BEHAVIORAL
HEALTH&RECOVERY
SERVICES

MENTAL HEALTH SERVICES ACT

ANNUAL REPORT

Fiscal Year 2018-2019

Hope. Healing. Life.

TABLE OF CONTENTS

MHSA County Compliance Certification

Executive Summary 1

MHSA County Fiscal Accountability Certification

Kern County Demographics 4

Community Planning and Stakeholder Feedback 7

Community Services and Supports 16

Full Service Partnership Programs

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

General System Development Programs 48

Access to Care - Access and Assessment and Crisis Walk-in Clinic (CWiC)
Access to Care - Crisis Hotline
Adult Wraparound Providers Dialectical Behavior Therapy (DBT)
Community Family Learning Centers (CFLC)
Outreach and Education Coordination
Recovery and Wellness Centers (RAWC)
Self-Empowerment Team (SET)

Outreach and Engagement 86

Outreach and Education Coordination

TABLE OF CONTENTS (continued)

Prevention and Early Intervention 89

Prevention and Early Intervention Programs

Access to Care - Crisis Hotline
Art Risk Reduction Program (ARRP)
Court Appointed Special Advocates (CASA)
Foster Care Engagement
Homeless Outreach Team
Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)
Transitional Age Youth (TAY) Career Development
Volunteer Senior Outreach Program (VSOP)
Youth Brief Treatment
Youth Juvenile Justice Engagement
Project Care Final Report

AB114 Programs

Biblical Counseling
Early Psychosis Outreach and Education: La CLAVE
Family Connections
Freedom, Recovery and Empowerment with Dogs (FRED)
Help Me Grow
Kern Youth Resilience and Support
Packed for Recovery
Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) Expansion
Suicide Prevention Outreach and Education
Transitional Age Youth Dual Recovery
Transitional Age Youth Self Sufficiency
Transitions Curriculum
Yoga: Stress Management and Mindfulness
Zero Suicide

Innovation 159

Innovative Programs

Increased Access Utilizing Technology-Based Mental Health Services
Special Needs Registry Project: Smart911
The Healing Project

Workforce Education and Training 166

Workforce Education and Training Programs

Clinical Internship Support Program
Kern Psychology Internship
Recovery and Engagement Oriented Training
Relias Learning
Training Enhancement

Capital Facilities and Technological Needs 181

Capital Facilities Program

The Healing Project

Budget 184

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Kern County

☐ Three-Year Program and Expenditure Plan
☒ Annual Update

Local Mental Health Director	Program Lead
Name: Bill Walker, LMFT	Name: Dr. Christina Rajlal
Telephone Number: 661-868-6609	Telephone Number: 661-868-6681
E-mail: bwalker@KernBHRS.org	E-mail: crajlal@KernBHRS.org
Local Mental Health Mailing Address: Kern Behavioral Health & Recovery Services, P.O. Box 1000, Bakersfield, CA 93302-1000	

I hereby certify that I am the official responsible for the administration of county/city mental health services in and for said county/city and that the County/City has complied with all pertinent regulations and guidelines, laws and statutes of the Mental Health Services Act in preparing and submitting this Three-Year Program and Expenditure Plan or Annual Update, including stakeholder participation and nonsupplantation requirements.

This Three-Year Program and Expenditure Plan or Annual Update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft Three-Year Program and Expenditure Plan or Annual Update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on 06-04-2019.

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.

Bill Walker, LMFT
Local Mental Health Director (PRINT)

Signature

06-05-2019
Date

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: KERN

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Bill Walker, LMFT	Name: Mary Bedard, CPA
Telephone Number: 661-868-6601	Telephone Number: 661-868-3599
E-mail: BWalker@KernBHRS.org	E-mail: bedardm@KernCounty.com
Local Mental Health Mailing Address: PO Box 1000 Bakersfield, CA 93302-1000	

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

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

Bill Walker, LMFT
Local Mental Health Director (PRINT)

Signature Date

I hereby certify that for the fiscal year ended June 30, 2018, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/20/17 for the fiscal year ended June 30, 2017. I further certify that for the fiscal year ended June 30, 2018, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

I declare under penalty of perjury under the laws of this state that the foregoing, and if there is a revenue and expenditure report attached, is true and correct to the best of my knowledge.

Mary Bedard, CPA
County Auditor Controller / City Financial Officer (PRINT)

Signature 1/4/19
Date

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

The Mental Health Services Act

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

Community Services and Supports

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

Important Changes:

Full Service Partnership

- Increase capacity for Wellness, Independence and Senior Enrichment (WISE) to serve
- Increase capacity for Assertive Community Treatment (ACT) to serve
- Adult Wraparound through KernBHRS became a Full Service Partnership Program 4th Quarter FY 2018/19

System Development

- Access to Care - Crisis Hotline program is becoming a Prevention and Early Intervention Program

- Adult Wraparound through KernBHRS is becoming a Full Service Partnership Program
- Outreach and Education is becoming an Outreach and Engagement Program

Outreach and Engagement (O&E)

New Component: Outreach and Engagement

- Outreach and Education became an Outreach and Engagement Program

Prevention and Early Intervention

The goal of the Prevention and Early Intervention (PEI) component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers, family members, and stakeholders in the development of PEI projects and programs. Kern Behavioral Health and Recovery Services (KernBHRS) has developed a plan to utilize Assembly Bill (AB114) funds for 14 potential new programs designed to expand the scope of services within the PEI program schedule. The plan includes PEI programs that reach all Kern County communities and address the needs of all age groups. The programs include holistic approaches to prevention such as non-traditional Animal Assisted Therapy as well as school-based services, expanded access and linkage for difficult-to-engage individuals and several other promising programs.

PEI New Programs

- Court Appointed Special Advocates (CASA)
- Access to Care - Crisis Hotline
- Homeless Outreach Team

PEI Ended Program:

- Project Care

AB114 Programs

- ***Started:***
  - Family Connections
  - Freedom, Recovery and Empowerment with Dogs: FRED
  - Packed for Recovery
  - Suicide Prevention and Outreach
  - Transitional Aged Youth Self-Sufficiency Project Expansion
  - Transitions Curriculum
  - Yoga: Stress Management and Mindfulness

- ***Projected to Start:***
  - Biblical Counseling
  - Early Psychosis Outreach and Intervention: La CLAVE
  - Help Me Grow
  - Kern Youth Resilience and Support
  - Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) Expansion
  - Transitional Aged Youth Dual Recovery Program
  - Zero Suicide (Implementation phase)

- ***Program Not Moving Forward:***
    - Transitional Aged Youth University Counseling Training Center

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

Important Changes:
- Recovery Support Transportation did not move forward

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

Important Changes:
- **Healing Project:** With Innovation funds, the Healing Project will provide a new and innovative service through its peer-led philosophy and provide a more comfortable environment for individuals with mental illness experiencing the acute stages of substance use.

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

Important Changes:
New Programs:
- Clinical Internship
- Recovery and Engagement Oriented Training
- Training Enhancement

Fiscal Year FY 2018/2019 Allocations
Kern County estimates $46,787,569 in allocations for MHSA programs and services. In addition, funds unspent from prior fiscal years continue to be appropriated to cover future costs which exceed each yearly estimated allocation.

Kern County Demographics

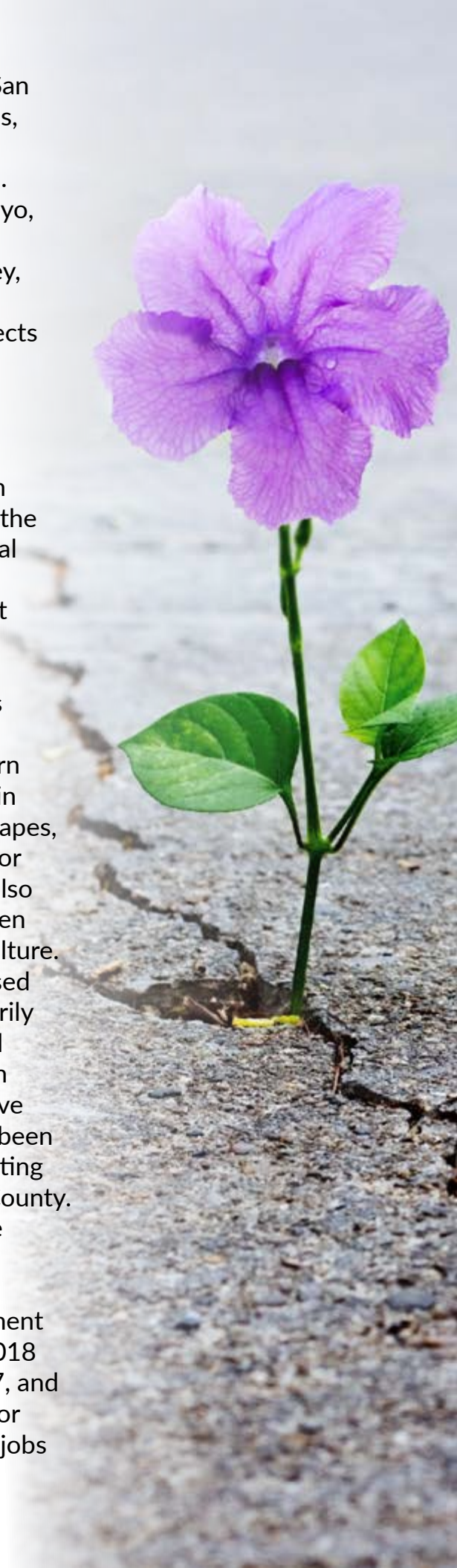
Geography

Kern County is located on the southern edge of the San Joaquin Valley. With 8,163 square miles of mountains, valleys, deserts, and ag-yielding valley. Kern County is geographically the third largest county in California. Kern County borders eight counties: Kings, Tulare, Inyo, Ventura, San Bernardino, Los Angeles, Santa Barbara and San Luis Obispo. Located within the Central Valley, Kern County (primarily the city of Bakersfield) is on a thoroughfare for travelers and commuters as it connects many on the north-south route via Interstate 5 and Highway 99 and to the east, Highway 58.

Economy

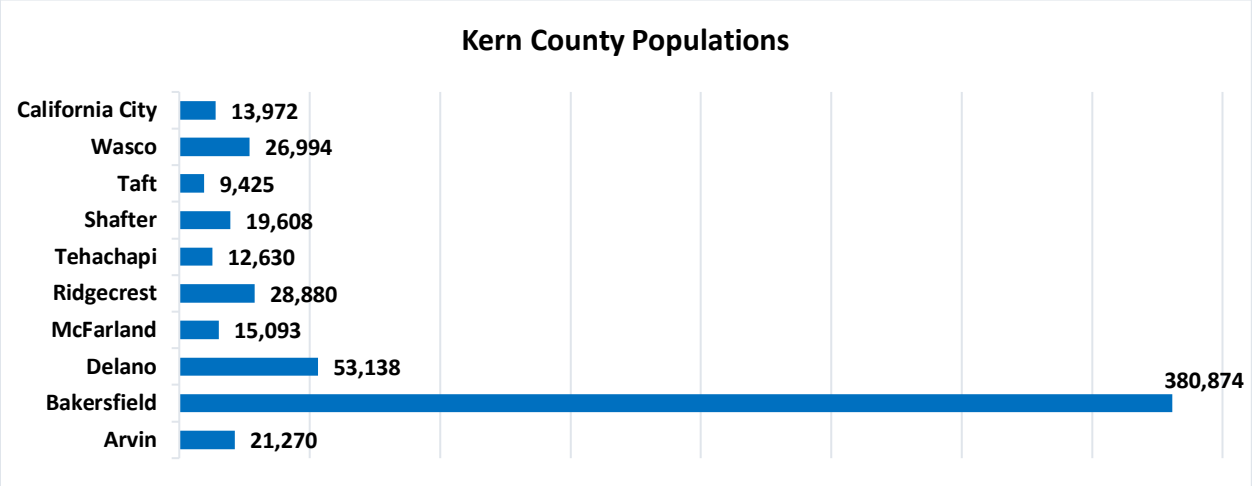
Major industries include oil and agriculture, with Kern County producing over 70% of oil in California. With the overwhelming decline in oil prices over the last several years, Kern County has been substantially adversely affected by the decrease in the number of jobs in that industry. Likewise, local economy has also suffered because of revenue sources being directly linked to property taxes associated with oilfields. Agriculture is another leading Kern County industry that has been adversely affected in recent years by the drought. Kern County has risen to the largest agricultural producer in the nation. Leading agricultural products are: table grapes, almonds, citrus, pistachios and dairy. Kern is known for producing over 300 agricultural commodities and is also known as "the breadbasket of the world". This has been an ongoing concern for animal and crop-based agriculture. Less prominent, but strong industries are military-based avionic production and manufacturing, located primarily within East Kern County. Edwards Air Force Base and China Lake Naval Air Weapons Station provide jobs in those industries to many within the Ridgecrest, Mojave and Rosamond area. Solar and Wind energy has also been a growing industry over the last several years, generating construction and operational jobs throughout Kern County. Wind energy-based jobs are provided primarily in the Tehachapi Mountain and Mojave Desert areas.

According to the Employment Development Department of California, the unemployment rate in December 2018 was estimated at 7.6%, down .8 % compared to 2017, and 3.5% above the unadjusted 4.1 unemployment rate for California. December 2018 saw an increase of 6,700 jobs compared to the year prior.



Population Breakdown

The graph represents the number of residents in each Kern County community, based on 2017 Census estimates.



Lamont, Lake Isabella, Mojave, Frazier Park, Kern River Valley, Boron, Buttonwillow and Lost Hills have a population of less than 5,000. Therefore, no data was available on the 2017 census.

Demographics

Bakersfield holds the majority of Kern County's population, with over 380,000 of approximately 893,119 residents. Around 88% of Kern County's total population resides in or around various urbanized areas, while the remaining 12% live in more undeveloped, rural areas. Approximately 35% of the population in Kern County is aged 35-64. Children under 15 also make up a substantial portion of the population, approximately 24%. Individuals occupy approximately 30 % of the Kern County population. Adults over 65 years make up approximately 11%. According to the California Economic Forecast report, Kern County is forecasted to continue to attract growth and population that will modestly accelerate. By 2019, the total population is anticipated to reach 908,111 individuals and to reach 920,584 in 2021.

English and Spanish are the primary threshold languages in Kern County. Hispanic/Latin persons constitute 53.4% of the population, which is also made up of White, non-Hispanic/Latin (34%), African American/Black (6.2%), Asian (5.4%), multi-racial (3.1%), Native American (2.6%) and Native Hawaiian/Pacific Islander (0.3%).

Governance

The County of Kern is one of 58 counties established by the State of California statute. A county is the largest political division of the state which has corporate powers. Counties, like Kern, which adhere to state laws regarding the number and duties of other elected officials and officers, are called general law counties. State law requires every county to be governed by a five-member Board of Supervisors. Counties are authorized to make and enforce any number of local ordinances as long as they do not conflict with general laws. The Board of Supervisors must follow the procedural requirements in state statutes, or its actions will not be valid.

The powers of a county can only be exercised by the Board of Supervisors or through officers acting under and on behalf of the Board or by the authority which is specifically conferred by law. Kern County's Board of Supervisors oversees 36 departments, which employ approximately 7,680 full-time employees. The Board of Supervisors sets service and program priorities, establishes County policies, oversees most County departments, annually approves all department budgets, controls all County property and appropriates and spends money on programs and services to meet the needs

Community Planning & Stakeholder Feedback

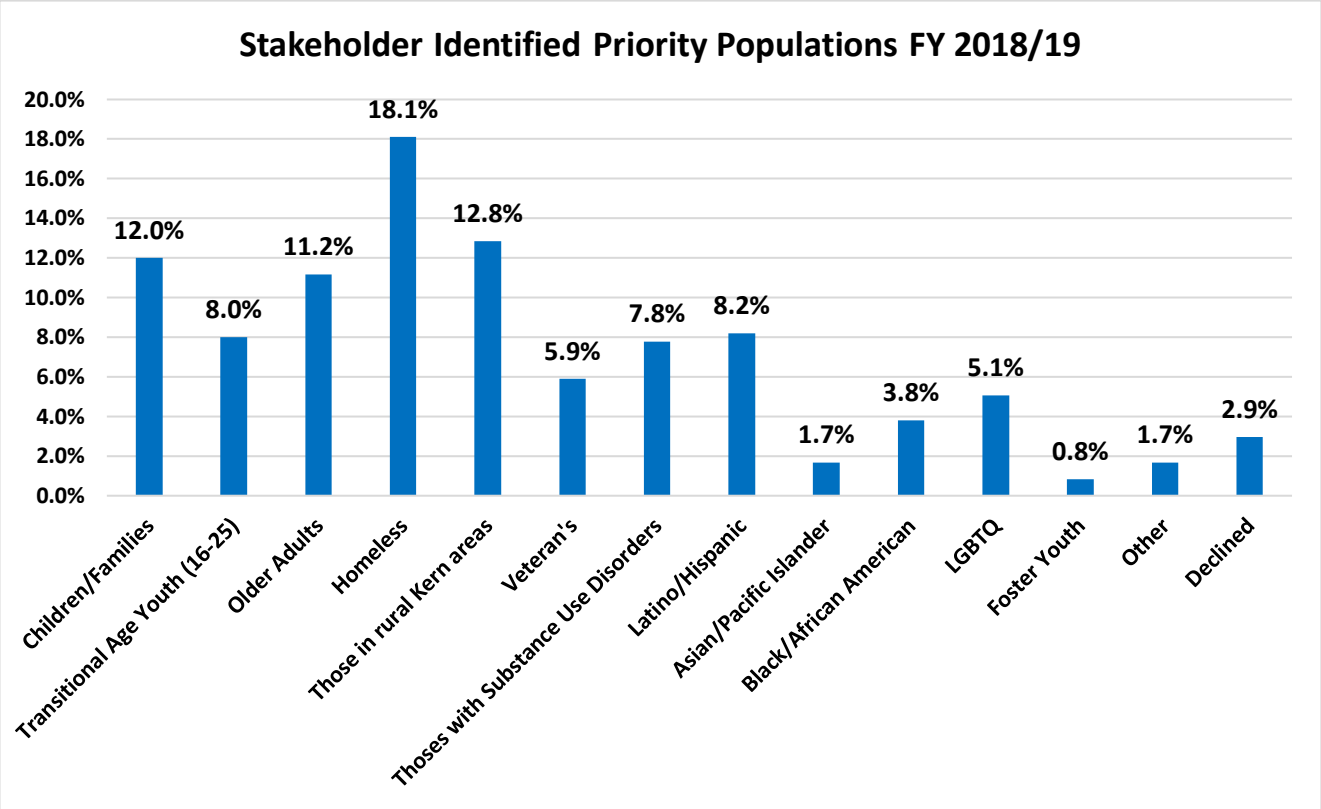
Community Planning and Stakeholder Feedback

During FY 2018/19, a series of stakeholder meetings were held to determine specific unserved and underserved populations and program needs in all areas of Kern County. A stakeholder is any person who has stake in the planning process of Behavioral Health and Recovery Services. This can include people who receive services, family members, staff, providers, county constituents, elected officials, or any community member. During the FY 2018/19 Community Planning Process, Mental Health Services Act (MHSA) Coordination team completed 20 community meetings which were held in Kern County communities to determine needs. Stakeholders provided feedback on new and existing programs during the current fiscal year. Numerous responses were received from the series and the results indicated that the top identified unserved or underserved populations were Homeless, Children/Families, those with a Substance Abuse Disorder, Older Adults, Transitional Aged Youth, Latinos or Hispanics and those living in the outlying areas of Kern County. Following the series, further inquiry was done to determine priority programs. The top three programs chosen by stakeholders were as follows: Early intervention, Access and linkage to Care, and Outreach.

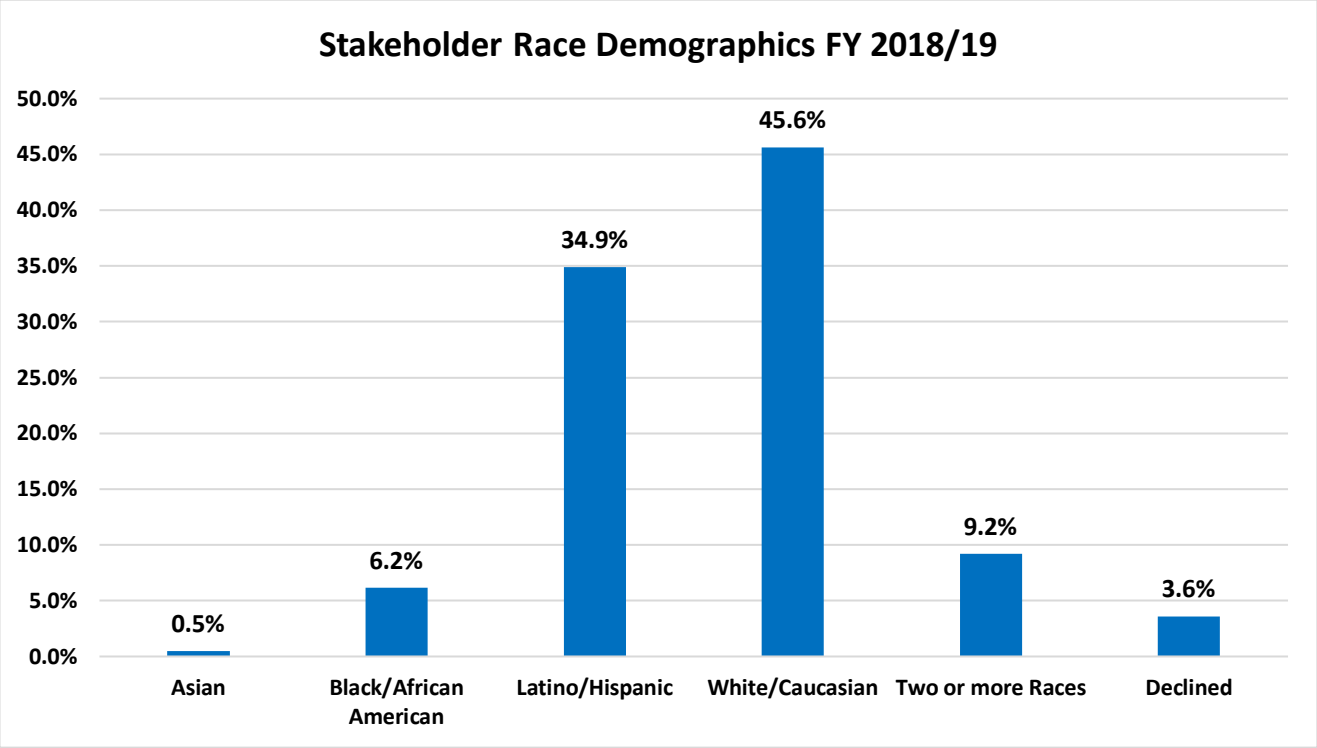
Unserved and underserved areas that were brought up during stakeholder meetings included programs for foster youth, outreach in smaller outlying towns, and a need for a Mobile Evaluation Team (MET) in Delano/McFarland and Wasco/Lost Hills.

FY 2018/19 Community Planning and Stakeholder Feedback Schedule

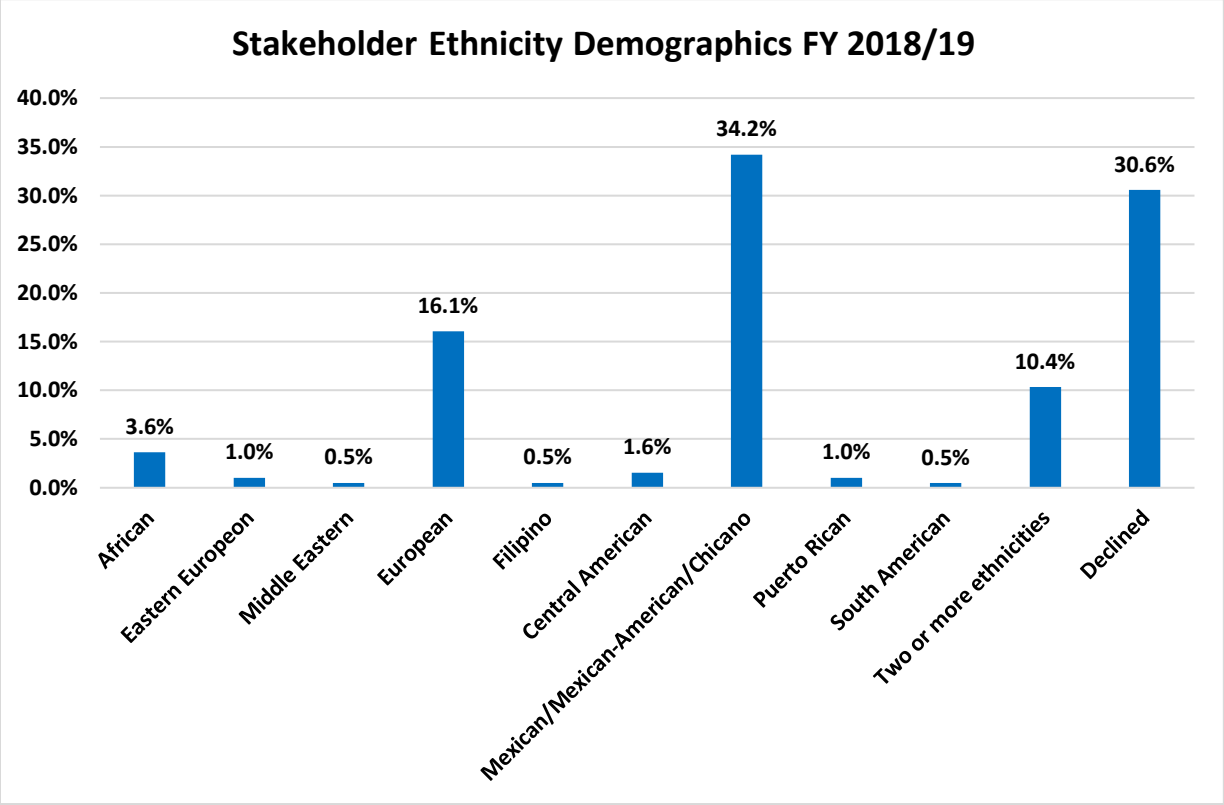
July 12, 2018: Bakersfield, California
July 13, 2018: Lake Isabella, California
July 18, 2018: Taft, California
July 24, 2018: Tehachapi, California
July 24, 2018: Ridgecrest, California
July 25, 2018: Lamont, California
July 26, 2018: Bakersfield, California
July 30, 2018: Frazier Park, California
July 31, 2018: Delano, California
August 1, 2018: Bakersfield, California
August 2, 2018: Delano, California
August 3, 2018: Bakersfield, California
August 9, 2018: Wasco, California
August 21, 2018: Lost Hills, California
September 19, 2018: Bakersfield, California
November 13, 2018: Delano, California
November 16, 2018: Taft, California
December 6, 2018: Ridgecrest, California
March 12, 2019: Bakersfield, California
May 17, 2019: Bakersfield, California



**Percentages based on Stakeholder attendance of 193.*

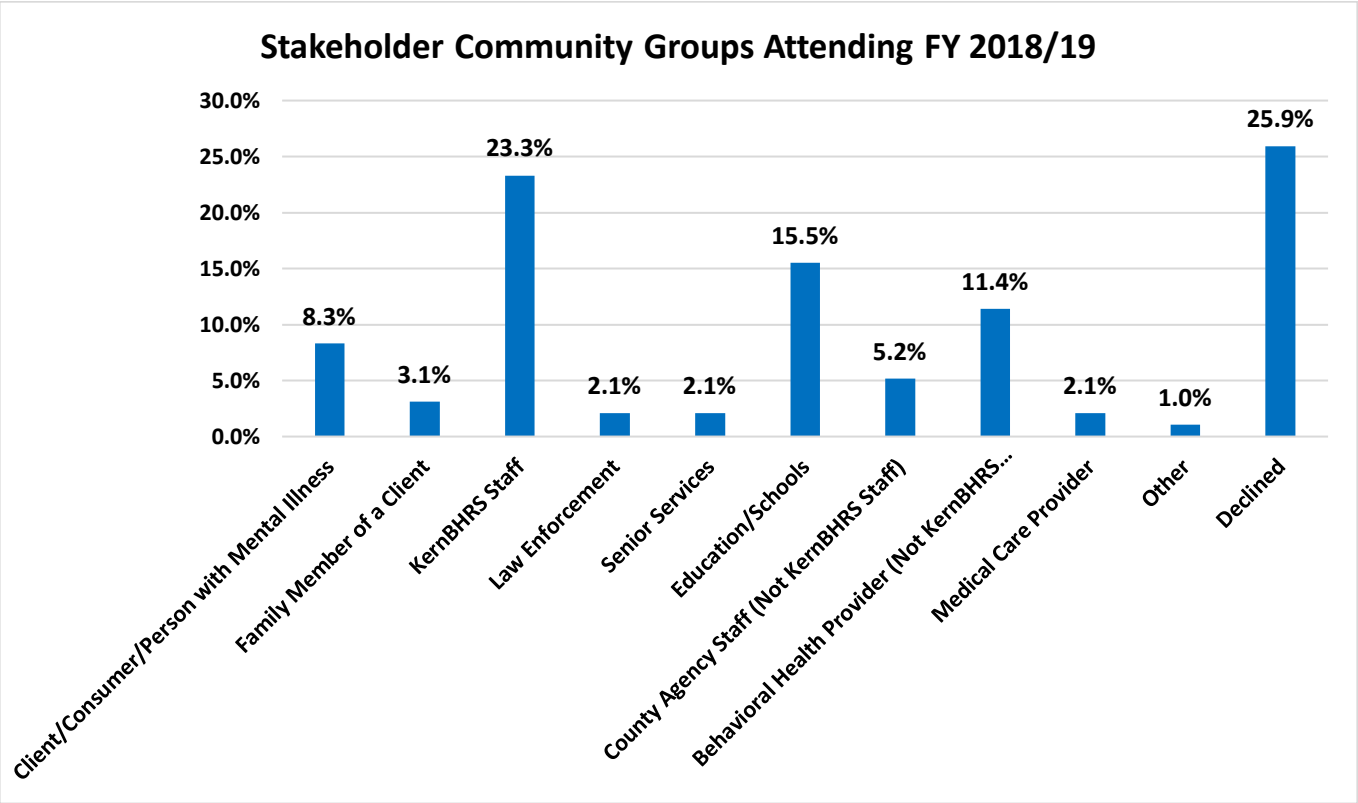


**Percentages based on Stakeholder attendance of 193.*

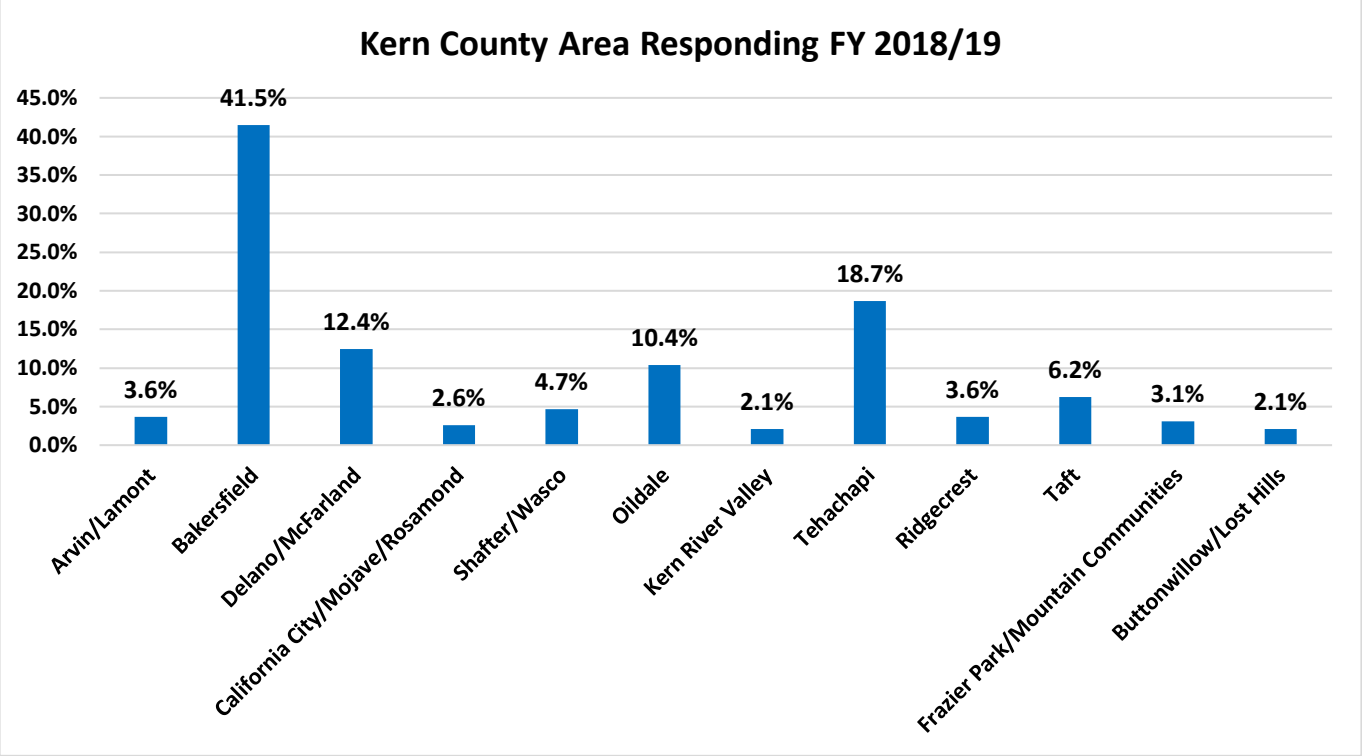


Percentages based on Stakeholder attendance of 193.

Other Demographics FY 2018/19	
Gender at Birth:	Female: 75.6% Male: 24.4%
Current Gender:	Female: 74.6% Male: 23.8% Declined: 1.6%
Veteran's Status:	3.6% of participants identified as being a veteran
Sexual Orientation:	Straight/Heterosexual: 92.7% Gay/Lesbian: 3.6% Bisexual: 0.5% Queer: 0.5% Decline: 2.6%
Those with a Disability:	27.5%
Primary Language:	English: 82.9% Spanish: 0.5% Both English/Spanish: 15.5% Other: 0.5% Decline: 0.5%



**Percentages based on Stakeholder attendance of 193.*



**Percentages based on Stakeholder attendance of 193.*

Stakeholder Feedback Comments & Quotes

Below are collected direct quotes, comments, thoughts and feelings which were given throughout the stakeholder process:

- Mentoring for middle schoolers and elementary.
- Local social services for families.
- Support, referrals to meet their specific needs.
- Counseling for Lost Hills Elementary/Middle school students' Social groups One on One.
- To have housing for homeless with Mental/Substance abuse population in Arvin and Lamont.
- I would like to see REACH expand to make contact with a larger number of people. Also, the undocumented population has little access to Behavioral services.
- It might help prevent substance abuse, why wait till they start using or their mental disorders get worse. I see you do cover these services, sorry and thank you for your help.
- Hopefully would help parent catch early warning signs of behavioral health symptoms so they can get help for their child and help for themselves in best ways to handle that child.
- There is a huge/high level of stigma in Hispanic cultures. Getting this population educated, informed and included can help people understand there is help and is only an illness.
- Increase attendance at CFLC.
- Housing with reduced costs and better health outcomes and benefits.
  RAD - to reduce stigma, how to treat people with mental illness to reduce stigma and increase knowledge and resource connections Mental health Month on TV.
- Paid qualified graduated peers could augment task load for KernBHRS staff, if hiring requirements not too stringent.
  Facilitating an increased investment in opportunity and pay for advanced peers to be utilized and further developed.
- Increase welcome and support. Maybe an outreach fair to educate Downtown Businesses.
- More attendance in school
- Mental health challenges that are barriers to learning. Go to them, transportation can be an issue.
- Maybe Semi tropic and Lost Hills should be a focus area.
- Get houses.
- They would get their needs met if they are going to become part of this program!
- So, the homeless will be accepted into more buildings that they will receive help
- It would prevent people from being stranded in Bakersfield, with that stress, relapse or a anxious break down may or will occur.
- Physical location in Ridgecrest would help with these populations because Ridgecrest is geographically isolated, and these populations do not have the financial means of transportation to get to Bakersfield.
- We are providing services to Trona as well.
- Our population continues to age, and families are finding it increasingly difficult to care for those with Alzheimer's/Dementia, bodies dementia, any respite care would help the caregiver with their own health and spirituality. Caregivers tend to die prior the individual they are caring for thereby leaving the person with no care.
- A community center for youth would serve to promote social academic even vocational skills. Thereby boost self-esteem to avoid mental health issues. It would be a safe option opposed to being idle and potentially being with the wrong crowd and being alone.

Kern Behavioral Health and Recovery Services posted the MHSA Annual Report FY 2018-2019 on their public website from April 15, 2019- May 15th, 2019.
There were eight public comments received. The comments came from family members, KernBHRS staff, community members and behavioral health providers. These eight voices represented the Kern geographical areas of Arvin, Lamont, Bakersfield, Shafter, Wasco, and Oildale. Collectively the eight individuals that made public comments listed older adults, homeless, at-risk of being homeless, people living in rural areas, those with substance use challenges, and the LGBTQ populations as the most underserved in Kern County. Recommendations that were made during the 30-day public comment period include the following:

- Adding more JET (Joint Evaluation Team) staff to assist homeless and high utilization of community resources in city and county-wide.
- Caregivers tend to die prior to the individual they are caring for thereby leaving the person with no care. Caregivers need to be included. I know first-hand that caregivers can be isolated, guilty, stressed, and more people are concerned about the person being cared for then the caregiver.
- Provide information about substance abuse and the negative consequences of using drugs to student of elementary, middle, and high school.
- There should be an expansion of services specifically for older adults in the rural areas (Taft, Delano, Frazier Park) for both VSOP and WISE.

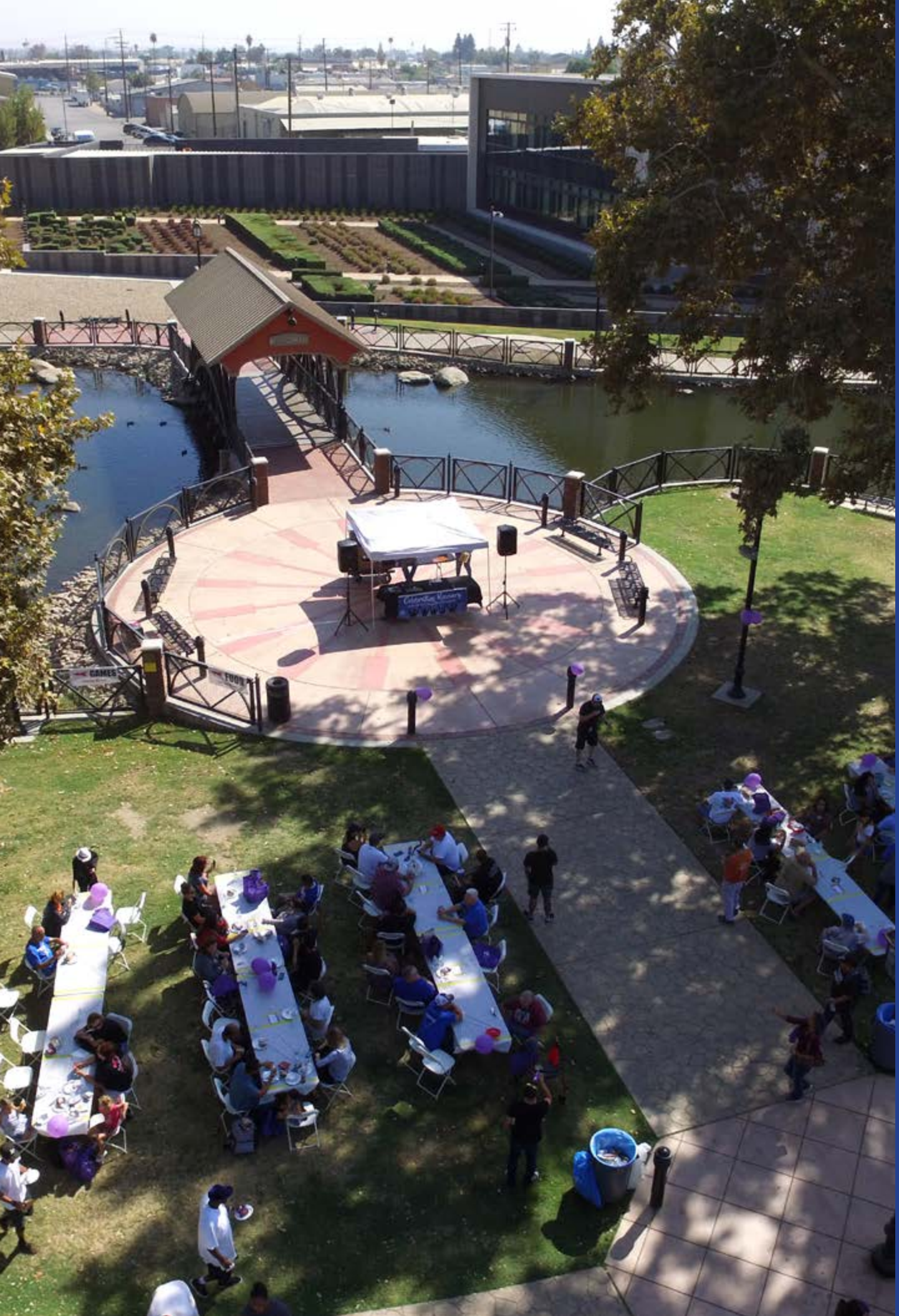
Suggestions for MHSA Programs, services or identified unserved/ underserved populations:

- Mentally Ill, Substance Users, and Homeless Populations
- How can we help caregivers before they develop suicidal tendencies or mental health issues? Maybe a CFLC for caregivers, maybe group counseling. Maybe resources.
- Provide more community building programs/ services. Fostering positive community involvement.
- Create a program where substance abuse counselors can go to the streets and talk to drug users and homeless about recovery programs available in Kern County.
- Programs service adults through RAWC need more consistent outcomes.

Behavioral Health Board Public Hearing, MHSA Fiscal Year 2018-2019 Annual Report, May 20, 2019:

On May 20, 2019, the Behavioral Health Board approved the annual report after the public hearing presentation. Recommendations and comments included:

- Interest in the future of transportation services.
- Finding other or additional methods of surveying the public and stakeholders.
- Further need for school age services.
- Further need of services to the Hispanic community. Further outreach and engagement to the Hispanic community to gain knowledge of the services they need and to orient them to the Behavioral Health system of care. Increase service delivery and stakeholder meeting to Spanish speaking.
- Recraft how we currently reach out to the Hispanic groups.
- Bring in public groups to poll on community needs.
- The Spanish documents that have been translated have been very useful in the community.



Community Services and Supports

Community Services and Supports

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

Important Changes for FY 2018/19

Full Service Partnership (FSP)

- Increase capacity for Wellness, Independence and Senior Enrichment (WISE)
- Increase capacity for Assertive Community Treatment (ACT)
- KernBHRS Adult Wraparound became a Full Service Partnership Program 4th Quarter FY 2018/19

System Development (SD)

- Access to Care - Crisis Hotline program is becoming a Prevention and Early Intervention Program
- KernBHRS Adult Wraparound is becoming a Full Service Partnership Program
- Outreach and Education is becoming an Outreach and Engagement program

Outreach and Engagement (O&E)

New Program: Outreach and Engagement

- Outreach and Education became an Outreach and Engagement Program

Full Service Partnership Programs

KernBHRS continues in FY 2018/19 with seven Full Service Partnership programs which make up 51% of budgeted funds for the Community Services and Supports component. Full Service Partnership (FSP) programs are designed to serve those with serious mental illness and/or severe emotional disturbance. Mental health care provided by KernBHRS System of Care teams and providers working in FSP's provide "whatever it takes" services, meaning care is available 24/7 to assist with crisis intervention and immediate needs.

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

Full Service Partnership Teams by age group:

Children (0-15)

Youth Multi-Agency Integrated Service Team (MIST)
Youth Wraparound

Transitional Age Youth (TAY) (16-25)

Transitional Age Youth (TAY)

Adult (26-59)

Adult Transition Team/ Homeless Adult Team (ATT/HAT)
Adult Wraparound
Assertive Community Treatment (ACT)

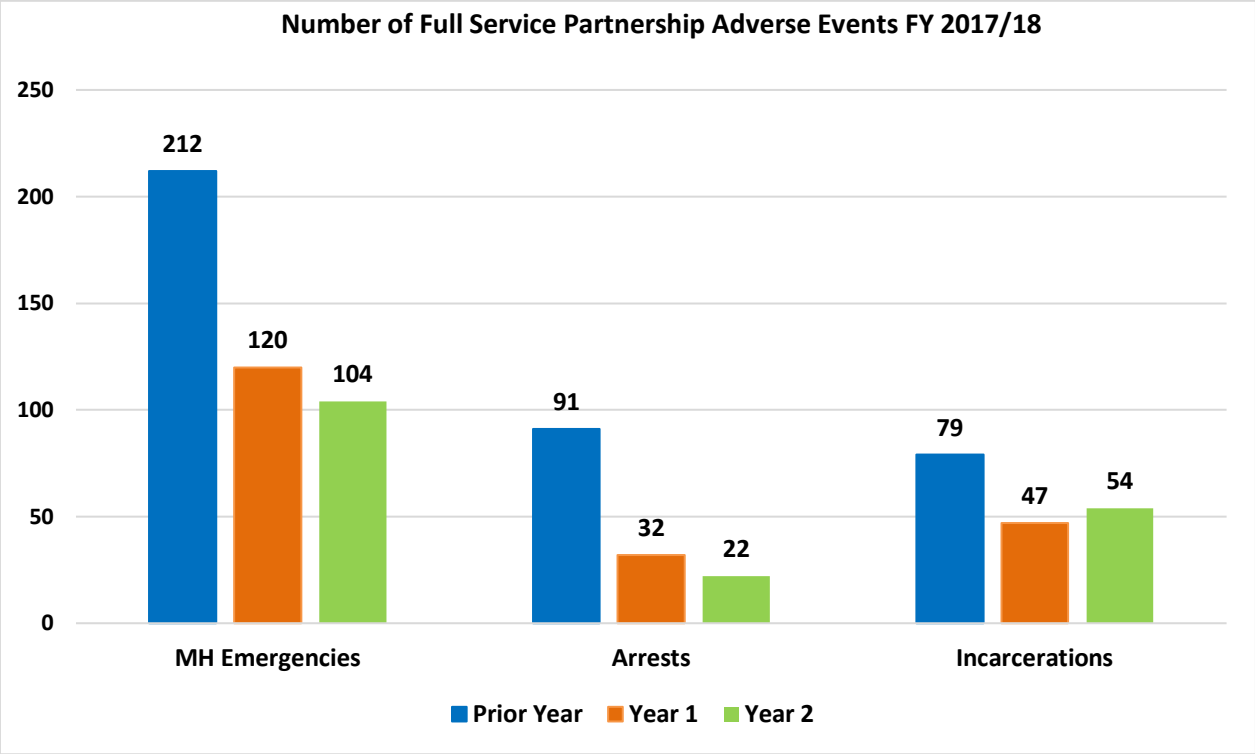
Older Adult (60 +)

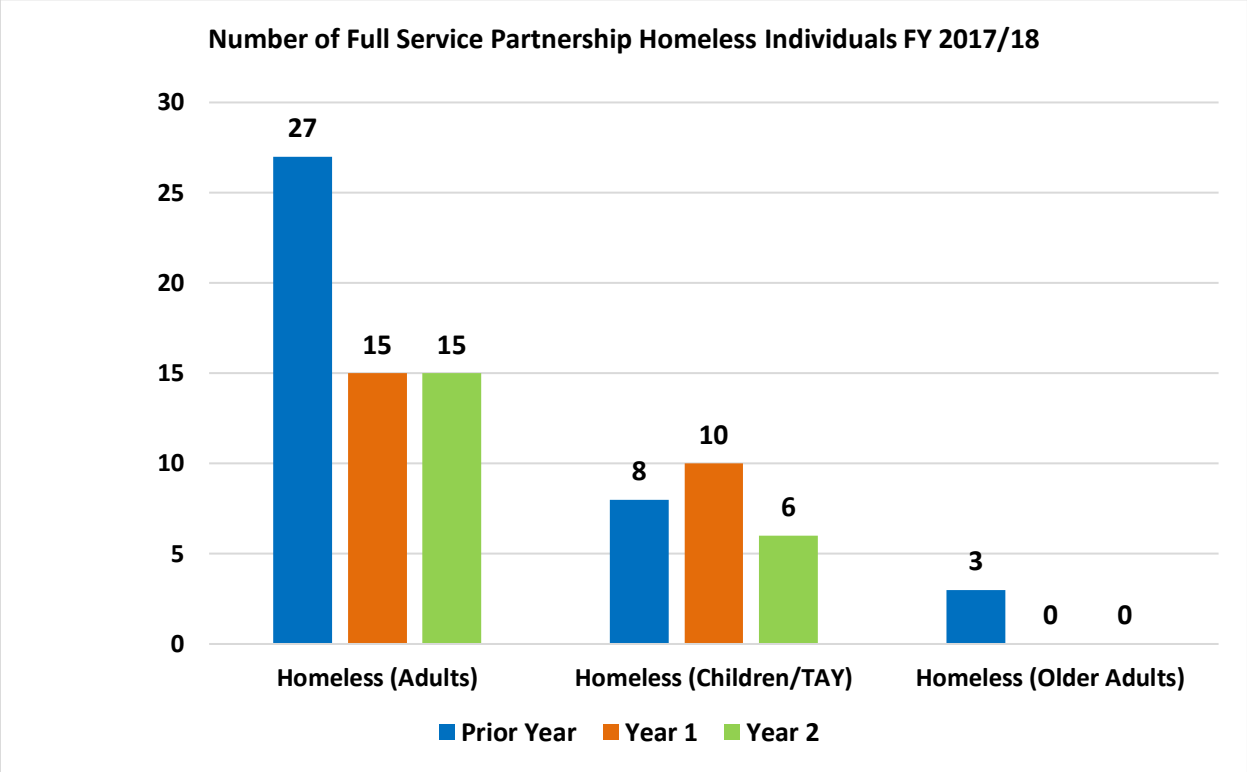
Wellness, Independence and Senior Enrichment (WISE)

Highlights from FY 2017/18 Data

For those individuals that were provided services by Full Service Partnership programs for two or more years:

- Partners with psychiatric hospital days decreased 32% during the first year of services with an overall decrease of 47% during year two.
- Mental Health Emergencies decreased 49% during the first year of service with an overall decrease of 57% during year two.
- Arrests decreased 76% during the first year of services with an overall decrease of 82% in year two.
- Incarcerations decreased 57% in the first year of services with an overall decrease of 36% in year two.
- Substantial increases in adult residential indicators for congregate placement (111%), and single-room occupancy (116%) were seen after two years of services.
- Homelessness decreased 33% during the first year of services with an overall decrease of 44% in year two.


Number of Full Service Partnership Adverse Events FY 2017/18
250
200
150
100
50
0
212
120
104
91
32
22
79
47
54
MH Emergencies
Arrests
Incarcerations
Prior Year
Year 1
Year 2


Number of Full Service Partnership Homeless Individuals FY 2017/18
30
25
20
15
10
5
0
27
15
15
8
10
6
3
0
0
Homeless (Adults)
Homeless (Children/TAY)
Homeless (Older Adults)
Prior Year
Year 1
Year 2

Adult Transition Team (ATT)/Homeless Adult Team (HAT)

Location:
Kern Behavioral Health and Recovery Services
2525 North Chester Avenue
Bakersfield, CA 93308

Clients Served in FY 2017/18:
Adult Transition Team: 606
Homeless Adult Team: 188

Goal number of clients served in FY 2018/19:

Adult Transition Team: **615**		Homeless Adult Team: **200**	
Children (0-15)	0	Children (0-15)	0
TAY (16-25)	92	TAY (16-25)	30
Adult (26-59)	486	Adult (26-59)	158
Older Adult (60+)	37	Older Adult (60+)	12

Cost per Client ATT FY 2018/19: $4,575.27
Cost per Client HAT FY 2018/19: $8,482.27

Program Description:
Adult Transition Team
Adult Transition Team (ATT) is a Full Service Partnership (FSP) focusing on the reduction and elimination of re-entry into jail/prison while providing specialty mental health treatment for severe and persistent mental illness.

ATT clients have traditionally suffered a lengthy legal history, some including multiple incarcerations over a span of years. Referrals come from many sources, including: in-jail assessments, hospitals or as walk-in self-referrals. An ATT liaison provides screening and referral to individuals who may need services once released. Active clients of the KernBHRS Correctional Mental Health team may also transition to ATT as they exit incarceration.

Many ATT clients suffer from co-occurring disorders, requiring dual recovery services. The goal in treating the client is to help them address mental health and/or dual recovery needs, managing symptoms in such a way that they can successfully transition to less intensive services with a non-specialty mental health team or provider.

ATT is composed of therapists and recovery specialists, who provide treatment and support with the client. For clients having co-occurring disorders, there is a substance abuse specialist who provides services to help address their symptoms and dependencies.

Evidence-based programs and modalities are utilized when treating clients, including: Cognitive Behavioral Therapy (CBT), CBT specialized for psychosis (CBTp) and Dialectical Behavior Therapy (DBT) and Aggression Replacement Training (ART). Seeking Safety and Matrix groups are utilized for those requiring treatment for co-occurring disorders. Recently added to the program is utilizing a therapy dog along with the Seeking Safety group component. Recovery specialists engage clients

in the field for case management while individual therapy sessions and groups are provided on-site. ATT has begun providing Matrix groups in sober living environments to meet clients in their setting.

In FY 2017/18, ATT/HAT began implementing Integrated Enhanced Service Plans (IESP) for clients who are determined to be at high risk for decompensation or who have recently experienced a mental health emergency event or psychiatric hospitalization.

ATT continues to serve Sustained Treatment and Recovery (STAR) Court clients in FY 2018/19. As part of a multi-agency collaboration, the STAR Court partners with other county agencies including: Probation, KernBHRS, District Attorney's office, Public Defender and Superior Court. Clients with severe mental illness are referred after one or more serious crimes have been committed. The 18-to-36-month program is designed to reduce or eliminate recidivism while providing necessary mental health care which is closely monitored by KernBHRS recovery specialists and the client's probation officer. STAR Court status hearings are held weekly and if clients fail to appear or continue fidelity to treatment plans, their eligibility in STAR Court may be suspended or revoked. The program also ensures proper linkage to resources including housing, transportation and benefits.

Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.
Housing Vouchers are a numbered form used to confirm payment to a contract housing vendor for bed days used by KernBHRS. A voucher is used for clients who are homeless or at risk of homelessness and do not have funds/income for housing or living situation available to them. The voucher is temporary emergency housing assistance provided to clients so they can receive consistent treatment. Emergency housing and funds are limited. Therefore, ATT and client must develop a plan for continued sustainable housing.

Homeless Adult Team
The Homeless Adult Team (HAT) is a program expansion of ATT. HAT works with clients who are homeless or at risk of becoming homeless, who also require specialty mental health treatment.

Linkage to resources and housing is an essential component for clients of HAT. Team members are adept in assisting with the application process for acquiring Medi-Cal and Social Security benefits. Housing is acquired by team collaboration with the homeless shelter and similar organizations. Vouchers may also be obtained for clients who may be eligible for various housing programs. Stable and permanent housing is a crucial part in ensuring the client remains stable and engaged in treatment goals.

Housing Vouchers are a numbered form used to confirm payment to a contract housing vendor for bed days used for the clients. A voucher is used for clients who are homeless or at risk of homelessness and do not have funds or income for housing or another living situation available to them. The voucher is temporary emergency housing assistance provided to clients so they can receive consistent treatment. Emergency housing and funds are limited; therefore, the team and client must develop a plan for continued sustainable housing.
Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.

HAT clients do not traditionally carry a lengthy legal history. Much like its counterpart, ATT, HAT works diligently to eliminate barriers to housing, benefits and community resources. In its partnership with the Kern County Homeless Collaborative, many staff members participate in the annual Homeless Census. The Homeless Census is a requirement of the U.S. Department of Housing and Urban Development (HUD), from which data is used when applying for additional grant funding. The census is completed over a 24-hour period in which the sheltered and unsheltered homeless population are counted and surveyed throughout Kern County. Funding from HUD is utilized in the Kern County Homeless Collaborative Continuum of Care, which provides for projects to assist the homeless. ATT and HAT also collaborate with public agencies and community organizations working with the homeless, including: Department of Veteran's Affairs, payee service providers, legal assistance programs, sober living environments and additional agencies providing affordable housing.

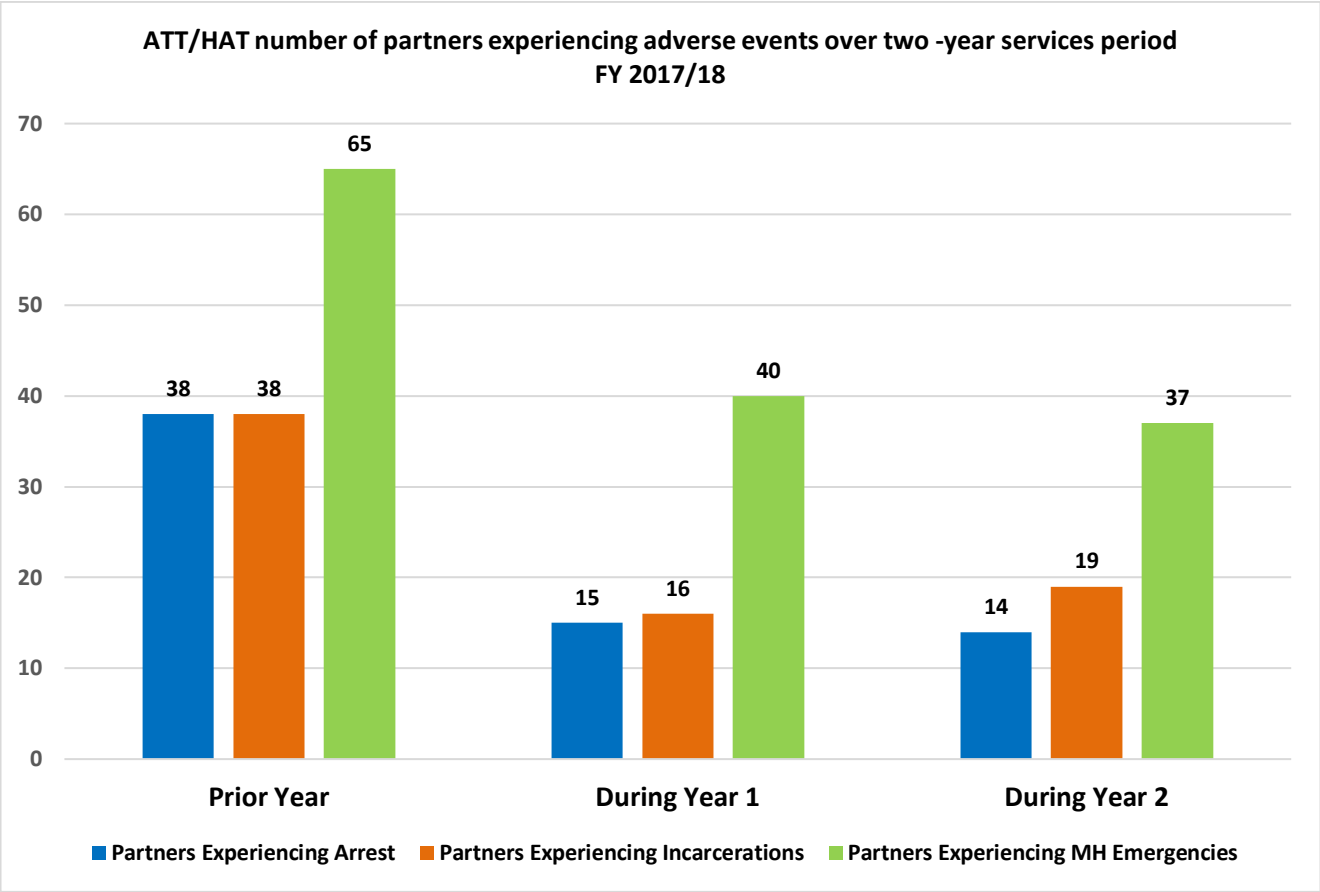
Service Goals FY 2018/19

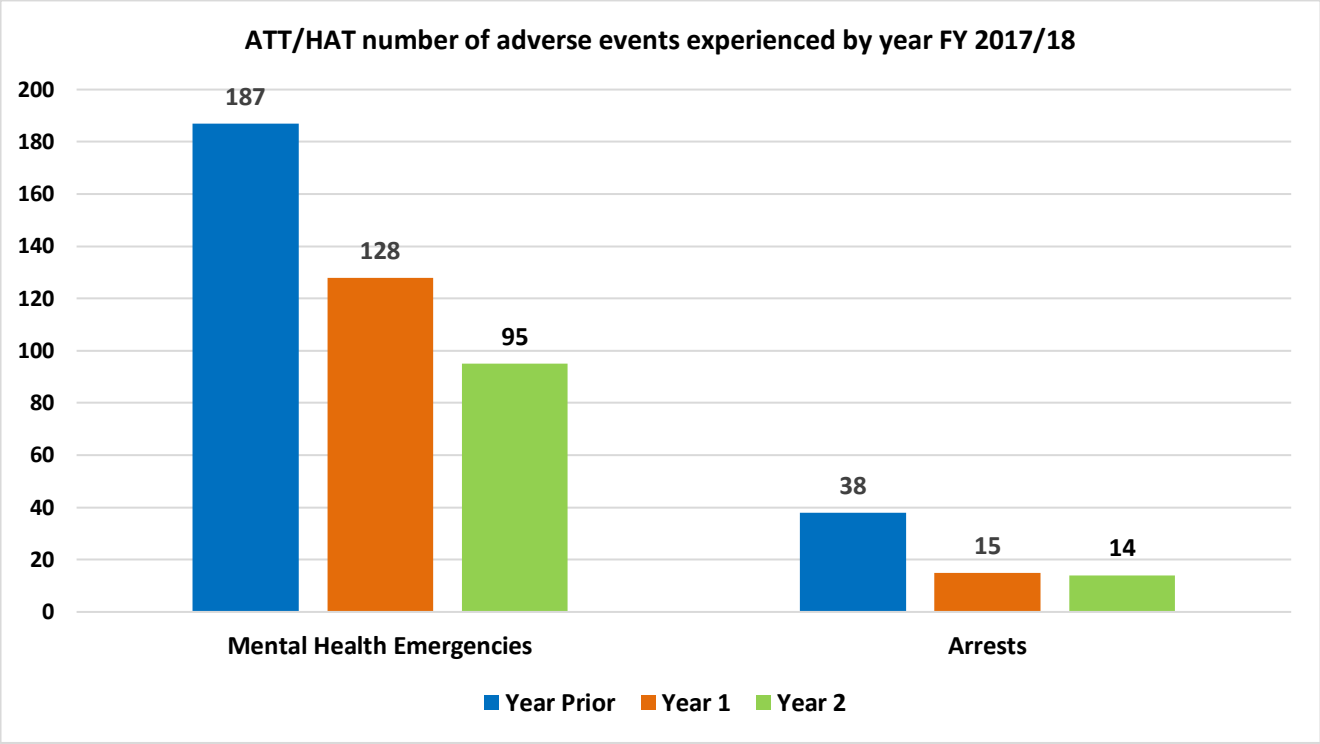
- Reduce likelihood of recidivism in incarcerations, hospitalizations and homelessness by providing specialty mental health services to at-risk clients.
- By Reducing homelessness, the goal is to increase independent living through single room occupancies, apartment residence and congregate placement.

