern areas

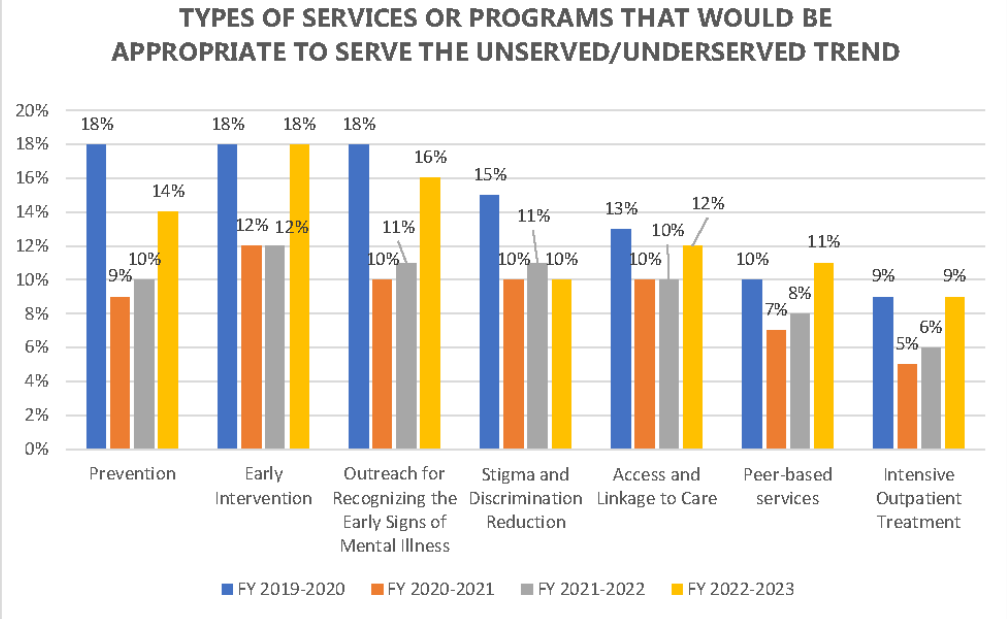


POPULATION YOU FEEL IS THE MOST UNSERVED/UNDERSERVED TREND (DATA TABLE)				
POPULATIONS	FY 2019-2020	FY 2020-2021	FY 2021-2022	FY 2022-2023
American Indian / Alaska Native	0%	0%	1%	2%
Asian/ Pacific Islander	2%	2%	3%	2%
Black/ African American	4%	4%	5%	4%
Children/ Families	11%	4%	6%	10%
Homeless or at Risk of Homelessness	21%	11%	12%	16%
Latino/ Hispanic	6%	5%	4%	6%
LGBTQ+	7%	4%	5%	8%
Older Adults	11%	5%	7%	8%
Those in Rural Kern areas	11%	6%	8%	8%
Those with Substance Use Disorders	9%	5%	6%	7%
Transitional Aged Youth (16-25)	11%	6%	7%	12%
Veteran's	6%	5%	4%	4%

TYPES OF SERVICES OR PROGRAMS THAT WOULD BE APPROPRIATE TO SERVE THE UNSERVED/UNDERSERVED

(FY 2022 - 2023)

 **Early Intervention (65) 18%**	 **Outreach for Recognizing the Early Signs of Mental Health (60) 16%**	 **Prevention (53) 14%**	 **Access and Linkage to Care (44) 12%**
 **Peer-based Services (40) 11%**	 **Declined/Did not submit a survey (38) 10%**	 **Stigma and Discrimination Reduction (36) 10%**	 **Intensive Outpatient Treatment (32) 9%**


TYPES OF SERVICES OR PROGRAMS THAT WOULD BE APPROPRIATE TO SERVE THE UNSERVED/UNDERSERVED TREND
20%
18%
16%
14%
12%
10%
8%
6%
4%
2%
0%
18%
9%
10%
14%
18%
12%
12%
18%
18%
10%
11%
16%
15%
10%
11%
10%
13%
10%
10%
12%
10%
7%
8%
11%
9%
5%
6%
9%
Prevention
Early Intervention
Outreach for Recognizing the Early Signs of Mental Illness
Stigma and Discrimination Reduction
Access and Linkage to Care
Peer-based services
Intensive Outpatient Treatment
FY 2019-2020
FY 2020-2021
FY 2021-2022
FY 2022-2023

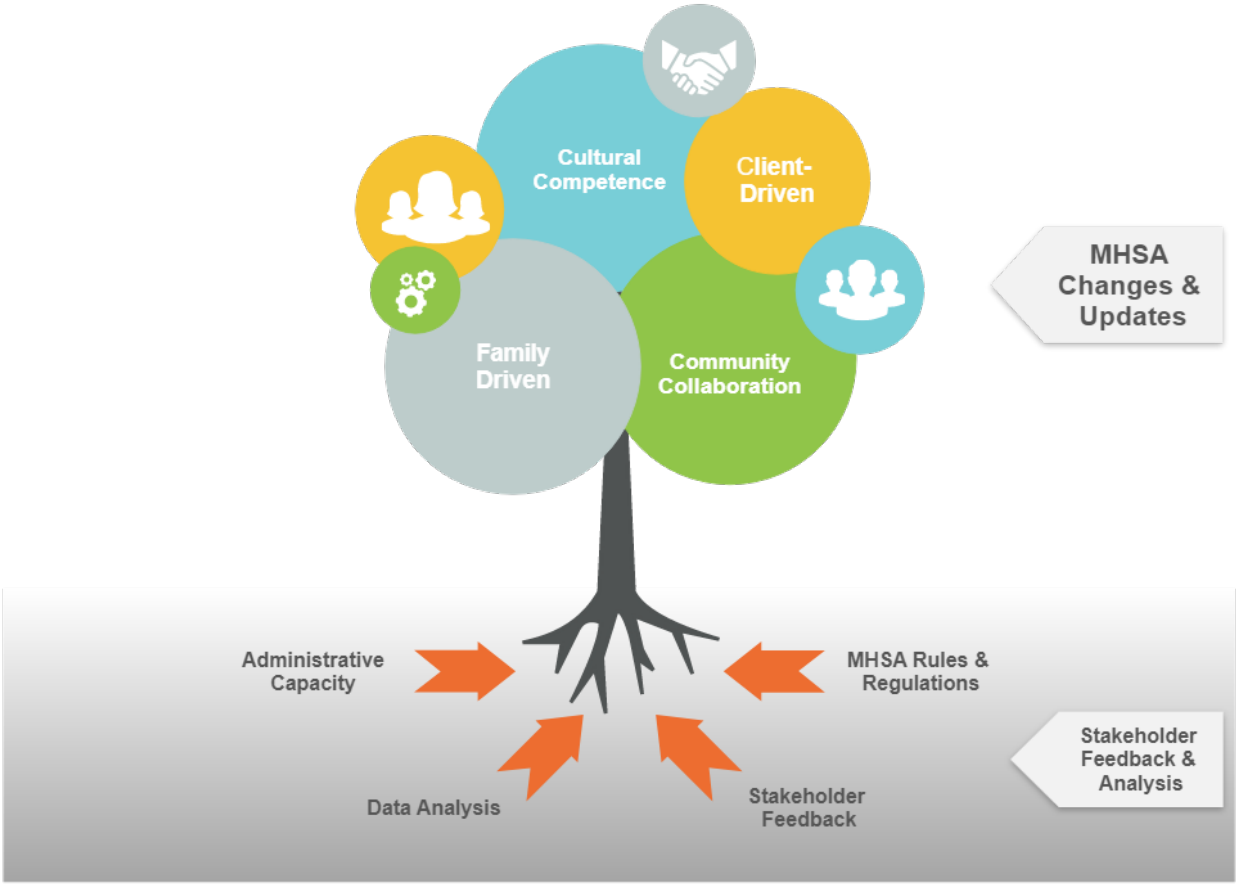


FY 2002-2023 STAKEHOLDER DATA REPORT (JULY 1, 2022– JUNE 30, 2023) *(Note: participants have the option to select multiple answers)*					
AGE GROUPS:			**SEXUAL ORIENTATION:**		
0-15	1	0.7%	Straight/Heterosexual	104	68.4%
16-25	42	27.6%	Gay or Lesbian	5	3.3%
26-59	76	50.0%	Questioning	0	0.0%
60 or Older	11	7.2%	Queer	0	0.0%
Declined/Did not submit a Survey	22	14.5%	Asexual	1	0.7%
GENDER ASSIGNED AT BIRTH:			Bisexual	7	4.6%
Male	35	23.0%	Pansexual	7	4.6%
Female	94	61.8%	Another Sexual Orientation	0	0.0%
Intersex	0	0.0%	Declined/Did not submit a Survey	28	18.4%
Declined/Did not submit a Survey	23	15.1%	**RACE:**		
GENDER CURRENTLY IDENTIFIED WITH:			Asian	1	0.6%
Male	31	20.4%	Native Hawaiian/Pacific Islander	0	0.0%
Female	89	58.6%	Black/African American	16	10.4%
Transgender/other	2	1.3%	Latino/Hispanic	51	33.1%
Genderqueer	0	0.0%	Tribal/Native American	1	0.6%
Non-binary	0	0.0%	White/Caucasian	40	26.0%
Genderfluid	0	0.0%	Two or More Races	15	9.7%
Questioning or Unsure	0	0.0%	Tribe:	0	0.0%
Other Gender Identity	0	0.0%	Declined/Did not submit a Survey	30	19.5%
Declined/Did not submit a Survey	30	19.7%	**ETHNICITY:**		
DISABILITY:			African	14	9.2%
Vision	7	4.5%	Asian Indian/South Asian	1	0.7%
Hearing, or difficulty understanding speech	2	1.3%	Cambodian	0	0.0%
Mental/Cognitive (excludes behavioral)	14	9.1%	Chinese	0	0.0%
Mobility/Physical	1	0.6%	Eastern European	4	2.6%
Chronic Medical illness (not limited to pain)	9	5.8%	Korean	0	0.0%
None	83	53.9%	Middle Eastern	2	1.3%
Declined/Did not submit a Survey	37	24.0%	Vietnamese	0	0.0
VETERAN STATUS:			European	11	7.2%
Yes, I am a veteran	0	0.0%	Filipino	1	0.7%
No, I am not a veteran	120	78.9%	Japanese	0	0.0%
Declined/Did not submit a Survey	32	21.1%	Caribbean	0	0.0%
PRIMARY LANGUAGE:			Central American	3	2.0%
English	107	70.4%	Mexican/Mexican American/Chicano	48	31.6%
Spanish	7	4.6%	Puerto Rican	0	0.0%
Both English and Spanish	15	9.9%	South American	1	0.7%
Other	0	0.0%	Two or more ethnicities	15	9.9%
Declined/Did not submit a Survey	23	15.1%	Other:	0	0.0%
			Declined/Did not submit a Survey	52	34.2%

GROUP/CATEGORY:			POPULATION YOU FEEL IS MOST UNSERVED/UNDERSERVED IN THE ABOVE-MENTIONED COMMUNITY:		
Client/Consumer/Person with Mental Illness	36	17.2%	Children/Families	35	10.1%
Family Member of a Client or Person with Mental Illness	14	6.7%	Transitional Aged Youth (16-25)	41	11.9%
KernBHRS Staff	53	25.4%	Older Adults	29	8.4%
Law Enforcement	0	0.0%	Homeless or at risk of Homelessness	56	16.2%
Veteran Services	0	0.0%	Those in Rural Kern areas	29	8.4%
Senior Services	0	0.0%	Veterans	13	3.8%
Education/Schools	47	22.5%	Those with Substance Use Disorders	25	7.2%
Community Member	13	6.2%	Latino/Hispanic	22	6.4%
County Agency Staff (Not KernBHRS Staff)	9	4.3%	Asian/Pacific Islander	7	2.0%
Behavioral Health Provider (Not KernBHRS Staff)	2	1.0%	Black/African American	15	4.3%
Medical Care Provider	0	0.0%	American Indian / Alaska Native	7	2.0%
Other	9	4.3%	LGBTQ	27	7.8%
Declined/Did not submit a Survey	26	12.4%	Other	0	0.0%
			Declined/Did not submit a Survey	39	11.3%

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	12	5.6%	Prevention	53	14.4%
Bakersfield	122	56.7%	Early Intervention	65	17.7%
Delano/McFarland	6	2.8%	Outreach for Recognizing the Early Signs of Mental Illness	60	16.3%
California City/Mojave/Rosamond	4	1.9%	Stigma and Discrimination Reduction	36	9.8%
Shafter/Wasco	7	3.3%	Access and Linkage to Care	44	12.0%
Buttonwillow/Lost Hills	3	1.4%	Peer-based services	40	10.9%
Oildale	9	4.2%	Intensive Outpatient Treatment	32	8.7%
Kern River Valley	7	3.3%	Declined/Did not submit a Survey	38	10.3%
Tehachapi	4	1.9%			
Ridgecrest	4	1.9%			
Taft	4	1.9%			
Frazier Park/Mountain Communities	5	2.3%			
Declined/Did not submit a Survey	28	13.0%			

STAKEHOLDER EDUCATION



An essential part of the Community Program Planning Process/ Stakeholder Process is to give continued education on how the MHSA works and how it impacts the mental health services in our community. We take advantage of every opportunity we have to present an overview of how MHSA works, where the funding is coming from, how much it generates, and what resources it supports in our county's mental health programs.

This education is presented to every stakeholder, community members, mental health consumers, family members, peers, mental health professionals, law enforcement, educators, medical care providers, etc.

We also provide this information in Spanish to make ensure our Spanish-speaking community members are informed of our MHSA programs.


MHSA Program Directory

Community Services and Supports

Community Services and Supports (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.

CSS is divided into two components: Full-Service Partnership Programs (FSP) and System Development (SD) Programs.

Full-Service Partnership Programs (FSP) programs are designed to serve those with serious mental illness and/or severe emotional disturbance.

MHSA FUNDING CATEGORY	PROGRAM NAME	LOCATION(S)	POPULATION FOCUS
FULL-SERVICE PARTNERSHIP (FSP)	Adult Transition Team (ATT) and Homeless Adult Team (HAT)	BAKERSFIELD	Transition Age Youth, Adults, and Older Adults
	Adult Wellness and Recovery Action Plan (Adult WRAP)	BAKERSFIELD	Transition Age Youth, Adults, and Older Adults
	Assertive Community Treatment (ACT)	BAKERSFIELD	Transition Age Youth, Adults, and Older Adults
	Transition Age Youth (TAY)	BAKERSFIELD	Transition Age Youth
	Wellness, Independence, and Senior Enrichment (WISE)	BAKERSFIELD	Older Adults
	Youth Multi-Agency Integrated Services Team (MIST)	BAKERSFIELD	Children & Transition Age Youth
	Youth Wellness and Recovery Action Plan (Youth WRAP)	BAKERSFIELD	Children & Transition Age Youth
		DELANO	
		LAMONT	
		MOJAVE	
		RIDGECREST	
		TAFT	
		TEHACHAPI	
		WASCO	

System Development (SD) Programs were 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.

MHSA FUNDING CATEGORY	PROGRAM NAME	LOCATION(S)	POPULATION FOCUS
SYSTEM DEVELOPMENT (SD)	Access & Assessment (A&A)	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)	ARVIN / LAMONT	Transition Age Youth, Adults, and Older Adults
		DELANO	
		RIDGECREST	
		TEHACHAPI	
		WASCO	
	Consumer Family Learning Center (CFLC)	BAKERSFIELD	Transition Age Youth, Adults, and Older Adults
		RIDGECREST	
		TEHACHAPI	
	Crisis Walk-in Clinic (CWiC)	BAKERSFIELD	Adult and Older Adults
	Home to Stay	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	Recovery and Wellness Center (RAWC)	BAKERSFIELD	Transition Age Youth, Adults, and Older Adults
		WASCO	
	Self-Empowerment Team (SET)	BAKERSFIELD	Transition Age Youth, Adults, and Older Adults

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.

MHSA FUNDING CATEGORY	PROGRAM NAME	LOCATION(S)	POPULATION FOCUS
PREVENTION AND EARLY INTERVENTION (PEI)	Access to Care: Crisis Hotline	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	Community Referral Network	DELANO	Adults and Older Adults
		LAKE ISABELLA	
		LAMONT	
		TAFT	
	Court Appointed Special Advocates (CASA)	BAKERSFIELD	Children and Transition Age Youth
	Continuum of Care Reform (CCR) Foster Youth Engagement	BAKERSFIELD	Children and Transition Age Youth
	Foster Care Engagement	BAKERSFIELD	Children and Transition Age Youth
	Help Me Grow	BAKERSFIELD	Children ages 0-5
	Homeless Outreach Program	BAKERSFIELD	Transition Age Youth, Adults, and Older Adults
	Kern County Superintendent of Schools (KCSOS) - School-Based Program	BAKERSFIELD	Children, Transition Age Youth, and Adults
	Living Well	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	Outreach & Education	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	Prepare U	BAKERSFIELD	Children and Transition Age Youth
		LOST HILLS	
		TAFT	
	Reengagement	BAKERSFIELD (Central)	Adults
		DELANO	
		LAKE ISABELLA	
		LAMONT	
		TAFT	

	Suicide Prevention and Outreach & Education (O&E)	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	Transition Age Youth (TAY) Dual Recovery	BAKERSFIELD	Transition Age Youth
	Transition Age Youth (TAY) Self Sufficiency	BAKERSFIELD	Transition Age Youth
	Volunteer Senior Outreach Program (VSOP)	BAKERSFIELD	Older Adults
		LAKE ISABELLA	
		TEHACHAPI	
	Youth Brief Treatment (YBT)	BAKERSFIELD	Children and Transition Age Youth
		DELANO	
		LAMONT	
		WASCO	
	Youth Juvenile Justice Engagement	BAKERSFIELD	Children and Transition Age Youth
	Zero Suicide	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults

Innovation

The goal of the Innovation (INN) projects is to increase access to underserved groups, increase the quality of services, promote interagency collaboration, and increase access to services.

MHSA FUNDING CATEGORY	PROGRAM NAME	LOCATION(S)	POPULATION FOCUS
INNOVATION (INN)	Early Psychosis Learning Health Care Network	BAKERSFIELD	Transition Age Youth and Adults
	Mobile Clinic with Street Psychiatry	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	The Healing Project (AKA Recovery Station)	BAKERSFIELD	Adults and Older Adults

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.

MHSA FUNDING CATEGORY	PROGRAM NAME	LOCATION(S)	POPULATION FOCUS
WORKFORCE EDUCATION AND TRAINING (WET)	Clinical Internship	BAKERSFIELD	Staff/Workforce
	Employee Wellness Initiative	BAKERSFIELD	Staff/Workforce
	Psychology Internship	BAKERSFIELD	Students and Staff/Workforce
	Relias Training	ONLINE	Staff/Workforce and Workforce
	Training Enhancement	BAKERSFIELD	Staff/Workforce and Workforce

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.

MHSA FUNDING CATEGORY	PROGRAM NAME	LOCATION(S)	POPULATION FOCUS
Capital Facilities and Technological Needs (CFTN)	The Healing Project	BAKERSFIELD	

Grants

Competitive grant funding is issued by the Mental Health Services Oversight and Accountability Commission (MHSOAC) to support specific initiatives through Requests for Proposals (RFP) and Requests for Applications (RFA). Projects funded through grants seek to drive positive change in the mental health system of care.

MHSA FUNDING CATEGORY	PROGRAM NAME	LOCATION(S)	POPULATION FOCUS
GRANTS	Early Psychosis Intervention on PLUS (EPI Plus)	BAKERSFIELD	Target Group: Ages 15 - 25 but can assist others if needed
	Kern Youth Resilience Program (MHSSA Student Grant)	BAKERSFIELD	School-aged Youth
	No Place Like Home (NPLH)	BAKERSFIELD	Adults and Older Adults
		DELANO	

Community Services & Supports (CSS)

COMMUNITY SERVICES AND SUPPORTS

Community Services and Supports (CSS) is the largest funded 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 Transition Team (ATT) and Homeless Adult Team (HAT)
- Adult Wellness and Recovery Action Plan (Adult WRAP)
- Assertive Community Treatment (ACT)
- Transition Age Youth (TAY)
- Wellness, Independence, and Senior Enrichment (WISE)
- Youth Multi-Agency Integrated Services Team (Youth MIST)
- Youth Wellness and Recovery Action Plan (Youth WRAP)

System Development (SD)

- Access and Assessment (A&A) and Crisis Walk-in Clinic (CWIC)
- Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)
- Consumer Family Learning Center (CFLC)
- Home to Stay
- Recovery and Wellness Center (RAWC)
- Self-Empowerment Team (SET)

FY 2022-2023
Outcomes Report

Kern County MHSA
Community Services & Supports

KERN COUNTY
BEHAVIORAL HEALTH
& RECOVERY SERVICES

METHODOLOGY

Evaluation Design

To enhance compliance with Mental Health Services Act (MHSA) reporting regulations, Kern Behavioral Health Services (KBHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with reporting requirements. A standardized Community Services and Supports (CSS) outcome survey was developed for adults, which includes consumer satisfaction, demographics, and results of generalized measure of psychological distress (SOS-10). This survey is implemented at intake and exit, within the normal timeline for each program. Programs that serve children also report demographics and changes in scores of developmentally appropriate assessments, including the PSC-35 measure (see Methods), but do not report consumer satisfaction. To ensure greater inclusivity and maximum reach, surveys were made available in both online and paper forms as well as in English and Spanish. An overview of data reporting requirements for CSS programs is provided in Appendix A of this report.



Presentation of Results

Findings are presented (1) in aggregate, across all CSS programs; and (2) by each of the CSS programs required to collect outcome data.

Findings for each program are presented differently depending on how many participants responded to each part of the survey. Sections of surveys for which there were more than 30 responses are shown as percentages. Sections with fewer than 30 responses are shown as counts. Modules with fewer than 10 responses are suppressed to protect the identity of participants.

Measures

SOS-10: The SOS-10 is an evidence-based measure of psychological well-being with 10 items that are rated on a seven-point scale, ranging from 1 (*Never*) to 7 (*All the time or nearly all the time*). The SOS-10 is written to be comparable across many program types that provide psychological and behavioral interventions. It produces scores that can be grouped into four distinct categories of mental health needs: none, mild, moderate, severe. The SOS-10 is sensitive enough to detect early changes in mental health due to treatment. A Spanish translation of the scale is available and has been validated for migrant populations. The SOS-10 has excellent measurement properties (see Blais et al., 1999; Hilsenroth, Ackerman, & Blagys, 2001; Young, Waehler, Laux, McDaniel, & Hilsenroth, 2003).

CSS OUTCOME SURVEYS: DATA COLLECTION OVERVIEW

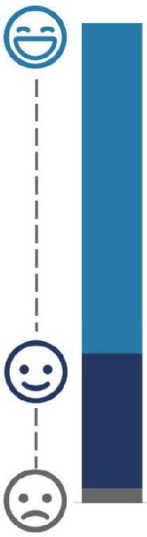


More than
3,000
surveys were collected.

As a result of participating in a Kern CSS program
4 in 10
people moved to a less severe level of psychological distress.

When asked whether they will use what they have learned in Kern CSS programs,
96% say that they will.

When asked if they would recommend this program to others...



61%
Strongly agreed

35%
Agreed

2%
Disagree or strongly disagreed

COMBINED CSS PROGRAM FINDINGS

Outcome Surveys Collected by Survey Type

Survey results across all CSS programs are reported together in this section of the report (n=3,353). Among the programs that implemented a pre/post survey design, a total of 1,638 participants completed the intake survey and 246 participants completed the exit survey - a completion rate of 15%. Participants could choose whether to take the survey in English or Spanish. Across all 3,353 surveys, 3,184 were completed in English and 169 were completed in Spanish. All survey responders were 18 years old or older.

	Kern MHSA CSS Program Name	Program Category	FY21-22 Outcomes Data	
			Pre	Post
1	Access & Assessment Team and Crisis Walk-In Clinic (CWiC)	Systems Development	-	1,469*
2	Adult Wraparound Core	Systems Development	184	93
3	Recovery and Wellness Centers (RAWC)	Systems Development	1,454	153
	Total		**1,638**	**1,715**

*Access & Assessment Team and Crisis Walk-in Clinic (CWiC) participants were only administered a survey at one time point.

In the program-specific sections, matched pre/post results are only included for a subset of the Adult Wraparound Core clients (n=48) and RAWC clients (n=34) for which a valid pre/post-match could be verified.

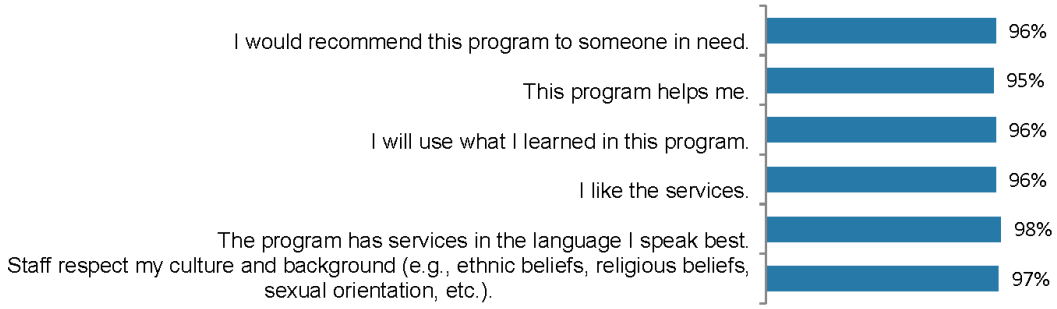
Six programs are included in this report but did not collect survey data from clients. For these programs, other sources of data are used.

Finally, some CSS programs do not report any data in the Annual Report. The Consumer Family Learning Center (CFLC) program is a resource for community members, no treatment is provided at the CFLC and due to the nature of this program data is not included. Home to Stay and Self-Empowerment Team are auxiliary programs that support Full-Service Partnership (FSP) programs.

COMBINED CSS PROGRAM FINDINGS

Overall: Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence (n = 217 - 226)
Percent who Agree



Emotional Stress & Psychological Dysfunction (n = 82)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	28%	52%
Mild (39-33)	16%	15%
Moderate (32-23)	32%	16%
Severe (22-1)	24%	17%
Average SOS-10 Score	27.7 *(n=1,570)*	37.4 *(n=239)*

40% of respondents moved at least one level from a more severe level of distress to a less severe level of distress.

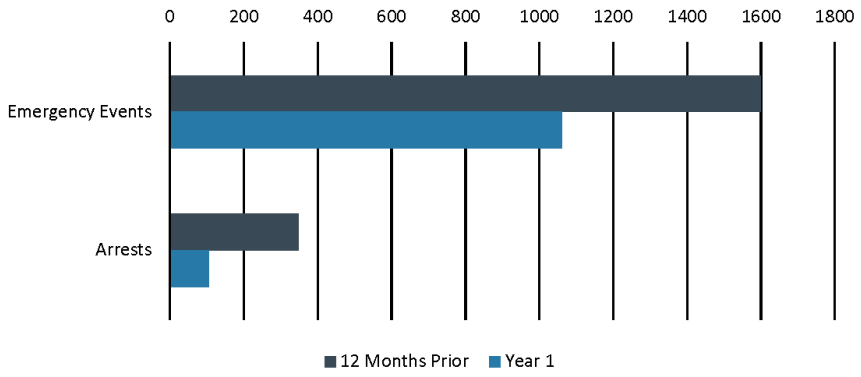
28% of respondents moved two levels from a more severe level of distress to a less severe level of distress.

3% of respondents with a severe level of distress at intake continued the treatment to its conclusion.

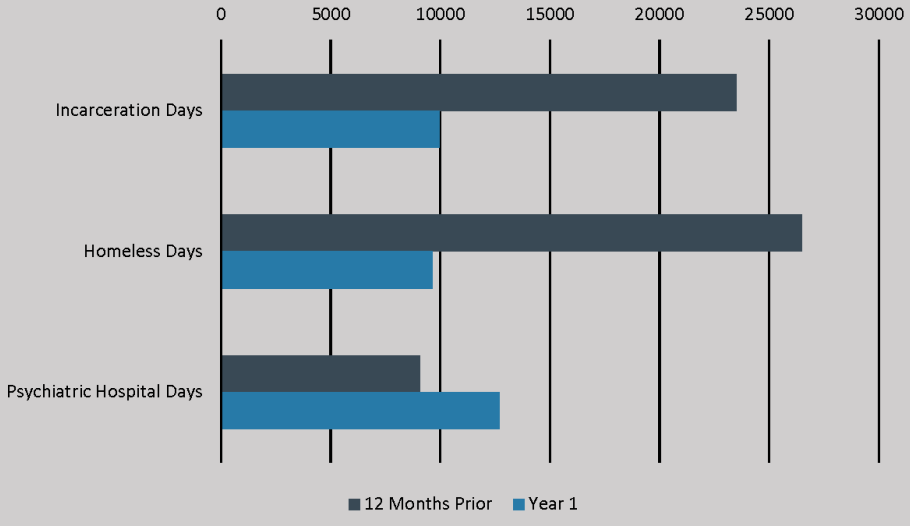
COMBINED CSS PROGRAM FINDINGS

The number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in Full-Service Partnerships. These metrics are compared between 12 months prior to treatment and after one year of treatment.

Total Number of Emergency Events and Arrests (n = 876)



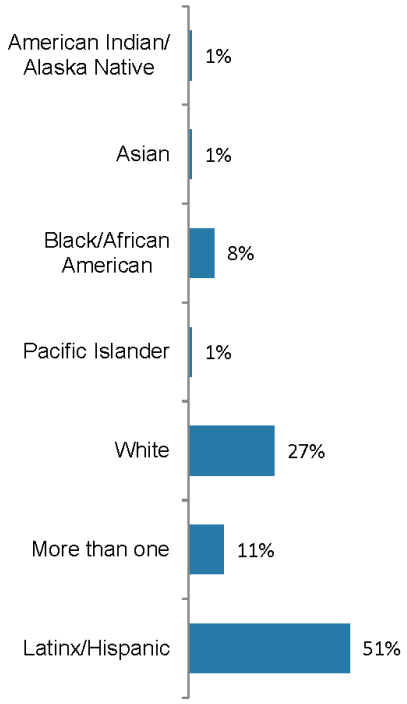
Total Incarceration, Homeless, and Hospital Days (n = 892)



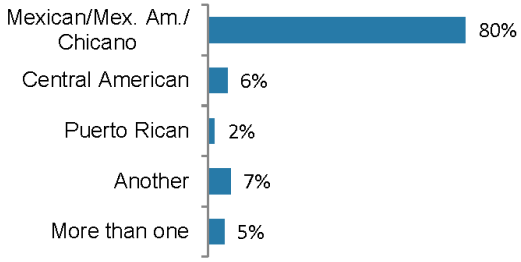
COMBINED CSS PROGRAM FINDINGS

Demographics

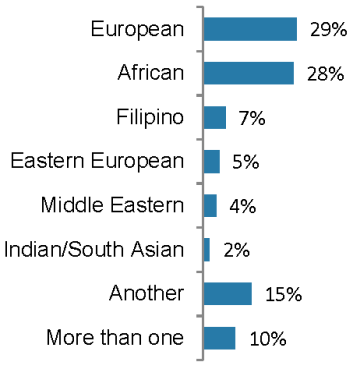
Race (n = 2,843)



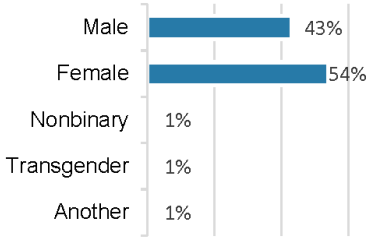
Ethnicity – Hispanic/Latinx (n = 1,638)



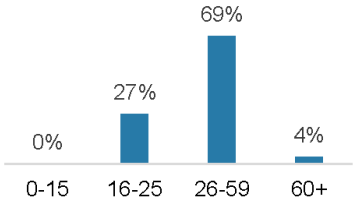
Ethnicity – Non-Hispanic/Latinx (n = 545)



Gender Identity (n = 2,865)



Age (n = 2,657)



Language (n = 2,868)	
English	72%
Spanish	13%
English & Spanish	14%
Another	1%

ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC

Program Description

Access & Assessment: This is the clinic to attend when you first begin experiencing mental health related symptoms and want to get connected to behavioral health services. Most clients entering are self-referred as walk-ins, brought in by family members or by collaborating agencies including Child Protective Services, Kern County Public Health and/or Kern County Probation. At the time of screening or assessment, clients meet with a therapist or case manager (recovery specialist), and the client can choose to include family members and/or friends. Clients are then linked to appropriate providers based on client's needs and on where they live in the community.

Crisis Walk in Clinic (CWiC): The Crisis Walk-in Clinic is a client-centered, recovery oriented behavioral health program serving clients in crisis who require additional support before being discharged to the community. The CWiC is a 24/7 voluntary unlocked crisis unit located at the Mary K. Shell Building. CWiC staff respond to adults with behavioral health challenges who are at risk for psychiatric hospitalization. CWiC assist clients who are experiencing a crisis on a voluntary basis. Clients who go to the CWiC do not meet the criteria for inpatient hospitalization, however, benefit from immediate crisis interventions and/or expediated services. As a result, CWiC can provide such services in the least restrictive manner with the ability to transition our clients back to the community safely.

Updates

- Access and Assessment (A&A) has moved divisions from Crisis services to the Adult System of Care. A&A has begun to administer the Medi-Cal screening tool to all Medi-Cal beneficiaries and have utilized the transition of care tool to assist in linking clients to their Managed Care Plan (MCP) providers when a client does not meet criteria for specialty services.

- CWIC has undergone a leadership change. The team is also back to being fully staffed with the utilization of therapists to help with screenings and assessments to link people to the system of care. The CWiC also began to utilize the Medi-Cal Screening Tool to better assist in linkage to services as well as utilizing the C-SSRS (Columbia-Suicide Severity Rating Scale) at every interaction.

ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC

Self-Report Survey Outcomes



Respondents aged 16-25 were more likely to report a severe level of distress (47%) than other age groups.

White respondents were more likely to report a severe level of distress (46%) than other groups.

Female respondents were more likely to report a severe level of distress (45%) than men.

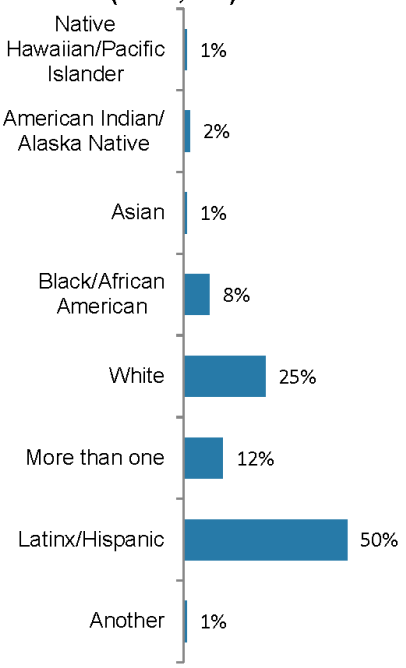
Emotional Stress & Psychological Dysfunction (n=1,359)

SOS-10 Stress and Dysfunction Level	Intake
Minimal (59-40)	21%
Mild (39-33)	11%
Moderate (32-23)	24%
Severe (22-1)	44%
Average SOS-10 Score	26.8

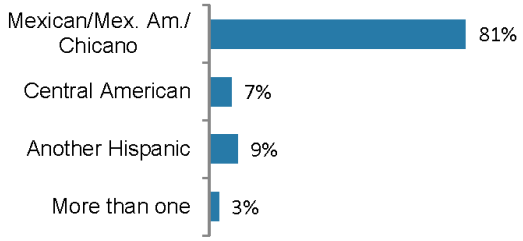
ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC

Partner Demographics

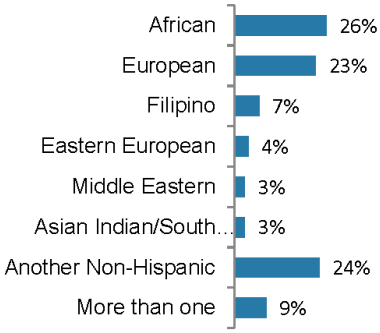
Race (n = 1,409)



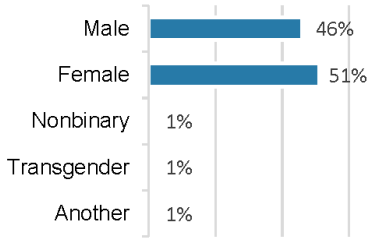
Ethnicity – Hispanic/Latinx (n = 814)



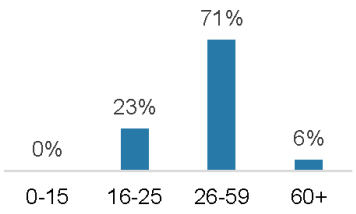
Ethnicity – Non- Hispanic/Latinx (n = 299)



Gender Identity (n = 1,415)



Age (n = 1,309)



Language (n = 1,419)	
English	72%
Spanish	11%
English and Spanish	16%
Another	1%

ASSERTIVE COMMUNITY TREATMENT (ACT)

Program Description

Assertive Community Treatment (ACT) Full-Service Partnership teams provide specialty mental health care to individuals with severe and persistent mental illness. They work exclusively with MHSA ACT individuals and juvenile justice involved (AB109) individuals. The teams provide intensified services, with higher frequency depending on a client's care needs. The ACT Teams consist of Case Managers, Aides, Therapists, Substance Use Specialists, and Mental Health Nurses. Psychiatrists work with multiple teams within the System of Care, dedicating weekly shifts to assessments and medication management appointments. Clients are referred to the ACT teams through mental health outpatient treatment teams when more intensive care is necessary. Recovery Specialists and Substance Use Specialists maintain engagement in treatment and progress toward goals. Individualized care is provided by Therapists in the client's living environment, with consultation with the Staff Nurse for medication management and health education. ACT is evidence-based and characterized as a "hospital without walls," working intensively with individuals in their home or community settings.

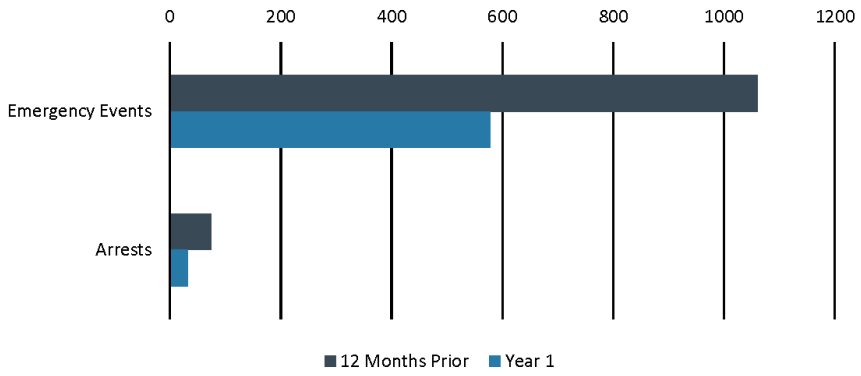
Updates

- The ACT team is preparing for CARE Court to begin in Kern County, which is expected in 2024.
- The ACT Team is also expanding services for Individual Placement Services (IPS), which connects individuals with employment opportunities.

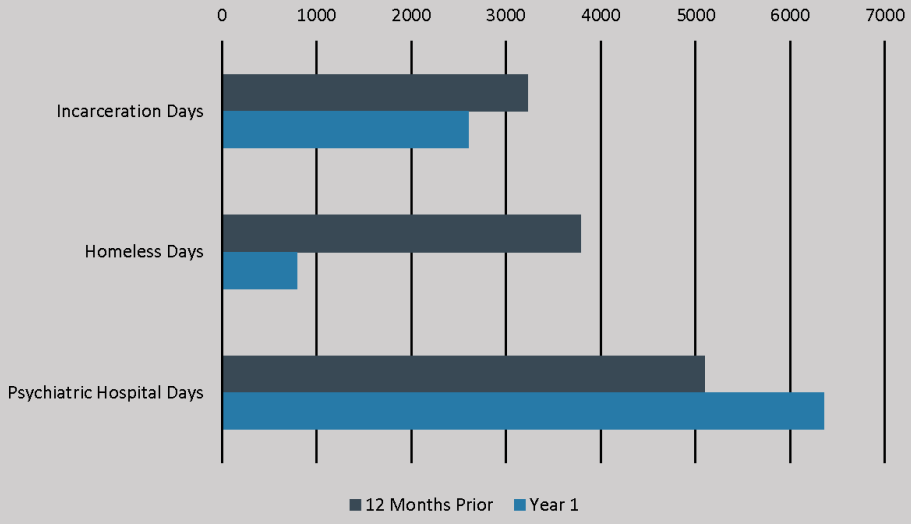
ASSERTIVE COMMUNITY TREATMENT (ACT)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in ACT. These metrics are compared between 12 months prior to treatment and after one year of treatment.

Total Number of Emergency Events and Arrests (n = 171)



Total Incarceration, Homeless, and Hospital Days (n = 171)



ADULT WRAPAROUND

Program Description

The Adult Wraparound team is a Full-Service Partnership that offers brief (60 days average) intensive mental health services for adults who are experiencing increased impairment to their life-function because of increased mental health symptomology. Adult Wraparound staff are allocated onto each internal adult outpatient team in the form of dyads (therapist/recovery specialist). The dyads work with their outpatient team to identify clients that are at risk of hospitalization or frequent use of crisis services. They regularly attend team meetings to discuss potential referrals for Adult Wraparound services. The dyad works closely with the treatment team to ensure continuity of care and works towards stabilizing client's symptoms.

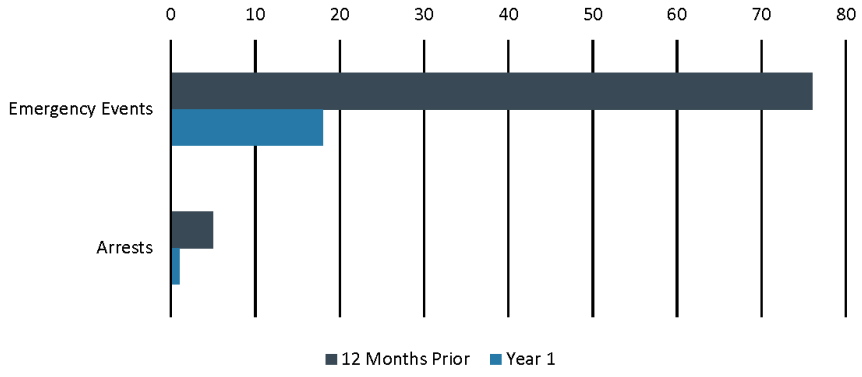
Updates

- Adult Wraparound has moved to a new location to accommodate the growing team.

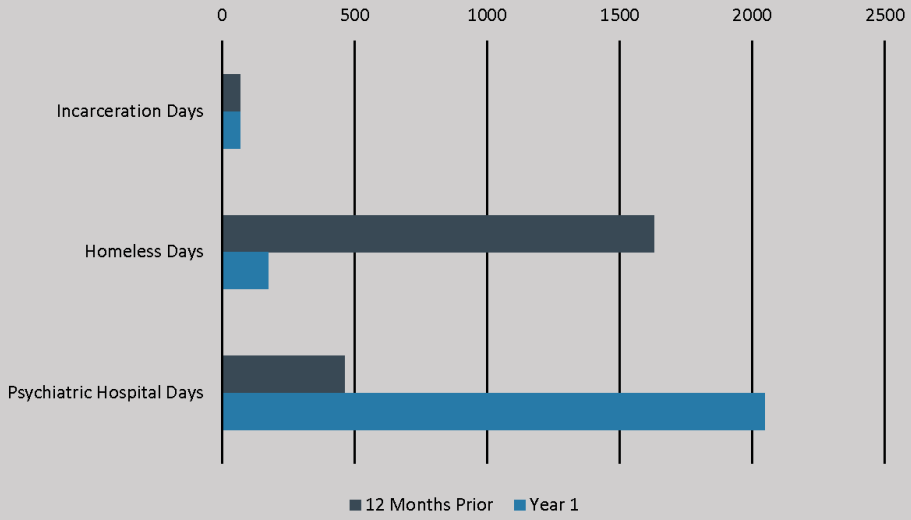
ADULT WRAPAROUND

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all participants in Adult Wraparound. These metrics are compared between 12 months prior to treatment and after one year of treatment.

Total Number of Emergency Events and Arrests (n = 40)



Total Incarceration, Homeless, and Hospital Days (n = 46)



ADULT WRAPAROUND CORE

Program Description

Adult Wraparound is a System Development program that offers brief (60 days average) intensive behavioral health services for adults who are experiencing increased impairment to their life functioning areas because of increased behavioral health symptomology. Clients are referred by their primary outpatient team when the client is at risk of hospitalization and/or frequent utilization of crisis services.

Adult Wraparound Core staff are assigned to various outpatient adult teams to provide quick access to intensified wraparound services. Services are based on the needs of the client, which can include multiple interactions per week, to daily intervention if needed. Treatment planning is a collaborative process that takes an interdisciplinary approach. This approach can include the client, therapist, case manager, support persons, substance use disorder specialist, team supervisor, nurse, psychiatrist, and the Adult Wraparound staff.

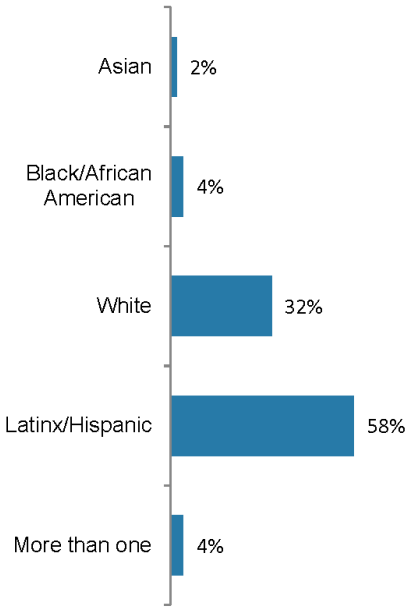
Updates

- Staff at the CCS Wasco and CCS Ridgecrest clinics have completed Eye Movement Desensitization and Reprocessing (EMDR) training.

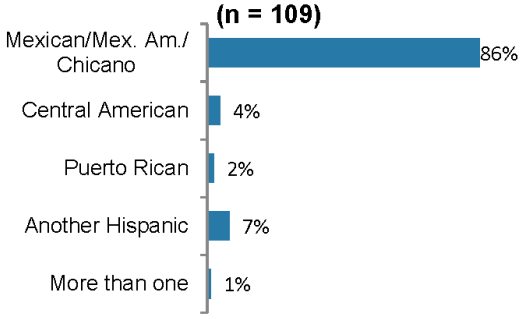
ADULT WRAPAROUND CORE

Partner Demographics

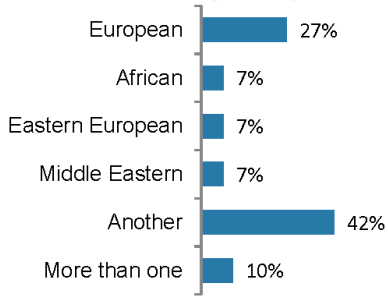
Race (n = 167)



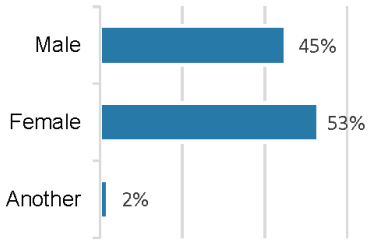
Ethnicity – Hispanic/Latinx (n = 109)



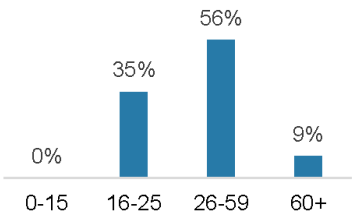
Ethnicity – Non- Hispanic/Latinx (n = 30)



Gender Identity (n = 172)



Age (n = 164)

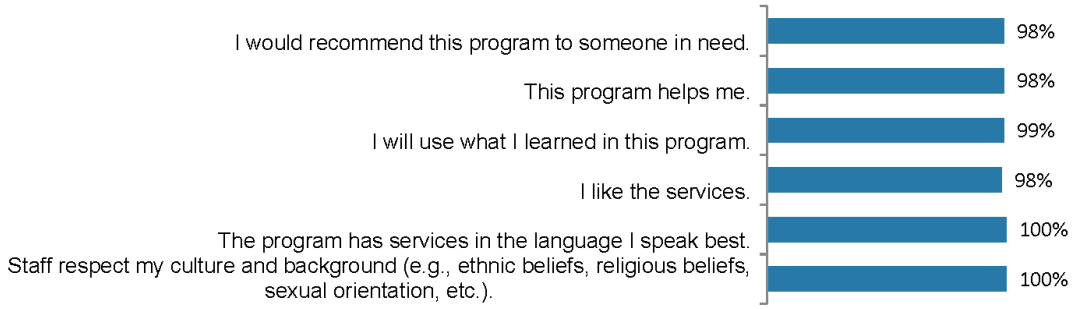


Language (n = 171)	
English	63%
Spanish	22%
English and Spanish	15%

ADULT WRAPAROUND CORE

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 86 - 89)



Emotional Stress & Psychological Dysfunction (n = 48)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	35%	60%
Mild (39-33)	15%	17%
Moderate (32-23)	31%	13%
Severe (22-1)	19%	10%
Average SOS-10 Score	30.1 *(n=175)*	36.3 *(n=89)*

44% of respondents moved at least one level from a more severe level of distress to a less severe level of distress.

31% of respondents moved two levels from a more severe level of distress to a less severe level of distress.

16% of respondents with a severe level of distress at intake continued the treatment to its conclusion.

ADULT TRANSITION TEAM/HOMELESS ADULT TEAM

Program Description

Adult Transition Team (ATT) focuses on the reduction and elimination of re-entry into jail and prison, while providing specialty mental health treatment for severe and persistent mental illness. Referrals come from many sources, including in-jail assessments, hospitals, or walk-in self-referrals.

Homeless Adult Team (HAT) is a program expansion of ATT. HAT works with clients who are homeless or at risk of becoming homeless, and who also require specialty mental health treatment. HAT clients do not traditionally carry a lengthy legal history. Much like its counterpart, ATT, HAT works diligently to eliminate the barriers to housing, benefits, and community resources.

ATT/HAT also 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.

Based on the needs of the client served, Kern BHRS offers a variety of service modalities designed to assist the individual in achieving goals related to psychological or social functioning, self-esteem, coping abilities, and external vocational, educational, or social opportunities. Clients receive an assessment that results in a recommendation for services and referrals to the most appropriate treatment resources. Treatment teams engage the individual, develop the individual's plan of care, transition plan, and initiate services.

Updates

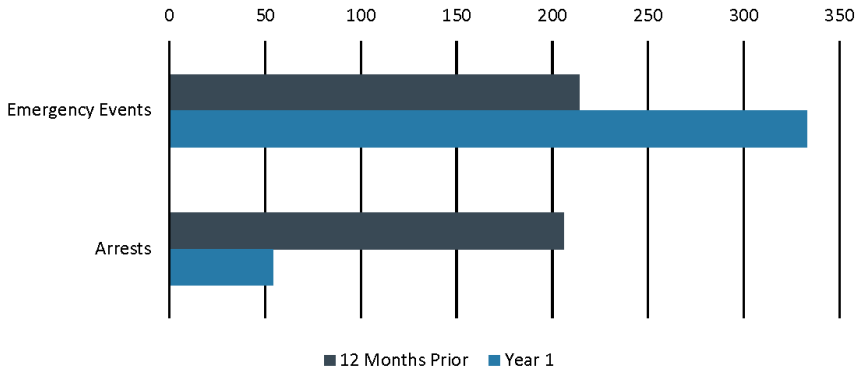
- The Adult Transition Team (ATT) has been expanding and brainstorming ways to accommodate the need for diversion services, particularly for clients with misdemeanors who are incompetent to stand trial. They have begun working with Correctional Behavioral Health to refer those not meeting criteria to other community service providers. They have increased group services to two daily to help increase coping strategies and socialization opportunities. They have also linked more clients to Navigation Centers to work with Flood Ministries and housing programs. Additionally, they have provided more community outings, including annual events and local educational opportunities.

- Homeless Adult Team (HAT): Within the last year, HAT has expanded supportive services to accommodate the vast needs of those experiencing homelessness. Some of these changes include creating a Supportive Housing Treatment Team to provide support to No Place Like Home and placing treatment teams into low-barrier navigation shelters and other homeless centers/shelters. The HAT Team has expanded its homeless outreach efforts to Open Door Network and The Mission this last year. HAT has added the Individual Placement Support Program to its repertoire of services. This program assists with employment needs/placement, job development, education, and working with DOR (Department of Rehabilitation).

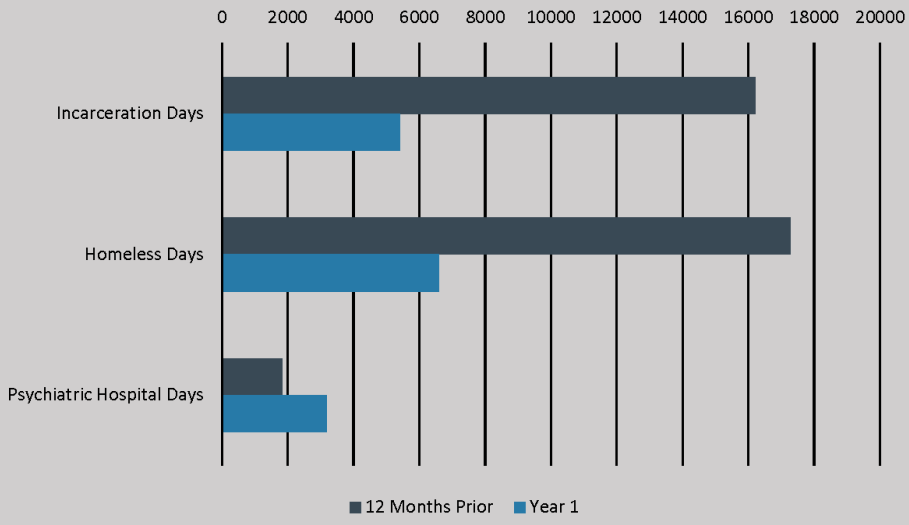
Adult Transition Team/Homeless Adult Team

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in ATT/HAT. These metrics are compared between 12 months prior to treatment and after one year of treatment.

Total Number of Emergency Events and Arrests (n = 199)



Total Incarceration, Homeless, and Hospital Days (n = 203)



RECOVERY AND WELLNESS CENTERS (RAWC)

Program Description

The Recovery and Wellness Centers (RAWC) teams provide multi-level mental health and substance use treatment services to individuals experiencing challenges as the result of mental illness and/or substance use and are geographically located throughout the greater Bakersfield area, as well as Wasco. RAWC teams provide behavioral health care to those who have either stepped down from intensified services from specialty care programs or inpatient treatment. RAWC staff work in teams of two (a dyad system) that include a therapist and case manager. This dyad takes a client-centered approach with the goal of creating continuity and consistency in the individual's treatment.

Providing individualized treatment and support, the RAWC teams work with clients to decrease hospitalization, incarcerations, homelessness, and symptoms that prevent clients from actively engaging in their communities. When specialty mental health services are no longer needed, clients are linked to a non-specialty community provider (lower level of care).

Updates

- A graduation checklist was developed and implemented to assist with helping individuals get connected to a lower level of care, allowing for improved monitoring of the number of clients exiting treatment along with the timeliness of linkage to a non-specialty community provider (lower level of care).

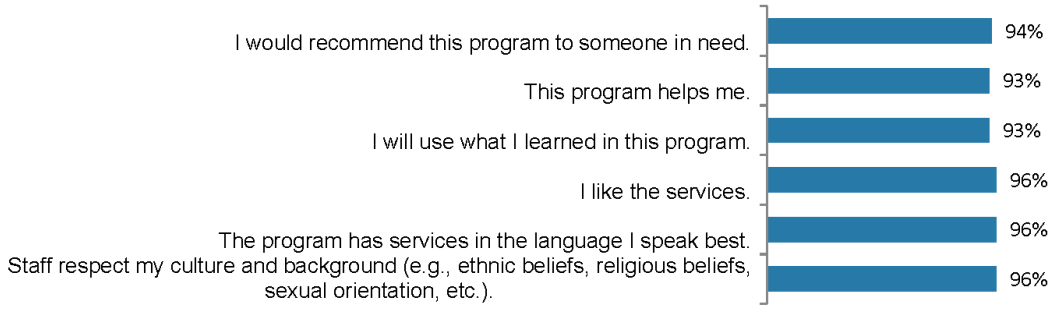
- In October 2022, a pilot for Transitional Age Youth (TAY) dyads were implemented to serve individuals aged 18-24, at the Child Guidance Clinic (CGC) North Bakersfield and KernBHRS Northeast Bakersfield clinics. TAY therapists and case managers received specialized training to provide age-appropriate services and linkage to community services designed to serve this population. Pre- and post-surveys were collected from clients to obtain honest feedback about the changes to their treatment team, allowing for further improvements as TAY dyads were implemented at the College Community Services (CCS) Bakersfield and KernBHRS Southeast Bakersfield clinics in February 2023.

- Staff at the CCS Wasco and CCS Bakersfield clinics completed Eye Movement Desensitization and Reprocessing (EMDR) training to start providing this as an additional service in the program.

RECOVERY AND WELLNESS CENTERS (RAWC)

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 131 - 137)



Emotional Stress & Psychological Dysfunction (n = 34)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	18%	41%
Mild (39-33)	18%	12%
Moderate (32-23)	32%	21%
Severe (22-1)	32%	26%
Average SOS-10 Score	27.5 *(n=1,395)*	35.6 *(n=150)*

35% of respondents moved at least one level from a more severe level of distress to a less severe level of distress.

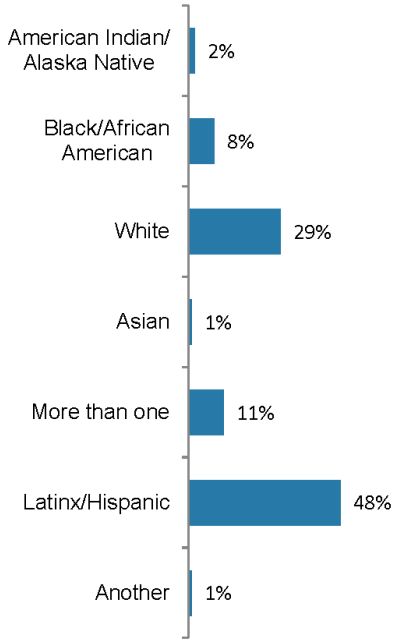
24% of respondents moved two levels from a more severe level of distress to a less severe level of distress.

2% of respondents with a severe level of distress at intake continued the treatment to its conclusion.

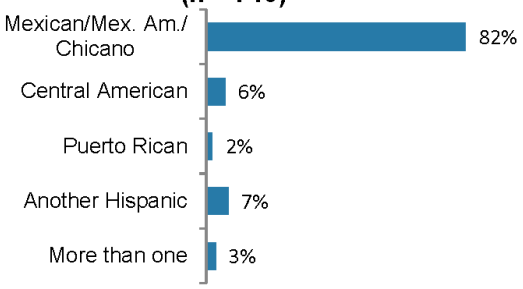
RECOVERY AND WELLNESS CENTERS (RAWC)

Partner Demographics

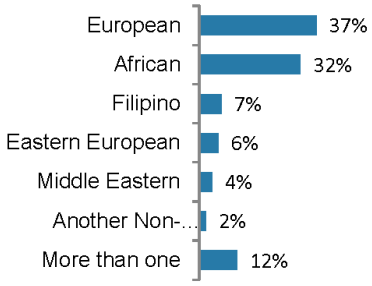
Race (n = 1,267)



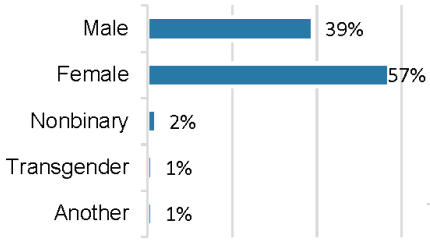
Ethnicity - Hispanic/Latinx (n = 715)



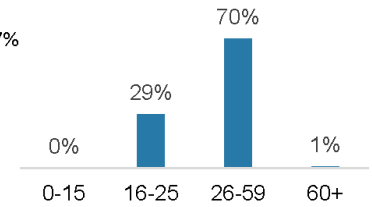
Ethnicity – Non-Hispanic/Latinx (n = 216)



Gender Identity (n = 1,278)



Age (n = 1,184)



Language (n = 1,278)	
English	74%
Spanish	13%
English and Spanish	13%
Another	<1%

ASSERTIVE COMMUNITY TREATMENT (ACT)

Program Description

Assertive Community Treatment (ACT) Full-Service Partnership teams provide specialty mental health care to individuals with severe and persistent mental illness. They work exclusively with MHSA ACT individuals and juvenile justice involved (AB109) individuals. The teams provide intensified services, with higher frequency depending on a client's care needs. The ACT Teams consist of Case Managers, Aides, Therapists, Substance Abuse Specialists, and Mental Health Nurses. Psychiatrists work with multiple teams within the System of Care, dedicating weekly shifts to assessments and medication management appointments. Clients are referred to the ACT teams through mental health outpatient treatment teams when more intensive care is necessary. Recovery Specialists and Substance Abuse Specialists maintain engagement in treatment and progress toward goals. Individualized care is provided by Therapists in the client's living environment, with consultation with the Staff Nurse for medication management and health education. ACT is evidence-based and characterized as a "hospital without walls," working intensively with individuals in their home or community settings.

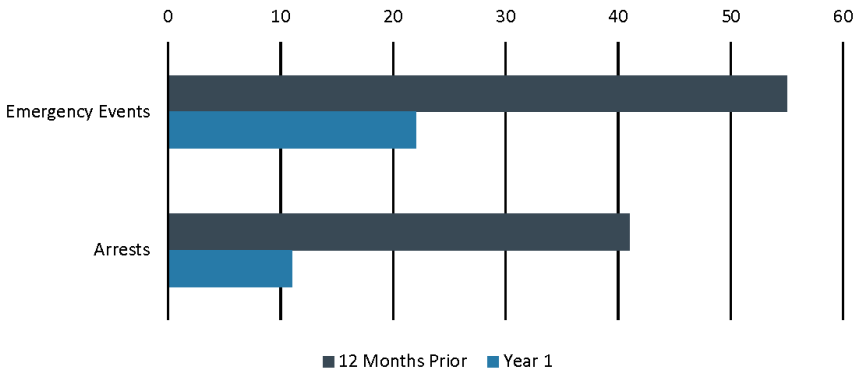
Updates

- The ACT team is preparing for CARE Court to begin in Kern County, which is expected in 2024.
- The ACT Team is also expanding services for Individual Placement Services (IPS), which connects individuals with employment opportunities.

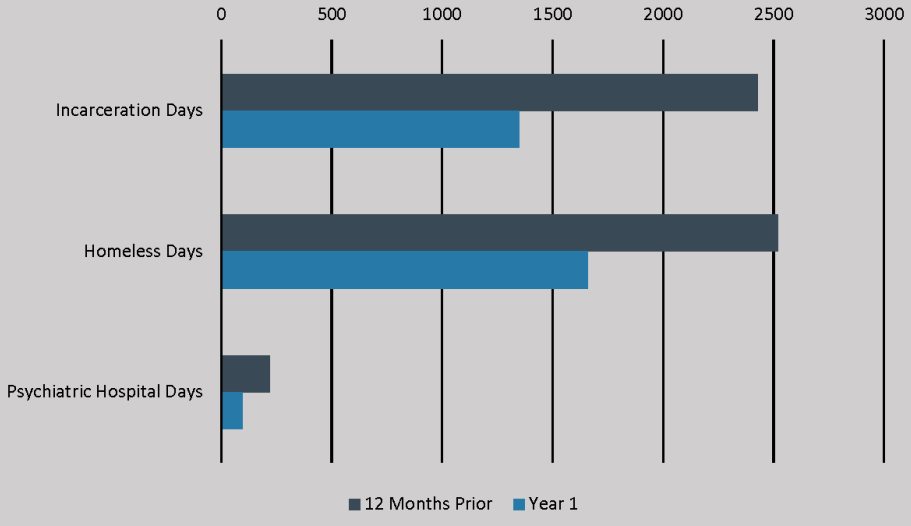
TRANSITION AGE YOUTH (TAY)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in TAY. These metrics are compared between 12 months prior to treatment and after one year of treatment.

Total Number of Emergency Events and Arrests (n = 159)



Total Incarceration, Homeless, and Hospital Days (n = 160)



WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT (WISE)

Program Description

The WISE team provides mental health services to the older adult population. Clients that receive services from WISE experience serious mental health concerns which require services that are delivered through the "whatever it takes" approach. Referrals to the WISE team come from mental health teams, the Volunteer Senior Outreach Program (VSOP), the Access to Care Center or through the Mobile Evaluation Team (MET), or from psychiatric or medical hospital settings. The WISE team is mobile, providing services in the senior's homes, as many experience a lack of reliable transportation. The team includes a Geriatric psychiatrist, therapists, and case managers. Clients are provided evaluation, medication management, therapy, case management and assistance with obtaining community resources. The Geriatric psychiatrist may also evaluate the need for and offer referrals for physical health care as needed.

