KERN BEHAVIORAL HEALTH & RECOVERY SERVICES

Kern County Mental Health & Services Act (MHSA)

Annual Update Plan

FY 2025 – 2026

This report includes the MHSA Annual Update to the 3-Year Program and Expenditure Plan, Performance Outcome Reports, 3-Year PEI Evaluation Report, Annual INN Project Report, and Final INN Project Report for the Healing Project.

KERN COUNTY

BEHAVIORAL HEALTH & RECOVERY SERVICES

Table of Contents

Mission, Vision & Values 6
Welcome Message from the Director 7
Land Acknowledgment 10
County Demographics 12
Executive Summary 16
Performance Outcome Reports 27
CSS Performance Outcome Report 28
PEI Performance Outcome Report 61
INN Performance Outcome Report 105
WET Performance Outcome Report 117
Stakeholder Involvement & Community Program Planning Process (CPPP) 125
FY 2023 – 2024 CPPP Annual Report 129
MHSA Funded Programs and Work Plans (FY 2023 – 2024) 145
Community Services and Supports (CSS) Overview 146
Full-Service Partnership (FSP) Overview & Program Work Plans 147
Adult Transition Team (ATT)/Homeless Adult Team (HAT) 151
Adult Wellness and Recovery Action Plan (Adult WRAP) 158
Assertive Community Treatment (ACT) 162
Transition Age Youth (TAY) 166
Wellness, Independence, and Senior Enrichment (WISE) 170
Youth Multi-Agency Integrated Services Team (Youth MIST) 174
Youth Wellness and Recovery Action Plan (Youth WRAP) 178
General System Development (SD) Overview & Program Work Plans 182
Access & Assessment (A&A) & Crisis Walk-in Clinic (CWiC) 186

Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE) 190
Consumer Family Learning Center (CFLC) 194
Home to Stay 197
Recovery and Wellness Center (RAWC) 200
Self-Empowerment Team (SET) 204
Prevention and Early Intervention (PEI) Overview & Program Work Plans 207
Access to Care: Crisis Hotline 213
Community Referral Network 216
Continuum of Care Reform (CCR) Foster Youth Engagement 220
Court Appointed Special Advocates (CASA) 223
Foster Care Engagement 225
Help Me Grow 229
Homeless Outreach Program 233
Kern County Superintendent of Schools (KCSOS) – School-Based Program 237
Living Well 241
Outreach & Education 247
Prepare U 251
Reengagement 254
Suicide Prevention and Outreach & Education (O&E) 258
Transition Age Youth (TAY) Dual Recovery 261
Transition Age Youth (TAY) Self-Sufficiency 264
Volunteer Senior Outreach Program (VSOP) 268
Youth Brief Treatment (YBT) 272
Youth Juvenile Justice Engagement 275
Zero Suicide 278
3-Year PEI Evaluation Report (FY 2021-2022 to FY 2023-2024) 281
Innovation Programs (INN) Overview & Program Work Plans 336

Early Psychosis Learning Health Care Network (LHCN) 340
Mobile Clinic with Street Psychology 342
The Healing Project (AKA Recovery Station) 345
Final INN Project Report – The Healing Project 348
Workforce Education and Training (WET) Overview & Program Work Plans 357
Residency/Internship 361
Training/Technical Assistance 366
Workforce Staffing 370
Capital Facilities and Technological Needs (CFTN) Overview & Program Work Plans 372
Healing Project Storm Damage Repairs 375
PEC & CSU Renovation 378
Website Redesign 380
Westchester HVAC Replacement 381
Grants Overview & Program Work Plans 382
Early Psychosis Intervention on PLUS (EPI Plus) 385
Kern Youth Resilience Program (MHSSA Student Grant) 387
No Place Like Home (NPLH) 390
MHSA Program Directory FY 2025 – 2026 393
Annual Revenue and Expenditure Report (ARER) 399
Certifications & Compliance 410
Exhibit A: MHSA County Compliance Certification 411
Exhibit B: County Fiscal Certification 412
Exhibit C: IN 19-017 Certification 413
Exhibit D: MHSOAC IN 23-001 414
Exhibit E: Disclosure 419
Exhibit F: Kern County CSS Capacity Assessment 420
Circulation, Comment Period & Public Hearing 429

Appendices 431
Appendix I: MHSOAC – MHSA Plans, Updates, and Reports Deadlines 432
Appendix II: Acronym List 433
Appendix III: List of Figures 448
Appendix IV: Copy of ARER (Small Print) 449

Mission

Working together to support hope, healing, and recovery.

Vision

Delivering excellent behavioral health care to support the well-being of our community.

Value

Healing, Service Excellence, Community, and Innovation.

Welcome Message from the Director



Figure 1
Light Up Green for Mental Health Month



The Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2025-2026 is a testament to our shared commitment to mental health in Kern County. It updates stakeholders, community partners, clients, families, the Behavioral Health Board, and the Board of Supervisors on key developments and achievements since the previous Annual Plan.

Following MHSA principles, Kern Behavioral Health and Recovery Services (KernBHRS) remains steadfast in its commitment to fostering community collaboration, enhancing service access, and empowering consumers and families in decision-making. The success of our MHSA-funded programs is a result of this collaborative approach, vital in raising awareness, educating the community, and reducing mental health stigma in Kern County.

Over the past year, KernBHRS introduced new programs and expanded infrastructure, focusing on input from community stakeholders and preparing for upcoming state mandates. The department worked to bridge service gaps, particularly for vulnerable populations such as people experiencing homelessness, by implementing the CARE Court initiative, increasing housing resources through new No Place Like Home projects, and expanding homeless services with two new mobile units and additional co-located services at shelters and navigation centers.

In line with the upcoming Behavioral Health Transformation priorities, KernBHRS has significantly expanded its services to address crisis needs. Two new Psychiatric Healthcare Facilities have been completed, and work is ongoing on a Youth Crisis Stabilization Unit and Family Resource Center. The expansion of the Mobile Evaluation Team (MET) with Mobile Crisis Response, and the Addition of 24/7/365 text and chat services to the Access to Care Hotline, are all part of our commitment to providing comprehensive support in times of crisis.

The department also enhanced specialized treatment options, including in the areas of suicide prevention, employment support, services for individuals with eating disorders, early psychosis treatment, youth services, and support for those involved with the criminal justice system. Early preparations were also made for integrating substance use services through expanded outreach, support, and medication-assisted treatment.

Cultural awareness initiatives were also prioritized, promoting diversity and equity within the workplace and service delivery. This included staff discussions on diversity, equity, and inclusion (DEI) issues and expanded educational events celebrating diversity.

With multiple new initiatives on the horizon, KernBHRS is excited about the continued progress in behavioral health. These efforts represent opportunities to improve services and expand care for some of our community's most vulnerable members. As our services continue to evolve, the department remains dedicated to providing exceptional services that foster hope, recovery, and better outcomes for the people of Kern County. We look forward to the continued growth of our MHSA programming and its positive impact on the community.

Sincerely,



Alison Burrowes, MA, LCSW

Behavioral Health Director

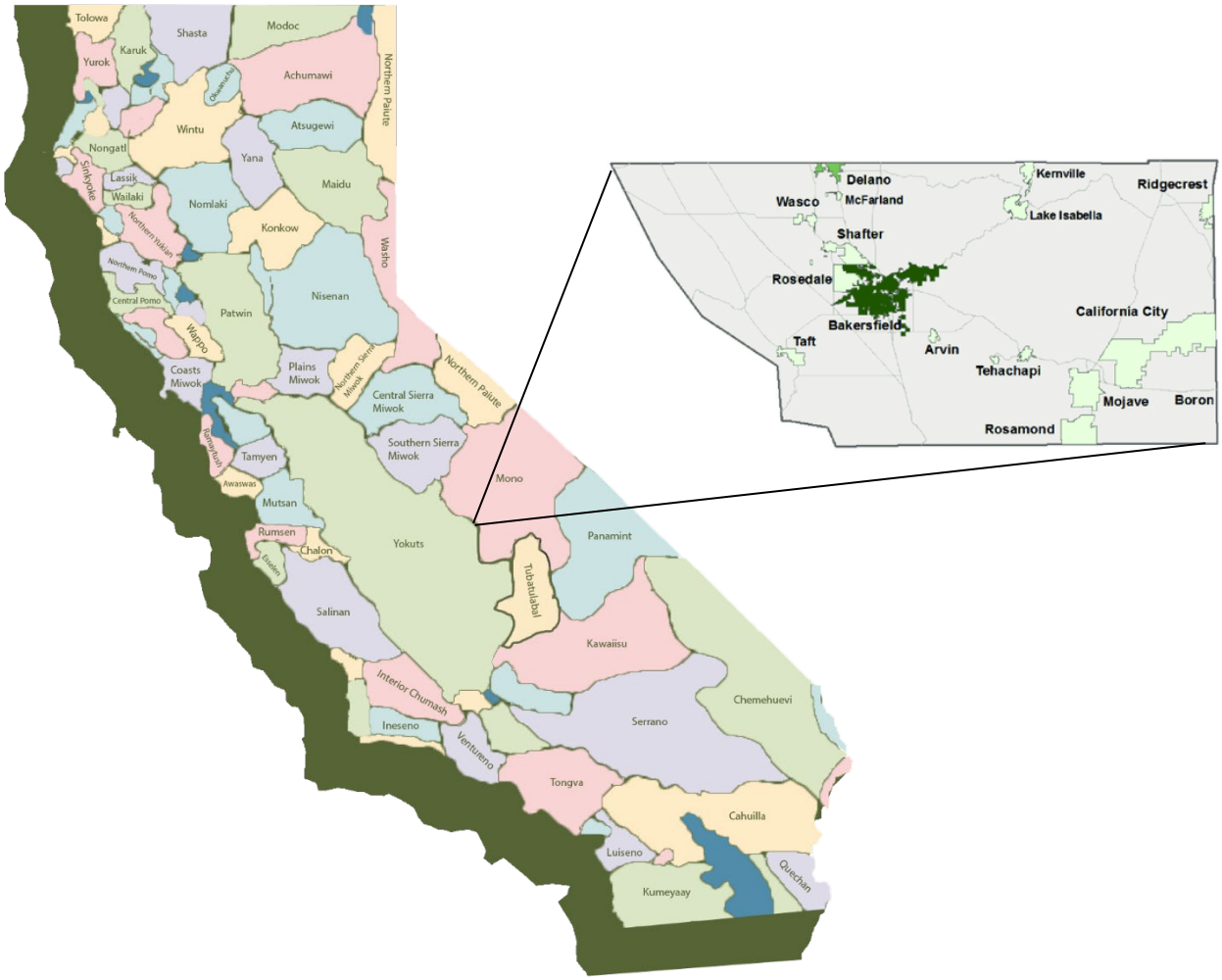
Kern Behavioral Health and Recovery Services

Land Acknowledgment



Figure 2
2024 Bakersfield American Indian Health Project (BAIHP) Spring Festival

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



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

We acknowledge and honor the Indigenous people who came before us and continue to walk beside us today on these ancestral lands. We recognize and are deeply grateful for the significant contributions they have made to the broader community. We pay tribute to the land itself and those who have remained stewards and custodians of this land throughout the generations. We pay respect to our ancestors, elders, and relatives past, present, and emerging, and appreciate their sharing of this land.

County Demographics

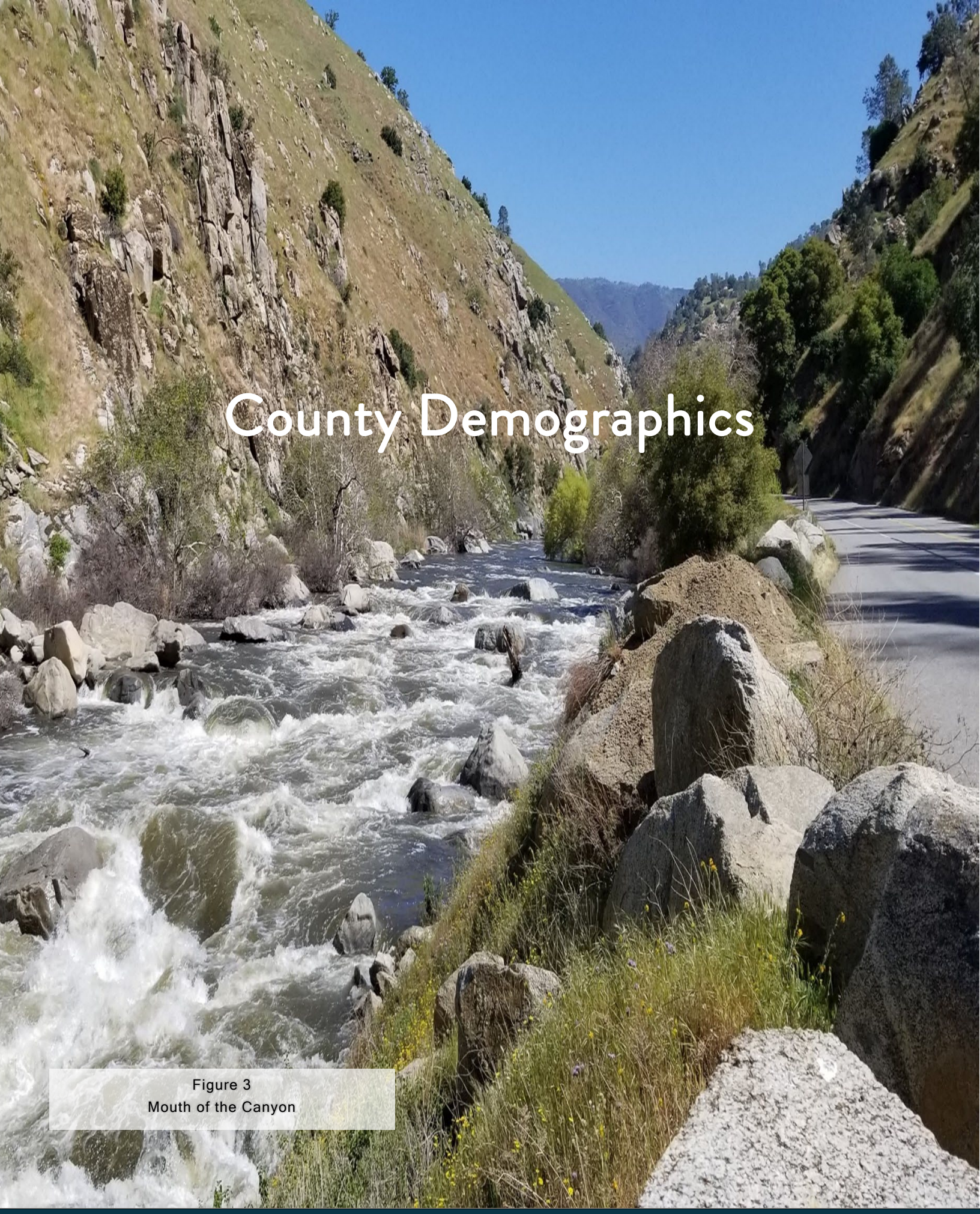


Figure 3
Mouth of the Canyon

KERN COUNTY DEMOGRAPHICS

Located on the southern edge of the San Joaquin Valley, Kern County is the third largest county in California, covering 8,164.7 square miles. Kern's diverse population enjoys the benefits of its mountains, valleys, deserts, and agricultural landscape. Ventura County, San Luis Obispo County, Kings County, San Bernardino County, Santa Barbara County, Los Angeles County, Tulare County, and Inyo County border the county.

Kern County, a vital thoroughfare for travelers and commuters, connects many on the North-South route via Interstate 5 and Highway 99 and, to the east, Highway 58. This connectivity allows residents to access recreational activities like hiking trails at Wind Wolves, river rafting at Kern River, and touring museums, making Kern County a hub of activity and connection.

The numbers gathered for this section are based on 2024 estimates from the reliable source of the Census Bureau, ensuring the information you receive is accurate and current, giving you a comprehensive understanding of Kern County.

ECONOMY

Kern County, a significant economic hub, is home to a workforce of about 353,000 individuals. The county's strong presence in oil and agriculture, with over 70% of California's oil reserves and a diverse range of leading agricultural products, underscores its economic importance. Despite the challenges of declining oil prices and drought, the county's industries remain vital, with agriculture earning it the title of the "breadbasket of the world," a testament to its global impact.

Aside from oil and agriculture, the military-based avionic production and manufacturing at the Edwards Air Force Base and the China Lake Naval Air Weapons Station in East Kern County are significant contributors to the local economy. These institutions provide numerous jobs for residents in Ridgecrest, Mojave, and Rosamond. The solar and wind energy industry has also been gaining momentum, contributing to increased construction and operational jobs throughout Kern County, particularly in the Tehachapi Mountains and Mojave Desert areas.

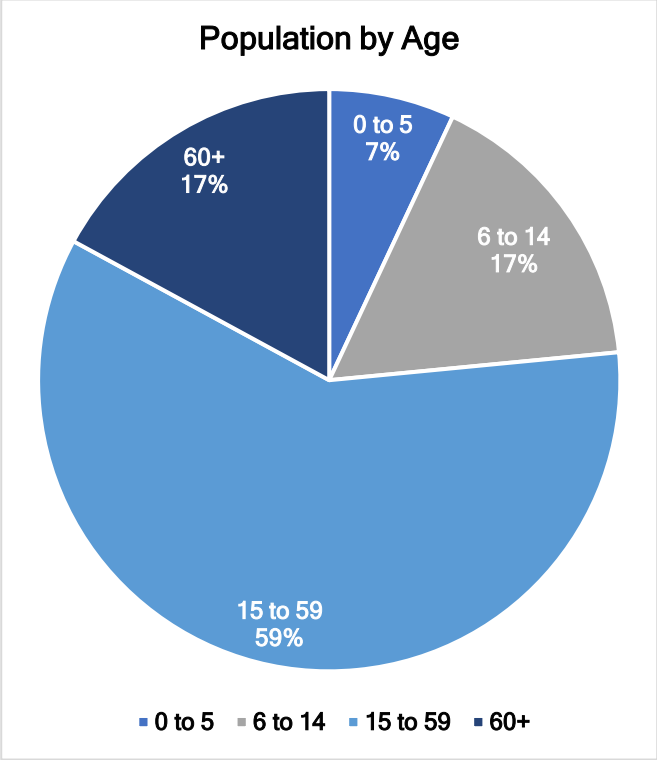
Total Employer Establishments	Employment Rate	Median Householder Income	Bachelor's Degree or Higher
13,731	55.2%	$68,893	18.0%

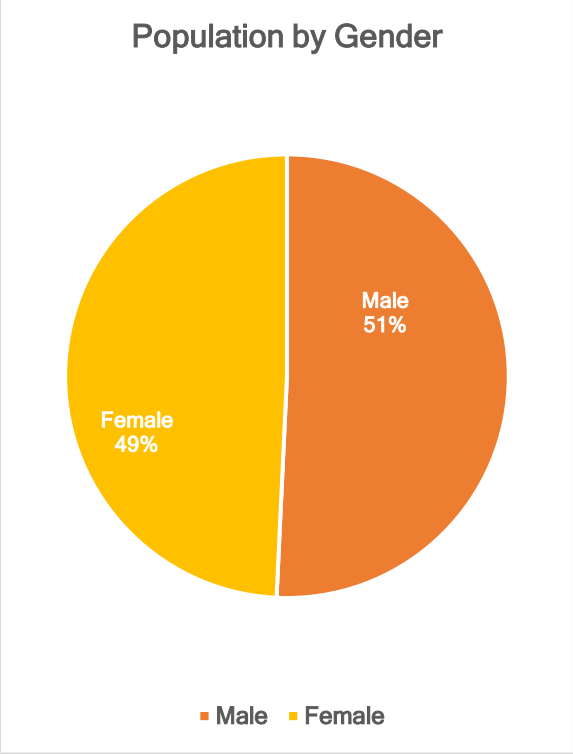
Source: United States Census Bureau

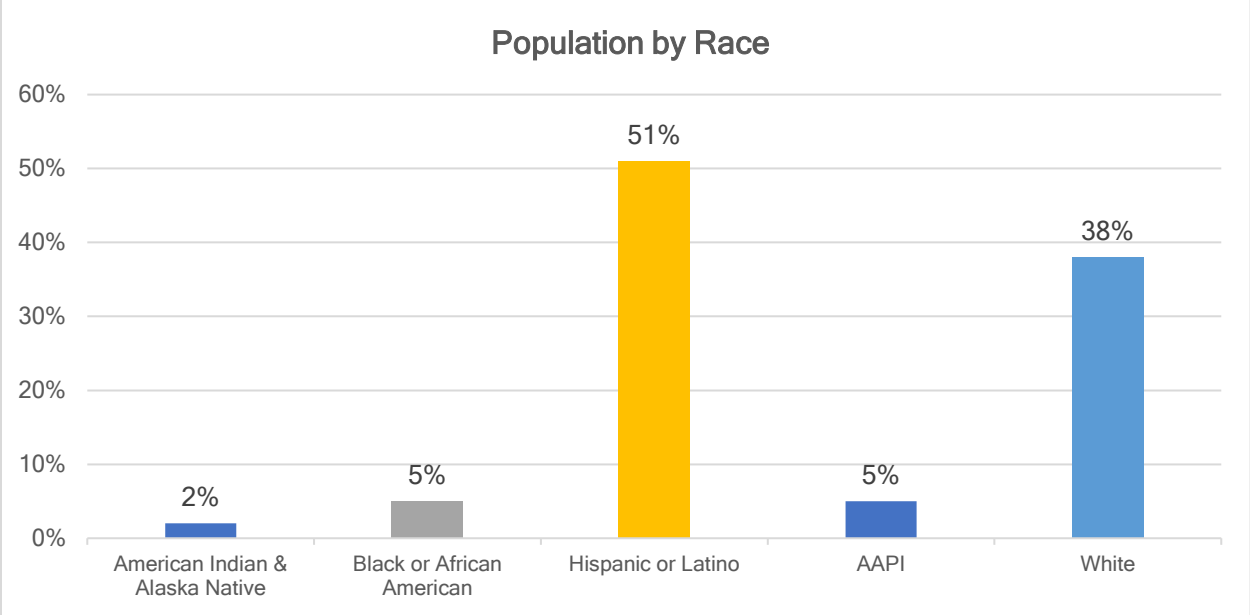
POPULATION BREAKDOWN

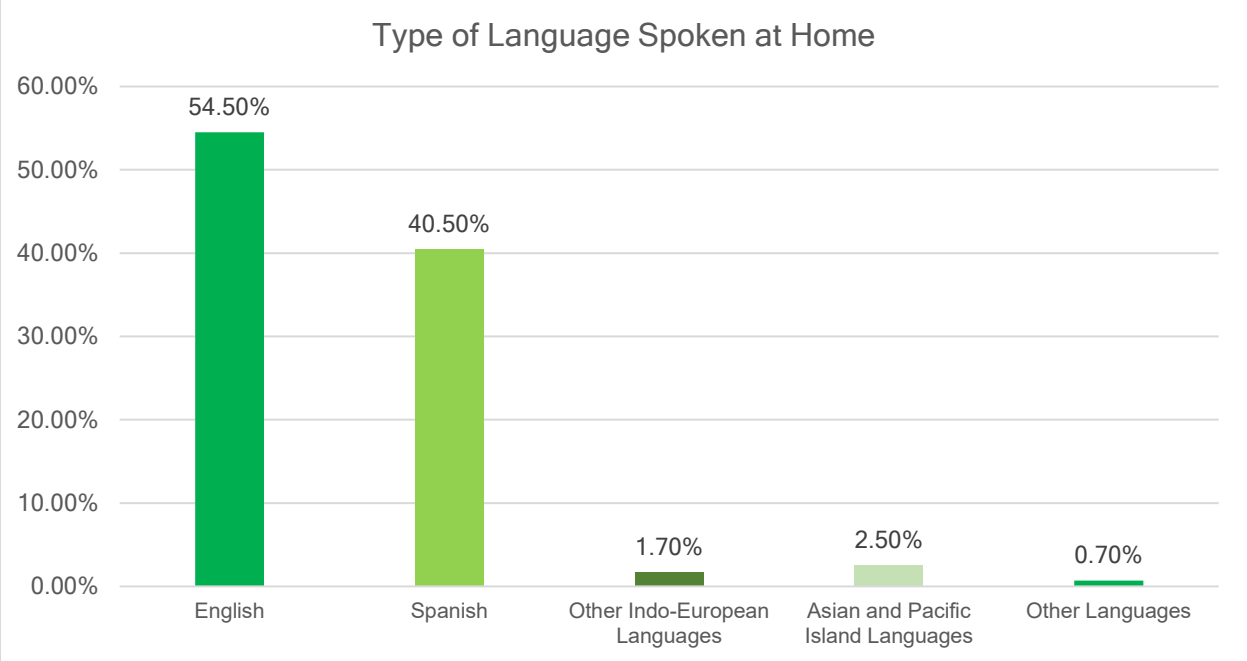
According to the most recent United States census data, Kern County, California's estimated 2024 population is 909,235, with a growth rate of 5% in the past year. Kern County is the 11th largest county in California, per capita.

The primary threshold languages in Kern County are English and Spanish. The demographic graphs below are based on United States Census data.






Population by Race
60%
50%
40%
30%
20%
10%
0%
2%
5%
51%
5%
38%
American Indian & Alaska Native
Black or African American
Hispanic or Latino
AAPI
White


Type of Language Spoken at Home
60.00%
50.00%
40.00%
30.00%
20.00%
10.00%
0.00%
54.50%
40.50%
1.70%
2.50%
0.70%
English
Spanish
Other Indo-European Languages
Asian and Pacific Island Languages
Other Languages

Executive Summary



Figure 4
Cruising Kern County Roads

THE MENTAL HEALTH SERVICES ACT

The Mental Health Services Act (MHSA) was passed via Proposition 63 in November 2004 and enacted in 2005. The Act, with its purpose and intent to reduce adverse outcomes and prolonged suffering associated with mental illness, has brought about significant positive changes. By passing the Act, a one percent tax was imposed on Californians with adjusted annual incomes over $1 million, providing dedicated funding to each County. This funding is aimed at 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 (CSS), Prevention and Early Intervention (PEI), Innovation (INN), Workforce Education and Training (WET), and Capital Facilities and Technological Needs (CFTN).

Behavioral Health Transformation

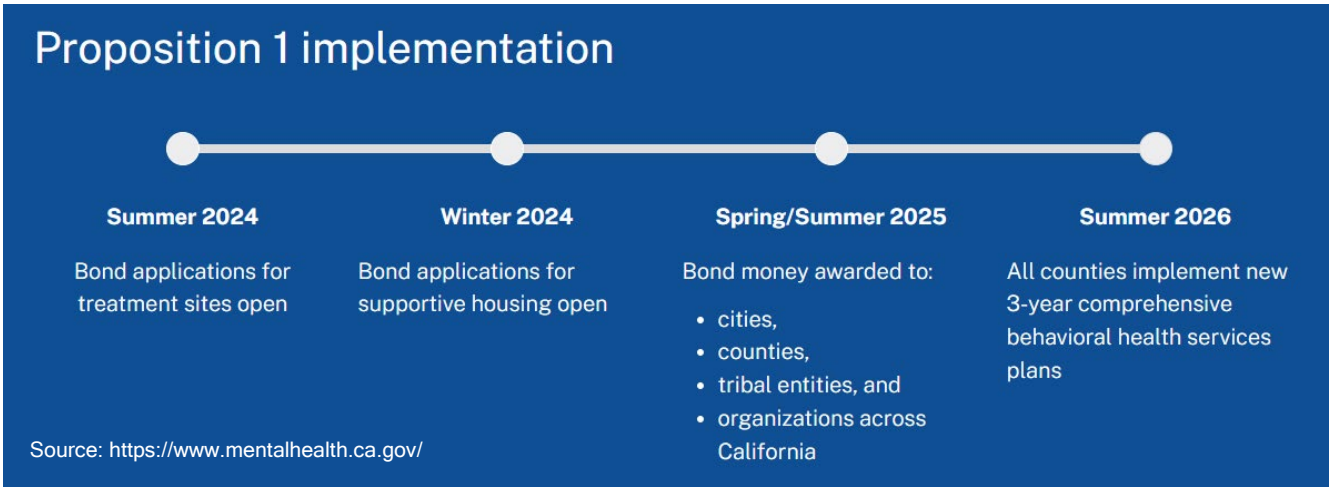
In March 2024, Californian voters approved Proposition 1, a dynamic two-bill package that includes the groundbreaking Behavioral Health Services Act (BHSA - SB 326), which focuses on improving access to mental health services, and the forward-thinking Behavioral Health Infrastructure Bond Act of 2024 (BHIBA – AB 531), which aims to enhance the infrastructure of behavioral health facilities.

Behavioral Health Transformation (BHT) is a game-changer; you, our stakeholders, are not just observers but active participants in this change. Your role in this transformation is crucial, as it not only improves accountability and increases transparency but also significantly expands the capacity of behavioral healthcare facilities. BHT is set to build on other major behavioral health initiatives, including the California Advancing and Innovating Medi-Cal (CalAIM) initiative, the Children and Youth Behavioral Health Initiative (CYBHI), Medi-Cal Mobile Crisis, 988 expansion, and the Behavioral Health Continuum Infrastructure Program (BHCIP).

Behavioral Health Transformation Timeline

Transitioning from the Mental Health Services Act (MHSA) to the Behavioral Health Services Act (BHSA) is a meticulously planned process. Here is the anticipated timeline for the upcoming BHT, which will guide the transition process and ensure a smooth implementation of the changes, providing you with confidence that the transition is being handled with the utmost care.

Table 1 – Behavioral Health Transformation (BHT) Implementation Timeline



Behavioral Health Transformation (BHT) Programs

All current MHSA-funded programs (*CSS, PEI, INN, WET, and CFTN*) are being carefully evaluated to reflect the new BHT legislation, ensuring our stakeholders are fully informed through the Community Program Planning Process (CPPP).

The following infographic shows the changes in the "funding buckets" as required by BHT:

Table 2 – Behavioral Health Transformation Funding Allocations



THE MENTAL HEALTH SERVICES ACT PROGRAMS

COMMUNITY SERVICES AND SUPPORT

Community Services and Support (CSS) is the most significant component of MHSA. CSS focuses on community collaboration, cultural competence, and client—and family-driven services and systems. It maintains a wellness focus, including recovery and resilience concepts, integrated service experiences for clients and families, and serving the unserved and underserved. Housing is also a large part of the CSS component.

Transitioning from the Mental Health Services Act (MHSA) to Behavioral Health Transformation (BHT) is expected to be completed by July 1st, 2026. Consequently, all CSS (FSP & SD) programs are being carefully evaluated to reflect the new legislation, ensuring that you are fully informed and considered in this process.

CSS CAPACITY ASSESSMENT

The Kern County CSS Capacity Assessment, following Title 9 of The California Code of Regulations 3560 (9 CCR § 3650), requires every county to prepare a CSS Capacity Assessment every 3 years. At the start of 2025, the Mental Health Services Act (MHSA) was audited by the Department of Health Care Services (DHCS). One of those findings was that we needed to revise the **CSS Capacity Assessment** submitted with the 3-Year Plan for FY 2023-2026 to better align with the evolving needs of our community. The newly revised assessment can be found in the **Certifications & Compliance section as Exhibit F**.

CSS PROGRAM CHANGES & UPDATES:

Full-Service Partnership

- The Assertive Community Treatment (ACT) team discontinued services with MHS Action in June 2024 and began a new contract with Telecare in July 2024.
- In May 2024, Youth MIST obtained certification in the Treatment Foster Care-Oregon (TFCO) model. TFCO is an evidence-based practice that has been shown to help youth in placement successfully reunite with a parent or caregiver.

- The Transitional Age Youth Team (TAY) is partnered with two new Transitional Housing Program Plus Foster Care (THP-FC) providers (*EA Family Services* and *Covenant Community Services*) to provide housing options to ***extended foster youth (EFY).***
- Contracted with EVALCORP to evaluate CSS (FSP and SD) programs and prepare the CSS Performance Outcome Report (POR). This comprehensive report, available in the POR section, is a key resource for all stakeholders, providing valuable insights into the performance of our programs.
- Due to the Behavioral Health Transformation (BHT) changes, the contracted Youth WRAP programs are sunsetting **on June 30, 2025**.
- The Bakersfield Referral Team under the Adult Wrap program will sunset **on June 30, 2025**. The stakeholder process approved the proposed change but is currently in the meet-and-confer process with the SEIU (Employee Union).

System Development

- Access and Assessment (A&A) has begun utilizing the Mental Health Non-Psychiatric Timeliness Record to measure the time between the initial request for services, the first offer appointment, and the follow-up appointment.
- KernBHRS has partnered with the California Mental Health Services Authority (CalMHSA) for Statewide Medi-Cal Certification for Peer Support Services.
- Contracted with EVALCORP to evaluate the CSS (FSP and SD) programs and prepare the CSS Performance Outcome Report (POR). This comprehensive report, available in the POR section, is a key resource for all stakeholders, providing valuable insights into the performance of our programs.
- The Home to Stay program will sunset **on June 30, 2024**, due to using an alternative funding source.
- Due to the Behavioral Health Transformation (BHT) changes, the contracted Recovery and Wellness Center (RAWC) programs will no longer be funded by MHSA and will utilize alternative funding:
    - Central Bakersfield – Clarvida
    - Wasco – Clarvida
    - North Bakersfield – Child Guidance Clinic and Adult Behavioral Health
    - South Bakersfield – Clinica Sierra Vista
- The Access and Assessment program will sunset **on June 30, 2025**. The stakeholder process has approved the proposed changes. Still, they are in the meet-and-confer process with SEIU (Employee Union).

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, which results from collaboration with consumers, family members, and stakeholders, requires continued involvement in developing PEI projects and programs. The plan is designed to be inclusive, with 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, school-based services, expanded access, and linkage for difficult-to-engage individuals, among several other promising programs.

3-YEAR PEI EVALUATION REPORT

The 3-Year PEI Evaluation Report is 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), and DHCS Information Notice No: 19-039). To find this report, please refer to the pages after the PEI Program Work Plans section.

PEI PROGRAM CHANGES & UPDATES:

- The Healing Project transitioned from INN to PEI **on 6/10/2024**.
- CASA's contract terminated **on 04/03/2024**.
- Kern County Superintendent of Schools (KCSOS) School-Based Program's contract terminated **on 06/30/2024**.
- Contracted with EVALCORP to evaluate the PEI programs and prepare the 3-Year PEI Evaluation Report, which can be found in the PEI section of this report.
- Contracted with EVALCORP to evaluate the PEI programs and prepare the PEI Performance Outcome Report (POR). This comprehensive report, available in the POR section, is a key resource for all stakeholders, providing valuable insights into the performance of our programs.
- The contracted VSOP program ended **on October 31, 2024**.
- The Homeless Outreach Program/Flood Bakersfield Ministries, Inc. will be reduced to 1 liaison position **effective July 1, 2025**.

- Due to the Behavioral Health Transformation (BHT) changes, the following contracted programs are sunsetting **on June 30, 2025**:
    - Community Referral Network
    - Help Me Grow
    - Reengagement
    - TAY Self-Sufficiency
    - Youth Brief Treatment
- The following programs will sunset **on June 30, 2025**. The Stakeholders approved the proposed change, which is currently in the meet-and-confer process with the SEIU (Employee Union). These are the programs:
    - Living Well
    - Zero Suicide
    - Youth Brief Treatment
- One program specialist will be reduced from the Continuum of Care Reform Foster Youth Engagement. The Stakeholders approved the proposed change, which is currently in the meet-and-confer process with the SEIU (Employee Union).

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 services for underserved groups, improve 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 PROGRAM CHANGES & UPDATES:

- The Learning Health Care Network contract, executed in late fall 2023, has enabled UC Davis to aggregate outcome measurements of individuals participating in the program locally and roll up this aggregate information regionally and nationally. This development opens up new possibilities for evidence-based research in Early Psychosis. While there have been some delays in data collection due to concerns about client confidentiality, rest assured that we are actively working with Kern and UC Davis to resolve this issue and ensure the smooth progress of the project.

- As of February 2023, the MCSP team started seeing clients. The full-service van is still being built, so the team has been utilizing other vehicles for their outreach. MCSP staff are using the Recovery-Oriented Engagement Model (ROEM), a person-centered approach that emphasizes the individual's strengths and resilience in their recovery journey.
- The Healing Project's innovation funding ended on 06/10/2024. However, we are pleased to announce that the recovery station remains open, thanks to braided funding that includes PEI funds. This continuity underscores our commitment to the project's sustainability and the support for its ongoing operations.
- Our partnership with EVALCORP has been instrumental in evaluating the INN programs and preparing the crucial INN Performance Outcome Report (POR). This comprehensive report, available in the POR section, is a key resource for all stakeholders, providing valuable insights into the performance of our programs.
- As the Healing Project concludes its Innovation phase, we have contracted with EVALCORP to evaluate its Impact. **The Final INN Project Report for the Healing Project**, a comprehensive document detailing our findings, is readily available in the INN section, ensuring all stakeholders are well-informed about the project's outcomes.
- **Future INN programs**: We are excited to share that we are making significant progress in seeking approval from the stakeholders and the Commission for Behavioral Health (CBH) (formerly MHSOAC) for three new INN programs. This progress is a testament to our collective efforts, and we look forward to providing more information as we continue to navigate the approval process.

WORKFORCE EDUCATION AND TRAINING

The Workforce Education and Training (WET) component aims to develop a diverse workforce. Staff, clients, families, and caregivers are offered training to help others by providing skills to promote wellness and other positive mental health outcomes. Staff, participants, families, and caregivers can collaborate to deliver client- and family-driven services, respecting and meeting each client's and family's needs. They also provide:

- Outreach to unserved and underserved populations.
- Offering linguistic, competent, and relevant services that include the viewpoints and expertise of clients.
- Support services to family members and caregivers.

WET PROGRAM CHANGES & UPDATES:

Residency/Internship:

- Clinical Internship:
    - The Professional Development Team/Clinical Supervision is sunsetting **in June 2025**, and the Department Support Division will absorb its duties. The Stakeholders approved the proposed change, which is currently in the meet-and-confer process with the SEIU (Employee Union).
- Psychology Internship:
    - Fifty-six post-docs have achieved licensure out of the 105 interns who completed the program since its implementation in 2000.

Training/Technical Assistance:

- Training Enhancement:
    - The Cultural Competence Team is sunsetting in June 2025. The MHSA Coordination Team will absorb duties. The Stakeholders approved the proposed change, which is currently in the meet-and-confer process with the SEIU (Employee Union).

Workforce Staffing:

- Employee Wellness Initiative:
    - We partnered with the Blue Zones Project in October 2023 as part of this initiative. This partnership has provided valuable tools and resources to assist staff who engage in this wellness effort.
    - Working on a sustainability plan that will allow the resources to remain accessible to staff.

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

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

CFTN PROGRAM CHANGES & UPDATES:

- KernBHRS' IT Department redesigned our public website with CFTN funding to make it more user-friendly and accessible for all, including translated pages.
- Other CFTN funding projects were structural repairs to the Healing Project site, PEC & CSU renovations, and Westchester HVAC replacement.
- Future CFTN projects: We are in the infant stages of seeking approval from the stakeholders to start two building renovation projects and two furnishing projects, which are crucial to our ability to keep those facilities open to the public. The estimated cost of those projects is as follows:
    - Two Building renovation Projects:
        - Ridgecrest Crisis Stabilization Unit roof replacement ($100,000)
        - County-wide Building Improvements as needed ($1,000,000)
    - Furnish Youth Crisis Stabilization Unit & Family Resource Center ($1,000,000)
    - As we continue to navigate the approval process, we will provide more information.

GRANTS

The Mental Health Services Oversight and Accountability Commission (MHSOAC) distributes competitive grant funding to support specific initiatives through Requests for Proposals (RFP) and Requests for Applications (RFA).

GRANTS PROGRAM CHANGES & UPDATES:

- No Place Like Home (NPLH) opened their newest site, College Heights Cottages, bringing the total to five (5) residential locations.
- The Epi Plus grant is set to end on February 28, 2025. The team will continue operating by utilizing Medi-Cal billing.

ANNUAL REVENUE & EXPENDITURE REPORT (ARER)

The Annual Revenue Expenditure Report (ARER) is a critical document that counties must submit annually to the California Department of Health Care Services (DHCS) **by January 31**. This report identifies Mental Health Services Act fund expenditures, interest earned and unspent funds, and reversion amounts.

Highlights:

- In FY 2023-2024, KernBHRS—MHSA PEI Programs used **60.80%** (section 4) of PEI funds to serve individuals 25 years old or younger. The California Code of Regulations, title 9, § 3706(b) requires a minimum of 51%.

- We received feedback from DHCS indicating that the following adjustment needed to be integrated into ARER. The adjustment is as follows:
    - Section 8 – MHSA Adjustments Worksheet
        - CSS Adjustment to pay for FY 2018-2019 WET Expenditure of $1,518,197.57 (paid with funds transferred from CSS Interest Revenue).

- We created a LARGER PRINT version of the ARER for your convenience. The original size ARER is attached at the end of this report (Appendix IV).

Performance Outcome Reports



Figure 5
Kern Psychiatric Health Facility

FY 2023-2024 Performance Outcomes Report

Kern County MHSA Community Services & Supports

KERN COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES

TABLE OF CONTENTS

METHODOLOGY .....

Evaluation Design .....
Presentation of Results .....
Measures .....

CSS OUTCOME SURVEYS: DATA COLLECTION OVERVIEW .....

COMBINED CSS PROGRAM FINDINGS .....

Outcome Surveys Collected by Survey Type .....
Overall: Self-Report Survey Outcomes .....
Demographics .....

ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC .....

Program Description .....
Updates .....
Self-Report Survey Outcomes .....
Partner Demographics .....

ASSERTIVE COMMUNITY TREATMENT (ACT) .....

Program Description .....
Updates .....

ADULT WRAPAROUND .....

Program Description .....
Updates .....

ADULT WRAPAROUND CORE .....

Program Description .....
Updates .....
Partner Demographics .....
Self-Report Survey Outcomes .....

ADULT TRANSITION TEAM/HOMELESS ADULT TEAM .....

PROGRAM DESCRIPTION .....
UPDATES .....

RECOVERY AND WELLNESS CENTERS (RAWC) .....

PROGRAM DESCRIPTION .....
UPDATES .....
SELF-REPORT SURVEY OUTCOMES .....
PARTNER DEMOGRAPHICS .....

TRANSITION AGE YOUTH (TAY) .....

PROGRAM DESCRIPTION .....
UPDATES .....

WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT (WISE) .....

PROGRAM DESCRIPTION .....
UPDATES .....

YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM (MIST) .....

PROGRAM DESCRIPTION .....
UPDATES .....

YOUTH WRAPAROUND .....

PROGRAM DESCRIPTION .....
UPDATES .....

METHODOLOGY

Evaluation Design

To enhance compliance with Mental Health Services Act (MHSA) reporting regulations, Kern 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. 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. 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. Note that percentages in the report may not always add up to 100% due to rounding.

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: PERFORMANCE OUTCOMES COLLECTION OVERVIEW



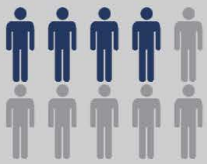
More than

3,400

surveys were collected.

As a result of participating in a Kern CSS program

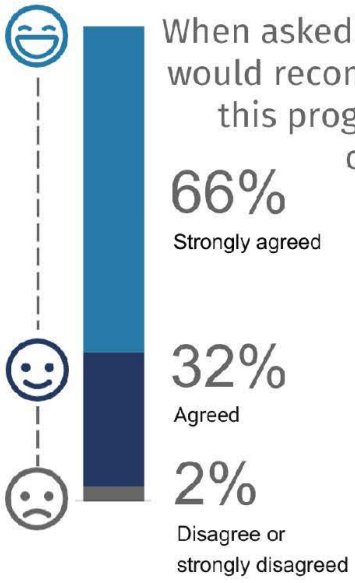
6 in 10



people moved to a less severe level of psychological distress.

When asked whether they will use what they have learned in Kern CSS programs,

98% say that they will.



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

66%
Strongly agreed

32%
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 = 3,438). Among the programs that implemented a pre/post survey design, a total of 1,556 participants completed the intake survey and 457 participants completed the exit survey - a completion rate of 29%. Participants could choose whether to take the survey in English or Spanish. Across all 3,438 surveys, 3,275 were completed in English and 163 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	-	1,425*
2	Adult Wraparound Core	Systems Development	71	59
3	Recovery and Wellness Centers (RAWC)	Systems Development	1,485	398
	Total		**1,556**	**1,882**

*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 = 14) and RAWC clients (n = 172) for which a valid pre/post match could be verified.

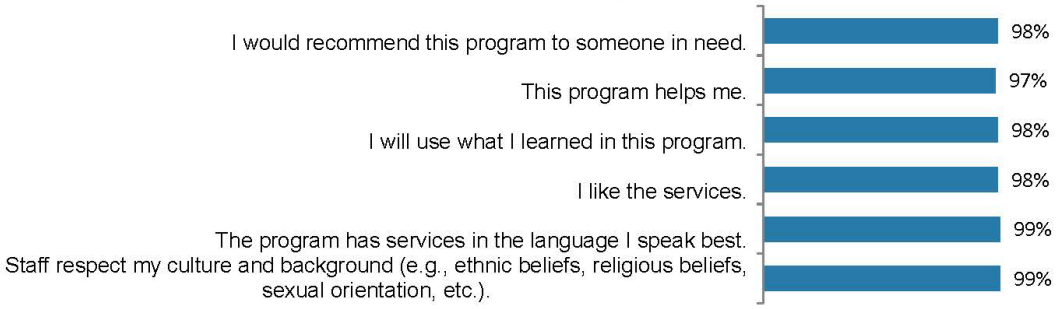
Seven programs are included in this report but did not collect survey data from clients: Assertive Community Treatment; Adult Wraparound; Adult Transition Team; Transition Age Youth; Wellness, Independence, and Senior Enrichment; Youth Multi-Agency Integrated Services Team; Youth Wraparound. For these 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 = 437 - 440)
Percent who Agree



Mental Health Needs Group and Score (n = 186)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	14%	43%
Mild (39-33)	9%	16%
Moderate (32-23)	25%	27%
Severe (22-1)	52%	14%
Average SOS-10 Score	27.2 *(n = 1,485)*	36.6 *(n = 411)*

61% of respondents moved from a more severe level of distress to a less severe level of distress by at least one level.

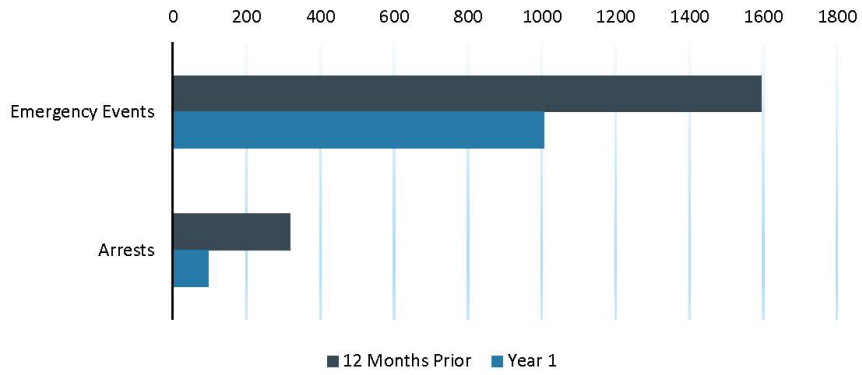
34% of respondents moved two levels from a more severe level of distress to a less severe level of distress.

17% of respondents with a severe level of distress at intake continued the treatment to its conclusion.

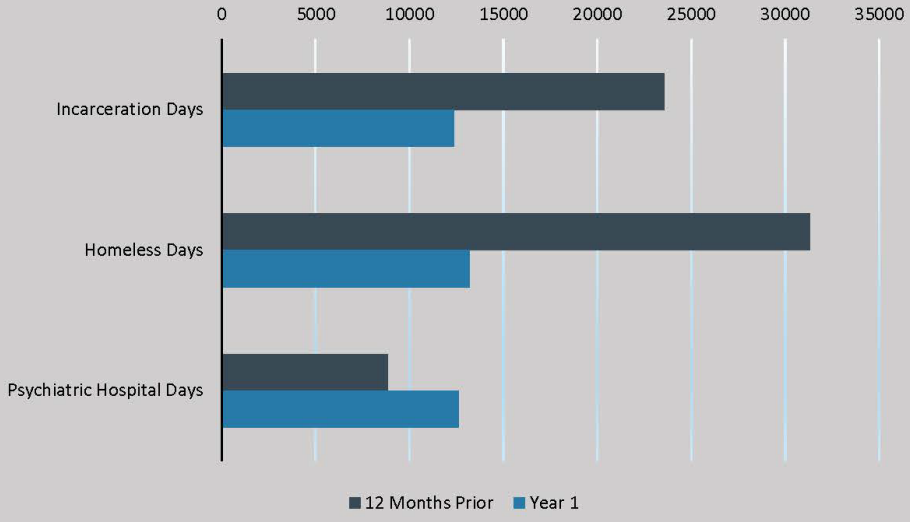
COMBINED CSS PROGRAM FINDINGS

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 during the first year of treatment.

Total Number of Emergency Events and Arrests (n = 957)



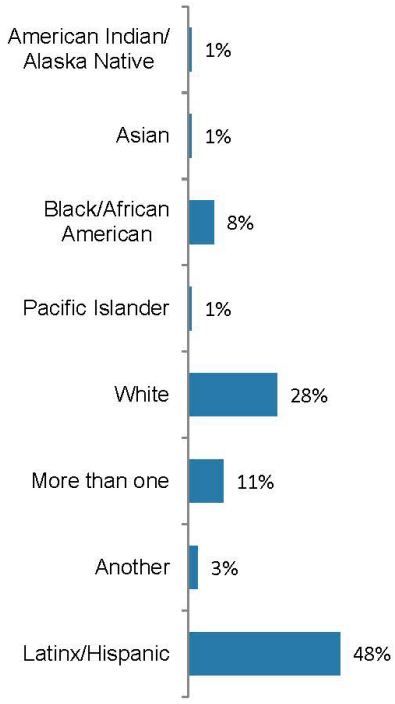
Total Incarceration, Homeless, and Hospital Days (n = 970)



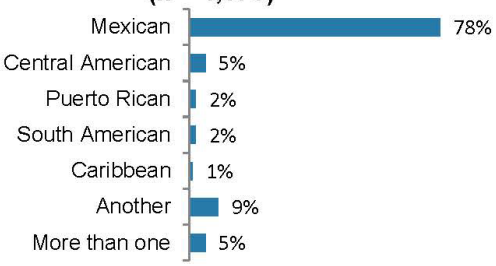
COMBINED CSS PROGRAM FINDINGS

Demographics

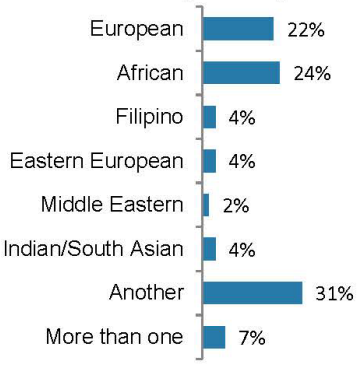
Race (n = 2,778)



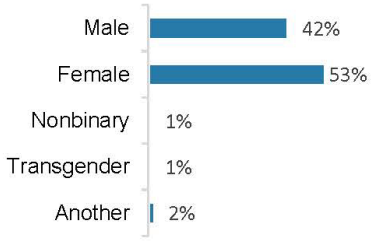
Ethnicity – Hispanic/Latinx (n = 1,573)



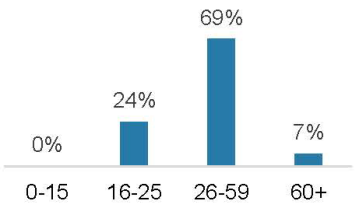
Ethnicity – Non-Hispanic/Latinx (n = 657)



Gender Identity (n = 2,805)



Age (n = 2,411)



Language (n = 2,814)	
English	73%
Spanish	12%
English & Spanish	14%
Another	1%

ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC

Program Description

Access & Assessment (A&A): Access and Assessment serves as an access point for individuals seeking linkage to behavioral health services. Clients begin the process by completing a screening on a walk-in basis. Clients may be self-referred or referred by community agencies such as, but not limited to, Child Protective Services, Kern County Public Health, and Kern County Probation. During screenings, clients will meet with a Recovery Specialist to complete a Medi-Cal Screening tool. After the initial screening, clients will meet with a Behavioral Health Therapist to review their mental health history (if applicable), current symptoms, and collateral information provided by third-party supports, including family members and friends. Once the assessment process is complete, clients are linked to the appropriate providers based on their needs.

Crisis Walk-In Clinic (CWIC): The Crisis Walk-In Clinic (CWIC) is a client-centered, recovery-oriented behavioral health program serving clients in crisis who require enhanced support to remain in the community but do not require involuntary treatment. The CWIC provides 24/7/365 voluntary crisis care to adults at risk of psychiatric hospitalization and aims to maintain placement in the least restrictive environment that is safely possible.

Referrals to CWIC are accepted from System of Care partners including:

- The Psychiatric Evaluation Center (PEC)
- System of Care outpatient providers (contracted and internal)
- Kern Medical
- The Mobile Evaluation Team (MET)
- Freise Hope House (FHH)
- The Recovery Station

Updates

- Access and Assessment (A&A) has begun to utilize the Mental Health Non-Psychiatric Timeliness Record to measure the duration between initial request for services to first offered and follow up appointments.
- The Crisis Walk-In Clinic (CWIC) continues to incorporate programmatic and treatment elements to provide exceptional crisis de-escalation services to clients. The team has focused on enhancing collaborations, leading to increased opportunities for client referrals, which are evident in partnerships with various community organizations, including Kern Medical and the Telecare Recovery Station.

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 (52%) than Latino or Black respondents.

Respondents who identify as a gender other than male or female were more likely to report a severe level of distress (65%).

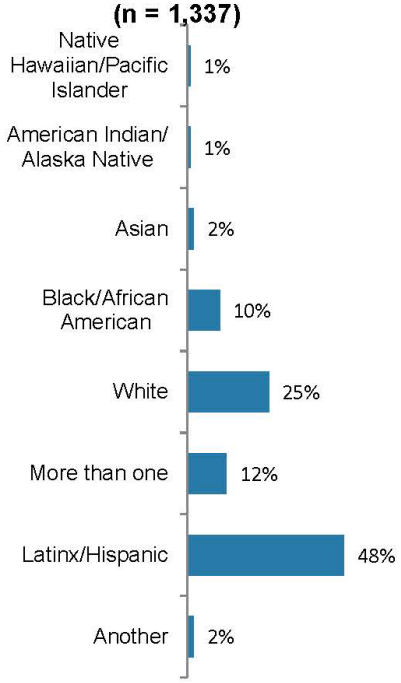
Mental Health Needs Group and Score (n = 1,317)

SOS-10 Stress and Dysfunction Level	Intake
Minimal (59-40)	21%
Mild (39-33)	12%
Moderate (32-23)	24%
Severe (22-1)	43%
Average SOS-10 Score	26.6

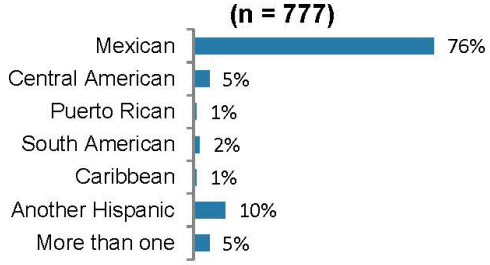
ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC

Partner Demographics

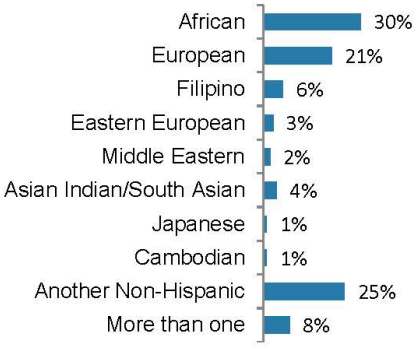
Race (n = 1,337)



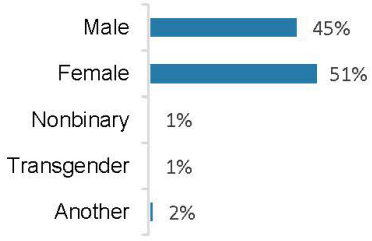
Ethnicity – Hispanic/Latinx (n = 777)



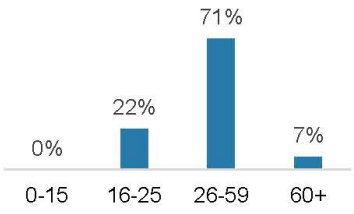
Ethnicity – Non- Hispanic/Latinx (n = 301)



Gender Identity (n = 1,355)



Age (n = 1,034)



Language (n = 1,356)	
English	73%
Spanish	11%
English and Spanish	15%
Another	1%

ASSERTIVE COMMUNITY TREATMENT (ACT)

Program Description

The Assertive Community Treatment (ACT) Full-Service Partnership teams provide specialty mental health care to those with severe and persistent mental illness and/or substance use disorders. The internal KernBHRS ACT team works solely with ACT individuals, while the Telecare FSP team serves both ACT and AB109 individuals. ACT is an evidence-based model characterized as a "hospital without walls." ACT works intensively with individuals in their homes or other community settings, yielding positive outcomes in helping clients recover in the community rather than in institutional settings.

The ACT Team composition is as follows:

- Recovery Specialists and Aides
- Therapists
- Substance Abuse Specialist
- Mental Health Nurses
- Psychiatrists

Clients are referred to the ACT teams by mental health outpatient treatment teams when more intensive care is necessary. The KernBHRS ACT Supervisor or clinician reviews the referrals, and those that meet the criteria for level 4 AB109 individuals are transferred to the Telecare team. Those served by the ACT teams have lengthy histories of mental health and/or substance use treatment. By the nature of the program, Recovery Specialists and Substance Abuse 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 Psychiatrists. Ongoing consultation takes place with the Staff Nurse for medication management and health education. For physical health care, clients are linked to a primary care provider with whom staff coordinate services. ACT team members may take clients to medical appointments as needed.

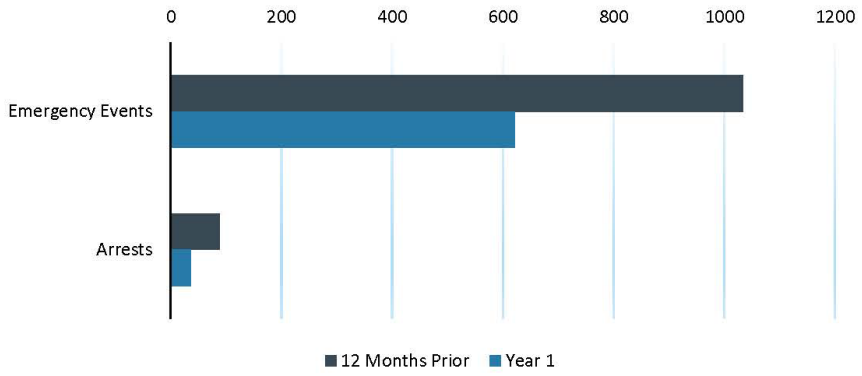
Updates

- Currently, ACT has 86 clients open to the program; when the ACT team is fully staffed, the program can support up to 100 clients.
- ACT discontinued services with MHS Action and now has a contract with Telecare to assist ACT clients.
- Telecare has a total of 95 clients open to the program.

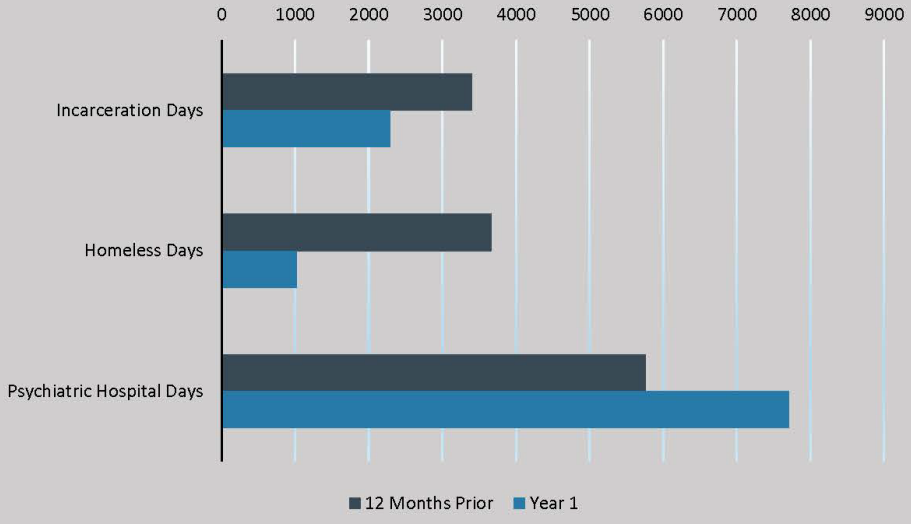
ASSERTIVE COMMUNITY TREATMENT (ACT)

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 during the first year of treatment.

Total Number of Emergency Events and Arrests (n = 290)



Total Incarceration, Homeless, and Hospital Days (n = 291)



ADULT WRAPAROUND

Program Description

Adult Wraparound (Adult WRAP) is a Full-Service Partnership offering brief (60 days average) intensified mental health service for adults who are experiencing increased impairments to their life functions because of heightened mental health symptomology. Adult Wraparound staff (Therapist and Recovery Specialist) work in tandem with all internal outpatient treatment teams and contract providers (CGC, CCS, and CSV) to identify clients who 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 collaborates closely with the treatment team to ensure continuity of care and works towards stabilizing the clients' symptoms.

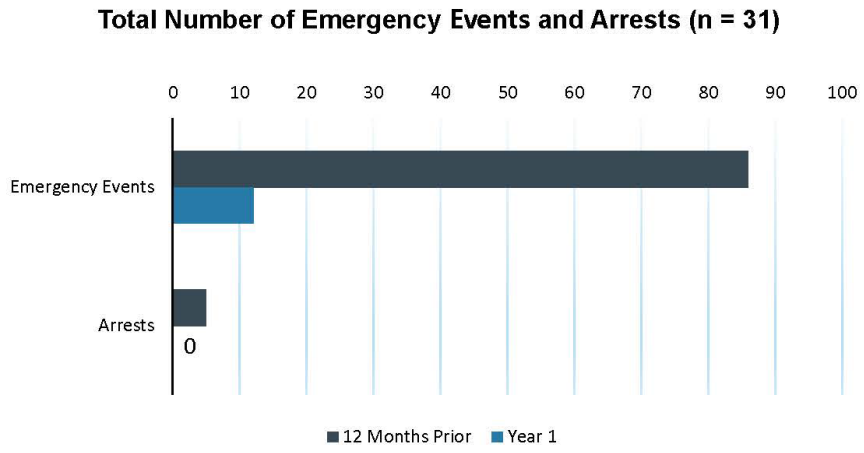
This program offers socialization opportunities, such as ice cream outings, planned activities at local museums and zoos, to promote community engagement and social-skill building. It also reduces the financial impact of hospitalization, arrests, and incarcerations on the community. The team encourages linkage to various community programs, including CFLC, community group therapy, Narcotics Anonymous, and Alcoholics Anonymous.

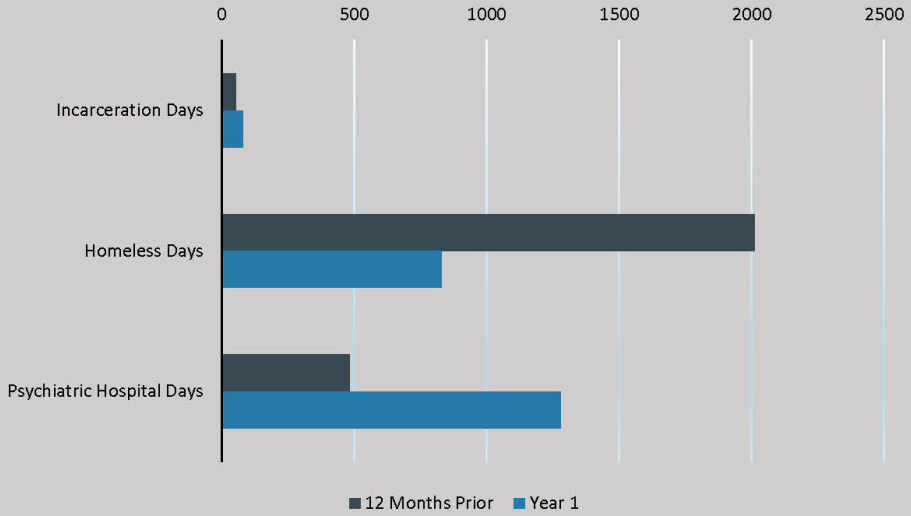
Updates

- Adult Wraparound continues to accommodate new employees
- Staff branched out to have a Bakersfield Referral Team (BRT) to engage with clients, who require outreach engagement due to high crisis utilization yet are not open to the system.
- Staff continue to assist with the expedition of access to care by completing psychosocial assessments in-house and linking them to appropriate outpatient teams for ongoing care.