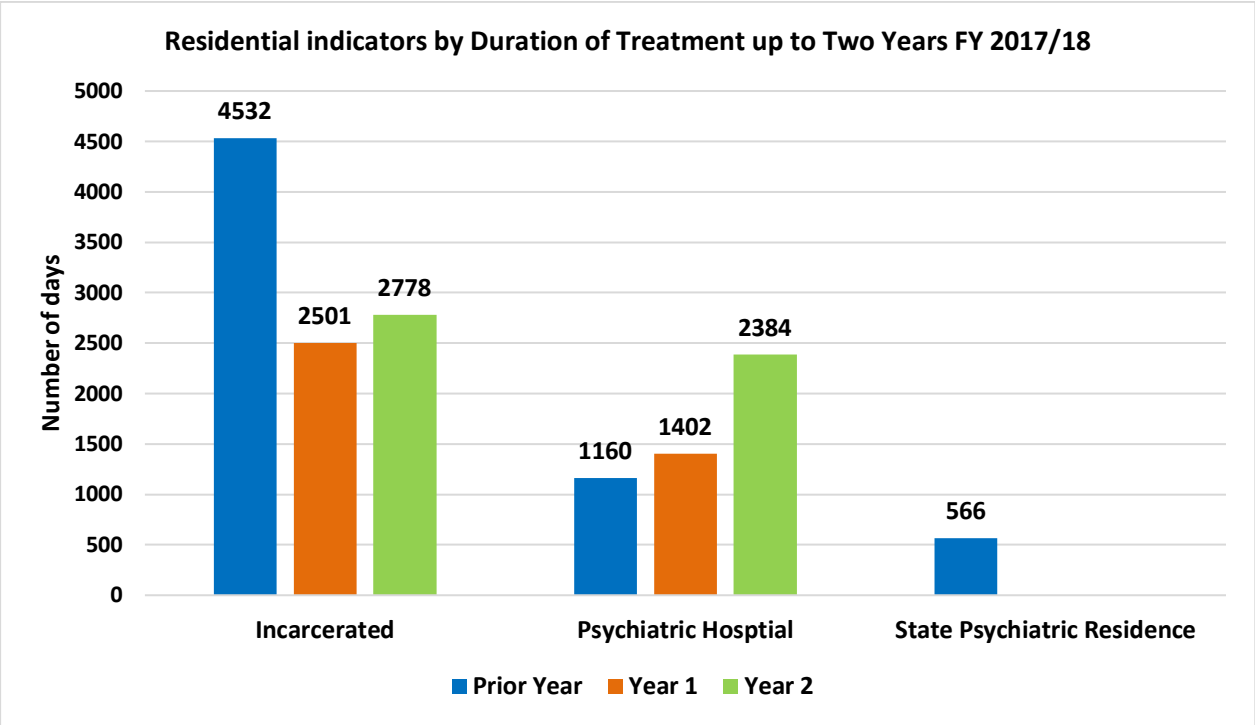
Program Data FY 2017/18

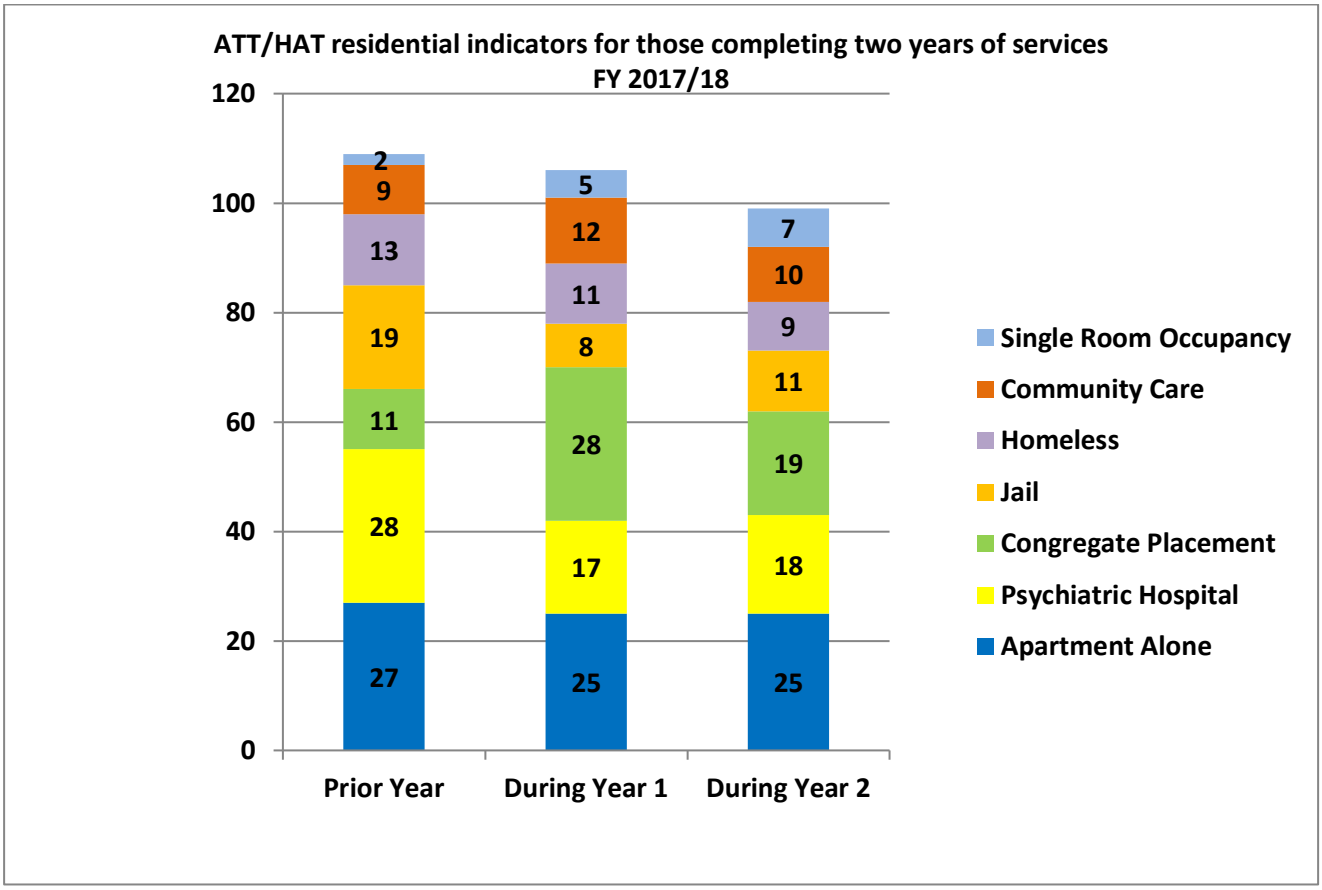
- First year of services:
  - Arrests decreased 65%.
  - Homelessness decreased 16%.
  - State Psychiatric residence was eliminated.
  - Clients experiencing incarceration decreased 63%.
  - Clients experiencing mental health emergency events decreased 42%; the number of mental health emergency events decreased 29%.
  - Clients spending days in a psychiatric hospital increased by 37%.

- Overall outcomes for those completing at least two years of services:
  - Arrests decreased 64%.
  - Homelessness decreased 31%.
  - The number of clients residing in a single room occupancy increased 240%.
  - Community Care residence increased 29%.
  - Congregate placement (room and board) residence increased 12%.
  - Mental health emergency events decreased 43%; clients experiencing mental health emergencies decreased 50%.
  - The number of clients admitted to psychiatric hospitals decreased 37%.
  - Clients incarcerated decreased 50%.
  - 35% of clients discharged had met program goals.


ATT/HAT number of partners experiencing adverse events over two -year services period
FY 2017/18
70
60
50
40
30
20
10
0
38
38
65
15
16
40
14
19
37
Prior Year
During Year 1
During Year 2
Partners Experiencing Arrest
Partners Experiencing Incarcerations
Partners Experiencing MH Emergencies


ATT/HAT number of adverse events experienced by year FY 2017/18
200
180
160
140
120
100
80
60
40
20
0
187
128
95
38
15
14
Mental Health Emergencies
Arrests
Year Prior
Year 1
Year 2


Residential indicators by Duration of Treatment up to Two Years FY 2017/18
Number of days
5000
4500
4000
3500
3000
2500
2000
1500
1000
500
0
4532
2501
2778
1160
1402
2384
566
Incarcerated
Psychiatric Hosptial
State Psychiatric Residence
Prior Year
Year 1
Year 2


ATT/HAT residential indicators for those completing two years of services FY 2017/18
120
100
80
60
40
20
0
2
9
13
19
11
28
27
5
12
11
8
28
17
25
7
10
9
11
19
18
25
Prior Year
During Year 1
During Year 2
Single Room Occupancy
Community Care
Homeless
Jail
Congregate Placement
Psychiatric Hospital
Apartment Alone

Challenges:

- Reduced availability of Board and Care housing facilities creates difficulty for clients who are uninsured because there is a lack of interim care while clients await benefits. This leaves few housing options and often leads to prolonged homelessness.
- Acquiring and maintaining stable housing can be challenging for clients. Many clients are at risk of homelessness or lose housing frequently because of behavioral health and substance use issues.
- Engagement: individuals who are not aware of their dependence on substances or their mental illness tend to not engage in mental health services and as a result cycle in and out of psychiatric hospitals or jail.
- Housing specifically for female clients is extremely limited.

Solutions in Progress:

- Provide training to help housing providers acquire skills in working with challenging co-occurring clients.
- ATT liaison works with the purchasing manager and contract supervisor to develop ongoing requests for specialty housing vendors throughout the year to mitigate issues in obtaining secure, county-certified housing.
- ATT and HAT staff meet weekly with staff at Sober Living Environments (SLE) to have case conference on mutual clients and develop plans to help maintain housing. Staff also keep an open dialogue with SLE staff as needed to discuss any issues arising with clients who appear to need additional care. Early Intervention can help maintain housing.
- ATT and HAT staff work with probation officers to help clients comply with probation terms and conditions.
- Correctional Mental Health staff utilize the Stages of Change model and evidence-based group therapies including Seeking Safety, DBT, Motivational Interviewing and Solution Focused Brief Therapy to engage individuals who are incarcerated.
- Staff collaborate with the Self-Empowerment Team (SET), a team comprised of peers with lived experience to engage clients in their setting.
- ATT and HAT staff participate in the Kern County Homeless Collaborative to provide resources for homeless individuals and link them with housing services.
- ATT and HAT staff provide Assertive Community Treatment style wraparound services in which the whole team works with an individual to maintain stability. “On call” staff follow up with clients after hours, as needed.
- KernBHRS has contracted an additional SLE for clients with co-occurring disorders.

Assertive Community Treatment

Location:
Kern Behavioral Health and Recovery Services
5121 Stockdale Highway, Suite 275
Bakersfield, CA 93309

Kern Behavioral Health and Recovery Services
2525 North Chester Avenue (This location opened March 2019)
Bakersfield, CA 93308

MHS Action
5121 Stockdale Highway, Suite 200
Bakersfield, CA 93309

Clients served in FY 2017/18: 284
Goal number of clients served in FY 2018/19: 275

Children (0-15)	**0**
TAY (16-25)	**36**
Adult (26-59)	**203**
Older Adult (60+)	**36**

Cost per Client FY 2018/19: $9,088.66

Program Description
The Assertive Community Treatment (ACT) Full Service Partnership team provides specialty mental health care to those with severe and persistent mental illness. ACT teams work solely with Mental Health Services Act (MHSA) ACT individuals while the MHS Action team serves both MHSA ACT and AB109 individuals. The teams provide intensified services to clients with mental health and/or substance use disorders. Intensified services include higher frequency of services with the service team, depending on a client's individual care need. The ACT Team is composed of recovery specialists and aides, therapists, substance abuse specialists and a mental health nurse. Psychiatrists work with multiple teams within KernBHRS, dedicating shifts throughout the week for assessments and medication management appointments.

Clients are referred to ACT teams through the KernBHRS Access to Care - Access and Assessment Center, family members and lower level mental health teams when more intensive care is needed. The supervisor and/or clinician review the referrals and those who meet criteria for Level 4. AB109 individuals are transferred to the MHS Action team. Those served by ACT teams have often had a lengthy history of mental health and/or substance use treatment. ACT provides the highest level of care available for outpatient treatment (Level 4). By 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 is provided in the client's living environment. Consultation is done with the staff nurse for medication management and health education. For physical health care, clients are linked to a primary care provider with whom ACT coordinate services. ACT team members may take clients to medical appointments as needed.

The ACT model is evidence-based and is characterized as a "hospital without walls." ACT works intensively with individuals, in their home or other settings. This model yields positive outcomes in helping clients recover in the community rather than institutional settings. Clinical team members utilize techniques and skills developed from evidence-based practices including Cognitive Behavioral Therapy for Psychosis (CBTp) and Dialectical Behavioral Therapy (DBT). Those with co-occurring disorders also participate in Dual-Recovery Anonymous groups. Individual therapy is provided by licensed therapists and therapist interns. The program is centered on providing care at a level that helps the client work towards recovery and reduce the occurrence of adverse events, including: arrest, incarceration, homelessness, mental health emergency or hospitalization. Clients are referred to the peer-run Community Family Learning Center (CFLC) to encourage incorporation of pro-social and educational activities which are co-facilitated by peer volunteers. Crisis intervention and assessment for involuntary psychiatric hospitalization are performed as needed.

Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.

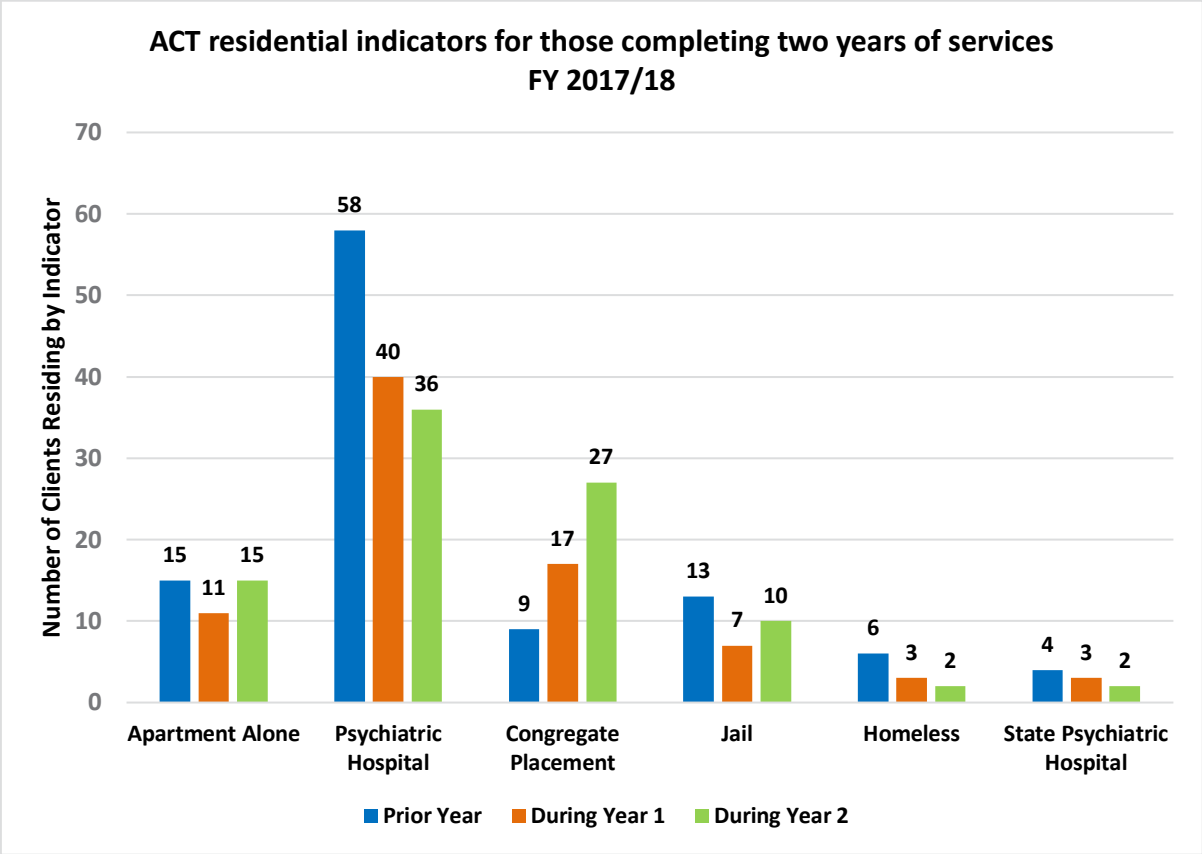
Service Goals FY 2018/19

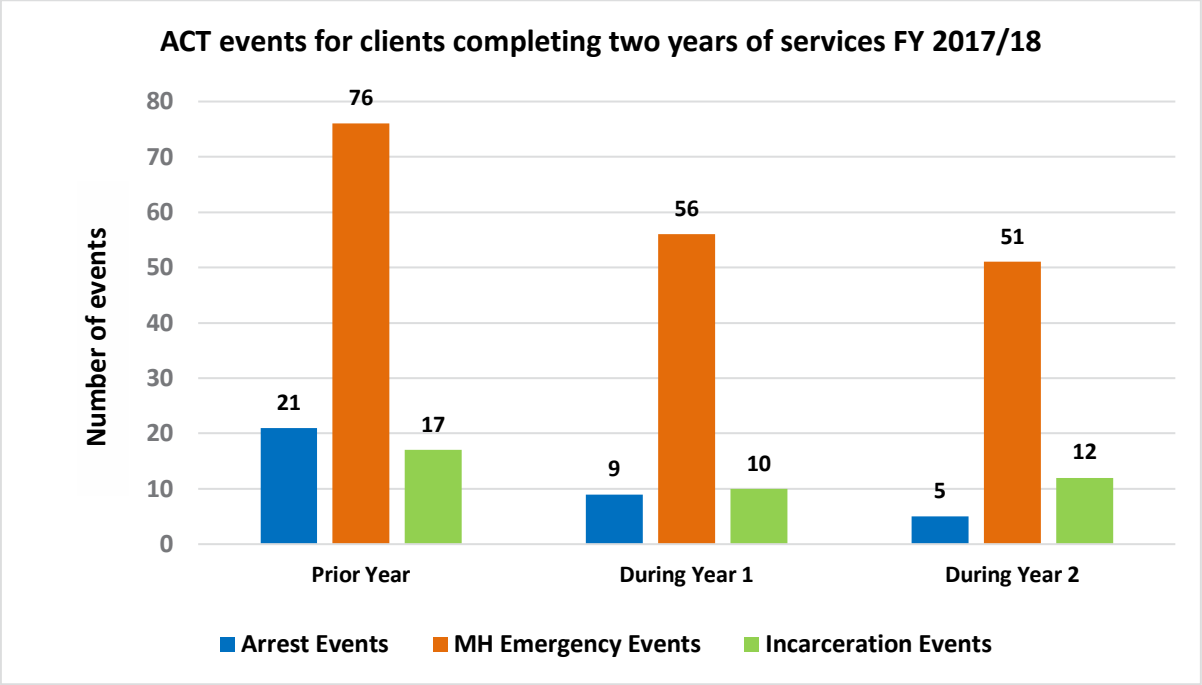
- Provide client-centered care in an outpatient setting which supports recovery while reducing occurrences of arrest, incarceration, homelessness, mental health emergency and hospitalization.

Program Data FY 2017/18

- First year of services:
  - Arrests decreased 65%.
  - Homelessness decreased 50%.
  - State Psychiatric residence decreased 25%.
  - Clients experiencing incarceration decreased 42%.
  - Clients experiencing mental health emergency events decreased 27%; the number of mental health emergency events decreased 59%.
  - Clients spending days in a psychiatric hospital decreased 2%; the number of days spent in a psychiatric hospital increased by 21%.

- Overall outcomes for those completing at least two years of services:
  - Arrests decreased 77%.
  - The number of clients residing in a single room occupancy stayed the same.
  - Community Care residence stayed the same.
  - Congregate placement (room and board) residence increased 200%.
  - Mental health emergency events decreased 33%; clients experiencing mental health emergencies decreased 61%.
  - The number of clients admitted to psychiatric hospitals decreased 36%.
  - Clients incarcerated decreased 30%.
  - 23% of clients discharged had met program goals.


ACT residential indicators for those completing two years of services FY 2017/18
Number of Clients Residing by Indicator
70
60
50
40
30
20
10
0
15
11
15
58
40
36
9
17
27
13
7
10
6
3
2
4
3
2
Apartment Alone
Psychiatric Hospital
Congregate Placement
Jail
Homeless
State Psychiatric Hospital
Prior Year
During Year 1
During Year 2


ACT events for clients completing two years of services FY 2017/18
Number of events
80
70
60
50
40
30
20
10
0
21
76
17
9
56
10
5
51
12
Prior Year
During Year 1
During Year 2
Arrest Events
MH Emergency Events
Incarceration Events

Challenges

- Extending coverage to include weekend and afterhours coverage. ACT offers on-call phone consultation and support but will be expanding coverage to include weekend and evening services.
- Continued development of best practices for consistency in reporting both within the electronic health record and Data Collection Reporting (DCR) system. Gathering accurate arrest information for clients who are not incarcerated can also be challenging when searching public databases.
- There is continued need for training in evidence-based practices including Dialectical Behavior Therapy, Aggression-Replacement Training, etc.

Solutions in Progress

- An outreach worker will be accepting more referrals from law enforcement and additional sources, in addition to referrals from the family advocate.
- ACT is increasing services to family members, other natural supports and placement operators when appropriate to increase the level of support to clients.
- DCR Core Group meets monthly to discuss outcomes for all full service partnership teams. Projects center on creating best reporting practices including consistency in data entry.

Adult Wraparound – Full Service Partnership

Location:
Kern Behavioral Health and Recovery Services
2151 College Ave
Bakersfield, CA 93305

Number served in FY 2017/18: None as FSP.
Goal number of clients served in FY 2018/19: 20 *Program began 4th Quarter FY 2018/19
Cost per Client FY 2018/19: $ 45,809.40

Program Description
The Adult Wraparound team is a Full-Service Partnership which offers brief (sixty days average) intensive mental health services for adults who are experiencing increased impairment to their life-function as a result of increased mental health symptomology. Clients are referred by their primary outpatient team when these symptoms put the client at risk for hospitalization and/or the frequent utilization of crisis services. The goal of the Adult Wraparound team is to ensure that clients receive the support and skills needed to reduce symptomology, and in turn, increase life-functioning while decreasing the utilization of crisis services and inpatient psychiatric hospitalization.

To ensure that services are readily available, staff are stationed at the Psychiatric Evaluation Center (PEC) to assist in immediate crisis intervention. Additional staff are assigned to each outpatient adult team in order to provide speedy access to intensified wraparound services, which augment services provided by the primary team. Services are based on the need of the client, which can include multiple interactions per week, to daily intervention if indicated. In order to meet the needs of the client's served, non-traditional hours of service are available, including availability on weekends and holidays.

Intensified services are unique to the individual served and may include, but are not limited to: skill-based interventions, intensive support activities, case management, assistance with obtaining resources (food, clothing, housing, etc.), assistance in linkage to community-based services, individual therapy, family therapy and crisis intervention. Throughout the intensified treatment process, multiple Evidence-Based Practices (Cognitive Behavioral Therapy, Motivational Interviewing, Wellness and Recovery Action Plan (WRAP), etc.) can be utilized. Furthermore, socialization opportunities (ice-cream outings, planned activities at local museums and zoos, etc.) are also available to promote community engagement and social-skill building.

Treatment planning for Adult Wraparound clients is a collaborative process which takes an interdisciplinary approach including the client, therapist, recovery specialist, support persons, substance use specialists (if indicated), team supervisor, nurse, treating psychiatrist, the Adult Wraparound team and other persons as identified.

Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.

Program Goals FY 2018/19

- Decrease mental health symptoms, high-risk behaviors and recidivism among adults.
- Reduce mental health crises, hospitalization, arrest and incarceration.
- Improve overall life-functioning through appropriate mental health interventions.

Program Data FY 2017/18

No data for FY 2017/18. Adult Wraparound began as a FSP in 4th Quarter FY 2018/19

Challenges

- Quality and availability of housing. Housing resources in the community are limited, and the quality of available housing can be subpar.
- Staffing issues that prevent the team from providing consistent services.

Solutions in Progress

- Adult Wraparound continues to work with treatment teams in KernBHRS to promote its use with individuals who could benefit from services.
- To address the challenge of meeting staffing needs, Adult Wraparound Core team continues to search for new hires to maintain optimal staffing to meet client needs

Transitional Age Youth (TAY) – Full Service Partnership

Location:
Kern Behavioral Health and Recovery Services
Children's Services
3300 Truxtun Avenue
Bakersfield, CA 93301

Clients served in FY 2017/18: 78
Goal number of Clients FY 2018/19: 85

Children (0-15)	**0**
TAY (16-25)	**85**
Adult (26-59)	**0**
Older Adult (60+)	**0**

Cost per client FY2018/19: $9,173.20

Program Description
The Transitional Age Youth (TAY) team is a full-service partnership serving TAY youth (aged 16 to 25), by providing a full spectrum of services using a youth-driven approach. TAY youth receive outpatient treatment services of varying degrees of intensity based on mental health needs. TAY team is the only team serving this age-specific population in Kern County. As a result, case management services are provided geographically to fit the needs of TAY clients. TAY provides assessments, psychiatric care, individual therapy, group therapy, counseling for mental health and/or co-occurring disorders, medication management, linkage to community resources including physical health care, housing and pro-social opportunities. The TAY team also has a substance abuse specialist trained by KernBHRS substance use division (SUD) to access the Gateway team to better serve TAY youth. This allows for real time substance use assessments and linkage to either

outpatient or inpatient substance use treatment.

Youth entering the TAY program are transitioning from KernBHRS Children's System of Care, self-referring, or have been referred by: Kern County Department of Human Services, Kern County Probation, KernBHRS Access to Care – Access and Assessment team, group homes, schools, hospitals and contract providers. The majority of TAY youth reside in apartments, foster care, and group homes with parents or other family members.

Youth in this transitional age are often reluctant to begin services. Many have had prolonged interaction with social services and other agencies throughout their childhood. Historically, youth turning 18 were no longer eligible for services, and as a result were at a higher risk for becoming homeless, unemployed, incarcerated, addicted and exploited. Services for TAY clients are catered to their developmental needs and interests. As permitted, youth are encouraged to include supportive persons in their treatment plan, including: parents and family members, friends and like supports.

The TAY team works with youth toward their recovery and independent living by utilizing the Transition to Independence Process (TIP) treatment model. This evidence-supported model is designed for use with the 14-to-29 age bracket. The TAY team became certified trainers of the TIP model in 2015. Most recently this year, the TAY team has become TIP Site Certified and has two TIP Fidelity Assessors. As a result, the TAY team has been able to train partnering community agencies and contract providers working with clients using consistent practice. TIP is a youth-driven approach, focused on working with youth to set and obtain career and educational goals, improve self-management skills, substance use issues and create supportive relationships. Youth-based goal development helps further foster trust and self-sufficiency in creating and reaching personal, educational and professional goals. The TIP model operates using five domains: employment and career, educational opportunities, living situation, personal effectiveness and wellbeing and community-life functioning. One unique aspect of the TIP model is "In-Vivo" teaching, which coach youth in learning and applying skills through role play in a variety of settings (i.e. home, school work and community).

Independent living is a pivotal goal for TAY youth. In 2013, KernBHRS with partners Golden Affordable Housing, Inc. and the Housing Authority of Kern, began a permanent supportive housing project called Residences at West Columbus (RWC). The RWC dedicates 20 one-bedroom subsidized rental units for TAY youth or other clients aged 18-25, who have a mental health disorder and are at risk for homelessness. This housing opportunity is not funded through MHSA but is a collaborative support for this subset of the population. TAY staff provide case management and treatment services at RWC for clients living in the complex. A contract provider is on site to assist clients with accessing community resources and to report on any issues that arise at the complex. RWC features a multi-purpose room for group activities, one office for on-site treatment services, and a basketball court. Units are provided with appliances. Housing may be provided outside of the designated units for those who exceed the age limit. However, a different Section 8 voucher would need to be obtained.

The TAY Drop-In Center has wi-fi, charging stations, four all-in-one computers, a wireless printer and television. The facilitator of the day is on-hand to assist youth with needs at the Drop-In Center. The Center also has Tele-Psych services available Monday through Friday. Unlike the previous Drop-In Center, the new location will provide an open space for youth to relax, do school

work, paint or spend time alone. The psychiatrist office will be located within the Drop-In Center.

The Dream Center, created in 2008, is a collaboration of agencies including: KernBHRS, Kern County Network for Children, Department of Human Services, Kern High School District and Kern County Probation. The premise of the Dream Center is to create a positive, pro-social atmosphere for foster youth and transitional foster youth, while providing access to resources. On-site work with youth is focused on advocating for their needs, ensuring appropriate placement as needed and in determining educational and vocational goals. Youth visiting the Dream Center can meet with a TAY staff therapist, if needed. They also have access to a computer lab, snacks, hygiene packs and are provided a locker for storage and mail services, if needed. Those seeking AB12 services for extended foster care past age 18 are assisted with the application process. Prosocial events and activities and groups such as the LGBTQ group are offered on site. The goal of the Dream Center is to provide a comfortable non-stigmatizing space, rich in resources for youth who need assistance navigating the foster care system. In FY 2017/2018, the Dream Center began renovations on a new building to provide more space and increased resources for youth.

Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.

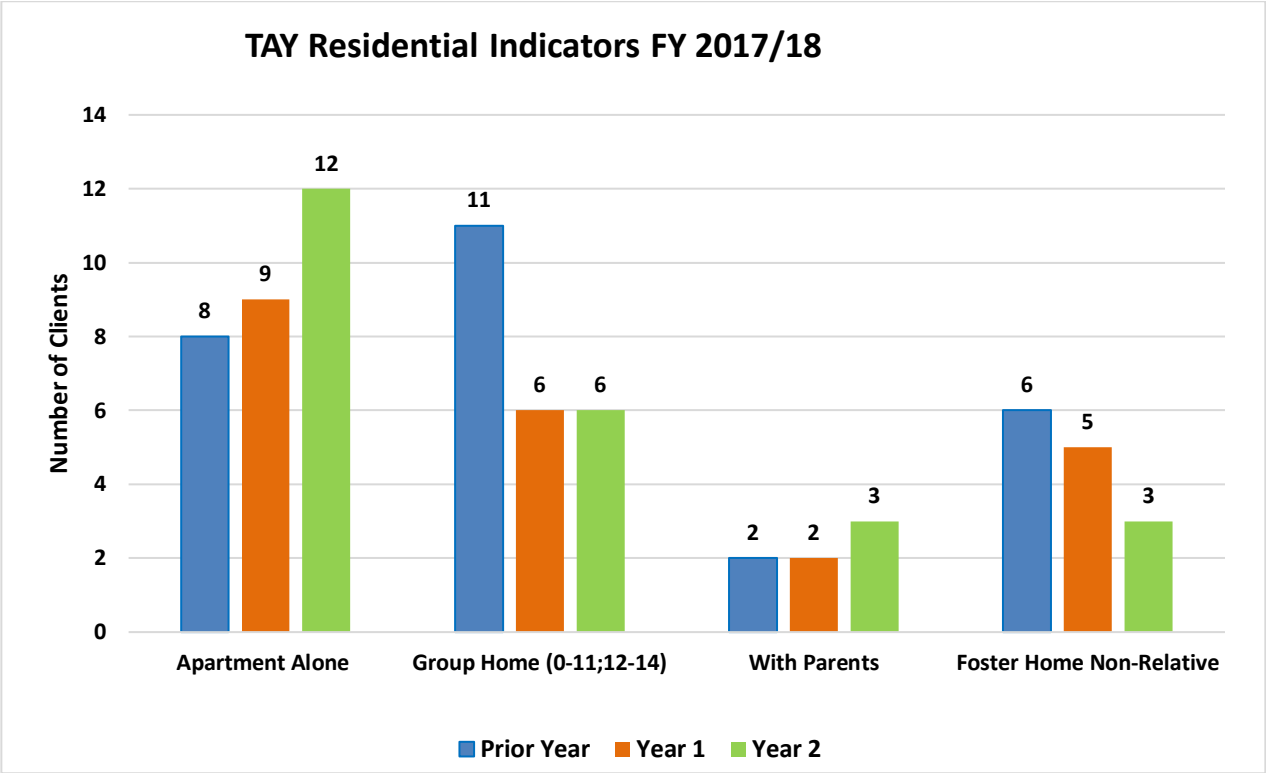
Service Goals FY 2018/19

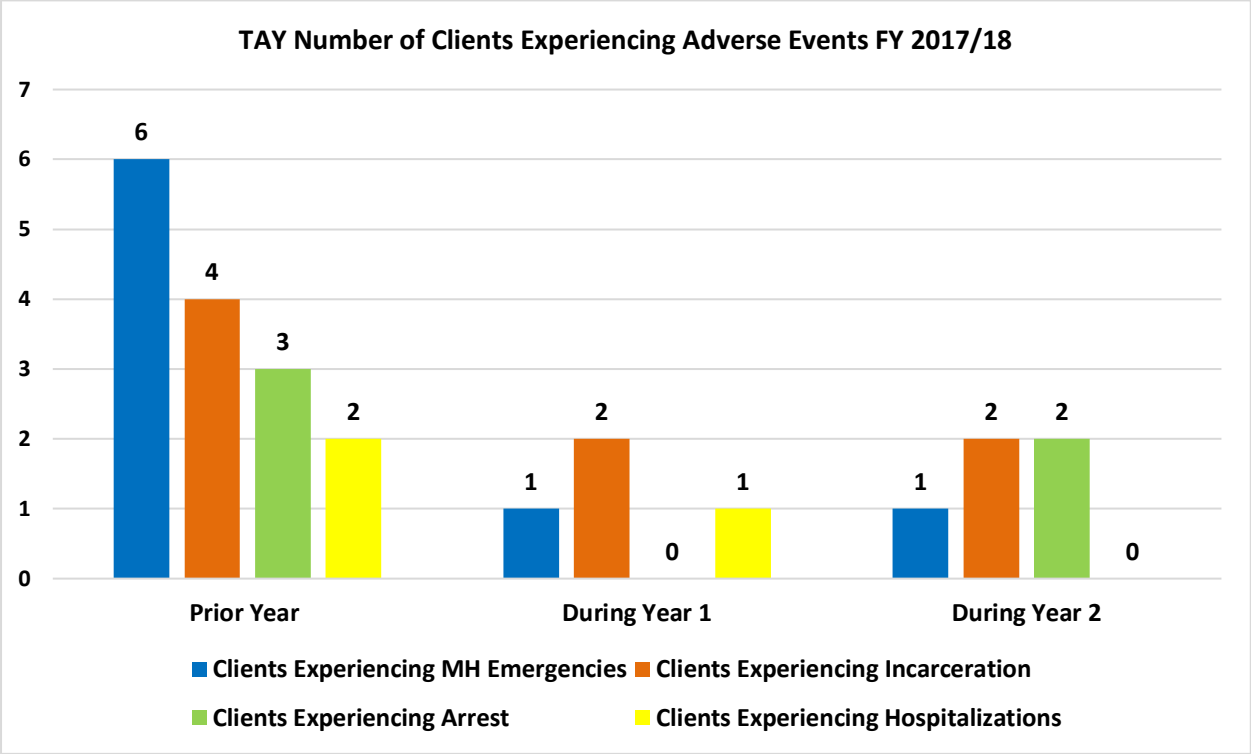
- Reduce mental health emergencies, hospitalization, arrest and incarceration.
- Reduce homelessness.
- Reduce substance use and other high-risk behaviors.
- Assist youth in successfully transitioning into adulthood and meeting career and educational goals.

Program Data FY 2017/18

- During the first year of services:
  - Arrests decreased 60%.
  - Clients experiencing mental health emergencies decreased 88%.
  - 75% of reporting youth showed 'Always, Most or Improved' attendance.
  - 25% of reporting youth showed 'Good, Very Good or Improved' grades.
  - Clients admitted into Inpatient hospitalization decreased by 50%; the number of days admitted to Inpatient hospitalization remained the same.
  - Days homeless increased from 60 to 79 during the first year of service.
  - Residence in Juvenile Hall decreased 150%.
  - Residence with parents decreased 15%.
  - Clients residing in a Group Home (0-11) decreased by 29% and (12-14) 55%.

- Overall results for those completing at least two years of services:
  - 25% decrease in residence with parents; 50% decrease in group home (12-14) residence; 50% decrease in foster residence, non-family.
  - Congregate placements increased 10%; residence in an apartment alone increased 50%.
  - Homelessness increased by 50%.
  - Juvenile Hall residence decreased 100%.


TAY Residential Indicators FY 2017/18
Number of Clients
14
12
10
8
6
4
2
0
8
9
12
11
6
6
2
2
3
6
5
3
Apartment Alone
Group Home (0-11;12-14)
With Parents
Foster Home Non-Relative
Prior Year
Year 1
Year 2


TAY Number of Clients Experiencing Adverse Events FY 2017/18
7
6
5
4
3
2
1
0
6
4
3
2
1
2
0
1
1
2
2
0
Prior Year
During Year 1
During Year 2
Clients Experiencing MH Emergencies
Clients Experiencing Incarceration
Clients Experiencing Arrest
Clients Experiencing Hospitalizations

Challenges:

- The TAY population continues to grow. Part of this growth is the result of AB 12, which allows youth to apply for continued foster care beyond the age of 18.
- TAY clients can begin services at 16-years-old, but many are not referred until age 18 when they are or are nearly emancipated. Beginning services with youth at an earlier age can provide a better chance at engaging them in the treatment process, help them build trust and eliminate barriers once they reach emancipation age.
- The team is currently understaffed to meet client needs. The TIP model traditionally encourages smaller caseloads of 15 or fewer youth clients.
- Homelessness creates a challenge with lack of short-term and long-term housing resources available.
- The TAY team has seen an increase in youth experiencing substance use disorders in the last year, with roughly 50% of youth active in the program experiencing substance use related issues.

Solution in Progress:

- TAY are provided dedicated Psychiatrist time to provide scheduled Doctor visits with youth on a consistent basis.

WISE (Wellness, Independence and Senior Enrichment) – Full Service Partnership

Locations:
Kern Behavioral Health and Recovery Services
5121 Stockdale Highway, Suite 275
Bakersfield, CA 93309

Clinica Sierra Vista
828 High Street
Delano, CA 93215

Clients served in FY 2017/18: 74
Goal number of Clients served for FY 2018/19: 85

Children (0-15)	**0**
TAY (16-25)	**0**
Adult (26-59)	**0**
Older Adult (60+)	**85**

Cost per Client FY 2018/19: $10,839.48

Program Description
The Wellness, Independence and Senior Enrichment (WISE) Full Service Partnership team provides mental health services to the older adult population. Older adults were recognized by stakeholders in 2006 as an unserved and underserved population. WISE clients experience serious mental illness and require services that are delivered through "whatever it takes" approach. Referrals to WISE come from KernBHRS teams serving adults, the Volunteer Senior Outreach Program, the Access to Care – Access and Assessment team or through the Mobile Evaluation Team (MET). Clients may also be referred from psychiatric or medical hospital settings.

WISE is mobile, providing services in the seniors' homes, as many lack transportation. This also allows team members to engage clients where they are most comfortable.

The WISE team includes a Geropsychiatrist, therapist, nurse and recovery specialists. Clients are provided evaluation, medication management, therapy, case management and assistance with obtaining community resources. The Geropsychiatrist may also evaluate and provide integrated care when symptoms are present, offering referrals for physical health care as needed. Team members have received specialized training in working with the older adult population. There is often a strong need among seniors to retain independence; this can often lead to resistance in

acceptance of mental illness requiring treatment. WISE provides individual rehabilitation and skill building strategies. Evidence-based approaches are used, including Cognitive Behavioral Therapy (CBT), Dialectical Behavioral Therapy (DBT) Solution Focused Therapy (SFT) and Problem-Solving Therapy (PST). Clients are also screened for neurocognitive impairments, which can occur with age and may increase the chances of progression into dementia.

WISE also assists clients who need help accessing resources when they come to the age to receive Social Security and require help with the application process. WISE may also help to secure housing. Fixed incomes and availability can influence the type of housing seniors obtain. Many cannot afford retirement homes and room and board facilities often have long wait lists.

Maintaining or gaining independence is a primary goal for seniors in treatment. As such, WISE works with clients to incorporate activities designed to engage clients within the community. Seniors may attend classes at the Consumer Family Learning Center or visit Community Centers or Senior Centers and also visit the Mercy Hospital Art and Spirituality Center.

Additional WISE services began in Delano through Clinica Sierra Vista in FY 2017/18, further serving underserved older adults in the second highest populated city in Kern County.

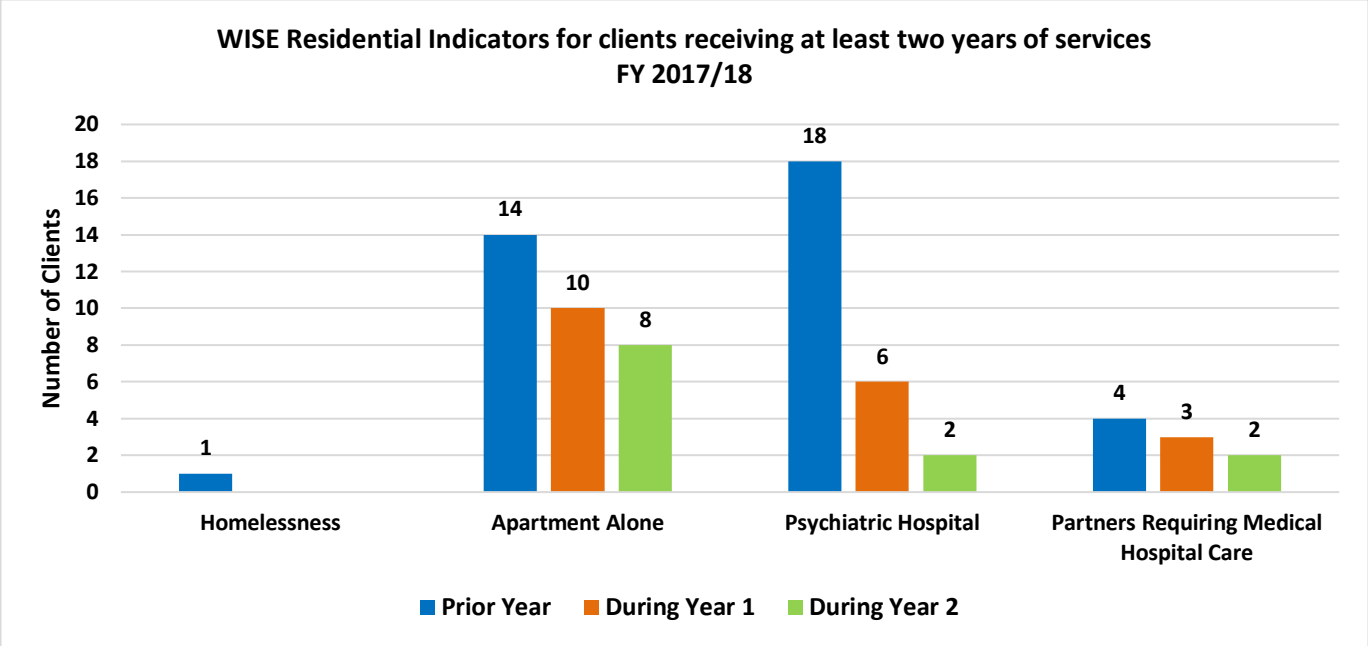
Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.

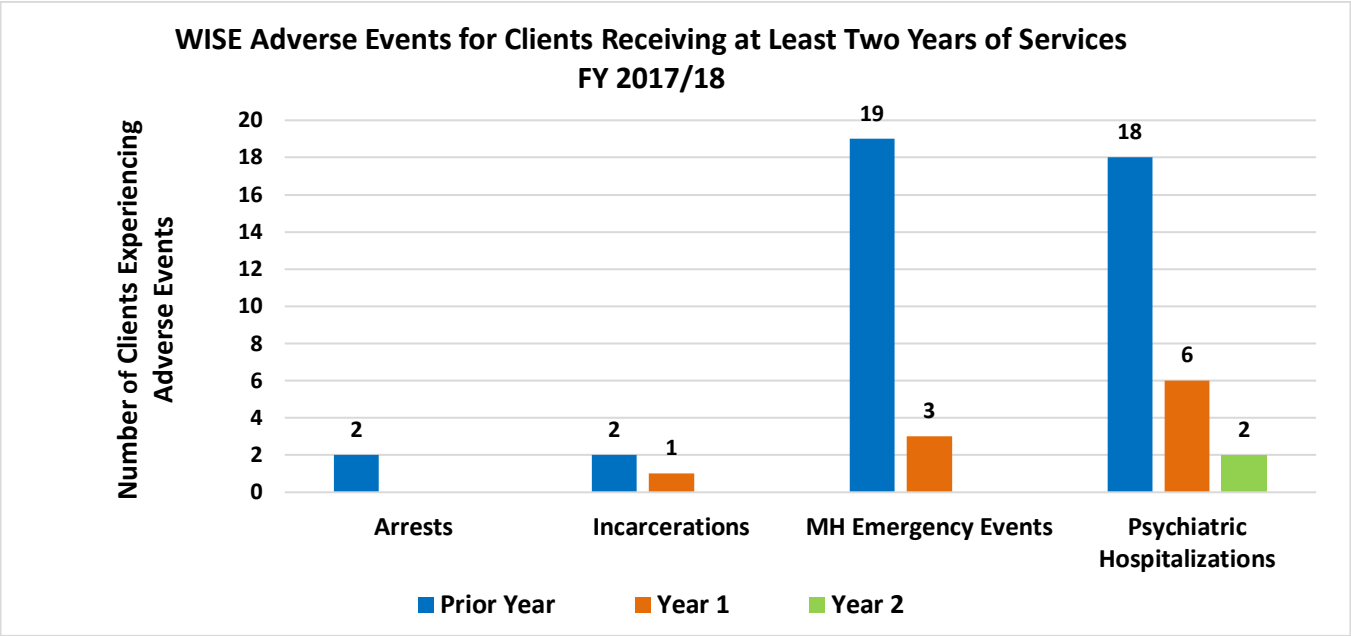
Service Goals FY 2018/19

- Help seniors establish a sense of belonging while incorporating meaningful activities.
- Reduce crisis incidents and hospitalization.
- Increase outreach and treatment for underserved populations.
- Continue to eliminate barriers to community resources.

Program Data FY 2017/18

- During first year of services:
  - Clients experiencing mental health emergencies decreased 82%; mental health emergency events decreased 81%.
  - Homelessness was eliminated in the first year of services.
  - State Psychiatric residence and long-term care were all eliminated within the first year of receiving services.
  - Clients requiring Inpatient hospitalization decreased 54%.
- Overall data for two years of services:
  - Medical hospital residence decreased 50%.
  - 89% fewer clients required Inpatient hospitalization; 61% fewer days were spent in Inpatient hospitalization.
  - During the second year of services, those experiencing mental health emergencies decreased 100%; the number of emergency events decreased 100%.
  - Residence in an Apartment alone decreased 43%; Assisted Living residence remained the same; residence with other family remained the same.
- Discharge reports indicate that 29% of those discharged in FY 2017/18 met program goals.





Challenges

- Clients may be reluctant to transition to a lower level of care when intensified services are no longer necessary.
- Uninsured clients may have a greater struggle with maintaining secure housing.

Solutions in Progress

- WISE receives annual training to provide information on holistic methods to address symptoms including pain and depression.
- WISE collaborates with Kern County Aging and Adult Services to connect those clients who may be at risk or need continued support.
- Team members attend multi-disciplinary meetings to stay abreast of those who may need services and advice on how to work with older adult clients.

Youth Multi-Agency Integrated Service Team - Full Service Partnership

Location:
Kern Behavioral Health and Recovery Services
3300 Truxtun Avenue
Bakersfield, CA 93301

Clients served in FY 2017/18: 50
Goal number of clients served in FY 2018/19: 60

Children (0-15)	**34**
TAY (16-25)	**26**
Adult (26-59)	**0**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $15,607.72

Program Description
The Youth Multi-Agency Integrated Service Team (MIST) provides a wide variety of specialty mental health care for children and families. Populations served include youth at risk of losing placement, foster youth, (both wards and dependents) and commercially sexually exploited children. Clients referred to MIST have been identified as having serious emotional disturbance, severe mental illness or behavioral issues. Referrals for care come from former or active foster parents, parents/families, group homes, schools, KernBHRS teams, contracted mental health providers, and public agencies including: Kern County Probation, Kern County Department of Public Health and Kern County Department of Human Services.

Youth MIST staff are trained and competent in the following treatment modalities: Treatment Foster Care Oregon (TFCO) [formerly Multidimensional Treatment Foster Care], Dialectical Behavioral Therapy (DBT), Aggression Replacement Training (ART), Cognitive Behavior Therapy (CBT), Trauma Informed CBT, Solution Focused Brief Therapy (SFBT), Motivational Interviewing, and Stages of Change. Staff are competent in providing co-occurring services and an on-going Co-Occurring Recovery group (COR) is provided in twelve-week segments. MIST also provides My Life My Choice, a psychoeducational group for girls who are at risk of or being sexually exploited. Moreover, staff members receive training in a wide array of Cultural Competency topics, enabling MIST to provide sensitive competent services to people of diverse cultures, those in various stages of acculturation, and people with varying sexual orientations. Additionally, the team provides medication management, crisis intervention, on-call services and comprehensive case management.

MIST serves youth who have been separated from their families for a wide variety of reasons and reside in higher level group homes or foster care settings. MIST offers the evidenced-based

Treatment Foster Care Oregon (TFCO) program, which is designed to reunify families who have experienced separation. There is a constant need for available resources for families to provide homes for the at-risk adolescent population. Designated MIST team members actively recruit resource families for adolescents aged 12-18. MIST provides TFCO resource family certification and on-going training consistently throughout the year. These certified resource families are then able to provide therapeutic foster care through the TFCO program under the guidance of MIST. MIST is on-call 24/7/365 for TFCO resource families as well as all youth and families whom we serve.

The MIST team is composed of psychiatrists, therapists, recovery specialists, substance abuse specialist, probation officer, social worker and a parent partner. Having a probation officer and social worker on the team enables youth and families to receive their services at a central location. The parent partner works with parents using Educate, Equip and Support: a Building Hope program. This program provides parents with psychoeducation and insight into their child's mental health diagnosis, medication, child welfare and school information including the special education and IEP process. The Parent Partner is also trained in SHARE! which is a self-help and recovery exchange that enables parents/caregivers to develop skills to cope with their own substance abuse, trauma, mental illness and connect and reintegrate into the community. MIST works with the entire family, and caregivers are offered support and mental health services when needed as well. Often the families whom MIST serves have multi-faceted levels of complex issues and barriers and it has been extremely advantageous to offer the caregiver or parent services at the same location where the youth is served.

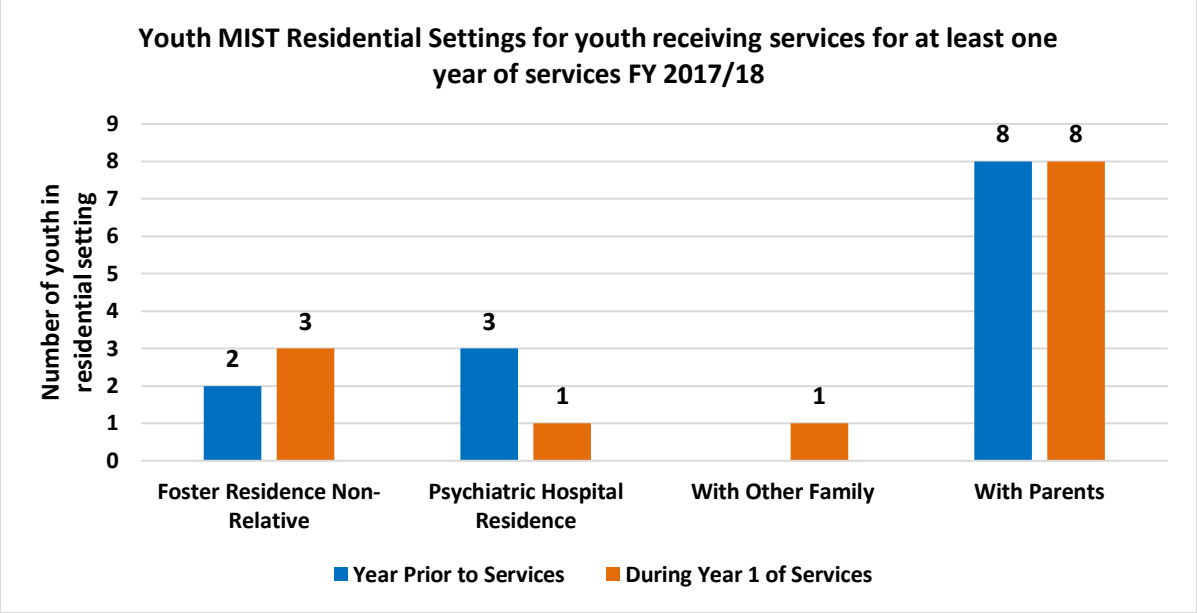
Housing vouchers can be used for reunification purposes of child and parent.

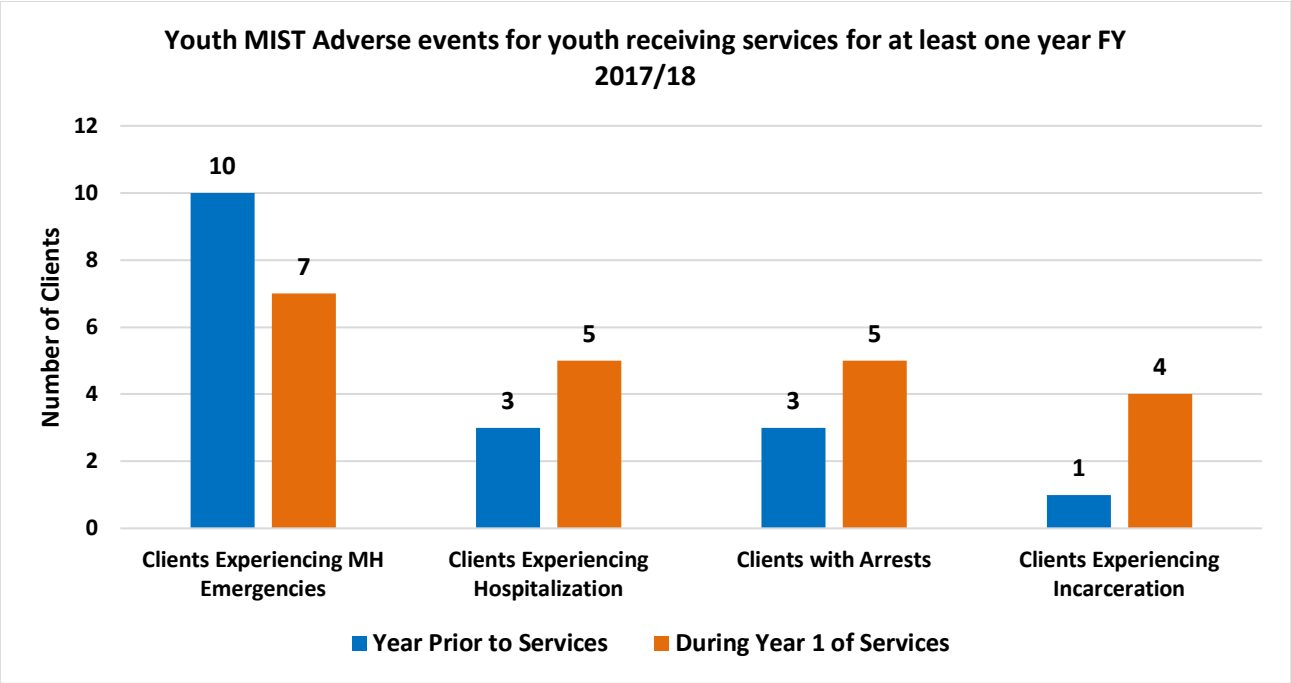
Service Goals FY 2018/19

- MIST strives to provide individualized recovery-based services, inclusive of family support which are culturally competent and appropriate.
- Reduce the likelihood of adverse occurrences including homelessness, arrest, incarceration, mental health emergency or hospitalization.
- Foster stable housing for youth by reducing the number of recurrent placements. MIST is designed to provide youth with skills, resources, and necessary structures to reduce mental health symptoms, problem behaviors, and promote pro-social behaviors.
- MIST strives to instill hope and empowerment, provide a holistic approach to promote health and well-being and integration into the community for youth and their family.

Program Data 2017/18

- Overall results for those completing at least one year of services:
  - Arrest events increased by 67%.
  - Foster home, non-relative placement increased 50%; client residence with other family members stayed at 0%.
  - Clients with mental health emergencies decreased 30%; the number of mental health emergency events decreased 29%.
  - 79% of youth reporting school attendance reported "always" or "most of the time"; 28% of youth reported "good, very good or improved" grades.
  - 58% of youth discharged in FY 17/18 had met program goals.


Youth MIST Residential Settings for youth receiving services for at least one year of services FY 2017/18
Number of youth in residential setting
9
8
7
6
5
4
3
2
1
0
2
3
3
1
1
8
8
Foster Residence Non-Relative
Psychiatric Hospital Residence
With Other Family
With Parents
Year Prior to Services
During Year 1 of Services


Youth MIST Adverse events for youth receiving services for at least one year FY 2017/18
Number of Clients
12
10
8
6
4
2
0
10
7
3
5
3
5
1
4
Clients Experiencing MH Emergencies
Clients Experiencing Hospitalization
Clients with Arrests
Clients Experiencing Incarceration
Year Prior to Services
During Year 1 of Services

Challenges

- The foster care system continues to experience a decrease in available foster homes while the need for quality foster care increases. The Kern County Foster Care organ cannot exist without quality foster families.
- Many single parent families exist in poverty with minimal support from extended family and lack of resources in the community. Lack of transportation to appointments is an on-going issue.
- Lack of positive enrichment and on-going consistent pro-social activities after school and during the summer for children and youth coming from low income and impoverished homes create risk factors that increase the likelihood that youth will partake in risky behaviors.
- Heightened awareness of human trafficking has increased the need for services among those who have been victims of sexual exploitation.
- Children/youth on the run for various reasons including sexual exploitation, chronic runaways and running from abusive situations have few 'safe house' options. Lack of 'safe house' puts these children/youths at risk of abuse and exploitation.
- Lack of job readiness programs prevents youth from having the opportunity to work toward independence.
- Accessibility of educational support including tutoring.

Solutions in Progress

- Ongoing creative efforts to recruit new foster parents while supporting existing foster parents and providing ongoing training and support to keep them engaged, skilled and effective.
- Continue to increase mental health and substance use disorder services and utilizing services such as Therapeutic Behavioral Services, WRAP 163 and food banks.
- Continue to provide mental health services in the field, home, community and school as needed. Providing transportation as needed.
- Utilizing "No Wrong Door" collaborative efforts with community partners and providing care to families in a centralized location.
- MIST is a multi-disciplinary team, which works to create a comprehensive service delivery system utilizing specialties from different agencies working with children and families, with the goal of creating access to resources.

Youth Wraparound – Full Service Partnership

Location:
Kern Behavioral Health and Recovery Services
3300 Truxtun Avenue
Bakersfield, CA 93301

Henrietta Weill Child Guidance Clinic
3628 Stockdale Highway
Bakersfield, CA 93309

1430 6th Avenue
Delano, CA 93215

Clinica Sierra Vista
1400 S. Union Avenue, #100
Bakersfield, CA 93307

College Community Services
29325 Kimberlina Road
Wasco, CA 93280

Clients served in FY 2017/18: 228
Goal number of clients served in FY 2018/19: 240

Children (0-15)	**163**
TAY (16-25)	**77**
Adult (26-59)	**0**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $7,183.11

Program Description:
Youth Wraparound is a series of Full-Service Partnership teams which provide intensified services for youth at risk of hospitalization or in frequent need of crisis intervention. The goal of the Youth Wraparound program is to ensure that youth and families receive the support needed to stabilize the child in their home, reduce mental health emergencies, hospitalizations, arrests and incarceration, all while decreasing mental health symptoms.

To ensure that services are readily available, Youth Wraparound Teams are located within the Children's Geographical Providers service areas throughout Kern County. Referrals to Youth Wraparound teams come from a variety of sources, including but not limited to: self-referrals to geographical providers, schools, probation, child welfare, Mobile Evaluation Team (MET), Psychiatric Evaluation Center (PEC) and Bakersfield Behavioral Healthcare Hospital. To provide immediate services to families and youth during times of crisis, staff are available after-hours, on weekends and holidays.

Throughout Kern County Youth Wraparound provides intensified treatment services, including but not limited to: individual and family therapy, psychiatric services, individual therapy, medication management and Therapeutic Behavioral Services (TBS). Other Evidence -Based Programs and modalities are utilized when treating clients, including: Cognitive Behavioral Therapy, Trauma Focused Cognitive Behavioral Therapy, Peace for Kids, Aggression Replacement Training, Parent Project, PRAXES, YRAXES, Interactive Journaling, Active Parenting and Motivational Interviewing. Anger Replacement Training, and KernBHRS System of Care team provides Dialectical Behavior Therapy (DBT). Youth Wraparound partners with families and community agencies to participate in Child Family Treatment Team Meetings (CFTM), Intensive Case Coordination (ICC), and Intensive Home-Based Services (IHBS), amongst others.

Treatment plans for Youth Wraparound services are created in a collaborative treatment team, with the focus on meeting the specific needs of the youth and family. The treatment team involves the client, therapist, Recovery Specialist, parents/guardians, third-party supports (friends, advocates) as available, and clinicians for specialty services including substance use disorder treatment. Youth Wraparound works with the parents/caretakers and other community partners such as the Department of Human Services and Kern County Probation. Youth Wraparound teams work hard to provide youth and families to needed services quickly.