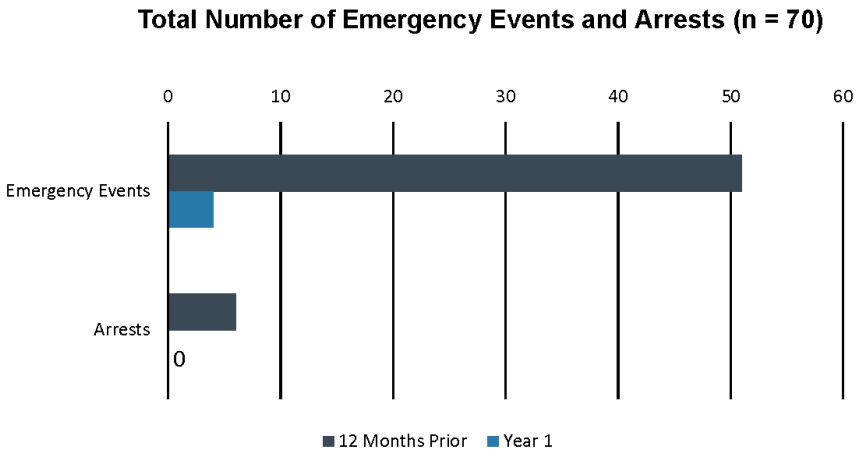
Updates

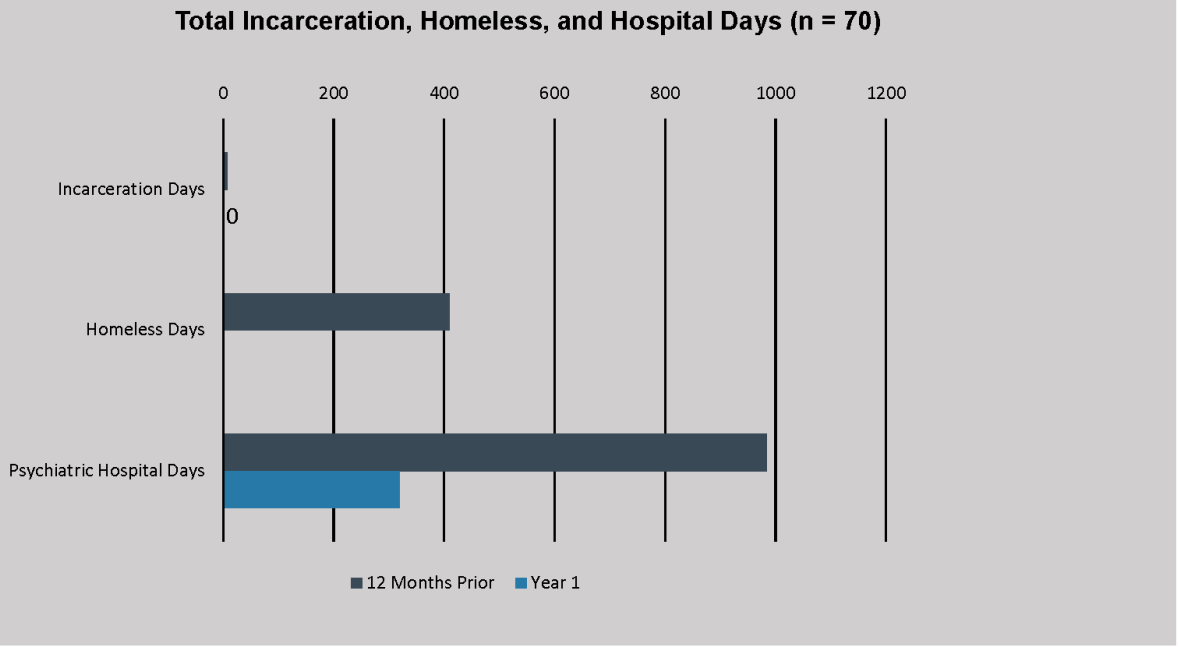
- The WISE Team provided 6,665 total client contacts and the numbers are expected to increase over the upcoming fiscal years. The program is expected to continue with Outreach and Education activities in an ongoing effort to target the senior population of various ethnic and cultural backgrounds that traditionally have not engaged in behavioral health services. Furthermore, efforts to increase staffing in preparation to meet the demands of higher caseloads have been to include two additional therapists and an Office Services Assistant (OST) to the team.

- Outcome data is collected through Data Collection Reporting (DCR). Saint Louis University Mental Status (SLUMS), Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder-7 (GAD-7) are the assessment tools currently used to determine level of impairment and or functioning to help determine the plan for treatment.

WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT (WISE)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in WISE. These metrics are compared between 12 months prior to treatment and after one year of treatment.





YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM (MIST)

Program Description

The Youth Multi-Agency Integrated Services (MIST) Team provides a variety of specialty mental health services for children and families. Those served include youth at risk of losing placement, foster youth (both wards and dependents) and Commercially Sexually Exploited Children (CSEC). Children referred to the Youth MIST team have been identified as having serious mental illness and/or behavioral issues. Referrals for care come from the Department of Human Services, Probation Department, group homes, schools, KernBHRS, contracted mental health providers, and the Department of Public Health. Staff receive training in a wide array of Cultural Competency topics, enabling Youth MIST to provide sensitive competent services to people of diverse cultures, those in stages of acculturation, and people with varying sexual orientations.

Youth MIST helps parents/caregivers with psychoeducation on their child's mental health symptoms and treatment and how to work with the schools, including the special education and Individual Education Plan (IEP) process. Youth MIST works with the entire family and are offered support and mental health services when needed as well.

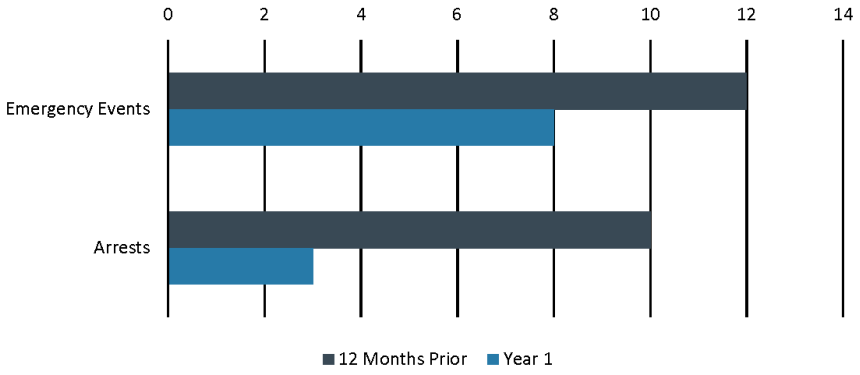
Updates

- The Youth MIST team was recently informed that their Treatment Forster Care Oregon (TFCO) program's success rate reached 80%. The program will be applying to be an officially certified TFCO program in January of 2024. This certification will assist in providing effective services to more children and families.

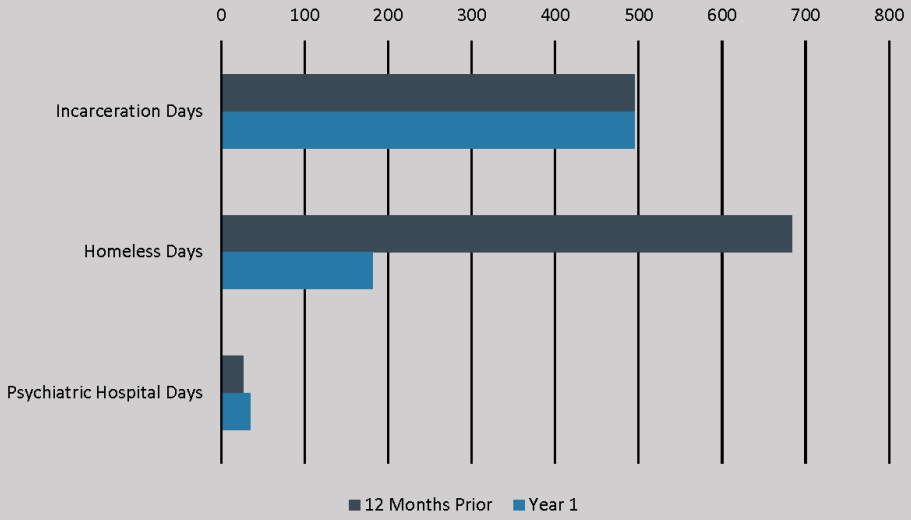
YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM (MIST)

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in Youth MIST. These metrics are compared between 12 months prior to treatment and after one year of treatment.

Total Number of Emergency Events and Arrests (n = 45)



Total Incarceration, Homeless, and Hospital Days (n = 50)



YOUTH WRAPAROUND

Program Description

Youth Wraparound provides intensified services for youth at risk of hospitalization, who meet the criteria for Pathway to Well Being services and/or Therapeutic Behavioral Services or are in frequent need of crisis intervention. The goal of the program is to improve access to care when a child presents for urgent or crisis services, thereby maintaining children in the least restrictive environment. Treatment is ultimately most effective when children are linked to an ongoing provider promptly as close to the crisis episode as possible. Youth Wraparound remains in contact with the child and caregiver until stabilization or an outpatient provider connects with them to ensure that there is successful remediation of symptoms and behaviors.

To ensure services are readily available, teams are located within the Children's Geographic Provider service areas throughout Kern County. Referrals come from a variety of sources, including self-referrals, schools, Probation Department, Department of Healthcare Services, Mobile Evaluation Team (MET), Psychiatric Evaluation Center (PEC), the Special Multi-Agency Referral Team (SMART) Committee, and hospitals. Staff are available after-hours and on weekends and holidays to ensure immediate services are available during times of crisis. Treatment planning is developed in a Child and Family Team with a focus on meeting the specific needs of the youth and family. The treatment team involves the client, therapist, Recovery Specialist, parents/guardians, placing agencies, schools, and other child-serving agencies.

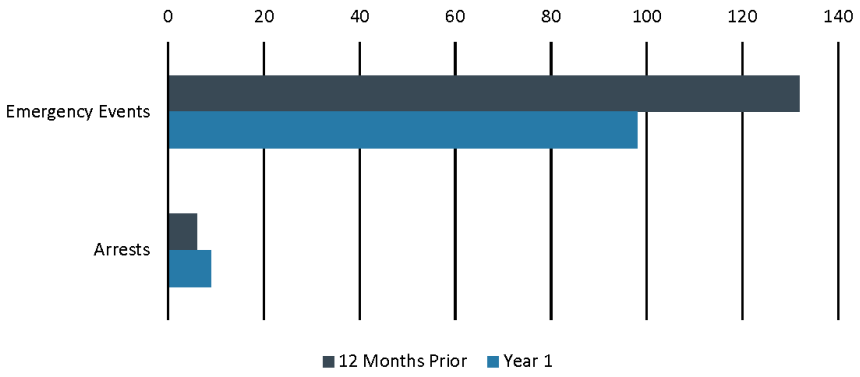
Updates

- Youth Wraparound continues to co-locate with crisis services at the Mary K Shell Building, Psychiatric Evaluation Center (PEC), and with Kern Medical (KM) Emergency Room and Pediatrics. The geographic system continues to remediate referrals and work toward increased access to intensified services pre and post crisis utilization. This is accomplished with ongoing collaboration with partner and contract agencies.
- Staff at KernBHRS, College Community Services (CCS) in Taft, CCS Mojave, and CCS Wasco clinics completed Eye Movement Desensitization and Reprocessing (EMDR) training.

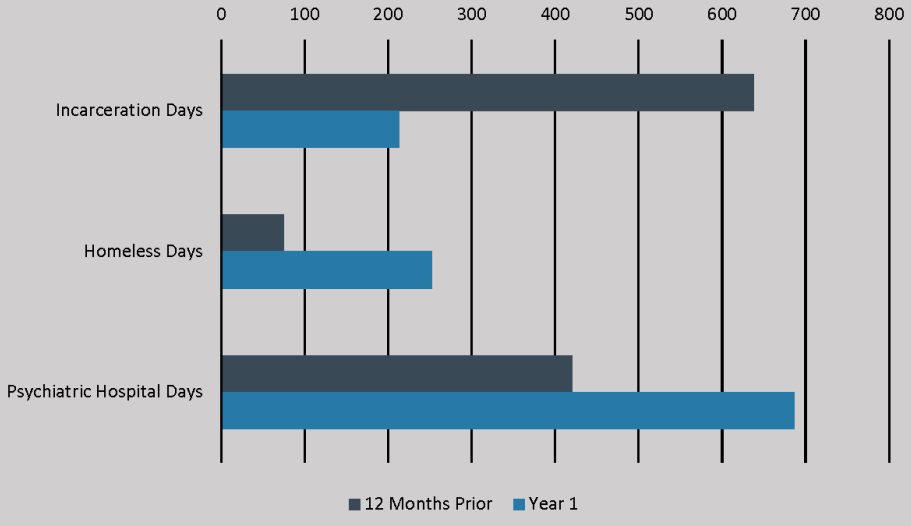
YOUTH WRAPAROUND

Number of emergency events, arrests, days spent incarcerated, days spent homeless, and days spent in psychiatric hospitalization are reported for all partners in Youth Wraparound. These metrics are compared between 12 months prior to treatment and after one year of treatment.

Total Number of Emergency Events and Arrests (n = 192)



Total Incarceration, Homeless, and Hospital Days (n = 192)



Full-Service Partnership (FSP) Programs

FULL-SERVICE PARTNERSHIP PROGRAMS

KernBHRS continues in FY 2022-2023 with seven (7) Full-Service Partnership (FSP) programs. 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 FSP's provide "whatever it takes" services, meaning care is available 24/7 to assist with crisis intervention and immediate needs.

Children, Transitional 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	POPULATION FOCUS	CHILDREN (0-15)	TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)
Adult Transition Team (ATT) and Homeless Adult Team (HAT)	Transition Age Youth, Adults, and Older Adults		X	X	X
Adult Wellness and Recovery Action Plan (Adult WRAP)	Transition Age Youth, Adults, and Older Adults		X	X	X
Assertive Community Treatment (ACT)	Transition Age Youth, Adults, and Older Adults		X	X	X
Transition Age Youth (TAY)	Transition Age Youth		X		
Wellness, Independence, and Senior Enrichment (WISE)	Older Adults				X
Youth Multi-Agency Integrated Services Team (MIST)	Children & Transition Age Youth	X	X	X	X
Youth Wellness and Recovery Action Plan (Youth WRAP)	Children & Transition Age Youth	X	X		

FSP Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the cost per client in FY 2022-2023, including all revenue sources.

FSP Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost Per Person
Adult Transition Team (ATT) and Homeless Adult Team (HAT)	$ 6,576,243.00	2,250	$ 2,922.78

Adult Wellness and Recovery Action Plan (Adult WRAP)	$ 3,058,098.00	667	$ 4,584.86
Assertive Community Treatment (ACT)	$ 4,197,809.00	447	$ 9,391.07
Transition Age Youth (TAY)	$ 2,184,052.00	607	$ 3,598.11
Wellness, Independence, and Senior Enrichment (WISE)	$ 1,766,959.00	136	$ 12,992.35
Youth Multi-Agency Integrated Services Team (Youth MIST)	$ 278,511.00	170	$ 1,638.30
Youth Wellness and Recovery Action Plan (Youth WRAP)	$ 5,220,848.00	1,885	$ 2,769.68

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	**Adult Transition Team (ATT)/Homeless Adult Team (HAT)**
Date Started:	ATT in 2006 HAT in 2007
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) - 2525 North Chester Ave, Bakersfield, CA 93308 • KernBHRS Satellite Office/Pioneer Cottages - 3141 Pioneer Drive, Bakersfield, CA 93306 • KernBHRS Satellite Office/M Street Navigation Center - 2900 M Street, Bakersfield, CA 93301 • KernBHRS Satellite Office/ Brundage Lane Navigation Center - 1900 E Brundage Lane, Bakersfield, CA 93307 (Satellite Office)
Program Description:	Adult Transition Team (ATT) focuses on the reduction and elimination of re-entry into jail and prison, while providing specialty mental health treatment for severe and persistent mental illness. Referrals come from many sources, including in-jail assessments, hospitals, or walk-in self-referrals. Homeless Adult Team (HAT) is a program expansion of ATT. HAT works with clients who are homeless or at risk of becoming homeless, and who also require specialty mental health treatment. HAT clients do not traditionally carry a lengthy legal history. Much like its counterpart, ATT, HAT works diligently to eliminate the barriers to housing, benefits, and community resources. ATT/HAT also 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.

<table>
<tr><td></td><td colspan="2">Based on the needs of the client served, Kern BHRS offers a variety of service modalities designed to assist the individual in achieving goals related to psychological or social functioning, self-esteem, coping abilities, and external vocational, educational, or social opportunities. Clients receive an assessment that results in a recommendation for services and referrals to the most appropriate treatment resources. Treatment teams engage the individual, develop the individual's plan of care, transition plan, and initiate services.</td></tr>
<tr><td>Eligibility Criteria:</td><td colspan="2">• 18+ years old
• Qualifying chronic mental health diagnosis
• Severe functional impairment in daily life functioning
• Homeless or at risk of homelessness
• ATT specific – history of incarcerations</td></tr>
<tr><td>Menu of Services:</td><td><u>Adult Transition Team (ATT)</u>:
• Screening and referral for individuals at local jail
• Dual recovery SUD services
• Cognitive Behavioral Therapy (CBT)
• CBT specialized for Psychosis (CBTp)
• Dialectical Behavior Therapy (DBT)
• Aggression Replacement Training (ART)
• Seeking safety and matrix groups for co-occurring disorders occur both on site and in sober living environments
• Case management provided in field. Individual therapy sessions and groups provided on site
• Integrated Enhanced Service Plans (IESPs)
• Diversion Program</td><td><u>Homeless Adult Team (HAT)</u>:
• Screening/assessment and referral for individuals to determine level of care needs
• Cognitive Behavioral Therapy (CBT)
• CBT specialized for Psychosis (CBTp)
• Dialectical Behavior Therapy (DBT)
• Aggression Replacement Training (ART)
• CBT for Suicide Prevention (CBT-Sp)
• Linkage to resources and housing
• Assist with application process for Medi-Cal and Social Security benefits
• Provide screenings and assessment at Outreach and Education events in a secure setting</td></tr>
</table>

	• Individual Placement Support (IPS) • Misdemeanor Incompetent to Stand Trial Diversion Services	• Homeless outreach with Flood Ministries and Crisis Intervention Team (CIT) • Eye Movement Desensitization and Reprocessing (EMDR). • Case management provided in field. Individual therapy sessions and groups provided on site and in the field. • Integrated Enhanced Service Plans (IESPs) • Relational Outreach and Engagement Model (ROEM) team • Supportive Housing Treatment team • Individual Placement Support (IPS) • High Impact List Program
Supportive Service Provider(s):	• Brundage Lane Navigation Center (Housing and Emergency Services) • Community Action Partnership of Kern (Housing and Emergency Services) • Cottage of Hope & Gratitude (Housing Services) • Department of Rehabilitation (DOR) • Flood Ministries (Housing Services) • Freedom House (Housing Services) • Housing Authority of the County of Kern (HACK) • M Street Navigation Center (Housing and Emergency Services) • North Chester Drugs, Inc. (Client Medication) • Open Door Network (Housing Services) • Steward, Inc. (Housing Support) • The Mission at Kern County (Housing Services) • United Way of Kern County, Inc. (Homelessness Project) • Inpatient Hospitalization Administrative and Case Management Collaboration (Partnership with all hospitals and inpatient facilities serving KernBHRS clients)	

Program Update:	**<u>Adult Transition Team (ATT)</u>:** Over the last year, the Adult Transition Team has continued to expand and brainstormed ways to accommodate the need for diversion services. The team has seen an increase in need for outpatient services for those clients with misdemeanors and who are incompetent to stand trial. Furthermore, we have begun working with Correctional Behavioral Health on appropriate ways to refer those who do not meet our criteria to other service providers within the community for diversion services. We have continued to increase our group services to approximately two groups daily to help increase coping strategies for our clients and increase socialization opportunities within the community. Additionally, we have begun to link more clients to our Navigation Centers to work directly with Flood Ministries and our housing programs to find more long-term housing solutions for our clients. Finally, we have begun to provide more opportunities with community outings now that many of the pandemic restrictions have been lifted. **<u>Homeless Adult Team</u>:** Within the last year, HAT has expanded supportive services to accommodate the vast needs of those experiencing homelessness. Some of these changes include creating a Supportive Housing Treatment Team to provide support to *No Place Like Home* and placing treatment teams into low-barrier navigation shelters and other homeless centers/shelters. The HAT Team has expanded its homeless outreach efforts to Open Door Network and The Mission this last year. HAT has added the Individual Placement Support Program to its repertoire of services. This program assists with employment needs/placement, job development, education, and working with DOR (Department of Rehabilitation). HAT has also expanded the ROEM team by adding the High Impact List Program which identifies and serves unsheltered individuals reported frequently through 911 calls from the public. Program geared towards supporting identified individuals and diverting 911 calls regarding them.
Challenges or Barriers:	**Adult Transition Team:** • Housing options continue to be the largest barrier for the individuals on the team with a history of severe changes. They often have limited temporary placement and do not meet criteria for the long-term housing placements through Housing Authority and Section 8 providers. We often see that those who exhaust all temporary housing options and have no options other than a shelter tend to

	decompensate quickly and see an increased risk for re-offending. We have attempted to link these clients to the Open-Door Network program who report having multiple landlords and programs to try to assist all clients in need of housing. • Similarly, we continue to see a significant increase in diversion services for those clients who do not meet FSP criteria or do not reside within our geographic location. Finding agreeable providers to refer diversion clients to continues to be a barrier, as many providers have declined to provide these services. This has resulted in meetings with Superior Court, the Public Defender's Office and the system of care to brainstorm ways to expand these options to more individuals within the community.
Proposed Changes:	Currently, the ATT team is working on further increasing our group services to provide multiple groups daily. While we have increased groups for our diversion services, we also want to increase groups for those clients who have acute symptoms, making traditional group settings difficult. We continue to brainstorm ideas for creative groups to ensure all clients have an opportunity to participate. Additionally, we are continuing to fine tune our diversion referral process to assist those individuals who need these services at a lower level of care. By updating our referral and evaluation process, we hope to provide Correctional Behavioral Health with the information necessary to assist in linking these individuals to geographic providers. This will allow more individuals to participate in diversion services rather than doing time in prison. HAT and the Housing Supportive Treatment Team will be expanding in the upcoming years due to the No Place Like Home. Site construction in its final phases of development. These No Place Like Home sites will allow more affordable housing options to those facing homelessness in partnership with The Housing Authority of the County of Kern. HAT will also be expanding their Outreach/Education efforts to Saint Vincent De Paul (community partner assisting the homeless) this coming year. The HAT Team will also be adding Peer Support Specialists to the team to assist with engagement/referral/support efforts into services.

Budget:

Adult Transition Team (ATT) and Homeless Adult Team (HAT)	FY 2022/2023
Annual Budgeted Funds	$ 6,576,243
Unduplicated # Served	2,250
Annual Cost Per Client	$ 2,922.78

Success Stories/Program Highlights:

Homeless Adult Team (HAT):

HAT has served an individual since March 2020. He was in prison in Shasta County and then came back to Bakersfield to find his mother, who was 100 years old at the time. HAT was able to reconnect him with his mother, before she passed away in February. This unfortunate event also led to a better relationship with his sister. He struggled with substance use issues and symptoms related to his major behavioral health issues. He was granted SSI benefits by the HAT Team, and he was successfully linked to the Veteran's Affairs (VA) for ongoing support. He now manages his symptoms better by using coping skills learned from HAT staff (creating art and painting pictures using paints and canvas). He feels comfortable asking for help when needed. He has successfully improved his independence and can now manage his own finances and is able to maintain his placement. The HAT team will be working on fully transitioning him to a lower-level Outpatient Clinic for ongoing mental health treatment. He is no longer homeless, is medication/treatment compliant, is maintaining his sobriety, is living successfully on his own, and has better relationships with his sister and other family members. We at the HAT Team are very proud of him.

Adult Transition Team (ATT):

From the age of sixteen, our client struggled with trauma, severe depression, psychosis, and drug addiction. This resulted in countless admissions to crisis centers, hospitals, and jails, as well as losing contact with her family.

In 2021, our client attempted suicide by lighting herself on fire. The injuries were so severe that our client was in a coma for a week after multiple surgical procedures.

After her recovery period, she was open to receiving mental health services. The Adult Transition Team (ATT) team wrapped around her by providing intensive treatment. Our client has shown an immense amount

of progress in her recovery; she graduated from a substance use disorder (SUD) residential program, sustaining placement for 1 year and maintaining sobriety for 8 months. She successfully enrolled in veterinary school, and she is currently volunteering at a local animal shelter. She continues to take her medication that supports her wellness; and most importantly, she has reunited with her biological mother, siblings, and grandmother.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	**Adult Wellness and Recovery Action Plan (Adult WRAP)**
Date Started:	07/01/2019
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Clinica Sierra Vista (CSV) • College Community Services (CCS) • Child Guidance Clinic (CGC)
Location(s):	• KernBHRS - 5121 Stockdale Highway, Suite 150A, Bakersfield, CA 93309 • CSV - 3105 Wilson Road, Bakersfield, CA 93304 • CCS - 2821 H Street, Bakersfield, CA 93301 • CGC - 661 Roberts Lane, Bakersfield, CA 93308
Program Description:	Adult Wellness and Recovery Action Plan (Adult WRAP) is a Full-Service Partnership which offers brief (sixty days average) intensive mental health services for adults who are experiencing increased impairment to their life-function because of increased mental health symptomology. Adult Wraparound staff (Therapist/Recovery Specialist) works in tandem with all internal outpatient treatment teams, contract providers CGC, CCS, CSV to identify clients that are at risk of hospitalization or frequent use of crisis services. They regularly attend team meetings to discuss potential referrals for Adult Wraparound services. The staff works closely with the treatment team to ensure continuity of care and works towards stabilizing the client's symptoms. This program offers socialization opportunities (ice-cream outings, planned activities at local museums and zoos, etc.) to promote community engagement and social-skill building. Adult WRAP reduces the financial impact of hospitalization, arrests, and incarcerations to the community. The team also encourages linkage to various community programs [Community Family Learning Center (CFLC), community

	group therapy, Narcotics Anonymous, (NA) Alcoholics Anonymous, (AA) etc.]
Eligibility Criteria:	• High utilization of crisis services such as hospitalizations, PEC, Crisis Hotline and MET. • Opened to an outpatient team and intensified services from primary team were unable to stabilize client's increased symptoms that evoke crisis • For clients in need of short-term intensified level 4 services.
Menu of Services:	• Skill-based interventions such as Cognitive Behavioral Therapy (CBT), Solution Focused Therapy (SFT), Motivational Interviewing, Wellness and Recovery Action Plan (WRAP) • Intensive support activities • Case management • Assist with linkage to community-based services • Bakersfield Referral Team
Supportive Services Provider(s):	• None
Program Update:	We are excited to announce we have created the Bakersfield Referral Team (BRT) to engage with people in the community who require outreach engagement due to high crisis utilization but who are not yet open to our department.
Challenges or Barriers:	The program faced challenges in being able to support in housing homeless adults that have some funds, which may be due to limited housing resources, availability, and increased housing prices. Adult Wraparound only has 3 vehicles to support 20 direct staff that work 80% out in the field and 20% in the office. Transportation is an essential service frequently needed to take clients to their appointments and to community-based services. Adult Wraparound also received some inappropriate referrals from primary treatment teams who do not meet criteria to receive our services but rather can be treated by the primary treatment team.
Proposed Changes:	• Staff intend to involve more family in treatment as deemed appropriate to explore other housing options through the client's

	support system. Plans to support clients by advocating for an increase in receiving funds when available. • Assigning more vehicles to Adult Wraparound to allow the program to support client needs with transportation. • We revised our referral criteria as well as providing the treatment team with a presentation of what we do and our criteria to reduce inappropriate referrals. • The current Wraparound client monitoring process is labor intensive and time consuming. Improved methods will be identified and implemented to streamline.

Budget:

Adult Wellness and Recovery Action Plan (Adult WRAP)	FY 2022/2023
Annual Budgeted Funds	$ 3,058,098.00
Unduplicated # Served	667
Annual Cost Per Client	$ 4,584.86

Success Stories/Program Highlights:

The client was referred by her primary treatment team because she had 3 psychiatric hospitalizations within the last two months. This was related to the client's depression and psychosis worsening as well as her not taking her medications consistently. Adult Wraparound staff were able to build rapport with client over time and able to educate client in understanding benefits of medication compliance and worked with her in providing temporary therapeutic services through increased engagement. The client was successfully able to gain a better understanding as to what led her to be hospitalized and as a result was able to reduce her accessing crisis services. She successfully graduated from the Adult Wraparound program with increased awareness of her symptoms and in her self-confidence.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	**Assertive Community Treatment (ACT)**
Date Started:	07/01/2016
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) - 5121 Stockdale Hwy, Bakersfield, CA 93309 • Mental Health Systems, Inc (MHS) - 5121 Stockdale Hwy, Bakersfield, CA 93309
Program Description:	The Assertive Community Treatment (ACT) Full-Service Partnership teams provide specialty mental health care to those with severe and persistent mental illness. The ACT teams work solely with (Mental Health Services Act) MHSA ACT individuals while the Mental Health Systems (MHS) Action team serves both MHSA ACT and juvenile justice involved (AB109) individuals. The teams provide intensified services to clients with mental health and/or substance use disorders. Intensified services include a higher frequency of services with the service team, depending on a client's care needs. The ACT Teams are composed of Case Managers and Aides, Therapists, Substance Use Specialists, and Mental Health Nurses. Psychiatrists work with multiple teams within the System of Care, dedicating weekly shifts to assessments and medication management appointments. Clients are referred to the ACT teams through mental health outpatient treatment teams when more intensive care is necessary. The KernBHRS ACT Supervisor reviews the referrals and those that meet the criteria for ACT services are referred to the KernBHRS or MHS team. AB109 clients are also referred to MHS ACTion by Correctional Behavioral Health and the Adult Transition Team. Those served by the ACT teams have often had a lengthy history of mental health and/or substance use treatment. ACT provides the highest level of care available for outpatient treatment. By the nature of the program, Recovery Specialists and Substance Use Specialists may meet with clients several

	times per week to maintain engagement in treatment and progress toward goals. Individualized care is provided by the Therapists and is provided in the client's living environment. Consultation is done with the Staff Nurse for medication management and health education. For physical health care, clients are linked to a primary care provider with whom we coordinate services; ACT team members may take clients to medical appointments as needed. ACT is an evidence-based model and characterized as a "hospital without walls." ACT works intensively with individuals in their home or other community settings. This model yields positive outcomes in helping clients recover in the community rather than institutional settings.
Eligibility Criteria:	• Adult, 18 years of age or older • Diagnosis: Primary diagnosis of schizophrenia spectrum, other psychotic disorders, or severe/persistent disorder that is causing psychiatric impairment. • Difficulty utilizing traditional case management or office-based outpatient services or evidence that they require more assertive and frequent non-office-based service to meet their clinical needs. • Two psychiatric hospitalizations in the past 12 months or lengths of stay totaling over 30 days in the past 12 months necessitating psychiatric stabilization.
Menu of Services:	• Cognitive Behavioral Therapy for Psychosis (CBTp) • Dialectical Behavioral Therapy (DBT) • Individual Therapy • Referrals to Consumer Family Learning Center (CFLC) • Crisis Intervention and Assessment • Assisted Outpatient Treatment (AOT)
Supportive Services Provider(s):	Kern County Superior Court
Program Update:	Currently ACT has a total of 86 clients open to the program, the program can support up to 100 clients in the program.

	ACT has collaborated with an Individual Placement and Support (IPS) employment worker to help individuals find employment. This has been very helpful in clients obtaining skills and confidence to begin working in our community.
Challenges or Barriers:	One barrier to the program was operating the ACT team without a fully staffed team. Staff moving onto other professional opportunities has left the team short staffed. Recruitment and interviewing processes are in progress to seek out good candidates to fill open positions with the KBHRS ACT team so that the ACT model can be appropriately implemented to maintain fidelity and ensure necessary community mental health services are provided.
Proposed Changes:	Ongoing training and education provided to staff and community providers on how to better meet our clients where they are at and provide creative intervention strategies to better improve client care and engagement.

Budget:

Assertive Community Treatment (ACT)	FY 2022/2023
Annual Budgeted Funds	$ 4,197,809.00
Unduplicated # Served	447
Annual Cost Per Client	$ 9,391.07

Success Stories/Program Highlights:

Team received a referral for client with long history of hospitalizations and general patterns of having serious challenges. At the time client was opened to ACT, client was at Crestwood Psychiatric Health Facility and ACT team worked to engage and support the client to manage client's symptoms of disorganization, delusions, suicidal ideations, and depressive mood to the point client was able to successfully step down to Crestwood Bridge, then further step down to Freise Hope House, before fully transitioning back into the community to reside at a room and board. Client continued to engage consistently with ACT and with support from ACT team was

able to reconnect with family and made the decision to move to Tehachapi to be closer to family. The client's consistency and progress in services led to a successful closure to ACT and the client has since transitioned to an even lower level of care with CCS Tehachapi.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	**Transition Age Youth (TAY)**
Date Started:	07/01/2006
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Dream Center
Location(s):	• KernBHRS - 3300 Truxtun Avenue Suite 100 Bakersfield, CA 93301 • Dream Center 1801 19th St. Bakersfield, CA 93301
Program Description:	The Transition Age Youth (TAY) team is a full-service partnership serving young adults ages 16-25, providing a number of services to those that struggle with mental health and substance use and is the only team serving this age-specific population in Kern County. TAY youth can be identified for the program when they move from the Children's System of Care or when they self-refer. They also can be referred to the Department of Human Services (DHS), Probation Department, KernBHRS Access and Assessment Center, group homes, schools, hospitals, or contract providers. There is also a collaboration with the Kern County Network for Children, Department of Human Services, Kern High School District, and Probation known as the Dream Center, which was designed to create a positive place for foster youth and transitional foster youth to be while providing access to resources. The TAY team supports the community by working with the Golden Empire Affordable Housing, Inc. and the Housing Authority of Kern to provide 20 one-bedroom subsidized rental units for TAY youth between the ages of 18-25 who struggle with mental health and substance use or are at risk of homelessness. <u>Goals:</u> TAY at KernBHRS:

	• Reduce substance use & high-risk behaviors • Assisting with transition to adulthood • Meeting career and educational goals • Assist with decreasing youth arrests and incarceration, hospitalization, mental health emergencies, & homelessness • Increase ability to live independently **TAY at Dream Center**: • Provide a comfortable space, with resources for youth who need assistance navigating the foster care system
Eligibility Criteria:	Emancipated foster care or juvenile justice system youth between the ages of 16-25 who struggle with mental health and substance use.
Menu of Services:	**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 health care, housing, and post-social opportunities) • Substance use assessments and linkage, tele-psych services, & Individual Placement Support (IPS-Employment program). **TAY at Dream Center:** • Assist with education and vocational goals • Transition to Independence Process (TIP) treatment model • In-Vivo teaching • Eye Movement Desensitization Reprocessing (EMDR)
Supportive Services Provider(s):	• Department of Human Services (DHS) • Kern County Probation • Kern County School Districts • Kern County Network for Children • Hospitals • Other contracted providers

Program Update:	The team continues to serve more youth who are experiencing issues related to housing instability, substance use, and difficulty maintaining stable income. Additional transitional housing programs have proven to address this need, but youth with the most severe mental health disorders are experiencing greater challenges to accessing adequate housing. The TAY team continues to advocate for early intervention, intensifying services, and linking clients to multiple resources. There has been success, in part to the interagency collaboration to support the TAY community. These partnerships have been instrumental in supporting the youth with achieving their goals.
Challenges or Barriers:	The TAY team did not hire a new Individual Placement Support (IPS) staff to help with employment opportunities for the youth because of little interest. Therefore, moving forward, the team will work to educate the youth on the value of employment and identify candidates to participate in the IPS program.
Proposed Changes:	To increase staffing to include additional clinical positions for therapy and substance use counseling to increase the number of TAY youth served to address community needs regarding homeless foster youth.

Budget:

Transition Age Youth (TAY)	FY 2022/2023
Annual Budgeted Funds	$ 2,184,052.00
Unduplicated # Served	607
Annual Cost Per Client	$ 3,598.11

Success Stories/Program Highlights:

A female foster youth moved from home to home and job to job and struggled with social anxiety and managing her emotions. She is now a permanent staff at Amazon, has almost completed her Associates of Arts degree at Bakersfield College and will be transferring to California State University, Bakersfield next year and has officially moved into her new apartment with her girlfriend.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	**Wellness, Independence, and Senior Enrichment (WISE)**
Date Started:	07/01/2006
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 5121 Stockdale Hwy, Bakersfield, CA 93309
Program Description:	The WISE team provides mental health services to the older adult population. Clients that receive services from WISE experience serious mental health concerns which require services that are delivered through the "whatever it takes" approach. Referrals to the WISE team come from mental health teams, the Volunteer Senior Outreach Program (VSOP), the Access to Care Center, or through the Mobile Evaluation Team, (MET) or from psychiatric or medical hospital settings. The WISE team is mobile, providing services in the senior's homes, as many experience a lack of reliable transportation. The team includes a geriatric psychologist, therapists, and case managers. Clients are provided evaluation, medication management, therapy, case management and assistance with obtaining community resources. The geriatric psychologist may also evaluate the need for and offer referrals for physical health care as needed.
Eligibility Criteria:	• Must be age 60+ • Must meet at least 1 At-Risk area: ○ Risk for homelessness ○ Risk for needing to reside in a Skilled Nursing Facility (SNF) ○ Risk for psychiatric or medical hospitalization (failure to coordinate both health and psychotropic medications, limited or no connections to non-emergency services) ○ Serious risk of suicide ○ Recurrent history or serious risk of abuse or neglecting of oneself

	○ Unserved, underserved, or inappropriately served by the behavioral health system
Menu of Services:	• 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) • Depression Group • Geriatric Psychology • Socialization opportunities
Supportive Services Provider(s):	• Kern County Aging & Adult Services • Department of Human Services (DHS)
Program Update:	The WISE Team provided 6,665 total client contacts and the numbers are expected to increase over the upcoming fiscal years. The program is expected to continue with Outreach and Education activities in an ongoing effort to target the senior population of various ethnic and cultural backgrounds that traditionally have not engaged in behavioral health services. Furthermore, efforts to increase staffing in preparation to meet the demands of higher caseloads have included two additional therapist and an Office Services Assistance to the team. Outcome data is collected through Data Collection Reporting (DCR). Saint Louis University Mental Status (SLUMS), Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder-7 (GAD-7) are the assessment tools currently used to determine level of impairment and or functioning to help determine the plan for treatment.
Challenges or Barriers:	Community resources available to meet the needs of the senior population are minimal and are also difficult to access without supportive services. The WISE Team is a full-service partnership team that requires low caseloads for staff to be able to meet the demands for care of this specific population. The challenge faced this fiscal year has been obtaining enough staff to keep up with the demands of referrals

	from partnering agencies often requiring outsourcing the influx of referrals. Staffing shortage has created a substantial barrier for seniors to access services from KernBHRS WISE Team. As the senior population continues to rise, the request for age-appropriate services will be in higher demand. The strategies to mitigate this barrier is to work with the team's Administrator, Human Resources, and the Finance Department to budget for additional staff. Another strategy is to continue to work with the community college and universities to recruit student interns for practicum experience.
Proposed Changes:	The WISE Team is implementing phases to adopt the Program to Encourage Active, Rewarding Lives (PEARLS) model. In addition to the Patient Health Questionnairre-9 (PHQ-9) and General Anxiety Disorder-7 (GAD-7), incorporating the Montreal Cognitive Assessment (MoCA) into the initial phases of treatment for seniors. The use of the MoCA over other cognitive screening tools, for early and accurate detection, leads to better results in finding root cause of an illness. Faster diagnosis and treatment plans improve a patient's quality of life. The MoCA is also known to be more precise than other cognitive tests. Working on possible symptoms of depression first, once clients are not that severe, then incorporate the SLUMS for cognitive assessment for a fairly accurate assessment to move forward with treating targeting possible cognitive decline.

Budget:

Wellness, Independence, and Senior Enrichment (WISE)	FY 2022/2023
Annual Budgeted Funds	$ 1,766,959.00
Unduplicated # Served	136
Annual Cost Per Client	$ 12,992.35

Success Stories/Program Highlights:

A 70-year-old female was screened for WISE Services a little over 5 years ago for depression, suicidal ideation, and anxiety. She was living on her own in an apartment above a garage. Her husband passed away a year ago, which was the leading factor for her depression and thoughts of suicide. The patient had no support system, only the manager of the apartment who would bring her groceries once a week. She had not seen a Dr. for over 20 years and due to mobility issues was unable to leave her home without assistance. Also, due to her anxiety she would not attend social groups and had trouble interacting with others, which also affected her support system. Within the 5-6 years of her receiving services with WISE her support team was able to move her to a senior apartment, connect her to In Home Support Services (IHSS), and reconnected her with family. Through WISE we were able to help her get medical insurance and she now follows through with all her medical care. She also attends social activities almost daily and has a much stronger support system. Her team also connected her to Dialectical Behavioral Therapy (DBT) where she successfully completed the program and utilizes the skills often. She has been able to cope with the passing of her husband and has not had any suicidal ideations for over one year! She is a client that followed through with treatment, performed her coping skills when asked and utilized the skills that we have built in sessions.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	**Youth Multi-Agency Integrated Services Team (Youth MIST)**
Date Started:	05/01/2006
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 3300 Truxtun Ave, Bakersfield
Program Description:	The Youth Multi-Agency Integrated Services (MIST) Team provides a variety of specialty mental health services for children and families. Those served include youth at risk of losing placement, foster youth (both wards and dependents) and Commercially Sexually Exploited Children (CSEC). Children referred to the Youth MIST team have been identified as having serious mental illness and/or behavioral issues. Referrals for care come from the Department of Human Services, Probation Department, group homes, schools, KernBHRS, contracted mental health providers, and the Department of Public Health. Staff receive training in a wide array of Cultural Competency topics, enabling Youth MIST to provide sensitive competent services to people of diverse cultures, those in stages of acculturation, and people with varying sexual orientations. Youth MIST helps parents/caregivers with psychoeducation on their child's mental health symptoms and treatment and how to work with the schools, including the special education and Individual Education Plan (IEP) process. Youth MIST works with the entire family and are offered support and mental health services when needed as well.
Eligibility Criteria:	• Crisis services that include psychiatric hospitalizations • Youth in foster care that struggle with remaining stable in their home (placement) • Parent/caregivers experiencing mental health and/or substance use issues

	• At-risk of being removed from placement, which may lead to homelessness • Involved with the juvenile justice system • Substance use issues • Victim of human trafficking
Menu of Services:	• 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 • Co-occurring services • My Life My Choice Program • Medication management • Crisis intervention • On Call 24/7/365 • Comprehensive case management • Reunification with families • Assist with finding resource families to provide homes for at-risk youth • Recruit for resource families for adolescents aged 12-18 • Provide TFCO resource family certification and on-going training
Supportive Services Provider(s):	• Kern County Probation Department (Probation Staff Assigned to Assist) • Kern County Department of Human Services (DHS Staff Assigned to Assist)
Program Update:	The Youth MIST team was recently informed that their Treatment Forster Care Oregon (TFCO) program's success rate reached 80%. The program will be applying to be an officially certified TFCO program in January of 2024. This certification will assist in providing effective services to more children and families.
Challenges or Barriers:	Decreasing the number of appropriate referrals from the Department of Human Services for our program. The team lead will present a list of open

	homes and highlight any potential matches in the weekly SMART (Specific, Measurable, Achievable, Realistic, and Timely) Recovery meetings.
Proposed Changes:	Educate and collaborate with DHS to help coordinate appropriate referrals to the Youth MIST team.

Budget:

Youth Multi-Agency Integrated Services Team (Youth MIST)	FY 2022/2023
Annual Budgeted Funds	$248,511.00
Unduplicated # Served	170
Annual Cost Per Client	$ 1,638.30

Success Stories/Program Highlights:

A 17-year-old youth was referred to the program for placement through probation after the court determined that she could not reunite with her father. The team was able to find the youth a placement home and during treatment, the youth was able to complete high school and graduate with her class. She was also able to find employment at a local business and begin classes at Bakersfield College. While in placement, the program's parent consultant was able to work with the family to help strengthen their relationship, allowing client to have weekend visits throughout her placement. Once the youth turned 18, the team assisted her with obtaining independent housing. This youth is currently still employed, off probation, and attending college with the dream of one day becoming a psychologist.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	**Youth Wellness and Recovery Action Plan (Youth WRAP)**
Date Started:	07/01/2006
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Child Guidance Clinic (CGC) • Clinica Sierra Vista (CSV) • College Community Services (CCS) • Kern County Probation Department (assigned Probation staff) • Department of Human Services (assigned DHS staff)
Location(s):	• KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301 • CGC West Bakersfield - 3628 Stockdale Hwy Bakersfield, CA 93309 • CGC North Bakersfield - 2001 North Chester Ave Bakersfield, CA 93308 • CGC Delano - 1430 6th Ave Delano, CA 93215 • CSV) Central SE Bakersfield - 3105 Wilson Road Bakersfield, CA 93304 • CSV Lamont - 8933 Panama Rd Suite 101 • CCS Wasco - 29325 Kimberlina Rd Wasco, CA 93280 • CCS Taft - 1021 4th Street, Ste B Taft, CA 93268 • CCS Ridgecrest - 1400 N. Norma St. Ste. 133 Ridgecrest, CA 93555 • CCS Tehachapi - 1113 East “F” St. Tehachapi, CA 93561 • CCS Mojave - 16940 State Hwy 14, Ste F Mojave, CA 93501
Program Description:	Youth Wraparound provides intensified services for youth at risk of hospitalization, who meet the criteria for Pathway to Well Being services and/or Therapeutic Behavioral Services or are in frequent need of crisis intervention.

	To ensure services are readily available, teams are located within the Children's Geographic Provider service areas throughout Kern County. Referrals come from a variety of sources, including self-referrals, schools, Probation Department, DHS, Mobile Evaluation Team (MET), Psychiatric Evaluation Center (PEC), the Special Multi-Agency Referral Team (SMART) Committee, and hospitals. Staff are available after-hours and on weekends and holidays to ensure immediate services are available during times of crisis. Treatment planning is developed in a Child and Family Team with a focus on meeting the specific needs of the youth and family. The treatment team involves the client, therapist, Recovery Specialist, parents/guardians, placing agencies, schools, and other child-serving agencies. To improve access to care when a child presents for urgent or crisis services, thereby maintaining children in the least restrictive environment. We believe that treatment is ultimately most effective when children are linked to an ongoing provider promptly as close to the crisis episode as possible. Youth Wraparound remains in contact with the child and caregiver until stabilization or an outpatient provider connects with them, to ensure that there is successful remediation of symptoms and behaviors.
Eligibility Criteria:	• Children and adolescents from birth through 20 years of age • Youth and families in crisis or post-crisis • Youth that meets the criteria for Pathways to Well-Being services • At risk of loss of placement or hospitalization • Frequent crisis utilization or recidivism • Impairments interfering with important areas functioning
Menu of Services:	• Intensified treatment services • Individual and family therapy • Group therapy • Co-occurring coordinated services • Psychiatric services • Medication management • Therapeutic Behavioral Services (TBS)

	• Cognitive Behavioral Therapy (CBT) • Trauma-focused CBT • Motivational Interviewing • Dialectical Behavior Therapy (DBT) • Pathways to Well Being services • EMDR (KernBHRS, CCS Taft, CCS Mojave, CCS Wasco)
Supportive Services Provider(s):	None
Program Update:	Youth Wraparound continues to co-locate with crisis services at the Mary K Shell (MKS) Building, PEC, and with Kern Medical (KM) Emergency Room and Pediatrics. The geographic system continues to remediate referrals and work toward increased access to intensified services pre and post crisis utilization. This is accomplished with ongoing collaboration with partner and contract agencies. Staff at KernBHRS, CCS Taft, CCS Mojave, and CCS Wasco clinics completed Eye Movement Desensitization and Reprocessing (EMDR) training.
Challenges or Barriers:	• KernBHRS and contract providers experienced challenges with both retention and filling vacancies. To mitigate this, agencies increased recruitment efforts, sought out potential employees through existing partnerships with local colleges, and participated in multiple job fairs. • Seasonally a pattern of intensified acute referrals resulted in periods of logistical challenges to overcome, such as bed space at the PEC, diversion to emergency rooms, and availability of inpatient beds. Strategically, we have partnered with MET to receive real-time electronic referrals, continued co-location of staff at MKS and the PEC, and now have staff meet with Kern Medical (KM) psychiatry, both in daily meetings and through co-location and check-ins.
Proposed Changes:	It will continue to be beneficial to bring wraparound providers and representatives together for training and emphasis on best practices to reduce recidivism.

	Looking forward to the introduction of a new 16-bed minor inpatient facility. Youth Wraparound will maintain an office on site to increase daily treatment focusing on safe discharges.

Budget:

Youth Wellness and Recovery Action Plan (Youth WRAP)	FY 2022/2023
Annual Budgeted Funds	$ 5,220,848.00
Unduplicated # Served	1,885
Annual Cost Per Client	$ 2,769.68

Success Stories/Program Highlights:

A young teen parent walked in at the Mary K Shell Crisis Center asking for help. Before the age of twelve, she had experienced trauma, grief, and loss. At the time, she was not enrolled in school, and she was living with her boyfriend and his family, often struggling with balancing day-to-day tasks such as cooking, cleaning, bonding, and caring for her baby.

Once she was diagnosed and assigned to a Case Manager (Recovery Specialist) and a therapist, our team was able to do home visits. This helped her feel supported and comfortable enough to open up. Not long after, our client shared that her boyfriend was not able to care for her and her baby and our team had to get Child Protective Services involved. Within 24 hours, our teen parent and her baby were placed in foster care.

The foster home was 30 minutes away and in a different city. Regardless of the distance, our team was able to continue providing services. Once in a new place, she was able to enroll in school and began her road to recovery.

Through her work with our Youth Wraparound team, she was able to transform herself from a person of hopelessness to a resilient and confident adolescent with a new life. She now smiles like never before.

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 ethic/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 is 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	POPULATION FOCUS	CHILDREN (0-15)	TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)
Access & Assessment (A&A)	Children, Transition Age Youth, Adults, and Older Adults	X	X	X	X
Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)	Transition Age Youth, Adults, and Older Adults		X	X	X
Consumer Family Learning Center (CFLC)	Transition Age Youth, Adults, and Older Adults		X	X	X
Crisis Walk-in Clinic (CWiC)	Adults and Older Adults			X	X
Home to Stay	Children, Transition Age Youth, Adults, and Older Adults	X	X	X	X
Recovery and Wellness Center (RAWC)	Transition Age Youth, Adults, and Older Adults		X	X	X
Self-Empowerment Team (SET)	Transition Age Youth, Adults, and Older Adults		X	X	X

SD PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client in FY 2022/2023, including all revenue sources

SD Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost per Person
Access & Assessment (A&A)	$ 2,250,905.00	4,929	$ 456.67
Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)	$ 695.188.00	1,375	$ 505.59
Consumer Family Learning Center (CFLC)	$ 2,028,109.00	12,098*	$ 167.64
Crisis Walk-in Clinic (CWiC)	$ 1,409,207.00	3,259	$ 432.41
Home to Stay	$ 1,213,345.00	860	$ 1,410.87
Recovery and Wellness Center (RAWC)	$ 12,353,197.00	42,013	$294.03
Self-Empowerment Team (SET)	$ 1,636,331	86	$19,027.00

*This number is based on services provided by the CFLCs (Bakersfield, Tehachapi, and Ridgecrest). The CFLCs do not track individual client information.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	**Access & Assessment (A&A)**
Date Started:	01/01/2006
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	Kern BHRS - 2151 College Ave, Bakersfield, CA 93305
Program Description:	Access & Assessment: This is the clinic to attend when you first begin experiencing mental health related symptoms and want to get connected to behavioral health services. Most clients entering are self-referred to as walk-ins, brought in by family members or by collaborating agencies including Child Protective Services, Kern County Public Health and/or Kern County Probation. At the time of screening or assessment, clients meet with a therapist or Case Manager (Recovery Specialist) the client can choose to include family members, friends, as permitted. Clients are then linked to appropriate providers based on client's needs and on where they live in the community. Access & Assessment collaborates with other community agencies such as the Perinatal Program through Public Health, Probation, Child Protective Services and Medical Providers to provide a holistic approach to address and meet a client's needs. A behavioral health assessment is provided to determine the level of care needed and appropriate linkage is completed. Currently located in the same building as Psychiatric Evaluation Center (PEC) and Crisis Walk in Clinic (CWIC), Access & Assessment can collaborate on scheduling and providing urgent and/or emergent assessments when needed.
Eligibility Criteria:	• 18 years and older • Individuals who have significant behavioral health challenges that have negatively impacted how they function in their daily life

Menu of Services:	• Medi-Cal 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 • Brief Therapy • Cognitive Behavioral Therapy/Skills (CBT) • Dialectical Behavior Therapy/Skills (DBT) • Referrals to PEC and CWiC
Supportive Services Provider(s):	None
Program Update:	Access and Assessment (A&A) has moved divisions from Crisis services to the Adult System of Care. A&A has begun to administer the Medi-Cal screening tool to all Medi-Cal beneficiaries and have utilized the transition of care tool to assist in linking clients to their Managed Care Plan (MCP) providers when a client does not meet criteria for specialty services.
Challenges or Barriers:	The accessibility and location of Access and Assessment poses some barriers to clients who have difficulties securing transportation and/or have difficulties entering Mary K Shell due to their history of utilizing crisis services. This has caused clients to prolong seeking services which can lead to symptom decompensation. Some strategies that we have implemented to mitigate this barrier is by offering clients to complete their assessments in the field and/or we have worked with outpatient teams to assist in scheduling and completing assessments from their offices.
Proposed Changes:	A proposed change includes de-centralizing the entry point for behavioral health services and making each outpatient team an access point to increase accessibility and continuity of care.

Budget:

Access & Assessment (A&A)	FY 2022/2023
Annual Budgeted Funds	$ 2,250,905.00
Unduplicated # Served	4,929
Annual Cost Per Client	$ 456.67

Success Stories/Program Highlights:

A client was being referred by an outside provider due to the client experiencing an increase in behavioral health symptoms. Our client had missed multiple appointments and when we inquired with the client as to any barriers the client reported that she didn't want to come to Mary K Shell in fear she would have to go to the PEC. We were able to meet with the client in the community and were able to link her to an appropriate provider without her having to come into Mary K Shell. As a result, the client was appreciative and able to continue with treatment and her medications.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	**Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)**
Date Started:	07/01/2009
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Clinica Sierra Vista (CSV) Delano • Clinica Sierra Vista (CSV) Lamont • College Community Services (CCS) Ridgecrest • College Community Services (CCS) Tehachapi • College Community Services (CCS) Wasco
Location(s):	• Clinica Sierra Vista (CSV) Delano - 355 Dover Parkway, Delano, CA 93215 • Clinica Sierra Vista (CSV) Lamont/ARVIN - 8933 Panama Rd., Lamont, CA 93241 • College Community Services (CCS) Ridgecrest - 1400 North Norma St., Ridgecrest, CA 93555 • College Community Services (CCS) Tehachapi - 113 East F St., Tehachapi, CA • College Community Services (CCS) Wasco - 930 F St., Wasco, CA 93280
Program Description:	Adult Wraparound is a System Development program that offers brief (60 days average) intensive behavioral health services for adults who are experiencing increased impairment to their life functioning areas because of increased behavioral health symptomology. Clients are referred by their primary outpatient team when the client is at risk of hospitalization and/or frequent utilization of crisis services. Adult Wraparound staff are assigned to various outpatient adult teams to provide quick access to intensified wraparound services. Services are based on the needs of the client, which can include multiple interactions per week, to daily intervention if needed. Treatment planning is a collaborative process that takes an interdisciplinary approach. This

	approach can include the client, therapist, case manager, support persons, substance use disorder specialist, team supervisor, nurse, psychiatrist, and the Adult Wraparound staff. **Goals:** • Decrease behavioral health symptoms. • Decrease high-risk behaviors. Improve overall life function through appropriate behavioral health interventions. • Reduce the likelihood of recidivism in incarcerations, hospitalizations, behavioral health emergencies, arrests & homelessness. **Outcome measures include:** Out of 100% Wraround caseload, 50% of clients will not utilize crisis services for 60 days. This will be measured by running a client services report in the Electronic Health Record (EHR).
Eligibility Criteria:	**To be considered for enrollment:** • Prospective clients must have a current diagnosis of a major psychiatric disorder and demonstrate a need for intensive wraparound services under their history and current level of functioning. **Additional criteria may also include:** • Homelessness or at risk of homelessness • Justice Involvement • High utilizer of emergency or high acuity behavioral health services • At risk of immediate physical harm or institutionalization, including medical institutionalization • Serious or multiple chronic or acute physical health issues who are not adhering to health recommendations due to severe mental illness leading to health risk
Menu of Services:	• Individual therapy • Skill-based interventions • Intensive support activities • Case management assistance with obtaining resources • Assist with linkage to community-based services

	• Crisis intervention • Cognitive Behavioral Therapy (CBT) • Motivational interviewing • Wellness and Recovery Action Plan (WRAP) • Socialization opportunities • Eye Movement Desensitization and Reprocessing (EMDR) at CCS Wasco and CCS Ridgecrest
Supportive Services Provider(s):	None
Program Update:	CCS Wasco and CCS Ridgecrest staff completed Eye Movement Desensitization and Reprocessing (EMDR) training.
Challenges or Barriers:	• Wraparound programs are not available in all clinics. Strategies to mitigate include reviewing clinics without Wraparound services to evaluate the need to better serve clients in these communities. • The role of Wraparound staff can be challenging due to the concentrated number of high-acuity clients on one caseload. Strategies to mitigate include exploring additional training for Wraparound staff to improve time management skills needed to complete increasing level of required documentation.
Proposed Changes:	The current Wraparound client monitoring process is labor-intensive and time-consuming. Improved methods will be identified and implemented to streamline data collection efforts.

Budget:

Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)	FY 2022/2023
Annual Budgeted Funds	$ 695,188.00
Unduplicated # Served	1,375
Annual Cost Per Client	$ 505.59

Success Stories/Program Highlights:

The client was referred to the Adult Wrap Core program for intensified services to help her address behavioral health concerns; she needed help establishing healthy relationships and dealing with other work stressors. She was also afraid that she was reverting to her old thinking pattern when she used to have suicidal thoughts.

After working with her Adult Wrap Core treatment team, she began to develop the ability to set healthy boundaries, effectively communicate her feelings, and regulate her emotions which allowed her to improve her relationships. With her new self-confidence and communication skills, she was promoted to a supervisor position at her job. The client has since reached all her behavioral health goals and has been successfully discharged from treatment.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	**Consumer Family Learning Center (CFLC)**
Date Started:	• KernBHRS -12/2003 • College Community Services - Hope Center Ridgecrest 7/2008 • College Community Services – Learning Center Tehachapi 7/2008
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	• KernBHRS – 2001 28th Street, Bakersfield, CA 93301 • CCS: Hope Center Ridgecrest – 1400 N. Norma Street, Ridgecrest, CA 93555 • CCS: Tehachapi – 107 S. Mill Street, Tehachapi CA 93561
Program Description:	The Consumer Family Learning Center (CFLC), the Hope Center in Ridgecrest, and The Learning Center in Tehachapi provide welcoming environments for those who have lived experience with mental illness, either as consumers of mental health services, or as family members of those with mental illness. They provide members with social and educational skill building activities that promote wellness, inspire hope, and enrich their lives. Several of the team members have lived experience and share their own recovery experiences with members and engage them in working toward their own recovery goals. **Goals:** • Support members in their behavioral health recovery goals • Actively engage members in treatment, self-care and their recovery • Encourage members to learn to facilitate or co-facilitate classes • Increase client participation in various committees and programs to increase understanding of the behavioral health system **Outcomes:** • The development of strong social relationships with others in behavioral health recovery can decrease the need for crisis services

Eligibility Criteria:	• Must be 18 years or older • Does not need to have a mental health diagnosis
Menu of Services:	• The Bakersfield CFLC offers both in-person and virtual groups, activities, and classes • Spanish-speaking groups and classes • Skills-based groups such as Seeking Safety, Dialectical Behavior Therapy (DBT), and 12-Step Groups • Physical activity • Art for the Soul • Support groups • Crisis Addiction Counseling (CAC) • Arts and crafts • Music • Field trips • Health classes • Movie nights • National Alliance on Mental Illness (NAMI) • events, including the NAMI Walk • Outreach to community-based organizations
Supportive Services Provider(s):	None
Program Update:	The Bakersfield CFLC has expanded Spanish-language services designed to engage monolingual/bilingual Spanish-speaking members and to reduce stigma in the Spanish-speaking communities.
Challenges or Barriers:	Classes and groups at the Bakersfield CFLC were conducted virtually for six months due to the relocation of the Bakersfield Recovery Station in the CFLC building. During this period, CFLC only had two staff members and the Self-Empowerment Team (SET) assisted with groups and classes.
Proposed Changes:	The Bakersfield CFLC will become a contracted program in the next fiscal year.

Budget:

Consumer Family Learning Centers (CFLCs)	FY 2022/2023
Annual Budgeted Funds	$ 2,028,109.00
Unduplicated # Served	12,098*
Annual Cost Per Client	$ 167.64

** This number is based on services provided*

Success Stories/Program Highlights:

The Spanish-language women's support group at the Bakersfield CFLC has done great work encouraging each other to identify and create healthy relationships around them. They share their troubles, concerns, issues and lives with each other creating bonds and friendships that lead them to have people to lean on. Some topics that have been covered during the support groups are anxiety, depression and stress management as well as techniques they can use to help manage these issues. The participants have reported that attending the support group has a positive outcome in their lives. They also encourage each other to advocate for themselves and speak their minds when in the group setting. They also advocate for the group as part of the Advisory Board Committee and Stakeholder Mental Health Services Act (MHSA) meetings.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	**Crisis Walk-in Clinic (CWiC)**
Date Started:	01/01/2006
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS – 2151 College Ave, Bakersfield, CA 93305
Program Description:	The Crisis Walk-In Clinic (CWIC) is a client-centered, recovery oriented behavioral health program serving clients in crisis who require additional support before being discharged to the community. The CWiC is a 24/7 voluntary unlocked crisis unit located at the Mary K. Shell building. CWiC staff respond to adults with behavioral health challenges who are at risk for psychiatric hospitalization. <u>The CWiC receives referrals from</u>: • Psychiatric Evaluation Center (PEC) • Kern BHRS System of Care [including the jail and Substance Use Disorder (SUD) Teams] and Contract Providers • Kern Medical Emergency Department (KMED) • Mobile Evaluation Team (MET) including the Co-Response teams • Freise Hope House • Recovery Station CWiC assist clients who are experiencing a crisis on a voluntary basis. Clients who go to the CWiC do not meet the criteria for inpatient hospitalization, however, benefit from immediate crisis interventions and/or expediated services. As a result, CWiC is able provide such services in the least restrictive manner with the ability to transition our clients back to the community safely.

	PROGRAM GOALS: • Reducing everyone's life-impairing symptoms • Prevention of psychiatric hospitalization and/or incarceration • Coordinating expedited services to access to care to reduce overutilization of crisis services • Increasing social contacts and constructive community interactions • Helping individuals to maintain a stable living situation by community resources and independent living skills. • Assuring that everyone find service to be easily accessible • Assuring satisfaction with treatment services • Assuring that treatment is culturally appropriate and whole person centered
Eligibility Criteria:	• Adult, 18 years of age or older • Currently experiencing a mental health crisis or at risk of being in a mental health crisis.
Menu of Services:	Treatment modalities to meet these goals include evidence-based practices such as: • Applied Suicide Intervention Skills Training (ASIST) • Crisis Prevention Institute (CPI) • Cognitive Behavioral Therapy and skill building (CBT) • Dialectical Behavioral Therapy and skill building (DBT) • Motivational Interviewing (MI) • Solution Focused Therapy and skill building (SFT) • Columbia Suicide Severity Rating Scale (CSSRS) • Stanley Brown Form
Supportive Services Provider(s):	None
Program Update:	There has been a recent change in leadership. The team is also back to being fully staffed with the utilization of therapists to help with screenings and assessments to link people to the system of care. The CWiC also began to utilize the Medi-Cal Screening Tool to better assist in linkage to services as well as utilizing the C-SSRS (*Columbia-Suicide Severity Rating Scale*) at every interaction.

Challenges or Barriers:	CWiC is limited in its ability to provide adequate discharge plans due to the limitation of available resources in the community. There is no action that can be taken at this time to mitigate this issue as it is a larger systemic issue, however, may be further addressed with the proposed additional funding for expanding resources for our homeless populations.
Proposed Changes:	No changes proposed at this time.

Budget:

Crisis Walk-in Clinic (CWiC)	FY 2022/2023
Annual Budgeted Funds	$ 1,409,207.00
Unduplicated # Served	3,259
Annual Cost Per Client	$ 432.41

Success Stories/Program Highlights:

As the CWiC does not have a caseload of individuals, we have seen many micro-success stories in which individuals have written in, sent cards, and verbally acknowledged the help that they were able to receive to get through their current situation and have a safe place that they could go to talk with trained professionals and receive immediate assistance. Many individuals have utilized the CWIC to get help when they are unable to find help anywhere else in the community or utilize the immediacy of services to help bridge a gap between a crisis and their regularly scheduled appointments with their treatment providers.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	**Home to Stay**
Date Started:	04/17/2018
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 2525 North Chester Ave, Bakersfield, CA 93308
Program Description:	The Home to Stay program is a 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 feeling better and continue in their recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters, and hospitals. When provided with an appropriate housing placement, individuals can manage their mental health and/or substance use disorder. A safe and healthy home environment is a critical resource that can have a tremendous impact on those living with mental illnesses or substance use disorder. Finding stable, safe, and affordable housing can help prevent hospitalizations, homelessness, and involvement in the criminal justice system. California has 28 percent of the nation's unsheltered and homeless population. Of those, nearly one in three has a mental health disability. By utilizing a housing first approach, we intend to break the cycle of incarceration, hospitalization, and homelessness for the individuals who are dealing with a mental health diagnosis.
Eligibility Criteria:	Client must be open to the System of Care and engaged in behavioral health services.
Menu of 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 (SSI Status) • Provide "whatever it takes" support as needed • Act as an additional housing advocate • Provide continuous support as needed to the treatment teams (Housing Ambassadors)
Supportive Services Provider(s):	• Stewards (Representative Payee Services) • Freedom House (Specialty Transitional Housing) • Cottage of Hope (Specialty Transitional Housing) • Community Care and Expansion Grant (CCE) • Behavioral Health Bridge Housing Grant (BHBH)
Program Update:	Home to Stay Housing Services continues to provide a key component in client recovery by ensuring that each client engaged in services has a minimum of 90 days of short-term housing assistance.
Challenges or Barriers:	Our current budget allows for a maximum of 90 days of short-term housing assistance. Home to Stay does have the ability to extend beyond 90 days in certain circumstances; however, a continuous barrier is the length of time that it takes for a client to possibly be granted SSI benefits to become financially independent. The current processing time does extend well beyond the 90 days of housing assistance that we provide. We also serve clients who have severe challenges with their mental health and are not able to transition to homeless shelters after their 90 days of assistance due to the severity of their symptoms. Home to Stay is working on establishing a partnership with the Benefits Acquisition Team to provide continuous support to those who are currently already in the process of applying for SSI benefits or who need assistance with an initial application. Also, other BHRS teams are providing behavioral health services within the community's homeless shelters to assist with prolonging the length of stay for our clients at the shelters.
Proposed Changes:	There are no current proposed changes for the Home to Stay program.