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 during the first year of treatment.





ADULT WRAPAROUND CORE

Program Description

Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE) is a system development program which offers brief (60-day average) intensive behavioral health services for adults experiencing significant impairment in life functioning due to increased behavioral health symptomology. The client's primary outpatient treatment team refers them when they are at risk of hospitalization and/or frequently utilizing crisis services. Adult WRAP staff are assigned to various outpatient adult treatment teams to provide quick access to intensified services.

Services are based on the needs of the client, which can include multiple interactions per week to daily intervention. Treatment planning is a collaborative process taking an interdisciplinary approach. This approach can include the client, therapist, case manager, support persons, substance use disorder specialist, team supervisor, nurse, psychiatrist, and Adult WRAP staff.

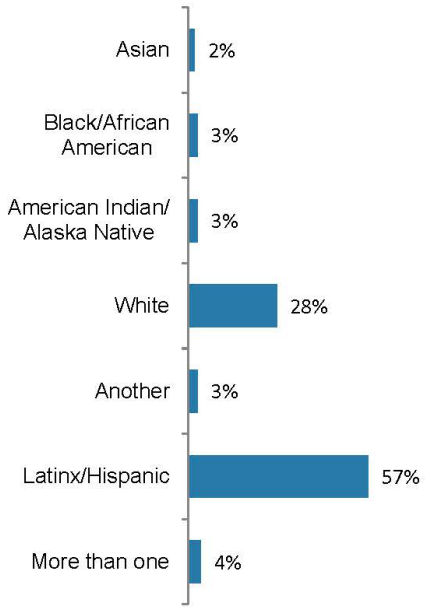
Updates

- No program updates to report

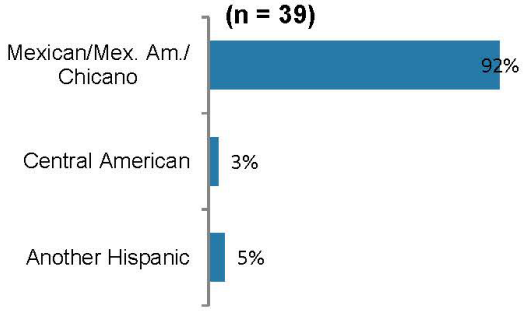
ADULT WRAPAROUND CORE

Partner Demographics

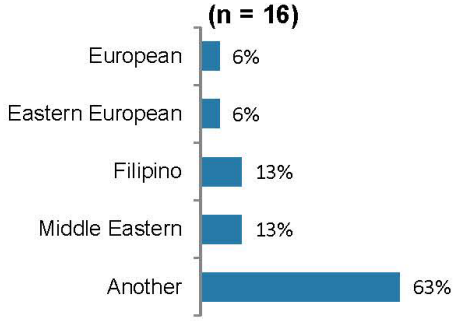
Race (n = 68)



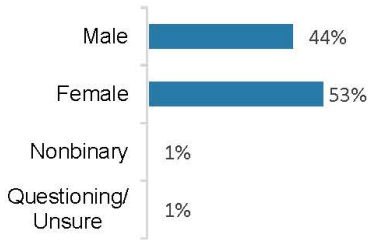
Ethnicity – Hispanic/Latinx (n = 39)



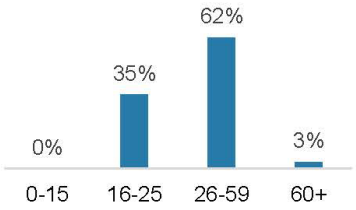
Ethnicity – Non- Hispanic/Latinx (n = 16)



Gender Identity (n = 70)



Age (n = 63)

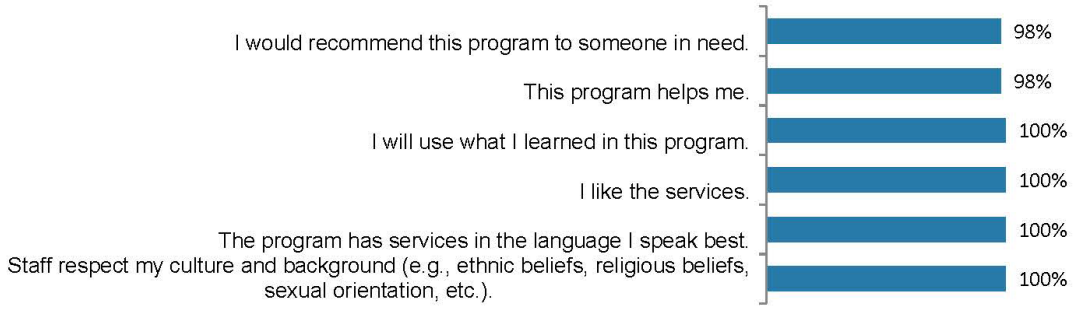


Language (n = 70)	
English	56%
Spanish	20%
English and Spanish	23%
Another	1%

ADULT WRAPAROUND CORE

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 58 - 59)



Mental Health Needs Group and Score (n = 14)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	14%	57%
Mild (39-33)	21%	21%
Moderate (32-23)	36%	21%
Severe (22-1)	29%	0%
Average SOS-10 Score	32 *(n=67)*	40 *(n=57)*

64% of respondents moved at least one level from a more severe level of distress to a less severe level of distress.

29% of respondents moved two levels from a more severe level of distress to a less severe level of distress.

22% 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): ATT focuses on the reduction and elimination of re-entry into jail or 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. ATT provides court-ordered diversion services to individuals referred through their attorneys to complete mental health treatment in lieu of jail or prison time. ATT partners with Correctional Behavioral Health staff to link clients to other diversion services. Additionally, ATT outreaches to the adult system of care and contract providers to provide diversion training to support the establishment of diversion services.

The Homeless Adult Team (HAT): 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 have lengthy legal histories. Much like its counterpart, ATT, HAT works diligently to eliminate the barriers to housing, benefits, and community resources. HAT collaborates with public agencies and community organizations who work with the homeless. These include 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 KernBHRS offers a variety of service modalities designated to assist the individual in achieving goals related to psychological or social functioning, self-esteem, coping abilities, and external vocational, educational, or social opportunities. The Individual Placement Support Program assists with employment, job development, and education. A Peer Support Specialist is available to assist with client engagement, referrals, and accessing services. Through collaboration with the California Department of Rehabilitation (DOR), individual therapy services, case management, and substance abuse counseling are provided.

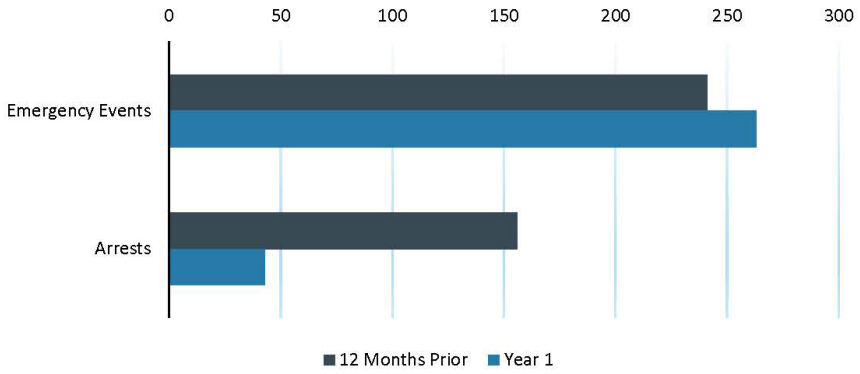
Updates

- **ATT**
  - ATT team has worked to provide more diverse services to clients, including expanding group services. The team is now offering at least two groups per day and has added several new evidence-based groups, as well as groups aimed at providing opportunities for community engagement and independence.
  - ATT has continued to refine diversion services, enabling staff to refer clients who do not meet ATT or FSP criteria to more appropriate diversion programs.
  - ATT staff has focused on growing their IPS program, assisting individuals in finding employment or educational opportunities in the community despite their history of incarceration. Currently, 50% of the IPS caseload is employed or attending school.
- **HAT**
  - HAT has worked collaboratively with the START team to target individuals identified by the shelters as needing both mental health and substance use services.
  - HAT has expanded its homeless outreach to include Hope on Hart.

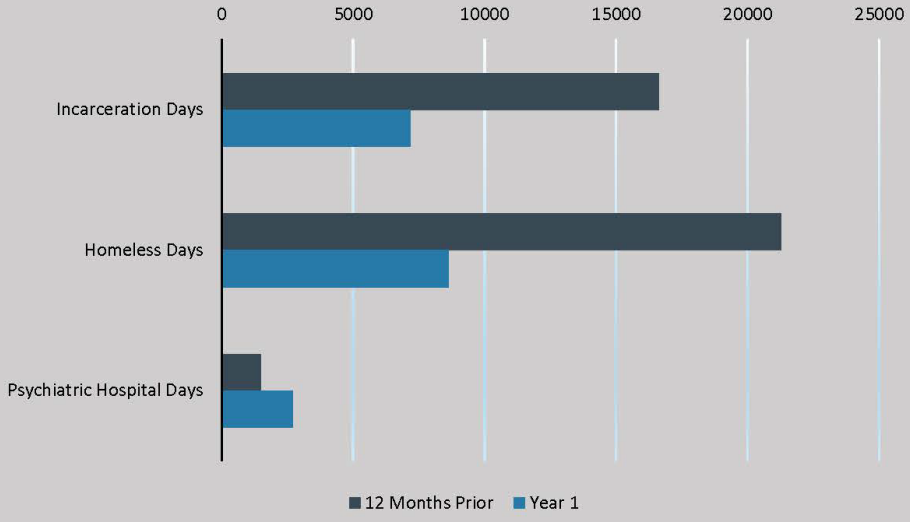
Adult Transition Team/Homeless Adult Team

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 during the first year of treatment.

Total Number of Emergency Events and Arrests (n = 193)



Total Incarceration, Homeless, and Hospital Days (n = 196)



RECOVERY AND WELLNESS CENTERS (RAWC)

Program Description

Recovery and Wellness Centers (RAWC) provide multi-level mental health and substance use treatment services to individuals experiencing challenges in life functioning as the result of mental illness and/or substance use. Treatment is clinically driven based on the client's symptoms. Treatment teams are geographically located throughout the greater Bakersfield area, as well as Wasco. RAWC teams traditionally provide care to those who have either stepped down from intensified services from specialty care programs or inpatient treatment. RAWC staff work in a dyad system comprised of a therapist and a case manager. This dyad takes a client-centered approach with the goal of creating continuity and consistency in treatment thereby improving the delivery of services and providing options to those served. The assigned therapist/clinician assesses acuity and treatment needs using Clinical Practice Guidelines at least once every three months. Changes to service type, duration, and intensity are made accordingly.

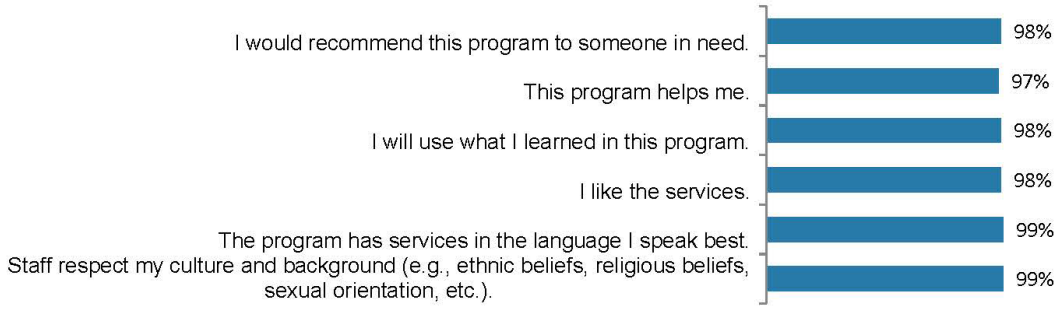
Updates

- Transition Age Youth (TAY) dyads, designed to serve clients ages 18-24, exist at the BHRS Northeast and Southeast Bakersfield, CGC North Bakersfield, and Clarvida Central Bakersfield RAWC clinics. In December 2023, a TAY dyad was implemented at the West RAWC clinic.

RECOVERY AND WELLNESS CENTERS (RAWC)

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 378 - 381)



Mental Health Needs Group and Score (n = 172)

SOS-10 Stress and Dysfunction Level	Intake	Follow Up
Minimal (59-40)	14%	42%
Mild (39-33)	8%	16%
Moderate (32-23)	24%	27%
Severe (22-1)	54%	15%
Average SOS-10 Score	27 *(n = 1,418)*	36 *(n = 354)*

60% of respondents moved from a more severe level of distress to a less severe level of distress by at least one level.

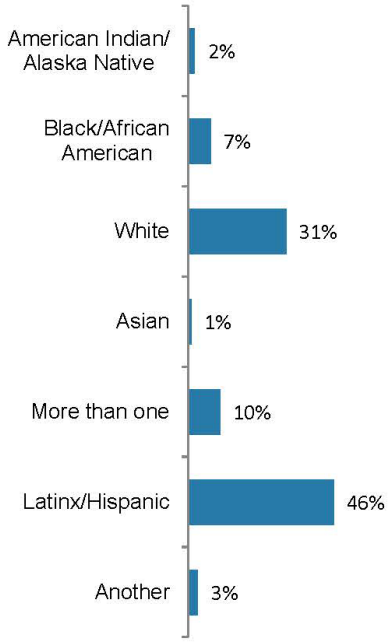
35% of respondents moved two levels from a more severe level of distress to a less severe level of distress.

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

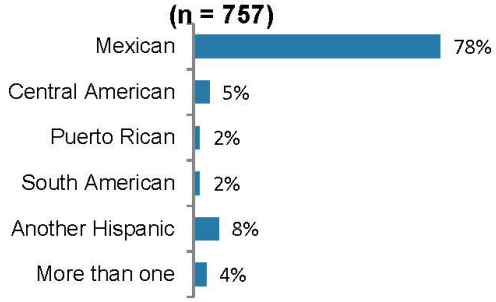
RECOVERY AND WELLNESS CENTERS (RAWC)

Partner Demographics

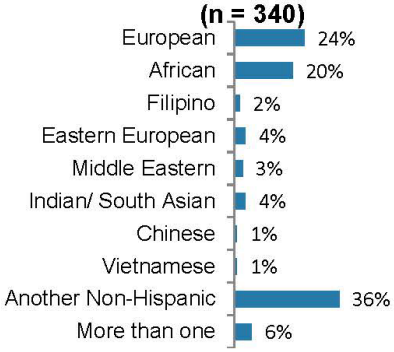
Race (n = 1,373)



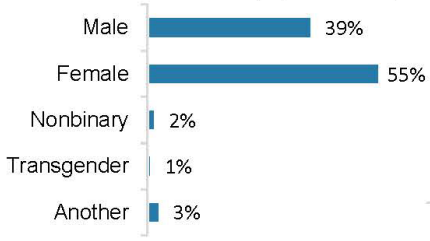
Ethnicity - Hispanic/Latinx (n = 757)



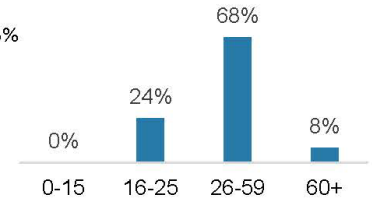
Ethnicity – Non-Hispanic/Latinx (n = 340)



Gender Identity (n = 1,380)



Age (n = 1,314)



Language (n = 1,388)	
English	74%
Spanish	12%
English and Spanish	12%
Another	1%

TRANSITION AGE YOUTH (TAY)

Program Description

The Transition Age Youth (TAY) team is a full-service partnership (FSP) serving young adults ages 16-25, providing services for those struggling with mental health and substance use. It is the only team serving this age-specific population in Kern County. TAY youth may be identified for the program when they move from the Children's System of Care, self-refer, or are referred by the Department of Human Services (DHS), Probation Department, KernBHRS Access and Assessment Center, group homes, schools, hospitals, or contract providers. The team also collaborates with the Kern County Network for Children, Department of Human Services, Kern High School District, and Probation (Dream Center). The Dream Center was designed to create a positive place for foster youth and transitional foster youth to be while providing access to resources.

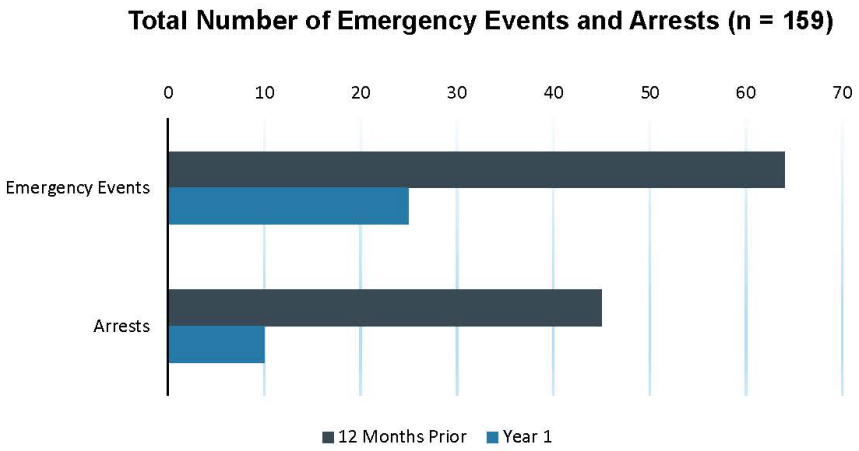
The TAY team supports the community by working with the Golden Empire Affordable Housing, Inc. and the Housing Authority of Kern to provide 20 one-bedroom subsidized rental units for TAY youth between the ages of 18 – 25 who struggle with mental health and substance use or are at risk of homelessness.

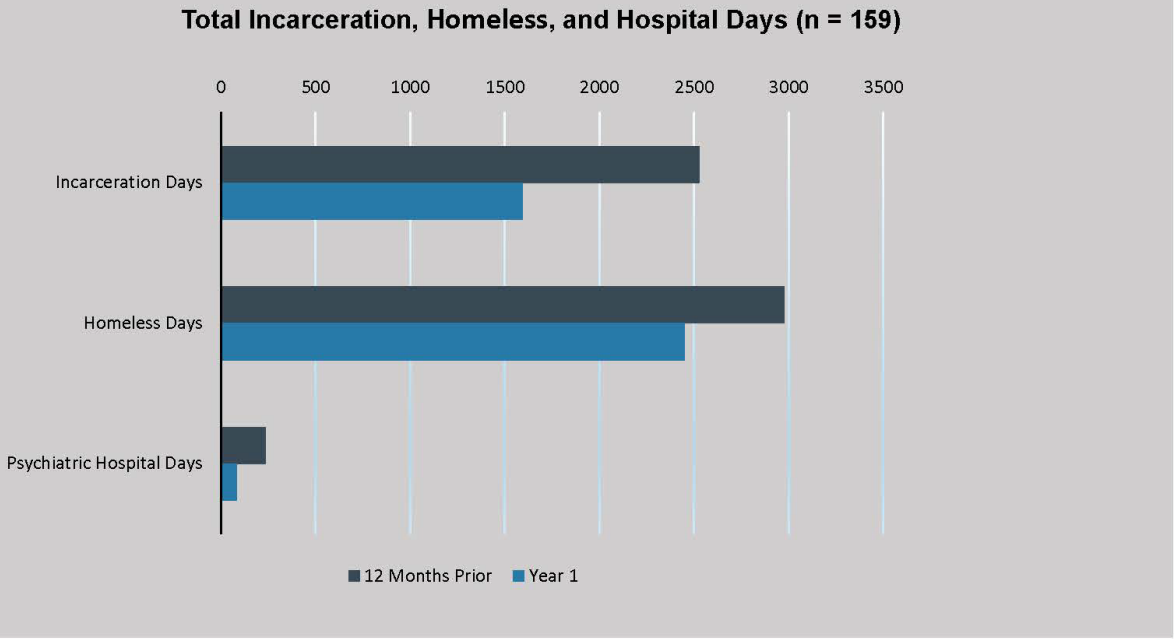
Updates

- There are two new additional Transitional Housing Program Plus Foster Care (THP-FC) providers (EA Family Services and Covenant Community Services) to provide housing options to extended foster youth. These THP-FC providers have joined the TAY Workgroup Collaborative to support addressing shared objectives of reducing homelessness, addressing mental health and substance use needs, supporting youth with securing and maintaining employment, and achieving education and/or vocational training goals in effort to transition youth into adulthood. Many youths have found it challenging to maintain housing, but with increased housing options and intensified services many youths have found stability.
- The TAY team has successfully implemented the Seeking Safety program at TAY Third Tradition (see Prevention and Early Intervention section of this report) to aid youth with improving their trauma symptoms and reliance on substances to cope by learning healthy coping skills.
- The Individual Placement and Supports (IPS) program continues to be maintained at maximum capacity with several youth securing and maintaining employment.

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 during the first year of treatment.





WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT (WISE)

Program Description

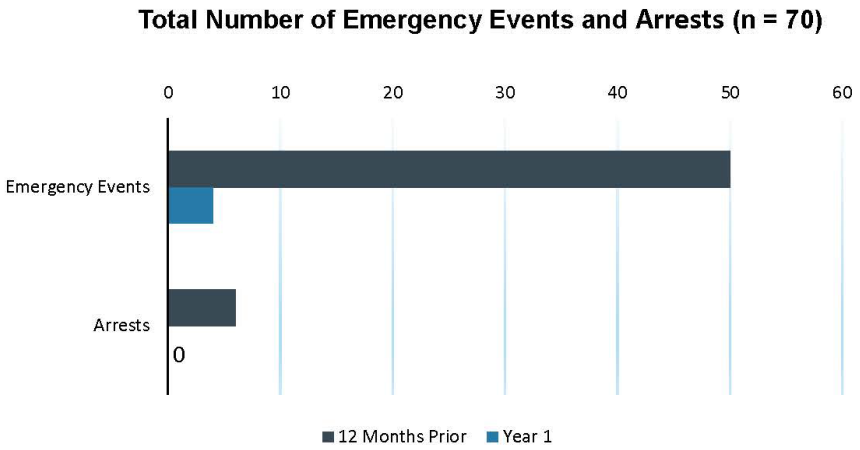
The Wellness, Independence and Senior Enrichment (WISE) team provides mental health services to the older adult population. WISE clients experience serious mental illness and require services that are delivered through a "whatever it takes" approach. Referrals to the WISE team come from community hospitals, psychiatric hospitals, KBHRS behavioral health teams, the Volunteer Senior Outreach Program, the Access and Assessment Center, Crisis Mobile Evaluation Team, Aging and Adult Services, Independent Living Center, and self-referrals. The WISE team is field-based, involving the provision of services in seniors' places of abode. The team includes a Geriatric Psychiatrist, Therapists, and Recovery Specialist. Clients are provided evaluation, medication management, therapy, case management, and assistance with obtaining community resources. The Geriatric Psychiatrist may also evaluate and provide integrated care when symptoms are present, offering referrals for physical health care as needed.

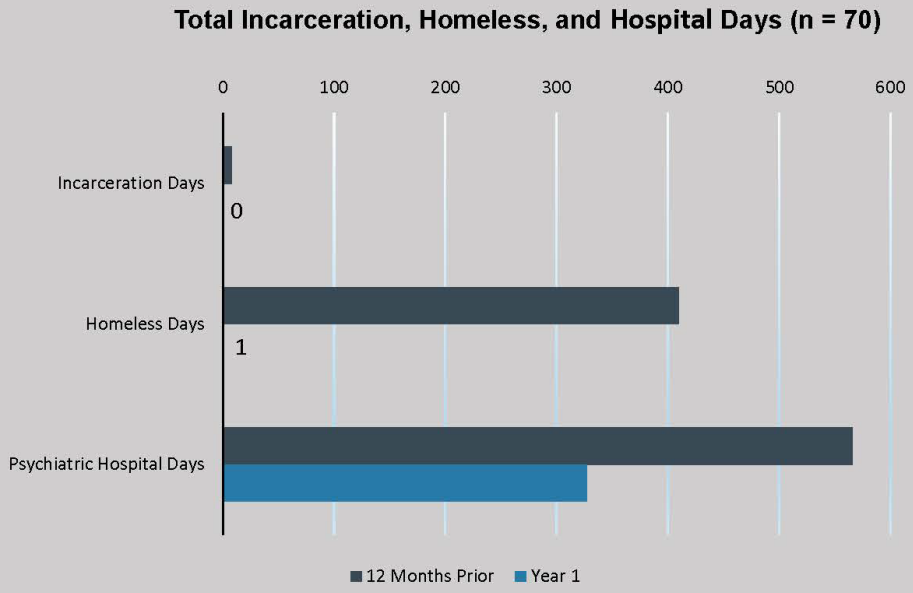
Updates

- The WISE Team received 93 referrals for fiscal year 23-24. The referrals are expected to increase with an ongoing effort in Outreach and Education activities in the community to target the senior population that traditionally has had low penetration rates.
- The program is fully staffed with one Geriatric Psychiatrist, one Nurse, six Clinicians, two Recovery Specialists and two Support Staff.
- Outcome data is collected through Data Collection Reporting (DCR). Saint Louis University Mental Status (SLUMS), Patient Health Questionnaire-9 (PHQ-9), and General Anxiety Disorder-7 (GAD-7) are the assessment tools currently used to determine the level of impairment and/or functioning and to plan 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 during the first 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. Populations served include youth at risk of losing placement, foster youth (both wards and dependents) and Commercially Sexually Exploited Children (CSEC). Clients referred to the MIST team have been identified as having serious emotional disturbance, severe mental illness, 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 MIST to provide sensitive competent services to people of diverse cultures, those in stages of acculturation, and people with varying sexual orientations.

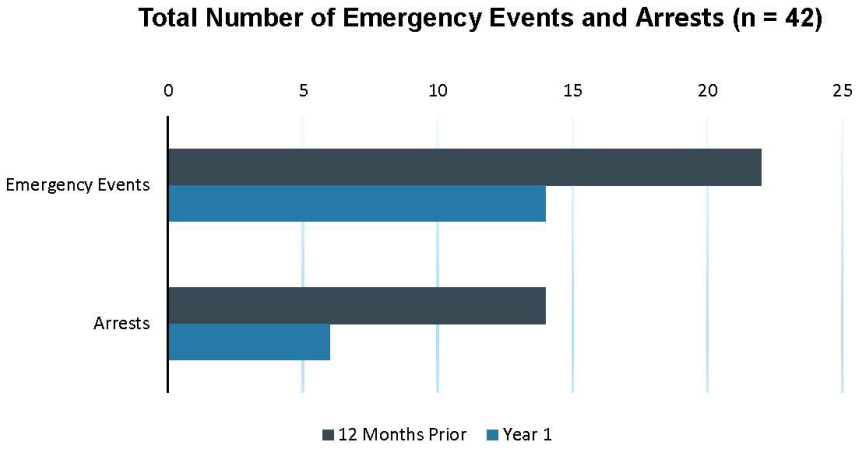
Youth MIST helps parents/caregivers with psychoeducation on their child's mental health symptoms and treatment and how to work with the schools, including the special education and Individual Education Plan (IEP) process. The Youth MIST team works with the entire family, and all members are offered support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

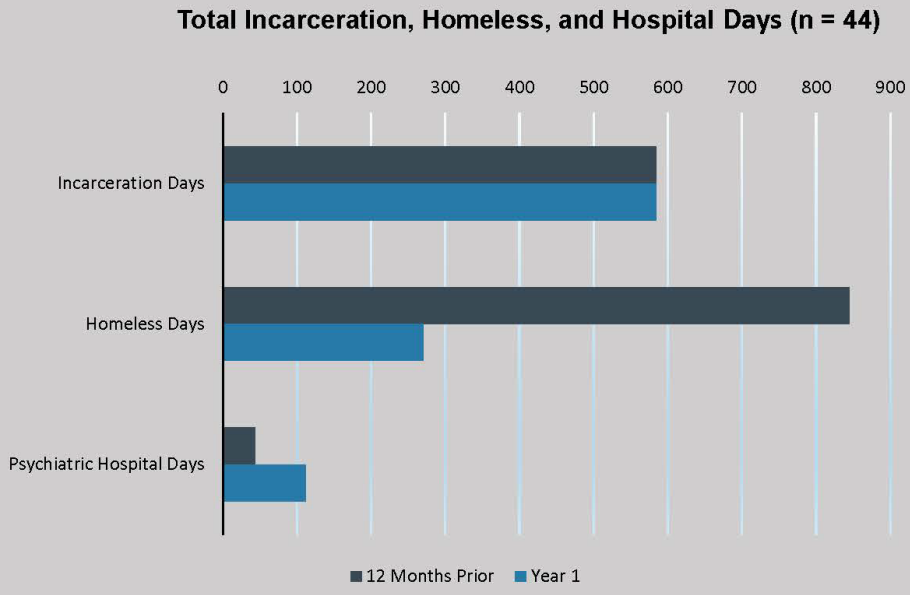
Updates

- In May of 2024 Youth MIST obtained certification in the Treatment Foster Care-Oregon (TFCO) model. TFCO is an evidence-based practice that has been shown to help youth in placement successfully reunite with a parent or caregiver. This model focuses on intensive services for the youth through therapy and skills training, daily contact with the foster parents to provide support and monitor the youth's functioning, and weekly meetings with the reuniting caregiver to help provide parenting strategies and strengthen the family relationship. Data was collected from 2023 and 2024 on the effectiveness of Youth MIST's implementation of the TFCO program, and it showed that 80% of the youth that participated were able to successfully return to their families or graduate to independent living.

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 MIST. These metrics are compared between 12 months prior to treatment and during the first year of treatment.





YOUTH WRAPAROUND

Program Description

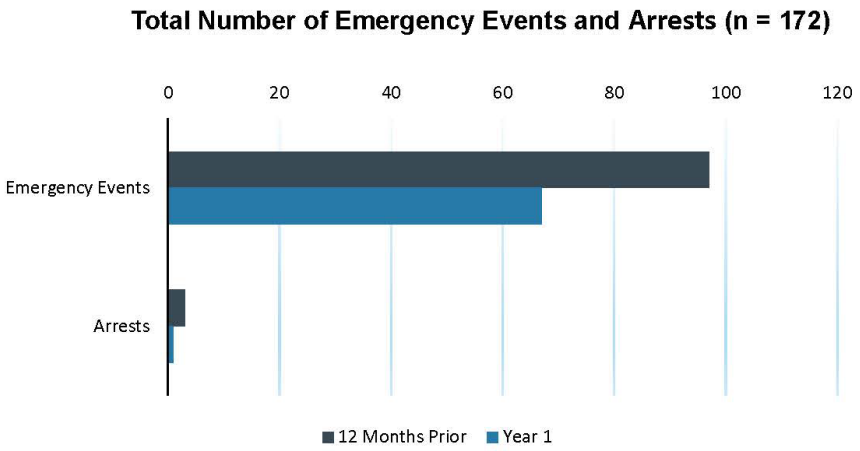
Youth Wraparound is a series of full-service partnership (FSP) teams that provide intensified services for youth at risk of hospitalization, who either meet criteria for Pathway to Well Being services and/or Therapeutic Behavioral Services or are in frequent need of crisis intervention. To ensure services are readily available, Youth Wraparound Teams are located within the Children's provider geographic service areas (GSAs) throughout Kern County. Referrals come from a variety of sources, including self-referrals, schools, the Probation Department, the Department of Human Services, the Mobile Evaluation Team, the Psychiatric Evaluation Center, the SMART Committee, and hospitals. Staff are available after-hours, on weekends and holidays to ensure immediate service delivery occurs 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.

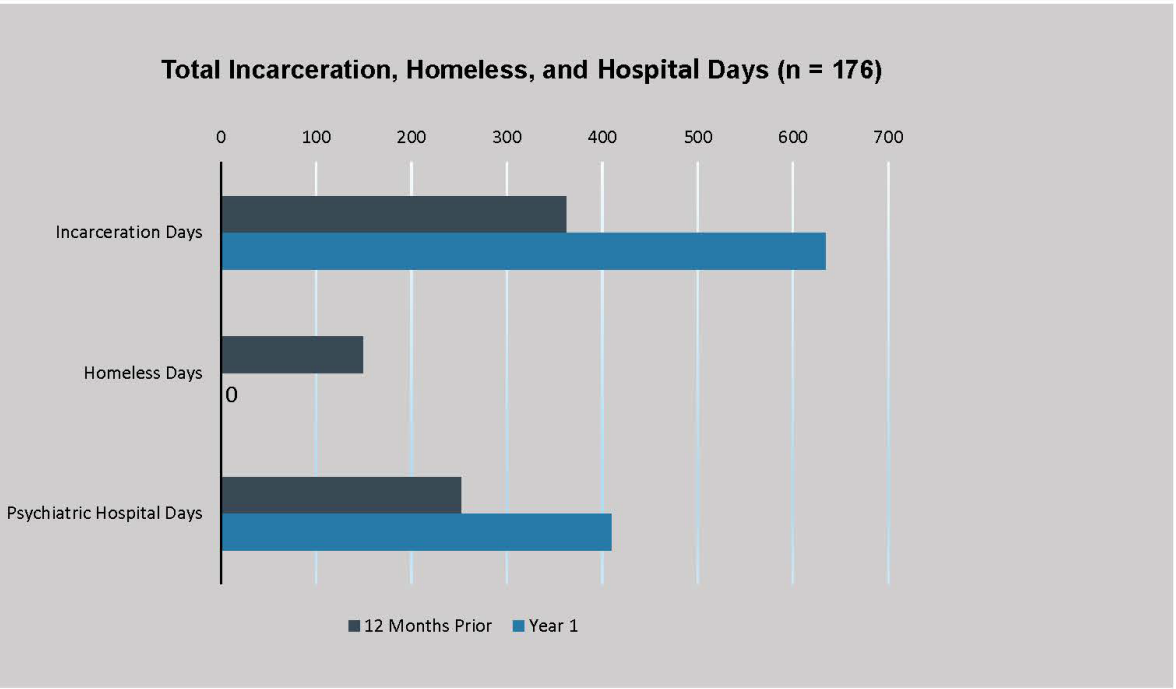
Updates

- Youth Wraparound provides services in geographic service area (GSA) clinics, homes, schools and communities. In addition, KernBHRS Youth Wraparound continues to co-locate with crisis services at Mary K Shell (MKS) and the Psychiatric Evaluation Center (PEC). 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.
- BHRS Youth Wraparound will open an office on-site at the new 16-bed minor inpatient facility to increase daily treatment and focus on safe discharges.

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 during the first year of treatment.





FY 2023-2024 Performance Outcomes Report

Kern County MHSA Prevention and Early Intervention

KERN COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES

EVALCORP
Measuring What Matters

TABLE OF CONTENTS

METHODOLOGY .....

EVALUATION DESIGN .....
PRESENTATION OF RESULTS .....

PEI OUTCOME SURVEYS: DATA COLLECTION OVERVIEW.....

PEI PERFORMANCE OUTCOMES FY 23-24.....

PERFORMANCE OUTCOME SURVEYS COLLECTED BY PROGRAM.....
DURATION OF PARTICIPANT INVOLVEMENT .....
OVERALL: SELF-REPORT PERFORMANCE OUTCOMES (9+ YEARS OLD).....
OVERALL: CHILD PERFORMANCE OUTCOMES .....

1.FOSTER CARE ENGAGEMENT .....

2.KCSOS SCHOOL-BASED PROGRAM .....

3.LIVING WELL .....

4.TRANSITIONAL AGE YOUTH DUAL RECOVERY.....

5.TRANSITIONAL AGE YOUTH SELF SUFFICIENCY .....

6.VOLUNTEER SENIOR OUTREACH PROGRAM .....

7.YOUTH BRIEF TREATMENT .....

8.YOUTH JUVENILE JUSTICE ENGAGEMENT .....

APPENDIX A: PEI DATA COLLECTION MATRIX.....

METHODOLOGY

Evaluation Design

Kern Behavioral Health & Recovery Services (KernBHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with the Mental Health Services Act reporting requirements. Two standardized Prevention and Early Intervention (PEI) outcome surveys were developed: 1) a survey completed by clients about their own experiences; and 2) a survey completed by parents/guardians of children under the age of nine regarding the relevant program. 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.

PEI OUTCOME SURVEYS: DATA COLLECTION OVERVIEW



More than
1000
surveys were collected.

As a result of participating in a Kern PEI program

9 in 10



people say that they *feel better.*

When asked whether they will use what they have learned in Kern PEI programs,

97% say that they will.



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

72%
Strongly agreed

25%
Agreed

3%
Disagree or strongly disagreed

PEI PERFORMANCE OUTCOMES FY 23-24

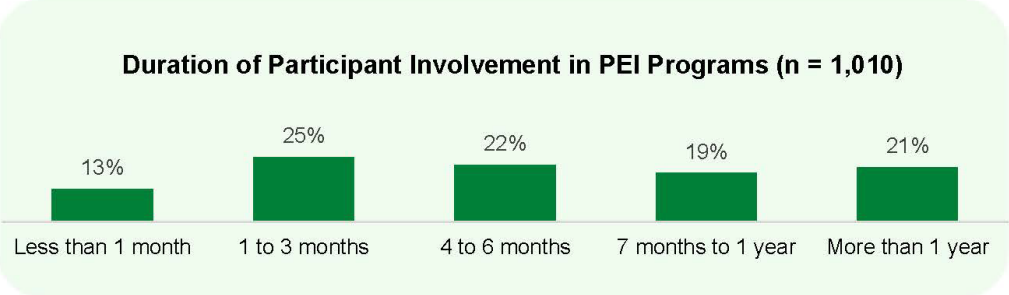
Data collection occurred in two rounds—the first during October 2023 and the second during May 2024. The results from October and May were combined and may contain duplicate individuals depending on the duration for which the individual received services.

Performance Outcome Surveys Collected by Program

	PEI Program Name	Survey Outcomes Data Number of Surveys
1	Foster Care Engagement	66
2	KCSOS - School-Based Program	37
3	Living Well	95
4	Transitional Age Youth (TAY) Dual Recovery	11
5	Transitional Age Youth (TAY) Self Sufficiency	224
6	Volunteer Senior Outreach Program (VSOP)	71
7	Youth Brief Treatment (YBT)	550
8	Youth Juvenile Justice Engagement	12
	Total	**1,066**

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

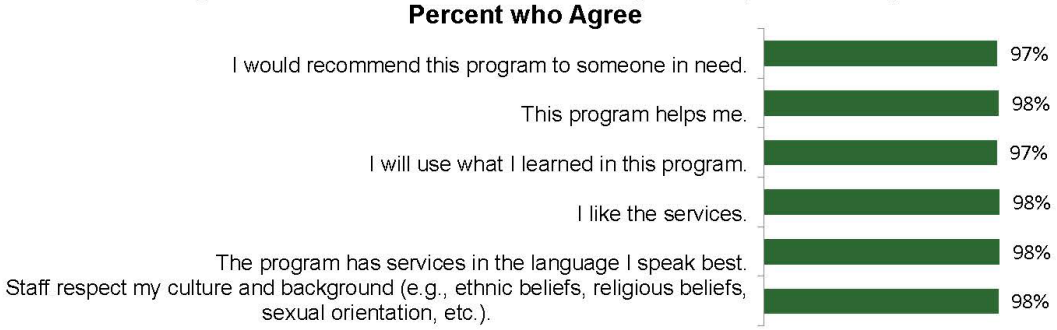
Duration of Participant Involvement



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

Survey results across all programs are reported together in this section of the report (n = 1,069). A total of 847 participants completed the self-report survey (i.e., individuals who were 9 years old or older), while a total of 222 participants completed the child survey (completed by the parent or guardian of children under the age of 9 or children requiring assistance completing the survey). Participants could choose whether to take the survey in English or Spanish; 1,063 surveys were completed in English and 6 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 = 837-845)
Percent who Agree



Outcomes (n = 798-827)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	4%	96%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	8%	92%
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.	11%	89%

Outcomes (n = 238-246)

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.	7%	93%
I learned how to take steps towards the future I want.	7%	93%
I feel better.	8%	92%
I have more energy during the day.	26%	74%
I feel less worried.	17%	83%
I feel better when I think about the future.	14%	86%
I care more about the things that are happening in my life.	9%	91%
I can handle problems better.	14%	86%
I know when to ask for help with an emotional problem.	15%	85%

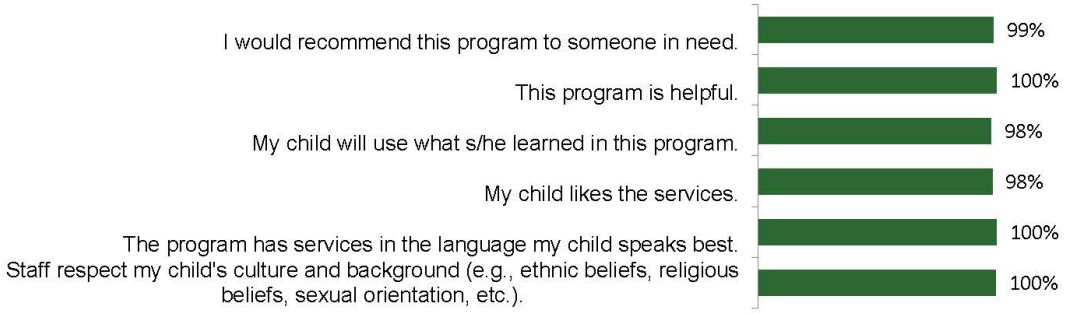
Outcomes (n = 59-208)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	5%	45%	51%
My grades in school have...	3%	34%	63%
My housing situation has...	1%	44%	55%
My job situation has...	3%	46%	51%
My relationship with friends and family has...	2%	25%	74%

‡ 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 Performance Outcomes

Program Satisfaction and Cultural Competence (n = 213-217)
Percent who Agree



Child Outcomes (n = 198-215)

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.	8%	92%
My child thinks treatment can help improve symptoms of mental illness.	8%	92%
I know where to go to get mental health services for my child.	1%	99%
My child knows how to get help when s/he has a mental health problem.	8%	92%
I know where to go for substance use services for myself or other household members.	4%	96%

Child Outcomes (n = 132-137)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	13%	87%
My child is learning to behave more appropriately.	4%	96%
My child feels better.	2%	98%
My child has more energy during the day.	11%	89%
My child feels less worried.	14%	86%
My child feels better when s/he thinks about the future.	11%	89%
My child cares more about the things that are happening in his/her life.	9%	91%
My child can handle problems better.	11%	89%
My child knows when to ask for help with an emotional problem.	12%	88%

Child Outcomes (n = 97-117)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	1%	44%	55%
My child's grades in school have...	4%	32%	64%
My child's housing situation has...	1%	32%	67%
My child's relationships with friends and family have...	1%	26%	73%

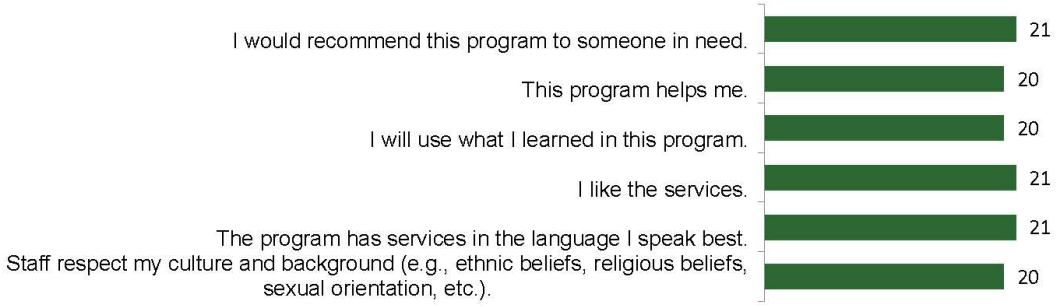
‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

1. FOSTER CARE ENGAGEMENT

This section contains the results of surveys from the Foster Care Engagement program. A total of 66 surveys were completed for this program. Of these, 21 were self-report surveys, while the other 45 were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since the total number of participants who completed the self-report survey and a portion of the child survey were small, counts rather than percentages are presented. Sixty participants chose to take the survey in English and six participants chose to take the survey in Spanish.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 20-21)



Outcomes (n = 15-21)

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	21
I think treatment can help improve symptoms of mental illness.	0	21
I am more likely to seek help for a mental health problem.	0	20
I know where to go for mental health services.	2	19
I know where to go for substance use services for myself or other household members.	5	10

FOSTER CARE ENGAGEMENT

Outcomes (n = 12)

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	12
I learned how to take steps towards the future I want.	3	9
I feel better.	0	12
I have more energy during the day.	1	11
I feel less worried.	1	11
I feel better when I think about the future.	1	11
I care more about the things that are happening in my life.	1	11
I can handle problems better.	0	12
I know when to ask for help with an emotional problem.	0	12

Outcomes (n = 1-9)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	8	1
My grades in school have...	0	7	2
My housing situation has...	0	6	2
My job situation has...	1	0	0
My relationship with friends and family has...	0	2	7

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

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 = 21)

- Therapeutic Communication (n = 10)
- Improved Symptoms or Behavior (n = 3)
- Nothing or Don't Know (n = 2)
- Availability of Services (n = 2)
- Acquiring Skills or Increased Understanding of Mental Health (n = 2)
- Supportive Staff (n = 2)

What could make this program better? (n = 15)

- Nothing or Don't Know (n = 13)
- Additional Instructional Topics or Information (n = 1)
- Additional Activities or Services (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 16)

- Improved Communication or Relationships (n = 4)
- Improved Emotional Regulation (n = 3)
- Nothing or Don't Know (n = 3)
- More Positive Outlook/Attitude (n = 3)
- Improved Self-Awareness (n = 1)
- Improved Behavior (n = 1)
- Feeling Less Isolated (n = 1)

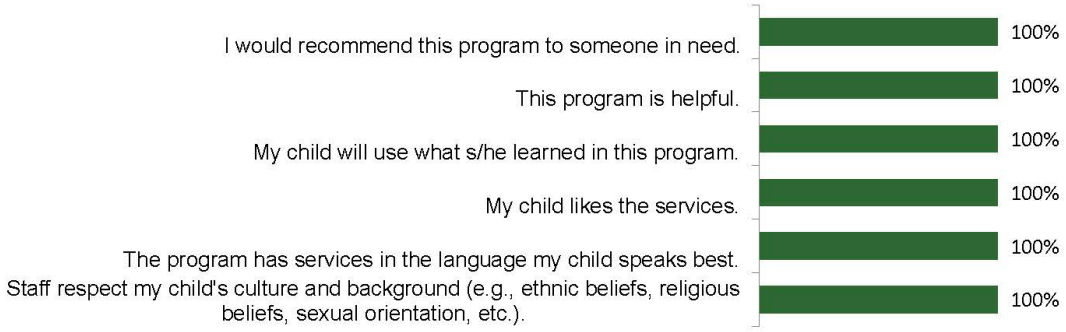
"I have a better understanding of my past trauma and how to manage it."

"I feel less sad because I have learned how to change my mindset to feel happier."

FOSTER CARE ENGAGEMENT

Child Performance Outcomes

Program Satisfaction and Cultural Competence
Proportion of Participants Who Agree (n = 43-45)



Child Outcomes (n = 33-45)

As a result of participating in this program ...	% Disagree or Strongly Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	7%	93%
My child thinks treatment can help improve symptoms of mental illness.	7%	93%
I know where to go to get mental health services for my child.	2%	98%
My child knows how to get help when s/he has a mental health problem.	10%	90%
I know where to go for substance use services for myself or other household members.	0%	100%

FOSTER CARE ENGAGEMENT

Child Outcomes (n = 23-28)

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 his/her mental or emotional health.	2	23
My child is learning to behave more appropriately.	1	25
My child feels better.	1	25
My child has more energy during the day.	1	27
My child feels less worried.	3	24
My child feels better when s/he thinks about the future.	0	24
My child cares more about the things that are happening in his/her life.	2	22
My child can handle problems better.	0	23
My child knows when to ask for help with an emotional problem.	5	22

Child Outcomes (n = 16-22)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My child's school attendance has...	0	6	11
My child's grades in school have...	0	6	10
My child's housing situation has...	1	1	20
My child's relationships with friends and family have...	1	3	17

‡ 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.

FOSTER CARE ENGAGEMENT

Child Comments

What's the most helpful thing about this program? (n = 53)

- Therapeutic Communication (n = 18)
- Improved Symptoms or Behavior (n = 11)
- Availability of Services (n = 9)
- Supportive Staff (n = 6)
- Acquiring Skills or Increased Understanding of Mental Health (n = 5)
- Nothing or Don't Know (n = 4)

What could make this program better? (n = 47)

- Nothing or Don't Know (n = 32)
- Additional Activities or Services (n = 7)
- More Frequent or Longer Sessions (n = 4)
- Additional Instructional Topics or Information (n = 2)
- Greater Diversity among Staff or Participants (n = 1)
- Better Communication and Outreach (n = 1)

What has changed about how your child thinks, feels, or behaves as a result of this program? (n = 46)

- Improved Communication or Relationships (n = 14)
- Improved Behavior (n = 11)
- More Positive Outlook/Attitude (n = 10)
- Nothing or Don't Know (n = 8)
- Improved Emotional Regulation (n = 2)
- Improved Self-Awareness (n = 1)

"She can express emotions in healthy ways and is making progress in healing from past trauma."

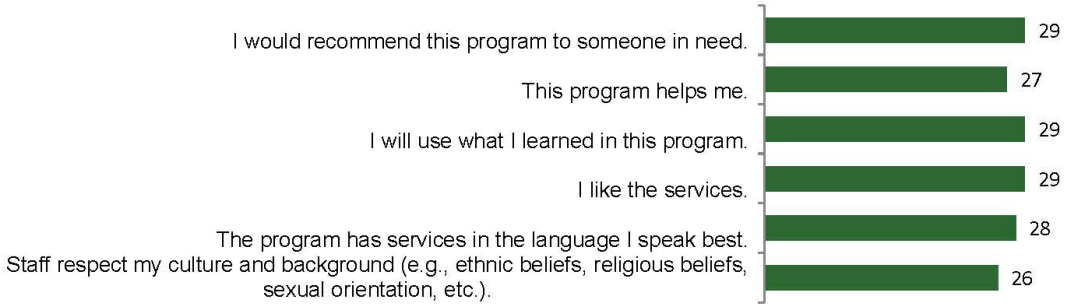
"He is remembering his different communication skills and trying to use them in school."

2. KCSOS SCHOOL-BASED PROGRAM

This section contains the results of surveys from the KCSOS School-Based Program. A total of 37 surveys were completed for this program, where 30 were self-report surveys and seven were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 30)



Outcomes (n = 27-30)

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	29
I think treatment can help improve symptoms of mental illness.	3	27
I am more likely to seek help for a mental health problem.	0	27
I know where to go for mental health services.	3	26
I know where to go for substance use services for myself or other household members.	7	23

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 = 35)

- Acquiring Skills or Increased Understanding of Mental health (n = 8)
- Therapeutic Communication (n = 6)
- Improved Symptoms or Behavior (n = 5)
- Availability of Services (n = 4)
- Inclusive Environment and Sense of Community (n = 4)
- Supportive Staff (n = 2)
- Strategies or Activities for self-care (n = 2)
- Better interactions with family and friends (n = 1)
- Nothing or don't know (n = 1)
- Group Sessions (n = 1)
- Meeting Basic Needs and Finding Employment (n = 1)

What could make this program better? (n = 25)

- Nothing or Don't Know (n = 17)
- More Frequent or Longer sessions (n = 4)
- Additional Activities or Services (n = 3)
- Ability to Test, Diagnose, and Treat (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 36)

- Improved Behavior (n = 8)
- Improved Communication or Relationships (n = 7)
- More Positive Outlook/Attitude (n = 7)
- Improved Self-Awareness (n = 5)
- Improved Emotional Regulation (n = 4)
- Nothing or Don't Know (n = 4)
- Improved Self-Confidence (n = 1)

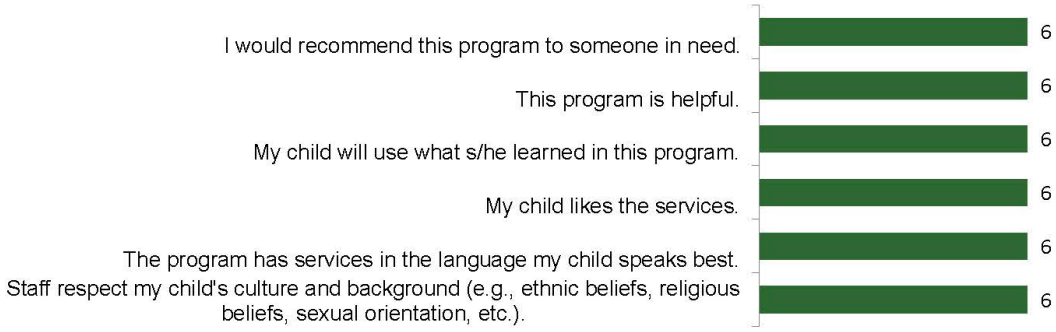
"The most helpful thing is that you can talk to them and not feel judged."

"I have good boundaries, and I love myself more."

KCSOS SCHOOL-BASED PROGRAM

Child Performance Outcomes

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



Child Outcomes (n = 6)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	6
My child thinks treatment can help improve symptoms of mental illness.	2	4
I know where to go to get mental health services for my child.	0	6
My child knows how to get help when s/he has a mental health problem.	0	6
I know where to go for substance use services for myself or other household members.	1	5

KCSOS SCHOOL-BASED PROGRAM

Child Comments

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

- Therapeutic Communication (n = 2)
- Availability of Services (n = 1)
- Group Sessions (n = 1)
- Supportive Staff (n = 1)

What could make this program better? (n = 6)

- Nothing or Don't Know (n = 5)
- More Frequent or Longer Sessions (n = 1)

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

- Improved Self-Confidence (n = 2)
- Improved Communication or Relationships (n = 1)
- Nothing or Don't Know (n = 1)

"Being able to talk to someone."

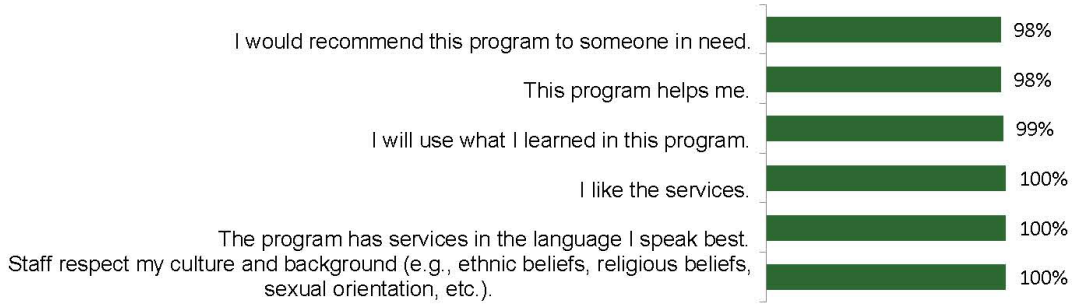
"My child is more confident."

3. LIVING WELL

This section contains the results of surveys from the Living Well program. A total of 98 surveys were completed for this program, with 95 self-report surveys and three child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by feedback from parents/guardians about their child's participation in the program. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 94-95)



Outcomes (n = 78-81)

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.	0%	100%
I am more likely to seek help for a mental health problem.	2%	98%
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.	10%	90%

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 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 = 154)

- Acquiring Skills or Increased Understanding of Mental health (n = 32)
- Meeting Basic Needs & Finding Employment (n = 23)
- Therapeutic Communication (n = 22)
- Availability of Services (n = 20)
- Inclusive Environment & Sense of Community (n = 17)
- Supportive Staff (n = 15)
- Improved Symptoms or Behavior (n = 12)
- Strategies or Activities for self-care (n = 6)
- Group Sessions (n = 4)
- Nothing or don't know (n = 3)

"The most helpful thing is seeing others with the same problems as me and not feeling so alone."

"I feel like I understand more about myself and why I think, feel, and do certain things. I also feel like I have better coping skills and a different perspective on things."

What could make this program better? (n = 99)

- Nothing or Don't Know (n = 55)
- More Frequent or Longer sessions (n = 12)
- Additional Activities or Services (n = 9)
- Better Communication and Outreach (n = 8)
- Additional Instructional Topics or Information (n = 8)
- Greater Diversity among Staff or Participants (n = 4)
- In-Person Sessions (n = 3)

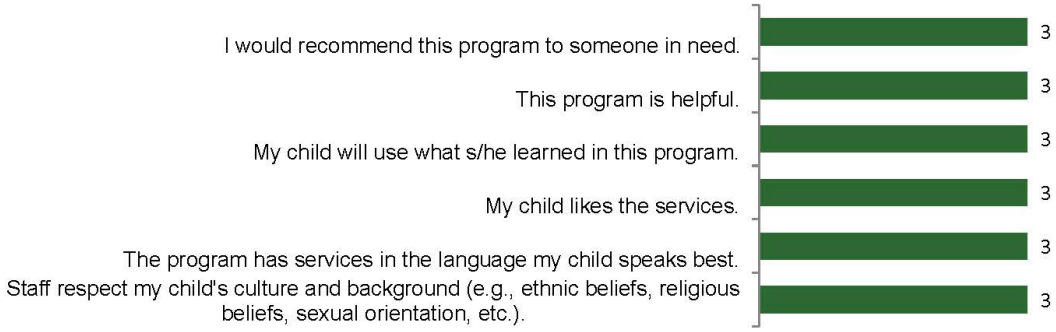
What has changed about how you think, feel, or behave as a result of this program? (n = 165)

- Improved Self-Awareness (n = 40)
- More Positive Outlook/Attitude (n = 33)
- Improved Emotional Regulation (n = 28)
- Improved Behavior (n = 23)
- Improved Self-Confidence (n = 17)
- Improved Communication or Relationships (n = 13)
- Nothing or Don't Know (n = 7)
- Feeling Less Isolated (n = 4)

LIVING WELL

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 3)



Child Outcomes (n = 3)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	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 s/he has a mental health problem.	0	3
I know where to go for substance use services for myself or other household members.	0	3

LIVING WELL

Child Comments

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

- Therapeutic Communication (n = 2)
- Availability of Services (n = 2)

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

- Nothing or Don't Know (n = 2)
- Additional Activities or Services (n = 2)

What has changed about how your child thinks, feels, or behaves as a result of this program? (n = 7)

- Improved Emotional Regulation (n = 3)
- Improved Communication or Relationships (n = 2)
- More Positive Outlook/Attitude (n = 1)
- Improved Behavior (n = 1)

"She learned how to communicate better with me."

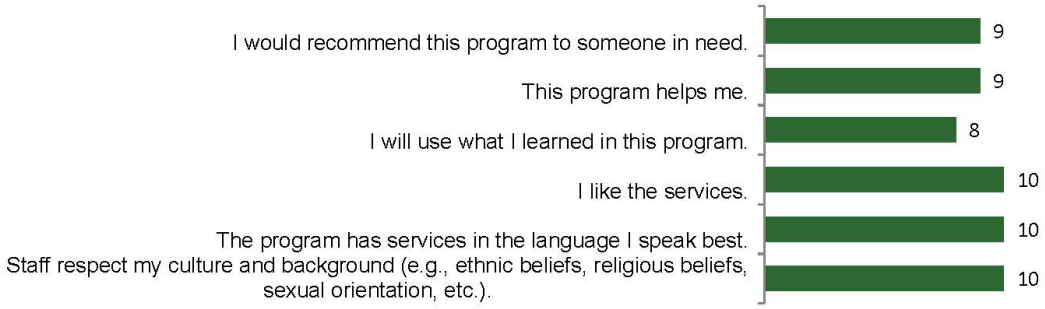
"I noticed that most of his improvement was in his behavior: a better ability to express feelings and less aggression toward family or schoolmates."

4. TRANSITIONAL AGE YOUTH DUAL RECOVERY

This section contains the results of surveys from the Transitional Age Youth (TAY) Dual Recovery program. A total of 11 surveys were completed for this program. All were self-report surveys. Since the total number of participants who completed the survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 9-11)



Outcomes (n = 10-11)

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	10
I think treatment can help improve symptoms of mental illness.	0	10
I am more likely to seek help for a mental health problem.	0	10
I know where to go for mental health services.	0	10
I know where to go for substance use services for myself or other household members.	0	10

TRANSITIONAL AGE YOUTH DUAL RECOVERY

Outcomes (n = 10-11)

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	9
I learned how to take steps towards the future I want.	1	10
I feel better.	0	11
I have more energy during the day.	0	10
I feel less worried.	0	10
I feel better when I think about the future.	0	11
I care more about the things that are happening in my life.	0	11
I can handle problems better.	0	11
I know when to ask for help with an emotional problem.	1	10

Outcomes (n = 5-10)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	2	4
My grades in school have...	0	1	4
My housing situation has...	0	0	10
My job situation has...	0	2	8
My relationship with friends and family has...	0	1	9

‡ 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.

TRANSITIONAL AGE YOUTH DUAL RECOVERY

Client Feedback

Participants who received services from TAY Dual Recovery were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the 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 = 12)

- Supportive Staff (n = 4)
- Inclusive Environment & Sense of Community (n = 3)
- Group Sessions (n = 3)
- Strategies or activities for self-care (n = 1)
- Meeting Basic Needs & Finding Employment (n = 1)

What could make this program better? (n = 7)

- Nothing or Don't Know (n = 4)
- Additional Activities or Services (n = 2)
- Better Communication and Outreach (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 13)

- Improved Emotional Regulation (n = 3)
- Improved Self-Awareness (n = 2)
- More Positive Outlook/Attitude (n = 2)
- Nothing or Don't Know (n = 2)
- Improved Self-Confidence (n = 2)
- Improved Behavior (n = 1)
- Feeling Less Isolated (n = 1)

"...I have a better understanding of myself, and my mental health is getting a lot better."

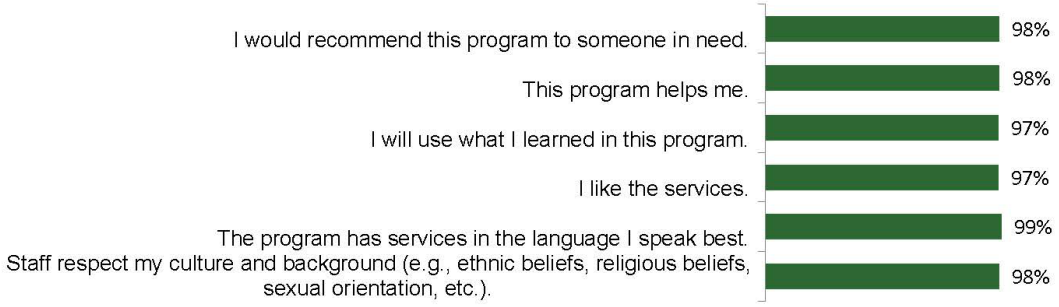
"I would say the support system is very beneficial to my recovery."