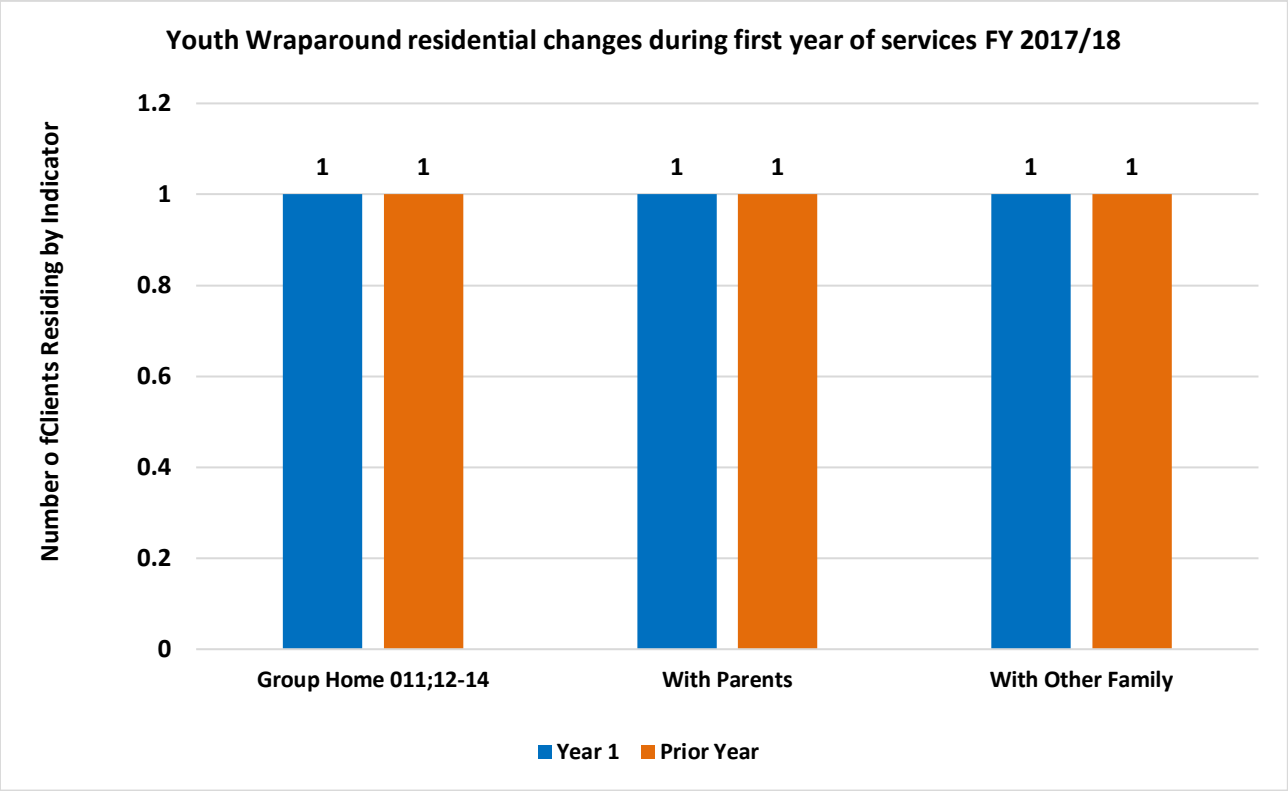
Service Goals FY 2018/19

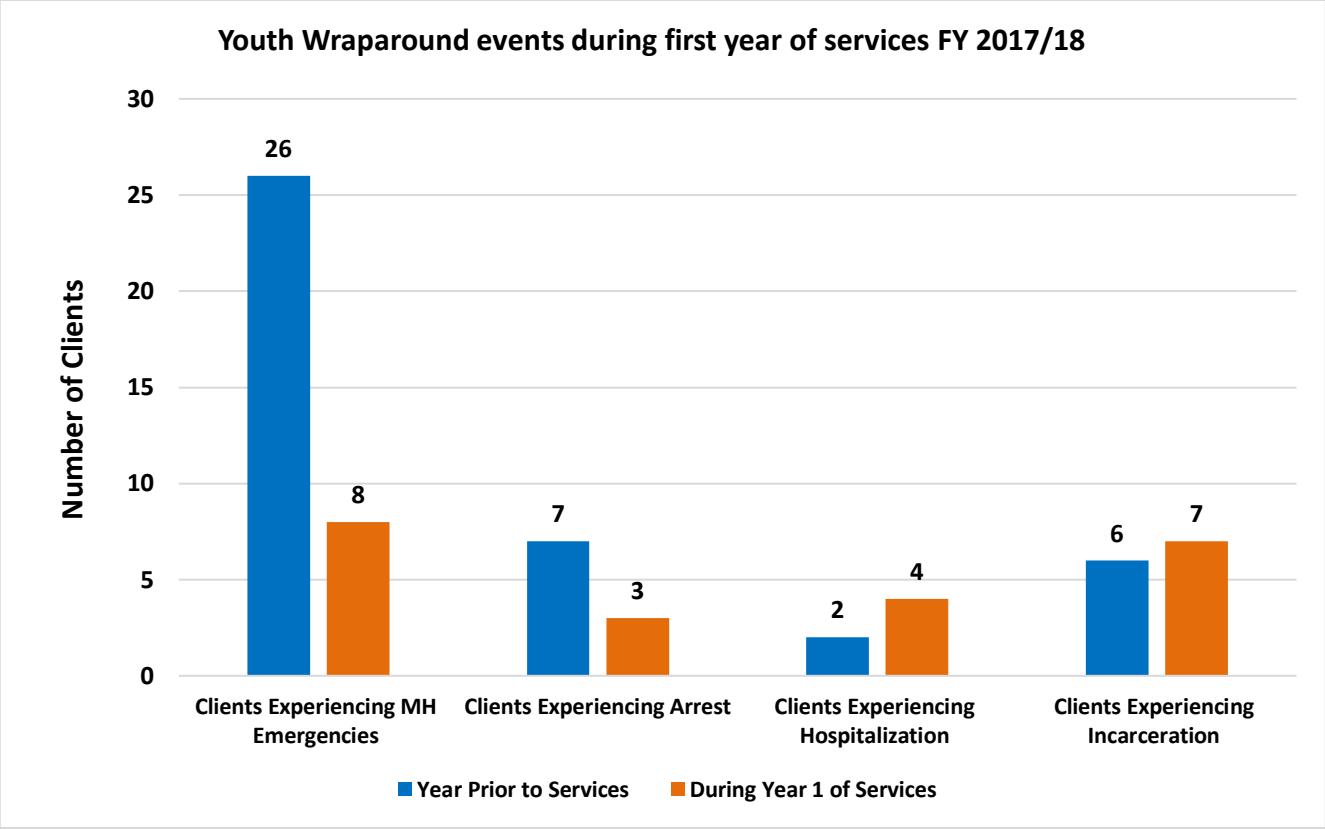
- Decrease mental health symptoms, high-risk behavior, and recidivism among youth.
- Reduce mental health emergencies, hospitalization, arrest and incarceration.
- Retain children in their homes or as close to a home-like setting as possible.

Program Data FY 2017/18

Data reflects those completing at least one year of services:

- Arrests decreased 57%.
- Clients experiencing mental health emergencies decreased 69%.
- 80% of reporting youth showed 'Always, Most or Improved' attendance.
- 19% of reporting youth showed 'Good, Very Good or Improved' grades.
- Clients admitted into Inpatient hospitalization increased 100%; the number of days admitted to Inpatient hospitalization increased by 52%.
- Days homeless remained at 0 during the first year of services.
- Residence in Juvenile Hall remained at 0 during the first year of services.
- Residence with parents remained unchanged.
- Clients residing in a Group Home (0-11) remained unchanged and (12-14) 0.
- 42% of clients discharged met goals.


Youth Wraparound residential changes during first year of services FY 2017/18
Number o fClients Residing by Indicator
1.2
1
0.8
0.6
0.4
0.2
0
1
1
1
1
1
1
Group Home 011;12-14
With Parents
With Other Family
Year 1
Prior Year


Youth Wraparound events during first year of services FY 2017/18
Number of Clients
30
25
20
15
10
5
0
26
8
7
3
2
4
6
7
Clients Experiencing MH Emergencies
Clients Experiencing Arrest
Clients Experiencing Hospitalization
Clients Experiencing Incarceration
Year Prior to Services
During Year 1 of Services

Challenges:

- There is a continued need for ongoing collaboration within the system of care as well as with community partners to ensure that services are closely coordinated.
- It is necessary to identify other non-mental health needs (i.e., developmental delays, educational needs, physical health needs) to ensure that comprehensive services are provided, and appropriate linkages are completed.
- Engagement of client and families is key to successful outcomes. Youth Wraparound teams will need to continue to explore alternative modes of engagement with families.

Solutions in Progress:

- Increase afterhours and on-site response to accommodate and engage clients and families.
- Working with providers to intensify crisis intervention services immediately.
- Exploring transportation options with families and providing bus passes as needed.
- Meeting with clients in their homes and in the community to increase engagement.
- Increase use of warm handoffs to ensure that youth who have successfully completed wraparound services are stepped down to the appropriate level of care.

System Development

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

Access to Care Access and Assessment is the front door to KernBHRS – from our Crisis Hotline team to Access and Assessment. Access to Care teams are designed to provide access linkage to both System and Community mental health care. Recovery Supports is a set of treatment and recovery programs richly involved in peer support, through peer-involved and/or peer-led programs. Outreach and Stigma and Discrimination Reduction efforts are part of many System of Care and community provider teams throughout Kern County, coordinated through the Outreach and Education Coordination program. Information on mental health, mental health stigma reduction, suicide prevention and programs available are disseminated through community events, health fairs, conferences and other venues to all ages and populations. General System Development programs are organized by service of age group as follows:

Children (0-15)
Access to Care – Crisis Hotline
Outreach and Education

Transitional Age Youth (TAY) (16-25)
Access to Care – Access and Assessment Team and Crisis Walk-in Clinic (CWiC)
Access to Care – Crisis Hotline
Consumer Family Learning Centers (CFLC)
Outreach and Education

Adult (26-59)
Access to Care – Access and Assessment Team and Crisis Walk-in Clinic (CWiC)
Access to Care – Crisis Hotline
Adult Wraparound (Adult Wraparound Core Team and Dialectical Behavioral Therapy Core Team)
Consumer Family Learning Centers (CFLC)
Outreach and Education
Recovery and Wellness Centers (RAWC)
Self-Empowerment Team (SET)

Older Adult (60 +)
Access to Care – Access and Assessment Team and Crisis Walk-in Clinic (CWiC)
Access to Care – Crisis Hotline
Consumer Family Learning Centers (CFLC)
Outreach and Education

Highlights from FY 2017/18:

Programs categorized under General System Development were able to make a lasting impact on the lives of many Kern County citizens in the past fiscal year:

- Crisis hotline received and supported a total of 38,875 phone calls throughout the year.
- The Consumer Family Learning Center provided 20,427 learning activities for community members and people receiving services through KernBHRS in Bakersfield, and College Community Services in Ridgecrest and Tehachapi.
- Outreach and Education increased community outreach by 85% in fiscal year 2017/18 from the prior year, touching the lives of 405,764 people within Kern County.

Access to Care - Access and Assessment and Crisis Walk-in Clinic – System Development

Location:
Kern Behavioral Health and Recovery Services
2151 College Avenue
Bakersfield, CA 93305

Access to Care – Access and Assessment:
Clients served in FY 2017/18: 3,351
Goal number of clients served in FY 2018/19: 5,000

Children (0-15)	**0**
TAY (16-25)	**1200**
Adult (26-59)	**3500**
Older Adult (60+)	**300**

Crisis Walk-in Clinic:
Clients served in FY 2017/18: 4,374
Goal number of clients served in FY 2018/19: 5,000

Children (0-15)	**0**
TAY (16-25)	**1000**
Adult (26-59)	**3700**
Older Adult (60+)	**300**

Cost per Client FY 2018/19 (combined total): $245.18

Access and Assessment
Program Description
The Access to Care – Access and Assessment acts as an entry point for those who need screening and assessment after experiencing mental health related symptoms. Most clients entering the Center self-refer as walk-ins or are brought in by family members or collaborative agencies including Kern County Public Health and Kern County Probation. At the time of screening or assessment, clients meet with a therapist, recovery specialist and/or third-party supports, including family members, friends, etc., as permitted. Any previous mental health history, if applicable, is reviewed during the assessment process.

The clinician works with the client and support persons closely to determine, by their symptoms and history, whether and to what degree mental health care may be needed. Urgent and emergency assessments may be conducted with clients who have experienced acute crisis or are at risk for a crisis event. These clients are met as soon as possible but no later than two business days; any needed services are provided in the interim. Based on mental health care needs identified in the assessment, the client will be referred for specialty or non-specialty services. Specialty mental health care is offered to those with severe impairment who require more intense mental health care, meaning more frequent interventions and other services. Should the client not require specialty mental health care, they are referred to a non-specialty team, community-based provider or their primary care provider.

Clients presenting with co-occurring mental health and substance use disorder symptoms may

be assessed for treatment by a substance use specialist assigned by the Substance Use Disorders System of Care to work within the Access to Care – Access and Assessment team. Clients with co-occurring disorders would be referred to a team providing dual-recovery (mental health and substance use disorder) services.

Clients experiencing suicidal or homicidal feelings, or who have attempted suicide or homicide are provided immediate Harm Reduction Therapy (HaRT) Program services. This program uses the Cognitive Behavioral Therapy (CBT) designed for short-term, immediate use to reduce suicidal ideation. When referred to continuing outpatient services, the therapist providing HaRT will collaborate with the primary treatment team to incorporate interventions to be used as necessary in conjunction with the treatment plan. Additional On-site classes and groups are offered free of charge for those who are in the interim period between screening and assessment to encourage continued engagement and shorten the duration of untreated mental illness. Clinicians facilitate groups including the following: Depression Group, Attempters Recovery and Mentor Support (ARMS) for those who have attempted suicide, Anger Management and Conflict Resolution. Also, recently added was an Emotional Regulation and Assertive Communication (ERAC) class, designed by clinical staff.

The team has seven staff certified to provide referral for involuntary psychiatric detainment. Involuntary psychiatric detainment is used only when the client presents as a danger to themselves or others or are gravely disabled due to mental illness. This detention period allows clinicians within the Psychiatric Evaluation Center/Crisis Stabilization Unit (PEC/CSU) time to provide psychiatric evaluation and stabilize symptoms. Clients may be released at any point during the 72-hour period if symptoms are found to be not considered an emergency.

Located in the same building, the PEC/CSU provides services to those experiencing a mental health emergency or mental health crisis. Mental health emergencies are identified as life-threatening situations including suicide attempts, homicidal behavior or threats, self-injury requiring medical attention, severe alcohol and/or other drug impairment or showing highly erratic or unusual behavior possibly leading to an inability to care for oneself. Mental health crisis is serious, but non-life threatening. Examples of a mental health crisis include making threats to harm self or others, other erratic and unusual behavior, self-injury not requiring immediate medical attention and emotional distress including severe depression or anxiety. After completing involuntary psychiatric detainment within the PEC/CSU, clients may be referred to the Access to Care – Access and Assessment team for a screening and assessment.

Additional support and voluntary crisis intervention care were added to Access to Care – Access and Assessment team services through the Crisis Walk-in Clinic (CWiC) in FY 2017/2018.

Service Goals FY 2018/19

- Increase and foster family inclusion in the screening and assessment process
- Ensure each individual find services to be easily accessible.
- Provide emergent, urgent, priority and routine assessments to individuals in 10 or fewer business days, depending on need and connect them with interim services as necessary.
- Complete a culturally sensitive mental health assessment, in the preferred language of the client.

- Identify consumers in need of specialty mental health services and link to the appropriate service provider within seven business days of assessment.
- Reduce interim period between assessment and first team service to reduce the duration of untreated mental illness.
- Schedule first team service appointments within 14 days of the initial contact with mental health services for those requiring outpatient specialty mental health services.
- Link individuals in need of non-specialty mental health services with a community provider and/or with the Care Coordination Unit within 10 business days.
- Simplify the assessment forms to help make the process more efficient while eliminating unnecessary redundancy.
- Reduce individual's problematic symptoms and behaviors.
- Prevent hospitalization through access to outpatient services.
- Satisfaction with treatment services as tracked in mandated semi-annual satisfaction surveys
- Increase linkage and facilitate coordination of outpatient and community resources.
- Reduce no-show rates for assessment appointments.
- Continually reduce the time needed to transition the client between assessment and orientation with treatment provider.

Challenges

- No-show rates for scheduled assessments are high and affect timely access to an assessment.
- Lack of transportation for clients shows a direct correlation with the number of no-show events.
- Longer wait times for behavioral health services increase no-show rate and impact timely access to service.
- Delays in service prevent the proper transition of clients from higher level teams to lower level teams and vice versa.
- Outreach and education is needed to better inform the community at large of the Access to Care services available through both the Access Center and Assessment Center, as well as services offered throughout with KernBHRS and its providers.
- Signage for outpatient clinics are poorly designed and located, resulting in clients getting lost or missing appointments.
- There is no sobering station or detoxification center at the Access and Assessment Center for clients who suffer from alcohol and other drug addiction or who may be experiencing a substance use related crisis.
- Interpretation services currently do not support those in need of American Sign Language interpretation.
- The screening tool currently in use is lengthy and presents many questions which are reiterated in the assessment form. The new assessment form is currently in draft.
- Lack of access to mental health emergency services in outlying or rural areas.

Solutions in Progress

- Screeners identify individuals who may be able to fill no-show slots on an on-call basis. A call back list is used to contact clients when a cancellation or no-show occurs.
- No-show appointment slots are also filled with clients seen directly from crisis services including those from the PEC/CSU, Mobile Evaluation Team (MET) or Crisis Walk-in

Clinic (CWiC). When available, immediate assessments are also offered.

- Clinicians have added available appointment slots to address the high no-show rates.
- Interim services are offered that include free group classes and the HaRT program.
- The team plans to do more outreach and education in the community to provide information on Access to Care services. They will include information on geographic service providers throughout the county.
- Screeners will work to create a tool that gathers critical information but is not redundant with information gathered during the assessment process.
- Peer Navigators provide interim services and warm handoffs to specialty mental health providers.
- The Residency Clinic speeds access to emergency psychiatric appointments for medication evaluation and management, both for clients of Access and Assessment and for clients of outpatient teams/providers.

Crisis Walk-in Clinic
Program Description

The Crisis Walk-in Clinic (CWiC), located in the facility provides crisis intervention, screening, assessment and comprehensive discharge planning for those experiencing crisis-level mental health symptoms, but do not require an involuntary hold or hospitalization. Clients may be referred to the CWiC from Mobile Evaluation Team (MET) or PEC/CSU as they transition out of crisis.

Once in the care of CWiC staff, clients are provided necessary support which may include linkage to community resources, mental health access and linkage, social support, etc. CWiC also provides support to reduce the severity of mental health symptoms which could lead to a crisis event.

Clients served by CWiC are adults 18 and older and reporting current mental health symptoms, a history of symptoms or a mental health challenge. Many clients are homeless or at risk of becoming homeless. Clients may have co-occurring mental health and substance use disorders which require care. CWiC services are available for all Kern County residents.

When successful access and linkage have been established, CWiC will provide short-term services which include short-term case management and collaboration with housing providers, outpatient mental health care teams and other community resources. Recovery Specialists at the CWiC provide case management services and prosocial skills training. Evidence-based practices utilized include: Dialectical Behavior Therapy (DBT) skills and Cognitive Behavioral Therapy (CBT).

Service Goals FY 2018/19

- To promote and provide support for further safety, stability and wellness during a client's transition out of crisis services.
- To provide assessment within 24 hours.
- To schedule first team service for those referred for care in 1 – 7 days from assessment.
- To assist in the development of the clients' wellness, recovery, independence and rehabilitation.
- To avoid hospitalization, prevent homelessness and reduce severity of mental health symptoms.
- To identify and link clients to necessary and appropriate care.

- Foster and provide opportunity for family inclusion in services.
- Ensure individuals find services to be easily accessible.
- Link to appropriate specialty, SUD or non-specialty care.
- Reduce problematic symptoms and behaviors.
- Prevent hospitalization through access to outpatient care.
- Complete a culturally sensitive mental health assessment in the preferred language of the client.

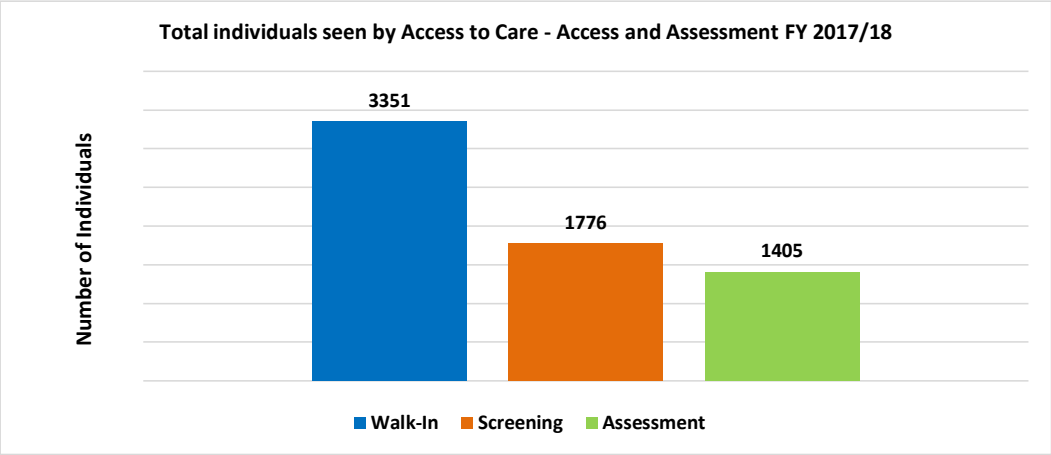
Evaluation

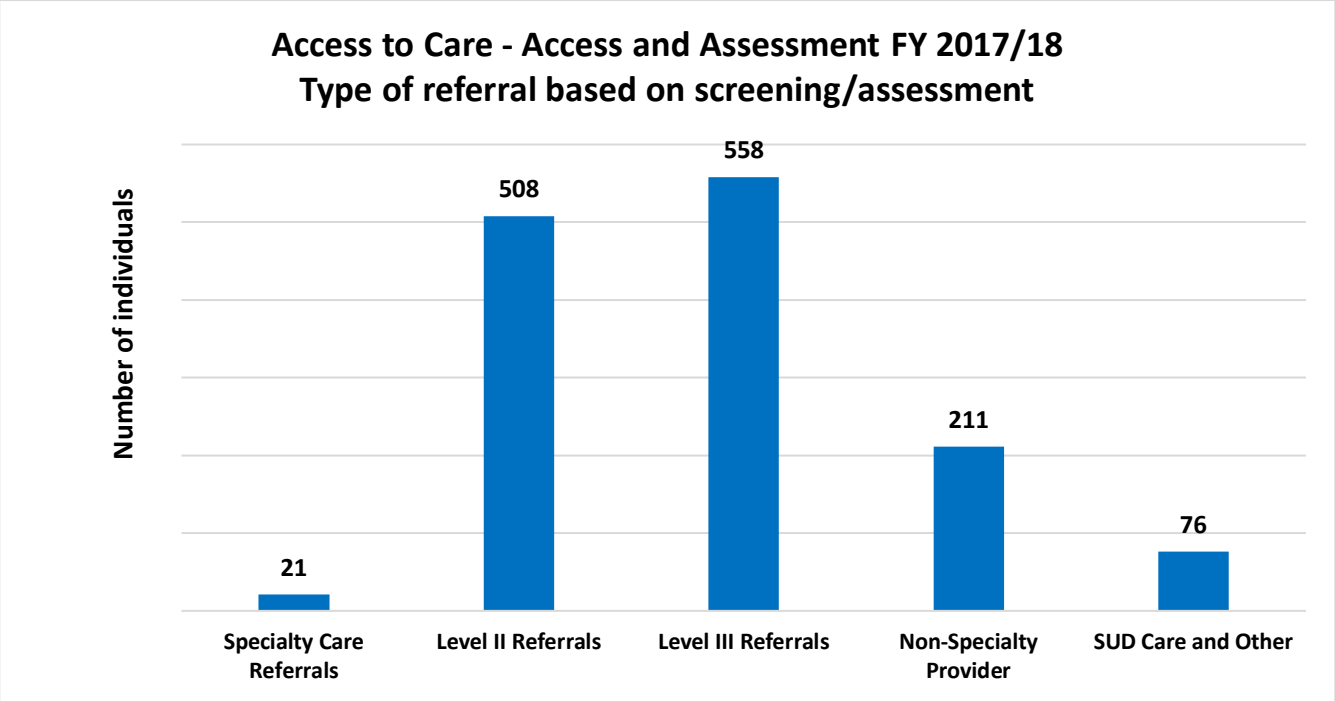
- Effectiveness of the program will be measured by examining whether there has been a reduction in the use of crisis services, inpatient admissions, incarcerations and homelessness.
- Frequency and types of services used to support client wellness and recovery.
- Accessibility will be measured by the referral source (PEC, MET, etc.) to determine the amount of time from each referral source to assessment and referral for mental health treatment.
- Consumer satisfaction surveys will be used to assess consumer-level satisfaction with service delivery.
- Data on origin of referral (i.e. walk-in from crisis service PEC/CSU).
- Number specialty, non-specialty, substance use disorder care and crisis housing care.
- CWiC's effectiveness will be measured by the length of stay within the unit. It is expected that CWiC will be able to provide services quickly and efficiently to clients, transitioning them to outpatient teams and linking to resources within one-to-two days.

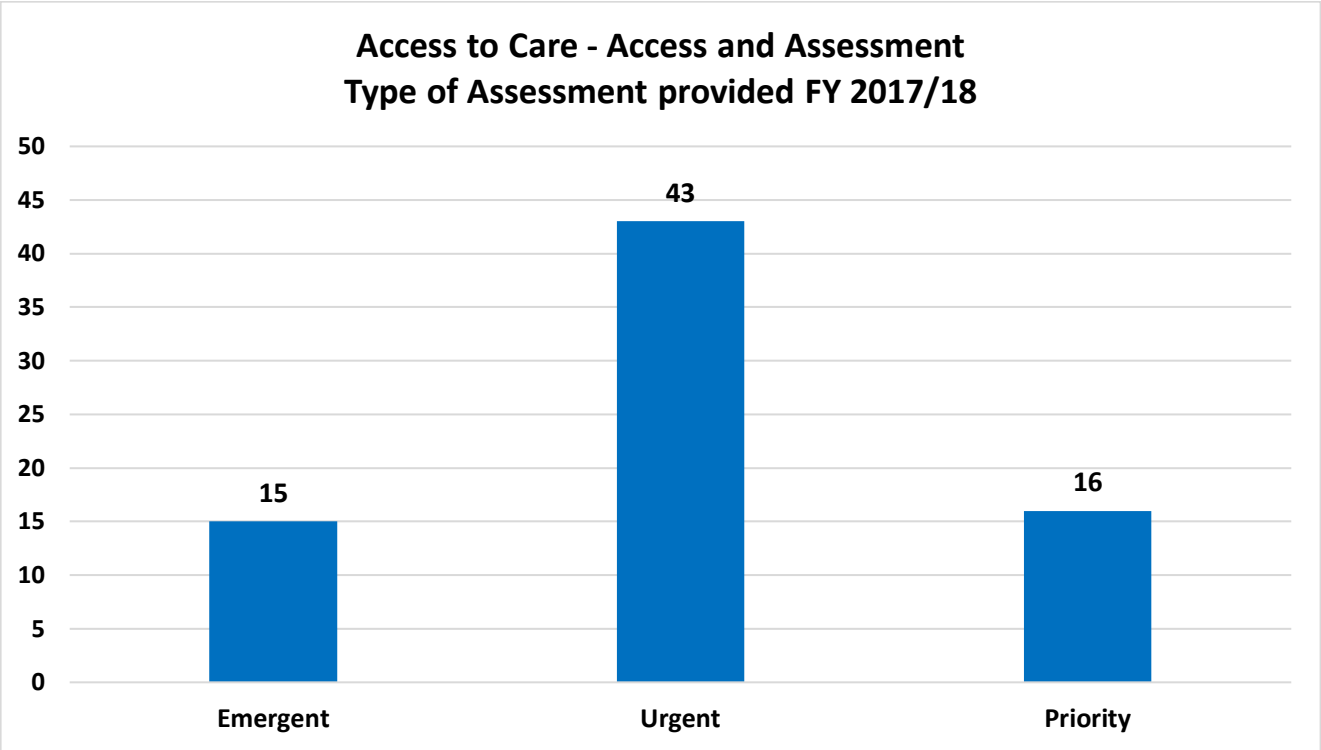
Program Data FY 2017/18

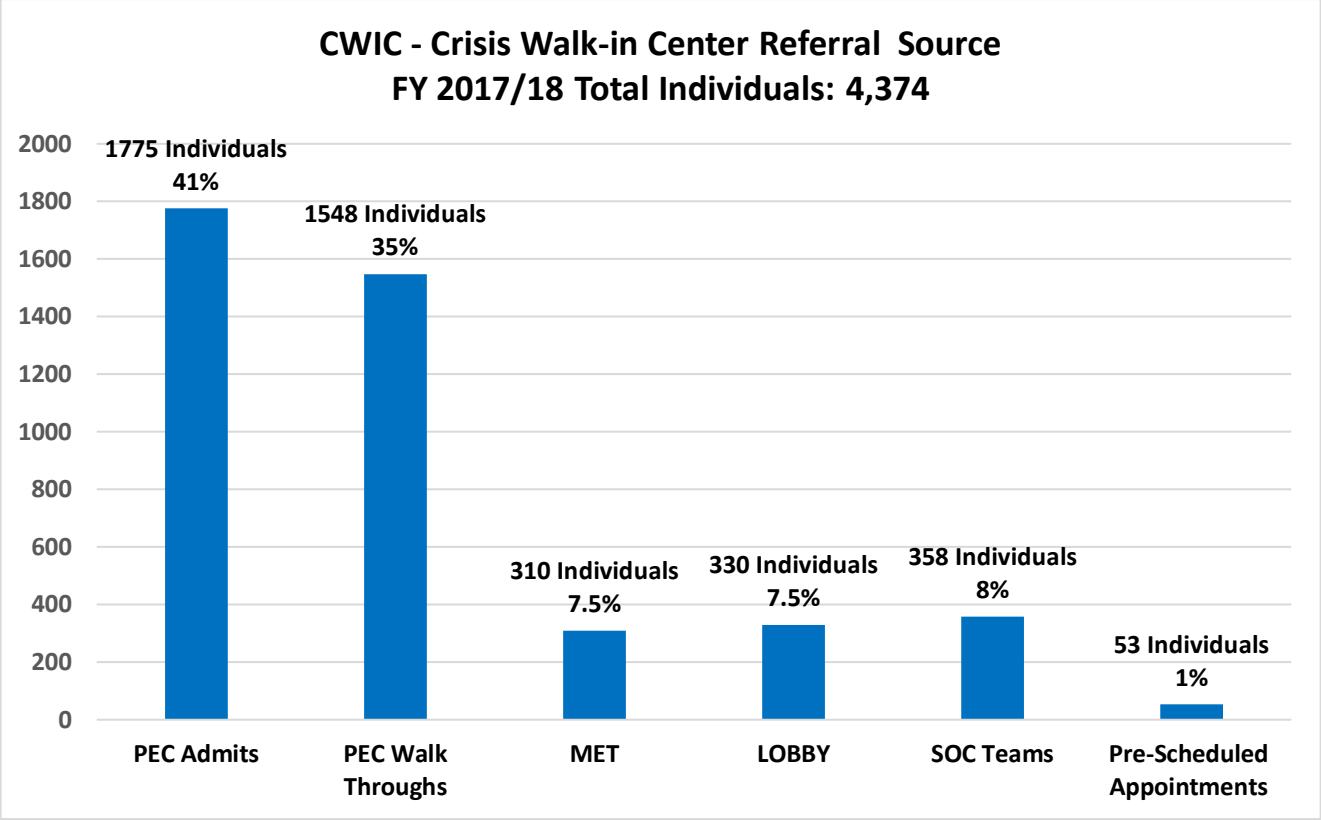
Access to Care - Access and Assessment

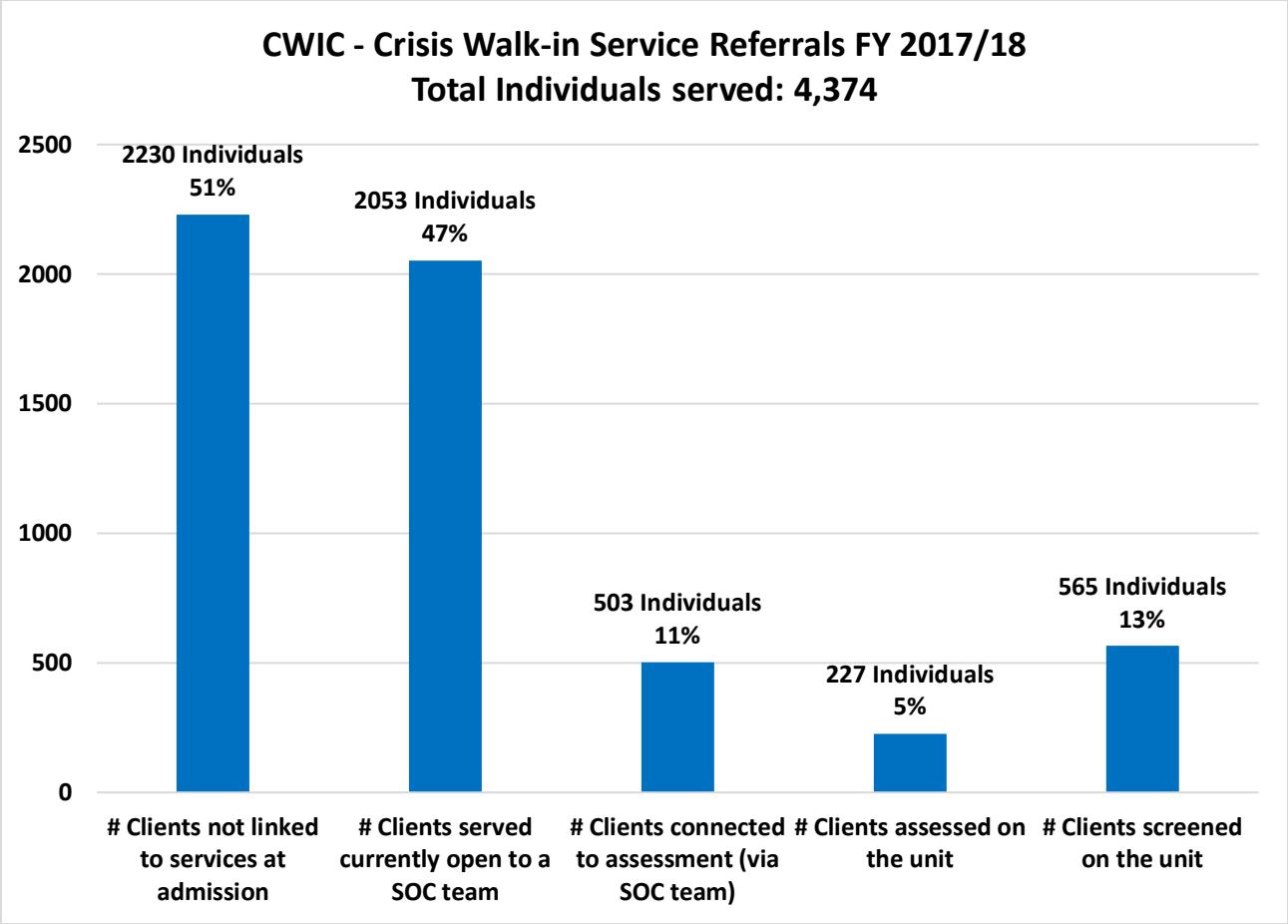
Access to Care - Access and Assessment had a total of 3,351 walk ins for FY 2017/18. Of those 3,351 walk ins, 1,776 of them were screened. Of those screened, 142 were in crisis. Of those 1,776 screened 1,087 were referred to Specialty Care, 211 were referred to a Non-Specialty Provider and 76 were referred to a Substance Use or other team.




Access to Care - Access and Assessment FY 2017/18
Type of referral based on screening/assessment
Number of individuals
21
508
558
211
76
Specialty Care Referrals
Level II Referrals
Level III Referrals
Non-Specialty Provider
SUD Care and Other


Access to Care - Access and Assessment
Type of Assessment provided FY 2017/18
50
45
40
35
30
25
20
15
10
5
0
15
43
16
Emergent
Urgent
Priority


CWIC - Crisis Walk-in Center Referral Source
FY 2017/18 Total Individuals: 4,374
2000
1800
1600
1400
1200
1000
800
600
400
200
0
1775 Individuals
41%
1548 Individuals
35%
310 Individuals
7.5%
330 Individuals
7.5%
358 Individuals
8%
53 Individuals
1%
PEC Admits
PEC Walk Throughs
MET
LOBBY
SOC Teams
Pre-Scheduled Appointments


CWIC - Crisis Walk-in Service Referrals FY 2017/18
Total Individuals served: 4,374
2500
2000
1500
1000
500
0
2230 Individuals
51%
2053 Individuals
47%
503 Individuals
11%
227 Individuals
5%
565 Individuals
13%
Clients not linked to services at admission
Clients served currently open to a SOC team
Clients connected to assessment (via SOC team)
Clients assessed on the unit
Clients screened on the unit

Challenges:

- Continuity of care through re-connection to the primary outpatient team.
- Maintaining client safety while on the unit.

Solutions in Progress:

- Continued outreach and education to primary outpatient teams (i.e., presenting at team meetings) to convey the importance of engagement with clients while at CWIC.
- Frequent and regular safety sweeps/checks to ensure client safety.
- Development of safety protocols to ensure CWIC clients do not have access to items which could be used to harm themselves or others.

Access to Care - Crisis Hotline – System Development

Location:
Kern Behavioral Health and Recovery Services
2525 North Chester Avenue
Bakersfield, CA 93308

Clients Served in FY 2017/18: 28,785, **Follow-up call contact:** 1,025, **Caring Notes Sent:** 3,576
Goal # of Clients Served in FY 2018/19: 30,000, **Follow-up call contacts:** 1,200, **Caring Notes Sent:** 3,800
*Due to the nature of this program is was not possible to capture clients served by age group.

Program Description
Crisis Hotline began in 2006 and has, since its inception, expanded to become a resource center, a stigma and discrimination reduction program and a suicide prevention program.

The Crisis Hotline team started in 2006 with paid permanent and extra-help staff. Crisis Hotline added volunteers to its program in 2010. Volunteers continue to be an essential piece of Crisis Hotline. Some remain short term while many have been longer-term over the years. Some members of the permanent and extra help staff began as volunteers. Many Crisis Hotline volunteers have become employees in different divisions of KernBHRS. Crisis Hotline has, and continues to provide crisis intervention, suicide risk assessment and intervention, referrals for services, information about community-based resources, problem solving and coping skills, mental health and substance use disorder related support and referral, and outreach and education. Crisis Hotline also directs activities for the department and the county for National Suicide Prevention Month.

Crisis Hotline is accredited through the American Association of Suicidology (AAS) and received a five-year re-accreditation in FY 2015/16 and is also part of the National Suicide Prevention Lifeline (NSPL). As such, they accept Lifeline calls from around the world. During the FY 2017/18, Crisis Hotline staff and volunteers answered 15,400 NSPL calls.

Crisis Hotline staff developed and wrote a manual, in conjunction with the California Suicide Prevention Network which described the implementation of a Survivor Outreach Team. The implementation manual has been placed on the Suicide Prevention Resource Center as a best practice and presented at the American Association of Suicidology Conference in 2015. Crisis Hotline also facilitates a Survivors of Suicide Loss Support Group that has been in existence for 11 years.

Crisis Hotline follows up on any caller who voices suicidal thought or is in any major crisis with a phone call. In addition, Crisis Hotline also continues to utilize Follow-up calls and “Caring Notes” as part of their inpatient follow-up efforts, an idea taken from an American Association of Suicidology conference. In FY 2017/18, 1,052 Caring Notes were sent to those who had recently been to an inpatient psychiatric facility or seen by KernBHRS Mobile Evaluation Team. Three attempts are made to contact and “Caring Notes” are sent to the client. During follow-up, team members ensure that the client’s transition to home is smooth, checking to see if they are making necessary appointments and taking their medications as prescribed. Crisis Hotline staff also link clients to necessary resources to meet basic needs. Clients are also provided with Crisis Hotline information,

should they need to talk. Clients are then followed up in a month to check on safety and check for any barriers to their short-term goals.

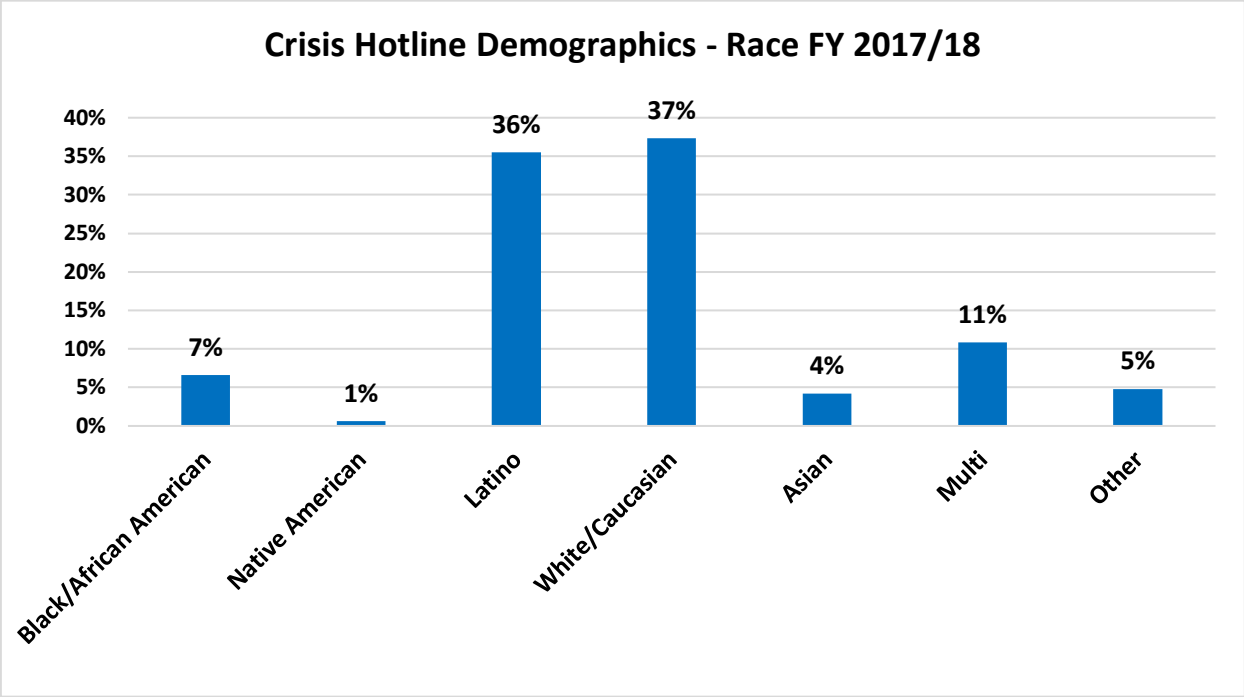
Service Goals FY 2018/19

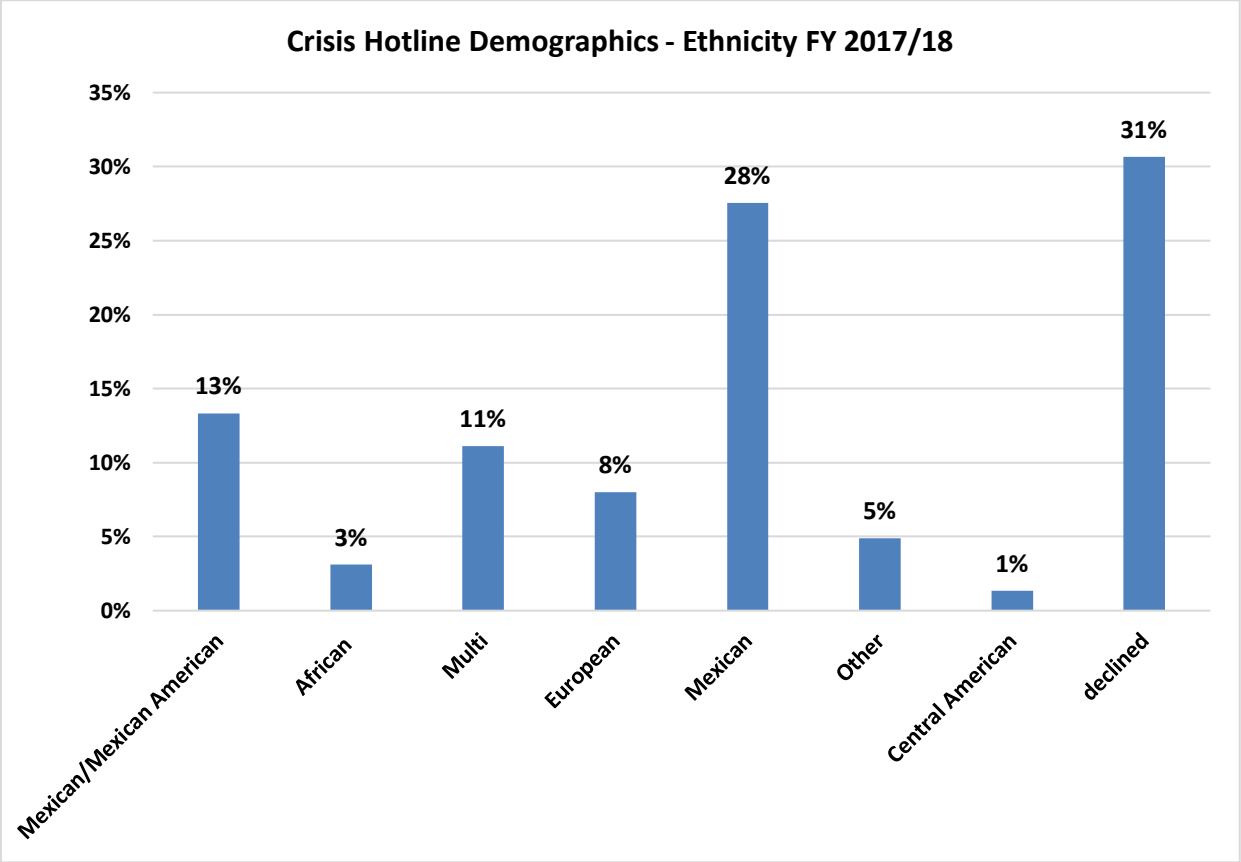
- Offer telephone-based counseling, crisis intervention and information and referral services, use a risk assessment for suicidal callers.
- Provide a 24/7 support alternative to crisis stabilization or emergency medical/law enforcement services when possible.
- Collaborate with callers on solutions and coping skills to assist through their crisis.
- Collaborate with callers on safety plans.
- Increase access to care for individuals in Kern County communities.
- Increase follow-up with callers to encourage engagement in mental health services.
- Insure that callers who are at imminent risk get immediate assistance.
  Demographic Information on Callers:
- Demographic information is asked of every caller to the KernBHRS Crisis Line unless it is a transfer call, obscene call, prank call, triage call, staff call, wrong number, Skype call.
- Demographic information is collected from every caller who is asking about accessing behavioral health or substance use disorder services in Kern per MediCal protocol. (If they choose to share information with the Crisis Line)
- Callers using Skype who are calling from out of state or the country do not call to access services. They normally do not share demographic information and are looking for immediate crisis phone services.
- Crisis Hotline staff are encouraged to get as much demographic information as possible of callers. Due to callers either not wanting to give information, the immediate nature of the call, or it not being appropriate to the call type, many calls do not have demographic information.

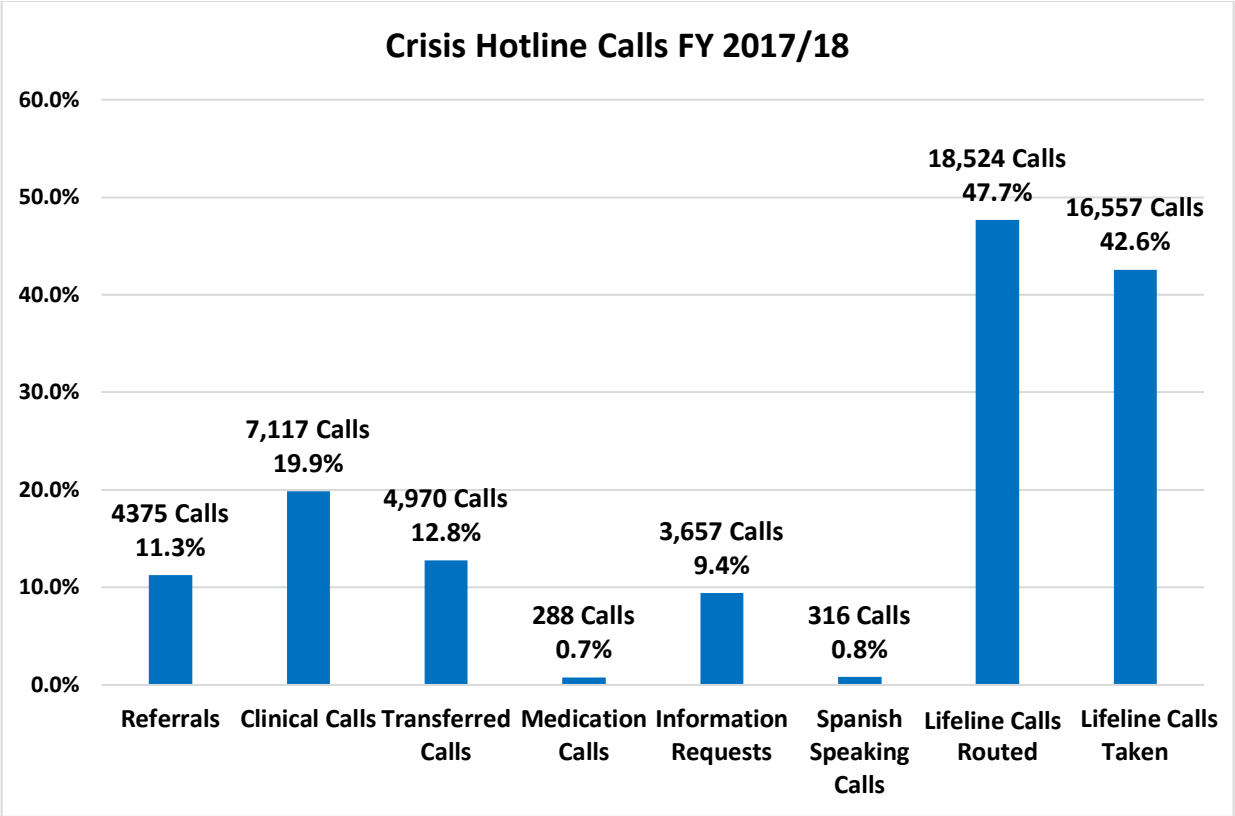
Program Data FY 2017/18

Crisis Hotline began collecting post-test data on Question, Persuade, Refer (QPR) trainings in FY 2016/17. Implementing a post-test strategy was integral in determining staff and volunteer level of comfort in assisting persons who may be contemplating suicide. Over 90% of responses reflected that after this training, staff and volunteers were more comfortable asking if someone was suicidal.

Question Persuade Refer (QPR):
Total training Sessions: 13
Total number of attendees: 152


Crisis Hotline Demographics - Race FY 2017/18
40%
35%
30%
25%
20%
15%
10%
5%
0%
7%
1%
36%
37%
4%
11%
5%
Black/African American
Native American
Latino
White/Caucasian
Asian
Multi
Other


Crisis Hotline Demographics - Ethnicity FY 2017/18
35%
30%
25%
20%
15%
10%
5%
0%
13%
3%
11%
8%
28%
5%
1%
31%
Mexican/Mexican American
African
Multi
European
Mexican
Other
Central American
declined



Crisis Hotline Survivor Outreach Team FY 2017/18	
Referrals:	41
Visits to Families:	12
Survivors of Suicide Group Attendance:	257
Community Outreach Events:	160
Community Outreach Event Attendees:	342,028
Number of underserved individuals receiving info:	4,596

Challenges

- Half of staff are extra help (temporary), leaving personnel gaps throughout the year, creating gaps in staffing and frequent employee turnover.
- Prank phone calls can diminish morale, causing staff burnout.

Solutions in Progress

- Peers monitor each other; volunteers monitor staff and vice versa to keep track of progress and how well staff remains engaged. The goal is to maintain a safe, caring environment.

Adult Wraparound – System Development

Location:
Kern Behavioral Health and Recovery Services
2151 College Ave
Bakersfield, CA 93305

Clinica Sierra Vista
828 High Street
Delano, CA 93241

College Community Services
113 East "F" Street
Tehachapi, CA 93561

Number served in FY 2017/18: 650
Number of new Clients FY 2017/18: 422
Average open Clients FY 2017/18: 63

Goal number of clients served in FY 2018/19: 100

Children (0-15)	**0**
TAY (16-25)	**28**
Adult (26-59)	**66**
Older Adult (60+)	**6**

Cost per Client FY 2018/19: $3,712.20

Program Description
The Adult Wraparound team is a System Development program which offers brief (sixty days average) intensive mental health services for adults who are experiencing increased impairment to their life-function as a result of increased mental health symptomology. Clients are referred by their primary outpatient team when these symptoms put the client at risk for hospitalization and/or the frequent utilization of crisis services. The goal of the Adult Wraparound team is to ensure that clients receive the support and skills needed to reduce symptomology, and in turn, increase life-functioning while decreasing the utilization of crisis services and inpatient psychiatric hospitalization.

To ensure that services are readily available, staff are stationed at the PEC/CSU to assist in immediate crisis intervention. Additional staff are assigned to each outpatient adult team in order to provide speedy access to intensified wraparound services, which augment services provided by the primary team. Services are based on the need of the client, which can include multiple interactions per week, to daily intervention if indicated. In order to meet the needs of the client's served, non-traditional hours of service are available, including availability on weekends and holidays.

Intensified services are unique to the individual served and may include, but are not limited to skill-based interventions, intensive support activities, case management, assistance with obtaining resources (food, clothing, housing, etc.), assistance in linkage to community-based services, individual therapy, family therapy, and crisis intervention. Throughout the intensified treatment process, multiple Evidence-Based Practices (Cognitive Behavioral Therapy, Motivational Interviewing, Wellness and Recovery Action Plan (WRAP), etc.) can be utilized. Furthermore, socialization opportunities (ice-cream outings, planned activities at local museums and zoos, etc.) are also available to promote community engagement and social-skill building.

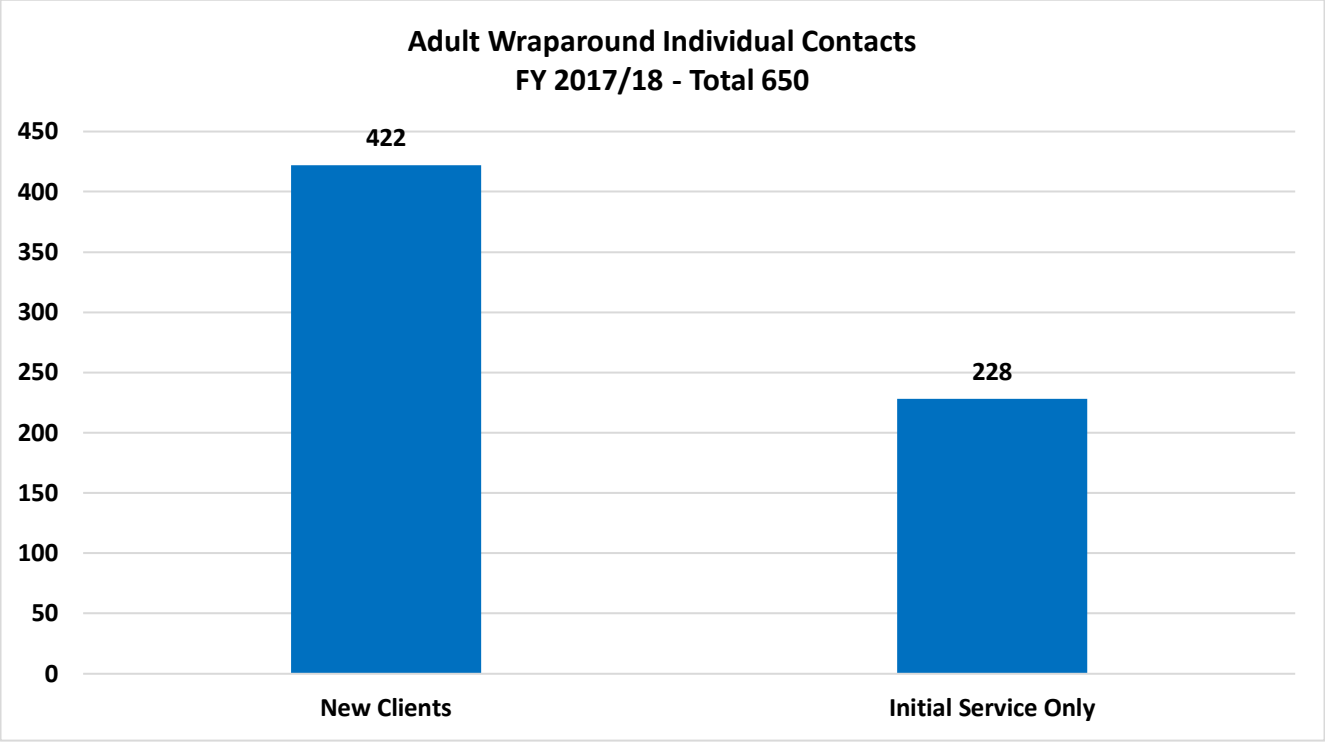
Treatment planning for Adult Wraparound clients is a collaborative process which takes an interdisciplinary approach including the client, the therapist, the recovery specialist, support persons, substance use specialists (if indicated), the team supervisor, a nurse, the treating psychiatrics, the Adult Wraparound team, and other persons as identified.

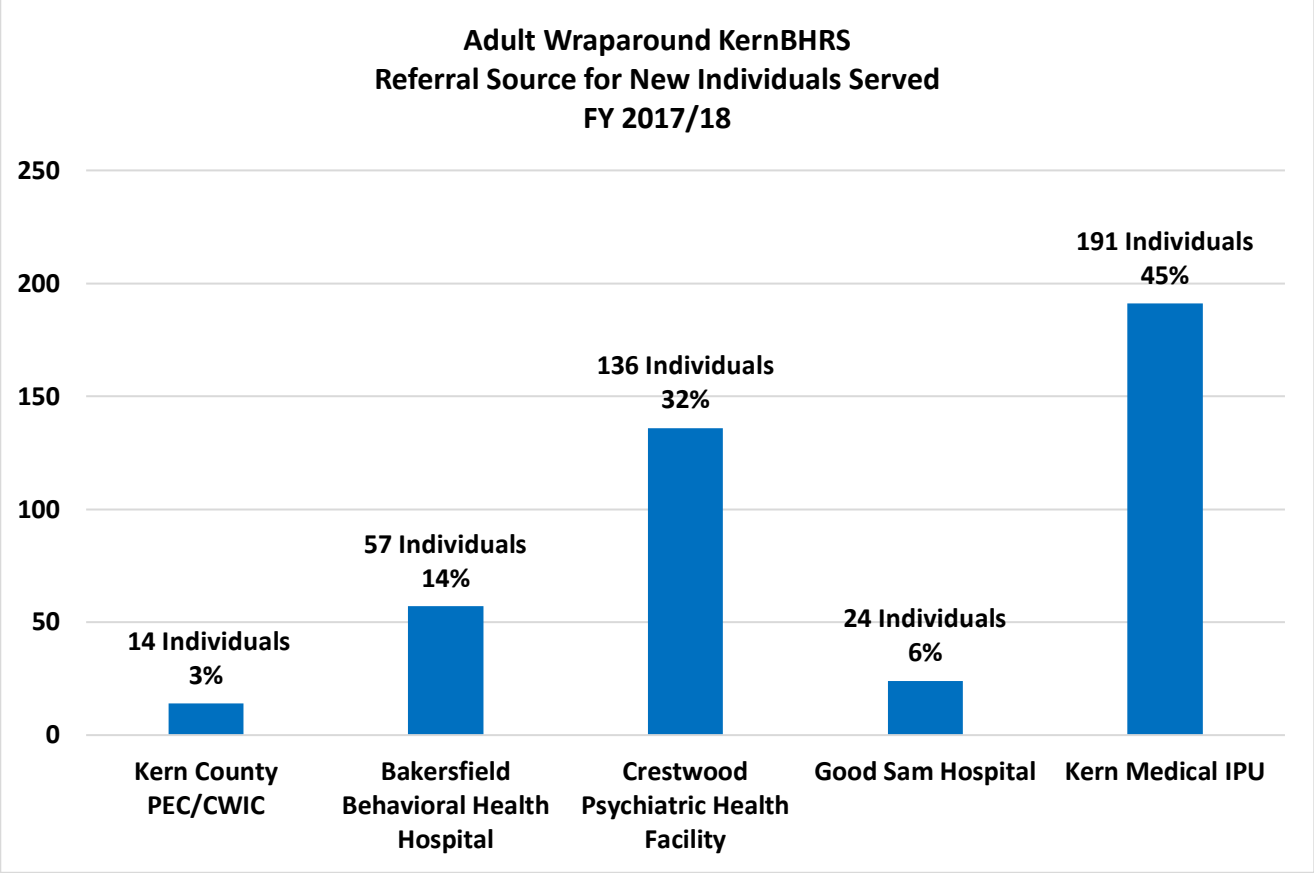
Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.

Program Goals FY 2018/19

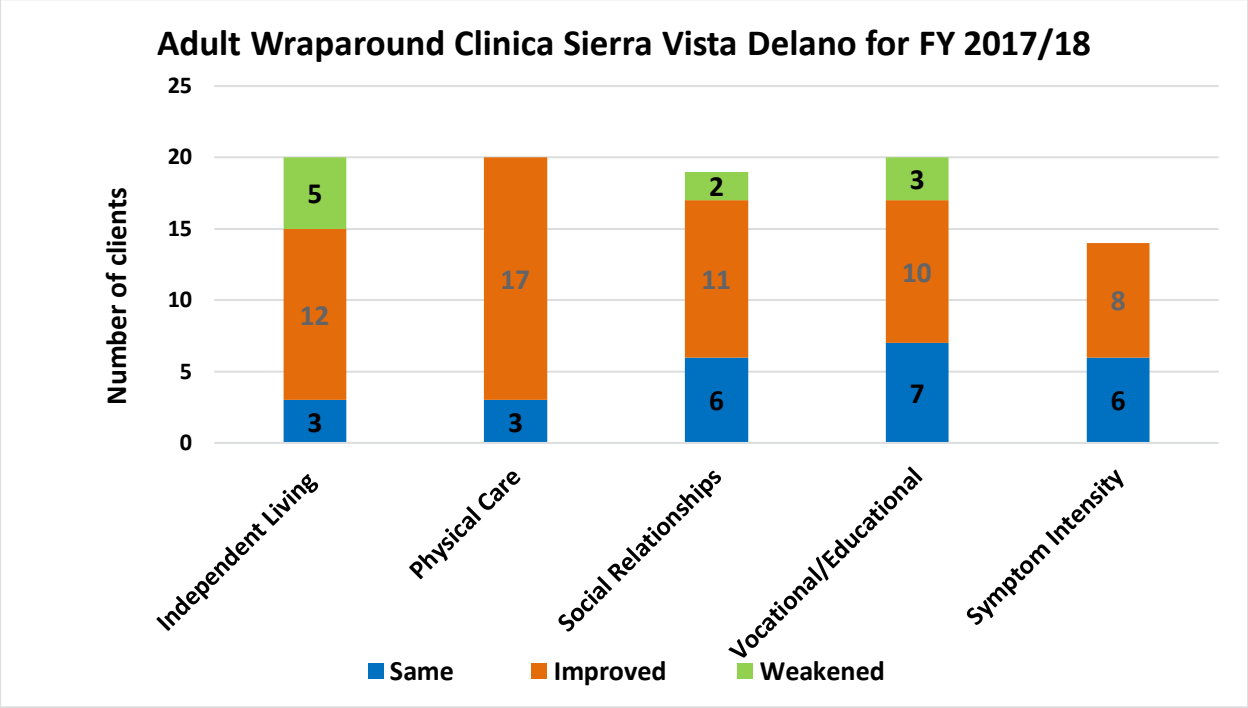
- Decrease mental health symptoms, high-risk behaviors, and recidivism among adults.
- Reduce mental health crises, hospitalization, arrest, and incarceration.
- Improve overall life-functioning through appropriate mental health interventions.