Budget:

Home to Stay	FY 2022/2023
Annual Budgeted Funds	$ 1,213,345.00
Unduplicated # Served	860
Annual Cost Per Client	$ 1,410.87

Success Stories/Program Highlights:

A client who is undocumented was provided with short-term housing assistance through the Home to Stay program. The client was linked to the United Farm Workers Foundation and was able to work through the challenging process of obtaining citizenship. She secured employment and now she is fully self-sufficient and independent and has remained actively engaged with behavioral health treatment.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	**Recovery and Wellness Center (RAWC)**
Date Started:	07/01/2007
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Child Guidance Clinic (CGC) • Clinica Sierra Vista (CSV) • College Community Services (CCS)
Location(s):	• KernBHRS: ○ Southeast RAWC – 1600 East Belle Terrace, Bakersfield, CA 93307 ○ Northeast RAWC– 3715 Columbus Street, Bakersfield, CA 93306 ○ West RAWC– 5121 Stockdale Highway, Bakersfield, CA 93309 • CGC– 661 Roberts Lane, Bakersfield, CA 93308 • CSV– 3117 Wilson Road, Bakersfield, CA 93304 • CCS– 2821 H Street, Bakersfield, CA 93301 and 930 F Street, Wasco, CA 93280
Program Description:	RAWC teams provide multi-level mental health and substance use treatment services to individuals experiencing challenges as the result of mental illness and/or substance use and are geographically located throughout the greater Bakersfield area, as well as Wasco. RAWC teams provide behavioral health care to those who have either stepped down from intensified services from specialty care programs or inpatient treatment. RAWC staff work in teams of two (a dyad system) that include a therapist and case manager. This dyad takes a client-centered approach with the goal of creating continuity and consistency in the individual's treatment. Providing individualized treatment and support, the RAWC teams work with clients to decrease hospitalization, incarcerations, homelessness,

	and symptoms that prevent clients from actively engaging in their communities. When specialty mental health services are no longer needed, clients are linked to a non-specialty community provider (lower level of care). GOALS: • Improve access to care • Improve treatment outcomes • Reduce incarceration(s) • Reduce inpatient psychiatric hospitalization(s) • Increase growth in client responsibility, hope, and self-empowerment • Transition clients to non-specialty community-based behavioral health care or medication management
Eligibility Criteria:	A serious behavioral health disorder that is severe in degree, persistent in duration, which causes behavioral functioning that interferes with daily living.
Menu of Services:	• 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 • 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) (KernBHRS West, BHRS Southeast, CCS Wasco, and CCS Bakersfield only)

Supportive Services Provider(s):	None
Program Update:	• A graduation checklist was developed and implemented to assist with helping individuals get connected to a lower level of care, allowing for improved monitoring of the number of clients exiting treatment along with the timeliness of linkage to a non-specialty community provider (lower level of care). • In October 2022, a pilot for Transitional Age Youth (TAY) dyads were implemented to serve individuals aged 18-24, at the CGC North Bakersfield and KernBHRS Northeast Bakersfield clinics. TAY therapists and case managers received specialized training to provide age-appropriate services and linkage to community services designed to serve this population. Pre- and post-surveys were collected from clients to obtain honest feedback about the changes to their treatment team, allowing for further improvements as TAY dyads were implemented at the CCS Bakersfield and KernBHRS Southeast Bakersfield clinics in February 2023. Staff at the CCS Wasco and CCS Bakersfield clinics completed Eye Movement Desensitization and Reprocessing (EMDR) training to start providing this as an additional service in the program.
Challenges or Barriers:	• An ongoing challenge has been the struggle with connecting clients to a lower level of care in the community. We will continue to work towards strengthening relationships with managed care plans to improve client transitions to lower levels of care. • The staff turnover experienced on the RAWC teams has led to gaps in knowledge and experience in behavioral health treatments. Ongoing training has been and will continue to be provided to address these gaps.
Proposed Changes:	Implement a TAY dyad at the KernBHRS West Bakersfield clinic to provide age-appropriate services and linkage to community services designed to serve this population. Transition Metro Bakersfield clinics to access points, improving timeliness of service and access to treatment.

Budget:

Recovery and Wellness Center (RAWC)	FY 2022/2023
Annual Budgeted Funds	$ 12,353,197.00
Unduplicated # Served	42,013
Annual Cost Per Client	$ 294.03

Success Stories/Program Highlights:

Individual began behavioral health services with Southeast RAWC due to struggling with anger outbursts and having trouble controlling his emotions. He was also in denial of his alcohol consumption and how it was making his life unmanageable. It required several visits with his therapist before agreeing to meet with the team's substance use counselor. It was after meeting with the therapist and substance use counselor that he realized he had an alcohol use problem. He worked hard in treatment and eventually admitted himself into an alcohol detox program. He began to attend intensive outpatient substance use treatment and worked on his anger management in therapy, while also receiving medication treatment. His hard work and consistent engagement in his recovery has brought him where he is today----continuing to work on his recovery, a job at a local residential treatment facility, enrollment in the Cal State University Bakersfield Drug and Alcohol Counseling program and volunteering at the Consumer Family Learning Center (CFLC) as a peer support. We are very proud of this client and encourage him to share his experience, strength and hope with others.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORKPLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	**Self-Empowerment Team (SET)**
Date Started:	07/01/2010
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS – 2001 28TH Street, Bakersfield, CA 93301
Program Description:	The Self-Empowerment Team (SET) is staffed by Peer Support Specialists and Substance Use Disorder Specialists, with lived experience in active recovery from mental health and/or substance use challenges. SET works to increase meaningful family and peer involvement in treatment. SET also provides Crisis Addiction Counseling (CAC) to the community. The SET Team provided 16,428 services to consumers who are at high risk of inpatient psychiatric hospitalization, incarceration related to mental illness, homelessness, and/or suicide. SET staff help consumers learn life skills while providing transportation to behavioral health appointments, taking consumers to buy groceries while learning about healthy choices and budgeting, and a wide variety of other skills and services. SET staff demonstrate to the community that people do recover.
Eligibility Criteria:	Self-Empowerment Team participants are actively engaged in recovery from behavioral health challenges. They must be: • 18 years and older • have a desire to set and reach recovery goals • They may also need support to be linked to services, including but not limited to services from a Behavioral Health team, Substance Use Disorder (SUD) treatment services or community services.
Menu of Services:	• Motivational interviewing • Dialectical Behavior Therapy (DBT)

	• Coping skills• Seeking safety • Wellness Recovery Action Plan (WRAP) • Solution-Focused Brief Therapy (SFBT) • Zero Suicide • Assist consumers in transitioning back into the community • Assist consumers in learning to use transportation provided by health insurance (i.e., Uber, Lyft, etc.) • Assist consumers in grocery shopping • Assist consumers in incorporating social, educational, and otherwise meaningful activities into their schedules. • Assist System of Care teams in developing intensified service or crisis intervention plans, as needed, for consumers served by SET • Co-Occurring counseling and educational groups • Substance Use Division (SUD) Outreach and Engagement at the Psychiatric Evaluation Center (PEC) • Substance use harm reduction • Individual and group counseling for substance use disorders • Outreach and engagement at the Psychiatric Evaluation Center (PEC)
Supportive Services Provider(s):	None
Program Update:	KernBHRS has partnered with California Mental Health Services Authority (CalMHSA) for Statewide Medi-Cal Certification for Peer Support Services.
Challenges or Barriers:	During the COVID pandemic, there were fewer potential peer applicants available for mentoring to become Peer Support specialists. As a result, the number of applicants for peer support positions was reduced, and the SET team couldn't fill all the team's vacant positions.
Proposed Changes:	The SET Team staff will be transitioned and fully integrated to KernBHRS outpatient teams within the next year.

Budget:

Self-Empowerment Team (SET)	FY 2022/2023
Annual Budgeted Funds	$ 1,636,331.00
Unduplicated # Served	86
Annual Cost Per Client	$ 19,027.11

Success Stories/Program Highlights:

An individual called the Crisis Hotline who was grieving the death of a loved one. The individual had a history of substance use and reached out many times due to feeling hopeless. Individual was connected to services with KernBHRS and began to feel more hopeful, using skills that were learned through treatment. The individual is now able to get out of bed, has a stronger sense of emotional regulation and finds self-care and mindfulness in cooking as therapy.

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.

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 BY AGE GROUPS:

PEI PROGRAMS	POPULATION FOCUS	CHILDREN (0-15)	TAY (16-25)	ADULT (26-59)	OLDER ADULT (60+)
Access to Care: Crisis Hotline	Children, Transition Age Youth, Adults, and Older Adults	X	X	X	X
Community Referral Network	Adults and Older Adults			X	X

Continuum of Care Reform (CCR) Foster Youth Engagement	Children & Transition Age Youth	X	X		
Court Appointed Special Advocates (CASA)	Children & Transition Age Youth	X	X		
Foster Care Engagement	Children & Transition Age Youth	X	X		
Help Me Grow	Children (0-5)	X			
Homeless Outreach Program	Transition Age Youth, Adults, and Older Adults		X	X	X
Kern County Superintendent of Schools (KCSOS) - School-Based Program	Children, Transition Age Youth, and Adults	X	X	X	X
Living Well	Children, Transition Age Youth, Adults, and Older Adults	X	X	X	X
Outreach & Education	Children, Transition Age Youth, Adults, and Older Adults	X	X	X	X
Prepare U	Children & Transition Age Youth	X	X		
Reengagement	Adults			X	
Suicide Prevention and Outreach & Education (O&E)	Children, Transition Age Youth, Adults, and Older Adults	X	X	X	X
Transition Age Youth (TAY) Dual Recovery	Transition Age Youth		X		
Transition Age Youth (TAY) Self Sufficiency	Transition Age Youth		X		
Volunteer Senior Outreach Program (VSOP)	Older Adults				X
Youth Brief Treatment (YBT)	Children and Transition Age Youth	X	X		
Youth Juvenile Justice Engagement	Children and Transition Age Youth	X	X		

Zero Suicide	Children, Transition Age Youth, Adults, and Older Adults	X	X	X	X

PEI PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client in FY 2022/2023, including all revenue sources.

PEI Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost per Person
Access to Care: Crisis Hotline	$ 1,878,756.00	34,340	$ 54.71
Community Referral Network	$ 331,331.00	110	$ 3,012.10
Continuum of Care Reform (CCR) Foster Youth Engagement	$ 767,777.00	141	$ 5,445.23
Court Appointed Special Advocates (CASA)	$ 20,000.00	30	$ 666.67
Foster Care Engagement	$ 1,077,868.00	484	$ 2,226.99
Help Me Grow	$ 261,555.00	379	$ 690.12
Homeless Outreach Program	$ 2,969,547.00	404	$ 7,350.36
Kern County Superintendent of Schools (KCSOS) - School-Based Program	$ 599,724.00	180	$ 3,331.80
Living Well	$ 2,969,547.00	63	$ 34,309.94
Outreach & Education	$ 84,477.00	42,196	$ 2.00
Prepare U	$ 104,509.00	136	$ 768.45
Reengagement	$ 1,417,386.00	1,810	$ 783.09

Suicide Prevention and Outreach & Education (O&E)	$ 0.00*	16,429	$ 0.00*
Transition Age Youth (TAY) Dual Recovery	$220,095.00	50	$ 4,401.90
Transition Age Youth (TAY) Self Sufficiency	$ 325,562.00	15	$ 21,704.13
Volunteer Senior Outreach Program (VSOP)	$ 1,030,068.00	52	$ 19,809.00
Youth Brief Treatment (YBT)	$ 2,594,327.00	3,206	$ 809.21
Youth Juvenile Justice Engagement	$ 289,197.00	173	$ 1,671.66
Zero Suicide	$ 213,465.00	28,348	$ 7.53

**Note: Funding wasn't allocated due to the pandemic. Services rolled up into Crisis Hotline.*

FY 2022-2023 Outcomes Report

Kern County MHSA Prevention and Early Intervention

BEHAVIORAL HEALTH&RECOVERY SERVICES

EVALCORP
Measuring What Matters

METHODOLOGY

Evaluation Design

Kern County Behavioral Health Services (KernBHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with reporting requirements. Two standardized Prevention and Early Intervention (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. Not all PEI programs are required to complete the outcome survey, based on state mandates. An overview of data reporting requirements for PEI programs is provided in Appendix A of this report.



Presentation of Results

Findings 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. Demographic statistics that show fewer than 5 participants were suppressed to reduce the identifiability of participants.

Some programs provide services to a small number of participants. Thus, results from some surveys are suppressed to reduce the risk of participant identification. All suppressed results are counted in the "Combined Program Findings" section.

PEI OUTCOME SURVEYS: DATA COLLECTION OVERVIEW



More than **760** surveys were collected.

As a result of participating in a Kern PEI program **8 in 10** people say that they *feel better.*

When asked whether they will use what they have learned in Kern PEI programs, **92%** say that they will.

When asked if they would recommend this program to others...

74% Strongly agreed

23% Agreed

3% Disagree or strongly disagreed

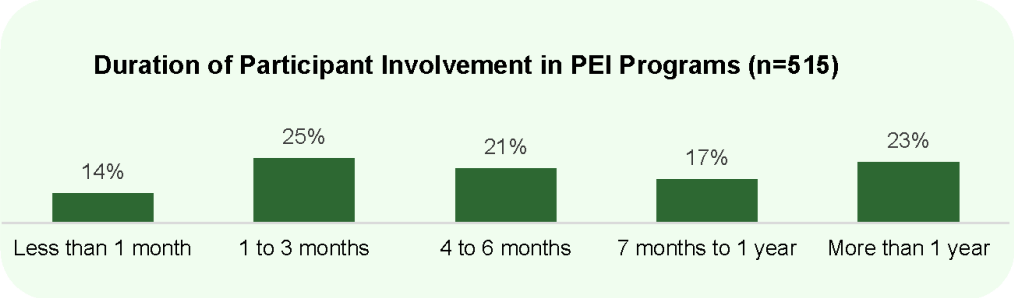
COMBINED PEI PROGRAM FINDINGS

Outcome Surveys Collected by Program

	Kern MHSA PEI Program Name	2022	2023
		Number of Surveys	Number of Surveys
1	Foster Care Engagement	29	9
2	KCSOS - School-Based Program	50	42
3	Living Well	14	67
4	Prepare U	59	147
5	Transition Age Youth Dual Recovery	14	4
6	Transition Age Youth Self Sufficiency	74	78
7	Volunteer Senior Outreach Program (VSOP)	44	52
8	Youth Brief Treatment (YBT)	45	42
9	Youth Juvenile Justice Engagement	3	5
	Total	**332**	**446**

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

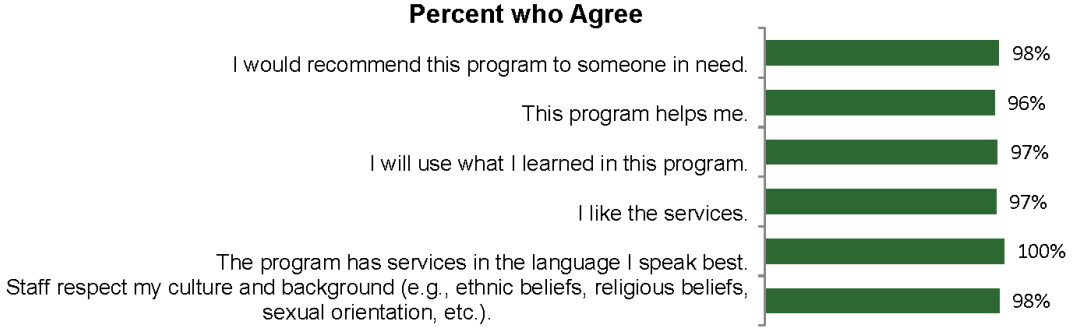
Duration of Participant Involvement



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

Survey results across all programs are reported together in this section of the report (n = 558). Since the same programs were surveyed at two different time points, it is likely that this count is partly duplicated. A total of 499 participants completed the self-reported survey (i.e., individuals who were 9 years old or older), while a total of 58 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). Additional participants took the Prepare U survey, which is program-specific and not included in this section. Participants could choose whether to take the survey in English or Spanish; in total 535 surveys were completed in English and 23 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 = 496-499)
Percent who Agree



Outcomes (n = 443-456)

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%	97%
I think treatment can help improve symptoms of mental illness.	3%	97%
I am more likely to seek help for a mental health problem.	6%	94%
I know where to go for mental health services.	3%	97%
I know where to go for substance use services for myself or other household members.	8%	92%

Outcomes (n = 88-90)

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.	2%	98%
I learned how to take steps towards the future I want.	7%	93%
I feel better.	10%	90%
I have more energy during the day.	27%	73%
I feel less worried.	15%	85%
I feel better when I think about the future.	21%	79%
I care more about the things that are happening in my life.	8%	92%
I can handle problems better.	12%	88%
I know when to ask for help with an emotional problem.	9%	91%

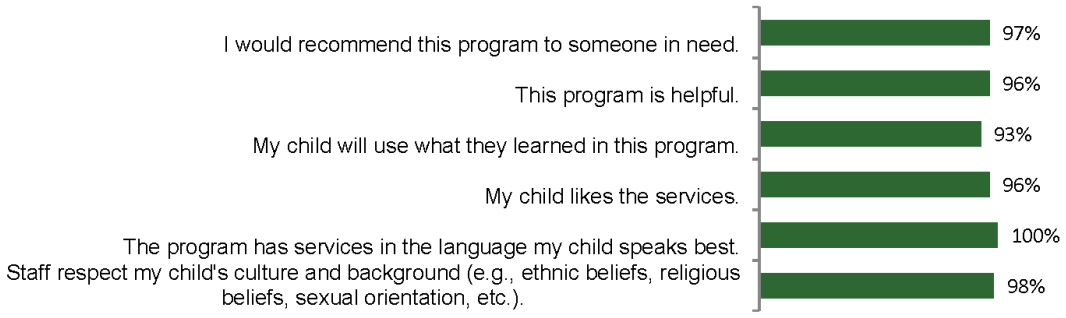
Outcomes (n = 28-81) ‡

As a result of participating in this program...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	2%	39%	59%
My grades in school have...	6%	35%	59%
My housing situation has...	0%	25%	75%
My job situation has...	0%	29%	71%
My relationship with friends and family has...	4%	16%	80%

‡ 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.

Overall: Child Survey Outcomes

Program Satisfaction and Cultural Competence (n = 56-58)
Percent who Agree



Child Outcomes (n = 56-57)

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.	9%	91%
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.	5%	95%
My child knows how to get help when they have a mental health problem.	12%	88%
I know where to go for substance use services for myself or other household members.	11%	89%

Child Outcomes (n = 35-36)

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 their mental or emotional health.	8%	92%
My child is learning to behave more appropriately.	6%	94%
My child feels better.	6%	94%
My child has more energy during the day.	17%	83%
My child feels less worried.	14%	86%
My child feels better when they think about the future.	11%	89%
My child cares more about the things that are happening in their life.	14%	86%
My child can handle problems better.	14%	86%
My child knows when to ask for help with an emotional problem.	17%	83%

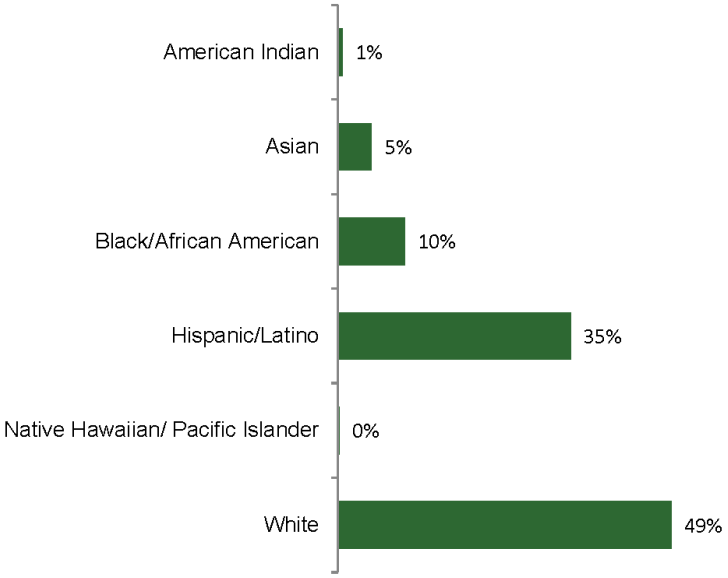
Child Outcomes (n = 23-33) ‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	4%	53%	43%
My child's grades in school have...	4%	33%	63%
My child's housing situation has...	4%	48%	48%
My child's relationships with friends and family have...	3%	30%	67%

‡ 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.

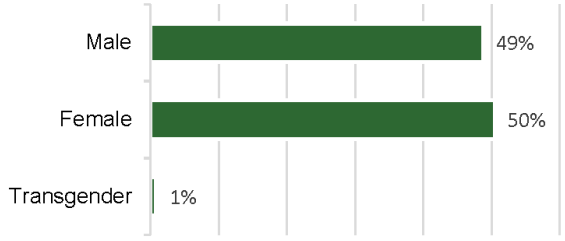
1. ACCESS TO CARE CRISIS HOTLINE

Race (n = 12,983)

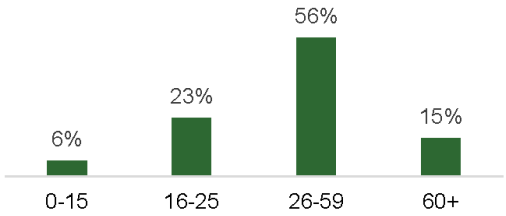


Note: 794 participants declined.

Gender Identity (n = 16,012)



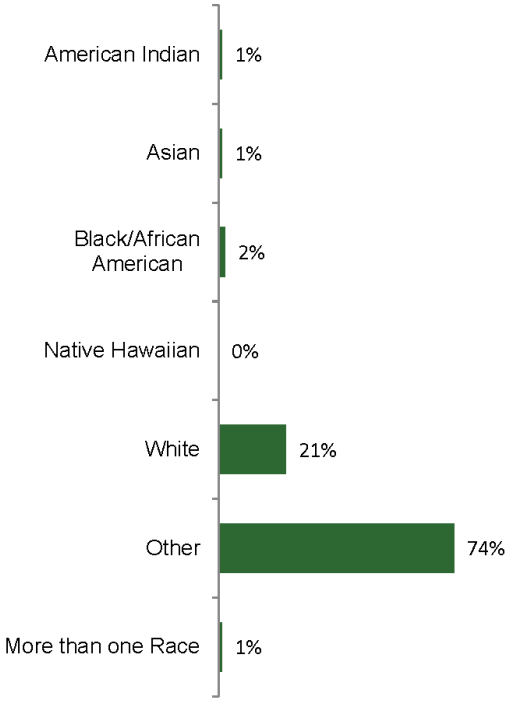
Age (n = 13,712)



2. COMMUNITY REFERRAL NETWORK

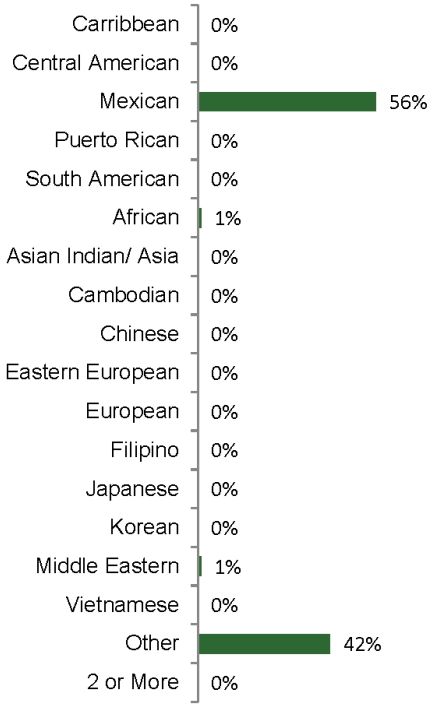
Age 12 and Over

Race (n = 109)



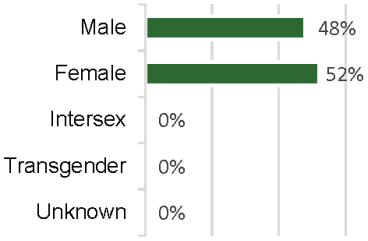
Note: 8 participants declined.

Ethnicity (n = 103)

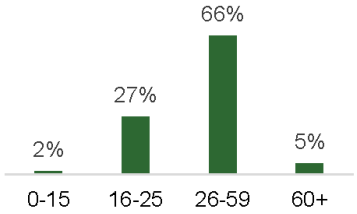


Note: 5 participants declined.

Gender Identity (n = 117)



Age (n = 117)

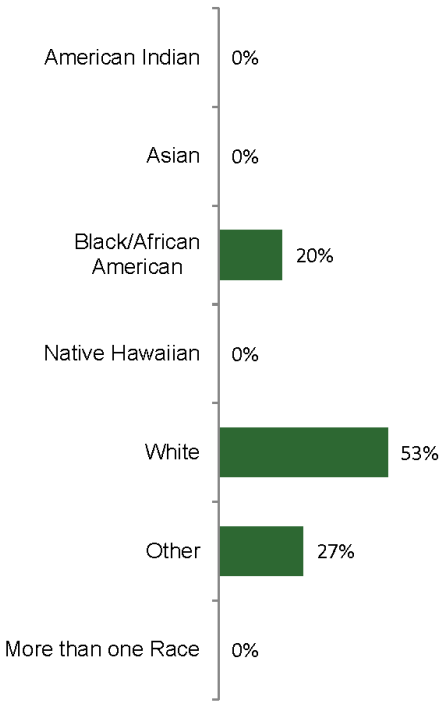


Language (n = 117)	
English	70%
Spanish	24%
English & Spanish	0%
Other	6%

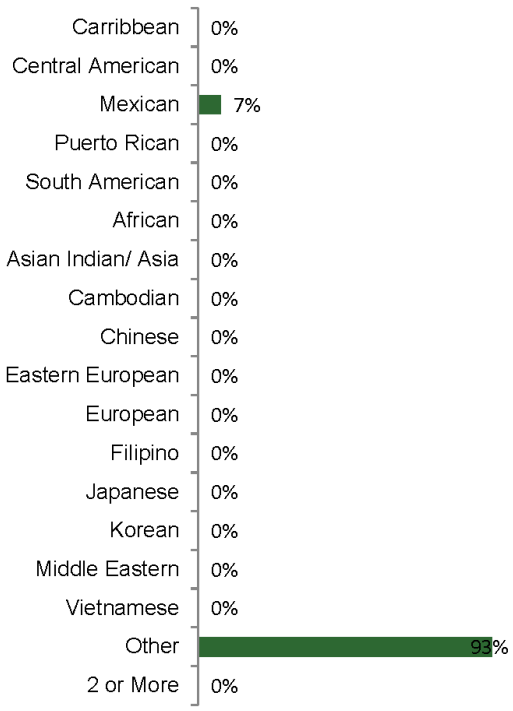
3. CONTINUUM OF CARE FOSTER YOUTH ENGAGEMENT

Child Demographics

Race (n = 15)

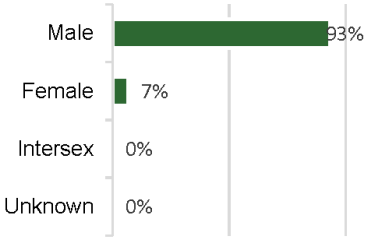


Ethnicity (n = 14)

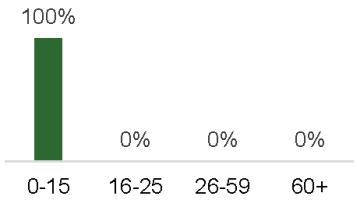


Note: 1 participant declined.

Gender Identity (n = 15)



Age (n = 15)



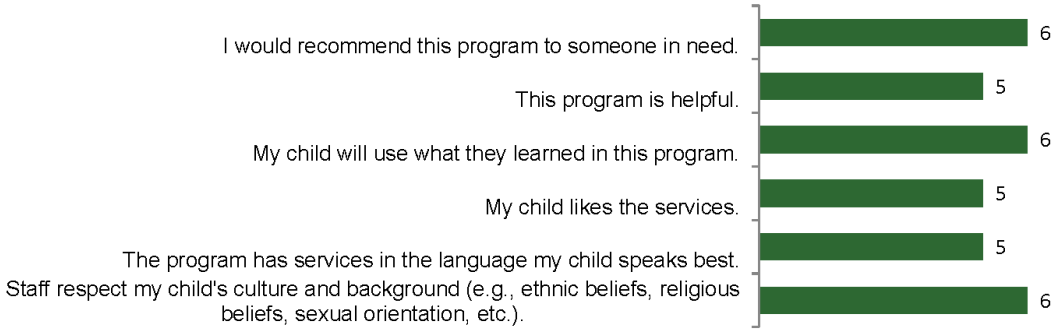
Language (n = 15)	
English	100%
Spanish	0%
English & Spanish	0%
Other	0%

4. FOSTER CARE ENGAGEMENT

This section contains the results of surveys from the Foster Care Engagement program. A total of 9 surveys were completed for this program. Of these, 3 were self-reported surveys, while the other 6 were child surveys completed by a parent/guardian about their child. Results from the Self-Report survey are suppressed to reduce the risk of participant identification. On the child survey, 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.

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 6)

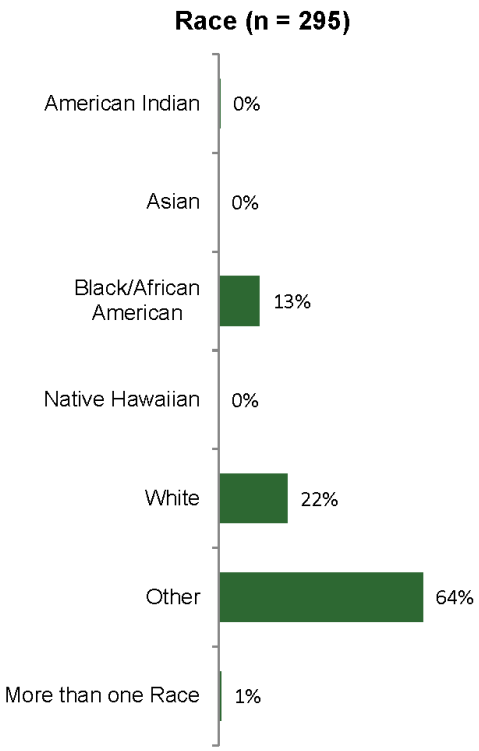


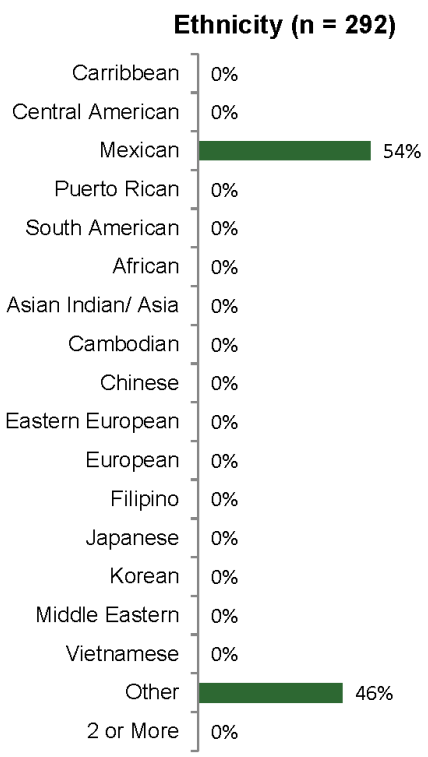
Child Outcomes (n = 5-6)

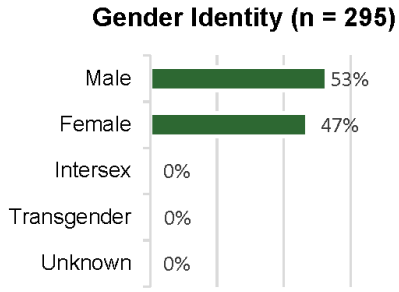
As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	6
My child thinks treatment can help improve symptoms of mental illness.	0	5
I know where to go to get mental health services for my child.	0	6
My child knows how to get help when they have a mental health problem.	0	6
I know where to go for substance use services for myself or other household members.	0	6

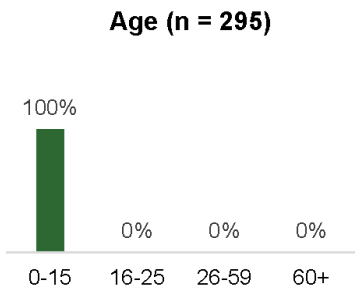
FOSTER CARE ENGAGEMENT

Child Demographics







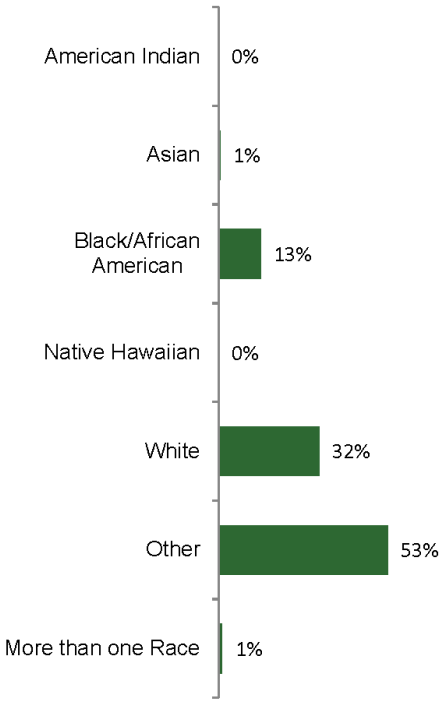


Language (n = 295)	
English	99%
Spanish	1%
English & Spanish	0%
Other	0%

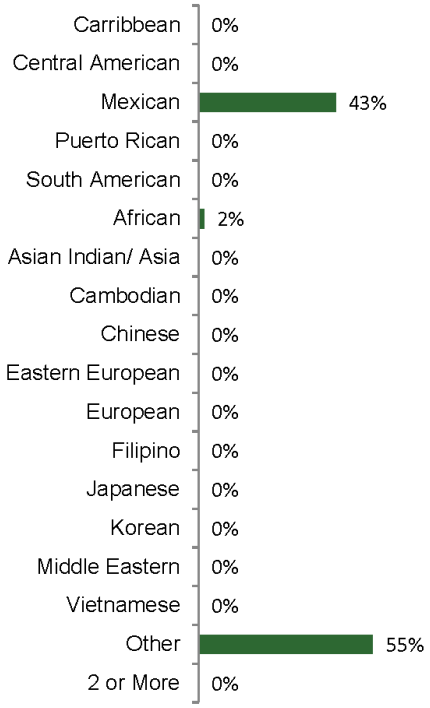
FOSTER CARE ENGAGEMENT

Self-Report Demographics

Race (n = 189)

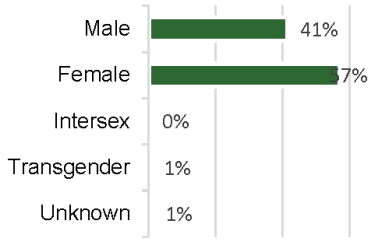


Ethnicity (n = 180)

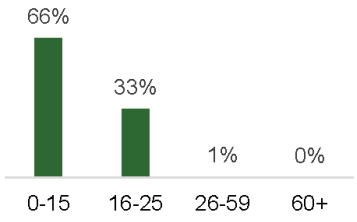


Note: 2 participants declined.

Gender Identity (n = 191)



Age (n = 190)



Language (n = 190)	
English	97%
Spanish	3%
English & Spanish	0%
Other	0%

FOSTER CARE ENGAGEMENT

Client Comments

Participants who received services from Foster Care Engagement were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=5)

- Therapeutic Communication (n=2)
- Improved Symptoms or Behavior (n=2)
- Acquiring Skills or Increased Understanding of Mental health (n=1)

What could make this program better? (n=4)

- Nothing or Don't Know (n=4)

What has changed about how you think, feel, or behave as a result of this program? (n=4)

- More Positive Outlook/Attitude (n=2)
- Improved Communication or Relationships (n=1)
- Improved Self-Awareness (n=1)

"I can express my feelings."

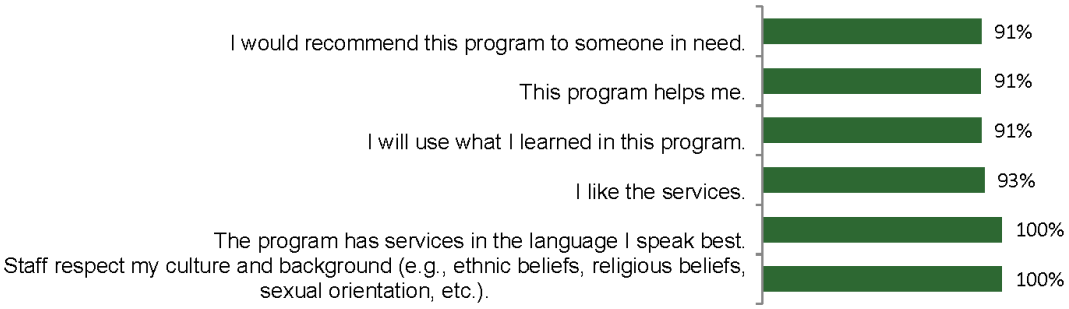
"I can talk to my foster family when I feel sad."

5. KCSOS SCHOOL-BASED PROGRAM

This section contains the results of surveys from the KCSOS School-Based Program. A total of 71 surveys were completed for this program. Of these, 70 were self-reported surveys. To reduce the risk of identification, the single parent survey is suppressed in this report. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 68-70)



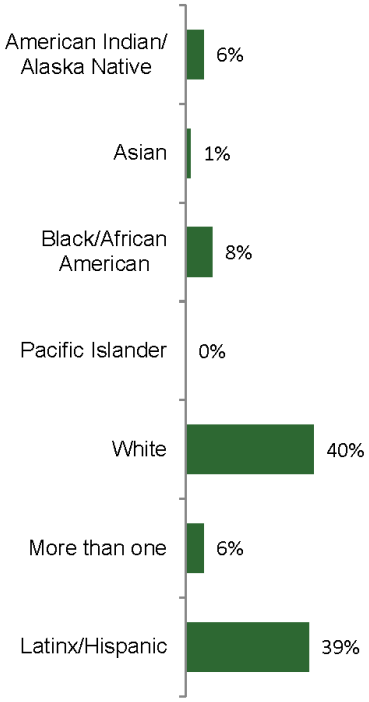
Outcomes (n = 63)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	6%	94%
I think treatment can help improve symptoms of mental illness.	10%	90%
I am more likely to seek help for a mental health problem.	16%	84%
I know where to go for mental health services.	2%	98%
I know where to go for substance use services for myself or other household members.	11%	89%

KCSOS SCHOOL-BASED PROGRAM

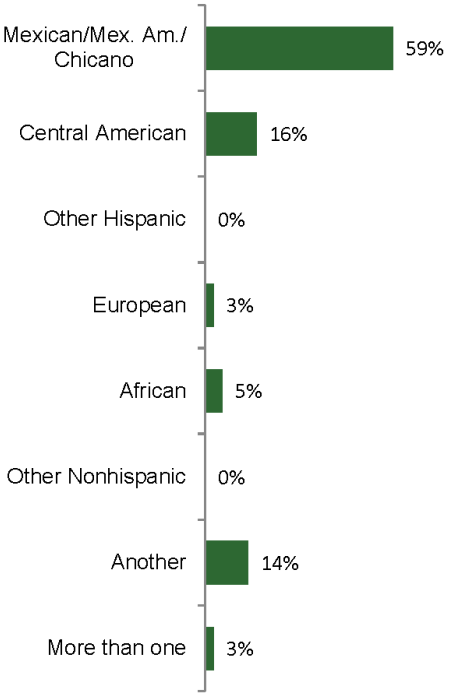
Demographics

Race (n = 62)



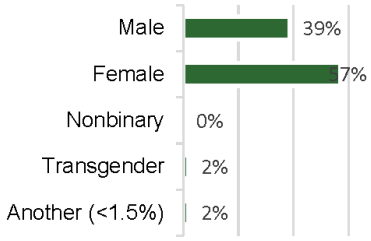
Note: 10 participants declined.

Ethnicity (n = 62)



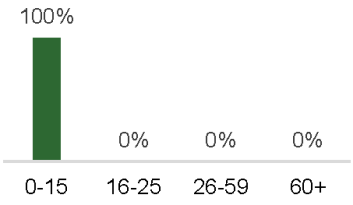
Note: 27 participants declined.

Gender Identity (n = 62)



Note: 3 participants declined.

Age (n = 62)



Note: 2 participants declined.

Language (n = 62)	
English	74%
Spanish	8%
English & Spanish	16%
Other	2%

Note: 3 participants declined.

KCSOS SCHOOL-BASED PROGRAM

Client Comments

Participants who received services from KCSOS were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=55)

- Therapeutic Communication (n=20)
- Availability of Services (n=10)
- Improved Symptoms or Behavior (n=10)
- Acquiring Skills or Increased Understanding of Mental health (n=7)
- Supportive Staff (n=2)
- Better interactions with family and friends (n=2)
- Nothing or don't know (n=2)
- Group Sessions (n=1)
- Strategies or Activities for self-care (n=1)

What could make this program better? (n=39)

- Nothing or Don't Know (n=22)
- Additional Activities or Services (n=9)
- Greater Diversity among Staff or Participants (n=4)
- Better Communication and Outreach (n=2)
- More Frequent or Longer sessions (n=2)

What has changed about how you think, feel, or behave as a result of this program? (n=61)

- Improved Emotional Regulation (n=12)
- Nothing or Don't Know (n=9)
- Improved Communication or Relationships (n=9)
- Improved Self-Awareness (n=9)
- Improved Behavior (n=8)
- More Positive Outlook/Attitude (n=7)
- Improved Self-Confidence (n=5)
- Feeling Less Isolated (n=2)

"I talk to my family about my feelings more. I think of myself in a good way

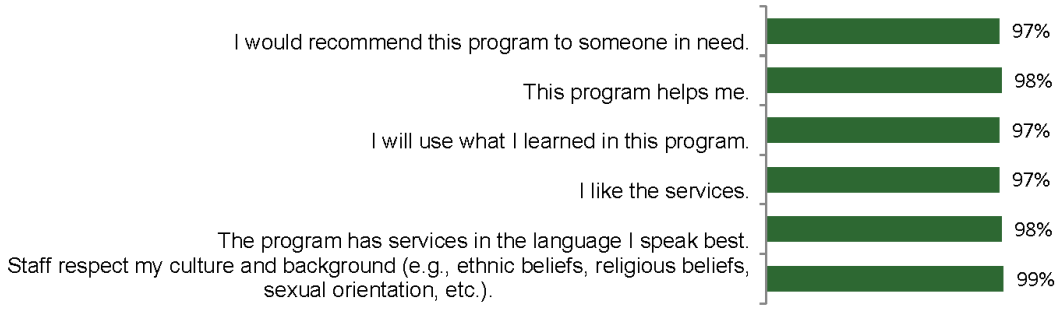
"Being able to talk to people about what it is and learning more to control anxiety."

6. LIVING WELL

This section contains the results of surveys from the Living Well program. A total of 116 surveys were completed for this program. There were 115 self-report surveys and 1 child survey. Of these, 115 participants chose to take the survey in English, and 1 took the survey in Spanish. The results of the single parent survey have been suppressed to reduce the risk of identification.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n= 112-115)

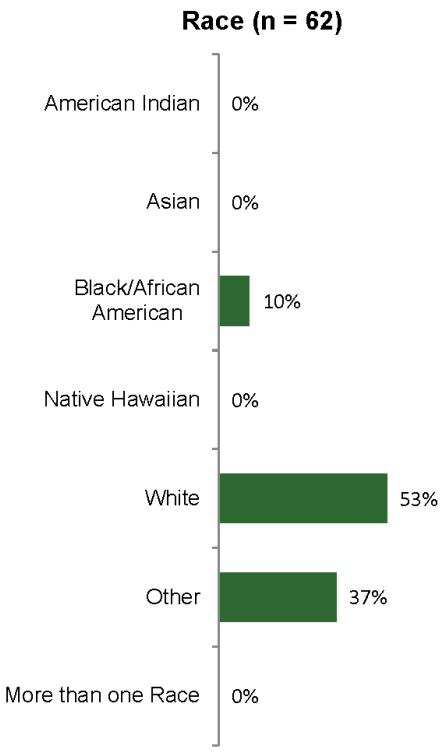


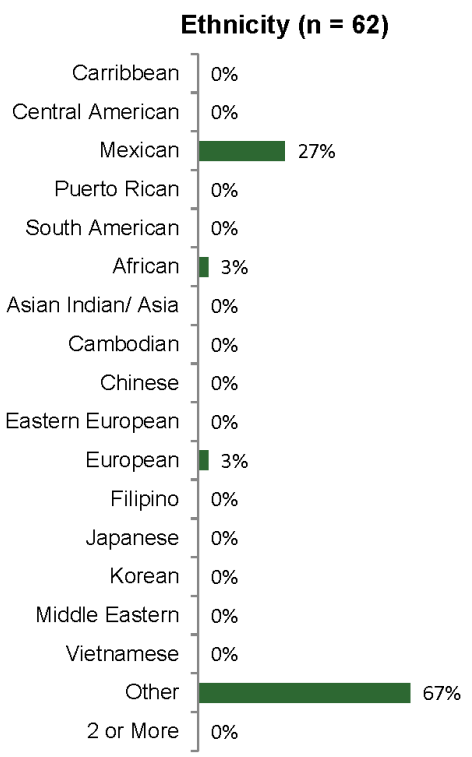
Outcomes (n= 96-100)

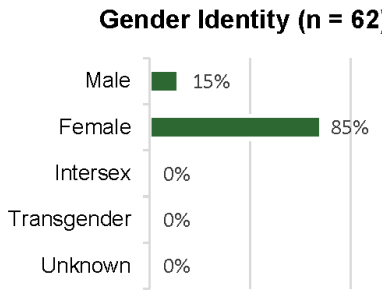
As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	2%	98%
I think treatment can help improve symptoms of mental illness.	1%	99%
I am more likely to seek help for a mental health problem.	4%	96%
I know where to go for mental health services.	2%	98%
I know where to go for substance use services for myself or other household members.	7%	93%

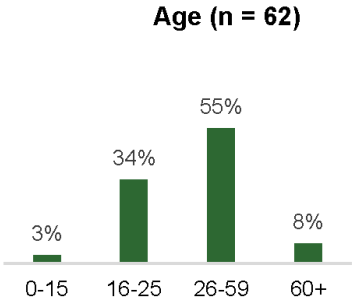
LIVING WELL

Demographics









Language (n = 62)	
English	94%
Spanish	6%
English & Spanish	0%
Other	0%

LIVING WELL

Client Comments

Participants who received services from Living Well were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=125)

- Acquiring Skills or Increased Understanding of Mental health (n=25)
- Therapeutic Communication (n=22)
- Supportive Staff (n=15)
- Meeting Basic Needs & Finding Employment (n=15)
- Improved Symptoms or Behavior (n=14)
- Inclusive Environment & Sense of Community (n=13)
- Availability of Services (n=12)
- Strategies or Activities for self-care (n=6)
- Nothing or don't know (n=1)
- Group Sessions (n=1)
- Better interactions with family and friends (n=1)

"Better communication between counselors and clients and fewer rescheduling."

"The most helpful thing about this program, in my experience, is the skills I've picked up from it. I have learned healthier coping skills, healthier communication skills, and confidence in standing up for myself."

What could make this program better? (n=86)

- Nothing or Don't Know (n=41)
- Additional Activities or Services (n=17)
- Better Communication and Outreach (n=8)
- Additional Instructional Topics or Information (n=7)
- Greater Diversity among Staff or Participants (n=6)
- More Frequent or Longer sessions (n=4)
- In-Person Sessions (n=3)

What has changed about how you think, feel, or behave as a result of this program? (n=150)

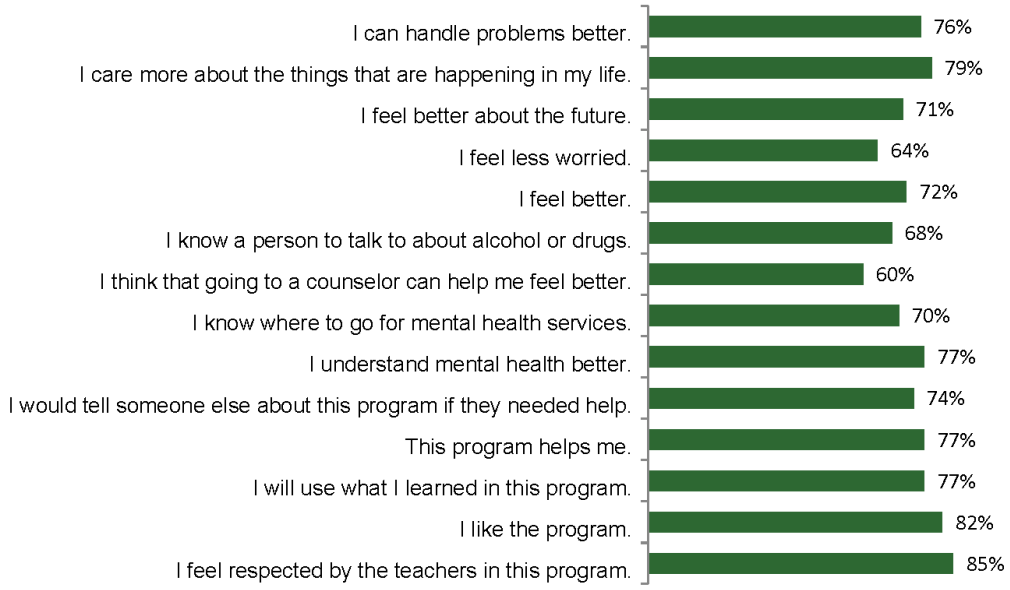
- Improved Self-Awareness (n=32)
- Improved Emotional Regulation (n=26)
- More Positive Outlook/Attitude (n=26)
- Improved Behavior (n=24)
- Improved Communication or Relationships (n=20)
- Improved Self-Confidence (n=16)
- Nothing or Don't Know (n=4)
- Feeling Less Isolated (n=2)

7. PREPARE U

This section contains the results of surveys from the Prepare U program. This program used a tailored survey distinct from other programs. A total of 190 surveys were completed for this program. Of these, 189 participants chose to take the survey in English, and 1 took the survey in Spanish.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 177-190)



Outcomes (n=147-157) ‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	5%	37%	58%
My grades in school have...	6%	28%	66%
My relationship with friends and family has...	10%	32%	58%

‡ 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.

PREPARE U

Client Comments

Participants who received services from Prepare U were also asked to provide feedback through one open-ended response question. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=127)

- Improved Symptoms or Behavior (n=33)
- Acquiring Skills or Increased Understanding of Mental health (n=28)
- Strategies or Activities for self-care (n=14)
- Nothing or don't know (n=14)
- Therapeutic Communication (n=13)
- Supportive Staff (n=9)
- Better interactions with family and friends (n=8)
- Group Sessions (n=6)
- Availability of Services (n=2)

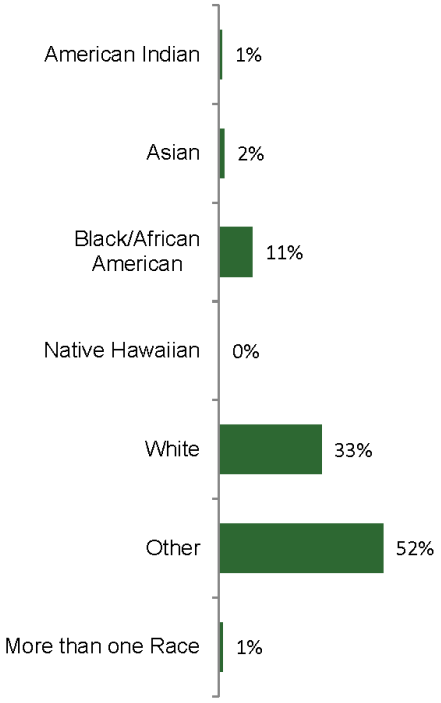
"It teaches you how to talk to people. It shows you ways to help your mental health. It also helped me build a relationship with my family."

"The most helpful thing about this program is about the breathing and that helps me."

8. REENGAGEMENT

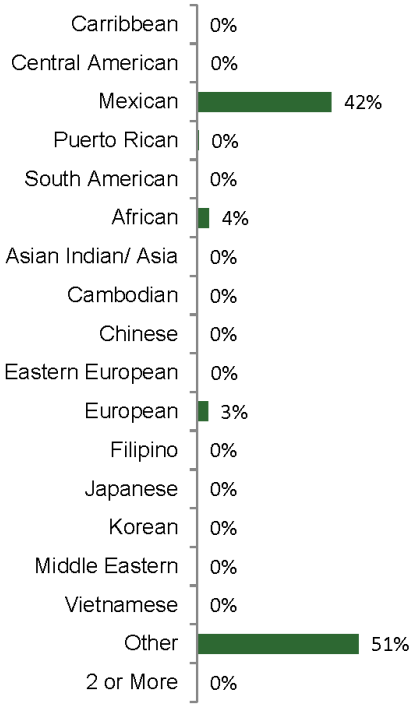
Demographics

Race (n = 1329)



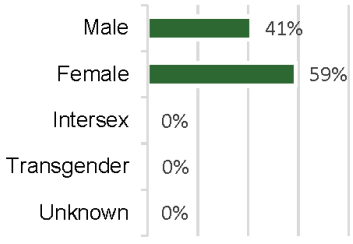
Note: 6 participants declined.

Ethnicity (n = 1317)

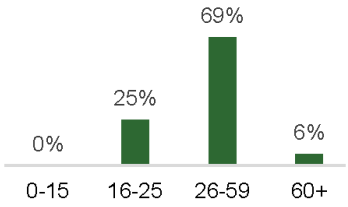


Note: 3 participants declined.

Gender Identity (n = 1341)



Age (n = 1337)



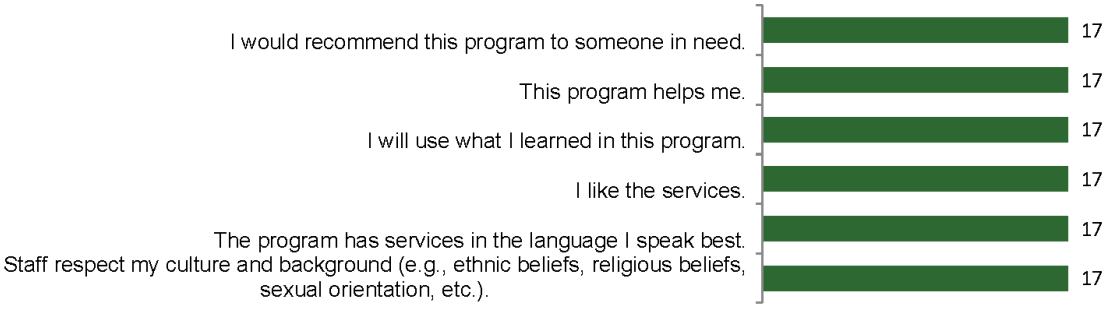
Language (n = 1337)	
English	88%
Spanish	11%
English & Spanish	0%
Other	1%

9. TRANSITION AGE YOUTH (TAY) DUAL RECOVERY

This section contains the results of surveys from the Transition Age Youth (TAY) Dual Recovery program. A total of 18 surveys were completed for this program. Of these, 17 were self-reported surveys with 1 parent survey. Because 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. The results of the single parent survey have been suppressed to reduce the risk of identification.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 17)



Outcomes (n = 6)

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	6
I think treatment can help improve symptoms of mental illness.	0	6
I am more likely to seek help for a mental health problem.	0	6
I know where to go for mental health services.	0	6
I know where to go for substance use services for myself or other household members.	0	6

TRANSITION AGE YOUTH (TAY) DUAL RECOVERY

Outcomes (n = 17)

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	17
I learned how to take steps towards the future I want.	0	17
I feel better.	0	17
I have more energy during the day.	5	12
I feel less worried.	1	16
I feel better when I think about the future.	0	17
I care more about the things that are happening in my life.	0	17
I can handle problems better.	0	17
I know when to ask for help with an emotional problem.	1	16

Outcomes (n= 8-17) ‡

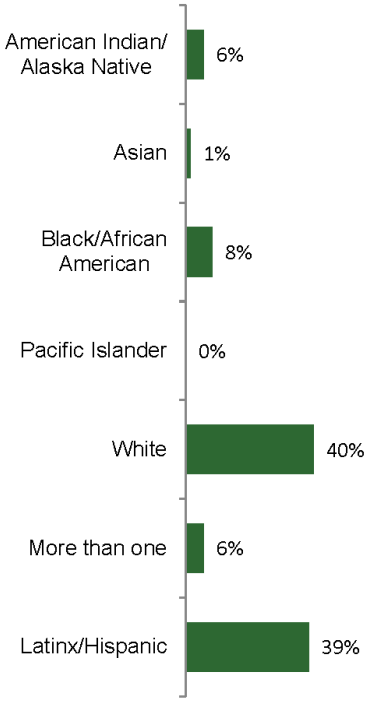
As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	2	6
My grades in school have...	0	1	6
My housing situation has...	0	0	16
My job situation has...	0	2	11
My relationship with friends and family has...	1	2	14

‡ 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.

TRANSITION AGE YOUTH (TAY) DUAL RECOVERY

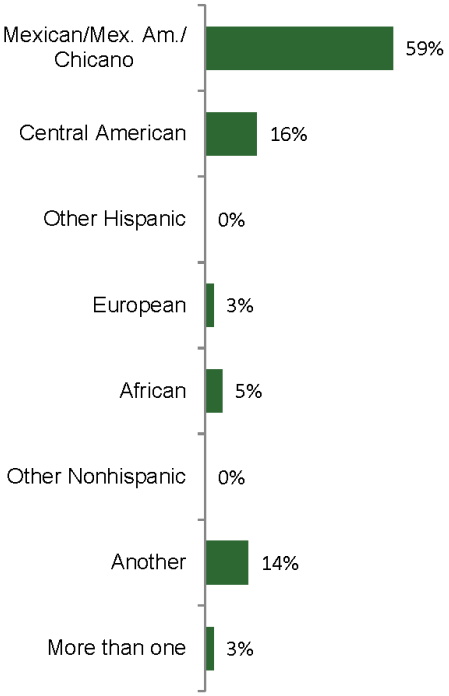
Demographics

Race (n = 62)



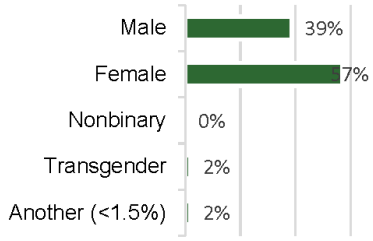
Note: 10 participants declined.

Ethnicity (n = 62)



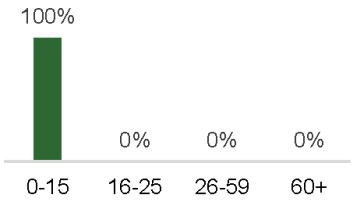
Note: 27 participants declined.

Gender Identity (n = 62)



Note: 3 participants declined.

Age (n = 62)



Note: 2 participants declined.

Language (n = 62)	
English	74%
Spanish	8%
English & Spanish	16%
Other	2%

Note: 3 participants declined.

TRANSITION AGE YOUTH (TAY) DUAL RECOVERY

Client Feedback

Participants who received services from Transition Age Youth Dual Recovery were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

Self-Report Survey Comments

What's the most helpful thing about this program? (n=22)

- Supportive Staff (n=6)
- Inclusive Environment & Sense of Community (n=6)
- Therapeutic Communication (n=4)
- Improved Symptoms or Behavior (n=2)
- Acquiring Skills or Increased Understanding of Mental health (n=2)
- Group Sessions (n=1)
- Meeting Basic Needs & Finding Employment (n=1)

What could make this program better? (n=16)

- Nothing or Don't Know (n=7)
- Additional Activities or Services (n=6)
- Better Communication and Outreach (n=2)
- Greater Diversity among Staff or Participants (n=1)

What has changed about how you think, feel, or behave as a result of this program? (n=24)

- Improved Behavior (n=10)
- Improved Self-Awareness (n=5)
- More Positive Outlook/Attitude (n=5)
- Nothing or Don't Know (n=1)
- Improved Communication or Relationships (n=1)
- Improved Emotional Regulation (n=1)
- Feeling Less Isolated (n=1)

"The support and love that I get from this program. The lack of judgment and the compassion they have."

"It really changed my perspective on life and my long-term goals."

Child Survey Comments

What's the most helpful thing about this program? (n=1)

- Availability of Services (n=1)

What could make this program better? (n=1)

- Additional Activities or Services (n=1)

What has changed about how your child thinks, feels, or behaves as a result of this program? (n=2)

- Improved Behavior (n=1)
- More Positive Outlook/Attitude (n=1)

"Having more freedom could make this program better."

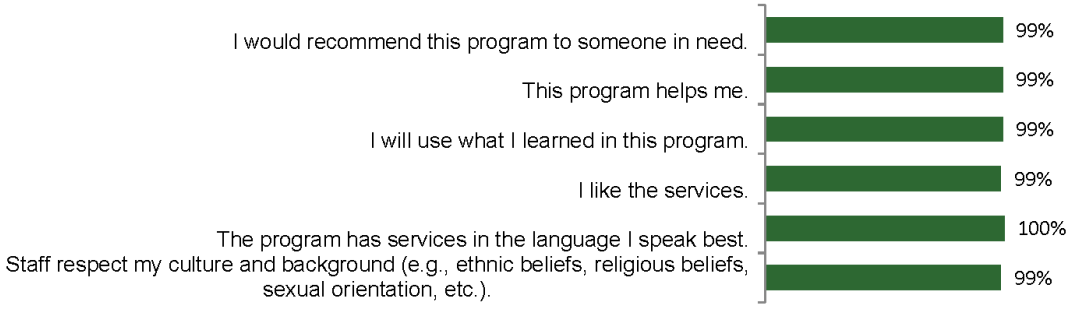
"My child thinks, feels, and behaves good for an overall rating."

10. 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 144 clients completed the Self-Report Survey and 8 clients completed the child version of the outcome survey. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n=143-144)



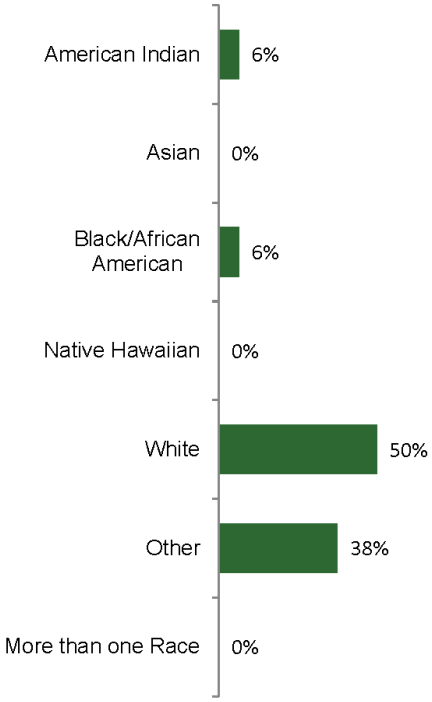
Outcomes (n = 142-144)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	1%	99%
I think treatment can help improve symptoms of mental illness.	2%	98%
I am more likely to seek help for a mental health problem.	5%	95%
I know where to go for mental health services.	1%	99%
I know where to go for substance use services for myself or other household members.	2%	98%

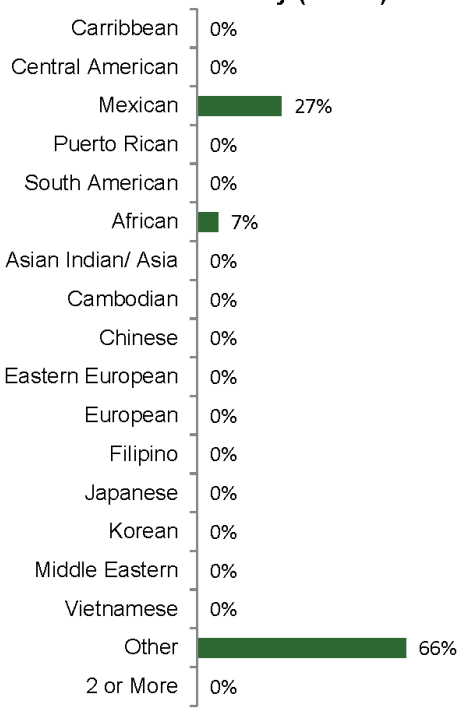
TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

Demographics

Race (n = 16)

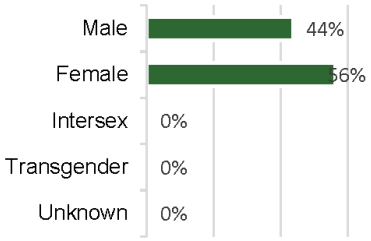


Ethnicity (n = 15)

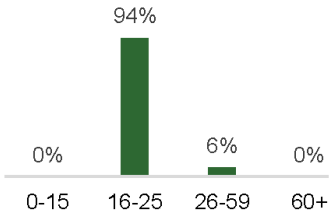


Note: 1 participant declined.