5. TRANSITIONAL AGE YOUTH SELF SUFFICIENCY

This section contains the results of surveys from the Transitional Age Youth (TAY) Self Sufficiency program. A total of 224 surveys were completed for this program. All were self-report surveys. TAY participants are required to complete the items on the first page of the outcomes survey but not the second page. Since more than 30 participants completed the self-report survey, percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 221-224)



Outcomes (n = 221-223)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	4%	96%
I think treatment can help improve symptoms of mental illness.	5%	95%
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.	3%	97%

TRANSITIONAL AGE YOUTH 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 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 = 273)

- Meeting Basic Needs & Finding Employment (n = 118)
- Supportive Staff (n = 69)
- Availability of Services (n = 34)
- Inclusive Environment & Sense of Community (n = 21)
- Improved Symptoms or Behavior (n = 18)
- Therapeutic Communication (n = 7)
- Acquiring Skills or Increased Understanding of Mental Health (n = 4)
- Group Sessions (n = 2)

What could make this program better? (n = 229)

- Nothing or Don't Know (n = 91)
- Additional Activities or Services (n = 79)
- Better Communication and Outreach (n = 26)
- Greater Diversity among Staff or Participants (n = 10)
- More Frequent or Longer sessions (n = 10)
- Additional Instructional Topics or Information (n = 8)
- In-Person Sessions (n = 5)

What has changed about how you think, feel, or behave as a result of this program? (n = 267)

- More Positive Outlook/Attitude (n = 59)
- Improved Self-Awareness (n = 48)
- Improved Behavior (n = 47)
- Nothing or Don't Know (n = 40)
- Improved Communication or Relationships (n = 27)
- Feeling Less Isolated (n = 22)
- Improved Self-Confidence (n = 17)
- Improved Emotional Regulation (n = 7)

"I have people who actually care about me and make me feel like I have a small family."

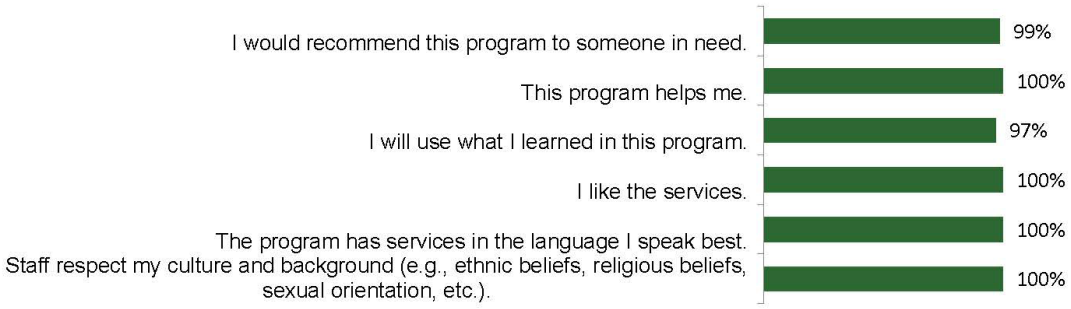
"I wasn't very hopeful about my future growing up, but now I do believe I finally have a chance to be happy."

6. VOLUNTEER SENIOR OUTREACH PROGRAM

This section contains the results of surveys from the Volunteer Senior Outreach Program (VSOP). A total of 71 surveys were completed for this program. All were self-report surveys. For portions where fewer than 30 participants completed the survey, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 69-71)



Outcomes (n = 67-70)

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%	100%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	1%	99%
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.	9%	91%

VOLUNTEER SENIOR OUTREACH PROGRAM

Outcomes (n = 13-16)

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	16
I learned how to take steps towards the future I want.	0	16
I feel better.	0	16
I have more energy during the day.	1	12
I feel less worried.	2	14
I feel better when I think about the future.	3	13
I care more about the things that are happening in my life.	0	16
I can handle problems better.	0	15
I know when to ask for help with an emotional problem.	0	16

Outcomes (n = 1-8)‡

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

‡ 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.

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 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 = 91)

- Therapeutic Communication (n = 28)
- Availability of Services (n = 15)
- Supportive Staff (n = 14)
- Improved Symptoms or Behavior (n = 14)
- Inclusive Environment & Sense of Community (n = 8)
- Acquiring Skills or Increased Understanding of Mental health (n = 7)
- Meeting Basic Needs & Finding Employment (n = 2)
- Strategies or Activities for self-care (n = 3)

"I feel the staff has motivated me to do more things for myself."

"I'm feeling better about reaching out to community more and feeling more connected."

What could make this program better? (n = 52)

- Nothing or Don't Know (n = 39)
- More Frequent or Longer sessions (n = 4)
- Additional Activities or Services (n = 4)
- Additional Instructional Topics or Information (n = 2)
- 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 = 81)

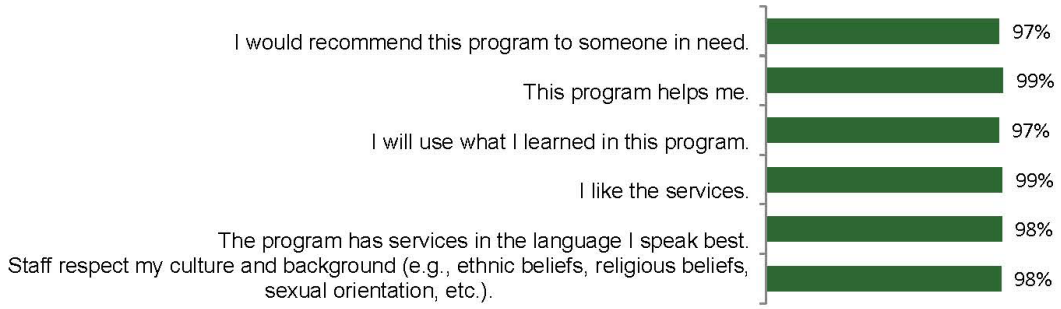
- More Positive Outlook/Attitude (n = 22)
- Improved Emotional Regulation (n = 19)
- Improved Self-Awareness (n = 11)
- Improved Communication or Relationships (n = 11)
- Feeling Less Isolated (n = 7)
- Improved Self-Confidence (n = 4)
- Improved Behavior (n = 4)
- Nothing or Don't Know (n = 3)

7. YOUTH BRIEF TREATMENT

This section contains the results of surveys from the Youth Brief Treatment program. A total of 550 participants completed a survey. Of these, 388 were self-report surveys, while the other 162 were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since more than 30 participants completed each survey, percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 383-388)



Outcomes (n = 368-386)

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.	4%	96%
I am more likely to seek help for a mental health problem.	12%	88%
I know where to go for mental health services.	5%	95%
I know where to go for substance use services for myself or other household members.	15%	85%

YOUTH BRIEF TREATMENT

Outcomes (n = 192-197)

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.	7%	93%
I learned how to take steps towards the future I want.	6%	94%
I feel better.	8%	92%
I have more energy during the day.	29%	71%
I feel less worried.	19%	81%
I feel better when I think about the future.	15%	85%
I care more about the things that are happening in my life.	9%	91%
I can handle problems better.	17%	83%
I know when to ask for help with an emotional problem.	17%	83%

Outcomes (n = 47-178)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	5%	43%	51%
My grades in school have...	3%	33%	63%
My housing situation has...	1%	45%	54%
My job situation has...	2%	53%	45%
My relationship with friends and family has...	2%	26%	72%

‡ 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

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 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 = 391)

- Therapeutic Communication (n = 168)
- Improved Symptoms or Behavior (n = 73)
- Acquiring Skills or Increased Understanding of Mental health (n = 60)
- Supportive Staff (n = 29)
- Inclusive Environment & Sense of Community (n = 24)
- Availability of Services (n = 14)
- Better interactions with family and friends (n = 9)
- Nothing or Don't Know (n = 6)
- Meeting Basic Needs and Finding Employment (n = 5)
- Strategies or Activities for self-care (n = 2)
- Group Sessions (n = 1)

"It helps me deal with my emotions better."

"I have someone I can talk to and who understands me."

What could make this program better? (n = 262)

- Nothing or Don't Know (n = 188)
- Additional Activities or Services (n = 29)
- Better Communication and Outreach (n = 16)
- More Frequent or Longer Sessions (n = 16)
- Additional Instructional Topics or Information (n = 13)

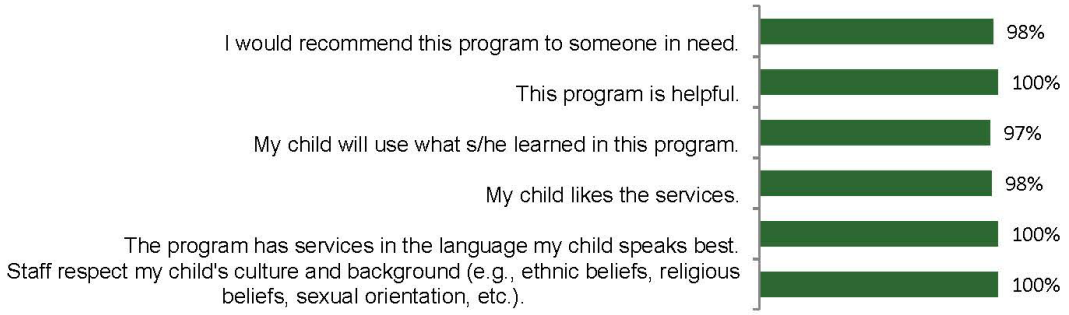
What has changed about how you think, feel, or behave as a result of this program? (n = 390)

- Improved Emotional Regulation (n = 96)
- Improved Self-Awareness (n = 71)
- More Positive Outlook/Attitude (n = 69)
- Improved Behavior (n = 55)
- Improved Communication or Relationships (n = 51)
- Nothing or Don't Know (n = 23)
- Improved Self-Confidence (n = 22)
- Feeling Less Isolated (n = 3)

YOUTH BRIEF TREATMENT

Child Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 159-162)



Child Outcomes (n = 154-160)

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.	8%	92%
My child thinks treatment can help improve symptoms of mental illness.	7%	93%
I know where to go to get mental health services for my child.	1%	99%
My child knows how to get help when s/he has a mental health problem.	8%	92%
I know where to go for substance use services for myself or other household members.	5%	95%

YOUTH BRIEF TREATMENT

Child Outcomes (n = 105-107)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	14%	86%
My child is learning to behave more appropriately.	4%	96%
My child feels better.	2%	98%
My child has more energy during the day.	11%	89%
My child feels less worried.	14%	86%
My child feels better when s/he thinks about the future.	12%	88%
My child cares more about the things that are happening in his/her life.	9%	91%
My child can handle problems better.	13%	87%
My child knows when to ask for help with an emotional problem.	9%	91%

Child Outcomes (n = 74-92)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	1%	47%	51%
My child's grades in school have...	4%	32%	65%
My child's housing situation has...	0%	41%	59%
My child's relationships with friends and family have...	0%	28%	72%

‡ 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

Child 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 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 = 128)

- Therapeutic Communication (n = 41)
- Acquiring Skills or Increased Understanding of Mental Health (n = 22)
- Improved Symptoms or Behavior (n = 21)
- Supportive Staff (n = 19)
- Availability of Services (n = 7)
- Better interactions with family and friends (n = 7)
- Inclusive Environment and Sense of Community (n = 6)
- Strategies or Activities for Self-Care (n = 2)
- Nothing or don't know (n = 1)
- Group Sessions (n = 1)
- Meeting Basic Needs and Finding Employment (n = 1)

What could make this program better? (n = 98)

- Nothing or don't know (n = 68)
- Additional Activities or Services (n = 10)
- More Frequent or Longer Sessions (n = 10)
- Better Communication and Outreach (n = 5)
- Additional Instructional Topics or Information (n = 3)
- Greater Diversity among Staff or Participants (n = 2)

"She is able to talk to someone without judgement."

"She has learned about good choices and bad choices. Her temper has changed; she can now manage to control it. She can also communicate her emotions, such as when she is mad, sad, or happy."

What has changed about how your child thinks, feels, or behaves as a result of this program? (n = 148)

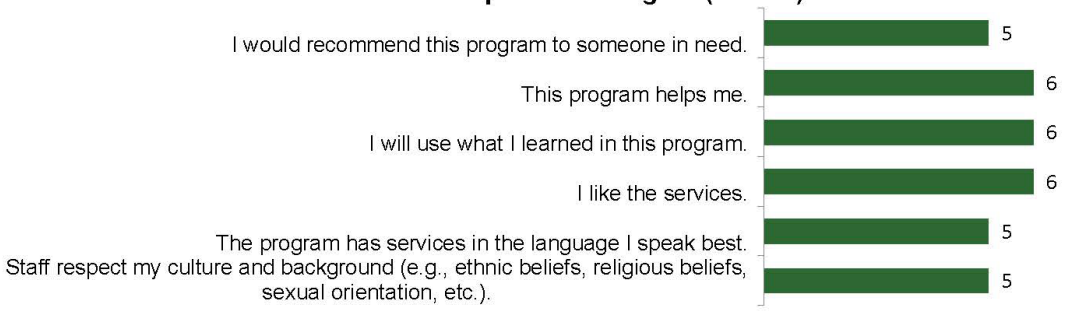
- Improved Behavior (n = 34)
- Improved Emotional Regulation (n = 33)
- Improved Communication or Relationships (n = 31)
- Improved Self-Awareness (n = 20)
- More Positive Outlook/Attitude (n = 15)
- Nothing or Don't Know (n = 12)
- Improved Self-Confidence (n = 3)

8. YOUTH JUVENILE JUSTICE ENGAGEMENT

This section contains the results of surveys from the Youth Juvenile Justice Engagement program. A total of 12 surveys were completed for this program. Of these, seven were self-report surveys, while the other five were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction
Number of Participants Who Agree (n = 6-7)



Outcomes (n = 7)

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	6
I think treatment can help improve symptoms of mental illness.	1	6
I am more likely to seek help for a mental health problem.	1	6
I know where to go for mental health services.	1	6
I know where to go for substance use services for myself or other household members.	1	6

YOUTH JUVENILE JUSTICE ENGAGEMENT

Outcomes (n = 6-7)

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	4
I learned how to take steps towards the future I want.	2	5
I feel better.	4	3
I have more energy during the day.	3	3
I feel less worried.	2	5
I feel better when I think about the future.	2	5
I care more about the things that are happening in my life.	3	4
I can handle problems better.	2	5
I know when to ask for help with an emotional problem.	2	5

Outcomes (n = 1-3)‡

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

‡ 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 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 = 6)

- Therapeutic Communication (n = 3)
- Nothing or don't know (n = 1)
- Improved Symptoms or Behavior (n = 1)
- Supportive Staff (n = 1)

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

- Nothing or Don't Know (n = 3)
- More Frequent or Longer sessions (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 3)

- Nothing or don't know (n = 1)
- Improved Communication or Relationships (n = 1)
- Improved Emotional Regulation (n = 1)

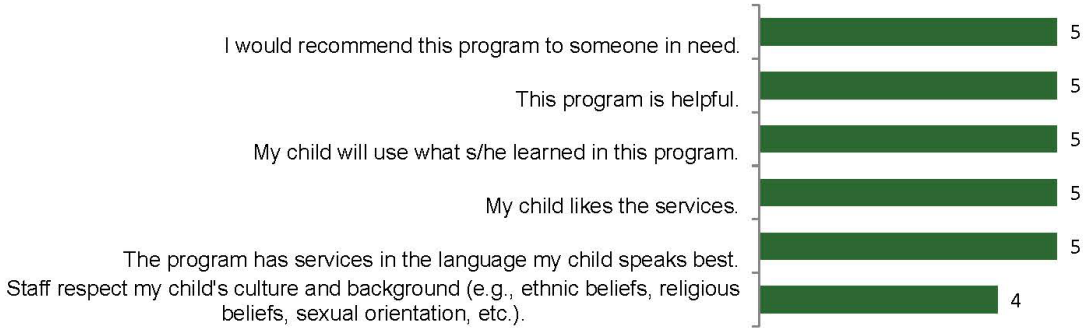
"Talking with staff or people on my team [has been helpful]."

"I am more calm, able to remove myself from a situation that is stressful, and have better coping skills."

YOUTH JUVENILE JUSTICE ENGAGEMENT

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 5)



Child Outcomes (n = 5)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	1	4
My child thinks treatment can help improve symptoms of mental illness.	1	4
I know where to go to get mental health services for my child.	0	5
My child knows how to get help when s/he has a mental health problem.	0	5
I know where to go for substance use services for myself or other household members.	0	5

YOUTH JUVENILE JUSTICE ENGAGEMENT

Child Outcomes (n = 4)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	1	3
My child is learning to behave more appropriately.	0	4
My child feels better.	0	4
My child has more energy during the day.	2	2
My child feels less worried.	1	3
My child feels better when s/he thinks about the future.	1	3
My child cares more about the things that are happening in his/her life.	0	4
My child can handle problems better.	0	4
My child knows when to ask for help with an emotional problem.	2	2

Child Outcomes (n = 4)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My child's school attendance has...	0	1	3
My child's grades in school have...	1	1	2
My child's housing situation has...	0	1	3
My child's relationships with friends and family have...	0	2	2

‡ 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 JUVENILE JUSTICE ENGAGEMENT

Child 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 = 6)

- Improved Symptoms or Behavior (n = 2)
- Therapeutic Communication (n = 1)
- Availability of Services (n = 1)
- Acquiring Skills or Increased Understanding of Mental health (n = 1)
- Nothing or Don't Know (n = 1)

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

- Improved Behavior (n = 2)
- Nothing or Don't Know (n = 2)

What could make this program better? (n = 5)

- Nothing or Don't Know (n = 5)

"His behavior has changed. He does not go out and drink as much as he used to."

"...teaching my child how to use certain skills to manage his behavior."

APPENDIX A: PEI DATA COLLECTION MATRIX

PEI Programs, Classifications, and Survey Sections for FY23-24

PEI Program Name	Program Classification	Sections of Survey Required to Be Completed
Prepare U	Prevention	Front & back
Transitional Age Youth (TAY) Dual Recovery	Early Intervention	Front & back
Youth Brief Treatment (YBT)	Early Intervention	Front & back
Living Well	Stigma and Discrimination Reduction	Front only
Transitional Age Youth (TAY) Self Sufficiency	Access and Linkage to Treatment	Front only
Youth Juvenile Justice Engagement	Access and Linkage to Treatment	Front only
KCSOS - School-Based Program (formerly known as Kern Youth Resilience and Support Program)	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 Outreach and Education (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 Program	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 (CCR) Foster Youth Engagement	Access and Linkage to Treatment	None
Court Appointed Special Advocates (CASA)	Access and Linkage to Treatment	None
The Healing Project (Recovery Station)	Access and Linkage to Treatment	None

FY 2023-2024 Performance Outcomes Report

Kern County MHSA Innovations

TABLE OF CONTENTS

METHODOLOGY .....

Evaluation Design .....
Measures .....
Presentation of Results .....

COMBINED INN PROGRAM FINDINGS .....

Outcome Surveys Collected by Survey Type .....

THE HEALING PROJECT .....

Program Description .....
Program Goals .....
Updates .....
Program Successes .....
Demographics .....
Self-Report Survey Outcomes .....

MOBILE CLINIC WITH STREET PSYCHIATRY .....

Program Description .....
Program Goals .....
Updates .....
Program Successes .....
Numbers Served .....
Demographics .....
Use of Available Services .....
Quality of Life Outcomes .....
Demographic Differences .....

METHODOLOGY

Evaluation Design

To meet Mental Health Services Act (MHSA) reporting requirements, Kern Behavioral Health & Recovery Services (KernBHRS) contracted with EVALCORP to collect and analyze fiscal year (FY) 2023-2024 Innovations (INN) program data. During FY 23-24, the evaluation tools used for The Healing Project were developed by separate contractors working with the programs, while those for Mobile Clinic with Street Psychiatry were developed by EVALCORP. The tools included a demographics questionnaire and an outcomes questionnaire. Results from these tools are presented in this report.



Measures

Quality of Life Questionnaire: The Quality of Life Questionnaire is a brief, clinician-administered tool designed to assess individuals who are currently homeless or at risk of homelessness. It is comprehensive, allowing clinicians to document their experiences of clients over time, using observable characteristics and client reports of personal information. The questionnaire assesses six domains of functioning: housing, employment, government benefits, physical health, mental health, and substance use. A seven-point scale format is used, with each point accompanied by a description to maintain consistent ratings, with extremes indicating the level of clients' ability to function in a domain (see Cook, Farrell, & Perlman, 2007).

Presentation of Results

Findings are presented in aggregate by each of the INN programs required to collect outcome data. In FY 23-24, two INN programs, The Healing Project (Recovery Station) and Mobile Clinic with Street Psychiatry, were operational. 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. In addition, the Quality of Life Questionnaire includes pre- and post-assessments with potentially different sample sizes. The results are shown as percentages to allow for accurate comparisons of changes in quality of life.

COMBINED INN PROGRAM FINDINGS

Outcome Surveys Collected by Survey Type

	Kern MHSA INN Program Name	FY 23-24 Outcomes Data
		Sample size
1	Mobile Clinic with Street Psychiatry	34
2	The Healing Project	410
3	Learning Healthcare Network	-
	Total	**444**

Survey results across all INN programs are reported together in this section of the report (n = 444). Participants of The Healing Project could choose whether to take the survey in English or Spanish; in total, 410 surveys were completed in English, and no surveys were completed in Spanish. Clinicians administered the questionnaire for Mobile Clinic with Street Psychiatry in either English or Spanish, depending on the language spoken by the participants.

The Early Psychosis Learning Healthcare Network is a statewide innovation program whose evaluation was conducted by UC Davis. As of the end of FY 23-24, no local data about the program have been shared with KernBHRS or EVALCORP. Consequently, results from this program are omitted from this Annual Update.

THE HEALING PROJECT

Program Description

The Healing Project is a Recovery Station in Bakersfield that operates 24 hours per day, 7 days per week. Services are voluntary and provided in a safe, sobering environment for individuals to reduce intoxication. The Recovery Station is staffed by clinicians, substance use specialists, and peers with lived experience who seek to provide adults currently experiencing substance use or alcohol-related crises with access and linkage to appropriate mental health and substance use care. Individuals receive substance use screening, brief clinical interventions and resources, and are connected to ongoing services in the community. Guests may also have co-occurring behavioral health disorders. Individuals may be referred or transported by law enforcement or other designated community partners. The typical length of stay is anticipated to be 4 to 10 hours.

Program Goals

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

Updates

- Recovery Station capacity increased from 10 beds to 15 to meet the needs of the community

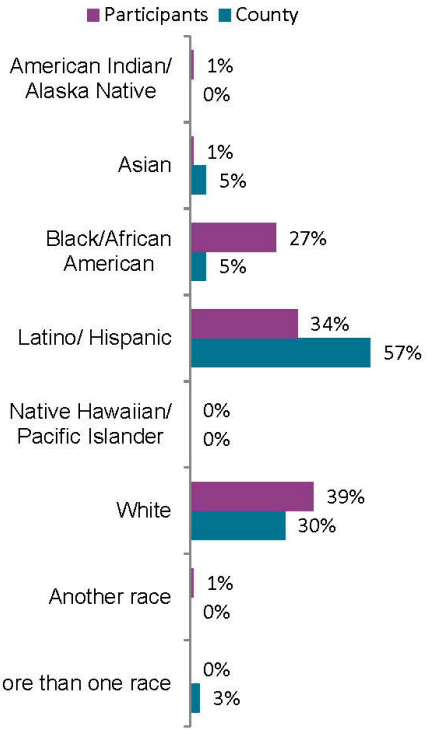
Program Successes

- A guest who had struggled with methamphetamine use for 1 ½ years initially received assistance from the Recovery Station. However, due to health and identification challenges, the guest had difficulty utilizing services. After a period of no contact, the guest shared with staff their return to the East Coast, two months of sobriety, full-time employment, and participation in Alcoholics Anonymous meetings. They also expressed gratitude to the Recovery Station staff for their support.
- A guest who struggled to meet their recovery goals returned to the Recovery Station to express gratitude for staff support. They shared achieving sobriety, engaging in recovery services, and founding a street outreach team to promote harm reduction through Narcan distribution. The former guest is now seeking ways to assist the Recovery Station.

THE HEALING PROJECT

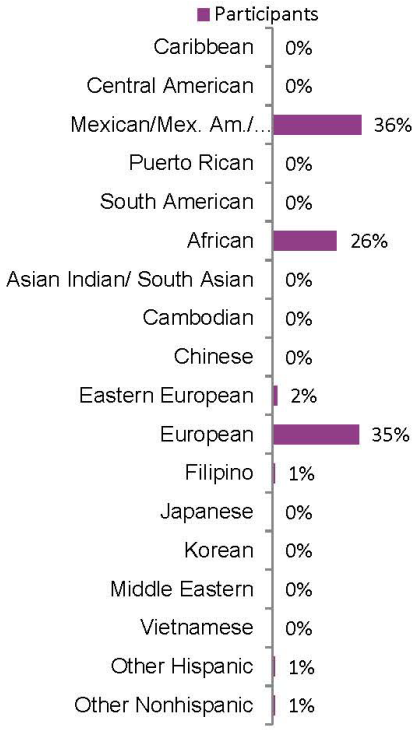
Demographics

Race (n = 405)



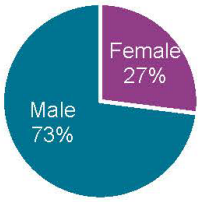
Note: 5 participants declined. County demographics are derived from the 2022 American Community Survey.

Ethnicity (n = 383)



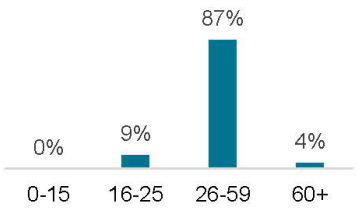
Note: 27 participants declined.

Gender Identity (n = 407)



Note: 3 participants declined.

Age (n = 398)



Note: 32 participants declined.

Language (n = 406)

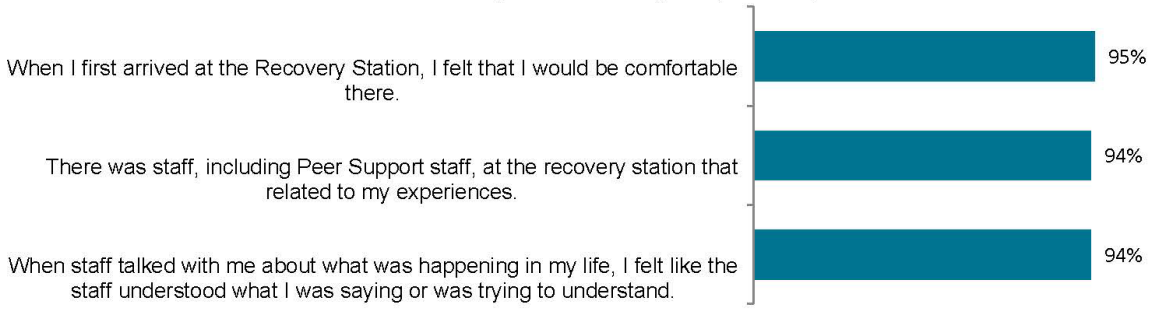
English	99%
Spanish	<1%
Both English & Spanish	<1%
Other	<1%

Note: 4 participants declined. Less than 1% of participants indicated Spanish, both English and Spanish, or other.

THE HEALING PROJECT

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 398)



96% of participants were "Very Pleased" or "Pleased" with services at The Healing Project.

There were no major differences in most program outcomes by gender, language, age, or race.

Peer Support and Intentions to Enter Treatment (n = 398)

	% 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?	93%
I am likely to begin or continue treatment for alcohol and/or drug use after being at the Recovery Station.	80%
I am likely to begin or continue treatment for mental health challenges after being at the Recovery Station.	81%

MOBILE CLINIC WITH STREET PSYCHIATRY

Program Description

The Mobile Clinic with Street Psychiatry (MCSP) program uses a community-driven approach that combines public health's mobile strategy with mental health and outreach services. MCSP operates a mobile clinic stationed near homeless encampments to provide medical, psychiatric, and behavioral health services to individuals who are difficult to engage in traditional behavioral health services. The program focuses on addressing immediate health needs while helping homeless individuals access ongoing care networks, including housing support. Additionally, MCSP supports community outreach and disaster response as needed.

Program Goals

1. Improve quality of life factors for people facing homelessness
2. Increase the use of available care for people facing homelessness
3. Increase prescription adherence and placement in housing for people facing homelessness

Updates

- The MCSP program obtained the mobile unit in August.
- A psychiatrist has been hired.
- The program is now able to provide three full days of psychiatric care for hard-to-reach homeless individuals.
- Program staff have been working more closely with partner agencies.
- Program staff continue to receive training and development.

Program Successes

- MCSP staff received a referral for an individual who was experiencing auditory and visual hallucinations and showing signs of poor hygiene. Over the course of a month, program staff engaged with the client daily to build trust and foster communication. The client gradually shared personal challenges with staff, including difficulties in accessing Social Security benefits after their payee office closed, which contributed to their homelessness. Once rapport was established, MCSP staff were able to connect the client to essential services, including mental health care and medication support. Through consistent and supportive engagement, the client's overall well-being improved.

MOBILE CLINIC WITH STREET PSYCHIATRY

Numbers Served

46
Unique patients received ongoing services from the Mobile Clinic in FY 23-24

18
Unique encounters with potential patients using the Mobile Clinic

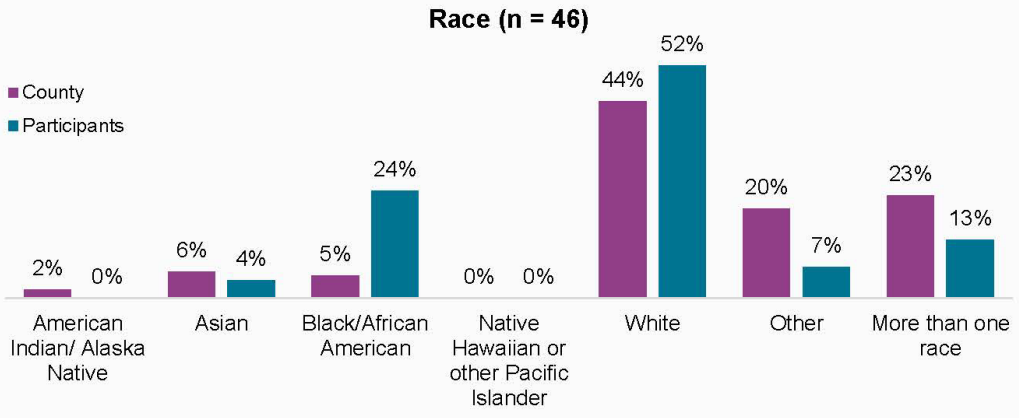
4
Appearances of the Mobile Clinic at public events

40*
People reached by Mobile Clinic outreach events

20
Linkages from Mobile Clinic to other services

* Number may include duplicate individuals

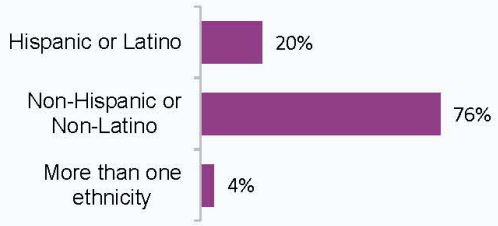
Demographics



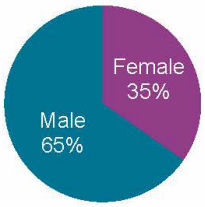
Note: County demographics are derived from the 2022 American Community Survey.

MOBILE CLINIC WITH STREET PSYCHIATRY

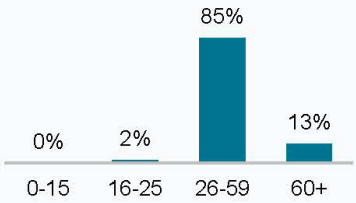
Ethnicity (n = 46)



Assigned Sex at Birth (n = 46)



Age (n = 46)



Note: 1 client decline to answer the question

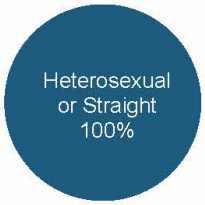
Gender Identity (n = 46)



Language (n = 46)

English	98%
Spanish	2%
Other	0%

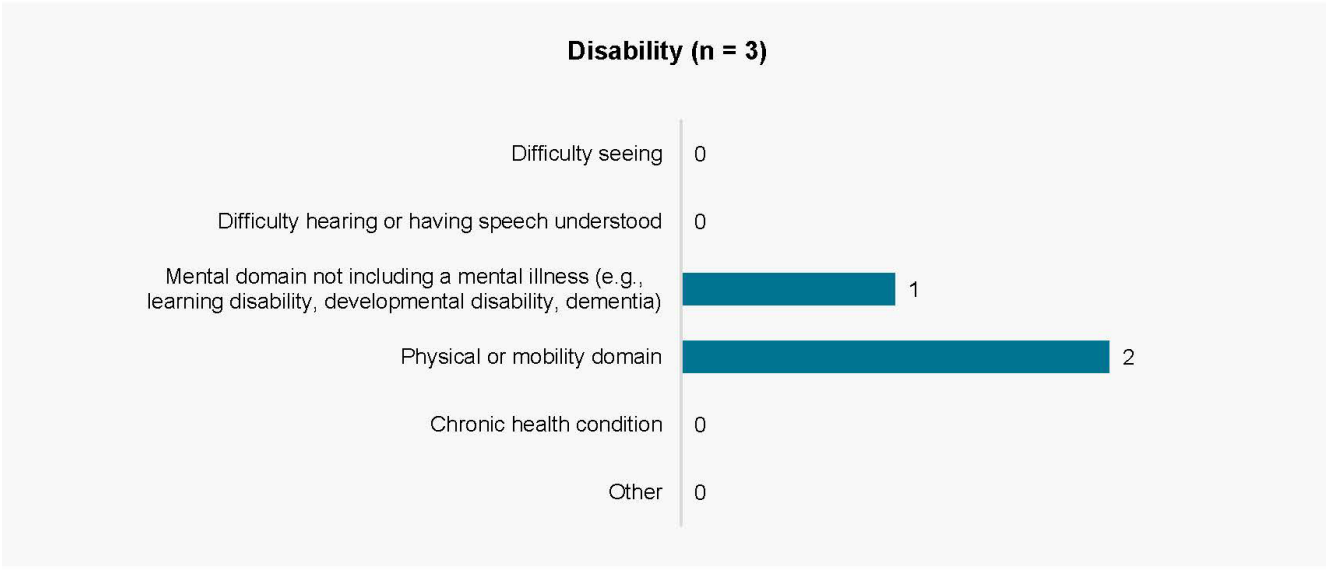
Sexual Orientation (n = 46)



MOBILE CLINIC WITH STREET PSYCHIATRY

0% of clients are Veterans

6.5% of clients have a disability



Use of Available Services

28%
of participants used substance use or behavioral health services

21%
of participants successfully obtained housing

32%
of participants adhered to their medication plan throughout their contact with the Mobile Clinic

MOBILE CLINIC WITH STREET PSYCHIATRY

Quality of Life Outcomes

Quality of Life Changes (n = 11-25)

	% in Initial Assessment	% in Final Assessment
Sleeping conditions: no permanent sleeping arrangements	96%	36%
Working conditions: unemployed or unable to work	96%	63%
Medical conditions: ongoing symptoms interfere with quality of life in one or more areas	72%	45%
Mental health: symptoms interfere with functioning in one or more areas	80%	54%
Substance use: continues to use despite serious consequences in one or more areas of functioning	68%	36%
Benefits: has not yet completed application for all benefits needed (e.g., food stamps, Medicaid, SSI)	80%	45%

Demographic Differences

There were no major differences in housing status by gender, language, age, or race.

Note: Hypotheses about differences were evaluated using Bayesian contingency tables with default priors.

FY 2023-2024 Performance Outcomes Report

Kern County MHSA Workforce, Education, & Training

TABLE OF CONTENTS

METHODOLOGY .....

Evaluation Design .....
Presentation of Results .....

COMBINED WET PROGRAM FINDINGS .....

Data Collected by Type .....

CLINICAL INTERNSHIP .....

Program Description .....
Updates .....
Program Successes .....
Program Outcomes .....

PSYCHOLOGY INTERNSHIP .....

Program Description .....
Updates .....
Program Successes .....
Program Outcomes .....

RELIAS LEARNING .....

Program Description .....
Updates .....
Program Successes .....
Program Outcomes .....

TRAINING ENHANCEMENT .....

Program Description .....
Updates .....
Program Successes .....
Program Outcomes .....

METHODOLOGY

Evaluation Design

Workforce Education and Training (WET) programs report outcomes proposed by EVALCORP and agreed upon by Kern Behavioral Health Recover Services (BHRS) leadership. The choice of outcomes 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. The outcomes to evaluate differ according to each program. A tailored plan was developed for each of the WET programs specifying in advance which outcomes would be reported.

The WET 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 FY23-24 WET programs. Each program contributed data on four indicators. These indicators were selected in collaboration with EVALCORP as key metrics to track program progress and differ by program.

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 during fiscal year	Count of candidates achieving licensure during fiscal year	Count of staff supervisors during fiscal year	Count of divisions offering internships during fiscal year
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 Learning Management System	Count of courses completed by staff during fiscal year	Count of courses completed for continuing education credit during fiscal year	Mean number of courses completed by staff during fiscal year	Completion rate for modules during fiscal year
Training Enhancement	Count of staff who completed peer service training during fiscal year	Count of staff who complete most popular training during fiscal year	Count of staff who completed second most popular training during fiscal year	Count of conferences and training opportunities attended by staff during fiscal year

CLINICAL INTERNSHIP

Program Description

KernBHRS supports staff pursuing mental health licensure by providing required clinical supervision hours. Interns and associates receive biannual evaluations based on core competencies and weekly clinical hours. They meet with supervisors individually or in groups, aiming to complete required hours within five years. The Clinical Internship Support Program measures program efficiency, offering resources like study materials to help associates obtain licensure through the California Board of Behavioral Sciences.

Updates

- KernBHRS will continue implementing Multicultural Clinical Supervision training and will continue to expand and improve the program to ensure that it is meeting the needs of staff and students who are being clinically supervised.

Program Successes or Highlights

- In 2023-2024, the program name changed from MCCS Phase III to MCCS All Inclusive, but the main goal remains the same: to support licensed behavioral health professionals providing clinical supervision and help unlicensed clinicians prepare for their licensing exam within six months. The program also offers formal clinical supervision training required by universities for students in clinical psychology programs, emphasizing clinical supervision as a distinct competency requiring specific training.

Performance Outcomes Measures

174 Staff received support in 2023-2024

12 Candidates achieved licensure in FY 23-24

38 Staff supervised interns

7 Divisions of KernBHRS offered internships

PSYCHOLOGY INTERNSHIP

Program Description

KernBHRS, a member of Association of Psychology Postdoctoral and Internship Centers, runs a Clinical Psychology Internship Program that prepares interns for professional practice through training in assessment, diagnosis, intervention, ethics, and more. The one-year internship starts in August, offering diverse clinical experiences. Interns build on prior skills while gaining new ones, with increasing autonomy. Progress is measured through evaluations, observation, and feedback. Successful interns develop core competencies, aiming to pursue post-doctoral licensure after the program.

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

- American Psychological Association Accreditation status has been maintained since first granted in April 2020.
- Integration of the interns into the evolving Diversion programs in California allowed for a robust training opportunity. For instance, the Forensic rotation intern had the opportunity to support an 18-year old male navigate the justice system, while supporting his recovery from marijuana use and educating him on his mental health symptoms of Schizophrenia. This relationship fostered a strong therapeutic relationship that allowed for the client's recovery and ultimate return into a community placement setting.

Performance Outcome Measures

56 Post-docs have achieved licensure since 2000

105 Interns have completed the program since 2000

222 Patients were seen by interns in 2023-2024

11 Former interns employed by Kern County in the past 5 years

RELIAS LEARNING

Program Description

The Relias Learning Management System (LMS) supports KernBHRS in developing and delivering departmental specific trainings that are available in the Relias Library. The Relias LMS also supports KernBHRS by offering continued education courses recognized by leading accreditation agencies. The Relias LMS facilitates KernBHRS's ability to comply with mandated state and federal training requirements by facilitating assignation of mandatory training plans to staff by role, and through the ability to track and report completions of trainings. KernBHRS has nearly 100 active customized training plans in the Relias LMS.

Updates

- KernBHRS has achieved a 94% completion rate for required trainings assigned to staff in the Relias LMS.

Program Successes

- During the past fiscal year, KernBHRS awarded an estimated 500 continued education units to system of care staff.

Performance Outcome Measures

280 Unique courses were completed by staff

29 Courses were completed for continuing education credit

18 Courses on average were completed by staff members

97.5% Completion rate for modules

TRAINING ENHANCEMENT

Program Description

Training Enhancement programs provide various workforce development training and conferences for 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. Current evidence-based information is incorporated into learning approaches and practices. Training Enhancement supports the use of culturally and linguistically appropriate and effective services to the community.

Updates

- No updates

Program Successes

- Developed a robust process for contract providers without access to the Relias Learning System, to complete required trainings
- Provided ongoing Relias support to the team implementing the new Electronic Health Record
- Developed culturally adapted English & Spanish training covering stress management, managing boundaries, and navigating grief

Performance Outcome Measures

1725 Staff completed information security training

1723 People completed information privacy training

1644 Staff completed grievance and appeal system training

1738 Staff either completed any training or attended conferences

Stakeholder Involvement & Community Program Planning Process (CPPP)



Figure 6
FREE Family Day at the California Living Museum (CALM)

STAKEHOLDER INVOLVEMENT

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, including meaningful stakeholder involvement in mental health policy, program planning and implementation, monitoring, quality improvement, evaluation, and budget allocations. Below is detailed information on how KernBHRS incorporates WIC Section 5848(a) into its local process in partnership with 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 initiate the development of a new program. The legislative and policy will be examined in depth with stakeholders. Stakeholders' approval or disapproval must be obtained via a voting system if the legislation requires a change in an existing program or initiates the development of a new program.

Additionally, the Behavioral Health Director provides town hall presentations and local news segments throughout the year, including 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. Still, 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 of the trends and the need for KernBHRS to progressively build ideas and concepts to move continuously toward 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 shift includes incorporating General Stakeholder In-Person Sessions, Virtual Stakeholder Meetings,

Collaborative or Invitational Stakeholder Meetings, Listening Sessions, and Key Informant Interviews. Each of these sessions is designed to ensure that a wide range of perspectives is considered in the planning process.

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. These incentives, which are always in compliance with ethical guidelines, can include giveaway items or gift cards. 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 KernBHRS-MHSA staff documented comments, input, suggestions, and support as part of the decision-making process.

MONITORING

KernBHRS MHSA Team uses the outside evaluator, EVALCORP, as a neutral third party contracted to report on our performance outcome measurements. The data collected and evaluated is used by stakeholders in the decision-making process. Additionally, EVALCORP produces annual evaluation reports to monitor the viability of all MHSA programming. These reports are also posted in the Annual and 3 Year Reports, which are presented to stakeholders for feedback and are posted for the thirty (30) day public comment period.

EVALUATION

As mentioned in the ***Monitoring*** section, the KernBHRS MHSA Team uses the outside evaluator, EVALCORP, as a neutral third entity contracted to collect data and report on our performance outcome measurements. After EVALCORP collects the data, it is evaluated over time in collaboration with the MHSA team, programmatic teams, and stakeholders through the stakeholder process. This evaluation process assists in making business-level decisions for current and future programming. EVALCORP's role is to provide an objective assessment of the data. EVALCORP's work towards monitoring and evaluating all MHSA programs can be summarized in their annual evaluation reports, which are presented for stakeholder feedback and posted for a thirty (30) day public comment period. These evaluation reports will also be published in the final draft of the Annual Update.

BUDGET ALLOCATIONS

The KernBHRS MHSA Coordination Team and our KernBHRS Finance Director present the budget amounts of all MHSA programs annually to stakeholders in person at the end of the fiscal year. This presentation is a key part of the stakeholder process, demonstrating the value we place on their input. Additionally, the budget allocations for all uses of the MHSA funds and a copy of the *Annual Revenue and Expenditure Report (ARER)* are posted for thirty (30) days for public comment within the Annual Update. Stakeholders can read this plan and provide written feedback to the MHSA Team. Lastly, as programs change, evolve, or new ones are created throughout the year, the MHSA team will propose these programs through the stakeholder process with attached projected Budget Allocations for stakeholder approval. Through the stakeholder process, the MHSA Team keeps the public educated and informed about budget allocations within MHSA funding. MHSA ensures that stakeholder feedback regarding budget allocations is collected and integrated into the decision-making process, underscoring their integral role in the process.

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 to present an overview of how MHSA works, where the funding comes 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 member, mental health consumer, family member, peer, mental health professional, law enforcement, educator, medical care provider, etc. This inclusive approach ensures that all stakeholders, regardless of their role or background, are fully informed and considered in the decision-making process.

We also provide this information in Spanish to inform our Spanish-speaking community members of our MHSA programs.

Kern Behavioral Health and Recovery Services

COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

FY 2023-2024 ANNUAL REPORT

KERN COUNTY

THE MENTAL HEALTH SERVICES ACT & THE COMMUNITY PROGRAM PLANNING PROCESS

More than two million Californians are affected by potentially disabling mental illnesses every year. The passage of Proposition 63 (Mental Health Services Act or MHSA) in the November 2004 General Election was a significant step towards addressing this issue. This legislation, which taxes very high-income individuals an additional one percent of their annual income exceeding one million dollars, promised to bring about a substantial improvement in the delivery of mental health services and treatment across California.

The MHSA, a comprehensive approach to delivering behavioral health services and support for Kern County residents, is built on the recognition of the community's importance. It addresses a broad continuum of prevention, early intervention, and service needs, providing the necessary infrastructure, technology, and training to effectively support behavioral health and substance use programs.

The preparation and delivery of the stakeholder process are of great importance, as they are the driving force behind the consideration of program implementation. The community's role in providing feedback is crucial, as it empowers them to influence the direction of the programs and services. The CPPP focuses on collecting feedback on programs and services that are already in effect but need modification or new programs that must be created to provide appropriate, comprehensive, and meaningful mental health care.

In March 2024, Californian voters approved Proposition 1, a dynamic two-bill package that includes the forward-thinking Behavioral Health Services Act (BHSA—SB 326) and the innovative Behavioral Health Infrastructure Bond Act of 2024 (BHIBA—AB 531). This legislation paved the way for a promising future in the field of mental health services in California, which we are calling Behavioral Health Transformation or BHT. BHT will become effective on July 1, 2026, and will bring about significant changes to the behavioral health and substance use system of care.

MHSA GUIDING PRINCIPLES

Kern Behavioral Health and Recovery Services (KernBHRS) plays a crucial role in applying five fundamental MHSA principles in their Community Program Planning Process (CPPP). These guiding principles are instrumental in shaping the planning and implementation of mental health services in Kern County.

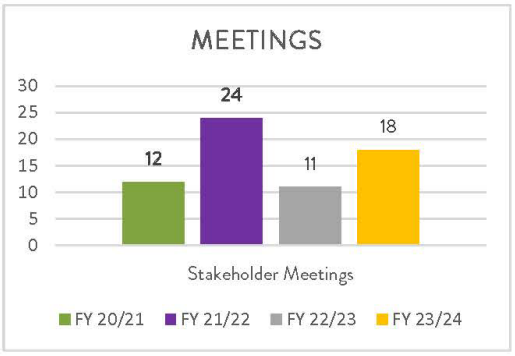
1. **Community Collaboration**
   Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
2. **Cultural Competence**
   Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate 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.

Services should promote recovery and resiliency by allowing clients and consumers to define their goals so they can live fulfilling and productive lives.

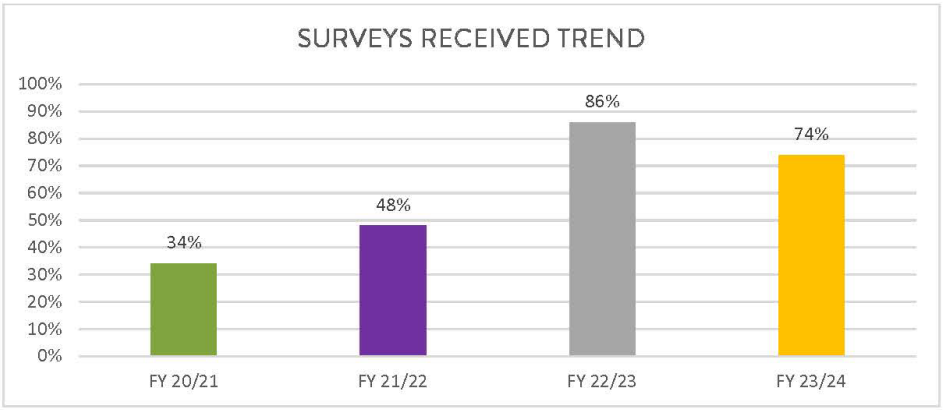
5. **Integrated Service Delivery**
   Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.

MHSA Data Reports & Demographics

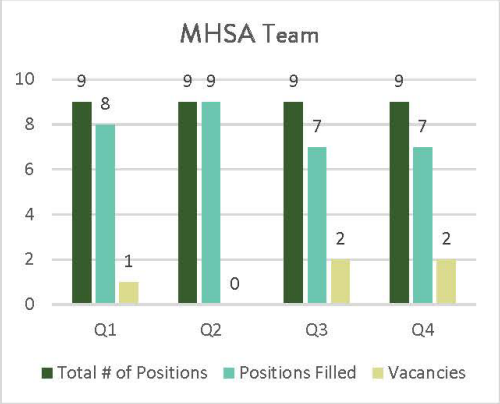
In the Fiscal Year 2023 – 2024, the MHSA Team continued dealing with the challenges of "the new normal of living with COVID-19". The MHSA Coordination team adapted to conduct Virtual Stakeholder Meetings, In-person Stakeholder Meetings (English and English/Spanish Bilingual), and Hybrid Stakeholder Meetings (a combination of the above).

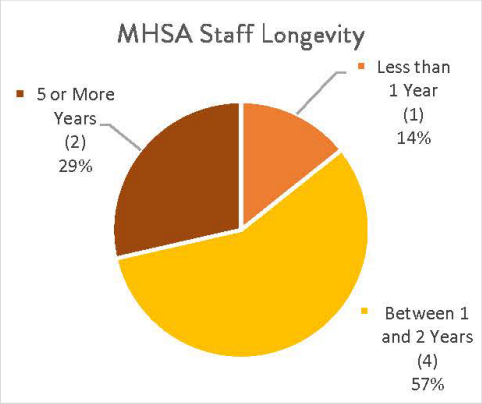


Even though the number of stakeholder meetings improved from last fiscal year (see MEETINGS graph above), the percentage of surveys received was reduced by 12% (see SURVEYS RECEIVED TREND graph below).



FY 2023 – 2024 was a year of high employee turnover for Kern Behavioral Health and Recovery Services (KernBHRS). The high turnover rate and staff longevity contributed to the decline in the number of stakeholder meetings we conducted during the fiscal year (see charts below).





CPPP INCENTIVE PROGRAM

The CPPP Incentive Program started on December 1, 2021, and continued in FY 2023 - 2024. This incentive program offers a $20 gift card to consumers/clients, their families, and other MHSA program participants who attend an MHSA Community Forum.

To qualify for the CPPP Incentive Program, interested consumers/clients, family members, and other MHSA program participants must 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 needed 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) to ensure their attendance and participation.
During the MHSA Community Forum, MHSA staff confirms the attendance of the consumer/client, family member, or other MHSA program participants. If the forum is in-person, the participant will receive the $20 gift card at the end of the meeting. If the forum is virtual, the $20 gift card will be mailed to the address provided during pre-registration.

During the FY 2023-2024, we distributed the following number of $20 gift cards:

MHSA Community Forum Date	JUL 2023	AUG 2023	SEPT 2023	OCT 2023	NOV 2023	DEC 2023	JAN 2024	FEB 2024	MAR 2024	APR 2024	MAY 2024	JUNE 2024	TOTAL FY 2023 – 2024
# of Gift Cards Distributed	11	10	0	11	0	9	13	5	0	8	0	5	72

The English and Spanish flyers were updated with information about the MHSA/CPPP Incentive Program (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 examples below).

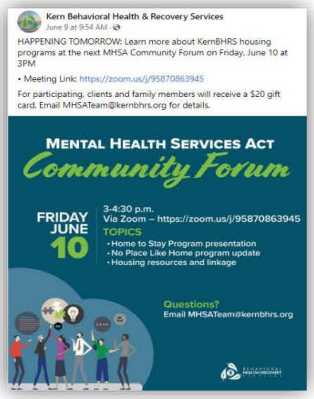
MHSA Community Forum Flyer (English)



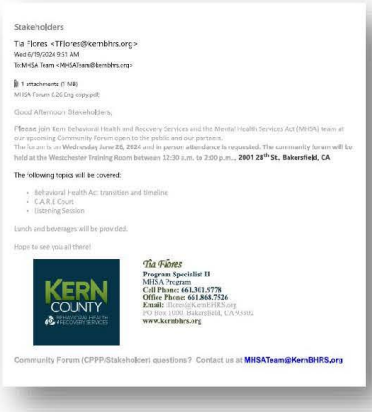
MHSA Community Forum Flyer (Spanish)



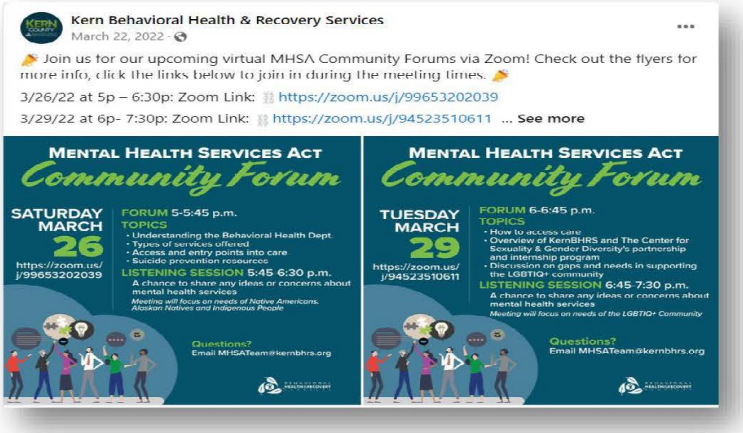
KernBHRS Facebook Post



KernBHRS Email to the MHSA Stakeholder List



KernBHRS Facebook Posting



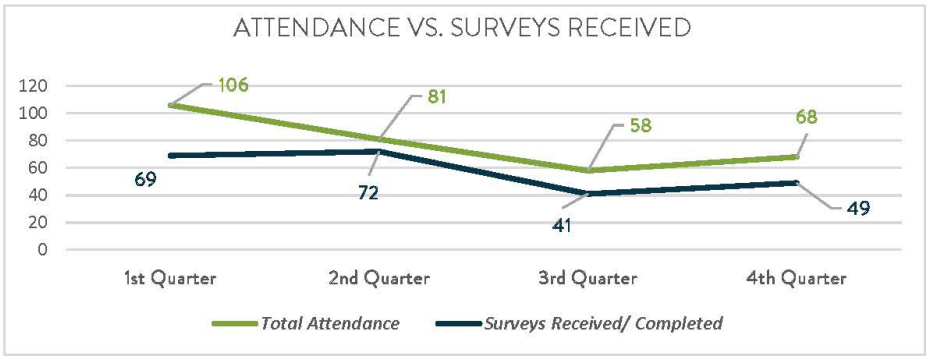
Community Forum Calendar for FY 2023 – 2024

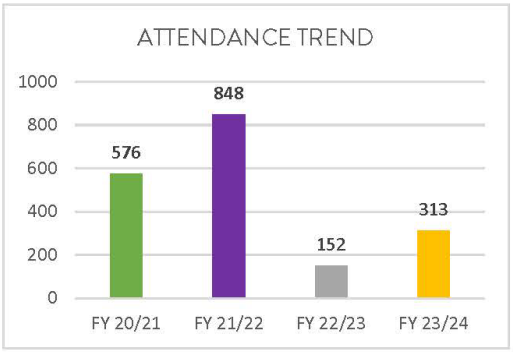
Date	Location	Time	Participants	Focus	Attendance	Surveys Received/ Completed
July 17, 2023	Westchester Training Room	11:30 AM	Community Forum	CFLC and SET Updates MHSA Reform	15	14
July 19, 2023	Westchester Training Room	12:00 PM	SPANISH - Community Forum	MHSA Reform	13	12
July 31, 2023	Virtual via Zoom	2:00 PM	Community Forum	Program Updates (Living Well, CFLC, SET, CARE Court) and MHSA Reform Update	34	12
August 16, 2023	Westchester Training Room	12:15 PM	SPANISH - Community Forum	Program Updates (Living Well, CFLC, SET, CARE Court) and MHSA Reform Update	19	16
August 21, 2023	Commonwealth – East Training Room	1:00 PM	Community Forum	Program Updates (CSU, CFLC, and SET) and MHSA Reform Update	16	11
September 5, 2023	Westchester Training Room	11:30 AM	Community Forum	Resources for Recovery and Suicide Prevention. MHSA Reform Update	9	4
October 4, 2023	Westchester Training Room	1:00 PM	SPANISH Community Forum	#BeThe1to, Suicide Prevention, Recovery Resources, and MHSA Reform Updates	18	15
October 5, 2023	Westchester Training Room	11:30 AM	Community Forum	CFLC and MHSA Reform Updates	18	14
November 14, 2023	Westchester Training Room	11:30 AM	Community Forum	MHSA Reform Update, Opioid Settlement, and Housing Resources	16	15
December 6, 2023	Westchester Training Room	12:30 PM	SPANISH Community Forum	MHSA Reform Update, Opioid Settlement, and Housing Resources	14	14
December 7, 2023	Westchester Training Room	12:30 PM	Community Forum	MHSA Reform Updates and Listening Session	15	14
January 18, 2024	Westchester Training Room	12:30 PM	Community Forum	MHSA Annual Plan Update FY 24-25 & ARER	18	11
January 31, 2024	Westchester Training Room	12:30 PM	SPANISH Community Forum	MHSA Annual Plan Update FY 24-25 & ARER	18	11
February 22, 2024	Westchester Training Room	11:30 AM	Community Forum	MHSA Reform Update, Severe Eating Disorders, and KernBHRS Employee Wellness Initiative	22	19

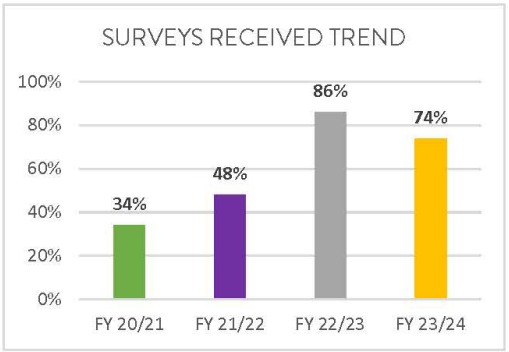
April 17, 2024	Westchester Training Room	12:30 PM	Community Forum	BHSA Reform Update & Recovery Station Updates	18	10
April 24, 2024	Westchester Training Room	12:00 PM	SPANISH Community Forum	BHSA Reform Update & Recovery Station Updates	9	8
June 18, 2024	KCSOS Dream Center	11:00 AM	Community Forum	Reaching TAY Stakeholders	12	10
June 26, 2024	Westchester Training Room	12:30 PM	Community Forum	BHSA Transformation, CARE Court, and Work Your Widgets Campaign	29	21
TOTALS					**313**	**231**

CPPP – DATA COLLECTION

The following demographics were compiled based on 231 surveys collected from the 313 Stakeholders who participated in our Stakeholder Meetings during the FY 2023-2024 (July 2023 through June 2024):







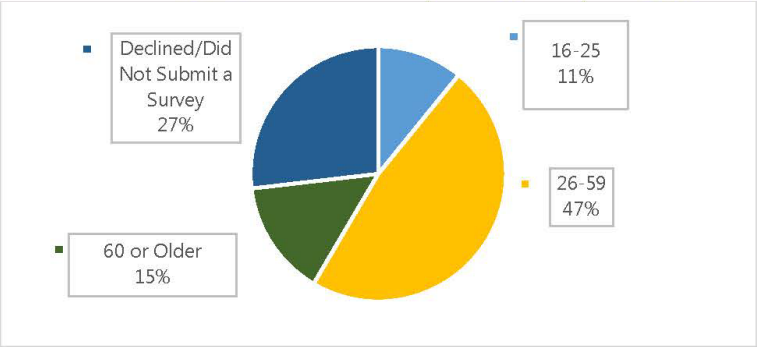
DEMOGRAPHICS

Of the 313 Stakeholders who participated in Community Forums in the FY 2023-2024, 231 (74%) of stakeholders completed a survey.

The surveys revealed that most (47%) of those who completed them were between the ages of 26 and 59, with the largest portion of this population identified as female (46%).