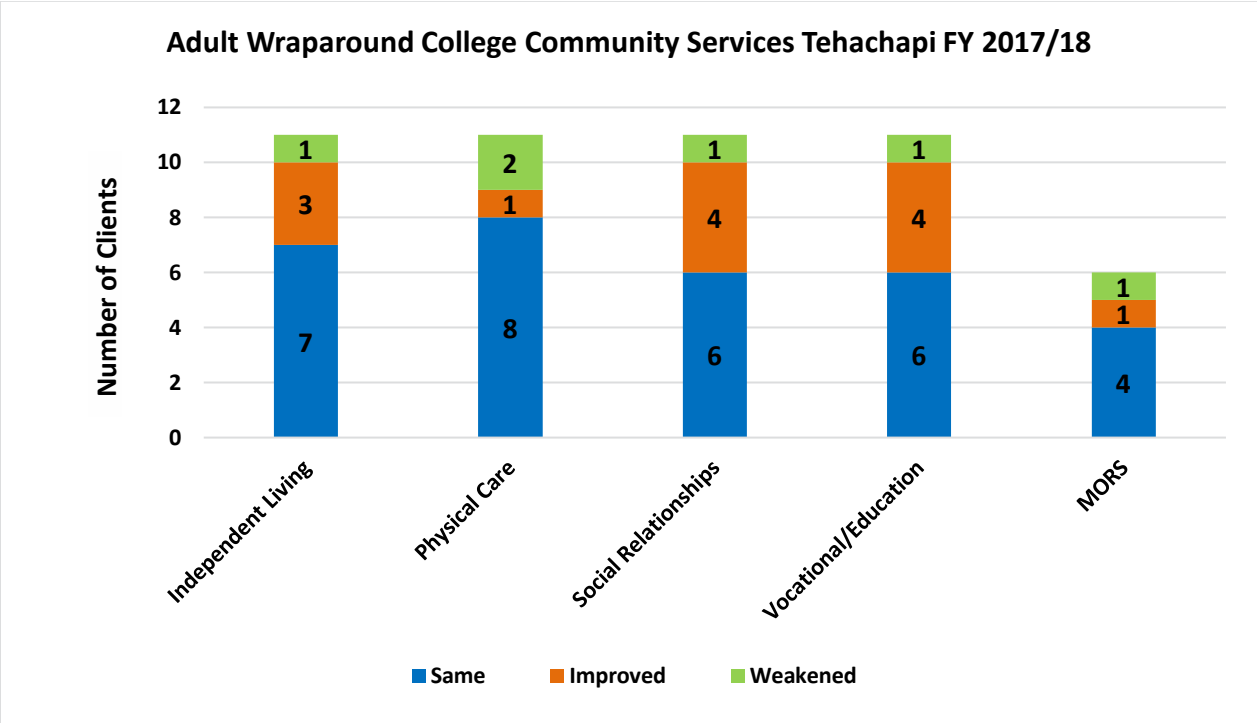
Program Data FY 2017/18:





Adult Wraparound Team Clinical Outcomes based on 10 or more services received:





Challenge

- Quality and availability of housing. Housing resources in the community are limited, and the quality of available housing can be subpar.
- Staffing issues that prevent the team from providing consistent services.

Solutions in Progress

- Adult Wraparound continues to work with treatment teams in the System of Care to promote its use with individuals who could benefit from services.
- To address the challenge of meeting staffing needs, Adult Wraparound Core team continues to search for new hires to maintain optimal staffing to meet client needs

Dialectical Behavior Therapy Team (DBT Core Team) – System Development

Location:
Kern Behavioral Health and Recovery Services
2525 North Chester Avenue
Bakersfield, CA 93308

Number served in FY 2017/18: 69
Goal number of clients served in FY 2018/19: 70

Children (0-15)	**0**
TAY (16-25)	**0**
Adult (26-59)	**52**
Older Adult (60+)	**18**

Cost per client FY 2018/19: $7,316.47

Program Description:
The Dialectical Behavior Therapy (DBT) Team program is a highly intensive 12-18-month program. The program uses the DBT treatment model, traditionally offered to those diagnosed with or showing traits of Borderline Personality Disorder (BPD). Those referred have been diagnosed or exhibit behaviors reflective of those suffering from BPD. Clients tend to experience a higher likelihood of attempted suicides or self-harm, intense emotional responses and often experience co-occurring or co-morbid disorders, including substance use or physical health issues.

The DBT Core Team accepts referrals from all Adult System of Care teams. The program is supportive, providing services in addition to the primary treatment team. Services are provided on-site, rather than in the community, and clients are accountable for attendance. The team also provides coaching within the department for those providing DBT skills with clients and, when necessary, works with the Youth DBT team. Outreach and education provided by the DBT Core Team centers on eliminating stigma associated with the borderline personality disorder diagnosis

both in the community and within the clinical teams.

Clients entering the program are informed of their DBT service plan and complete a period of pre-commitment prior to signing the agreement for services. Like a traditional DBT program, the team provides weekly group DBT skills and individual rehabilitation sessions. A 24-hour DBT coach phone line is incorporated into the treatment model to act as a preventative measure when clients are tempted to self-harm or other potential crisis situations arise. Group and individual sessions focus on four main skills: mindfulness, distress tolerance, interpersonal effectiveness and emotion regulation. Treatment targets include working to address life-threatening, therapy-interfering and quality of life behaviors as well as acquiring skills needed to achieving goals.

As part of the comprehensive program, the DBT Core Team meets with a therapist consultation team, intended to act as therapy for the DBT clinicians. This is a standard of practice within DBT. Other modes of practice include the DBT Core Team reviewing fellow team member session recordings to ensure fidelity to the model is preserved. The team also requests client feedback through a Client Satisfaction Survey, with data collected quarterly.

After successful completion of the DBT program, clients are encouraged to develop and practice hobbies that continue to enrich their lives. The DBT Core Team also provides an Alumni Group, designed for clients who have completed but can still benefit from use of DBT skills.

Service Goals FY 2018/19

- Reduce or prevent hospitalization.
- To reduce symptomology related to mental illness.
- To assist clients in accessing necessary mental health and substance use services as well as utilizing community resources.

Challenge

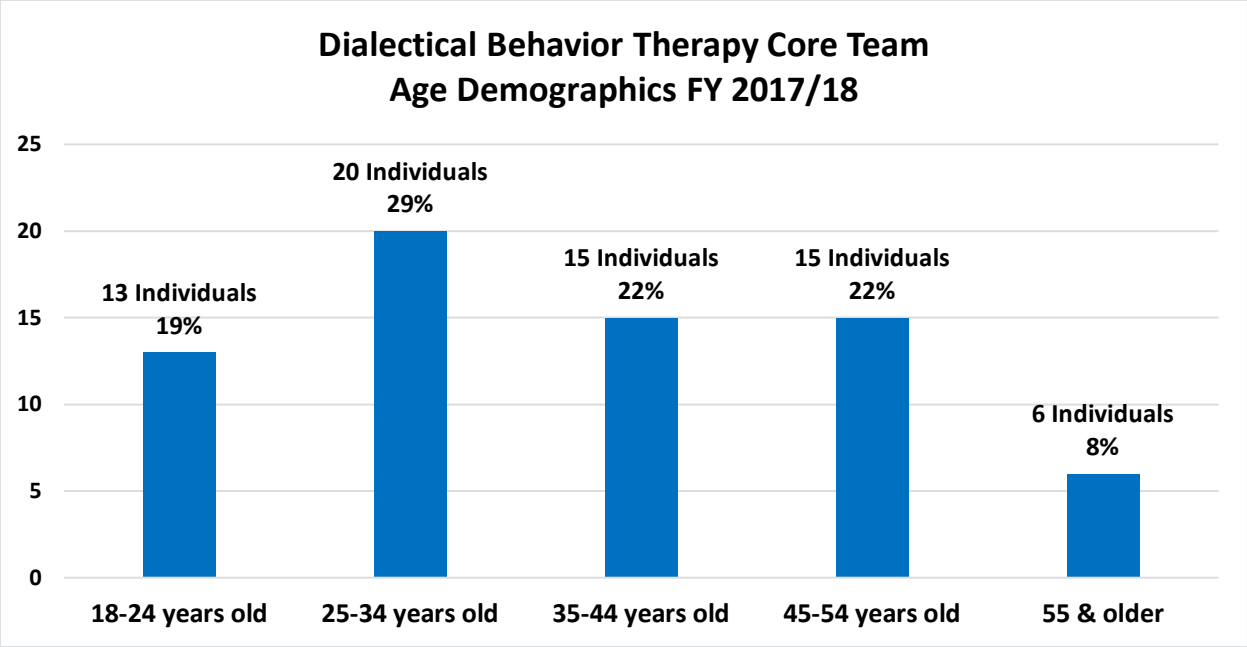
- Since DBT Core Team services are provided in the office, staff do not often have an opportunity to engage the community, which is a primary function.

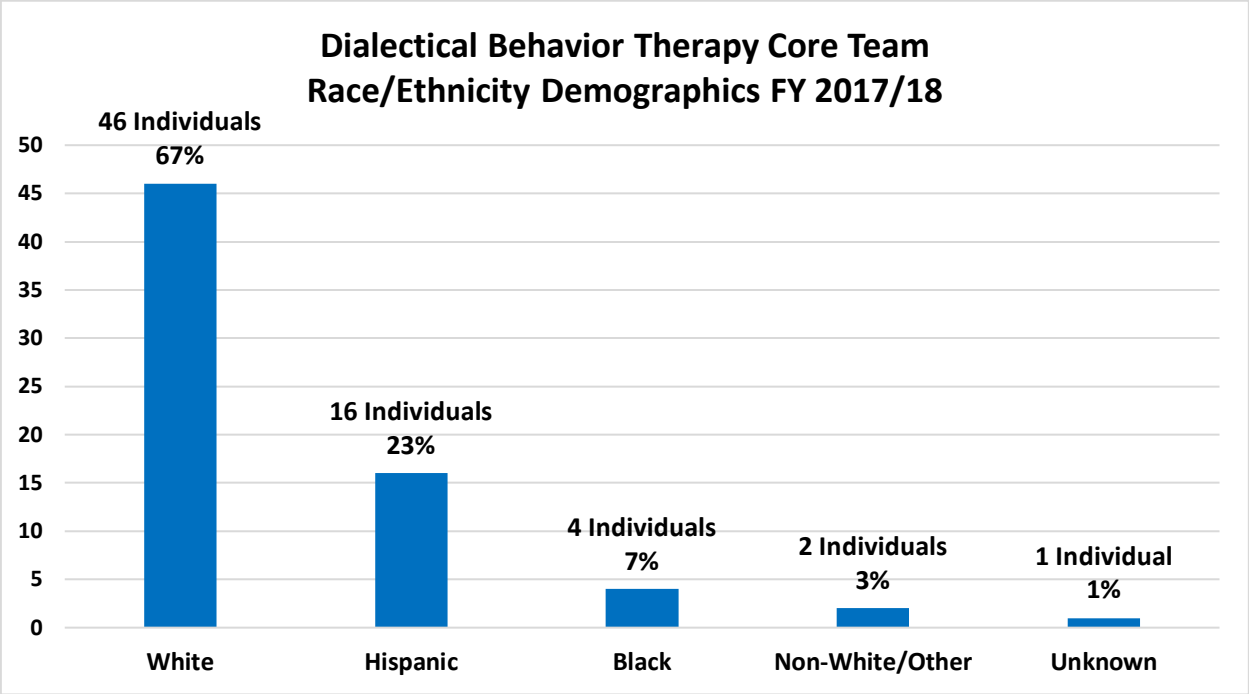
Solutions in Progress

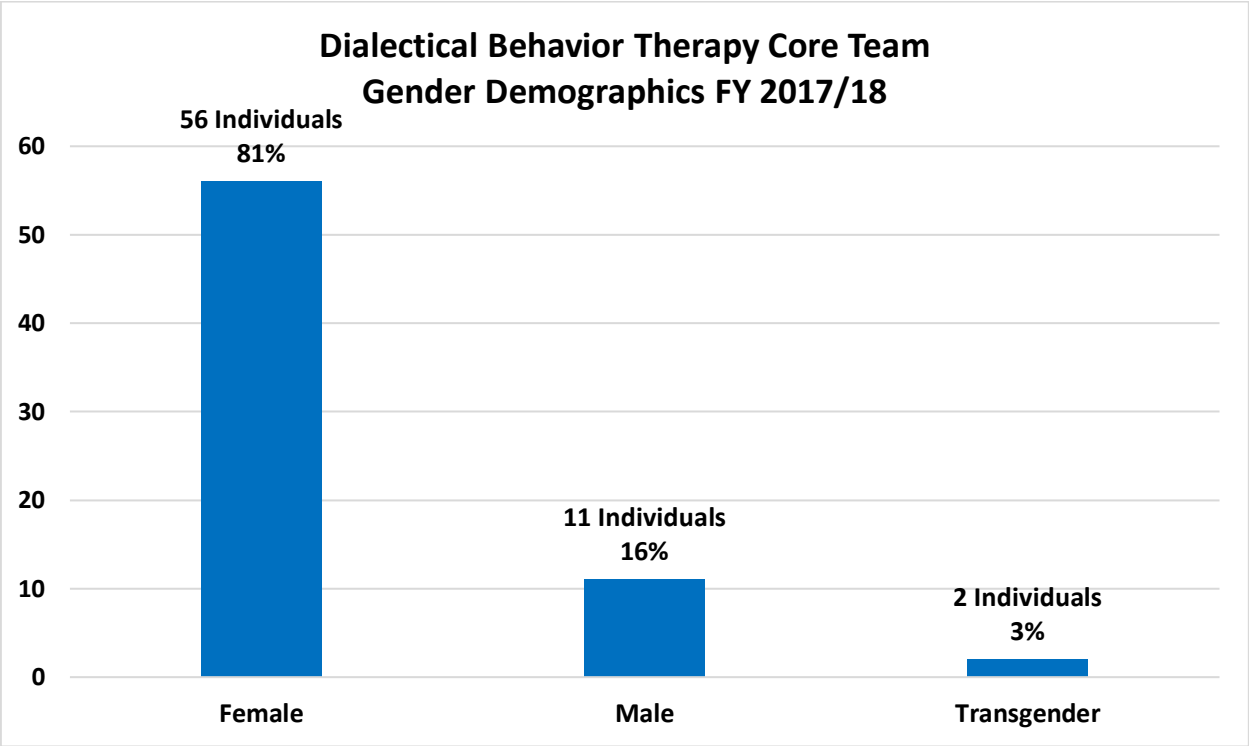
- DBT Core team continues to make every effort to increase exposure of available services within the System of Care. This is done through attendance at team meetings, providing education on services available and streamlining the referral process.
- DBT Core Team members recently had the opportunity to provide psychoeducation and DBT skills based education for staff of a local room and board facility. This effort was made to improve the quality of care for clients as well as assist with housing retention for clients.
- The team is currently recruiting for DBT Consultation Team members to assist with expanding the quantity of DBT services and train other KernBHRS staff and members of the community in the DBT approach.

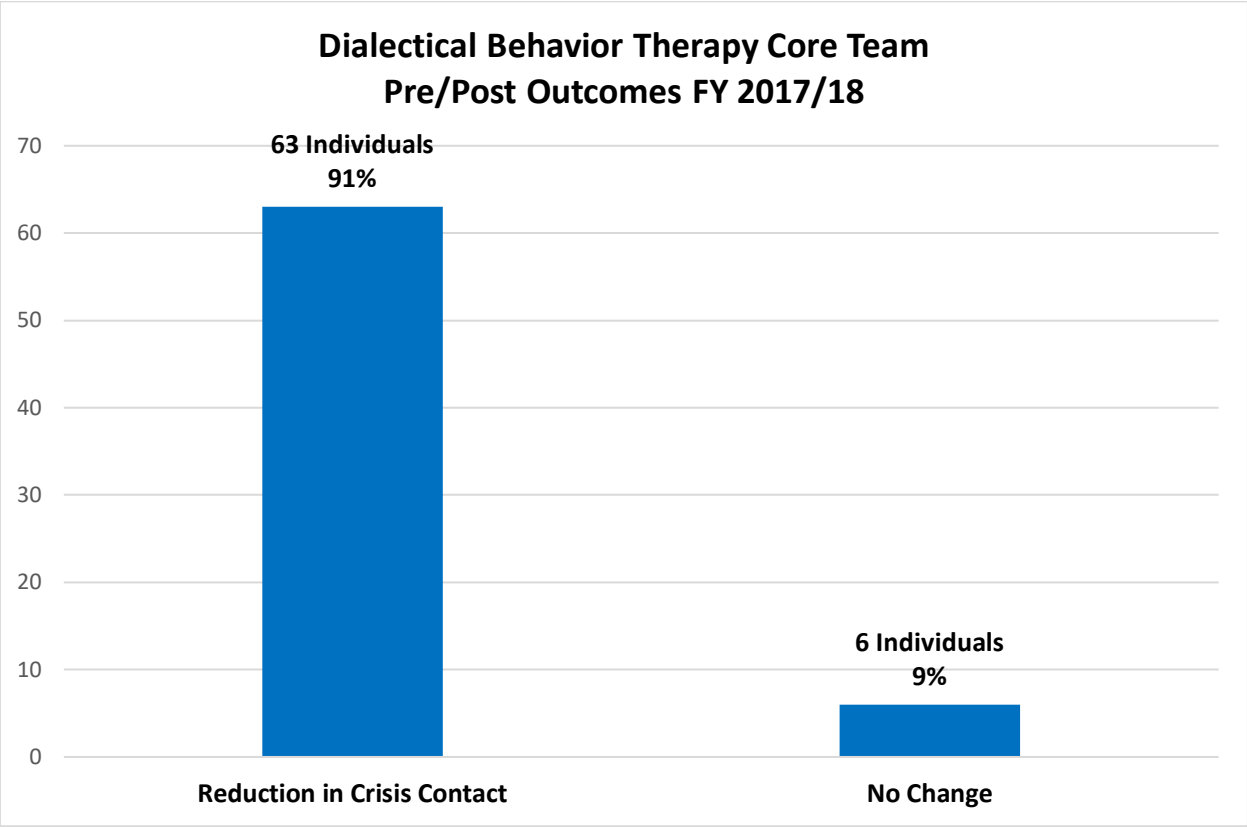
Program Data FY 2017/18

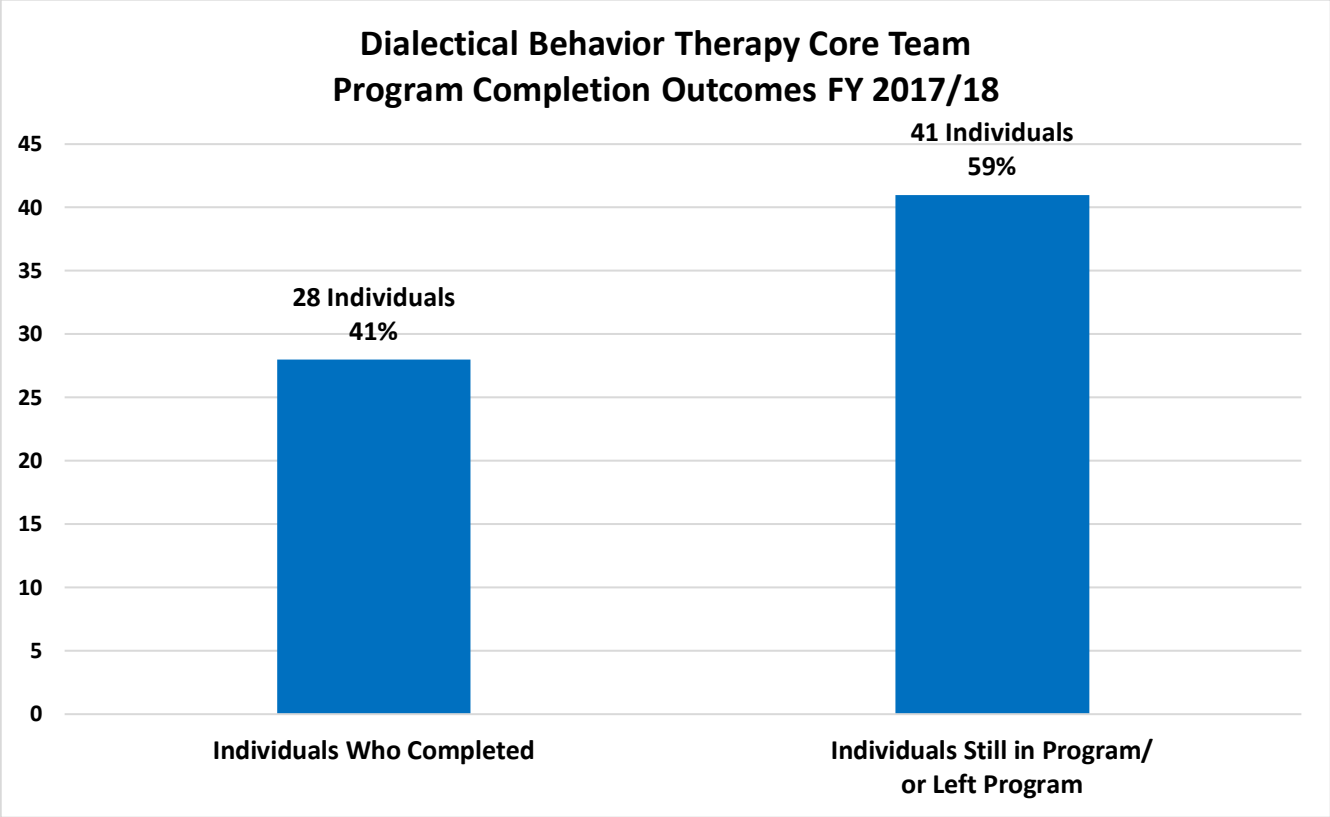
- DBT Program Completion – 41%
- Overall Client Satisfaction – 91%
- Reduction in Crisis Contact Pre/Post DBT: 91%


Dialectical Behavior Therapy Core Team
Age Demographics FY 2017/18
25
20
15
10
5
0
13 Individuals
19%
20 Individuals
29%
15 Individuals
22%
15 Individuals
22%
6 Individuals
8%
18-24 years old
25-34 years old
35-44 years old
45-54 years old
55 & older


Dialectical Behavior Therapy Core Team
Race/Ethnicity Demographics FY 2017/18
46 Individuals
67%
16 Individuals
23%
4 Individuals
7%
2 Individuals
3%
1 Individual
1%
50
45
40
35
30
25
20
15
10
5
0
White
Hispanic
Black
Non-White/Other
Unknown


Dialectical Behavior Therapy Core Team
Gender Demographics FY 2017/18
56 Individuals
81%
11 Individuals
16%
2 Individuals
3%
60
50
40
30
20
10
0
Female
Male
Transgender


Dialectical Behavior Therapy Core Team
Pre/Post Outcomes FY 2017/18
70
60
50
40
30
20
10
0
63 Individuals
91%
6 Individuals
9%
Reduction in Crisis Contact
No Change


Dialectical Behavior Therapy Core Team
Program Completion Outcomes FY 2017/18
45
40
35
30
25
20
15
10
5
0
28 Individuals
41%
41 Individuals
59%
Individuals Who Completed
Individuals Still in Program/
or Left Program

Consumer Family Learning Center (CFLC) – System Development

Locations:
Kern Behavioral Health and Recovery Services
Consumer Family Learning Center
2001 28th Street, South Tower
Bakersfield, CA 93301

College Community Services
HOPE Center
College Community Services
1400 N. Norma Street, Ste. 137
Ridgecrest, CA 93555

College Community Services
The Learning Center
107 S. Mill Street, Ste. B
Tehachapi, CA 93561

Number served in FY 2017/18: 2,073
Goal number of clients served in FY 2018/19: 2,100

Children (0-15)	**0**
TAY (16-25)	**0**
Adult (26-59)	**1680**
Older Adult (60+)	**420**

Cost per Client FY 2018/19: $1,021.95

Program Description
The Consumer Family Learning Center (CFLC), HOPE Center, and The Learning Center provide a welcoming environment to the community and especially to those who have experience with mental illness, either as clients, or family members of those with mental illness. The goal of the centers is to engage those living with mental illness and their support systems with social and educational skill building activities that promote wellness, inspire hope, and enrich the lives of

its members. The peer-led centers also help in reducing self-stigma and family stigma. Several of the CFLC team members are peer specialists, many of whom share their recovery and empower members to work toward personal recovery goals.

The Consumer Family Learning Center evening and weekend classes occur in Bakersfield, to reach and engage members outside of normal business hours. To further promote CFLC activities, staff began providing groups at independent living and sober living homes.

At all the consumer centers, peers are an essential piece; members can act as both attendee and co-facilitator for classes and activities. Each of the centers provide a variety of options including: arts and crafts, music, physical activity, support groups, field trips, health classes, movie nights, etc. Support groups are peer-led, offering attendees the opportunity to build supports with those who have shared experiences. Spanish groups are also available for clients and family members of those with lived experience. The CFLC also partners with NAMI (National Alliance on Mental Illness) to provide a 'Family to Family' group, to better help families understand mental illness.

Clients may also be referred to the centers as a way of including meaningful activities in their daily lives, while active in their mental health or substance use treatment. Members are not questioned on their mental health status or diagnosis. Those who choose to share, do so willingly, and are met with the support of those who have a similar understanding. The centers can be especially beneficial for those who have few supports in family or friends. The centers are safe places, where close attention is paid to members who may have an increase in mental health symptoms.

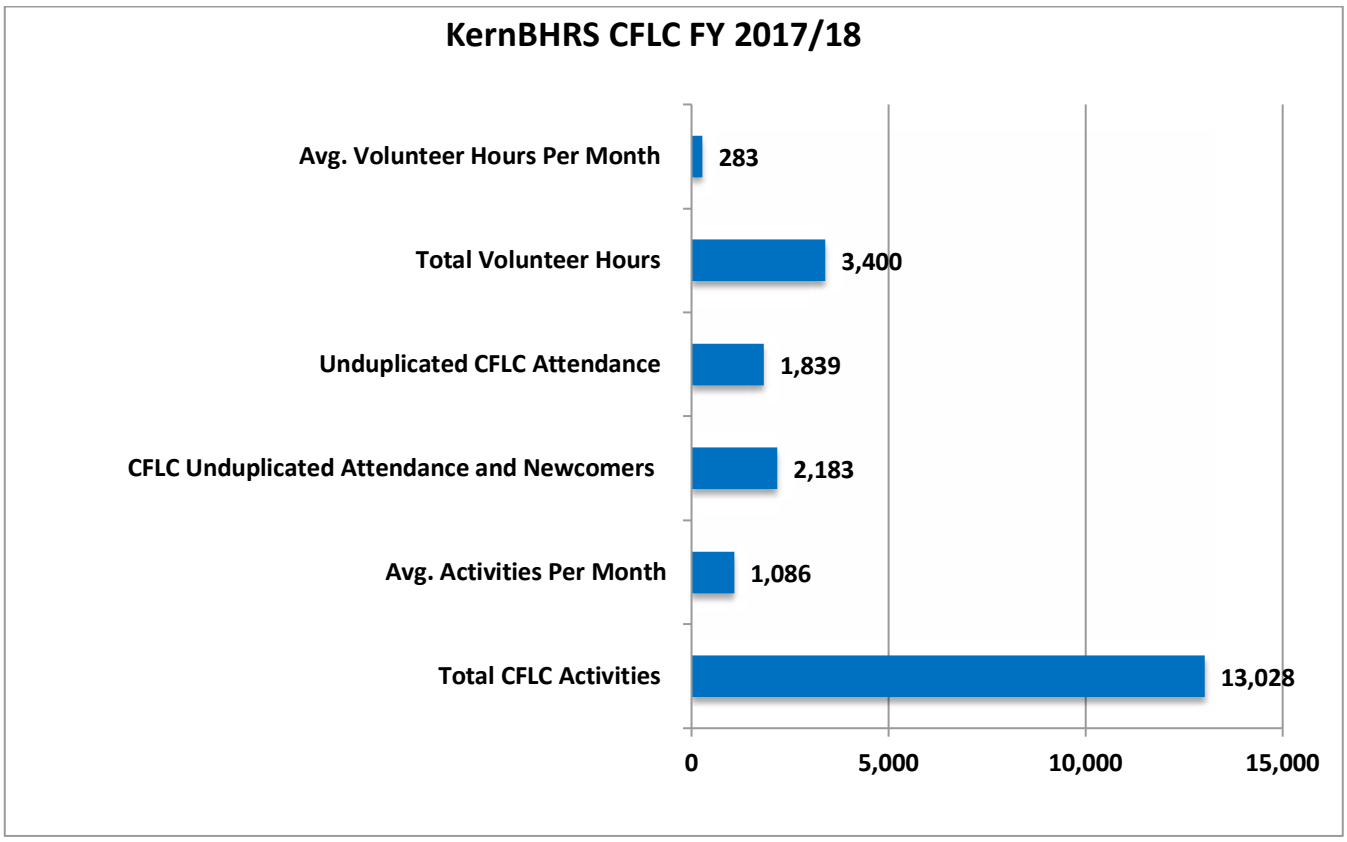
The CFLC also has an advisory committee, which meets twice monthly. The board of nine members are annually elected by fellow members. Along with elected board members, the committee includes the volunteer coordinator. CFLC members also participate as stakeholders, participating on boards for the Adult Treatment and Recovery meetings, Behavioral Health Board and Subcommittees, Suicide Prevention Advisory Resource Council (SPARC), and the System Quality Improvement Committee. Member satisfaction surveys are completed annually, to gauge interest and gather feedback. Members are also allowed to provide suggestions on classes and activities through the onsite suggestion box.

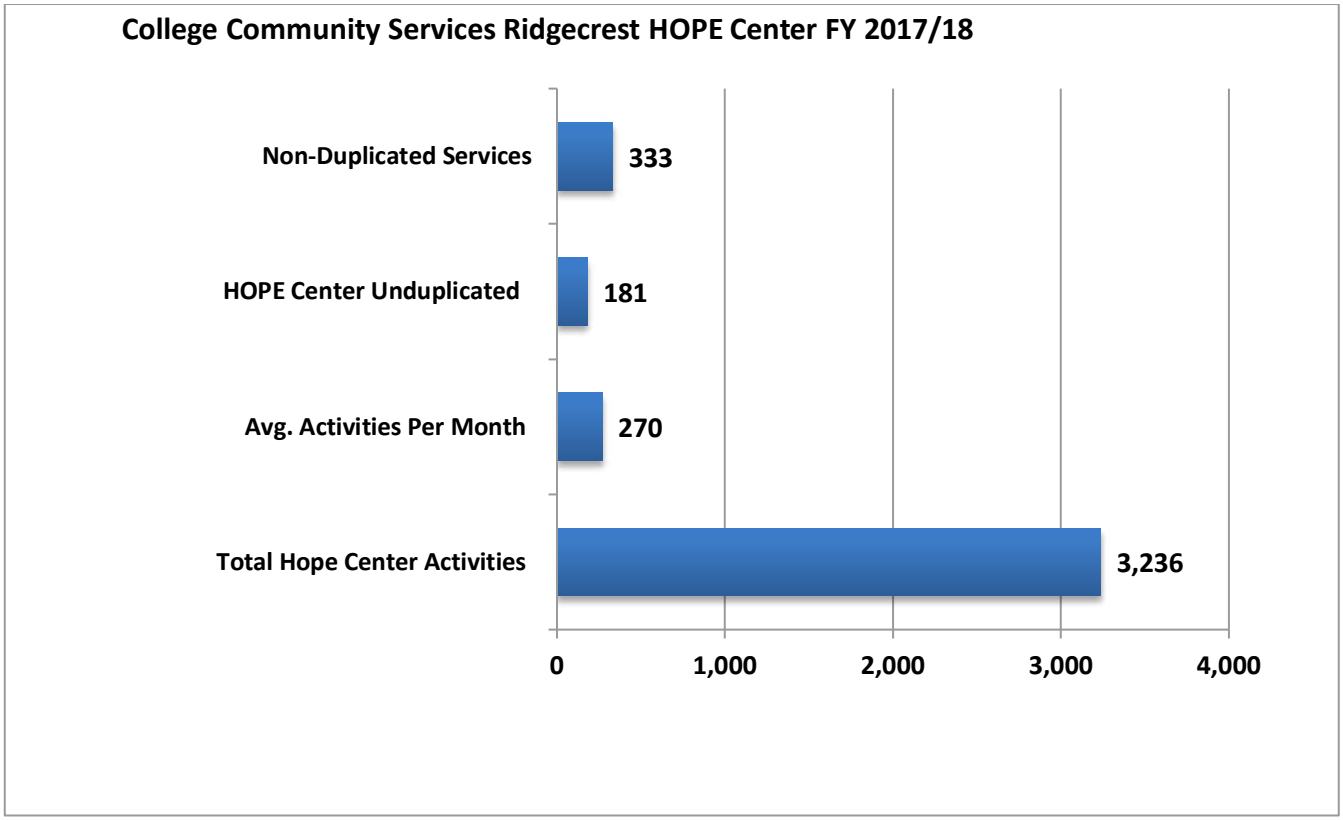
Class calendars for all three centers are posted on the KernBHRS public website each month, as well as distributed through KernBHRS, provider clinics, and various other sites throughout Kern County. Community collaboratives also distribute information through countywide e-mail lists connected to community based organizations and agencies.

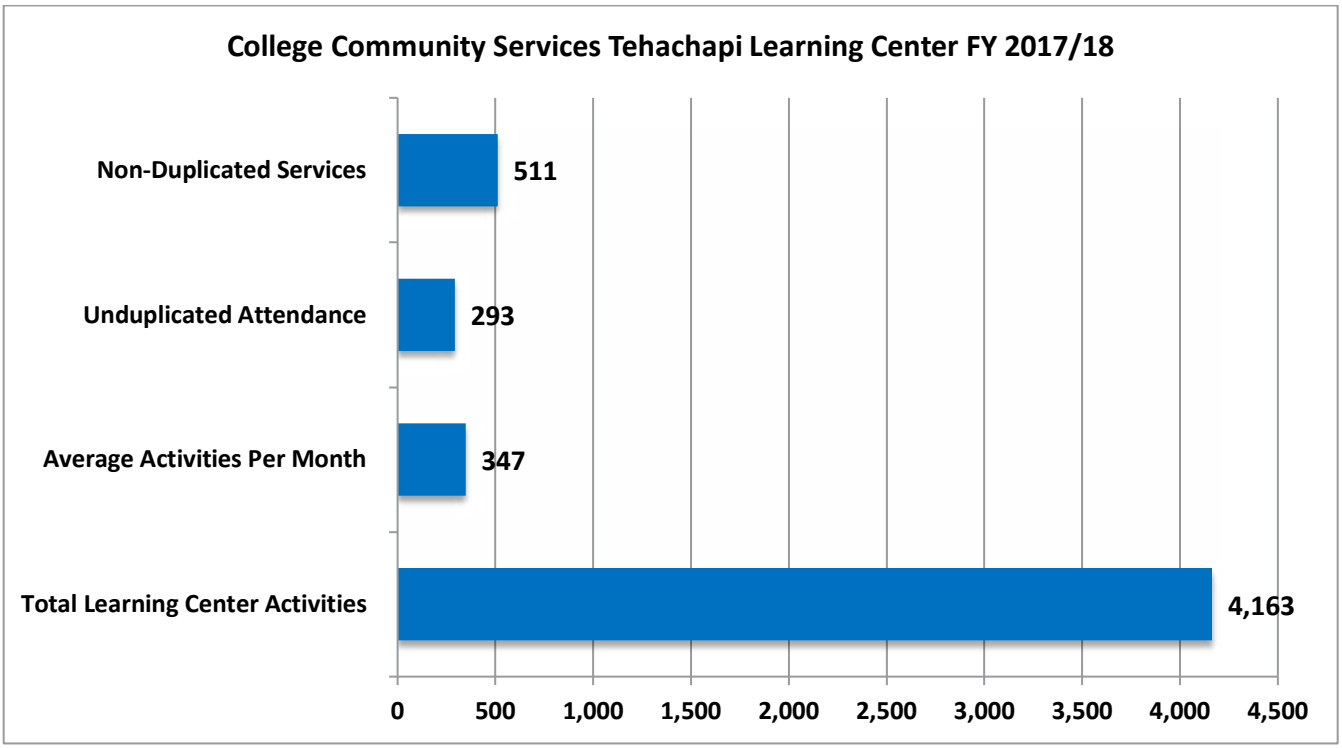
Service Goals FY 2018/19

- Support members in their recovery goals.
- Decrease the need for crisis services by engaging members in treatment and self-care.
- Increase participation of client and family members in groups and classes.
- Increase volunteerism in the community.
- Increase participation of clients in system of care committees and evaluations.
- Increase community outreach to reduce stigma about mental illness and recovery.
- Equip volunteers/members to facilitate or co-facilitate classes.
- Equip members to advocate for themselves and for behavioral health services in general.

Program Data FY 2017-2018:







Challenges

- Creating opportunities for members who are interested in volunteering.
- Due to the non-clinical nature of activities at the CFLC, outcome data is difficult to capture.

Solutions in Progress

- Self-Empowerment Team members also assist in co-facilitating classes.
- CFLC members complete Consumer Recovery Surveys, which have shown a high satisfaction rating among those attending classes and activities.
- CFLC has begun tracking a series of data to improve the effectiveness of CFLC services.
- Quarterly meetings between CFLC, HOPE Center, and Learning Center staff occur to improve services offered at all sites.

Outreach and Education – System Development

Location:
Kern Behavioral Health and Recovery Services
2001 28th Street
Bakersfield, CA 93301

Number served in FY 2017/18: 9,530
Goal number of clients served in FY 2018/19: 10,000
*Due to the nature of this program is was not possible to capture clients served by age group.
Cost per Client FY 2018/19: $21.92

Additional media outreach not included in cost per client:
Media numbers served in FY 2017/18: 405,764
Goal media numbers served in FY 2018/19: 500,000

Program Description:
Outreach and Education Coordination represents the Mental Health Services Act Outreach and Engagement requirements. The Outreach and Education Coordinator manages several countywide projects annually, including the "'May is Mental Health Awareness Month" campaign and Mental Health First Aid.

May is Mental Health Awareness Month 2018, themed "Changing Minds about Mental Health," kicked off with the Board of Supervisors Proclamation and a series of art exhibits dedicated to showcasing consumer-created art. With three locations, the art show was featured at The Guild House Restaurant, Consumer Family Learning Center, and The Bakersfield Fox Theater. Eighty-five pieces entered for the art show were from 35 artists, the pieces included paintings, photography, digital graphics, quilts, and other art media.

Festivities also included the CFLC Anniversary Celebration & Inclusion Faire, which invited members, consumers and their families, KernBHRS, contract provider staff, and the community at large. The anniversary celebration featured a vendor fair, group classes including line dancing and karaoke, along with refreshments from local vendors. May Is Mental Health Awareness Month Movie Nights returned, with two featured films; Inside Out at Beale Memorial Library and Infinitely Polar Bear at the Fox Theater.

The 19th Annual Academy Awards Luncheon was attended by 250 clients, providers and family members. The Academy Awards recognizes those making strides in promoting recovery principles either by being active in their recovery or providing recovery-focused services for those receiving care. Sixty-nine nominations were accepted in five categories: Incredible Youth, Recovery and Wellbeing, Outstanding Advocate, Mental Health Professional of The Year, and There's No Place Like Home (Housing).

May is Mental Health Awareness month also featured two new events geared to reach our hard to reach populations; Simposio de Salud Mental (Mental Health Symposium for our Spanish Speaking population) at Casa Royal Banquet Hall and The Power of Music Festival at Martin L. King Jr Park.

Outreach and Education also participated in the annual NAMI Walk and Stomp Out Suicide Walk, each to raise awareness and reduce stigma associated with mental illness and mental health care.

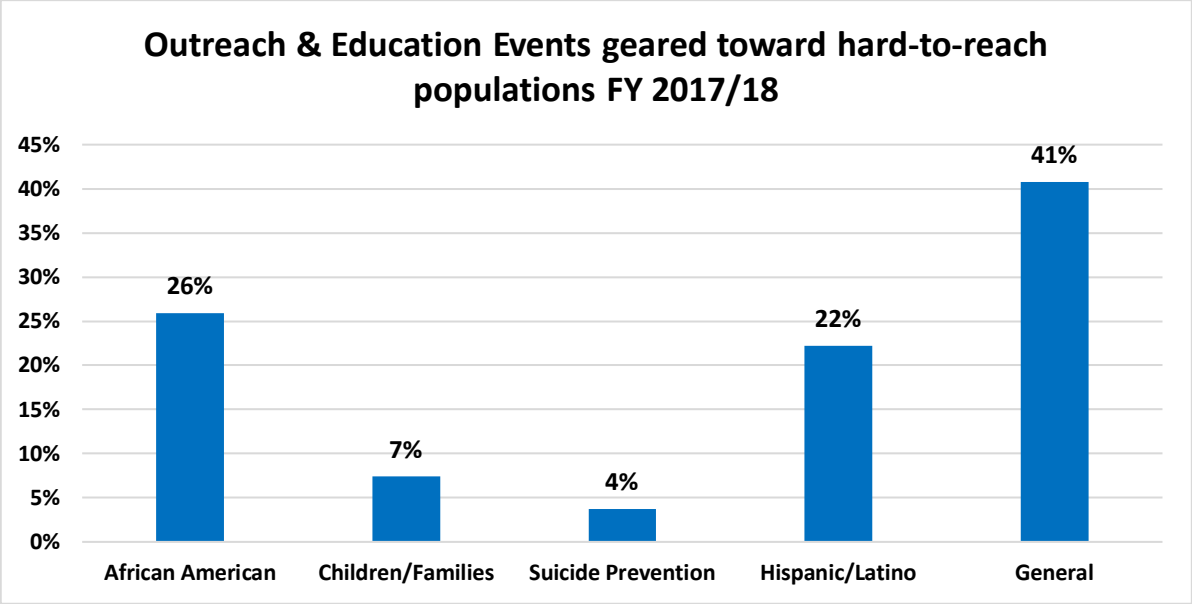
CalMHSA-sponsored "Every Mind Matters" and "Know the Signs" materials that were provided at health fairs, trainings, community events and Department-sponsored events throughout FY 2017/18. These materials are utilized as tools to educate and reduce stigma in the community surrounding mental health and suicide.

Service Goals FY 2018/19

- Continue to utilize stakeholder feedback to identify unserved and underserved populations.
- Continue to provide Mental Health First Aid training to the community with the goal of reducing stigma and discrimination.
- Utilize state-funded campaign information and materials focused on suicide prevention and stigma reduction.

Program Data FY 2017/18

KernBHRS Outreach and Education efforts focused heavily on reaching identified underserved or unserved Hispanic/Latino and African American populations. Approximately 9,530 persons were reached during outreach and education events, many of which were provided as part of May is Mental Health Awareness Month.



Challenges

- Engaging underserved populations in stigma reduction efforts.

Solutions in Progress

- Identifying populations with which to work and locating organizations currently in existence within population groups to attempt to engage and educate on the importance of mental health.

Recovery and Wellness Centers (RAWC) – System Development

Locations:
Kern Behavioral Health and Recovery Services
5121 Stockdale Highway
Bakersfield, CA 93309

2525 North Chester Avenue
Bakersfield, CA 93308

1600 E. Belle Terrace Avenue
Bakersfield, CA 93307

3715 Columbus Street (This location opened in January 2019)
Bakersfield, CA 93306

Child Guidance and Adult Behavioral Health North Bakersfield
(This location opened in October 2018)
3509 Union Avenue
Bakersfield, CA 93305

Clinica Sierra Vista South Bakersfield (This location opened in January 2019)
1400 South Union Avenue, Suite 110
Bakersfield, CA 93307

College Community Services West Kern (This location opened in January 2019)
930 F Street
Wasco, CA 93280

College Community Services Central Bakersfield (This location opened in April 2019)
2821 H Street
Bakersfield, CA 93301

Number served in FY 2017/18: 3,263
Stockdale RAWC: 404
North Bakersfield RAWC: 714
Southeast Bakersfield RAWC: 1,217
West Bakersfield RAWC: 928

Goal number of clients served in FY 2018/19: 4,890

Children (0-15)	**0**
TAY (16-25)	**880**
Adult (26-59)	**3619**
Older Adult (60+)	**420**

Stockdale RAWC (This location will be permanently closing effective April 2019): 440
North Bakersfield RAWC (This location is now served by Child Guidance and Adult Behavioral Health): 800

Southeast Bakersfield RAWC: 1,300
West Bakersfield RAWC: 1,000
Northeast RAWC: 400
College Community Services West Kern RAWC: 400
College Community Services Central Bakersfield RAWC: 200
Clinica Sierra Vista South Bakersfield RAWC: 350
Cost per Client FY 2018/19: $1,124.91

Program Description
The 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 client-driven and based on the strengths and goals of the individual served. Treatment teams are geographically located throughout the Bakersfield area, as well as Wasco, and provide services to individuals suffering from varying levels of impairment. Southeast, North (Child Guidance and Adult Behavioral Health), Northeast, and West RAWC teams traditionally provide care to those who have either stepped down from intensified Level 4 services with the ACT team or have a need for more intensified services from specialty care programs providing mild-to-moderate care. Some referrals will come from the Crisis Case Management Outreach Team for those exiting the psychiatric hospital setting. Clients will also be referred by the Access to Care Center, which is currently the adult system's access point to behavioral health treatment. Common modalities utilized in treatment with RAWC teams include: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT) skills, Motivational Interviewing and Solution Focused Brief Therapy. There is also group treatment available and groups have included, but are not limited to, depression and anxiety, Seeking Safety, anger management and conflict resolution.

During the FY 2018/19, changes were made to adult outpatient services. This has included the opening of new clinics/teams (Child Guidance and Adult Behavioral Health, College Community Services, Clinica Sierra Vista, and Northeast RAWC) as well as the closing of clinics/teams (North RAWC, West Kern, Stockdale RAWC). A change has been made in the service delivery model with the goal to improve access to care, improve treatment outcomes, decrease caseloads, and reduce incarcerations and inpatient psychiatric hospitalizations. Part of the service delivery model includes a Menu of Services, in which each treatment team will work in collaboration with the client to identify appropriate behavioral health services throughout the client's treatment on the RAWC teams. Each adult mental health outpatient full service team will serve clients at various acuity levels. As clients progress through treatment, their acuity level changes, and subsequently treatment recommendation and services change. Acuity and treatment needs are assessed by the assigned therapist/clinician at least once every 3 months, and changes to service type, duration and intensity are made accordingly.

Prior to the redesign of adult outpatient services, the Stockdale RAWC team provided specialty mental health services with the goal of transitioning clients to community-based care within 6-9 months. Most of the services are provided in the office and include case management, groups, medication management and individual therapy. Once service goals were met, clients were transitioned to community providers, who assisted with medication maintenance and interventions as necessary. Ideally, clients who met service goals from higher level RAWC and other service teams would transition into the Stockdale RAWC or other non-specialty care. With the change in the adult system, these services are now being provided within each RAWC team versus stepping them down to a lower level of care in order to provide stable and consistent treatment for a client within a team.

RAWC teams will provide similar services including peer support, primary health care linkage,

medication management, linkage to community resources and individual therapy with some variation based on needs of the client population. Peer specialists assist each of the RAWC teams to work with clients in building confidence while acquiring skills associated with activities of daily living (ADL). Incorporation of meaningful activities is another primary goal of the RAWC teams in working with clients toward recovery. Clients are encouraged to attend group classes and recreational activities at the peer-run Consumer Family Learning Center (CFLC). Incorporating peers into the recovery-focused setting provides an opportunity to show wellness and recovery in action. For clients experiencing co-occurring mental health and substance use disorders, peer-run Dual Recovery Anonymous groups are made available.

Transitioning clients to non-specialty community-based mental health care or medication management is a universal goal of the RAWC teams. Upon successful program completion, clients are provided referrals for medication management with a primary care provider or psychiatric care for those with more complex medication needs.

As clients reach the point in recovery where they are ready to begin seeking employment, they are referred to Partnership for Success, a collaboration between KernBHRS, Employee Training Resource (ETR), and the Kern High School District. The goal of the program is to provide work-readiness, skills training, and job placement services for current clients.

Rent subsidies are used to place clients into housing while they are waiting for benefits (SSI, SSDI, GA other) or placement in Section 8 or supportive housing.

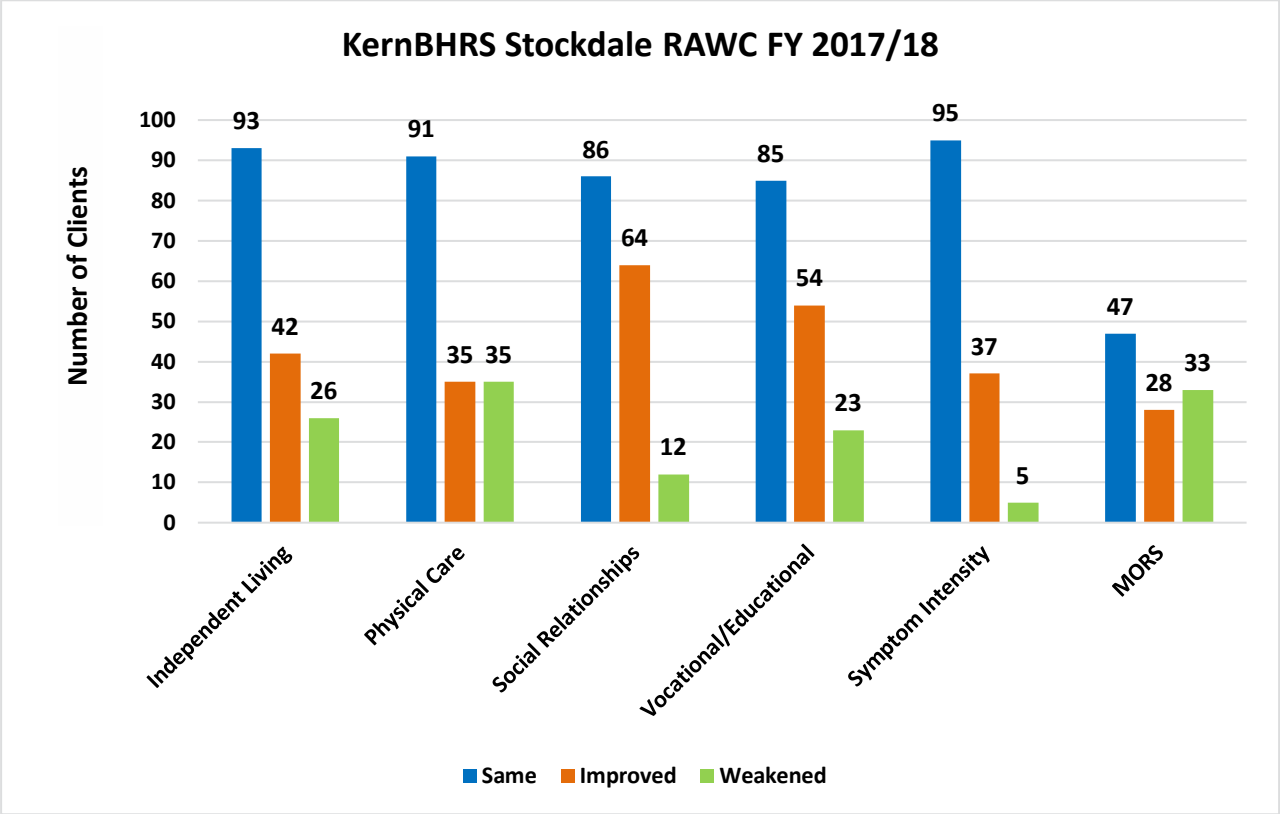
Service Goals FY 2018/19

- Improve access to care, treatment outcomes, and reduce incarcerations and inpatient psychiatric hospitalizations.
- Assist client in growing in responsibility, hope and self-empowerment.
- Work with SET peer staff in assisting clients with building skills needed to perform activities of daily living (ADL).
- Promote and encourage incorporation of wellness and self-management activities including CFLC classes and activities, volunteerism, vocational programs and peer support.
- Work with clients to attain recovery goals which allows for transition to non-specialty community-based mental health care.

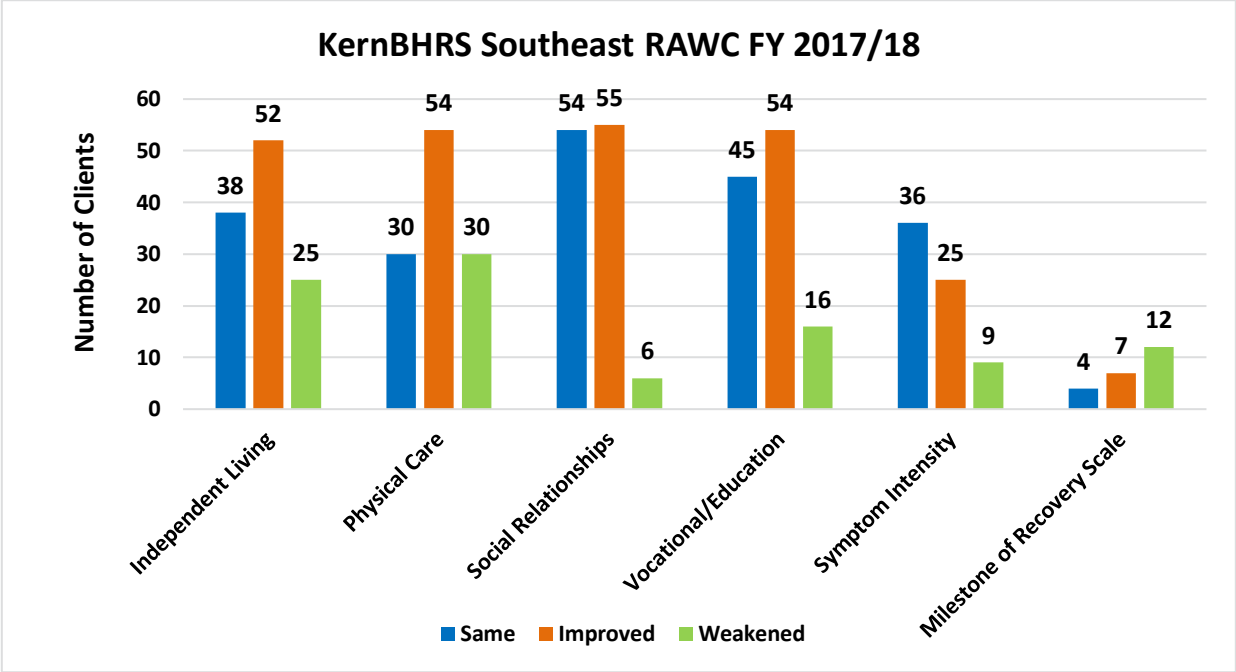
Program Data FY 2017/18

Stockdale RAWC provides lower level mental health care designed to transition clients to community based mental health care within a shorter period of time (6-8 months) than would traditionally happen with a specialty mental health care team. Clients are screened to determine readiness to receive care from a community health provider, which requires less monitoring than System of Care treatment. Those prepared to receive care from a community provider would receive more infrequent visits with their doctor, who would help to monitor any medications prescribed.

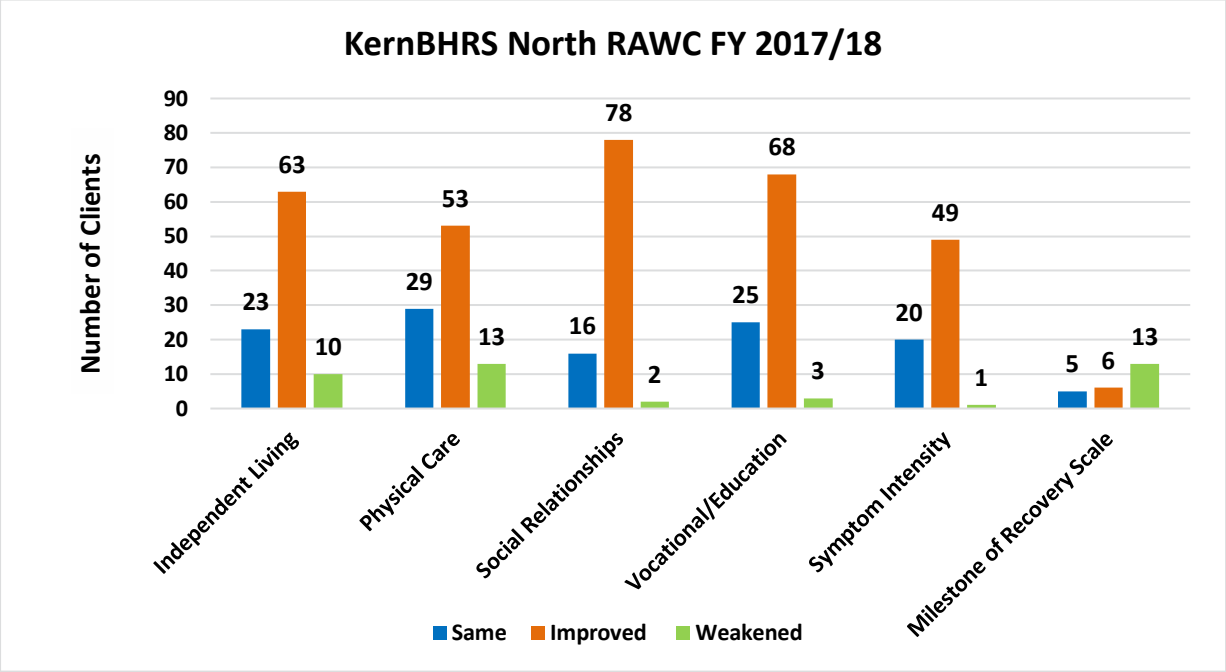
Clients receiving more specialized mental health care through geographical RAWC teams are provided treatment plans which help them work toward recovery. When ready for transition, these clients are assigned to a lower level team.



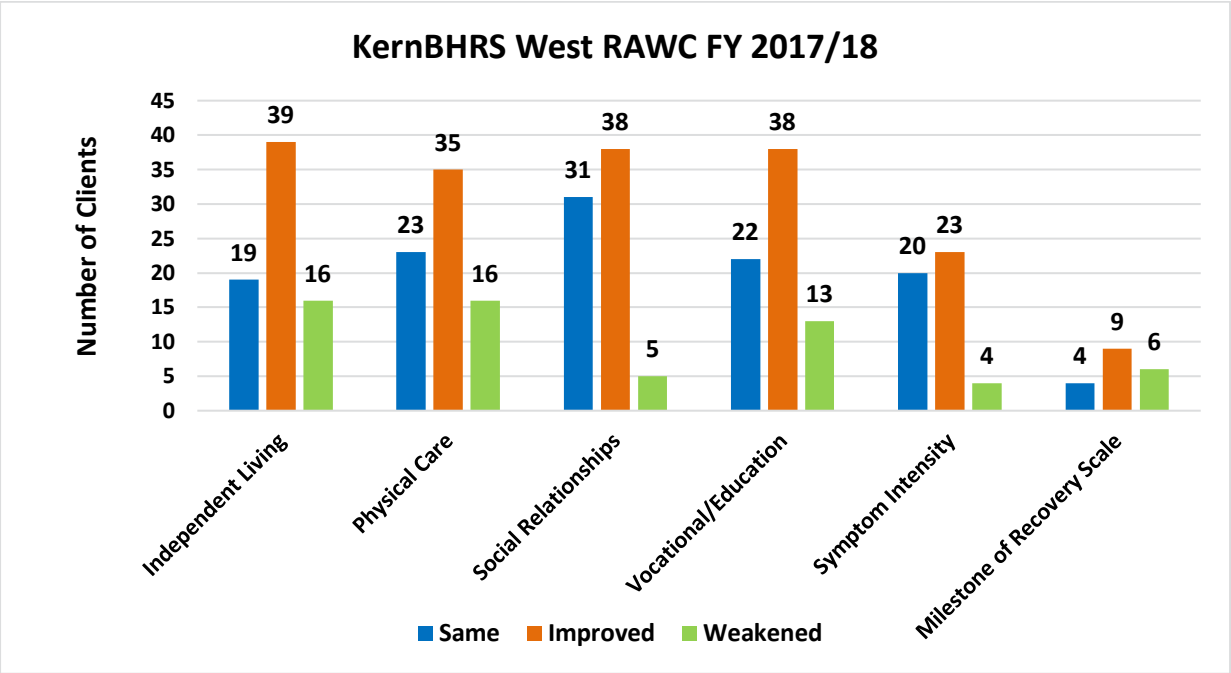
When discharged from Stockdale RAWC 42 clients reported improvement in independent living, 35 reported improvement in physical care, 64 in social relationships, 54 improved in vocational/ educational and 37 clients reported an overall improvement in symptom intensity. There was a total of 161 clients discharged.



When discharged from Southeast RAWC 52 clients reported improvement in independent living, 54 reported improvement in physical care, 55 in social relationships, 54 improved in vocational/ educational and 25 clients reported an overall improvement in symptom intensity. There was a total of 115 clients discharged.



When discharged from North RAWC 63 clients reported improvement in independent living, 53 reported improvement in physical care, 78 in social relationships, 68 improved in vocational/ educational and 49 clients reported an overall improvement in symptom intensity. There was a total of 96 clients discharged.



When discharged from West RAWC 39 clients reported improvement in independent living, 35 reported improvement in physical care, 38 in social relationships, 38 improved in vocational/ educational and 23 clients reported an overall improvement in symptom intensity. There was a total of 74 clients discharged.

Challenges:

- Primary care and other community providers are not able to provide adequate monitoring of certain medications. If a client is ready to transition to community care, they either cannot be served by community care or require a change in medication.
- Clients may be ready for transition to community care but feel reluctant for fear of losing their benefits.
- Lack of regular on-site psychiatrists creates long periods between initial and follow-up appointments.
- Lack of transportation can create a disruption in services if clients are missing appointments.
- Clients using Affordable Care Act require a different treatment schedule than is commonly used due to requirements of the carrier.
- Co-occurring clients are not easily transferred to community-based services. Those in need of continued SUD support are referred to groups at the CFLC, Narcotic's Anonymous or Alcoholics Anonymous groups. If symptoms are persistent and in need of more specialized care, clients may be referred for a KernBHRS substance use assessment with the Substance Use Division Gateway access and linkage team.
- The number of clients without income is higher than it has been historically. This creates a precarious situation where clients are vulnerable to lose their housing. Loss of stable housing can result in increased symptomology, mental health crisis, etc.
- The number of clients presenting with co-occurring mental health and substance use disorders has created a need for more SUD care.
- Client's reluctant to beginning services could be better engaged with more staff to provide intensive services.
- Developing a base of community primary care providers who can provide for mental health needs for client transition.
- A Spanish-Speaking therapist would benefit the team to better provide services for monolingual clients.

Solutions in Progress:

- For clients who are reluctant to transition to community-based care, Stockdale RAWC will provide information on multiple community resources for continued engagement.
- The SET Team added a Substance Abuse Specialist to their team to better engage co-occurring clients through peer support.
- When clients using Affordable Care Act coverage need to be transitioned to community care, Stockdale RAWC ensures a warm handoff to community based care, which can have a six week wait for initial appointment.
- The Care Coordination Unit works with teams to create a smooth transition to community based care including primary care providers.
- Telepsychiatry availability is increasing. When necessary, psychiatrists will provide services for teams who may not have an available doctor.
- Some RAWC teams will be adding additional staff to better their opportunity to engage clients who may be reluctant to begin services.
- Stockdale RAWC has developed and began collecting client-based survey's including confidence in their ability to transition into community care. Clients are assessed as they enter the program through either step-down from a higher level of care, or as a new client. They are also surveyed at discharge. Complete data sets will be made available in reporting of data for FY 2017/18.

Self-Empowerment Team – System Development

Location:
Kern Behavioral Health and Recovery Services
2001 28th Street, South Tower
Bakersfield, CA 93301

Number served in FY 2017/18 through SET services: 116
Number successfully engaged in treatment through Peer Navigation in 2017/18: 1,079
Goal number of clients served in FY 2018/19: 1,170

Children (0-15)	**3**
TAY (16-25)	**245**
Adult (26-59)	**865**
Older Adult (60+)	**57**

SET Services: 120
Peer Navigation: 1,050
Cost per Client FY 2018/19: $766.22

Program Description
The Self-Empowerment Team (SET) is staffed by full-time staff members with lived experience in active recovery from mental health and/or substance use challenges. SET staff work in peer roles and self-identify as peers. The SET Program addresses a strategic imperative for KernBHRS of increasing meaningful family and peer involvement in treatment system-wide.