Gender Identity (n = 16)



Age (n = 16)



Language (n = 16)	
English	94%
Spanish	0%
English & Spanish	0%
Other	6%

TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

Client Comments

Participants who received services from TAY Self-Sufficiency were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=135)

- Meeting Basic Needs & Finding Employment (n=51)
- Supportive Staff (n=37)
- Availability of Services (n=14)
- Improved Symptoms or Behavior (n=14)
- Therapeutic Communication (n=10)
- Inclusive Environment & Sense of Community (n=8)
- Nothing or don't know (n=1)

What could make this program better? (n=103)

- Nothing or Don't Know (n=47)
- Additional Activities or Services (n=27)
- Better Communication and Outreach (n=10)
- Additional Instructional Topics or Information (n=7)
- Greater Diversity among Staff or Participants (n=7)
- More Frequent or Longer sessions (n=5)

What has changed about how you think, feel, or behave as a result of this program? (n=125)

- More Positive Outlook/Attitude (26)
- Improved Behavior (23)
- Improved Self-Awareness (19)
- Nothing or Don't Know (18)
- Improved Communication or Relationships (17)
- Feeling Less Isolated (10)
- Improved Self-Confidence (8)
- Improved Emotional Regulation (4)

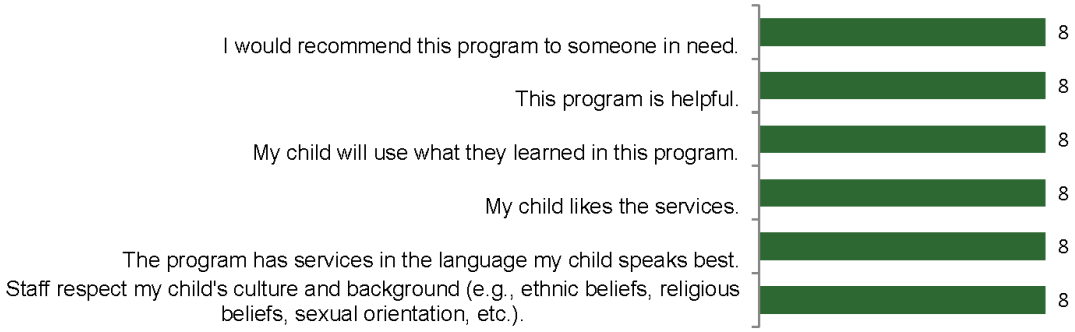
"The dream center helped me get housed when I had nowhere to go."

"I used to feel a lot more helpless and worthless. I now see a future for myself, and I can be happy."

TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 8)



Child Outcomes (n = 8)

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.	6	8
My child thinks treatment can help improve symptoms of mental illness.	6	8
I know where to go to get mental health services for my child.	7	8
My child knows how to get help when they have a mental health problem.	6	8
I know where to go for substance use services for myself or other household members.	6	8

TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

Client Comments

Participants who received services from TAY Self-Sufficiency were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=1)

- Supportive Staff (1)

"Starting to express self more"

What has changed about how your child thinks, feels, or behaves as a result of this program? (n=1)

- Improved Communication or Relationships (n=1)

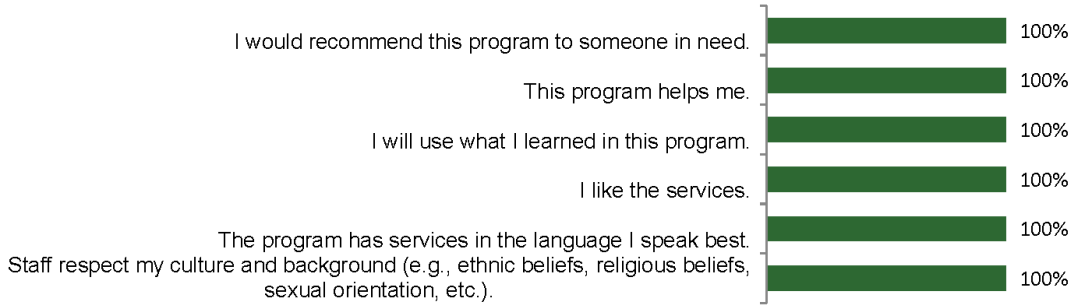
"Supportive staff"

11. VOLUNTEER SENIOR OUTREACH PROGRAM

The data displayed below summarize the results of surveys collected from the Volunteer Senior Outreach Program (VSOP). A total of 96 clients completed the Self-Report Survey; no clients completed the child version of the outcome survey. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 94-96)



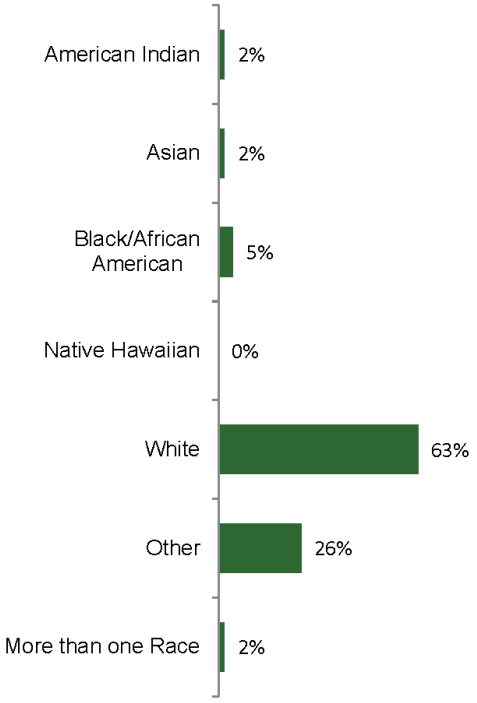
Outcomes (n = 85-94)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	1%	99%
I think treatment can help improve symptoms of mental illness.	0%	100%
I am more likely to seek help for a mental health problem.	3%	97%
I know where to go for mental health services.	4%	96%
I know where to go for substance use services for myself or other household members.	12%	88%

VOLUNTEER SENIOR OUTREACH PROGRAM

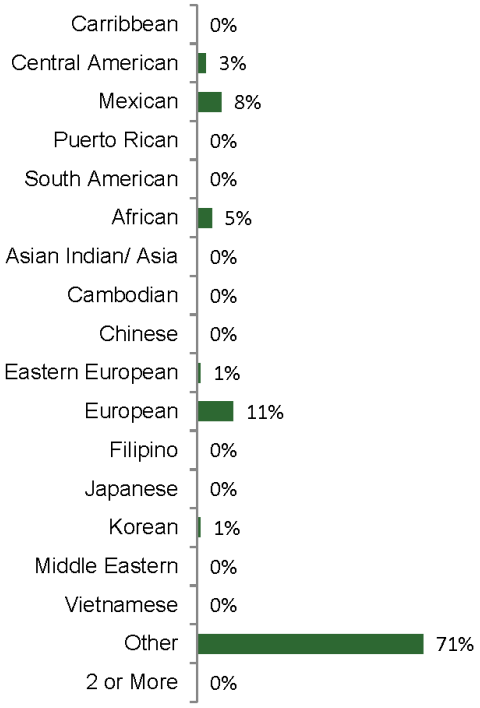
Demographics

Race (n = 111)



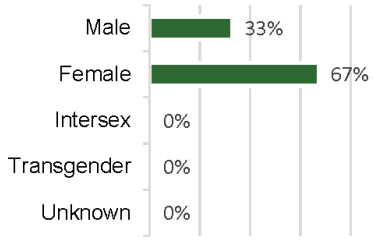
Note: 1 participant declined.

Ethnicity (n = 105)

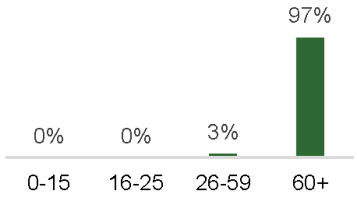


Note: 1 participant declined.

Gender Identity (n = 113)



Age (n = 113)



Language (n = 113)	
English	84%
Spanish	15%
English & Spanish	0%
Other	1%

VOLUNTEER SENIOR OUTREACH PROGRAM

Client Comments

Participants who received services from VSOP were asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=103)

- Therapeutic Communication (n=38)
- Supportive Staff (n=18)
- Availability of Services (n=12)
- Improved Symptoms or Behavior (n=10)
- Inclusive Environment & Sense of Community (n=8)
- Meeting Basic Needs & Finding Employment (n=6)
- Strategies or Activities for self-care (n=5)
- Acquiring Skills or Increased Understanding of Mental health (n=4)
- Better interactions with family and friends (n=1)
- Nothing or don't know (n=1)

"I like it the way it is, probably to make it longer."

"The companionship and someone to talk to the outreach is very helpful."

What could make this program better? (n=72)

- Nothing or Don't Know (n=48)
- More Frequent or Longer sessions (n=8)
- Additional Activities or Services (n=7)
- Additional Instructional Topics or Information (n=4)
- Greater Diversity among Staff or Participants (n=3)
- Ability to Test, Diagnose, & Treat (n=2)

What has changed about how you think, feel, or behave as a result of this program? (n=90)

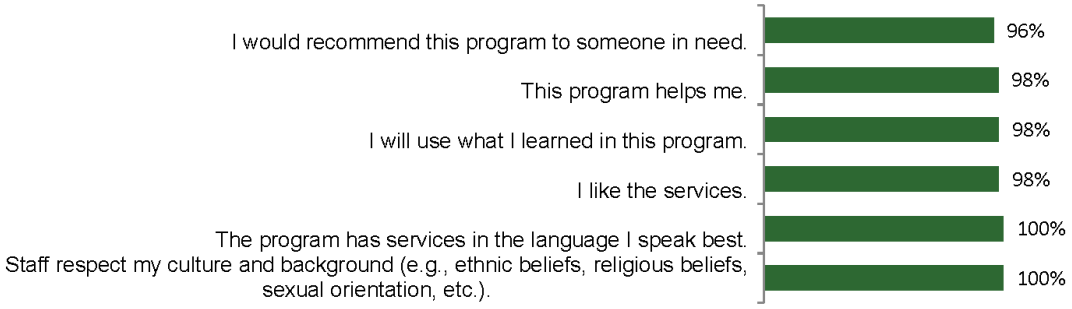
- More Positive Outlook/Attitude (n=28)
- Nothing or Don't Know (n=12)
- Improved Self-Awareness (n=11)
- Improved Emotional Regulation (n=10)
- Improved Self-Confidence (n=9)
- Feeling Less Isolated (n=9)
- Improved Communication or Relationships (n=7)
- Improved Behavior (n=4)

12. YOUTH BRIEF TREATMENT

The charts and tables below display the results of the surveys collected from the Youth Brief Treatment program. The survey was completed by 87 clients. Of these, 50 participants filled out the Self-Report survey and 37 completed the Child Survey. A total of 77 participants chose to take the survey in English and 10 participants chose to take the survey in Spanish.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 49-50)



Outcomes (n = 37-47)

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.	2%	98%
I am more likely to seek help for a mental health problem.	4%	96%
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.	20%	80%

YOUTH BRIEF TREATMENT

Outcomes (n = 38-39)

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.	3%	97%
I learned how to take steps towards the future I want.	13%	87%
I feel better.	10%	90%
I have more energy during the day.	26%	74%
I feel less worried.	21%	79%
I feel better when I think about the future.	28%	72%
I care more about the things that are happening in my life.	10%	90%
I can handle problems better.	10%	90%
I know when to ask for help with an emotional problem.	13%	87%

Outcomes (n = 10-38) ‡

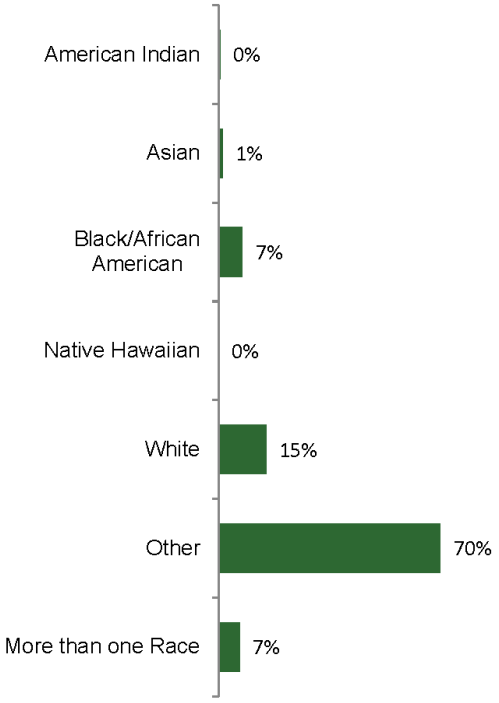
As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	0%	45%	55%
My grades in school have...	6%	44%	50%
My housing situation has...	0%	27%	73%
My job situation has...	0%	40%	60%
My relationship with friends and family has...	5%	18%	77%

‡ 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.

YOUTH BRIEF TREATMENT

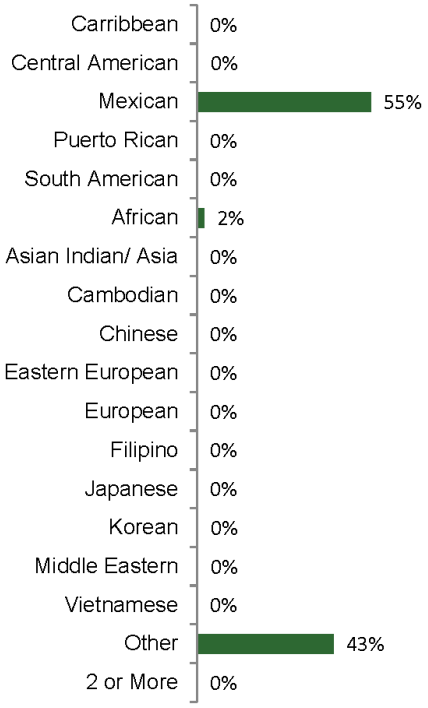
Demographics

Race (n = 1761)



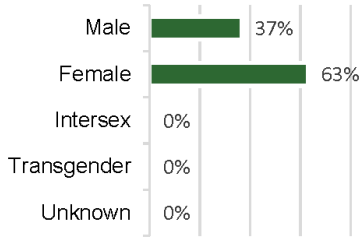
Note: 2 participants declined.

Ethnicity (n = 1690)

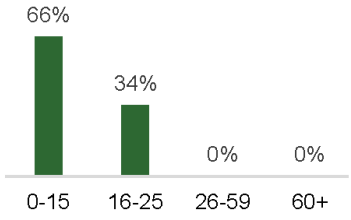


Note: 3 participants declined.

Gender Identity (n = 1767)



Age (n = 1767)



Language (n = 1767)	
English	79%
Spanish	20%
English & Spanish	0%
Other	1%

YOUTH BRIEF TREATMENT

Client Comments

Participants who received services from Youth Brief Treatment were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=50)

- Therapeutic Communication (n=21)
- Acquiring Skills or Increased Understanding of Mental health (n=9)
- Availability of Services (n=8)
- Supportive Staff (n=4)
- Improved Symptoms or Behavior (n=3)
- Inclusive Environment & Sense of Community (n=2)
- Better interactions with family and friends (n=2)
- Strategies or Activities for self-care (n=1)

"Having a safe space and learning how to manage mental health in some ways."

"I feel like I am able to be more open with my mental health and personal issues."

What could make this program better? (n=35)

- Nothing or Don't Know (n=24)
- Additional Activities or Services (n=8)
- Additional Instructional Topics or Information (n=2)
- Greater Diversity among Staff or Participants (n=1)

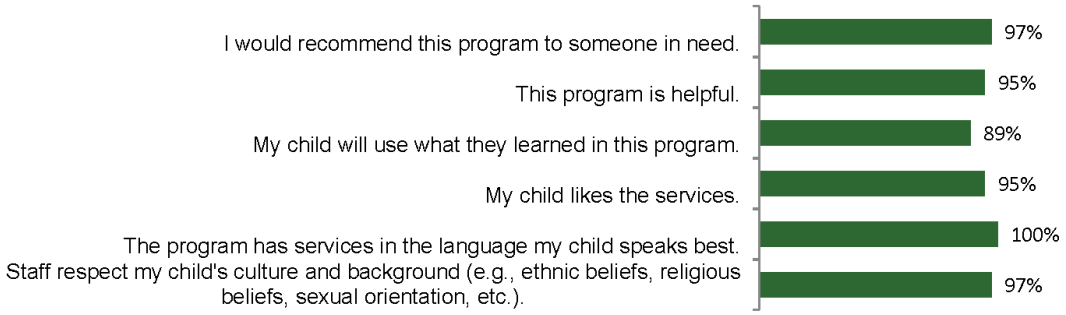
What has changed about how you think, feel, or behave as a result of this program? (n=50)

- Improved Behavior (n=12)
- Improved Communication or Relationships (n=10)
- Improved Self-Awareness (n=9)
- Improved Emotional Regulation (n=6)
- Improved Self-Confidence (n=5)
- More Positive Outlook/Attitude (n=5)
- Nothing or Don't Know (n=2)
- Feeling Less Isolated (n=1)

YOUTH BRIEF TREATMENT

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 35-37)



Child Outcomes (n = 37)

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.	11%	89%
My child thinks treatment can help improve symptoms of mental illness.	14%	86%
I know where to go to get mental health services for my child.	5%	95%
My child knows how to get help when they have a mental health problem.	14%	86%
I know where to go for substance use services for myself or other household members.	14%	86%

YOUTH BRIEF TREATMENT

Child Outcomes (n = 27-28)

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 their mental or emotional health.	7%	93%
My child is learning to behave more appropriately.	7%	93%
My child feels better.	4%	96%
My child has more energy during the day.	11%	89%
My child feels less worried.	11%	89%
My child feels better when they think about the future.	7%	93%
My child cares more about the things that are happening in their life.	11%	89%
My child can handle problems better.	7%	93%
My child knows when to ask for help with an emotional problem.	15%	85%

Child Outcomes (n = 17-25) ‡

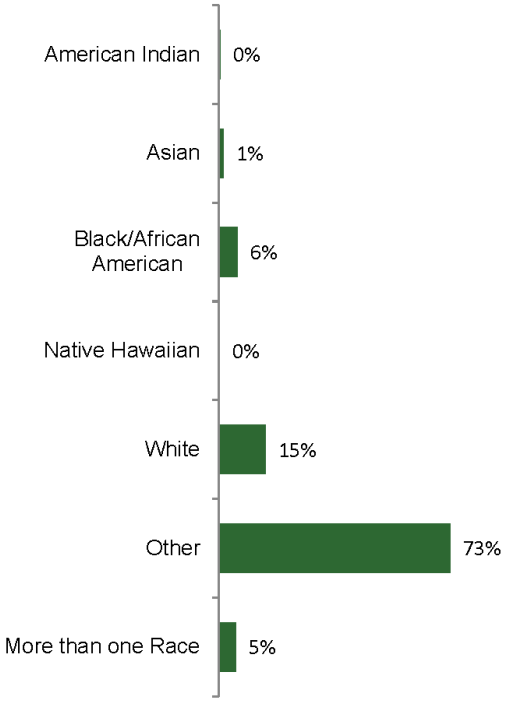
As a result of participating in this program...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	6%	65%	29%
My child's grades in school have...	5%	43%	52%
My child's housing situation has...	0%	50%	50%
My child's relationships with friends and family have...	0%	32%	68%

‡ 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.

YOUTH BRIEF TREATMENT

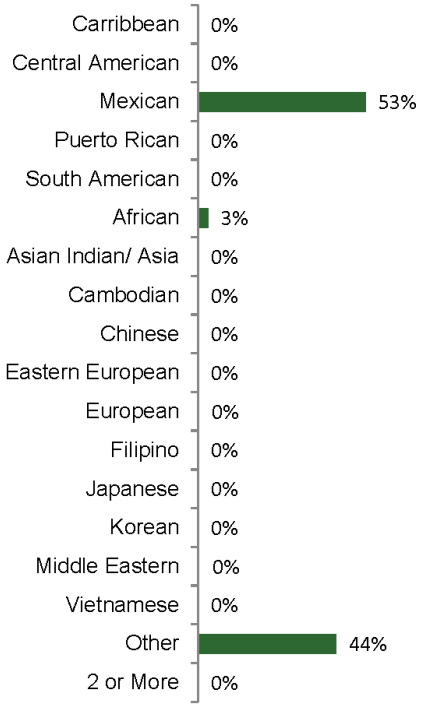
Demographics

Race (n = 1481)



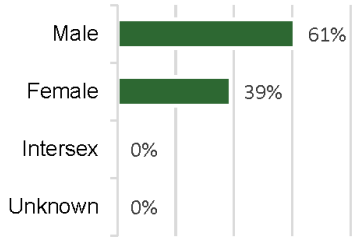
Note: 6 participants declined.

Ethnicity (n = 1272)

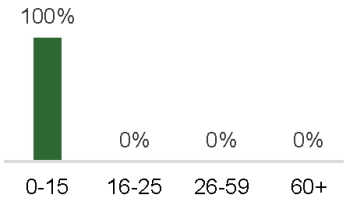


Note: 4 participants declined.

Gender Identity (n = 1488)



Age (n = 1488)



Language (n = 1488)	
English	85%
Spanish	13%
English & Spanish	0%
Other	2%

YOUTH BRIEF TREATMENT

Client Comments

Participants who received services from Youth Brief Treatment were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the top responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=33)

- Therapeutic Communication (n=7)
- Improved Symptoms or Behavior (n=7)
- Acquiring Skills or Increased Understanding of Mental Health (n=7)
- Supportive Staff (n=5)
- Availability of Services (n=3)
- Better interactions with family and friends (n=3)
- Nothing or don't know (n=1)

What could make this program better? (n=21)

- Nothing or don't know (n=7)
- Additional Activities or Services (n=6)
- More Frequent or Longer Sessions (n=4)
- Additional Instructional Topics or Information (n=2)
- Ability to Test, Diagnose, & Treat (n=1)
- Better Communication and Outreach (n=1)

"It has not only helped my son but has also been a help to the family."

"I would like more hands-on support."

What has changed about how your child thinks, feels, or behaves as a result of this program? (n=34)

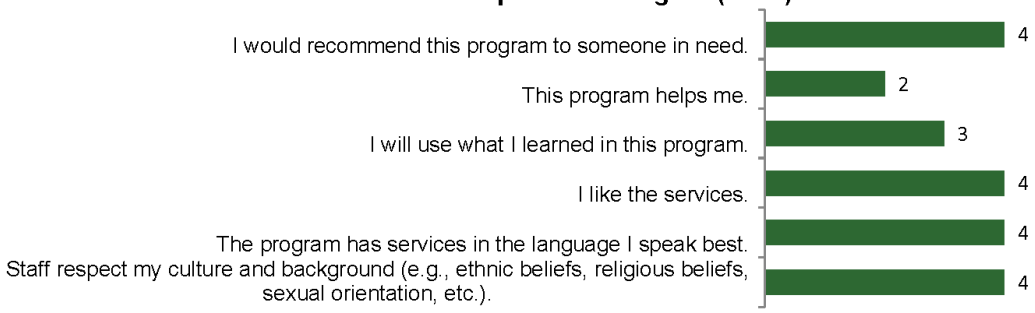
- Improved Behavior (n=7)
- Improved Emotional Regulation (n=7)
- More Positive Outlook/Attitude (n=6)
- Improved Communication or Relationships (n=5)
- Improved Self-Awareness (n=4)
- Nothing or Don't Know (n=3)
- Feeling Less Isolated (n=2)

13. 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 4 clients completed the self-report survey and 4 clients completed the child survey. Because 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
Number of Participants Who Agree (n = 4)



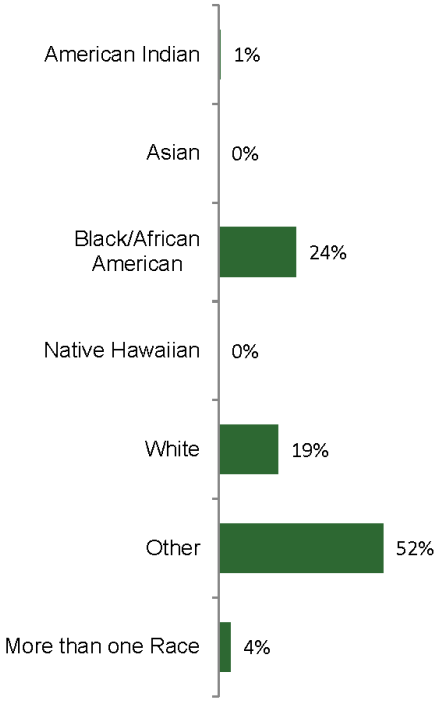
Adult Outcomes (n = 3)

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

YOUTH JUVENILE JUSTICE ENGAGEMENT

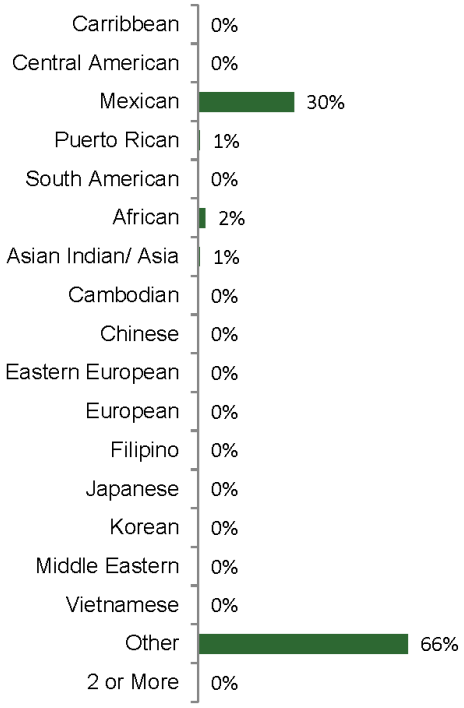
Demographics

Race (n = 193)



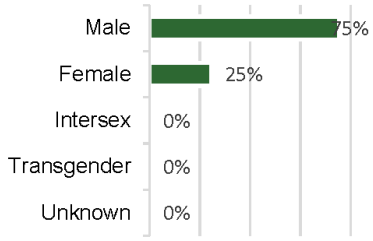
Note: 2 participants declined.

Ethnicity (n = 181)

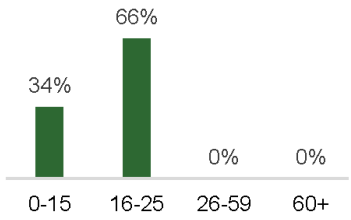


Note: 1 participant declined.

Gender Identity (n = 195)



Age (n = 195)



Language (n = 195)	
English	91%
Spanish	6%
English & Spanish	0%
Other	3%

YOUTH JUVENILE JUSTICE ENGAGEMENT

Client Comments

Participants who received services from Youth Juvenile Justice Engagement were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=2)

- Nothing or don't know (n=1)
- Therapeutic Communication (n=1)

What could make this program better? (n=1)

- Nothing or Don't Know (n=1)

What has changed about how you think, feel, or behave as a result of this program? (n=2)

- Nothing or don't know (n=1)
- Improved Behavior (n=1)

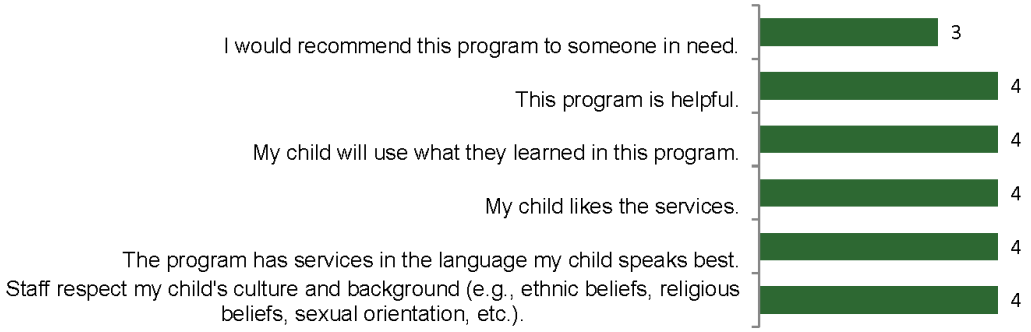
"Good advice"

"My meds help me sleep and not have anxiety."

YOUTH JUVENILE JUSTICE ENGAGEMENT

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 4)



Child Outcomes (n = 3)

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.	0	3
My child thinks treatment can help improve symptoms of mental illness.	0	3
I know where to go to get mental health services for my child.	0	3
My child knows how to get help when they have a mental health problem.	1	2
I know where to go for substance use services for myself or other household members.	1	2

YOUTH JUVENILE JUSTICE ENGAGEMENT

Client Comments

Participants who received services from Youth Juvenile Justice Engagement were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and responses are presented below. The number of comments may be different from the total number of themes, as comments touching on more than one theme were categorized as belonging to each theme they addressed. The number of people whose feedback was tagged as belonging to each theme is shown in parentheses.

What's the most helpful thing about this program? (n=4)

- Therapeutic Communication (n=2)
- Availability of Services (n=1)
- Acquiring Skills or Increased Understanding of Mental health (n=1)

What has changed about how your child thinks, feels, or behaves as a result of this program? (n=4)

- Improved Communication or Relationships (n=2)
- Improved Self-Awareness (n=1)
- More Positive Outlook/Attitude (n=1)

What could make this program better? (n=2)

- Nothing or Don't Know (n=1)
- More Frequent or Longer sessions (n=1)

"Getting to talk to people and kind of open up about how I feel throughout the week and stuff like that."

"My mind is way more clear than it used to be before. It is still foggy every now and then but overall better."

APPENDIX A: PEI DATA COLLECTION MATRIX

PEI Programs, Classifications, and Survey Sections for FY22-23

PEI Program Name	Program Classification	Sections of Survey Required to Be Completed
Prepare U	Prevention	Front & back
Transition Age Youth Dual Recovery	Early Intervention	Front & Back
Youth Brief Treatment (YBT)	Early Intervention	Front & Back
Living Well	Stigma and Discrimination Reduction	Front only
Transition Age Youth Self Sufficiency	Access and Linkage to Treatment	Front only
Youth Juvenile Justice Engagement	Access and Linkage to Treatment	Front only
KCSOS - School-Based Program (Previously named "Kern Youth Resilience and Support")	Access and Linkage to Treatment	Front only
Foster Care Engagement	Outreach for Increasing Recognition of Early Signs of Mental Illness	Front only
Volunteer Senior Outreach Program (VSOP)	Outreach for Increasing Recognition of Early Signs of Mental Illness	Front only
Suicide Prevention O&E	Outreach for Increasing Recognition of Early Signs of Mental Illness	None
Zero Suicide	Outreach for Increasing Recognition of Early Signs of Mental Illness	None
Outreach & Education***	Outreach for Increasing Recognition of Early Signs of Mental Illness	None
Access to Care Crisis Hotline	Access and Linkage to Treatment	None
Homeless Outreach Team (HOT)	Access and Linkage to Treatment	None
Help Me Grow	Access and Linkage to Treatment	None
Community Referral Network	Access and Linkage to Treatment	None
Reengagement	Access and Linkage to Treatment	None
Continuum of Care Reform Foster Youth Engagement	Access and Linkage to Treatment	None
Court Appointed Special Advocates±	Access and Linkage to Treatment	None

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☒ Strategies targeting the mental health needs of older adults

Project Name:	**Access to Care: Crisis Hotline**
Date Started:	06/01/2006
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301
Program Description:	Crisis Hotline is a 24/7 team that provides crisis counseling, suicide intervention, coping skills guidance, and referrals for individuals who call and are in immediate crises. Crisis Hotline is accredited by the American Association of Suicidology (AAS.) Crisis Hotline is also part of the National Suicide Prevention Lifeline (NSPL) and accepts Lifeline calls from around the world. The Crisis Hotline team conducts follow-up phone calls and mails out "Caring Notes" as part of their inpatient follow-up efforts. These efforts have made an impact on every patient who has been in a psychiatric in-patient facility, the Psychiatric Evaluation Center (PEC), Crisis Walk-In Clinic (CWIC) or had an intervention with the Mobile Evaluation Team (MET). The same phone call is extended within 72 hours to anyone who called the Crisis Hotline, and a follow up call is made to the caller a

	week later, and then a month from the initial day of contact with the Crisis Hotline. This process is considered evidence-based and is known to save lives. Crisis Hotline staff members also facilitate suicide prevention/intervention/postvention outreach events in Kern County communities, reaching over 200,000 people last year.
Eligibility Criteria:	The Crisis Hotline is available to everyone. There are no parameters that would make a person ineligible to receive services from the Crisis Hotline team.
Menu of Services:	• Crisis intervention • Suicide risk assessment and intervention • Referral to services • Provides information about community-based resources • Problem-solving and coping skills • Mental Health and Substance Use Disorder related support and referral • Follow-up calls and caring notes
Supportive Services Provider(s):	None
Program Update:	• Two therapists were added to the team which helped in expanding behavioral health services for the community. • Chat/Text was implemented which has increased how people can access services. • Increase in outreach events and continue to build partnerships throughout Kern County and California. • Call recording coming in FY 2023-2024.
Challenges or Barriers:	Staffing has been an ongoing challenge. We are looking to hire additional staff to handle the current and future call/text/chat volume.
Proposed Changes:	No proposed changes to report.

Budget:

Access to Care: Crisis Hotline	FY 2022/2023
Annual Budgeted Funds	$ 1,878,756.00
Unduplicated # Served	34,340
Annual Cost Per Client	$ 54.71

Success Stories/Program Highlights:

One of our Crisis Hotline operators received a phone call from a resident who lives in a small town in Kern County's outlying areas.
The caller reported that she needed help because she was in the bathtub, and she had taken a handful of pills with alcohol.

Our operator immediately contacted law enforcement as it appeared that the caller was in danger and in need of immediate assistance. However, law enforcement officers were not able to easily get into the house because the front door was locked.

Our Crisis Hotline operator remained on the line with both the caller and law enforcement using all the resources at the operator's disposal to ensure that this caller received the help she needed. While our operator was speaking to the caller, she could hear the caller slipping in and out of consciousness and sliding deeper into the bathwater. Luckily, she was eventually able to obtain the contact information for the caller's significant other. Then, she was able to reach him and get the authorization needed for law enforcement and emergency services to enter through the front door. Thankfully they were able to reach the caller just in time to save her life and help her get the medical care she needed.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Community Referral Network**
Date Started:	07/01/2020
Provider(s):	• Clinica Sierra Vista (CSV) • College Community Services (CCS)
Location(s):	• CSV Delano - 425 Del Sol Parkway, Delano, CA 93215 • CSV Lamont - 8933 Panama Road, Suite 101, Lamont, CA 93241 • CCS Taft - 1021 4th Street, Suite B, Taft, CA 93268 • CCS Lake Isabella - 2731 Nugget Avenue, Lake Isabella, CA 93240
Program Description:	The Community Referral Network Program provides community outreach, education, and engagement services to those that are treatment-resistant to people living in the outlying areas of Kern County. Outreach and education services are provided to community members and partner agencies, with the focus of identifying and engaging at-risk adults who may benefit from traditional behavioral health, substance use disorder, and other community services. Once identified and referred,

	Community Referral Network staff deliver temporary case management services, with a primary focus of engagement, to assist individuals in successfully linking with ongoing outpatient treatment and other services, as appropriate. Community Referral Network staff are embedded in the current treatment team and embrace a "whatever it takes" model of service delivery. Services include psychoeducation, engagement, crisis intervention/response, accelerated access and linkage to behavioral health, substance use treatment, and other appropriate community services. Referrals to the Community Referral Network Program are typically received from family members/persons of support, contract providers, law enforcement, behavioral health programs, and other community supports. After successful linkage, program staff will follow up with individuals and the outpatient treatment team. Ongoing program evaluation, data collection, and data analysis will assist in the further development of the Community Referral Network Program.
Eligibility Criteria:	Any individual who may benefit from behavioral health or substance use treatment or any other community resource or service.
Menu of Services:	• Identifying and linking at-risk adults • Access and linkage to care • Engagement with family members and individuals • Outreach and education in community settings, homeless shelters and encampments, substance use disorder service agencies, churches, sober living homes, parks, and other public settings • 24-hour referral line • Follow-up with individuals
Supportive Services Provider(s):	None
Program Update:	We have implemented the following: • Relational Outreach and Engagement Model (ROEM) team job shadowing continues to be coordinated for new Community Referral

	Network staff to enhance existing engagement and service delivery skillsets with the unsheltered population. • Ongoing, individualized training continue to be delivered to supervisors and staff located at clinics experiencing turnover, struggling to understand the program, and/or needing general support to ensure accuracy in data collection and consistency in program operations across all sites. • Supplies (i.e. hygiene kits, basic clothing items, water, snacks) for Community Referral Network staff to utilize for client engagement continues to be purchased and disseminated to clinics. • Program information was presented on social media platforms, at the Behavioral Health Board, and Mental Health Services Act (MHSA) Stakeholders meeting, and to the KernBHRS Director and Management team to ensure widespread knowledge of the program.
Challenges or Barriers:	Staffing challenges experienced by contract providers resulted in extended periods of vacancy in multiple Community Referral Network positions. Contract providers continuously enact recruitment strategies in attempts to fill vacant positions with candidates possessing experience and attributes best suited for this program.
Proposed Changes:	Expand Community Referral Network Program visibility by developing strategies to assist staff in identifying pockets within communities where outreach efforts can be increased.

Budget:

Community Referral Network	FY 2022/2023
Annual Budgeted Funds	$ 331,331.00
Unduplicated # Served	110
Annual Cost Per Client	$ 3,012.10

Success Stories/Program Highlights:

After experiencing an extended period of homelessness due to his family moving out of state, our client was connected to our Community Referral Network team. Our team was able to build a rapport with him by offering basic hygiene supplies. After some time and multiple contacts, he agreed to participate in treatment to address his behavioral health needs.

While receiving behavioral health services, we were also able to connect him with peer support services to help him obtain government assistance.

Clinic staff facilitated placement in a local shelter where he was able to regularly access food, clean clothing, and medical and dental care.

Once he was assigned a case worker, he was able to set some short and long-term goals and he is actively working on them. One of these goals is for him to secure permanent housing.

The Community Referral Network team is proud to see the tremendous growth this individual has experienced and feels privileged to be able to provide support to members of the community who are in need.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☒ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Continuum of Care Reform (CCR) Foster Youth Engagement**
Date Started:	08/01/2020
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 3300 Truxtun Avenue, Bakersfield, CA 93301
Program Description:	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." The team helps the foster youth maintain their placement by providing behavioral health treatment that addresses their trauma. The foster youth need more structured treatment with the Short-Term Residential Therapeutic Program (STRTP). This team provides care and treatment that helps the foster youth step down to a family/family-based home setting in a timely manner. Providing engagement and support to foster youth, placing agencies and STRTPs, as well as conducting Qualified Individual Assessments, will help in decreasing the need for a higher level of care for the foster youth.

	<u>GOALS</u>: • Work with foster youth, families, and partner agencies to help in stabilizing youth • Work to decrease stigma and increase trauma-informed care for the foster youth • Completing Qualified Individual Assessments to provide recommendations to the placing agency for the best placement and treatment options for the foster youth
Eligibility Criteria:	Active foster youth and wards of the court in need of a higher level of care.
Menu of Services:	• Engage with partner agencies providing support and outreach and education • Participate in Intensive Care Coordination (ICC) meetings • Assist in making recommendations for needed services and supports to foster youth placed in STRTPs or those referred for Qualified Individual Assessments requesting placement in STRTPs • Conduct mental health assessments and treatment plans as needed • Consultations • Ongoing collaboration with partner agencies and STRTPs
Supportive Services Provider(s):	None
Program Update:	The team works with placing agencies, STRTP, and families to ensure each youth receives intensified services needed to reduce mental health symptoms/behaviors and successfully step down to a family/family-based home setting.
Challenges or Barriers:	Attending monthly Intensive Care Coordinator (ICC) meetings has been a challenge due to staff turnover, scheduling conflict, and availability for all parties involved (Social Worker/Probation Officer, ICC Coordinator, STRTP staff, youth, and family). Solving the challenge involves ensuring that the CCR staff attend all ICC meetings, highlighting the importance of scheduling appointments, scheduling the follow-up ICC meeting at the end of each ICC meeting, and the CCR Supervisor to address any patterns of non-compliance.

Proposed Changes:	None

Budget:

Continuum of Care Reform (CCR) Foster Youth Engagement	FY 2022/2023
Annual Budgeted Funds	$ 767,777.00
Unduplicated # Served	141
Annual Cost Per Client	$ 5,445.23

Success Stories/Program Highlights:

A 9-year-old foster youth needed a higher level of care (STRTP) because of symptoms of anxiety, hyperactivity, impulsivity, anger, irritability, defiance, danger to self and others, verbal/physical aggressive behaviors resulting in running into traffic, hitting others, inappropriately touching others, and damaging property. The youth had difficulty maintaining stable foster home placements resulting in being placed in an STRTP. This placement provided daily mental health services. After 10 months of intensive services provided by the STRTP, the foster youth made significant improvements and was able to step down to a lower level of care.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☒ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Court Appointed Special Advocates (CASA)**
Date Started:	10/01/2018
Provider(s):	Court Appointed Special Advocates (CASA) of Kern County
Location(s):	CASA - 1717 Columbus St, Bakersfield, CA 93305
Program Description:	The CASA Mental Health Advocacy Program utilizes specially trained CASAs to research each foster youth's trauma and developmental history and provide this information to the Psychiatrist for review. Knowing the trauma and development issues allows for more accuracy in the assessment and treatment of the youth. CASA continually strives to make a positive impact in the community for fostering youth in need of additional support. Coordination with CASA will help identify helpful information relevant to behavioral health treatment and aid in KernBHRS providing appropriate treatment to address behavioral health concerns for foster youth within our community.

Eligibility Criteria:	Children who have been appointed to CASA of Kern County, have an Application for Psychotropic Medication (JV-220) and are between the ages of 0-25.
Menu of Services:	• File assessment for the following criteria: ○ History of chronic domestic violence ○ Prenatal drug exposure ○ Structural heart disease ○ Multiple placement changes ○ Post-traumatic stress/trauma ○ Periods of unconsciousness or brain injury ○ Psychiatric/medical history and medical history ○ CASA Essential History (EH) Form completion • Attachment of CASA Essential History (EH) to Health & Education Passport in Child Welfare Services.
Supportive Services Provider(s):	None
Program Update:	CASA of Kern County is currently auditing its program to improve processes to streamline and become more efficient.
Challenges or Barriers:	Our Advocate Supervisor who oversees the Mental Health Advocacy Program at CASA of Kern County was out in Quarter 2 of Fiscal Year 2022-2023, so no file mining was done during that time. Upon the Advocate Supervisors' return, they worked diligently to make sure that we delivered as many of the 50 file assessments as possible.
Proposed Changes:	None

Budget:

Court Appointed Special Advocates (CASA)	FY 2022/2023
Annual Budgeted Funds	$ 20,000.00
Unduplicated # Served	30

Annual Cost Per Client	$ 666.67

Success Stories/Program Highlights:

A foster care youth was diagnosed with seven different conditions and had been prescribed 10+ medications. The youth's behaviors had not improved over the last year while on medication. The CASA advocated for the youth's medications to be reviewed by his physician. Consequently, a new psychological testing was performed by Kern Regional Center that resulted in changes in the diagnosis and reduction in the number of prescription medications the youth was taking. This story demonstrates the success of CASA's advocacy program.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Foster Care Engagement**
Date Started:	07/01/2016
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Kern County Department of Human Services (DHS)
Location(s):	• KernBHRS – 3300 Truxtun Avenue, Bakersfield, CA 93301 • DHS – 100 E. California Avenue, Bakersfield, CA 93307
Program Description:	The Foster Care Engagement Program works to actively identify and engage youth in the foster care system who are not engaged in behavioral health services at the onset of a child welfare case, or youth who may have a history with the child welfare system and are not open to behavioral health services. As part of the Foster Care Engagement program, Social Workers, Family Foster Agencies, and Resource Parents are provided with information on the referral process and psychoeducation to help identify youth who may benefit from behavioral health services. GOALS:

	• Actively engage and provide care for foster youth with mild-to-moderate behavioral health needs • Increase foster care referrals for behavioral health needs through outreach and education efforts
Eligibility Criteria:	Active Foster Youth
Menu of Services:	KernBHRS staff at DHS site/Jamison Children's Center/Family Resource Homes: • Provide immediate assessments to foster youth entering the foster care system at Jamison Children's Center • Outreach and Education to DHS social workers and Foster Family Agencies (FFA's) • Psychoeducation to DHS social workers, FFA's and resource parents • Attend DHS all staff meetings • Daily collaboration with Jamison Children's Center staff, FFA's, and resource parents • Consultations • Review DHS Screenings • Participate in Child and Family Team (CFT) meetings facilitated by DHS for youth not opened to behavioral health services to help identify and advocate for behavioral health needs and expedite referral for services as needed DHS Social Worker at KernBHRS site: • Increase and improve communication pertaining to needed information/documents for client services • Prevent lapse in services • Expedite services for foster youth
Supportive Services Provider(s):	None
Program Update:	The Foster Care Engagement program continues to provide training, services, engagement, and support to foster youth in collaboration with Social Workers, Family Foster Agencies, and Resource Parents. The team continues working with partner agencies to identify undiagnosed

	youth, increase awareness, and provide early intervention services to youth in the foster care system.
Challenges or Barriers:	• DHS and KernBHRS continue to partner together to increase the number of foster youths served by supporting DHS in helping to identify youth who need specialty behavioral health needs. The team works daily to be of assistance to DHS in attempts to collaborate and provide education, and support to foster youth in need of behavioral health services. The team has established an additional weekly meeting with DHS administrators to review foster youth cases, and confirm youth are receiving needed services; otherwise, assist in connecting youth to services through our Foster Care Engagement team. DHS is also providing the team with notice of youth who do not have a behavioral health therapist assigned upon scheduling a Child and Family Team (CFT) Meeting. • Often the Medi-Cal aid code that foster youth receives from DHS does not correctly identify foster care youth and therefore, does not reflect the true number of foster youths being served. DHS and KernBHRS continue to work to update foster care aid codes every month.
Proposed Changes:	Provide social workers with one-on-one case consultation of their cases to help identify youth who are not open to behavioral health services and assist in linking to services. Provide ongoing training to social workers including new staff and seasoned staff to assist with reminders on how to submit referrals and coordinate with the team for mental health services and support by KernBHRS and its providers.

Budget:

Foster Care Engagement	FY 2022/2023
Annual Budgeted Funds	$ 1,077,867.00
Unduplicated # Served	484
Annual Cost Per Client	$ 2,226.99

Success Stories/Program Highlights:

A 3-year-old female youth was placed in foster care due to being a victim of physical abuse; therefore, demonstrating symptoms of severe anxiety, intense fear of others, crying spells, irritability, defiance, verbal/physical aggression, and depressive symptoms. The Foster Care therapist provided short-term mental health services to help the youth build positive relationships, navigate life stressors, and adjust to her environment. The therapist provided the caregiver with one-on-one support/education and a trauma-informed care approach to working with youth by incorporating empathetic approaches, tokenized reward system, and gentle redirection techniques. The youth was soon able to learn age-appropriate strategies for positive communication, and coping mechanisms such as deep breathing, art journaling, and trauma processing, and learned how to effectively seek social and emotional support. With the help of the Therapist, Recovery Specialist, and Caregiver, the youth was able to effectively communicate her feelings/thoughts, effectively cope with stressors, and successfully integrate into her current foster home.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☒ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Help Me Grow**
Date Started:	07/01/2018
Provider(s):	First 5 Kern
Location(s):	First 5 Kern - 2724 L Street, Bakersfield, CA 93301
Program Description:	Help Me Grow Kern County (HMG KC) offers developmental and behavioral screenings for Kern County children ages one month to 5½ years at no cost. HMG KC utilizes the Ages & Stages Questionnaires: Ages & Stages Questionnaire, Third Edition (ASQ-3), and Ages & Stages Questionnaires: Social-Emotional, Second Edition (ASQ: SE-2) to evaluate a child's developmental trajectory. Parents and caregivers also receive support and guidance to ensure that they are well-informed and well-assisted when referrals for additional services are necessary. The Ages & Stages Questionnaires®, Third Edition (ASQ®-3) pinpoints developmental progress in children between the ages of one month to 5½ years. Its success lies in its parent-centric approach and inherent ease of use—a combination that has made it the most widely used developmental screener across the globe. Evidence shows that the

earlier development is assessed, the greater the chance a child has to reach his or her potential.

Early identification of social-emotional challenges can make all the difference to a young child. The proof is undeniable: the earlier a behavioral concern is identified, the greater the chance a child has of reaching his or her full potential in life. This is the driving force behind Ages & Stages Questionnaires®: Social-Emotional, Second Edition (ASQ®:SE-2)—a parent-completed, highly reliable system focused solely on social and emotional development in young children. Accurately identifying behavior through ASQ®:SE-2 paves the way for the next steps—further assessment, specialized intervention, or ongoing monitoring, for example—to help children reach their fullest potential during their most formative early years.

Detecting and addressing developmental concerns in their early stages can significantly enhance outcomes for children. Timely intervention serves to lessen the impact of developmental delays and offers crucial support that positively influences a child's overall growth. Help Me Grow Kern County plays a vital role by equipping parents with knowledge and resources, enabling them to actively engage in their child's development. Drawing on parents' expert knowledge, ASQ® has been specifically designed to pinpoint developmental progress and catch delays in young children—paving the way for meaningful next steps in learning, intervention, or monitoring. This active involvement fosters stronger parent-child relationships, increased participation in educational activities, and enhanced advocacy for children's needs.

The "Help Me Grow" initiative is connecting the dots across healthcare, early education, community resources and the family to ensure children achieve their optimal, healthy development.

Parents can access ASQ®:SE-2 and ASQ®-3 in multiple ways.

- ASQ® On-Line: A free ASQ® On-Line service offered via the First 5 Kern website and accessible via smart phone or computer.
- Over the Phone: If parents are not able to access online, they can also access by calling the 2-1-1 (local information line) which is available in multiple languages.

	• Paper Copy: We also offer the ASQ® on paper format which can be easily scored by hand in just 2–3 minutes. • Referrals: We also work with other screening partners such as health care providers, local Family Resource Centers, and Head-Start Centers in Kern County. Through its commitment to early identification and intervention, Help Me Grow Kern County contributes to the overall health and well-being of the community. A community that prioritizes the well-being of its youngest members is likely to exhibit greater resilience. Families with access to essential resources and support systems are better equipped to navigate challenges, promoting the creation of strong and cohesive communities.
Eligibility Criteria:	Free developmental and behavioral/social-emotional screenings to Kern County children between the ages of one month to 5½ years.
Menu of Services:	• Developmental screenings (ASQ-3) – conducted online or with the assistance of a Development Specialist via phone. • Behavioral/Social-Emotional screenings (ASQ:SE-2) – conducted online or with the assistance of a Development Specialist via phone. • Referrals to relevant agencies for additional screenings and services (such as KernBHRS, Kern Regional Center, Ascension, and Search and Serve) are made based on the child's age and specific needs. • Community Outreach and Events.
Supportive Services Provider(s):	Community Action Partnership of Kern (CAPK)
Program Update:	During Fiscal Year 2022-2023, the Help Me Grow Kern County initiative conducted screenings for 379 children, completing a total of 686 screenings (436 ASQ-3 and 250 ASQ:SE-2). Throughout the year, ongoing initiatives aimed at raising awareness about the free screening services resulted in over 24 presentations across Kern County. To foster collaboration and communication, quarterly collaborative meetings with community partners were conducted. These meetings served as a platform to share relevant program updates, discuss developmental screening opportunities, and enhance

	partnerships that contribute to the success of Help Me Grow Kern County.
Challenges or Barriers:	Throughout the year, the team underwent several staffing changes, including the addition of a new Care Coordinator and the occurrence of extended leaves, posing minor challenges. To mitigate service delivery disruptions during these periods of absence and transition, temporary reassignment of duties was implemented. At the administrative level, the change in leadership with a new Executive Director, Evaluation and Program Director and Program Manager ushered in a new vision and direction, facilitating the expansion of services and outreach for the Help Me Grow Kern County initiative.
Proposed Changes:	Effective January 2, 2024, First 5 Kern will relocate to 5080 California Avenue Suite 200, Bakersfield, CA 93309. While no programmatic changes are anticipated in the service model, efforts will be directed towards enhancing service delivery. The introduction of a dedicated hotline (877-77-HMGKC) will be accompanied by a targeted outreach campaign, ensuring widespread awareness of free developmental screenings across all areas of Kern County. Callers, reaching out to 211, will still receive information about free developmental screenings, but now, they will have the option to directly connect with a development specialist, bypassing 211 operators. Additionally, thanks to a grant from Kern Health Systems, First 5 Kern will conduct outreach and training sessions on the significance of timely developmental screenings, collaborating with pediatricians and community partners to create valuable partnerships and reinforce the Help Me Grow Kern County network.

Budget:

Help Me Grow	FY 2022/2023
Annual Budgeted Funds	$ 261,555.00
Unduplicated # Served	379

Annual Cost Per Client	$ 690.12

Success Stories/Program Highlights:

A parent heard about Help Me Grow Kern County through a social media post and reached out to 2-1-1 for assistance and further information. The call was directed to a Development Specialist who conducted a comprehensive screening for their child over the phone, utilizing both the ASQ-3 and ASQ: SE-2 assessments. The results indicated that the child's scores fell below the cutoff ranges (black range) in multiple areas, and the parent expressed additional concerns regarding the child's communication and toileting. Upon obtaining the parent's consent, a referral to Kern Regional Center was initiated for a more in-depth assessment. Kern Regional Center staff reached out to the parent and scheduled an appointment to continue the intake process and arrange additional necessary assessments.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☒ Strategies targeting the mental health needs of older adults

Project Name:	**Homeless Outreach Program**
Date Started:	04/02/2018
Provider(s):	Flood Bakersfield Ministries, Inc.
Location(s):	Services are provided in all geographic areas of Kern County
Program Description:	The Homeless Outreach Program is designed to serve 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. The Homeless Outreach Program supports the community by engaging, linking to treatment, and housing homeless individuals with complex needs. The program aims to serve difficult to engage homeless individuals with a history of untreated trauma, including PTSD, along with complex and interconnected behavioral health and medical conditions, and other challenges that further impede the homeless individual's ability to accept treatment and/or housing. In addition, the

	program aims to serve difficult to engage homeless individuals with high acuity behavioral health needs, for which linkage to field-based services are often crucial. Services provided at the location of high acuity homeless individuals often improve the engagement of such individuals in treatment and housing.
Eligibility Criteria:	Any individual who is experiencing or at risk of homelessness.
Menu of Services:	• Street outreach and engagement • Identification of behavioral health disorders • De-escalation of homeless individuals and diversion from incarceration and/or hospitalization • 24/7 Homeless Outreach Referral Line • Linkage to appropriate treatment services: linkage to intensified services in areas that impede the individual's ability to access or maintain housing; coordination of behavioral health services, developmental disability services, and/or whole person care services • Screening using VI-SPDAT (Vulnerable Index-Service Prioritization Decision Assistance Tool) • Benefits acquisition services • Food and clothing assistance • Transportation services related to housing support and access to treatment • Linkage to social supports • Linkage to housing, including local shelter placement assistance and/or permanent supportive housing • Housing case management services, including case management for individuals whose complex co-morbid and/or co-occurring needs interfere with their ability to accept or sustain housing • Linkage to Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) • Linkage to employment assistance • Linkage to faith-based services and other social supports including family and multi-agency involvement
Supportive Services Provider(s):	None

Program Update:	Flood Bakersfield Ministries, Inc. continues to demonstrate a "whatever it takes" approach in addressing the increased demand for homeless street outreach and housing services throughout Kern County.
Challenges or Barriers:	• The lack of shelter beds and the diminishing number of housing vouchers continue to present challenges in meeting the needs of individuals experiencing homelessness. Even with the introduction and expansion of Navigation Centers, beds are filled as quickly as they become available. • Kern County needs shelter options other than congregate settings for individuals who struggle with social anxieties and behavioral health conditions that can be triggered by large crowds. • Shelter options in outlying areas of Kern County are needed to serve individuals experiencing homelessness outside of Bakersfield who do not want to leave their communities. • Housing voucher options have been reduced predominantly to Housing Authority County of Kern (HACK) properties in Bakersfield. This is problematic for individuals experiencing homelessness in outlying areas who are hesitant to leave their communities. • Individuals experiencing homelessness who have criminal charges on their record within the previous ten years will not qualify for HACK housing vouchers. • Strategies to mitigate these barriers are continued data collection and reporting to city and county agencies to share information regarding the trends in services and needs of our homeless community. Additionally, Flood Bakersfield Ministries regularly attends and holds several chair positions on the many collaborative boards and committee meetings for agencies providing services to homeless individuals in the city and county, actively serving as advocates in voicing the concerns and needs of the population being served to city and county officials.
Proposed Changes:	Flood Bakersfield Ministries will continue to adapt and serve individuals experiencing homelessness using all available resources while providing dignity and hope during crisis. Flood Bakersfield Ministries has seen an increase in calls for services countywide more than 500 per month and desires to have the needed resources to continue to expand throughout Kern County to assist the increasing number of individuals experiencing homelessness.

Budget:

Homeless Outreach Program	FY 2022/2023
Annual Budgeted Funds	$2,969,547.00
Unduplicated # Served	404
Annual Cost Per Client	$ 7,350.36

Success Stories/Program Highlights:

An individual who was chronically homeless and had been living on the streets for many years, due to continued struggles with addiction and mental illness, found themselves unable to return to any of the local shelters. Flood Outreach staff continuously engaged with the individual in hopes of establishing a relationship built on trust and mutual respect. Through the implementation of progressive engagement and motivational interviewing, Flood Outreach staff were able to guide the individual to mental health and substance use recovery services. Through the partnership of Flood Bakersfield Ministries and KernBHRS, the individual was matched to a housing voucher and placed in their own apartment. The individual continues to thrive in their new community and participates in services offered through KernBHRS.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Kern County Superintendent of Schools (KCSOS) – School-Based Program**
Date Started:	07/01/2020
Provider(s):	Kern County Superintendent of Schools (KCSOS)
Location(s):	• Haven Drive Middle School (Arvin) • Richland Junior High (Shafter) • Beardsley Junior High (Bakersfield) • Standard Middle School (Bakersfield) • Wallace Middle School (Lake Isabella) • Kern County Superintendent of Schools (KCSOS) • Community Learning Center (Bakersfield)
Program Description:	Kern County Superintendent of Schools (KCSOS) -School Based Program will utilize evidence-based practices and programs that align with Mental Health Services Act (MHSA) standards to reduce the 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 will be

	implemented in designated school districts within Kern County and will include behavioral health interventions and mentoring services. In addition, the KCSOS School-based Program will utilize outreach and education services, which will include training and support to staff, students, parents, and communities. School Social Workers, School Social Worker (SSW) Interns, and AmeriCorps Mentors will be placed at sites to help support students, families, staff, and the community.
Eligibility Criteria:	• Students in the 6-8th grade enrolled at participating schools • Parent and student signed consent for services
Menu of Services:	• Tier 2 and Tier 3 level of services (small groups, case management, outside community referrals, coordination of care, individual counseling) • Professional Development for staff and parent workshops (trauma-informed care, suicide prevention, Positive Behavioral Interventions and Supports (PBIS) • Mentoring through utilization of members of AmeriCorps • Family/parent/community engagement projects • Cross-system coordination • Monitor families to ensure successful connection to KernBHRS or GSA behavioral health service provider
Supportive Services Provider(s):	None
Program Update:	• A Social Worker was hired and placed at Wallace Middle School in Lake Isabella for the 2022-2023 school year. • One thousand three hundred and ninety-eight (1,398) individuals participated in one of the KCSOS School-Based Program trainings, workshops, or outreach events over the school year (2022-2023).
Challenges or Barriers:	None
Proposed Changes:	The Social Worker position will be transferred from Standard Middle School to Standard Elementary School, due to space limitations. This relocation will be proposed to the Kern County Board of Supervisors in November of 2023.

Budget:

Kern County Superintendent of Schools (KCSOS) – School-Based Program	FY 2022/2023
Annual Budgeted Funds	$ 599,724.00
Unduplicated # Served	180
Annual Cost Per Client	$ 3,331.80

Success Stories/Program Highlights:

An 8th-grade student was having a difficult school year. To this student, it felt like he could never catch a break. He stands out because despite all, he was able to change his behavior in so many ways and he learned he didn't have to do it on his own.

His initial Patient Health Questionnaire (PHQ) score in September 2022 was 21 (high score), but after a year of hard work and support, it dropped to 11 (low score). This student learned to tap into the resources at school and his natural supports, such as his mom and brothers. In the past, he said he dreaded having his mom come to the school to discuss his behaviors; however, by the end of the school year, he had realized that his mom is one of his most significant supporters, and in the process, they learned how to communicate better. He realized it was okay to ask his brothers for advice and that they genuinely wanted good for him (even when they teased him). His relationships with his family are in the healing process. With these renewed connections, he says that he will continue to find his authentic self in high school.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☒ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Living Well**
Date Started:	05/01/2023
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • The Center for Sexuality and Gender Diversity
Location(s):	• KernBHRS - 1120 21st St, Bakersfield, CA 93301 • The Center - 841 Mohawk St, Bakersfield, CA 93309
Program Description:	The Specialty Services Team was developed to provide 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. Identified populations served through this program include individuals diagnosed with an eating disorder, human trafficking victims, those who benefit from Dialectical Behavioral Therapy (DBT), those needing employment support and individuals who have experienced severe trauma.

Eligibility Criteria:	**Eye Movement Desensitization and Reprocessing (EMDR)** **Good Candidate:** A KernBHRS client who has been receiving treatment from the KernBHRS System of Care and has reached a barrier that the clinician and client have been unable to work through related to trauma. The client must be stable enough to follow the EMDR process and must be willing to participate. **Dialectical Behavior Therapy (DBT)** **Good Candidate:** A KernBHRS client who is willing to commit to a one-year program (contract signed) and attend weekly group and individual sessions. A referred client would demonstrate 5 or more of the following: • Frantic efforts to avoid real or imagined abandonment. • A pattern of unstable and intense interpersonal relationships characterized by alternating between extremes of idealization and devaluation. • Identity disturbance: markedly and persistently unstable self-image or sense of self - Impulsivity in at least two areas that are potentially self-damaging (e.g., spending, sex, substance abuse, reckless driving, binge eating). • Recurrent suicidal behavior, gestures, threats, or self-mutilating behavior - Affective instability due to a marked reactivity of mood (e.g., intense episodic dysphoria, irritability, or anxiety usually lasting a few hours and only rarely more than a few days). • Chronic feelings of emptiness • Inappropriate, intense anger or difficulty controlling anger (e.g., frequent displays of temper, constant anger, recurrent physical fights). • Transient, stress-related paranoid ideation, or severe dissociative symptoms. **Individual Placement Support (IPS)** **Good Candidate:** Any client on the current IPS Pilot teams that expresses a desire to work. **Referral Process:** Staff of IPS Pilot Teams refer clients using the IPS Referral Form, IPS Employment Specialists meet weekly to determine the readiness of clients to begin services. **Eating Disorder (ED) Staff Consult**

	Service: This service is provided to staff not clients. A 1-hour staff case consultation with an eating disorder specialist where you can ask questions regarding a potential ED client you may have or are currently treating. This resource is available to both Adult and Children Services and Contract Providers. This opportunity will help improve the ability to address issues specific to eating disorders.
Menu of Services:	• Eye Movement Desensitization and Reprocessing (EMDR) • Cognitive Behavioral Therapy (CBT) • Dialectical Behavioral Therapy (DBT) • Individual Placement Support (IPS) • Chronic Psychosis Awareness • Perinatal Health and Wellness • Eating Disorder Staff Consult
Supportive Services Provider(s):	• Elissa Woodruff, PhD – Eating Disorder Staff Consultant
Program Update:	Within the last year, the Specialty Services Team has continued to grow adding additional projects, staff to programs, and recent expansion to provide Perinatal Treatment. Our DBT program has added a third DBT group to accommodate the increase in referrals. The program currently has 14 active participants. In addition, there have been 3 participants who have successfully graduated from the DBT Program. Aside from providing clinical services, the DBT Team has provided training on DBT skills for the SUD (Substance Use Disorder) Adolescent Team as well as MET (Mobile Evaluation Team). Our EMDR program has added additional trainees to meet the needs of the service primarily in Children's. Eating Disorder Specialist, Dr. Woodruff, has hosted two eating disorder training courses which received great praise and requests for further training.

	IPS has undergone its annual fidelity review rating as in "Good" standing. We have added an additional Employment Specialist to meet the high demand for our Transitional Age Youth (TAY) population.
Challenges or Barriers:	**Eye Movement Desensitization and Reprocessing (EMDR)** Ways to help mitigate that are to spend more time resourcing and building rapport. Provide psychoeducation to clients on EMDR prior to referral and help prepare them with coping skills to work up to processing. Have clinicians trained in EMDR agree to take on a certain number of clients in the program. **Individual Placement Support (IPS)** Employment Specialists connect with community resources to assist clients with expungement of charges and seek out organizations that hire consumers with judicial interaction. The IPS program has connected with a variety of resources to provide bicycles to clients physically able to utilize them so they can have reliable transportation to and from work. IPS helps TAY access funding for driving school to assist in getting their driving licenses. Work clothing and footwear: IPS has accessed community donations to provide some clients with needed work clothing and footwear (i.e. steel toed boots). The program will continue to work with KernBHRS Finance to expand the number of businesses where Purchase Orders can be used to obtain these items.
Proposed Changes:	None

Budget:

Living Well	FY 2022/2023
Annual Budgeted Funds	$ 2,161,526
Unduplicated # Served	63
Annual Cost Per Client	$ 34,309.94

Success Stories/Program Highlights:

Individual Placement Support (IPS)

One of our IPS clients wanted to get a job but he was very hesitant to take the first steps because of his high level of anxiety, and not feeling comfortable in most public settings. His symptoms made it difficult for him to encounter new situations.

While in the IPS program, he learned new coping skills to help him reduce his anxiety, especially around people in public places. The new skills encouraged him to take a chance and attend a few job interviews. To his surprise, he was hired at one of the local stores in town.