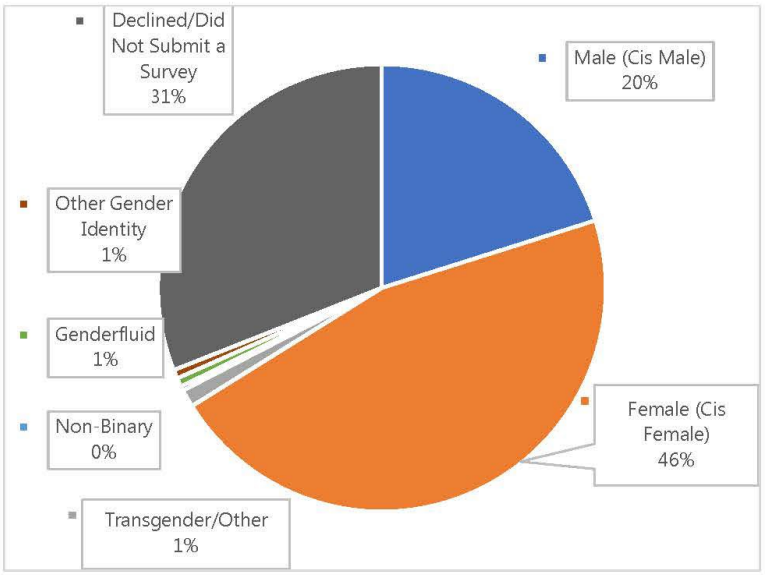
AGE OF STAKEHOLDERS

AGE GROUPS	N	%
0 – 15	0	0%
16 – 25	34	11%
26 – 59	149	47%
60 or Older	46	15%
Declined/Did Not Submit a Survey	84	27%
TOTALS	**313**	**100%**



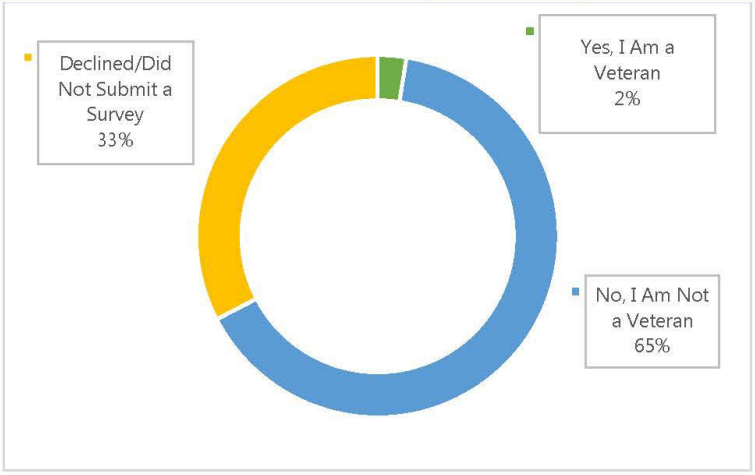
GENDER CURRENTLY IDENTIFIED

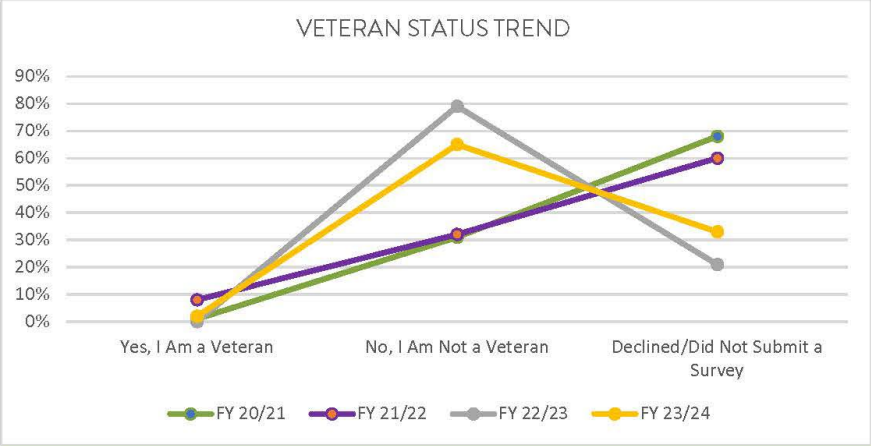
GENDER IDENTITY	N	%
Male (Cis Male)	63	20%
Female (Cis Female)	144	46%
Transgender	4	1%
Genderqueer	0	0%
Non-Binary	1	0%
Genderfluid	2	1%
Questioning or Unsure	0	0%
Other Gender Identity	2	1%
Declined/Did Not Submit a Survey	97	31%
TOTALS	**313**	**100%**



VETERAN STATUS

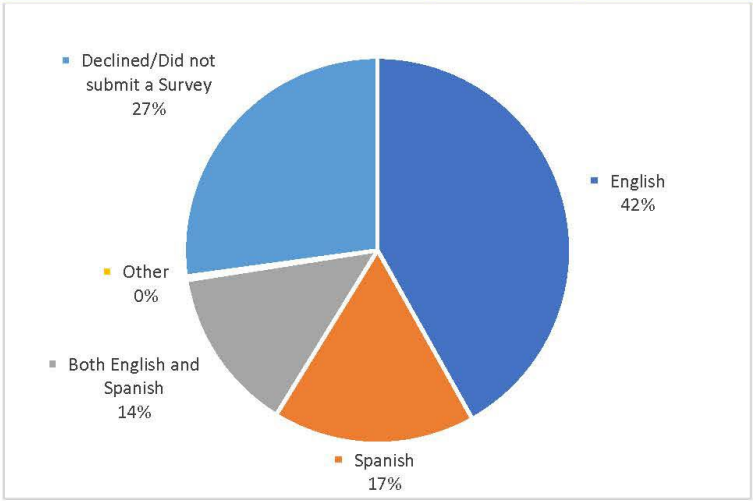
VETERAN STATUS	N	%
Yes, I Am a Veteran	8	2%
No, I Am Not a Veteran	203	65%
Declined/Did Not Submit a Survey	102	33%
TOTALS	313	100%

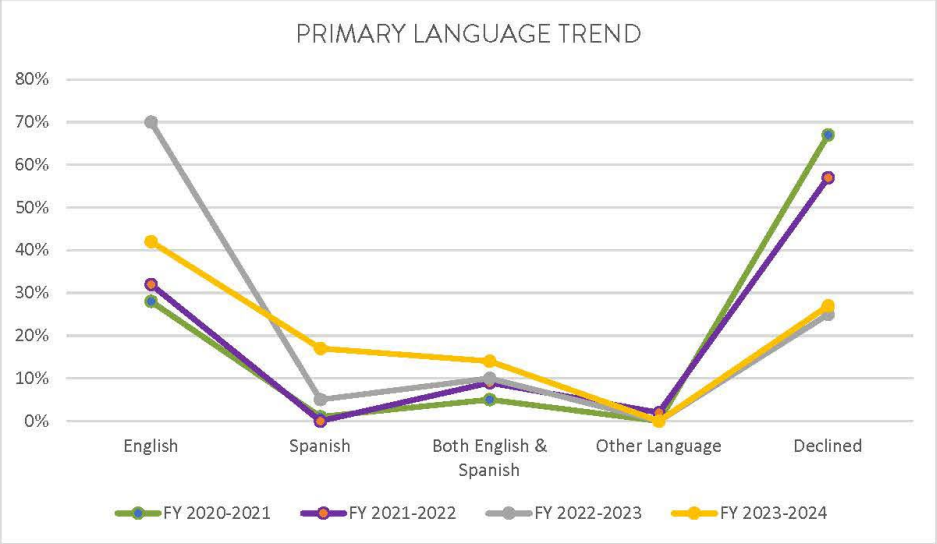




PRIMARY LANGUAGE

PRIMARY LANGUAGE	N	%
English	131	42%
Spanish	53	17%
Both English and Spanish	43	14%
Other Language	1	0%
Declined/Did Not Submit a Survey	85	27%
TOTALS	**152**	**100%**



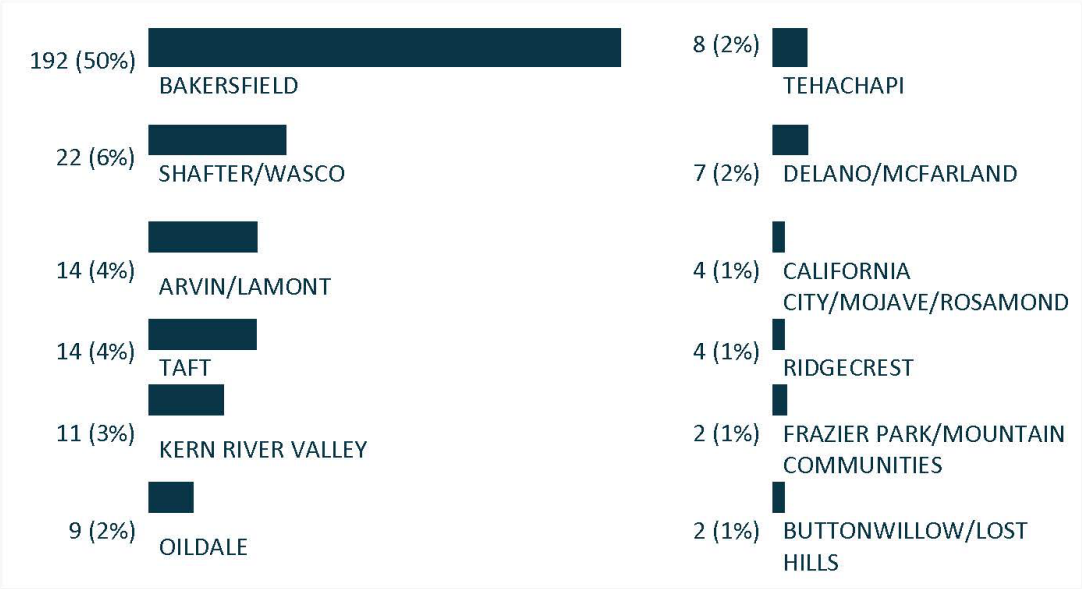


STAKEHOLDER REPRESENTATION*

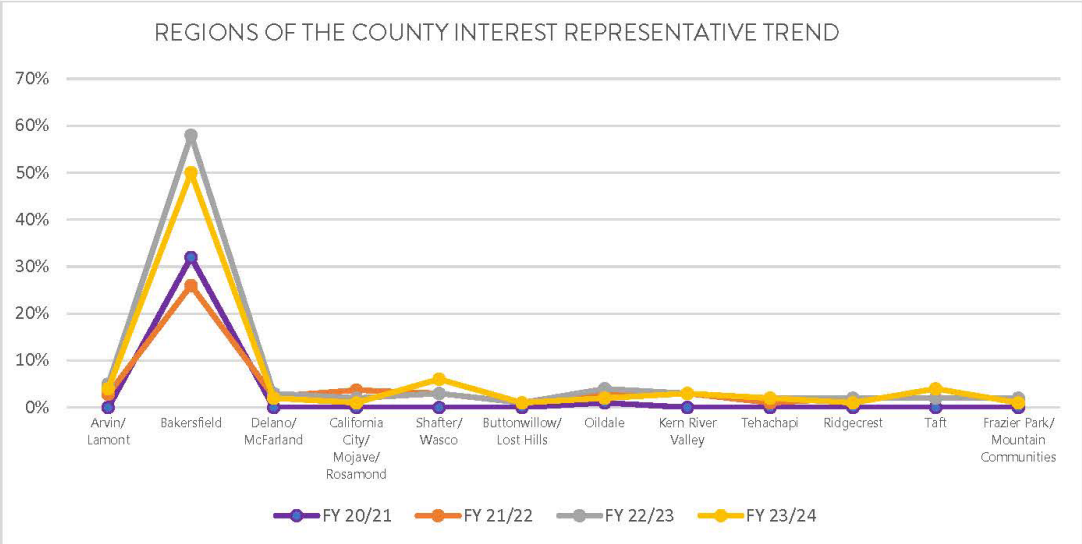
KernBHRS Staff	Client/ Consumer/Person with Mental Illness	Family Members of a Client	Community Member	Behavioral Health Provider	Other
80 (21%)	59 (15%)	40 (11%)	31 (8%)	21 (6%)	11 (3%)
Senior Services	**Education/ School**	**County Agency Staff**	**Medical Provider**	**Law Enforcement**	**Veteran Services**
10 (3%)	8 (2%)	6 (2%)	6 (2%)	2 (1%)	1 (0%)

*NOTE: 107 (28%) stakeholders who Declined/Did not submit a survey were not represented in the above chart.

Regions of the County Represented*

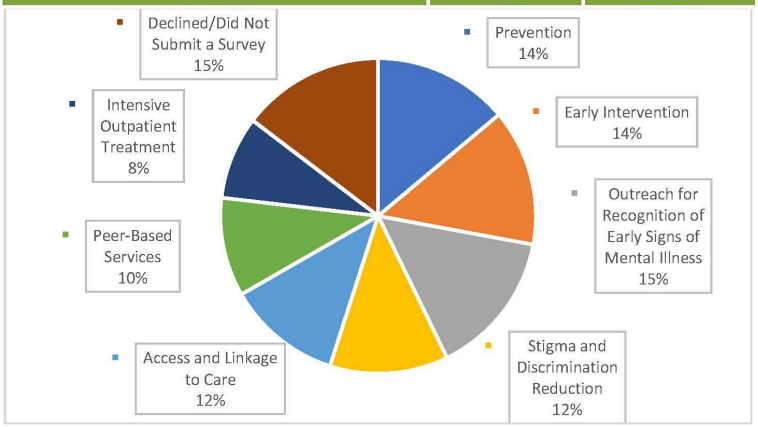


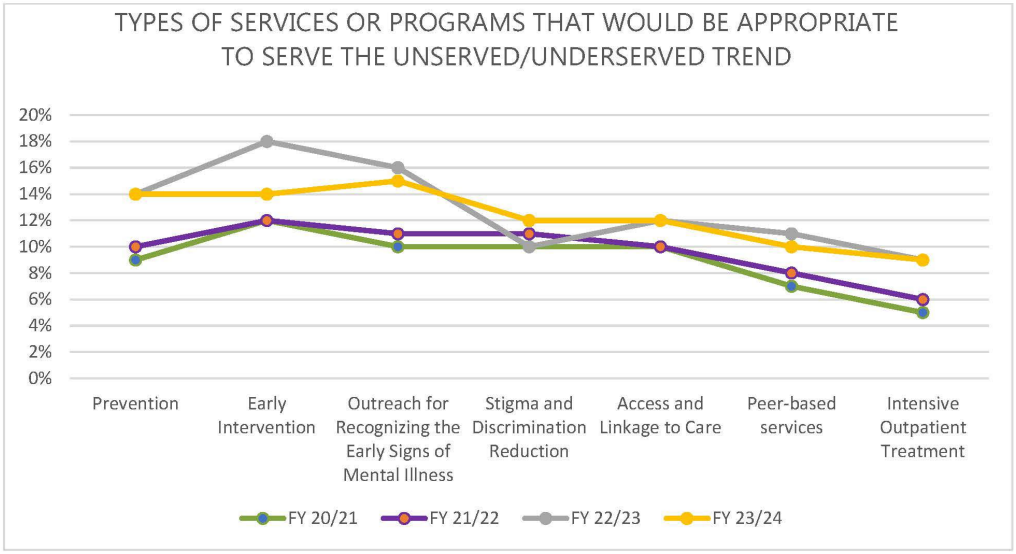
NOTE: There was a total of 98 (25%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.



STAKEHOLDER IDENTIFIED MENTAL HEALTH SERVICE NEEDS

SERVICES	N	%
Prevention	111	14%
Early Intervention	112	14%
Outreach for Recognition of Early Signs of Mental Illness	119	15%
Stigma and Discrimination Reduction	97	12%
Access and Linkage to Care	94	12%
Peer-based Services	81	10%
Intensive Outpatient Treatment	68	9%
Declined/Did not submit a survey	117	15%
TOTALS	**799**	**100%**





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 12%.

AVERAGE 12% Homeless or at Risk of Homelessness	AVERAGE 9% Transitional Aged Youth (TAY) (16-25)	AVERAGE 8% Those in Rural Kern County Areas

POPULATION YOU FEEL IS THE MOST UNSERVED/UNDERSERVED TREND

(DATA TABLE)

POPULATIONS	FY 20/21	FY 21/22	FY 22/23	FY 23/24
Children/ Families	4%	6%	10%	8%
Transitional Aged Youth (16-25)	6%	7%	12%	10%
Older Adults	5%	7%	8%	9%
Homeless or at Risk of Homelessness	11%	12%	16%	10%
Those in Rural Kern Areas	6%	8%	8%	8%
Veterans	6%	7%	12%	4%
Those with Substance Use Disorders	5%	6%	7%	8%
Latino/ Hispanic	5%	4%	6%	9%
Asian/ Pacific Islander	2%	3%	2%	2%
Black/ African American	4%	5%	4%	3%
American Indian / Alaska Native	0%	1%	2%	4%
LGBTQ+	4%	5%	8%	7%



FY 2023- 2024 Stakeholder Data

Age Groups:		
0-15	0	0.0%
16-25	34	10.9%
26-59	149	47.6%
60 or Older	46	14.7%
Declined/Did not submit a Survey	84	26.8%
Gender assigned at birth:		
Male	68	21.7%
Female	160	51.1%
Intersex	0	0.0%
Declined/Did not submit a Survey	85	27.2%
Gender Currently Identified with:		
Male	63	20.1%
Female	144	46.0%
Transgender/other	4	1.3%
Genderqueer	0	0.0%
Non-binary	1	0.3%
Genderfluid	2	0.6%
Questioning or Unsure	0	0.0%
Other Gender Identity	2	0.6%
Declined/Did not submit a Survey	97	31.0%
Disability:		
Vision	8	2.6%
Hearing, or difficulty understanding speech	1	0.3%
Mental/Cognitive (excludes behavioral)	28	8.9%
Mobility/Physical	9	2.9%
Chronic Medical illness (not limited to pain)	12	3.8%
None	146	46.6%
Declined/Did not submit a Survey	109	34.8%
Veteran Status:		
Yes, I am a veteran	8	2.6%
No, I am not a veteran	203	64.9%
Declined/Did not submit a Survey	102	32.6%
Primary Language:		
English	131	41.9%
Spanish	53	16.9%
Both English and Spanish	43	13.7%
Other	1	0.3%
Declined/Did not submit a Survey	85	27.2%

Sexual Orientation:		
Straight/Heterosexual	175	55.9%
Gay or Lesbian	6	1.9%
Questioning	0	0.0%
Queer	1	0.3%
Asexual	1	0.3%
Bisexual	25	8.0%
Pansexual	4	1.3%
Another Sexual Orientation	1	0.3%
Declined/Did not submit a Survey	100	31.9%
Race:		
Asian	11	3.5%
Native Hawaiian/Pacific Islander	0	0.0%
Black/African American	5	1.6%
Latino/Hispanic	114	36.4%
Tribal/Native American	7	2.25%
White/Caucasian	64	20.4%
Two or More Races	18	5.8%
Tribe:	0	0.0%
Declined/Did not submit a Survey	94	30.0%
Ethnicity:		
African	3	1.0%
Asian Indian/South Asian	0	0.0%
Cambodian	0	0.0%
Chinese	0	0.0%
Eastern European	2	0.7%
Korean	0	0.0%
Middle Eastern	1	0.3%
Vietnamese	0	0.0
European	20	6.5%
Filipino	0	0.0%
Japanese	0	0.0%
Caribbean	0	0.0%
Central American	14	4.6%
Mexican/Mexican American/Chicano	114	37.3%
Puerto Rican	1	0.3%
South American	1	0.3%
Two or more ethnicities	23	7.5%
Other:	0	0.0%
Declined/Did not submit a Survey	127	41.5%

*Group/Category:			*Population you feel is most unserved/underserved in the above-mentioned communities:		
Client/Consumer/Person with Mental Illness	59	15.4%	Children/Families	57	8.4%
Family Member of a Client or Person with Mental Illness	40	10.5%	Transitional Aged Youth (16-25)	67	9.9%
KernBHRS Staff	80	20.9%	Older Adults	60	8.8%
Law Enforcement	2	0.5%	Homeless or at risk of Homelessness	65	9.6%
Veteran Services	1	0.3%	Those in Rural Kern areas	54	8.0%
Senior Services	10	2.6%	Veterans	28	4.1%
Education/Schools	8	2.1%	Those with Substance Use Disorders	56	8.3%
Community Member	31	8.1%	Latino/Hispanic	61	9.0%
County Agency Staff (Not KernBHRS Staff)	6	1.6%	Asian/Pacific Islander	13	1.9%
Behavioral Health Provider (Not KernBHRS Staff)	21	5.5%	Black/African American	19	2.8%
Medical Care Provider	6	1.6%	American Indian / Alaska Native	26	3.8%
Other	11	2.9%	LGBTQ	48	7.1%
Declined/Did not submit a Survey	107	28.0%	Other	0	0.0%
			Declined/Did not submit a Survey	124	18.3%

*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	14	3.6%	Prevention	111	13.9%
Bakersfield	192	49.6%	Early Intervention	112	14.0%
Delano/McFarland	7	1.8%	Outreach for Recognizing the Early Signs of Mental Illness	119	14.9%
California City/Mojave/Rosamond	4	1.0%	Stigma and Discrimination Reduction	97	12.1%
Shafter/Wasco	22	5.7%	Access and Linkage to Care	94	11.8%
Buttonwillow/Lost Hills	2	0.5%	Peer-based services	81	10.1%
Oildale	9	2.3%	Intensive Outpatient Treatment	68	8.5%
Kern River Valley	11	2.8%	Declined/Did not submit a Survey	117	14.6%
Tehachapi	8	2.1%			
Ridgecrest	4	1.0%			
Taft	14	3.6%			
Frazier Park/Mountain Communities	2	0.5%	*(Note: participants have the option to select multiple answers)		
Declined/Did not submit a Survey	98	25.3%			

MHSA Funded Programs and Work Plans (FY 2023 – 2024)



Figure 7
KernBHRS Mobile Clinic

COMMUNITY SERVICES AND SUPPORTS (CSS)

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

Transitioning from the Mental Health Services Act (MHSA) to Behavioral Health Transformation (BHT) is expected to be completed by July 1st, 2026. Consequently, all CSS (FSP & SD) programs are being carefully evaluated to reflect the new legislation, ensuring that you are fully informed and considered in this process.

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) *

**Note: Program sunsetting in June 2025*

CSS Programs / System Development (SD)

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

**Note: Program sunsetting in June 2025*

Full-Service Partnership (FSP) Overview & Program Work Plans

FULL-SERVICE PARTNERSHIP

KernBHRS continues in FY 2023-2024 with seven (7) Full-Service Partnership (FSP) programs. FSP programs are designed to serve those with serious mental illness and severe emotional disturbance. Mental health care provided by KernBHRS System of Care teams and providers working in FSPs provides "whatever it takes" services, meaning care is available 24/7 to assist with crisis intervention and immediate needs.

At KernBHRS, we understand that different age groups have unique mental health needs. That's why our care is tailored to fit the specific needs of children, Transitional Age Youth (TAY), Adults, and Older Adults. This personalized approach is aimed at reducing negative outcomes such as homelessness, suicide, incarceration, 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 Expenditure and Cost Per Client

The table below represents the cost per client in FY 2023-2024, including all revenue sources.

FSP Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost Per Person
Adult Transition Team (ATT) and Homeless Adult Team (HAT)	$9,647,252.00	1,143	$8,440.29
Adult Wellness and Recovery Action Plan (Adult WRAP)	$2,596,860.00	485	$5,354.35
Assertive Community Treatment (ACT)	$5,315,479.00	177	$30,030.95
Transition Age Youth (TAY)	$5,082,889.00	356	$14,277.78
Wellness, Independence, and Senior Enrichment (WISE)	$3,719,158.00	135	$27,549.32
Youth Multi-Agency Integrated Services Team (Youth MIST)	$3,093,489.00	195	$15,864.05
Youth Wellness and Recovery Action Plan (Youth WRAP)	$6,496,575.00	2,939	$2,210.47

FSP Program Work Plans



MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	Adult Transition Team (ATT)/Homeless Adult Team (HAT)
Date Started:	ATT: 2005/2006 HAT: 2007
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	• **Kern Behavioral Health and Recovery Services (KernBHRS) – ATT & HAT** – 2525 North Chester Ave, Bakersfield, CA 93308 • **KernBHRS Satellite Office at Brundage Lane Navigation Center** - 1900 E Brundage Lane, Bakersfield, CA 93307 (Satellite Office) • **KernBHRS Satellite Office at Hope on Hart** – 527 31st Street, Bakersfield, CA 93301 (Thursdays 9-12 PM) • **KernBHRS Satellite Office at M Street Navigation Center** - 2900 M Street, Bakersfield, CA 93301 • **KernBHRS Satellite Office at Mission of Kern County –** 821 E. 21st Street, Bakersfield, CA 93305 • **KernBHRS Satellite Office at Open Door Network** – 1921 19th Street, Bakersfield, CA 93301 (Mondays 8-12 PM & Wednesdays 1-5 PM) • **KernBHRS Satellite Office at Pioneer Cottages** – 3141 Pioneer Drive, Bakersfield, CA 93306 (Mondays 8-11 AM & Wednesdays 1-4 PM) • **Lerdo Jail Facility** – 17695 Industrial Farm Road, Bakersfield, CA 93308 • **Flood Ministries Satellite Office at KLD** – 2525 North Chester Ave, Bakersfield, CA 93308 (Wednesday 8-12 PM & Fridays 1-4 PM)
Program Description:	<u>Adult Transition Team (ATT):</u> Focuses on the reduction and elimination of re-entry into jail/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. Provides court-ordered diversion services to individuals referred through their attorneys to complete mental health treatment instead of jail or prison time. <u>Homeless Adult Team (HAT):</u>

<table>
<tr><td></td><td colspan="2">The Homeless Adult Team (HAT) is a program expansion of ATT. HAT works with clients who are homeless and/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. HAT collaborates with public agencies and community organizations who work with the homeless. These include 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 KernBHRS offers a variety of service modalities designated 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, conduct a screener to engage them in services, complete an assessment, develop an individualized plan of care, develop a transition plan, and/or initiate services if found to meet HAT criteria.

At Kern BHRS, we follow a comprehensive process to ensure the best care for our clients. We offer a variety of service modalities designed to assist the individual in achieving their goals related to psychological or social functioning, self-esteem, coping abilities, or external vocational, educational, or social opportunities. Clients receive an assessment that recommends services and referrals to the most appropriate treatment resources. Our treatment teams engage the individual, develop their care plan and transition plan through a collaborative process, 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</td><td><u>Homeless Adult Team (HAT)</u>:
• Screening/Assessment and referral for individuals to determine level of care needs
• Cognitive Behavior Therapy (CBT)</td></tr>
</table>

	• 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 that occur both on-site and in sober living environments • Individual therapy sessions and groups provided on-site • Case management and field services to link to community resources and housing facilities • Integrated Enhanced Service Plans (IESPs) and WRAP Around Services • Court Ordered Diversion Program • Individual Placement Support (IPS) • ATT after-hours cell phone to provide additional support during non-working hours	• CBT for Psychosis (CBTp) • CBT for Suicide Prevention (CBT-Sp) • Dialectical Behavior Therapy (DBT) • Aggression Replacement Training (ART) • Linkage to Resources and Housing • Assist with the application process for Medi-Cal and Social Security benefits • Provide screenings and assessments at Outreach and Education events in a secure setting • Seeking Safety and Matrix groups for co-occurring disorders. Occur both on-site and at identified shelters. • Case Management provided in the field and/or office. • Individual therapy sessions and groups provided on-site and identified shelters. • WRAP Around Services • HAT after-hours cell phone to provide clients with additional support during non-working hours. • 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>: o Over the last year, the team has worked diligently to provide more diverse services to our clients, including expanding our group services. Now offering at least two groups per day, we have been able to add several new evidence-based groups, as well as groups aimed at providing opportunities for community engagement and independence. Clients have mentioned how they have not engaged in these kinds of activities since their childhood, allowing them to learn more ways to cope with their symptoms and increase socialization. o Additionally, we continued to fine-tune our diversion services, allowing us to refer out those clients who do not meet criteria to other programs to try to link as many clients as possible to diversion opportunities. By partnering with our Correctional Behavioral Health staff, we can link those clients who do not meet FSP criteria to programs that most meet their needs and allow for diversion services. Similarly, we have reached out to the adult system of care and contract providers to provide diversion training to assist them in starting their diversion services. o Finally, we continued to focus on the growth of our IPS program, assisting individuals in finding employment or educational opportunities in the community despite their history of incarceration. This requires assistance and education in resume building, interview skills, professionalism, and following up with employers to find a job. Currently, 50% of the IPS caseload is employed or attending school, allowing clients to continue to build their community support and their independence. <u>Homeless Adult Team</u>: o Within the last year, HAT has expanded supportive services to accommodate the vast needs of those experiencing homelessness. HAT has worked collaboratively with the START Team to target individuals

	identified by the shelters in need of both mental health and substance use services by offering quick access to mental health services. HAT has expanded its homeless outreach to Hope on Hart this last year. HAT continues to offer supportive services with built-in referral sources to the Benefits Acquisition Team (BAT). These services help expedite and monitor social security benefits applications, on behalf of clients, to promote stable finances and housing stability. Peer Support Specialist help with client engagement, referrals, and supporting efforts in services. The Individual Placement Support Program assists with employment, job development, education, and working win collaboration with the Department of Rehabilitation (DOR). Some of these services include Individual Therapy, Case Management, and Substance Abuse Counseling. o The Bakersfield Referral Team under the Adult WRAP will sunset **on June 30, 2025**. The Stakeholder process approved the proposed change, but is currently in the meet-and-confer process with the SEIU (Employee Union).
Challenges or Barriers:	**Adult Transition Team:** • We continue to run into barriers when finding long-term housing options for our clients. We attempted to utilize new housing opportunities for our clients, such as the Safe Camping program through our local shelters; however, these programs are often temporary. We have continued to advocate for housing opportunities for those clients with a history of severe challenges. • Additionally, we continue to experience difficulties linking clients to substance abuse treatment appropriate for their level of care promptly due to limited resources in the community. Oftentimes, appointments are scheduled weeks in advance and are missed due to the client being unhoused or leaving placement. Having appointments more readily available when the clients are ready to begin addressing their substance use challenges would allow more clients to be linked to those services promptly. HAT o Housing options continue to be the largest barrier for the individuals on the team with a history of severe challenges. Often, individuals have limited temporary placement and do not meet housing authority and Section 8 provider long-term housing criteria. Clients often exhaust all temporary housing options and have no options other than shelters, or safe camping. o Co-occurring diagnosis (substance abuse disorders alongside untreated mental health conditions) continues to be a challenge for the homeless population

	residing in our shelters, safe camping, and other low-barrier housing due to substance use exacerbating mental health symptoms. Individuals who are identified as individuals who may benefit from mental health services but remain unwilling to engage in services continue to be at risk for quick decompensation, a rapid deterioration of mental health, as well as having an increase in recidivism for overutilization of crisis PEC/CWIC walk-ins, emergency 911 calls, MET encounters, recovery station, detox hospital utilizations, and emergency medical services. HAT continues to provide shelter and educational community presentations to providers.
Proposed Changes:	ATT o We recently conducted training with the court system to help streamline our diversion referrals and link as many eligible candidates to appropriate providers. We are hoping that this will also strengthen the relationship between the mental health providers and the Superior Court to ensure quality care and appropriate recommendations for individuals involved in legal proceedings moving forward. o Additionally, we recently established a new working relationship with one of the local substance use disorder outpatient providers to shorten the waiting time for intake appointments for both their services and for intake assessments with our clinics. We hope these changes will allow both sides to access intake appointments when the client is ready to make a change in their current situation and begin treatment as quickly as possible. HAT o HAT continues to put in efforts to provide multiple groups weekly onsite and at the shelters. o HAT continues to work alongside the START team to help target Co-Occurring disorders and diagnosis. o HAT will continue to promote wellness and supportive 810E adjunct services to Specialty KernBHRS teams, and Specialty Contract Providers, when individuals are at any satellite shelter locations. o HAT will continue to provide HAT referral process presentations as needed to Specialty Contract Providers and Shelters to help with education and knowledge of "what's next" after a referral is submitted.

Budget:

Adult Transition Team (ATT) and Homeless Adult Team (HAT)	FY 2023/2024
Annual Budgeted Funds	$ 9,647,252.00
Unduplicated # Served	1,143
Annual Cost Per Client	$ 8,440.29

Success Stories/Program Highlights:

Adult Transition Team (ATT):

Before enrolling in our program, the client struggled with auditory and visual hallucinations and substance use, which contributed to his arrest and referral to mental health services, specifically the ATT Diversion Court program. During his time with our program, he was consistent in his outpatient treatment and advocated for his recovery needs. He was able to complete his diversion program in only one year, reunite with his brothers, and create a relationship with his children. He was able to successfully transition from a sober living environment to independent living and manage his mental health concerns. He states, "I would not be where I am today without the help and services your office provided," when asked about his experience.

Homeless Adult Team (HAT):

HAT has served an individual since 2013. He was diagnosed and treated for paranoid schizophrenia. He struggled with auditory and visual hallucinations, anger outbursts, irritability, paranoia, lack of medication adherence, and substance use. During his treatment, he met the criteria for a 5150 involuntary hold 2 times after being deemed to be gravely disabled and a danger to himself. Subsequently, he slowly became a medication adherent, engaged in services with the team, received family support, and was able to improve managing his symptoms by using coping skills learned from HAT staff. He was able to repair strained relationships with his mother, adult siblings, and other family members and is now able to live with his family. The family reported having the trust and ability to go on yearly trips with him and reported enjoying his company. Additionally, he has been able to secure employment as a custodian and has maintained this for a few years. He started going to Bakersfield College and continued to improve his independence by being able to remain on medication and treatment to maintain sobriety from alcohol and drugs for over a year now. HAT fully transitioned him to a lower level of care on July 02, 2024, and linked him to the KernBHRS West Adult Team (RAWC), making this a unique and successful story the HAT team is proud of.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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) • Child Guidance Clinic (CGC) • Clarvida (formerly known as College Community Services - CCS) • Clinica Sierra Vista (CSV)
Location(s):	• KernBHRS - 5121 Stockdale Highway, Suite 150A, Bakersfield, CA 93309 • CGC - 661 Roberts Lane, Bakersfield, CA 93308 • Clarvida - 2821 H Street, Bakersfield, CA 93301 • CSV - 3105 Wilson Road, Bakersfield, CA 93304
Program Description:	Adult Wellness and Recovery Action Plan (Adult WRAP) is a Full-Service Partnership that 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, and contract providers CGC, Clarvida, and 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 skills building. Adult WRAP reduces the financial impact of hospitalizations, arrests, and incarcerations on 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 the primary team were unable to stabilize the client's increased symptoms that evoke crises. • 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
Supportive Services Provider(s):	• None
Program Update:	• Adult Wraparound continued to accommodate new employees due to the growth of the team. We also branched out to have the Bakersfield Referral Team (BRT) to engage with clients who require outreach engagement due to high crisis utilization, yet are not open to the system. We continue to assist with the expedition of access to care by completing psychosocial assessments in-house and linking them to the appropriate outpatient team for ongoing care. • The Bakersfield Referral Team under the Adult WRAP will sunset on June 30, 2025. The stakeholder process approved the proposed change but is currently in the meet-and-confer process with the SEIU (Employee Union).
Challenges or Barriers:	• The program faced challenges in being able to support housing homeless adults who have some funds, which may be due to limited housing resources, availability, and increased housing prices.

	• Limited resources are available to support individuals with no immigration status, which makes it difficult to coordinate care for them. • Adult Wraparound only has 4 vehicles to support 20 direct staff who 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 community-based services. • Adult Wraparound also received some unfitting referrals from primary treatment teams who do not meet the criteria to receive our specialty services due to poor retention of staff in the outpatient team. We continue to make efforts to educate the outpatient team for the continued criteria.
Proposed Changes:	• Staff have been involving the families in treatment as deemed appropriate to explore other housing options through the client's support system. Supporting 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. • 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 (Adult WRAP)	FY 2023/2024
Annual Budgeted Funds	$ 2,596,860.00
Unduplicated # Served	485
Annual Cost Per Client	$ 5,354.35

Success Stories/Program Highlights

KBHRS Adult Wraparound Treatment staff had the privilege of working with a 60-year-old woman diagnosed with bipolar disorder. She came to the program with a history of over a dozen hospitalizations due to suicidal thoughts and self-harm.

Referred by the Crisis Navigation Team, she initially joined our program for assessment. Given her acute desire to end her life through overdose, the decision was made to include her as an Adult Wraparound client. The main objective was to reduce her suicidal ideations from occurring daily to no more than once a week.

The team began using the ASIST (Applied Suicide Intervention Skills Training) model to help her find reasons to keep living and engage in safety planning. Weekly AWA (Acting with Awareness/Mindfulness) sessions were crucial, and initially, she received nightly calls from our after-hours line to support her recovery. Throughout her treatment, the CBT-SP (Cognitive Behavior Therapy-Suicide Prevention) model was employed to support her in achieving her treatment goals.

Due to the client's significant reduction of symptoms, on June 19, 2024, she was successfully discharged from AWA and transitioned back to her primary treatment team. Her commitment and resilience were truly inspiring, and the staff wishes her continued well-being on her path forward.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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 • Telecare Corporation – 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 internal, KernBHRS ACT team works solely with ACT individuals, while the Telecare FSP team serves both ACT and AB109 individuals. The teams provide intensified services to clients with mental health and/or substance use disorders. The ACT Team composition is as follows: • Recovery Specialists and Aides • Therapists • Substance Abuse Specialist • Mental Health Nurses • Psychiatrists Clients are referred to the ACT teams through mental health outpatient treatment teams when more intensive care is necessary. The Kern BHRS ACT Supervisor or clinician reviews the referrals and those meeting the criteria for level 4 AB109 individuals transferred to the Telecare team. Those served by the ACT Teams have often had a lengthy history of mental health and/or substance use treatment. By the nature of the program, Recovery Specialists and Substance Abuse Specialists may meet with clients several times weekly to maintain treatment engagement and progress toward their goals. The Therapists and Psychiatrists provide individualized care. Ongoing consultation

	takes place 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 is characterized as a 'hospital without walls." ACT works intensively with individuals in their homes or other community settings. This model yields positive outcomes in helping clients recover in the community rather than in institutional settings.
Eligibility Criteria:	• Adults, 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 services 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) • Dual Recovery Anonymous Groups • Individual Therapy • Referrals to Consumer Family Learning Center (CFLC) • Crisis Intervention and Assessment • Assisted Outpatient Treatment (AOT) • Individual Placement Support (IPS)
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 when the ACT team is fully staffed.

	• ACT discontinued services with MHS Action and now has a contract with Telecare to assist with ACT clients. • Telecare has a total of 95 clients open to the program.
Challenges or Barriers:	• A barrier to the ACT program is operating the team without being fully staffed. • Recruitment and interviewing processes to seek out appropriate candidates to fill open positions. • Locating clients. Many of the ACT clients leave their placements early in the morning. By the time ACT staff goes to the client's placement, they have often left for the day. In addition, clients who are homeless do not usually communicate with the team about their whereabouts.
Proposed Changes:	• Training and education to staff and community providers regarding the ACT model. • Ongoing engagement to promote interventions that may assist clients with their life functioning areas. • The ACT program was contracted to Telecare effective 09/01/2024.

Budget:

Assertive Community Treatment (ACT)	FY 2023/2024
Annual Budgeted Funds	$ 5,315,479.00
Unduplicated # Served	177
Annual Cost Per Client	$ 30,030.95

Success Stories/Program Highlights

The ACT team received a referral for a client who had a history of hospitalizations and ongoing encounters with the MET Team. Such encounters were due to challenges/behaviors the client was experiencing due to a lack of adherence to medication management. The client was attending school and had a goal to graduate. The client's symptoms of disorganization, manic mode, risky behaviors, suicidal ideation, and constantly engaging in aggressive behaviors were

successfully treated by increasing the number of services and staff attending to the client's needs. Intensification of services like case management, medication management, and weekly medication dispensing by nursing staff allowed the client to see improvements and decreases in symptomology. The client engaged consistently with services as she started to display a reduction of symptoms. Evidence of progress came about during graduation, in December 2023. In August 2024, the client reported plans to move to the Los Angeles area, where she would have more family support and a job. The client was able to move to Los Angeles with relatives and was hired as a substitute teacher. The ACT team assisted the client in getting linked with a community provider in the L.A area. The client's progress and ability to accomplish the goals she set have led to case closure.

Highlights: In 2024, the ACT team assisted with the transition from what used to be the MHS Action team to the Telecare team by providing services like case management, medication management, and physical care services, to any appointments needed for all clients during transition progression.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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 and the only program in Kern County serving young adults ages 16-25, that provides numerous services to those who struggle with mental health and substance use. TAY youth can be identified for the program when they move from the Children's System of Care or when they self-refer. They can also be referred to by 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 fostering youth and transitional foster youth to be at while receiving 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 and high-risk behaviors • Assisting with transition to adulthood • Meeting career and educational goals • Assist with decreasing youth arrests, incarceration, hospitalization, mental health emergencies, and 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)
Program Update:	There are two new additional Transitional Housing Program Plus Foster Care (THP-FC) providers (EA Family Services and Covenant Community Services) to provide housing options to extended foster youth (EFY). These THP-FC providers have joined the TAY Workgroup Collaborative to support addressing shared objectives of reducing homelessness, addressing mental health and substance use needs, supporting youth with securing and maintaining employment, and achieving education and/or vocational training goals to

	transition youth into adulthood. Many youths have found it challenging to maintain housing, but with increased housing options and intensified services, many of our youth have found stability. The TAY team has successfully implemented the Seeking Safety program at Third Tradition to aid youth with improving their trauma symptoms and reliance on substances to cope by learning healthy coping skills. The Individual Placement and Supports (IPS) program continues to maintain maximum capacity with several youths securing and maintaining employment.
Challenges or Barriers:	Increased Fentanyl use among youth has posed a challenge due to its significantly aggravating their mental health symptoms. To address this issue, the team has intensified services and partnered with the Telecare Recovery Station, TAY Dual Recovery Program, Good Samaritan detox program, and the KernBHRS Substance Use Division to assist with addressing substance use needs. The TAY staff have all been trained on how to administer Narcan and provide it to the youth.
Proposed Changes:	The TAY team will increase the use of groups by using evidence-based practices to address emotional regulation, substance use, coping skills development, and trauma.

Budget:

Transition Age Youth (TAY)	FY 2023/2024
Annual Budgeted Funds	$ 5,082,889.00
Unduplicated # Served	356
Annual Cost Per Client	$ 14,277.78

Success Stories/Program Highlights

A homeless female former foster youth came to TAY lacking access to resources, unemployed, and struggling with social anxiety and symptoms of depression, which worsened her situation. She now has a full-time job at a local organization providing in-home supportive services. She also works part-time with **Meals on Wheels,** enjoying serving others. She purchased her first vehicle and is one semester away from completing her Associate of Science degree through Bakersfield College. She plans to move out of state to complete her bachelor's degree and carry out her dream of working in the environment and traveling during her free time.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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. WISE clients experience serious mental illness and require services that are delivered through the "whatever it takes" approach. Referrals to the WISE team come from community hospitals, psychiatric hospitals, KBHRS behavioral health teams, the Volunteer Senior Outreach Program, the Access and Assessment Center, Crisis Mobile Evaluation Team, Aging and Adult Services, Independent Living Center, or are self-referrals. The WISE team is a field-based program providing services to seniors in their homes. The team includes a Geriatric Psychiatrist, Therapists, and Recovery Specialist. Clients are provided with evaluations, medication management, therapy, case management, and assistance with obtaining community resources. The Geriatric psychiatrist may also evaluate and provide integrated care when symptoms are present, offering 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 neglect of oneself (isolated)

	And be… o Unserved, underserved, or inappropriately served by the behavioral health system team
Menu of Services:	• Individual rehabilitation and skill-building strategies • Program to Encourage Active Rewarding Lives (PEARLS) • Cognitive Behavioral Therapy (CBT) • Dialectical Behavioral Therapy (DBT) • Solution Focused Therapy (SFT) • Problem-Solving Therapy • Neurocognitive impairment screening • Assist in accessing community resources • Groups (Emotion Regulation, WRAP, socialization, Grief and Loss, etc.) • Geropsychiatry • Socialization Activities
Program Update:	The WISE Team received 93 referrals for fiscal year 23-24. The referrals are expected to increase with an ongoing effort in Outreach and Education activities in the community to target the senior population that traditionally has had low penetration rates. The program is fully staffed with one Geriatric Psychiatrist, one Nurse, six Clinicians, two Recovery Specialists, and two Support Staff. Outcome data is collected through Data Collection Reporting (DCR). Saint Louis University Mental Status (SLUMS), Patient Health Questionnaire-9 (PHQ-9), and General Anxiety Disorder-7 (GAD-7) are the assessment tools currently used to determine the 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. • As the senior population continues to rise, the demands of appropriate age services will be in higher demand.

Proposed Changes:	• Implementation Program to Encourage Active, Rewarding LiveS (PEARLS) into treatment with an emphasis on behavioral activation to increase or enhance daily activities and social activities. • The Montreal Cognitive Assessment (MoCA), in addition to the PHQ-9 and the GAD-7, would be beneficial to incorporate into the initial phases of treatment for seniors. The use of the MoCA provides the most accurate assessment of cognitive performance, leading to a highly individualized treatment plan for seniors. • The MoCA would be in place of the current SLUMS used in assessing cognitive functioning, but there are many limitations to this screening tool.

Budget:

Wellness, Independence, and Senior Enrichment (WISE)	FY 2023/2024
Annual Budgeted Funds	$ 3,719,158.00
Unduplicated # Served	135
Annual Cost Per Client	$ 27,549.32

Success Stories/Program Highlights

A 77-year-old Caucasian male was referred to the WISE team in January 2019 by the CWIC Unit. The client has a long history of mental health treatment and severe substance abuse; he had been recently released from prison after having served 17 years for drug charges. The client had little to no support, had no living relatives, and was not receiving treatment for his mental health. The client has been diagnosed with bipolar disorder and has many chronic medical issues that were not being treated. Additionally, the client was suffering from severe pain in his knees and shoulders. At that time, the client was referred; he was struggling with severe mental health symptoms and was having thoughts of suicide. Since that time, the client has received wraparound services from the WISE team. He is no longer suicidal and has been able to maintain sobriety. The client was also linked to IHSS supportive services, where he receives over 100 hours per month, which allows him to continue living independently. The client has been also linked to a primary care doctor and a pain management specialist. The client has learned many ways to cope

with his mental health symptoms which allow him to engage in meaningful activities and develop many friendships in his community. The client reports that he now has a life that is worth living and can focus on the positive things in life.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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) • Kern County Probation Department • Kern County Department of Human Services
Location(s):	KernBHRS - 3300 Truxtun Ave, Bakersfield
Program Description:	The Youth MIST Team provides a variety of specialty mental health services for children and families. The populations served include youth at risk of losing placement, foster youth (both wards and dependents), and Commercially Sexually Exploited Children (CSEC). Clients referred to the MIST team have been identified as having serious emotional disturbance, severe mental illness, 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 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 all members are offered support and mental health services as needed.
Eligibility Criteria:	• High utilization of behavioral health services, psychiatric hospitalizations • Youth in foster care, youth with placement disruptions

	• Serious emotional disturbance, severe and persistent mental illness • Parent/caregivers experiencing substance abuse disorder and/or co-occurring disorders • Risk of being removed from placement, homelessness • Involved with the juvenile justice system • Substance abuse issues • Experience with 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 ongoing 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:	In May of 2024, Youth MIST obtained certification in the Treatment Foster Care-Oregon (TFCO) model. TFCO is an evidence-based practice that has been shown to help youth in placement successfully reunite with a parent or caregiver. This model focuses on intensive services for the youth through therapy and skills training, daily contact with foster parents to provide support and monitor the youth's

	functioning, and weekly meetings with the reuniting caregiver to help provide parenting strategies and strengthen the family relationship. Data was collected from 2023 and 2024 on the effectiveness of Youth MIST's implementation of the TFCO program, and it showed that 80% of the youth who participated were able to successfully return to their families or graduate to independent living.
Challenges or Barriers:	Challenges have included receiving referrals that are requesting to be placed immediately or will be placed in non-TFCO homes. To ensure the appropriateness and success of the referral, about five days are needed to interview the youth and family to determine if they would like to participate and to find a TFCO resource home that would meet the child's needs.
Proposed Changes:	The team lead will be working with DHS and Probation to have referrals for TFCO consideration sent immediately upon a youth receiving a fourteen-day notice or being identified as a Short-Term Residential Therapeutic Program step-down.

Budget:

Youth Multi-Agency Integrated Services Team (Youth MIST)	FY 2023/2024
Annual Budgeted Funds	$ 3,093,489.00
Unduplicated # Served	195
Annual Cost Per Client	$ 15,864.05

Success Stories/Program Highlights

Youth MIST had been working with an older adolescent who had been in and out of multiple foster homes and was couch surfing as a runaway. After turning 18, this youth became incarcerated in Lerdo. MIST continued to connect with the youth, engaged the youth and the Lerdo treatment team while she was incarcerated, and worked with a social worker to ensure services continued immediately upon discharge. The team was able to coordinate with other social service agencies for youth to obtain

emergency housing upon release. Youth MIST held an emergency Intensive Case Coordination meeting and assisted youth with obtaining long-term AB12 housing. The team worked with youth to create a resume, practice interview skills, navigate the public transportation system, and ultimately assist youth in obtaining employment.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

FUNDING: ☒ Full-Service Partnership ☐ System Development

Project Name:	Youth Wellness and Recovery Action Plan (Youth WRAP)
Date Started:	07/01/2006
Date Ended:	**06/30/2025**
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Child Guidance Clinic (CGC) • Clarvida (formerly known as College Community Services - CCS) • Clinica Sierra Vista (CSV) • Kern County Probation Department • Department of Human Services
Location(s):	• KernBHRS- 3300 Truxtun Ave., Bakersfield, CA 93301 • CGC Delano- 1430 6TH Ave., Delano, CA 93215 • CGC West Bakersfield- 3628 Stockdale Hwy., Bakersfield, CA 93309 • CGC North Bakersfield- 2001 North Chester Ave., Bakersfield, CA 93308 • Clarvida Mojave- 16940 State Hwy. 14, Ste. F Mojave, CA 93501 • Clarvida Ridgecrest- 1400 N. Norma St., Ste. 133 Ridgecrest, CA 93555 • Clarvida Taft- 1021 4th St., Ste. B Taft, CA 93268 • Clarvida Tehachapi- 1113 East F St., Tehachapi, CA 93561 • CSV Lamont- 8933 Panama Rd., Ste. 101 Lamont, CA 93241 • CSV Central SE Bakersfield- 3105 Wilson Rd., Bakersfield, CA 93304
Program Description:	Youth Wraparound is a series of full-service partnership teams that provide intensified services for youth at risk of hospitalization, who meet 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, Youth Wraparound 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 Human Services, Mobile Evaluation Team, Psychiatric Evaluation Center, the SMART Committee, and hospitals. Staff are available after-hours, on weekends and holidays to ensure immediate service delivery occurs 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.
Eligibility Criteria:	• Children and adolescents from birth through 20 years of age • Youth and families in crisis or post-crisis • Youth who meet the criteria for Pathways to Well-Being services • At risk of loss of placement or hospitalization • Frequent crisis utilization or tendency of convicted youth to re-offend (recidivism) • Impairments interfering with important areas
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 (BHRS, Taft, Mojave, Wasco)
Supportive Services Provider(s):	None
Program Update:	• Youth Wraparound provides services in GSA Clinics, homes, schools, and the community. In addition, BHRS Youth Wraparound continues to co-locate with crisis services at Mary K Shell (MKS) and the Psychiatric Evaluation Center (PEC). 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 partners and contract agencies. • BHRS Youth Wraparound will maintain an office on-site at the new 16-bed minor inpatient facility to increase daily treatment focusing on safe discharges. • Due to the Behavioral Health Transformation (BHT) changes, the contracted Youth WRAP programs are sunsetting **on June 30, 2025**.
Challenges or Barriers:	• BHRS and contract providers continue to experience challenges with both staff 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 results in periods of logistical challenges to overcome, such as bed space at the Psychiatric Evaluation Center, diversion to emergency rooms, and availability of inpatient beds. Strategically, we have partnered with the Mobile Evaluation Team (MET) to receive real-time electronic referrals, continued co-location of staff at Mary K Shell (MKS) and the Psychiatric Evaluation Center (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 in-servicing and emphasis on best practices to reduce recidivism.

Budget:

Youth Wellness and Recovery Action Plan (Youth WRAP)	FY 2023/2024
Annual Budgeted Funds	$ 6,496,575.00
Unduplicated # Served	2,939
Annual Cost Per Client	$ 2,210.47

Success Stories/Program Highlights

The client was referred to Youth Wraparound services due to suicidal ideation, guilt, shame, intrusive thoughts, inappropriate behaviors, and negative self-talk. The family was seeking support to increase healthy engagement with siblings due to a change of dynamics in the home. The treatment team worked collaboratively to help the client learn and utilize coping skills to manage symptoms. Youth Wraparound staff introduced PANTS, a personal space bubble, and a circle of control to support impulsive actions. Youth Wraparound staff worked with the client to decrease intrusive thoughts by implementing self-worth and working with the client to identify positive things throughout the day. The Youth Wraparound Therapist worked with the client to process and express past trauma through Trauma-Focused Cognitive Behavioral Therapy. The client is now in agreement to include siblings in services and wants to build more positive relationships. Since the completion of Youth Wraparound services client has not reported any suicidal ideation, can express needs more healthily, and has increased self-confidence so much that the client recently sang in the talent show at school.

The client was referred to Youth Wraparound services due to punching concrete to cope with his anxiety, along with suicidal ideation. The client also struggled with negative thinking, avoiding crowds, and always keeping his face mask and sweater on. Throughout treatment, Youth Wraparound staff focused on the client's symptoms of anxiety and suicidal ideation. Youth Wraparound staff equipped the client with healthy coping skills, communication skills, and self-esteem-boosting strategies. Today, after successfully being discharged from Youth Wraparound services, the client can maintain eye contact with others, grow a friend group, is excited about the future after high school, is unafraid to challenge fears, and has gained confidence.

General System Development (SD) Overview & Program Work Plans

GENERAL SYSTEM DEVELOPMENT

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 support plan development, crisis intervention/stabilization services, family education services, and project-based housing. SD programs can also be used to improve the service delivery system for people and families and implement strategies for reducing ethnic/racial disparities.

Access to Care Access and Assessment are the front door to KernBHRS—from our Crisis Hotline team to Access and Assessment. Access to Care team is designed to provide 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 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 2023/2024, including all revenue sources:

SD Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost per Person
Access & Assessment (A&A) / Crisis Walk-in Clinic (CWiC)	5,255,672.00	4,046	$1,298.98
Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)	$ 747,462.00	218	$3,428.72
Consumer Family Learning Center (CFLC)	$ 1,488,133.00	10,129*	$146.92
Home to Stay	$789,273.00	860	$917.76
Recovery and Wellness Center (RAWC)	$ 28,595,079.00	5,942	$4,812.37
Self-Empowerment Team (SET)	$ 541,394.00	496**	$1,091.52

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

**This number is based on engagement hours by the SET team. They do not track individual client information.

SD Program Work Plans



MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	Access & Assessment (A&A) & Crisis Walk-in Clinic (CWiC)
Date Started:	Access & Assessment - 01/01/2006 Crisis Walk-in Clinic (CWiC) – 01/01/2016
Date Ended:	**Access & Assessment will sunset on June 30, 2025.**
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	Kern BHRS - 2151 College Ave, Bakersfield, CA 93305
Program Description:	Access and Assessment serves as an access point for those seeking linkage to behavioral health services. Clients begin the process by completing a screening on a walk-in basis. Clients can be self-referred to, or referred to by community agencies such as, but not limited to, Child Protective Services, Kern County Public Health, and Kern County Probation. At the time of screening, the client will meet with a Recovery Specialist to complete a Medi-Cal Screening tool. After the initial screening has been completed, the client will be referred to an assessment. At the time of assessment, the client will meet with a Behavioral Health Therapist to review previous mental health history (if applicable), current symptoms, and collateral information provided by third-party supports, including family members, friends, etc... After the assessment process is completed, clients are then linked to the appropriate providers based on client's needs. 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
Eligibility Criteria:	• 18 years and older • **A&A Requirement:** Individuals who experience behavioral health symptoms that significantly impact their day-to-day functioning. • **CWiC Requirement:** Currently experiencing a mental health crisis or at risk of being in a mental health crisis.
Menu of Services:	**A&A:** • Medi-Cal Screenings • Routine Assessments • Urgent and Emergent Assessments • Referrals to specialty or non-specialty services • Linkage to community resources • Referrals to SUD services for those presenting with co-occurring symptoms • Crisis Intervention • Brief Therapy • Solution Focus Therapy/Skills (SFT) • Cognitive Behavioral Therapy/Skills (CBT) • Dialectical Behavioral Therapy/Skills (DBT) • Referrals to PEC and CWIC **CWiC:** • 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:	• Access and Assessment has begun to utilize the Mental Health Non-Psychiatric Timeliness Record to measure the time between the initial request for services, to first offered appointment, and to follow-up appointment. • 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. 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. • The Access and Assessment Team will sunset **on June 30, 2025**. The stakeholder process approved the proposed change but is currently in the meet-and-confer process with the SEIU (Employee Union).
Challenges or Barriers:	• Accessibility and location of Access and Assessment continue to pose barriers to clients who have difficulties securing transportation and/or have difficulties entering Mary K Shell due to their history of utilizing crisis services. To mitigate this barrier, Access and Assessment has continued to offer field assessments and has worked with outpatient teams to redirect referrals to assist clients in being linked to a closer provider. The waiting period from screening to assessment can cause barriers for clients to keep appointments. Access and Assessment has dedicated time for clients to complete screening and assessments on the same day. The Recovery Specialist continues to work with a therapist to identify open timeslots to expedite linkage to services. • CWiC is limited in its ability to provide adequate discharge plans due to the limitation of available resources in the community. No action can be taken at this time to mitigate this issue as it is a larger systemic issue; however, it may be further addressed with the proposed additional funding for expanding resources for our homeless populations.

Proposed Changes:	To continue to decentralize Access and Assessment and equip the outpatient teams to become access points to increase accessibility and continuity of care. Along with increasing same-day assessment time slots to decrease turnaround time to linkage to services.

Budget:

Access & Assessment (A&A) and Crisis Walk-in Clinic (CWiC)	FY 2023/2024
Annual Budgeted Funds	$ 5,255,672.00
Unduplicated # Served	4,046
Annual Cost Per Client	$ 1,298.98

Success Stories/Program Highlights

Access and Assessment:

A client was self-referred and walked in to complete a screening. At the time of screening, the Recovery Specialist was able to identify a need to expedite linkage to services. The Recovery Specialist worked with the Behavioral Health Therapist to identify a time slot to complete the assessment same day. The client was able to complete screening and assessment on the same day to facilitate a faster process for the linkage to behavioral health services. The client expressed gratitude to the outpatient team for the care and quality of the services provided.

Crisis Walk-in Clinic (CWiC):

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

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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):	• Clarvida (formerly College Community Services - CCS) • Clinica Sierra Vista (CSV)
Location(s):	• Clarvida Ridgecrest - 1400 North Norma St., Ridgecrest, CA 93555 • Clarvida Tehachapi - 113 East F St., Tehachapi, CA • Clarvida Wasco - 930 F St., Wasco, CA 93280 • Clinica Sierra Vista (CSV) Delano - 355 Dover Parkway, Delano, CA 93215 • Clinica Sierra Vista (CSV) Lamont/ARVIN - 8933 Panama Rd., Lamont, CA 93241
Program Description:	Adult WRAP is a System Development program that offers brief (60-day average) intensive behavioral health services for adults experiencing increased impairment to their life functioning areas because of increased behavioral health symptomology. Clients are referred by their primary outpatient treatment team when a client is at risk of hospitalization and/or frequently utilizing crisis services. Adult WRAP staff are assigned to various outpatient adult treatment teams to provide quick access to intensified WRAP 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 Adult WRAP staff.
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 WRAP services by virtue of 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 and 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 • Crisis intervention • Cognitive Behavioral Therapy (CBT) • Motivational interviewing • Socialization opportunities • Case management assistance with obtaining resources • Linkage to community-based services • Wellness and Recovery Action Plan (WRAP) • Eye Movement Desensitization and Reprocessing (EMDR)
Supportive Services Provider(s):	None
Program Update:	No program updates to report.
Challenges or Barriers:	• Adult WRAP programs are not available in all clinics. Strategies to mitigate include the continued review of clinics without Adult WRAP services to evaluate needs to better serve clients in these communities who may benefit from intensified services. • The role of Adult WRAP staff can be challenging due to the high acuity of clients. Strategies to mitigate include continued exploration of additional training for Adult WRAP staff to improve time management skills needed to complete the increasing level of required documentation and reduce work-related stress associated with service provision to this demographic.

	• The transition to a new electronic health record presented challenges related to running reports to monitor caseloads and service delivery. Strategies to mitigate include report training/development.
Proposed Changes:	Review existing Adult WRAP client caseload and service delivery monitoring processes. Identify improved methods and/or data points to ensure meaningful data collection is occurring. Develop and implement an improved process to streamline data collection efforts.

Budget:

Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE)	FY 2023/2024
Annual Budgeted Funds	$ 747,462.00
Unduplicated # Served	218
Annual Cost Per Client	$ 3,428.72

Success Stories/Program Highlights

The client was referred to Adult WRAP services due to experiencing suicidal ideation, severe depression, high stressors, and medical conditions that were worsening. The client was initially resistant to services, but once rapport was built with Adult WRAP staff, the client was able to participate in therapy and process past traumas. The client was able to work through suicidal ideation symptoms and other crises. The client began to feel the support which led them to be more open to coping skills, treatment, and contacting Adult WRAP staff when experiencing crises. Because of Adult WRAP services, the client was able to regain control of their life. The client was later discharged from Adult WRAP services and continued to flourish with their primary treatment team. In addition, the client's physical health has improved.

The client was referred to Adult WRAP services due to attempting suicide by taking psychiatric medication. The client had poor use of coping skills and a lack of communication skills. Two weeks after the attempt, an additional attempt occurred at the hospital with the

use of a sweater tied around the client's neck. The client was severely depressed and reported command auditory hallucinations. While receiving Adult WRAP services, great progress was made in communicating needs, thoughts, and emotions to the client's support system, medication compliance, and utilization of coping skills (virtual hope box, coloring, grounding techniques) to manage suicidal ideation and depression. The client is currently consistent with treatment, 6 months sober, and more independent, which is evident in the way the client has begun to utilize the resources provided to find transportation to appointments, and is working on the goal of securing employment. As a result of Adult WRAP services, the client learned to identify body cues, emotions, and thoughts that increase behavioral health symptoms.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	Consumer Family Learning Center (CFLC)
Date Started:	• KernBHRS – Consumer Family Learning Center 12/2003 • Clarvida – Hope Center Ridgecrest 7/2008 • Clarvida – Learning Center Tehachapi 7/2008
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Clarvida (formerly known as College Community Services – CCS)
Location(s):	• KernBHRS – CFLC at 2001 28th Street, Bakersfield, CA 93301 • Clarvida – Hope Center Ridgecrest at 1400 N. Norma Street, Ridgecrest, CA 93555 • Clarvida – Learning Center Tehachapi at 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 goals. Most events are peer-led.
Eligibility Criteria:	• Must be 18 years or older • Does not need to have a mental health recovery
Menu of Services:	• Both in-person and virtual groups, activities, and classes • Spanish-speaking groups and classes • Skills-based groups such as Dialectical Behavior Therapy (DBT) and 12-step groups

	• Outreach to community-based organizations • Arts and crafts • Music lessons • Physical activity • Field trips • Health classes • Movie nights • NAMI events and classes • Evening and Saturday groups, activities, and classes offered in Bakersfield
Supportive Services Provider(s):	None
Program Update:	Due to behavioral health transformation (BHT) changes, the Bakersfield CFLC is in the RFP process of contracting out this service. We expect to complete this process before the end of the current fiscal year FY24-25.
Challenges or Barriers:	Adaptation to altered and reduced funding availability for this program, related to Prop 1 Behavioral Health Modernization.
Proposed Changes:	The Bakersfield CFLC will be contracted during FY 2024-2025.

Budget:

Consumer Family Learning Centers (CFLCs)	FY 2023/2024
Annual Budgeted Funds	$ 1,488,133.00
Unduplicated # Served	10,129*
Annual Cost Per Client	$ 146.92

** This number is based on services provided*

Success Stories/Program Highlights

The monolingual Spanish-language members attending the Bakersfield CFLC Spanish support groups report that they have been profoundly impacted in positive ways by their participation. They self-report many positive outcomes in various aspects of their lives. These support groups conducted in Spanish offer a safe and supportive environment in which members share experiences, challenges, and triumphs, creating a new sense of community and belonging. Interaction with CFLC peers who understand their struggles has been a big factor in their recovery. Members also report that since they have been attending these CFLC Spanish support groups, their behavioral health-related visits to the Crisis Center and the Emergency Room have reduced from weekly visits to no visits needed. They also state that attending support groups has significantly reduced feelings of isolation and anxiety. Through participation in the Spanish support groups, these members learn coping strategies from peers who have faced similar issues. Members celebrate their growth and resilience together.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

FUNDING: ☐ Full-Service Partnership ☒ System Development

Project Name:	Home to Stay
Date Started:	04/17/2018
Date Ended:	**06/30/2025**
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 provides individuals in the Kern Behavioral Health and Recovery Services System of Care (SOC) with a link to housing so they have their basic needs met and focus on their recovery. When a client's basic needs are not met, they 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 disorders. Finding and maintaining stable, safe, and affordable housing can help prevent hospitalization, 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 and/or substance use disorder. Through our Home to Stay program, we intend to break the cycle of incarceration, hospitalization, and homelessness for individuals who are dealing with mental health and/or substance use disorder.
Eligibility Criteria:	• Must be 18+ years of age • The client must be open to the system of care and engaged in behavioral health services and/or substance use treatment.
Menu of Services:	• Review referral cases every 90 days • Recommend appropriate housing options for each referral

	• Provide emergency shelter voucher until short-term housing can be arranged • Refer to the Benefits Acquisition Team (BAT) and • Provide continuous support to the SOC through the Housing Ambassadors Program • Act as a Housing Advocate • Resolve grievances tied to the Quality Standards of housing providers
Supportive Services Provider(s):	• Stewards (Representative Payee Services) • Freedom House (Specialty Transitional Housing) • Cottage of Hope (Specialty Transitional Housing) • Third Traditional Sober Living Environment (Specialty Transitional Housing) • Community Care and Expansion Grant (CCE) • Behavioral Health Bridge Housing Grant (BHBH)
Program Update:	• Home To Stay has been awarded the CCE grant that aims to assist our licensed Adult Residential Facilities with operating funds to remain open to continue serving our clients. This grant will also allow construction for the improvement of these facilities. • Home To Stay has been awarded the BHBH grant that will allow an increase in bridge housing rental assistance. We have also partnered with the Housing Authority of Kern to obtain 39 units in the City Serve Elevate housing complex. • The Home to Stay program will sunset **on June 30, 2025**, due to the utilization of an alternative funding source.
Challenges or Barriers:	Our current budget continues to allow for a maximum of 90 days of short-term housing assistance. Although we can extend assistance on a case-by-case basis, we continue to have budget challenges for our program. We serve clients who have severe behavioral health and/or substance use challenges that impede their ability to transition to our shelters or become financially independent to sustain their housing.
Proposed Changes:	The Home to Stay program proposes to contract an Adult Residential Facility to secure licensed assisted living beds for clients who are transitioning out of inpatient hospitalization.