SET serves adult and Transitional Age Youth (TAY) individuals 18 years old and older who are either seeking services or are currently served by KernBHRS. SET peer staff use their lived experience to connect with members and model the recovery journey. SET serves two major functions:

- Assisting adult and TAY members in developing independence and the skills necessary to continue in their mental health and/or substance use recovery, in order to reach their life goals.
- Assisting clients and members in navigating the KernBHRS system of care through the Peer Navigation program. Peer Navigators work in coordination with the Access and Assessment team and the Crisis Walk-in Clinic (CWiC), to engage clients and facilitate successful transition into outpatient care.

To assist SET peer staff in working with individuals in behavioral health recovery, SET peer staff receive Peer Employment Training (PET) through RI Consulting. This training teaches SET peer staff to use their lived-experience effectively in connecting with members and clients, in order to guide them in their recovery. Peer staff provide advocacy on behalf of members and clients, support them in attending psychiatric and other service appointments, and act as an integral part of the treatment team. SET peer staff receive training in other modalities including Motivational Interviewing (MI), Dialectical Behavior Therapy (DBT) coping skills, Seeking Safety, Wellness Recovery Action Plan (WRAP), and Solution-focused Therapy (SFT). For example, using DBT and SFT approaches, peer staff assist members in developing their personal goals.
SET peer staff also use their lived-experience and skills in helping members transition back into the community, learn to use public transportation, grocery shop, and practice coping skills to manage mental health symptoms. SET peer staff also assist members and clients in incorporating social,

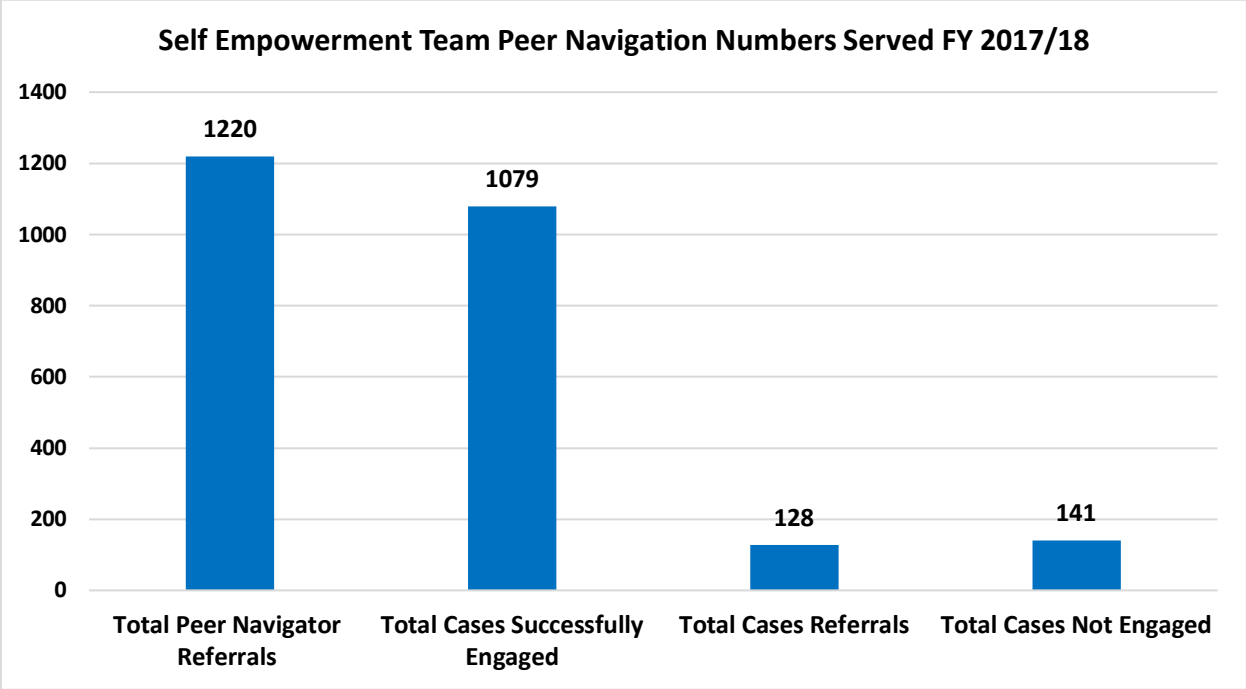
educational and otherwise meaningful activities into their schedules, including involvement in the peer-run Consumer Family Learning Center (CFLC). They also work alongside clients and clinicians to develop intensified service or crisis intervention plans.

Service Goals FY 2018/19

- Successfully help 50 clients in learning the public transportation system.
- Successfully assist 50 clients in incorporating social, educational, and otherwise meaningful activities into their schedule through CFLC activities.
- Participate and support program development for unserved and underserved populations through work with the Cultural Competence Resource Committee.
- Successfully initiate mental health care using Peer Navigators.

Program Data FY 2017/18

SET had a caseload of 1,220 active clients. They opened a total of 131 new cases and discharged 141. The SET team had a total of 128 referrals from other teams, with 109 of those clients successfully engaged.



Challenges

- Staff maintaining an active workload while splitting time between caseload and Peer Navigator project.
- Cognizance within the system of care of the role SET peers play in serving clients.

Solutions in Progress

- Data collection for Peer Navigators and SET is in development to ensure that outcomes are accurate and consistent with Adult System service teams.
- SET continues to provide Peer Employment Training and other peer-involved trainings to provide best practices in peer-to-client care.

Outreach and Engagement
Designed for the purpose of identifying unserved individuals in order to engage them and their families that are in need of mental health services.

Important Changes:
Outreach and Education was moved to Outreach and Engagement from System Development.

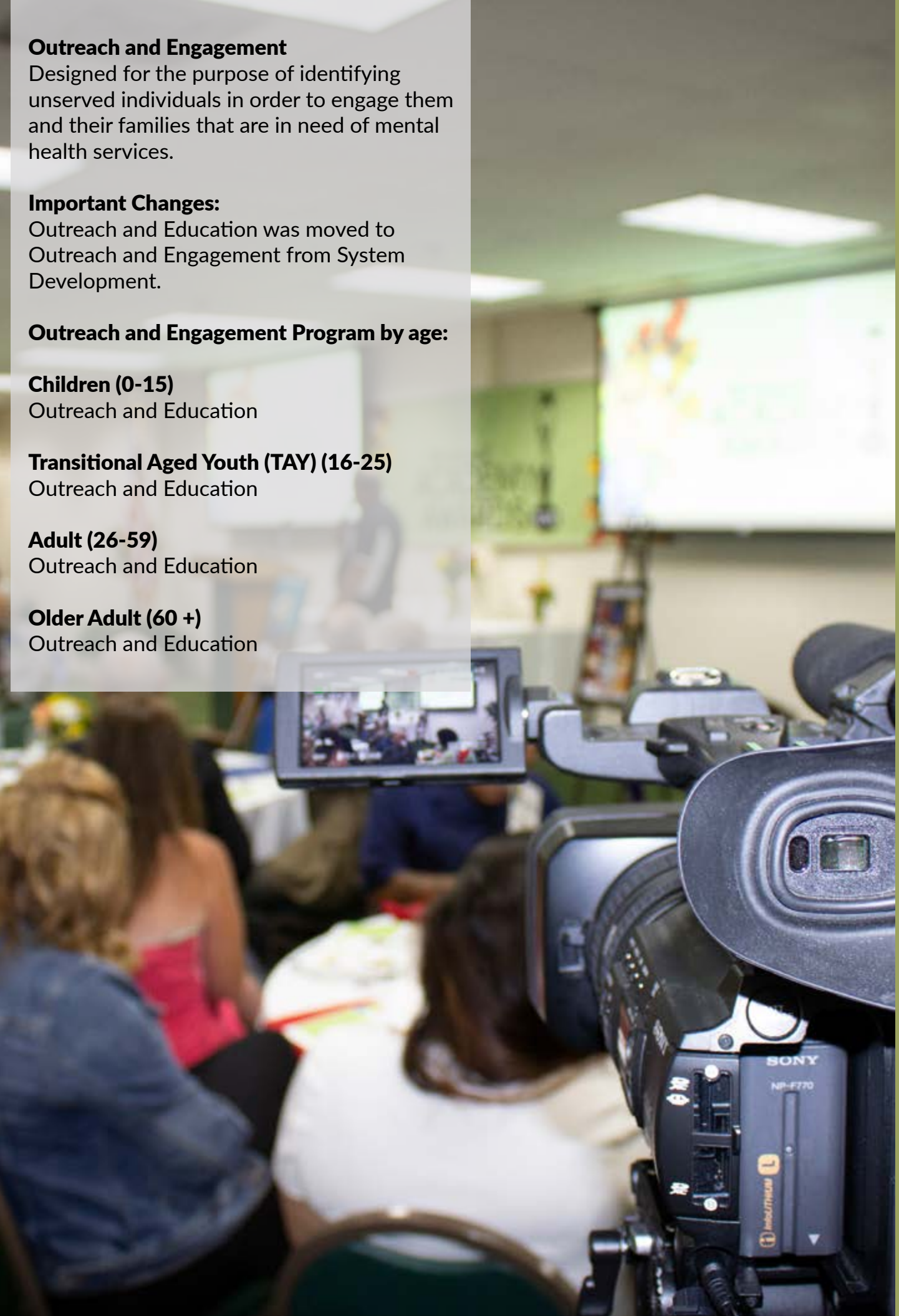
Outreach and Engagement Program by age:

Children (0-15)
Outreach and Education

Transitional Aged Youth (TAY) (16-25)
Outreach and Education

Adult (26-59)
Outreach and Education

Older Adult (60 +)
Outreach and Education



Outreach and Education – Outreach and Engagement

Location:
Kern Behavioral Health and Recovery Services
2001 28th Street
Bakersfield, CA 93301

Number served in FY 2017/18: 9,530
Goal number of clients served in FY 2018/19: 10,000
*Due to the nature of this program is was not possible to capture clients served by age group.
Cost per Client FY 2018/19: $21.92

Additional media outreach not included in cost per client:
Media numbers served in FY 2017/18: 405,764
Goal media numbers served in FY 2018/19: 500,000

Program Description:
Outreach and Education Coordination represents the Mental Health Services Act Outreach and Engagement requirements. The Outreach and Education Coordinator manages several countywide projects annually, including the "'May is Mental Health Awareness Month" campaign and Mental Health First Aid.

May is Mental Health Awareness Month 2018, themed "Changing Minds about Mental Health," kicked off with the Board of Supervisors Proclamation and a series of art exhibits dedicated to showcasing consumer-created art. With three locations, the art show was featured at The Guild House Restaurant, Consumer Family Learning Center, and The Bakersfield Fox Theater. Eighty-five pieces entered for the art show were from 35 artists, the pieces included paintings, photography, digital graphics, quilts, and other art media.

Festivities also included the CFLC Anniversary Celebration & Inclusion Faire, which invited members, consumers and their families, KernBHRS, contract provider staff, and the community at large. The anniversary celebration featured a vendor fair, group classes including line dancing and karaoke, along with refreshments from local vendors. May Is Mental Health Awareness Month Movie Nights returned, with two featured films; Inside Out at Beale Memorial Library and Infinitely Polar Bear at the Fox Theater.

The 19th Annual Academy Awards Luncheon was attended by 250 clients, providers and family members. The Academy Awards recognizes those making strides in promoting recovery principles either by being active in their recovery or providing recovery-focused services for those receiving care. Sixty-nine nominations were accepted in five categories: Incredible Youth, Recovery and Wellbeing, Outstanding Advocate, Mental Health Professional of The Year, and There's No Place Like Home (Housing).

May is Mental Health Awareness month also featured two new events geared to reach our hard to reach populations; Simposio de Salud Mental (Mental Health Symposium for our Spanish Speaking population) at Casa Royal Banquet Hall and The Power of Music Festival at Martin L. King Jr Park.

Outreach and Education also participated in the annual NAMI Walk and Stomp Out Suicide Walk, each to raise awareness and reduce stigma associated with mental illness and mental health care.

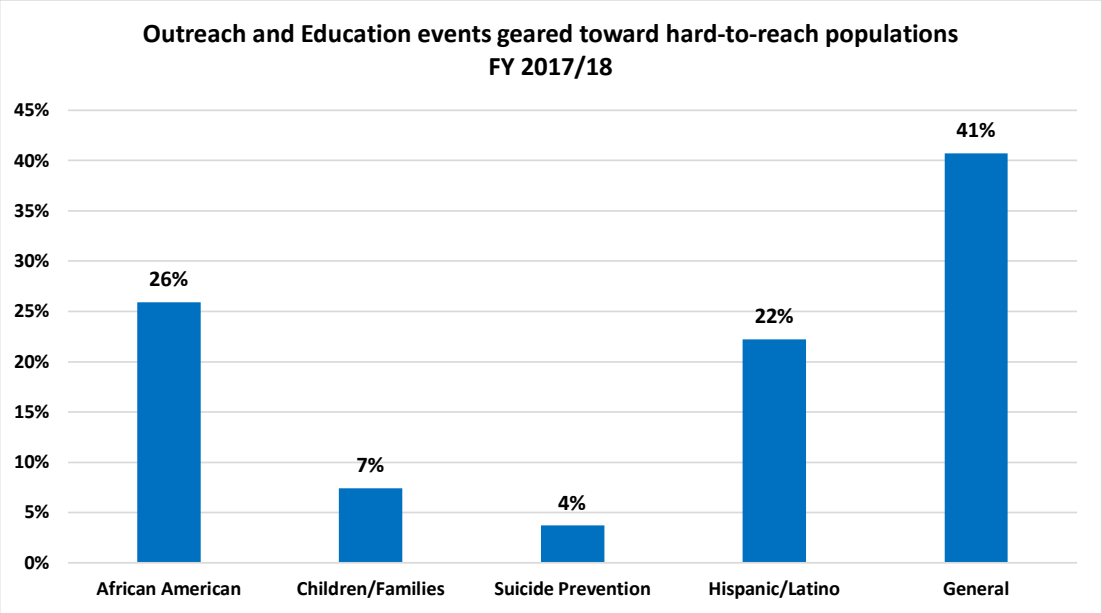
CalMHSA-sponsored "Every Mind Matters" and "Know the Signs" materials were provided at health fairs, trainings, community events and Department-sponsored events throughout FY 2017/2018. These materials are utilized as tools to educate and reduce stigma in the community surrounding mental health and suicide.

Service Goals FY 2018/19

- Continue to utilize stakeholder feedback to identify unserved and underserved populations.
- Continue to provide Mental Health First Aid training to the community with the goal of reducing stigma and discrimination.
- Utilize state-funded campaign information and materials focused on suicide prevention and stigma reduction.

Program Data FY 2017/18

KernBHRS Outreach and Education efforts focused heavily on reaching identified underserved or unserved Hispanic/Latino and African American populations. Approximately 9,530 persons were reached during outreach and education events, many of which were provided as part of May is Mental Health Awareness Month.



Challenges

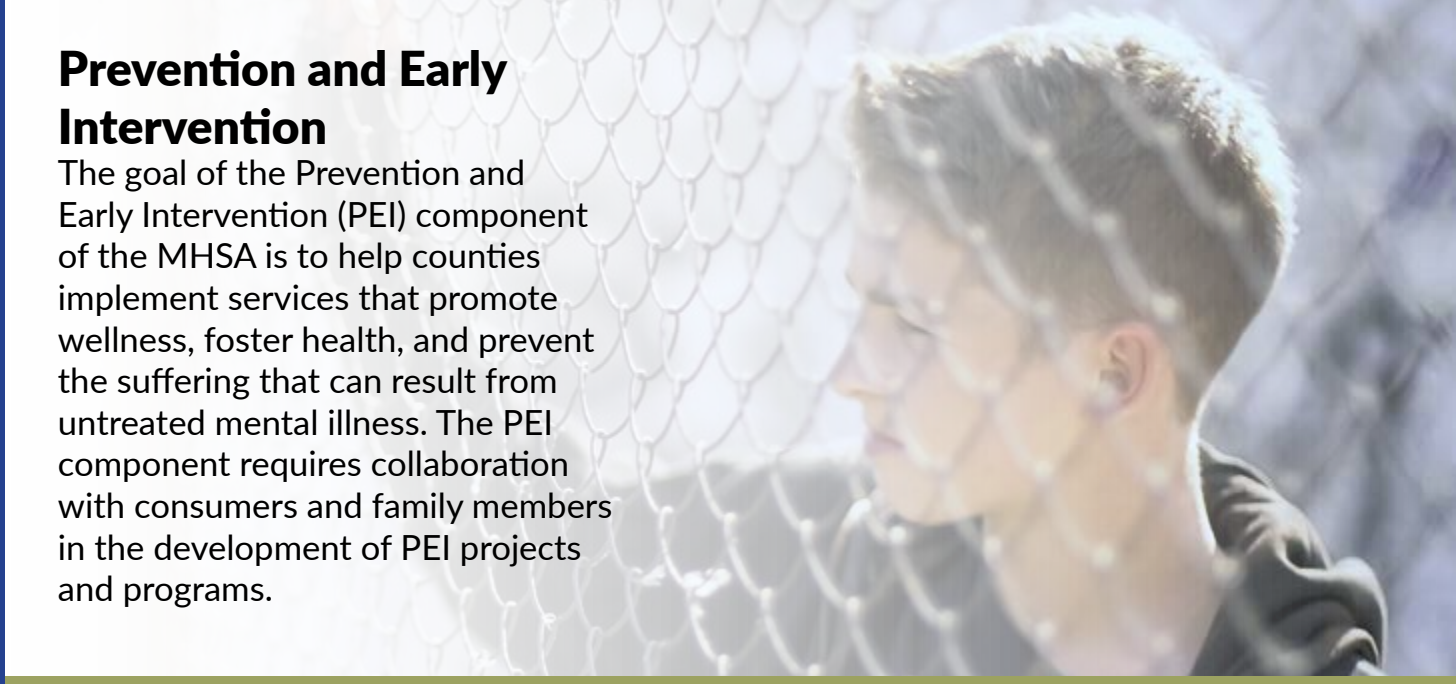
- Engaging underserved populations in stigma reduction efforts.

Solutions in Progress

- Identifying populations with which to work and locating organizations currently in existence within population groups to attempt to engage and educate on the importance of mental health.

Prevention and Early Intervention

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



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

KernBHRS has practiced demographic reporting throughout Prevention and Early Intervention programs. This is done via surveys and through outreach opportunities including the Community Planning Process and other stakeholder meetings.
KernBHRS has historically provided many of these services within the Community Services and Supports System Development component. The Access to Care - Access and Assessment Team is the front door to mental health care, providing access and linkage for mental health services both within the System of Care and community providers. The Crisis Hotline and Outreach and Education programs provide Stigma and Discrimination Reduction and Outreach for Increasing Recognition of Early Signs of Mental Illness services. The Crisis Hotline, a suicide prevention program also received its five-year re-accreditation through the American Association of Suicidology and is part of the National Suicide Prevention Lifeline. During 2015/2016, the Crisis Hotline also implemented the Suicide Outreach Team, which works with the Kern County Coroner to identify and provide support for families who have lost a loved one to suicide.
Prevention and Early Intervention programs within the Kern Behavioral Health and Recovery System of Care and its providers have been developed to serve all age groups: children, TAY, adults, and older adults.

KernBHRS also began research for program development and implementation of an Early Psychosis program in FY 2016/17. The goal in development of the program is to reach unserved or underserved populations including Hispanic/Latino and Transitional Aged Youth experiencing signs of early psychosis, and provide education, linkage, and treatment within the shortest possible duration of untreated psychosis period. At current, the Department has gathered information from developers of Early Psychosis outreach, linkage and treatment models as well as counties providing care specifically for early psychosis. This program is anticipated to be implemented in late FY 2017/18 - early FY 2018/19.

Important Changes:

PEI New Programs:

- Homeless Outreach Team
- Court Appointed Special Advocates (CASA)
- Access to Care Crisis Hotline

PEI Ended Program:

- Project Care

PEI Existing Programs:

- Art Risk Reduction Program (ARRP)
- Youth Brief Treatment (YBT)
- Transitional Age Youth (TAY) Career **Development**
- Volunteer Senior Outreach Program (VSOP)
- Youth Juvenile Justice Engagement
- Foster Care Engagement
- Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)

AB114 Programs:

- Started
  - Family Connections
  - Freedom, Recovery and Empowerment with Dogs: FRED
  - Packed for Recovery
  - Suicide Prevention and Outreach
  - Transitional Age Youth Self-Sufficiency Project Expansion
  - Transitions Curriculum
  - Yoga: Stress Management and Mindfulness

- Projected to Start:
  - Biblical Counseling
  - Early Psychosis Outreach and Intervention: La CLAVE
  - Help Me Grow
  - Kern Youth Resilience and Support
  - Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) Expansion
  - Transitional Age Youth Dual Recovery Program
  - Zero Suicide (Implementation phase)

- Programs not moving forward:
  - Transitional Age Youth University Counseling Training Center

Access to Care - Crisis Hotline – Prevention and Early Intervention

Location:
Kern Behavioral Health and Recovery Services
2525 North Chester Avenue
Bakersfield, CA 93308

Clients Served in FY 2017/18: 28,785, **Follow-up call contacts:** 1,025, **Caring Notes Sent:** 3,576
Goal# of Clients Served in FY 2018/19: 30,000, **Follow-up call contacts:** 1,200, **Caring Notes:** 3,800
*Due to the nature of this program is was not possible to capture clients served by age group.
Cost per client FY 2018/19: $52.35

Program Description
Crisis Hotline began in 2006 and has, since its inception, expanded to become a resource center, a stigma and discrimination reduction program and a suicide prevention program.

The Crisis Hotline team started in 2006 with paid permanent and extra-help staff. Crisis Hotline added volunteers to its program in 2010. Volunteers continue to be an essential piece of Crisis Hotline. Some remain short term while many have been longer-term over the years. Some members of the permanent and extra help staff began as volunteers. Many Crisis Hotline volunteers have become employees in different divisions of KernBHRS. Crisis Hotline has, and continues to provide crisis intervention, suicide risk assessment and intervention, referrals for services, information about community-based resources, problem solving and coping skills, mental health and substance use disorder related support and referral, and outreach and education. Crisis Hotline also directs activities for the department and the county for National Suicide Prevention Month.

Crisis Hotline is accredited through the American Association of Suicidology (AAS) and received a five-year re-accreditation in FY 2015-2016 and is also part of the National Suicide Prevention Lifeline (NSPL). As such, they accept Lifeline calls from around the world. During the FY 2017/18, Crisis Hotline staff and volunteers answered 15,400 NSPL calls.

Crisis Hotline staff developed and wrote a manual, in conjunction with the California Suicide Prevention Network which described the implementation of a Survivor Outreach Team. The implementation manual has been placed on the Suicide Prevention Resource Center as a best practice and presented at the American Association of Suicidology Conference in 2015. Crisis Hotline also facilitates a Survivors of Suicide Loss Support Group that has been in existence for 11 years.

Crisis Hotline follows up on any caller who voices suicidal thought or is in any major crisis with a phone call. In addition, Crisis Hotline also continues to utilize Follow-up calls and “Caring Notes” as part of their inpatient follow-up efforts, an idea taken from an American Association of Suicidology conference. In fiscal year 2017/18, 1,052 Caring Notes were sent to those who had recently been to an inpatient psychiatric facility or seen by KernBHRS Mobile Evaluation Team. Three attempts are made to contact and “Caring Notes” are sent to the client. During follow-up, team members ensure that the client’s transition to home is smooth, checking to see if they are making necessary appointments and taking their medications as prescribed. Crisis Hotline staff also link clients to

necessary resources to meet basic needs. Clients are also provided with Crisis Hotline information, should they need to talk. Clients are then followed up in a month to check on safety and check for any barriers to their short-term goals.

Service Goals FY 2018/19

- Offer telephone-based counseling, crisis intervention and information and referral services, use a risk assessment for suicidal callers.
- Provide a 24/7 support alternative to crisis stabilization or emergency medical/law enforcement services when possible.
- Collaborate with callers on solutions and coping skills to assist through their crisis.
- Collaborate with callers on safety plans.
- Increase access to care for individuals in Kern County communities.
- Increase follow-up with callers to encourage engagement in mental health services.
- Insure that callers who are at imminent risk get immediate assistance.

Demographic Information on Callers:

- Demographic information is asked of every caller to the KernBHRS Crisis Line unless it is a transfer call, obscene call, prank call, triage call, staff call, wrong number, Skype call.
- Demographic information is collected from every caller who is asking about accessing behavioral health or substance use disorder services in Kern per MediCal protocol. (If they choose to share information with the Crisis Line)
- Callers using Skype who are calling from out of state or the country do not call to access services. They normally do not share demographic information and are looking for immediate crisis phone services.
- Crisis Hotline staff are encouraged to get as much demographic information as possible of callers. Due to callers either not wanting to give information, the immediate nature of the call, or it not being appropriate to the call type, many calls do not have demographic information.

Program Data FY 2017/18

Crisis Hotline began collecting post-test data on Question, Persuade, Refer (QPR) trainings in FY 2016/17. Implementing a post-test strategy was integral in determining staff and volunteer level of comfort in assisting persons who may be contemplating suicide. Over 90% of responses reflected that after this training, clients were more comfortable asking if someone was suicidal.

Data for FY 2017/18 is in CSS System Development Section. Access to Care – Crisis Hotline was moved to PEI in FY 2018/19.

Challenges

- Half of staff are extra help (temporary), leaving personnel gaps throughout the year, creating gaps in staffing and frequent employee turnover.
- Prank phone calls can diminish morale, causing staff burnout.

Solutions in Progress

- Peers monitor each other; volunteers monitor staff and vice versa to keep track of progress and how well staff remains engaged. The goal is to maintain a safe, caring environment.

Art Risk Reduction Program (ARRP) – Prevention

LOCATION(s):
Kern Behavioral Health and Recovery Services
2525 North Chester Avenue
Bakersfield, CA 93308

County of Kern Juvenile Hall
1831 Ridge Road
Bakersfield, CA 93305

Dream Center
1801 19th Street
Bakersfield, CA 93301

NUMBER OF CLIENTS SERVED IN FY 2017/18: 248
GOAL NUMBER OF CLIENTS FY 2018/19: 100

Children (0-15)	**0**
TAY (16-25)	**81**
Adult (26-59)	**19**
Older Adult (60+)	**0**

Cost Per Client FY 2018/19: $386.48

Program Description
The Art Risk Reduction Program (ARRP) began mid-year FY 2016/17 providing four, once-per-week sessions which utilized Spoken Word creative writing. During FY 2017/18, the ARRP continued Spoken Word, and added in a Visual Arts media. In order to maximize client utilization of the AARP and maximize client attendance to these sessions, midway through the FY 2017/18, the ARRP services that were being delivered at the commonwealth site were transitioned to the County of Kern Juvenile Justice site and Dream Center. These are TAY outreach sites. This has allowed for maximum utilization/attendance by clients of these services by incarcerated youth and foster youth clients.

The program allows clients to explore and express themes through diverse media. Themes may include: stress reduction and relaxation, emotional expression, exploration of self and self-esteem/empowerment, reinforcement of positive self-talk, dealing with loss or trauma, relationships, anxiety management techniques and development of coping skills.

Four-week cohorts are provided to 10 students per group, with one session per week. Prior to and after completing each cohort, clients participate in a pre/post test. The evaluation tool provides information on reduction of risk factors. The goal of the program is to reduce both mental health symptoms, increase resilience through skill building and reduce negative behaviors including arrest and incarceration.

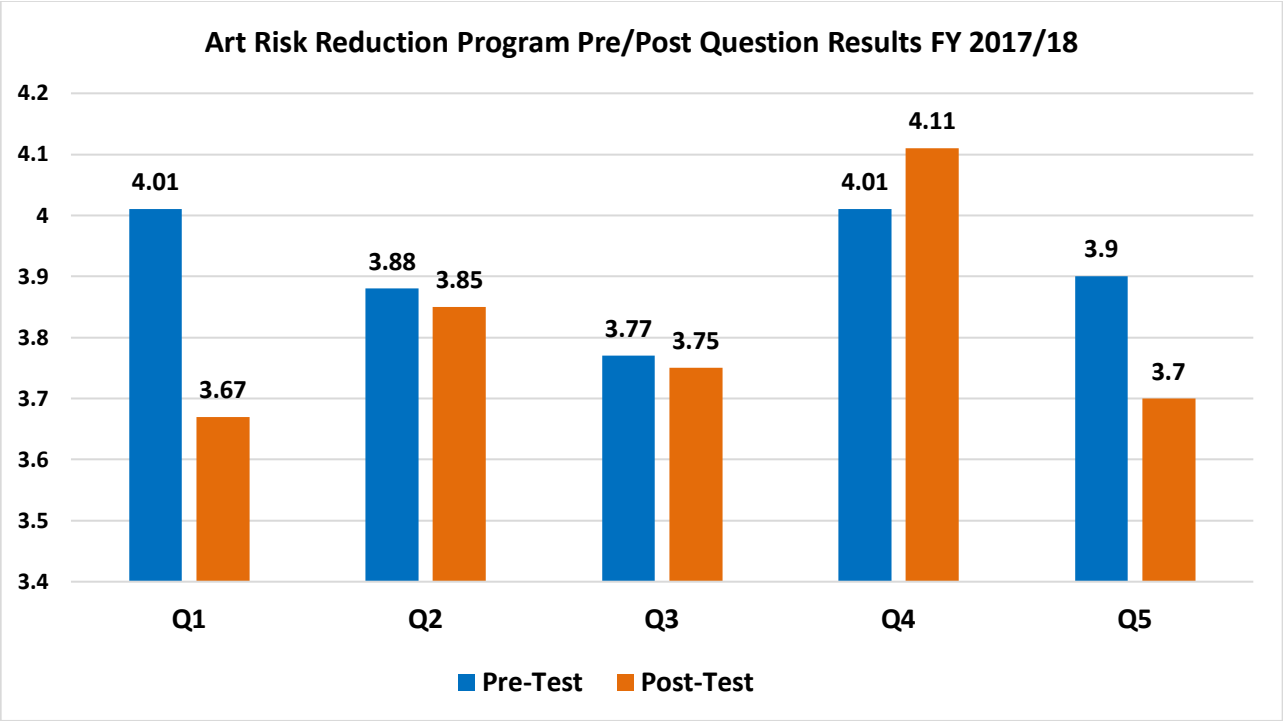
Service Goals FY 2018/19

- Build protective factors through skills building by completion of ARRP cohort.
- Reduce mental health symptoms while increasing ability to utilize coping skills.
- Increase skill building and ability to comfortably share with peers.

Program Data FY 2017/18:

Demographics: Age Group: TAY: 56 Adult: 14 Older Adult: 2	**Gender assigned at birth:** Male: 45 Female: 25 Declined: 2
Disabilities: Vision: 7 Cognitive/Mental: 14 Chronic Illness: 1 Mobility: 1 Hearing: 1 None: 44 Multiple: 5	**Gender currently identified:** Male: 44 Female: 22 Declined: 4 Transgender: 2
Veteran's Status: Veterans: 6 Declined: 1	**Primary Language:** English: 65 Spanish: 1 Both English and Spanish: 6
Sexual Orientation: Heterosexual/Straight: 64 Gay/Lesbian: 3 Bisexual: 2 Other: 2 Decline: 1	**Race:** Latino/Hispanic: 22 Black/African American: 14 White/Caucasian: 21 Multiple: 12 Decline: 3
Ethnicity: Mexican/Mexican American: 15 Central American: 5 South American: 1 African: 9 European: 1 Two or More: 11 Decline: 27 Other: 3	

The following pre-post scores were taken at the start and completion of each four-week cohort and averaged in each question of the five-question test. Questions were answered using a 1 – 5 scale, with 5 being the most confident in each question. Results were as follows:



Q1 – I am able to express my emotions
Q2 – I am able to use positive relations skills
Q3 – I am able to compliment myself
Q4 – I am able to use healthy coping skills
Q5 – I have supportive relationships

Evaluation:

- Students will be provided a pre/post test at the beginning and end of each cohort. Effectiveness of the program will be measured and reported by site.

Anticipated Challenges

- Due to the nature of the in-custody sites, there may be a number of students who are not able to complete the program; which may negatively affect post-test data.

Court Appointed Special Advocates (CASA) - Essential History

Location:
1717 Columbus Street
Bakersfield, CA 93305

Program Commenced - Oct 2018
Goal Number Of Clients Served FY 2018/19: 50
Children (0-15) **40**
TAY (16-25) **10**
Adult (26-59) **0**
Older Adult (60+) **0**
Cost Per Client FY 2018/19: $400

Program Description
Due to the nature of the unstable caregiving that a child has received, they enter the foster system underserved and living with a wide array of physical and mental health issues. Many of the underlying conditions become "buried" in paperwork as the child ages in foster care. The CASA Mental Health Advocacy Program utilizes specially trained CASAs to thoroughly research each child's trauma and developmental history then insure that the information reaches the proper clinicians. The data gathered by these exhaustive file searches is consistent with the eight domains that psychiatrists consider vital for accurate evaluation and assessment. The eight domains we monitor include:

- Chronic Domestic Violence.
- In-utero Drug Exposure/Birth History.
- Structural Cardiac Abnormalities.
- Multiple Placement Changes.
- Post-Traumatic Stress/Trauma.
- Periods of Unconsciousness or Brain Injury.
- Psychiatric/Medical History and Medication History.

These eight domains are critical for the accurate assessment and treatment of our CASA children. We have noted that often the main historian when a dependent child's JV220 is submitted remains the foster parent (who does not have access to the court files). The child files are filled with all they have experienced, yet as the years pass, the trauma and child development histories are lost in the reams and reams of paper that comprise a child's court record. When comprehensive information is not provided, the overall direction of treatment might not address underlying and historical issues. We can all agree that knowing the trauma and development issues for the child allows for more accuracy in the assessment and treatment of our children.

Once an Essential History CASA (EH CASA) gets assigned to the child, a copy of the entire court file is prepared by court staff to send to the CASA offices. The EH CASA reads the entire file, taking notes related to child and family issues, and traumas sustained. Upon mining and analyzing the files the information is then compiled in the CASA Essential Histories Form (sample attached).
Three things happen once the Advocate completes the CASA Essential Histories (EH) form:

- It is submitted to the Juvenile Court Judges and enters the official court record.
- It is sent to attorneys of the case, both Social Workers and the Public Health Nurse for foster care.

- The CASA Essential History becomes a permanent electronic attachment to the Health and Education Passport in the CWS/CMS system for that child.

Service Goals FY 2018/19

- Complete case review and complete Essential History.
- Increase cross system coordination.
- Decrease Trauma to foster youth through ensuring essential histories, that will aid in decision making, are known to treatment providers.

Foster Care Engagement – Outreach for Recognition of the Early Signs of Mental Illness

Location:
Kern Behavioral Health and Recovery Services
Children's System of Care
3300 Truxtun Avenue
Bakersfield, CA 93301

Outreach Number served in FY 2017/18: 335
Outreach Goal Number of Clients Served in FY 2018/19: 400
Prevention Number served in FY 2017/18: 276
Prevention Goal Number of Clients Served in FY 18/19: 325

Children (0-15)	**290**
TAY (16-25)	**35**
Adult (26-59)	**0**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $2,524.81

Program Description
The KernBHRS Foster Care team began providing Prevention and Early Intervention services in FY 2017/18. The premise of these services is to actively engage youth active in the Foster Care system who have not been engaged in mental health services.

Many Foster Care Youth have a history with the public system; yet, are often underserved and/or undiagnosed. Providing needed care to this underserved population could decrease the number of placement changes, allowing for maintained secure, safe homes for youth. Other potential positive outcomes include; decreasing school failure, self-harming behaviors, suicidal tendencies and strengthening collaborative outreach between agencies.

In FY 2018/19, the Foster Care Engagement program provided outreach and education regarding signs and symptoms of mental illness and how to refer potential at-risk youth to one hundred Social Workers within the Kern County Department of Human Services (DHS) and Foster Family Agencies. Staff from KernBHRS are stationed three days each week at a DHS site, where they are tasked with providing consultation on potential new clients and reviewing referrals for care. In addition, continued efforts to reach out to this vulnerable population have expanded by the creation of a new designated email address and a hotline number, as well as, flyers, and periodic emails to Social Workers.

Prevention Activities

- Provide psychoeducation to the Department of Human Services (DHS) social workers, Foster Family Agencies and Foster Parents on the impact of trauma on foster youth and stigma reduction. This would be done through regular and quarterly staff meetings with DHS teams, meetings with Foster Family Agencies and ongoing collaboration with foster parents.
- Assist DHS social workers in further evaluating foster youth who are not currently opened to services and exhibit potential mental health care needs.
- Increase timely access to mental health care by increasing coordination between DHS

Social Workers, Behavioral Health Providers and Foster Parents.

- Assist to bridge DHS social workers with mental health staff.

Program Data FY 2017/18

One hundred Social Workers for the Kern County Department of Human Services (DHS) were provided information on signs and symptoms of potential mental illness and how to refer potential new clients to the Foster Care PEI program. Additionally, staff were assigned to be on location in DHS order to answer behavioral health related questions and obtain referrals for care. On-site staff work with DHS Social Workers, providing information on access and linkage to care and troubleshooting questions regarding identifying at-risk youth. Fifty-four assessments were completed for youth referred to the Foster Care Engagement program in FY 2017/18.

Foster Care Engagement – Early Intervention

Location:
Kern Behavioral Health and Recovery Services
Children's System of Care
3300 Truxtun Avenue
Bakersfield, CA 93301

Outreach Number served in FY 2017/18: 335
Outreach Goal Number of Clients Served in FY 2018/19: 400
Early Intervention Number served in FY 2017/18: 276
Early Intervention Goal Number of Clients Served in FY 2018/19: 325

Children (0-15)	**290**
TAY (16-25)	**35**
Adult (26-59)	**0**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $2,524.81

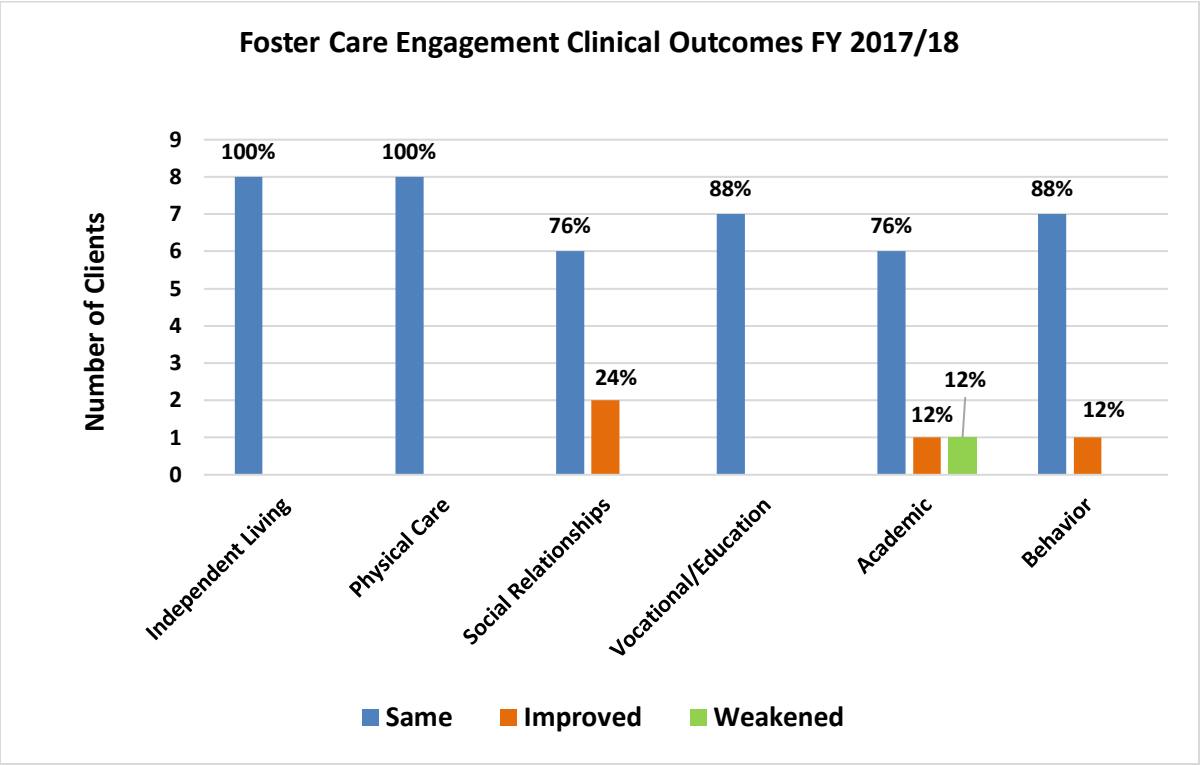
Program Description
Foster youth are among the recognized underserved and unserved populations. Many youths that have been placed in foster care have experienced trauma and have been left unserved and undiagnosed. As part of the Foster Care Engagement Prevention and Early Intervention program, social workers are provided psychoeducation on the importance of engaging foster youth for potential undiagnosed mental health care (prevention). Those youth recognized as requiring potential mental health care will be provided assessment, and if needed, treatment services (early intervention). Assessment will continue annually for referred youth. Providing mental health assessments annually will assist KernBHRS staff in helping youth in need have better access to treatment.

For mild-to-moderate care needs, early intervention services are provided up to 18 months and this includes annual administration of Ages and Stages Questionnaires: Social-Emotional (ASQ:SE) to identify developmental delays and/or behavioral concerns of foster youth up to 66 months.

Service Goals FY 2018/19:

- Actively engage and provide care for foster youth with mild-to-moderate behavioral health care needs.
- Provide annual assessment to identify and provide access for youth in need of services.

Program Data FY 2017/18
Clinical outcomes based on five or more services: All youth stayed the same in Independent Living, Physical Care and Vocational/Education indicators.



Of the 8 clients discharged from Foster Care Engagement, 2 report improvement in social relationships, 1 in academics and 1 in behavior.

Homeless Outreach Program – Prevention and Early Intervention

Location:
Flood Bakersfield Ministries, Inc.
610 24th Street
Bakersfield, CA 93301

Mental Health Systems, Inc.
5121 Stockdale Highway, Suite 200
Bakersfield, CA 93309

Clients Served in FY 2017/18: 0. **Program will start 4th Quarter 2018/19.**
Goal number of clients served in FY 2018/19: 300
Cost per Client FY 2018/19: $4,600.00

Program Description
The Homeless Outreach Program is a Prevention and Early Intervention Program that is designed to serve homeless individuals with behavioral health needs. The program provides a wide range of services and supports to help these individuals achieve and maintain long term stability and permanent housing. The program includes two primary components: homeless street outreach and housing wraparound services.

Homeless street outreach involves engagement to identify and connect individuals with mental health or co-occurring mental health and substance use disorders to appropriate treatment services as well as other social supports and housing. This program includes a dedicated toll-free Homeless Outreach Hotline 24/7 phone number for referrals from community members and partners, and outreach to key community agencies and sites to engage with homeless and at-risk individuals, including hospitals, law enforcement, homeless shelters, behavioral health and medical clinics, in-custody settings, psychiatric crisis centers, and others.

Street outreach staff also provide case management services tailored to the needs of the individual and may include:

- Repeat contacts to achieve engagement using evidence-based techniques.
- Screening using the VI-SPDAT.
- Linkage to Behavioral Health and/or Medical services; referrals to Housing Wraparound Case Management for individuals whose complex comorbid and/or co-occurring needs interfere with their ability to accept or sustain housing.
- Transportation services.
- De-escalation and diversion of homeless individuals with big feelings, away from incarceration and/or hospitalization as appropriate.
- Local permanent or transitional housing and shelter placement assistance.
- Benefits acquisition services (CA ID, GA, SSI, SSDI, etc.).
- Food and clothing assistance.
- Linkage to AA/NA services, employment assistance, faith-based services, and other social supports.
- Family involvement as appropriate.
- Multi-agency involvement as appropriate.

Housing wraparound services will be provided to those homeless individuals needing access to intensified services in areas that impede the individual's ability to access or maintain housing. Such intensified services may include but are not limited to behavioral health services; medical health services; and/or whole person care services for complex comorbid conditions that are interconnected. Housing Wraparound Case Management Services are tailored to the needs of the individual and may include:

- Behavioral health interventions.
- Screening to determine appropriate levels of care for individuals with complex comorbid and/or co-occurring needs.
- Transportation services and accompaniment of these individuals to a wide range of access points. for services identified on the plan of care.
- Multidisciplinary care coordination.
- Additional services as outlined in outreach case management services above.

Service Goals FY 2018/19

- Increase the number of homeless individuals referred into behavioral health treatment.
- Decrease the number of days of homelessness for individuals with behavioral health conditions.
- Improve the overall quality of life as self-reported by individuals served.

Risk Reduction Education & Engagement Accelerated Alternative Community Behavioral Health (REACH) –Access and Linkage to Care

Locations:
Kern Behavioral Health and Recovery Services
5121 Stockdale Highway, Ste. 275
Bakersfield, CA 93309

Clinica Sierra Vista
8787 Hall Road
Lamont, CA 93241

Clients Served in FY 2017/18: 47
Goal Number of Clients Served in FY 2018/19: 100

Children (0-15)	**0**
TAY (16-25)	**22**
Adult (26-59)	**64**
Older Adult (60+)	**14**

Cost per Client for FY 2018/19: $2,440.94

Program Description
The Risk Reduction Education & Engagement Accelerated Alternative Community Behavioral Health (REACH) Program will provide community outreach, education and engagement services. Outreach and Education services will be provided to community members and partner agencies, with the focus of identifying and engaging at risk adults who are experiencing challenges in accessing and/or remaining engaged in traditional mental health and substance use disorder services. Once identified and referred, the REACH Program will deliver temporary case management services, with a primary focus of engagement, to assist individuals in getting successfully linked with ongoing outpatient treatment.

Staff work in teams of two and will embrace a "whatever it takes" model of service delivery. Typical services during the engagement phase include: psycho-education, engagement, skill acquisition/building, crisis intervention/response, accelerated access and linkage to mental health and substance use disorder services, and post-linkage follow-up. These services will be provided in an attempt to reduce negative outcomes that often result from ongoing, untreated mental health and substance use disorders, including incarceration, involuntary psychiatric hospitalization, and homelessness.

Referrals to the REACH Program are typically received from (but not limited to) the following: Family Members/Persons of Support, Contract Providers, Law Enforcement, KernBHRS programs and other community supports. A referral line is available 24-hours, with staffing 8 a.m. – 5 p.m. on weekdays. Follow-ups from off-hours referrals are provided within 72 hours. Responses to messages left over the weekend are completed the following workday.

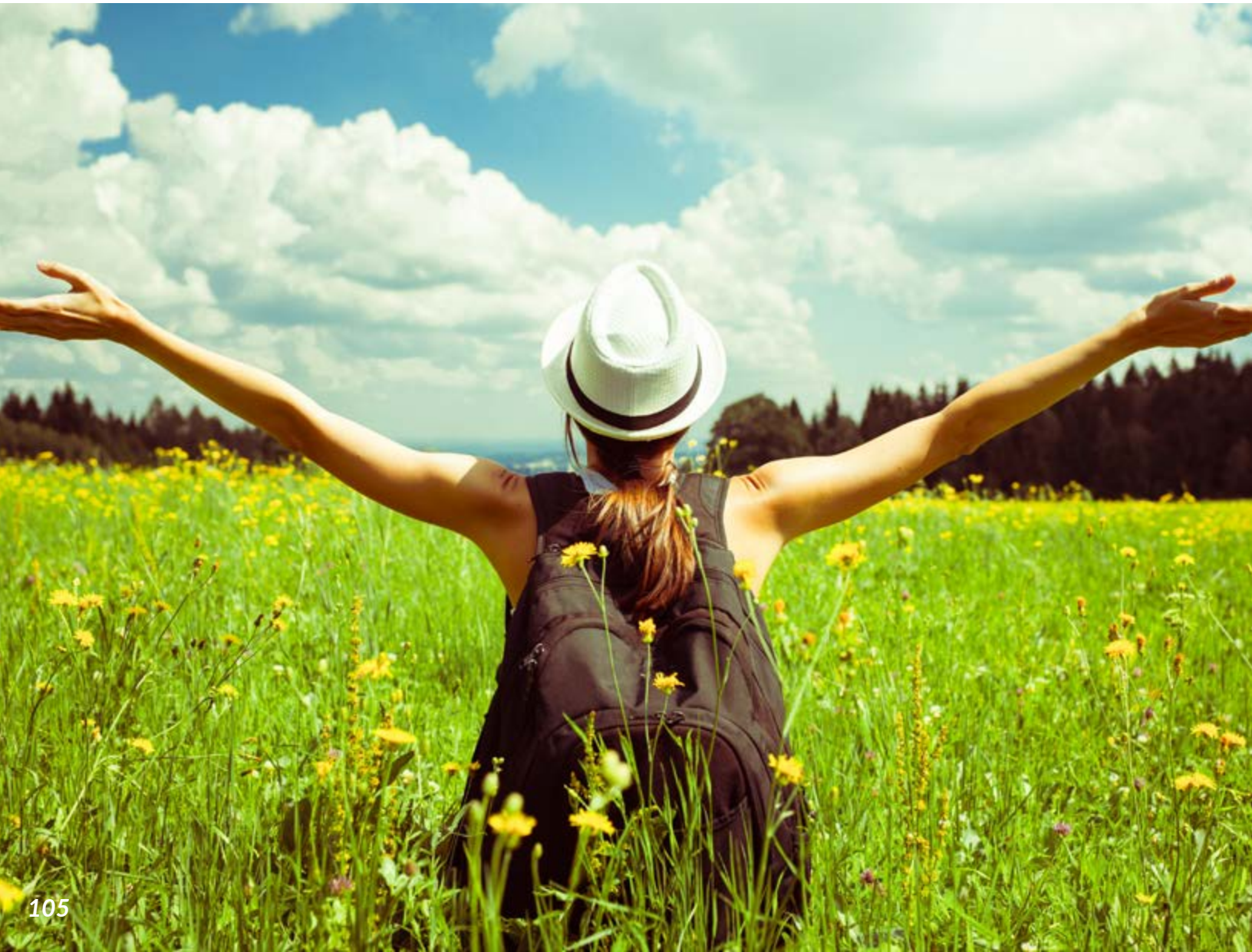
REACH alleviates a significant need for behavioral health outreach to difficult-to-engage and treatment resistant populations in the Greater Bakersfield and outlying areas of Kern County. The REACH Program provides an alternative, non-traditional type of behavioral health services, with an emphasis on engaging individuals in a patient manner and providing accelerated access to ongoing

treatment. REACH Program staff follow-up with individuals and the outpatient treatment team for at least 1 year to evaluate the flow and disposition of the individuals' services. Ongoing program evaluation, data collection and data analysis will assist in the further development of the REACH Program.

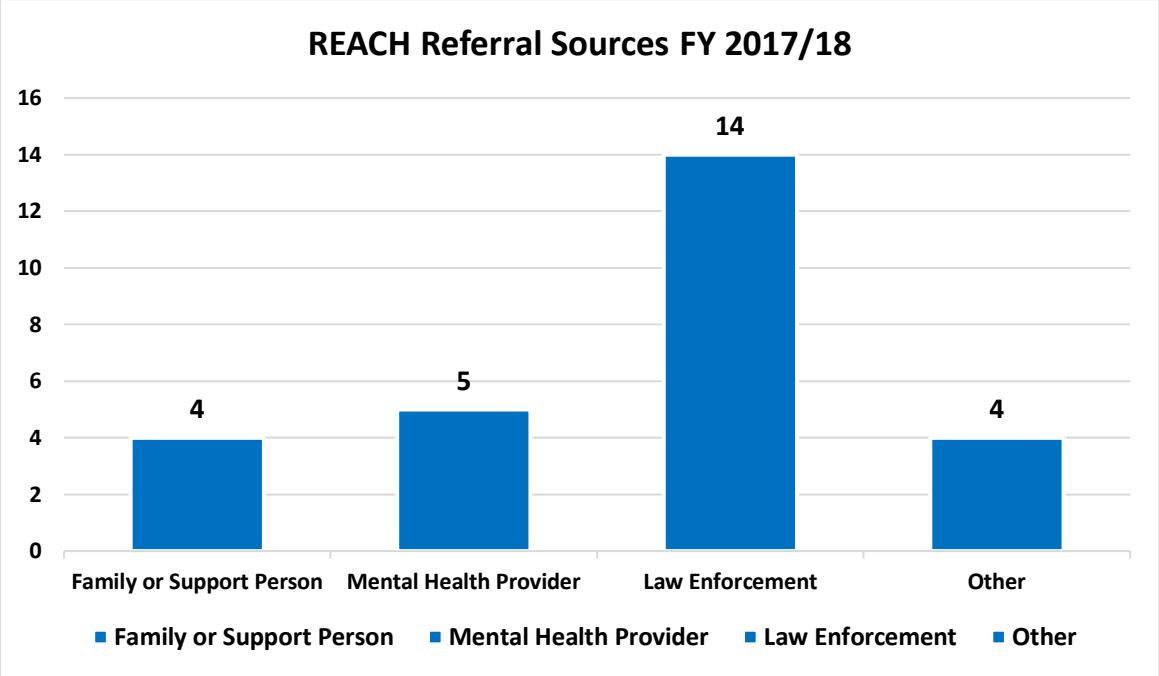
REACH program services were expanded in 2017, as services began for the Arvin/Lamont southeast Kern area. The area population for Arvin/Lamont is densely populated by Hispanic/Latino providing service to a recognized unserved/underserved population within Kern County.

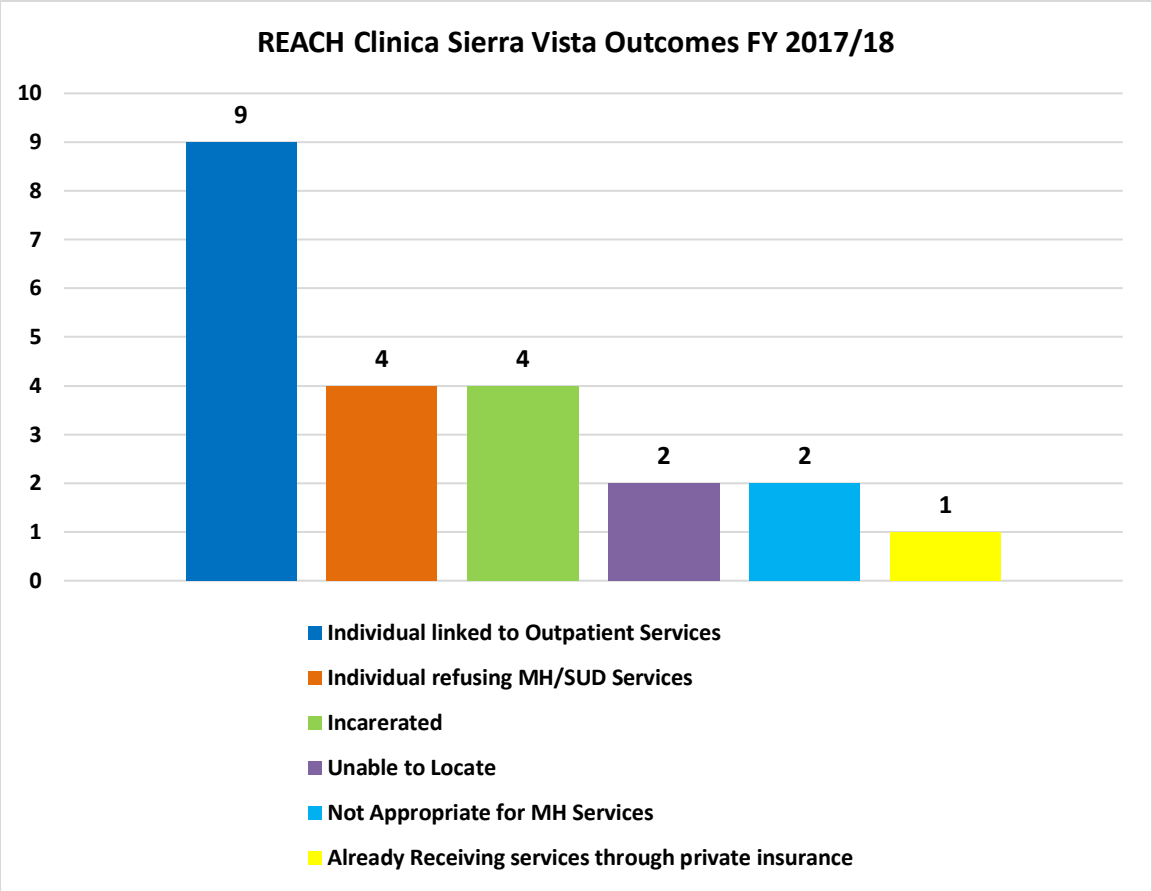
Service Goals FY 2018/19

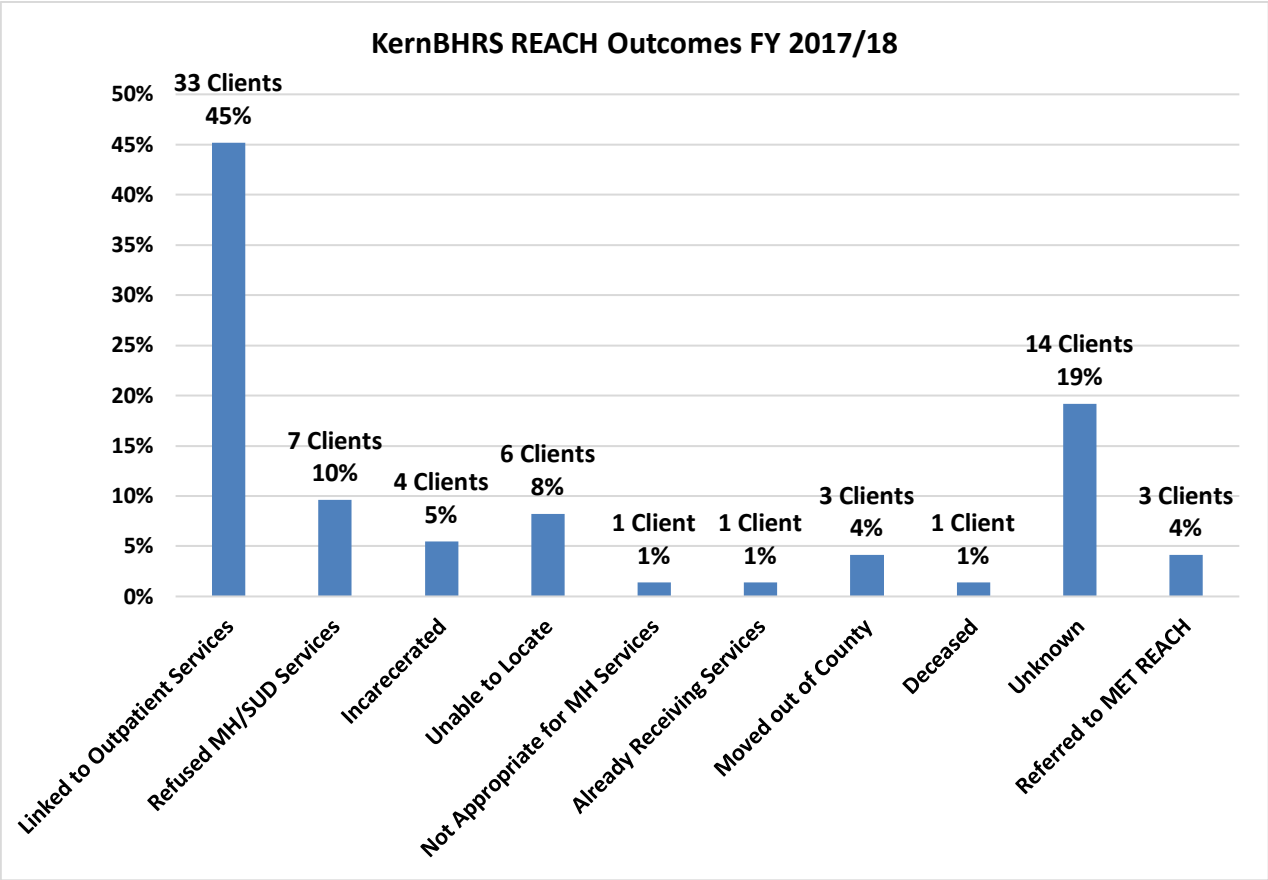
- Improve connection of care as evidenced by the number of unduplicated individuals linked with ongoing outpatient services.
- Increase in the number of unduplicated individuals remaining engaged in services as evidenced by time increment reports.
- Decreased number of monthly law enforcement contacts as evidenced by data collected by the law enforcement communications centers.
- Decreased number of monthly crisis/emergency behavioral health services as evidenced by recidivism reports and data tracking by the mobile evaluation team and psychiatric evaluation center.



Program Data FY 2017/18:







Challenges

- Successfully engaging service resistant individuals.
- Accurately reflecting services delivered in documentation between referral tracking and electronic health record.
- Referring community members/partner agencies wanting information regarding the individuals they refer.

Solutions in Progress

- Working with the Anasazi/Quality Improvement work group regarding documentation. Will request specific documentation training for REACH Program staff.
- Informational marketing materials which assist in explaining the program's vision, goals, objectives, and the confidentiality of the individuals who are referred to the program.

Program and Evidence-Based Practice Skills Monitoring

- Weekly team meetings.
- Bi-weekly supervision.
- Supervisor shadowing staff at least once per quarter.
- Ongoing evaluation of data patterns.
- Peer feedback surveys.

Transitional Age Youth Career Development – Prevention

Location:
America's Job Center of California
1600 E. Belle Terrace Avenue
Bakersfield, CA 93307

Prevention clients served in FY 2017/18: 30
Prevention goal number of clients served in FY 2018/19: 35
Early Intervention clients served in FY 2017/18: 167
Early Intervention goal number of clients served in FY 2018/19: 170
Children (0-15) **0**
TAY (16-25) **170**
Adult (26-59) **0**
Older Adult (60+) **0**
Cost per client FY 2018/19: $2,482.95

Program Description
The Transitional Age Youth (TAY) Career Development Program provides TAY youth (aged 16-25) a unique opportunity to address personal barriers, including stressors, while developing the skills necessary to successfully engage in gainful employment. The program was developed for transitional aged youth who are either new to the TAY mental health services program or who have transitioned from mental health care.

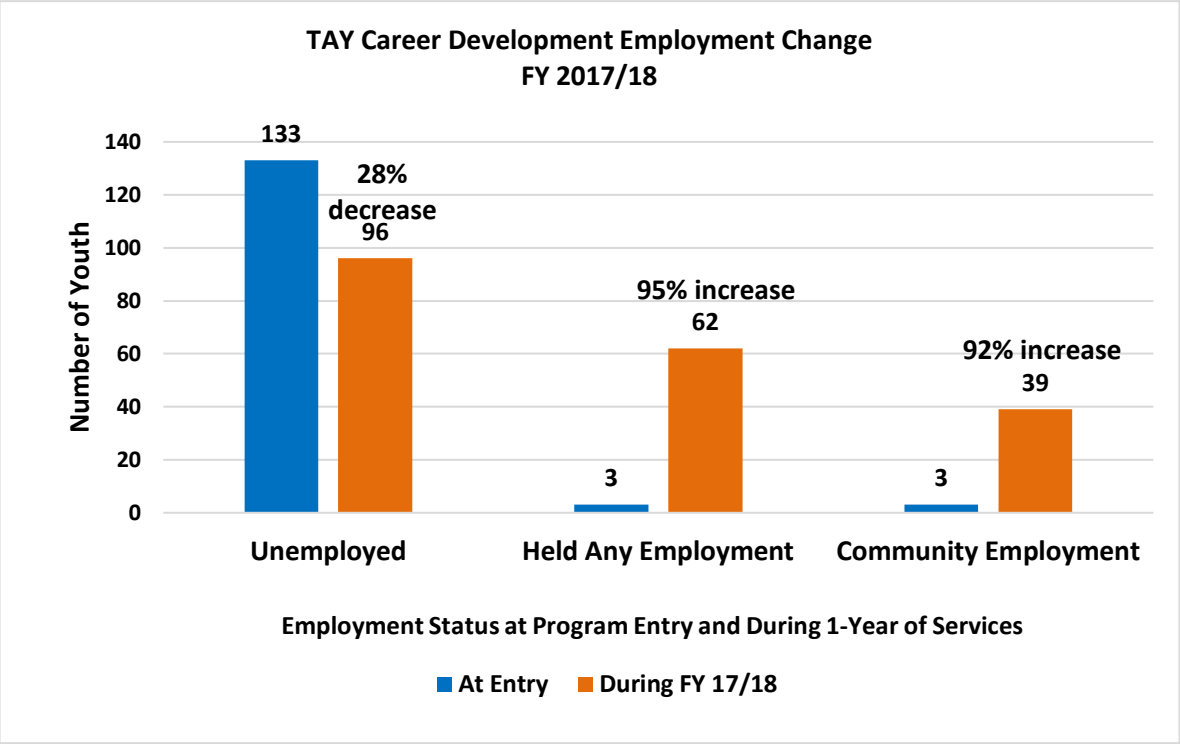
TAY team members work with youth to promote social skills, self-empowerment, and to reduce any psychosocial, adjustment, or situational stressors through use of coping skills. This is designed to reduce risk factors which could further inhibit their ability to successfully perform in the workforce. The program primarily serves youth who have a history with foster care or probation. Successful participation and completion of the program provides this population the ability to further attain independence financially, eliminating the need for public assistance.