He has developed new skills and found confidence that empowered him to continue searching for a job that would offer him more working hours. Soon, he found another new job at a local restaurant where he continues to thrive. He reports having a feeling of accomplishment and finding meaning again.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Outreach & Education**
Date Started:	01/01/2008
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 2001 28th Street, Bakersfield, CA 93301
Program Description:	During the FY 2022-2023, the Outreach and Education (O&E) Program was managed by the Mental Health Services Act (MHSA) Team. The assigned MHSA Program Specialist is the main contact for all O&E activities being attended and represented by KernBHRS staff. Requests to attend community events and O&E materials are received via the MHSA Team email and/or Wufoo link. Other types of requests may involve attending Town Hall meetings, specialized presentation requests, and meetings with community members interested in learning more about the services that are provided within KernBHRS. Mental health education has increased, and the stigma associated with mental illness has decreased in Kern County. Community organizations

	are reaching out to KernBHRS to attend events leading to stigma reduction and raising awareness in Kern County.
Eligibility Criteria:	All Kern County residents or organizations are eligible to request services from the O&E Team.
Menu of Services:	Efforts to increase outreach and education were performed in various ways during FY 22-23. KernBHRS attended multiple events at Kern high schools and middle schools to educate school staff and students about stigma reduction and behavioral health services available to everyone in our county. KernBHRS also attended multiple elementary school events to help children recognize and manage their emotions via the pilot O&E program called "Book Worm Buddies". Opportunities to get involved in various community outreach events were presented to all KernBHRS to increase awareness among our staff about community needs and expand our reach. As a result, we saw a large group of staff members getting involved and attending various community events (School presentations, Community Health Fairs, etc.) and participated in awareness walks [for example NAMI Walk, Save-A-Life-Today (SALT) Walk, Mothers Against Drunk Driving (MADD) Walk, among others. KernBHRS also partnered with the Department of Public Health by attending Know Your Numbers screenings throughout Kern County. In addition, the Outreach and Education Team took the lead in promoting Mental Health Awareness Month, Suicide Prevention Month, Recovery Month, and Hispanic Heritage Month. <u>May is Mental Health Awareness Month</u> • Board of Supervisors Proclamation • Stay Calm and Bee-Well at California Animal Living Museum (CALM) • Inspiration Awards Luncheon • Green Ribbons tied to trees at all KernBHRS locations

	• Bridging the Gap with the Mobile Evaluation Team (MET) • Apple Core Project Fan Drive • Migrant Farmworker Resource Bags • Building Hope Conference <u>September is Suicide Prevention and Recovery Month</u> • Sage Garden Launch • Apple Core Project Hygiene Drive • Stress Management Presentation • Walk like Mothers Against Drunk Driving (MADD) • National Alliance Mental Illness (NAMI) Walk • Save a Life Today (SALT) Walk • Each Mind Matters • Know the Signs • Multiple ethnically, culturally, and spiritually significant community outreach events
Supportive Services Provider(s):	None
Program Update:	Two Extra Help Program Specialists were hired to oversee O&E during fiscal year 2022-2023.
Challenges or Barriers:	The main challenge is not having enough staff members available to volunteer specifically in our rural areas in Kern County. Coordinating with Cultural Competence team to utilize their staff and resources to expand outreach in our outlying areas.
Proposed Changes:	We propose to create a system to recruit more volunteers within the Department to engage in outreach and education. Planning to implement a way for volunteers as well as the public to complete a survey to provide valuable improvement to how we do outreach in the community. We hope to establish better connections with community organizations in rural areas of Kern County to expand our outreach.

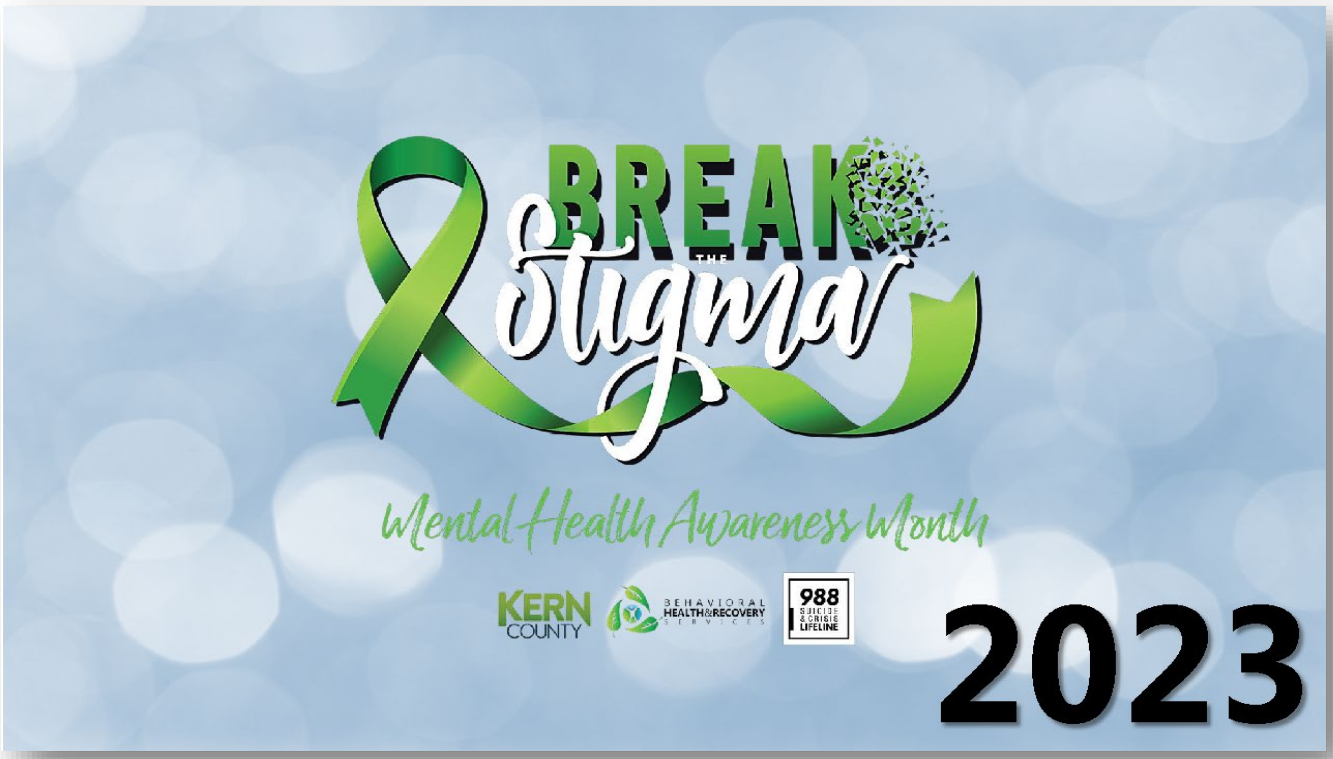
Budget:

Outreach & Education	FY 2022/2023
Annual Budgeted Funds	$ 84,477.00
Unduplicated # Served	42,196*
Annual Cost Per Client	$ 2.00

***The number estimated based on materials provided at community events.**

Success Stories/Program Highlights:

A man approached our KernBHRS O&E table at a resource fair. He said he was depressed because he had recently lost his spouse and his only support came from his two dogs at home. However, he was in fear of losing his dogs because his landlord was threatening to evict him if he didn't get rid of the dogs. Our KernBHRS O&E worker obtained his contact information which was forwarded to the Administrator of KernBHRS Adult System of Care. This resulted in the individual referral to the Unit Supervisor for KernBHRS Access and Assessment team where he was able to get connected to services that would help him begin his journey of recovery.



There were two types of events:

Calendar of Events: May 2023

INSPIRATION AWARDS
May 3, 2023
1:00 P.M. - 3:30 P.M.
Westchester Courtyard
2001 28th St., Bakersfield, CA

NAMI MEET & GREET
May 8, 2023
6:30 P.M. - 7:00 P.M.
Brundage Navigation Center
1900 E Brundage Ln Suite 1, Bakersfield, CA

GROUNDED IN HEALTH: PET ADOPTION EVENT
May 8, 2023
11:00 A.M. - 2:00 P.M.
Westchester Courtyard
2001 28th St., Bakersfield, CA

COFFEE WITH MET
May 9, 2023
11:00 A.M. - 2:00 P.M.
Adventure Awaits Coffee Shop
819 19th St., Bakersfield, CA

CRISIS INTERVENTION TEAM STAKEHOLDER MEETING
May 10, 2023
3:00 P.M. - 5:00 P.M.
1300 17th St., Conference Room 1, Bakersfield. CA

KEEP CALM & BE WELL
CALM Zoo: FREE Admission
May 13, 2023
9:00 A.M. - 4:00 P.M.
10500 Alfred Harrel Hwy., Bakersfield, CA

COLLEGE COMMUNITY SERVICES Open House
May 15, 2023
11:00 A.M. - 1:00 P.M.
2821 H St., Bakersfield, CA

STUFF THE MET MOBILE
Donate Teddy Bears for our MET Team
May 16, 2023
ALL DAY
Westchester Courtyard
2001 28th St., Bakersfield, CA

TOGETHER FOR MENTAL HEALTH BY NAMI
May 16, 2023
9:00 A.M. - 2:30 P.M.
CFLC
2001 28th St., Bakersfield, CA

MENTAL HEALTH MOVIE SHOWING: LUCA & BIKE DRAWING SOUTHWEST BRANCH LIBRARY
May 18, 2023
2:30 P.M. - 5:30 P.M.
8301 Ming Ave., Bakersfield, CA

CHILD GUIDANCE CLINIC: Block Party COPING & RESOURCE EVENT
May 18, 2023
4:30 P.M. - 6:30 P.M.
375 Dover St., Delano, CA

APPLECORE PROJECT GIVEAWAY
May 24, 2023
4:00 P.M. - 6:00 P.M.
531 Knotts St., Bakersfield, CA

Bonus

Wear GREEN for Mental Health Every Friday #BREAKTHESTIGMA

SHINE GREEN for MENTAL HEALTH
ALL MONTH
County Administrative Building
Drive by, snap a picture and tag @KernBHRS on social!

15% off for Behavioral Health Staff ADVENTURE AWAITS COFFEE SHOP
May 8- May 16,
819 19th Street Bakersfield, CA

- Events coordinated by KernBHRS Teams
  - Inspiration Awards
  - Grounded in Health: Pet Adoption
  - Coffee with MET
  - Crisis Intervention Team – Stakeholder Meeting
  - "Keep CALM & Be-Well" Family Event
  - Stuff the MET Mobile
  - Movie Showing at SW Library – Luca Movie and Bike Giveaway
- Events coordinated by our partner agencies
  - NAMI Meet & Greet
  - College Community Open House
  - Together for Mental Health by NAMI
  - Child Guidance Clinic – Block Party
  - Applecore Project Giveaway

Board of Supervisors Proclamation

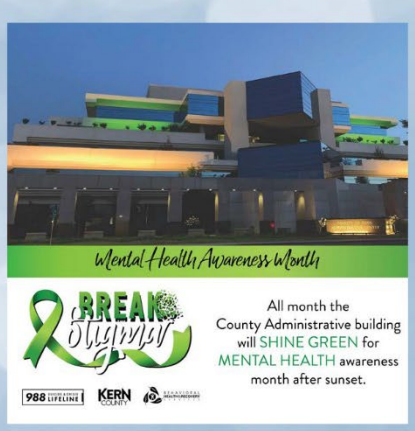
April 25, 2023



All Month Long

Going Green

Throughout May, the Kern County Administrative Building is going green for mental health. Be sure to drive by after dusk!



Wear GREEN every Friday in May!

Grab your favorite piece of green clothing or accessory and join us in wearing green every Friday during May to raise awareness for mental health.




Inspiration Awards
BREAK
Stigma
Mental Health Awareness Month


BREAK
Stigma
Mental Health Awareness Month
988 SUICIDE & CRISIS LIFELINE
KERN COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES
May 3, 2023
Inspiration Awards
1:00 P.M. - 3:30 P.M.
2001 28th St. Bakersfield, CA

2023 Inspiration Awards

- Event took place at our courtyard located at Westchester Building (2001 28th Street)
- Our theme was "Under the Sea"
- There were 31 nominees over 6 categories (Incredible Youth, Trailblazing Achiever, No Place Like Home, Inspiring Advocate, Behavioral Health Innovator, and Director's Choice)
- All nominees under the Incredible Youth and Trailblazing Achiever categories received a *Special Recognition Award.*



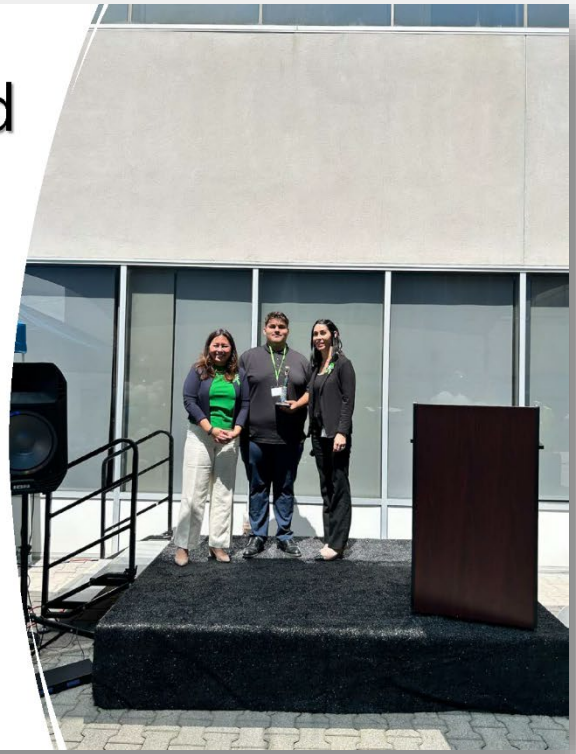
Incredible Youth Award

Winner:

Damion Vega

Special Recognition Awards:

- Abigail Gonzalez
- Dylan Klink
- London Rodriguez



Winner:

Star Carrigan

Special Recognition Awards:

- Ana Lopez
- Carol Rivas
- Christina Johnson
- Maricela Martinez
- Michael Mossman
- Veronica Gomez
- Victor Campos



Inspiring Advocate Award

Winners:

Ebone King &
Heather Menzel



No Place Like Home Award

Winner:

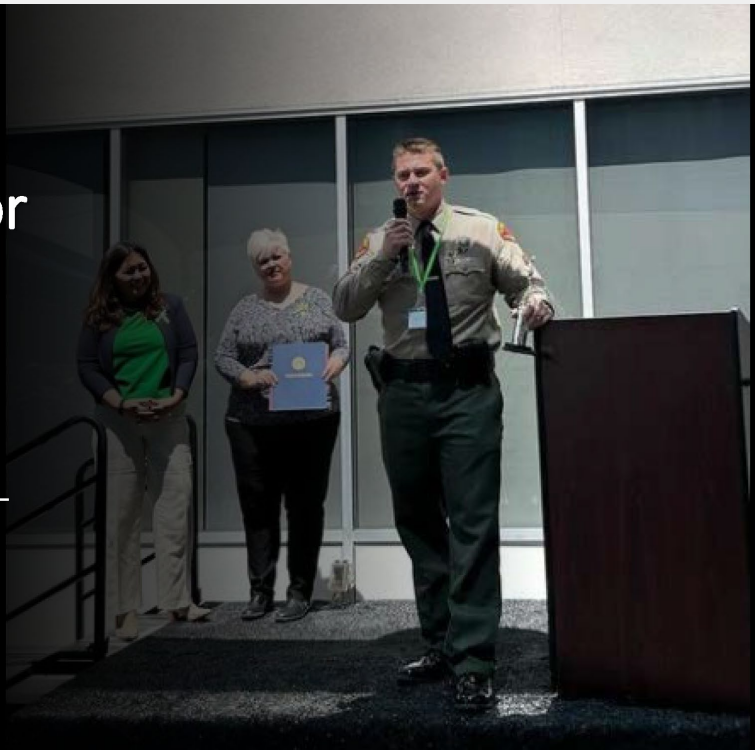
Jamie Sanders



Behavioral Health Innovator

Winners:

Deputy Dylan Fisher



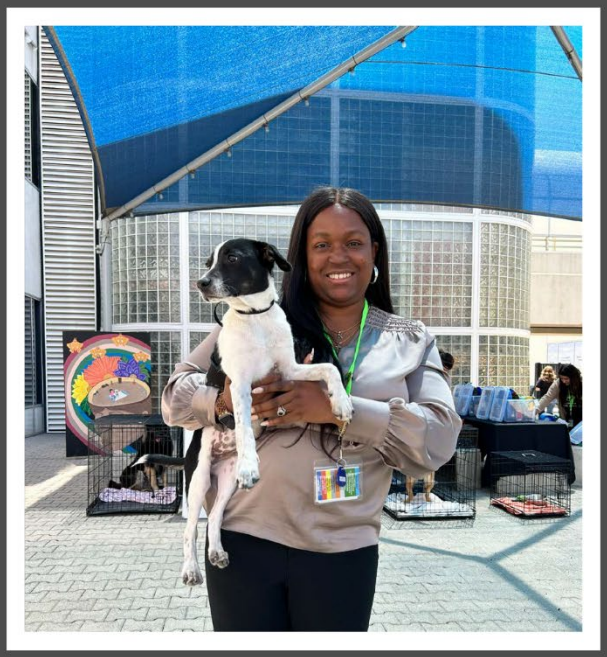


Director's Choice Award

Winner:

Stephen Gordon

Grounded in Health Pet Adoption




May 8th, 2023
Location: Westchester Courtyard, 2001 28th Street
11:00 a.m. - 2:00 p.m.
GROUNDED IN HEALTH PET ADOPTION
All adoption fees will be sponsored by our Director Stacy Kuwahara
BREAK Stigma
KERN COUNTY


Keep CALM & Be-well
BREAK Stigma
Mental Health Awareness Month

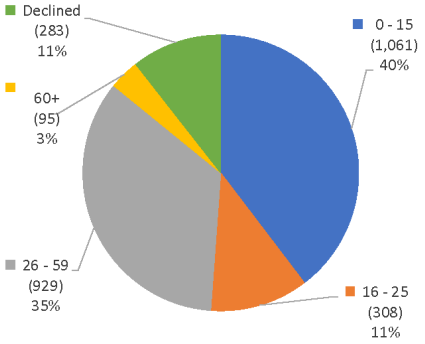

Keep Calm
CALM
CALIFORNIA LIVING MUSEUM
Be-well
Saturday, May 13, 2023
9:00 AM - 4:00 PM
10500 Alfred Harrel Hwy
Bakersfield, CA


CALM
CALIFORNIA LIVING MUSEUM
YOU ARE HERE
Bears
Coyotes
Mammal Round
Shorebirds
Raptors
Porcupine
2,676 PEOPLE IN ATTENDANCE

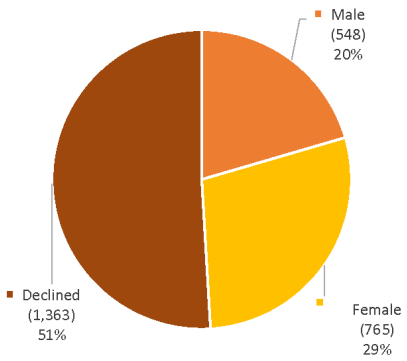
Keep CALM and Be-Well

DEMOGRAPHICS

AGE GROUPS	N	%
0 – 15	1,061	40%
16 – 25	308	11%
26 - 59	929	35%
60 or Older	95	3%
Declined	283	11%
TOTALS	2,676	100%



GENDER	N	%
Male	548	20%
Female	765	29%
Intersex	0	0%
Declined	1,363	51%
TOTALS	2,676	100%











Luca Movie & Bike Drawing


Disney · PIXAR
LUCA
& FREE Bike Drawing
THURSDAY, MAY 18TH
Southwest Branch Library
8301 Ming Ave | Bakersfield, CA 93311
Event starts at 2:30 PM
Luca is a computer-animated coming-of-age fantasy film. It is a fun-filled adventure of friendship for the entire family.
Free admission, goody bags, and free drawing tickets for the opportunity to win 1 of 2 bikes.
-May is #MentalHealthAwarenessMonth
KERN COUNTY LIBRARY
BEHAVIORAL HEALTH & RECOVERY SERVICES
BREAK the Stigma




Applecore Project Giveaway
BREAK the Stigma
Mental Health Awareness Month

Applecore Project Giveaway

May 24, 2023









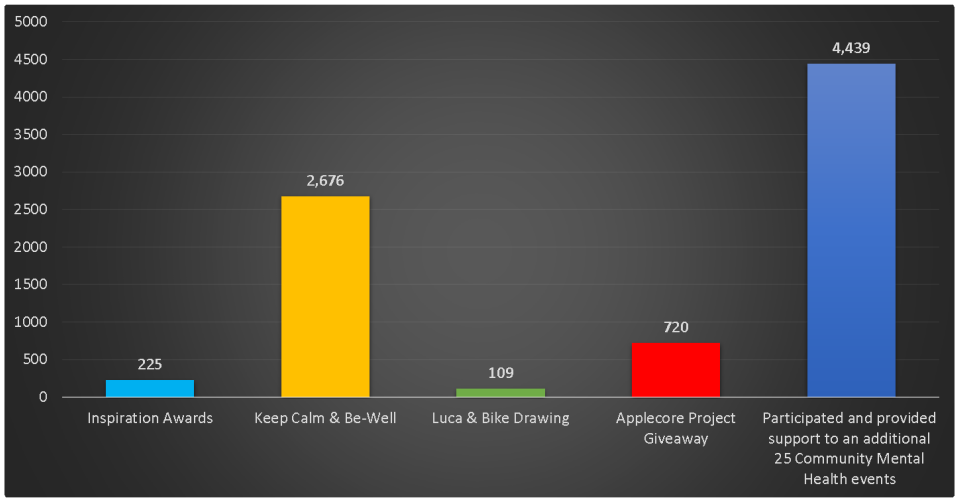
300 Box Fans

720 Mental Health Thrival Kits

Summary of Events

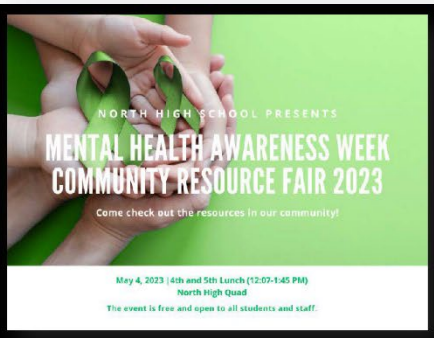


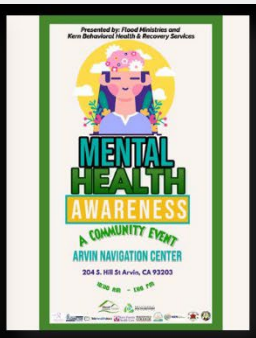
Total Population Reached during May 2023 = 8,169





Participated and provided support to an additional 25 Community Mental Health events

















KGET.com

The Bakersfield Californian

LOCAL NEWS

'Keep Calm, Be Well' event is free this weekend at CALM Zoo

by: Jacqueline Gutierrez
Posted: May 9, 2023 / 06:55 PM PDT

MEDIA COVERAGE was essential to the success of Mental Health Awareness Month events

September

Recovery & Suicide Prevention Month

2023

988 SUICIDE & CRISIS LIFELINE







Thank you to everyone who helped make this possible!

KERN COUNTY

Kern County Board of Supervisors proclaimed the month of September 2023 as National Suicide Prevention Month and Recovery Month in Kern County.

National Suicide Prevention Month



Behavioral Health and Recovery Services (KernBHRS) recognizes suicide as a public health problem and declares suicide prevention a county priority. Working with community partners, we are dedicated to reducing the frequency of suicide attempts and deaths, and the pain for those affected by suicide deaths, through educational programs, intervention services, and bereavement services.

We acknowledge that no single suicide intervention effort will be enough or appropriate for all populations. We are continuing to implement Zero Suicide in our system of care to reach the goal of making suicide a never event.

National Recovery Month

National Recovery Month is a national observance held every September to promote and support new evidence-based treatment and recovery practices, the emergence of a strong and proud recovery community, and the dedication of service providers and community members who make recovery possible. Recovery Month allows us to celebrate people's and families' successes in building healthy and rewarding lives. Substance Use Disorders (SUD) and other behavioral health issues are prevalent in Kern County, and the community must learn about SUD prevention strategies, understand that recovery from mental illness and SUD is possible, and become aware of how to access resources to embark in the journey that is recovery.

National Hispanic Heritage Month



In addition to National Suicide Prevention Month and Recovery Month, Kern BHRS celebrated **National Hispanic Heritage Month** (*September 15th through October 15th*).

- **Community Events**: Our Outreach & Education team participated in several community events that celebrated Hispanic Heritage Month.
- **Workforce Events**: In addition to community events, KernBHRS celebrated the accomplishments of our Hispanic and Latinx workforce. The MHSA Coordination Team sponsored the events with WET (Work, Education, and Training) funding.

Calendar of Events: September 2023

UPLIGHTING CEREMONY
ALL MONTH
County Administrative Building
1115 Truxtun Ave

COMMUNITY FORUM
Tuesday, September 5th
11:30 AM – 1:30 PM
Westchester Training Room – 2001 28th St

SALT WALK
Saturday, September 9th
8:30 AM – 12:00 PM
The Park at River Walk – 11298 Stockdale Hwy

KICKING IT WITH MENTAL HEALTH
Sunday, September 10th
It starts at 7:00 PM
CSUB Soccer Field – 276 Rowdy Way

NAMI & CFLC - SHARING HOPE TOGETHER FORUM
Tuesday, September 12th
1:00 PM – 3:00 PM
Westchester – 2001 28th St

HISPANIC NATIONS CELEBRATION
Sunday, September 17th
12:00 PM – 6:00 PM
Mercado Latino – 2105 Edison Hwy

WALK LIKE MADD
Saturday, September 23rd
Starts at 7:00 AM
The Park at River Walk - 11298 Stockdale Hwy

HISPANIC HERITAGE FESTIVAL & HEALTH FAIR
Saturday, September 23rd
10:00 AM – 3:00 PM
South High School – 1101 Planz Rd

DRUG-FREE YOUTH SUMMIT 2023
Tuesday, September 26th
9:00 AM – 2:00 PM
Bakersfield College – Renegade Event Center
1801 Panorama Dr

APPLE CORE FOOD & BLANKET DISTRIBUTION
Wednesday, September 27th
2:00 PM – 5:00 PM
531 Knotts St

MULTI-COUNTY SUICIDE PREVENTION SUMMIT 2023
Thursday, September 28th
8:30 AM – 4:30 PM
Virtual via Zoom

Uplighting of the Kern County Administrative Building (All Month)

The Kern County Administration Building is the home of our County Administrative Office, which oversees general operations and functions of our local county government. Hundreds of people stop by this building daily to pay their property taxes, get a marriage license, or apply for a county job.
The building, which is located at 1115 Truxtun Avenue in downtown Bakersfield, could be seen basking in teal and purple lights after dusk, the official colors of Suicide Prevention Awareness and Recovery Month for September. These beautiful colors sparked meaningful conversations about suicide prevention and recovery.



Save a Life Today (SALT) Walk (09/09/23)

Save A Life Today (SALT) is a local Kern County nonprofit organization, that exists to raise funds for suicide prevention and to assist those bereaved by suicide. The 10th Annual Walk was a success in raising awareness and funds for suicide prevention.









Kern BHRS Night @ CSUB Soccer Game (09/10/23)

There are growing concerns about the risk of common mental health disorders and suicide in contact sports athletes. Autopsy studies of retired athletes have been linked to exposure to traumatic brain injury which is thought to be associated with depression, impulsivity, aggression, and suicide.
Soccer is one of those contact sports that is very popular worldwide but especially popular in Kern County with our Hispanic/Latinx and Asian/Pacific Islander (API) communities.
Making the connection with our CSUB Soccer players and fans was important to bring awareness. By sponsoring one Night of Soccer, we were able to reach 1,275 soccer fans in the CSUB Soccer Field! In addition, hundreds of fans watched the Fresno Pacific vs. CSUB Bakersfield NCAA Men's Soccer Game live on ESPN.



Kern County Board of Supervisors Proclamation (09/12/23)

The Board of Supervisors is composed of five members elected from the five separate districts of the County. It is the Board's responsibility to enact ordinances, resolutions, and orders necessary for governing the affairs of the County.
On September 12th, Supervisor David Couch (District 4) proclaimed the month of September 2023 as National Suicide Prevention and Recovery Month in Kern County.





Fiestas Patrias at Mercado Latino (09/17/23)

"*Fiestas Patrias*" is a patriotic holiday in Mexico, Chile, and other South American Countries. It commemorates the anniversary of Mexican Independence from Spain and/or the beginning of the independence process of Latin American countries.
The celebration consisted of live music, folkloric dances, a talent competition, and a resource fair. KernBHRS participated in a resource booth providing mental health and substance use disorder resources and giveaways.





Find Your Anchor (FYA) Boxes (Kick-Off in September)

For Recovery & Suicide Prevention Month, KernBHRS has distributed close to 1,000 anchor boxes across Kern County, spreading messages of #hope #healing, and #recovery 💚 If you find these boxes throughout September and beyond, feel free to take these messages of encouragement for yourself or a loved one who may be in need.



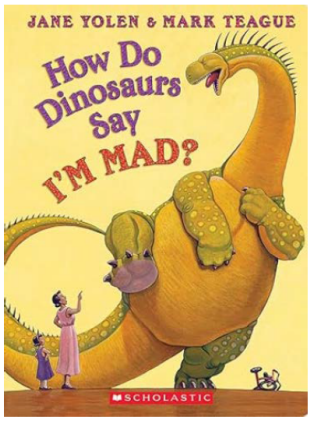


Bookworm Buddies (Stigma Reduction Campaign) (Kick-Off in September)

Kern BHRS Staff read to School-Age children in 4 different schools (Casa Loma Elementary, Harding Elementary, Agapeland Christian Academy, and Castle Elementary).

This event was developed to reach some of our youngest citizens as an effort to early intervention; efforts to give children some of their first tools to help identify and manage big feelings.

The book read was "How Do Dinosaurs Say I'M MAD?" by Jane Yolen & Mark Teague. When little dinosaurs get angry, they sometimes misbehave. Listeners laughed aloud and related to all the dinosaur-sized antics, from stomping and yelling to tantrums and meltdowns. But after a dinosaur storms around the house, it's time to calm down. That's when a dinosaur knows to count to ten, clean up the mess... and give big hugs, of course!







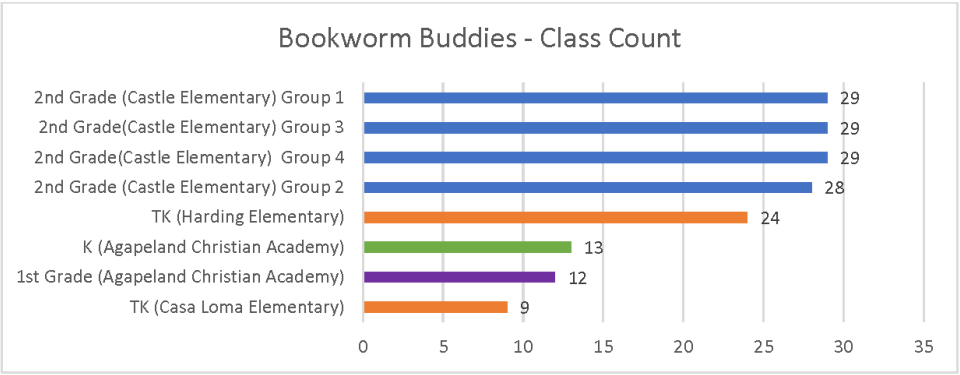












National Hispanic Heritage Month Celebration Kick-Off

Westchester Courtyard

(09/19/23)

All KernBHRS employees were welcome to join the first-of-its-kind Hispanic Heritage Month Celebration at the Westchester Courtyard. We provided a culturally appropriate lunch for approximately 200 employees while educating them through a creative and innovative way of understanding, respecting, and reaching our Hispanic/Latin communities.

All National Hispanic Heritage Month events were planned and sponsored by the MHSA Coordination Team with MHSA – WET Funding.

SHARING OUR CULTURE THROUGH FOOD

Good food is valuable and important. It creates a feeling of unity and belonging. Many of us associate our favorite recipes with warm feelings and memories of home. It's a way to remain connected to one's culture and traditions.

The Hispanic-inspired menu included a Taco Bar, Aguas Frescas (*Pepino-Pina, Horchata, and Watermelon-Mint*), Churros, and La Rosa Frozen Fruit Bars!





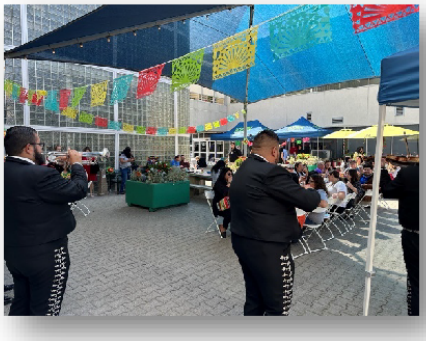
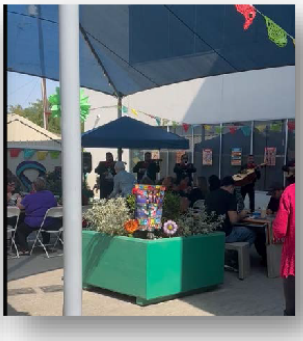




SHARING OUR CULTURE THROUGH MUSIC

Music has the power to bring people together and bridge cultural divides in a way that few other things can. It can transcend language barriers and connect people from different backgrounds and cultures through the universal language of sound.

During our event, our staff enjoyed live Mariachi Music from ***Mariachi Mi Cuidad***.


SHARING OUR TRADITIONS

Other traditions we shared during this event were hosting a Salsa Competition, playing a friendly game of Lotería, and making sure to include EVERYONE in the fun celebration!

- **Salsa Competition**: The origin of Salsa is traced back to the times of the Aztecs, Incas, and Mayans. The native people created their versions of salsa using tomatoes, chilies, and squash seeds, however "official discovery" to the rest of the world did not occur until after the Spaniards conquered Mexico in the 1500s.
  We received 27 entries from KernBHRS staff members who wanted to share their delicious homemade salsa. Every participant received a "Salsa Competition" medal; the Semifinalist received a Certificate of Appreciation and the Grand Winner received a coveted trophy.










- <u>A Friendly Game of Bilingual Mental Health Lotería</u>: The origin of "Lotería" can be traced far back in history. It is believed that the game originated in Italy in the 15th century and was brought to New Spain (modern Mexico) in 1769. However, it only became popular when soldiers fighting for Mexican Independence began playing it. Because the Loteria cards include the name of the pictured character, they are used to teach reading, writing, history, and social values. Many bilingual teachers use the game as a teaching tool in the United States.





- <u>Make Sure that EVERYONE is included</u>: The family model is an extended one in the Hispanic / Latinx culture; grandparents, aunts, cousins, and even people who are not biologically related may be considered part of the immediate family. The term used to describe their supreme collective loyalty to extended family is ***familismo***.

One of the ways we used to include everyone was to send "*Appreciation Baskets*" to our 24-hour teams who often are not able to participate in department events due to their schedules (i.e. night shifts or weekend shifts) or their remote locations such as our correctional teams.
The "*Appreciation Baskets*" contain a beautiful **Thank You** card signed by our Executive Director and Deputy Directors; a 32oz jar filled with a collection of sweet and spicy Mexican hard candy; a box of an assortment of Latin American cookies; a box of delicious Mazapan, boutique cotton candy push pops, and a few personalized sugar cookies.







Another way we used to include everyone was to set up ***"Taco Tuesdays – Taco Bar"*** EVERY TUESDAY during HISPANIC HERITAGE MONTH (September 15th – October 15th)

Taco Tuesdays

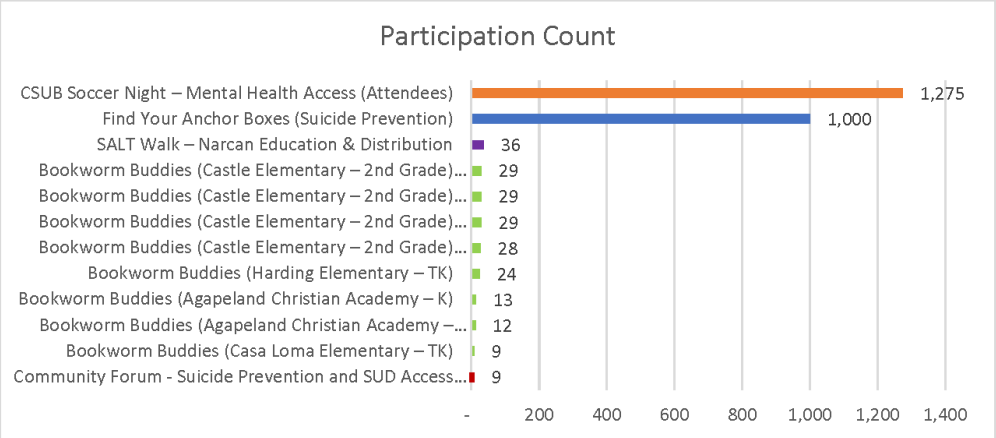
DATE	SITE/LOCATION:
9/19/2023	Westchester Building - Courtyard
9/26/2023	Commonwealth - West Training Room
9/26/2023	Correctional Behavioral Health
10/3/2023	Kern Linkage Division - Training Room
10/3/2023	Mary K. Shell Building - Sannappa Room
10/10/2023	STOCKDALE Building - Bonsai Room
10/10/2023	L Street Clinic - Conference Room



2023 September Participation Count

As we reflect on all the activities and events we experienced in September 2023, we cannot help but embrace the power of collaboration and support. Regardless of age, gender, or ethnicity, our community came together to foster unity and celebrate the strength of diversity.

We believe in the power of unity and inclusivity. Collaborating with local organizations, we conducted community outreach events to foster understanding and empathy among people from diverse backgrounds. Through workshops, discussions, and cultural exchanges, we celebrated our differences while building bridges of compassion.



Date	Name of Event	Participation Count
9/5/2023	Community Forum - Suicide Prevention and SUD Access (Attendees)	9
9/7/2023	Bookworm Buddies (Casa Loma Elementary – TK)	9
9/9/2023	SALT Walk – Narcan Education & Distribution	36
9/10/2023	CSUB Soccer Night – Mental Health Access (Attendees)	1,275
9/14/2023	Bookworm Buddies (Harding Elementary – TK)	24
9/15/2023	Bookworm Buddies (Agapeland Christian Academy – K)	13
9/15/2023	Bookworm Buddies (Agapeland Christian Academy – 1st Grade)	12
9/21/23	Bookworm Buddies (Castle Elementary – 2nd Grade) Group# 1	29
9/21/23	Bookworm Buddies (Castle Elementary – 2nd Grade) Group# 2	28
9/21/23	Bookworm Buddies (Castle Elementary – 2nd Grade) Group# 3	29
9/21/23	Bookworm Buddies (Castle Elementary – 2nd Grade) Group# 4	29
All Month	Find Your Anchor Boxes (Suicide Prevention)	1,000
	TOTAL	2,493

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Prepare U**
Date Started:	11/18/2019
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • The Live Network • Taft Union High School District • Lost Hills Union School District
Location(s):	• A.M. Thomas Middle School - 20979 Lobos Court, Lost Hills, CA 93249 • Taft Union High School - 701 Wildcat Way, Taft, CA 93268 • Buena Vista High (Continuation) - 900 N 10th St, Taft, CA 93268
Program Description:	Prepare U is an easy-to-facilitate, evidence-supported, multi-faceted experiential mental health curriculum designed for grades 8-12. The Prepare U curriculum, developed by the Therapy Live team is designed to be a plug-and-play system that any teacher can easily facilitate, whether as a standalone course or as an integrated part of an overall health sequence. 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. The curriculum is made up of a teacher's manual, a student handbook, 12 class videos, an interactive card game, and crisis resources. Prepare U also provides the school staff, students, and their families access to a follow-along Home Edition of the curriculum with additional educational resources and tools to support community-wide mental health education. The Live Network also introduced an easy-to-implement 5-class evidence-based Curriculum designed as a skill-building series for a younger demographic of students.
Eligibility Criteria:	Youth in grades 8-12
Menu of Services:	• Teacher's manual • Students' manual • Class videos • Meditation videos • Interactive card game • Crisis Resources
Supportive Services Provider(s):	None
Program Update:	• Kern County Superintendent of Schools (KCSOS) has a new mental health coordinator to help run and implement the Prepare U curriculum. • Lost Hills Union School District is considering offering the curriculum to 7th-grade students to monitor their progress. • Bakersfield City School District (BCSD) piloted the program, but BCSD has decided not to move forward with implementing the program due to programs already in place and time constraints.
Challenges or Barriers:	There are a total of 39 school districts in Kern County. We are currently serving a total of 3 school districts (Kern County Superintendent of Schools, Taft District, and Lost Hills Union School District). Some districts have hesitated to incorporate the curriculum due to staff shortages and other competing school priorities.

	We have also received feedback that they would be open to offering the curriculum first to parents and then to students. We are currently working with the developers of Prepare U to create a parent's version of the curriculum. This new curriculum would also be offered in Spanish for those school districts that serve Spanish-monolingual populations.
Proposed Changes:	Kern County Superintendent of Schools' Administration stated that they need a Mental Health Coordinator to run the curriculum for the school sites. The goal is to hire or assign a coordinator at every school to help coordinate the curriculum. We will take this feedback to other school districts to see if having a coordinator could be something that would help in other schools and districts.

Budget:

Prepare U	FY 2022/2023
Annual Budgeted Funds	$ 104,509.00
Unduplicated # Served	136
Annual Cost Per Client	$ 768.45

Success Stories/Program Highlights:

Surveys were submitted by the students who participated in the Prepare U program, and the results indicated that school attendance improved by 49%, grades improved by 55%, and students' relationships with their friends and family also improved by 53%. In addition to the findings in the surveys, 60% of the students believe that going to a counselor can help them feel better, and 71% know where to go for mental health services and feel better about their future.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Reengagement**
Date Started:	07/01/2019
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Child Guidance Clinic (CGC) • Clinica Sierra Vista (CSV) • College Community Services (CCS)
Location(s):	• KernBHRS: Southeast RAWC • Northeast RAWC • West RAWC • CGC North Bakersfield • CSV Delano • CSV Lamont • CSV South Bakersfield • CCS Taft • CCS Lake Isabella • CCS Central Bakersfield
Program Description:	Reengagement services are delivered to clients who are open to adult outpatient teams but who have disengaged from services.

	The Reengagement program focuses on identifying and reengaging at-risk adults who are experiencing challenges remaining engaged in traditional mental health and substance use disorder services. Once identified and referred, staff deliver temporary case management services, with a primary focus of clients returning to service with their outpatient treatment team. Reengagement staff are embedded in the current treatment team and embrace a "whatever it takes" model of service delivery. Typical services during the reengagement phase include psychoeducation, engagement, skill acquisition/building, crisis intervention/response, accelerated access and linkage to behavioral health and substance use disorder services, and post-linkage follow-up. Referrals to the Reengagement program are typically received from the team/staff member to whom the client is currently assigned, but not in active participation. After successful reengagement, program staff will follow up with the client over a period to ensure the client remains engaged in treatment. Ongoing program evaluation, data collection, and data analysis will assist in the further development of the Reengagement program. As a result of this program, the adult outpatient teams have seen an increase in individuals receiving continued behavioral health services.
Eligibility Criteria:	• New clients who have completed an assessment, but failed to show for their first behavioral health service appointment • Existing clients who have disengaged from treatment without notifying their treatment provider
Menu of Services:	Full range of services needed to reengage clients and facilitate family engagement, as appropriate.
Supportive Services Provider(s):	None
Program Update:	Ongoing, individualized training continues to be delivered to treatment team supervisors and staff located at clinics which are experiencing

	turnover, struggling to understand the program, and/or needing general support to ensure accuracy in data collection and consistency in program operations across all sites.
Challenges or Barriers:	Staffing challenges experienced by KernBHRS, and contract providers resulted in extended periods of vacancy in multiple Reengagement positions. BHRS and contract providers continuously enact recruitment strategies in attempts to fill vacant positions with candidates possessing experience and attributes best suited for this type of work.
Proposed Changes:	None

Budget:

Reengagement	FY 2022/2023
Annual Budgeted Funds	$ 1,417,386.00
Unduplicated # Served	1,810
Annual Cost Per Client	$783.09

Success Stories/Program Highlights:

CCS Bakersfield: An individual received a behavioral health assessment at the Access & Assessment Center and then referred to one of the adult outpatient teams for behavioral health treatment. The outpatient team was not able to reach the client to schedule an appointment because there was not a listed phone number or an emergency contact on file. The individual was immediately opened to the Reengagement program so efforts could be made to locate and engage the individual. Through multiple efforts, the Reengagement Recovery Coordinator was able to locate the individual at the Navigation Center. The outpatient team staff met with the individual, building rapport and engagement with them, and planned for the individual to attend their first behavioral health service appointment. The individual attended the appointment and is now engaged with the treatment team and benefiting from case management. Additionally, multiple barriers to regularly attending appointments were addressed. The individual was provided with assistance in obtaining a cell phone along with linkage to medical transportation services that is being utilized to attend both psychiatric and therapy appointments.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Suicide Prevention and Outreach & Education (O&E)**
Date Started:	10/01/2018
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS – 3300 Truxtun Avenue, Bakersfield, CA 93301
Program Description:	Suicide Prevention Outreach and Education (O&E) is designed to benefit KernBHRS staff, members of the community, community-based organizations, businesses, churches, educational organizations, and others seeking education, training, and resources on suicide prevention. This team also reaches out to our community partners such as Kern County Child Protective Services, Kern County Fire Department, Kern County Department of Public Health, Veterans, Bakersfield Police Department, Nonprofit Organizations, and our middle schools/high schools within Kern County. This program also reduces the stigma associated with suicide by promoting awareness and providing suicide prevention information and campaigns through news, print, and social media platforms.

	The Suicide Prevention O&E team consists of behavioral health therapists and a behavioral health recovery specialist who are available to support Kern County. Additionally, four bilingual crisis counselors support the KernBHRS Suicide Prevention O&E Team.
Eligibility Criteria:	Kern County members and organizations interested in learning about suicide prevention and suicide awareness.
Menu of Services:	Culturally competent outreach and training to Kern County: • ASIST (Applied Suicide Intervention Skills Training) • More than Sad • Zero Suicide practices • LEAD (*Look & Listen, Explore Reasons, Ask About Suicide, Don't hesitate to get help or develop a plan*) Training • CIT (Crisis Intervention Training to Law Enforcement Training) • Customized trainings and presentations to fit target population
Supportive Services Provider(s):	None
Program Update:	We have added two behavioral health therapists and one behavioral health recovery specialist to the outreach team. This will help us broaden our reach to untapped areas within the Kern County community.
Challenges or Barriers:	Not having enough staff to participate in all community outreach events has been a challenge, but we are continuing to increase staffing and outreach options/opportunities.
Proposed Changes:	We will open the opportunity to shadow seasoned outreach staff to allow everyone to learn community outreach techniques. We believe this would help us increase the number of trained staff.

Budget:

Suicide Prevention and Outreach & Education (O&E)	FY 2022/2023
Annual Budgeted Funds	$ 0.00*
Unduplicated # Served	16,429
Annual Cost Per Client	$ 0.00*

*Note: Funding wasn't allocated due to the pandemic. Services rolled up into Crisis Hotline.

Success Stories/Program Highlights:

During our outreach event at California State University, Bakersfield, there were many students who genuinely wanted to know more about suicide prevention. After our presentation, several students approached us with questions about how to start a conversation about suicidal thoughts and how to show support to loved ones. One of the students began crying at the table while we were discussing ways that we could support family members. She stated that her mother died by suicide. This type of feedback and desire to learn more about mental health and suicide prevention is evidence that we should continue to expand our efforts to inform and educate our community.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☒ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Transition Age Youth (TAY) Dual Recovery**
Date Started:	11/19/2019
Provider(s):	The Third Tradition
Location(s):	The Third Tradition - 3316 Laverne Avenue Bakersfield, CA 93309
Program Description:	The Transition Age Youth (TAY) Dual-Recovery program is designed to provide immediate supportive mental health and substance use care in a sober living environment for up to 90 days. The program assists with stabilizing youth during their stay at the sober living facility to help them in their recovery and community living. The sober living program staff works together with the TAY Team to support the youth. The TAY Dual-Recovery program supports the community by assisting the youth in maintaining abstinence from substance use and improving their mental wellness, which will help in their ability to find employment and stable housing. Success in the program prevents a youth from possible incarceration. The program also assists young parents in improving the likelihood of maintaining custody of their children and/or aiding youth in reunifying with their children currently in foster care.

	PROGRAM GOALS: • Provide a safe setting for youth to stabilize • Improve youths' independent life skills to enhance community living • Decrease substance use • Reduce homelessness by assisting youth with securing stable permanent housing • Reduce high-risk behaviors
Eligibility Criteria:	• Youth must be at least 18 years old • Have current or former involvement in either foster care or juvenile justice systems • Homeless or at risk of homelessness • Youth must have a co-occurring mental health and substance use disorder
Menu of Services:	• 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
Supportive Services Provider(s):	None
Program Update:	The TAY team has completed the first Seeking Safety group at Third Tradition.
Challenges or Barriers:	The youth are being offered housing by partners too early in their recovery and without the structure that the TAY Dual Recovery programs offer. To address this, the TAY Dual Recovery staff are talking with treatment teams and partners to discuss the importance of working with the youth on their mental health and substance use symptoms first and then working with them on housing once stable.
Proposed Changes:	Increase the number of groups offered to youth focused on positive social activities.

Budget:

Transition Age Youth (TAY) Dual Recovery	FY 2022/2023
Annual Budgeted Funds	$ 220,095.00
Unduplicated # Served	50
Annual Cost Per Client	$ 4,401.90

Success Stories/Program Highlights:

A former foster youth successfully completed his program with the TAY Dual Recovery program and moved to the self-funded house before moving into his own apartment. He is currently working and attending school to pursue his career. He is still connected to Third Tradition, Narcotics Anonymous, and works with a sponsor in his recovery. He spends two to three days a week at Third Tradition and is a peer support to the newer clients.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Transition Age Youth (TAY) Self Sufficiency**
Date Started:	07/01/2018
Provider(s):	The Dream Center
Location(s):	Dream Center - 1801 19th Street Bakersfield, CA 93301
Program Description:	The Transition Age Youth (TAY) Self -Sufficiency Program (SSP) enhances services available for the Kern County Network for Children's Dream Center. Services are provided through a multi-disciplinary effort involving various agencies and organizations, KernBHRS TAY program staff, Kern County Department of Human Services, Kern County Probation Department, Foster Youth Services Program, Kern County Public Health, Kern County Housing Authority, California Department of Rehabilitation and Employers Training Resource. The Dream Center is considered a well-known and comfortable environment for this population, rich in resources to assist in guiding youth toward gaining independence. Youth are referred by service providers and schools throughout Kern County, homeless street outreach programs, and commonly by other youth who receive Dream

	Center services. The Dream Center drop-in center includes a classroom, showers, laundry facility, commercial kitchen for cooking classes, computer stations, job search and study area, and a safe area for building positive relationships with peers. Providing engagement, multi-disciplinary supportive services that include housing, linkages to mental health and substance abuse treatment services, and helping youth to build key life skills, protective and promotive factors, and coping skills are essential to preventing youth from experiencing mental health crises, chronic homelessness, self-harming behavior, emergency room visits, and mental health emergencies. The TAY SSP can provide the types of services that struggling TAY foster/formerly foster youth need so that their outcomes improve and a positive impact on the community is achieved.
Eligibility Criteria:	• Youth must be between the ages of 18-25 • Have been in the foster care system for at least one day
Menu of Services:	• 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
Supportive Services Provider(s):	None
Program Update:	Affordable housing options in safe neighborhoods continues to be a challenge, but there are new housing options for TAY that have been completed and new developments near completion. Peer Support Specialists have used unique engagement strategies to support the youth with achieving their goals and integrated themselves completely in the collaboration process with community partners.

Challenges or Barriers:	• During fiscal year 2022-2023 SSP staff have worked alongside the Housing Authority of the County of Kern to address difficulties with accessing housing subsidies for those youth who have failed background investigations. During this past year, the Housing Authority agreed to modify background procedures. • The number of homeless youth who were linked to assistance with mental health services during quarter 2 of fiscal year 2022-2023 were lower than the previous quarter reported. The SSP project had 2 new staff join in July of 2022 and have recently hired new case managers. Since there have been staffing changes, the program has created a better system to track referrals and linkages to mental health/substance use services. As a result of the new tracking system, there has been an increase in linkages.
Proposed Changes:	None

Budget:

Transition Age Youth (TAY) Self Sufficiency	FY 2022/2023
Annual Budgeted Funds	$ 325,562.00
Unduplicated # Served	15
Annual Cost Per Client	$ 21,704.13

Success Stories/Program Highlights:

A formerly homeless youth who is currently receiving Self-Sufficiency Program (SSP) case management services has begun to excel after struggling with his mental health and maintaining housing. The youth was struggling severely with his mental health and had made threats to harm himself and was at risk of losing housing due to not reporting property damage (damage not caused by the youth). After being discharged from an involuntary hold at the Good Samaritan Hospital, the youth planned to leave his housing and live in the park. When new problems or conflicts arise, the youth would shut down, express suicidal ideation, and not want to continue to receive mental health services with both SSP and the Transitional Aged Youth (TAY) team. His assigned SSP case

manager worked alongside the TAY team to engage the youth and encourage proper coping skills and consistency of mental health services. For months, the youth continued to struggle with being consistent with services.

Currently in SSP case management, the youth has accepted additional services such as therapy and substance abuse counseling with TAY staff. He continues to meet with his mental health teams regularly, he has begun to set goals, he is maintaining employment, and has demonstrated the skills to maintain housing such as submitting required documents needed by the Housing Authority and communicating with property management to maintain his unit for any needed repairs.

Thanks to the mental health services supported by KernBHRS this youth has been able to gain the skills necessary to move forward from his experiences and homelessness towards self-sufficiency.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☒ Strategies targeting the mental health needs of older adults

Project Name:	**Volunteer Senior Outreach Program (VSOP)**
Date Started:	07/01/2006
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • College Community Services (CCS)
Location(s):	• KernBHRS - 5121 Stockdale Hwy, Bakersfield, CA 93309 • CCS Tehachapi - 1113 East "F" St, Tehachapi, CA 93561 • CCS Lake Isabella - 2731 Nugget Ave, Lake Isabella, CA 93240
Program Description:	The Volunteer Senior Outreach Program (VSOP) utilizes trained volunteers, who work alongside clinicians and case managers to provide outreach to older adults throughout Kern County. The program was designed to educate and engage seniors who are homebound or living independently and at risk of isolation. Referrals are received from KernBHRS teams, family members, hospitals, home health care and self-referrals. Seniors are referred to VSOP services to address potential mental health symptoms. VSOP strongly incorporates its volunteers, and VSOP works through the outreach process to both recruit and train participants. During the

	training process, volunteers act as observers and collaborate with the clinical and case management staff to help reduce isolation of clients while creating new relationships and building interest in activities of daily living.
Eligibility Criteria:	Eligibility Criteria: • 60 years or older AND…. • Homebound or isolated • In a fragile physical and/or mental state • In need of social support and/or socialization with peers • Experiencing the loss of loved one and/or grief • Experiencing symptoms of depression • Would benefit from a mental health screening or socialization with peers
Menu of Services:	• 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 • Screening • Early intervention treatment • Referrals to higher level of care • Peer to peer services
Supportive Services Provider(s):	None
Program Update:	The VSOP Team provided a combined 1,390 client contacts for referral screenings and client services during Fiscal Year 2022-2023, and the numbers are expected to increase over the upcoming fiscal years. The program is expected to continue with Outreach and Education (O&E) activities in an ongoing effort to target the senior population of various ethnic and cultural backgrounds that traditionally had low penetration rates. Furthermore, efforts to increase staffing in preparation to meet higher caseloads have demanded two additional therapists and an office services assistant to the team.

	Outcome data is collected through Data Collection Reporting (DCR). Saint Louis University Mental Status (SLUMS), Patient Health Questionnaire-9 (PHQ-9), General Anxiety Disorder-7 (GAD-7) are the assessment tools currently used to determine level of impairment and or functioning to determine treatment planning.
Challenges or Barriers:	Community resources available to meet the needs of the senior population are minimal and are also difficult to access without supportive services. The Wellness, Independence, Senior Enrichment (WISE) Team is a full-service partnership team that requires low caseloads for staff to be able to meet the demands for care of this specific population. The challenge faced this fiscal year has been obtaining enough staff to keep up with the demands of referrals from partnering agencies, often requiring outsourcing the influx of referrals. The minimum staffing has created a substantial barrier for seniors to access services from KernBHRS WISE Team. As the senior population continues to rise, the demand for age-appropriate services will be in higher demand. The strategies to help problem solve this barrier are to work with the team's Administrator, Human Resources, and the Finance Department to budget for additional staff. Another strategy is to continue to work with the community college and universities to recruit student interns for practicum experience.
Proposed Changes:	Incorporate PEARLS (Program to Encourage Active, Rewarding Lives, Strategies) and interventions. In addition to the PHQ-9 and GAD-7, there is planning to incorporate the MoCA (Montreal Cognitive Assessment) into the initial phases of treatment for seniors. The use of the MoCA over other cognitive screening tools, for early and accurate detection, leads to better results in finding root cause of an illness. Faster diagnosis and treatment plans improve a patient's quality of life. The MoCA is also known to be more precise than other cognitive tests. Working on the depression first, once clients are not that severe, then incorporate the SLUMS for cognitive assessment for a fairly accurate assessment to move forward with treating targeting possible cognitive decline.

Budget:

Volunteer Senior Outreach Program (VSOP)	FY 2022/2023
Annual Budgeted Funds	$ 1,030,068.00
Unduplicated # Served	52
Annual Cost Per Client	$ 19,809.00

Success Stories/Program Highlights:

A 70-year-old Hispanic female, Spanish speaking only referred to VSOP by a social worker at Adventist Health Cancer center. Our client had recently experienced the loss of two siblings and was being examined for possible signs of cancer. She was referred for support to cope with grief and aging issues. The client was receptive to services, and we began working on providing client with education regarding depressed mood, anxious mood, and grief. The client had just gotten back together with her husband after being separated for 25 years and was struggling to adjust to this new situation amid her grief and health decline. VSOP staff began working on communication skills and boundary setting with clients to help her better manage her ongoing situation. The client was making great progress as she learned she did not have cancer and was learning to cope with her grief and adjust to her new relationship; however, she had another major loss in the middle of services. Client lost her son to a Fentanyl overdose which caused her to begin having complicated grief. She was able to seek support from her Primary Care Physician (PCP) by obtaining anti-depressants which helped her to cope. Client acknowledged at the end that she felt she was better able to manage the loss of her son because she was better equipped with coping skills versus when she lost her sister to cancer and her brother to COVID. The client was able to maintain a stable relationship, improved the relationship with her other children, and was able to set healthier boundaries for her own self love and care. The client was successfully discharged after eighteen months of services and provided with additional resources in case she felt the need for any other services in the future.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☐ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Youth Brief Treatment (YBT)**
Date Started:	07/01/2014
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Child Guidance Clinic (CGC) • Clinica Sierra Vista (CSV) • College Community Services (CCS)
Location(s):	• Kern BHRS East Bakersfield – 2621 Oswell Street, Bakersfield, CA 93306 • Child Guidance Clinic (CGC) West Bakersfield – 3628 Stockdale Highway, Bakersfield, CA 93309 • CGC North Bakersfield – 661 Roberts Lane, Ste B, Bakersfield, CA 93308 • CGC Delano – 375 Dover Parkway, Delano, CA 93215 • Clinica Sierra Vista (CSV) Central SE Bakersfield – 3105 Wilson Road, Bakersfield, CA 93304 • Clinica Sierra Vista (CSV) Lamont – 10417 Main Street, Lamont, CA 93241, Lamont, CA 93241 • College Community Services (CCS) Wasco – 820 6th Street, Wasco, CA 93280

Program Description:	The Youth Brief Treatment same-day assessment program 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. The program offers same-day walk-in behavioral health assessments, and brief interventions for those in need. These services are available through our providers in Geographic Service Areas (GSAs) throughout Kern County. Brief intervention services at all locations follow the Solution-Focused Brief Therapy approach. These services are designed to teach youth and families communication, social, and coping skills. Adapting the use of skills learned through early intervention services helps prevent mental health symptoms from becoming severe and persistent and improves quality of life. Youth Brief Treatment program behavioral health care is geared toward working with those who have not been active in the behavioral health system of care, but rather have had recent onset of behavioral health symptoms. KernBHRS staff work with youth and their parents, resource parents, and school support systems as necessary to address symptoms promptly. Treatment typically lasts six to twelve months for youth in this program. Engagement of family is critical and family therapy is integrated into the overall treatment plan. Same-day access has given KernBHRS and providers the ability to see clients right away for an assessment. This has significant implications for the community in that a family may become aware of mental health symptoms one day and immediately receive an assessment. This enables the provision of same-day access when the family is in a fragile state.
Eligibility Criteria:	• Medi-Cal beneficiaries ages 0-20 • In need of a behavioral health assessment through same-day clinic access • Meet Medi-Cal necessity for specialty mental health services

	• May benefit from brief intervention and thereby prevent further suffering or intensification of symptoms
Menu of Services:	• Educate and outreach to schools and the community • Walk-in assessment and brief treatment • Clinical skills training for staff • Eye Movement Desensitization and Reprocessing (EMDR) (KernBHRS clients only)
Supportive Services Provider(s):	None
Program Update:	KernBHRS Children's System of Care staff completed Eye Movement Desensitization and Reprocessing (EMDR) training.
Challenges or Barriers:	The team experienced an influx of clients experiencing re-occurring behavioral health crises despite clients assessed as having low acuity at the onset of treatment. To address these challenges, staff were provided additional education, consultation, and coaching on crisis de-escalation skills. Additionally, staff increased communication and collaboration with partnering schools to provide intensified and supportive services to clients and their families. School staff were provided additional training by crisis service teams which guided them to utilize our Youth Treatment Program providers to address client crises as they occurred.
Proposed Changes:	None

Budget:

Youth Brief Treatment (YBT)	FY 2022/2023
Annual Budgeted Funds	$ 2,594,327.00
Unduplicated # Served	3,206
Annual Cost Per Client	$ 809.21

Success Stories/Program Highlights:

The client was referred to our program for services as she was reported to be highly suicidal, anxious, and depressed. She was not attending her behavioral health services consistently and only reached out to them when she was in crisis.

At first, she expressed her dislike for school because she had low grades and didn't have friends. After reinforcing the importance of attending her behavioral health services consistently, the client began her road to recovery.

Shortly after, she graduated high school and enrolled in college courses with the aspiration to be a Registered Nurse (RN). She recently became a Certified Nurse's Assistant (CNA) which brings her closer to her goal.

The client reports that she feels more confident when interacting with others. She is learning how to develop healthy relationships and establish healthy boundaries. Her grades have improved tremendously as she is now getting A's and B's. And she is setting up higher goals and wants to attend UC Davis soon! We are very proud of her accomplishments, and she knows we are here to support her every step of the way.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☒ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Youth Juvenile Justice Engagement**
Date Started:	07/01/2016
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 3300 Truxtun Ave., Bakersfield, CA 93301
Program Description:	The Youth Juvenile Justice Engagement Program is designed to engage those youth and families who have been active in the juvenile justice system. Youth exiting juvenile hall are often underserved and undiagnosed. The program provides treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system.
Eligibility Criteria:	• Children and adolescents through 20 years of age • Youth with juvenile justice involvement pre- or post-incarceration • At risk of loss of placement or incarceration • Impairments interfering with important areas of functioning
Menu of Services:	• Consultation for engagement • Access and linkage to treatment programs • Behavioral health treatment

	• Reduce incarceration • Reduce school failure and/or dropout • Reduce or eliminate suicidal ideation and self-harm
Supportive Services Provider(s):	None
Program Update:	The Youth Juvenile Justice Engagement Program 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 the Youth Detention Center, Pathways, Crossroads, and Camp Owens. The Youth Juvenile Justice Engagement Program has 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, work with juvenile justice to participate in Intensive Case Coordination (ICC) Meetings and navigate Welfare and Institution Code (WIC) 709 referrals from Juvenile Superior Court. The Youth Juvenile Justice Engagement Program also helps prepare youth for exiting incarceration and reduce recidivism rate.
Challenges or Barriers:	Engagement of caregivers continues to be challenging.
Proposed Changes:	The program has an extra help recovery specialist assigned and the team is working to hire a replacement recovery specialist aide position. The program has begun working on engaging clients and families during Wednesday intensive case coordination meetings once youth are detained at Youth Detention Center (YDC). We are also working toward Anger Replacement Training (ART) group facilitation, which is regularly ordered by the court and would complement our engagement/retention of referred youth.

Budget:

Youth Juvenile Justice Engagement	FY 2022/2023
Annual Budgeted Funds	$ 289,197.00
Unduplicated # Served	173
Annual Cost Per Client	$ 1,671.66

Success Stories/Program Highlights:

A minor referred for engagement had considerable trauma and the treatment team spent the start of each session creating art or listening to the sound of rain. Mindfulness activities quickly became an opportunity for psychoeducation. The youth's statements went from "I don't know how I can do this" and slowly turned into "Can you help me get through this?". During this time, the youth lived in several placements and the treatment team remained consistent with providing behavioral health services at multiple schools ensuring she was able to access school support (behavior interventionist, counselor, and nurse). As of today, youth has not only completed court ordered mental health, substance use, and Aggression Replacement Training (ART), but has also successfully completed her probationary term.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORKPLAN

PEI Priorities in the use of PEI Funding:

1. ☐ Childhood trauma prevention and early intervention to deal with the early origins of mental health needs
2. ☐ Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan
3. ☒ Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college
4. ☐ Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs)
5. ☐ Strategies targeting the mental health needs of older adults

Project Name:	**Zero Suicide**
Date Started:	07/01/2019
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 820 34th Street, Bakersfield, CA 93301
Program Description:	Zero Suicide (ZS) is 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. It is designed to implement communitywide suicide screening through a specific set of tools and strategies. Clients who receive health care and behavioral health services will be screened at every designated contact to determine if the risk of suicide is present. The intent is to prevent suicide by universally screening for risk and eliminating the likelihood of death by suicide. At the same time, staff care strategies will be implemented to mitigate the effects of compassion fatigue and burnout.