Budget:

Home to Stay	FY 2023/2024
Annual Budgeted Funds	$ 789,273.00
Unduplicated # Served	860
Annual Cost Per Client	$ 917.76

Success Stories/Program Highlights

A client has been open to the Kern BHRS system of care for 5 years with the Adult Transition Team. Initial challenges with this individual were a lack of medication compliance, frequent incarceration, lack of engagement, and chronic homelessness. The client was continuously in crisis and required daily WRAP support due to his severe symptoms and lack of housing stability. The client was also a victim of financial abuse. Due to the housing support offered through the Home to Stay program, the client has been able to have the stability and shelter necessary for medication compliance, consistency with individual therapy, and substance use services. The client has also not had a behavioral health crisis since he has been housed. The client continues to be stable and can communicate openly with his treatment team about how he is feeling. The client was most recently approved for Social Security benefits and will become financially independent and choose to remain in housing. Due to the Home to Stay program, the client was allowed to stabilize with a roof over his head and could engage in behavioral health treatment that has helped him tremendously.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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) • Clarvida (formerly called College Community Services – CCS) • Clinica Sierra Vista (CSV)
Location(s):	• KernBHRS Southeast RAWC – 1600 East Belle Terrace, Bakersfield, CA 93307 • KernBHRS Northeast RAWC– 3715 Columbus Street, Bakersfield, CA 93306 • KernBHRS West RAWC– 5121 Stockdale Highway, Bakersfield, CA 93309 • CGC North Bakersfield – 661 Roberts Lane, Bakersfield, CA 93308 • Clarvida Central Bakersfield – 2821 H Street, Bakersfield, CA 93301 • Clarvida Wasco – 930 F Street, Wasco, CA 93280 • CSV South Bakersfield – 3117 Wilson Road, Bakersfield, CA 93304
Program Description:	Recovery and Wellness Centers (RAWC) provide multi-level mental health and substance use treatment services to individuals experiencing challenges in life functioning as the result of mental illness and/or substance use. Treatment is clinically driven based on the client's symptoms. Treatment teams are geographically located throughout the greater Bakersfield area, as well as Wasco. RAWC teams traditionally provide care to those who have either stepped down from intensified services from specialty care programs or inpatient treatment. RAWC staff work in a dyad system comprised of a therapist and a case manager. This dyad takes a client-centered approach to create continuity and consistency in treatment thereby improving the delivery of services and providing options to those we serve. Acuity and treatment needs are

	assessed by the assigned therapist/clinician at least once every three months, and changes to service type, duration, and intensity are made accordingly. Acuity and treatment needs are assessed by the utilization of Clinical Practice Guidelines.
Eligibility Criteria:	A behavioral health disorder that is severe in degree and persistent in duration, which causes behavioral functioning that interferes substantially with the primary activities of daily living, and results in an inability to maintain stability and independent functioning without treatment, support, and rehabilitation for a long or indefinite time.
Menu of Services:	• Cognitive Behavioral Therapy (CBT) • Dialectical Behavior Therapy (DBT) • Motivational Interviewing • Solution Focused Brief Therapy (SFBT) • Cognitive Behavioral Therapy Suicide Prevention (CBT-SP) • Depression, Anger Management, and Anxiety groups • MATRIX/ Substance Use Disorder groups • Seeking Safety groups • Conflict resolution groups • Peer Support & Peer Support-led groups with Consumer Family Learning Center (CFLC) • Linkage to primary health care • Medication management • Linkage to community resources • Substance Use services • Individual and group therapy, individual rehabilitation services, crisis support • Eye Movement Desensitization and Reprocessing (EMDR)
Supportive Services Provider(s):	None
Program Update:	TAY dyads, designed to serve clients ages 18-24, exist at the BHRS Northeast and Southeast Bakersfield, CGC North Bakersfield, and Clarvida Central Bakersfield RAWC clinics. In December 2023, a TAY dyad was implemented at the West RAWC clinic.

	Due to the Behavioral Health Transformation (BHT) changes, the contracted Recovery and Wellness Center (RAWC) programs will no longer be funded by MHSA and will utilize alternative funding: • Central Bakersfield – Clarvida • Wasco – Clarvida • North Bakersfield – Child Guidance Clinic and Adult Behavioral Health • South Bakersfield – Clinica Sierra Vista
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. • Disparities in knowledge and experience in various specialized mental health treatments continue to be experienced because of staff turnover. Ongoing training has been and will continue to be provided by specialty services to address these gaps.
Proposed Changes:	• Identify additional training and support for TAY dyad staff to enhance skills and service delivery. • The internal RAWC teams will transition to become Access points for mental health assessments in FY 2024-2025. • Internal RAWC teams to RFP and contract services out in FY 2025-2026.

Budget:

Recovery and Wellness Center (RAWC)	FY 2023/2024
Annual Budgeted Funds	$ 28,595,079.00
Unduplicated # Served	5,942
Annual Cost Per Client	$ 4,812.37

Success Stories/Program Highlights

The client began receiving RAWC services due to challenges with mental health, including depressed moods, suicidal ideation, anxiety, audio/visual hallucinations, and delusions. Symptoms were heavily impacting daily life and led to the loss of custody of children, homelessness, and engagement in unhealthy life choices. Treatment over 16 months focused on medication management, individual therapy, rehabilitation, and case management services. As a result of RAWC services, audio/visual hallucinations and delusions reduced significantly, and the client has been able to maintain stability in daily living. Client has regained custody of children, reconnected with family from whom client was estranged, saved money for transportation, and enrolled in Bakersfield College where client has since graduated with a specialty in mental health. The client transitioned to a lower level of care provider, where coping skills of cooking, cleaning, listening to music, drawing, walking, and utilizing a calendar continue to be used.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

COMMUNITY SERVICES AND SUPPORTS (CSS) – PROGRAM WORK PLAN

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 behavioral health recovery. SET services emphasize meaningful family and peer involvement in recovery. SET services support both mental health and substance use disorder recovery. The SET team provides services to people who are at high risk of inpatient psychiatric hospitalization, incarceration related to behavioral health challenges, homelessness, and/or suicide. People served by SET Peer staff learn to identify and achieve their own recovery goals; improve their socialization skills and develop supportive networks in recovery; how to obtain and maintain a healthy living environment; etc. SET Peer staff demonstrate to the people they serve and to the community that people do recover.
Eligibility Criteria:	• 18 years or older. • Have a desire to set and reach behavioral health recovery goals.
Menu of Services:	• Engagement • Linkage to services and supports, including but not limited to services from the Kern County BHRS System of Care (SOC) and/or community services • Peer services • Dialectical Behavior Therapy (DBT) based interventions • Role Playing and Modeling of Coping Skills and Seeking Safety Skills

	• Development of individualized Wellness Recovery Action Plan (WRAP) • Zero Suicide Safety Plans • Support in transitioning back into the community • Support in skills of independence, such as learning to use transportation provided by health insurance, how to manage a budget, how to engage in meaningful activities, how to keep a schedule, etc. • Groups, including Co-Occurring groups, educational groups, and social groups • Substance use harm reduction • Individual and group counseling for substance use disorder
Supportive Services Provider(s):	None
Program Update:	California now recognizes statewide certification of Peer Specialist through the CalMHSA Medi-Cal Training and Certification program. Medi-Cal now reimburses select Peer services.
Challenges or Barriers:	Adaptation to altered and reduced funding availability for this program, related to Prop 1 Behavioral Health Modernization.
Proposed Changes:	The SET Team staff will be reassigned to outpatient treatment teams during FY 24-25.

Budget:

Self-Empowerment Team (SET)	FY 2023/2024
Annual Budgeted Funds	$ 541,394.00
Unduplicated # Served	496
Annual Cost Per Client	$ 1,091.52

Success Stories/Program Highlights

Before receiving Behavioral Health Peer services from the Self-Empowerment Team (SET), an individual was experiencing suicidal ideation, depression, and anxiety, which left them isolated. This person was referred to the Kern County BHRS Bakersfield Consumer Family Learning Center (CFLC) by their therapist. Since participating in services from SET Peer staff, this person has learned numerous coping strategies for their behavioral health challenges, as well as socialization skills to develop supportive networks in recovery. Participation in SET Peer services and CFLC groups, and classes has resulted in greatly improved motivation for this individual, who now participates regularly in their behavioral health therapy sessions and their psychiatry and medication appointments. These individuals report that they have found strength through the independence they have gained by working with SET Peer staff.

Prevention and Early Intervention (PEI) Overview & Program Work Plans

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. This goal is achieved through the collaboration between KBHRS and its providers, consumers, and family members, who play a crucial role in developing and implementing PEI projects and programs.

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, a beacon of hope, are offered in the community to increase access and linkage to treatment, help the Kern County population recognize the early signs of mental illness, reduce stigma and discrimination, and expand suicide prevention. Their positive impact on the community is a testament to our collective efforts.

The Crisis Hotline and Outreach & Education programs have successfully reduced stigma and discrimination and increased the recognition of early signs of mental illness. The Crisis Hotline, a suicide prevention program, has also received its five-year re-accreditation through the American Association of Suicidology, a testament to its effectiveness and our commitment to quality, and is part of the National Suicide Prevention Lifeline.

On March 5th, 2024, California voters approved amendments to the MHSA. These amendments will significantly change the operation of the PEI component, shifting the primary focus from prevention to Early Intervention. **By July 1st, 2026**, Early Intervention will be fully operational in Kern County.

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

NOTES:

* *Sunsetting program in June 2025*
** *CASA's contract was terminated on 04/03/2024*
*** *The Kern County Superintendent of Schools (KCSOS) School-Based Program's contract was terminated on 06/30/2024*
**** *VSOP program ended on October 31, 2024.*

PEI PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client in FY 2023/2024, including all revenue sources.

PEI Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost per Person
Access to Care: Crisis Hotline	$4,423,630.00	4520	$978.68
Community Referral Network	$ 43,724.00	199	$219.72
Continuum of Care Reform (CCR) Foster Youth Engagement	$701,384.00	107	$6,332.09
Court Appointed Special Advocates (CASA)	$0 .00	28	$0.00
Foster Care Engagement	$1,528,950.00	472	$3,239.30
Help Me Grow	$ 261,555.00	393	$665.53
Homeless Outreach Program	$1,447,939.00	692	$2,092.40
Kern County Superintendent of Schools (KCSOS) - School-Based Program	$413,592.00	42	$9,847.43
Living Well	$2,059,463 .00	230	$8,954.19

Outreach & Education	$84,439.00	15,223	$5.55
Prepare U	$349,200.00	37	$9,437.84
Reengagement	$642,873 .00	560	$1,147.99
Suicide Prevention and Outreach & Education (O&E)	$ 100.00	20,350	$0.00
Transition Age Youth (TAY) Dual Recovery	$237,168.00	45	$5,270.40
Transition Age Youth (TAY) Self Sufficiency	$319,645.00	993	$321.90
Volunteer Senior Outreach Program (VSOP)	$311,777.00	63	$4,948.84
Youth Brief Treatment (YBT)	$3,929,616.00	2,737	$1,435.74
Youth Juvenile Justice Engagement	$168,959.00	75	$2,252.79
Zero Suicide	$352,719.00	32	$11,022.47

PEI Program Work Plans



MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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:	The Access to Care Crisis Hotline provides 24/7/365 crisis counseling, suicide intervention, coping skills, guidance, and referrals for individuals who utilize the 988 Lifeline via call, text, or chat. The Crisis Hotline is an accredited call center through the American Association of Suicidology (AAS) is also a part of the National Suicide Prevention Lifeline (NSPL) consortium and accepts calls from around the world. The Access to Care Crisis Hotline team also conducts follow-up phone calls and mails out handwritten caring notes as a part of their follow-up efforts for individuals recently hospitalized and/or involved in the crisis continuum of care. These efforts are intended to reach out and provide enhanced support to those recently impacted by a behavioral health crisis, providing evidence-based service shown to assist in the journey toward recovery.

Eligibility Criteria:	There are no eligibility criteria for access and utilization of the Access to Care Crisis Hotline. The Hotline accepts calls, texts, and chats from individuals of all ages, genders, locations, and backgrounds regardless of insurance status or lack thereof.
Menu of Services:	• Crisis Intervention • Suicide risk assessments and interventions • Referral to ongoing behavioral health and community services • Problem-solving and coping skills • Behavioral health and substance use disorder-related support and referrals • Follow-up calls and caring notes.
Supportive Services Provider(s):	None
Program Update:	• Text and chat expanded to 24/7/365 coverage. • Extended internal technology services for call tracking and monitoring. • Onboarded additional staffing to increase service availability. • Integrated Mobile Crisis Response dispatch capabilities.
Challenges or Barriers:	Maintaining appropriate staffing to provide 24/7/365 coverage continues to be a challenge as the Hotline adds and trains additional staff.
Proposed Changes:	No proposed changes.

Budget:

Access to Care: Crisis Hotline	FY 2023/2024
Annual Budgeted Funds	$ 4,423,630.00
Unduplicated # Served	4,520
Annual Cost Per Client	$ 978.68

Success Stories/Program Highlights

One of our crisis counselors received a 988 chat from a 13-year-old. Our crisis counselor worked with her for 156 minutes using de-escalation techniques. The help seeker closed out the conversation with “I just wanted to say before you go that I want to thank you on a scale from 1-10 you are a 10 and very good at your job.” We were able to assist her with de-escalating her intense feelings of suicidal ideation, anxiety, and stress.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**06/30/2025**
Provider(s):	• Clinica Sierra Vista (CSV) • Clarvida (formerly called 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 • Clarvida Taft - 1021 4th Street, Suite B, Taft, CA 93268 • Clarvida Lake Isabella - 2731 Nugget Avenue, Lake Isabella, CA 93240
Program Description:	The Community Referral Network Program provides community outreach, education, and engagement services to difficult-to-engage and treatment-resistant populations in 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 mental 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 existing treatment team and embrace a "whatever it takes" model of service delivery. Services include psychoeducation, engagement, crisis intervention/response, accelerated access and linkage to mental 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:	• Activities were conducted to develop partnerships with other local organizations that provide services to individuals experiencing homelessness. This resulted in concurrent engagement attempts, allowing for opportunities to address the various needs of individuals.

	• Training and job shadowing activities occurred with the BHRS ROEM team to provide the skills and strategies necessary to engage this population. • The Community Referral Network is sunsetting **on June 30, 2025**.
Challenges or Barriers:	• Ongoing retention and recruitment 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 the experience and attributes best suited for this type of work.
Proposed Changes:	• No proposed changes at this time.

Budget:

Community Referral Network	FY 2023/2024
Annual Budgeted Funds	$ 43,724.00
Unduplicated # Served	199
Annual Cost Per Client	$ 219.72

Success Stories/Program Highlights

Taft: A client I have been working with for months in the field finally came in and got services and has so far been actively engaging in services.

Community Referral Network staff met clients in the community. The client was struggling with mental health symptoms that impacted their ability to function in daily life. For the client, being homeless and displaced came with unique symptoms of anxiety and fear – the danger of being hurt by someone, the fear of someone taking the few belongings that had been accumulated, the discomfort of sleeping outside, and the uncertainty of not knowing where the next meal would come from. Community Referral Network staff continuously sought out clients, though locating clients was at times challenging due to clients not having a phone or not always being in the same

location. Engagement strategies and relationship building included providing water, snacks, and hygiene items, engaging in meaningful conversations, and providing encouragement to seek services. After some months of engagement attempts, and after previously missing scheduled assessments, the client enrolled in behavioral health services where he continues to receive treatment to address his mental health symptoms.

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 to 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

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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 (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 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 STRTP's, as well as conducting Qualified Individual Assessments, will help in decreasing the need for a higher level of care for foster youth.

	GOALS: • Work with foster youth, families, STRTP Providers, 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 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 • Participating in Intensive Care Coordination (ICC) meetings • Assist in making recommendations for needed services and supports to foster youth placed in STRTP's 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 • Support to out-of-county STRTPS under AB1051 to assist with integrating services into KernBHRS continuum providers
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. • One program specialist will be reduced from the Continuum of Care Reform Foster Youth Engagement. The Stakeholders approved the proposed change, which is currently in the meet-and-confer process with the SEIU (Employee Union).

Challenges or Barriers:	Attending monthly Intensive Care Coordinator (ICC) meetings has been a challenge due to staff turnover, scheduling conflicts, 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, and 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 2023/2024
Annual Budgeted Funds	$ 701,384.00
Unduplicated # Served	107
Annual Cost Per Client	$ 6,332.09

Success Stories/Program Highlights

We helped a 16-year-old male who has been in the foster care system since 2012 with a history of at least 20 placement disruptions due to emotional and behavioral difficulties. The extreme emotional dysregulation, which often led to physical harm to others, property destruction, and inability to engage in age-appropriate norms, led to placement disruptions. Due to the youth's extreme emotional and behavioral difficulties, he was consequently placed in a STRTP in 2019, where he was unable to acquire stability and required a transition to a second STRTP. At the second STRTP, the youth began to demonstrate significant improvement in his behavioral and emotional state due to receiving trauma-informed care and effectively engaging in intensive onsite specialty mental health services (e.g., individual therapy, group therapy, individual rehabilitation, group rehabilitation, and ICC services). These specialty services appropriately equipped the youth to achieve and maintain emotional and behavioral stability, thus resulting in his transition to a lower level of care. Since transitioning to a lower level of care, the young individual has continued to engage in specialty mental health services and maintain the acquired stability in the lower level of care placement.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**04/03/2024**
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 of the following criteria: o History of chronic domestic violence o Prenatal drug exposure o Structural heart disease o Multiple placement changes o Post-traumatic stress/trauma o Periods of unconsciousness or brain injury o Psychiatric/medical history and medical history o CASA Essential History (EH) Form completion
Supportive Services Provider(s):	None
Program Update:	**The contract with CASA was terminated during the fiscal year 2023-2024 at the request of CASA's executive director.**

Budget:

Court Appointed Special Advocates (CASA)	FY 2023/2024
Annual Budgeted Funds	$ 0.00
Unduplicated # Served	28
Annual Cost Per Client	$ 0.00

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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. The program works to actively provide education to Social Workers, Foster Family Agencies (FFA), and Resource Parents on the referral process and provide psychoeducation to help identify youth who may benefit from behavioral health services.
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 and Emergency Foster Homes • Outreach and Education to DHS social workers and Foster Family Agencies (FFA's) • Provide Psychoeducation to DHS social workers, FFA's, and Resource Parents • Attend DHS All-Staff Meetings, DHS Onboarding Training, and FFA Consortium • Provide consultations as needed • Review DHS Screenings and Intake Logs • Participating in Child and Family Team (CFT) meetings for youth not opened to behavioral health services in efforts to advocate for behavioral health needs and expedite referrals for behavioral health services as needed DHS Social Worker at KernBHRS site: • Point of contact for referrals • Increase and improve communication of needed information/ documents for client services; thus, preventing lapses 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 join efforts in identifying foster youth in need of specialty mental health services. The Team provides daily support to youth in need of behavioral health support while providing ongoing collaboration and education to Social Workers and Resource Families. Utilize a drop box for foster care referrals, attend

	weekly meetings to discuss services, identify a point of contact for coordinating care, and provide training to new social workers during the onboarding process. • DHS recently notified KernBHRS of the new ACL 24-35; Elimination of Required Mental Health Screening and Replacement with Required Referral to County Mental Health Plans for All Children with an Open Child Welfare or Juvenile Probation Placement Case. Ongoing discussions on how this may change our current process/collaboration while focusing on ensuring all foster youth are assessed for mental health services and continuing ongoing efforts to identify youth with an active DHS case who may be undiagnosed.
Proposed Changes:	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 appropriate mental health team. Provide outreach to FFAs, CFT Facilitators, and DHS Placement Units to educate and provide ongoing one-on-one support to streamline the referral process when youth are identified as needing behavioral health support and linkage to services is not in place.

Budget:

Foster Care Engagement	FY 2023/2024
Annual Budgeted Funds	$ 1,528,950.00
Unduplicated # Served	472
Annual Cost Per Client	$ 3,239.30

Success Stories/Program Highlights

A 16-year-old foster youth was placed at Jamison Children's Shelter after receiving a 14-day notice from a resource family home due to behaviors. The youth arrived at Jamison with no behavioral health services due to the youth declining services in the previous resource home. The youth declined several potential placements and refused to meet with potential resource families. Jamison Placement Unit and Social Worker submitted a Qualified Individual referral for a potential placement in a Short Term Residential

Therapeutic Program (STRTP) due to youth refusing family home-based placements. The Foster Care Team therapists assisted in processing the youth's concerns and barriers to placement in a resource home to assist in avoiding placing the youth in a higher level of care, such as an STRTP. The Foster Care Team therapist assisted the youth in effectively communicating his concerns, advocating for his wants/needs, and providing the youth with direct support during a meet-and-greet with a potential resource family. This support assisted youth in a successful resource family home placement, avoiding placement in a STRTP.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ending:	**06/30/2025**
Provider(s):	First 5 Kern
Location(s):	First 5 Kern - 5080 California Avenue Suite 200, Bakersfield, CA 93309
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 Questionnaire: 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 next steps, further assessment, specialized intervention, or ongoing monitoring, for example—to help children reach their fullest potential during their most formative early years.
Eligibility Criteria:	Free developmental and behavioral/social-emotional screenings to Kern County children between the ages of one month through age five.
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 Kern Behavioral Health and Recovery Services, 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 FY23-24, the Help Me Grow Kern County program screened 458 children (393 unduplicated), completing a total of 738 screenings (this includes re-screens conducted). ○ Of the 738 screenings 395 were ASQ-3 and 343 were ASQ:SE-2 assessments.

	○ A total of 38 children were referred to an external agency for further screening and/or early intervention services. • Throughout the year, efforts to raise awareness about the free screening services led to over 31 presentations across the county. ○ To strengthen collaboration and communication, quarterly Help Me Grow Kern County Collaborative meetings were held with community partners. These meetings provided a platform to share program updates, discuss developmental screening opportunities, and enhance partnerships that support the success of Help Me Grow Kern County. ○ 48 community partners attended the collaborative meetings. • First 5 Kern received a grant from Kern Health Systems (KHS) through the Community-Based Organization Initiative to support its Advancing Family-Engaged Developmental Monitoring (FEDM) project. This initiative is part of the broader Help Me Grow Kern County developmental screening effort. • The grant from KHS allows First 5 Kern staff to promote the Help Me Grow Kern County program while providing parents, community partners, and pediatricians with information on the importance of developmental screenings. • The Help Me Grow program will sunset **on June 30, 2025**. The stakeholder process approved the proposed change, but it is currently in the meet-and-confer process with the SEIU (Employee Union).
Challenges or Barriers:	We did not foresee any challenges or barriers in FY 2024-2025, nor did we experience any in FY 2023-2024.
Proposed Changes:	Program changes include an adjustment to the sequence of screenings between ASQ-3 and ASQ: SE-2. This minor modification has increased social-emotional screenings.

Budget:

Help Me Grow	FY 2023/2024
Annual Budgeted Funds	$ 261,555.00
Unduplicated # Served	393
Annual Cost Per Client	$ 665.53

Success Stories/Program Highlights

A caller reached out to 211 seeking homeless assistance for her family, who were living in temporary housing after fleeing an unsafe environment. While providing demographic information, she mentioned interest in a developmental screening for her 3-year-old child. The Development Specialist subsequently contacted the parents and helped complete the screenings. The results showed that the child's development was on track for his age. However, the parents expressed concerns about aggressive behaviors that began after the child witnessed domestic violence while living with a family member. The mother also expressed interest in counselling both her child and herself. A referral was made to Kern Behavioral Health and Recovery Services for counseling. The parent was thankful for the support and agreed to continue monitoring her child's development.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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 support 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.
Eligibility Criteria:	Any individual 18 years or older who is experiencing or at risk of homelessness.
Menu of Services:	• Street outreach and engagement • Identification of mental health or co-occurring mental health and substance use 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 support • 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. • The Homeless Outreach Program/Flood Bakersfield Ministries, Inc. will be reduced to one liaison position effective **July 1, 2025**.
Challenges or Barriers:	• Lack of shelter beds and the diminishing number of housing vouchers continue to present challenges in meeting the needs of individuals experiencing homelessness.

	• 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 are disinclined to leave their communities. • Strategies to mitigate these barriers include continued data collection and reporting to city and county agencies to share information regarding trends in services and the 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 in the midst of crisis.

Budget:

Homeless Outreach Program	FY 2023/2024
Annual Budgeted Funds	$1,447,939.00
Unduplicated # Served	692
Annual Cost Per Client	$ 2,092.40

Success Stories/Program Highlights

A homeless individual had been living on the streets for nearly two years. At the first encounter, the individual was eager to attempt to work with staff to obtain some form of stable living. The individual would come to the Flood office daily seeking shelter, food/clothing, or an ear to listen to struggles of being on the streets. The individual was later accepted into the Encampment Resolution Funding (ERF) program. In a short amount of time, staff were able to swiftly help move them through the system and get them linked up to the Housing Authority of Kern County (HACK). Through the efforts of the ERF program and

HACK, the individual was matched to a new housing option in Bakersfield. They were very reluctant to move into this new facility due to ongoing fears of living alone, especially after an unsuccessful experience staying at the navigation center due to social anxiety. After a few months, the individual was able to move into their new home. While living at this new facility the individual will continue to receive services from Flood. The individual is relearning life skills once lost, beginning to leave their old life behind, and are excited to begin a new life with the help of stable housing.

A homeless individual came to Bakersfield from another city in Kern County and due to their mental health, they were very susceptible to victimization and other threats. Due to the individual's mental health concerns, staff submitted a referral for the BHRS Relational Outreach Engagement Model (ROEM) team. Through collaborative efforts between ROEM and Flood, the individual was linked with a counselor and worked towards the pathway of housing. After a month-long process of relationship building, the individual was able to be placed at Brundage Lane Navigation Center (BLNC). The individual has been doing very well at BLNC and is currently on the waiting list to be matched to a Housing Authority of Kern County (HACK) property. The individual no longer has any major issues regarding mental health or any desire to go back to living on the streets. Due to successful collaborative efforts, they will continue to hopefully live a very productive life.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**06/30/2024**
Provider(s):	Kern County Superintendent of Schools (KCSOS)
Location(s):	• Community Learning Center (Bakersfield), KCSOS Alternative Education • Wallace Middle School (Lake Isabella), Kernville Union School District • Beardsley Junior High (Bakersfield), Beardsley School District • Standard Elementary School, Standard School District • Haven Drive Middle School (Arvin) • Richland Junior High (Shafter) • Kern County Superintendent of Schools (KCSOS)

Program Description:	KCSOS-School Based Program will utilize evidence-based practices and programs that align with MHSA standards to reduce stigma associated with either being diagnosed with a mental illness or seeking mental health services, increase awareness of behavioral health issues that 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, 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, 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, mental health screeners, outside community referrals, coordination of care, individual counseling) • Professional Development for staff and parent workshops [trauma-informed care, suicide prevention, positive behavior intervention and supports (PBIS)] • Family/parent/community engagement projects (resource fairs) • Cross-system coordination • Monitor families to ensure successful connection to KernBHRS or GSA behavioral health service provider
Supportive Services Provider(s):	None
Program Update:	• One thousand two hundred and twenty (1,220) individuals participated in one of the KCSOS School-Based Program trainings, workshops, or outreach events over the school year (2023-2024).

	• The contract between KCSOS and KernBHRS ended on June 30th, 2024. It was not renewed due to PEI funds' availability. However, due to the successful collaboration throughout this project, KCSOS will continue running this program with its own funding.
Challenges or Barriers:	N/A
Proposed Changes:	N/A

Budget:

Kern County Superintendent of Schools (KCSOS) – School-Based Program	FY 2023/2024
Annual Budgeted Funds	$ 413,592.00
Unduplicated # Served	42
Annual Cost Per Client	$ 9,847.43

Success Stories/Program Highlights

A student has shown a tremendous amount of resilience over the past two school years. After struggling with self-harm and suicidal thoughts this student is now 7 months of being free from self-harm. This student used what we discussed and worked on and turned it into something realistic for her. When we discussed tracking in a journal, she said she would be more likely to follow through using an app. We agreed upon her finding a coping skill to use, even if she doesn't have anyone else to talk to, she became an amazing writer and poet. In her last week of 8th grade, she came and talked to one of the 6th grade groups, giving them the message that, "you won't always feel this way" and "life does get better;" she shared personal examples of her struggles in 6th grade with bullying and peer pressure. Her Gad-7 scores decreased from the severe category to 1.6 in the moderate category. In the 2022-23 school year, she had 3 CSSRSs completed. For the 2023-24 school year, she had 0 completed. To me, this student represents what it means to take what she is given and then give it back to others.

Second Success Story:

Students have significantly decreased the number of self-time outs since the start of the session back in September of 2023. The student was on a watch list coming into the 7th grade from her elementary school. The School Social Worker (SSW) and teacher quickly learned the need to provide support was immediate. The student spent a significant amount of time in her elementary SSW office. Early on it was determined to set boundaries and support the teacher with a plan to meet the students' needs. In September, the student came up to the office to regulate emotions when she was not able to do so in class. The student went to the classroom 5 times during September to regulate emotions.

The teacher reported that the student would take 0-5 self-time outs daily in the classroom environment. The plan was for the students to take a walk around the classroom building and then return to class. Advocacy for a change was conducted and the teacher agreed. The teacher would have the student sit outside the classroom in a chair, implementing her coping skills, with the door cracked so she could still hear the lesson. If the coping practice was not helping the student, the teacher would call the office to layer support from the SSW. The SSW would provide a safe space, and calming music, and the student would regulate emotions.

In comparing September and March, the student decreased the number of visits to the calming corner to regulate emotions. The student went from 5 daily visits to the SSW, 1 being a crisis, to only seeing the SSW for weekly group sessions. The student implemented butterfly breaths as a coping mechanism.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**06/30/2025**
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, those who benefit from Dialectical Behavioral Therapy (DBT), those needing employment support (IPS), those who benefit from Eye Movement Desensitization and Reprocessing Therapy (EMDR), and pregnant and postpartum individuals.

Eligibility Criteria:	<u>Dialectical Behavior Therapy (DBT)</u> • **Good Candidate:** A KernBHRS adult client who is willing to commit to a one-year program (contract reviewed and signed with the client) and attend weekly group and individual sessions. o 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. ▪ Identify disturbances ▪ Impulsivity in at least two areas that are potentially self-damaging ▪ Recurrent suicidal behavior, gestures, threats, or self-mutilating behavior ▪ Affective instability due to a marked reactivity of mood ▪ Chronic feelings of emptiness ▪ Inappropriate, intense anger or difficulty controlling anger ▪ Severe dissociative symptoms <u>Eye Movement Desensitization and Reprocessing Therapy (EMDR)</u> • **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 trauma. The client must be stable enough to follow the EMDR process and must be willing to actively participate. <u>Individual Placement Support (IPS)</u> • **Good Candidate:** Any client on the current IPS team that expresses a desire to work. • **Referral Process:** Staff on the current IPS Teams refer to clients using the IPS referral form. IPS Employment Specialists meet weekly to determine the readiness of clients to begin services.

	Eating Disorder (ED) Staff Consults: • This interdisciplinary team (IDT) service is provided to staff working with clients diagnosed with eating disorders or experiencing disordered eating. Staff are provided with monthly or bi-weekly IDT support and a 1-hour case consultation with an eating disorder specialist. This resource is available to both Adult and Children Services and Contract Providers. This opportunity helps improve the clinician's skill set and ability to address issues specific to eating disorders. **Perinatal Health and Wellness:** • This service is provided in collaboration with the Department of Public Health to coordinate access for new mothers and pregnant women in need of specialty mental health services. KernBHRS staff receive specialized training to provide the most appropriate interventions. This opportunity will help support positive outcomes for this population.
Menu of Services:	• Dialectical Behavioral Therapy (DBT) • Eye Movement Desensitization and Reprocessing (EMDR) • Individual Placement Support (IPS) • Eating Disorder Staff Consult • Perinatal Health and Wellness
Supportive Services Provider(s):	• Elissa Woodruff, PhD – Eating Disorder Staff Consultant
Program Update:	**Dialectical Behavioral Therapy (DBT):** • Within the last year, our DBT Program has had 11 successful graduates and added a fourth DBT Group to expand to the Spanish Spanish-speaking population which currently has 4 participants. Aside from providing clinical services, the DBT Team has provided training in DBT skills for 5 different teams within KernBHRS and 1 contract provider. • With Behavioral Health Transformation (BHT) changes, the DBT services will transition to the KernBHRS Adult System of Care.

	<u>Eating Disorder (ED) Staff Consults:</u> • Our Eating Disorder Specialist, Dr. Woodruff, has hosted two eating disorder training courses which received great praise and requests for further training. We have seen an increase in requests for consultation as staff have become more aware of the service offered. • With Behavioral Health Transformation (BHT) changes, the eating disorders (ED) services will transition to the Care Coordination Unit. <u>Eye Movement Desensitization and Reprocessing Therapy (EMDR):</u> • The Specialty Services Team has developed a relationship with an EMDRIA Certified Consultant and Trainer within Kern County. The Consultant has been a guest speaker to KernBHRS EMDR-trained staff on 2 occasions and has offered a free monthly drop-in consultation service. • With Behavioral Health Transformation (BHT) changes, the EMDR services will transition to the KernBHRS Department Supports Division. <u>Individual Placement Support (IPS):</u> • With Behavioral Health Transformation (BHT) changes, the IPS services will transition to the KernBHRS Kern Linkage Division. <u>Perinatal Health and Wellness:</u> • With Behavioral Health Transformation (BHT) changes, the Perinatal Health and Wellness services will transition to the KernBHRS Care Coordination Unit. The Living Well Program will sunset **on June 30, 2025**. The stakeholder process approved the proposed change, but it's currently in the meet-and-confer process with the SEIU (Employee Union).
Challenges or Barriers:	<u>EMDR:</u> o **Continued efforts to have clinicians trained in EMDR engage in continuing education.** <u>IPS:</u> o Employment Specialists continue to connect with community resources available to assist consumers with their transportation needs and the fees associated with obtaining a driver's license. This can be a tremendous barrier to overcome for consumers needing to

	get to worksites away from available bus routes or shifts outside of public transportation hours of operation.
Proposed Changes:	With Behavioral Health Transformation (BHT) changes, all components of the Living Well Program have been decentralized and transitioned to the KernBHRS Care Coordination Unit, Department Supports Division, Kern Linkage Division, and the Adult System of Care.

Budget:

Living Well	FY 2023/2024
Annual Budgeted Funds	$ 2,059,463.00
Unduplicated # Served	230
Annual Cost Per Client	$ 8,954.19

Success Stories/Program Highlights

DBT: A client was referred to the DBT Program after expressing difficulties in managing emotional regulation, challenges with family, and strong feelings of anger and resentment regarding her past. These factors negatively impacted on her health, leading to more misery and challenges. During her year of treatment, she worked diligently in applying the skills she learned into her life: mindfulness skills enabled her to live in the present and even help reduce physical ailments; the most beneficial skill in her journey was Radical Acceptance, allowing her to accept her past and release the intense anger and sadness surrounding it. The client learned how to be resilient in the face of the many challenges she encountered with self-validation and loving-kindness. With these new skills in her toolbox, the client became empowered to return to work in a field she valued.

IPS: KernBHRS IPS Adult Transition Team (ATT) was able to assist an individual with multiple challenges in finding employment. Throughout his time with IPS, the individual received integrated care and support in managing his mental illness, housing changes, substance dependence, and a challenging job market. The individual also received age-specific support,

particularly in communicating with employers. The individual maintained services with his team and received medication and therapeutic support as challenges arose. His Employment Specialist was able to utilize the skills and interventions he developed in those settings in a real-world environment until meaningful, permanent employment was achieved. The consumer stated, “I’m never gonna give up, you guys got me, I’m gonna do this.” Following a 2-year journey, he secured a job at a local movie theater. His employer reports that he has become a valued team member. Following employment, this individual chose to graduate from the IPS Program, and he was celebrated for his achievement. He stated, “I needed to feel better about myself, and this program helped me do this. It’s been a long journey, but I got here.”

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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 FY 2023-2024, the Outreach and Education (O&E) Program was managed by the Mental Health Services Act (MHSA) Team and Cultural Competence Team. Requests for O&E materials and requests to attend community events were received via the Outreach and Education link found under Community Resources on the Kern BHRS website. Kern BHRS staff were selected to attend community events based on their expertise and department. Outreach was conducted to provide specialized presentations and to attend community events to educate attendees on services provided within KernBHRS. Mental health education was also provided in the community to reduce stigma linked to mental health and raise awareness in Kern County.

Eligibility Criteria:	All Kern County residents or organizations were eligible to request O&E services from Kern BHRS.
Menu of Services:	• O&E provided outreach and education services in the community about mental health, suicide prevention and recovery, substance misuse, and recovery as well as information about getting connected to Kern BHRS services. Efforts to increase outreach and education in hard-to-reach populations were performed in various ways during FY 23-24. • Kern BHRS staff attended various culturally relevant events in the community to engage in conversations with underserved and hard-to-reach populations; such events included the Americans with Disabilities Conference, HEARTS Connection Parent Support Group, 16th Annual Walk for Peace & Family Health Resource Fair, Black Infant Maternal Health Initiative 5K Walk/Run Against Birth Inequities, Sikh Women's Walk, The Center for Sexuality and Gender Diversity Conference at BC, Love Should be Fair, 2024 East Bakersfield Festival, Homeless Outreach Resource Fair, Veterans Collaborative Resource Fair, Bakersfield American Indian Health Program Spring Gathering, and the Older Americans Month Resource Fair among many more. Kern BHRS staff also attended resource fairs at various educational settings ranging from elementary schools to universities. KernBHRS also engaged with elementary school students in the underserved communities through the Book Worm Buddies program in which KBHRS staff read a book about emotions to the children. Presentations were provided by Kern BHRS expert staff at multiple locations to educate the community on recognizing the signs of suicidal ideation as well as substance misuse. All these events increased awareness among our staff about community needs and expanded our reach. • Kern BHRS continued its partnership with the Department of Public Health by attending Know Your Numbers screenings throughout Kern County. This enabled Kern BHRS to reach populations in the rural areas of Kern County like California City, Lake Isabella, and Delano.

	• Outreach and Education also participated 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 ○ May the Fourth be with you at California Animal Living Museum (CALM) ○ Inspiration Awards ○ Career and Technical Education Center (CTEC) Competition ○ Apple Core Fan Distribution ○ Bookworm Buddies ○ Asian Pacific Indian Educational Luncheons • <u>September is Suicide Prevention and Recovery Month</u> ○ Board of Supervisors Proclamation ○ Save a Life Today (SALT) Walk ○ Kicking It with Mental Health Soccer Game at CSUB ○ National Alliance on Mental Illness & Consumer Family Learning Center Sharing Hope Together Forum ○ Walk Like Mothers Against Drunk Driving (MADD) ○ Fiestas Patrias ○ Drug-Free Youth Summit ○ Apple Core Blanket Distribution ○ Multi-County Suicide Prevention Summit
Supportive Services Provider(s):	None
Program Update:	Proposition 1 was voted on March 5th, 2024, by California voters. O&E will transition from an all-inclusive approach to a more targeted outreach protocol to be in accordance with Proposition 1. Our MHSA Extra Help Program Specialist finished his 2-year O&E assignment. This position was temporary and will not be filled in the future.
Challenges or Barriers:	One of the main challenges for O&E is not being able to collect as many demographic data points as it would be optimal for reporting and record keeping.

Proposed Changes:	A way in which the main challenge for demographic collection could be solved is by sending a staff member to each outreach event responsible for collecting demographic information when attendees approach the Kern BHRS resource booth. Another solution may be for community members to scan a QR code and anonymously share their demographic information with the MHSA team for reporting purposes.

Budget:

Outreach & Education	FY 2023/2024
Annual Budgeted Funds	$ 84,439.00
Unduplicated # Served	15,223*
Annual Cost Per Client	$ 5.55

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

Success Stories/Program Highlights

One of the greatest advantages of doing outreach is engaging with the community to inform them about the services available to them. It's always rewarding when people find out about the number 988 and say they will use it. There was a lady who approached the Kern BHRS resource table while doing Know Your Numbers with the Department of Public Health. She was happy when she learned about 988. She said that she was going to share the number with her son as soon as she got home. She said that she had been worried about him as he seemed very sad lately. She said she was glad that there would be someone he would be able to talk to other than herself. She also took flyers that instructed her on how her son could get connected to services with Kern BHRS.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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 & Recovery Services (KernBHRS) • The Live Network • NAMI-KERN • Stockdale Boys Center • Unicorn Gardens • New Start • Lost Hills Union School District • Taft Union High • The Center for Sexuality and Gender Diversity
Location(s):	Prepare U Pro is an online program: https://www.prepareu.live/
Program Description:	Prepare U is an easy-to-navigate, evidence-supported, mental health curriculum designed for adolescents and transitional-age youth (18 years old-24 years old). Prepare U curriculum, developed by

	the Therapy Live team, is designed to be a plug-and-play system that anyone can navigate, whether as a standalone course or as an integrated part of an overall social-emotional curriculum. The curriculum follows a carefully designed arc to help participants learn the skills needed to identify mental and emotional concerns, effectively cope with concerns in healthy ways, and how to engage in additional parental, community, or professional support when needed. Prepare U consists of 12 class videos and 5-minute relaxation videos, all online and easily accessible.
Eligibility Criteria:	Adolescents and Transitional Age Youth
Menu of Services:	• Online Questionnaires & Videos • Meditation Videos • Crisis Resources & Tools
Supportive Services Provider(s):	None
Program Update:	Prepare U Pro updated to an all-online format accessible through a QR code and/or an Access Code.
Challenges or Barriers:	• We are working with Prepare U to provide more information about the program to multiple service agencies in Kern County. • Prepare U is in the process of creating a Spanish version.
Proposed Changes:	• Outreach to college campuses. • Involvement in activities with other agencies serving adolescents and transitional-age youth. • QR code at Outreach and Education events.

Budget:

Prepare U	FY 2023/2024
Annual Budgeted Funds	$ 349,200.00
Unduplicated # Served	37
Annual Cost Per Client	$ 9,437.84

Success Stories/Program Highlights

Prepare U will be adding surveys to their online program that participants can complete at the end of the 12-session program.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**06/30/2025**
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Child Guidance Clinic (CGC) • Clinica Sierra Vista (CSV) • Clarvida (formerly known as College Community Services-CCS)
Location(s):	• KernBHRS Northeast RAWC: 3715 Columbus St., Bakersfield, CA 93306 • KernBHRS Southeast RAWC: 1600 E. Belle Terrace, Bakersfield, CA 93307 • KernBHRS West RAWC: 5121 Stockdale Hwy., Bakersfield, CA 93309 • CGC North: 661 Roberts Ln Ste. B, Bakersfield, CA 93308 • CSV Delano: 355 Dover Pkwy., Delano, CA 93215 • CSV South: 2400 Wible Rd., Bakersfield, CA 93304 • Clarvida Taft: 1021 4TH St., Taft, CA 93268 • Clarvida Lake Isabella: 2731 Nugget Ave., Lake Isabella, CA 93240 • Clarvida Central Bakersfield: 2821 H. St., Bakersfield, CA 93301

Program Description:	Reengagement services are delivered to clients who are open to the Adult System of Care 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 services. Once identified and referred, staff deliver temporary case management services, with a primary focus on returning clients to service with their outpatient treatment team. Reengagement staff are embedded in the existing outpatient treatment team and embrace a "whatever it takes" model of service delivery. Typical services during re-engagement include psychoeducation, engagement, skill acquisition/building, crisis intervention/response, accelerated access and linkage to mental 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. After successful re-engagement, program staff will follow up with the client over a period of time to ensure the client remains engaged in treatment.
Eligibility Criteria:	• New clients who complete the assessment fail to show up for the first-time service appointment. • Existing clients who have disengaged from treatment without notifying their treatment provider.
Menu of Services:	A full range of services needed to reengage clients and facilitate family engagement, as appropriate: • 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 • Peer support • Linkage to primary health care

	• Medication management • Linkage to community resources • Substance Use services • Individual therapy • Family Inclusion
Supportive Services Provider(s):	None
Program Update:	• Ongoing, individualized training continues 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. • The Reengagement Team will sunset **on June 30, 2025**. The stakeholder process approved the proposed change, but it's currently in the meet-and-confer process with the SEIU (Employee Union).
Challenges or Barriers:	Ongoing retention and recruitment challenges experienced by BHRS and contract providers resulted in extended periods of vacancy in multiple re-engagement 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 2023/2024
Annual Budgeted Funds	$ 642,873.00
Unduplicated # Served	560
Annual Cost Per Client	$1,147.99

Success Stories/Program Highlights

The client initially presented with unstable moods, impulsivity, and aggressive/violent behaviors, impairing overall life functioning (maintaining stable housing; communicating/maintaining relationships; and maintaining employment). The client, who was diagnosed with Bipolar I disorder, borderline personality disorder, and Cannabis use disorder, later became disengaged from services. The client was referred to the Reengagement staff who provided intensified services and was able to reengage the client back to treatment, helping stabilize the client's mental health. The client's medications were changed and as a result, the client became stable and has since been able to maintain housing, employment, and interpersonal relationships. The client reports there are no longer episodes of anger outbursts or mood instability and is now in the process of graduating from specialty mental health services and transitioning to a lower level of care with a community provider to continue medication management services.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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 Kern County residents of all backgrounds who are seeking education, training, and resources related to suicide prevention. This team reaches out to various organizations, businesses, churches, educational organizations, etc. to provide information and resources. Further, this team has a presence at community events such as various walks, benefit events, etc. The program aims at reducing the stigma associated with suicidal ideation and promotes open communication, resource awareness and education, and assists in developing comfortability in discussing suicide with the public. 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:	No eligibility criteria are needed.
Menu of Services:	The Suicide Prevention O&E Team provides various culturally competent community-based training to meet the needs of various settings including but not limited to: • Applied Suicide Intervention Skills Training (ASIST) • More Than Sad • Zero Suicide • LEAD (Look & Listen, Explore Reasons, Ask About Suicide, Don't Hesitate)
Supportive Services Provider(s):	None
Program Update:	Staff have continued to provide expert community education in various settings. Additionally, the team has been focusing on outreach to the outlying areas of Kern County including the Kern River Valley, Eastern Kern County, and the areas of Taft and Delano.
Challenges or Barriers:	Stigma regarding the topic of suicide is still a barrier to providing education and resources to the community. To combat this, the Suicide Prevention O&E Team makes great efforts to dispel common myths and provide education on this topic.
Proposed Changes:	No changes proposed at this time.

Budget:

Suicide Prevention and Outreach & Education (O&E)	FY 2023/2024
Annual Budgeted Funds	$ 100.00
Unduplicated # Served	20,350
Annual Cost Per Client	$ 0.00

Success Stories/Program Highlights

- The Suicide Prevention O&E Teams hosted and/or attended 71 outreach events.
- Over 16,000 people received educational/informing materials regarding suicide education, prevention, and treatment referrals.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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 Sober Living House
Location(s):	The Third Tradition - 3316 Laverne Avenue Bakersfield, CA 93309
Program Description:	The Tay-Dual Recovery program is designed to provide immediate supportive behavioral health and substance use care in a sober living environment for up to 6 months to TAY. The program focuses on stabilizing youth during their stay at the sober living facility, to aid them in their recovery, and community living. The program staff works in collaboration with the TAY Team to ensure care coordination and enhanced treatment. The TAY Team provides behavioral health treatment and helps support sober living facility staff by assisting youth in the development of life skills while simultaneously working on recovery.

Eligibility Criteria:	Youth must be at least 18 years old, have current or former involvement in either foster care or juvenile justice systems, and be at risk of homelessness. Youth must have co-occurring mental health and substance use disorders.
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. This group has assisted youth with learning how to manage their substance use and trauma. The group has been well attended by the youth.
Challenges or Barriers:	Most youth generally have a transition plan to exit TAY Dual Recovery. Some youths struggle and sometimes want to exit the program prematurely. Some of these youth will request that their placement workers move them into transitional housing programs when they are not quite ready for that level of independence.
Proposed Changes:	• We would like to continue to provide more classes for youth in a teaching environment. We have done this with success, allowing youth to make sound choices on their own instead of how they think it should be. It has proved empowering for the youth. • Invite youth who are in earlier stages of change, including those that exit prematurely, so they maintain a connection to the recovery-focused community at Third Tradition. This is beneficial, especially since they are likely to return at some point and may set them up for greater odds of future success. • Third Tradition staff will complete more outreach at the Dream Center to build rapport with the youth and to also educate them on what recovery and addiction mean. This way, the youth feel more connected and comfortable participating in the TAY Dual Recovery Program.

Budget:

Transition Age Youth (TAY) Dual Recovery	FY 2023/2024
Annual Budgeted Funds	$ 237,168.00
Unduplicated # Served	45
Annual Cost Per Client	$ 5,270.40

Success Stories/Program Highlights

A former client who didn't display readiness was asked to leave due to a breach of rules during the first two tries at TAY Dual Recovery. The youth did keep ties with Third Tradition and returned. Upon return, the youth let go of their reservation to use drugs and alcohol, even marijuana (his words). The youth completed six months of TAY Dual Recovery and tested negative for drugs and alcohol use. The youth got his first job on his own and has held that job for five months (at the time of this report). He has even decided to transfer into another program at Third Tradition, learning the importance of accountability for long-term success, with the expectation of completing one year in a safe and structured environment. The young person has been asked to share his experience at an outside agency and share his experience of change with other youths.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**06/30/2025**
Provider(s):	The Dream Center
Location(s):	Dream Center - 1801 19th Street Bakersfield, CA 93301
Program Description:	The Transitional Aged 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 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, shows, laundry facility, commercial kitchen for cooking classes, computer stations, job search and study area, and a safe area for building positive relationships with peers. The Dream Center provides engagement, multi-disciplinary supportive services that include housing, linkages to mental health and substance abuse treatment services, helping youth to build key life skills, and protective and promotive factors. The Dream Center teaches youth coping skills essential to preventing them 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 the struggling TAY foster/formerly foster youth need so that their outcomes improve achieving a positive impact on the community.
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 linkages 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:	• Many youths struggle to access the essential mental health care needed due to barriers such as lack of support, transportation, and the lack of skills needed to navigate adult systems of care. Due to

	the support and collaboration of Kern Behavioral Health and Recovery Services, SSP staff have begun to make direct referrals to Transitional Aged Youth models (TAY DYADS) within the adult system of care. Direct referrals have mitigated barriers for youth and shortened the time frame from initial assessments and intake appointments to being fully connected and receiving services. • Due to the Behavioral Health Transformation (BHT) changes, the TAY Self-Sufficiency programs will sunset **on June 30, 2025**.
Challenges or Barriers:	• During the fiscal year 2023-2024, SSP staff were informed that the Housing Authority of the County of Kern was expecting a shortfall resulting in a lack of availability for rental subsidies. To mitigate long wait times in receiving subsidies, SSP staff worked alongside youth to utilize diversion techniques, helping them to stay in housing when appropriate, gaining employment, and assisting youth with locating housing on sustained earned income. • Due to unforeseen circumstances, the SSP program experienced staffing shortages in both quarters 2 and 3 of fiscal year 23-24. Staffing shortages left two case managers facilitating services for over 50 youths. However, due to the support of agency partners the SSP program was able to hire a temporary case manager and successfully onboarded a permanent case manager, ensuring that youth have access to intensive case management services.
Proposed Changes:	None

Budget:

Transition Age Youth (TAY) Self Sufficiency	FY 2023/2024
Annual Budgeted Funds	$ 319,645.00
Unduplicated # Served	993
Annual Cost Per Client	$ 321.90

Success Stories/Program Highlights

A formerly homeless youth has recently begun mental health services, completed vocational schooling, and gained employment.

During homelessness, the youth struggled openly with feelings of depression and loneliness. Whenever SSP staff engaged the youth to offer mental health services, she would continuously decline. During her time participating in outreach services, she was able to access low-barrier shelters through the California Veterans Assistance Foundation, which provided her with the stability she needed to continue her vocational training. The youth's SSP outreach worker assisted the youth with applying for jobs to earn income, increasing the opportunity to find housing options once a subsidy was issued. Through the support of the youth's SSP team and the youth's determination to better her housing situation, she was able to find employment. After being issued her subsidy, the youth quickly located a unit and transitioned into permanent housing.

After becoming housed, the youth continued to attend vocational training and work at her new employment; however, she would reach out to SSP staff frequently, expressing feelings of depression and being overwhelmed by daily tasks. The youth expressed a lack of desire to continue school and informed her SSP case manager that she had let go of her employment. She did not believe in mental health services due to prior experiences in childhood and had no desire to complete follow-up appointments to become linked to services. The youth's SSP case manager continued to express the importance and benefits of mental health services to the youth. After a few months, and the development of the direct referral process to KernBHRS TAY DYAD adult teams, the youth agreed to start services. KernBHRS' youth and DYAD's adult worked with her to find a therapist and case manager that the youth felt comfortable with and provided the youth with the flexibility she needed to build rapport.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**10/31/2024**
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Clardiva (formerly College Community Services-CCS)
Location(s):	• KernBHRS - 5121 Stockdale Hwy, Bakersfield, CA 93309 • Clarvida Tehachapi - 1113 East "F" St, Tehachapi, CA 93561 • Clarvida 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 outreach to older adults throughout Kern County. The program was designed to educate and engage seniors who are homebound or living independently and who are at risk of isolation. Referrals are received from KernBHRS teams, family members, partner agencies, the community at large, and hospitals, and individuals can self-referrals. Seniors are referred to VSOP services for prevention and

	early intervention services to address mild symptoms and behaviors that could potentially result in acute mental health concerns. • VSOP strongly incorporates community volunteers for the provision of services. VSOP works through the outreach process to both recruit and train participants. During the training process, volunteers observe, shadow, and collaborate with clinical and case management staff to enhance skills learned. The ultimate goal of VSOP is to assist seniors in reducing isolation, creating new relationships, and building interest in activities of daily.
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 a loved one and/or grief • Experiencing symptoms of depression • Someone who would benefit from a mental health screening or socialization with peers
Menu of Services:	• Screening • Assessments • Early intervention treatment through PEARLS treatment modality • Provide community referrals and linkage • Refer to a higher level of care if needed • Peer-to-peer services
Supportive Services Provider(s):	None
Program Update:	• VSOP Team provided a combined 93 Referrals for this fiscal year of which 9 were opened to VSOP and 3 were discharged. 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 had low penetration rates.

	• Because VSOP strongly incorporates its volunteers, 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 the isolation of clients while creating new relationships and building interest in activities of daily living. • The contracted VSOP program ended on October 31, 2024.
Challenges or Barriers:	The challenges faced this fiscal year have been the insufficient number of referrals from partnering agencies and receiving referrals that require a higher level of need than what VSOP offers. The strategies to mitigate this barrier are to continue to work with KBHRS Public Information Office and MHSA Team to coordinate Outreach and Education Activities within the community, to continue to research and contact viable community organizations dedicated to servicing seniors, and to continue to work with the community college and universities to recruit volunteers and student interns for practicum experience all to increase the level of awareness about this program.
Proposed Changes:	• To incorporate the Program to Encourage Active, Rewarding Lives (PEARLS) strategies and interventions. • In addition to the PHQ-9 and 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 the 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. • Offer a full biopsychosocial assessment to all incoming referrals to assess the appropriate level of service needed at the initial point of contact to ensure individual needs are addressed.

Budget:

Volunteer Senior Outreach Program (VSOP)	FY 2023/2024
Annual Budgeted Funds	$ 311,777.00
Unduplicated # Served	63
Annual Cost Per Client	$ 4,948.84

Success Stories/Program Highlights

I received a referral from a social worker from UCLA, referring to a client due to a depressed mood and a lack of social support from family. The VSOP staff engaged the client and enrolled her in VSOP services. The client lived in her own home; however, she was struggling with physical ailments that she was trying to figure out a diagnosis for. The physical issues were causing her various troubles with eating her meals, sleeping, constant fatigue, and getting along with her children. The client shared that the children believed she was being manipulative because she had always been very independent, and suddenly, she struggled to do the most basic tasks. Once the client was enrolled in VSOP services, she was linked to the IHSS program, and after going through some caregivers, was able to find one that provided her with the support she needed in the home. Assisted the client with writing a letter to the Primary Care Physician to discuss possible treatment for her low mood as she was struggling to cope on her own. Also, she provided some coping skills and techniques to help the client work on managing her relationships, such as using more effective communication and boundary setting. While working on her mental health, the client continued tending to her physical health by keeping up with her doctor's appointments. Fortunately, she was ultimately diagnosed with Parkinson's disease, which has allowed her to begin treatment along with physical therapy; she has begun to see improvement in her physical health. Having a diagnosis also helped her children understand that there was something medical going on with mom and it was not her trying to manipulate them, so their relationship was much improved. By the time we conducted her six-month screening, the client had made much progress and, through mutual agreement, graduated the client from services.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**06/30/2025**
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Child Guidance Clinic (CGC) • Clinica Sierra Vista (CSV) • Clarvida (formerly known as 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 • Clarvida 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 facilitate access and linkage to treatment for those with behavioral health care needs. The program offers walk-in assessments and brief interventions for those in need and is available through providers in geographic service areas throughout Kern County. Brief intervention services at all locations follow the Solution-Focused Brief Therapy approach. These services teach youth and families communication, social, and coping skills. Adapting skills learned through early intervention services helps prevent mental health symptoms from becoming severe and persistent and improves the quality of life. Youth Brief Treatment is geared towards working with those who have not been active in the behavioral health system of care but instead have had a recent onset of behavioral health symptoms. Behavioral health staff work with youth, their parents, resource parents, and school support systems as necessary to address symptoms in a timely manner. Treatment typically lasts six-to-twelve months. Engagement of family is critical, and family therapy is integrated into the overall treatment plan.
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:	• Provide education and outreach to schools and the community • Walk-in assessment and brief treatment • Clinical skills training for staff • Eye Movement Desensitization and Reprocessing (EMDR)

Supportive Services Provider(s):	None
Program Update:	**The Youth Brief Treatment Team will sunset on June 30, 2025. The stakeholder process approved the proposed change, but it's currently in the meet-and-confer process with the SEIU (Employee Union).**
Challenges or Barriers:	Ongoing retention and recruitment challenges experienced by BHRS and contract providers resulted in the need for continuous training of new staff to ensure treatment strategies are maintained.
Proposed Changes:	No proposed changes at this time.

Budget:

Youth Brief Treatment (YBT)	FY 2023/2024
Annual Budgeted Funds	$ 3,929,616.00
Unduplicated # Served	2,737
Annual Cost Per Client	$ 1,435.74

Success Stories/Program Highlights

The client's grandparents sought help for the client's defiant behaviors. The client was admitted to the Youth Brief Treatment program and was diagnosed with ADHD. When the client started treatment, the client was disruptive at school, unable to self-regulate, and did not follow directives from grandparents at home. The client had anger outbursts that led to arguments, throwing things, and physical aggression. During Youth Brief Treatment, the client was able to learn and understand emotions, learn coping mechanisms, and develop effective communication skills. The client was later successfully discharged from therapy and counseling due to meeting and maintaining treatment goals.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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. The Youth exiting Youth Detention Center (YDC) 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 up to 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 continues to collaborate with KCPD to engage youth prior to dispositional hearings once in custody, and this has reduced time to accessing treatment and increased client-clinician alliances. Work continues with the Juvenile Justice population and KCPD through Intensive Case Coordination (ICC) meetings at the Youth Detention Center. The Youth Juvenile Justice Engagement Program continues to navigate Welfare and Institution Code (WIC) 709 referrals from the Kern County Juvenile Superior Court with the goal of coordinating access to treatment and responding to treatment-related queries. The Youth Juvenile Justice Engagement Program also helps prepare youth for exiting incarceration with a focus on reducing recidivism.
Challenges or Barriers:	The engagement of caregivers continues to be challenging.
Proposed Changes:	Evaluation and feasibility of 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 2023/2024
Annual Budgeted Funds	$ 168,959.00
Unduplicated # Served	75
Annual Cost Per Client	$ 2,252.79

Success Stories/Program Highlights

One of our clients was referred to our program in November 2023 after being released from the Youth Detention Center. This case was assigned to a clinician and coordinator quickly through the ICC process, and an assessment was completed while incarcerated. Intending to form an alliance with the client to reduce recidivism, treatment began while incarcerated, as well as an assessment and interpersonal psychotherapy. Over the past months, our client has grown exponentially, improved relationships with peers and interpersonal communication, reduced mental health symptoms and behaviors (anger, anxiety, & depression), and is independently and proactively utilizing adaptive coping skills to keep grounded and focus on established goals. This client is now graduating from high school, successfully completing probation, and will graduate from mental health services very soon.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

PREVENTION AND EARLY INTERVENTION (PEI) – PROGRAM WORK PLAN

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
Date Ended:	**06/30/2025**
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	KernBHRS - 820 34th Street, Bakersfield, CA 93301
Program Description:	Zero Suicide is a national best-practice suicide prevention framework for both health and behavioral health systems of care. 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 community-wide suicidal ideation awareness and behavior 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 a 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.

Eligibility Criteria:	All clients within the system of care 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
Supportive Services Provider(s):	Sharon Birman, Psy.D. (Training for staff)
Program Update:	• All KernBHRS internal and contracted mental health and substance use programs have been trained in the Zero Suicide protocol. This includes all Short-Term Residential Therapeutic Programs (STRTP's) that are contracted with KernBHRS. • The Zero Suicide team has also implemented the Zero Suicide protocol with Crestwood Mental Health Rehabilitation Center (MHRC) and Psychiatric Health Facility (PHF) in Bakersfield, CA. • The Zero Suicide team also currently provides Cognitive-Behavioral Therapy for Suicide Prevention (CBT-SP) refresher training to assist staff in implementing the protocol for clients opened to our PATHH (Positive Action Toward Hope and Health), which is our suicide safe care pathway for individuals at risk of suicide or who recently attempted suicide. • The Zero Suicide team will be providing Zero Suicide protocol training to our new Adult PHF which was recently opened on Mount Vernon and operated by our contact provider Telecare Corporation. • The Zero Suicide team has completed the transition of our Zero Suicide protocol from our previous electronic health record (EHR), Cerner/Anasazi, to our new EHR, SmartCare. • The Zero Suicide team has expanded its collaboration and outreach within the community in Kern, attending and partnering with the Open-Door Network during their resource fairs, collaborating with

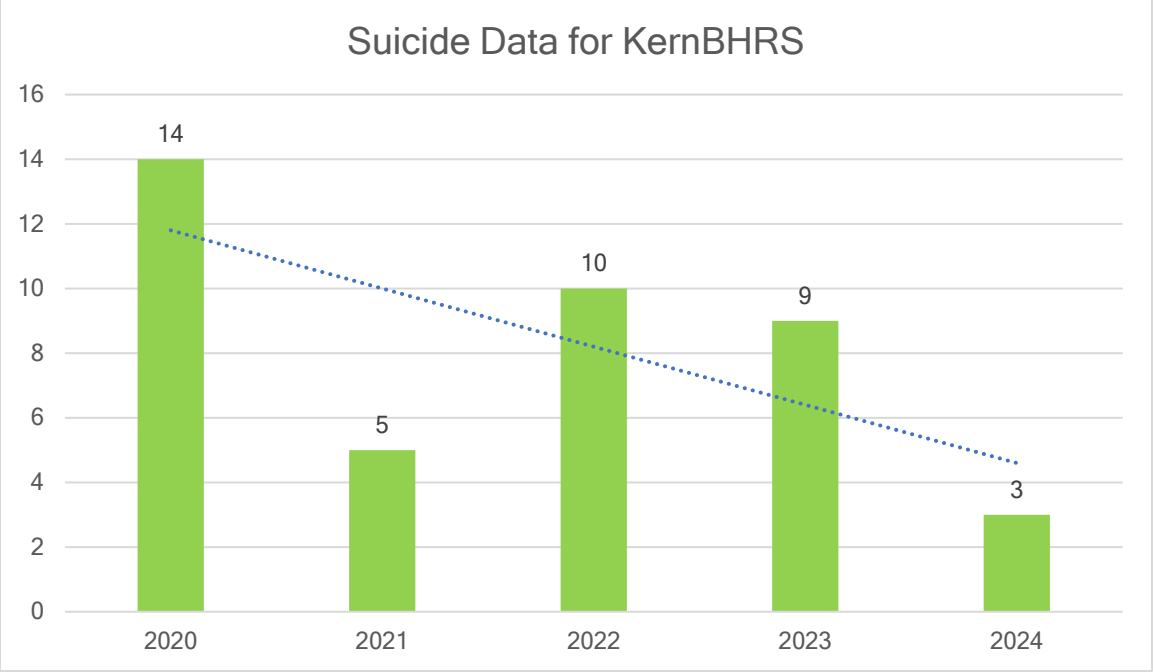
	the Kern County Sexual Health and Harm Reduction Collaboration, and providing suicide prevention training to organizations in Kern. • The Zero Suicide team also began a partnership with Alexandra Robinson-Norris, Community Engagement & Partnership Coordinator with the Veteran's Administration, to develop a suicide prevention partnership with our local veteran communities. • The Zero Suicide team also attends the California Department of Public Health's Quarterly Community of Practice meetings, where suicide prevention efforts and technology are discussed and disseminated. • The Zero Suicide team continues to provide the LEAD (look & listen, explore reasons, ask about suicide, and don't hesitate) suicide prevention training. • The Zero Suicide Team will sunset on June 30, 2025. The stakeholder process approved the proposed change, but it's currently in the meet-and-confer process with the SEIU (Employee Union).
Challenges or Barriers:	Our new EHR SmartCare continues to be a challenge, especially in terms of available screeners and forms that fit our Zero Suicide protocol.
Proposed Changes:	• The Zero Suicide team is currently partnering with the EHR Support team to improve how we serve individuals at risk of suicide within our system of care.