As a collaborative effort, TAY works with the Kern High School District, America's Job Center, and the Employment Development Department on the 12-week program. Broken down into four phases, the Career Development program includes a job training portion (four weeks), volunteer period (two weeks), paid externship (six weeks), and finally job search and placement. Participants are provided an opportunity to benefit from experience of peers who have completed the program during Fun Fridays. Peers speak on their experience and offer mentoring for youth active in the program. The Kern High School District provides an allowance for a professional outfit, and the Employer's Training Resource also provides a closet of gently used clothing for youth beginning their job search and placement process.

Service Goals FY 2018/19

- Build self-work, confidence, and continued wellness.
- Prevent unemployment among transitional age youth.
- Prevent psychosocial, situational, and adjustment stressors that impair transition age youth from finding and maintaining employment.
- Promote effective communication both socially and professionally.
- Complete job readiness, utilizing a pre/ posttest to measure confidence in the program.

Program Data FY 2017/18



Demographics FY 2017/18
Male: 64 Female: 36 Transgender: 1 **Declined: 2**
Race: White/Caucasian: 34 Black/African American: 15 Latino: 29 Other: 3 Multiple: 18 **Declined: 4**
Ethnicity: African: 8 Central American: 4 Mexican American/Chicano: 22 Other: 8 Two or More: 17 Declined: 42

Challenges

- Some youth do not complete the job training portion or upon completion do not complete their paid externship due to increased mental health symptoms or substance use.
- Youth lose motivation when it comes time to begin job searching.
- Homelessness or lack of stable housing can create reduced attendance or failed completion of the job training cohort.
- Some youth may experience mental health symptoms which inhibit their ability to complete the program; these symptoms are addressed in treatment prior to re-engaging them in Career Development.

Solutions in Progress

- Interim services provided to those not requiring the full cohort; this will expedite the job searching process and allow youth to secure employment and other resources more efficiently.
- For youth who are at risk of discontinuing the program, TAY team members work with the youth and Employers Training Resource staff to help in securing employment.
- Re-evaluate the job search and placement portion of the program to better engage youth in using resources available to seek and attain employment.

Transitional Age Youth Career Development – Early Intervention

Location:
Kern Behavioral Health and Recovery Services
3300 Truxtun Avenue
Bakersfield, CA 93301

America's Job Center
1600 E. Belle Terrace
Bakersfield, CA 93307

Prevention clients served in FY 2017/18: 30
Prevention goal number of clients served in FY 2018/19: 35
Early Intervention clients served in FY 2017/18: 167
Early Intervention goal number of clients served in FY 2018/19: 170
Children (0-15) **0**
TAY (16-25) **170**
Adult (26-59) **0**
Older Adult (60+) **0**
Cost per client FY 2018/19: $2,482.95

Program Description
Youth participating in the TAY Career Development Program experiencing increased mental health symptoms may be provided treatment and support throughout the process. This includes youth with increased anxiety which may prevent them from seeking employment or successfully completing the program.

For these youth, therapists provide individual therapy interventions and group rehabilitation using the Transition to Independence Process (TIP) model. Case managers work with issues that

arise, including barriers to resources. Substance Abuse Specialists work on relapse prevention and provide youth an opportunity to re-submit their drug screen if willing and necessary, to continue in the program. Clinical staff at the Dream Center and Employers Training Resource address the needs of these youth in non-clinical settings.

Using TIP, TAY staff focus the treatment aspect and goals to the work force setting. By this, treatment will focus on strength discovery, coping skills and In Vivo. In Vivo role playing which promotes clients to practice interviewing scenarios. To better prepare them for an externship, clients receiving early intervention services will shadow Employer's Training Resource staff at America's Job Center, where they are prompted and reminded of appropriate behavior in the workplace.

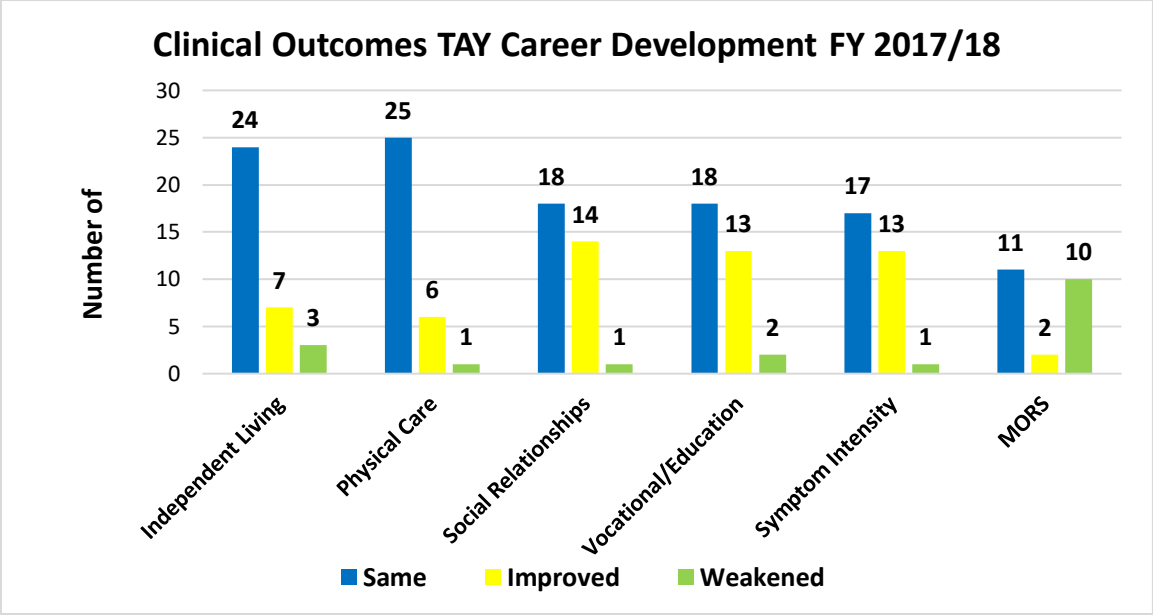
Continuing the hands-on approach, after job shadowing, clients practice submitting resumes and requesting applications from retail and food service establishments and practice properly inquiring about job openings. The activity assists youth in managing anxiety, while the treatment team provides feedback and support throughout the activity. Once confidence in treatment and a reduction of symptomology is attained clients rejoin the cohort to continue the program externship and internship.

Service Goals FY 2018/19

- Decreased anxiety and depression by providing youth In Vivo role-play training to assist in finding and maintaining employment.
- Assist transition age youth in learning to self-manage their mental health symptoms while simultaneously developing the necessary skills to enter the workforce.
- Reduced homelessness by promoting independence.

Program Data FY 2017/18

Demographics FY 2017/18
Female: 57% Male: 43%
Ethnicity: Amerasian: 0.6% Black/African American: 19% Non-White Other: 44% Native American: 0.6% Pacific Islander: 0.6% Multiple: 3% Samoan: 0.06% Unknown: 1% White: 30%
Race: Not Hispanic: 54% Mexican American/Chicano: 33% Other Hispanic/Latino: 13%



When discharged TAY Career Development, 7 clients reported improvement in independent living, 6 reported improvement in physical care, 14 in social relationships, 13 improved in vocational/ educational and 13 of clients reported an overall improvement in symptom intensity. There was a total of 34 clients discharged.

Challenges

- Many youth are transitioning from foster care to independent living. If not prepared, this can lead to homelessness and increased risk for drug use, lack of support and unemployment.
- Many TAY youth struggles with depression, low motivation, distrust, anxiety, and impulsivity; they are not structured to a traditional work week, which can cause premature exit from the program.
- Co-occurring substance use disorders can prevent youth from participating in paid externships and ultimately increase likelihood of homelessness.

Solutions in Progress

- Providing skills necessary to develop independence.
- Supporting youth with transportation during externship.
- Providing pre-placement job practice and coaching to ensure readiness prior to entering a paid position.
- Implementation of a prevention planning, goal-oriented substance use disorder group to foster an increase in self-efficacy.
- Maintaining connection to potential employment opportunities.

Volunteer Senior Outreach Program – Prevention

Locations:
Kern Behavioral Health and Recovery Services
5121 Stockdale Highway, Ste. 275
Bakersfield, CA 93309

930 F Street (Beginning January 2019, services are now under College Community Services)
Wasco, CA 93280

College Community Services
113 F Street
Tehachapi, CA 93561

2731 Nugget Avenue
Lake Isabella, CA 93240

Prevention Clients Served in FY 2017/18: 3,573
Prevention Goal # of Clients Served in FY 2018/19: 3,600
Early Intervention Clients Served in FY 2017/18: 45
Early Intervention Goal # of Clients Served in FY 2018/19: 60

Children (0-15)	**0**
TAY (16-25)	**0**
Adult (26-59)	**0**
Older Adult (60+)	**3660**

Cost per Client FY 2018/19: $197.11

Program Description
The Volunteer Senior Outreach Program (VSOP) prevention component utilizes trained volunteers, who work alongside clinicians and case managers to outreach older adults throughout Kern County. The program was designed to educate and engage seniors who are homebound or living independently and at risk of isolation. Referrals for VSOP services may come from KernBHRS teams, including the Access to Care Center, from family members, hospitals, home health care and self-referrals. Older adults who seem at risk for isolation are typically referred for VSOP services to address potential mental health symptoms which can exacerbate as seniors continue to isolate. The VSOP program has been implemented in Bakersfield, Tehachapi, Lake Isabella, Shafter, and Wasco, reaching seniors in both metro and rural areas.

The Prevention component provides public education to seniors through health fairs, senior living facilities, churches, and community collaborative meetings. Program staff provide information on the program as well as signs and symptoms of mental illness. This effort helps to dispel stigma and create access for services for those in need. Seniors engaged during outreach events may be referred for screening, if found to show symptoms. Screening is done using multiple tools, which measure the activities of daily living, anxiety, depression, and mental health status. For those referred by family, friends or other sources to VSOP, staff will make multiple attempts to contact and engage the senior. Staff meet the seniors in their homes, as transportation can often be difficult to obtain. Upon engaging a senior, staff members will provide information and screening, and refer for services as necessary.

Those who show mild symptoms are referred for early intervention treatment services. Should specialty treatment be necessary, a senior may be referred to a higher level of care provided through the Kern Behavioral and Recovery Services WISE program. Screening to measure prescription drug and alcohol use determines if Substance Use Disorder care is needed. Clients will be referred for SUD classes held at the Mary K. Shell Building as needed.

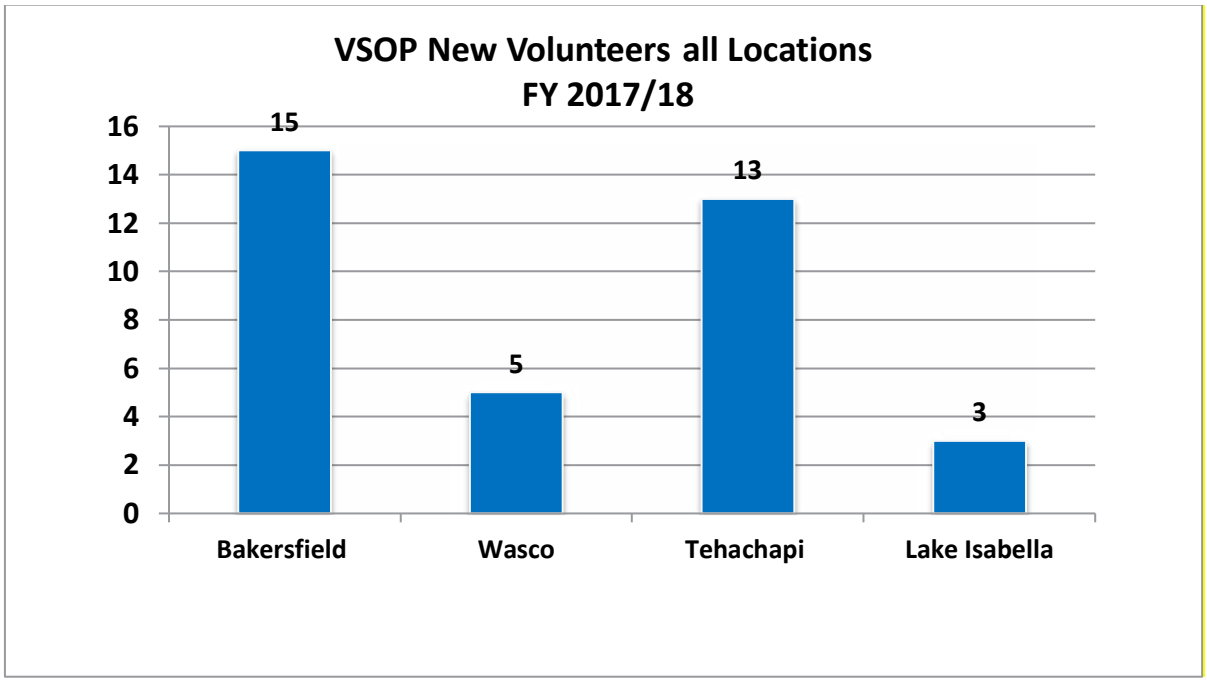
Because VSOP strongly incorporates its volunteers, VSOP works through the outreach process to both recruit and train participants. During the training process, volunteers act as observers and collaborate with the clinical and case management staff to help in reducing isolation of clients while creating new relationships and building interest in activities of daily living. Success in engaging seniors can help prevent hospitalization or institutionalization of seniors and improve overall quality of life.

Service Goals FY 2018/19

- Provide information on mental illness to older adults in the community.
- Increase access and linkage to treatment for older adults, including those in underserved populations.
- Provide support for older adults by increasing social interaction and meaningful activity in their daily lives.
- Identify clients who are in the mild stages of mental illness.

Program Data FY 2017/18

Volunteer Senior Outreach Program (VSOP) provides information on mental health programs and services throughout Kern County. Outreach events remove stigma associated with mental illness and provide an opportunity for those who may be experiencing symptoms to gather information and receive screening services. A total of 171 outreach events were provided through the VSOP program in the communities of Shafter, Wasco, Tehachapi, Lake Isabella and Bakersfield.



VSOP Referral Sources FY 2017/18	
Adult Protective	32
Family/friend	33
Senior Center	3
In-Home Supportive Services	15
Self-Referral	23
Senior Residence Complex	1
Other (Home Health, Hospitals, Volunteers, LEO)	134

Challenges

- Transportation for seniors.
- Food insecurities.
- Lack of socialization, engagement in senior housing, board and care and assisted living facilities.
- Recruiting and maintaining volunteers.
- Seniors residing in unsafe living environments.
- Inappropriately referred clients – many require specialty mental health care, not early intervention services.

Solutions in Progress

- Collaboration with public transportation entities.
- Coordination with Meals on Wheels, grocery delivery, food baskets and resource information about senior center lunch and food stamp programs. Adult and Aging Services also provides coupons for the Farmer's Market.
- Consultation with housing providers to assist with barriers to secure housing.
- Volunteers have been added to the program in rural communities as well as metro Bakersfield from: California State University, Bakersfield, The Center for Education and Community Engagement and former VSOP clients.

Volunteer Senior Outreach Program (VSOP) – Early Intervention

Locations:
Kern Behavioral Health and Recovery Services
5121 Stockdale Highway, Ste. 275
Bakersfield, CA 93309

930 F Street (Beginning January 2019, services are now under College Community Services)
Wasco, CA 93280

College Community Services
113 F Street
Tehachapi, CA 93561

2731 Nugget Avenue
Lake Isabella, CA 93240

Prevention Clients Served in FY 2017/18: 3,573
Prevention Goal # of Clients Served in FY 2018/19: 3,600
Early Intervention Clients Served in FY 2017/18: 70
Early Intervention Goal # of Clients Served in FY 2018/19: 60

Children (0-15)	**0**
TAY (16-25)	**0**
Adult (26-59)	**0**
Older Adult (60+)	**3660**

Cost per Client FY 2018/19: $197.11

Program Description
The Volunteer Senior Outreach Program (VSOP) utilizes mental health staff and volunteers to provide outreach, education, and early intervention as needed to seniors throughout the Kern County community. With teams providing VSOP in Bakersfield, Wasco/Shafter, Tehachapi, and the Kern River Valley, seniors are engaged in both metro and outlying areas of the county.

The Volunteer Senior Outreach Program's Early Intervention component provides treatment for seniors who screen positive for mild mental health symptoms. Treatment is provided using Motivational Interviewing and evidence-based behavioral activation through Healthy IDEAS (Identifying Depression Empowering Activities for Seniors) for treatment of depression. Most typically, seniors are treated for symptoms related to depression, anxiety, grief and trauma. Those experiencing substance or medication misuse are provided information on substance use disorder groups available. The Older Adults screened through this program are also provided a Saint Louis University Mental Status (SLUMS) examination, which determines neurocognitive impairment up to and including Dementia.

The teams consist of mental health clinicians, Recovery Specialists or case managers, and volunteers who assist with client engagement and act as social and peer support. Often times there are challenges in engaging this population to feelings of "not wanting to be a burden on others." This can cause many older adults to minimize feelings of loneliness or cause apprehension to seek treatment services. As the program is voluntary and those referred may be reluctant to begin treatment services, the team will make several attempts to engage and build a rapport with the client as needed.

Referrals for service can come after engagement at outreach events, through personal referrals, or from agencies including Aging and Adult Services. Seniors are recommended for treatment based on a series of screenings to assess depression, anxiety, mental health status, activities of daily life and other indicators. Case management is provided in the senior's home, preventing transportation from being a barrier to treatment. Seniors are further supported by the VSOP community volunteers, who are trained to work with the clinical staff in being a support to seniors both socially and as peers. Through regular contact with the older adult clients, volunteers help to foster autonomy and independence.

Service Goals FY 2018/19

- Linkage to appropriate resources including benefits acquisition and mental health services.
- Provide early intervention activities which improve the mental health status of older adults.
- Improve daily functioning level of older adult clients.
- Management of mild-to-moderate mental health symptoms.

Program Data FY 2017/18

VSOP Early Intervention Demographics FY 2017/18
Race/Ethnicity: Hispanic/Latino: 61 White/Caucasian: 9
Veteran's Status: Veterans: 16
Language Preferred: English: 49 Both English and Spanish: 1 Spanish: 18 Other: 1

Challenges:

- Clients minimizing symptomology can create difficulty in determining whether they require specialty mental health care.
- Requests for increased VSOP services county wide is difficult due to understaffing.
- Reaching goals due to understaffing.

Solutions in Progress

- VSOP is collaborating with additional mental health providers to serve the older adult population.

Youth Brief Treatment – Prevention

Locations:
Kern Behavioral Health and Recovery Services
Children's System of Care
2621 Oswell Street, #119
Bakersfield, CA 93306

Henrietta Weill Memorial Child Guidance Clinic
3628 Stockdale Highway
Bakersfield, CA 93309

1430 6th Avenue
Delano, CA 93215

Clinica Sierra Vista
3105 Wilson Road
Bakersfield CA, 93304

7839 Burgundy Avenue
Lamont, CA 93241

College Community Services
29325 Kimberlina Road
Wasco, CA 93280

Prevention clients served in FY 2017/18: 1,313
Prevention goal number of clients served in FY 2018/19: 1,350
Cost per client FY 2018/19: $162.74

Early Intervention clients served in FY 2017/18: 157
Early Intervention goal number of clients served in FY 2018/19: 2,275
Children (0-15) **3080**
TAY (16-25) **545**
Adult (26-59) **0**
Older Adult (60+) **0**
Cost per client FY 2018/19: $1,327.86

Program Description:
The Youth Brief Treatment Prevention and Early Intervention program works with System of Care and provider-based teams to provide stigma reduction materials and outreach designed to allow for ease of access and linkage to treatment for those with behavioral health care needs. This program is located in 6 different geographic service areas to serve youth throughout Kern County.

KernBHRS East Bakersfield:
During this period East Bakersfield engaged in prevention and outreach in the following ways:

- Provided Youth Brief Treatment services at the Bakersfield Homeless Center. The teams provided education to parents on treatment services available for youth

and a series of outreach in the form of Mental Health First Aid Trainings available to parents and members of the community. Parents were also provided resources and information on access to care, treatment services, and the option for onsite screening/ assessment, and brief intervention for children at the Bakersfield Homeless Center.

- Provided in service outreach and education to school personnel and families in the East Bakersfield area.
- Participation in School Attendance Review Board meetings to engage youth and families potentially requiring care.

Henrietta Weill Memorial Child Guidance Clinic-Delano and West Bakersfield

In both service areas, Delano and West Bakersfield, Child Guidance provided a myriad of outreach strategies to schools and the community that included the following:

- Participated in Back to School on 6 school campuses.
- Trained on Mental Health First Aid and provided 3 trainings.
- Provided trainings on Trauma, Parenting Techniques to Delano Pre-School and training on "biting" for pre-school teachers.
- Formed a relationship with McKinney Vento Families in Transitions to increase services to foster youth.
- Sponsored "candy on the green" for foster youth.
- Engaged in several community activities such as: "Lights on Event," Mental Health Awareness Week at McFarland Middle School, McKinney Vento Annual Harvest Fair and "Truck or Treat Celebration."
- Participated in collaborative Meetings: Student Attendance Review Board, SAT, Stakeholder Meeting, Delano High School Mental Health Provider Meeting, Delano Community Alliance Breakfast and District Wellness and McKinney Vento Families in Transition.
- Webcast on Mental Health.
- Parent meetings at the Schools with specific topics and information on the clinic. At Plantation Elementary and Olliver Middle school staff presented on the topic of the stigma related to Mental Health to increase awareness of mental health and assist families in being more comfortable in accessing services.
- On site assessments at the Greenfield Resource Center.
- The Brief program has been collaborating with Panama District on facilitating groups on campus and working to expand on-site assessments throughout the district.

College Community Wasco Youth Brief Treatment team:

College Community, worked to increase outreach, education and partnership within their service communities by providing the following outreach:

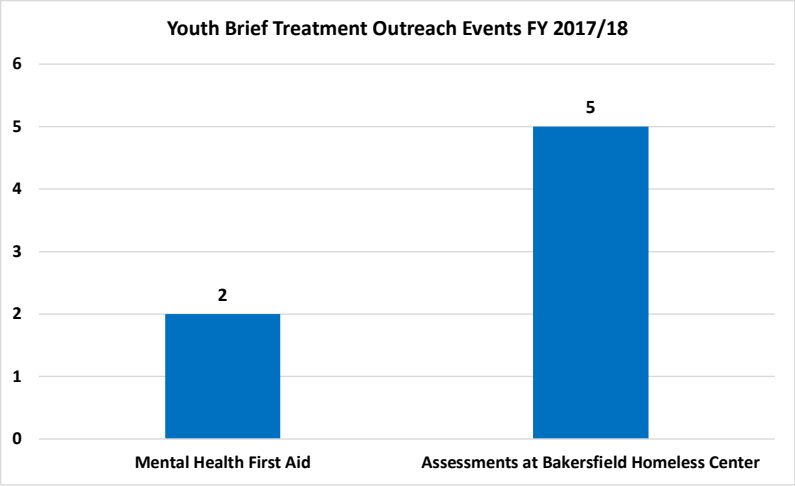
- Continues to attend monthly collaborative meetings and gathers resource information for families and youth.
- Conducts presentations on various mental health topics to all staff and students within the geographic service area schools. The topics include: anxiety, depression, oppositional defiant disorder, managing difficult children and parent education on Children's mental health.
- Participates in May is Mental Health Awareness activities by attending different events, providing information, and promoting mental health services.
- Attends Student Attendance Review Board Meetings to support clients and school officials.

- Participates in local resource fairs where families in the community are informed on how to access services.
- Respond to crises in order to engage clients in treatment and stabilize them as needed.
- Participates in school fair events, such as serving as Red Ribbon judges and consultants at school science fairs at the local schools.

Service Goals FY 2018/19

- Provide information on geographic services available through the Youth Brief Treatment program.
- Increase knowledge and supportive attitudes about mental health care (Stigma Reduction).
- Outreach to traditionally underserved families and youth.
- Conduct public education campaigns to engage stressed youth and their families.
- Provide community support groups/workshops.
- Provide Mental Health First Aid training.

Program Data FY 2017/18



Challenges

- Program goals and benchmarks that are clear and measurable.
- Ongoing training and support.
- Staff requirements for additional training on how to be effective communicators and presenters.
- Turnover of Therapists due to Extra Help (temporary) positions.

Solutions in Progress

- Approved two permanent Mental Health Therapist positions to add to the program.
- Considering ways to adapt the pre/post tests to collect data for parenting programs.
- Create standardized tracking to obtain data collection.
- Continue to provide required training for staff, to improve communication and presentation skills for outreach delivery.
- Continue to engage and support families and youth to further build rapport and engagement in prevention parenting groups provided in the clinic and community settings.
- Create outreach efforts and surveys about prevention services offered for families and participants.

Youth Brief Treatment – Early Intervention

Locations:
Kern Behavioral Health and Recovery Services
Children's System of Care
3300 Truxtun Avenue
Bakersfield, CA 93301

Henrietta Weill Memorial Child Guidance Clinic
3628 Stockdale Highway
Bakersfield, CA 93309

1430 6th Avenue
Delano, CA 93215

Clinica Sierra Vista
3105 Wilson Road
Bakersfield CA, 93304

7839 Burgundy Avenue
Lamont, CA 93241

College Community Services
29325 Kimberlina Road
Wasco, CA 93280

Prevention clients served in FY 2017/18: 1,313
Prevention goal number of clients served in FY 2018/19: 1,350
Cost per client FY 2018/19: $162.74

Early Intervention clients served in FY 2017/18: 157
Early Intervention goal number of clients served in FY 2018/19: 2,275
Children (0-15) **3080**
TAY (16-25) **545**
Adult (26-59) **0**
Older Adult (60+) **0**
Cost per client FY 2018/19: $1,327.86

Program Description:
Youth Brief Treatment Program's Early Intervention services include offering same day walk-in mental health screening, assessment, and brief interventions for those in need. Brief intervention services follow the Solution-Focused Brief Therapy approach. These services are designed to teach youth communication, social and coping skills. Adapting the use of skills learned through early intervention services help prevent mental health symptoms from becoming severe and persistent and improve quality of life.

Youth Brief Treatment Program mental health care is geared toward working with those who have not been active in the mental health system of care, but rather have had recent onset of mental

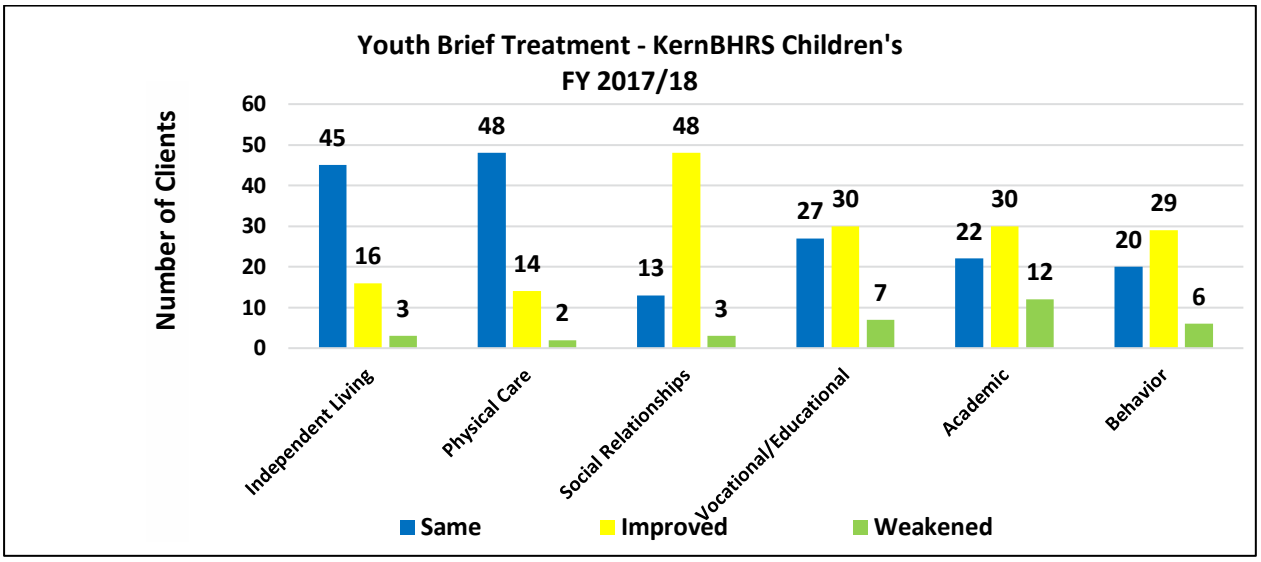
health symptoms. Clinicians and Recovery Specialists work with youth and their parents, foster parents, and school supports as necessary to address symptoms in a timely manner. Treatment typically lasts six-to-twelve months for youth in this program. Should parents also require brief treatment, modalities like Family Therapy may be indicated in the treatment plan. Parenting classes and groups are offered at community sites and within the clinic as well.

Service Goals FY 2018/19

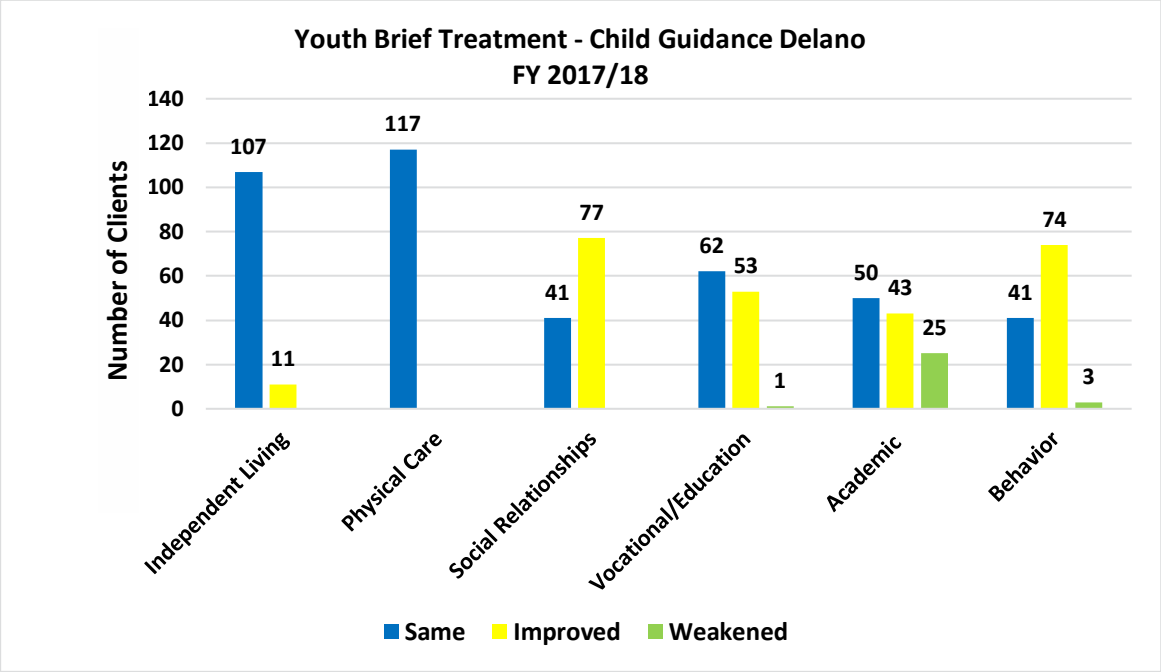
- Offering same day, walk-in, screening and assessment.
- Offering immediate brief care.
- Increasing effective coping and communication skills to improve social relationships and other areas of functioning.
- Preventing prolonged suffering due to mental illness.

Program Data FY 2017/18

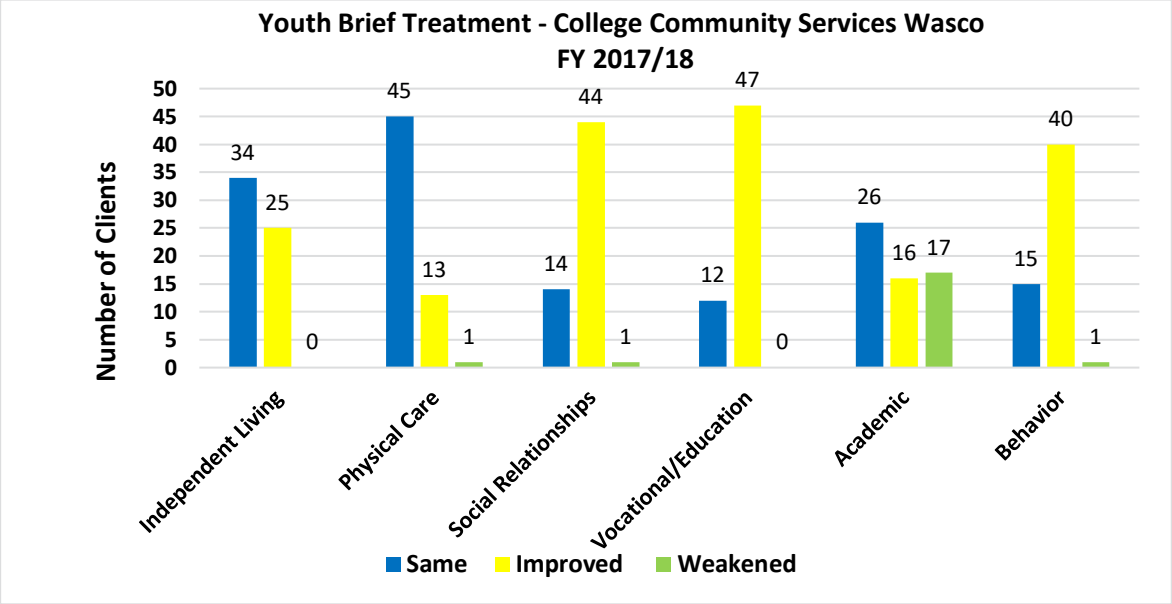
Demographics FY 2017/18
Sex: Female 50% Male 50%
Race: 80% Non-White Other 3% Black/African American 8% Multiple 11% White
Ethnicity: 67% Mexican American/Chicano 4% Two or More 5% Other 6% Central American 19% Declined



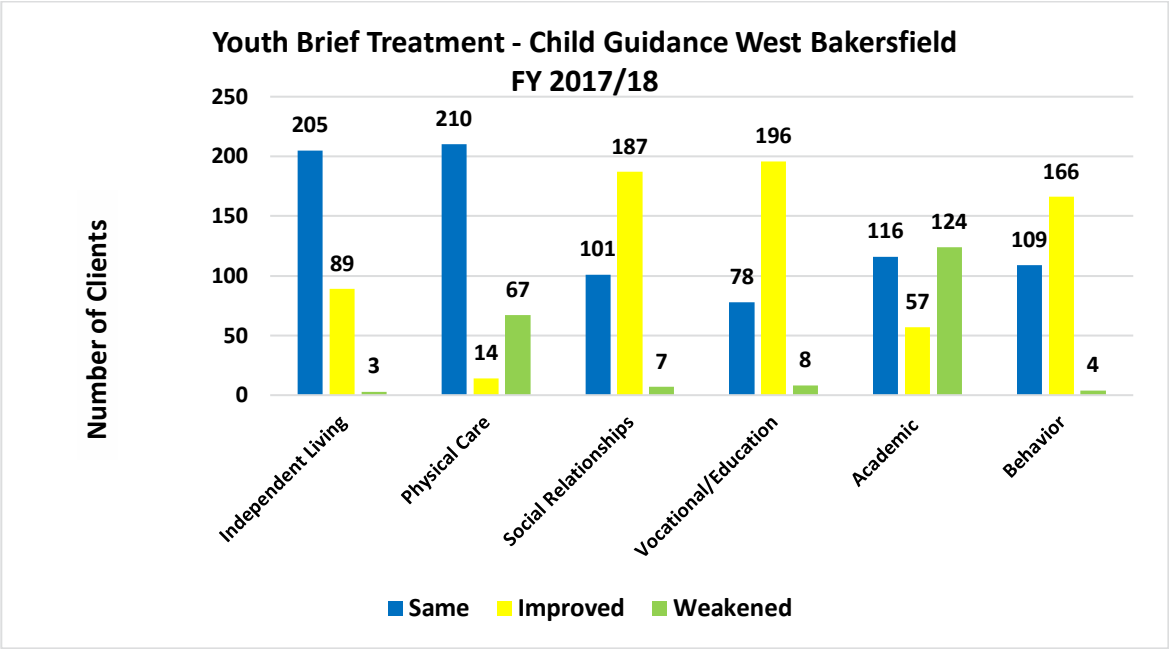
When discharged from YBT Bakersfield, 16 clients reported improvement in independent living, 14 reported improvement in physical care, 48 in social relationships, 30 improved in vocational/educational and 29 improved in behavior and 30 clients reported an improvement in academics. There was a total of 64 clients discharged



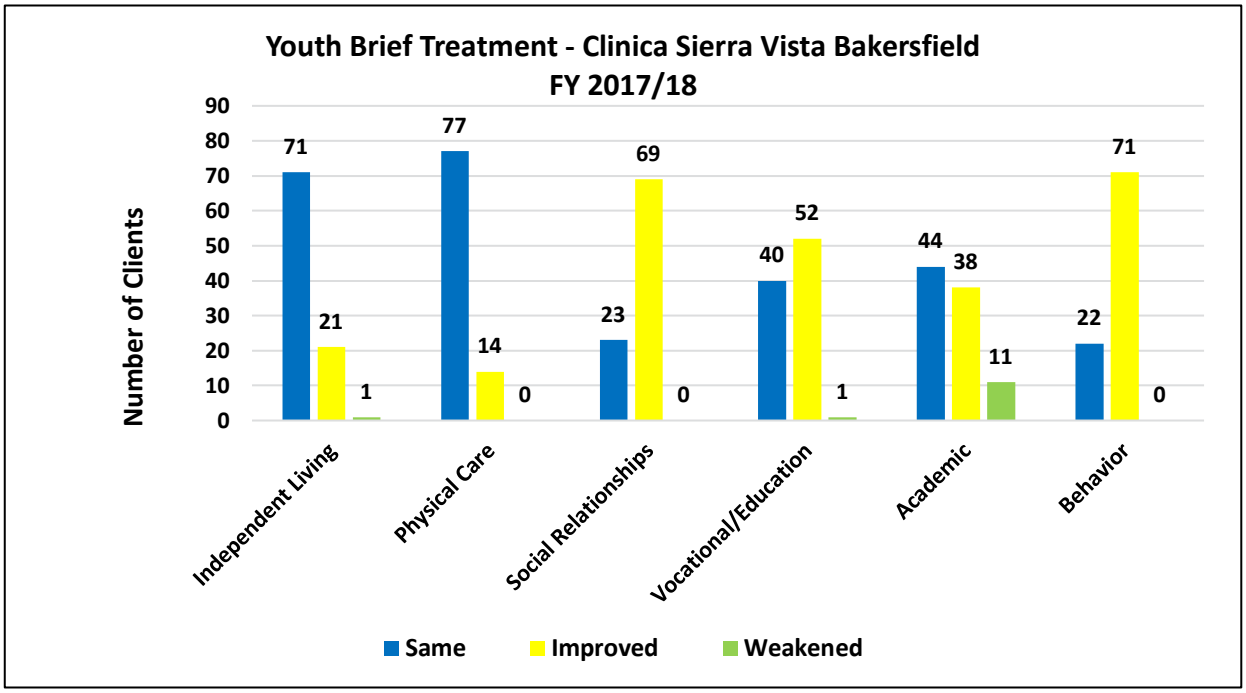
When discharged from YBT CGC Delano, 11 clients reported improvement in independent living, 77 in social relationships, 53 improved in vocational/educational, 74 improved in behavior and 43 clients reported an improvement in academics. There was a total of 118 clients discharged.



When discharged from YBT CCS Wasco, 25 clients reported improvement in independent living, 13 reported improvement in physical care, 44 in social relationships, 47 improved in vocational/educational, 40 improved in behavior and 16 clients reported an improvement in academics. There was a total of 59 clients discharged.



When discharged from YBT CGC W Bakersfield, 89 clients reported improvement in independent living, 14 reported improvement in physical care, 187 in social relationships, 196 improved in vocational/educational, 166 improved in behavior and 57clients reported an improvement in academics. There was a total of 297 clients discharged.



When discharged from YBT CSV Bakersfield, 21 clients reported improvement in independent living, 14 reported improvement in physical care, 69 in social relationships, 52 improved in vocational/educational, 71 improved in behavior and 38 clients reported an improvement in academics. There was a total of 93 clients discharged.

Challenges

- Effectively and efficiently implementing the program with new staff.
- Training new staff on goals, objectives, target populations, and increasing caseloads for the program.
- Training new staff on evidence-based, culturally appropriate services.
- Ongoing training for veteran and new staff to accurately and systematically assess and reflect initial reported symptoms and behaviors for outcome measure data and collection of self-report ratings from youth and their families; collecting self-report data at intake and discharge to measure program effectiveness.

Solutions in Progress

- Meet regularly with staff to track data.
- Develop a "Decision Tree" of specific criteria to qualify for the program versus youth who may require a higher level of mental health care as the Youth Brief Treatment Program is designed those determined to be able to complete a six-to-nine-month treatment plan.
- Develop a survey for participants to provide feedback on potential program improvement.
- Provide clinical skills training for staff to ensure treatment effectiveness.
- Review and monitor outcome data reports quarterly.

Youth Juvenile Justice Engagement – Outreach for Recognizing the Early Signs of Mental Illness

Location:
Kern Behavioral Health and Recovery Services
Children's System of Care
3300 Truxtun Avenue
Bakersfield, CA 93301

Outreach number served in FY 2017/18: 91
Outreach goal number of clients served in FY 2018/19: 120
Early Intervention Number served in FY 2017/18: 33
Early Intervention Goal number of clients served in FY 2018/19: 110
*Due to the nature of this program is was not possible to capture clients served by age group.
Cost per Client FY 2018/19: $715.84

Program Description
The Youth Juvenile Justice Prevention and Outreach Program is designed to engage those youth and families who have been active in the juvenile justice system. Youth exiting juvenile hall are often underserved and undiagnosed. By collaborating efforts with the Kern County Probation Department (KCPD), this team provides consultation regarding engagement of youth who may require mental health care. Further consultation is done with the Juvenile Probation Psychiatric Services (JPPS) team to identify youth in need of assistance with accessing mental health services upon exiting Juvenile Hall.

Service Goals FY 2018/19
- Continued consultation with partnering agencies and mental health care teams to identify and engage youth with potential treatment needs.
- Increase access to mental health care for unserved and underserved youth and families.
- Reduce duration of untreated mental illness for those with serious mental health care needs.
- Provide outreach to increase recognition of early mental illness.

Program Data FY 2017/18
The Youth Juvenile Justice Engagement team provided trainings to staff of Kern County Probation who work with Juvenile Hall. Trainings were given on determining the need for screening and assessment of at risk youth who may need care after exiting juvenile hall. Outreach was also provided in conjunction with the Department of Human Services to provide information on mental health services and supports available for foster care youth and families. Information was provided on KernBHRS prevention and early intervention programs for youth and families in addition to crisis services and psychiatric intervention.

Youth Juvenile Justice Engagement – Early Intervention

Location:
Kern Behavioral Health and Recovery Services
Children's System of Care
3300 Truxtun Avenue
Bakersfield, CA 93301

Outreach number served in FY 2017/18: 91
Outreach goal number of clients served in FY 2018/19: 120
Early Intervention Number served in FY 2017/18: 33
Early Intervention Goal number of clients served in FY 2018/19: 110

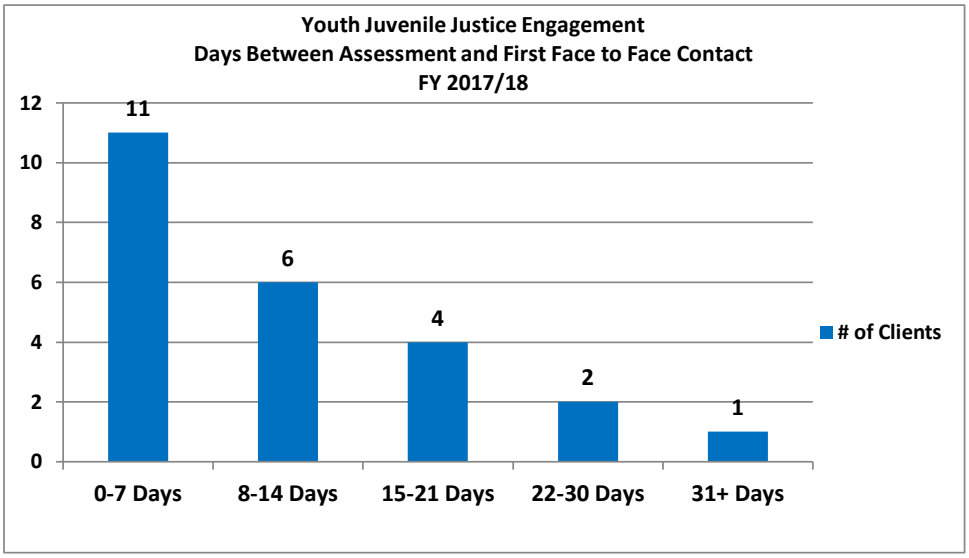
Children (0-15)	**162**
TAY (16-25)	**168**
Adult (26-59)	**0**
Older Adult (60+)	**0**

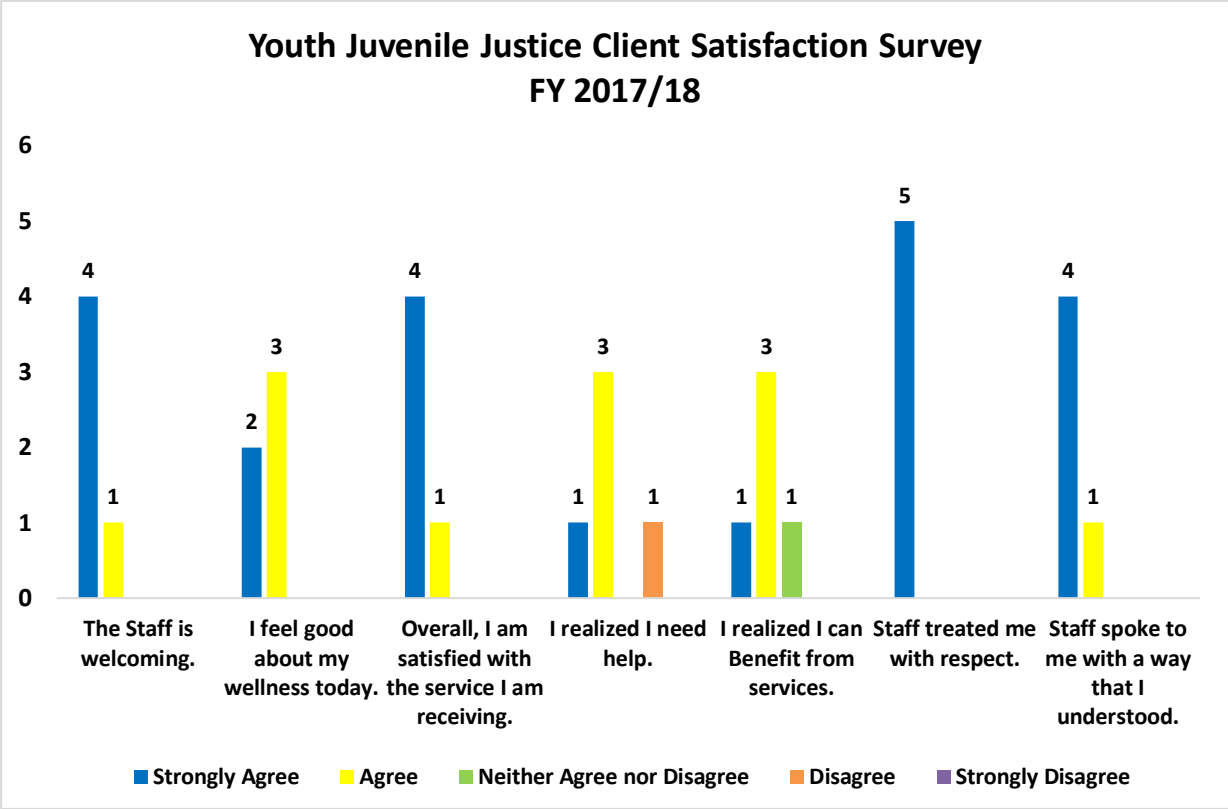
Cost per Client FY 2018/19: $946.93

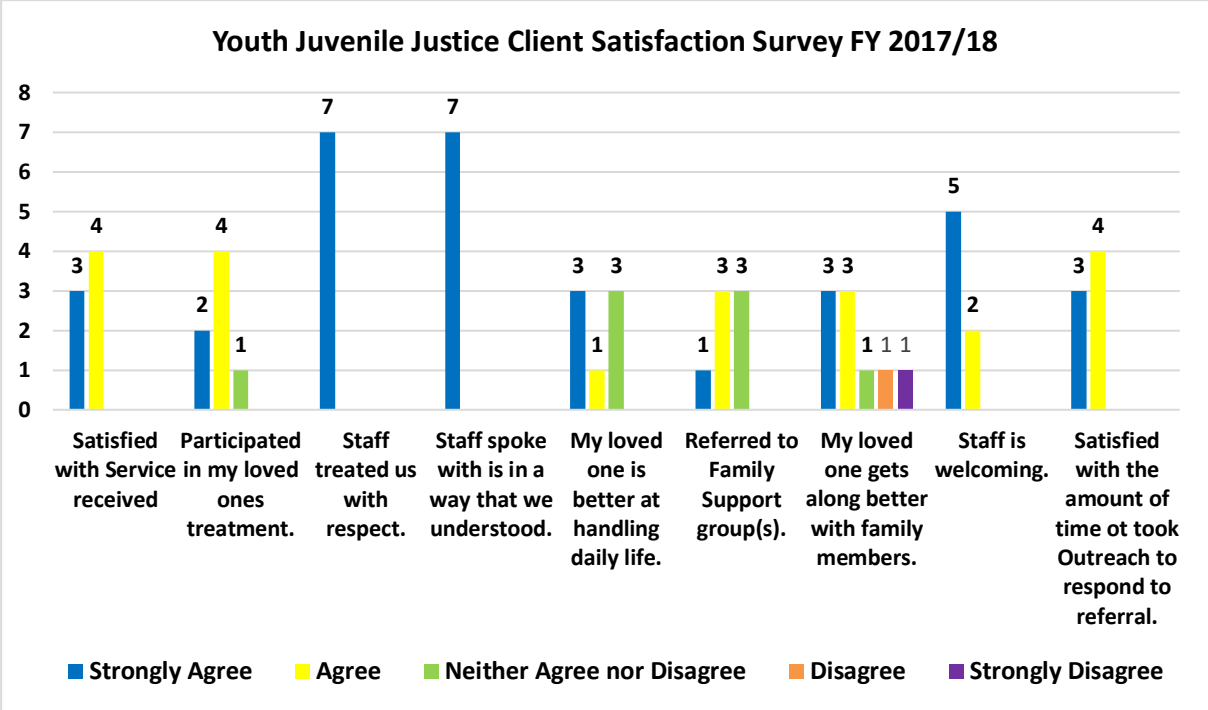
Program Description
The Youth Juvenile Justice Engagement Program Early Intervention services provide treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system. This population is often underserved and/or undiagnosed. Consultation and engagement through collaboration with the partnering Kern County Probation Department will allow an opportunity to provide access and linkage to treatment programs for those in need of mental health care. Providing mental health treatment to these youth increased the likelihood of reduced repeat incarceration, school failure and/or dropout and reduced or eliminated instances of suicidal ideation and self-harm.

Service Goals FY 2018/19

- Accept referrals from Juvenile Justice for full scope mental health treatment and provide onsite assessment, treatment planning and collaboration to reduce recidivism.
- Consult with partnering agencies and mental health system of care teams to increase access to services for juvenile justice youth; increase access to mental health care for underserved and undiagnosed youth and families.




Youth Juvenile Justice Client Satisfaction Survey
FY 2017/18
6
5
4
3
2
1
0
4
1
2
3
4
1
1
3
1
1
3
1
5
4
1
The Staff is welcoming.
I feel good about my wellness today.
Overall, I am satisfied with the service I am receiving.
I realized I need help.
I realized I can Benefit from services.
Staff treated me with respect.
Staff spoke to me with a way that I understood.
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree


Youth Juvenile Justice Client Satisfaction Survey FY 2017/18
8
7
6
5
4
3
2
1
0
3
4
2
4
1
7
7
3
1
3
1
3 3
3 3
1 1 1
5
2
3
4
Satisfied with Service received
Participated in my loved ones treatment.
Staff treated us with respect.
Staff spoke with is in a way that we understood.
My loved one is better at handling daily life.
Referred to Family Support group(s).
My loved one gets along better with family members.
Staff is welcoming.
Satisfied with the amount of time ot took Outreach to respond to referral.
Strongly Agree
Agree
Neither Agree nor Disagree
Disagree
Strongly Disagree

Project Care Final Report

Program Description

The Project Care program began in 2011 and was discontinued in June 2018, year seven of the program. Kern Behavioral Health and Recovery Services contracted with community healthcare providers to integrate behavioral health in a primary care setting. As of year five of Project Care, services were made available at four community health care centers in traditionally underserved areas of Kern County: Delano, Lamont, McFarland and Arvin.

Project Care was a Prevention and Early Intervention program, working to reduce stigma associated with mental illness while normalizing the necessity of mental health care. The SBIRT (Screening, Brief Intervention and Referral to Treatment) model was utilized in the primary care sites to serve the prevention and early intervention purpose. The prevention aspect of the program utilized three screening tools to determine levels of potential anxiety, depression and substance use disorder.

Within the clinic, behavioral health staff assisted primary care providers in identifying mental health symptoms to address concerns during routine visits. This collaboration was designed to reduce stigma associated with mental illness and substance use disorder and provide a comfortable place for patients to address needs in a familiar environment.

The primary care provider utilized the General Anxiety Disorder seven item scale (GAD -7) to screen anxiety symptoms, Patient Health Questionnaire nine item scale (PHQ-9) for depression symptoms and the Alcohol Use Disorders Identification Test (Audit C+) for alcohol and drug use. Clients screening results in any of these areas determined whether and what concerns may need to be addressed during their primary care visit.

Program Data

The prevention goal of Project Care MHSA Prevention (CB3) plan is to identify mental health and substance use disorders and prevent them from worsening by addressing them as part of routine medical care. The desired outcome is to show that at least 75% of individuals who receive brief intervention services through Project Care will be able to maintain behavioral health services in the primary care setting. Thereby, not requiring referral to specialty mental health or substance use disorder services. Out of 2,922 patients in the dataset, only three were detectably referred to specialty care, exceeding the goal of 75%.

The Intervention goal of the Project Care MHSA Intervention (CB7) plan is to provide brief interventions for mental health and substance use disorders in a primary care setting. The desired outcome is to show that at least 75% of individuals who receive brief intervention services through Project Care will report an improved confidence in their ability to manage mental health and/or substance use symptoms. The patient is asked the following question at the beginning and end of each contact in which a brief intervention or treatment was conducted: “On a scale from 1-10, where 1 is much less confident and 10 is much more confident, how confident are you that your concerns will be better in the next 30 days?”

Project Care achieved its desired outcome of at least 75% of patients reporting an improved confidence in their ability to manage mental health and/or substance use symptoms in 1 of the 10 months for which data is available. The percentage of patients reporting improved confidence or the maximum confidence score from their initial to first follow-up visit ranged from 45% in September 2017 to 87% in July 2017.

The average monthly percentage was 64%, suggesting that Project Care was close to meeting its target, but that month-to-month data is variable.

In the total period for which data is available, 483 patients had confidence scores reported in at least two visits. Among these, 311 patients (64%) provided better ratings at their last visit compared to the rating at the beginning of their first visit, or they provided maximum ratings (10) at both visits.

Patient Perspective Follow-up Surveys.
In September 2015, UCLA began collecting data for a study following up on patient confidence ratings collected by Clinica Sierra Vista. In addition to the two time points at which data are collected on-site during the patient visit, UCLA follows up on patients to collect confidence score and other data at a third time point 7-10 days after the patient's contact with the Behavioral Health provider.

This serves dual purposes, as it (1) enables the county to confirm the patient confidence data reported by Clinica Sierra Vista by having a third-party contact patients for their feedback, and (2) serves as a check-in with patients to see if the improved confidence described in the previous section endures 7-10 days beyond the initial visit.

With 72 responses collected this year, the median satisfaction rating on the first question is ten out of ten, and 94% of the participants indicated that they planned to return to Clinica Sierra Vista in the future. Overall, survey participants reported high satisfaction with the Project Care services they received at Clinica Sierra Vista. Many said that they liked the support, respect, attention and professionalism of the staff.

The Dual Diagnosis Capability in Healthcare Settings (DDCHCS) index is designed to measure the degree of primary care, substance use disorder, and mental health services integration within health care settings, and thus it was used as an evaluation tool for Project Care. DDCHCS administration requires an in-person site visit, observation of clinic operations, records review, and interviews with key staff members from all disciplines. UCLA conducted DDCHCS visits with all 6 Project Care sites in 2011 (baseline), all 9 sites in 2012 (4 baseline and 5 follow-up #1 assessments), all 9 sites in 2013 (4 follow-up #1 and 5 follow-up #2 assessments), and 4 Clinica Sierra Vista sites in 2018 Clinica Sierra Vista's overall composite DDCHCS site rating indicates that its programs are fully capable of providing BH services integrated with primary health care. The organization's emphasis on providing "comprehensive primary and preventative health care services" to local underserved populations aligns well with its goal to provide for the whole health of individuals, which includes attending to their BH needs.

Since previous site visits conducted by UCLA ISAP, there has been reduction in some integration domains and improvements in others. Overall, however, Clinica Sierra Vista has been able to sustain the integrated behavioral health services it provides at the "Dual Diagnosis Capable" level over the course of Project Care.

In FY 2017-2018, UCLA conducted two trainings to support the integration of primary health and behavioral health. A training on April 9, 2018 entitled "Motivational Interviewing: Strategies for Dealing with Difficult Patients" (24 participants) and on June 7, 2018 entitled "Motivational Interviewing and Stages of Change Training" (34 participants).

In conclusion, the results of analyses of a wide array of data collected using a variety of different methods together paint a picture of a successful project that:

- Served a population with high levels of depression, anxiety, and substance use.
- Improved patient confidence in addressing their behavioral health issues while treating patients in a primary care setting.
- Maintained this improved confidence over time.
- Generated positive feedback from patients on their experiences.

Project Care was discontinued primarily because regulatory/legal changes made it possible for Primary Care settings to do similar services with managed care reimbursement.

AB114

Kern Behavioral Health and Recovery Services (KernBHRS) has developed a plan to utilize Assembly Bill (AB114) funds for 14 potential new programs designed to expand the scope of services within the PEI program schedule. The plan includes PEI programs that reach all Kern County communities and address the needs of all age groups. The programs include holistic approaches to prevention such as non-traditional Animal Assisted Therapy as well as school-based services, expanded access and linkage for difficult-to-engage individuals and several other promising programs.

AB114 Programs:

- Started:
  - Family Connections
  - FRED: Freedom, Recovery and Empowerment with Dogs
  - Packed for Recovery
  - Suicide Prevention and Outreach
  - Transitional Aged Youth Self-Sufficiency Project Expansion
  - Transitions Curriculum
  - Yoga: Stress Management and Mindfulness
- Projected to Start:
  - Biblical Counseling
  - Early Psychosis Outreach and Intervention: LaCLAVE
  - Help Me Grow
  - Kern Youth Resilience and Support
  - Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) Expansion
  - Transitional Aged Youth Dual Recovery Program
  - Zero Suicide

- Program Not Moving Forward:
  - Transitional Aged Youth University Counseling Training Center

Biblical Counseling – Prevention and Early Intervention

Location:
St. John Missionary Baptist Church
1401 E. Brundage Lane
Bakersfield, CA 93307

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal number of clients served in FY 2018/19: 75
Cost per Client FY 2018/19: $311.88

Program Description
The Biblical Counseling Center will implement principals of Nouthetic Counseling to address concerns related to mild depression, anxiety, grief and trauma. The purpose of the Center is to intervene early and quickly. Focus will be given using biblical methods of problem-solving. Attention is given to discovering basic behavior problems and steps for solutions that bring about Biblical change in thoughts, attitude and behavior. The theory uses three basic elements: concern, confrontation, and change. When examining the support systems that individuals utilize to address daily issues and concerns, religion/spiritually has been identified as a major safety net for families in Kern County.

The Biblical Counseling Center has been certified through the International Association of Biblical Counseling as an official Biblical Counseling Training Center. The center is manned by volunteers who are Certified Biblical Counselors who have met the rigorous guidelines for certification as a Biblical Counselor through the International Association of Biblical Counselors (IABC)

The goal is to increase the number of individuals served, at the Counseling Center, by increasing the counseling staff and by adding support staff that can facilitate access to care by managing schedules accordingly. Potential counselors will receive the formal training necessary to become a certified counselor. Staff will also be required to attend the International Conference of Biblical Counselors to receive additional training and learning.

Service Goals FY 2018/19

- To provide immediate access and care.
- To decrease behaviors related to mild mental health symptoms.
- To engage the faith-based community in the provision of counseling services.

Early Psychosis Outreach and Treatment Program – Prevention and Early Intervention

Locations:
Kern Behavioral Health and Recovery Services
2001 28th Street
Bakersfield, CA 93301

University of Southern California (La CLAVE)
Department of Contracts and Grants
3720 Flower Street
Los Angeles, CA 90089

Additional locations to be determined.

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal number of clients served in FY 2018/19: Outreach: 1,000, Early Treatment/Prevention: 50-75
Cost per Client FY 2018/19: $1,190.70

Program Description:
The Early Psychosis Outreach and Treatment Program is a Prevention and Early Intervention program incorporating tools from the University of Southern California's La CLAVE program and the Felton Institute's Early Psychosis Program to outreach to Hispanic/Latin populations and provide treatment services to adolescents and young adults experiencing symptoms of early psychosis. The program is designed to increase appropriate referrals for behavioral health services prior to the first psychotic episode for those at risk and to reduce the length of time between the first psychotic episode and the start of treatment.