	Zero Suicide will be provided first to behavioral health staff within KernBHRS and will then expand outwards to include hospitals, emergency room staff, and primary care providers. Our goal is to make suicide a never event in Kern County through continuous support, training, education, and treatment.
Eligibility Criteria:	All clients are eligible to participate in Zero Suicide
Menu of Services:	• Suicide screening • Suicide risk assessment. • Safety plan • Suicide care management plan • Caring Contacts • Educating the community and spreading awareness • Awareness campaigns and training • Suicide prevention resources disseminated via KernBHRS' suicide prevention website.
Supportive Services Provider(s):	Sharon Birman, Psy.D. (Training for staff)
Program Update:	• Zero Suicide and Substance Use Disorder (SUD) programs: The Zero Suicide team is currently implementing the protocol with our substance use providers and inpatient units. Currently, all SUD contractors have been trained in the Zero Suicide protocol; only American Health Services and Aegis are left to be trained in 2024. • Transition from Cerner Anasazi to SmartCare: With the Department's move from Cerner Anasazi to SmartCare, the Zero Suicide team has been able to maintain the integrity of our suicide prevention protocol by transitioning to forms within SmartCare. • Staff have been re-trained in the new forms in SmartCare. • Zero Suicide Office Hours: The Zero Suicide team is providing office hours on Mondays to provide teams with the ability to consult on the implementation of Zero Suicide at the team level. • Zero Suicide Ambassadors: Adult and Children Zero Suicide Ambassadors and Champions have been established for KernBHRS and its providers. Ambassadors/Champions lead the implementation

	of Zero Suicide at the team level and help to address barriers and issues in using the protocol. • Cognitive Behavioral Therapy-Suicide Specific (CBT-SP) Refresher: The Zero Suicide Team has begun CBT-SP refresher training for teams; the refresher training is offered to assist teams in implementing the CBT-SP protocol for assisting clients who are placed on our PATHH (Positive Action Toward Hope and Healing). The refresher training has been well received by our teams. • Zero Suicide High-Risk Consults: The Zero Suicide team offers consultations to support teams whose clients are at risk of suicide. Since December 2022, the Zero Suicide team has completed 32 high-risk consultations. The High-Risk consultations are attended by the treatment team, system of care administrators, the KernBHRS Medical Director, and the Zero Suicide team staff members. • DBT for suicide prevention: The team is offering resources and handouts for a 12-week DBT protocol that addresses suicide risk. We are currently in the development of a DBT mini training about suicide crisis prevention to be administered in 2024. • Partnerships and Collaboration: The Zero Suicide team attended the monthly Kern County Sexual Health and Harm Reduction Collaboration where 75 brochures each on Suicide Awareness and Prevention and Lethal Means Safety were distributed. The Zero Suicide team also participates in the California Department of Public Health suicide prevention learning collaborative. • LEAD (*Look & listen, Explore reasons, Ask about suicide, and Don't hesitate*) Training: We provided LEAD suicide prevention training to local agencies including the Bakersfield Angels, the United Way of Kern, and Ridgeview High School. • Gun Safe project: Zero Suicide team, in conjunction with our MHSA team, successfully dispersed 320 handgun/medicine FREE safes and NARCAN during a gun show in August 2023 in Bakersfield, CA.
Challenges or Barriers:	Our new SmartCare EHR was a major barrier as we were not able to include our Zero Suicide forms from Cerner. The Zero Suicide Team worked to identify existing screenings, assessments, safety plans, and safety flags in SmartCare and redesigned our suicide prevention protocol around what is available in SmartCare. Because of the move to SmartCare, IT rewrote our Zero Suicide Application to

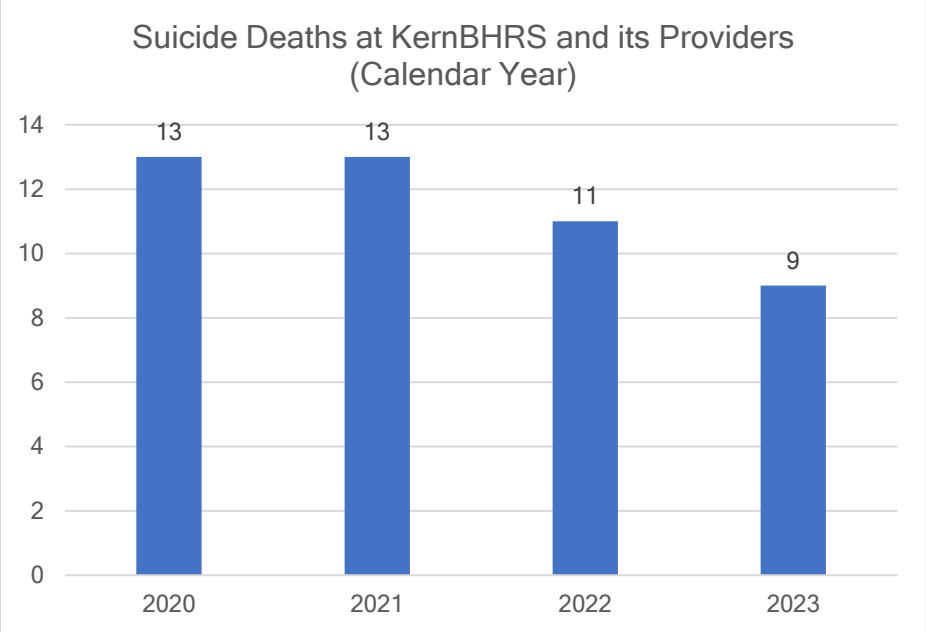
	collect data from SmartCare.
Proposed Changes:	The Zero Suicide team will continue to work with our Electronic Health Record (EHR) Support team and CalMHSA to incorporate our previous forms into SmartCare. Our goal is to make tracking of the work our staff do towards Zero Suicide more efficient and effective.

Budget:

Zero Suicide	FY 2022/2023
Annual Budgeted Funds	$ 213,465.00
Unduplicated # Served	28,348
Annual Cost Per Client	$ 7.53

Success Stories/Program Highlights:

- A behavioral health staff from community partner team reported that they were able to use the LEAD approach to have a conversation about suicide with a youth who was at risk. This was a huge success for the staff and client, helping to reduce the youth's suicide risk.
- Clients have reported that they feel comfortable talking with staff about their thoughts of self-harm as the staff and ZS have reduced the stigma by making screening a natural part of their treatment.
- KernBHRS Staff have reported to the ZS team that clients who are on the PATHH who received Caring Contacts from their teams are thankful and report positive impacts on their wellbeing.
- Suicide death numbers continue to decline slightly since we launched Zero Suicide with our treatment teams in September 2019. The goal is to continue to decrease suicide deaths in our system of care by using the Zero Suicide approach to suicide prevention.
- In 2023, no children (individuals 0 to 18 years old) died by suicide, as opposed to previous years.


Suicide Deaths at KernBHRS and its Providers
(Calendar Year)
14
12
10
8
6
4
2
0
13
13
11
9
2020
2021
2022
2023

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:

- **Early Psychosis Learning Health Care Network (LHCN)**
  - MHSOAC Approval Date: 05/26/2022
  - Length of Program: 4 years
  - First Day INN funds were spent: 05/26/2022
  - Estimated End Date: 05/26/2026

- **Mobile Clinic with Street Psychology (MCSP)**
  - MHSOAC Approval Date: 03/24/2022
  - Length of Program: 5 years
  - First Day INN funds were spent: 03/25/2023
  - Estimated End Date: 03/24/2028

- **The Healing Project (AKA Recovery Station)**
  - MHSOAC Approval Date: 02/22/2018
  - Length of Program: 5 years
  - First Day INN funds were spent: 06/10/2019
  - Estimated End Date: 06/10/2024

Important Changes:

- The Learning Health Care Network has experienced some delays due to executing the contract with University of California, Davis (UCD) for sharing database information. The contract was executed in late fall of 2023 and now allows UCD to aggregate outcome measurements of individuals participating in the program locally as well as roll up this aggregate information regionally and

nationally. This gives Kern County an opportunity to participate in evidence-based research that can further the field of work in Early Psychosis.

- MCSP has hired 5 staff to date: a clinician, a nurse, a recovery specialist and 2 peer-specialists. We are in the process of hiring an additional clinician, identifying an appropriate psychiatrist, and a medical assistant.
- MCSP staff have been trained in the use of the ROEM Model.

INN PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client in FY 2022/2023, including all revenue sources.

INN Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost Per Person
Early Psychosis Learning Health Care Network	$ 899,336.00	0	$ 0.00
Mobile Clinic with Street Psychology	$ 2,215,011.00	0	$ 0.00
The Healing Project (AKA Recovery Station)	$ 2,891,202.00	591	$ 4,892.05

FY 2022-2023
Outcomes Report

Kern County MHSA Innovations

BEHAVIORAL HEALTH&RECOVERY SERVICES

METHODOLOGY

Evaluation Design

To fulfill the reporting requirements of the Mental Health Services Act (MHSA), Kern County Behavioral Health and Recovery Services (KernBHRS) contracted with EVALCORP to gather and analyze data from Innovations (INN) programs conducted during 2021-2022 fiscal year. The evaluation tools in use in FY21-22 for Innovation programs were developed by separate contractors working with programs. For The Healing Project, these tools included 1) a demographics questionnaire and 2) an outcomes questionnaire. The results of these tools are included in the present report.



Presentation of Results

Findings are presented in aggregate by each of the INN programs required to collect outcome data. In FY22-23, only one INN program was operational – The Healing Project (Recovery Station).

Findings may be 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.

COMBINED INN PROGRAM FINDINGS

Outcome Surveys Collected by Survey Type

	Kern MHSA INN Program Name	FY21-22 Outcomes Data
		Sample size
1	The Healing Project (Recovery Station)	650
	Total	**650**

Survey results across all INN programs are reported together in this section of the report (n = 650). A total of 650 participants completed surveys for The Healing Project and 968 participants declined, with a response rate of 40%.

A second planned INN program, The Learning Health Care Network, was unable to provide data for this report due to a contract issue with the program's collaborators. The contract remains in the implementation phase and does not have any outcomes to report in this period. A full report on the annual progress of the Learning Health Care Network is planned for the FY23-24 report. A third INN program - Mobile Clinic with Street Psychiatry – was presented to the MHSOAC in March 2022 and was approved. It has begun services during FY 22-23. A full update on the annual progress of the Mobile Clinic with Street Psychiatry is planned for the FY 25-26 report.

THE HEALING PROJECT

Program Description

The Healing Project is a peer-led recovery station that provides screening, access and linkage to care for individuals presenting with co-occurring mental health and substance use disorder needs. The Healing Project includes one recovery station in Kern County, Bakersfield, CA which serves the metropolitan area and its immediate surroundings. The facility currently has 10 beds and plans to expand its capacity to accommodate 15 guests by June 30, 2023. The number of beds was determined proportionally based on site visits of fully operational sobering centers and information gathered from the KernBHRS Psychiatric Evaluation Center regarding the number of positive toxicology screenings. The Healing Project recovery station operates 24 hours per day, 7 days per week and serves an estimated average of 1,735 consumers annually.

Program Goals

The Healing Project will continue to reduce arrests and admissions to the Psychiatric Crisis Centers. The program will offer clients linkage to substance use disorder and/or mental health services. 25% of clients will follow up with SUD/MH treatment. 75% of clients will be satisfied with the services they received at the Recovery Station. Client feedback will be tracked using Satisfaction Surveys. The project will serve 1,600 consumers annually.

Updates

- In January 2023, the Bakersfield Healing Project resumed operations at their permanent location on Kentucky Street. Due to structural damage caused by heavy rain in November 2021, operations had been temporarily housed at the Consumer Family Learning Center located on 28th Street in Bakersfield.
- The Bakersfield Healing Project continues to encourage individuals to complete voluntary Satisfaction Surveys, allowing KernBHRS to promptly obtain guest feedback and vital suggestions based on their experience during their stay.

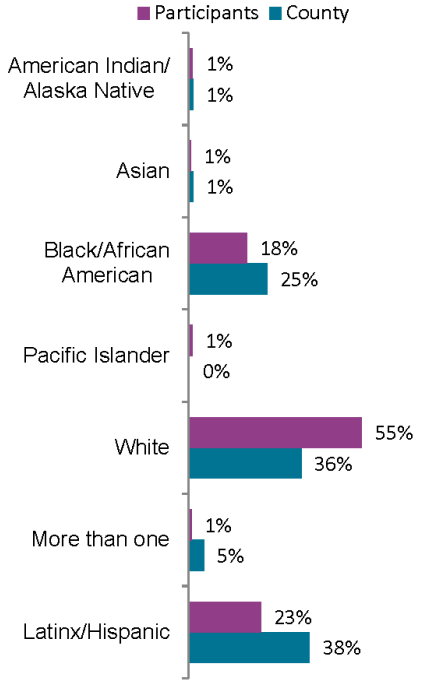
Program Successes

- The Bakersfield Healing Project admitted 1,618 individuals from July 1, 2022-June 30, 2023. A total of 134 guests accepted a referral for SUD services and 50 (37%) attended an appointment. A total of 4 guests accepted a referral to MH services and 3 (75%) attended an appointment.
- The Bakersfield Healing Project continues planning for the expansion of service capacity from 10 to 15 guests.

THE HEALING PROJECT

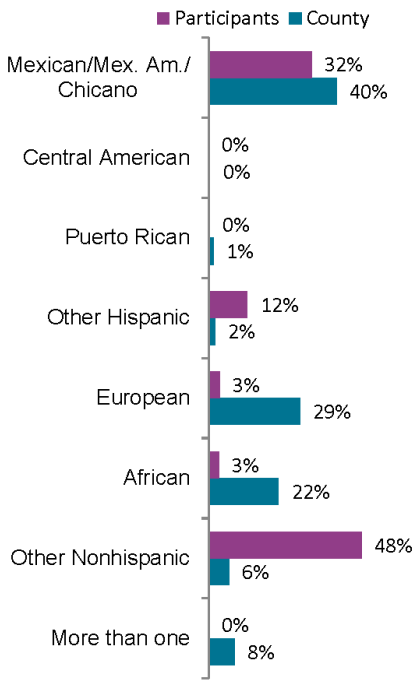
Demographics

Race (n = 650)



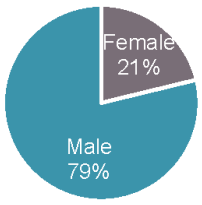
Note: 7 participants declined. County demographics are derived from the 2021 American Community Survey.

Ethnicity (n = 650)



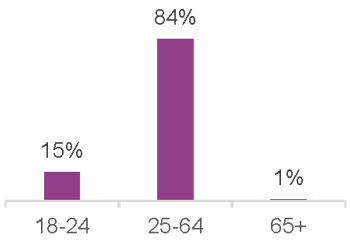
Note: 161 participants declined. County demographics are derived from the 2021 American Community Survey.

Gender (n = 650)



Note: 2 participants declined. Less than 1% of participants indicated another gender.

Age (n = 650)

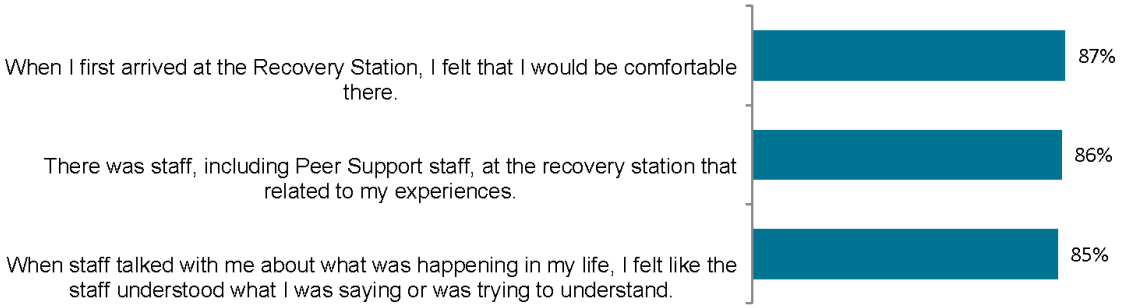


Note: 11 participants declined.

THE HEALING PROJECT

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 626)



89% of participants were "Very Pleased" or "Pleased" with services at The Healing Project.

The program achieved its target of 75% positive feedback on SUD/MH items (83% & 85%). There were no major differences in outcomes or satisfaction across gender, language, race, or age groupings.

Peer Support and Intentions to Enter Treatment (n = 626)

	% Definitely or Probably
During your stay, was it helpful to receive recovery coaching and support from a staff member that has had experiences with drug and alcohol use and/or mental health challenges?	87%
I am likely to begin or continue treatment for alcohol and/or drug use after being at the Recovery Station.	83%
I am likely to begin or continue treatment for mental health challenges after being at the Recovery Station.	85%

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

INNOVATION (INN) – PROGRAM WORKPLAN

Project Name:	**Early Psychosis Learning Health Care Network (LHCN)**
Date Started:	Approved by MHSOAC on 05/26/2022
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301
Program Description:	KernBHRS will use Innovation funds to support the coordinated specialty care model and run it to fidelity. This will include additional staff positions for the client-to-provider ratio, standardized outcome measurement tracking, and buy-in to a network of leaders within the field of Early Psychosis (EP). The LHCN will collect and visualize real-time data at the individual, clinic, county, and state levels to inform consumer- and program-level decisions and develop learning opportunities for individuals, staff, programs, and administrators, to improve consumer outcomes. In addition, this plan will include training and technical assistance to the early psychosis program providers to help them fully utilize the data in routine clinical care.
Eligibility Criteria:	The target group for this effort is youth and young adults between the ages of 15 and 25 but can assist others outside of this age range if needed.
Menu of Services:	Education and outreach to individuals and families on recognizing the early signs of psychosis and offer treatment options to these individuals.
Goals and Outcomes:	• Implement a LHCN App for early psychosis programs across multiple California counties • Develop a LHCN Implementation strategy that could be adopted by Early Psychosis (EP) programs statewide • Evaluate the impact of the LHCN on consumer satisfaction with care, insight into treatment needs, and alliance with the treatment

	team, as well as consumer and provider experience implementing the LHCN • Demonstrate the use of LHCN through a multilevel evaluation of: ○ the EP program components associated with improved consumer level outcomes ○ the potential differences in service utilization and costs (EP program, Emergency Department (ED)/crisis, hospital) between EP programs and standard care for EP consumers from de-identified county level data, and ○ the consumer, family and EP provider experiences related to participation in the LHCN
Program Update:	The Learning Health Care Network has experienced some delays due to executing the contract with University of California, Davis (UCD) for sharing database information. The contract was executed in late fall of 2023 and now allows UCD to aggregate outcome measurements of individuals participating in the program locally as well as roll up this aggregate information regionally and nationally. This gives Kern County an opportunity to participate in evidence-based research that can further the field of work in Early Psychosis.

Budget:

Early Psychosis Learning Health Care Network (LHCN)	FY 2022/2023
Annual Budgeted Funds	$ 899,336.00
Unduplicated # Served	0
Annual Cost Per Client	$ 0.00

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

INNOVATION (INN) – PROGRAM WORKPLAN

Project Name:	**Mobile Clinic with Street Psychology**
Date Started:	03/25/2023
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 2525 North Chester Avenue Bakersfield, CA 93308
Program Description:	The Mobile Clinic with Street Psychiatry (MCSP) is designed to reduce barriers to psychiatric and behavioral healthcare services faced by the community we serve. Deployment of the mobile clinics will ensure critical services are readily available when and where our unsheltered clients need them most. MCSP provides psychiatric support and medical services to individuals facing homelessness. Based on their needs, MCSP offers a variety of service modalities designed to provide mental health support for clients working to improve their social functioning and coping abilities.
Eligibility Criteria:	• Homeless or at Risk of Homelessness • Chronically and/or persistently mentally ill requiring level 3-4 services • History of Psychiatric Hospitalizations • Cannot solely be Substance Use • Must be opened to KBHRS
Menu of Services:	Mobile Services include, but are not limited to Intake, Assessment, Case Management, Individual Rehabilitation, Behavioral Health & Substance Use Counseling, Treatment planning (ISSP), Psychoeducation, Medical Triage including Refills, Intramuscular Injections, and Narcan Distribution. Kern BHRS offers comprehensive, coordinated, and defined services that vary in level of intensity, and address a variety of needs, including, but not limited to, situational stressors, family relations, interpersonal relationships, mental health issues, life span issues, psychiatric illnesses, and/or addictions.

Goals and Outcomes:	To assess the accomplishment of program goals, Kern BHRS establishes measurable program objectives with respect to the following domains: • Measures track encounters of individuals on the streets experiencing homelessness and their willingness to engage and/or accept services. • Flow Data tracking through spreadsheets allows the team to observe if individual encounters with individuals who are homeless result in use of available care. • During the first year of operation, a baseline is set of the encounters with individuals experiencing homelessness and their utilization of available care options. This baseline report is organized monthly and shows utilization of services. • In the second year of operation, reporting continues and is compared to the prior year's data. This shows an increase or decrease in the use of available care options through the mobile clinic. • Measurements track enhanced linkage to services including an increased willingness to take prescription medication, increase in successful housing, and decrease homelessness. • Electronic Health Record (EHR) is used to create a specific Program to track the use of prescription and injectable medication provided through the mobile clinic. • Effectiveness – That includes measurement of symptom reduction, stability of living situation, productive living skills, and social contacts. • Efficiency – That includes rate of hospitalization, speed of services after hospitalization. • Accessibility – That includes access to required services, adequacy of referral and transitions, and perceived ease of access • Consumer Satisfaction – That includes consumer perception whether services are culturally sensitive, easy to access, and useful.
Program Update:	MCSP has hired 5 staff to date: a clinician, a nurse, a recovery specialist and 2 peer-specialists. We are in the process of hiring an additional clinician, identifying an appropriate psychiatrist, and a medical assistant. MCSP staff have been trained in the use of the ROEM Model. This model has 4 stages which clients can navigate through as they work

	toward their recovery. The staff are trained in various Evidence Based Practices to provide comprehensive care. The staff shadows street outreach workers to obtain a better understanding of the nuances of service provision. The department provides additional training that is necessary via live training or web-based training. MCSP nurse is in the process of training with a partner agency doing mobile medical outreach services, which will facilitate his job and provide additional insight into his role on the MCSP team. A bid has been secured for the mobile unit, which will allow the staff to utilize the vehicle in their daily work with our clients. The first MCSP staff was hired in March 2023. A therapist was hired in May 2023 to assist with the development and infrastructure of the MCSP Team. It is expected that the team will be in full operation within 3-6 months and/or when a full-time psychiatrist and additional clinical staff are hired, whichever comes first, even if the mobile clinic has not been fully assembled and delivered.
Challenges or Barriers:	The ability to hire well-qualified staff who are passionate about this population and fieldwork has been a challenge. Most notably, hiring or identifying a full-time psychiatrist has been the biggest challenge. We have had quite a bit of staff turnover due to the high acuity and specialized skills needed for this program. Securing the vehicles for this program, which includes the sprinter van, and the mobile unit has also been a challenge. Both vehicles are currently being developed and assembled to meet the specific needs of the team and the population that we serve. Therefore, the actual construction of both has proven to be a lengthier process than anticipated.
Proposed Changes:	Extend a wider net for hiring well-qualified, passionate, and skilled staff via our Human Resources recruitment process.

Budget:

Mobile Clinic with Street Psychology	FY 2022/2023
Annual Budgeted Funds	$ 2,215,011.00
Unduplicated # Served	0
Annual Cost Per Client	$ 0.00

Success Stories / Program Highlights:

The program is still in its infancy phase, and we are actively working with clients; therefore, there are no success stories to share yet.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

INNOVATION (INN) – PROGRAM WORKPLAN

Project Name:	**The Healing Project (AKA Recovery Station)**
Date Started:	06/10/2019
Provider(s):	Telecare Corporation, Inc.
Location(s):	Recovery Station - 312 Kentucky Street, Bakersfield, CA 93305
Program Description:	The Healing Project is a Recovery Station in Bakersfield that operates twenty-four hours per day, seven days per week for adults who are currently experiencing a substance use or alcohol-related crisis. Individuals may also have a co-occurring behavioral health disorder. Individuals served may be referred to or transported by law enforcement and other designated community partners. Services are voluntary and provided in a safe, sobering environment for individuals to reduce intoxication. The Healing Project is staffed by clinicians, substance use specialists, and peers with lived experience who seek to provide guests with access and linkage to appropriate mental health and substance use care. Individuals receive substance use screening, brief clinical interventions, obtain resources, and are connected to ongoing services in the community. Typical length of stay is anticipated to be four to ten hours.
Eligibility Criteria:	• 18 years of age or older • Intoxicated or suffering from an acute reaction to drugs • Voluntarily choose to receive services at the recovery station • Medically stable • Blood Alcohol Level below 0.4 • Not currently being charged with a DUI or other offenses • Individuals who are acutely (currently) under the influence of alcohol and/or other substances and willing to accept services voluntarily
Menu of Services:	A safe, sobering environment for individuals currently under the influence of: • Alcohol

	• Methamphetamine • Marijuana • Heroin and other opioids • Other substances • Screening and referral to Substance Use and Behavioral Health Treatment • Peer Support
Goals and Outcomes:	The purpose of the Healing Project's outcomes is the following: • To evaluate the benefits of utilizing peer-led services in early intervention environments • Evaluate the benefits of short-term recovery stations toward engagement in follow-up services • Evaluate the impact of the Recovery Station on Alcohol/Drug related arrests, crisis medical and behavioral health services. This will be measured by comparing baseline arrests and Psychiatric Evaluation Center (PEC) data to recovery station admissions, achieving 75% positive feedback on client satisfaction related to peer staff.
Program Update:	There was a decrease in the number of admissions during fiscal year 2022-23, with 1,618 admissions, compared to the previous fiscal year with 2,083 admissions. This is due to the Recovery Station temporarily relocating to the Consumer and Family Learning Center (CFLC) at 2001 28th Street while repairs to the permanent location on Kentucky street (required due to structural damages caused by heavy rain in October 2021) continued. In January 2023, the Recovery Station resumed operations at their permanent location. Average monthly admissions from January through June 2023 were 149 as compared to a monthly average of 121 from June through December 2022. The primary referral sources continue to be the Psychiatric Evaluation Center, Crisis Walk-In Clinic, and Flood Ministries, comprising 76% of the total admissions in the 22-23 fiscal year. The Bakersfield Recovery Station referred a total of 134 individuals to substance use disorder services; 50 (37%) individuals successfully followed up with treatment. A total of 4 individuals were referred to

	behavioral health services; 3 (75%) individuals successfully followed up with treatment.
Challenges or Barriers:	Repairs to the Bakersfield Recovery Station, sustained by an unforeseen water leak issue in October 2021, were not completed until January 2023. Due to decreased capacity at the temporary location (5 beds instead of 10), fewer client referrals were able to be accepted. The largest number of admissions for the Bakersfield Recovery Station in a single month was 175 (May 2023). The Bakersfield Recovery Station has reached capacity but does not need to turn guests away. Staff efficiently discharged guests to their respective destinations promptly after providing services.
Proposed Changes:	Increase capacity from 10 to 15 beds to meet the needs of the community.

Budget:

The Healing Project (aka Recovery Station)	FY 2022/2023
Annual Budgeted Funds	$ 2,891,202.00
Unduplicated # Served	591
Annual Cost Per Client	$ 4,892.05

Success Stories/Program Highlights:

In early 2023, Bakersfield Recovery Station staff were able to link a Guest to additional services. The individual was struggling with regular PCP use and finding it difficult to access and remained committed to substance use recovery services. Many months passed and the Guest was again admitted to the Recovery Station. Staff had the fortune of interacting with him during that stay and were informed that he was utilizing the facility to avoid a relapse. He had been able to maintain sobriety for the last number of months and was now working a construction job out of town. His employer had transported him back to Bakersfield for one night (in between job locations) and the Guest felt he did not have a safe place to

stay that would be free from an overwhelming temptation to use. He was admitted for being at risk of utilizing PCP and during his stay, the Guest looked healthy and was smiling. He thanked Recovery Station staff for their role in his recovery and credited them with being a significant part of his current success. At discharge, Recovery Station staff returned him to his employer's office where he rejoined his work crew!

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

WET Programs:

- Clinical Internship
- Employee Wellness Initiative
- Psychology Internship
- Relias Training
- Training Enhancement

Important Changes:

- Engagement & Recovery Oriented Training Program ended in FY 2020-2021 due to lower utilization during the pandemic. Key principles will be taken and utilized where appropriate in other current and appropriate programs.

- In FY 2023-2024, KernBHRS hopes to initiate an Employee Wellness Initiative the Employee Wellness Initiative Program was implemented. Employee Wellness Initiative is a program implemented in FY 2023-2024 with WET funding lead by the KernBHRS' Director for self-care of the health care workers. The goal of the program is to support KernBHRS employee's health and wellness by promoting our goals and values as a place where we care for ourselves while caring for the community.

WET PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the cost per client in FY 2022-2023, including all revenue sources.

WET Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost per Person
Clinical Internship	$ 2,733,122.00	147	$ 18,592.67
Employee Wellness Initiative	$ 0.00	0	$ 0.00
Psychology Internship	$ 1,378,104.00	4	$ 344,526.00
Relias Training	$ 182,838.00	2,100	$ 87.06
Training Enhancement	$ 2,402,361.00	122	$19,691.48

FY 2022-2023
Outcomes Report

Kern County MHSA
Workforce, Education, & Training

BEHAVIORAL
HEALTH&RECOVERY
SERVICES

METHODOLOGY

Evaluation Design

Workforce Education and Training programs report outcomes proposed by EVALCORP and agreed upon by KernBHRS. The choice of outcomes that will be measured and reported was informed by two primary sources: (1) the relevant California Code of Regulations referring to WET programs, and (2) any additional outcomes of interest as agreed upon by EVALCORP and KernBHRS. In collaboration with KernBHRS leadership, EVALCORP has selected the outcomes to evaluate, which differ according to each program. A tailored plan was developed for each of the Workforce Education and Training programs specifying in advance which outcomes would be reported.

The Workforce Education and Training portion of the Annual Update combines program outcomes and staff demographics into a single section.

Presentation of Results

Findings are presented in aggregate by each of the four FY22-23 WET programs. Each program contributed data on four indicators. These indicators were selected in collaboration with EVALCORP as key metrics to track program progress. The indicators chosen differ by program.

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.

COMBINED WET PROGRAM FINDINGS

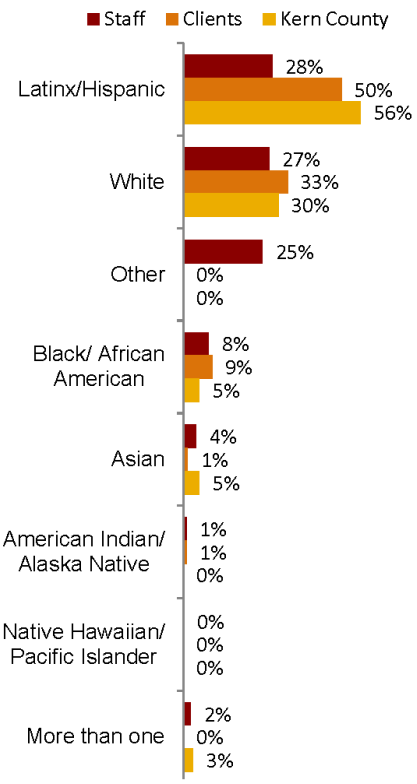
Data Collected by Type

The metrics chosen to assess each of the four metrics of the WET programs are summarized below:

	Outcome 1	Outcome 2	Outcome 3	Outcome 4
Clinical Internship	Count of staff receiving support	Count of candidates achieving licensure	Count of staff supervisors	Count of divisions offering internships
Psychology Internship	Count of interns who have completed the program since 2000	Count of post-docs achieving licensure since 2000	Patients seen by interns during the prior cohort/previous year	Count of interns employed by Kern County after internship, within the past 5 years
Relias	Count of courses completed by staff	Count of courses completed for continuing education credit	Mean number of courses completed by staff	Completion rate for modules
Training Enhancement	Count of staff who completed peer service training	Count of staff who complete most popular training	Count of staff who completed second most popular training	Count of conferences and training opportunities attended by staff

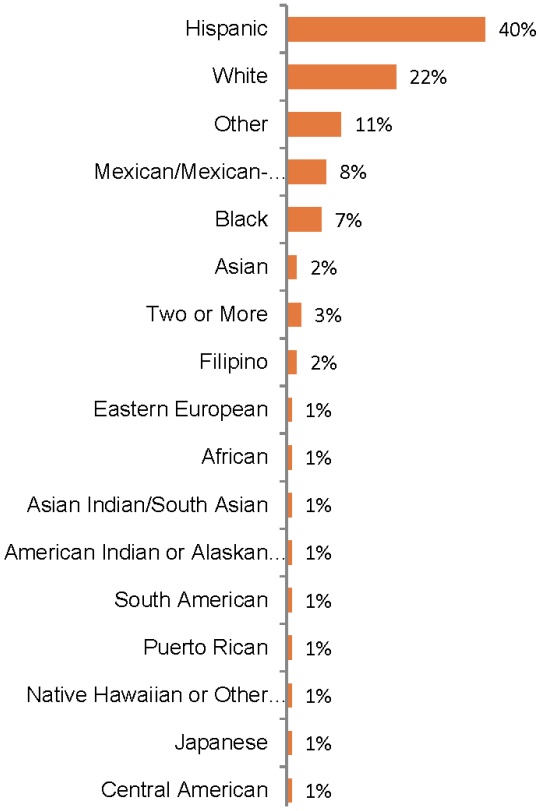
COMBINED STAFF DEMOGRAPHICS

Race (n = 961)



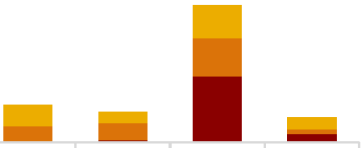
Note: 63 staff participants declined to respond.

Ethnicity (n = 589)



Note: 435 participants declined to respond.

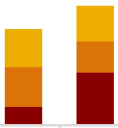
Age (n = 134)



	0-15	16-25	26-59	60+
Kern County	27%	14%	43%	16%
Clients	22%	23%	50%	6%
Staff	0%	3%	86%	11%

Note: 890 participants declined to respond.

Gender Identity (n = 1,024)



	MALE	FEMALE	TRANS GENDER	GENDER QUEER	UNSURE	OTHER
Kern County	51%	49%	1%	0%	0%	0%
Clients	56%	43%	1%	0%	0%	0%
Staff	26%	74%	0%	0%	0%	0%

Note: 4 participants declined to respond. Some groups round to zero percent when small numbers of participants selected these categories.

CLINICAL INTERNSHIP

Program Description

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, this program provides development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity consultation, interdisciplinary relationships, supervision, ethics, law and public policy. Competencies promoted are based on the Marriage and Family Therapist, Social Work, Professional Clinical Counselors Competencies.

Updates

- This year a new program was started for the Associate Social Workers to provide Field Instruction to students in the social work program. The field instructors will provide supervision on a 1:1 ratio to the practicum students who are doing their placement at KernBHRS.

Program Successes

- 53 staff participated in Multicultural Clinical Supervision Phase I in FY22-23
- 9 staff participated in Multicultural Clinical Supervision Phase II in FY22-23
- 19 students were placed in a position
- 11 students participated in Employment Based Placement

Program Outcomes

33 Staff received support in 2022-2023

16 Candidates achieved licensure in FY 22-23

42 Staff supervised interns

8 Divisions of KernBHRS offered internships

PSYCHOLOGY INTERNSHIP

Program Description

The Psychology Internship Program at KernBHRS is an American Psychological Association (APA) accredited program and a member of the Association of Psychology Postdoctoral and Internship Centers (APPIC). As such, KernBHRS prepares interns for the professional practice of health service psychology. Utilizing the practitioner-scholar training model, interns are prepared for professional practice via clinical training, weekly didactics, and mentorship through clinical supervision. Interns receive training in the development of psychological testing batteries, clinical interventions, professional development, diagnostics, and multi-cultural supervision. Aptitude and growth are measured using the APA Profession-Wide Competencies.

Updates

- Cross training amongst licensed psychologists have allowed for increased availability of expert witnesses to be available for court room testimony (LPS Conservator cases). In addition, our psychologists have increased consultation availability for teams with difficult cases, including KernBHRS contract partners in outlying geographical areas.

Program Successes

- This past year, psychologists were able to complete 37 psychological testing referrals. This service assists treatment teams with "difficult or confusing" cases where etiology of symptoms are unclear. The result is specific treatment recommendations for treatment teams to better serve the client. For instance, one of the testing cases in particular was able to identify specific learning disability in an adult client. With this information, the treatment team was able to request accommodations from employer and Department of Human Services worker with the goal of unification for the client and their children. What looked like "defiance" was accurately identified as a specific learning disability and with accommodations, the client was successful in completing tasks that resulted in the return of her children to her care.

Program Outcomes

55 Post-docs have achieved licensure since 2000

100 Interns have completed the program since 2000

108 Patients were seen by interns in 2022-2023

10 Former interns were employed by KernBHRS in the past 5 years

RELIAS LEARNING

Program Description

The Relias Learning Management System is an online easy-to-use training system which provides a number of different training modules for behavioral health agencies. The Relias Library of over 1,450 online courses streamlines training in multiple topics and creates a more efficient training process by allowing staff to complete training sessions in a timely manner from their workstation, eliminating the need for travel, and providing the ability for better time management. Courses provide education on levels beyond the capability of available classroom topics, more thoroughly supporting clinical, clerical and administrative workforce education.

Updates

- Training courses are being reviewed to ensure that staff receive the highest-quality instruction tailored to their role and level of education.
- Continuing review of which training courses can be offered remotely or as a self-paced pre-recorded video and which must be offered in-person due to regulatory requirements.

Program Successes

- In FY 2022-2023, KernBHRS reduced the number of training hours that staff needed to complete at onboarding and each recurring year by focusing on making information more tailored to each job type/category.

Program Outcomes

50,604 Courses were completed by staff

15,714 Courses were completed for continuing education credit

23 Courses were completed by average staff member

95% Completion rate for modules

TRAINING ENHANCEMENT

Program Description

Training Enhancement programs provide various workforce development trainings and conferences for Kern Behavioral Health and Recovery Services (KernBHRS) staff, providers, and the public. Some of the programs offer role playing and simulations to demonstrate how to engage in the initial help during a mental health crisis and how to connect persons to the appropriate professional, peer and self-help care. A variety of course formats are available to cater to the needs of specific populations or groups within the KernBHRS system of care.

Updates

- Reviewed which staff will be required to complete Mental Health First Aid (MHFA) training with the goal to ensure that only staff who do not have a clinical license or direct service position receive this training because it is tailored towards those who do not have clinical training in their background. This will allow KernBHRS to offer this training to more community partners.
- Offered Be Sensitive, Be Brave for Suicide Prevention training to all staff with the goal of improving staff's ability to recognize signs and symptoms of triggers, suicide thoughts, and behaviors in individuals of diverse cultural backgrounds.
- Offered selected clinical staff training on how to conduct the Cultural Formulation Interview with clients. This training was provided by a medical doctor and was offered to lead staff in direct service roles across the department.

Program Successes

- Offering Mental Health First Aid (MHFA) training to community partners allows KernBHRS to build and strengthen partnerships with other helping agencies in the community. In FY 22-23, KernBHRS offered MHFA to staff at local schools and at other healthcare agencies. Attendees at these sessions reported that they enjoyed having a space to discuss some of the mental health challenges they are seeing in the populations they serve.

Program Outcomes

1,699 Staff completed naloxone training

1,643 People completed information privacy training

1,492 Staff completed information security training

2,204 Staff completed any training

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

WORKFORCE EDUCATION AND TRAINING (WET) – PROGRAM WORKPLAN

Project Name:	**Clinical Internship**
Date Started:	07/01/2005
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	• KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301 • Rotations at each Kern Behavioral Health and Recovery Services (KernBHRS) Clinical Team locations
Program Description:	Kern Behavioral Health and Recovery Services (KernBHRS) continues to assist and support staff in pursuing licensure in the mental health field by providing direct clinical supervision hours required by licensing authorities, by the Board of Psychology and California Board of Behavioral Sciences (BBS) Statutes and Regulations relating to the practice of: Psychologists, Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Professional Clinical Counselors (LPCC). The purpose of the Clinical Internship Support Program is to measure the efficiency of the Clinical Internship and Clinical Supervision Program. Each intern and/or Associate receives a Quarterly Evaluation to review their clinical efficiency and learning. This is measured in the Quarterly Evaluation which includes the Core Competencies. Associates and/or Interns gain weekly hours based on the number of clients they provide services to each week. Each week they meet with their clinical supervisor for individual, triadic (2 supervisees and 1 supervisor present), and/or group supervision. The expectation is that Interns and/or Associates on average will gain their clinical hours within a 5-year period and be licensed by the California Board of Behavioral Sciences.

<table>
<tr><td></td><td>To provide support of licensure, associates can obtain online and/or written study materials. KernBHRS currently provides clinical supervision to 107 supervisees from various disciplines:

<table><tr><th>Students</th><th>40</th></tr></table>
<table><tr><th>Discipline</th><th>Supervisees</th></tr><tr><td>ASW</td><td>51</td></tr><tr><td>AMFT</td><td>50</td></tr><tr><td>APCC</td><td>6</td></tr><tr><td>Total</td><td>107</td></tr></table>

KernBHRS strongly supports education and professional development. KernBHRS supports associates and interns to work towards being independent, confident, and competent in the behavioral health profession.</td></tr>
<tr><td>Eligibility Criteria:</td><td>• Obtained a bachelor's degree
• Currently enrolled in accredited graduate program pursuing a MSW, MFT, or LPC</td></tr>
<tr><td>Supportive Service Provider(s):</td><td>• Amanda Parker Trautmann, LCSW
• Simon Burrows, LCSW
• William (Jim) Vanderzwan, LCSW</td></tr>
<tr><td>Program Update:</td><td>KernBHRS continued with Multicultural Clinical Supervision training program and will continue to expand and improve the program to ensure that it is meeting the needs of our staff and students who are being clinically supervised.</td></tr>
<tr><td>Challenges or Barriers:</td><td>Due to the high demands of the job, the attendance of clinical supervisors in the Multicultural Clinical Supervision Training Program can be moderately low for some months. The solution moving forward is to include different trainers, have break-out groups, and move to run the monthly meeting much like you would facilitate a group clinical supervision. This will give an example of how to facilitate group supervision at the same time as encouraging active participation.</td></tr>
<tr><td>Proposed Changes:</td><td>• Continue to improve how we connect with our new clinical supervisors in the Department.</td></tr>
</table>

	• Continue to provide meaningful training and seminars to clinical supervisors. • Improve ease in clinical supervisors being able to shadow their supervisees to give valuable clinical feedback.

Budget:

Clinical Internship	FY 2022/2023
Annual Budgeted Funds	$2,733,122.00
Unduplicated # Served	147
Annual Cost Per Client	$ 18,592.67

Success Story/Program Highlights:

The Multicultural Clinical Supervision Training Program continues to lead the way among the 13 Southern California Regional Partnership counties. The training program builds on skills learned in their graduate program, some topics include ethical decision making, how to deal with challenges when supervising, how to actively use telehealth. KernBHRS have 5 Train the Trainers who successfully completed the program and who are dedicated to continuing to improve the Multicultural Clinical Supervision Training Program. The goal for the upcoming fiscal year is to specifically target those that are new to clinically supervising so they can become more confident in supervising others in the mental health field.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

WORKFORCE EDUCATION AND TRAINING (WET) – PROGRAM WORKPLAN

Project Name:	**Employee Wellness Initiative**
Date Started:	07/01/2023
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	Throughout all KernBHRS sites
Program Description:	Employee Wellness Initiative is a program implemented in FY 23-24 with WET funding, led by KernBHRS' Director for self-care for health care. The goal of the program is to support KernBHRS employee health and wellness by promoting our goals and values as a place where we care for ourselves while caring for the community. This program provides the opportunity to: Partner with Happy Whole You for marketing and tailored products to support Employee Health and Wellness (prevents us from having to use our staff to run the program) Find additional employee activities and resources that support our self-care and health Offer webinars, free employee classes for meditation, exercise, yoga, or other materials and activities we can find to offer to employees. This programming focuses and promotes brain health, mindset, performance, communication, nutrition, fitness, emotional wellbeing, & goal setting with the workforce. Happy Whole You notes benefits of the program can support decreasing absenteeism, improve comradery, retain employee talent, increase effective leadership, build a healthier organization, and better employee mindsets.
Eligibility Criteria:	Must be a KernBHRS employee
Menu of services:	• Staff Impact Survey • Quarterly Wellness Webinars for staff • Two personal reward visits per month

	• Discounted companywide wellness center access • One, six-week wellness course per year • Lunch & learns with employees and management to build connectedness • Discounts to local health and wellness focus businesses and services • Providing onsite healthy food vendors
Supportive Services Provider(s):	Happy Whole You
Program Update:	Program in the implementation phase.
Proposed Changes:	N/A

Budget:

Employee Wellness Initiative	FY 2022/2023
Annual Budgeted Funds	$0.00
Unduplicated # Served	N/A
Annual Cost Per Client	N/A

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

WORKFORCE EDUCATION AND TRAINING (WET) – PROGRAM WORKPLAN

Project Name:	**Psychology Internship**
Date Started:	07/01/2000
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	• KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301 • Rotation Location: ○ Psychology Internship Administration - 3300 Truxtun Ave. Suite 300 ○ Foster Care Rotation - 2621 Oswell St., Ste 119 ○ Children Adolescents and Families (CAF) - 2525 N. Chester Ave. Ste C ○ Forensic Adult/Adolescent/Child Intensive Rotation at Kern Linkage Division - 2525 N. Chester Ave. Ste C
Program Description:	KernBHRS, as a member of the Association of Psychology Postdoctoral and Internship Careers (APPIC), which helps to prepare interns for their professional practice of psychology. Utilizing training and supervised learning, the Clinical Psychology Internship Program (Internship Program) provides development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, navigate relationships with their co-workers, supervision, ethics, law, public policy and scientific foundations and research. Each internship cycle lasts one year, beginning annually in August. **Rotations available:** • Forensic Adult Emphasis and Children Adolescents and Families (CAF) Rotation • Forensic Adult Emphasis and Adolescent Emphasis Rotation • Forensic Adult Emphasis and Foster Care Rotation • Children Adolescents and Families and Adolescent Emphasis Rotation • Evidence-Based Practices utilized depending on the rotation chosen:

	• Solution-Focused Brief Therapy • Dialectical Behavioral Therapy • Modalities within the Cognitive Behavioral Therapy Spectrum • Therapeutic Behavioral Services The purpose of the Psychology Internship Program is to provide interns with a broad range of clinical experiences in a variety of locations within our department. It is the expectation that interns will build upon previously learned skills and to obtain new skills throughout the internship year as they operate with an increasing level of autonomy. Outcomes are measured using the Intern Quarterly Evaluation form through direct observation, video, audio, supervisory discussions, review of written reports, and feedback from others. Successful interns are those whose knowledge and demonstration of the profession-wide core competencies increase over the course of their internship. The end goal for interns is to pursue and achieve post-doc licensure after the completion of their internship term. Of the 100 interns who have completed the program since its implementation in 2000, 55 post-docs have achieved licensure.
Eligibility Criteria:	• Applicants must be enrolled in a doctoral program in clinical, counseling, or school psychology offered by an accredited institution of higher education. ○ In addition, the applicant's doctorate program must be APA accredited. • Applicants awarded degrees in areas other than psychology will not be considered for this internship program.
Program Update:	101 total applications were received in FY 22-23 Cohort. 28 total applicants were interviewed. The Program matched with 2 interns in Phase I of the Match, and 2 interns in Phase II, filling all 4 positions in the cohort.
Challenges or Barriers:	Historically, our department has had a challenge in recruiting and retaining psychology interns. To attract intern applicants, KernBHRS has in recent years received approval to increase the intern's stipend - to be competitive with other psychology internship programs. In addition, we will add another intern slot in fiscal year 23-24. The program has also actively pursued accreditation by the

	American Psychological Association so that interns can be assured that the program has met golden standards of training for psychologists.
Proposed Changes:	• A 5th rotation will be added for FY 2023-2024 cohort year: Foster Care and Adolescent Emphasis • A new Recovery Services position will be added to the Program in FY 2023-2024.

Budget:

Psychology Internship	FY 2022/2023
Annual Budgeted Funds	$ 1,378,104.00
Unduplicated # Served	4
Annual Cost Per Intern	$ 344,526.00

Success Story/Program Highlights:

- All available internship positions (4 total) were filled for the 22-23 internship year.
- APA Accreditation status has been maintained since first granted in April 2020.

Project Name:	**Relias Training**
Date Started:	07/01/2018
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301
Program Description:	The Relias Learning Management System is an online easy-to-use training system which provides a number of different training modules for behavioral health agencies. The Relias Library of over 1,450 online courses streamline training in multiple topics and creates a more efficient training process by allowing staff to complete training sessions in a timely manner from their workstation, eliminating the need for travel, and providing the ability for better time management. Courses provide education on levels beyond the capability of available classroom topics, more thoroughly supporting clinical, clerical, and administrative workforce education. Relias allows Kern Behavioral Health and Recovery Services (KernBHRS) to develop department specific training and upload them to the Relias Library. This flexibility allows KernBHRS to develop training that adapts to trends and diverse populations specific to Kern County. KernBHRS has added nearly 400 online and in-person training modules. KernBHRS currently has 409 licensed staff completing required continuing education training in Relias. Relias is an approved continuing education provider by the following accreditation agencies: • Accreditation Council for Continuing Medical Education (ACCME) • American Psychological Association (APA) • Association of Social Work Board (ASWB) • California Board of Registered Nursing (CA-BRN) • California Consortium of Addiction Professionals (CCAPP)

	Relias continues to provide updated relevant training with 1,450 online modules that are updated monthly. As Relias is an accredited provider of continuing education, KernBHRS has been able to provide over 230 online continuing education training modules with 1,800 users completing more than 237 locally offered online continuing education modules. While there are many more licenses supported in Relias, below is a sampling of how many courses are offered by license type/provider: • 90 courses for Nursing-CA-BRN • 193 for Substance Use Counselors-CCAPP • 222 for Psychologists-APA KernBHRS developed 86 individual standardized training plans. By using the automatic enrollment capability in Relias, Training Services staff were able to quickly assign required training to staff based on their hire date (New Hire Training Plans), their job function (Annual Direct Service, Annual Professions & Administrative Staff), their job title (Supervisor Academy Training, Kern Medical resident training plans), as well as specialty training plans (MN Engagement, Zero Suicide-All Staff, Adolescent DBT, Zero Suicide, Direct Service). A due date is also established upon assignment of these training plans. Reporting is also standardized through Relias. Training Services developed two shared reports with all supervisors, 'Training For this Quarter' and 'Overdue Training from Last Quarter'. Using these reports, supervisors can monitor the completion of overdue and upcoming training assignments. Supervisors also must approve any training that is longer than eight (8) hours, again, ensuring supervisors have visibility of their staff training requirements. Human Resources also mandates the use of Relias to ensure all staff have completed the required training during the Employee Performance Review process.
Eligibility Criteria:	Must be a KernBHRS employee
Menu of Services:	Examples of Online and In-Person Module Topics Offered to Indirect/Direct Staff, Licensed Professionals, Providers, and Volunteers:

	• Team Building • Therapy Methods Specific to Demographic (Children Youth and Families, Older Adults, Serious Mental Illness) • Supervision and Management Skills • Compliance/Safety • Human Resources/Legal • Employee Support and Development • Addiction • Integrated Care • Behavioral Health General, Paraprofessional
Program Update:	Training courses are being reviewed to ensure that staff receive the highest-quality instruction tailored to their role and level of education. Continuing review of which training courses can be offered remotely or as a self-paced pre-recorded video and which must be offered in-person due to regulatory requirements.
Challenges or Barriers:	During the system-wide implementation of SmartCare Electronic Health Record training which was offered to approximately 2,000 attendees per week for 4 weeks, KernBHRS had 4-8-hour-long trainings for staff to view as self -paced modules. A challenge was that Relias was not able to store videos longer than about 1 hour. After collaborating with Relias customer support, KernBHRS subscribed to SCORMHero, a software application that converts training material into SCORM files and allows us to host large video files for staff to view. Having SCORMHero software will also allow us to begin developing more interactive KernBHRS-developed training courses.
Proposed Changes:	Due to changes stemming from finance reform, KernBHRS is working on reviewing Relias licenses to ensure that the correct system of care staff have access and that those who do not need access are still able to receive the correct trainings in a timely manner.

Budget:

Relias Training	FY 2022/2023
Annual Budgeted Funds	$ 182,838.00
Unduplicated # Served	2,100
Annual Cost Per Client	$ 87.07

Success Stories/Program Highlight:

In FY 2022-2023, KernBHRS reduced the number of training hours that staff needed to complete at onboarding and each recurring year by focusing on making information more tailored to each job type/category.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

WORKFORCE EDUCATION AND TRAINING (WET) – PROGRAM WORKPLAN

Project Name:	**Training Enhancement**
Date Started:	07/01/2008
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301
Program Description:	Training Enhancement programs provide various workforce development training and conferences for Kern Behavioral Health and Recovery Services (KernBHRS) staff, providers, and the public. Some of the programs offer role playing and simulations to demonstrate how to engage in initial help during a mental health crisis and how to connect people to the appropriate professional, peer and self-help care. A variety of course formats are available to cater to the needs of specific populations or groups within the KernBHRS system of care. Training Enhancement is beneficial to ensure the KernBHRS workforce obtains the most current and evidenced-based information, learning, and practices to provide culturally and linguistically appropriate and effective services to our community.
Eligibility Criteria:	• Must be a KernBHRS employee • Others who may qualify: ○ Behavioral Health Staff ○ Parents ○ Non-profit agency staff that deal with homeless individuals ○ Victims of domestic violence ○ K-12 Educators and School Counselors
Menu of Services:	**Trainings:** • Mental Health First Aid (MHFA)

	• Be Sensitive, Be Brave for Suicide Prevention (Culturally based suicide prevention training) • Crisis Intervention • Cognitive Behavioral Therapy (CBT) • Critical Incident Stress Management Training & Certification (CISM) • Applied Suicide Intervention Skills Training (ASIST) Train the Trainer • Clinical Supervision • Cultural Competence • Functional Family Therapy (FFT) • Supervising Peers <u>Conferences:</u> • Fair Housing Summit • Local Housing Summit • Leadership • Aces Conference • Evidence-Based Practices • Cultural Competence <u>Additional Trainings throughout the year:</u> • Eye Movement Desensitization and Reprocessing (EMDR) startup
Supportive Services Provider(s):	• Relias Learning Management System • Community Connections Psychological Associates for Be Sensitive, Be Brave for Suicide Prevention training • Dr. Daniel Taub Law & Ethics • Dr. Carol Falendar Clinical Supervision training • Dr. Francis Lu Cultural Formulation Interview Training (National Council for Mental Wellbeing for MHFA • Living Works for Applied Suicide Intervention Skills Training (ASIST) • Southern Counties Regional Partnership (SCRP)
Program Update:	The following changes were implemented this fiscal year: • <u>Mental Health First Aid (MHFA)</u> Reviewed which staff will be required to complete Mental Health First Aid (MHFA) training with the goal to ensure that only staff

	who do not have a clinical license or direct service position receive this training because it is tailored towards those who do not have clinical training in their background. This will allow KernBHRS to offer this training to more community partners. • <u>Be Sensitive, Be Brave Training for Suicide Prevention</u> Offered Be Sensitive, Be Brave for Suicide Prevention training to all staff with the goal of improving staff's ability to recognize signs and symptoms of triggers, suicide thoughts, and behaviors in individuals of diverse cultural backgrounds. • <u>Cultural Formulation Interviewing Techniques</u> Offered selected clinical staff training on how to conduct the Cultural Formulation Interview with clients. This training was provided by a medical doctor and was offered to lead staff in direct service roles across the department.
Challenges or Barriers:	A barrier to providing community training and selected training enhancements to staff is a lack of certified instructors/facilitators. One solution to this barrier is to hire an additional Staff Development Specialist for the training team. Additionally, KernBHRS is reviewing the number of certified instructors/ facilitators to ensure that direct service staff can focus on providing client services and that there are certified staff to provide the training at a sustainable pace.
Proposed Changes:	For future fiscal years, KernBHRS is exploring ***Train-the-Trainer*** certification for Be Sensitive, Be Brave for Mental Health and for Suicide Prevention rather than pre-recorded self-paced version of these trainings. This will allow KernBHRS to offer both curricula in English and Spanish. Further, this also allows KernBHRS to offer behavioral health literacy, stigma reduction, and suicide prevention training in a 2-hour format that may allow individuals from underserved or disadvantaged communities to participate versus participating in other 8-16 hours long training options.

Budget:

Training Enhancement	FY 2022/2023
Annual Budgeted Funds	$ 2,402,361.00
Unduplicated # Served	122
Annual Cost Per Client	$19,691.48

Success Stories/Program Highlights:

Offering Mental Health First Aid (MHFA) training to community partners allows KernBHRS to build and strengthen partnerships with other helping agencies in the community. In FY 22-23, KernBHRS offered MHFA to staff at local schools and at other healthcare agencies. Attendees at these sessions reported that they enjoyed having a space to discuss some of the mental health challenges they are seeing in the populations they serve.

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:

- Allocap Software
- Electronic Health Record (SmartCare)
- Website Redesign – IT Department (multi-year agreement)

CFTN PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client in FY 2022/2023, including all revenue sources.

CFTN Programs	Annual Budgeted Funds
Allocap Software	$ 20,000.00
Electronic Health Record (SmartCare)	$ 150,000.00
PEC & CSU Renovation	$ 87,800.00
Website Redesign – IT Department (multi-year agreement)	$9,800.00

Project Name:	**Allocap Software**
Date Started:	FY 22/23
Provider(s):	KernBHRS
Location(s):	N/A
Program Description:	A web-based tool that imports financial information and performs cost allocations. Produces reports that show the cost of running a program.
Program Update:	KernBHRS used CFTN funds to purchase Allocap Software as a tool for the finance department to expedite accounting processes and strengthen their reporting of fiscal information for the Department.
Challenges or Barriers:	None
Proposed Changes:	None

Budget:

	FY 2022/2023
Annual Budgeted Funds	**$ 20,0000.00**
Unduplicated # Served	**N/A**
Annual Cost Per Client	**N/A**

Success Stories/Program Highlights:

Since the time this software was acquired by the Department it has allowed the finance team to expedite accounting more quickly and more efficiently, as well as run reports that help guide decisions.

Project Name:	**Electronic Health Record (Smart Care)**
Date Started:	7/1/2023 (buy-in purchase occurred the prior fiscal year)
Provider(s):	SmartCare
Location(s):	Serving all Kern County (KernBHRS & Providers)
Program Description:	CalMHSA has brought 25 counties together to implement a semi-statewide electronic health record (EHR) — a step toward creating a vision of wholistic county behavioral health data aggregation and interoperability. The initial phase launched in July 2023 and involves over 37% of the state's Medi-Cal population. CalMHSA is leading the initiative to streamline and expand the way data is collected and managed through current county EHR systems. As the furthest reaching EHR designed for behavioral health care, this system: • Reflects the needs of county clinicians and direct service staff • Tells a complete story about the individuals in their care • Integrates CalAIM changes
Program Update:	Buy-in purchase for the software was obtained in FY 22-23. EHR SmartCare successfully launched in July 2023 in Kern County.
Challenges or Barriers:	Kern County is working very hard to quickly learn the complexities of SmartCare and all features that can now be used to enhance care and reporting metrics as per state requirements and in turn training staff on these points.
Proposed Changes:	Kern is still in the launching and learning phase and no specific changes are being proposed during this phase of learning.

Budget:

Electronic Health Record (SmartCare)	FY 2022/2023
Annual Budgeted Funds	$ 150,000.00
Unduplicated # Served	N/A
Annual Cost Per Client	N/A

Success Stories/Program Highlights:

Nothing to report.

Project Name:	**PEC & CSU Renovation**
Date Started:	Fiscal Year 22/23
Provider(s):	Kern Behavioral Health and Recovery Services
Location(s):	Mary K. Shell Building - 2151 College Ave, Bakersfield, CA 93305
Program Description:	N/A
Program Update:	The proposed updates will create a safer and more welcoming environment for clients in crisis.
Challenges or Barriers:	The biggest challenge for this project was finding a temporary relocation for the Psychiatric Evaluation Center that would be approved by both the Fire Department and Department of Health Care Services.
Proposed Changes:	**Life and Safety Improvements:** A fire suppression system will be added to the Mary K. Shell building. Additionally, the fire alarm system will be upgraded in the locked Psychiatric Evaluation Center including updated pull stations and automatic release doors for emergency purposes. **Unit Remodel:** The Psychiatric Evaluation Center will undergo a basic refresh including new flooring, paint, bathroom upgrades, counters, and workspaces to create a more welcoming space for clients.

Budget:

	FY 2022/2023
Annual Budgeted Funds	$ 87,800
Unduplicated # Served	N/A
Annual Cost Per Client	N/A

Success Stories/Program Highlights:

Pending.

Project Name:	**Website Redesign**
Date Started:	June 2nd, 2023
Provider(s):	KernBHRS
Location(s):	N/A
Program Description:	The website redesign project will upgrade the vital communication with Kern County residents through the public facing website.
Program Update:	Kern County Board of Supervisor's approved allowing the website redesign project to be contracted out, a vendor has been selected. Currently picking out the design elements for the website and starting the migration of the data from the current website to the new website.
Challenges or Barriers:	None
Proposed Changes:	None

Budget:

	FY 2022/2023
Annual Budgeted Funds	$ 9,800.00
Unduplicated # Served	N/A
Annual Cost Per Client	N/A

Success Stories/Program Highlights: N/A


Grants

GRANTS – PROGRAM WORKPLAN

Project Name:	**Early Psychosis Intervention on PLUS (EPI Plus)**
Date Started:	06/07/2021
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Learning Health Care Network (LHCN) • University of California, Davis (UCD)
Location(s):	KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301
Program Description:	The Early Psychosis program provides specialty care for individuals and their families who are experiencing their first episode of psychotic symptoms, as well as those who may be showing early warning signs of these symptoms. At Early Psychosis Clinic, we utilize cutting-edge assessment techniques to identify at-risk individuals early in their illness and provide comprehensive, evidence-based treatment, focusing on consumer self-determination and family support as the path toward recovery. We strive to provide treatment as early as possible to prevent a decline in functioning that can occur with illness onset. We work to empower individuals and interested caregivers to become active participants in their treatment and progress toward their personal, social, and occupational goals.
Eligibility Criteria:	• Individuals aged 15-25 • Individuals in their first 2 years since their first psychotic episode • Individuals who are willing to participate in the 2-year program process
Menu of Services:	• Individual therapy utilizing Cognitive Behavioral Therapy (CBT) for psychosis • Family therapy • Individual Placement and Support (IPS) services (education and employment) • Peer support

	• Family support • Individual/family groups • Medication management • Skills training utilizing CBT for psychosis
Program Update:	This year we successfully welcomed one client and have received a total of 14 referrals. We have provided 14 educational presentations: 11 locations within KernBHRS, 2 Mental Health Services Act (MHSA) Community Forums, and 1 presentation with a local contracted clinic.
Challenges or Barriers:	• The primary challenge to the program has been staffing. We hired and lost our first clinician, due to the inability to obtain clinical hours in the early stages of the program implementation. • We have since hired another licensed clinician and have plans to train other KernBHRS clinicians to help mitigate any future staffing challenges. Having other clinicians trained would help us continue providing services with our disruption to clients and their families.
Proposed Changes:	Age Limit Requirement: We are considering expanding the Age Limit Requirement from 15-25 to possibly 15-40; women's onset of psychosis is usually between 25-40. This Age Limit expansion would eliminate any gender gaps that would prevent us from serving anyone who is experiencing the onset of early psychosis signs.

Success Stories/Program Highlights:

We have successfully enrolled and welcomed our first client. In the 7 months he has been with the program, we have seen a tremendous improvement and decrease in symptoms; he is now working and considering going back to school to complete his higher education degree. He also reported a decrease in auditory hallucinations since he started applying the skills he has learned in our program. He is excited about the future and his road to recovery.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

GRANTS – PROGRAM WORKPLAN

Project Name:	**Kern Youth Resilience Program (MHSSA Student Grant)**
Date Started:	09/01/2020
Provider(s):	Kern County Superintendent of Schools (KCSOS)
Location(s):	1300 17th St, Bakersfield, CA 93301
Program Description:	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 to increase 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 counties 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 Medi-Cal billing to support treatment planning for students who have some challenges with behavioral health. Build the capacity of districts to make referrals to mental health providers based on the 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. Inform school staff, mental health providers, and the community to recognize the signs of mental health and/or substance use concerns. Improve the continuum of care and referral process in Kern County by bringing local education agencies, KernBHRS and other providers together to develop a streamlined referral process. Additionally, in FY 2022-2023, this grant was extended into a 6th year for any remaining unspent funds. Grant is slated to end by 12/31/2026.

Eligibility Criteria:	Mckinney Vento and Foster Youth at MHSSA selected school sites.
Menu of Services:	• Check and Connects • Referrals for basic needs • Biopsychosocial assessments • Individual therapy • Risk assessments • Mentoring Services • Substance abuse and termination sessions
Program Update:	Improved timely access to services for underserved populations. Particularly foster and McKinney Vento youth.
Challenges or Barriers:	The MHSSA program has encountered challenges related to office space at its various sites. In response, the staff has demonstrated flexibility by adapting to different workspaces, and a solution has been implemented through the creation of schedules to effectively share available office space. Mentors have reduced the number of days to allow for more time for direct services by clinicians and substance abuse specialists. This adaptive approach ensures that the program's essential work can continue seamlessly despite limitations in physical office resources.
Proposed Changes:	We are currently exploring options for direct services that will not require confidential space.