Budget:

Zero Suicide	FY 2023/2024
Annual Budgeted Funds	$ 352,719.00
Unduplicated # Served	32
Annual Cost Per Client	$ 11,022.47

Success Stories/Program Highlights

- The KernBHRS Information Technology team has updated our data collection applications to work with SmartCare. As a result, the Zero Suicide team is now able to provide teams with reports regarding their screening rates and the number of clients on the PATHH.
- The efforts that KernBHRS and its staff have put forth in our suicide prevention efforts have resulted in the continued decline of our department's suicide numbers, as shown below. Please note that the data for 2024 is up to July 2024.



3 Year PEI Evaluation Report FY21-22 to FY23-24

Kern County MHSA Prevention and Early Intervention

KERN COUNTY BEHAVIORAL HEALTH & RECOVERY SERVICES

EVALCORP
Measuring What Matters

TABLE OF CONTENTS

INTRODUCTION .....

PEI PROGRAMS .....

METHODOLOGY .....

EVALUATION DESIGN .....

DEMOGRAPHIC DATA .....

REFERRALS TO MENTAL HEALTH SERVICES .....

PEI PERFORMANCE OUTCOMES FY 23-24 .....

PERFORMANCE OUTCOME SURVEYS COLLECTED BY PROGRAM .....
DURATION OF PARTICIPANT INVOLVEMENT.....
OVERALL: SELF-REPORT PERFORMANCE OUTCOMES (9+ YEARS OLD) .....
OVERALL: CHILD PERFORMANCE OUTCOMES .....

1.FOSTER CARE ENGAGEMENT.....

2.KCSOS SCHOOL-BASED PROGRAM.....

3. LIVING WELL.....

4.TRANSITIONAL AGE YOUTH DUAL RECOVERY.....

5.TRANSITIONAL AGE YOUTH SELF SUFFICIENCY.....

6.VOLUNTEER SENIOR OUTREACH PROGRAM.....

7.YOUTH BRIEF TREATMENT .....

8.YOUTH JUVENILE JUSTICE ENGAGEMENT.....

APPENDIX A: PEI DATA COLLECTION MATRIX.....

INTRODUCTION

The Mental Health Services Act (MHSA), approved by California voters in 2004 through Proposition 63, allocated funding to enhance mental health service systems across the state. Among the components funded by MHSA is Prevention and Early Intervention (PEI), which aims to support initiatives that help prevent mental illnesses from escalating into severe and disabling conditions.

Kern Behavioral Health & Recovery Services (KernBHRS) uses MHSA funding to support PEI programs designed to address the mental health prevention and early intervention needs of the County's diverse cultural and regional populations. These programs were implemented by the County as well as contracted community-based service providers.

Beginning in fiscal year (FY) 2019-2020, KernBHRS partnered with EVALCORP to assess the effectiveness of MHSA-funded programs. This report reviews data collected from PEI programs funded during FYs 2021-2022, 2022-2023, and 2023-2024, focusing on demographic information, participant satisfaction, and performance outcomes. The evaluation employed a mixed-methods approach, analyzing both quantitative (statistical) and qualitative (written comments) data submitted by participants in PEI-funded programs.

PEI PROGRAMS

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

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

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

In compliance with §3706 of the California Code of Regulations, PEI programs within the KernBHRS system of care and its providers have been developed to serve all age groups: children, transition-age youth (TAY), adults, and older adults.

The PEI programs for the three FYs covered in this report are listed in Table 1. Program descriptions are shown in Table 2.

PEI PROGRAMS

Table 1. PEI Programs by Fiscal Year, 2021-2024

Program Name	FY 21-22	FY 22-23	FY 23-24
1. *Access to Care: Crisis Hotline*	X	X	X
2. *Court Appointed Special Advocates (CASA)*	X	X	X
3. *Community Referral Network*	X	X	X
4. *Continuum of Care Reform (CCR) Foster Youth Engagement*	X	X	X
5. *Foster Care Engagement*	X	X	X
6. *Help Me Grow*	X	X	X
7. *Homeless Outreach Program*	X	X	X
8. *KCSOS - School-Based Program (formerly known as Kern Youth Resilience and Support Program)*	X	X	X
9. *Living Well*	X	X	X
10. *Outreach & Education*	X	X	X
11. *Prepare U*	X	X	X
12. *Reengagement*	X	X	X
13. *Suicide Prevention Outreach and Education (O&E)*	X	X	X
14. *Transitional Age Youth (TAY) Dual Recovery*	X	X	X
15. *Transitional Age Youth (TAY) Self Sufficiency*	X	X	X
16. *The Healing Project (Recovery Station)*			X
17. *Volunteer Senior Outreach Program (VSOP)*	X	X	X
18. *Youth Brief Treatment (YBT)*	X	X	X
19. *Youth Juvenile Justice Engagement*	X	X	X
20. *Zero Suicide*	X	X	X

PEI PROGRAMS

Table 2. PEI Program Descriptions

Program Name	Description
Access to Care: Crisis Hotline	The Access to Care: Crisis Hotline provides 24/7/365 crisis and suicide intervention, service referrals, support for problem-solving and coping skills, and follow-up care, including phone calls and handwritten care letters.
Court Appointed Special Advocates (CASA)	CASA utilizes specially trained advocates to thoroughly research each child's trauma and developmental history and share the information with the appropriate psychiatrists.
Community Referral Network	Community Referral Network identifies and engages at-risk adults who are hard-to-reach or treatment-resistant, and who reside in remote areas of Kern County. The program connects them to mental health, substance use disorder, and community-based services.
Continuum of Care Reform (CCR) Foster Youth Engagement	CCR Foster Youth Engagement provides behavioral health treatment to foster youth and supports them in maintaining or transitioning to a family-centered placement.
Foster Care Engagement	Foster Care Engagement connects with foster youth who are not receptive to receiving behavioral health services. Social workers, Foster Family Agencies, and Resource Parents are trained on the referral process and provided psychoeducation on identifying potential undiagnosed behavioral health issues.
Help Me Grow	Help Me Grow provides developmental and behavioral screenings for children ages 0 to 5 years old and connects at-risk families to appropriate services.

PEI PROGRAMS

Table 2. PEI Program Descriptions (continued)

Program Name	Description
Homeless Outreach Program	The Homeless Outreach Program engages unhoused individuals and offers housing services, including housing-related wraparound services, to promote long-term stability and housing permanence.
KCSOS - School-Based Program (formerly known as Kern Youth Resilience and Support Program)	KCSOS utilizes strategies, such as behavioral health interventions and mentorship, to reduce the stigma associated with receiving a mental illness diagnosis and seeking mental health services, increase awareness of behavioral health issues, and encourage discussions about positive mental health.
Living Well	Living Well provides specialized services to underserved populations, including individuals with eating disorders, those benefiting from therapy, those needing employment support, and pregnant or postpartum individuals.
Outreach & Education	Outreach & Education raises awareness of KernBHRS's services and provides mental health education to the community to promote understanding and reduce stigma.
Prepare U	Prepare U provides a mental health curriculum to help TAY identify and manage mental and emotional concerns while teaching them to seek support from parental, community, or professional support systems when needed.
Reengagement	Reengagement utilizes a "whatever it takes" approach to reengage at-risk adults who have discontinued mental health treatment.
Suicide Prevention Outreach and Education (O&E)	Suicide Prevention O&E aims to reduce the stigma surrounding suicidal ideation, provide resources and education, promote open communication, and encourage a sense of comfort with publicly discussing suicide and suicide prevention.

PEI PROGRAMS

Table 2. PEI Program Descriptions (continued)

Program Name	Description
Transitional Age Youth (TAY) Dual Recovery	TAY Dual Recovery provides behavioral health and substance use care in a sober living environment. The program stabilizes TAY and supports their development of life skills.
Transitional Age Youth (TAY) Self Sufficiency	TAY Self Sufficiency partners with local agencies to provide services and referrals, supporting Kern County Network for Children's Dream Center to improve outcomes for current and former foster youth. The program helps TAY avoid crises, such as homelessness and mental health emergencies while promoting self-sufficiency.
The Healing Project (Recovery Station)	The Healing Project (Recovery Station) operates 24/7 to support adults experiencing substance use crises, with or without co-occurring behavioral health disorders. Individuals receive substance use screenings, brief clinical interventions, peer support, resources, and connections to ongoing community mental health and substance use services.
Volunteer Senior Outreach Program (VSOP)	Volunteer Senior Outreach Program utilizes trained volunteers, working alongside clinicians and case managers, to educate and engage older adults who are homebound or living independently and at risk of isolation.
Youth Brief Treatment (YBT)	Youth Brief Treatment provides outreach and stigma reduction materials to improve access and linkage to treatment for individuals with behavioral health needs.
Youth Juvenile Justice Engagement	Youth Juvenile Justice Engagement engages youth and families who have been active in the juvenile justice system and have mild-to-moderate mental health care needs.
Zero Suicide	Zero Suicide incorporates a suicide prevention framework to connect individuals to suicide-specific treatment and provides care for staff working with suicidal clients.

METHODOLOGY

Evaluation Design

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

In FY 23-24, KernBHRS transitioned from its Electronic Health Records (EHR) to the Smartcare system. During and shortly after the transition, problems emerged with system queries for evaluation purposes. KernBHRS discovered that demographic data were not being collected by some PEI providers, leading to gaps in data collection in FY 23-24. At the time of this report, this technical issue is in the process of being corrected.

Demographic data collection differed across fiscal years, with PEI providers having used two forms that varied both between and within years. Differences between the forms included answer options for age, ethnicity, gender, and preferred language. Within the forms, new answer options were added over the years, such as "Asexual" for sexual orientation and expanded ethnicity options. Additionally, some PEI providers collected ethnicity data solely in the broader categories of Hispanic or Latino and non-Hispanic or non-Latino.

Another notable difference was the inclusion of "Unknown" as an answer option for race, ethnicity, gender, gender identity, preferred language, and sexual orientation. To meaningfully reflect the demographic composition of PEI program participants, "Unknown" responses were treated as missing data.

Referrals
Referrals from PEI programs to mental health and social services are collected and presented in this report in aggregate across the three FYs. Referrals are made both to services within the KernBHRS system of care and to external services. The tracking of referrals is used to demonstrate the extent to which PEI programs facilitate Access and Linkage to Treatment.

METHODOLOGY

Outcomes

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



DEMOGRAPHIC DATA

Demographic data are presented in Table 3 as aggregated and unduplicated. However, it is possible for individuals to receive services from multiple PEI programs, resulting in them being counted more than once. Differences in sample size by each major category are primarily due to participants' ability to decline to respond to any demographic item.

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

Percentages have been rounded to approximately 100%, with the highest percentage adjusted up or down by 1%. Percentages of 0.4% or lower are noted as <1%. Gray-shaded cells indicate data that were not collected for the respective FY.

Table 3. Demographic Data by Fiscal Year, 2021 - 2024

	FY 21-22	FY 22-23	FY 23-24
Age	**n = 7,122**	**n = 8,173**	**n = 11,372**
0-15	51%	47%	31%
16-25	22%	29%	26%
26-59	23%	21%	36%
60+	4%	3%	7%
Disability	**n = 1,883**	**n = 3,872**	**n = 2,529**
Has a disability	78%	71%	51%
No disability	22%	29%	49%
If they have a disability please select the type(s)*	**n = 1,477**	**n = 2,736**	**n = 1,287**
Vision	11%	10%	23%
Hearing	5%	4%	9%
Mental	43%	26%	29%
Mobility	9%	8%	16%
Chronic	22%	13%	18%
Other	10%	39%	5%
Veteran Status	**n = 1,533**	**n = 2,641**	**n = 1,800**
Yes	2%	1%	19%
No	98%	99%	81%
Language Spoken at Home	**n = 7,120**	**n = 8,135**	**n = 5,207**
American Sign Language			<1%
Arabic			<1%
Cambodian			<1%
English	84%	85%	89%
Spanish	14%	12%	10%
English and Spanish	1%	2%	<1%
Other	1%	1%	0%

DEMOGRAPHIC DATA

Table 3. Demographic Data by Fiscal Year, 2021 – 2024 (continued)

	FY 21-22	FY 22-23	FY 23-24
Race	**n = 7,028**	**n = 8,000**	**n = 6,435**
American Indian or Alaska Native	1%	1%	2%
Asian	1%	1%	0%
Black or African American	9%	10%	10%
Hispanic or Latino		4%	6%
Native Hawaiian or other Pacific Islander	0%	<1%	<1%
White	30%	30%	32%
Other	55%	47%	39%
More than one race	4%	6%	10%
Ethnicity*	**n = 4**	**n = 52**	**n = 4,389**
Hispanic or Latino	<1%	1%	32%
Non-Hispanic or Non-Latino		<1%	23%
Hispanic or Latino*	**n = 3,039**	**n = 3,695**	**n = 1,804**
Caribbean	0%	<1%	<1%
Central American	1%	1%	1%
Cuban			0%
Dominican			0%
Mexican/Mexican American/Chicano	43%	48%	18%
Puerto Rican	<1%	<1%	<1%
South American	<1%	<1%	<1%
Other			3%
Non-Hispanic or Non-Latino*	**n = 3,852**	**n = 3,755**	**n = 1,745**
African	3%	4%	3%
Amerasian			0%
American Native			<1%
Asian Indian/South Asian	<1%	<1%	<1%
Black			4%
Cambodian	0%	<1%	<1%
Chinese	0%	0%	0%
Eastern European	1%	2%	4%
European	3%	2%	1%
Filipino	<1%	<1%	<1%
Japanese	0%	0%	<1%
Korean	0%	<1%	0%
Laotian			0%
Middle Eastern	<1%	<1%	<1%
Native Hawaiian or other Pacific Islander			0%
Vietnamese	0%	0%	<1%
White			5%
Other Asian			<1%
Other	47%	39%	1%
More than one ethnicity	1%	2%	3%

*Ethnicities are divided into three categories: the broader "Ethnicity" category and two subcategories ("Hispanic or Latino" and "Non-Hispanic or Non-Latino"). Percentages in this section are out of the total count of all ethnicities. However, the sample size at the head of each column in this section refers to the sample size of each grouping.

DEMOGRAPHIC DATA

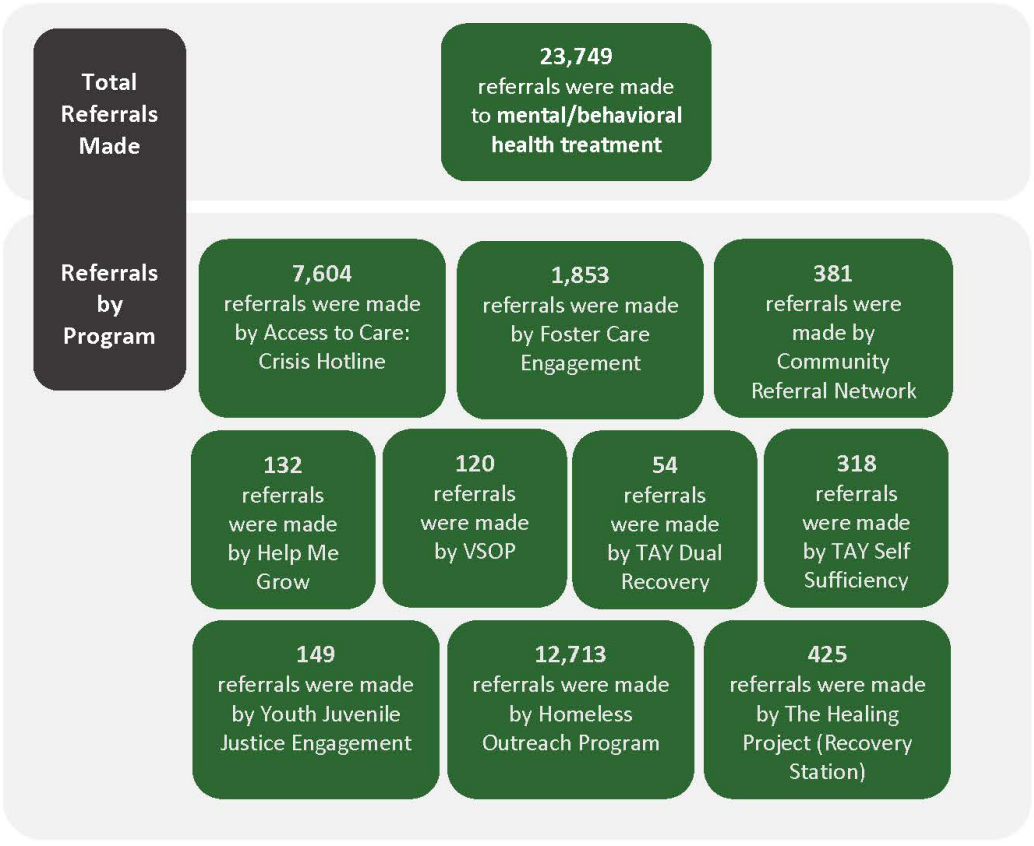
Table 3. Demographic Data by Fiscal Year, 2021 – 2024 (continued)

	FY 21-22	FY 22-23	FY 23-24
Gender Identity	**n = 1,157**	**n = 2,024**	**n = 5,291**
Female	54%	49%	51%
Male	43%	44%	47%
Transgender	1%	3%	2%
Genderfluid		<1%	0%
Genderqueer	<1%	1%	0%
Non-binary		1%	0%
Questioning or unsure of gender identity	1%	1%	0%
Another gender identity	<1%	1%	0%
Sex Assigned at Birth	**n = 7,013**	**n = 8,140**	**n = 11,083**
Male	46%	47%	50%
Female	54%	53%	50%
Intersex	0%	0%	0%
Sexual Orientation	**n = 1,039**	**n = 1,801**	**n = 2,616**
Heterosexual or Straight	86%	80%	83%
LGBTQ+	14%	20%	17%
Asexual		0%	<1%
Gay or Lesbian	4%	6%	5%
Bisexual	7%	9%	8%
Questioning or unsure of sexual orientation	1%	1%	1%
Queer	1%	1%	1%
Pansexual		2%	2%
Another sexual orientation	1%	1%	<1%

REFERRALS TO MENTAL HEALTH SERVICES

The California Code of Regulations, Title 9, § 3735 defines "Access and Linkage to Treatment" as "connecting children with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, and adults and seniors with severe mental illness, as defined in Welfare and Institutions Code Section 5600.3, as early in the onset of these conditions as practicable, to medically necessary care and treatment, including, but not limited to, care provided by county mental health programs." The extent to which PEI programs fulfill the Access and Linkage to Treatment strategy is evaluated by tracking referrals provided by respective programs. The number of referrals during the three-year period (FYs 2021-2024) is reported for each program that currently tracks referrals.

Referrals connected clients to various services, including churches providing food and clothes, independent living centers, local food banks, low-income housing, MediCal and CalFresh assistance, Narcotic Anonymous/Alcoholics Anonymous groups, payee services, primary care providers, recovery stations, and Supplemental Security Income.



PEI PERFORMANCE OUTCOMES FY 23-24

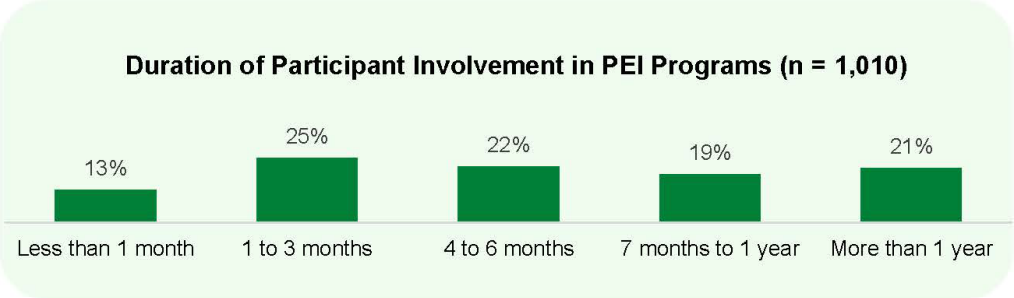
Outcomes are presented 1) in aggregate, by type of survey (i.e., self-report vs. child survey); and 2) by each of the PEI programs required to collect outcome data. Findings are presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts. Data collection occurred in two rounds – first during the month of October 2023 and second during the month of May 2024. The report presents the results from October and May combined. The combined report may contain duplicated individuals depending on the duration for which the individual received services.

Performance Outcome Surveys Collected by Program

	PEI Program Name	Survey Outcomes Data Number of Surveys
1	Foster Care Engagement	66
2	KCSOS - School-Based Program	37
3	Living Well	95
4	Transitional Age Youth (TAY) Dual Recovery	11
5	Transitional Age Youth (TAY) Self Sufficiency	224
6	Volunteer Senior Outreach Program (VSOP)	71
7	Youth Brief Treatment (YBT)	550
8	Youth Juvenile Justice Engagement	12
	Total	**1,066**

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

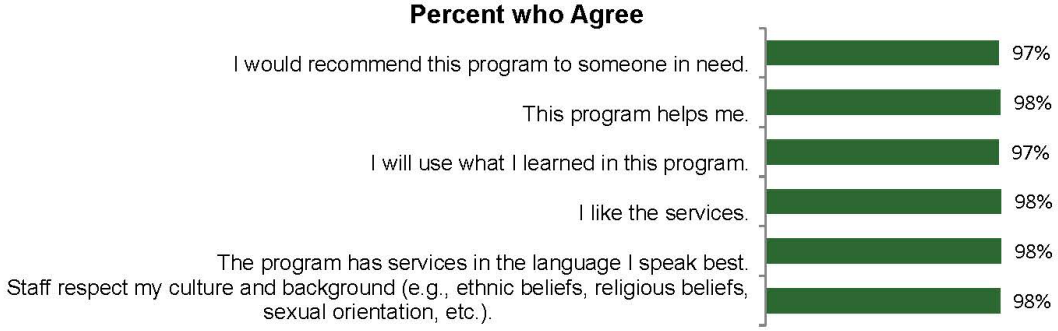
Duration of Participant Involvement



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

Survey results across all programs are reported together in this section of the report (n = 1,069). A total of 847 participants completed the self-report survey (i.e., individuals who were 9 years old or older), while a total of 222 participants completed the child survey (completed by the parent or guardian of children under the age of 9 or children requiring assistance completing the survey). Participants could choose whether to take the survey in English or Spanish; 1,063 surveys were completed in English and 6 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 = 837-845)
Percent who Agree



Outcomes (n = 798-827)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	4%	96%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	8%	92%
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.	11%	89%

Outcomes (n = 238-246)

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.	7%	93%
I learned how to take steps towards the future I want.	7%	93%
I feel better.	8%	92%
I have more energy during the day.	26%	74%
I feel less worried.	17%	83%
I feel better when I think about the future.	14%	86%
I care more about the things that are happening in my life.	9%	91%
I can handle problems better.	14%	86%
I know when to ask for help with an emotional problem.	15%	85%

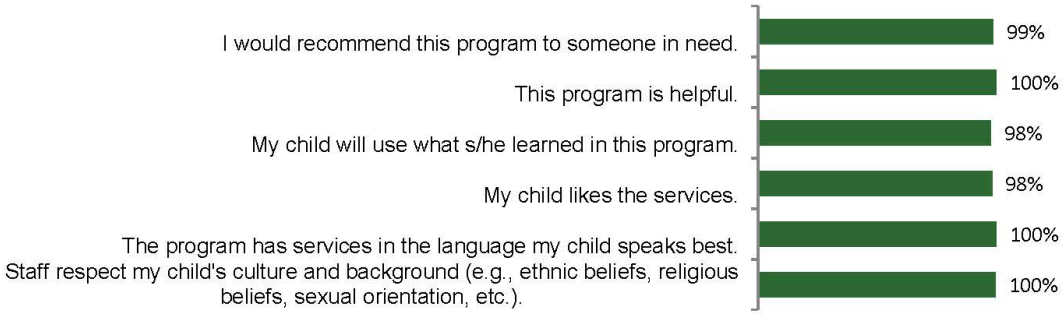
Outcomes (n = 59-208)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	5%	45%	51%
My grades in school have...	3%	34%	63%
My housing situation has...	1%	44%	55%
My job situation has...	3%	46%	51%
My relationship with friends and family has...	2%	25%	74%

‡ 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 Performance Outcomes

Program Satisfaction and Cultural Competence (n = 213-217)
Percent who Agree



Child Outcomes (n = 198-215)

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.	8%	92%
My child thinks treatment can help improve symptoms of mental illness.	8%	92%
I know where to go to get mental health services for my child.	1%	99%
My child knows how to get help when s/he has a mental health problem.	8%	92%
I know where to go for substance use services for myself or other household members.	4%	96%

Child Outcomes (n = 132-137)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	13%	87%
My child is learning to behave more appropriately.	4%	96%
My child feels better.	2%	98%
My child has more energy during the day.	11%	89%
My child feels less worried.	14%	86%
My child feels better when s/he thinks about the future.	11%	89%
My child cares more about the things that are happening in his/her life.	9%	91%
My child can handle problems better.	11%	89%
My child knows when to ask for help with an emotional problem.	12%	88%

Child Outcomes (n = 97-117)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	1%	44%	55%
My child's grades in school have...	4%	32%	64%
My child's housing situation has...	1%	32%	67%
My child's relationships with friends and family have...	1%	26%	73%

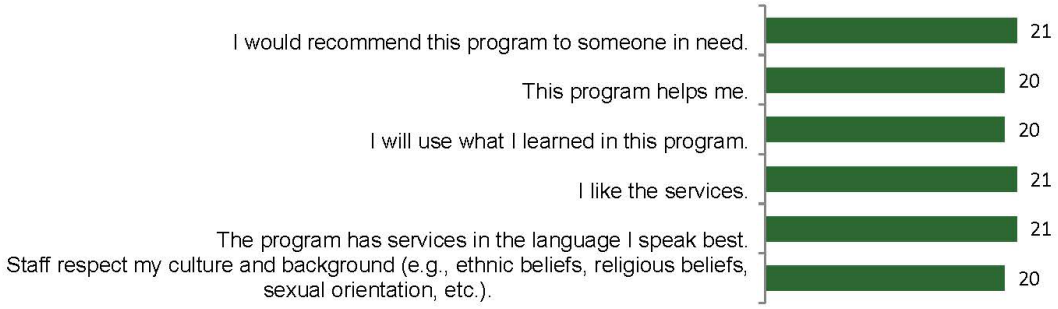
‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

1. FOSTER CARE ENGAGEMENT

This section contains the results of surveys from the Foster Care Engagement program. A total of 66 surveys were completed for this program. Of these, 21 were self-report surveys, while the other 45 were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since the total number of participants who completed the self-report survey and a portion of the child survey were small, counts rather than percentages are presented. Sixty participants chose to take the survey in English and six participants chose to take the survey in Spanish.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 20-21)



Outcomes (n = 15-21)

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	21
I think treatment can help improve symptoms of mental illness.	0	21
I am more likely to seek help for a mental health problem.	0	20
I know where to go for mental health services.	2	19
I know where to go for substance use services for myself or other household members.	5	10

FOSTER CARE ENGAGEMENT

Outcomes (n = 12)

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	12
I learned how to take steps towards the future I want.	3	9
I feel better.	0	12
I have more energy during the day.	1	11
I feel less worried.	1	11
I feel better when I think about the future.	1	11
I care more about the things that are happening in my life.	1	11
I can handle problems better.	0	12
I know when to ask for help with an emotional problem.	0	12

Outcomes (n = 1-9)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	8	1
My grades in school have...	0	7	2
My housing situation has...	0	6	2
My job situation has...	1	0	0
My relationship with friends and family has...	0	2	7

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

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 = 21)

- Therapeutic Communication (n = 10)
- Improved Symptoms or Behavior (n = 3)
- Nothing or Don't Know (n = 2)
- Availability of Services (n = 2)
- Acquiring Skills or Increased Understanding of Mental Health (n = 2)
- Supportive Staff (n = 2)

What could make this program better? (n = 15)

- Nothing or Don't Know (n = 13)
- Additional Instructional Topics or Information (n = 1)
- Additional Activities or Services (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 16)

- Improved Communication or Relationships (n = 4)
- Improved Emotional Regulation (n = 3)
- Nothing or Don't Know (n = 3)
- More Positive Outlook/Attitude (n = 3)
- Improved Self-Awareness (n = 1)
- Improved Behavior (n = 1)
- Feeling Less Isolated (n = 1)

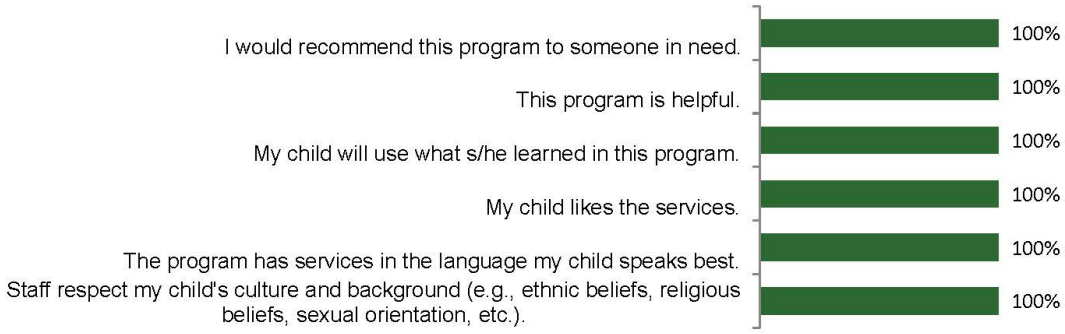
"I have a better understanding of my past trauma and how to manage it."

"I feel less sad because I have learned how to change my mindset to feel happier."

FOSTER CARE ENGAGEMENT

Child Performance Outcomes

Program Satisfaction and Cultural Competence
Proportion of Participants Who Agree (n = 43-45)



Child Outcomes (n = 33-45)

As a result of participating in this program ...	% Disagree or Strongly Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	7%	93%
My child thinks treatment can help improve symptoms of mental illness.	7%	93%
I know where to go to get mental health services for my child.	2%	98%
My child knows how to get help when s/he has a mental health problem.	10%	90%
I know where to go for substance use services for myself or other household members.	0%	100%

FOSTER CARE ENGAGEMENT

Child Outcomes (n = 23-28)

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 his/her mental or emotional health.	2	23
My child is learning to behave more appropriately.	1	25
My child feels better.	1	25
My child has more energy during the day.	1	27
My child feels less worried.	3	24
My child feels better when s/he thinks about the future.	0	24
My child cares more about the things that are happening in his/her life.	2	22
My child can handle problems better.	0	23
My child knows when to ask for help with an emotional problem.	5	22

Child Outcomes (n = 16-22)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My child's school attendance has...	0	6	11
My child's grades in school have...	0	6	10
My child's housing situation has...	1	1	20
My child's relationships with friends and family have...	1	3	17

‡ 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.

FOSTER CARE ENGAGEMENT

Child Comments

What's the most helpful thing about this program? (n = 53)

- Therapeutic Communication (n = 18)
- Improved Symptoms or Behavior (n = 11)
- Availability of Services (n = 9)
- Supportive Staff (n = 6)
- Acquiring Skills or Increased Understanding of Mental Health (n = 5)
- Nothing or Don't Know (n = 4)

What could make this program better? (n = 47)

- Nothing or Don't Know (n = 32)
- Additional Activities or Services (n = 7)
- More Frequent or Longer Sessions (n = 4)
- Additional Instructional Topics or Information (n = 2)
- Greater Diversity among Staff or Participants (n = 1)
- Better Communication and Outreach (n = 1)

What has changed about how your child thinks, feels, or behaves as a result of this program? (n = 46)

- Improved Communication or Relationships (n = 14)
- Improved Behavior (n = 11)
- More Positive Outlook/Attitude (n = 10)
- Nothing or Don't Know (n = 8)
- Improved Emotional Regulation (n = 2)
- Improved Self-Awareness (n = 1)

"She can express emotions in healthy ways and is making progress in healing from past trauma."

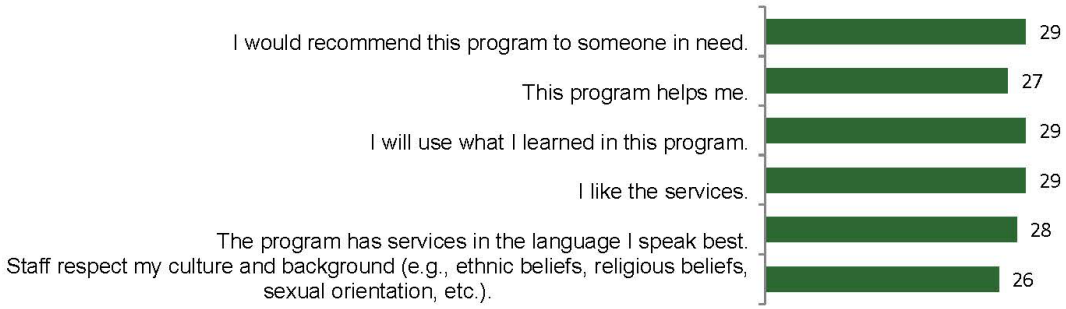
"He is remembering his different communication skills and trying to use them in school."

2. KCSOS SCHOOL-BASED PROGRAM

This section contains the results of surveys from the KCSOS School-Based Program. A total of 37 surveys were completed for this program, where 30 were self-report surveys and seven were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 30)



Outcomes (n = 27-30)

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	29
I think treatment can help improve symptoms of mental illness.	3	27
I am more likely to seek help for a mental health problem.	0	27
I know where to go for mental health services.	3	26
I know where to go for substance use services for myself or other household members.	7	23

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 = 35)

- Acquiring Skills or Increased Understanding of Mental health (n = 8)
- Therapeutic Communication (n = 6)
- Improved Symptoms or Behavior (n = 5)
- Availability of Services (n = 4)
- Inclusive Environment and Sense of Community (n = 4)
- Supportive Staff (n = 2)
- Strategies or Activities for self-care (n = 2)
- Better interactions with family and friends (n = 1)
- Nothing or don't know (n = 1)
- Group Sessions (n = 1)
- Meeting Basic Needs and Finding Employment (n = 1)

What could make this program better? (n = 25)

- Nothing or Don't Know (n = 17)
- More Frequent or Longer sessions (n = 4)
- Additional Activities or Services (n = 3)
- Ability to Test, Diagnose, and Treat (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 36)

- Improved Behavior (n = 8)
- Improved Communication or Relationships (n = 7)
- More Positive Outlook/Attitude (n = 7)
- Improved Self-Awareness (n = 5)
- Improved Emotional Regulation (n = 4)
- Nothing or Don't Know (n = 4)
- Improved Self-Confidence (n = 1)

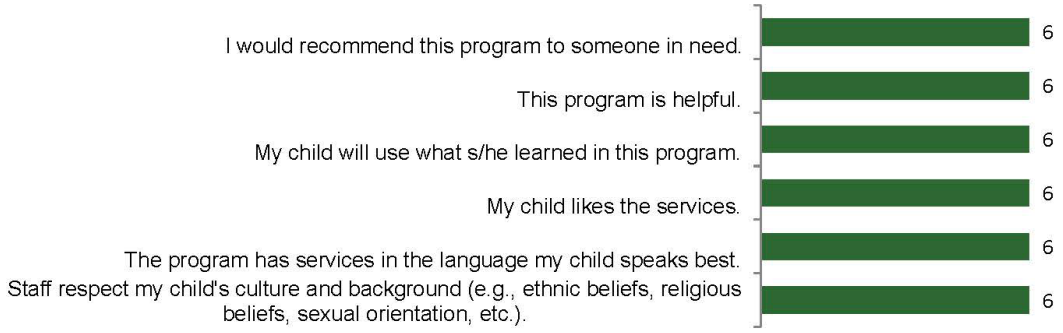
"The most helpful thing is that you can talk to them and not feel judged."

"I have good boundaries, and I love myself more."

KCSOS SCHOOL-BASED PROGRAM

Child Performance Outcomes

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



Child Outcomes (n = 6)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	6
My child thinks treatment can help improve symptoms of mental illness.	2	4
I know where to go to get mental health services for my child.	0	6
My child knows how to get help when s/he has a mental health problem.	0	6
I know where to go for substance use services for myself or other household members.	1	5

KCSOS SCHOOL-BASED PROGRAM

Child Comments

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

- Therapeutic Communication (n = 2)
- Availability of Services (n = 1)
- Group Sessions (n = 1)
- Supportive Staff (n = 1)

What could make this program better? (n = 6)

- Nothing or Don't Know (n = 5)
- More Frequent or Longer Sessions (n = 1)

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

- Improved Self-Confidence (n = 2)
- Improved Communication or Relationships (n = 1)
- Nothing or Don't Know (n = 1)

"Being able to talk to someone."

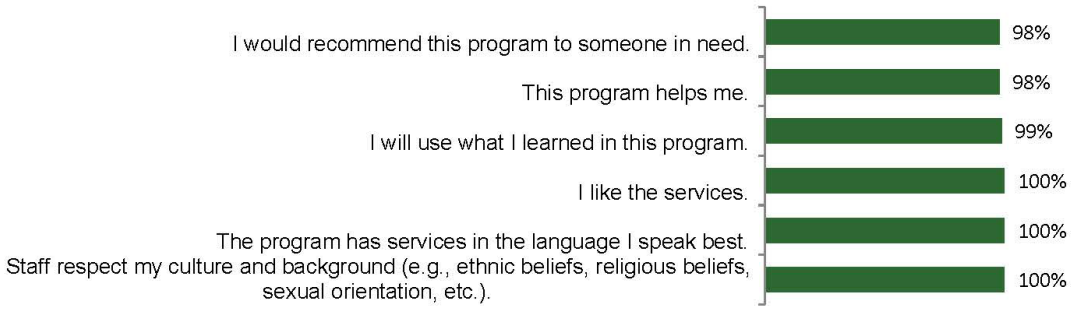
"My child is more confident."

3. LIVING WELL

This section contains the results of surveys from the Living Well program. A total of 98 surveys were completed for this program, with 95 self-report surveys and three child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by feedback from parents/guardians about their child's participation in the program. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 94-95)



Outcomes (n = 78-81)

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.	0%	100%
I am more likely to seek help for a mental health problem.	2%	98%
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.	10%	90%

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 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 = 154)

- Acquiring Skills or Increased Understanding of Mental health (n = 32)
- Meeting Basic Needs & Finding Employment (n = 23)
- Therapeutic Communication (n = 22)
- Availability of Services (n = 20)
- Inclusive Environment & Sense of Community (n = 17)
- Supportive Staff (n = 15)
- Improved Symptoms or Behavior (n = 12)
- Strategies or Activities for self-care (n = 6)
- Group Sessions (n = 4)
- Nothing or don't know (n = 3)

"The most helpful thing is seeing others with the same problems as me and not feeling so alone."

"I feel like I understand more about myself and why I think, feel, and do certain things. I also feel like I have better coping skills and a different perspective on things."

What could make this program better? (n = 99)

- Nothing or Don't Know (n = 55)
- More Frequent or Longer sessions (n = 12)
- Additional Activities or Services (n = 9)
- Better Communication and Outreach (n = 8)
- Additional Instructional Topics or Information (n = 8)
- Greater Diversity among Staff or Participants (n = 4)
- In-Person Sessions (n = 3)

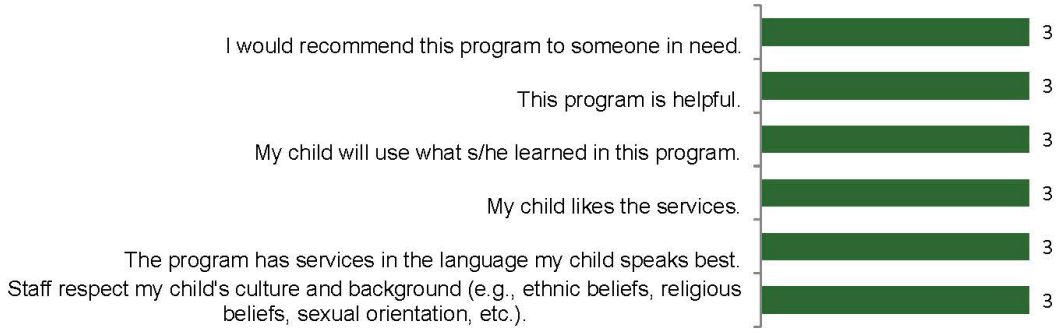
What has changed about how you think, feel, or behave as a result of this program? (n = 165)

- Improved Self-Awareness (n = 40)
- More Positive Outlook/Attitude (n = 33)
- Improved Emotional Regulation (n = 28)
- Improved Behavior (n = 23)
- Improved Self-Confidence (n = 17)
- Improved Communication or Relationships (n = 13)
- Nothing or Don't Know (n = 7)
- Feeling Less Isolated (n = 4)

LIVING WELL

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 3)



Child Outcomes (n = 3)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	0	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 s/he has a mental health problem.	0	3
I know where to go for substance use services for myself or other household members.	0	3

LIVING WELL

Child Comments

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

- Therapeutic Communication (n = 2)
- Availability of Services (n = 2)

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

- Nothing or Don't Know (n = 2)
- Additional Activities or Services (n = 2)

What has changed about how your child thinks, feels, or behaves as a result of this program? (n = 7)

- Improved Emotional Regulation (n = 3)
- Improved Communication or Relationships (n = 2)
- More Positive Outlook/Attitude (n = 1)
- Improved Behavior (n = 1)

"She learned how to communicate better with me."

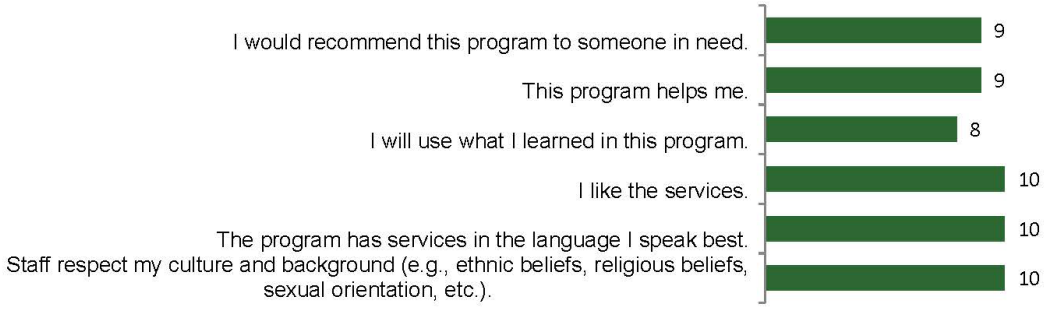
"I noticed that most of his improvement was in his behavior: a better ability to express feelings and less aggression toward family or schoolmates."

4. TRANSITIONAL AGE YOUTH DUAL RECOVERY

This section contains the results of surveys from the Transitional Age Youth (TAY) Dual Recovery program. A total of 11 surveys were completed for this program. All were self-report surveys. Since the total number of participants who completed the survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 9-11)



Outcomes (n = 10-11)

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	10
I think treatment can help improve symptoms of mental illness.	0	10
I am more likely to seek help for a mental health problem.	0	10
I know where to go for mental health services.	0	10
I know where to go for substance use services for myself or other household members.	0	10

TRANSITIONAL AGE YOUTH DUAL RECOVERY

Outcomes (n = 10-11)

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	9
I learned how to take steps towards the future I want.	1	10
I feel better.	0	11
I have more energy during the day.	0	10
I feel less worried.	0	10
I feel better when I think about the future.	0	11
I care more about the things that are happening in my life.	0	11
I can handle problems better.	0	11
I know when to ask for help with an emotional problem.	1	10

Outcomes (n = 5-10)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	2	4
My grades in school have...	0	1	4
My housing situation has...	0	0	10
My job situation has...	0	2	8
My relationship with friends and family has...	0	1	9

‡ 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.

TRANSITIONAL AGE YOUTH DUAL RECOVERY

Client Feedback

Participants who received services from TAY Dual Recovery were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and the 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 = 12)

- Supportive Staff (n = 4)
- Inclusive Environment & Sense of Community (n = 3)
- Group Sessions (n = 3)
- Strategies or activities for self-care (n = 1)
- Meeting Basic Needs & Finding Employment (n = 1)

What could make this program better? (n = 7)

- Nothing or Don't Know (n = 4)
- Additional Activities or Services (n = 2)
- Better Communication and Outreach (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 13)

- Improved Emotional Regulation (n = 3)
- Improved Self-Awareness (n = 2)
- More Positive Outlook/Attitude (n = 2)
- Nothing or Don't Know (n = 2)
- Improved Self-Confidence (n = 2)
- Improved Behavior (n = 1)
- Feeling Less Isolated (n = 1)

"...I have a better understanding of myself, and my mental health is getting a lot better."

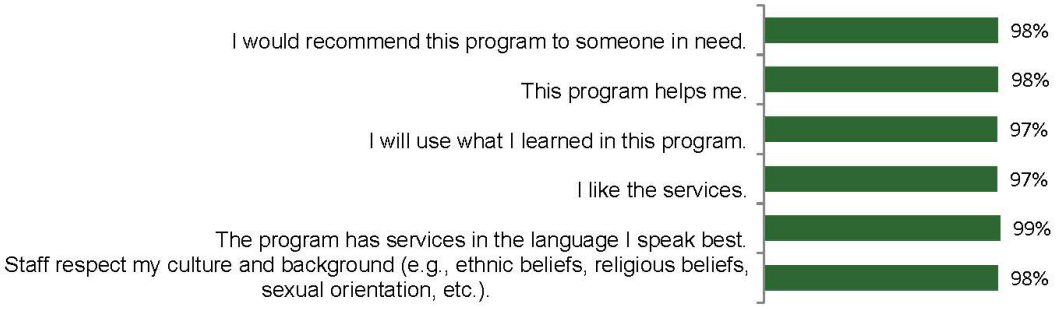
"I would say the support system is very beneficial to my recovery."

5. TRANSITIONAL AGE YOUTH SELF SUFFICIENCY

This section contains the results of surveys from the Transitional Age Youth (TAY) Self Sufficiency program. A total of 224 surveys were completed for this program. All were self-report surveys. TAY participants are required to complete the items on the first page of the outcomes survey but not the second page. Since more than 30 participants completed the self-report survey, percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 221-224)



Outcomes (n = 221-223)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	4%	96%
I think treatment can help improve symptoms of mental illness.	5%	95%
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.	3%	97%

TRANSITIONAL AGE YOUTH 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 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 = 273)

- Meeting Basic Needs & Finding Employment (n = 118)
- Supportive Staff (n = 69)
- Availability of Services (n = 34)
- Inclusive Environment & Sense of Community (n = 21)
- Improved Symptoms or Behavior (n = 18)
- Therapeutic Communication (n = 7)
- Acquiring Skills or Increased Understanding of Mental Health (n = 4)
- Group Sessions (n = 2)

What could make this program better? (n = 229)

- Nothing or Don't Know (n = 91)
- Additional Activities or Services (n = 79)
- Better Communication and Outreach (n = 26)
- Greater Diversity among Staff or Participants (n = 10)
- More Frequent or Longer sessions (n = 10)
- Additional Instructional Topics or Information (n = 8)
- In-Person Sessions (n = 5)

What has changed about how you think, feel, or behave as a result of this program? (n = 267)

- More Positive Outlook/Attitude (n = 59)
- Improved Self-Awareness (n = 48)
- Improved Behavior (n = 47)
- Nothing or Don't Know (n = 40)
- Improved Communication or Relationships (n = 27)
- Feeling Less Isolated (n = 22)
- Improved Self-Confidence (n = 17)
- Improved Emotional Regulation (n = 7)

"I have people who actually care about me and make me feel like I have a small family."

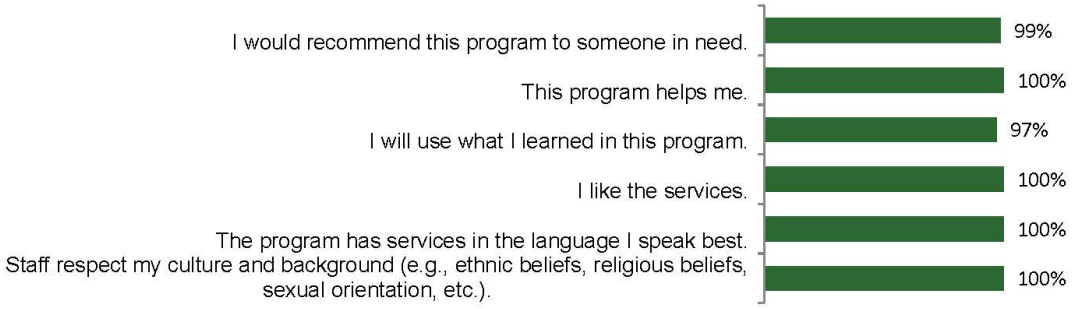
"I wasn't very hopeful about my future growing up, but now I do believe I finally have a chance to be happy."

6. VOLUNTEER SENIOR OUTREACH PROGRAM

This section contains the results of surveys from the Volunteer Senior Outreach Program (VSOP). A total of 71 surveys were completed for this program. All were self-report surveys. For portions where fewer than 30 participants completed the survey, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 69-71)



Outcomes (n = 67-70)

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%	100%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	1%	99%
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.	9%	91%

VOLUNTEER SENIOR OUTREACH PROGRAM

Outcomes (n = 13-16)

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	16
I learned how to take steps towards the future I want.	0	16
I feel better.	0	16
I have more energy during the day.	1	12
I feel less worried.	2	14
I feel better when I think about the future.	3	13
I care more about the things that are happening in my life.	0	16
I can handle problems better.	0	15
I know when to ask for help with an emotional problem.	0	16

Outcomes (n = 1-8)‡

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

‡ 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.

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 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 = 91)

- Therapeutic Communication (n = 28)
- Availability of Services (n = 15)
- Supportive Staff (n = 14)
- Improved Symptoms or Behavior (n = 14)
- Inclusive Environment & Sense of Community (n = 8)
- Acquiring Skills or Increased Understanding of Mental health (n = 7)
- Meeting Basic Needs & Finding Employment (n = 2)
- Strategies or Activities for self-care (n = 3)

"I feel the staff has motivated me to do more things for myself."

"I'm feeling better about reaching out to community more and feeling more connected."

What could make this program better? (n = 52)

- Nothing or Don't Know (n = 39)
- More Frequent or Longer sessions (n = 4)
- Additional Activities or Services (n = 4)
- Additional Instructional Topics or Information (n = 2)
- 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 = 81)

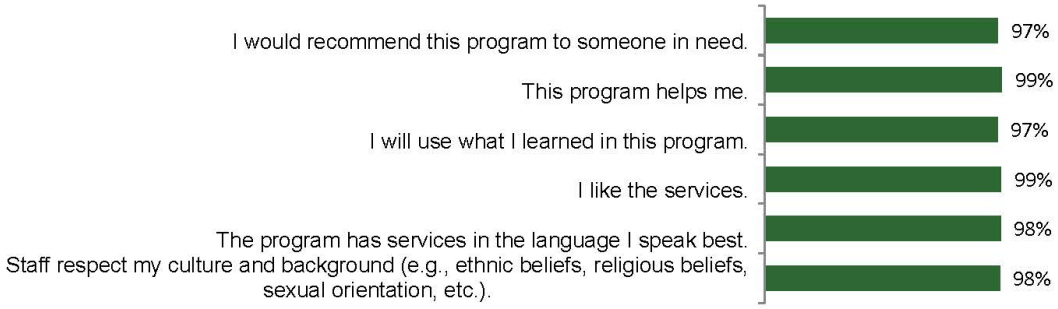
- More Positive Outlook/Attitude (n = 22)
- Improved Emotional Regulation (n = 19)
- Improved Self-Awareness (n = 11)
- Improved Communication or Relationships (n = 11)
- Feeling Less Isolated (n = 7)
- Improved Self-Confidence (n = 4)
- Improved Behavior (n = 4)
- Nothing or Don't Know (n = 3)

7. YOUTH BRIEF TREATMENT

This section contains the results of surveys from the Youth Brief Treatment program. A total of 550 participants completed a survey. Of these, 388 were self-report surveys, while the other 162 were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since more than 30 participants completed each survey, percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 383-388)



Outcomes (n = 368-386)

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.	4%	96%
I am more likely to seek help for a mental health problem.	12%	88%
I know where to go for mental health services.	5%	95%
I know where to go for substance use services for myself or other household members.	15%	85%

YOUTH BRIEF TREATMENT

Outcomes (n = 192-197)

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.	7%	93%
I learned how to take steps towards the future I want.	6%	94%
I feel better.	8%	92%
I have more energy during the day.	29%	71%
I feel less worried.	19%	81%
I feel better when I think about the future.	15%	85%
I care more about the things that are happening in my life.	9%	91%
I can handle problems better.	17%	83%
I know when to ask for help with an emotional problem.	17%	83%

Outcomes (n = 47-178)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	5%	43%	51%
My grades in school have...	3%	33%	63%
My housing situation has...	1%	45%	54%
My job situation has...	2%	53%	45%
My relationship with friends and family has...	2%	26%	72%

‡ 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

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 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 = 391)

- Therapeutic Communication (n = 168)
- Improved Symptoms or Behavior (n = 73)
- Acquiring Skills or Increased Understanding of Mental health (n = 60)
- Supportive Staff (n = 29)
- Inclusive Environment & Sense of Community (n = 24)
- Availability of Services (n = 14)
- Better interactions with family and friends (n = 9)
- Nothing or Don't Know (n = 6)
- Meeting Basic Needs and Finding Employment (n = 5)
- Strategies or Activities for self-care (n = 2)
- Group Sessions (n = 1)

"It helps me deal with my emotions better."

"I have someone I can talk to and who understands me."

What could make this program better? (n = 262)

- Nothing or Don't Know (n = 188)
- Additional Activities or Services (n = 29)
- Better Communication and Outreach (n = 16)
- More Frequent or Longer Sessions (n = 16)
- Additional Instructional Topics or Information (n = 13)

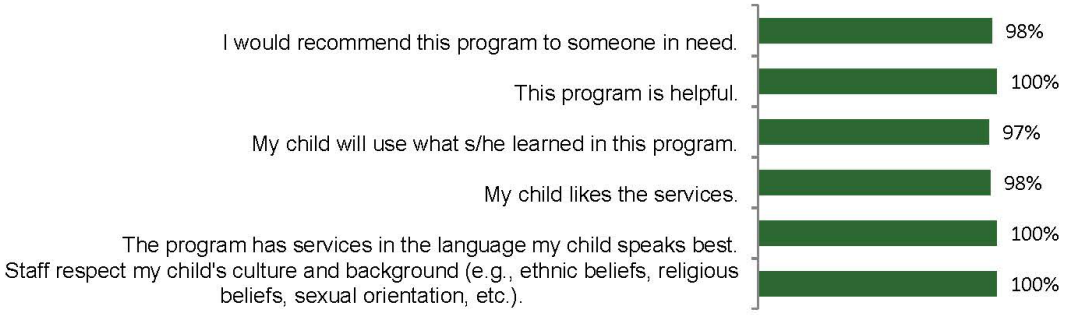
What has changed about how you think, feel, or behave as a result of this program? (n = 390)

- Improved Emotional Regulation (n = 96)
- Improved Self-Awareness (n = 71)
- More Positive Outlook/Attitude (n = 69)
- Improved Behavior (n = 55)
- Improved Communication or Relationships (n = 51)
- Nothing or Don't Know (n = 23)
- Improved Self-Confidence (n = 22)
- Feeling Less Isolated (n = 3)

YOUTH BRIEF TREATMENT

Child Performance Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n = 159-162)



Child Outcomes (n = 154-160)

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.	8%	92%
My child thinks treatment can help improve symptoms of mental illness.	7%	93%
I know where to go to get mental health services for my child.	1%	99%
My child knows how to get help when s/he has a mental health problem.	8%	92%
I know where to go for substance use services for myself or other household members.	5%	95%

YOUTH BRIEF TREATMENT

Child Outcomes (n = 105-107)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	14%	86%
My child is learning to behave more appropriately.	4%	96%
My child feels better.	2%	98%
My child has more energy during the day.	11%	89%
My child feels less worried.	14%	86%
My child feels better when s/he thinks about the future.	12%	88%
My child cares more about the things that are happening in his/her life.	9%	91%
My child can handle problems better.	13%	87%
My child knows when to ask for help with an emotional problem.	9%	91%

Child Outcomes (n = 74-92)‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	1%	47%	51%
My child's grades in school have...	4%	32%	65%
My child's housing situation has...	0%	41%	59%
My child's relationships with friends and family have...	0%	28%	72%

‡ 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

Child 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 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 = 128)

- Therapeutic Communication (n = 41)
- Acquiring Skills or Increased Understanding of Mental Health (n = 22)
- Improved Symptoms or Behavior (n = 21)
- Supportive Staff (n = 19)
- Availability of Services (n = 7)
- Better interactions with family and friends (n = 7)
- Inclusive Environment and Sense of Community (n = 6)
- Strategies or Activities for Self-Care (n = 2)
- Nothing or don't know (n = 1)
- Group Sessions (n = 1)
- Meeting Basic Needs and Finding Employment (n = 1)

What could make this program better? (n = 98)

- Nothing or don't know (n = 68)
- Additional Activities or Services (n = 10)
- More Frequent or Longer Sessions (n = 10)
- Better Communication and Outreach (n = 5)
- Additional Instructional Topics or Information (n = 3)
- Greater Diversity among Staff or Participants (n = 2)

"She is able to talk to someone without judgement."

"She has learned about good choices and bad choices. Her temper has changed; she can now manage to control it. She can also communicate her emotions, such as when she is mad, sad, or happy."

What has changed about how your child thinks, feels, or behaves as a result of this program? (n = 148)

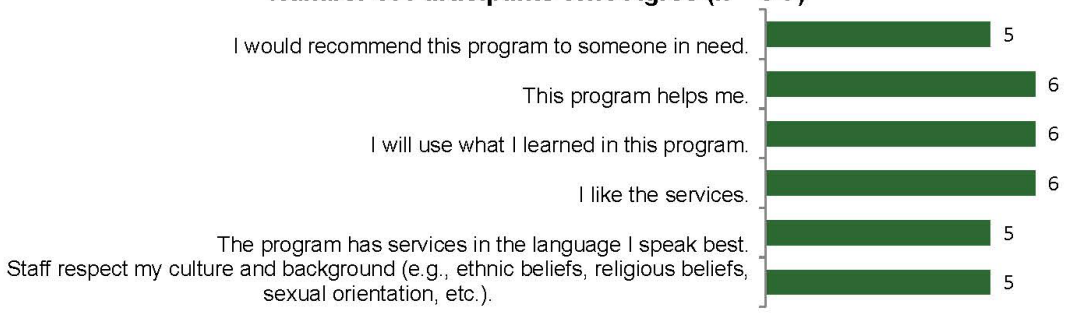
- Improved Behavior (n = 34)
- Improved Emotional Regulation (n = 33)
- Improved Communication or Relationships (n = 31)
- Improved Self-Awareness (n = 20)
- More Positive Outlook/Attitude (n = 15)
- Nothing or Don't Know (n = 12)
- Improved Self-Confidence (n = 3)

8. YOUTH JUVENILE JUSTICE ENGAGEMENT

This section contains the results of surveys from the Youth Juvenile Justice Engagement program. A total of 12 surveys were completed for this program. Of these, seven were self-report surveys, while the other five were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Performance Outcomes

Program Satisfaction
Number of Participants Who Agree (n = 6-7)



Outcomes (n = 7)

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	6
I think treatment can help improve symptoms of mental illness.	1	6
I am more likely to seek help for a mental health problem.	1	6
I know where to go for mental health services.	1	6
I know where to go for substance use services for myself or other household members.	1	6

YOUTH JUVENILE JUSTICE ENGAGEMENT

Outcomes (n = 6-7)

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	4
I learned how to take steps towards the future I want.	2	5
I feel better.	4	3
I have more energy during the day.	3	3
I feel less worried.	2	5
I feel better when I think about the future.	2	5
I care more about the things that are happening in my life.	3	4
I can handle problems better.	2	5
I know when to ask for help with an emotional problem.	2	5

Outcomes (n = 1-3)‡

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

‡ 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 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 = 6)

- Therapeutic Communication (n = 3)
- Nothing or don't know (n = 1)
- Improved Symptoms or Behavior (n = 1)
- Supportive Staff (n = 1)

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

- Nothing or Don't Know (n = 3)
- More Frequent or Longer sessions (n = 1)

What has changed about how you think, feel, or behave as a result of this program? (n = 3)

- Nothing or don't know (n = 1)
- Improved Communication or Relationships (n = 1)
- Improved Emotional Regulation (n = 1)

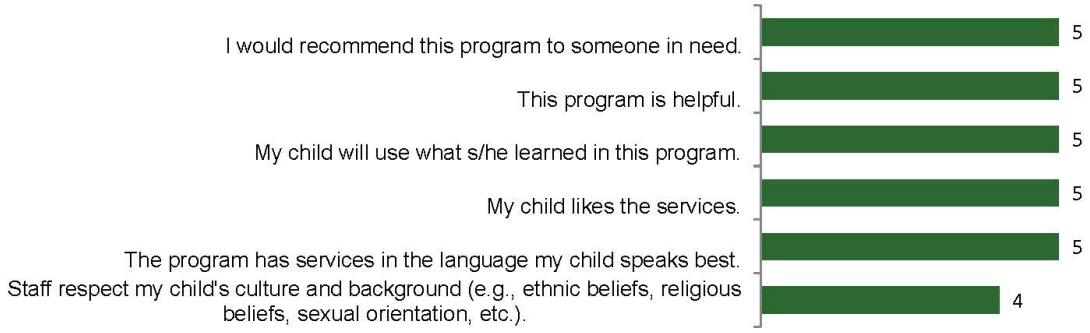
"Talking with staff or people on my team [has been helpful]."

"I am more calm, able to remove myself from a situation that is stressful, and have better coping skills."

YOUTH JUVENILE JUSTICE ENGAGEMENT

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n = 5)



Child Outcomes (n = 5)

As a result of participating in this program ...	# Disagree or Strongly Disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	1	4
My child thinks treatment can help improve symptoms of mental illness.	1	4
I know where to go to get mental health services for my child.	0	5
My child knows how to get help when s/he has a mental health problem.	0	5
I know where to go for substance use services for myself or other household members.	0	5

YOUTH JUVENILE JUSTICE ENGAGEMENT

Child Outcomes (n = 4)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	1	3
My child is learning to behave more appropriately.	0	4
My child feels better.	0	4
My child has more energy during the day.	2	2
My child feels less worried.	1	3
My child feels better when s/he thinks about the future.	1	3
My child cares more about the things that are happening in his/her life.	0	4
My child can handle problems better.	0	4
My child knows when to ask for help with an emotional problem.	2	2

Child Outcomes (n = 4)‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My child's school attendance has...	0	1	3
My child's grades in school have...	1	1	2
My child's housing situation has...	0	1	3
My child's relationships with friends and family have...	0	2	2

‡ 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 JUVENILE JUSTICE ENGAGEMENT

Child 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 = 6)

- Improved Symptoms or Behavior (n = 2)
- Therapeutic Communication (n = 1)
- Availability of Services (n = 1)
- Acquiring Skills or Increased Understanding of Mental health (n = 1)
- Nothing or Don't Know (n = 1)

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

- Improved Behavior (n = 2)
- Nothing or Don't Know (n = 2)

What could make this program better? (n = 5)

- Nothing or Don't Know (n = 5)

"His behavior has changed. He does not go out and drink as much as he used to."

"...teaching my child how to use certain skills to manage his behavior."