Hispanic individuals comprise 51.5% of the total population of Kern County. Utilizing the materials and skills adopted through La CLAVE, KernBHRS is expanding existing outreach efforts within

the Hispanic community. La CLAVE was developed by the University of Southern California (USC) to educate Hispanic communities on signs and symptoms of Schizophrenia and identifying the first episode psychosis. The program utilizes a culturally competent, evidence-based approach to outreach, educate, refer and link individuals to early treatment. La CLAVE creates a more informed Hispanic community, while reducing stigma associated with mental illness and especially psychosis.

La CLAVE uses the spoken word, video and music to explain the symptoms of Early Psychosis in plain language and using simple graphics. All La CLAVE messaging and materials are produced in both Spanish and English. Elements of this program include community outreach for Spanish-speaking populations, partnerships with community organizations and agencies already serving Hispanic communities and more.

Early Psychosis Outreach and Treatment also incorporates evidence-based programing from the Felton Institute's Early Psychosis Program. This program is designed to help individuals return to their optimal level of functioning prior to or after a first psychotic break by receiving integrated services from a multi-disciplinary team. The program focuses on youth and young adults ages 14-25 years, who have experienced early symptoms of psychosis or a first psychotic break with a duration of untreated psychosis of less than twenty-four (24) months. The Felton Institute model involves an outreach component which includes the use of La CLAVE materials to optimize outreach efforts to the Hispanic/Latino populations.

The Felton Institute's Early Psychosis Program includes the following elements:

- Outreach and Education.
- Family Services.
- Cognitive Behavioral Therapy for Psychosis (CBTp).
- Individual Placement Support (IPS).
- Psychoeducational Multifamily Group (MFG).
- Early, Rigorous Diagnosis through Research-Validated Diagnostic Assessments (e.g, the SCID-V and SIPS).
- Algorithm-guided Medication Management (AMM).

Program Service Goals FY 2018/19

- Increased knowledge and stigma reduction within Kern County, with a focus on Hispanic communities.
- Increased referrals and access to care for individuals within Hispanic communities.
- Reduced duration of untreated psychosis.
- A reduction in adverse events for clients served (e.g. hospitalization, crisis services and incarceration).
- Improved quality of life for individuals served.

Evaluation Tools:

Evaluation tools are still in development at time of Annual Report publication.

Program Data FY 2017/18:

No data available at time of Annual Report publication. Program pending implementation in 2019.

FAMILY CONNECTIONS – Outreach for Recognizing the Early Signs of Mental Illness

LOCATION:
DBT Team Site
2525 North Chester Bakersfield Ca. 93308 (2017-2018)
5121 Stockdale Hwy Bakersfield Ca 93304 (2018- 2019)
The 12-week course is presented at The Consumer Family Learning Center
2001 28th St. Bakersfield, Ca. 93301

Number of Clients Served in FY 2017/18: 0. Program started 4th Quarter FY 2018/19.
Goal # of Clients Served in FY 2018/19: 54
*Due to the nature of this program is was not possible to capture clients served by age group.
Cost per Client FY 2018/19: $324.41

Program Description
KernBHRS strives to provide outreach, education and support to families of Kern. Family Connections Community Psychoeducation program provides general and diagnosis-specific psychoeducation to those with family members experiencing mental health symptoms. The DBT "Family Connections" service is a 12-week curriculum-based, evidence-based practice class for loved ones of people with Borderline Personality Disorder. Additionally, for family members unfamiliar with mental health symptoms who may seek general knowledge, this program provides psychoeducation free of cost to the community. The premise behind the program is to create a community-centered approach to breaking stigma for those who may have questions about mental illness.

Course Content is presented by staff trained through the of course content that includes:

- Education and research on Borderline Personality Disorder.
- Skills training for families based on Dialectical Behavioral Therapy.
- Relationship Mindfulness.
- Effective Communication.
- Validation.
- Development of a Support Networks.

FY 2018/19 The Kern BHRS DBT Family Connections Team provided the first 12-week course to families and to the community which ran from 8/20/18-11/16/18. The course was provided at Kern BHRS Family Consumer Learning Center. Of the 12 enrolled 5 were able to complete the program showing an attrition rate of 58%.

The goals of the program are:

- To educate families and the community about Borderline Personality Disorder.
- To assist with skill development to improve family relationships.
- To provide family and community support through participation in a supportive network with others sharing similar experiences.

The 12-week structure of the program entails weekly meetings in a supportive and positive environment that provides information and education through presenting new materials and curriculum each week. This program includes a review of previous materials used and encourages sharing of practice experiences.

Program Service Goals FY 2018/19

- To provide opportunities for family members to receive knowledge about their loved one's needs while developing an educated individual perspective, resources and skills to enhance support.
- To educate and help to reduce suicide risk/other risky behaviors in their loved one.
- To provide support to isolated individuals.
- To improve relationships between family members.

Current Staff/Facilitators

The Family Connections Community Psychoeducation Program is presented by a licensed behavioral health therapist and a behavioral health recovery specialist III who have been intensely trained in Dialectical Behavioral Therapy and the National Education Alliance for Borderline Personality Disorder's Family Connections Training.

Challenges:

- The course allows for a cohort of 18 participants of which there were 12 originally enrolled with 5 completing the entire course. Some of the challenges in enrollment rates seem to be associated with advertisement in regard to reaching the community and the targeted audience. Another challenge with enrollment seems to be associated with a requirement for those interested in online enrollment through the National Education Alliance for Borderline Personality Disorder's website. The team is working to enhance enrollment by reaching out to the social science departments at universities and by reaching out to contract providers as well as the Kern BHRS System.
- The time of the group also seems to be challenging for both working and non-working individuals. To help alleviate attrition and enhance access the team is continuing to seek a time that will accommodate the most attendees. Possibly provision of two groups at different times may accommodate attendee and community needs.
- Attendee maintenance and course completion shows an attrition rate of 58% for the 12-week course. The team is in hopes that accommodating time and possibly providing more groups throughout the year will enhance maintenance and attendance.

Freedom, Recovery and Empowerment with Dogs (FRED)—Prevention

LOCATION:
Kern Behavioral Health and Recovery Services (various sites)
5121 Stockdale Hwy., Bakersfield, CA 93309, Suite 150
2525 N. Chester Ave., Bakersfield, CA 93308
2001 28th St., Bakersfield, CA 93301
Additional sites based on need and fit.

Number of Clients Served in FY 2017/18: 0. Program established in October 2018.
Goal # of Clients Served in FY 2018/19: 40

Children (0-15)	**0**
TAY (16-25)	**0**
Adult (26-59)	**40**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $2,325.00

Program Description
The Freedom, Recovery and Empowerment with Dogs (FRED) program is a Prevention program that adds an animal interventionist and a certified therapy canine into existing Seeking Safety groups. Individuals receiving behavioral health services for mental illness and substance use disorders at times may not consistently attend their service appointments, and when they do, they may not fully

engage in treatment due to various factors. Adding animal-assisted interventions and therapy can help attract certain individuals into group services and to better engage with the facilitators, their peers and receive the material in a more effective manner.

Evidence-based curriculum is currently used throughout the KernBHRS system, and although these have shown positive outcomes, individuals may not benefit if their participation is not consistent. One of these evidence-based practices is Seeking Safety, authored by Lisa Najavits. This practice addresses substance use and trauma, is based on creating safety first, emphasizes coping skills acquisition and focuses on case management needs. The curriculum is based on concepts from Cognitive Behavioral Therapy, and aims to address addiction and trauma, as these conditions commonly co-occur. Seeking Safety emphasizes the importance of treating both conditions simultaneously, as substance use may be used as a way to cope with trauma. Many times, those who engage in substance use find themselves in dangerous situations that put them at risk of trauma, which can then perpetuate substance use.

The FRED program will pair a certified animal interventionist and one or more therapy dogs with KernBHRS Recovery Specialists, Therapists and/or Substance Use Disorder Specialists to facilitate Seeking Safety groups. During these groups, the curriculum will be presented, coping skills will be practiced and exercises will be included so that individuals can practice newly gained skills with the therapy dogs. The animal interventionist will discuss how interacting with the dog can mirror exercising appropriate social skills with others, thereby improving social functioning.

FRED will be offered to additional teams throughout KernBHRS, including those that serve adults and adolescents. Teams will be selected based on whether they already provide Seeking Safety groups, are interested in adding this group to their treatment package and/or if they have low rates of attendance to group services.

In order to ensure that the Seeking Safety curriculum is delivered appropriately and to fidelity, FRED program funds will cover costs of Seeking Safety training to staff throughout the department. The first FRED group was offered at the CalWORKs behavioral health program, beginning in October of 2018.The CalWORKs team treats adults that are in the Welfare to Work program through the Department of Human services. This program aims to assist individuals to remove behavioral health barriers to employment, so that they can achieve independence.

The second FRED group is currently offered in the Adult Transition Team, which treats those with a history of incarceration, severe mental illness, and co-occurring substance use disorders. This group began in December of 2018.

The third and fourth FRED groups are offered at the Consumer Family Learning Center, where adults in the community can attend a variety of groups and supportive activities.
Additional groups are expected to be added as the animal interventionist's time allows.

Service Goals FY 2018/19

- Reduce symptoms of mental illness including trauma, depression, and/or anxiety.
- Improve access to treatment by increasing attendance to group services.
- Decrease stigma of behavioral health treatment by including a certified canine within group services.
- Increase level of participation in group services.

Help Me Grow – Access and Linkage to Care

Clients Served in FY 2017/18: 0. Program implementation was not complete
Goal# of Clients Served in FY 2018/19: 2,350
Cost per client FY 2018/19: $111.30

Program Description:
Help Me Grow Kern County proposes to offer developmental and behavioral screening to Kern County parents by calling or texting 2-1-1 and online Ages and Stages Questionnaire (ASQ -3 and SE2) screening services, with particular emphasis on serving first-time parents, medically at-risk children aged 0 – 5 and behaviorally and developmentally challenged pre-school age children 0 – 5. By providing the screening in both traditional and online-based formats, the Help Me Grow program would be available to all Kern County parents, urban and rural.

Currently, 25 states are part of the Help Me Grow initiative which seeks to implement effective, universal surveillance and screening for all children and link those at risk for developmental and behavioral problems to appropriate programs and services. For children screening positive for any of the skill areas and/or behavioral areas, a referral would be provided through a warm handoff by 2-1-1 staff. Screenings and referrals would be reviewed with parents to discuss potential next steps, prior to an appointment being made for follow up.

Children screening positive on the SE2 screen for potential social-emotional concerns would be referred to the KernBHRS system of care for further screening, assessment and appropriate care.

Program Service Goals FY 2018/19

- To provide early (ages 0 – 5) screening for developmental and behavioral service needs for children.
- To link to and provide appropriate care for children screening positive for developmental and behavioral care needs.

Kern Youth Resilience and Support – Prevention and Early Intervention

Clients Served in FY 2017/18: 0. Program implementation was not complete
Goal # of Clients Served in FY 2018/19: 600
Cost Per Client FY 2018/19: $999.54

Program Description:
California Legislature recently authorized a long-range plan called the California SUMS Initiative: Scaling Up Multi-Tiered System of Support Statewide (MTSS) designed to assist schools with prevention based-framework. Kern Youth Resilience and Support will utilize a series of prevention and early interventions based on the MTSS framework strategies in rural Kern County middle schools including: mentoring utilizing AmeriCorps members, Forward Thinking Interactive Journaling, Youth Mental Health First Aid training, early intervention care for mild/moderate mental health symptoms using the Developmental Assets framework. Additionally, school districts and Family Resource Centers will be utilized for family/parent engagement projects. Social Workers, along with mentors will be staffed at the school sites, creating availability for youth.

While schools throughout California are committed to implementing an MTSS model approach to improving outcomes for students, efforts are often hampered by a lack of available funding, staff expertise, and school buy-in. Integration of the MTSS framework can prevent and reduce the negative impact associated with escalating mental and behavioral health issues, including but not limited to substance abuse, violence, depression and suicide, school failure, and subsequent potential criminal involvement and incarceration.

Program Service Goals FY 2018/19
This program will establish and provide early-intervention and preventative school-based services for selective populations in grades 6th – 8th (at targeted high-need schools) who are at-risk of developing mental illness.

Packed for Recovery- Prevention and Early Intervention

Location:
Kern Behavioral Health and Recovery Services
Housing Services Unit
5121 Stockdale Hwy, Suite 205
Bakersfield, CA 93309

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of clients served in FY 2018/19: 746

Children (0-15)	**15**
TAY (16-25)	**93**
Adult (26-59)	**631**
Older Adult (60+)	**7**

Cost per Client FY 2018/19: $412.24

Program Description
Packed for Recovery is a prevention and early intervention program servicing KernBHRS System of Care clients who are exiting homelessness, incarceration, in-patient care, TAY or Child STRTP. Often, KernBHRS-SOC clients may be discharged from incarceration, acute care settings and other institutions with nothing other than paper clothing or a hospital gown. When these individuals are placed into housing, it can be several days before adequate clothing and personal items are obtained. The absence of basic hygiene items and clothing can leave individuals feeling more vulnerable at a time when providing physical and emotional safety is critical to beginning their journey to recovery.

This program was initially proposed and intended to serve those exiting incarceration or jail and entering new housing. Upon reflection, it was determined that this program should include youth entering a new housing environment, those entering housing from homelessness and those exiting in-patient care and being placed in housing.

Packed for Recovery, ensures that KernBHRS-SOC clients exiting homelessness have the necessary hygiene essentials and clothing needed upon initiating their recovery. Participating Packed for Recovery clients will receive a duffle bag with hygiene products, clothing items, snacks and hygiene items. Items included are: soap, shampoo, lotion, toothbrush, toothpaste, brush, towels, socks, underwear, sweat pants/shirt, pajamas, blanket, notebook, pens, granola bars, and water. Participating clients will also receive a second package tailored to their size which includes a mesh laundry bag with undergarments, shirts, jeans, shoes and a sweater.

Numerous studies have indicated that transitional and supportive housing services have the potential to reduce recidivism for clients coming out of jail or incarceration. One such article found that clients who do not have stable housing upon release are more likely to end up back in prison (Cleveland Prisoners' Experiences Returning Home. C. Visher, S. Courtney 2006). SAMSHA has written an implementation guideline for successful transition of people with mental or substance use disorders from jail and prison. Guideline#5 discusses how "anticipating the periods following release (the first hours, days, weeks) are critical and identifying appropriate interventions as part of transition planning practices for individuals with co-occurring mental and substance use disorders leaving correctional settings" are essential to engaging this specific population. Since immediate placement of these clients is paramount to their success and reaching their recovery goals, the lack of necessary items at the time of release can be a large hurdle for both the client and staff working with them.

The Packed for Recovery Program reduces the stigma and discrimination against the mentally ill and co-occurring clients by eliminating one of the barriers to their entry into sober living homes or other appropriate housing options. It is hoped that providing these bags will help clients' self-esteem and their recovery by supplying them with essential items they need in their new living environments. Research indicates that prisoners' self-esteem and perception of control over their lives can influence their willingness and ability to change (Visher and Courtney 2006).

Service Goals FY 2018/19

- Packed for Recovery's goals are to increase engagement to services by reducing the barriers that exist when KernBHRS-SOC clients are exiting homelessness and placed into various appropriate housing options.
- To reduce the self-stigma/discrimination experienced by clients entering a sober living environment.
- To increase longevity of program participation for those receiving Packed for Recovery services.

Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) – Expansion of services
Access and Linkage to Care

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in FY 2018/19: 0. Program implementation is not complete.
Cost per Client FY 2018/19: $0. Program implementation is not complete.

Program Description
The Risk Reduction Education & Engagement Accelerated Alternative Community Behavioral Health (REACH) Program was implemented in 2016 in an effort to reduce negative outcomes that often result from ongoing, untreated mental health and substance use disorders. The premise of the REACH program is to provide community outreach, education and engagement services to individuals not currently treated within Kern Behavioral Health and Recovery Services Department.

Access and linkage to care will be provided to community members and partner agencies through a series of engagement and skill building opportunities. Engagement with family members and individuals is focused on identifying and linking at-risk adults experiencing challenges in accessing and/or remaining in traditional mental health and substance use disorder care. Continued engagement may also be provided as additional support for those linked to care as a preventative measure for symptom relapse and to provide easy return access for those appropriate for re-admission. Engagement services may also be available post-treatment to continue success in recovery as needed.

Access to service will take place through outreach in community settings with individuals who are experiencing untreated behavioral health challenges. Outreach will occur at a variety of locations, including, but not limited to: homeless shelters, veterans service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, parks and other public settings. Referrals will also be accepted from family members/persons of support, public agencies, law enforcement, and community supports. Referrals for REACH services are made through a 24-hour referral line, which will be answered during normal business hours.

REACH alleviates a significant need for behavioral health outreach to difficult-to-engage and treatment resistant populations in the outlying areas of Kern County. The REACH Program provides an alternative, non-traditional type of behavioral health services, with an emphasis on engaging individuals in a patient manner and providing accelerated access to ongoing treatment. REACH Program staff follow-up with individuals and the outpatient treatment team for at least 1 year to evaluate the flow and disposition of the individuals' services. Ongoing program evaluation, data collection, and data analysis will assist in the further development of the REACH Program.

To support a continuum of care approach, REACH staff will be integrated within treatment teams. This practice allows for seamless transition between service entry, treatment and post treatment support and re-engagement.

Service Goals FY 2018/19

- Improve accessibility of care by successfully linking individuals with ongoing treatment services.
- Improve service engagement by increasing the number of individuals remaining engaged in treatment.
- Increase the number of individuals successfully discharging from KernBHRS treatment services.
- Decreased number of monthly law enforcement contacts as evidenced by data collected by the law enforcement communications centers.

Suicide Prevention Outreach and Education-

Location:
Kern Behavioral Health and Recovery Services
2525 North Chester Ave, Crisis Services Building H
Bakersfield, CA 93308

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in 2018/19: 1,000
Cost per Client FY 2018/19: $278.79

Program Description
The KernBHRS Crisis Hotline Team has provided suicide prevention outreach and education services to the County of Kern. This program will increase infrastructure through staffing to better support the efforts of KernBHRS in providing opportunities for training and outreach surrounding suicide prevention.

The KernBHRS Suicide Prevention Outreach and Education team consists of a behavioral health therapist and a behavioral health recovery specialist who are available to support Kern County's needs. Additionally, there are two bilingual behavioral health recovery specialists who supplement the KernBHRS Outreach and Education Suicide Prevention Team. These two specific staff reach out to the Hispanic/Latino communities within Kern County to meet the cultural need of the area. They provide culturally competent outreach and training to all areas in Kern county.

The program focuses on targeted populations including veterans, school aged minors, college students, and survivors of suicide loss. Education will include: Question, Persuade, and Refer (QPR) a suicide awareness training, Applied Suicide Intervention Skills Training (ASIST) a suicide intervention training, More Than Sad, a DVD geared toward teens about teen depression and suicide and Zero Suicide practices. The team also uses customized trainings and presentations designed to fit each audience or population.

The expansion of suicide prevention outreach and education is designed to benefit KernBHRS staff, members of the community, community-based organizations, businesses, churches, educational organizations and others seeking education, training and resources pertaining to suicide prevention. This outreach team also reaches out to our community partners such as: The Kern County Child Protective Services, Kern County Fire Department, Kern County Department of Public Health and others. This program also reduces stigma associated with suicide by promoting awareness and providing suicide prevention information and campaigns through news, print and social media platforms.

Service Goals FY 2018/19

- Increase outreach and education in suicide prevention in Kern County to veterans, minors, college students and survivors of suicide loss by 25% over five years.
- Increase outreach and education in suicide prevention to the Hispanic/Latin communities in Kern County by 20% over five years.
- Increase outreach and education in suicide prevention in all of Kern County by 15% over 5 years.

Transitional Aged Youth Dual-Recovery Program – Early Intervention

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in FY 2018/19: 30

Children (0-15)	**0**
TAY (16-25)	**30**
Adult (26-59)	**0**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $7,333.33

Program Description:
Homelessness and the risk of homelessness has been an increasing issue for Transitional Aged Youth (16-25) in Kern County. The TAY Dual-Recovery Project is designed to provide immediate housing with supportive behavioral health and substance abuse care for up to 90-days, depending on the severity of the youths' mental health and substance use care needs and global functioning.

To support youth in focusing on working toward recovery, TAY housed would have no more than one roommate. Additionally, care would be taken to ensure that neighboring populations proven to have a negative effect on stability in sobriety and fidelity to mental health care would be considered when choosing a housing provider and location. One apartment will be reserved for mothers or fathers with children, or expectant mothers in need of the program.

The Full-Service Partnership TAY Team will provide mental health services, including individual and group therapy, dual recovery groups, psychiatric evaluations, medication management, and medication support. On-site supportive services provided at the TAY Dual Recovery Project will, daily in-house substance abuse groups, individual substance abuse counseling, at least one Alcoholics Anonymous or Narcotics Anonymous meeting per day, assistance in transportation to and from mental health treatment and service appointments, groups teaching life skills, and case management services. Residents will be responsible for cleaning their own apartments, as well as participating in caring for the community grounds and meeting rooms.

Program Service Goals FY 2018/19

- The goal of this treatment is to provide a safe setting for transition age youth to stabilize, which will improve the likelihood of being able to effectively diagnose and treat emotional and behavioral difficulties.

TAY Self-Sufficiency Project – Prevention and Early Intervention

Prevention
The Dream Center
1801 19th Street
Bakersfield, CA 93301

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in FY 2018/19: 65

Children (0-15)	**0**
TAY (16-25)	**65**
Adult (26-59)	**0**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $4,944.30

Program Description:
The TAY Self-Sufficiency Project (SSP) enhances service available for the Kern County Network for Children's Dream Center. The Dream Center provides engagement and linkage to resources and services for active and emancipated foster youth in metropolitan Bakersfield. Services are provided through a multi-disciplinary effort involving various agencies and organizations, including: Kern Behavioral Health and Recovery Services TAY program staff, the Kern County Department of Human Services, the Kern County Probation Department, Foster Youth Services Program, Kern County Public Health, Kern County Housing Authority, the California Department of Rehabilitation and Employers Training Resource.

In 2008, the Dream Center opened as a multi-agency one-stop shop providing services while also giving youth a drop-in center environment in which they could feel comfortable. In 2017, the Dream Center relocated its office, gaining additional space by way of two side-by-side buildings. One building provides a youth drop-in center. The drop-in center includes a classroom, locker room, showers, laundry facility, computer stations, a safe area for building positive relationships with peers and kitchen. The adjacent building stations county agency staff and representatives, available to meet with youth each weekday. 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. Services at the Dream Center are provided using a trauma-informed approach, which helps to effectively engage youth and adheres to SAMHSA principles of:

- Safety.
- Trustworthiness and transparency.
- Peer support.
- Collaboration and mutuality.
- Empowerment, voice and choice.
- Cultural, historical and gender issues.

Project staff assist youth with developing a plan to increase their skills and better manage their behaviors. Staff meet regularly with participating youth to assist them with meeting their basic needs and increasing their skills in:

- Preparing for, obtaining and maintaining employment.
- Obtaining and maintaining housing.
- Fully utilizing available treatment and supportive services.

- Building protective factors.

Youth are provided transportation services as needed. Those youth qualifying under the Department of Housing and Urban Development are provided housing vouchers. Transportation is provided to housing service-related appointments and for assistance in obtaining necessary documents.

Prevention activities are developed from the Center for the Study of Social Policy's Youth Thrive Protective Factor Framework. This research-based strategy, is used to assist youth with increasing protective factors. The framework is based on five interrelated protective and promotive factors that studies show relate to a decreased likelihood of negative outcomes and an increased likelihood of positive outcomes as adolescent's transition to adulthood. The overarching goal of the Youth Thrive framework is to achieve positive outcomes by mitigating risk and enhancing healthy development and well-being of youth.

TAY Self-Sufficiency Project provides an array of prevention-focused services designed to increase protective factors and resilience in youth. Services included in this project include, but are not limited to:

- Youth engagement and resource education.
- Workshops and group learning opportunities focus on Casey Life Skills competency areas and the Center for the Study of Social Policy's Youth Thrive Protective Factor Framework.
- Monthly leadership development activities which include: sharing a nutritious meal, guest speakers, group discussions and skill-building activities.
- Housing assistance, including: transportation to obtain documents necessary to obtain housing, voucher assistance and case management for youth in program-continued housing.

Youth goals, progress and areas for opportunity are reviewed through the Casey Life Skills Assessment and Casey Life Skills Homeless Youth Assessment based on the type of services received. The Casey Life Skills Homeless Youth Assessment will serve as the assessment tool for SSP case managed youth who are homeless. Once housed, these formerly homeless youth will receive the Casey Life Skills Assessment. Both tools are designed to be used in a collaborative conversation between the SSP Prevention Services Facilitator and the youth. Quarterly review of assessment results will aid in the conversation about the youth's progress. Opportunities for improvement can be discussed regularly.

Youth participating in leadership development activities and other group learning opportunities are asked to complete pre and post-tests designed to measure an increase in resilience, social connections, knowledge of adolescent development, concrete support in time of need and cognitive/social-emotional competence.

Program Service Goals FY 2018/19

- At least 80% of participating youth will demonstrate increased skills, knowledge and awareness in more than one Casey Life Skills life-planning area.
- At least 80% of participating youth will indicate a gain in protective factors.
- At least 10 youth were identified as at risk of homelessness, homeless or chronically homeless will obtain and retain housing in FY 2018/19.

Data and Outcome Measures:

- Unduplicated youth served counts.
- PEI regulated demographic reports.
- Service Activity Counts.
- Pre/Post Resilience Measure for Leadership Development and Life Skills learning groups and activities to determine change in knowledge or attitude.
- Casey Life Skills assessment completed at initial intake, quarterly and at discharge.
- Casey Life Skills Homeless Youth Assessment to be completed by homeless youth at initial intake and quarterly until housing is obtained.

Transitions Curriculum Integration - Prevention

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in FY 2018/19: 500
Cost per Clients FY 2018/19: $173.03

Program Description:
The Transitions Curriculum Integration program will provide group or individual training based on the curriculum, designed to prevent prolonged suffering due to mental health symptoms.

Transitioning into adulthood can be a stressful time for youth, especially for those who are experiencing mild mental health issues, such as depression and anxiety. The goal of this program is to provide these students with a "safety net" in order to prevent an increase in severity of mental health issues while they prepare to transition into adult life. Recent studies show that students with disabilities and mental health issues have decreased levels of competency in relation to self-determination, which demonstrates the increased need for transition curriculums (Carter, et al., 2009).

The Transitions Curriculum focuses on three areas of competency critical to successful transition into independent living: personal management, life management and career management. Program enrollment will be provided on high school campuses within the West Bakersfield community. Between all areas of competency, there are 300 lessons that the facilitator may choose from, depending on what area of competency and unit they are focusing on for that session. The curriculum may also be implemented on an individual or group basis weekly.

Staff facilitating groups will all be trained on the screening process for specialty mental health services. Youth identified in need of specialty care will be referred to and provided care at the West Bakersfield Clinic. Facilitators would request that the referral source complete a form listing the three competency areas to determine specific needs of the students referred and provide lessons surrounding relevant topics. Students benefitting from a one-on-one interaction and teaching setting, rather than a group setting will be provided with the Transitions Curriculum individually.

Program Service Goals FY 2018/19

- Give students the skills they need to transition into adulthood successfully.
- Help students to develop the skills they need to be effective in their field of work.
- Assist students with goal setting based on identifying strengths and interests.
- Help students to become effective communicators so that they may be successful adults
- Ensure that students are prepared to meet the demands of adulthood.

Yoga: Stress Management and Mindfulness – Prevention and Early Intervention

Locations
Enso Healing Arts
1527 19th Street
Suite 320
Bakersfield, CA 93301

Helen Miller Lynch
40 Linden Drive
Bodfish, CA 93205

Samsara Wellness Center
5301 Office Park Drive
Suite 420
Bakersfield, CA 93309

Warrior 1 Yoga
13019 Stockdale Highway
Suite 100
Bakersfield, CA 93314

White Wolf Wellness Foundation
5301 Office Park Drive
Suite 420
Bakersfield, CA 93309

Number of Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in FY 2018/19: 250

Children (0-15)	**0**
TAY (16-25)	**50**
Adult (26-59)	**200**
Older Adult (60+)	**0**

Cost per Client FY 2018/19: $660

Program Description

The Yoga program is designed to provide stress management and mindfulness skills to Kern residents. Open to all, the program will teach residents techniques for managing stress in order to increase wellness. The program will also be promoted to specific underserved special populations, such as veterans, seniors, family members and Spanish-speaking individuals. For Kern residents with low severity behavioral health needs, yoga can reduce stress as well as improve physical health. For clients recovering from severe mental illness, yoga can be used as an element of their treatment plan by helping them to manage and alleviate symptoms of depression, anxiety and post-traumatic stress disorder. (Source: The National Center for Complementary and Integrative Health) In addition, information about behavioral health services will be provided to yoga participants, to increase awareness and reduce stigma.

To gauge the possible impact of yoga on participants, screenings tools on anxiety, depression and/or posttraumatic stress are given at the start and end of the workshops. Demographic information is also captured at the start of the program.

The Yoga program provides classes that are community-based and free to the public. Class locations may include Kern BHRS service sites, colleges, senior centers, veteran centers and yoga studios. Classes typically are scheduled for an hour, one day per week. Currently, both chair-based yoga and traditional forms of yoga are offered. Classes are held in various locations throughout Kern County. Licensed yoga instructors teach simple, introductory yoga, focused on breathing and mindfulness. Styles of yoga vary by focusing more on the physical body, or on breathing, or on practicing yoga while laying down or while sitting in a chair.

In FY 2018/19, vendors were selected for participation in a pilot program. The pilot will begin in FY 2019/2020 and will continue through FY 2020/2021. During the pilot program, a few styles of yoga will be provided, and feedback will be collected from participants. Based on the results and feedback received, BHRS may select 1-2 different types of yoga to provide in the community going forward.

The Yoga program will be provided in Bakersfield as well as many rural areas of Kern County. In FY 2018/19, the program will be in the following areas: Arvin, Bakersfield, Delano, Frazier Park, Kern Valley, Lake Isabella, Taft, Tehachapi, Wasco and Wofford Heights. In FY 2019/20, the areas of Mojave, Ridgecrest, and Shafter are planned to be added to the program.

Service Goals FY 2018/19

- The program is designed to decrease symptoms of anxiety, depression, and/or posttraumatic stress while reducing stigma associated with mental illness and promoting mental wellness.
- The program is also used to introduce KernBHRS services to the community.

Zero Suicide – Suicide Prevention

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in FY 2018/19: 17,000
Cost per client FY 2018/19: $26.82

Program Description:
Zero Suicide is a national best practice suicide prevention framework designed to implement suicidal ideation screening for adults communitywide. Adult individuals who receive health care and behavioral health services, will be screened at every contact to determine if risk of suicide is present.

The Zero Suicide framework ensures that access for Adults to suicide screening is expanding beyond the behavioral health crisis services and into all health care and behavioral healthcare access points at every contact. Should an individual screen positive for suicidal ideation and behavior, then the individual is assessed the same day for suicidal risk. A Safety Plan is then collaboratively developed with each Adult individual who is assessed as at risk for suicide and the Safety Plan is completed the same day as the initial screening. Treatment includes suicide-specific evidence-based practices surrounding prevention and treatment, counseling on access to lethal means, development of a Suicide Care Management Plan and provision of supportive contacts/ therapeutic services, etc.

This program integrates into the community using a multi-phased approach. Zero Suicide will be provided first to behavioral health staff within KernBHRS and will then expand outwards to include hospitals, emergency room staff and primary care providers. The intent is to create awareness surrounding suicide while reducing stigma, universally screen for risk and prevent the likelihood of occurrence with education and access to treatment.

To address the issue of stigma surrounding suicide, Zero Suicide focuses on educating the community and spreading awareness. Awareness campaigns and training in suicide prevention will be provided for community partners, including providers of behavioral health services, medical services, Veterans services, emergency services, urgent care services and services from community based primary care physicians.

Additionally, this program will provide program education in English and Spanish to underserved Bilingual and Monolingual Spanish-speakers.

Service Goals FY 2018/19

- Screen every adult for suicidal ideation at access points for behavioral health care and for medical health care at each encounter.
- Provide suicide risk assessment for every adult client who screens positive for suicidal ideation and behavior on the same day as the initial screening.
- Develop a Safety Plan collaboratively with each of these clients, on the same day as the initial screening.
- Utilize suicide-specific evidence-based practices for prevention and treatment to fidelity in the provision of treatment for adult clients who were assessed as at risk of suicide.
- Counsel clients on access to Lethal Means.
- Develop a Suicide Care Management Plan for each identified client.
- Provide supportive contacts and timely follow up treatment as specified by the Zero Suicide framework.

Innovation

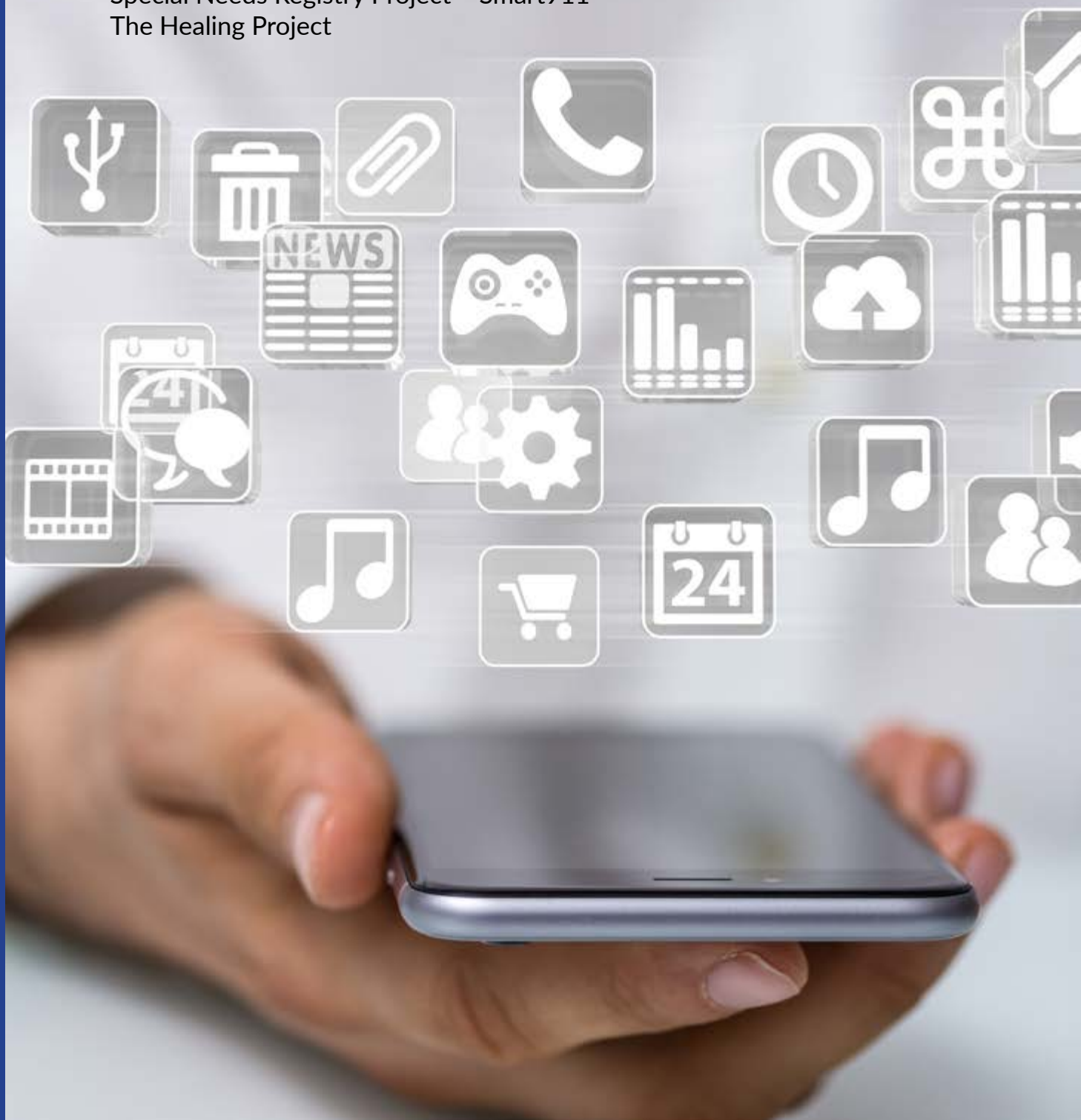
The Mental Health Services Oversight and Accountability Commission (MHSOAC) controls funding approval for the Innovation (INN) component of the MHSA. The goal of Innovation is to increase access to underserved groups, increase the quality of services, promote interagency collaboration and increase access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

Important Changes:

- Recovery Support Transportation did not move forward

Innovation Programs:

Increased Access Utilizing Technology-Based Mental Health Services
Special Needs Registry Project – Smart911
The Healing Project



Increased Access Utilizing Technology-Based Mental Health Services

Location:
Kern Behavioral Health and Recovery Services
2001 28th Street
Bakersfield, CA 93301

Clients Served in 2017/18: 0. Program was in beta testing.
Goal # of clients served in 2018/19: 0. Program is currently in beta testing.
Cost per Client FY 2018/19: $0. Program is currently in beta testing.
MHSOAC Approval Date: October 26, 2017
Program Length: 3 years

Program Description
The Innovation Technology Suite Project (Tech Suite) is a three-year demonstration project, funded and currently directed by the following California counties: Kern, Los Angeles, Modoc, Mono and Orange. In addition, a second cohort of counties and cities has recently joined the project: City of Berkeley, Inyo, Marin, Monterey, Riverside, San Francisco, San Mateo, Santa Barbara, Tehama and Tri-city. This statewide collaborative project is designed to bring interactive technology-based mental health solutions into the public mental health system through a highly innovative set, or "suite" of mobile applications. To date, two apps have been selected and have had soft launches for testing: 7 Cups and MindStrong.

The intended outcomes of this project are to accomplish the following five learning objectives:

- Detect and acknowledge mental health symptoms sooner.
- Reduce stigma associated with mental illness by promoting mental wellness.
- Increase access to the appropriate level of support and care.
- Increase purpose, belonging and social connectedness of individuals served.
- Analyze and collect data to improve mental health needs assessment and service delivery.

The project's goal is to utilize technology-based applications/programs which may be accessed through the variety of consumer interfaces: desk top and lap top computers, I-pads, I-pros tablets and smart phones. These programs will have interactive capabilities. They will also have passive data collection from daily use of the smart phones to provide Bio-markers alerting users to swings in mood, cognition, activity and isolation. Real-time feedback to users will promote awareness of symptom escalation so that supportive services may be sought in advance of crisis interventions.

Employing the basic functionality of smart phones, participants will be able to engage in peer chatting both in a one-on-one basis and in a chat room format. The immediacy of being able to reach out at any moment and have an appropriate response leads to an increased level of care previously lacking.

One foundation aspect of the project is the engagement of a diverse group of behavioral health consumers and family members as Peers. We will introduce them to the technology applications in order to obtain their input regarding the choice and implementation. This use of peers is expected to facilitate the adoption of these new technologies by normalizing and spreading support throughout the community. KernBHRS has developed Civil Service job descriptions allowing for the hiring of three peers. They will be able to:

- Become knowledgeable about the technology applications.
- Provide input to, and testing of, applications and their customizations.
- Work at engaging other consumers and family members.
- Teach and otherwise work at disseminating the new technology.
- Gather and report of the end-user experience and perceived value of the applications.

The Innovation Tech Suite Team is composed of a LMFT staff project lead, a peer lead, and two peers. The peers are located in the agency's Consumer Family Learning Center so that their proximity contributes to their connectedness and interactions with program participants. This team meets each week, along with 6 to 7 additional peers (employees of the Self Empowerment Team) acting as a Focus Group. This group is developing an app brochure that will have lists of vetted apps that can be recommended as helpful and safe.

Learning Goals/Project Aims FY 2018/19

- Determine whether individuals at risk of or experiencing mental health symptoms will access virtual peer chatting through a website or phone-based application.
- Determine whether utilization of virtual peer chat and peer-based interventions results in users reporting better wellbeing including reduced symptoms and greater social connectedness.
- Determine which virtually-based strategies work best in engaging an individual and result increased willingness to seek support.
- Determine whether passive data collected from mobile devices accurately detects changes in mental health status, effectively prompting behavioral change in the user.
- Determine how digital data informs the need for mental health intervention and care coordination.
- Determine whether online social engagement effectively mitigates the severity of mental health symptoms.
- Determine the most effective strategies/approaches to promote the use of virtual care and support applications.

Special Needs Registry Project – Smart911

Location: Public Service Answering Points throughout Kern County including the following cities: Arvin, Bakersfield, California City, Delano, McFarland, Ridgecrest, Shafter, Taft and Tehachapi.

Profiles Created FY 2017/18: 1,105
Goal # of Profiles Created FY 2018/19: 2,200
Cost per Profile FY 2018/19: $358.73
MHSOAC Approval Date: April 27, 2017
Program Length: 5 years

Program Description
Rave Mobile Safety, Inc. has created Smart 911, a program which allows web-users the ability to create a password protected special needs registry free of charge to the user. The registry itself is accessed via Smart911.com. During calls to 911, from registered users, public safety entities that purchase and install the Smart 911 software are able to view the user-provided information on demand for a period of 45 minutes. This allows dispatchers and first responders access to critical information while also protecting the privacy of that information.

Kern County residents, including KernBHRS clients, will have the opportunity to create a secure, password-protected special needs registry on the Smart 911 website. KernBHRS clients will be encouraged to register and will be offered assistance from treatment staff. Registration will be available on personal devices (computer, tablet, smart phone) and on iPads to be placed at each KernBHRS treatment location. Information entered into the Smart 911 database is only accessible by emergency dispatchers and first responders and only when a registered user dials 911 from a phone number in the user's Smart911 profile. Clients may enter details which include mental health conditions, medications, medical needs and mobility issues, crisis interventions from their WRAP or Crisis Treatment Plan and other information which can assist in the event of a mental health or non-mental health related emergency. As part of the project, emergency dispatch centers throughout Kern County will be provided Smart 911 software, allowing them to receive registry information when a call is placed.

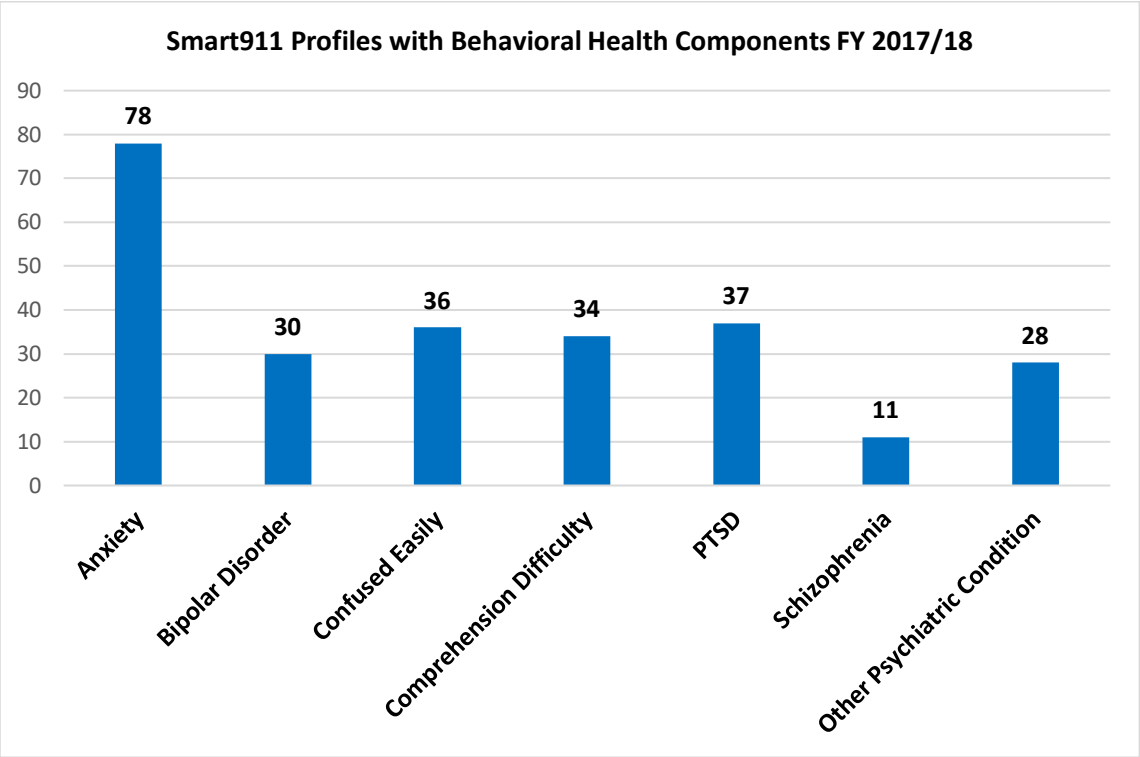
Because the registry is created by the client, only information which is shared voluntarily is released. The client creates their own profile username and password and may manage their online account at will. With assistance from their KernBHRS treatment team, they may choose to include information from Crisis or WRAP plans, but KernBHRS will not provide information to Smart 911 or emergency dispatch centers as a result of the Innovative program. Emergency responders will, however, have the ability to share vital information when providing emergency service, allowing for better interagency collaboration between fire, police and other public safety entities

Learning Goals and Evaluative Measures FY 2018/19

The Special Needs Registry – Smart 911 project will attempt to learn how Smart 911 affects the outcome of emergency services provided to those who create an online registry. It is anticipated that there will be:

- A reduction in injury, death, arrest and hospitalization resulting from emergency response to a behavioral health emergency event.
- A high rate of registration with a goal of 70% of new clients opting to create a special needs registry profile.
- High satisfaction rate of 75% or more positive feedback from clients on the effectiveness of response when public safety has access to Smart 911 information.
- Use of Smart 911 information for at least 20% of 911 calls which involve behavioral health key words. The first year would serve as a baseline by which to judge growth.

During services, clients will be asked if they have experienced a recent emergency event. Those who respond in the affirmative will be asked to complete a satisfaction survey via the onsite kiosk. Additionally, public safety agencies will survey dispatch and response staff to gather information about the value of their use of Smart911.



Challenge:

- Kiosks were underutilized due to privacy concerns, minimal accessibility, and internet connection was not reliable in outlying areas.

Solutions in Progress:

- iPads were removed from kiosks and placed into handheld devices, so that clients were able to sign up in a more private, secure area.
- Internet provider was switched to another provider that had better accessibility in outlying areas.

The Healing Project – Innovation

Location:
Kern Behavioral Health and Recovery Services
316 Kentucky Street
Bakersfield, CA 93305

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal Number of Clients Served in FY 2018/19: 4,800
Cost per Client FY 2018/19: $3,281.25
MHSOAC Approval Date: February 22, 2018
Program Length: 5 years

Program Description
The Healing Project will be a peer-led 16-bed recovery station program providing screening, access and linkage to care for individuals presenting with co-occurring mental health and substance use disorder needs. The Healing Project will include two recovery stations in Kern County, one in Bakersfield and another in yet to be determined location.

The program will target individuals with untreated mental health conditions. Individuals referred to the recovery stations will be provided mental health and substance use screening using the GAD-7. PHQ-9 and Audit-C. These standardized tools will measure potential anxiety, depression and substance use disorders. Trained staff will provide screening for symptoms relating to trauma.

Prior to admission to the recovery station individuals will be provided a medical screening to ensure they are not in need of urgent medications or services. This screening will capture: medical history, medication, serious or chronic illness and hospitalizations.

Upon entry to the recovery station, individuals will be provided an opportunity for respite and offered comfort services. Comfort services include: clean clothes, laundry services, refreshments and an opportunity to attend to personal hygiene needs.

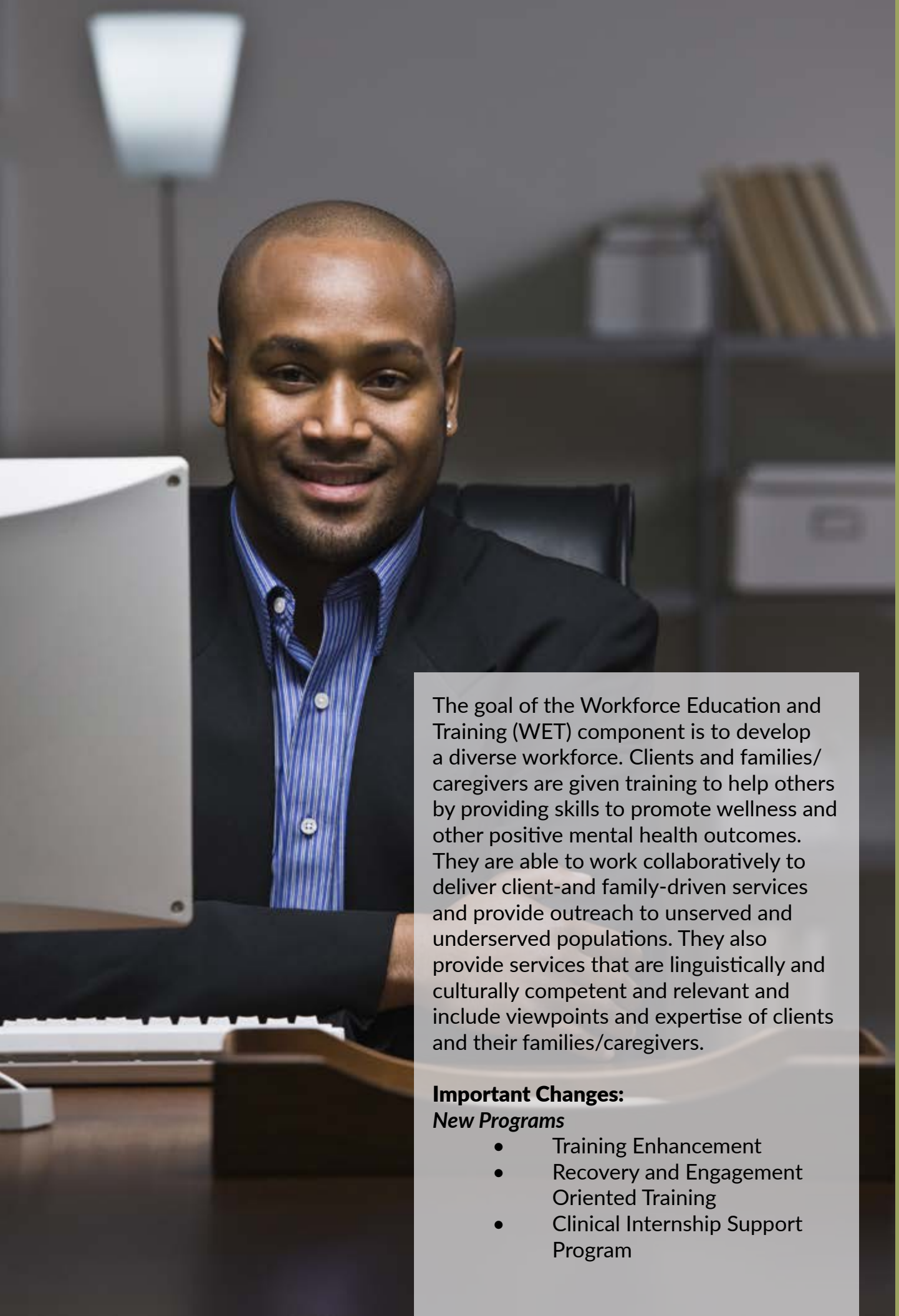
The recovery stations are designed to improve engagement and accessibility to services for residents of Kern County who are experiencing co-occurring mental illness and substance use. The Healing Project will provide a peer-led safe environment for referred individuals.

Innovative Component
The Healing Project will be the first program to integrate elements of a sobering station while continuously engaging and ultimately providing a warm link for those in need of care. No other program exists to address immediate intoxication needs, with the intent of screening and addressing untreated, undiagnosed mental health conditions. With the incorporation of mental health and substance use disorder screening tools and treatment focus, The Healing Project will gain knowledge about the impact of the recovery station model on engagement and referrals to treatment for this underserved population.

The Healing Project is also innovative in its focus on peer-led intervention and services, designed to encourage engagement and identify potential previously undiagnosed mental illness, providing immediate support and linkage to mental health and substance use care. During Kern County's first Innovative Project, the Freise Hope House crisis residential program, it was determined that clients reported high satisfaction, feeling peer support staff were more able to relate to their experiences. The Healing Project will build on previous learning objectives to continue to gain knowledge about the impact of peer support in the recovery setting.

Service Goals FY 2018/19

- Determine the benefits of utilizing peer-led services in early intervention environments.
- Evaluate the benefits of short-term recovery stations toward engagement in follow-up services.
- Determine the impact to law enforcement and other County resources of a recovery station as an alternative to arrests and crisis medical and mental health services.



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

Important Changes:

New Programs

- Training Enhancement
- Recovery and Engagement Oriented Training
- Clinical Internship Support Program

Clinical Internship Support Program – Workforce Education and Training – Residency and Internship

Goal # of Participants FY 2018/19: 24
Cost per Client FY 2018/19: $24,391

Kern Clinical Supervision Program Description
Kern Behavioral Health and Recovery Services (KernBHRS) is dedicated to assisting staff in pursuing licensure in the mental health Licensed Practitioners of Healing Arts (LPHAs) by providing the direct clinical supervision hours required by licensing authorities, by the California Board of Behavioral Sciences (BBS) Statutes and Regulations relating to the practice of: Licensed Clinical Social Workers (LCSW), Licensed Marriage and Family Therapists (LMFT), and Licensed Professional Clinical Counselors (LPCC) noted on The 2018 BBS Statutes and Regulations brochure.

KernBHRS supports education and professional development. Furthermore, preparing KernBHRS supports, associates and interns to work towards being independent and competent in the behavioral health profession. Utilizing training and experiential learning, the Clinical Supervision Program provides development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, interdisciplinary relationships, supervision, ethics, law and public policy. Competencies promoted are based on the Marriage and Family Therapist, Social Work, Professional Clinical counselors Competencies.

Program oversight is provided by the Department Supports Administration and Workforce and Education Training Coordinator. Human Resources and various Team Supervisors assist with LPHA selection. They interview to choose candidates who are then scored and ranked, which determines the candidates who will be employed with KernBHRS.

Training follows orientation, in addition to any on-site training they receive as a part of their team sites. Core Competency Trainings for Supervisees include: Core Academy Clinical Breakout orientation, Law and Ethics, Engagement & Recovery Oriented, Crisis Intervention, Clinical Documentation, Risk Assessment, Co-occurring & Substance Use and Cultural Competence.

Associates are provided with experience in the following clinical teams:

- Children System of Care- Emphasis on Children Adolescents and Families.
- Children System of Care- Emphasis on Transitional Age Youth.
- Crisis Division.
- Recovery Services Administration.
- Adult System of Care.
- Adult System of Care- Emphasis on Geriatrics.
- Adult System of Care- Emphasis on Correctional Behavioral Mental Health.
- Substance Use Division.
- Substance Use Division- Emphasis on Youth.
- Substance Use Division- Emphasis on CalWORKs and Adults.

Program Goals in Supervision FY 2018/19

- To refine individual and professional development as a Clinician.
- To develop and refine ethical, legal and public policy knowledge.
- To develop supervision skills.
- To develop and refine clinical skills in psychological assessment and diagnosis.
- To develop and refine clinical intervention skills.
- To develop sensitivity to and appreciation for human diversity.
- To develop consultation skills and positive interdisciplinary skills.
- To develop scientific foundations and research skills.

Clinical Supervision addresses the following Evidence-Based Practices utilized in the various clinical sites:

- Solution-Focused Brief Therapy
- Dialectical Behavioral Therapy
- Modalities within the Cognitive Behavioral Therapy spectrum
- Therapeutic Behavioral Services
- Functional Family Therapy
- Aggression Replacement Training
- Motivational Interviewing
- Stages of Change
- Trauma Informed Care
- Suicide Prevention

Kern Psychology Internship

Psychology Interns FY 2017/18: 4
Goal number of Psychology Interns FY 2018/19: 4
Anticipated cost per Psychology Intern FY 2017/18: $42,393.00

Program Description
KernBHRS, as a member of the Association of Psychology Postdoctoral and Internship Careers (APPIC) prepares interns for the professional practice of psychology. Utilizing training and experiential learning, the Clinical Psychology Internship Program (Internship Program) provides development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, interdisciplinary relationships, supervision, ethics, law, public policy and scientific foundations and research. Competencies promoted are based on the APPIC Competency Conference of 2000. Each internship cycle lasts one calendar year, beginning annually in August.

Program oversight is provided by the Training Director, who scores each application to determine which candidates will be included in the interview process. The Intern Selection Committee provides interviews to chosen candidates who are then scored and ranked. Ranking information is sent to the matching service, which determines the candidates who will remain interns with KernBHRS. Rankings for potential interns are also provided to the APPIC prior to the sending of confirmation letters.

Training follows orientation and is varied depending on the rotation chosen. Interns traditionally participate in one two-hour didactic training per week in addition to any on-site training they receive as a part of their rotation. Core Curriculum for didactic training includes: Mental Health Administration, Law and Ethics, Psychopharmacology, Crisis Intervention, Inpatient Psychiatry, Risk Assessment, Substance Use and Cultural Competence.

Existing clinical staff completing internship of post-graduate and practicum of pre-graduate for their discipline are provided hours of clinical supervision through the Internship Support Program by a KernBHRS licensed psychologist. Clinical supervision is provided 10 % of the total hours accrued within a week. For instance, if interns have a 40 hours clinical treatment work week, a total of 4 hours of individual and group supervisions must be provided. Licensed psychologists have completed 6 hours of clinical supervision training, law and ethics training, and other required trainings in order to provide supervision. Specifically, licensed psychologists must have completed 36 hours of Continued Education Units in order to ensure their license is active and to provide clinical supervision.

Psychology interns are provided options for rotation, including:

- Forensic Adult Emphasis and Children Adolescents and Families (CAF)
- Forensic Adult Emphasis and Adolescent Emphasis Rotation
- Forensic Adult Emphasis and Child Intensive Rotation
- Child Intensive and Adolescent Emphasis Rotation

One or more of the following Evidence-Based Practices may be utilized depending on the rotation chosen:

- Solution-Focused Brief Therapy
- Dialectical Behavioral Therapy
- Modalities within the Cognitive Behavioral Therapy spectrum
- Therapeutic Behavioral Services
- Functional Family Therapy
- Aggression Replacement Training

Program Goals FY 2018/19

- To develop and refine clinical skills in psychological assessment and diagnosis.
- To develop and refine clinical intervention skills.
- To refine individual and professional development as a Psychologist.
- To develop sensitivity to and appreciation for human diversity.
- To develop consultation skills and positive interdisciplinary skills.
- To develop supervision skills.
- To develop and refine ethical, legal and public policy knowledge.
- To develop scientific foundations and research skills.

Cultural Competence

With excerpt from the Cultural Competence Annual Update Plan for FY2018-2019

Criterion 1: Commitment to Cultural Competence

- **Goal I:** Enhance organizational structure and process to ensure and promote multi-cultural and diversity practices.
- **Goal II:** Enhance documents to ensure the commitment to culturally and linguistically competent services are reflected throughout the entire system.
- **Goal III:** Enhance trainings for a culturally diverse workforce in both MH and SUD in order to provide effective services of our diverse communities

Criterion 2: County Mental Health System Updated Assessment of Service Needs

- **Goal I:** Enhance Integrating stakeholders in the process of identifying training gaps and training needs of the community.
- **Goal II:** Enhance evidence-based practices for diverse ethnic groups.

Criterion 3: County Mental Health System Strategies and Efforts for Reducing Racial, Ethnic, Cultural, and Linguistic Mental Health Disparities.

- **Goal I:** Enhance O&E efforts and projects that are aimed at increasing the penetration rate of the Hispanic/Latino populations
- **Goal II:** Enhance threshold language assistance (Spanish) among Medi-Cal working Populations facing Poverty.
- **Goal III:** Enhance O&E efforts and projects that are aimed at increasing the penetration rate of the African American (AA) populations.
- **Goal IV:** Enhance O&E efforts and projects that are aimed at increasing the penetration rate of the Asian and Pacific Islander (API) populations.

Criterion 4: County Mental Health System Client/Family Member/ Community Committee: Integration of the Committee within the County Mental Health System.

- **Goal I:** Enhance diversity of the workforce staff in the organization to reflect community demographic.
- **Goal II:** Enhance collaborations with community partners to identify gaps and needs to improve effective behavioral health services.

Criterion 5: County Mental Health System Culturally Competent Training Activities

- **Goal I:** Enhance cultural competence trainings to address diverse groups, unserved or underserved populations.
- **Goal II:** Improve analysis of the effectiveness of cultural competence trainings.

Criterion 6: County Mental Health System County's commitment to Growing a Multicultural Workforce: Hiring and Retaining Culturally and Linguistically Competent Staff

- **Goal I:** Enhance recruitment and retention efforts to onboard diverse workforce.
- **Goal II:** Enhance efforts to support consumers as part of a diverse workforce.

Criterion 7: County Mental Health System Language Capacity

- **Goal I:** Enhance linguistic capabilities to meet the threshold languages of the county.
- **Goal II:** Create a method to analyze the effectiveness of trainings offered to staff and interpreters.

Criterion 8: County Mental Health System Adaptation of Services

- **Goal I:** Enhance programs to effectively provide adaptation services to diverse individuals and groups.
- **Goal II:** Enhance the beneficiary problem resolution process that are culturally and linguistically appropriate to identify, prevent, and resolve Grievance and Appeals.

Relias Learning – Workforce Education and Training – Training and Technical Assistance

Goal # of Participants FY 2018/19: Approximately 800
Cost per Participant FY 2018/19: $232.70

Program Description
The Relias Learning Management System is an on-line easy-to-use training system which provides a myriad of training modules for behavioral health agencies. Kern Behavioral Health & Recovery Services (KernBHRS) began implementation in FY17-18, streamlining training in multiple topics including cultural competence, evidence-based practices, management and supervisory skill building, compliance, safety and employee well-being. Additional topics include work force education, training and development for various behavioral health job classifications such as clinicians, providers and peers.

The Relias library of over 900 on-line courses creates a more efficient staff development training process by allowing staff to complete training sessions in a timely manner from their workstation, eliminating the need for travel and providing for better time management. Courses provide training and education on levels beyond the capability of available classroom topics, more thoroughly supporting clinical, clerical and administrative work force education. Examples of these trainings include:

- Corporate Compliance and Ethics
- Cognitive Behavioral Therapy
- Basic Communication and Conflict Management Skills
- 2010 MS Excel
- Motivational Interviewing in Clinical Practice
- Promoting Treatment Engagement with Behavioral Health Disorders

Relias allows KernBHRS to develop department specific trainings and upload them to the KernBHRS learning library. This flexibility allows KernBHRS to develop training that adapts to trends and diverse populations specific to Kern County. KernBHRS has added over 125 specific on-line and in-person training modules into the KernBHRS library of training. Examples of these trainings include:

- HIPAA Privacy
- HIPAA Security
- Confidentiality
- Corporate Compliance
- Drug Medi-Cal Title 22
- Cultural Competence: Multi-Cultural and Diversity Training

KernBHRS developed training plans that are assigned to new and current staff depending on their job role and team assignment. These training plans contain a series of mandatory on-line and in-person trainings with calculated due dates to be completed on a one-time or annual basis. KernBHRS has the ability to tailor these training plans based on department requirements and staff needs. Examples of these training plans include:

- New Hire Training Plan: Direct Service Staff
- New Hire Training Plan: Professional & Administrative Staff
- Annual Training Plan: Direct Service Staff
- Annual Training Plan: Professional & Administrative Staff

- Volunteer Mandatory Training Plan
- Specific Training Plans for various Divisions/Teams

Relias offers KernBHRS licensed personnel: psychiatrists, psychologists, nurses, licensed clinical social workers, licensed marriage family therapists licensed professional counselor and licensed substance abuse specialists, the ability to complete required continuing education training on-line. This flexibility allows staff to complete training that is current and relevant to their license and population served while reducing the department's cost for reimbursing staff for this required training. KernBHRS currently has 205 licensed staff completing CEU training in Relias.