Success Stories/Program Highlights:

A student that identifies as a male and prefers “he/him” pronouns reached out seeking support for grief and depression due to his mother’s unexpected passing and is now residing with his grandmother that he did not have a positive relationship with unfortunately. His depressed mood greatly negatively impacted his attendance, grades, family, and social relationships. The Mental Health Clinician first met with a student in December 2022 to complete a Needs Assessment as the student was also now identified as a foster youth where resources and support were offered to the student and guardian. The student and guardian both agreed and consented to counseling services and a Biopsychosocial Assessment was completed. Throughout assessment the student

was in a low mood, crying spells, sleep disturbances, isolation, and negative view of self. A Patient Health Questionnaire (PHQ) screening was completed to assess severity of depressive symptoms and the student scored a baseline score of 12, indicating a moderate level of depression. A treatment plan was completed, utilizing Cognitive-Behavioral Therapy strategies that aimed at reducing depression by teaching student adaptive coping strategies, scheduling pleasurable activities, and understanding connectedness between his maladaptive thoughts, feelings, and behaviors. Mental health clinician met with the student 1x/weekly for 12 weeks providing individual therapy. Upon the BPSA reassessment in March 2023, the student had a decrease in depressive symptoms and scored a 4 on the PHQ screening, indicating minimal depression. The student reported an overall improved mood, had improved attendance, and improved relationships with others. Student then transitioned to “Check-In’s” only to help Monitor and support positive behaviors discharging at the end of the year in May 2023 where he successfully met treatment goals scoring a 1 on the PHQ screening indicating non-minimal depression. The student had learned ways to manage negative feelings in a healthier manner, graduated 8th grade, and had an improved view of self, reporting “I learned ways to feel better and how to handle the difficult feelings”.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE FY 2024 – 2025

GRANTS – PROGRAM WORKPLAN

Project Name:	**No Place Like Home (NPLH)**
Date Started:	07/01/2019
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Clinica Sierra Vista (CSV)
Location(s):	• Pioneer Cottages - 3141 Pioneer Drive, Bakersfield, CA 93306 • Benton Park Cottages - 500 Hughes Lane, Bakersfield, CA 93304 • Glenwood Street Apartments - 325 Glenwood Street, Bakersfield, CA 93215 • College Heights Cottages - 2501 River Boulevard, Bakersfield, CA 93305 (estimated to open in November 2023) • Pioneer Drive Apartments – 3299 Pioneer Drive, Bakersfield, CA 93306 (construction start date to be determined)
Program Description:	No Place like Home (NPLH) is a permanent supportive housing program for those who experience chronic homelessness and a severe mental health disorder and/or substance use disorder. NPLH is also meant for those who are at high risk of inpatient hospitalization or incarceration due to the severity of their mental health and/or substance use. NPLH housing vouchers are managed directly by the Housing Authority of Kern. Eligibility is determined by the Coordinated Entry System (CES) and a mental health screening and assessment that is administered by the Supportive Housing Treatment Team. The Supportive Housing Treatment team (SHTT) provides ongoing supportive behavioral health and substance use treatment to the NPLH housing voucher recipients. Services provided include but are not limited to additional case management, linkage to community resources, education on independent living skills, therapy, etc.
Eligibility Criteria:	• 18 and older adults with serious mental illness and/or substance use disorder. • Chronically homeless or at risk of homelessness.

	• People who require, or are at risk of requiring, acute psychiatric inpatient care, residential treatment, and/or outpatient crisis intervention.
Menu of Services:	NPLH provides supportive/adjunct services such as: • Assessment and linkage to a primary treatment team • Case Management • Psychosocial Rehabilitation Interventions (assisting with independent living skills, coping skills, financial skills, etc.) • Substance use counseling • Individual therapy
Program Update:	During FY 2022-2023, NPLH was able to serve 92 individuals within the first year of opening.
Challenges or Barriers:	There continues to be a challenge with tenants who are hoarding or who are bringing in unauthorized guests into the premises. This can pose safety risks in the facilities and puts tenants at risk of eviction. The Supportive Housing Treatment Team (SHTT) team will continue to utilize our behavioral health resources and refer out to the Bakersfield Referral Team or the Assisted Outpatient Treatment team to assist with those who are refusing services but experiencing severe symptoms. The Supportive Housing Treatment Team (SHTT) team is also implementing tenant conference meetings to be held with the Housing Authority to discuss concerns and provide early intervention to lessen the chances of eviction.
Proposed Changes:	None

Success Stories/Program Highlights:

A recipient of an NPLH voucher at Benton Park Cottages has a history of being homeless and living in his car for 2 years. He was skeptical of moving into an apartment and he had increased paranoia during the transition. He did not have knowledge about how to maintain a home. He has worked very hard and has received the support of his primary team as well as the Supportive Housing Treatment Team (SHITT). He has lived in his apartment for 8 months and has a very well-maintained unit. He has acquired furniture and always ensures that his apartment is clean and tidy. He continues to remain engaged in services and is not at risk of losing his housing.


Budget

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 A (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Information Worksheet

1	Date:	12/18/2023
2	ARER Fiscal Year *(20YY-YY)*:	2022-23
3	County:	Kern
4	County Code:	15
5	Address:	2001 28th Street
6	City:	Bakersfield
7	Zip:	93302
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Candee Del Rio, MPA
10	Title of Preparer:	Behavioral Health & Recovery Services Finance Director
11	Preparer Contact Email:	cdelrio@KernBHRS.org
12	Preparer Contact Telephone:	(661) 868-6635

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 B (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2022-23

Component Summary Worksheet

County:	Kern	Date:	12/18/2023

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$2,157,852.33	$375,377.60	$98,783.58			$2,632,013.51
2	Joint Powers Authority Interest Earned						$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$8,716,008.00
4	Transfer from Local Prudent Reserve			$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			$8,716,008.00

		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	-$10,212,503.54	$0.00	$3,476,115.00	$6,736,388.54	$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	$46,639,719.58	$14,725,988.73	$2,077,694.16	$3,476,115.00	$267,602.86	$67,187,120.33
10	Medi-Cal FFP	$22,415,541.70	$3,171,519.48	$20,519.00	$0.00	$0.00	$25,607,580.18
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	$917,929.84	$771,369.79	$498,804.00	$0.00	$0.00	$2,188,103.63
14	**TOTAL**	**$69,973,191.12**	**$18,668,878.00**	**$2,597,017.16**	**$3,476,115.00**	**$267,602.86**	**$94,982,804.14**

www.KernBHRS.org

DHCS 1822 B (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2022-23

Component Summary Worksheet

County:	Kern

Date:	12/18/2023

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		**TOTAL**
15	Total Annual Planning Costs	$0.00
16	Total Evaluation Costs	$250,000.00
17	Total Administration	$6,293,988.22
18	Total WET RP	
19	Total PEI SW	$0.00
20	Total MHSA HP	
21	Total Mental Health Services For Veterans	$115,779.94

www.KernBHRS.org

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Community Services and Supports (CSS) Summary Worksheet

County:	Kern

Date:	12/18/2023

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	CSS Annual Planning Costs						$0.00
2	CSS Evaluation Costs	$190,000.00					$190,000.00
3	CSS Administration Costs	$4,556,976.98					$4,556,976.98
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	$3,476,115.00					$3,476,115.00
9	CSS Funds Transferred to CFTN	$6,736,388.54					$6,736,388.54
10	CSS Funds Transferred to PR						$0.00
11	CSS Program Expenditures	$41,892,742.60	$22,415,541.70	$0.00	$0.00	$917,929.84	$65,226,214.14
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$56,852,223.12**	**$22,415,541.70**	**$0.00**	**$0.00**	**$917,929.84**	**$80,185,694.66**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)**	**$46,639,719.58**	**$22,415,541.70**	**$0.00**	**$0.00**	**$917,929.84**	**$69,973,191.12**

www.KernBHRS.org

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2022-23

Community Services and Supports (CSS) Summary Worksheet

County:	Kern	Date:	12/18/2023

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	15	Adult Transition Team/Homeless Adult Team	Adult Transition	FSP	$7,234,007.24	$1,989,953.30			$297,289.74	$9,521,250.28
15	15	Adult Wraparound KernBHRS	Adult WRAP	FSP	$2,344,566.15	$545,783.02				$2,890,349.17
16	15	Assertive Community Treatment (ACT)	Assertive Community Treatment	FSP	$3,864,105.82	$1,719,724.49			$21,482.06	$5,605,312.37
17	15	Transition Age Youth (TAY)	Transitional Aged Youth	FSP	$3,659,094.50	$536,169.80				$4,195,264.30
18	15	Wellness, Independence, and Senior Enrichment (WISE)	WISE	FSP	$1,370,615.39	$576,428.35				$1,947,043.74
19	15	Youth Mulit-Agency Integrated Services Team (MIST)	Youth MIST	FSP	$1,938,381.26	$759,584.61				$2,697,965.87
20	15	Youth Wrapround	Youth WRAP	FSP	$3,466,536.66	$2,110,773.32			$169,423.04	$5,746,733.02
21	15	Access & Assessment/Crisis Walk In Clinic (CWIC)	Access & Assessment Center	Non-FSP	$3,866,012.94	$1,054,605.07				$4,920,618.01
22	15	Adult Wraparound Core	Adult Wrap - Contractors	Non-FSP	$355,284.87	$591,463.07			$43,647.51	$990,395.45
23	15	Consumer Family Learning Center (CFLC)	Consumer Family Learning Center	Non-FSP	$1,529,634.44					$1,529,634.44
24	15	Home to Stay		Non-FSP	$500,034.16					$500,034.16
25	15	Recovery and Wellness Centers	North, Northeast, Southeast, West and Contractor RAWCs	Non-FSP	$11,146,641.17	$12,531,056.67			$386,087.49	$24,063,785.33
26	15	Self-Empowerment Team (SET)	Self Empowerment Team	Non-FSP	$617,828.00					$617,828.00

www.KernBHRS.org

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Kern	Kern	Date:	12/18/2023

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
2	PEI Evaluation Costs	$47,500.00					$47,500.00
3	PEI Administration Costs	$1,074,752.24					$1,074,752.24
4	PEI Funds Expended by CalMHSA for PEI Statewide						$0.00
5	PEI Funds Transferred to JPA	$142,333.00					$142,333.00
6	PEI Expenditures Incurred by JPA						$0.00
7	PEI Program Expenditures	$13,603,736.49	$3,171,519.48	$0.00	$0.00	$771,369.79	$17,546,625.76
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$14,725,988.73**	**$3,171,519.48**	**$0.00**	**$0.00**	**$771,369.79**	**$18,668,878.00**

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	54.51%	

www.KernBHRS.org

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Kern	Kern	Date:	12/18/2023

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 Percentage 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	Access to Care - Crisis Hotline		Standalone	Access and Linkage		100%	51%	51.0%	$2,458,529.16				$766,667.43	$3,225,196.59
11	15	Community Referral Network	Reach	Standalone	Access and Linkage		100%		0.0%	$304,896.19	$3,068.58			$82.40	$307,847.17
12	15	Continuum of Care Reform Foster Youth Engagement		Standalone	Outreach		100%	100%	100.0%	$499,208.04	$234,922.00				$734,130.04
13	15	Court Appointed Special Advocates	CASA	Standalone	Access and Linkage		100%	100%	100.0%	$13,200.00					$13,200.00
14	15	Foster Care Engagement		Standalone	Outreach		100%	100%	100.0%	$998,763.52	$246,480.63				$1,245,244.15
15	15	Help Me Grow		Standalone	Access and Linkage		100%	100%	100.0%	$239,554.99					$239,554.99
16	15	Homeless Outreach Program		Standalone	Access and Linkage		100%	21%	21.0%	$1,455,679.05					$1,455,679.05
17	15	KCSOS School Based Program		Standalone	Access and Linkage		100%	100%	100.0%	$589,484.49					$589,484.49
18	15	Living Well		Standalone	Stigma & Discrimination Reduction		100%	51%	51.0%	$2,222,853.27					$2,222,853.27
19	15	Outreach and Education		Standalone	Outreach		100%	50%	50.0%	$158,981.27					$158,981.27
20	15	Prepare U		Standalone	Prevention		100%	100%	100.0%	$98,634.11					$98,634.11
21	15	Reengagement	Reach	Standalone	Access and Linkage		100%		0.0%	$589,723.06	$146,601.20			$4,576.41	$742,900.67
22	15	Suicide Prevention Outreach & Education		Standalone	Outreach		100%		0.0%						$0.00
23	15	TAY Dual Recovery		Standalone	Early Intervention		100%	100%	100.0%	$220,095.00					$220,095.00
24	15	TAY Self Sufficiency		Standalone	Access and Linkage		100%	100%	100.0%	$320,864.41					$320,864.41
25	15	Volunteer Senior Outreach Program (VSOP)		Standalone	Outreach		100%		0.0%	$974,614.67	$25,619.56				$1,000,234.23
26	15	Youth Brief Treatment (YBT)		Standalone	Early Intervention		100%	100%	100.0%	$1,982,897.99	$2,469,914.81			$43.55	$4,452,856.35
27	15	Youth Juvenile Justice Engagement		Standalone	Access and Linkage		100%	100%	100.0%	$174,704.73	$42,912.70				$217,617.43
28	15	Zero Suicide		Standalone	Suicide Prevention		100%	39%	39.0%	$301,252.54					$301,252.54
29															$0.00

www.KernBHRS.org

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Innovation (INN) Summary Worksheet

County:	Kern	Date:	12/18/2023

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
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	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6	INN Project Evaluation	$12,500.00	$0.00	$0.00	$0.00	$0.00	$12,500.00
7	INN Project Direct	$2,065,194.16	$20,519.00	$0.00	$0.00	$498,804.00	$2,584,517.16
8	INN Project Subtotal	$2,077,694.16	$20,519.00	$0.00	$0.00	$498,804.00	$2,597,017.16
9	Total Innovation Expenditures (Excluding Transfers to JPA)	**$2,077,694.16**	**$20,519.00**	**$0.00**	**$0.00**	**$498,804.00**	**$2,597,017.16**

www.KernBHRS.org

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2022-23

Innovation (INN) Summary Worksheet

County:	Kern

Date:	12/18/2023

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	15	The Healing Project (AKA The Recovery Station)		2/22/2018	6/9/2019	$14,685,510.00		Project Administration						$0.00
10	B	15	The Healing Project (AKA The Recovery Station)		2/22/2018	6/9/2019	$14,685,510.00		Project Evaluation	$8,890.63					$8,890.63
10	C	15	The Healing Project (AKA The Recovery Station)		2/22/2018	6/9/2019	$14,685,510.00		Project Direct	$1,838,238.86					$1,838,238.86
10	**D**	**15**	**The Healing Project (AKA The Recovery Station)**		**2/22/2018**	**6/9/2019**	**$14,685,510.00**		**Project Subtotal**	**$1,847,129.49**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$1,847,129.49**
11	A	15	The Mobile Clinic with Street Psychiatry		3/24/2022	8/1/2023	$8,774,098.00		Project Administration						$0.00
11	B	15	The Mobile Clinic with Street Psychiatry		3/24/2022	8/1/2023	$8,774,098.00		Project Evaluation	$149.88					$149.88
11	C	15	The Mobile Clinic with Street Psychiatry		3/24/2022	8/1/2023	$8,774,098.00		Project Direct	$30,989.30					$30,989.30
11	**D**	**15**	**The Mobile Clinic with Street Psychiatry**		**3/24/2022**	**8/1/2023**	**$8,774,098.00**		**Project Subtotal**	**$31,139.18**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$31,139.18**
12	A	15	The Learning Health Care Network		5/26/2022		$899,336.00		Project Administration						$0.00
12	B	15	The Learning Health Care Network		5/26/2022		$899,336.00		Project Evaluation	$3,459.49					$3,459.49
12	C	15	The Learning Health Care Network		5/26/2022		$899,336.00		Project Direct	$195,966.00	$20,519.00			$498,804.00	$715,289.00
12	**D**	**15**	**The Learning Health Care Network**		**5/26/2022**		**$899,336.00**		**Project Subtotal**	**$199,425.49**	**$20,519.00**	**$0.00**	**$0.00**	**$498,804.00**	**$718,748.49**

www.KernBHRS.org

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 F (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2022-23
Workforce Education and Training (WET) Summary Worksheet

County:	Kern	Date:	12/18/2023

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
2	**WET Evaluation Costs**						$0.00
3	**WET Administration Costs**	$662,259.00					$662,259.00
4	**WET Funds Transferred to JPA**						$0.00
5	**WET Expenditures Incurred by JPA**						$0.00
6	**WET Program Expenditures**	$2,813,856.00	$0.00	$0.00	$0.00	$0.00	$2,813,856.00
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$3,476,115.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$3,476,115.00**

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	$1,499,084.00					$1,499,084.00
10	15	Mental Health Career Pathways	$1,314,772.00					$1,314,772.00
11		Residency/Internship						$0.00
12		Financial Incentive						$0.00

www.KernBHRS.org

DHCS 1822 G (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2022-23

Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Kern	Date:	12/18/2023

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
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	$267,602.86	$0.00	$0.00	$0.00	$0.00	$267,602.86
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$267,602.86**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$267,602.86**

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	Electronic Health Record		Technological Need	$150,000.00					$150,000.00
9	15	Allocap Software		Technological Need	$20,000.00					$20,000.00
10	15	Website Redesign		Technological Need	$9,800.00					$9,800.00
11	15	PEC & CSU Renovation		Capital Facility	$87,802.86					$87,802.86

www.KernBHRS.org

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 H (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2022-23

MHSA Adjustments Worksheet

County:	Kern

Date	12/18/2023

SECTION ONE

	A	B	C	D	E	F
#	County Code	Account	Adjustment Type	Adjustment to Fiscal Year	Amount	Reason
1	15	CFTN	Expenditure	2021-22	-$142,333.00	Erroneous entry
2	15	CSS	Expenditure	2018-19	-$1,518,197.57	Transfer of CSS to WET
3	15	WET	Interest Revenue	2018-19	$1,518,197.57	Transfer of CSS to WET
4	15	CSS	Expenditure	2019-20	-$4,213,287.72	Transfer of CSS to WET
5	15	WET	Interest Revenue	2019-20	$4,213,287.72	Transfer of CSS to WET
6	15	CSS	Expenditure	2020-21	-$2,726,578.74	Transfer of CSS to WET
7	15	WET	Interest Revenue	2020-21	$2,726,578.74	Transfer of CSS to WET
8	15	CSS	Expenditure	2021-22	$4,978,394.00	Transfer of CSS to WET
9	15	WET		2021-22	$4,978,394.00	Transfer of CSS to WET

www.KernBHRS.org

Appendix I: MHSOAC – MHSA Plans, Updates, and Reports

www.KernBHRS.org

Revised March 30, 2022

MHSOAC
Mental Health Services
Oversight & Accountability Commission

MHSA Plans, Updates, and Reports

Submission Deadline	3-Year Program & Expenditure Plan Plan for: FY-FY	Annual Update to the 3-Year Program & Expenditure Plan Plan for: FY-FY	Annual PEI Report[1] Data from: FY-FY	3-Year PEI Evaluation Report[1] Data from: FY-FY	Annual INN Project Report[1] Data from: FY-FY	Final INN Project Report Data from: FY-FY
6/30/22		FY 22-23		FY 18-19 FY 19-20 FY 20-21	FY 20-21	*
6/30/23	FY 23-24 FY 24-25 FY 25-26		FY 21-22		FY 21-22	*
6/30/24		FY 24-25	FY 22-23		FY 22-23	*
6/30/25		FY 25-26		FY 21-22 FY 22-23 FY 23-24	FY 23-24	*
6/30/26	FY 26-27 FY 27-28 FY 28-29		FY 24-25		FY 24-25	*
6/30/27		FY 27-28	FY 25-26		FY 25-26	*
6/30/28		FY 28-29		FY 24-25 FY 25-26 FY 26-27	FY 26-27	*
6/30/29	FY 29-30 FY 30-31 FY 31-32		FY 27-28		FY 27-28	*

[1] These reports are due as part of a 3-Year Program and Expenditure Plan or an Annual Update (per PEI Regulations §3560.010(a)(1), §3560.020(a)(1), INN Regulations §3580(a)(1)(A)), and DHCS INFORMATION NOTICE NO.: 19-039

* Final INN Project Reports are due within six (6) months of project completion (per INN Regulations §3580(a)(2)(A))

* If counties did not submit data for any previous FY, they can submit this within their next Three-Year Program and Expenditure Plan, the Annual Update to the Three-Year Program and Expenditure plan, or PEI and INN Annual report. Counties need to label their submission with the FY.

Appendix II: Stakeholder's 30-Day Public Comment Period

The 30-Day Review and Public Comment Period

January 5, 2024 – February 4, 2024

As per the Mental Health Services Act regulatory requirements, the Kern Behavioral Health and Recovery Services ***Kern County MHSA Annual Update Report FY 2024-2025*** was published on January 2, 2024, for the 30-day public comment period.

During this period, the MHSA Coordination team, in collaboration with the Public Information Office (PIO) and KernBHRS Administration Office, used the following publication formats to seek feedback from stakeholders and members of the public.

Date	Publication Format	Target Population	Details
01/02/24	Media Release	Public / Stakeholders	Sent to the Bakersfield Californian newspaper and other media outlets by Public Information Office (PIO) Team
01/05/24	Instagram	Public / Stakeholders	https://www.instagram.com/kernbhrs/p/C1vE4ZkywhE/
01/05/24	Twitter	Public / Stakeholders	https://twitter.com/KernBHRS
01/05/24 & 01/10/24	Facebook	Public / Stakeholders	https://www.facebook.com/KernBHRS
01/05/24 & 01/26/24	Email Announcements	MHSA Stakeholder List	Sent emails to MHSA Stakeholder List. List contains email addresses for consumers, family members, contract providers, community organizations, non-profits, and other local government agencies
01/05/24 & 02/04/24	KernBHRS Website	Public / Stakeholders	Go to www.kernbhrs.org/mhsa to view Annual Report. Go to https://www.surveymonkey.com/r/MHSA-ANNUAL-REPORT-FY2425 to provide feedback
01/08/24 & 01/29/24	KernBHRS Minute	KernBHRS Employees	Internal email from Public Information Office (PIO) Team
01/18/24	MHSA Community Forum	MHSA Stakeholders	Hybrid presentation of Annual Plan & Revenue and Expenditure Report (ARER) (in person and via Zoom)
01/22/24	Kern Behavioral Health Board (BHB) presentation	KBHB Board Members and public	Hybrid presentation of Annual Plan & Revenue and Expenditure Report (ARER) (in person and via Microsoft Teams)
01/31/24	MHSA Community Forum (Spanish)	Spanish-Speaking consumers, peers, and members of the community	In-person presentation of Annual Plan & Revenue and Expenditure Report (ARER) (presentation and materials were provided in Spanish)

Media Release to Bakersfield Californian and other media outlets on January 2, 2024.



KERN COUNTY Behavioral Health & Recovery Services

January 2, 2024

Kern County Mental Health Services Act Annual Report FY 2023-2024

Each year, the Kern Behavioral Health & Recovery Services (Kern BHRS) and Mental Health Services Act (MHSA) reach out to the community to seek input on continuing, new and proposed mental health programs to serve children, transitional-age youth, adults, and older adults. Once again, we are seeking feedback from the community.

The Mental Health Services Act (MHSA) was passed via Proposition 63 in 2004. Funding the MHSA programs comes from a one percent tax on the income of those making over $1 million per year. Services are dedicated to reducing or eliminating homelessness, incarcerations, unemployment, suicide, school failure or dropout, and prolonged suffering due to mental illness. The Act was developed with and by stakeholders through an extensive community planning process, a principle now held tightly to county-level planning.

Each year, Kern BHRS posts the Draft MHSA Report on its website for a 30-day review and public comment period. During the 30-day review, the MHSA Coordination Team will be hosting a Community Forum on Thursday, January 18, 2024, at 1:00 PM to invite the community to review the Annual Report and provide feedback. The Community Forum is open to everyone and it will be held at 2001 28th Street in Bakersfield, California. If you are not able to attend in person, you can attend via Zoom at https://us06web.zoom.us/j/86376760113

In addition, the Behavioral Health Board will host a public hearing, which will be held on January 22, 2024, at 5:30 p.m. at 2001 28th Street in Bakersfield, California.

Community feedback is essential in developing and redeveloping programs that provide mental health prevention and treatment to Kern County communities. The Draft Kern County Mental Health Services Act Annual Report FY 2023-2024 and accompanying stakeholder feedback surveys are available online for public comment from January 2nd through February 1st, 2024.

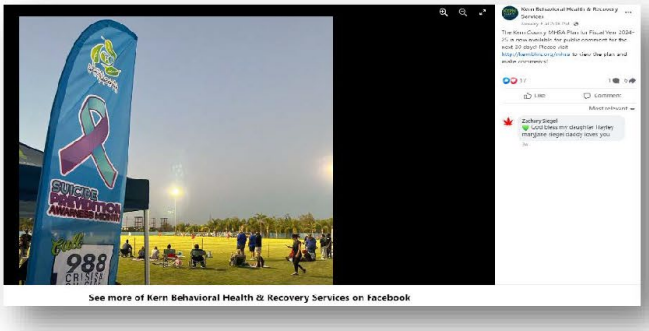
For more information on Kern Behavioral Health and Recovery Services MHSA Programs and to review the Annual Report and complete the feedback survey, please visit our website at https://www.kernbhrs.org/mhsa.

HOPE, HEALING, RECOVERY

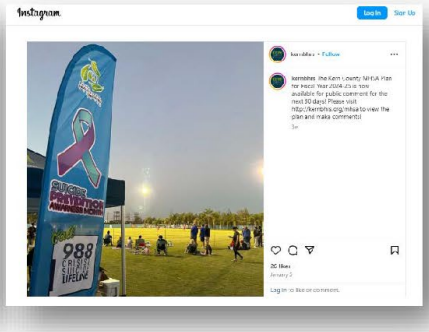
PO Box 1000, Bakersfield, CA 93302 | 661.868.6600 | www.kernbhrs.org

SOCIAL MEDIA:

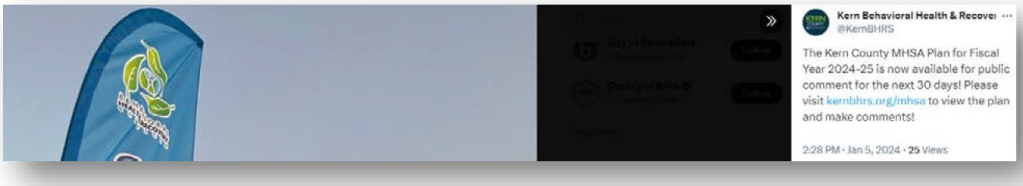
Facebook



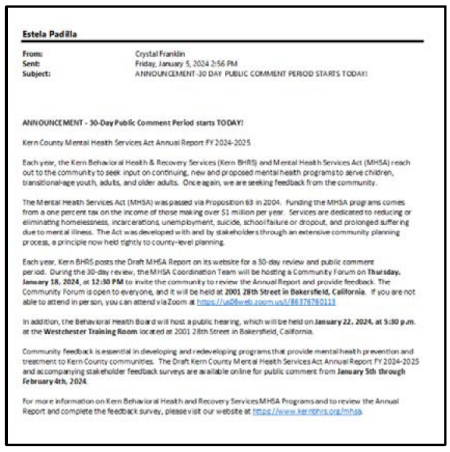
Instagram



Twitter



MHSA Email Announcements to Stakeholders:



Estela Padilla

From: Crystal Franklin
Sent: Friday, January 5, 2024 2:56 PM
Subject: ANNOUNCEMENT-30 DAY PUBLIC COMMENT PERIOD STARTS TODAY!

ANNOUNCEMENT - 30-Day Public Comment Period starts TODAY!

Kern County Mental Health Services Act Annual Report FY 2024-2025

Each year, the Kern Behavioral Health & Recovery Services (Kern BHRS) and Mental Health Services Act (MHSA) reach out to the community to seek input on continuing, new and proposed mental health programs to serve children, transitional-age youth, adults, and older adults. Once again, we are seeking feedback from the community.

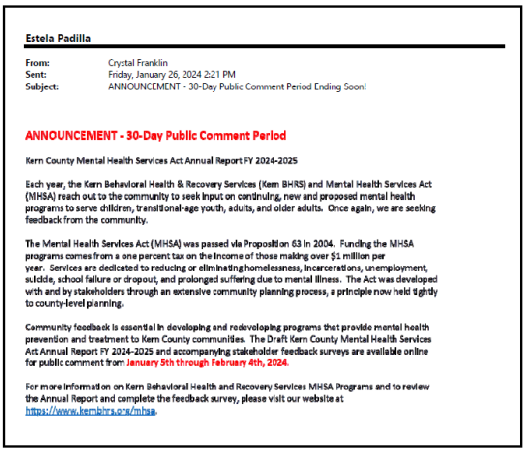
The Mental Health Services Act (MHSA) was passed via Proposition 63 in 2004. Funding the MHSA programs comes from a one percent tax on the income of those making over $1 million per year. Services are dedicated to reducing or eliminating homelessness, incarcerations, unemployment, suicide, school failure or dropout, and prolonged suffering due to mental illness. The Act was developed with and by stakeholders through an extensive community planning process, a principle now held tightly to county-level planning.

Each year, Kern BHRS posts the Draft MHSA Report on its website for a 30-day review and public comment period. During the 30-day review, the MHSA Coordination Team will be hosting a Community Forum on **Thursday, January 18, 2024**, at **12:30 PM** to invite the community to review the Annual Report and provide feedback. The Community Forum is open to everyone, and it will be held at **2001 28th Street in Bakersfield, California**. If you are not able to attend in person, you can attend via Zoom at https://us06web.zoom.us/j/86376760113

In addition, the Behavioral Health Board will host a public hearing, which will be held on **January 22, 2024, at 3:30 p.m.** at the **Westchester Training Room** located at 2001 28th Street in Bakersfield, California.

Community feedback is essential in developing and redeveloping programs that provide mental health prevention and treatment to Kern County communities. The Draft Kern County Mental Health Services Act Annual Report FY 2024-2025 and accompanying stakeholder feedback surveys are available online for public comment from **January 5th through February 4th, 2024**.

For more information on Kern Behavioral Health and Recovery Services MHSA Programs and to review the Annual Report and complete the feedback survey, please visit our website at https://www.kernbhrs.org/mhsa.



Estela Padilla

From: Crystal Franklin
Sent: Friday, January 26, 2024 2:21 PM
Subject: ANNOUNCEMENT - 30-Day Public Comment Period Ending Soon!

ANNOUNCEMENT - 30-Day Public Comment Period

Kern County Mental Health Services Act Annual Report FY 2024-2025

Each year, the Kern Behavioral Health & Recovery Services (Kern BHRS) and Mental Health Services Act (MHSA) reach out to the community to seek input on continuing, new and proposed mental health programs to serve children, transitional-age youth, adults, and older adults. Once again, we are seeking feedback from the community.

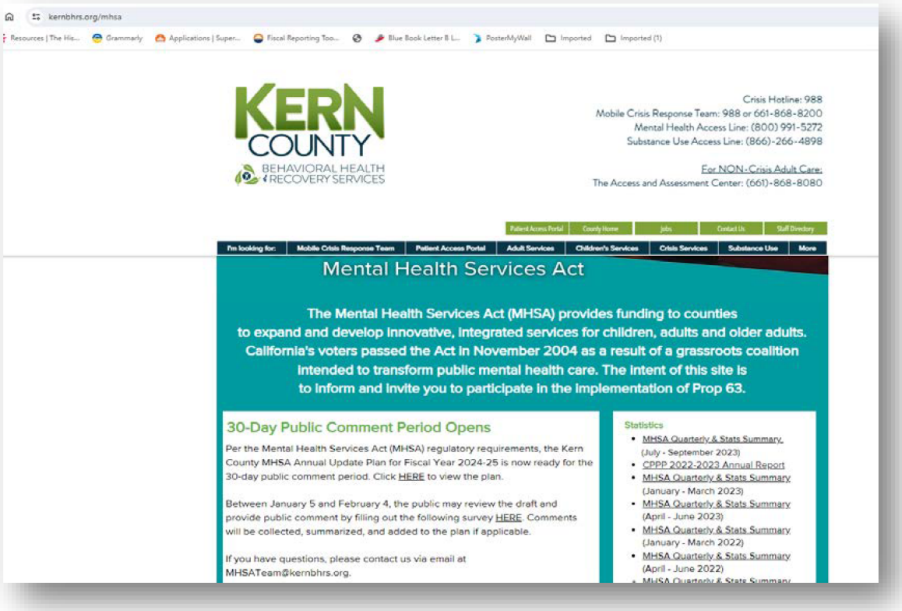
The Mental Health Services Act (MHSA) was passed via Proposition 63 in 2004. Funding the MHSA programs comes from a one percent tax on the income of those making over $1 million per year. Services are dedicated to reducing or eliminating homelessness, incarcerations, unemployment, suicide, school failure or dropout, and prolonged suffering due to mental illness. The Act was developed with and by stakeholders through an extensive community planning process, a principle now held tightly to county-level planning.

Community feedback is essential in developing and redeveloping programs that provide mental health prevention and treatment to Kern County communities. The Draft Kern County Mental Health Services Act Annual Report FY 2024-2025 and accompanying stakeholder feedback surveys are available online for public comment from **January 5th through February 4th, 2024**.

For more information on Kern Behavioral Health and Recovery Services MHSA Programs and to review the Annual Report and complete the feedback survey, please visit our website at https://www.kernbhrs.org/mhsa.

KernBHRS Web site:

www.kernbhrs.org/mhsa



Kern County MHSA Annual Plan (FY24-25) 30-Day Review SurveyMonkey Survey Results *January 5, 2024 – February 4, 2024*			
Age Group:		**Sexual Orientation:**	
0-15	0	Straight/Heterosexual	3
16-25	0	Gay or Lesbian	1
26-59	5	Questioning or Unsure	0
60 or Older	0	Queer	0
Declined/Did not submit a survey	0	Asexual	0
Gender assigned at birth:		Bisexual	0
Male	2	Pansexual	0
Female	3	Another sexual orientation	0
Intersex	0	Declined/Did not submit a survey	1
Declined/Did not submit a survey	0	**Race:**	
Gender Currently Identified with:		Asian	2
Male (Cis Male)	2	Native Hawaiian/Pacific Islander	0
Female (Cis Female)	3	Black/African American	0
Transgender/other	0	Latino/Hispanic	2
Genderqueer	0	Tribal/Native American	0
Non-binary	0	White/Caucasian	0
Genderfluid	0	Two or More Races:	1
Questioning or Unsure	0	Declined/Did not submit a survey	0
Other Gender Identity	0	**Ethnicity:**	
Declined/Did not submit a survey	0	African	1
Disability:		Asian Indian/South Asian	1
Vision	1	Cambodian	0
Hearing, or difficulty understanding	0	Chinese	0
Mental/Cognitive (excludes behavioral)	0	Eastern European	0
Mobility/Physical	0	Korean	1
Chronic Medical Illness	0	Middle Eastern	0
None	4	Vietnamese	0
Declined/Did not submit a survey	0	European	0
Veteran Status:		Filipino	0
Yes, I am a veteran	0	Japanese	0
No, I am not a veteran	4	Caribbean	0
Declined/Did not submit a survey	1	Central American	0
Primary Language:		Mexican/Mexican American/Chicano	2
Only English	4	Puerto Rican	0
Only Spanish	0	South American	0
Both English and Spanish	1	Two or More Ethnicities (see below)	0
Another language	0	Declined/Did not submit a survey	0
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	2
Family Member of a Client or Person with Mental Illness	1	Transitional Aged Youth (16-25)	2
KernBHRS Staff	2	Older Adults	2
Law Enforcement	0	Homeless or at risk of Homelessness	1
Veteran Services	0	Those in rural Kern areas	0
Senior Services	0	Veterans	1
Education/Schools	0	Those with Substance Use Disorders	0
Community Member	2	Latino/Hispanic	0
County Agency Staff (Not KernBHRS Staff)	0	Asian/Pacific Islander	1
Behavioral Health Provider (Not KernBHRS Staff)	0	Black/African American	1
Medical Care Provider	0	American Indian / Alaska Native	0
Other	0	LGBTQ+	2
Declined/Did not submit a survey	0	Other	0
Describe other: n/a		Declined/Did not submit a survey	0

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	0	Prevention	2
Bakersfield	5	Early Intervention	5
Delano/McFarland	0	Outreach for Recognizing the Early Signs of Mental Illness	3
California City/Mojave/Rosamond	0	Stigma and Discrimination Reduction	3
Wasco/Shafter	0	Access and Linkage to Care	2
Buttonwillow/Lost Hills	0	Peer-based services	0
Oildale	0	Intensive Outpatient Treatment	2
Kern River Valley	0	Declined/Did not submit a survey	0
Tehachapi	0		
Ridgecrest	0		
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 (FY2324) for Kern County?	
Declined/Did not submit a survey	2
Answered	3

1. I would like to see other CDEPS included in the annual plan specifically for the LGBTQ+ population.
2. Prescribing provider at the access center for those who need bridge medications while waiting to establish care with an ongoing provider.
3. No.

Do you have any questions, comments, or concerns?	
Declined/Did not submit a survey	3
Answered	2

1. Housing for those who are severely mentally ill coupled with long term case management to help them stay housed.
2. No.

KernBHRS Minute:

Publication Date: 01/08/24



01/08/2024
PAGE 3

KernBHRS Minute

KERN COUNTY

Upcoming Events (cont'd)

KCERA Photo Competition

Kern County Employees' Retirement Association is launching a Photo Competition for all Kern County Employees. There are some amazing photographers and artists in Kern County, and we want to show off their work! We are looking for local photos that showcase the varied perspectives and diversity of our members. It could be their day in the office (or in the field), walking through their neighborhood, or pictures they snapped while exploring Kern County. Winning Photos will be hung throughout the KCERA offices and meeting spaces. The deadline for submissions is February 11.

Categories include:
- Kern County Events
- Kern County Architecture
- Kern County Landscape
- Kern County Working
- Retired Life
- Black & White
- Kern County Animals
- Family Life
- Other

Photos can be entered here:
https://www.kcera.org/have-a-great-photo

KERN COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES

MHSA Updates

MHSA to Host Community Forum January 18th

MHSA will be hosting a community forum meeting on Thursday January 18th, 2024. The forum will take place both in-person and virtually from 12:30-2:30 pm. Come by the Westchester Training room, or attend via zoom. Please kindly pass the flyers through your networks so that we can get a good turn out.

Here is the zoom link to attend: https://us06web.zoom.us/j/86275760113

We hope to see you in attendance!

30 Day MHSA Public Comment Window Open

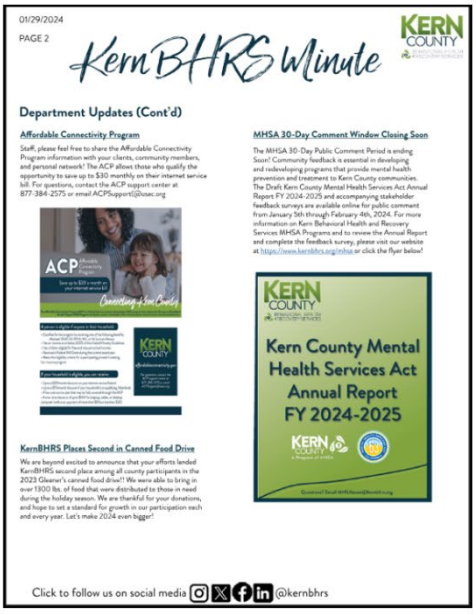
As per the Mental Health Services Act regulatory requirements, the Kern Behavioral Health and Recovery Services – Kern County Mental Health Services Act (MHSA) Annual Update Plan Fiscal Year 2024-2025 is now ready for the 30-day public comment period.

Click HERE to view the plan.

Between January 5, 2024, and February 4, 2024, the public may review the draft of the Kern County Mental Health Services Act (MHSA) Annual Update Plan Fiscal Year 2024-2025 and provide public comment by clicking HERE to make comments. Comments will be collected, summarized, and added to the plan if applicable.

For any questions, email us at MHSATeam@kernbhrs.org.

Click to follow us on social media @kernbhrs



01/29/2024
PAGE 2

KernBHRS Minute

KERN COUNTY

Department Updates (Cont'd)

Affordable Connectivity Program

Staff, please feel free to share the Affordable Connectivity Program information with your clients, community members, and personal network! The ACP allows those who qualify the opportunity to save up to $30 monthly on their internet service bill. For questions, contact the ACP support center at 877-384-2575 or email ACPSupport@usac.org

KernBHRS Places Second in Canned Food Drive

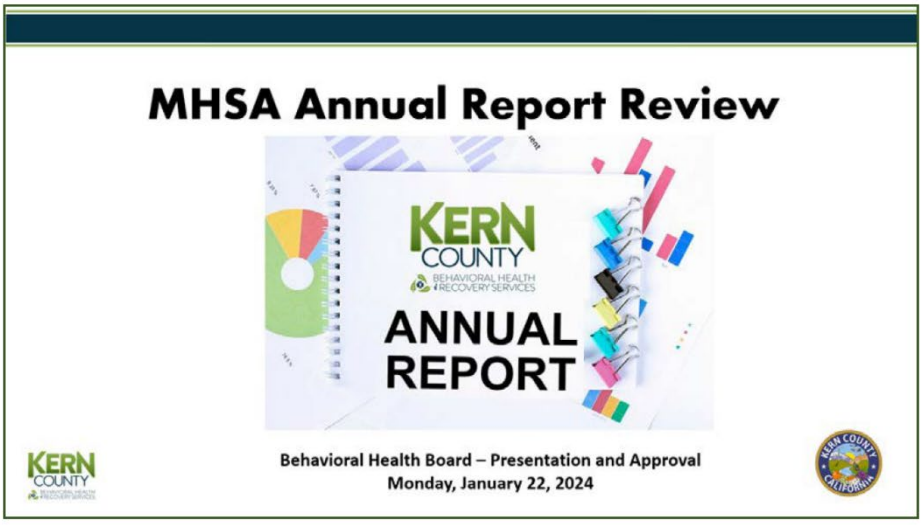
We are beyond excited to announce that your efforts landed KernBHRS second place among all county participants in the 2023 Gleaner's canned food drive!! We were able to bring in over 1300 lbs. of food that were distributed to those in need during the holiday season. We are thankful for your donations, and hope to set a standard for growth in our participation each and every year. Let's make 2024 even bigger!

MHSA 30-Day Comment Window Closing Soon

The MHSA 30-Day Public Comment Period is ending Soon! Community feedback is essential in developing and redeveloping programs that provide mental health prevention and treatment to Kern County communities. The Draft Kern County Mental Health Services Act Annual Report FY 2024-2025 and accompanying stakeholder feedback surveys are available online for public comment from January 5th through February 4th, 2024. For more information on Kern Behavioral Health and Recovery Services MHSA Programs and to review the Annual Report and complete the feedback survey, please visit our website at https://www.kernbhrs.org/mhsa or click the flyer below!

Click to follow us on social media @kernbhrs

Behavioral Health Board (BHB) presentation:



Behavioral Health Board
January 22, 2024
Page 2 of 4

4. **Presentation(s):**
   - **"Annual Plan and ARER (Annual Revenue and Expenditure Report)" – Liz Bailey, Department Supports Administrator and Acting MHSA Coordinator, and Candee Del Rio, MPA, Finance Director:** Shared a presentation on MHSA Annual Update Plan Review FY 2024-2025 and MHSA Annual Revenue and Expenditure Plan. Time allowed for *Questions and Answers.*
   - **Approval of the Annual Plan and Annual Revenue and Expenditure Report presentation and content:** MOTION by David Kessler and seconded by Breanne Patterson. ALL AYES: Motion passed.

Mental Health Services Act (MHSA)

Hybrid (In-Person & Virtual) Community Forum

January 18, 2024

Westchester Training Room and Zoom Meeting

FOCUS: MHSA Annual Plan Update & Annual Revenue and Expenditure Report (ARER)

TOTAL MEETING ATTENDANCE:	TOTAL SURVEY RESPONSES:	TOTAL COMPLETION RATE:
18 *(12 in-person and 6 in Zoom)*	**11** *(10 paper and 1 electronic surveys)*	**61%** *(percentage of attendees who submitted a survey)*



COMMUNITY FORUM

January 18, 2024 – Hybrid Community Forum Total Attendance: 18 / Total Surveys Collected: 11 *(Note: participants may select more than 1 answer)*			
Age Group:		**Sexual Orientation:**	
0-15	0	Straight/Heterosexual	10
16-25	0	Gay or Lesbian	0
26-59	8	Questioning or Unsure	0
60 or Older	3	Queer	0
Declined/Did not submit a survey	7	Asexual	0
Gender assigned at birth:		Bisexual	1
Male	2	Pansexual	0
Female	9	Another sexual orientation	0
Intersex	0	Declined/Did not submit a survey	7
Declined/Did not submit a survey	7	**Race:**	
Gender Currently Identified with:		Asian	0
Male (Cis Male)	1	Native Hawaiian/Pacific Islander	0
Female (Cis Female)	9	Black/African American	0
Transgender/other	0	Latino/Hispanic	6
Genderqueer	0	Tribal/Native American	0
Non-binary	0	White/Caucasian	4
Genderfluid	0	Two or More Races:	1
Questioning or Unsure	0	Declined/Did not submit a survey	7
Other Gender Identity	0	**Ethnicity:**	
Declined/Did not submit a survey	8	African	0
Disability:		Asian Indian/South Asian	0
Vision	0	Cambodian	0
Hearing, or difficulty understanding	0	Chinese	0
Mental/Cognitive (excludes behavioral)	2	Eastern European	0
Mobility/Physical	0	Korean	0
Chronic Medical Illness	0	Middle Eastern	0
None	8	Vietnamese	0
Declined/Did not submit a survey	8	European	2
Veteran Status:		Filipino	0
Yes, I am a veteran	0	Japanese	0
No, I am not a veteran	9	Caribbean	0
Declined/Did not submit a survey	9	Central American	1
Primary Language:		Mexican/Mexican American/Chicano	4
Only English	7	Puerto Rican	0
Only Spanish	2	South American	0
Both English and Spanish	2	Two or More Ethnicities (see below)	3
Another language	0	Declined/Did not submit a survey	8
Declined/Did not submit a survey	7	*Two or More: from Honduras*	

Group/Category		Population you feel is most unserved/underserved in the above-mentioned community	
Client/Consumer/Person with Mental Illness	4	Children/Families	1
Family Member of a Client or Person with Mental Illness	0	Transitional Aged Youth (16-25)	2
KernBHRS Staff	5	Older Adults	5
Law Enforcement	0	Homeless or at risk of Homelessness	3
Veteran Services	0	Those in rural Kern areas	3
Senior Services	1	Veterans	1
Education/Schools	0	Those with Substance Use Disorders	2
Community Member	2	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	2
Other	0	LGBTQ+	1
Declined/Did not submit a survey	7	Other	0
Describe other: Former Board		Declined/Did not submit a survey	7

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	Prevention	4
Bakersfield	10	Early Intervention	7
Delano/McFarland	1	Outreach for Recognizing the Early Signs of Mental Illness	5
California City/Mojave/Rosamond	0	Stigma and Discrimination Reduction	4
Wasco/Shafter	1	Access and Linkage to Care	4
Buttonwillow/Lost Hills	0	Peer-based services	6
Oildale	2	Intensive Outpatient Treatment	4
Kern River Valley	1	Declined/Did not submit a survey	9
Tehachapi	1		
Ridgecrest	0		
Taft	0		
Frazier Park/Mountain Communities	0		
Declined/Did not submit a survey	7		

Do you have any questions, comments, or concerns?	
Declined/Did not submit a survey	**16**
Answered	**2**

1. Thank you for the generous offering of a healthy lunch and incentive gift cards.

2. I sometimes wonder if long term outcomes for graduated consumers are mandated or reportable apart from any contribution's activity services, unsolicited or not from former clients to aid in quality of life or support community involvements.

Announcements	
Alison Burrowes Named Director of KernBHRS Former KernBHRS Director, Stacy Kuwahara left KernBHRS and accepted a position with County of Kern Administration as the new Kern County Chief Operations Officer	**Hopester Do Good Labs!** **Starting Wednesday, February 7th starting at 6:00 pm** Community Forum
Liz Bailey, LCSW, Department Supports Administrator & Interim MHSA Coordinator Former MHSA Coordinator, Dr. Christina Rajlal left Kern County and accepted a position with SLO County as their MHSA Coordinator	**"The Celebration of a King"** **Saturday, February 10th (11 AM – 1 PM)** BCSD in collaboration with Stay Focused At Martin Luther King Elementary 1100 Citadel Street
Light A Candle for a Loved One **January 25th starting at 6:00 pm** Park at River Walk	**Help those in Crisis – Volunteer Recruitment** For more information contact Cassie Deras-Coker at (661)332-7479 or CDeras-Coker@kernbhrs.org
Race Against Trafficking – 5K & Walk **Saturday, January 27th at 7:00 AM** Park at River Walk	**PHF Program Update** Pictures show the construction progress

PROGRAM & SPECIAL PRESENTATIONS

Program Presentation #1

Presentation: Mental Health Services Act (MHSA) Annual Report Review

Presenter: Liz Bailey, KernBHRS Administrator and MHSA Coordinator

Liz Bailey presented an overview of the Kern County MHSA Annual Update Plan FY 2024-2025. She presented the highlights, changes, and updates of the plan.

Questions from the Audience after the presentation:

1. **Q: The Healing Project is scheduled to sunset in June 2024. Is there going to be anything in place of the Healing Project or is it just going to be gone?**
   A: As we are continuing with our strategic planning for Proposition 1, should it pass, we are looking at where and how we can continue with those services. Each week our executive management and finances go over those plans. In the case of the Healing Project, we have a sustainability plan in place with a combination of other types of funding.

2. **Q: What about the Early Psychosis Program? Is that going to be ending?**
   A: Early Psychosis is a mandated service that we need to provide.
   Q: So, is Early Psychosis solid?
   A: Yes.

3. **Q: Is the Adult WRAP program only available in Bakersfield?**
   A: As an FSP (Full-Service Partnership), it only operates in Bakerfield. Adult WRAP programs operate as a System Development (SD) program for the outlying areas.

Program Presentation #2

Presentation: Annual Revenue and Expenditure Report (ARER)

Presenter: Candee Del Rio, KernBHRS Finance Director

Candee Del Rio provided a detailed overview of the Annual Revenue and Expenditure Report that shows MHSA funds spent during FY 2022-2023.

Questions from the Audience after the presentation:

1. **Q: In the slide showing the photos of the PFH building update, is that the inpatient adult facility?**

A: There are two facilities, one for adults and one for minors. The one pictured is the adult facility.

2. **Q: For the peer training, is there going to be a new scholarship?**
   A: (Candee Del Rio) That is a programming question. Can someone answer that?
   A: (Liz Bailey) Are you talking about the Peer Certificate Training? That's another component within the BHSA regulations. The proposed language says that we need to continue working with our peers. So, I would say yes.

3. **Q: Is this the annual budget for the 2023 year? Do you have a proposed budget for 2024?**
   A: Yes, we do have a budget for 2024 but I will be reporting that in about a year.

4. **Q: Is the budget based on the calendar year from January to December?**
   A: No, it is a fiscal year budget. It is July - June.

5. **Q: Can you please repeat the amount for the veteran's service?**
   A: Yes, it is $115,000.

LISTENING SESSION

Presentation: **Listening Session**

Presenter: **Joshua Garnica, MHSA Program Specialist**

Joshua Garnica opened the floor to facilitate the listening session.

Questions from the Audience after the presentation:

1. **Q: What is the address for the psychiatric unit being built for adults?**
   A: The address is 708 Workman Street. It is off Oswell and Hwy 58.

2. **Q: For the Light a Candle event at River Walk, are they taking volunteers?**
   A: We have hit capacity with our volunteers. I can add you to the list for next year.

3. **Q: (Zoom) Is there an action plan on the feedback forms? Is it just used in the annual reports? What happens after the information is collected?**

A: (Liz Bailey) Any information that we receive whether it is stakeholders or 30-day public community forums, it goes through an intensive review process. As far as stakeholders, Estela takes the lead in looking at the information, evaluating the information, and it is discussed with the MHSA team and executives. It is reviewed and considered, if there are any changes where we can implement the feedback, we look at creating a strategy plan.

4. Q: (Zoom Stakeholder) My next question is, we have been working with Estrella Amaro to meet the needs on Spanish speakers in the county, according to the annual report there are 50% Spanish demographics, can you point out any continuing programs that are established to support the Spanish community?
   A: (Liz Bailey) To just understand your question. Are you asking what are we doing to create more programs for the Hispanic/LatinX and Spanish-speaking communities?
   (Zoom Stakeholder) Yes.

   A: (CFLC Peer) At CFLC, we do have Spanish peer led classes that are strictly in Spanish. We also do outreach through our members, but I do think it would be a good idea to promote it more in our community.

   A: (Liz Bailey) There is a lot of areas that are being discussed and collaborated on the various committees like CCRC (Cultural Competency Resource Committee) and our various sub-committees like the Spanish/Latinx group. Even beyond that, there is a partnership with the Kern Health Equity Project (KHEP), both on a state, county, and agency level. We are always looking at what resources we have and how we can expand to reach the individuals that need our services which includes Spanish-speaking populations, and homeless, among others. The opportunity to join the Kern Health Equity Project is still available. If you are interested, please leave the information with the MHSA Team so we can forward you the information

MHSA Stakeholder Feedback Forms Received

1. Where is the Adult Psychiatric Facility being built? (Thank you for answering during the meeting)
2. It is my fervent hope that regardless of any political or community redirection of treatment funding, that consumers and all in need receive help and healing.
3. Thank you for the update.
4. Great work. You guys should be able to eat while not presenting.

CPPP Incentive Program

The MHSA/CPPP Incentive Program started on December 1, 2021. This incentive program offers a $20 gift card for consumers/clients, their families, and other MHSA program participants.

To qualify for the MHSA/CPPP Incentive Program, interested consumers/clients, family members, and other MHSA program participants must first pre-register to attend the MHSA Community Forum. Upon pre-registration, MHSA staff will ensure that those who pre-register know the location of the meeting (*for In-Person meetings*) or have reliable access to Zoom (*for Virtual meetings*).

During the MHSA Community Forum, MHSA staff will confirm attendance. Then, approximately within one business day, the $20 gift card will be mailed to the address they provided during pre-registration.

ACTION STEPS

Kern Behavioral Health and Recovery Services will continue its commitment to inform, engage, take feedback, and provide outreach to the communities it serves through the provision of MHSA-funded programs and services in collaboration with community organizations and contract service providers throughout Kern County.

MHSA recorded a total of **18** attendees (*12 in-person and 6 remotely via Zoom*) during this presentation; the total excludes *MHSA Coordination team members and presenters.*

During the Stakeholder meeting, we had **2** presentations and **0** voting items.

MHSA determined the following action steps/findings after reviewing verbal responses from stakeholders, polling questions, and surveys.

MHSA will:

I. <u>General</u>

a) MHSA will continue to provide education and updates on legislative and policy changes on MHSA funding and how that impacts the programs and services given to Kern County residents.
b) MHSA will investigate ways of gaining stakeholder feedback and participation (giveaways, treats, etc.) during the next meetings.
c) MHSA will continue researching ways of gaining a greater number of clients/ family, and public participation during stakeholder meetings.

No further action steps.

Mental Health Services Act (MHSA)

In-Person Community Forum
January 31, 2024
Westchester Training Room
FOCUS: MHSA Annual Plan Update & Annual Revenue and Expenditure Report (ARER)

Foro Comunitario en Persona
31 de enero del 2024
Sala de Entrenamiento de Westchester
ENFOQUE: Actualización del Plan Anual de MHSA e Informe Anual de Ingresos y Gastos (ARER)

TOTAL MEETING ATTENDANCE: *TOTAL DE ASISTENCIA:*	TOTAL SURVEY RESPONSES: *TOTAL DE ENCUESTAS:*	TOTAL COMPLETION RATE: *TASA TOTAL DE FINALIZACION:*
18	**11**	**61%** *(percentage of attendees who submitted a survey) (porcentaje de asistentes que entregaron una encuesta)*



FORO COMUNITARIO

January 31, 2024 – In-Person Community Forum (Spanish) Total Attendance: 18/ Total Surveys Collected: 11 *(Note: participants may select more than 1 answer)*			
Age Group:		**Sexual Orientation:**	
0-15	0	Straight/Heterosexual	8
16-25	1	Gay or Lesbian	0
26-59	7	Questioning or Unsure	0
60 or Older	2	Queer	0
Declined/Did not submit a survey	8	Asexual	0
Gender assigned at birth:		Bisexual	0
Male	2	Pansexual	0
Female	8	Another sexual orientation	0
Intersex	0	Declined/Did not submit a survey	10
Declined/Did not submit a survey	8	**Race:**	
Gender Currently Identified with:		Asian	0
Male (Cis Male)	2	Native Hawaiian/Pacific Islander	0
Female (Cis Female)	8	Black/African American	0
Transgender/other	0	Latino/Hispanic	9
Genderqueer	0	Tribal/Native American	0
Non-binary	0	White/Caucasian	1
Genderfluid	0	Two or More Races:	0
Questioning or Unsure	0	Declined/Did not submit a survey	8
Other Gender Identity	0	**Ethnicity:**	
Declined/Did not submit a survey	8	African	0
Disability:		Asian Indian/South Asian	0
Vision	0	Cambodian	0
Hearing, or difficulty understanding	0	Chinese	0
Mental/Cognitive (excludes behavioral)	2	Eastern European	0
Mobility/Physical	0	Korean	0
Chronic Medical Illness	1	Middle Eastern	0
None	7	Vietnamese	0
Declined/Did not submit a survey	8	European	0
Veteran Status:		Filipino	0
Yes, I am a veteran	0	Japanese	0
No, I am not a veteran	9	Caribbean	0
Declined/Did not submit a survey	9	Central American	2
Primary Language:		Mexican/Mexican American/Chicano	8
Only English	1	Puerto Rican	0
Only Spanish	7	South American	0
Both English and Spanish	2	Two or More Ethnicities (see below)	0
Another language	0	Declined/Did not submit a survey	8
Declined/Did not submit a survey	8	*Two or More Ethnicities - Did not disclose*	

MHSA STAKEHOLDER DATA FROM EVENT ON JANUARY 31, 2024

Group/Category		Population you feel is most unserved/underserved in the above-mentioned community	
Client/Consumer/Person with Mental Illness	4	Children/Families	3
Family Member of a Client or Person with Mental Illness	2	Transitional Aged Youth (16-25)	7
KernBHRS Staff	1	Older Adults	4
Law Enforcement	0	Homeless or at risk of Homelessness	3
Veteran Services	0	Those in rural Kern areas	4
Senior Services	0	Veterans	3
Education/Schools	1	Those with Substance Use Disorders	2
Community Member	5	Latino/Hispanic	5
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+	1
Declined/Did not submit a survey	9	Other	0
Describe other: n/a		Declined/Did not submit a survey	8

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	3	Prevention	6
Bakersfield	10	Early Intervention	4
Delano/McFarland	1	Outreach for Recognizing the Early Signs of Mental Illness	6
California City/Mojave/Rosamond	0	Stigma and Discrimination Reduction	4
Wasco/Shafter	4	Access and Linkage to Care	2
Buttonwillow/Lost Hills	1	Peer-based services	3 0
Oildale	0	Intensive Outpatient Treatment	0
Kern River Valley	0	Declined/Did not submit a survey	11
Tehachapi	0		
Ridgecrest	0		
Taft	2		
Frazier Park/Mountain Communities	0		
Declined/Did not submit a survey	9		

Do you have any questions, comments, or concerns? *¿Tiene alguna pregunta, comentario o inquietud?*	
Declined/Did not submit a survey *Rechazado/No envió una encuesta*	**16**
Answered *Contestaron*	**2**
1. *Gracias por la información.* (*Thanks for the information*). 2. *Gracias por su apoyo.* (*Thanks for your support)*	

ANNOUNCEMENTS / ANUNCIOS	
Alison Burrowes nombrada directora de KernBHRS *La ex directora de KernBHRS, Stacy Kuwahara, dejó KernBHRS y aceptó un puesto en la administración del condado de Kern como nueva directora de operaciones del condado de Kern.* **Alison Burrowes Named Director of KernBHRS** *Former KernBHRS Director, Stacy Kuwahara left KernBHRS and accepted a position with County of Kern Administration as the new Kern County Chief Operations Officer.*	**Ayude a Quienes están en Crisis: Reclutamiento de Voluntarios** *Para obtener más información, comuníquese con Cassie Deras-Coker al (661) 332-7479 o CDeras-Coker@kernbhrs.org* **Help those in Crisis – Volunteer Recruitment** *For more information contact Cassie Deras-Coker at (661)332-7479 or CDeras-Coker@kernbhrs.org*
Liz Bailey, LCSW, es la Administradora de Servicios de Apoyo al Departamento y también la Coordinadora Interina de MHSA *La ex coordinadora de MHSA, la Dra. Christina Rajlal, dejó el Condado de Kern y aceptó un puesto en el condado de SLO como coordinadora de MHSA.* **Liz Bailey, LCSW, Department Supports Administrator & Interim MHSA Coordinator** Former MHSA Coordinator, Dr. Christina Rajlal left Kern County and accepted a position with SLO County as their MHSA Coordinator.	**Actualización del Programa PHF** Las imágenes muestran el avance de la construcción. **PHF Program Update** Pictures show the construction progress
"La Celebración de un Rey" **Sábado 10 de febrero (11 a.m. – 1 p.m.)** *BCSD en colaboración con la agencia **Stay Focused** en la escuela primaria Martin Luther King (1100* Citadel Street).	

"The Celebration of a King" **Saturday, February 10th (11 AM – 1 PM)** BCSD in collaboration with Stay Focused at Martin Luther King Elementary (1100 Citadel Street).	

PROGRAM & SPECIAL PRESENTATIONS

(PRESENTACIONES ESPECIALES Y DE PROGRAMAS)

Presentation #1 *(Presentación #1)*

Presentation: Mental Health Services Act (MHSA) Annual Report Review
Presenter: Leydi Garcia de Luna, MHSA Program Specialist

Presentación: Revisión del Informe Anual de la Ley de Servicios de Salud Mental (MHSA)
Presentadora: Leydi Garcia de Luna, Especialista de Programa MHSA

Leydi Garcia de Luna presented an overview of the Kern County MHSA Annual Update Plan FY 2024-2025. She presented the highlights, changes, and updates of the plan.

Leydi García de Luna presentó una descripción general del Plan de Actualización Anual de la MHSA del Condado de Kern para el año fiscal 2024-2025. Presentó los aspectos más destacados, cambios y actualizaciones del plan.

Questions (Q)/Comments (C) from the Audience after the presentation:
Preguntas (Q)/Comentarios (C) de la Audiencia después de la presentación:

No questions from the audience were recorded.

No se registraron preguntas de la audiencia.

Presentation #2 *(Presentación #2)*

Presentación: Informe Anual de Ingresos y Gastos (ARER)
Presentadora: Candee Del Rio, directora financiera de KernBHRS, Georgina Rivas, Especialista en Apoyo Fiscal y Leydi Garcia de Luna proporcionaron traducción al español
Presentation: Annual Revenue and Expenditure Report (ARER)
Presenter: Candee Del Rio, KernBHRS Finance Director, Georgina Rivas, Fiscal Support Specialist and Leydi Garcia de Luna (provided Spanish translation)

Candee Del Rio proporcionó una descripción detallada del Informe Anual de Ingresos y Gastos que muestra los fondos y gastos del MHSA durante el año fiscal 2022-2023. Georgina Rivas y Leydi Garcia de Luna proporcionaron traducción en español.
Candee Del Rio provided a detailed overview of the Annual Revenue and Expenditure Report that shows MHSA funds spent during FY 2022-2023. Georgina Rivas and Leydi Garcia de Luna provided Spanish translation.

Questions (Q)/Comments (C) from the Audience after the presentation:
Preguntas (Q)/Comentarios (C) de la Audiencia después de la presentación:

1. **Q: ¿Son estos gastos?**
   A: Sí, son gastos estimados. La razón por la que se trata de una estimación es porque los gastos que se obtienen del Medi-Cal hasta el final de este año fiscal son un costo basado en reembolso. El estado no ha publicado el informe de salud mental para que podamos calcular cuáles son nuestros ingresos del Medi-Cal.
   (TRANSLATION – ENGLISH)
   Q: Are these expenditures?
   A: Yes, they are estimated expenditures. The reason why this is an estimate is because the Medi-Cal earned through the end of this fiscal year is a cost based on reimbursement. The state has not published the mental health report for us to calculate what our Medi-Cal revenue is.

2. **Q: ¿Se trata de gastos simples, no se están reportando ingresos?**
   A: Esto parece complicado porque en el mundo de Medi-Cal se lo conoce como liquidación y no como ingresos y gastos. Cuando observa la financiación de la MHSA, en estas dos páginas solo informamos lo que hemos gastado. El total general está en la columna gris.
   (TRANSLATION – ENGLISH)
   Q: This is plain expenditures, nothing coming in?
   A: This looks complicated because in the Medi-Cal world, it's referred to as settlement and not revenues and expenditures. When you look at the MHSA funding, we are only reporting in these two pages what we have spent. The grand total is on the gray column.

3. **Q: Entonces, ¿qué es FFP Medi-Cal?**
   A: FFP significa Participación Financiera Federal (en español).
   (TRANSLATION – ENGLISH)
   Q: So, what is FFP Medi-Cal?
   A: The FFP stands for Federal Financial Participation.

4. **Q: ¿Es obligatorio gastar al menos el 51 % de los fondos del PEI en niños de 25 años o menos?**
   A: Correcto.
   (TRANSLATION – ENGLISH)

Q: Is the requirement to spend at least 51% of the PEI funding on children 25 or younger?
A: Correct.

5. **Q: ¿Esta regla es aplicable únicamente al Financiamiento PEI?**
   A: Sí.
   (TRANSLATION – ENGLISH)
   Q: Is this rule applicable to the PEI Funding only?
   A: Yes.

6. **Q: ¿Cómo se gana este interés (Reserva Prudente de MHSA)?**
   A: Va al Fondo del Tesorero del Condado de Kern con todos los demás departamentos. El Tesorero del Condado realiza un seguimiento en la oficina del tesorero. Puede ir al sitio web de Tesoreros y Recaudadores de Impuestos del Condado de Kern (https://www.kcttc.co.kern.ca.us/fundbalances/) para ver el fondo de inversión y todas las reglas. Tienen reglas muy estrictas que deben seguir porque el condado de Orange se declaró en banca rota hace 25 años. Por ese motivo las reglas se hicieron estrictas para garantizar que el dinero se invierta de manera muy segura y a corto plazo.
   (TRANSLATION – ENGLISH)
   Q: How do you earn this interest (MHSA Prudent Reserve)?
   A: It goes into the Kern County Treasurer's Pool with all the other departments. The County Treasurer keeps track of it at the treasurer's office. You can go to the Kern County Treasurers and Tax Collector website (https://www.kcttc.co.kern.ca.us/fundbalances/) to see the investment pool and all the rules. They do have very strict rules that they have to follow because Orange County went bankrupt 25 years ago. The very strict rules are to make sure that the money is invested very safely and short-term.

7. **Q: ¿Cuáles son los costos de administración?**
   A: El costo administrativo incluye el costo del equipo ejecutivo, el equipo financiero, los recursos humanos, el registro electrónico de archivos, asistencia técnica, la división de la calidad, los derechos de los pacientes, la privacidad y el cumplimiento, el equipo de MHSA y cualquier otra persona que no trabaje con pacientes bajo los programas MHSA.
   (TRANSLATION – ENGLISH)
   Q: What are the administration costs?
   A: The administration cost includes the cost of the executive team, finance team, human resources, electronic health record, IT, quality improvement division, patients' rights, privacy and compliance, MHSA team, and anyone who doesn't work with patients under the MHSA programs.