APPENDIX A: PEI DATA COLLECTION MATRIX

PEI Programs, Classifications, and Survey Sections for FY21-22 to FY23-24

PEI Program Name	Program Classification	Sections of Survey Required to Be Completed
Prepare U	Prevention	Front & back
Transitional Age Youth (TAY) Dual Recovery	Early Intervention	Front & back
Youth Brief Treatment (YBT)	Early Intervention	Front & back
Living Well	Stigma and Discrimination Reduction	Front only
Transitional Age Youth (TAY) Self Sufficiency	Access and Linkage to Treatment	Front only
Youth Juvenile Justice Engagement	Access and Linkage to Treatment	Front only
KCSOS - School-Based Program (formerly known as Kern Youth Resilience and Support Program)	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 Outreach and Education (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 Program	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 (CCR) Foster Youth Engagement	Access and Linkage to Treatment	None
Court Appointed Special Advocates (CASA)	Access and Linkage to Treatment	None
The Healing Project (Recovery Station)	Access and Linkage to Treatment	None

Innovation Programs (INN) Overview & Program Work Plans

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 services for underserved groups, improve 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
  - End Date: 06/09/2024
    - The closing report is found at the end of the INN section.

Important Changes:

- The Learning Health Care Network contract, executed in late fall 2023, has enabled UC Davis to aggregate outcome measurements of individuals participating in the program locally and roll up this aggregate information regionally and nationally. This development opens up new possibilities for evidence-based research in Early Psychosis. While there have been some delays in data collection

due to concerns about client confidentiality, rest assured that we are actively working with Kern and UC Davis to resolve this issue and ensure the smooth progress of the project.

- As of February 2023, the MCSP team started seeing clients. The full-service van is still being built, so the team has been utilizing other vehicles for their outreach. MCSP staff are using the Recovery-Oriented Engagement Model (ROEM), a person-centered approach that emphasizes the individual's strengths and resilience in their recovery journey.
- The Healing Project's innovation funding ended on 06/10/2024. However, we are pleased to announce that the recovery station remains open, thanks to braided funding that includes PEI funds. This continuity underscores our commitment to the project's sustainability and the support for its ongoing operations.

INN Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 2023/2024, including all revenue sources.

INN Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost Per Person
Early Psychosis Learning Health Care Network	$ 112,605.97	0	N/A
Mobile Clinic with Street Psychology	$ 136,700.35	26	$ 5,257.71
The Healing Project (AKA Recovery Station)	$ 2,139,980.81	1,846	$1,159.25

INN Program Work Plans



MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

INNOVATION (INN) – PROGRAM WORK PLAN

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 provide services to fidelity. This will include additional staff positions for the client-to-provider ratio, standardized outcome measurement tracing, 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 offering treatment options to these individuals. The goal is to improve Early Psychosis care throughout the state of California.
Program Update:	The Learning Health Care Network has experienced some delays due to executing the contract with the University of California, Davis (UCD) for sharing database information. The Contract was executed in late fall of 2023 and was reviewed again during May 2024. The contract 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 for evidence-based research that can further the field of work in Early Psychosis.
Challenges or Barriers:	• Due to staff turnover, the KernBHRS Early Psychosis Program has faced several challenges, including a slower pace in training EP staff and implementing the program, which has impacted on the research component (LHCN) of the program. • Implementation of the LHCN app within the EP program has been delayed in its implementation. • Similarly, data collection outcome measures have not yet been administered to consumers and their families.

Budget:

Early Psychosis Learning Health Care Network (LHCN)	FY 2023/2024
Annual Budgeted Funds	$ 112,606.97
Unduplicated # Served	0
Annual Cost Per Client	N/A

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

INNOVATION (INN) – PROGRAM WORK PLAN

Project Name:	Mobile Clinic with Street Psychology
Date Started:	03/25/2023
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS). • Kern Medical (KM) Hospital • Clinica Sierra Vista (CSV) • Akido Medical • Good Samaritan Hospital (GSH) • Mercy House • Community Action Partnership of Kern (CAPK) • Local City and County Navigation Centers • Flood Ministries
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 clinic 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:	• Voluntary • 18+ years of age • Homeless or at Risk of Homelessness • Chronically and/or persistently mentally ill requiring level 3 services • Cannot solely be Substance Use • Must be opened to KBHRS

Menu of Services:	• Mobile Services include, but are not limited to, Intake/Screening, Assessment, Case Management, Individual Rehabilitation, Behavioral Health and Substance Use Counseling, Treatment Planning (ISSP), Psychoeducation, Medical Triage including Refills, Intramuscular Injections, and Narcan Distribution. KernBHRS 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.
Program Update:	• MCSP has hired an additional psychiatric doctor time. We now have two doctors who provide services 3x a week for full days. We have also hired a medical assistant. • The mobile clinic has been assembled and delivered. The Sprinter Van is still going through the assembly. • The team is going through a supervisor transition.
Challenges or Barriers:	• Staff turnover has been a barrier. We have lost the two Peer Specialists who were hired a year ago. • Filling the therapist positions with well-qualified staff who are passionate about this population and fieldwork has also been a challenge. • Locating our homeless population after they have signed up for the program has proven to be a barrier. • Lack of appropriate transitional/temporary housing. • Lack of Shelter beds. • Lack of affordable permanent housing. • Wait time to be matched to a housing voucher.
Proposed Changes:	Extending a wider network for hiring well-qualified, passionate, and skilled staff via our Human Resources recruitment process.

Budget:

Mobile Clinic with Street Psychology	FY 2023/2024
Annual Budgeted Funds	$ 136,700.35
Unduplicated # Served	26
Annual Cost Per Client	$ 5,257.71

Success Stories / Program Highlights

Earlier this year, the MCSP Team was conducting outreach at a local park, aiming to connect with the homeless population in more rural areas. On that day, we encountered a man who appeared withdrawn, scared, anxious, and guarded. He approached the outreach team due to immediate needs—he was hungry, and his companion dog had not eaten since the previous day. Through in-depth engagement, we began building rapport with him, and over time, we gradually gained his trust. He was initially disappointed that we kept returning to his location near the riverbed. He shared that he had attempted suicide a few years ago and had struggled with his mental health throughout his life. Shortly after our initial meeting, we began providing enhanced case management and mental health services. We connected him with essential resources, and while he was initially hesitant, he eventually accepted the support. Since then, he has made remarkable progress. He no longer lives under the bridge, takes his medication consistently with staff support, and now completes important tasks independently. In a short time, this man has undergone a significant transformation. He shared that he used to experience severe depression daily but now goes several days without symptoms. He meets regularly with the team and reaches out for support when needed. Recently, he applied for Social Security and stayed active, walking his dog to a nearby park every day. Watching his progress over the past few months has been incredibly rewarding. His transformation demonstrates the power of consistent engagement, support, and willingness to change, from someone battling severe depression to a man who now frequently experiences happiness. His story offers hope for others facing similar challenges, showing what's possible even for those with limited access to services and life skills.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

INNOVATION (INN) – PROGRAM WORK PLAN

Project Name:	The Healing Project (AKA Recovery Station)
Date Started:	INN Funding 06/10/2019 – 06/09/2024 KernBHRS Braided Funding started: 06/10/2024
End Date:	**INN end date: 06/09/2024**
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, sober 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 screenings, brief clinical interventions, obtain resources, and are connected to ongoing services in the community. The 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 • 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
Program Update:	• Recovery Station capacity increased from 10 beds to 15 beds to meet community needs. • The largest number of admissions for the Bakersfield Recovery Station in a single month was 196 (August 2023), however, the Recovery Station has not reached capacity. • The Healing Project transitioned from INN funding to KernBHRS Braided funding (MHSA/PEI funding & SUD/Opioid Settlement funding) on 6/10/2024.
Proposed Changes:	• Increase education and review referral processes with community partners to increase direct referrals to the Recovery Station, allowing for services to be delivered to a larger population of individuals experiencing substance use disorder crises. • Evaluate and streamline intake processes to decrease admission time. • Complete DMC-ODS certification to ensure compliance with Senate Bill 43.

Budget:

The Healing Project (aka Recovery Station)	FY 2023/2024
Annual Budgeted Funds	$ 2,139,980.81
Unduplicated # Served	1,846
Annual Cost Per Client	$ 1,159.25

Success Stories/Program Highlights

A guest who frequently used methamphetamine was coming to the Recovery Station consistently for approximately 1 ½ years. During this period, substance use disorder symptoms slowly worsened. Due to the goal of returning to the East Coast where the family was residing, the outpatient treatment team assisted with purchasing a plane ticket for the guest to be with family, but the guest could not utilize it due to challenges in maintaining possession of a state identification card. Additionally, the guest consistently felt too unwell to attempt a long flight. A few months passed with no encounters. The guest later contacted the Recovery Station and reported they had made it back to the East Coast and were now with family! The guest reported they had achieved 2 months of sobriety and had obtained full-time employment. The guests attended 12-step meetings regularly and held the secretary position for one of the AA groups. The guest sounded amazing and wanted to thank the Recovery Station team for all the assistance provided over the previous 1 ½ years.

FY 2021-2024
Final Report

The Healing Project
Kern County MHSA
Innovations

EVALCORP
Measuring What Matters℠

TABLE OF CONTENTS

Table of Contents .....
Overview .....
Program Description .....
Program Goals .....
Methodology .....
Evaluation Design .....
Outcome Surveys Collected by Survey Type .....
The Healing Project .....
Demographics .....
The Healing Project .....
Self-Report Survey Outcomes .....
Summary .....
Program's Future & Dissemination of Results .....

OVERVIEW

Program Description

The Healing Project is a Recovery Station in Bakersfield that operates 24 hours per day, 7 days per week. Services are voluntary and provided in a safe, sobering environment for individuals to reduce intoxication. The Recovery Station is staffed by clinicians, substance use specialists, and peers with lived experience who seek to provide adults currently experiencing substance use or alcohol-related crises with access and linkage to appropriate mental health and substance use care. Individuals receive substance use screening, brief clinical interventions and resources, and are connected to ongoing services in the community. Guests may also have co-occurring behavioral health disorders. Individuals may be referred or transported by law enforcement or other designated community partners. The typical length of stay is 4 to 10 hours.

Program Goals

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

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. The evaluation tools in use for Innovation programs were originally 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.



Stakeholder engagement. Stakeholders were engaged in the evaluation process throughout the duration of the project. KernBHRS staff and Healing Project staff reviewed data collection tools and revisions were made based on their feedback. All yearly reports were reviewed by the primary intended users (KernBHRS staff and Healing Project staff) to obtain their input and perspectives. All feedback was incorporated, and the final and interim reports were provided to the stakeholders.

Cultural competency of evaluation. This process included ensuring that data collection and the respective tools were culturally appropriate and used inclusive language. More specifically, this entailed reviewing questions and survey response options, language needs, and working with staff to reduce respondent burdens in completing evaluation surveys. This was done by developing a tailored questionnaire that allowed participants to confidentially answer questions about their experiences, then hand the questionnaire back to the staff, who input additional information about the participant.

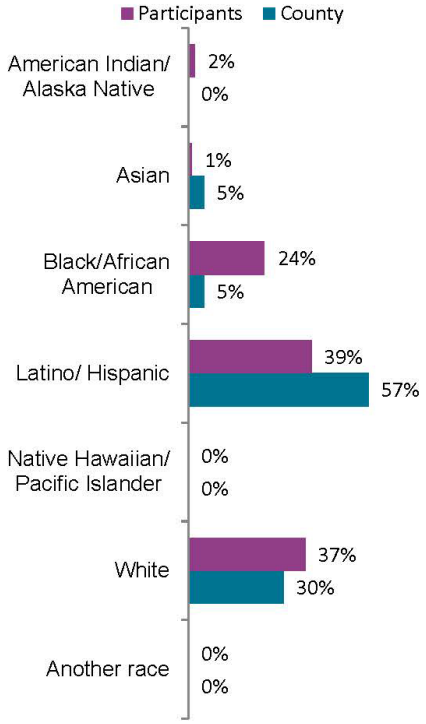
Outcome Surveys Collected by Survey Type

Survey results from The Healing Project (n = 1295) are presented in this report. Many of these participants are likely to be duplicates, a consequence of the anonymized data collection strategy.

THE HEALING PROJECT

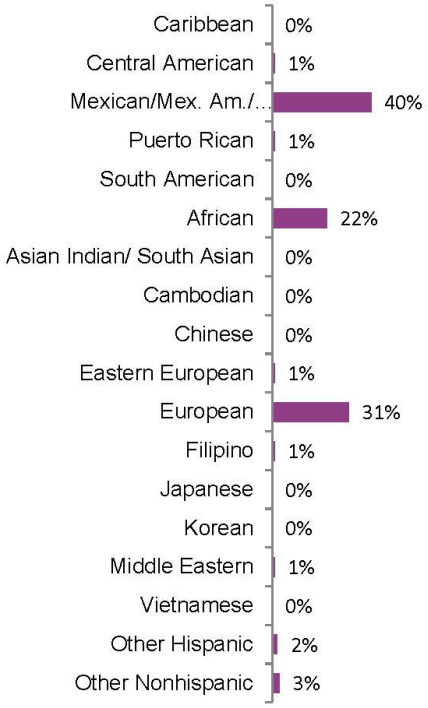
Demographics

Race (n = 1282)



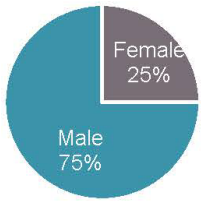
Note: 19 participants declined. County demographics are derived from the 2022 American Community Survey.

Ethnicity (n = 1064)



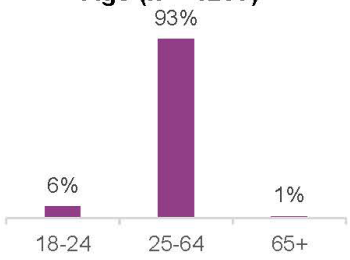
Note: 237 participants declined.

Gender (n = 1295)



Note: 6 participants declined. Less than 1% of participants indicated another gender.

Age (n = 1269)



Note: 32 participants declined.

Language (n = 1293)

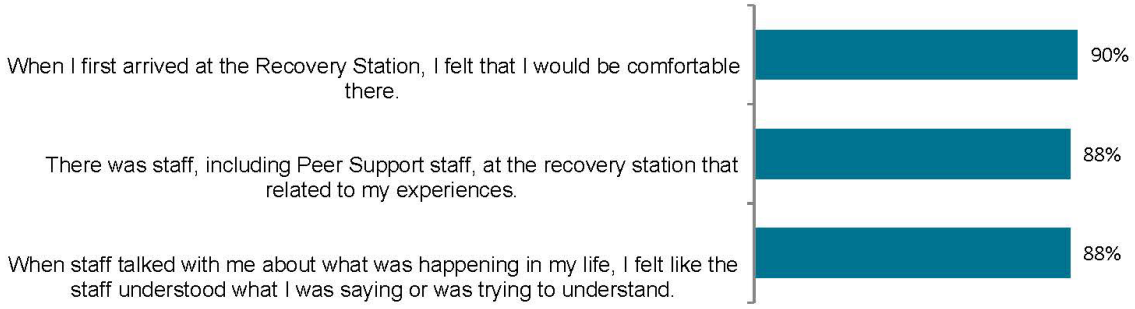
English	98%
Spanish	1%
Both English & Spanish	1%
Other	0%

Note: 8 participants declined. Less than 1% of participants indicated other.

THE HEALING PROJECT

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n = 1257)



92% of participants were "Very Pleased" or "Pleased" with services at The Healing Project.

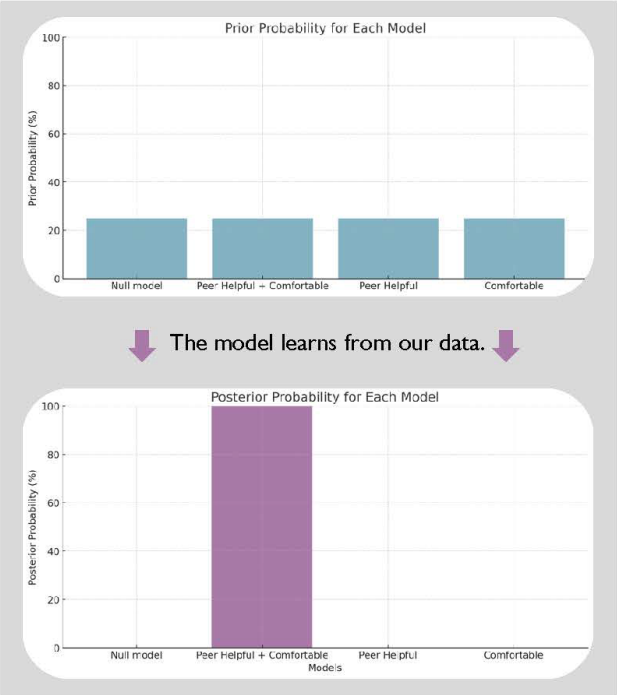
The program achieved its target of 75% positive feedback on SUD/MH items (82% & 84%). There were no major differences in outcomes or satisfaction across gender, language, race, or age groupings.

Peer Support and Intentions to Enter Treatment (n = 1249)

	% 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?	90%
I am likely to begin or continue treatment for alcohol and/or drug use after being at the Recovery Station.	82%
I am likely to begin or continue treatment for mental health challenges after being at the Recovery Station.	84%

Summary

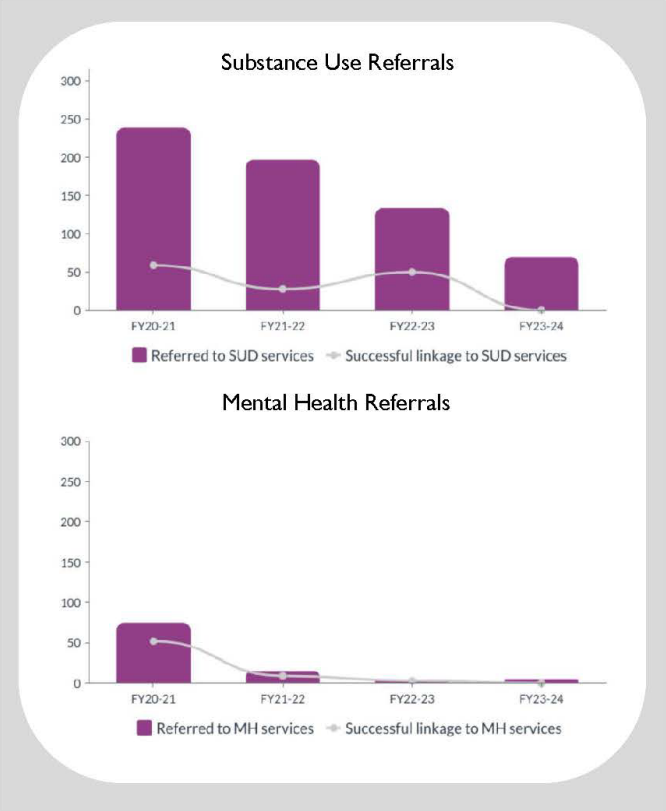
A statistical modelling process was implemented to assess which activities or elements of the Innovative Project contributed to successful outcomes.[1] The model tried to predict who would say that they were likely to attend to attend treatment after receiving services. We looked at four possibilities to determine which one was the most likely. One possibility was that this was simply random. Another possibility was that people who indicated they were more comfortable in the space would be more likely to say that they would seek treatment. A third possibility was the people who said it was helpful to have peer support would be be more likely to seek treatment would be more likely to say that they would seek treatment. We also looked at the possibility that a combination of comfort and peer support would be the best predictor of whether people said they would seek treatment. We started from the assumption that all four of these possibilities were equally likely. However, once we allowed our model to learn from the data, we adjusted our beliefs to be more than 99% confident that the model with both peer support and comfort was the correct model. Moreover, both peer support and comfort were highly useful in predicting the outcome variable on their own and in combination with one another. Taken together, these results suggest that the innovative component of the program (Peer Support) is a valuable explanatory factor in whether participants choose to take part in further services, even after accounting for the extent to which participants feel comfortable in their experience. Comfort (τ = .4) and peer support (τ = .43) were also correlated with participant satisfaction.[2]



Model Comparison - Will Seek Any Treatment					
Models	P(M)	P(M|data)	BFM	BF10	R^2
Null model	0.25	2.14×10-77	6.43×10-77	1.00	0.00
Peer Helpful + Comfortable	0.25	0.99	4.79×10+8	4.67×10+76	0.27
Peer Helpful	0.25	6.27×10-9	1.88×10-8	2.93×10+68	0.24
Comfortable	0.25	1.45×10-51	4.34×10-51	6.75×10+25	0.09

THE HEALING PROJECT

These comparisons provide a high level of evidence for the hypotheses that finding peers helpful is a good predictor of the intention to begin treatment and program satisfaction. That is, people who indicate that peers are helpful are very likely to indicate that they will begin treatment and that they are satisfied with the program. This is evidence that participants who notice and appreciate the peer support component of the program achieve better outcomes, however, it does not tell us the effect of peer support on these outcomes. To learn about the effect of peer support on these outcomes, a control or comparison group who did not receive peer support would be required. In future studies of this program and others like it, we recommend employing a randomized controlled design to investigate the effect of peer support. The results of the present evaluation are sufficient evidence to warrant further study of this type of intervention.



The program's first outcome goal, to reduce arrests and admissions to the Psychiatric Crisis Centers, was achieved. All admissions to The Healing Project would otherwise have been to law enforcement or psychiatric facilities. Participants were not permitted to enter the facilities without a referral. Assuming that law enforcement personnel were no more likely to refer participants to The Healing Project than to admit them to a law enforcement or psychiatric facility, then all admissions to The Healing Project are diversions from higher levels of care and/or surveillance.

The program's second outcome goal, that 75% of clients will be satisfied with the services they receive, was met. There were no major differences in outcomes or satisfaction across gender, language, race, or age groups, suggesting that program services were delivered in a socially equitable manner.

The program's third outcome goal, that 25% of clients will follow up with SUD or MH treatment, was met. In two program years, the target was exceeded, while in two other years, the target was missed by a large margin. The sum total of successful linkages across all years crossed the threshold of the program's goal at 27%. However, there are reasons to be wary of the reliability of the program to achieve

this result. In FY23-24, there were 75 referrals (70 to SUD treatment and 5 to MH treatment). No participants attended appointments at the program to which they were referred, a 0% success rate.

To integrate these findings into a summative judgment, while the program was effective in treating guests and in increasing participants' self-report intentions to attend treatment, it was only sometimes effective as a pathway for referrals. Program staff have suggested that, due to the high number of repeat participants, it is probable that many participants have already attempted SUD treatment unsuccessfully. As the program develops in the future, EVALCORP recommends investigating this "treatment avoidance" hypothesis further and, if it is found to be substantiated, developing strategies to directly counter the discouragement effect on participants who have attempted treatment multiple times. From a cost-benefit perspective, repeat participants can be particularly costly for The Healing Project since they consume scarce program resources without experiencing long-term benefits of recovery.

Referrals					
	FY20-21	FY21-22	FY22-23	FY23-24	Total
Referred to SUD services	239	197	134	70	640
Referred to MH services	75	15	4	5	99
Successful linkage to SUD services	59	28	50	0	137
Successful linkage to MH services	52	9	3	0	64
Percentage of successful linkages	35%	17%	38%	0%	27%

Program's Future & Dissemination of Results

Funding for The Healing Project through MHSA Innovation funding ended on June 9, 2024. The project will continue to be funded through MHSA/BHSA Early Intervention (EI) and AB109 funds. Program results suggest that participants who are comfortable at the Recovery Station and have helpful interactions with Peer Support staff are more likely to self-report that they will seek treatment following their participation in the Recovery Station. However, despite these self-reports, participants in the program were no more likely to actually seek treatment when referred. This divergence between self-reported intentions to seek treatment and actual behavior poses a challenge for the program going forward.

The Healing Project results are detailed in reports publicly accessible via the KernBHRS website, specifically the MHSA Annual Reports (available by fiscal year) and MHSA Three-Year Plan. A draft of this report is available during the 30-day comment period each year. A final report is posted on the KernBHRS website following approval by the Board of Supervisors.

---

[1] A Bayesian logistic regression was used to determine the extent to which features of the program served to explain the binary outcome of intention to take part in further mental health or substance abuse services. We constructed four candidate models using one outcome variable (choosing to take part in future services) and two predictors: comfort (an ordinal variable in which participants rated their comfort at the recovery station) and peer support (an ordinal variable on which participants rated the extent to which they found it helpful to have peer support). The models tested included two models with one predictor and one model with both predictors simultaneously. Using the conservative assumption that all models were equally likely at the outset (uniform priors), we found that the model including both peer support and comfort was the best predictor of whether participants would seek future services given our data.

[2] Correlations between comfort, peer support, and satisfaction were all measured using Bayesian Kendall's Tau, yielding Bayes Factors with very high confidence, $BF_{10} > 10{,}000$.

Workforce Education and Training (WET) Overview & Program Work Plans

WORKFORCE EDUCATION AND TRAINING

Workforce Education and Training (WET) is designed to prepare the KernBHRS workforce to work effectively with diverse community members in a culturally sensitive and appropriate manner. Training is provided in a way that develops skills to promote wellness in the community, not just for individual clients, but also for family members and caregivers. Training is also delivered to the KernBHRS workforce in a way that promotes connecting to underserved and unserved individuals so that the viewpoints of all remain at the forefront of those services.

WET Programs:

- Residency/Internship:
  - Clinical Internship
  - Psychology Internship
- Training/Technical Assistance:
  - Relias
  - Workforce Training Enhancement
- Workforce Staffing:
  - Employee Wellness Initiative

Important Changes:

- Residency/Internship:
  - Clinical Internship: The Professional Development Team/Clinical Supervision is sunsetting in June 2025, and the Department Support Division will absorb its duties.
  - Psychology Internship: Fifty-six post-docs have achieved licensure out of the 105 interns who completed the program since its implementation in 2000.
- Training/Technical Assistance:
  - Workforce Training Enhancement: The Cultural Competence Team is sunsetting in June 2025. The MHSA Coordination Team will absorb duties.
- Workforce Staffing:
  - Employee Wellness Initiative: We partnered with the Blue Zones Project in October 2023 as part of this initiative. This partnership has provided valuable tools and resources to assist staff who engage in this wellness effort. We are also working on a sustainability plan that will allow the resources to remain accessible to staff.

WET PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the cost per client in FY 2023-2024, including all revenue sources.

WET Programs	Annual Budgeted Funds	Unduplicated # Served	Annual Cost per Person
Residency/Internship	$ 1,308,596.00	156	$ 8,388.44
Training/Technical Assistance	$2,217,034.00	2,222	$ 997.77
Workforce Staffing	$ 5,090.00	946	$ 5.38

WET Program Work Plans



MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

WORKFORCE EDUCATION AND TRAINING (WET) – PROGRAM WORK PLAN

Project Name:	Residency/Internship
Date Started:	Clinical Internship: 07/01/2005 Psychology Internship: 07/01/2000
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	• KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301 • Clinical Internship Rotations at each KernBHRS Clinical Team location • Psychology Internship: ○ Foster Care Rotation - 2621 Oswell St., Ste 119 ○ Children Adolescents and Families (CAF) - 2621 Oswell St., Ste. 119 • Forensic Adult/Adolescent/Child Intensive Rotation at Kern Linkage Division - 2525 N. Chester Ave. Ste C
Program Description:	<u>Clinical Internship</u>: KernBHRS is committed to supporting staff in pursuing licensure in the Mental Health Licensed Practitioner of Healing Arts (LPHAs). We continue to provide the direct clinical supervision hours required by licensing authorities, the Board of Psychology, and the 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 Clinical Internship Support Program is designed to meticulously measure the efficiency of the Clinical Internship and Clinical Supervision Program. Each intern and/or associate undergoes a Biannual Evaluation, a comprehensive review of their clinical efficiency and learning. This evaluation, which includes the core competencies, ensures that associates and/or interns who gain weekly hours based on the number of clients they provide services to are on the right track.

	Each week, they meet with their clinical supervisor for individual, triadic (2 supervisees and one supervisor present), and/or group supervision. The expectation is that Interns and/or Associates, on average, will gain their clinical hours within 5 years and be licensed by the California Board of Behavioral Sciences. Associates can obtain online and/or written study materials to support licensure. **<u>Psychology Internship:</u>** KernBHRS is a member of the Association of Psychology Postdoctoral and Internship Careers (APPIC), which helps prepare interns for their professional psychology practice. The KernBHRS Clinical Psychology Internship Program (Psychology Internship Program) utilizes training and supervises learning to provide development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, supervision, ethics, law, public policy, and scientific foundations and research. Each internship cycle lasts one year, beginning annually in August. Rotations available: • Forensic Adult and Foster Care Rotation • Children, Adolescents, and Families and Adolescent Emphasis Rotation • Evidence-based practices are utilized depending on the rotation chosen: o Solution-Focused Brief Therapy o Dialectical Behavioral Therapy o Modalities within the Cognitive Behavioral Therapy Spectrum o Therapeutic Behavioral Services The Psychology Internship Program aims to provide interns with a broad range of clinical experiences in various locations within our department. Throughout the internship year, interns build upon previously learned skills and obtain new skills as they operate with increasing 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 increase their knowledge and demonstrate the professional-wide core competencies throughout their internship. After

	completing their internship term, the end goal for interns is to pursue and achieve post-doc licensure.
Eligibility Criteria:	**Clinical Internship:** • Obtained a bachelor's degree • Currently enrolled in an accredited graduate program pursuing an MSW, MFT, or LPC degree • OR graduated from an accredited program and is working towards MSW, MFT, or LPC licensure **Psychology Internship:** • Applicants must be enrolled in a doctoral program in clinical or counseling psychology offered by an accredited institution of higher education. • In addition, the applicant's doctorate program must be accredited by the American Psychological Association (APA). • Applicants awarded degrees in areas other than psychology will not be considered for this internship program.
Menu of Services:	**Clinical Internship**: The Multicultural Clinical Supervision Program (MCCSP) was implemented in 2021. The MCCSP program is composed of 18 modules. KernBHRS provided one module per month throughout the school year, beginning in August 2023 and ending in June 2024, for a total of 11 modules per year. **Psychology Internship:** • Individual Therapy (using evidence-based practices) • Group Therapy • Psychological Testing • Court evaluations (PC 1370/1370.01/1001.36)
Program Update:	**Clinical Internship**: KernBHRS will continue implementing Multicultural Clinical Supervision (MCCS) training quarterly to increase attendance and engagement effectively. We will continue to expand and improve the program to ensure it meets the needs of staff and students who are being clinically supervised. KernBHRS had 38 clinical supervisors providing supervision to 136 individuals from various disciplines.

	• For 2024-2025, Kern BHRS will continue to implement the Multicultural Clinical Supervision (MCCS) Training Program – All Inclusive for the Master Level Clinicians. **Psychology Internship:** • Fifty-six post-docs have achieved licensure out of the 105 interns who completed the program since its implementation in 2000. • 222 clients were served by psychology interns during fiscal year 2023/2024. • KernBHRS has hired 11 psychology interns in the last 5 years. For the FY 2023/2024 cohort, 101 total applications were received; only 28 applicants were interviewed. The Program matched with 2 interns in Phase I of the Match, and 3 interns in Phase II, filling all 5 positions in the cohort. **The Residency/Internship will sunset on June 30, 2025, and the Department Support Division will absorb its duties.**
Challenges or Barriers:	**Clinical Internship**: Finding facilitators is challenging. Many of the more senior facilitators are no longer with KernBHRS or would like others to facilitate. **Psychology Internship:** Historically, our department has had challenges 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 24-25. The Program has also achieved accreditation from the APA so that interns can be assured that the Program has met the gold standards of training for psychologists.
Proposed Changes:	**Clinical Internship**: • Improve ease in clinical supervisors being able to shadow their supervisees to give valuable clinical feedback. **Psychology Internship:** • A 6th rotation will be added for the FY 2024-2025 cohort year: Forensic Adult Emphasis.

Budget:

Residency/Internship (Clinical & Psychology Internships)	FY 2023/2024
Annual Budgeted Funds	$ 1,308,596.00
Unduplicated # Served	156
Annual Cost Per Client	$ 8,388.44

Success Story/Program Highlights

Clinical Internship:

FY 2023-2024, the program's name changed from MCCS Phase III to MCCS All Inclusive. The main goal of the program continues to be for behavioral health professionals who are licensed to practice and currently providing clinical supervision, and for clinicians who are not currently licensed to be able and willing to take their licensing examination within six months and to provide clinical supervision as prescribed by their respective board. Participants recommended to attend the training are students/interns whose respective universities require formal clinical supervision training to obtain and graduate from clinical psychology programs. The training program rests on the premise that clinical supervision is a distinct core competency domain for behavioral health professionals that requires specific preparation and formal training.

Psychology Internship:

- APA Accreditation status has been maintained since it was first granted in April 2020.
- Integrating interns into the evolving Diversion programs in California allowed robust training opportunities. The Forensic rotation intern had the opportunity to support an 18-year-old male and navigate the justice system while supporting his recovery from marijuana use and educating him on his mental health symptoms of Schizophrenia. This relationship fostered a strong therapeutic relationship that allowed for the client's recovery and return to a community placement setting.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

WORKFORCE EDUCATION AND TRAINING (WET) – PROGRAM WORK PLAN

Project Name:	Training/Technical Assistance
Date Started:	Relias Training: 07/01/2018 Training Enhancement: 07/01/2008
Provider(s):	• Kern Behavioral Health and Recovery Services (KernBHRS) • Relias Service Provider: Relias LLC
Location(s):	**Program Coordination:** • KernBHRS - 3300 Truxtun Ave, Bakersfield, CA 93301 **Supportive Services Providers:** • Relias Learning Management System • Community Connections Psychological Association for Be Sensitive, Be Brave for Suicide Prevention training • Dr. Daniel Taub for Law & Ethics • Dr. Carol Falendar for Clinical Supervision training • Dr. Francis Lu for Cultural Foundation Interview Training for Mental Health First Aid (MHFA) • Living Works for Applied Suicide Intervention Skills Training (ASIST) • Southern Counties Regional Partnership (SCRP)
Program Description:	**Relias Training**: The Relias Learning Management System (LMS) supports Kern County BHRS in developing and delivering department-specific training in the Relias Library. It also supports Kern County BHRS in offering a continuing education course recognized by leading accreditation agencies. The LMS facilitates Kern County BHRS's compliance with mandated state and federal training requirements by assigning mandatory training plans to staff by role and tracking and reporting training completions. Kern County BHRS has nearly 100 customized training plans in the LMS.

	Training Enhancement: The Training Enhancement program provides various workforce development opportunities, training, and conferences for Kern County BHRS staff, providers, and the public. These programs offer role-playing and simulations to demonstrate how to engage in initial help during a mental health crisis and connect people to the appropriate professional, peer, and self-help care. The variety of course formats available caters to the needs of specific populations or groups within the Kern County BHRS care system. Incorporating evidence-based information into learning approaches and practices, the Training Enhancement program supports using culturally and linguistically appropriate and effective services for our community, making it a valuable resource for professional development and growth.
Eligibility Criteria:	**Relias Training:** • Must be a KernBHRS employee **Training Enhancement:** • Must be a KernBHRS employee • Others who may qualify: ○ Behavioral Health staff ○ Parents ○ Non-profit agency staff that serves homeless individuals ○ Victims of domestic violence ○ K-12 Educators and School Counselors
Menu of Services:	**Relias Training**: 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 • Supervision and Management Skills • Compliance/Safety • Human Resources/Legal • Employee Support and Development • Addiction • Integrated Care

	• Suicide Awareness and Prevention • Behavioral Health General, Paraprofessional **Training Enhancement:** • Mental Health First Aid (MHFA) • Be Sensitive, Be Brave for Suicide Prevention (Culturally based suicide prevention training) • Cognitive Behavioral Therapy (CBT) • Critical Incident Stress Management Training & Certification (CISM) • Applied Suicide Intervention Skills Training (ASIST) Train the Trainer • **Training:** ○ Clinical Supervision ○ Cultural Competence ○ Supervising Peers • **Conferences:** ○ Fair Housing Summit ○ Local Housing Summit ○ Leadership ○ ACEs Conference ○ Evidence-Based Practices ○ Cultural Competence ○ Aging & Adult Services' Annual Elder Abuse Conference ○ Multi-County Suicide Prevention Summit ○ BAIHP's 1st Annual Sexuality and Gender Identity Healthcare Symposium
Program Update:	**Relias Training**: Kern County BHRS has achieved a 94% completion rate for required trainings assigned to staff in the Relias LMS. **Training Enhancement:** The Cultural Competence Team is sunsetting in **June 2025**. The MHSA Coordination Team will absorb duties.
Challenges or Barriers:	**Relias Training**: Continue to improve the timely completion of training required by staff.

	Training Enhancement: A barrier to providing community training and selected training enhancements to staff is a lack of certified instructors/facilitators.
Proposed Changes:	**Relias Training**: Collaborate with Relias Learning to increase the ability of the Relias LMS to include new training regulations related to CalAIM and Behavioral Health Modernization in California. **Training Enhancement:** No other changes are being proposed.

Budget:

Training/Technical Assistance (Relias Training & Training Enhancement)	FY 2023/2024
Annual Budgeted Funds	$ 2,217,034.00
Unduplicated # Served	2,222
Annual Cost Per Client	$ 997.77

Success Stories/Program Highlight

Relias Training:

- In FY 2023-2024, Kern BHRS awarded an estimated 500 continuing education units (CEUs) to the system of care staff.

Training Enhancement:

- Developed a robust process for contract providers without access to the Relias Learning System to complete the training required.
- Provided ongoing Relias support to the team implementing the new Electronic Health Record.
- Developed culturally adapted English & Spanish training covering stress management, managing boundaries, and navigating grief.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

WORKFORCE EDUCATION AND TRAINING (WET) – PROGRAM WORK PLAN

Project Name:	Workforce Staffing
Date Started:	Employee Wellness Initiative under the Workforce Staffing component started on 7/01/2023
Provider(s):	Kern Behavioral Health and Recovery Services (KernBHRS)
Location(s):	All KernBHRS sites
Program Description:	**Workforce Staffing**: Employee Wellness Initiative
Eligibility Criteria:	Must be a KernBHRS employee
Menu of services:	**Workforce Staffing/Employee Wellness Initiative:** • Partnership with Blue Zones Project • Walking MOAI (a group of 5-8 people who walk consistently together) • Exercise equipment (walking pad, balance balls, under-desk cycles, yoga mats, resistance bands) • Gardening clubs, cooking classes, and a space to relax and unwind (downshift spaces) • Discounted companywide wellness center access • Discounts to local health and wellness-focused businesses and services • Providing on-site healthy food vendors • Vending machines providing healthier options
Program Update:	**Workforce Staffing/Employee Wellness Initiative:** • Happy Whole You ended in August 2023

	• We partnered with the Blue Zones Project in October 2023 as part of this initiative. This partnership has provided valuable tools and resources to assist staff who engage in this wellness effort. • Working on a sustainability plan that will allow the resources to remain accessible to staff.
Challenges or barriers:	**Workforce Staffing/Employee Wellness Initiative:** • Having multiple sites poses a challenge for staff to engage with one another, specifically regarding the walking MOAI • Limited space for the exercise equipment • Challenges engaging staff to become Blue Zone Ambassadors, these staff are the leads at each site, responsible for sharing information and getting people involved in various health and wellness activities.

Budget:

Workforce Staffing (Employee Wellness Initiative)	FY 2023/2024
Annual Budgeted Funds	$ 5,090.00
Unduplicated # Served	946
Annual Cost Per Client	$ 5.38

Capital Facilities and Technological Needs (CFTN) Overview & Program Work Plans

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS

Capital Facilities and Technological Needs (CFTN) is a vital component to providing MHSA services to mental health individuals and their families through technology systems. These funds are necessary and used to support technological infrastructure to aid in peer support with individuals, made available in all facilities and accessible in community-based settings. All system services are done to facilitate the highest quality and most cost-effective services to support individuals and their families.

CFTN Programs:

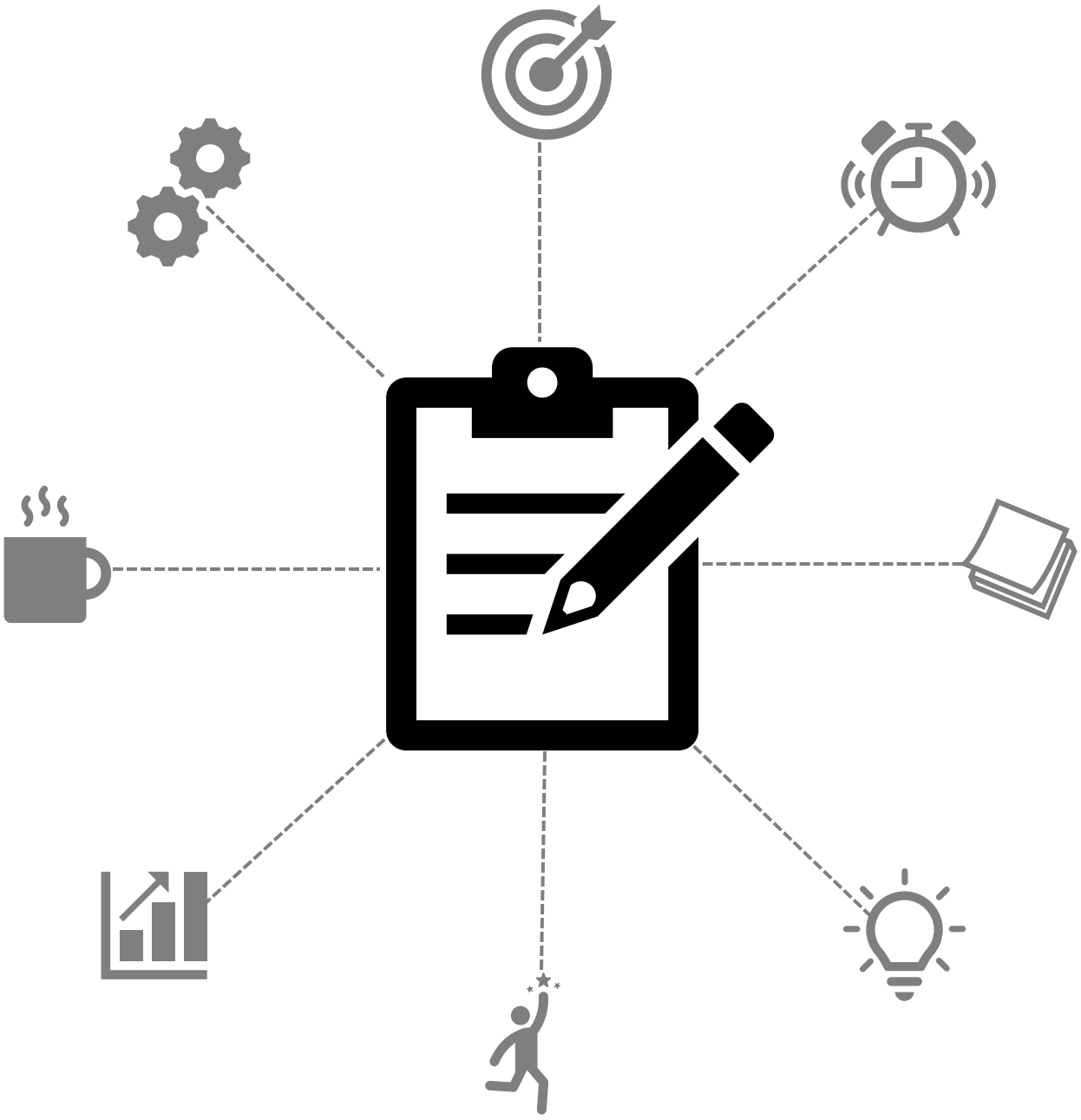
- Healing Project Storm Damage Repairs
- PEC & CSU Renovation
- Website Redesign – IT Department (multi-year agreement)
- Westchester Building Heating, Ventilation, Air Conditioning (HVAC) Replacement

CFTN PROPOSED EXPENDITURE PLAN AND ESTIMATED COST PER CLIENT

The table below represents the estimated cost per client in FY 2023/2024, including all revenue sources.

CFTN Programs	Annual Budgeted Funds
Healing Project Storm Damage Repairs	$ 873,223.00
PEC & CSU Renovation	$ 1,026,024.00
Website Redesign – IT Department (multi-year agreement)	$ 22,575.00
Westchester Building Heating, Ventilation, Air Conditioning (HVAC) Replacement	$1,500,000.00

CFTN Program Work Plans



Project Name:	Healing Project Storm Damage Repairs
Date Started:	FY 2021/2022
Provider(s):	Telecare, Inc.
Location(s):	The Healing Project 312 Kentucky Street, Bakersfield, CA 93305
Program Description:	The Healing Project consists of one secure building that meets the needs of individuals undergoing sobering and recovery treatment. The facility includes technological outfitting for security badge access, telephonic capabilities, internet access, telehealth capabilities & additional security measures. The Healing Project is a peer-led 15-bed recovery station in Bakersfield that provides screening, access, and linkage to care for individuals presenting with co-occurring behavioral health and substance use disorder needs. The Healing Project recovery station operates twenty-four hours per day, seven days per week and serves an estimated 1,600 consumers annually. Consideration has been given to anticipated population growth and needs overtime with facility adaptability to expand as required.
Program Update:	Due to a severe storm and unpredictable weather, the Bakersfield – Kentucky location sustained severe damages requiring a relocation to a temporary location. Consumer and Family Learning Center (CFLC) was closed to the public due to the COVID-19 pandemic during this time and staff set up 5 temporary beds to allow us to continue providing services to those who needed it. Repairs were scheduled to take place for the rest of FY 2021-2022 and part of FY 2022 – 2023. Having a temporary location allowed us to repair the storm damage and upgrade the property to go back to 10 beds

	available and possibly increase the beds to 15 if demand continues to increase. The Department was not invoiced for this expense during the 2022/2023 fiscal year; therefore, it has been included in this annual report.
Challenges or Barriers:	Repairs to the Bakersfield Recovery Station took longer than expected to complete. During this time, due to the decreased capacity at the temporary location (5 beds instead of 10), fewer client referrals were able to be accepted.
Proposed Changes:	Currently in the process of increasing the number of referrals by meeting with law enforcement to strengthen the partnership. The intake process was condensed, and staff continued to work on expediting admission to prepare to serve a larger volume of clients in preparation for SB43 implementation.

Budget:

Healing Project Storm Damage Repairs	FY 2023/2024
Annual Budgeted Funds	**$ 873,223.00**
Unduplicated # Served	**N/A**
Annual Cost Per Client	**N/A**

Success Stories/Program Highlights

I moved to Bakersfield in January 2019, having been in recovery since 2015. I was feeling healthier than ever and had not relapsed. My plan was to begin the Psychology transfer degree program at Bakersfield College, with the goal of transferring to CSUB to become a drug and alcohol counselor. However, everything changed in the spring of 2020 when I relapsed. This time, finding it more difficult to get my drug of choice, Oxycodone, I turned to heroin. In June 2020, my husband discovered I had relapsed and gave me an ultimatum: stop using or leave. Once again, I chose drugs over my family and for the first time,

I found myself homeless and alone. I knew that rehab was a place I needed to return to because deep inside, I knew I deserved more than heroin and the streets. I thought back to the promise I made to my daughter the day I came home from rehab, and I realized I had to fight to get my family back.

On a scorching July morning, I called the crisis line, pleading for help. A Bakersfield police officer picked me up and took me to Mary K. Shell. I spent a few hours there before a counselor asked if I'd like to go to the Recovery Station, where I could detox and be referred to the support, I needed to rebuild my life. I was terrified, but nothing compared to the fear of another night on the streets, so I agreed. When I arrived at Recovery Station, I was welcomed by a compassionate staff member who immediately made me feel at ease. They gave me a bed, food, and offered a listening ear. I shared my story with them—how I had relapsed, lost everything, and abandoned my dream of becoming a drug and alcohol counselor. I expressed my hopelessness and uncertainty about the future. The staff member reassured me that it wasn't too late, that as long as I held on to my dream and hoped, I could still achieve anything. They told me they would help me find a place to clean and possibly stay while I worked things out with my husband. Although I was skeptical, I had nothing to lose. I was referred to a detox program, where I spent three long days before being transferred to a 30-day rehabilitation program. After that, I was able to return home to my family.

The road to recovery has not been easy. It took a couple of years of attending meetings and receiving counseling before I started feeling strong in my recovery. In August 2022, I finally began the Psychology transfer degree program at Bakersfield College. While attending school, I worked at a Christian bookstore until the spring of 2024, when I decided to pursue a career in mental health.

When I saw the job listing for a Peer Support Specialist at the Recovery Station, I knew I had to apply, even though I wasn't sure I would be hired, given my past struggles with addiction. To my amazement, I was offered the position in April 2024. It felt like everything was finally coming together.

I have been clean since July 2020 and doing what I love since I started working at the Recovery Station. In May 2024, I graduated from Bakersfield College Magna Cum Laude, earning an associate's degree in psychology and an associate's degree in liberal arts. This fall, I began my junior year at CSUB, where I am pursuing my bachelor's degree.

Project Name:	PEC & CSU Renovation
Date Started:	Fiscal Year 2022/2023
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 the 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:

PEC & CSU Renovation	FY 2023/2024
Annual Budgeted Funds	$ 1,026,024.00
Unduplicated # Served	N/A
Annual Cost Per Client	N/A

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

Capital Facilities and Technological Needs (CFTN) – PROGRAM WORK PLAN

Project Name:	Website Redesign
Date Started:	June 2023
Provider(s):	KernBHRS
Location(s):	N/A
Program Description:	The website redesign project will upgrade vital communication with Kern County residents through the public-facing website. This multi-year project was managed by the IT Department.
Program Update:	Kern County Board of Supervisors 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:

Website Redesign	FY 2023/2024
Annual Budgeted Funds	$ 22,575.00
Unduplicated # Served	N/A
Annual Cost Per Client	N/A

Project Name:	Westchester HVAC Replacement
Date Started:	FY 2023 - 2024
Provider(s):	KernBHRS
Location(s):	Westchester Building-2001 28th Street, Bakersfield, CA 93301
Program Description:	The heating, ventilation, and air conditioning (HVAC) system at the Westchester Building is outdated and cannot sustain operation during times of extreme heat during the summer months.
Program Update:	The HVAC system repair has not been fully completed, This was a result of the project starting later than anticipated, along with challenges in accessing supplies needed for project completion. The estimated project completion date will be in the latter part of the fiscal year 2024/2025.
Challenges or Barriers:	There were multiple issues with the stat error codes on multiple units that were installed, heating/cooling issues, and control board replacements. Both GS Construction and HVAC Engineering are working to resolve these issues.
Proposed Changes:	None

Budget:

Westchester (HVAC) Replacement	FY 2023/2024
Annual Budgeted Funds	**$ 1,500,000.00**
Unduplicated # Served	**N/A**
Annual Cost Per Client	**N/A**

Grants Overview & Program Work Plans

GRANTS

The Mental Health Services Oversight and Accountability Commission (MHSOAC) distributes competitive grant funding to support specific initiatives through Requests for Proposals (RFP) and Requests for Applications (RFA).

In addition, the Commission periodically releases RFPs in support of stakeholder advocacy efforts addressing the needs of specific groups, including Transition Aged Youth, Veterans, LGBTQ+ communities, Parents and Caregivers, Consumers, Families of Consumers, Diverse Racial and Ethnic Communities, and Immigrants and Refugees. The Commission supports grantees' work through technical assistance.

Grant Programs:

- Early Psychosis Intervention on Plus (Epi Plus)
  - Grant Start Date: 06/2021
  - Length of Program: 4 years
  - Estimated End Date: 02/28/2025

- Mental Health Student Services Act (MHSSA)
  - Grant Start Date: 09/01/2020
  - Length of Program: 7 years
  - Estimated End Date: 12/31/2026

- No Place Like Home (NPLH)
  - Grant Start Date: 07/01/2019
  - Length of Program: 20 years
  - Estimated End Date: 07/01/2039

Important Changes:

- No Place Like Home (NPLH) opened their newest site, College Heights Cottages, bringing the total to five (5) residential locations.
- The Epi Plus grant is set to end on 2/28/2025. The team will continue operating by utilizing Medi-Cal billing.

Grants Program Work Plans



MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

GRANTS – PROGRAM WORK PLAN

Project Name:	Early Psychosis Intervention on PLUS (EPI Plus)
Date Started:	06/07/2021
End Date:	**02/28/2025**
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 youth/ young adults 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 the 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 and family members to become active participants in their treatment and program 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:	Within the last two years, we have successfully welcomed three clients and have received a total of 21 referrals. We have provided 17 educational presentations: 12 locations within KernBHRS, 2 Mental Health Services ACT (MHSA) Community Forums, and 1 presentation with a local contracted clinic, as well as 1 presentation during a community stakeholders meeting.
Challenges or Barriers:	The primary challenge to the program has been staffing. We have hired a licensed clinician and are working to train other KernBHRS clinicians to help mitigate any future staffing challenges. Having program staff trained across different areas of the program would help the Early Psychosis Program continue providing services without disruption to clients and their families.
Proposed Changes:	• Age limit requirement • We are considering expanding the age limit requirement from 15-25, possibly to 15-35. Women's onset of psychosis is usually between 25 years of age and late thirties. This age limit expansion would eliminate any gender gaps that would prevent us from serving anyone who is experiencing the onset of early psychosis symptoms. • The Epi Plus grant is set to end 2/28/2025. The team will continue operating by utilizing Medi-Cal billing.

Success Stories/Program Highlights:

We have successfully enrolled and welcomed three clients. In the last 18 months, all clients have shown a decrease in symptoms and have shown improvement in their role and social functioning. Some examples include clients obtaining jobs, enrolling in school, as well as attending community events and other social group gatherings.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

GRANTS – PROGRAM WORK PLAN

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 for districts to make referrals to mental health providers based on the needs assessment of the student within the 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 8/31/2026.

Eligibility Criteria:	McKinney Vento, Foster Youth, and High-Risk Students at MHSSA selected School Sites
Menu of Services:	• Check and Connect • Referrals for Basic Needs • Biopsychosocial Assessments • Individual Therapy • Risk/Threat Assessments • Mentoring • Substance Abuse Education, Prevention, and Cessation • Crisis Intervention
Program Update:	Improved timely access to mental health services for underserved populations. Increased awareness around mental health-related disorders among families and the community.
Challenges or Barriers:	The challenges encountered by the MHSSA program pertain to limited confidential office space at the various sites. The MHSSA staff have shown flexibility by adjusting to various work environments and coordinating schedules with sites to enhance direct service delivery. Mentors have been moved out of the sites and have begun providing direct services at specific coordinated events that focus on mentoring and improving academics. This has allowed more time for direct services by clinicians and substance abuse specialists. This shift ensures that the program continues offering essential support despite the limitations of office space.
Proposed Changes:	We have made changes to the mentoring program to optimize the available space. We are looking at sustainability options to continue the work beyond 2026.

Success Stories/Program Highlights:

A 13-year-old student was referred to therapy due to depressive symptoms, including low self-esteem, poor concentration, and deep-seated anger and resentment towards his father. He blamed his father for his failing grades and anything that ever went wrong. His relationship with his mother was filled with disrespect and calling her names. Academically, the student was

struggling with a 1.9 GPA and displayed no interest in graduating from middle school. At his initial assessment, the student was administered the Level 2 anger assessment and PHQ-A and obtained a score of 18 and 10, respectively, indicating significant emotional distress. The primary goal was to raise his GPA to 2.0 and graduate from middle school. Through consistent Aggression Replacement Training (ART) sessions, the student began to understand and manage his emotions better, particularly his anger. Upon reassessment, his Level 2 anger score reduced from 18 to 15, and his PHQ-A score improved from 10.0 to 5.0, reflecting a significant reduction in anger and depressive symptoms. The student also worked on mending his strained relationship with his mother, learning to express himself respectfully and appreciate her efforts. After treatment, the student achieved a 2.1 GPA, surpassing his initial goal, and graduated from middle school. His mother reported noticeable improvements in his behavior at home, describing him as "respectful and helpful." Perhaps most importantly, the student expressed a readiness to rebuild his relationship with his father, marking a significant emotional milestone.

MENTAL HEALTH SERVICES ACT ANNUAL UPDATE

GRANTS – PROGRAM WORK PLAN

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 severe mental health disorders and/or substance use disorders. 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 conducted by the Supportive Housing Treatment Team (SHTT). SHTT provides ongoing supportive behavioral health and substance use treatment to NPLH voucher recipients. SHTT provides adjunct services meaning that all service provision for NPLH is in conjunction with a primary treatment team. Services provided on-site include additional case management such as linkage to community resources, education in coping skills such as independent living skills, group therapy, and crisis intervention.
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: • Screening • Assessment • Case management • Psychosocial rehabilitation interventions • Substance use counseling • Individual Therapy • Group Therapy • Crisis Intervention
Program Update:	During FY 2023-2024, we opened our newest NPLH site which is College Heights Cottages. We have a total of 43 NPLH tenants with only 2 vacancies. Vacancies for NPLH are filled in an average of 20 days. We have also continued to conduct eligibility screenings and assessments for individuals who are referred through the Coordinated Entry System. We are also in the process of introducing group therapy to all our NPLH housing sites. We have also introduced the use of tenant conferences that are conducted jointly with the Housing Authority of Kern, which have proven to be successful in ensuring that tenants can avoid eviction.
Challenges or Barriers:	There continues to be a challenge with the refusal of services from NPLH residents who have severe behavioral health and /or SUD concerns. This can lead to long service gaps due to the client's lack of engagement/refusal to accept linkage to services.
Proposed Changes:	Increase partnership with our county behavioral health crisis services and strengthen our relationship with the inpatient hospitals for improvement with care coordination and ongoing services.

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 know 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.

MHSA Program Directory
FY 2025 – 2026



Figure 8
View of Isabella Lake from Wofford Heights

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, including concepts of recovery and resilience, integrated service experiences for clients and families, and 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 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

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 support 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)	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
	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
	Continuum of Care Reform (CCR) Foster Youth Engagement	BAKERSFIELD	Children and Transition Age Youth
	Foster Care Engagement	BAKERSFIELD	Children and Transition Age Youth
	Homeless Outreach Program	BAKERSFIELD	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	
	Recovery Station	BAKERSFIELD	Adults
	Suicide Prevention and Outreach & Engagement (O&E)	BAKERSFIELD	Children, Transition Age Youth, Adults, and Older Adults
	Transition Age Youth (TAY) Dual Recovery	BAKERSFIELD	Transition Age Youth
	Youth Juvenile Justice Engagement	BAKERSFIELD	Children and Transition Age Youth

INNOVATION

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

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 & TRAINING	Residency/Internship	BAKERSFIELD	Students and Staff/Workforce
	Training/Technical Assistance	BAKERSFIELD & ONLINE	Staff/Workforce
	Workforce Staffing	BAKERSFIELD	Staff/Workforce

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	

Annual Revenue and Expenditure Report (ARER)

ANNUAL REVENUE & EXPENDITURE REPORT (ARER)

The Annual Revenue Expenditure Report (ARER) is a critical document that counties must submit to the California Department of Health Care Services (DHCS) **by January 31st**. This report identifies Mental Health Services Act fund expenditures, interest earned, unspent funds, and reversion amounts.

Once the Annual Revenue & Expenditure Report (ARER) is submitted to DHCS, it undergoes a formal revision process.

DHCS Formal Review Process:

- Counties submit the completed Annual Revenue Expenditure Report (ARER) to DHCS for review by the January 31st deadline.
- Review and corrections.
- If ARER is submitted late, DHCS may withhold funds.
- If any MHSA unspent funds remain, DHCS will determine whether the counties must return the funds to the State of California for redistribution.
- DHCS will send Official Reversion Notices if reversion is necessary **by April 30th**.
- The counties have 30 calendar days to appeal reversion.
- DHCS finalizes reversion calculations (including adjustments made per appeal determinations), receives remitted funds from counties, and reallocates them to all other counties. **By October 1st**, DHCS will send the final reversion report to the legislature and post it on the DHCS website.

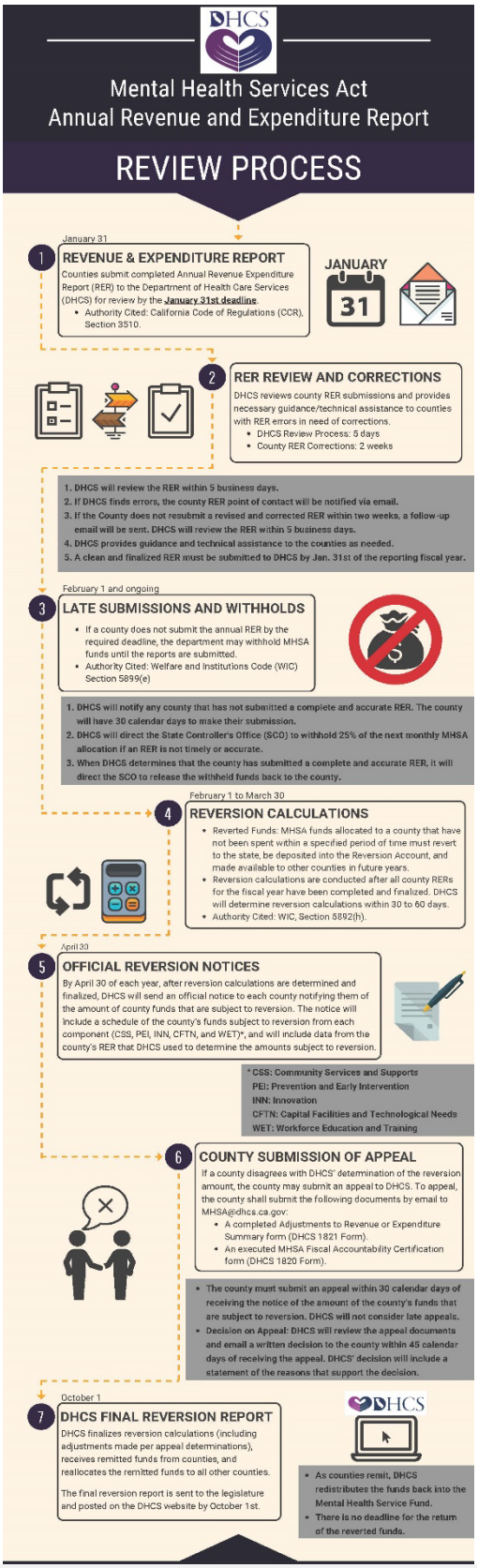


Figure 8
ARER Review Process Infographic

The ARER for FY 2023-2024 is composed of 10 sections:

- **Section 1:** Reporting county information (i.e., reporting year and preparer contact information).
- **Section 2:** Component Summary Worksheet. This worksheet summarizes program expenditures and funding sources, CSS transfers to PEI, INN, WET, CFTN, and Prudent Reserve, and the balance and interest earned in Prudent Reserve.
- **Sections 3 - 7:** These sections provide detailed information for every MHSA Program under its funding categories (CSS, PEI, INN, WET, and CFTN).
- **Section 8:** This section provides space for any necessary adjustments to expenditures or interest revenue that the reporting county must make to previous fiscal year reports.
- **Section 9:** This section reports on any revenue adjustments needed for the previous fiscal year reports.
- **Section 10:** This section adds comments regarding this report.

Highlights:

- In FY 2023-2024, KernBHRS—MHSA PEI Programs used **60.80%** (section 4) of PEI funds to serve individuals 25 years old or younger. The California Code of Regulations, title 9, § 3706(b) requires a minimum of 51%.

- We received feedback from DHCS indicating that the following adjustment needed to be integrated into ARER. The adjustment is as follows:
  - Section 8 – MHSA Adjustments Worksheet
    - CSS Adjustment to pay for FY 2018-2019 WET Expenditure of $1,518,197.57 (paid with funds transferred from CSS Interest Revenue).

- We created a LARGER PRINT version of the ARER for your convenience. The original size ARER is attached at the end of this report (Appendix IV).

Annual Mental Health Services Act (MHSA Revenue and Expenditure Report)
Section 1: Information

1	Date:	1/2/2025
2	ARER Fiscal Year (20YY-YY):	2023-24
3	County	Kern
4	County Code:	15
5	Address:	2001 28th Street
6	City:	Bakersfield
7	Zip:	93301
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Candee Del Rio, MPA
10	Title of Preparer:	KernBHRS Finance Director
11	Preparer Contact Email:	cdelrio@KernBHRS.org
12	Preparer Contact Telephone:	(661) 868-6635

Annual Mental Health Services Act (MHSA Revenue and Expenditure Report)
Section 2: Component Summary

County: Kern	Date:	1/24/2025

		A	B	C	D	E	F
	Interest	**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$ 2,694,424.00	$ 673,606.00	$ 177,265.00	$ -	$ -	$ 3,545,295.00
2	Joint Powers Authority Interest Earned	$ -	$ -	$ -	$ -	$ -	$ -

		A	B	C
	Prudent Reserve (PR)	**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$ 8,716,008.00
4	Transfer from Local Prudent Reserve to CSS or PEI	$ -	$ -	$ -
5	CSS Funds Transferred to Local Prudent Reserve	$ -		$ -
6	Local Prudent Reserve Adjustments			$ -
7	Local Prudent Reserve Ending Balance			$ 8,716,008.00

		A	B	C	D	E	F
	CSS Transferers to PEI, WET, CFTN, or PR	**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
8	Transfers	$ -	$ -	$ -	$ -	$ -	$ -

		A	B	C	D	E	F
	Program Expenditures and Sources of Funding	**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
9	MHSA	$ 66,186,727.00	$ 16,270,950.00	$ 2,211,100.45	$ 3,904,712.00	$ 3,421,822.00	$ 91,995,311.45
10	Medi-Cal FFP	$ 13,397,189.00	$ 2,133,523.00	$ 3,825.21	$ -	$ -	$ 15,534,537.21
11	1991 Realignmen	$ -	$ -	$ -	$ -	$ -	$ -
12	Behavioral Health Subaccount	$ -	$ -	$ -	$ -	$ -	$ -
13	Other	$ 861,035.00	$ 93,969.00	$ 174,361.47	$ -	$ -	$ 1,129,365.47
14	TOTAL	$ 80,444,951.00	$ 18,498,442.00	$ 2,389,287.13	$ 3,904,712.00	$ 3,421,822.00	$ 108,659,214.13

		A
	Misc.MHSA Costs, Expenditures, and Transfers	**TOTAL**
15	Total Annual Planning Costs	$ -
16	Total Evaluation Costs	$ 250,000.01
17	Total Administration	$ 4,425,454.44
18	Total WET RP	$ -
19	Total PEI SW	$ 225,000.00
20	Total MHSA HP	$ -
21	Total Mental Health Services for Veterans	$ 520,670.39
22	Total MHSA IGT Transfer	$ -

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2023-2024
3. COMMUNITY SERVICES AND SUPPORTS (CSS) SUMMARY WORKSHEET

County: Kern				Date:	1/24/2025

	Program Description	CSS Funding (including interest)	Medi-Cal FFP	Other	Grand Total
COMMUNITY SERVICES AND SUPPORTS (CSS)					
Full Service Partnership (FSP Programs)					
1	Adult Transition Team/Homeless Adult Team	$ 8,656,119.00	$ 894,163.00	$ 96,970.00	$ 9,647,252.00
2	Adult Wraparound KernBHRS	$ 2,431,850.00	$ 143,031.00	$ 21,979.00	$ 2,596,860.00
3	Assertive Community Treatment (ACT)	$ 4,993,357.00	$ 310,119.00	$ 12,003.00	$ 5,315,479.00
4	Transition Age Youth (TAY)	$ 4,744,974.00	$ 328,911.00	$ 9,004.00	$ 5,082,889.00
5	Wellness, Independence, and Senior Enrichment (WISE)	$ 3,587,336.00	$ 130,518.00	$ 1,304.00	$ 3,719,158.00
6	Youth Multi-Agency Integrated Services Team (MIST)	$ 2,960,758.00	$ 132,527.00	$ 204.00	$ 3,093,489.00
7	Youth Wraparound	$ 5,869,799.00	$ 603,503.00	$ 23,273.00	$ 6,496,575.00
Non-FSP Programs (also known as SD Programs)					
8	Access & Assessment/Crisis Walk in Clinic (CWIC)	$ 4,941,965.00	$ 289,405.00	$ 24,302.00	$ 5,255,672.00
9	Adult Wraparound CORE	$ 390,433.00	$ 326,647.00	$ 30,382.00	$ 747,462.00
10	Consumer Family Learning Center (CFLC)	$ 1,488,133.00	$ -	$ -	$ 1,488,133.00
11	Home to Stay	$ 789,273.00	$ -	$ -	$ 789,273.00
12	Recovery and Wellness Centers	$ 21,621,414.00	$ 6,332,051.00	$ 641,614.00	$ 28,595,079.00
13	Self-Empowerment Team (SET)	$ 541,394.00	$ -	$ -	$ 541,394.00
	TOTAL FSP PROGRAMS	*$ 33,244,193.00*	*$ 2,542,772.00*	*$ 164,737.00*	*$ 35,951,702.00*
	TOTAL NON-FSP PROGRAMS (SD)	*$ 29,772,612.00*	*$ 6,948,103.00*	*$ 696,298.00*	*$ 37,417,013.00*
	TOTAL CSS PROGRAM EXPENDITURES	**$ 63,016,805.00**	**$ 9,490,875.00**	**$ 861,035.00**	**$ 73,368,715.00**
	CSS ANNUAL PLANNING COST	$ -	$ -	$ -	$ -
	CSS EVALUATION COST	$ 190,000.00	$ -	$ -	$ 190,000.00
	CSS ADMINISTRATION COST	$ 2,979,922.00	$ 3,906,314.00	$ -	$ 6,886,236.00
	TOTAL CSS PROGRAM EXPENDITURES	**$ 66,186,727.00**	**$ 13,397,189.00**	**$ 861,035.00**	**$ 80,444,951.00**
	FSP PROGRAMS AS PERCENT OF TOTAL	**50%**			

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2023-2024
4. PREVENTION AND EARLY INTERVENTION (PEI) SUMMARY WORKSHEET

County: Kern	Date:	1/24/2025

	Program Description	Program Type	Total MHSA Funds (including interest)	Medi-Cal FFP	Other	Grand Total
PREVENTION AND EARLY INTERVENTION (PEI)						
1	Access to Care - Crisis Hotline	Access & Linkage	$ 4,423,630.00	$ -	$ -	$ 4,423,630.00
2	Community Referral Network	Access & Linkage	$ 43,724.00	$ -	$ -	$ 43,724.00
3	Continuum of Care Reform Foster Youth Engagement	Outreach	$ 677,534.00	$ 17,733.00	$ 6,117.00	$ 701,384.00
4	Court Appointed Special Advocates (CASA)	Access & Linkage	$ -	$ -	$ -	$ -
5	Foster Care Engagement	Outreach	$ 1,481,287.00	$ 47,663.00	$ -	$ 1,528,950.00
6	Help Me Grow	Access & Linkage	$ 261,555.00	$ -	$ -	$ 261,555.00
7	Homeless Outreach Program	Access & Linkage	$ 1,447,939.00	$ -	$ -	$ 1,447,939.00
8	KCSOS School Based Program	Access & Linkage	$ 413,592.00	$ -	$ -	$ 413,592.00
9	Living Well	Stigma & Discrimination Reduction	$ 1,932,474.00	$ 117,446.00	$ 9,543.00	$ 2,059,463.00
10	Outreach and Education	Outreach	$ 84,439.00	$ -	$ -	$ 84,439.00
11	Prepare U	Prevention	$ 349,200.00	$ -	$ -	$ 349,200.00
12	Reengagement	Access & Linkage	$ 625,319.00	$ 15,938.00	$ 1,616.00	$ 642,873.00
13	Suicide Prevention Outreach & Education	Outreach	$ 100.00	$ -	$ -	$ 100.00
14	TAY Dual Recovery	Early Intervention	$ 237,168.00	$ -	$ -	$ 237,168.00
15	TAY Self Sufficiency	Access & Linkage	$ 319,645.00	$ -	$ -	$ 319,645.00
16	Volunteer Senior Outreach Program (VSOP)	Outreach	$ 311,777.00	$ -	$ -	$ 311,777.00
17	Youth Brief Treatment (YBT)	Early Intervention	$ 2,261,861.00	$ 1,595,110.00	$ 72,645.00	$ 3,929,616.00
18	Youth Juvenile Justice Engagement	Access & Linkage	$ 164,911.00	$ -	$ 4,048.00	$ 168,959.00
19	Zero Suicide	Suicide Prevention	$ 352,719.00	$ -	$ -	$ 352,719.00
	TOTAL PEI PROGRAM EXPENDITURES		**$ 15,388,874.00**	**$ 1,793,890.00**	**$ 93,969.00**	**$ 17,276,733.00**
	PEI ANNUAL PLANNING COST		$ -	$ -	$ -	$ -
	PEI EVALUATION COST		$ 47,500.00	$ -	$ -	$ 47,500.00
	PEI ADMINISTRATION COST		$ 834,576.00	$ 339,633.00	$ -	$ 1,174,209.00
	PEI FUNDS EXPENDED BY CALMHSA FOR PEI STATEWIDE		$ 225,000.00	$ -	$ -	$ 225,000.00
	TOTAL PEI PROGRAM EXPENDITURES		**$ 16,270,950.00**	**$ 2,133,523.00**	**$ 93,969.00**	**$ 18,498,442.00**

Percent Expended for Clients Age 25 and Under, All PEI	**60.80%**

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2023-2024
5. INNOVATION (INN) SUMMARY WORKSHEET

County: Kern

Date: 1/24/2025

	Program Description	Project MHSOAC Approval Date	Project Start Date	MHSOAC - Authorized INN Project Budget	Project Expenditure Type	Total MHSA Funds (including interest)	Medi-Cal FFP	Other	Grand Total
INNOVATION (INN)									
1	Early Psychosis Learning Health Care Network (EPLHCN)	5/26/2022	5/26/2022	$ 1,632,257.00	Project Administration	$ 104,430.76	$ -		$ 104,430.76
	Early Psychosis Learning Health Care Network (EPLHCN)	5/26/2022	5/26/2022	$ 1,632,257.00	Project Evaluation	$ 4,166.67	$ -		$ 4,166.67
	Early Psychosis Learning Health Care Network (EPLHCN)	5/26/2022	5/26/2022	$ 1,632,257.00	Project Direct	$ -	$ 3,825.21	$ 183.33	$ 4,008.54
	Early Psychosis Learning Health Care Network (EPLHCN)	**5/26/2022**	**5/26/2022**	**$ 1,632,257.00**	**Project Subtotal**	**$ 108,597.43**	**$ 3,825.21**	**$ 183.33**	**$ 112,605.97**
2	Mobile Clinica with Street Psychology (MCSP)	3/24/2022	3/25/2022	$ 8,774,098.00	Project Administration	$ 132,533.68	$ -	$ -	$ 132,533.68
	Mobile Clinica with Street Psychology (MCSP)	3/24/2022	3/25/2022	$ 8,774,098.00	Project Evaluation	$ 4,166.67	$ -	$ -	$ 4,166.67
	Mobile Clinica with Street Psychology (MCSP)	3/24/2022	3/25/2022	$ 8,774,098.00	Project Direct	$ -	$ -	$ -	$ -
	Mobile Clinica with Street Psychology (MCSP)	**3/24/2022**	**3/25/2022**	**$ 8,774,098.00**	**Project Subtotal**	**$ 136,700.35**	**$ -**	**$ -**	$ 136,700.35
3	The Healing Project (AKA Recovery Station)	2/22/2018	6/10/2019	$ 14,685,510.00	Project Administration	$ -	$ -	$ -	$ -
	The Healing Project (AKA Recovery Station)	2/22/2018	6/10/2019	$ 14,685,510.00	Project Evaluation	$ 4,166.67	$ -	$ -	$ 4,166.67
	The Healing Project (AKA Recovery Station)	2/22/2018	6/10/2019	$ 14,685,510.00	Project Direct	$ 1,961,636.00	$ -	$ 174,178.14	$ 2,135,814.14
	The Healing Project (AKA Recovery Station)	**2/22/2018**	**6/10/2019**	**$ 14,685,510.00**	**Project Subtotal**	**$ 1,965,802.67**	**$ -**	**$ 174,178.14**	**$ 2,139,980.81**
					TOTAL INN PROGRAM EXPENDITURES	**$ 2,211,100.45**	**$ 3,825.21**	**$ 174,361.47**	**$ 2,389,287.13**
					INN PROJECT ADMINISTRATION	$ 236,964.44	$ -	$ -	$ 236,964.44
					INN PROJECT EVALUATION	$ 12,500.01	$ -	$ -	$ 12,500.01
					INN PROJECT DIRECT	$ 1,961,636.00	$ 3,825.21	$ 174,361.47	$ 2,139,822.68
					TOTAL INNOVATION EXPENDITURES	**$ 2,211,100.45**	**$ 3,825.21**	**$ 174,361.47**	**$ 2,389,287.13**

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2023-2024

6. WORKFORCE EDUCATION AND TRAINING (WET) SUMMARY WORKSHEET

County: Kern	Date:	1/24/2025

	Program Description	Total MHSA Funds (including interest)	Medi-Cal FFP	Other	Grand Total
WORKFORCE EDUCATION AND TRAINING (WET)					
1	Workforce Staffing	$ 5,090.00	$ -	$ -	$ 5,090.00
2	Training/Technical Assistance	$ 2,217,034.00	$ -	$ -	$ 2,217,034.00
3	Mental Health Career Pathways	$ -	$ -	$ -	$ -
4	Residency/Intership	$ 1,308,596.00	$ -	$ -	$ 1,308,596.00
5	Financial Incentives	$ -	$ -	$ -	$ -
TOTAL INN PROGRAM EXPENDITURES		**$ 3,530,720.00**	**$ -**	**$ -**	**$ 3,530,720.00**
	WET ADMINISTRATION COST	$ 373,992.00	$ -	$ -	$ 373,992.00
	WET EVALUATION COST	$ -	$ -	$ -	$ -
	WET ANNUAL PLANNING	$ -	$ -	$ -	$ -
TOTAL INNOVATION EXPENDITURES		**$ 3,904,712.00**	**$ -**	**$ -**	**$ 3,904,712.00**

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
for FY 2023-2024
7. CAPITAL FACILITY TECHNOLOGICAL NEEDS (CFTN) SUMMARY WORKSHEET

County: Kern	Date:	1/24/2025

	Program Description	Project Type	Total MHSA Funds (including interest)	Medi-Cal FFP	Other	Grand Total
CAPITAL FACILITY TECHNOLOGICAL NEEDS (CFTN)						
1	Healing Project Storm Damage Repairs	Capital Facility	$ 873,223.00	$ -	$ -	$ 873,223.00
2	PECT & CSU Renovation	Capital Facility	$ 1,026,024.00	$ -	$ -	$ 1,026,024.00
3	Westchester Building HVAC Replacement	Capital Facility	$ 1,500,000.00	$ -	$ -	$ 1,500,000.00
4	Website Redesign	Technological Need	$ 22,575.00	$ -	$ -	$ 22,575.00
	TOTAL CFTN PROJECT EXPENDITURES		**$ 3,421,822.00**	**$ -**	**$ -**	**$ 3,421,822.00**
	CFTN ADMINISTRATION COST		$ -	$ -	$ -	$ -
	CFTN EVALUATION COST		$ -	$ -	$ -	$ -
	CFTN ANNUAL PLANNING		$ -	$ -	$ -	$ -
	TOTAL CAPITAL FACILITY TECHNOLOGICAL NEEDS EXPENDITURES		**$ 3,421,822.00**	**$ -**	**$ -**	**$ 3,421,822.00**

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report for FY 2023-2024
8. MHSA ADJUSTMENTS WORKSHEET

County: Kern				Date:	1/24/2025

#	ACCOUNT	ADJUSTMENT TYPE	ADJUSTMENT TO FISCAL YEAR (20YY-YY)	AMOUNT	REASON
1	CSS	Expenditure	2018-19	$ 1,518,197.57	Transfer of CSS to WET

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
9. Adjustment (FFP)

County: Kern		Date:	1/24/2025

Nothing to Report.

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
10. Comments

County: Kern		Date:	1/24/2025

Nothing to Report.



Certifications & Compliance

MHSA COUNTY COMPLIANCE CERTIFICATION

County: KERN COUNTY

Local Mental Health Director	Program Lead
Name: ALISON BURROWES	Name: DR. CHRISTINA RAJLAL
Telephone Number: (661) 868-6609	Telephone Number: (661) 868-6681
E-mail: ABurrowes@kernbhrs.org	E-mail: CRajlal@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 [redacted] 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)

Signature

Date

County: KERN

Date:

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:

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT **FY:** 2023-2024

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: 2025.01.29 14:14:25 -08'00'	1/29/25
Local Mental Health Director (PRINT)	Signature	Date

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

DHCS 1820 (02/19)

Exhibit C: 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:	Mark Kimmel Contact Name	Mkimmel@kernbhrs.org Email	(661) 868-6681 Phone Number
c. Date of Completion:	9/23/24		

Section II: Reporting			
a. Reporting Period:	7/1/23	through	6/30/24
b. Number of people assessed for co-occurring MH and SUD:	4,353.00		
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)

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		
Recovery Station				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 of 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 funding contributions to PEI programs. The Community Planning and Stakeholder Feedback chapter of this plan contains a summary of the stakeholder process. Additionally, the funding breakdown by each listed category can be found below:

Table 2: Funding Breakdown by PEI Categories

Category 1 - Childhood trauma prevention and early intervention to deal with the early origins of mental health needs.	
Programs	**Budget FY 2023/2024**
CASA	$ 0.00
Continuum of Care	$ 701,384.00
Help Me Grow	$ 261,555.00
TAY Dual Recovery	$ 237,168.00
Youth Brief Treatment	$ 3,929,616.00
Total	**$ 5,129,723.00**

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 2023/2024**
Community Referral Network	$ 43,724.00
Continuum of Care	$ 701,384.00
Foster Care Engagement	$ 1,528,950.00
Help Me Grow	$ 261,555.00
Homeless Outreach	$ 1,447,939.00
Prepare U	$ 349,200.00
Reengagement	$ 642,873.00
Youth Juvenile Justice Engagement	$ 168,959.00
Total	**$ 5,144,584.00**

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 2023/2024**
Crisis Hotline	$ 4,423,630.00
KCSOS – School-Based Program	$ 413,592.00
Outreach & Education	$ 84,439.00
Prepare U	$ 349,200.00
Suicide Prevention Outreach	$ 100.00
TAY Self Sufficiency	$ 319,645.00
Youth Juvenile Justice Engagement	$ 168,959.00
Zero Suicide	$ 352,719.00
Total	**$ 6,112,284.00**

*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 2023/2024**
Living Well	$ 2,059,463.00
Total	**$ 2,059,463.00**

Category 5 - Strategies targeting the mental health needs of older adults.	
Programs	**Budget FY 2023/2024**
Crisis Hotline	$ 4,423,630.00
Homeless Outreach	$ 1,447,939.00
VSOP	$ 311,777.00
Total	**$ 6,183,346.00**

2. If the county had determined to pursue alternative or additional priorities to those listed in Section 5840.7(a), how did it make these determinations through its community partner process?
    a. At this time, the county has no 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.

Exhibit E: Disclosure

Following the MHSA review by the Department of Health Care Services (DHCS) on March 8, 2022, it was noted that KernBHRS needed to revise and update the naming convention of the 3-Year Program, Annual Update, and Expenditure Plan. This review, which is crucial to our ongoing commitment to transparency and accountability, reaffirms our dedication to these principles and the trust of our stakeholders.

Please note that this Annual plan is titled "**Kern County Mental Health Services Act (MHSA) Annual Update Plan FY 2025-2026**". 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 KernBHRS should correct the title to reflect the upcoming fiscal year, which not only aligns with the MHSA requirements but also provides a clearer understanding of the plan's timeline, reassuring stakeholders of our compliance and clarity.

Furthermore, in this current plan titled "**Kern County Mental Health Services Act (MHSA) Annual Update FY 2025-2026**," the reader will find this plan to include the following practices:

- Most of the data and fiscal amounts in this plan refer to data and amounts from Fiscal Year 2023-2024. The most currently available and complete data from Fiscal Year 2023-2024 was used to write the plan.

- It's important to note that this plan has been written and explicitly adopted for the fiscal year 2025-2026. This clarity ensures that all future discussions and actions are based on the most current and relevant information. This plan's title reflects the MHSA requirement (*see **Appendix I – MHSOAC – MHSA Plans, Updates, and Reports)*** for the Annual Update to the 3-Year Program & Expenditure Plan due on or before **06/30/2025**; therefore, it will be named **Kern County Mental Health Services Act (MHSA) Annual Update FY 2025-2026**.

Kern County CSS Capacity Assessment

The Community Services and Supports component comprises eight Full-Service Partnership (FSP) programs and seven non-FSP programs designed to support a continuum of services that support the mental health needs of diverse children, TAY, Adults, and Older Adults according to need.

In accordance with 9 CCR § 3650, 9 CA ADC §3650, each CSS/FSP program was developed through the Community Program Planning process (CPPP) and includes a description of services, goals of the program, the targeted number of people to be served by age group, demographics of consumers, program outcomes, and includes a summary of challenges and solutions related to program implementation. The most current FY 2023-2024 information is found under each program's Overview & Program Work Plan section of this document (see *Table of Contents* for specific page numbers).

As part of program implementation, KernBHRS is committed to the ongoing review of community behavioral health needs, staff capacity, and the public behavioral health system. This commitment ensures that our programs continuously adapt to meet our community's evolving needs.

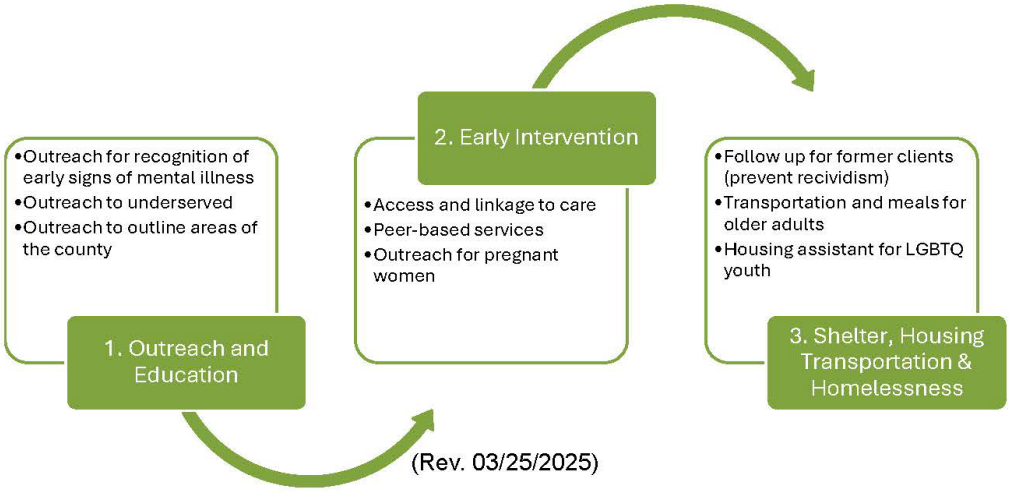
KernBHRS collects, prepares, and presents data and information to its stakeholders. These stakeholders, including program managers and policymakers, play a crucial role in the assessment process. They review the information and provide feedback on affirming existing programs, services, populations, strategies, identifying additional populations, program improvement, design, priorities, and unmet needs. Their feedback is instrumental in shaping the future of our mental health services.

TRENDS IN STAKEHOLDER FEEDBACK

The following trends have been identified from stakeholder feedback. Information is used in program development, expansion, evaluation, and quality improvement efforts.

Overview: Trends in Stakeholder Feedback for FY 2023-2024

Based on a recent analysis of stakeholder data from FY 2023-2024, MHSA stakeholders identified the following priorities. The priorities were reviewed and affirmed at the Community Forums (or Stakeholder Meetings) held on 04/09/25 and 04/16/25.



(Rev. 03/25/2025)

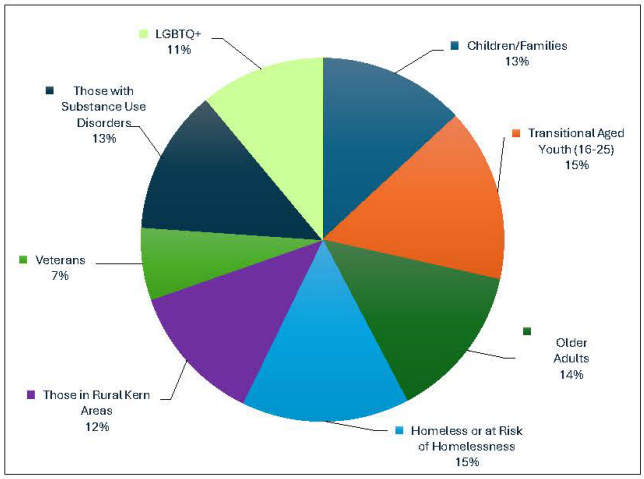
Overview: Priority Issues by Age Group

Based on a recent analysis of stakeholder data from the past year, the following priorities have been identified by the MHSA age group. The priorities were reviewed and affirmed at the Community Forums (*or Stakeholder Meetings*) held on 04/09/25 and 04/16/25.

Children/Youth (0-15)	Transitional Aged Youth (16-25)	Adults (26-59)	Older Adults (60+)
Expand access to services in a natural setting	Early mental health services for pregnant TAY youth	Follow-up with former clients (maintaining quality of life or support community involvement)	Assistance with transportation and food
Coordination of multiple services	Homeless Youth	Childcare assistance for clients with children	Self-care classes (yoga, sewing, and crafts)
Improve collaboration with the school district and school-based infrastructure	Housing program for LGBTQ TAY youth who face homelessness	Specialized services for Veterans	Older adults who are unable to care for themselves but not due to a treatable mental illness, i.e., dementia or traumatic brain injury
Innovative services to serve teens.	Coordination of multiple services	Assistance with transportation to and from appointments	Specialized services for Veterans
	Transition from the welfare or justice system	Self-care classes (yoga, sewing, and crafts)	Cultural Sensitivity/Culturally specific programming

Overview: Unserved/underserved Populations

A recent analysis of stakeholder data from the past year identified the following priorities for unserved/underserved populations. The priorities were reviewed and affirmed at the Community Forums (*or Stakeholder Meetings*) held on 04/09/25 and 04/16/25.



(Rev. 03/25/2025)

COUNTY DEMOGRAPHICS OVERVIEW

Kern BHRS prepared an analysis of available Kern County data to understand the scope of mental health needs among our target populations. The data was reviewed and analyzed to determine estimates of the county's unserved, underserved, and inappropriately served individuals.

According to California Department of Finance estimates for 2024, Kern County has a total population of 909,235, with a projected growth of 5% between 2023 and 2024. The chart below indicates the current breakdown of the population into gender, age, and racial and ethnic categories.

KERN COUNTY	POPULATION	% OF TOTAL POPULATION
Gender		
Male	460,227	51%
Female	449,008	49%
Ethnicity		
White/Caucasian	370,335	38%
Hispanic/Latino	499,412	51%
American Asian/Pacific Islander (AAPI)	46,550	5%
Black/African American	49,792	5%
Native American Indian/Alaskan Native (AIAN)	17,262	2%
Other	1,413	0%
Age		
0-5 years	63,450	7%
6-14 years	149,922	16%
15-59 years	540,596	59%
60+ years	155,267	17%
Total Population	**909,235**	

MEDI-CAL BENEFICIARIES

Kern BHRS is the safety net provider for Medi-Cal beneficiaries who qualify for specialty mental health program services. Many CSS programs leverage Medi-Cal in the delivery of MHSA services. A review of Medi-Cal beneficiary demographics provides additional context for the target populations served through MHSA programs and assists in potentially identifying underserved, unserved, or inappropriately served populations.

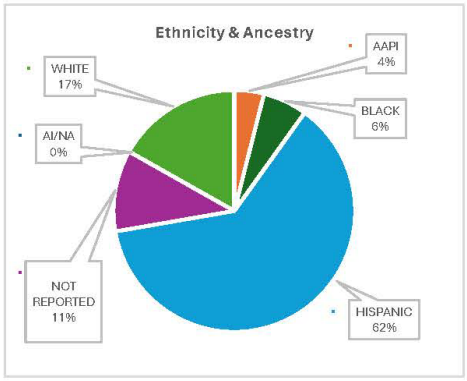
California Health and Human Services (CalHHS) calculates the number of Medi-Cal eligible beneficiaries monthly and publishes them online. The information below represents the fiscal year (FY) 2023-24 for average Medi-Cal eligible beneficiaries. For FY 2023-24, an average of 473,178 Kern County residents were identified as Medi-Cal Eligible. The information below provides a snapshot of the demographics for Kern County Medi-Cal eligible beneficiaries during that time.

(Rev. 03/25/2025)

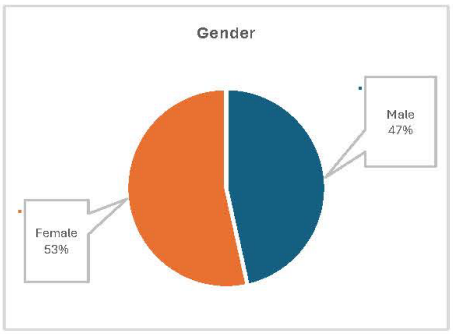
Ethnicity and Ancestry

Medi-Cal eligible beneficiaries by Ethnicity and Ancestry were as follows:

- 6% were African American
- 4% were Asian/Pacific Islander
- 17% were Caucasian
- 63% were Hispanic/Latino
- 1,010 were Native American Indian/Alaskan Native (AIAN) (illustrated as 0% as 0% in the graph)
- 11% identified as not reported/other
- N=473,178



Gender



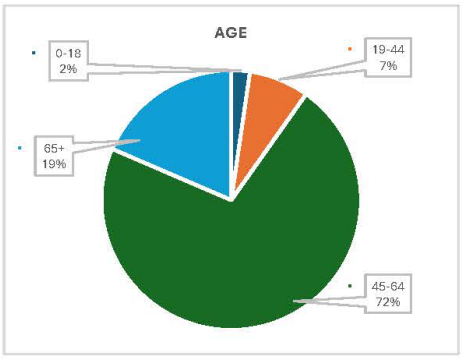
Medi-Cal eligible beneficiaries by gender were as follows:

- 53% were female
- 47% were male
- N=473,178

Age

Medi-Cal eligible beneficiaries by age groups were as follows:

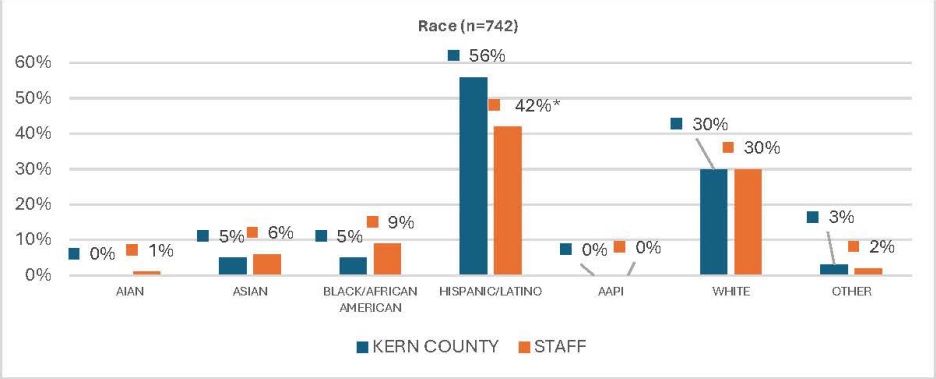
- 40% were aged 0-18
- 36% were 19-44
- 17% were aged 45-64
- 7% were over 65 years of age
- N=473,178



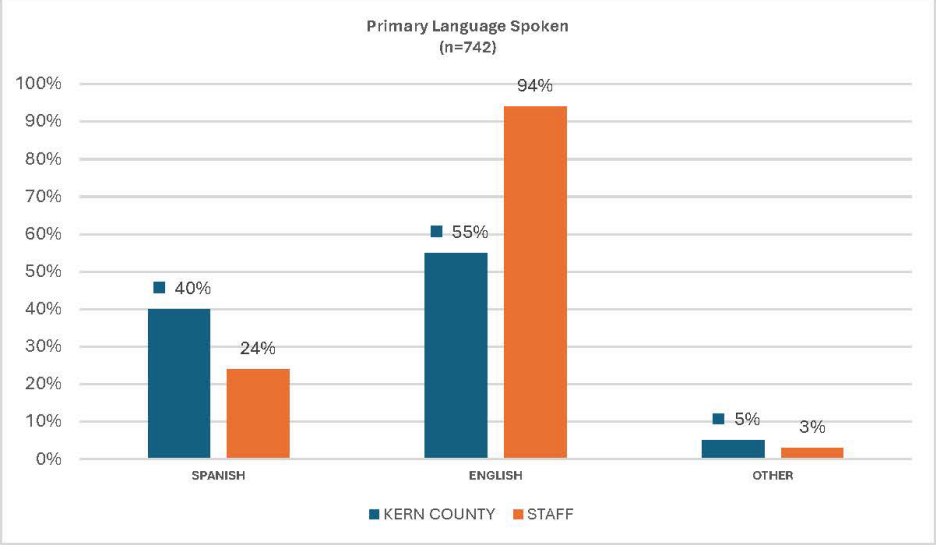
(Rev. 03/25/2025)

BEHAVIORAL HEALTH WORKFORCE DEMOGRAPHICS

This section provides breakdowns of diverse cultural, racial/ ethnic, and linguistic groups represented among direct service providers compared to the total population needing services and the total population being served. The information shown is volunteered by staff who elect to disclose their *ethnoracial identity*.



***Underrepresented Groups:** Hispanics are significantly underrepresented in the behavioral health workforce in Kern County, at nearly 14% below the population average countywide.



(Rev. 03/25/2025)

FULL-SERVICE PARTNERSHIPS POPULATION

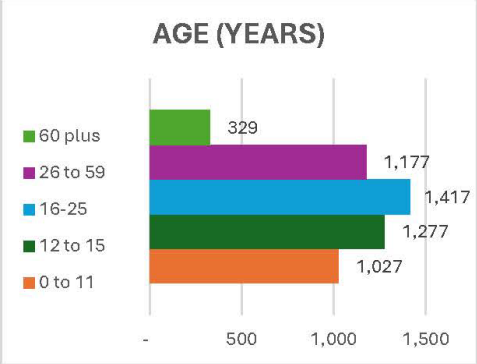
The CSS section of this Annual Update to the 3-Year Plan 2023-26 contains detailed overviews of all Full-Service Partnership (FSP) programs, including demographics, projected numbers served, goals, and outcomes. Programs are designed to meet the needs of specific populations. Below is a list of the prioritized populations for FSP programs by the MHSA age group.

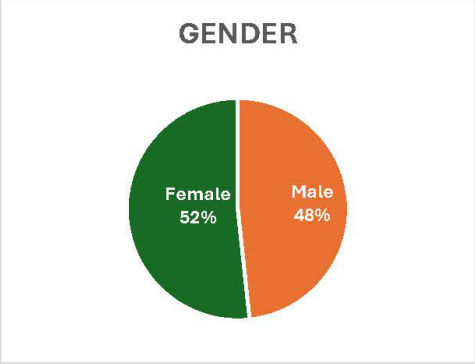
Children and Youth	Transitional Age Youth
• Those Children and youth with a high utilization of behavioral health services and psychiatric hospitalizations. • Those children and foster care with placement disruptions. • Those children and youth with serious emotional disturbance and severe and persistent mental illness. • Those children and youth whose parents/caregivers are experiencing substance abuse disorder and/or co-occurring disorders. • Those children and you who are at risk of being removed from placement or homelessness. • Those children and youth are involved with the juvenile justice system. • Those children and youth with substance abuse issues. • Those children and youth who have experience with human trafficking. • Children and youth who meet the criteria for Pathways and Well-Being Services. • Children and youth with impairments interfere with important areas of functioning.	• Those transitional age youth struggle with mental health and substance use. • Those transitional age youth who are at risk of homelessness. • Those transitional age youth who have been emancipated from the foster care system. • Those transitional age youth who are justice-involved.

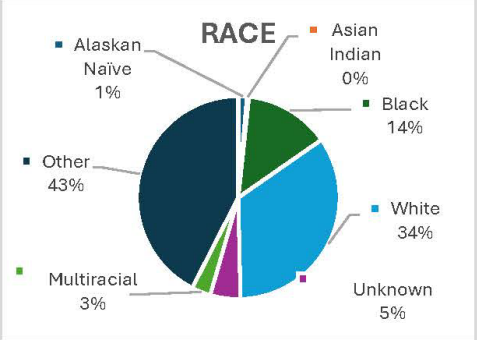
(Rev. 03/25/2025)

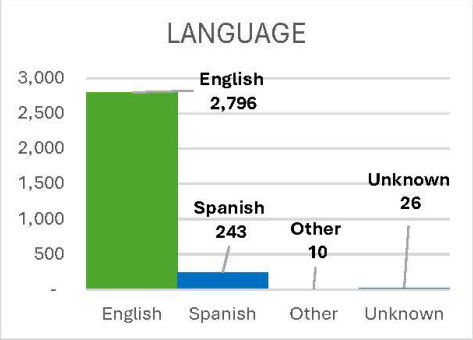
Adults	Older Adults
• Those adults living with serious mental illness • Those adults who are homeless or at risk of homelessness. • Those adults who have difficulties utilizing traditional case management or office-based outpatient services. • Those adults who are justice involved and transitioning from the criminal justice system. • Those adults with a high utilization of crisis services and hospitalizations. • Those adults who are at risk of being institutionalized.	• Those older adults who are at risk of homelessness. • Those older adults who are at risk for out-of-pocket (SNF). • Those older adults who are at risk for psychiatric or medical. • Those older adults who are at serious risk for suicide. • Those older adults who have a recurrent history or serious risk of abuse or self-neglect (isolated).

Full-Service Partnership (FSP) Demographics









(Rev. 03/25/2025)

ESTIMATION OF NEEDS

Disparities can be identified by comparing the Medi-Cal eligible beneficiaries' group to the Mental Health Medi-Cal consumers served in Fiscal Year 2023-2024. For CSS programs, Medi-Cal is frequently leveraged to expand services. One of the variables we used to estimate needs is the Medi-Cal Penetration Rate (PR). The penetration rate measures the total beneficiaries served based on the Medi-Cal beneficiaries.

This measure can partially assist in identifying disparities. It is important to note that Medi-Cal utilization only represents a portion of MHSA services. Individuals served through non-billable MHSA services are not included in this analysis. The table below shows beneficiaries served by ethnicity in August 2024, which is the most current and accurate data available.

RACE/ETHNICITY	MENTAL HEALTH CLIENTS SERVED	MEDI-CAL ELIGIBLE BENEFICIARIES	KERNBHRS PR	STATEWIDE PR
African American	286	39,382	1.8%	2.80%
Asian/Pacific Islander	47	27,82	2.4%	3.80%
Hispanic/Latino	5,996	406,181	3.2%	25.17%
Native American	26	1,716	4.4%	0%
Other	85	10,175	2.1%	8.66%
White	4,756	134,930	7.6%	13.40%
Total	11,196	620,204	7.25%	8.97%

1. **General Trends in Mental Health Service Utilization**
   - **a)** The overall KernBHRS penetration rate (7.25%) is slightly below the statewide rate (8.97%), suggesting that Kern County serves Medi-Cal beneficiaries at a somewhat lower rate than the state average.
   - **b)** However, significant disparities exist between racial/ethnic groups, with some populations experiencing significantly lower access to mental health services than others.
2. **Disparities and Unmet Needs by Race/Ethnicity Underserved Groups (Low Penetration Rates)**

   a) Hispanic/Latino (3.2%): Although they make up the largest proportion of Medi-Cal beneficiaries (406,181 individuals), their penetration rate is far below the statewide average (25.17%).

      1) This signals a severe gap in mental health service utilization, likely due to language barriers, cultural stigma, provider shortages, and limited outreach.

      2) The 22-percentage-point gap compared to the state is a significant concern for equity in mental health access.

   b) African American (1.8%): With 39,382 Medi-Cal eligible individuals, this group's penetration rate is below the statewide average (2.8%).

(Rev. 03/25/2025)

1) Factors like cultural stigma, distrust in healthcare systems, and lack of culturally competent providers may contribute to this lower utilization.

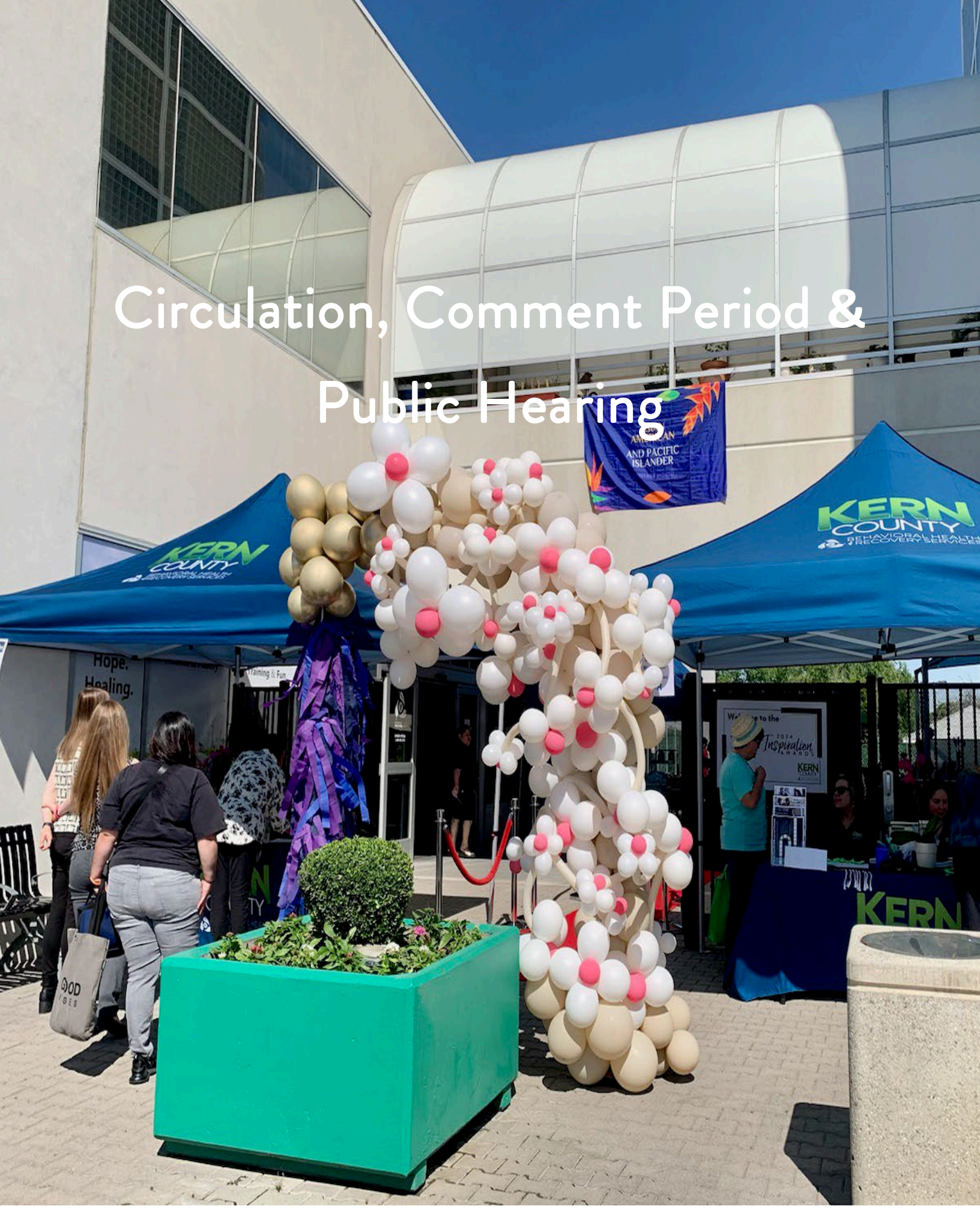
Higher Service Utilization (Unexpectedly High Penetration Rates)

1. White (7.6%): While still below the statewide rate (13.4%), White individuals have the highest penetration rate among the major racial/ethnic groups in Kern County.
    a) This suggests that White individuals face fewer systemic barriers to accessing mental health care compared to other racial groups.
2. Native American (4.4%): This penetration rate is higher than some other groups in Kern County, but because the statewide rate (0%) is not reported, comparison is difficult.
    a) However, given the high rates of mental health concerns in Native American communities, their actual need may still exceed their level of service utilization.

Key Takeaways on Unmet Needs

- Overall, Kern County's access to services (7.25%) is close to the state average (8.97%), meaning the county provides services at a reasonable level compared to other regions.
- Hispanic/Latino individuals remain the most underserved group, with a penetration rate (3.2%) significantly below the state (25.17%), suggesting severe unmet mental health needs.
- African Americans (1.8%) and the "Other" category (2.1%) also face significant disparities, with penetration rates far below the state average.
- White individuals (7.6%) have better access than most other groups, though the rate is still below the statewide rate (13.4%).
- Native Americans (4.4%) have moderate access, but their actual level of unmet need is unclear without a state comparison.

Circulation, Comment Period & Public Hearing



Comment Period and Public Hearing:

(Audit findings #1 and #2)

Refer back to Welfare and Institution Code (W&I Code) section 5848(b); California Code of Regulations (Cal. Code Regs.), title 9, section 3315(a)(3)).

- **Key points about W&I Code section 5848(b):**
    - **Focus on Mental Health Planning:** This section primarily deals with the planning and budgeting process for mental health services within a county, requiring the local mental health board to actively participate.
    - **Three-Year Plan Development:** The board must review and approve a comprehensive three-year program and expenditure plan, outlining the county's intended mental health services and associated funding allocation.
    - **Stakeholder Engagement:** The plan development process should involve input from various stakeholders like community members, healthcare providers, and veterans organizations.
    - **Public Hearing Requirement:**

Before finalizing the plan, the local mental health board must conduct a public hearing to allow community feedback and concerns to be addressed.

- Provide feedback process and forms
- Who addresses the concerns, etc?
- Perhaps also show some kind of timeline or chain of command we follow

Appendices

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.

A

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

AWA – Acting with Awareness model

AWOL – Absent without Official Leave

B

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

C

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

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

D

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

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

EFC – Extended Foster Care (EFC) Program allows eligible youth in the child welfare and probation systems to remain in foster care until age 21.

EFY – Extended Foster Youth

F

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

G

GA – General Assistance

GAD-7 – Generalized Anxiety Disorder

GBLA – Greater Bakersfield Legal Assistance

GSA – Geographic Service Area

GSH – Good Samaritan Hospital

H

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

I

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

J

JPPS – Juvenile Probation Psychiatric Services

K

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

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&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

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 – 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

N

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

O&E – Outreach and Education (PEI funded) or Outreach and Engagement (CSS funded).

OCD – Obsessive-Compulsive Disorder

OD – Overdose

ODD – Oppositional Defiant Disorder

OES – Office Emergency Services

OP – Outpatient

P

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

Q

QI – Qualified Individual

QIC – Quality Improvement Committee

QID – Quality Improvement Division

QPR – Question, Persuade, and Refer

QQID – Quarterly Quality Improvement Division

R

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

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

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

T

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

U

UADS – Urine Analysis Drug Screen

UMDAP – Uniform Method of Determining Ability to Pay

UOR – Unusual Occurrence Report

USA – United States of America

V

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

W

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

X – Times

Y

Y/O – Years Old

YBT – Youth Brief Treatment

YDC – Youth Development Center

Z

ZS – Zero Suicide

Appendix III: List of Figures

Item#	Description	Source	Section
Figure 1	Light Up in Green for Mental Health Month	Courtesy of PIO Team	Welcome letter
Figure 2	2024 Bakersfield American Indian Health Project (BAIHP) Spring Festival	Courtesy of MHSA Coordination Team	Land Acknowledgement
Figure 3	Mouth of Canyon	Courtesy of MHSA Coordination Team	Demographics
Figure 4	Cruising the Kern County Roads	Courtesy of MHSA Coordination Team	Executive Summary
Figure 5	Kern Psychiatric Health Facility	Courtesy of PIO Team	Performance Outcome Reports
Figure 6	FREE Family Day at the California Living Museum (CALM)	Courtesy of PIO Team	Stakeholder Involvement & CPPP
Figure 7	Amazing Clouds	Courtesy of MHSA Coordination Team	2023-2024 MHSA Funded Programs
Figure 8	ARER Review Process Infographic	Courtesy of MHSOAC and DHCS	Annual Revenue & Expenditure Report

Annual Revenue and Expenditure Report (ARER) – Section 1 Information Worksheet

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 A (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Information Worksheet

1	Date:	1/24/2025
2	ARER Fiscal Year *(20YY-YY):*	2023-24
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 (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Component Summary Worksheet

County:	Kern	Date:	1/24/2025

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$2,694,424.00	$673,606.00	$177,265.00	$0.00	$0.00	$3,545,295.00
2	Joint Powers Authority Interest Earned	$0.00	$0.00	$0.00	$0.00	$0.00	$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 to CSS or PEI	$0.00	$0.00	$0.00
5	CSS Funds Transferred to Local Prudent Reserve	$4,156,584.00		$4,156,584.00
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$12,872,592.00

		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	-$12,032,279.00	$0.00	$7,875,695.00	$0.00	$4,156,584.00	$0.00

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
9	MHSA	$66,186,727.00	$16,495,950.00	$2,211,100.45	$3,904,712.00	$3,421,822.00	$92,220,311.45
10	Medi-Cal FFP	$13,397,189.00	$2,133,523.00	$3,825.21	$0.00	$0.00	$15,534,537.21
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	$861,035.00	$93,969.00	$174,361.47	$0.00	$0.00	$1,129,365.47
14	**TOTAL**	**$80,444,951.00**	**$18,723,442.00**	**$2,389,287.13**	**$3,904,712.00**	**$3,421,822.00**	**$108,884,214.13**

		A
SECTION 5: Miscellaneous MHSA Costs, Expenditures, and Transfers		**TOTAL**
15	**Total Annual Planning Costs**	$0.00
16	**Total Evaluation Costs**	$250,000.01
17	**Total Administration**	$4,425,454.44
18	**Total WET RP**	$0.00
19	**Total PEI SW**	$0.00
20	**Total MHSA HP**	$0.00
21	**Total Mental Health Services For Veterans**	$520,670.39
22	**Total MHSA IGT Transfer**	$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 C (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Community Services and Supports (CSS) Summary Worksheet

County:	Kern	Date:	1/24/2025

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					$0.00
2	CSS Evaluation Costs	$190,000.00					$190,000.00
3	CSS Administration Costs	$2,979,922.00	$3,906,314.00				$6,886,236.00
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	$7,875,695.00					$7,875,695.00
9	CSS Funds Transferred to CFTN						$0.00
10	CSS Funds Transferred to PR	$4,156,584.00					$4,156,584.00
11	CSS Program Expenditures	$63,016,805.00	$9,490,875.00	$0.00	$0.00	$861,035.00	$73,368,715.00
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$78,219,006.00**	**$13,397,189.00**	**$0.00**	**$0.00**	**$861,035.00**	**$92,477,230.00**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN, and PR)**	**$66,186,727.00**	**$13,397,189.00**	**$0.00**	**$0.00**	**$861,035.00**	**$80,444,951.00**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J	K
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	15	Adult Transition Team/Homeless Adult Team		FSP	$8,656,119.00		$894,163.00			$96,970.00	$9,647,252.00
15	15	Adult Wraparound KernBHRS		FSP	$2,431,850.00		$143,031.00			$21,979.00	$2,596,860.00
16	15	Assertive Community Treatment (ACT)		FSP	$4,993,357.00		$310,119.00			$12,003.00	$5,315,479.00
17	15	Transition Age Youth (TAY)		FSP	$4,744,974.00		$328,911.00			$9,004.00	$5,082,889.00
18	15	Wellness, Independence, and Senior Enrichment (WISE)		FSP	$3,587,336.00		$130,518.00			$1,304.00	$3,719,158.00
19	15	Youth Mulit-Agency Integrated Services Team (MIST)		FSP	$2,960,758.00		$132,527.00			$204.00	$3,093,489.00
20	15	Youth Wrapround		FSP	$5,869,799.00		$603,503.00			$23,273.00	$6,496,575.00
21	15	Access & Assessment/Crisis Walk In Clinic (CWIC)		Non-FSP	$4,941,965.00		$289,405.00			$24,302.00	$5,255,672.00
22	15	Adult Wraparound Core		Non-FSP	$390,433.00		$326,647.00			$30,382.00	$747,462.00
23	15	Consumer Family Learning Center (CFLC)		Non-FSP	$1,488,133.00						$1,488,133.00
24	15	Home to Stay		Non-FSP	$789,273.00						$789,273.00
25	15	Recovery and Wellness Centers		Non-FSP	$21,621,414.00		$6,332,051.00			$641,614.00	$28,595,079.00
26	15	Self-Empowerment Team (SET)		Non-FSP	$541,394.00						$541,394.00
27											$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 D (12/24)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Kern	Date:	1/24/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs	$0.00					$0.00
2	PEI Evaluation Costs	$47,500.00					$47,500.00
3	PEI Administration Costs	$834,576.00	$339,633.00				$1,174,209.00
4	PEI Funds Expended by CalMHSA for PEI Statewide						$0.00
5	PEI Funds Transferred to JPA						$0.00
6	PEI Expenditures Incurred by JPA	$225,000.00					$225,000.00
7	PEI Program Expenditures	$15,388,874.00	$1,793,890.00	$0.00	$0.00	$93,969.00	$17,276,733.00
8	Total PEI Expenditures (Excluding Transfers and PEI Statewide)	$16,495,950.00	$2,133,523.00	$0.00	$0.00	$93,969.00	$18,723,442.00

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	59.97%	

SECTION THREE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O	P
#	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)	MHSA IGT	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%	$4,423,630.00						$4,423,630.00
11	15	Community Referral Network		Standalone	Access and Linkage		100%	0%	0.0%	$43,724.00						$43,724.00
12	15	Continuum of Care Reform Foster Youth Engagement		Standalone	Outreach		100%	0%	0.0%							$0.00
13	15	Court Appointed Special Advocates		Standalone	Access and Linkage		100%	0%	0.0%							$0.00
14	15	Foster Care Engagement		Standalone	Outreach		100%	100%	100.0%	$2,158,821.00		$65,336.00			$6,117.00	$2,230,334.00
15	15	Help Me Grow		Standalone	Access and Linkage		100%	100%	100.0%	$261,555.00						$261,555.00
16	15	Homeless Outreach Program		Standalone	Access and Linkage		100%	21%	21.0%	$1,447,333.00						$1,447,333.00
17	15	KCSOS School Based Program		Standalone	Access and Linkage		100%	100%	100.0%	$413,592.00						$413,592.00
18	15	Living Well		Standalone	Stigma & Discrimination Reduction		100%	51%	51.0%	$1,932,474.00		$117,446.00			$3,543.00	$2,053,463.00
19	15	Outreach and Education		Standalone	Outreach		100%	50%	50.0%	$84,439.00						$84,439.00
20	15	Prepare U		Standalone	Prevention		100%	100%	100.0%	$343,200.00						$343,200.00
21	15	Reengagement		Standalone	Access and Linkage		100%	0%	0.0%	$625,319.00		$15,338.00			$1,616.00	$642,873.00
22	15	Suicide Prevention Outreach & Education		Standalone	Outreach		100%	0%	0.0%	$100.00						$100.00
23	15	TAY Dual Recovery		Standalone	Early Intervention		100%	100%	100.0%	$237,168.00						$237,168.00
24	15	TAY Self Sufficiency		Standalone	Access and Linkage		100%	100%	100.0%	$319,645.00						$319,645.00
25	15	Volunteer Senior Outreach Program (VSOP)		Standalone	Outreach		100%	0%	0.0%	$311,777.00						$311,777.00
26	15	Youth Brief Treatment (YBT)		Standalone	Early Intervention		100%	100%	100.0%	$2,261,861.00		$1,595,110.00			$72,645.00	$3,929,616.00
27	15	Youth Juvenile Justice Engagement		Standalone	Access and Linkage		100%	100%	100.0%	$164,311.00					$4,048.00	$168,359.00
28	15	Zero Suicide		Standalone	Suicide Prevention		100%	33%	33.0%	$352,719.00						$352,719.00
29																$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 E (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Innovation (INN) Summary Worksheet

County:	Kern	Date:	1/24/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs	$0.00					$0.00
2	INN Indirect Administration	$0.00					$0.00
3	INN Funds Transferred to JPA						$0.00
4	INN Expenditures Incurred by JPA						$0.00
5	INN Project Administration	$236,964.44	$0.00	$0.00	$0.00	$0.00	$236,964.44
6	INN Project Evaluation	$12,500.01	$0.00	$0.00	$0.00	$0.00	$12,500.01
7	INN Project Direct	$1,961,636.00	$3,825.21	$0.00	$0.00	$174,361.47	$2,139,822.68
8	INN Project Subtotal	$2,211,100.45	$3,825.21	$0.00	$0.00	$174,361.47	$2,389,287.13
9	Total Innovation Expenditures (Excluding Transfers to JPA)	**$2,211,100.45**	**$3,825.21**	**$0.00**	**$0.00**	**$174,361.47**	**$2,389,287.13**

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
#		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)	MHSA IGT	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	A	15	Early Psychosis Leaning Health Care Network		5/26/2022	5/26/2022	$1,542,709.00		Project Administration	$104,430.76						$104,430.76
10	B	15	Early Psychosis Leaning Health Care Network		5/26/2022	5/26/2022	$1,542,709.00		Project Evaluation	$4,166.67						$4,166.67
10	C	15	Early Psychosis Leaning Health Care Network		5/26/2022	5/26/2022	$1,542,709.00		Project Direct			$3,825.21			$183.33	$4,008.54
10	**D**	**15**	**Early Psychosis Leaning Health Care Network**		**5/26/2022**	**5/26/2022**	**$1,542,709.00**		**Project Subtotal**	**$108,597.43**	**$0.00**	**$3,825.21**	**$0.00**	**$0.00**	**$183.33**	**$112,605.97**
11	A	15	Moblie Clinica with Street Psychology (MCSP)		3/24/2022	3/25/2023	$1,572,041.00		Project Administration	$132,533.68						$132,533.68
11	B	15	Moblie Clinica with Street Psychology (MCSP)		3/24/2022	3/25/2023	$1,572,041.00		Project Evaluation	$4,166.67						$4,166.67
11	C	15	Moblie Clinica with Street Psychology (MCSP)		3/24/2022	3/25/2023	$1,572,041.00		Project Direct							$0.00
11	**D**	**15**	**Moblie Clinica with Street Psychology (MCSP)**		**3/24/2022**	**3/25/2023**	**$1,572,041.00**		**Project Subtotal**	**$136,700.35**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$136,700.35**
12	A	15	The Healing Project (AKA Recovery Station)		2/22/2018	6/10/2019	$1,961,631.00		Project Administration							$0.00
12	B	15	The Healing Project (AKA Recovery Station)		2/22/2018	6/10/2019	$1,961,631.00		Project Evaluation	$4,166.67						$4,166.67
12	C	15	The Healing Project (AKA Recovery Station)		2/22/2018	6/10/2019	$1,961,631.00		Project Direct	$1,961,636.00					$174,178.14	$2,135,814.14
12	**D**	**15**	**The Healing Project (AKA Recovery Station)**		**2/22/2018**	**6/10/2019**	**$1,961,631.00**		**Project Subtotal**	**$1,965,802.67**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$174,178.14**	**$2,139,980.81**
13	A															$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 F (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Workforce Education and Training (WET) Summary Worksheet

County:	Kern	Date:	1/24/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	WET Annual Planning Costs	$0.00					$0.00
2	WET Evaluation Costs	$0.00					$0.00
3	WET Administration Costs	$373,992.00					$373,992.00
4	WET Funds Transferred to JPA						$0.00
5	WET Expenditures Incurred by JPA						$0.00
6	WET Program Expenditures	$3,530,720.00	$0.00	$0.00	$0.00	$0.00	$3,530,720.00
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$3,904,712.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$3,904,712.00**

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	15	Workforce Staffing	$5,090.00					$5,090.00
9	15	Training/Technical Assistance	$2,217,034.00					$2,217,034.00
10		Mental Health Career Pathways						$0.00
11	15	Residency/Internship	$1,308,596.00					$1,308,596.00
12		Financial Incentive						$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 G (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Kern	Date:	1/24/2025

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CFTN Annual Planning Costs	$0.00					$0.00
2	CFTN Evaluation Costs	$0.00					$0.00
3	CFTN Administration Costs	$0.00					$0.00
4	CFTN Funds Transferred to JPA						$0.00
5	CFTN Expenditures Incurred by JPA						$0.00
6	CFTN Project Expenditures	$3,421,822.00	$0.00	$0.00	$0.00	$0.00	$3,421,822.00
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$3,421,822.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$3,421,822.00**

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	Kentucky Street Repairs		Capital Facility	$873,223.00					$873,223.00
9	15	Mary K. Shell Life Safety		Capital Facility	$1,026,024.00					$1,026,024.00
10	15	HVAC BHRS Admin		Capital Facility	$1,500,000.00					$1,500,000.00
11	15	Website Redesign		Technological Need	$22,575.00					$22,575.00
12										$0.00
13										$0.00
14										$0.00
15										$0.00
16										$0.00
17										$0.00
18										$0.00
19										$0.00
20										$0.00
21										$0.00
22										$0.00
23										$0.00
24										$0.00
25										$0.00
26										$0.00
27										$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 H (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
MHSA Adjustments Worksheet

County:	Kern	Date	1/24/2025

SECTION ONE

	A	B	C	D	E	F
#	County Code	Account	Adjustment Type	Adjustment to Fiscal Year (20YY-YY)	Amount	Reason
1	15	CSS	Expenditure	2018-19	-$1,518,197.57	Transfer of CSS to WET
2	15	WET	Interest Revenue	2018-19	$1,518,197.57	Transfer of CSS to WET
3	15	CSS	Expenditure	2019-20	-$4,213,287.72	Transfer of CSS to WET
4	15	WET	Interest Revenue	2019-20	$4,213,287.72	Transfer of CSS to WET
5	15	CSS	Expenditure	2020-21	-$2,726,578.74	Transfer of CSS to WET
6	15	WET	Interest Revenue	2020-21	$2,726,578.74	Transfer of CSS to WET
7	15	CSS	Expenditure	2021-22	$4,978,394.00	Transfer of CSS to WET -
8	15	WET	Interest Revenue	2021-22	$4,978,394.00	Transfer of CSS to WET
9						
10						
11						
12						
13						
14						
15						
16						
17						
18						
19						
20						
21						
22						
23						
24						
25						
26						
27						
28						

DHCS 1822 H (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
MHSA Adjustments Worksheet

County:	Kern	Date	1/24/2025

SECTION TWO

	A	B	C	D	E
#	County Code	Account	Adjustment to Fiscal Year (20YY-YY)	Amount	Reason
31		Prudent Reserve			
32		Prudent Reserve			
33		Prudent Reserve			
34		Prudent Reserve			
35		Prudent Reserve			
36		Prudent Reserve			
37		Prudent Reserve			
38		Prudent Reserve			
39		Prudent Reserve			
40		Prudent Reserve			
41		Prudent Reserve			
42		Prudent Reserve			
43		Prudent Reserve			
44		Prudent Reserve			
45		Prudent Reserve			
46		Prudent Reserve			
47		Prudent Reserve			
48		Prudent Reserve			
49		Prudent Reserve			
50		Prudent Reserve			
51		Prudent Reserve			
52		Prudent Reserve			
53		Prudent Reserve			
54		Prudent Reserve			
55		Prudent Reserve			
56		Prudent Reserve			
57		Prudent Reserve			
58		Prudent Reserve			

www.KernBHRS.org

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 I (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
FFP Revenue Adjustment Worksheet

County:	Kern	Date:	1/24/2025

SECTION ONE

	A	B	C	D	E	F	G
#	County Code	Adjustment to FY (20YY-YY)	Cost Report Stage	Account	Beginning Balance	Adjustment Amount	Ending Balance
1							$0.00
2							$0.00
3							$0.00
4							$0.00
5							$0.00
6							$0.00
7							$0.00
8							$0.00
9							$0.00
10							$0.00
11							$0.00
12							$0.00
13							$0.00
14							$0.00
15							$0.00

DHCS 1822 J (12/24)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2023-24
Comments Worksheet

County:	Kern

Date:	1/24/2025

	A	B	C
#	**Account**	**Fiscal Year (FY 20YY-YY)**	**Comments**
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			
11			
12			
13			
14			
15			