8. **Q: ¿Cómo podemos hacer para que esta información sea más digerible para los miembros de la comunidad?**

A: Presentar el ARER es uno de los requisitos de las regulaciones de la MHSA y cumplí con esa parte. Agradezco todas sus preguntas y es importante para mí responderlas. Les digo a mis jefes que para generar buenos informes necesitamos tener las herramientas adecuadas; Cualquier buen mecánico puede estar de acuerdo conmigo. Por esa razón, investigo, leo las regulaciones y me educo para poder comprender mejor los diferentes tipos de financiamiento. A mi vez, puedo explicar mejor este complejo proceso. Gracias por venir hoy y hacer preguntas. Me recuerda lo importante que es proporcionar esta información en un formato sencillo para que los miembros de la comunidad puedan entender nuestros informes.

(TRANSLATION – ENGLISH)

Q: How can we make this report more digestible for community members?

A: Presenting the ARER is one of the requirements of the MHSA regulations and I got that part done. I appreciate all your questions and it is important for me to answer them. I tell my bosses that to generate good reports, we need to have the right tools; any good mechanic can agree with me. For that reason, I research, read regulations, and educate myself so I can better understand the different types of funding. In turn, I can better explain this complex process. Thank you for coming today and asking questions. You remind me of how important it is to provide this information in an easy format so that community members can understand our reports.

9. **Q: Tengo una pregunta, ¿por qué no informan a la comunidad sobre estos programas?**

   A: Hacemos campañas en los medios (TV, radio, presentaciones comunitarias, divulgación y educación, etc.). Tratamos de difundir la información sobre estos programas en cada oportunidad que tenemos. Lamentablemente, no podemos enumerar todos los programas que ofrecemos en un solo anuncio comercial. Una de nuestras campañas más recientes fue sobre "988 – Línea directa de crisis". El mensaje del comercial dice que, "si no te sientes bien o necesitas ayuda, marca el 988". Puedes llamar a ese número, no sólo si estás pasando por una crisis, sino que también puedes llamarlo si necesitas ayuda para acceder servicios. Si llama al 988, lo conectarán con servicios o lo transferirán a una línea que pueda ayudarlo con eso. Si usted o alguien de la comunidad nos invita a participar en un evento comunitario, le traemos la información. Por ejemplo, si conoce una comunidad que no tiene acceso al teléfono, Internet o televisión, puede ir a nuestro sitio web y llenar una solicitud a través de nuestro enlace de O&E (en español se conoce como "Educación y Alcance") para solicitar que un miembro de nuestro personal vaya e informen a esa comunidad.

   También puede obtener información sobre nuestro departamento si marca el 211. Intentamos repartir todos los folletos que sea posible. Incluso, si no tiene un evento, pero conoce a alguien que necesita la información, podemos proporcionarle a usted folletos si usted prefiere hacerlo directamente.

Para solicitar folletos, materiales, un presentador o nuestra participación en su evento, vaya a nuestra página comunitaria en https://www.kernbhrs.org/community.

(TRANSLATION – ENGLISH)

Q: *I have a question, why don't you guys inform the community about these programs?*

A: *We do media campaigns (TV, radio, billboards, community presentations, outreach and education, etc.) We try to spread the information about these programs as much as possible information about these programs. Unfortunately, we cannot list all the programs we offer in one commercial spot. One of our most recent campaigns was about "988 – Crisis Hotline". The commercial spot message says that if you don't feel well or need help, dial 988. You can call that number, not only if you are going through a crisis, but you can also call it if you need help accessing services. If you call, they'll connect you to services or transfer you to a line that can help you with that. If you or anyone in the community invites us to participate in a community event, we bring the information. For example, if you know of a community that doesn't have access to the telephone, internet, or television, you can go to our website and make request via our own O&E link to ask for staff members to come out and inform these community members about the services we provide. You can also get information about our department if you dial 211. We try to give out as many flyers as possible about the services we offer. Also, even if you don't have an event but know someone who needs the information, we can provide you with flyers. To make a request for flyers, materials, or presenters/participation to your event, please go to our community page at https://www.kernbhrs.org/community .*

10. **Q: Yo trabajo con la población de trabajadores agrícolas y normalmente no obtienen esta información. Una gran mayoría de ellos no tiene acceso o no sabe navegar la internet. Por esa razón, realizo reuniones en sus casas para educar y brindar información en un lugar en el que se sientan cómodos recibiendo esta información. Miro esta información y es aún difícil para mí porque primero debo digerirla antes de poder educarlos a ellos.**
Como mencionó otro miembro de la audiencia, todos aprendemos de manera diferente. Muchos de los trabajadores agrícolas aprenden visualmente. Cuando hago mis reuniones en casa, encuentro que muchos de ellos necesitan este tipo de servicio. ¿Qué podemos hacer para ayudar a la población de trabajadores agrícolas?
C: (Miembro de la audiencia) Creo que tenemos esa respuesta porque estamos en la comunidad y podemos colaborar con ustedes. Permítanme agregar también que mi agencia, Visión y Compromiso, ya está trabajando con KernBHRS. Estamos colaborando y participando como miembro del

Comité Cultural. Entonces, ¿cómo podemos colaborar para ayudar a que esta información sea más fácil de digerir?
Además, todavía hay mucho estigma en las comunidades hispanas. Muchas veces ven un puesto de recursos y tienen miedo de que alguien los vea acercarse a su mesa. ¿Qué podemos hacer juntos para ayudar a las personas a conocer estos programas?
A: (Miembro del personal de MHSA) Gracias por su pregunta y comentario. Estamos haciendo todo lo posible para llegar a nuestra comunidad de trabajadores agrícolas. Hace aproximadamente un mes, un miembro del personal de la Línea de Crisis asistió a un concurso de poda en un campo agrícola. Instalaron un puesto de recursos, con todos los folletos y herramientas que entregamos para ayudar con el estrés.
El año pasado, hacia el final del año fiscal 22-23, donamos aproximadamente doscientas bolsas al programa para inmigrantes del Distrito Escolar de Bakersfield. Estas bolsas estaban llenas de obsequios y recursos, como folletos sobre los programas que ofrecemos y formas de conectarse a nuestros servicios.
Hemos estado intentando penetrar en este grupo comunitario desde hace algún tiempo. Esa es otra razón por la que también nosotros colaboramos con el equipo de competencia cultural para ayudarnos a llegar a comunidades desatendidas debido a las barreras del idioma o su estatus socioeconómico. Eso es lo que estamos haciendo, los cambios que hablé sobre Prevención e Intervención Temprana son para aumentar nuestro alcance a estas áreas rurales, por eso ahora tenemos clínicas que brindan servicios de salud mental en Delano, Lamont, Lake Isabella, Kernville y Taft, entre otros. No se puede decir que solo estamos centralizados en Bakersfield.
Nuestro propósito es llevar estos servicios a toda la comunidad.
(TRANSLATION – ENGLISH)
Q: I work with the farmworker population, and they usually don't get this information. A big majority of them don't have access or don't know how to navigate the internet. For that reason, I perform house meetings to educate and provide information in a place they feel comfortable receiving this information. I look at this information and it is even harder for me because I must digest it first before I can turn around and educate them.
As another member of the audience mentioned, we all learn differently. Many of the farmworkers are visual learners. When I do my house meetings, I find that many of them need this type of service. What can we do to help the farmworker population?
C: (Audience member) I think we have that answer because we are out in the community, and we can collaborate with you. Let me also add that my agency, Vision y Compromiso, is already working with KernBHRS. We are collaborating and participating as a member of the Cultural Comp Committee. So, how can we collaborate to possibly help make this information easier to digest?

Also, there is still a lot of stigma in the Hispanic communities. Many times, they see a resource booth and they are afraid someone is going to see them approach your table. What can we do together to help people learn about these programs?
A: (Staff member) Thank you for your question and comment. We are doing our best to reach out to our farm working community. About a month ago, a staff member from the Crisis Hotline attended a pruning competition in the fields. They set up a resource booth, with all the flyers and tools we give out to help with stress.
Last year, towards the end of fiscal year 22-23 we donated a couple hundred bags to the Bakersfield School District Migrant program. Those bags were filled with goodies and resources like flyers about the programs we offer and ways to connect to our services.
We have been trying to penetrate this community group for some time now. That's another reason why we have the cultural competence team to help us reach underserved communities due to language barriers or their socioeconomic status. That's what we are doing, the changes that I discussed about Prevention and Early Intervention are to increase our reach to these rural areas that's why we now have clinics that provide mental health services in Delano, Lamont, Lake Isabella, Kernville, and Taft among others as we are not just centralized in Bakersfield.
Our purpose is to bring these services to the entire community.

11. **Q: ¿Es cierto que el grupo de apoyo en español al que asistimos en CFLC será cancelado debido a la nueva propuesta de ley?**
A: No he oído nada sobre el fin del grupo de apoyo en español en CFLC. Tengo entendido que nuestros administradores y equipo ejecutivo están trabajando en un plan de sostenibilidad. Les llevaré tu pregunta. Si tiene alguna pregunta adicional sobre el CFLC, puedo escribirla y entregársela para que puedan comunicarse con usted para que contesten sus inquietudes.
(TRANSLATION – ENGLISH)
Q: Is it true that the Spanish support group we go to at CFLC will be terminated due to the new law proposal?
A: I have not heard anything about ending the Spanish support group at CFLC. My understanding is that our administrators and executive team are working on a sustainability plan. I will take your question to them. If you have any additional questions about the CFLC, I can write it down and give it to them so they can contact you to address your concerns.

12. *Q: Escuché que no hay suficientes programas para ayudar a la gente de la comunidad. Esas personas van a clínicas privadas porque no hay suficiente ayuda para que los adultos jóvenes reciban servicios de salud mental.*

A: Yo no he escuchado ese rumor, pero lo que puedo hacerle saber, según una reunión que tuve hoy con uno de nuestros equipos que trabaja con jóvenes, es que hay suficientes formas de brindar los servicios, pero no muchas personas han estado solicitando la ayuda.
(TRANSLATION – ENGLISH)
Q: I heard that there are not enough programs to help people in the community. Those people are going to private clinics because there isn't enough help for young adults to help them with their mental health.
A: I don't have that information, but what I can let you know based on a meeting I had earlier today with one of our teams that works with youth is that there are enough ways to provide the services but not many people have been requesting the help.

13. **Q: Hay mucha gente que consume drogas. Algunos de ellos se van a vivir a centros de sobriedad. ¿Ofrecen ese tipo de servicio?**
A: Sí, lo hacemos. Las imágenes que mostramos en la sección de anuncios son algunas de las nuevas instalaciones que se están construyendo y que brindarán ese tipo de servicios. También contamos con clínicas que brindan tratamiento para trastornos mentales y por uso de sustancias.
(TRANSLATION – ENGLISH)
Q: There's a lot of people that are using drugs. Some of them go to live at sober living facilities. Do you provide that kind of service?
A: Yes, we do. The pictures that we showed in the announcement section are some of the new facilities being built that will provide those kinds of services. We have clinics that provide both mental and substance use disorders treatment.

14. **Q: ¿La unidad móvil solo estará en el área de Bakersfield?**
A: No. La unidad movible circulará por todo el condado de Kern.
(TRANSLATION – ENGLISH)
Q: Will the mobile unit only be in the Bakersfield area?
A: No, it will be driving all around Kern County.

15. **Q: ¿Hay folletos para la clínica móvil?**
A: Hasta donde yo sé, todavía no tenemos folletos. Le preguntaré a mi supervisor y me comunicaré con usted.
(TRANSLATION – ENGLISH)
Q: Are there flyers for the mobile clinic?
A: As far as I know, we don't have flyers yet. I will ask my supervisor and get back to you.

16. **Q: ¿La clínica psiquiátrica móvil tendrá sus propias cuentas en las redes sociales?**

A: Aún no existe una, pero Liz, nuestra coordinadora y administradora de MHSA, dice que es una gran idea y que la impulsará.
(TRANSLATION – ENGLISH)
Q: Will the mobile psychiatry clinic have its own social media accounts?
A: There isn't one yet but Liz, our MHSA Coordinator and Administrator says it's a great idea and she will push it forward.

LISTENING SESSION

Presentation: Listening Session
Presenter: Leydi Garcia de Luna, MHSA Program Specialist I

Presentación: Sesión de Escucha

Presentadora: Leydi Garcia de Luna, MHSA Program Specialist I

Leydi Garcia de Luna opened the floor to facilitate the listening session.

Questions (Q)/Comments (C) from the Audience after the presentation:
Preguntas (Q)/Comentarios (C) de la Audiencia después de la presentación:

No questions from the audience were recorded.

No se registraron preguntas de la audiencia.

MHSA Stakeholder Feedback Forms Received
Formularios de Comentarios de las Partes Interesadas que se Recibieron

1. **Please send me information on the mobile clinics.**
   (TRANSLATION) Por favor envíame información sobre las clínicas móviles. .

2. **Nuevas herramientas como ideas para trabajar con la comunidad.**
   (TRANSLATION) New tools and ideas on how to work with the community.

3. **Llevar información a nuestra comunidad.**
   (TRANSLATION) Bring information to our community.

4. **Gracias por el apoyo y excelente presentación. Pertenezco al grupo CFLC.**
   (TRANSLATION) Thanks for the support and excellent presentation. I belong to the CFLC group.

5. **Felicitaciones por el enfoque en los jóvenes y su atención temprana. Gracias.**
   (TRANSLATION) Congratulations on the focus on youth and your early attention. Thank you.

CPPP Incentive Program
Programa de Incentivos CPPP

The MHSA/CPPP Incentive Program started on December 1, 2021. This incentive program offers a $20 gift card for consumers/clients, their families, and other MHSA program participants.

To qualify for the MHSA/CPPP Incentive Program, interested consumers/clients, family members, and other MHSA program participants must first **pre-register** to attend the MHSA Community Forum. Upon pre-registration, MHSA staff will ensure that those who pre-register know the location of the meeting (*for In-Person meetings*) or have reliable access to Zoom (*for Virtual meetings*).

During the MHSA Community Forum, MHSA staff will **confirm attendance**. Then, approximately within one business day, the $20 gift card will be **mailed to the address** they provided during pre-registration.

(TRANSLATION) El programa de incentivos MHSA/CPPP comenzó el 1 de diciembre del 2021. Este programa de incentivos ofrece una tarjeta de regalo de $20 para consumidores/clientes, sus familias y otros participantes del programa MHSA.

*Para calificar para el Programa de incentivos MHSA/CPPP, los consumidores/clientes interesados, los miembros de la familia y otros participantes del programa MHSA primero deben **preinscribirse** para asistir al Foro comunitario de MHSA. Tras la preinscripción, el personal de la MHSA se asegurará de que quienes se preinscriban conozcan la ubicación de la reunión (para reuniones en persona) o tengan acceso confiable a Zoom (para reuniones virtuales).*

*Durante el Foro Comunitario de MHSA, el personal de MHSA **confirmará la asistencia**. Luego, aproximadamente dentro de un día hábil, la tarjeta de regalo de $20 se **enviará por correo** a la dirección que proporcionaron durante la preinscripción.*

ACTION STEPS
PASOS DE ACCIÓN

Kern Behavioral Health and Recovery Services will continue its commitment to inform, engage, take feedback, and provide outreach to the communities it serves through the provision of MHSA-funded programs and services in collaboration with community organizations and contract service providers throughout Kern County.

Kern Behavioral Health and Recovery Services continuará con su compromiso de informar, involucrar, recibir comentarios y brindar asistencia a las comunidades a las que sirve mediante la provisión de programas y servicios financiados por la MHSA en colaboración con organizaciones comunitarias y proveedores de servicios contratados en todo el condado de Kern.

This meeting was conducted in Spanish ONLY. *Esta reunión se llevó a cabo SOLAMENTE en español.*

MHSA recorded a total of **18** attendees during this presentation; the total excludes *MHSA Coordination team members and presenters.*
*MHSA registró un total de **18** asistentes durante esta presentación; el total excluye a los miembros del equipo de coordinación de la MHSA y los presentadores.*

During the Stakeholder meeting, we had **2** presentations and **0** voting items.
*Durante la reunión de partes interesadas, tuvimos **2**presentaciones y **0** elementos de votación.*

Stakeholders were asked to complete a demographic survey at the end of the presentation. We received **11** out of **18** surveys.
*Se pidió a las partes interesadas que completaran una encuesta demográfica al final de la presentación. Recibimos **11** de **18** encuestas.*

MHSA determined the following action steps/findings after reviewing verbal responses from stakeholders, polling questions, and surveys.
La MHSA determinó los siguientes pasos de acción/hallazgos después de revisar las respuestas verbales de las partes interesadas, las preguntas de las votaciones y las encuestas.

MHSA will:

I. General

a) MHSA will continue to provide education and updates on legislative and policy changes on MHSA funding and how that impacts the programs and services given to Kern County residents.
b) MHSA will investigate ways of gaining stakeholder feedback and participation (giveaways, treats, etc.) during the next meetings.
c) MHSA will continue researching ways of gaining a greater number of client/family, and public participation during stakeholder meetings.

No further action steps.

MHSA hara:

I. Generalidades

a) MHSA continuará brindando educación y actualizaciones sobre cambios legislativos y de políticas sobre el financiamiento de MHSA y cómo eso afecta los programas y servicios brindados a los residentes del condado de Kern.
b) MHSA investigará formas de obtener comentarios y participación de las partes interesadas (obsequios, etc.) durante las próximas reuniones.
c) MHSA continuará investigando formas de obtener una mayor participación de clientes/familias y del público en general durante las reuniones de partes interesadas.
No hay más pasos de acción.

Appendix III: Behavioral Health Board Public Hearing Minutes

KERN COUNTY BEHAVIORAL HEALTH BOARD
REGULAR MEETING MINUTES

Monday, January 22, 2024
5:30 p.m.
In Person: 2001 28th Street, 1st Floor Training Room

BOARD MEMBERS PRESENT:

Sonia Silva (Dist. 1) – Chair
David Kessler (Dist. 3) – Parliamentarian
Flossie White (Dist. 4)
Bryson Gholston (Dist. 3) – *Virtual*
BreAnne Patterson (Dist. 5)
Tiara King (Dist. 2) – *Virtual*
Dian Schneider (Dist. 2) – 1st Vice Chair - *Virtual*
Michael Herrera (Dist. 1)
Michael Bryant (Dist. 3)
Jeff Burdick (Dist. 1) - *Excused*
LaShawna Stowe (Dist. 3) - *Absent*
Genora McClanahan (Dist. 5) – *Virtual*
Maria Espinoza (Dist. 4) – BOS Appointee

Maria Gonzalez – BHB Coordinator

OTHERS PRESENT:
None

KERNBHRS STAFF:

Alison Burrowes	Jessica Armstrong	Robin Taylor	Heather Hornibrook	Liz Bailey
Estela P. Stewart	Lynn Corse	Gail Eckels	Isabel Cardenas	

1. **Welcome and Introductions:** Sonia Silva, Chair, welcomed everyone; each board member introduced themselves.

2. **Establish Quorum:** 7 present, 4 virtual, 1 absent, 1 excused. Quorum was established.

3. **Approval of Regular Meeting Minutes (Draft) for November 27,2023, Regular Meeting:** Deferred to February 26, 2024, meeting due to no motion called by the members of the board.

4. **Presentation(s):**
   - **"Annual Plan and ARER (Annual Revenue and Expenditure Report)" – Liz Bailey, Department Supports Administrator and Acting MHSA Coordinator, and Candee Del Rio, MPA, Finance Director:** Shared a presentation on MHSA Annual Update Plan Review FY 2024-2025 and MHSA Annual Revenue and Expenditure Plan. Time allowed for *Questions and Answers*.

   - **Approval of the Annual Plan and Annual Revenue and Expenditure Report presentation and content:** MOTION by David Kessler and seconded by Breanne Patterson. ALL AYES: Motion passed.

5. **Public Comment:** None.

6. **Unfinished Business**:
   A. **Executive Behavioral Health Board Meetings – Process of coordination of future meetings:** MOTION by David Kessler and seconded by Michael Bryant. ALL AYES: Motion passed.
   B. **Amend By-Laws to reflect the changes to the Executive Behavioral Health Board Meetings:** MOTION by Michael Herrera and seconded by Maria Espinoza. ALL AYES: Motion passed.

7. **New Business**:
   A. **Approval of Reappointment to Behavioral Health Board 2024:**
      - District 1: Jeffrey Burdick
      - District 1: Michael Herrera
      - District 2: Dian Schneider
      - District 3: LaShawna Stowe
      - District 4: David Kessler
      - BHB Coordinator: Maria Gonzalez

   MOTION by David Kessler and seconded by Michael Bryant. ALL AYES: Motion passed.

8. **Chair Report – Sonia Silva:** Presentations for the BHB Meetings – If anyone has any ideas for presentations they can be presented during this meeting or contact Alison Burrowes at aburrowes@kernbhrs.org. Time allowed for comments or questions.

9. **KernBHRS Clinical Services Report –Jessica Armstrong, Deputy Director:**
   - **Kern Linkage Division:**
     - Attending the Kern PATH Collaborative Group meeting scheduled for January 23, 2024, to build relationships and connections among Enhanced Care Management (ECM) Teams and Community Support providers to transform health care in Kern County; and set aside time to create a Community of Care that implements CalAim to better serve and improve the overall health and wellness outcomes for Medi-CAL members for our justice-involved individuals post incarcerations.
     - Point in Time (PIT) count is scheduled for January 24, 2024, several Kern Linkage Division staff will be participating in hopes of providing resources for the individuals in need.
   - **Substance Use Disorder (SUD) Division:**
     - The Annual DHCS DMC-ODS and SABG reviews were completed on January 4, 2024. There were only a few questions from the reviewer, and the final report is expected within the next month.
   - **Quality Improvement (QID) Division**: No major updates to report.
   - **Adult System of Care**:
     - Care court is moving from a committee to workgroup format and utilizing pilot 1 county information to develop current process.

- **Childrens System of Care**:
    - In search of a provider for the Children's Crisis Residential Program.

- **Finance:**
    - With the two Deputy Director model, Lynn Corse, MBA, Finance Administrator, and her team will now be reporting to Jessica Armstrong.

10. **KernBHRS Specialty Clinical Services Report – Robin Taylor, Deputy Director:**
    - **Information Technology:**
        - Health Information Exchange, working on a new contract with CalMHSA for the data and archive solution and interoperability.
        - EHR Patient Access is part of the Health Information Exchange plan and working towards changing our systems to also include a Patient Portal.
        - New Public Website, slated to go live by end of March or early April.
    - **Clinical Plan Services:**
        - The Contracts Team has moved over to Plan Services.
        - Prop 47 is our current transition program, this was a $6 million grant that was received for forensic supportive services, early intervention and education, and peer mentors. As of today, we have a total of 48 referrals, 31 have met the criteria for the program, 18 are currently enrolled and 13 pending. The program is up and running and moving forward.
        - Children's Outpatient services received a new grant for Parent Child Interaction Therapy training, we are moving forward and getting the agreements signed to get our staff trained and get the phase practice going with our outpatient youth services.
    - **Crisis Services:**
        - 988 text and chat has over 500 text chat services provided. It continues to grow, currently it is only 8 hours a day, by July 1st it will be available 24 hours a day. The Board of Supervisors has approved 13 new positions to help support our 988 hotline.
        - Mobile Crisis Response went live on December 31, 2023. So far, we have had 31 Mobile Crisis Response dispatched. We expect that this will expand as more people gain access and knowledge about our Mobile Crisis Response and 988 hotline.
        - Currently looking for a provider out of a second Referral for Proposal that was submitted so that East Kern may have their own Mobile Crisis Response team.
        - Mary K Shell building construction plan update, we should have the schedule for the fire safety remodel from the General Services department this week. We are anticipating the construction to start next month; it is about a 3-month process, and we are looking forward to having it all completed with as little impact on our services as possible.
    - **Medical Services:**
        - KernBHRS matched with three Child/Adolescent Fellows for the academic year of 24-25. We did not match for an Addiction Fellow, and we are still waiting for the Residency Program matches.
    - **Department Supports:**
        - Liz Bailey is the acting interim MHSA Coordinator.
        - MHSA continues evaluation and planning process for Proposition 1. This proposition goes in the ballot in March, and our planning team continues to work and review all the changes outlined in the legislation ballot measure and the impacts on the operations of our department. Will continue to bring updates to the board as we receive them.

11. KernBHRS Department Report – Alison Burrowes, Director:

- **Permanent Appointment:** Received permanent appointment by the Board of Supervisors last week on Tuesday. Thanked everyone for their support during the interim period.
- **Two Deputy Model:** The department will work with a two-deputy model for now until the changes that will come with Proposition 1 and the fiscal impact are clear. If the department can move to a three-deputy model, it will.
- **Employment Satisfaction:** As the Director, will really focus on employment satisfaction. As a department we can provide better services when our staff feels valued in the workplace. Will work to continue to strengthen the culture internally, employee wellness and engagement.
- **Financial Health of the organization:** Moved to a rate-based system six months ago, something that is new to this department and the state. The transition to the new Electronic Health Record has made it incredibly challenging, we do not have as much access as we would like. The former Electronic Health Record could not support the new payment system. There will be more updates as we move forward and continue to focus on this.
- **Behavioral Health needs of the community:** One of the ways to be better responsive to our communities' needs is by strengthening our partnership with other organizations in the community. As our department changes, we are really going to need to work with partner agencies to fill gaps. We have a lot of great partnerships with the community, and we will continue to have these conversations to see how we can meet the needs of our current beneficiaries and those that are in the cusps of coming into our system so that we can be prepared to serve all of them.
- **SB43:** Went before the Board of Supervisors on December 19, 2023, to postpone our implementation to January 1, 2026, and it passed without any public comment. If there is an opportunity to implement it sooner, we will. This is probably one of the biggest transformations since MHSA and there will be many more updates on this.

12. Board Member Item:

- **Flossie White:** Black History Awareness Month, there are plenty of activities and would like to encourage all the board members to participate. A flyer will be emailed out to all the members.

13. Committee Reports:

A. **Adult Treatment & Recovery Services** (quarterly): Bryson Gholston: Next meeting is February 7th. Will report on the February 26th meeting.
B. **Children's Treatment & Recovery Services** (quarterly): Dian Schneider and Jeff Burdick: Not available to report. Next meeting is April 11th. Will report on the April 22nd meeting.
C. **System Quality Improvement Committee** (bi-monthly): David Kessler: Met on January 22nd. There were three presentations provided, 24/7 Hotline Test Calls, Access to After-hours, and Fair Hearing. All divisions of the department also provided updates. Next meeting is March 25th.

14. Announcements to the Public: None.

15. Adjourn: MOTION by Breanne Patterson to adjourn to the next regular meeting In Person on February 26, 2024, and seconded by David Kessler. ALL AYES: Motion passed. Adjourned at 6:30 pm.

Items Distributed via Meeting Invite
BHB 2024 Schedule
https://www.kernbhrs.org/behavioral-health-board

Appendix IV: Kern County Board of Supervisors Adoption and Approval of Annual Update

KERN COUNTY / Behavioral Health & Recovery Services

Alison Burrowes, MA, LCSW
DIRECTOR

February 27, 2024

Board of Supervisors
County of Kern Administrative Center
1115 Truxtun Avenue
Bakersfield, CA 93301

KERN COUNTY MENTAL HEALTH SERVICES ACT ANNUAL UPDATE PLAN FOR FISCAL YEAR 2024-2025 AND REVENUE AND EXPENDITURE REPORT FOR FISCAL YEAR 2022-2023
(Fiscal Impact: None)

The Mental Health Services Act (MHSA) is a driving force behind the transformation of the public mental health system. Through the MHSA, county agencies ensure that the community has input into defining how programs should operate and is involved in the development, implementation, and evaluation of MHSA funded programs. This approach assists Behavioral Health and Recovery Services (BHRS) in integrating the needs of diverse individuals, families, and communities in its programming.

BHRS is required annually, as a condition of the MHSA, to inform and update the public of its activities and use of funding for the prior fiscal year, and its intentions for use of funding for the coming fiscal year.

This annual update plan has been developed with the participation of stakeholders, in accordance with Title 9, California Code of Regulations, Sections 3300, 3310, subdivision (d), and 3315, subdivision (a). A draft of the Kern County MHSA Annual Update Plan for Fiscal Year 2024-2025 was posted on the department's website on January 5, 2024, for public comment. A public hearing to review the update took place on January 22, 2024, at the Kern County Behavioral Health Board meeting. Any substantive comments made at that hearing have been included in the final report. Annual Updates and Expenditure Plans must be adopted by the county Board of Supervisors and submitted to the Mental Health Services Oversight and Accountability Commission and Department of Health Care Services.

Therefore, IT IS RECOMMENDED that your Board adopt the Kern County Mental Health Services Act Annual Update Plan for Fiscal Year 2024-2025 and Revenue and Expenditure Report for Fiscal Year 2022-2023 and approve submission to the Mental Health Services Oversight and Accountability Commission and Department of Health Care Services.

Respectfully submitted,

Alison Burrowes, MA, LCSW
Director

cc: County Administrative Office

SUMMARY OF PROCEEDINGS

BOARD OF SUPERVISORS - COUNTY OF KERN

1115 Truxtun Avenue
Bakersfield, California

Regular Meeting
Tuesday, February 27, 2024

9:00 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 Perez); Community Action Partnership of Kern (Supervisor Flores); Kern County Network for Children (Supervisor Peters); Kern Economic Development Corporation (Supervisors Scrivner, Couch, and Peters); Southern California Water Coalition (Supervisors Couch and Flores); Tobacco Funding Corporation, Kern County (Supervisors Couch and Flores); Kern County Foundation, Inc. (Supervisor Couch); and Kern Medical Center Foundation (Supervisors Flores and Scrivner).

BOARD RECONVENED

Supervisors: Peters, Scrivner, Flores, Couch, Perez

ROLL CALL: All Present

SALUTE TO FLAG - Led by Henry Benavidez, American Legion Post 26 Commander

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 CORY, A THREE-MONTH-OLD MALE MEDIUM SIZED BREED MIX, AVAILABLE FOR ADOPTION AT THE KERN COUNTY ANIMAL SHELTER

NOTE: Following approval of the consent agenda, Chairman Couch announced that he would open Item No. 10, Board Member Announcements or Reports, to allow Auditor-Controller-County Clerk Aimee Espinoza an opportunity to provide a brief update on Elections activities before considering Item No. 3; Aimee Espinoza heard

RESOLUTIONS/PROCLAMATIONS

CA-1) Resolution honoring Detention Deputy Angela George for 27 years of dedicated service to the County of Kern - ADOPTED RESOLUTION

Perez-Peters: All Ayes

CA-2) Resolution honoring Crime Scene Technician Jacqueline Moore for 37 years of dedicated service to the County of Kern - ADOPTED RESOLUTION

Perez-Peters: All Ayes

3) Resolution honoring Sandra Oberg, Department of Human Services, upon her retirement with 26 years of dedicated service to the County of Kern - ADOPTED RESOLUTION; MADE PRESENTATION TO SANDRA OBERG; LITO MORILLO, DIRECTOR, AND MARIA BERMUDEZ, ASSISTANT DIRECTOR, DEPARTMENT OF HUMAN SERVICES, AND SANDRA OBERG, HEARD

Scrivner-Peters: All Ayes

4) Proclaim March 2024 as Social Work Appreciation Month in Kern County - PROCLAIMED; MADE PRESENTATION TO LITO MORILLO, DIRECTOR, DEPARTMENT OF HUMAN SERVICES; LITO MORILLO AND MARIA BERMUDEZ, ASSISTANT DIRECTOR, HEARD

Peters-Flores: All Ayes

5) Proclaim March 8 - 10, 2024 as Children of the American Revolution Weekend in Kern County - PROCLAIMED; MADE PRESENTATION TO SOPHIA KAUFMAN, PRESIDENT, CALIFORNIA STATE SOCIETY, CHILDREN OF THE AMERICAN REVOLUTION, AND ALEXANDRA BOWLES, VICE PRESIDENT, CHILDREN OF THE AMERICAN REVOLUTION, BETSY ROSS CHAPTER; ALEXANDRA BOWLES AND SOPHIA KAUFMAN, HEARD

Flores-Scrivner: All Ayes

PUBLIC REQUESTS

CA-6) Request of Amanda Cruz-Ardoin, Project Specialist, Early Learning Services, Early Childhood Council of Kern, to approve annual Certification Statement regarding composition of Local Planning Council membership for submission to California Department of Social Services - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Perez-Peters: All Ayes

APPOINTMENTS

CA-7) Appointments of William Franklin, DO as Member and Soham Shah, MD as Alternate Member, County Medical Society representatives, and appointment of Erin Cocciolone as Alternate Member, County Ambulance Association representative, to the Emergency Medical Care Advisory Board, terms to expire at the pleasure of the Board - MADE APPOINTMENTS

Perez-Peters: All Ayes

CA-8) Appointment of Leslie Swindler as At-large Member to the East Kern Cemetery District, term to expire March 11, 2028 - MADE APPOINTMENT

Perez-Peters: All Ayes

PUBLIC PRESENTATIONS

9) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. 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 the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

BILL FALLGATTER, CHARLES SHINN, JES SANDERS, DENNIS MCLEAN, ANDREW HENSEL, GLEN CLAYTON, ROB BARGER, RALPH ROBLES, AND MARY LITTLE, HEARD CONCERNING ELECTIONS DIVISION

LELANI TEDESKI HEARD CONCERNING TWO-MINUTE SPEAKER TIME LIMIT UNDER PUBLIC PRESENTATIONS

SORAYA LOVE, DWAYNE CAMP, JR., JUAN CARLOS, DOLORES HUERTA AND SYDNEY O'CONNOR, HEARD CONCERNING UNITED DOMESTIC WORKERS OF AMERICA UNION ONGOING LABOR NEGOTIATIONS

RECESSED FOR 15 MINUTES
BOARD RECONVENED WITH ALL MEMBERS PRESENT

PAUL LINFESTY HEARD CONCERNING ELECTIONS DIVISION

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

10) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a][2])

CHAIRMAN COUCH AND ALL BOARD MEMBERS RECOGNIZED KERN COUNTY EMPLOYEE APPRECIATION WEEK HELD FEBRUARY 26 - MARCH 1, 2024, AND PRESENTED A CERTIFICATE OF RECOGNITION TO TRACEY ELDRIDGE, INTERIM CHIEF HUMAN RESOURCES OFFICER, WHO ACCEPTED ON BEHALF OF ALL COUNTY EMPLOYEES AND HIGHLIGHTED ACTIVITIES PLANNED DURING THE WEEK

DEPARTMENTAL REQUESTS

AGING AND ADULT SERVICES

CA-11) Proposed retroactive Amendment No. 1 to Memorandum of Understanding (MOU) with Kern County Libraries extending term from December 31, 2023 through September 30, 2024, and increasing compensation by $100,000, for a new total amount not to exceed $200,000 (Fiscal Impact: $100,000 State; Budgeted; Discretionary) - APPROVED; AUTHORIZED DIRECTOR OF AGING AND ADULT SERVICES AND DIRECTOR OF KERN COUNTY LIBRARIES TO SIGN

Perez-Peters: All Ayes

CA-12) Proposed Agreement with California Department of Aging to provide Health Insurance Counseling and Advocacy Program from April 1, 2024 through March 31, 2025, in an amount not to exceed $350,314 (Fiscal Impact: $350,314 [Federal $96,443, State $253,871]; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 063-2024; AUTHORIZED DIRECTOR OF AGING AND ADULT SERVICES TO SIGN ALL RELATED STATE TRANSMITTAL AND BUDGET REVISION DOCUMENTS

Perez-Peters: All Ayes

BEHAVIORAL HEALTH AND RECOVERY SERVICES

CA-13) Unusual travel request for Staff Development Specialist Kevin McGowan, Behavioral Health Program Supervisor Estrella Amaro, and Program Support Supervisor Juan Carlos Gonzalez to attend the Applied Suicide Intervention Skills Training in Sacramento, California from March 10 - 15, 2024, in a total amount not to exceed $18,009 (Fiscal Impact: $18,009; MHSA; Budgeted; Discretionary) - APPROVED

Perez-Peters: All Ayes

CA-14) Proposed authorization to designate specified individuals to initiate application for evaluation and involuntary detention for mentally disordered individuals per Welfare and Institutions Code Section 5150 (Fiscal Impact: None) - APPROVED

Perez-Peters: All Ayes

CA-15) Request to adopt Kern County Mental Health Services Act Annual Update Plan for Fiscal Year 2024-2025 and Revenue and Expenditure Report for Fiscal Year 2022-2023 and approve submission to Mental Health Services Oversight and Accountability Commission and Department of Health Care Services (Fiscal Impact: None) - APPROVED; ADOPTED ANNUAL REPORT

Perez-Peters: All Ayes

CA-16) Proposed Agreement with Stewards, Inc., to provide representative payee services for adult mental health clients residing in Kern County from February 27, 2024 through June 30, 2024, in a total amount not to exceed $1,579,784 (Fiscal Impact: $1,579,784; State/Federal; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 064-2024

Perez-Peters: All Ayes

CA-17) Proposed Amendment No. 1 to Agreement 229-2023 with Community Service Organization Behavioral Health Programs, Inc., providing contingency management services through the Recovery Incentives Program for Drug Medi-Cal beneficiaries, to extend the term from May 9, 2023 through June 30, 2024 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 065-2024

Perez-Peters: All Ayes

CA-18) Proposed Amendment No. 1 to Agreement 231-2023 with College Community Services providing contingency management services through the Recovery Incentives Program for Drug Medi-Cal beneficiaries, to extend the term from May 9, 2023 through June 30, 2024 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 066-2024

Perez-Peters: All Ayes

CA-19) Proposed Amendment No. 1 to Agreement 227-2023 with Kern County Hispanic Commission of Alcohol and Drug Abuse, Inc., providing contingency management services through the Recovery Incentives Program for Drug Medi-Cal beneficiaries, to extend the term of the agreement from May 9, 2023 through June 30, 2024 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 067-2024

Perez-Peters: All Ayes

CA-20) Proposed Memorandum of Understanding (MOU) with Marley's Mutts to provide therapy sessions for clients utilizing service animals, from February 27, 2024 through June 30, 2027 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 068-2024

Perez-Peters: All Ayes

CA-21) Proposed retroactive Amendment No. 6 to Agreement 242-2021 with Clinica Sierra Vista providing adult outpatient mental health services for clients residing in Delano, Lamont, Lebec, and South Bakersfield, to add revised language to contract and increase funding by $104,000, for a new total amount not to exceed $44,963,134 for provision of outreach services in Delano, effective January 1, 2024 (Fiscal Impact: $104,000; CAO ARPA; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 069-2024

Perez-Peters: All Ayes

CHILD SUPPORT SERVICES

CA-22) Request to approve non-standard terms and conditions with Real VNC, Limited, for annual renewal of software for remote administration of certain computers from March 31, 2024 through March 31, 2025, in the amount of $2,925 (Fiscal Impact: $2,925; Federal/State Grant Funded; Budgeted; Discretionary) - APPROVED

Perez-Peters: All Ayes

CLERK OF THE BOARD

CA-23) Initial Conflict of Interest Code for Frink School Inc (Fiscal Impact: None) - APPROVED; DIRECTED STATEMENTS OF ECONOMIC INTERESTS TO BE FILED WITH THE CHARTER SCHOOL

Perez-Peters: All Ayes

COUNTY ADMINISTRATIVE OFFICE

24) Mid-year status report for Fiscal Year 2023-2024 budget and proposed mid-year budgetary adjustments recognizing unanticipated revenue in the amount of $57,395,216 from property taxes, sales and use taxes, State, and Federal sources with subsequent appropriations in various departments; transferring appropriations in the amount of $15,000 for the purchase of an Environmental Health vehicle; and request for the net addition and deletion of forty-three positions in various departments, in an amount not to exceed $4,930,000 (Fiscal Impact: $57,395,216; State/Federal/General Fund Revenue; Not Budgeted; Discretionary) - JEANINE ADAMS, EDDY LAINE, AND SANDRA PLASCENCIA, LEADERSHIP COUNSEL FOR JUSTICE AND ACCOUNTABILITY, HEARD; RECEIVED AND FILED; APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS; REFERRED TO HUMAN RESOURCES DIVISION TO AMEND THE DEPARTMENTAL POSITIONS AND SALARY SCHEDULE

Perez-Flores: All Ayes

25) Fiscal Year 2024-2025 budget development report and proposed General Fund contribution guideline (Fiscal Impact: None) - MICHAEL TURNIPSEED, KERN COUNTY TAXPAYERS ASSOCIATION, HEARD; APPROVED

Scrivner-Flores: All Ayes

CA-26) Actuarial Valuation as of June 30, 2023, employer and employee contribution rates for Fiscal Year 2024-2025 for the retirement system, as recommended by the Kern County Employees' Retirement Association (KCERA) (Fiscal Impact: $314 Million; County) - ADOPTED

Perez-Peters: All Ayes

COUNTY COUNSEL

CA-27) Proposed Ordinance rescinding Section 10.04.679 of the Kern County Ordinance Code referencing the existing 45 mile-per-hour speed limit on Sherwood Avenue between Stradley Avenue and Garzoli Avenue and adding Section 10.04.808 to the Kern County Ordinance Code concerning a 55 mile-per-hour speed limit on Sherwood Avenue between Stradley Avenue and Garzoli Avenue, a distance of approximately 5,279 feet, in McFarland (Fiscal Impact: None) - WAIVED READING; INTRODUCED ORDINANCE

Perez-Peters: All Ayes

HUMAN SERVICES

CA-28) Proposed request to modify Master Agreement and terms and conditions of the $4,000 Employment Engagement Placement Solution (4KEEPS) program, formerly the Employer Subsidized Earnings (EASE) program to add provision required by Department of Justice (Fiscal Impact: None) - APPROVED

Perez-Peters: All Ayes

CA-29) Proposed Amendment No. 1 to Agreement 131-2021 with Kern Bridges Youth Homes, Inc., for provision of Intensive Services Foster Care (ISFC) Program to modify scope of services and increase compensation by $2,000,000, for a new total amount not to exceed $4,516,400 (Fiscal Impact: $2,000,000; State; Budgeted; Mandated) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 070-2024

Perez-Peters: All Ayes

CA-30) Request to approve non-standard terms and conditions with CBT Nuggets, LLC for sole source purchase of online technology training licenses, in an amount not to exceed $9,584 (Fiscal Impact: $9,584 [$9,009 Federal/State/Realignment, $575 General Fund/Realignment]; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Perez-Peters: All Ayes

CA-31) Proposed request to modify Master Agreements and terms and conditions of the Employment Preparation Program providing work experience for participants in the CalWORKs program to add provision required by Department of Justice (Fiscal Impact: None) - APPROVED

Perez-Peters: All Ayes

CA-32) Request to approve non-standard terms and conditions with Nuance Communications Inc., for sole source renewal of HIPAA compliant speech recognition and transcription software subscription, in an amount not to exceed $29,500 (Fiscal Impact: $29,500 [$27,730 Federal/State/Realignment, $1,770 General Fund/Realignment]; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Perez-Peters: All Ayes

LIBRARY

CA-33) Request retroactive authorization to apply for and accept the California State Library's Lunch at the Library Grant in the amount of $254,312, and appropriate unanticipated revenue in the amount of $153,852 (Fiscal Impact: $254,312 [FY 2023-2024 $153,852]; State Grant Funds; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED DIRECTOR OF LIBRARIES TO SIGN GRANT FORMS AND RELATED DOCUMENTS SUBJECT TO APPROVAL AS TO FORM BY COUNTY COUNSEL; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Perez-Peters: All Ayes

PROBATION

CA-34) Proposed Resolution and retroactive authorization to accept Grant Agreement from State of California Office of Traffic Safety, containing non-standard terms and conditions, for Probation DUI Offender Project from October 1, 2023 through September 30, 2024, in the amount of $186,000 (Fiscal Impact: $186,000; Federal Grant; Budgeted; Discretionary) - APPROVED; ADOPTED RESOLUTION 2024-035; AUTHORIZED CHIEF PROBATION OFFICER TO SIGN

Perez-Peters: All Ayes

PUBLIC HEALTH SERVICES

CA-35) Request to set public hearing to consider proposed Ordinance amending Sections 8.04.150 and 8.04.190 of the Kern County Ordinance Code related to unpermitted food vending, repeal of Kern County uncodified Ordinance G-8863, and proposed adoption of a new uncodified Ordinance related to service and permit fees for Environmental Health (Fiscal Impact: None) - SET PUBLIC HEARING FOR TUESDAY, MARCH 12, 2024 AT 9:00 A.M.; WAIVED READING; INTRODUCED ORDINANCES; DESIGNATED COUNTY COUNSEL AS OFFICIAL TO PREPARE NOTICES OF PUBLIC HEARING AND SUMMARIES OF PROPOSED ORDINANCE; DIRECTED CLERK OF THE BOARD TO PROVIDE NOTICES AND PUBLISH

Perez-Peters: All Ayes

CA-36) Request to accept non-standard terms and conditions with United Rentals for rental of utility task vehicles to be used by staff for medical response at various large-scale community events, in an amount not to exceed $5,000 (Fiscal Impact: $5,000; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Perez-Peters: All Ayes

CA-37) Proposed retroactive funding Agreement with California Department of Public Health Maternal, Child, and Adolescent Health Division for the continuation of the California Home Visiting program; Maternal, Infant, and Early Childhood Home Visiting program; and Evidence-Based Home Visiting program, from July 1, 2023 through June 30, 2028, in the amount of $2,391,445 for Fiscal Year 2023-2024, and request to appropriate unanticipated revenue in the amount of $1,209,940 (Fiscal Impact: FY 2023-2024 $2,391,445; State; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 071-2024; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Perez-Peters: All Ayes

CA-38) Proposed retroactive Agreement with California Emergency Medical Services Authority for Regional Disaster Medical Health Specialist program from July 1, 2023 through June 30, 2024, in an amount not to exceed $250,000 (Fiscal Impact: $250,000 Revenue; State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 072-2024

Perez-Peters: All Ayes

CA-39) Proposed retroactive Agreement with Kern County Hospital Authority for designation as a stroke center from March 1, 2020 through February 28, 2026, in an estimated amount of $128,598 in revenue (Fiscal Impact: $128,598 Estimated Revenue [FY 2023-2024 $21,433]; Fees; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 073-2024

Perez-Peters: All Ayes

SHERIFF

CA-40) Proposed Agreement, containing non-standard terms and conditions, with Spectrum Reach for television, streaming, and online ads for ongoing recruitment campaign from March 1, 2024 through February 28, 2025, in an amount not to exceed $60,000 (Fiscal Impact: $60,000; Budgeted; Discretionary) - APPROVED; AUTHORIZED SHERIFF OR DESIGNEE TO SIGN

Perez-Peters: All Ayes

CA-41) Proposed Amendment No. 1 to Agreement 028-2024 with CA Body Transport, LLC, providing Coroner Transportation Services, to add professional liability and new contract language (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 074-2024

Perez-Peters: All Ayes

CA-42) Proposed retroactive payroll correction for overtime pay to Senior Deputy Sheriff Bennett Driskill for pay periods 2022-10 through 2022-20, in the amount of $698.27 (Fiscal Impact: $698.27; Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE PAYROLL CORRECTION AND PAYMENT

Perez-Peters: All Ayes

CA-43) Proposed retroactive sole source Agreement, containing non-standard terms and conditions, with ANDE Corporation for consumables and service for rapid DNA instrument used to confirm identification from November 18, 2023 through November 17, 2028, in an amount not to exceed $290,470 (Fiscal Impact: $290,470; Budgeted; Discretionary) - APPROVED

Perez-Peters: All Ayes

CA-44) Request to increase sole source purchase order with Lenco Industries, Inc., by $55,148 to an amount not to exceed $458,043 for purchase of one Lenco Bearcat armored vehicle (Fiscal Impact: $55,148; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Perez-Peters: All Ayes

CA-45) Unusual travel request for Deputy Kolte Paxson to attend Basic Handlers Course in Jurupa Valley, California from March 10 - April 19, 2024, in an amount not to exceed $23,502 (Fiscal Impact: $23,502; Budgeted; Mandated) - APPROVED

Perez-Peters: All Ayes

ADJOURNED TO CLOSED SESSION

Peters

CLOSED SESSION

(If public reporting is required by Government Code Section 54957.1 relating to the following matter(s), the public reporting of any action taken in closed session will be made at the beginning of the next session of the Board of Supervisors.)

COUNTY ADMINISTRATIVE OFFICE

46) PUBLIC EMPLOYEE APPOINTMENT/RECRUITMENT - Title: Chief Administrative Officer (Government Code Section 54957) - NO REPORTABLE ACTION TAKEN

47) SECURITY OF PUBLIC SERVICES OR FACILITIES: Chief Administrative Officer (Government Code Section 54957(a)) - NO REPORTABLE ACTION TAKEN

48) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: Chief Administrative Officer James Zervis, and designated staff - Employee organization: United Domestic Workers of America (Government Code Section 54957.6) - NO REPORTABLE ACTION TAKEN

COUNTY COUNSEL

49) CONFERENCE WITH LEGAL COUNSEL - FORMALLY INITIATED LITIGATION (Government Code Section 54956.9(d)(1) and (g)) Name of case: County of Kern v. Cotchett, Pitre, & McCarthy, LLP, Monterey County Case Number 21CV002346 - NO REPORTABLE ACTION TAKEN

50) CONFERENCE WITH LEGAL COUNSEL - FORMALLY INITIATED LITIGATION (Government Code Section 54956.9(d)(1) and (g)) Name of case: Mojave Pistachios LLC, et al., v. The Superior Court of Orange County, Respondent; Indian Wells Valley Groundwater Authority, et al., Orange County Fourth Appellate District Case Number G062327 - NO REPORTABLE ACTION TAKEN

51) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (Government Code Section 54956.9(d)(2) and (e)(3)) Number of cases: One (1) Significant exposure to litigation in the opinion of the Board of Supervisors on the advice of legal counsel, based on: The receipt of a claim pursuant to the Government Claims Act or some other written communication from a potential plaintiff threatening litigation, which non-exempt claim or communication is available for public inspection - NO REPORTABLE ACTION TAKEN

RECONVENED FROM CLOSED SESSION; RECESSED TO 2:00 P.M.

/s/ Kathleen Krause
Clerk of the Board

/s/ David Couch
Chairman, Board of Supervisors

Appendix V: Acronym List

AA – Alcoholics Anonymous

A&A – Access and Assessment

AA/NA – Alcoholics Anonymous/Narcotics Anonymous

AAS – American Association of Suicidology

AB – Assembly Bill

AB 2034 – Assembly Bill 2034 was a program that began in January 2003 to provide intensive services to homeless persons with serious mental illness. In San Joaquin County, this program is called HEART - the Homeless Engagement and Response Team. The effectiveness of AB 2034 programs has resulted from the mandate to provide immediate housing, flexibility of funding, and reporting of client and system outcomes.

AB 2726 – The AB 2726 Program is a mandated program that provides a mental health assessment and treatment for children who are unable to benefit from their Special Education Program through their school due to mental health concerns.

ACA – Adult Children of Alcoholics

ACCME – Accreditation Council for Continuing Medical Education

ACEs – Adverse Childhood Experiences

ACS – American Community Survey

ACT – Assertive Community Treatment

ADA – Americans with Disabilities Act

ADD – Attention Deficit Disorder

ADHD – Attention Deficit Hyperactivity Disorder

Adj – Adjustment

ADL – Activities of Daily Living

Admin - Administration

A/H – Auditory Hallucinations

AIDS – Acquired Immune Deficiency Syndrome

AIMS – Abnormal Involuntary Muscle Scale

AKA – Also Known As

AMA – Against Medical Advice

AMAC – Adults Molested as Children

AMFT – Associate Marriage and Family Therapist

Amt – Amount

A/O – Alert and Oriented

AOD – Alcohol and Other Drugs

AOT – Assisted Outpatient Treatment

APA – American Psychological Association

APCC – Associate Professional Clinical Counselor

APEX – Achievement, Perseverance, and Excellence Academy

API – Asian Pacific Islander

APPIC – Association of Psychology Postdoctoral and Internship Career

Appt – Appointment

Apt – Apartment

APS – Adult Protective Services

ARRP – Art Risk Reduction Program

ART – Aggression Replacement Training

ASAP – As soon as Possible

ASD – Autism Spectrum Disorder

ASIST – Applied Suicide Intervention Skills Training

ASL – American Sign Language

ASOC – Adult System of Care

ASPD – Anti-Social Personality Disorder

ASQ – Ages and Stages Questionnaire

ASQ-3 – Ages and Stage Developmental Screening Tool

ASQ: SE2 – Ages and Stages Social Emotional Screening Tool

ASW – Associate Social Worker

ASWB – Association of Social Work Board

At-promise – the term 'at-promise' describes children who have the potential to achieve at a higher rate than they are currently achieving.

ATT – Adult Transition Team

AVH – Auditory and Visual Hallucinations

AWOL – Absent without Official Leave

BAIHP – Bakersfield American Indian Health Project; local partner

BAS – Burden Assessment Scale (Pre/Post)

BBHH – Bakersfield Behavioral Health Care Hospital

BBS – Board of Behavioral Sciences

B&C – Board and Care

BC – Bakersfield College

BCSD – Bakersfield City School District

BDD – Body Dysmorphic Disorder

BH – Behavioral Health

BHB – Behavioral Health Board

BHRS – Behavioral Health and Recovery Services

BIO – Biological

BOS – Board of Supervisors

B/P – Blood Pressure

BPD – Borderline Personality Disorder

BPD-MOU – Bakersfield Police Department-Memorandum of Understanding

BRT – Bakersfield Referral Team

CA-BRN – California Board of Registered Nursing

CCPR – Cultural Competence Plan Requirements

CAC – Crisis Addiction Counseling

CADAC – Certified Alcohol Drug Abuse Counselor

CAF – Children Adolescents and Families

CalAIM – California Advancing and Innovating Medi-Cal

CalMHSA – California Mental Health Services Authority

CalWORKs – California Work Opportunity & Responsibility to Kids

CANS – Child Adolescent Needs and Strengths

CARE – CalWORKs Access Retention Engagement

CARE TA – Crisis and Recovery Enhancement Technical Assistance Center

CARF – Commission for Accreditation of Rehabilitation Facilities

CASA – Court Appointed Special Advocates

CBC – Child Behavioral Checklist

CBH – Correctional Behavioral Health

CBO – Community Based Organization

CBT – Cognitive Behavior Therapy

CBTp – Cognitive Behavioral Therapy specialized for psychosis

CBT-SP- Cognitive Behavior Therapy-Suicide Prevention

CC – Cultural Competence

CCAPP – California Consortium of Addiction Professionals

CCMO – Crisis Case Management Outreach

CCR – California Code of Regulations

CCR FYE – Continuum of Care Reform Foster Youth Engagement

CCRC – Cultural Competence Resource Committee

CCS – College Community Services

CCU – Care Coordination Unit

CD – Chemical Dependency

The Center – The Center for Sexuality & Gender Diversity

CFLC – Consumer Family Learning Center

CFR – Code of Federal Regulations

CFS – Chronic Fatigue Syndrome

CFT – Child Family Team

CFTM – Child Family Treatment Meeting

CFTN – Capital Facilities and Technological Needs

CGC – Child Guidance Clinic

CICO – Check in Check out

CIT – Crisis Intervention Team

Clt – Client

CM – Case Manager

CMR – Closed Medical Records

CMS – Center for Medicare/Medicaid Services

CNS – Central Nervous System

Cont – Continue

CO – Correctional Officer

ConRep – Conditional Release Program

COR – Co-Occurring Recovery Group

COVID-19 – Coronavirus

CPPP – Community Program Planning Process

CRN – Community Referral Network

CSEC – Commercially Sexually Exploited Children

CSO – Community Services Organization

CSOC – Children's System of Care

CSR – Consumer Service Representative

CSS – Community Services and Supports

C-SSRS – Columbia-Suicide Severity Rating Scale

CSU – Crisis Stabilization Unit

CSUB – California State University-Bakersfield

CSV – Clinica Sierra Vista

CWiC – Crisis Walk-in Clinic

CWS – Child Welfare System
CYA – California Youth Authority

DA – District Attorney
DASS21 – Depression/Anxiety & Stress Scale (Pre/Post)
DBH – Department of Behavioral Health
DBT – Dialectical Behavior Therapy
D/C – Discharge
DCO – Deputy Conservator Officer
DCR – Data Collection and Reporting
DD – Developmentally Disabled
DDx – Dual Diagnosis
Dept – Department
DHCS – Department of Health Care Services
DHS – Department of Human Services
DID – Dissociative Identity Disorder
DMV – Department of Motor Vehicles
DOB – Date of Birth
DS – Direct Service
DS – Discharge Summary
DSM – Diagnostic & Statistical Manual of Mental Disorders
DT – Delirium Tremens
DTF – Daily Treatment Focus
DTO – Danger to Others
DTS – Danger to Self
DV – Domestic Violence
DUI – Driving Under the Influence
DWI – Driving While Intoxicated

Dx – Diagnosis

e.g. – For Example
EAP – Employee Assistance Program
EB1 – East Bakersfield Children's 1
EB2 – East Bakersfield Children's 2
EB3 – East Bakersfield Children's 3
EBP – Evidence-Based Practices
ED – Emergency Department
EH – Essential History
EHR – Electronic Health Record
EMDR – Eye Movement Desensitization and Reprocessing
EMM – Each Mind Matters
ePHI – Electronic Protected Health Information
EPI – Early Psychosis Intervention
EQRO – External Quality Review Organization
ERMHS – Educational Related Mental Health Services
ESL – English as 2nd Language
ETR – Employer's Training Resource
Eval – Evaluation

F.O.O. – Family of Origin
F/U – Follow-up
FACE – Functional Analysis of Care Environments
FCA – False Claims Act
FFA – Foster Family Agencies
FFP – Federal Financial Participation
FFT – Functional Family Therapy

FHH – Friese Hope House
FNL – Friday Night Live
FNP – Family Nurse Practitioner
FSP – Full-Service Partnership
FTS – First Team Services
FY – Fiscal Year

GA – General Assistance
GAD-7 – Generalized Anxiety Disorder
GBLA – Greater Bakersfield Legal Assistance
GSA – Geographic Service Area
GSH – Good Samaritan Hospital

HAT – Homeless Adult Team
HET – Homeless Engagement Team
HI – Homicidal Ideation
HIPAA – Health Insurance Portability & Accountability Act
HIV – Human Immune Virus
HMG – Help Me Grow
HMIS – Homeless Management Information System
HOT/HOP – Homeless Outreach Team / Homeless Outreach Program
HR – Human Resources
HTS – Home to Stay
HUD – Housing and Urban Development
HV – Home Visit

ICC – Intense Care Coordination
ICC/CFT – Intense Care Coordination/Child Family Team

ID – Identification

IDEAS – Identifying Depression Empowering Activities for Seniors

IDT – Individual Daily Treatment

IEP – Individual Education Plan

IESP – Integrated Enhanced Service Plan

IHBS – Intensive Home-Based Services

IHSS – In-Home Support Services

ILCKC – Independent Living Center Kern County

IM – Intramuscular

IMD – Institute of Mental Disease

INN – Innovation

Inpt – Inpatient

IPS – Individual Placement and Supports

ISMIP – Transitioned Integrated Services for Mentally Ill Paroles

ISSP – Individual Services and Supports Plan

IT – Information Technology

JPPS – Juvenile Probation Psychiatric Services

KCPD – Kern County Probation Department

KCSO – Kern County Sheriff's Office

KCSOS – Kern County Superintendent of Schools

KernBHRS – Kern Behavioral Health and Recovery Services

KHSD – Kern High School District

KLD – Kern Linkage Division

KM – Kern Medical

KM IPU – Kern Medical Inpatient Psychiatric Unit

KRC – Kern Regional Center

KYF – Kern Youth Facility
KYRS- Kern Youth Resilience and Support

L.O.S. – Length of Stay
LAN – Local Area Network
Latinx – A person of Latina American origin or descent (used as a gender-neutral or nonbinary alternative to Latina or Latino)
LCSW – Licensed Clinical Social Worker
LD – Learning Disability
LEAD – Look & listen, Explore reasons, Ask about suicide, Don't hesitate to get help or Develop a plan
LGBTQ+ – Lesbian, Gay, Bisexual, Transgender and Queer
LHCN – Learning Health Care Network
LMFT – Licensed Marriage and Family Therapist
LOA – Leave of Absence (temporary)
Locum – A person who stands in temporarily for someone else of the same profession; pertains to Staff Nurse and Psychiatrist
LPCC – Licensed Professional Clinical Counselor
LPHA – Licensed Practitioners of Healing Arts
LVN – Licensed Vocational Nurse

M&M – Mortality & Morbidity
MCCSP – Multi-Cultural Clinical Supervision Program
MCP – Managed Care Plan
MD – Medical Doctor, Physician
MDD – Major Depressive Disorder
MET – Mobile Evaluation Team
Meth – Methamphetamine

MFT – Marriage Family Therapist

MH – Mental Health

MHFA – Mental Health First Aid

MHP – Mental Health Plan

MHS – Mental Health Systems

MHSA – Mental Health Services Act

MHSOAC – Mental Health Services Oversight and Accountability Commission

MIST – Youth Multi-Agency Integrated Services Team

MKS – Mary K. Shell

MNCAMH – the University of Minnesota and the Minnesota Center for Chemical and Mental Health

MN – Medical Necessity

MOU – Memorandum of Understanding

MSE – Mental Status Exam

MSW – Master of Social Work

MTBI – Mild Traumatic Brain Injury

NA – Narcotics Anonymous

NS or N/S – No Show

NACT – Network Adequacy Certification Tool

NAMH – National Association of Mental Health

NAMI – National Alliance on Mental Illness

NIMH – National Institute of Mental Health

NP – Nurse Practitioner

NPI – National Provider Identification

NPLH – No Place Like Home

NSPL – National Suicide Prevention Line

O&E – Outreach and Education

OCD – Obsessive Compulsive Disorder

OD – Overdose

ODD – Oppositional Defiant Disorder

OES – Office Emergency Services

OP – Outpatient

P&P – Policies and Procedures

PA – Parole Agent

PAL – Physicians Automated Laboratory

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

PhD – Philosophy (Doctor of)

PHF – Psychiatric Health Facility

PHI – Protected Health Information

PHQ-9 – Patient Health Questionnaire

PI – Personal Information

PIO – Public Information Officer

PIP – Psychology Internship Program

PN – Progress Note

PNP – Psychiatric Nurse Practitioner

PO – Probation Officer

PRA – Patients' Rights Advocate

PROMIS – Patient Reported Outcome Measurement Information System

PSAP – Public Service Answering Point

PSC-35 – Pediatric Symptoms Checklist

PST – Problem-Solving Therapy

Psych Eval – Psychiatric Evaluation

PsyD – Psychology (Doctor of)

PTSD – Post Traumatic Stress Disorder

QI – Qualified Individual

QIC – Quality Improvement Committee

QID – Quality Improvement Division

QPR – Question, Persuade, and Refer

QQID – Quarterly Quality Improvement Division

R&R – Recruitment and Retention

RAWC – Recovery and Wellness Center

REACH – Risk Reduction and Engagement Accelerated alternative Community Behavioral Health

RER – Revenue and Expenditure Report

RFP – Request for Proposal

RISE – Recover, Inspire, Support, and Empower

RN – Registered Nurse

ROEM – Relational Outreach and Engagement Model

ROI – Release of Information

RPP – Relapse Prevention Plan

RS – Recovery Specialist

RSI/RS1 – Recovery Specialist 1

RSII/RS2 – Recovery Specialist 2

RSIII/RS3 – Recovery Specialist 3

RT – Recreational Therapist

RTO – Return to Office

Rx – Prescription: prescribed

S/O – Sex Offender

SA – Substance Abuse

SAGE – Seniors Active Giving and Engaged

SALT – Save a Life Today

SAMHSA – Substance Abuse and Mental Health Services Administration

SARB – Student Attendance Review Board

SCRP – Southern Counties Regional Partnership

SD – System Development

SDI – State Disability Income

SDR – Stigma and Discrimination Reduction

SEBA – Southeast Bakersfield Adult Recovery and Wellness

SED – Severely Emotionally Disturbed **SEL** – Social Emotional Learning

SES – Socio-Economic Status

SET – Self-Empowerment Team

SFBT – Solution-Focused Brief Therapy

SFT – Solution Focused Therapy

SHTT – Supportive Housing Treatment Team

SIP – System Improvement Project

SLE – Sober Living Environment

SLUMS – Saint Louis University Mental Status

SMART – Special Multi-Agency Referral Team

SMI – Serious Mental Illness

SO – Significant Other

SOC – System of Care

SQIC – System Quality Improvement Committee

SSA – Social Security Administration

SSDI – Social Security Disability Insurance

SSI – Supplemental Security Income

SSO – Spanish speaking only

SSP – Self Sufficiency Program

SST – Specialty Service Team

STAR – Succeeding Through Achievement and Resilience

STD – Sexually Transmitted Disease

STEPS – Special Treatment, Education, and Prevention Services

STRTP – Short-Term Residential Therapeutic Program

SUD – Substance Use Division

Sx – Symptoms

T4C – Thinking for a Change

TAR – Treatment Authorization Request

TAY – Transition Age Youth

TB – Tuberculosis

TBI – Traumatic Brain Injury

TBS – Therapeutic Behavioral Services

TFCO – Treatment Foster Care Oregon

THC – Marijuana, Cannabis, Tetrahydrocannabinol, Pot

Tier I/II – Designates a staff with both Tier I verbal interpretation and Tier II written translation in Spanish-English language pair; Tier I/II staff receive a stipend for using these skills.

TIP – Transition to Independence Process

TP – Treatment Plan

TTY – Teletypewriter or Text Telephone

Tx – Treatment

UADS – Urine Analysis Drug Screen

UMDAP – Uniform Method of Determining Ability to Pay

UOR – Unusual Occurrence Report

USA – United States of America

V/H – Visual Hallucinations

V/M – Voice Mail

VA – Veteran's Administration

VCC – Valley Catholic Charities

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

Wt. – Weight

X – times

Y/O – Years Old

YBT – Youth Brief Treatment

YDC – Youth Development Center

ZS – Zero Suicide