Program Goals and Evaluation:

- Provide current, relevant training that is accessible to staff
  - Relias provides continuous access to over 900 on-line trainings

- Provide current, relevant continuing education training to licensed staff, reducing the requirement for reimbursement.
  - California accepted accreditation agencies with approved Relias training include:
    - ACCME: Accreditation Council for Continuing Medical Education
    - APA: American Psychological Association
    - ASWB: Association of Social Work Board
    - CA-BRN: California Board of Registered Nursing
    - CCAPP: California consortium of Addiction Professionals

- Develop standardized training plans for staff based on their job role and training category
  - New Hire Training Plans identify training that must be completed within the employee's first year of employment.
  - Annual Training Plans identify training that is required on a recurring basis.
  - Specialized Training plans can be assigned to staff based on additional responsibility. Examples of these include:
    - 5150 Training
    - Supervisor Training
    - Clinical Supervision Training
  - Relias partners with the National Council to make available additional training plans that focus on clinical, professional development and management areas. Examples include:
    - Mental Illness and Recovery – Disorders and Symptoms
    - Leadership Skills – Management and Leadership Fundamentals
    - Building an Engaged Workforce

- Develop standardized reporting capability that can be used at all levels to ensure staff compliance with required (mandatory) training
  - Prior to Relias implementation, administrators, supervisors and staff were not able to view their training compliance and completion status. Reports were generated on an "as-needed" basis. With Relias and their "on-demand" reporting feature, administrators and supervisors can view individual and team training using a variety of reporting methods. These include:
    - Individual Learner Transcript: available to the staff member, supervisor

and administrator.
    - Course Completion History Report: allows supervisors to view course completion records for on-line and in-person training.

Future Goals FY 2018/19

- Integrate KernBHRS contact partner agencies into Relias to further standardize training throughout the Kern County System of Care.
- Incorporate KernBHRS Policies and Procedures into Relias to more efficiently update and track mandatory reviews of KernBHRS Policies and Procedures.
- Integrate and analyze course evaluation and final examination data to ensure training is meeting the needs of the department.
- Develop competency checklists to evaluate, document, track and assign additional training as required to measure skills development using pre and post training evaluations and to ensure sustainability of learned trainings.

Challenges:

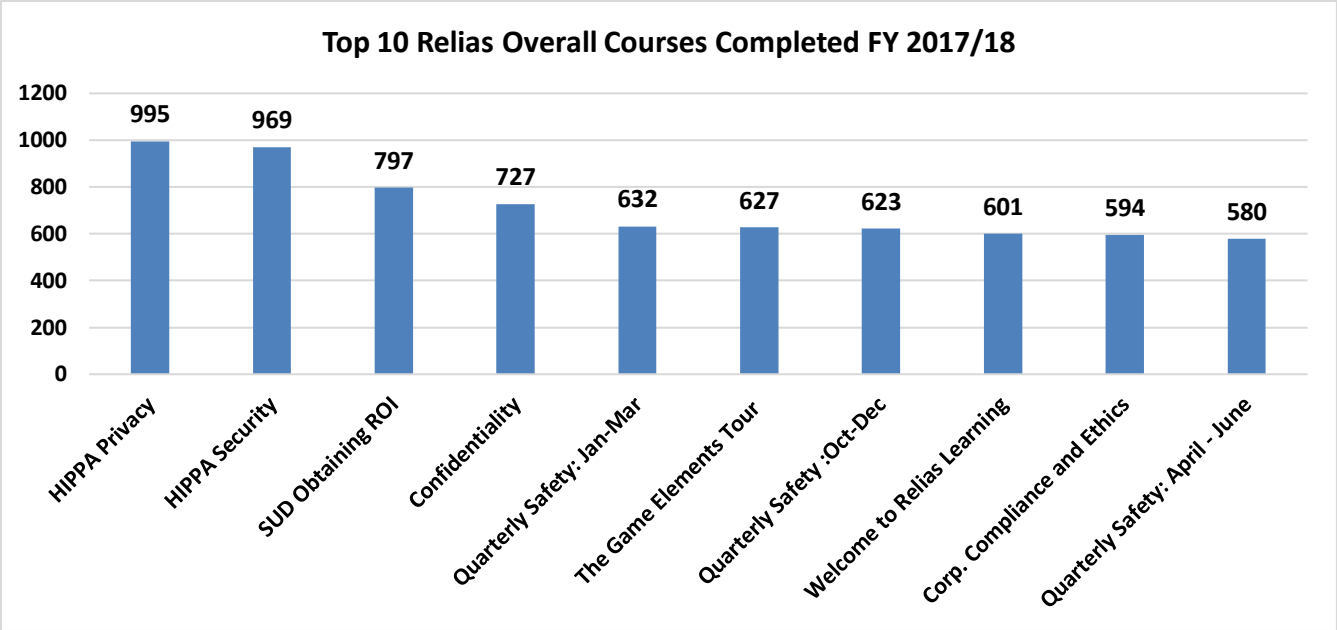
- KernBHRS's current training tracking system personnel database was not maintained resulting in duplicate entries and training not being completed as required
- KernBHRS had no way to assign, track and monitor training status of 750+ employees. Required training was not being completed. Administrators, supervisors and staff members did not know what training was required and how often it was required. This resulted in staff attending more training as there was no consistent tracking system.
- KernBHRS employees licensed staff that are required to complete continuing education units to maintain their licensure. Current policy reimburses up to $500 per person per license cycle for CEU costs. KernBHRS needed a cost-efficient way to reduce that expense.
- KernBHRS had no way to assign and monitor training completed by external contract partner agency staff. This training is identified in each agency contract.
- KernBHRS Training Services manually prints course completion and continuing education certificates for each applicable course (approx. 1350 for FY18-19 to date).
- KernBHRS desires a way to provide more effective training to staff with increased experience in situational learning situations, while reducing the amount of time staff are away from their office.
- KernBHRS currently has a "one-size, fits all" approach to training. This results in staff attending training that is not appropriate or too basic for staff.

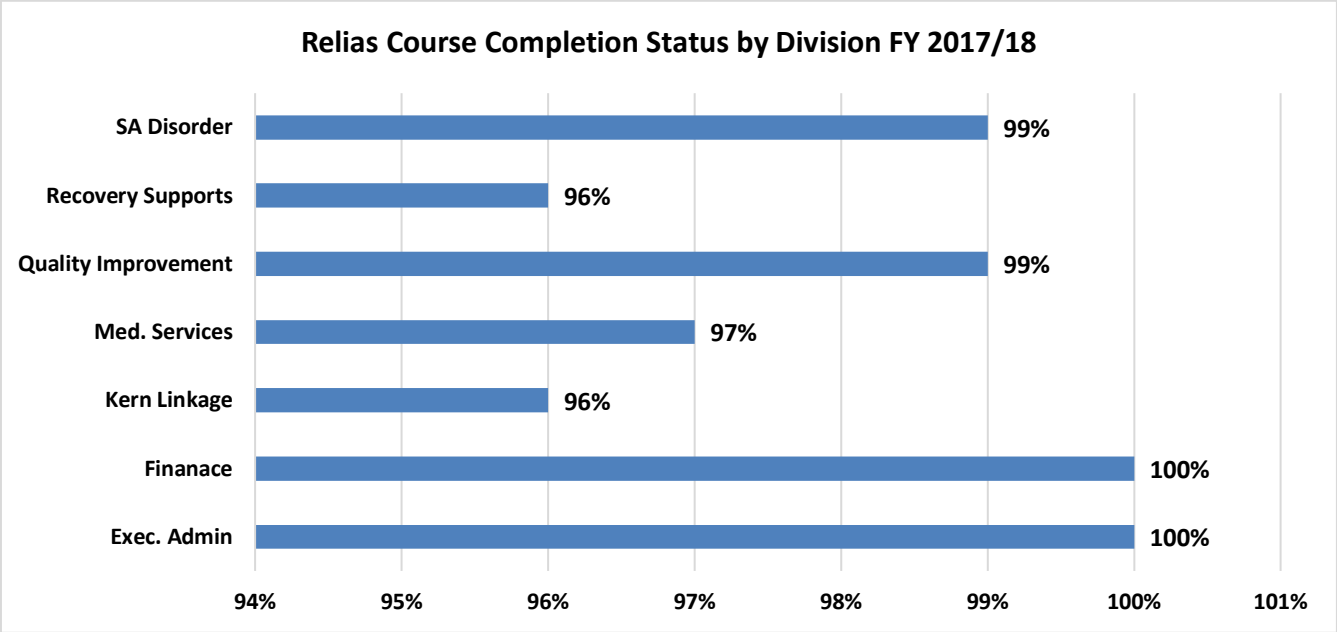
Solutions in Progress:

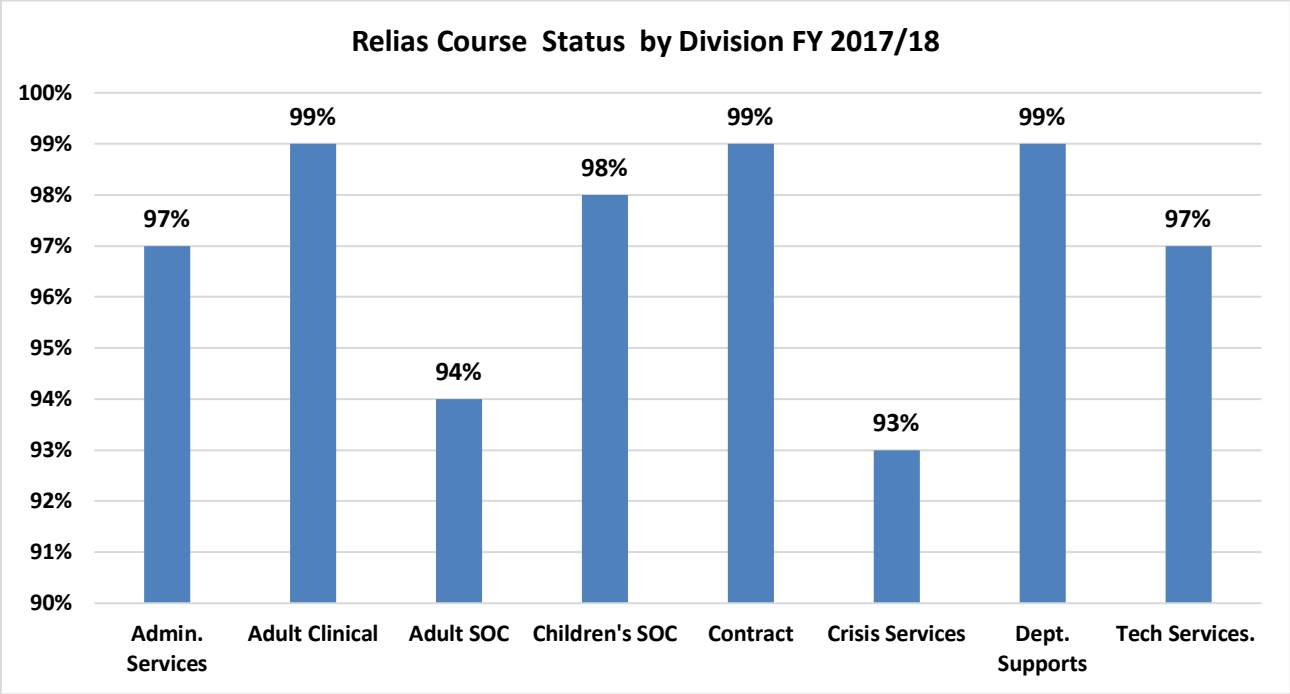
- Allows import of KernBHRS personnel information to maintain database integrity
- Relias allows the development and assignment of standard training plans to KernBHRS staff based on their Human Resources personnel information, i.e. Training Category, Job Role, assigned Division/Team, etc. System availability allows staff at all levels to monitor training assignments and completion status.
- Relias is an accredited CEU provider for multiple California licensing agencies. This allows identified staff to complete required continuing education on-line at no additional cost to KernBHRS. This has the potential to save KernBHRS $100,000 in CEU reimbursement costs.
- KernBHRS Training Services is coordinating with Information Technology and

Contracts Division to incorporate 400+ contract agency personnel into Relias. This will allow KernBHRS contract administrators to monitor contractor compliance with requirement.

- KernBHRS developed a course completion and continuing education certificate templates that staff can print upon completion of identified training. This allows staff to print certificates as required, reducing paper and time spent printing certificates in bulk.
- KernBHRS is developing focused training plans that assign foundational training to new staff. This training can be completed at staff locations and discussed with supervisors and peers. Staff can then attend in-person experiential training to further develop skills and abilities.
- Focused training plans also allow KernBHRS Administrators the ability to develop division specific training required for their staff. Through Relias, completion dates are assigned, and compliance is monitored at all levels. This will help KernBHRS to assign the right training to the right people at the right time.






Relias Course Status by Division FY 2017/18
100%
99%
98%
97%
96%
95%
94%
93%
92%
91%
90%
97%
99%
94%
98%
99%
93%
99%
97%
Admin. Services
Adult Clinical
Adult SOC
Children's SOC
Contract
Crisis Services
Dept. Supports
Tech Services.

Training Enhancement

Staff Served FY 2017/18: 71
Goal number of Staff Served in FY 2018/19: 75
Anticipated Cost per Staff for FY 2018/19: $4,676.45

Program Description
Training Enhancement programs provide various workforce development trainings for Kern Behavioral Health & Recovery Service (KernBHRS) staff. Training enhancement programs include, but are not limited to: the NATCON conference, Leadership Conferences, Evidenced-Based Practices Conferences and Cultural Competence Annual Conferences. Additional conferences and trainings include improving administrative skills and clinical skills to ensure KernBHRS staff provide effective treatment and care to those we serve, both clients and community. Furthermore, learning format occurs in live and/or online courses and presentations. Key areas that have been provided are in multiple topics including engagement training, family inclusion, peer inclusion, cultural competency, evidence-based practices, management and supervisory skill building, recruitment and retention of diverse workforces, compliance/ safety and employee well-being.

Training Enhancement programs are beneficial to ensure KernBHRS workforce obtain the most current and evidenced-base information, learning and practices in order to provide culturally and linguistically appropriate and effective services.

Recovery and Engagement Oriented Training

Staff Served FY 2017/18: None. Program not started.
Goal Number of Staff Served in FY 2018/19: 60
Anticipated Cost per Staff for FY 2018/19: $1,019.59

Program Description
In partnership with the University of Minnesota and the Minnesota Center for Chemical and Mental Health (MNCAMH), Kern Behavioral Health & Recovery Services (KernBHRS) will provide empirically supported training that focuses clinical staff skills on reorienting clients towards recovery, understanding motivational deficits and supporting clients as they engage in recovery. This multi-component model incorporates didactic instruction with discussion, written activities and skills and rehearsal to assess the learner's knowledge and skills. KernBHRS will train up to 360 staff during this initial implementation period. The initial assessment, training and evaluation is completed in a six-step process:

- **Step One:** University staff will engage with KernBHRS leadership, supervisors and client-facing staff to conduct an agency wide pre-training evaluation to establish the KernBHRS Recovery Orientation Baseline.
- **Step Two:** Using the information from Step One, University staff will modify an established successful engagement curriculum to address gaps and reinforce strengths in KernBHRS staff's ability to effectively engage clients in recovery-oriented care. The University will also develop pre- and post-training assessments to measure

participants' competency using engagement skills.

- **Step Three:** Engagement consists of the following events in chronological order:
  - Pre-training assessments and questionnaires about providers' recovery orientation and engagement skills.
  - Two-day in-person workshop. Topics include:
    - Reorienting Toward Recovery,
    - Understanding Motivational Deficits
    - Supporting Clients as They Engage in Recovery
  - Three months of intensive consultation using an interactive web-based learning platform. Continued training includes:
    - Live video conference sessions allow participants to share successes and challenges with implementation and receive coaching in specific engagement strategies and skills.
    - Web-based learning modules offer additional recovery and engagement-related resources, implementation and practice tips as well as clinical exercises that promote a working familiarity with recovery and engagement skills and concepts.
  - Post-Training Assessments completed by participants and clients to evaluate clinician's recovery orientation, engagement knowledge and skills.
- **Step Four:** Progress Report for KernBHRS Leadership: After each series of four trainings, the University will provide and present a report to KernBHRS leadership that includes the following:
  - Baseline and comparison data from the pre-post evaluation scores.
  - Trainer and participation observation results.
  - Recommendations for ways to modify the program to endure the training continues to meet the needs of KernBHRS.

- **Step Five:** Continued trainings, evaluations and reports.
- **Step Six:** Sustainability Trainings and Evaluations. The three sustainability workshops are flexible and can be interchanged to meet the needs of KernBHRS staff. Descriptions of these workshops are:
  - Engagement Training: A continuation of the initial trainings and consists of pre/post assessment of two-day in-person workshops followed by three months of all consultation (up to 40 participants per training). This series of engagement workshops offers KernBHRS the opportunity to provide engagement training to additional staff as well as newly hired staff.
  - Advanced Engagement Training: This training is designed for clinicians who want to advance their engagement skills and clinical supervision.
    The applied training will teach participants more sophisticated techniques as well as how to provide education, support and coaching to colleagues or those they supervise. With sustainability as the central goal, the advanced Engagement Training allows for the transfer of engagement skills, strategies and teaching methods so that KernBHRS can continue to support new and continuing staff.
  - Deep Dive Engagement Training: As with any training, some staff may need additional support in implementing their skills and strategies. The Deep Dive workshops are specifically designed to provide additional training for staff that may be struggling to effectively apply engagement strategies with clients.

Program Goals and Evaluation FY 2018/19

KernBHRS anticipates that 85% of staff completing this Engagement training shall receive evaluation results of "Good" to "Excellent." Evaluations will be accomplished using direct observation, audio and/or video-taped recording of client sessions or mock client sessions, written materials and interviews with county staff.

- University will provide evaluation of KernBHRS staff prior to and upon completion of the Engagement and/or Sustainability training using a 1-5 scale. The scale is listed below:
  - Unsatisfactory: No evidence the required skills are being used or the skills are being used but performed incorrectly.
  - Needs Improvement/Low Integration: Some evidence skills are being partially used, not performed well and information and skills are not integrated into the session.
  - Satisfactory/Satisfactory Integration: The skills are being used and integrated but could be used more effectively or more consistently.
  - Very Good/Very Good Integration: Skills are being used effectively and consistently and the practitioner is integrating skills in most of the session as guided by the stage of treatment
  - Excellent/Excellent Integration: Skills are being used effectively and successfully integrated into every part of the session based on the client's stage of change. In addition, the practitioner takes advantage of all opportunities to use the skills and shows ability to overcome challenges in using the skills.
- The University will evaluate KernBHRS staff on a range of skill competencies including:
  - Recovery Orientation
  - Therapeutic Relationship
  - Structure of Sessions
  - Efficient Use of Time
  - Comprehensive Knowledge of Evidence Based Practices in Use and/or Best Practice Models of Care
  - Goal Setting and Goal Follow-Up

Challenges:

- Implementing the Pre-Training Consultation, Agency Evaluation in November and December 2018 was challenging due to the contract not being finalized until late in October 2018.
- The following took place in February 2019:
  - Pre-Training Consultation.
  - Agency Evaluation.
  - Timeline did not specify dates for training.
  - Curriculum was not available.
  - Coordinating dates with trainers was challenging.
  - Lots of last-minute changes on trainers part.
  - Identifying attendees and staff who would participate first without impacting direct services and clients.
- Monitoring the staff to attend the initial Live Training for 2 days and Successfully Complete.
  - Monitor Staff to complete:
  - Online Registration.

- Complete online assignments.
- Not all completed the assignments by the first Consultation
- Ensure 53 staff continued online webinars, via ALL learning.

Solution:

- The First Live Training was scheduled and delivered February 27 & 28, 2019 Successfully.
- 53 Staff participate and reviews were very favorable.
- 53 Registered in the online system with University of MN; however, not all were successful in fully registering and accessing the assignments due to computer issues.
- 43 staff attended the Consultations in March.
- More staff continued to register throughout March and completed their online assignments
- Staff continue to provide very favorable reports on the assignments and learning.
- Staff report to appreciate the learning and they are actively practicing the skills daily with their clients.
- A make-up session will be offered in the upcoming week.

Solutions in Progress:

- KernBHRS Department Support Division coordinated with IT department to install the necessary equipment at 3300 Truxtun Ave for ongoing Consultation to take place for the next 5 years.
- KernBHRS Department Support Division continues to coordinate with site supervisors to remind their staff about the:
- Weekly assignments
- Monthly Consultations
- KernBHRS Department Support Division is utilizing the outlook calendar to schedule, notify and remind staff about the consultations each month.

Capital Facilities and Technology Needs

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

Important Changes:

- Healing Project: With Innovation funds, the Healing Project will provide a new and innovative service through its peer-led philosophy and provide a more comfortable environment for individuals with mental illness experiencing the acute stages of substance use.

FY 2017-18 Project Implementation Update: The contracted services agreement was negotiated and executed with the service provider, Telecare, Inc. In addition, several real estate site options were evaluated for appropriate use and location to meet City of Bakersfield zoning requirements for the project. A property has been secured for Bakersfield, and a Conditional Use Permit issued by the City of Bakersfield. A lease with an option purchase agreement was negotiated and approved by the Board of Supervisors' on February 12, 2019. The interior and exterior design process is underway with the KernBHRS and Telecare in addition to the development of operations policies and procedures.

For the Delano site, community stakeholder meetings planned over the next few months and staff have begun evaluating sites for the second Recovery Station. These stakeholder groups are long standing community partners in the Recovery Station efforts and include City, County and law enforcement agencies in addition to several behavioral health and housing service providers.

The Healing Project – Capital Facilities and Technology Needs

Location:
Kern Behavioral Health and Recovery Services
316 Kentucky Street
Bakersfield, CA 93305

Clients Served in FY 2017/18: 0. Program implementation was not complete.
Goal # of Clients Served in FY 2018/19: 4,800
Cost per Client FY 2018/19: $520.83

Program Description
A property has been secured at 316 Kentucky Street for the Bakersfield Recovery Station and a Conditional Use Permit has been issued by the City of Bakersfield. A lease/option to purchase agreement was negotiated and approved by the Board of Supervisors on February 12, 2019 (Agreement #079-2019). This project is budgeted for a $2.5 million purchase including all tenant improvements to the location. The interior and exterior design process is underway with KernBHRS and Telecare, Inc. (contractor). Tenant Improvements to the building are necessary in order to operate a fully functioning Recovery Station including construction of a recovery lobby, separate women and men areas with observation rooms, staff offices, conference rooms, lounges and multiple offices (9,423 square feet total). The remaining building will continue to be used for storage/warehouse (9,172 square feet). Tenant Improvements are also necessary and will address the different occupancy classifications and ensure the structure meets all safety requirements and adheres to current building codes.

Goals FY 2018/19

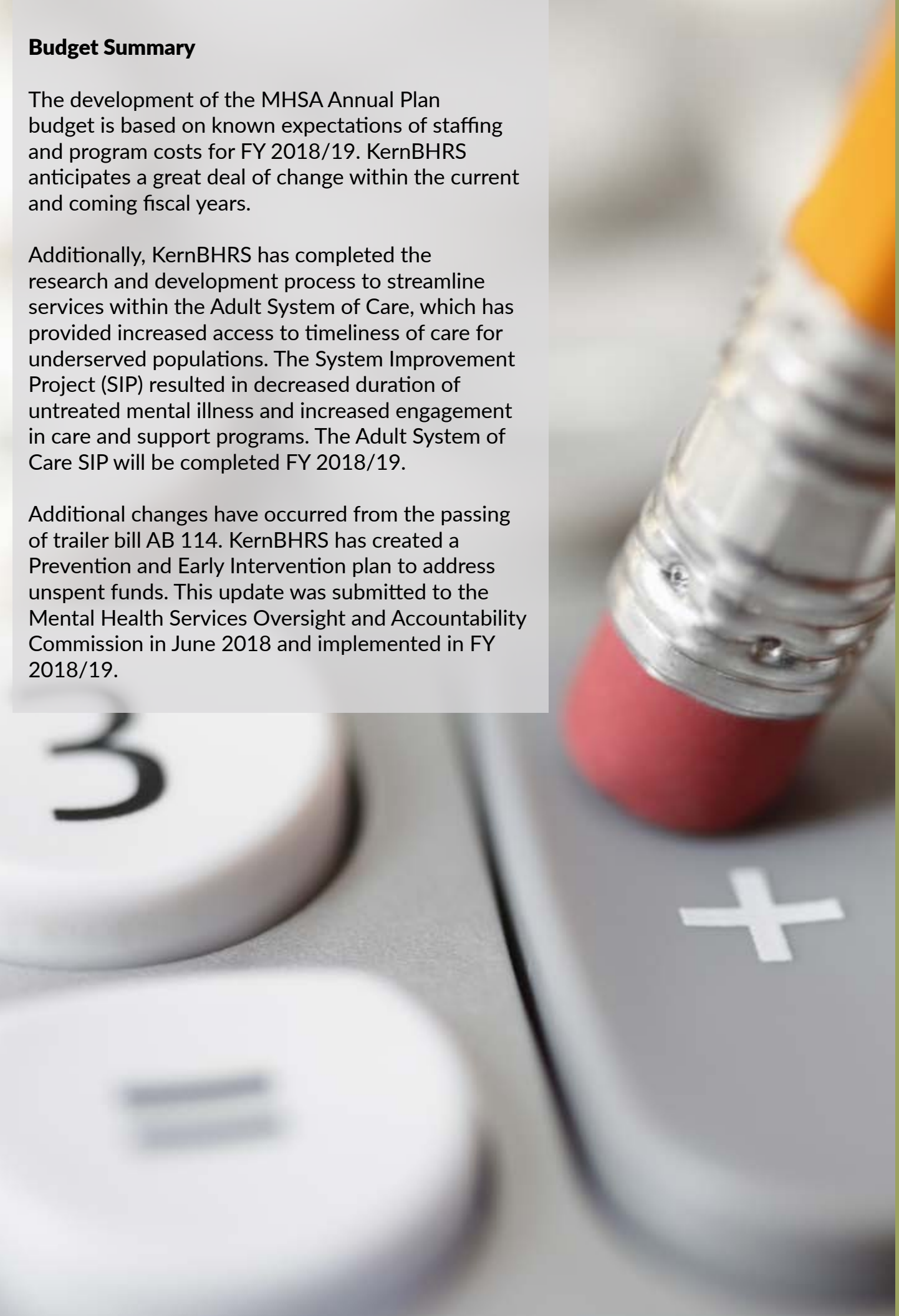
- Create a peer-led fully functional recovery and sobering station to meet the needs of people in Kern County.
- Create an inviting atmosphere that can support screening, access and linkage to care.

Budget Summary

The development of the MHSA Annual Plan budget is based on known expectations of staffing and program costs for FY 2018/19. KernBHRS anticipates a great deal of change within the current and coming fiscal years.

Additionally, KernBHRS has completed the research and development process to streamline services within the Adult System of Care, which has provided increased access to timeliness of care for underserved populations. The System Improvement Project (SIP) resulted in decreased duration of untreated mental illness and increased engagement in care and support programs. The Adult System of Care SIP will be completed FY 2018/19.

Additional changes have occurred from the passing of trailer bill AB 114. KernBHRS has created a Prevention and Early Intervention plan to address unspent funds. This update was submitted to the Mental Health Services Oversight and Accountability Commission in June 2018 and implemented in FY 2018/19.



FY 2018/19 Mental Health Services Act Annual Plan

Funding Summary

County: Kern

Date: 7/1/2019

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2018/19 Funding						
1 Estimated Unspent Funds from Prior Fiscal Years	$41,377,175	$26,355,863	$9,839,143	$44,642	$1,841,020	
2 Estimated New FY 2018/19 Funding	$31,400,470	$8,910,944	$2,121,653			
3 Transfer in FY 2018/19	($1,228,427)			$1,228,427		
4 Access Local Prudent Reserve in FY 2018/19						
5 Estimated Available Funding for FY 2018/19	$71,549,218	$35,266,807	$11,960,796	$1,273,069	$1,841,020	
B. Estimated FY 2018/19 MHSA Expenditures	$26,846,925	$15,759,832	$1,185,392	$1,395,420	$1,600,000	
G. Estimated FY 2018/19 Unspent Fund Balance	$44,702,293	$19,506,975	$10,775,404	0	$241,020	

H. Estimated Local Prudent Reserve Balance	
1 Estimated Local Prudent Reserve Balance on June 30, 2018	$16,769,833
2 Contributions to the Local Prudent Reserve in FY 2018/19	$280,585
3 Distributions from the Local Prudent Reserve in FY 2018/19	
4 Estimated Local Prudent Reserve Balance on June 30, 2019	$17,050,418

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

County: Kern **Date:**

FY 2018/19 MHSA Annual Update
Community Services and Supports

County: Kern Date:

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CSS Programs – Full Service Partnerships						
1. Assertive Community Treatment	$3,595,876	$2,499,382	$1,094,189			$2,305
2. Adult Transition Team	$3,729,244	$2,813,788	$892.781			$22,675
3. Homeless Adult Team	$2,183,070	$1,696,453	$471,256			$15,361
4. Youth Multi-Integrated Service Team	$1,372,681	$936,463	$436,218			
5. Youth Wraparound	$2,579,217	$1,723,946	$852,264			$3,007
6. Wellness, Independence and Senior Enrichment (WISE)	$1,555,755	$921,356	$629,889			$4,510
7. Transitional Aged Youth (TAY)	$1,233,959	$779,722	$450,751			$3,487
8. Adult Wraparound	$1,108,117	$916,188	$187,347			$4,582
9.						
CSS – System Development						
11. Dialectical Behavioral Therapy Core Team	$512,153	$512,153				
12. Stockdale RAWC	$1,635,155	$711,366	$885,624			$38,165
13. West Bakersfield RAWC	$2,918,706	$948,548	$1,920,022			$50,136
14. North Bakersfield RAWC	$2,174,946	$1,068,652	$1,080,081			$26,213
15. Southeast Bakersfield RAWC	$4,340,366	$1,875,757	$2,392,534			$72,076
16. Self-Empowerment Team	$996,172	$896,482	$96,419			$3,271
17. Community Family Learning Center	$2,146,086	$2,146,086				
18. Adult Wraparound	$572,181	$371,220	$193,650			$7,311
19. Access & Assessment/CWIC	$4,279,979	$2,451,771	$1,754,735			$73,472
20.						
CSSS – Outreach & Engagement						
1. Outreach & Education	$219,159	$219,529				
CSS Administration	$4,714,674	$3,358,063	$1,356,612			
Total CSS Program Estimated Expenditures	$41,867,496	$26,846,925	$13,351,733			$326,571

County: Kern

Date: 07/2019

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Percentage of total funding dedicated to component
PEI Programs - Prevention						
1. Youth Brief Treatment	$219,696	$219,696				
2. Tay Career Development	$509,004	$509,004				
3. Volunteer Senior Outreach Program	$721,438	$721,438				
4. Art Risk Reduction Program	$38,648	$38,648				
5. CASA	$20,000	$20,000				
6. Youth Juvenile Justice	$164,094	$164,094				
7. Homeless Outreach Team	$1,484,414	$1,484,414				
8. Foster Care Engagement	$820,564	$820,564				
PEI Programs – Early Intervention						
1. Youth Brief Treatment	$3,265,240	$3,020,873	$242,868			$1,499
2. TAY Career Development	$1,292,352	$663,831	$627,552			$969
3. Volunteer Senior Outreach Program						
4. Youth Juvenile Justice	$53,699	53,699				
PEI Programs – Access and Linkage to Tx						
1. REACH	$257,593	$244,094	$13,218			$281
2. Crisis Hotline	$1,570,842	$1,570,842				
PEI Administration	$507,955	$374,638	$133,318			
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	$10,925,539	$9,905,835	$1,016,956			$2,749

County: Kern

Date: 07/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated AB114 Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
AB114 Programs						
1. DBT- Family Connection	$17,518	$17,518				
2. Yoga	$165,000	$165,000				
3. FRED	$93,000	$93,000				
4. Packed for Recovery	$307,534	$307,534				
5. REACH Expanded Services	$1,484,744	$1,484,744				
6. Transitions Curriculum	$86,513	$86,513				
7. Biblical Counseling	$23,391	$23,391				
8. Suicide Prevention outreach and Education	$278,791	$278,791				
9. Zero Suicide	$455,914	$455,914				
10. Kern Youth Resilience	$599,724	$599,724				
11. TAY Dual Recovery	$220,000	$220,000				
12. TAY Self-Sufficiency	$321,379	$321,379				
13. Help Me Grow	$261,555	$261,555				
14. Early Psychosis/La Clave	$1,280,000	$1,280,000				
15.						
16.						
17.						
18.						
19.						
20.						
AB114 Administration	$258,934	$258,934				
Total AB114 Program Estimated Expenditures	$5,853,997	$5,853,997				

County: Kern Date: 07/2019

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
Innovation Programs						
1. Smart911	$358,728					
2. Technology Suite	$576,664					
3. The Healing Project	$250,000					
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
Innovation Administration						
Total INN Program Estimated Expenditures	$1,185,392					

County: Kern Date: 07/2019

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Clinical Internship Support	$490,582	$490,582				
2. Relias Training	$186,163	$186,163				
3. Training Enhancement	$105,742	$105,742				
4. Psychology Internship	$490,582	$490,582				
5. Engagement and Recovery Oriented Training	$122,351	$122,351				
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
WET Administration						
Total WET Program Estimated Expenditures	$1,395,420	$1,395,420				

County: Kern

Date: 07/2019

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated CFTN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
CFTN Programs						
1. The Healing Project	$1,600,000	$1,600,000				
2.						
3.						
4.						
5.						
6.						
7.						
8.						
9.						
10.						
11.						
12.						
13.						
14.						
15.						
16.						
17.						
18.						
19.						
20.						
CFTN Administration						
Total CFTN Program Estimated Expenditures	$1,600,000	$1,600,000				

BEHAVIORAL
HEALTH&RECOVERY
SERVICES

BEHAVIORAL
HEALTH&RECOVERY
SERVICES
CONTACT:
MHSATeam@KernBHRS.org

BEHAVIORAL
HEALTH&RECOVERY
SERVICES

KERN COUNTY
BEHAVIORAL HEALTH BOARD

https://www.KernBHRS.org/behavioral-health-board
Behavioral Health & Recovery Services
2001 28th Street
Bakersfield

May 20, 2019
Regular Meeting 5:30 p.m.

AGENDA

5:00 p.m. Aspen Room		Behavioral Health Board Executive Committee Meeting
5:30 p.m. Regular Meeting	1.	Welcome and Board introductions – Jeff Burdick, First Vice-Chair
	2.	Introduction of new member Sonia Silva, representing District 1
	3.	Establish Quorum
ACTION ITEM *2 minutes*	4.	Approval of draft April 22, 2019 regular meeting minutes APPROVE
	5.	Special recognition of past Chair David Stabenfeldt
10 minutes	6.	Report on the Blessing Box history by Carol and Kyle O'Connor
3 minutes each	7.	Public comment: This portion of the agenda is reserved for persons desiring to address the Board on any matter not on this agenda and over which the Board has jurisdiction. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information; or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct staff to place a matter of business on a future agenda. Speakers are requested to limit their discussion to three minutes. Speakers should state their name for the record before making their comments.
ACTION ITEM *Public Hearing* *10 minutes*	8.	Conduct public hearing on Mental Health Services Act (MHSA) Fiscal Year 2018-2019 Annual Plan submission to the Kern County Board of Supervisors by Robin Taylor, BHRS Deputy Director, and Christina Rajlal, BHRS MHSA Coordinator OPEN HEARING; RECEIVE PUBLIC COMMENT; CLOSE HEARING; APPROVE
	9.	Unfinished Business: None.

5 minutes each	9.	New Business: A. Selection of Board July 2019 training date
5 minutes	10.	First Vice-Chair Report – Jeff Burdick
5 minutes	11.	Deputy Director's report – Stacy Kuwahara, Administrative Services
5 minutes	12.	Deputy Director's report – Alison Burrowes, Adult Clinical Services
5 minutes	13.	Deputy Director's report – Robin Taylor, Specialty Clinical Services
5 minutes	14.	Department report – Bill Walker, Director
3 minutes each	15.	Board Member item: This portion of the meeting is reserved for members to present to other members and to the public, information, announcements, and items that have come to their attention. No formal action by the Board will be taken. A member may request to calendar an item for consideration at a future meeting or refer an item to Behavioral Health & Recovery Services or a Board committee. Speakers are requested to limit their discussions to three minutes. BHB member presentation requests A. Transition Age Youth programs (Hofferd 08-2018) B. Difficult to serve/engage clients (Ramirez 08-2018) C. Narcan use (Exec 09-2018)
2 minutes each	16.	Public announcements
ACTION ITEM	17.	Adjourn to next regular meeting June 24, 2019, Behavioral Health & Recovery Services, 2001 28th Street, Bakersfield

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

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

KERN COUNTY
BEHAVIORAL HEALTH BOARD
REGULAR MEETING MINUTES

Draft for approval

Monday,
May 20, 2019
5:30 p.m.
Behavioral Health & Recovery Services
2001 28th Street
Bakersfield

BOARD MEMBERS:

Jean Lockhart
Sal Moretti
Sonia Silva
Frank Ramirez
Richard Hofferd
Fawn Dessy (excused)
Deborah Fabos
Victor Antonio
David Stabenfeldt
Jeff Burdick
Doug Jauch
Kate Tandy (excused)

OTHERS PRESENT:

Bill Walker – KernBHRS, Director
Kerri Freeman – CCS
Alison Burrowes – KernBHRS
Kyle O'Connor – Blessing Box Foundation
Carol O'Connor – Blessing Box Foundation
Stacy Kuwahara – KernBHRS
Chris Reilly – Clinica Sierra Vista
Melinda Santiago – CCS
Lynn Corse – KernBHRS
Linda Eviston – STEPS
Marie Neel – NAMI Kern County
Leah Lopeteguy-Hoffman
Katie Sons – TAASK
Cindy Coe – BHRS

1. **Welcome and introductions:** Lt. Burdick welcomed those in attendance. Board members provided self-introductions.

2. **Introduction of new member Sonia Silva, representing District 1:** Ms. Silva provided a brief introduction on her background and interest.

3. **Establish Quorum:** 10 present / 2 absent; quorum established.

4. **Approval of draft April 22, 2019 regular meeting minutes:** MOTIONS by Antonio / Jauch to approve April 22, 2019 minutes; APPROVED ALL AYES.

5. **Special recognition of past Chair David Stabenfeldt:** Today will be Dr. Stabenfeldt's last meeting attendance before moving out of state. Members offered appreciation for his service and well wishes in his new community.
BURDICK, RAMIREZ, FABOS, WALKER, STABENFELDT HEARD

6. **Report on the Blessing Box history by Carol and Kyle O'Connor:**

7. **Public Comment:** An opportunity was provided for members of the public to address the Board.
   A. Linda Eviston, STEPS,

8. **Conduct public hearing on Mental Health Services Act (MHSA) Fiscal Year 2018-2019 Annual Plan submission to the Kern County Board of Supervisors** by Robin Taylor, BHRS Deputy Director, and Christina Rajlal, BHRS MHSA Coordinator: Dr. Rajlal reviewed a PowerPoint presentation briefly outlining the elements of the Annual Plan and addressed questions from Board members.
   OPEN PUBLIC HEARING; HEAR PRESENTATION; RECEIVE PUBLIC COMMENT; CLOSE PUBLIC HEARING. MOTIONS BY FABOS / STABENFELDT TO APPROVE SUBMISSION TO THE KERN COUNTY BOARD OF SUPERVISORS

9. **Unfinished Business:** None.

10. **New Business:**
    A. Selection of Board July 2019 training date: After discussion, Saturday, July 20th was chosen as the 2019 training date.

11. **First Vice-Chair Report:** Lt. Jeff Burdick
    A. The Bakersfield Police Department has opportunities to do "ride-along" shifts with officers. Commander Jauch indicated the Sheriff's Office also offers this service.

12. **Deputy Director's report** – Stacy Kuwahara, Administrative Services
    A. The department will be providing a Lean Six Sigma presentation to the Board of Supervisors tomorrow focusing on customer service improvements.
    B. Staff are working to wrap up year-end requirements.
    C. The department recently completed two successful audits. Audit results will be shared with the Board.
    D. Staff have been organizing disaster coordination and updating the disaster plan.
    E. Ms. Kuwahara offered thanks to Dr. Stabenfeldt for his service.

13. **Deputy Director's report** – Alison Burrowes, Adult Clinical Services
    A. Ms. Burrowes introduced Kerri Freeman of College Community Services to provide a presentation on their services in east Kern. Ms. Freeman briefly explained the services they offer, population served, and communities served.
    HOFFERD, SANTIAGO, FABOS HEARD

14. **Deputy Director's report** – Robin Taylor, Specialty Clinical Services
    A. The audit of MHSA programs by the Department of Health Care Services has been completed.
    B. With the Board's approval of the MHSA Annual Plan it will now be submitted to the Board of Supervisors for approval.
    C. Staff are in the process of planning stakeholder meetings for the rest of the year.
    D. Tomorrow there will be a "Meet MET at The Mark" event as part of May is Mental Health Awareness Month.

E. The Training Services division has been coordinating engagement training for their first cohort and also conducting the Zero Suicide training.

F. Staff have been working to update the department's disaster coordination plan.

15. Department report – Bill Walker, Director

A. Mr. Walker discussed the disaster responses the department has been involved in through the CISM (Critical Incident Stress Management) teams.

B. The department has been working with the Department of Health Care Services (DHCS) on network adequacy issues. This process should help shape how behavioral health will look in the future, especially around integration care with physical health care.

C. DHCS has altered funding for how some medication costs are reimbursed, which has resulted in clients not being able to get some medications, such as certain injectables.

D. Mr. Walker thanked the deputy directors for the work they are doing for the community.

16. Board Member item:

A. Mr. Moretti indicated, as follow-up to the recovery station in Delano, he is aware of a possible partner to fund a location. Mr. Walker referred follow-up to Ms. Burrowes.

B. Mr. Moretti reported that the County is working with various organizations to put the homeless to work and questioned whether BHRS could partner. Mr. Walker responded an idea of this type would need to be vetted through the MHSA stakeholder process.

C. Mr. Moretti indicated Supervisor Couch has been attending meetings in rural communities and invited BHRS administration to attend.

D. Ms. Fabos introduced discussion about behavioral health homes and making evaluation opportunities more accessible. Mr. Reilly and Mr. Walker offered information.

E. Mr. Ramirez asked that the presentation on difficult to serve/engage clients, when scheduled, be inclusive of all programs.

F. Mr. Hofferd reported he will be attending the addiction process improvement event in June.

17. Public Announcements: None.

18. MOTIONS by Ramirez / Stabenfeldt to adjourn to regular meeting June 24, 2019, Behavioral Health & Recovery Services, 2001 28th Street, Bakersfield; APPROVED all ayes; adjourned at 7:04 p.m.

Items Distributed

Minutes of April 22, 2019 regular meeting
MHSA PowerPoint – *Rajlal*
BHB committee meeting minutes
BHRS Organizational Chart
BHB Committee Roster
BHB recruitment flyer

SUMMARY OF PROCEEDINGS

BOARD OF SUPERVISORS - COUNTY OF KERN

1115 Truxtun Avenue
Bakersfield, California

Regular Meeting
Tuesday, June 4, 2019

9:00 A.M.

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

BOARD RECONVENED

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

SALUTE TO FLAG - Led by First District Supervisor Mick Gleason

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

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

BOARD ACTION SHOWN IN CAPS

REPORT ON ACTIONS TAKEN IN CLOSED SESSION ON TUESDAY, MAY 21, 2019 AT 2:00 P.M.

Item 70 concerning a CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (Government Code Section 54956.9 (d)(4)) Number of cases: One (1) Based on existing facts and circumstances, the Board of Supervisors has decided to initiate or is deciding whether to initiate litigation - HEARD; NO REPORTABLE ACTION

NOTE: Ryan Walter provided comments on Item No. 30 prior to approval of the consent agenda; Chairman Couch pulled Item No. 30 off consent for separate consideration

RESOLUTIONS/PROCLAMATIONS

1) Proclaim June 2019 as Elder Abuse Awareness Month in Kern County - PROCLAIMED; MADE PRESENTATION TO LITO MORILLO, DIRECTOR, AGING AND ADULT SERVICES DEPARTMENT, WHO INTRODUCED JUDY SNYDER, COMMISSION ON AGING, AND JEREMY OLIVER, ADULT PROTECTIVE SERVICES PROGRAM DIRECTOR; LITO MORILLO AND JEREMY OLIVER, HEARD

Maggard-Gleason: All Ayes

2) Proclaim June through July 2019 as Kern County Library's Annual Summer Reading Challenge and Lunch @ the Library - PROCLAIMED; MADE PRESENTATION TO ANDIE SULLIVAN, DIRECTOR OF LIBRARIES, WHO INTRODUCED JASMIN LOBASSO, MARKETING AND PROMOTIONS ASSOCIATE, LIBRARY DEPARTMENT; ANDIE SULLIVAN AND JASMIN LOBASSO, HEARD

Gleason-Perez: All Ayes

APPOINTMENTS

CA-3) Appointment of Robin Walters, replacing Teryl Wakeman, as At-large Public Defender's Office Member to the Juvenile Justice Coordinating Council, term to expire at the pleasure of the Board - MADE APPOINTMENT

Gleason-Maggard: All Ayes

CA-4) Appointment of Rueben Pascual, replacing Evelyn Young Spath, as At-large Member to the Golden Empire Transit District, term to expire January 4, 2021 - MADE APPOINTMENT

Gleason-Maggard: All Ayes

CA-5) Appointment of Charles Collom, replacing Kimberly Hoffmann, as Third District Member to the Behavioral Health Board, term to expire December 31, 2019 - MADE APPOINTMENT

Gleason-Maggard: All Ayes

CA-6) Appointment of Deborah Wood as Fifth District Member to the Children and Families Commission, term to expire March 31, 2021 - MADE APPOINTMENT

Gleason-Maggard: All Ayes

CA-7) Reappointments of At-large Members to the South Kern Cemetery District of Linda Leary and Chandra Mead, terms to expire December 10, 2021, and Farrell Neeley, term to expire December 10, 2022 - MADE REAPPOINTMENTS

Gleason-Maggard: All Ayes

CA-8) Reappointment of Raju Jassar as Second District Member to the Housing Authority of the County of Kern, term to expire May 10, 2023 - MADE REAPPOINTMENT

Gleason-Maggard: All Ayes

CA-9) Appointment of Lauren Skidmore, replacing Melissa Frank, as Third District Member to the Planning Commission, term to expire January 1, 2020 - MADE APPOINTMENT

Gleason-Maggard: All Ayes

PUBLIC PRESENTATIONS

10) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

NO ONE HEARD

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

11) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a][2])

SUPERVISOR MAGGARD RECOGNIZED LAUREN SKIDMORE, THIRD DISTRICT APPOINTEE TO THE PLANNING COMMISSION, WHOSE APPOINTMENT WAS APPROVED UNDER ITEM NO. 9 ON THE CONSENT AGENDA

SUPERVISOR COUCH HEARD CONCERNING TYPHOID MEDIA STORIES FROM LOS ANGELES AND REQUESTED PUBLIC HEALTH SERVICES DEPARTMENT PROVIDE A BRIEF SUMMARY OF THE ISSUE AND HOW KERN COUNTY MAY BE IMPACTED

DEPARTMENTAL REQUESTS

ANIMAL SERVICES

CA-12) Retroactive authorization to apply for and accept a $15,000 grant from California Department of Food and Agriculture for spay/neuter services (Fiscal Impact: $15,000; Budgeted; Discretionary) - APPROVED; AUTHORIZED DIRECTOR OF ANIMAL SERVICES OR HIS DESIGNEE TO SIGN

Gleason-Maggard: All Ayes

CA-13) Proposed retroactive Agreement, containing non-standard terms and conditions, with Best Friends Training Academy for training of animal shelter employees in shelter management and life-saving methods, effective June 2, 2019, in an amount not to exceed $973 (Fiscal Impact: $973; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 317-2019

Gleason-Maggard: All Ayes

ASSESSOR-RECORDER

CA-14) Request to appropriate unanticipated revenue in the amount of $134,000 from supplemental roll assessment fees for the administration of property tax assessment (Fiscal Impact: $134,000; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Gleason-Maggard: All Ayes

CA-15) Proposed sole source Agreement with Mora Tang to provide contract analyst support to continue upgrading the Kern Integrated Property System (KIPS) from July 1, 2019 through June 30, 2020, in an amount not to exceed $45,000 (Fiscal Impact: $45,000; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 318-2019

Gleason-Maggard: All Ayes

AUDITOR-CONTROLLER-COUNTY CLERK

CA-16) Proposed Agreement with Clifton Larson Allen LLP for audit services for the fiscal years ending June 30, 2019, 2020 and 2021, in an amount not to exceed $539,300 (Fiscal Impact: $539,300; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 319-2019

Gleason-Maggard: All Ayes

CA-17) Request authorization for Auditor-Controller-County Clerk to use Fiscal Year 2018-2019 adjusted appropriations as more restrictive spending authority in accordance with Government Code Section 29124(b), beginning July 1, 2019 until Fiscal Year 2019-2020 Budget is adopted (Fiscal Impact: None) - APPROVED

Gleason-Maggard: All Ayes

CA-18) Request to appropriate unanticipated revenue in the amount of $45,000, in Budget Unit 1110 from property tax redemption fees (Fiscal Impact: $45,000; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Gleason-Maggard: All Ayes

CA-19) Proposed Resolutions authorizing the County Treasurer to process a temporary transfer of funds in or after July 2019 to the County General Fund up to the amount of $300,000,000, County Fire Fund up to the amount of $50,000,000, and the County Universal Collection Fund up to the amount of $4,000,000, to cover cash flow requirements for Fiscal Year 2019-2020 (Fiscal Impact: $354,000,000) - APPROVED; ADOPTED RESOLUTIONS 2019-131, 2019-132, AND 2019-133

Gleason-Maggard: All Ayes

CA-20) Request for approval of 2019-2020 Internal Audit Plan (Fiscal Impact: None) - APPROVED

Gleason-Maggard: All Ayes

BEHAVIORAL HEALTH AND RECOVERY SERVICES

CA-21) Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2018-2019, and approve submission to the Mental Health Services Oversight and Accountability Commission and Department of Health Care Services (Fiscal Impact: None) - APPROVED; ADOPTED ANNUAL REPORT

Gleason-Maggard: All Ayes

CA-22) Proposed selection of Telecare Corporation as the successful Request for Proposals (RFP) vendor to provide inpatient Psychiatric Health Facility services for adults, and approval to enter into contract negotiations (Fiscal Impact: None) - APPROVED

Gleason-Maggard: All Ayes

CA-23) Proposed selection of Telecare Corporation as the successful Request for Proposals (RFP) vendor to provide inpatient Psychiatric Health Facility services for minors, and approval to enter into contract negotiations (Fiscal Impact: None) - APPROVED

Gleason-Maggard: All Ayes

CA-24) Proposed Amendment No. 2 to Agreement 085-2014 with the California Mental Health Services Authority to negotiate with the California Department of State Hospitals on behalf of California counties for state hospital beds and associated rates, amending the term from June 30, 2019 through June 30, 2020, and increasing compensation by $11,216, for a new total amount not to exceed $56,080 (Fiscal Impact: $11,216; Realignment; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 320-2019

Gleason-Maggard: All Ayes

CA-25) Proposed Agreement with Telecare Corporation to provide crisis stabilization services for mental health clients residing in Ridgecrest and surrounding areas, from July 1, 2019 through June 30, 2020, in an amount not to exceed $4,223,154 (Fiscal Impact: $4,223,154 Realignment/CHFFA; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 321-2019

Gleason-Maggard: All Ayes

CA-26) Proposed revenue Agreement with Didi Hirsh Psychiatric Service dba Didi Hirsch Mental Health Services to accept revenue that will fund suicide prevention crisis line services from July 1, 2019 through June 30, 2020, in the amount of $273,946 (Fiscal Impact: $273,946; Revenue; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 322-2019

Gleason-Maggard: All Ayes

CA-27) Proposed Agreement with Bakersfield Recovery Services, Inc. to provide residential, outpatient and substance use disorder treatment services from July 1, 2019 through June 30, 2020, in an amount not to exceed $2,555,532 (Fiscal Impact: $2,555,532; Federal, State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 323-2019

Gleason-Maggard: All Ayes

CA-28) Proposed Agreement with Kern County Hispanic Commission on Alcohol and Drug Abuse Services, Inc. to provide outpatient substance use disorder treatment services for adults from July 1, 2019 through June 30, 2020, in an amount not to exceed $639,156 (Fiscal Impact: $639,156; Federal; State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 324-2019

Gleason-Maggard: All Ayes

CA-29) Proposed Agreement with Telecare Corporation to provide crisis stabilization services in Recovery Stations in Bakersfield and Delano from July 1, 2019 through June 30, 2021 in an amount not to exceed $2,795,614 (Fiscal Impact: $2,795,614; MHSA Innovation; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 325-2019

Gleason-Maggard: All Ayes

CHILD SUPPORT SERVICES

30) Proposed addition of three Supervising Child Support Officer, three Child Support Officer IV, forty-six Child Support Officer I/II/III, one Administrative Coordinator and one Staff Development Specialist positions, effective June 4, 2019 (Fiscal Impact: $4,545,278; Federal/State; Not Budgeted; Discretionary) - RYAN WALTER HEARD; APPROVED; REFERRED TO HUMAN RESOURCES TO AMEND DEPARTMENTAL POSITIONS AND SALARY SCHEDULE

Gleason-Perez: All Ayes

COUNTY COUNSEL

CA-31) Request to appropriate retained earnings in the amount of $1,829,742 in the Workers' Compensation Internal Service Fund for payment of medical claims (Fiscal Impact: $1,829,742; Workers' Compensation Internal Service Fund; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Gleason-Maggard: All Ayes

CA-32) Request of Roger Hartley for reissuance of County Warrant in the amount of $1,186.80 (Fiscal Impact: None) - DENIED REQUEST

Gleason-Maggard: All Ayes

CA-33) Request from Probation for authorization to destroy records no longer necessary or required for County purposes and eligible for destruction (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Gleason-Maggard: All Ayes

EMPLOYERS' TRAINING RESOURCE

CA-34) Proposed Amendment No. 1 to Agreement 084-2019 with Online Consulting, Inc. dba ONLC Training Centers for job training services to increase compensation by $6,108, for a new total amount not to exceed $10,000 (Fiscal Impact: $6,108; Federal Funding; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 326-2019

Gleason-Maggard: All Ayes

CA-35) Proposed Amendment No. 1 to Agreement 006-2019 with Western Truck School for truck driving programs to amend contract terms (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 327-2019

Gleason-Maggard: All Ayes

CA-36) Proposed Local Workforce Development Board Recertification for Program Years 2019-2020 and 2020-2021 (Fiscal Impact: $15.86 Million for PY 2019-2020; Federal; Budgeted; Mandated) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN

Gleason-Maggard: All Ayes

FIRE DEPARTMENT

CA-37) Continuation of local emergency due to tree mortality (Fiscal Impact: None) - APPROVED

Gleason-Maggard: All Ayes

CA-38) Request from Desert Search and Rescue Group to extend the sales period hours on June 28, 2019 for Safe and Sane fireworks in Rosamond due to unequal sales period in adjacent city (Fiscal Impact: None) - APPROVED

Gleason-Maggard: All Ayes

CA-39) Proposed retroactive payroll correction for Firefighter Gonzalo Villa Jr, in a total amount not to exceed $15,077.95, for underpayment of wages since July 2016, Pay Period 16-14 (Fiscal Impact: $15,077.95; Fire Fund; Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PAY

Gleason-Maggard: All Ayes

HUMAN SERVICES

CA-40) Request approval to purchase client vouchers to provide direct services, incentives for training and placement stabilization for victims and at-risk commercially sexually exploited children from July 1, 2019 through June 30, 2020, in an amount not to exceed $50,000 (Fiscal Impact: $50,000; State; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Gleason-Maggard: All Ayes

CA-41) Request approval to authorize the acceptance of AvePoint Master Software License and Support Agreement to acquire three-year renewal for DocAve Backup & Recovery, Content Manager and Storage, containing non-standard terms and conditions, to manage and administer the Department's intranet site file system, in an amount not to exceed $4,911 (Fiscal Impact: $4,911; $4,518 Federal/State; $393 County; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASE AGENT TO ISSUE PURCHASE ORDER

Gleason-Maggard: All Ayes

CA-42) Request approval to authorize the acceptance of the Experts Exchange Terms of Use to acquire 20 one-year online training subscriptions for advice and recommendations with technical issues, in an amount not to exceed $2,160 (Fiscal Impact: $2,160; $1,987 Federal/State; $173 County; Budgeted; Discretionary) - APPROVED; AUTHORIZED PURCHASING AGENT TO ISSUE PURCHASE ORDER

Gleason-Maggard: All Ayes

CA-43) Proposed Amendment No. 2 to Agreement 632-2018 with The Pacific Institute for supervisory leadership development services to modify scope of service and increase compensation by $444,544, for a new total amount not to exceed $857,244 (Fiscal Impact: $444,544; $408,980 Federal/State/Realignment; $35,564 County; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 328-2019

Gleason-Maggard: All Ayes

CA-44) Proposed Agreement with Henrietta Weill Memorial Child Guidance Clinic for the administration of the Kinship Support Services Program for relative and non-relative caregivers from July 1, 2019 through June 30, 2022, in an amount not to exceed $475,200 (Fiscal Impact: $475,200 [FY 2019-2020 $158,400]; Federal/State Realignment; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 329-2019

Gleason-Maggard: All Ayes

PUBLIC HEALTH SERVICES

CA-45) Unusual travel request for Public Health Nurse Sapinder Kaur to attend trauma resiliency model level I training in San Marcos, California, from June 13 through 16, 2019, in an amount not to exceed $2,700 (Fiscal Impact: $2,700; Grant; Budgeted; Mandated) - APPROVED

Gleason-Maggard: All Ayes

CA-46) Proposed Amendment No. 2 to Agreement 070-2017 with Boys and Girls Clubs of Kern County for school and after-school nutrition education and obesity prevention program services, to increase maximum compensation by $20,000, for a new total amount not to exceed $286,736 (Fiscal Impact: $20,000; State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 330-2019

Gleason-Maggard: All Ayes

CA-47) Proposed Amendment No. 1 to Agreement 345-2017 with California Department of Public Health to shift funds between budget line items for emergency preparedness purposes (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 331-2019

Gleason-Maggard: All Ayes

CA-48) Proposed retroactive Agreement with California Department of Public Health for HIV care program grant from April 1, 2019 through March 31, 2024, in an amount not to exceed $3,937,629 (Fiscal Impact: $3,937,629 Revenue; State; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 332-2019

Gleason-Maggard: All Ayes

CA-49) Proposed Amendment No. 13 to Agreement 877-2006 with the Hospital Association of Southern California to extend the term for software licenses that support EMS system communication for an additional year from June 30, 2019 through June 30, 2020, and increase maximum compensation by $50,942, for a new total amount not to exceed $470,702 (Fiscal Impact: $50,942; State Grant; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 333-2019

Gleason-Maggard: All Ayes

CA-50) Proposed Amendment No. 1 to Agreement 035-2018 with City of Tehachapi for implementation of a water supply cross-connection control program, to extend the term from June 30, 2019 through June 30, 2020 (Fiscal Impact: $500 Estimated Revenue; Fees; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 334-2019

Gleason-Maggard: All Ayes

CA-51) Proposed Agreement with Orchard Software Corporation for laboratory management system maintenance and support from July 1, 2019 through June 30, 2020, in an amount not to exceed $37,194 (Fiscal Impact: $37,194; Fees; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 335-2019

Gleason-Maggard: All Ayes

CA-52) Proposed retroactive Agreement with the Kern Broadcaster's Association for public health awareness and marketing services from January 1, 2019 through June 30, 2019, in an amount not to exceed $50,000 (Fiscal Impact: $50,000; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 336-2019

Gleason-Maggard: All Ayes

CA-53) Proposed Agreement with Accela, Inc. for Envision Connect software licenses and support, containing non-standard terms and conditions, from July 1, 2019 through June 30, 2022, in an amount not to exceed $234,705 (Fiscal Impact: $234,705 [FY 2019-2020 $74,450]; Fees; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 337-2019

Gleason-Maggard: All Ayes

CA-54) Request for mid-year capital asset acquisition of a laboratory freezer, in an amount not to exceed $12,458 (Fiscal Impact: $12,458; Fees; Not Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Gleason-Maggard: All Ayes

SHERIFF

CA-55) Public hearing to consider proposed Ordinance amending Ordinance G-5154 (as amended by G-6591) to increase fingerprint card preparation fee (Fiscal Impact: None) - OPENED HEARING; NO ONE HEARD; CLOSED HEARING; APPROVED; WAIVED READING; INTRODUCED ORDINANCE

Gleason-Maggard: All Ayes

CA-56) Proposed Resolution and request for authorization to re-apply for Residential Substance Abuse Treatment (RSAT) Program grant from the Board of State and Community Corrections, containing non-standard terms and conditions, in the amount of $314,046 with a County match of 25% comprised of in-kind services (Fiscal Impact: $314,046 Revenue; Budgeted; Discretionary) - APPROVED; ADOPTED RESOLUTION 2019-134; AUTHORIZED SHERIFF TO SIGN AGREEMENT IF AWARDED, SUBJECT TO APPROVAL AS TO FORM BY COUNTY COUNSEL

Gleason-Maggard: All Ayes

CA-57) Proposed retroactive Letter of Agreement with the United States Department of Justice, Drug Enforcement Administration for Domestic Cannabis Eradication Suppression Program funding from October 1, 2018 through September 30, 2019, in an amount not to exceed $100,000 (Fiscal Impact: $100,000 Revenue; Budgeted; Discretionary) - APPROVED; AUTHORIZED SHERIFF TO SIGN

Gleason-Maggard: All Ayes

CA-58) Update on emergency replacement of the closed-circuit television video storage at the Lerdo Pre-Trial Facility (Fiscal Impact: None) - APPROVED; MADE FINDING THERE IS NEED TO CONTINUE EMERGENCY PROJECT

Gleason-Maggard: All Ayes

CA-59) Unusual travel request for Computer Forensic Specialist Kevin Thompson and Evidence Technician Jackie Moore to attend the XRY Certification and Intermediate Training in San Diego, California, from June 16 through 21, 2019, in an amount not to exceed $11,208 (Fiscal Impact: $11,208; Budgeted; Discretionary) - APPROVED

Gleason-Maggard: All Ayes

TREASURER-TAX COLLECTOR

CA-60) Proposed revisions to the Debt Advisory Committee Bylaws (Fiscal Impact: None) - APPROVED

Gleason-Maggard: All Ayes

ADJOURNED TO CLOSED SESSION

Gleason

CLOSED SESSION

(If public reporting is required by Government Code Section 54957.1 relating to the following matter(s), the public reporting of any action taken in closed session will be made at the beginning of the next session of the Board of Supervisors.)

COUNTY ADMINISTRATIVE OFFICE

61) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: County Administrative Officer Ryan Alsop, and designated staff - Employee organizations: Service Employees' International Union - Criminal Justice Unit; Kern Law Enforcement Association; Kern County Fire Fighters Union; Kern County Detention Officers' Association; Kern County Probation Managers' Association; Kern County Probation Officers' Association; Kern County Sheriff's Command Association; Kern County Sheriff's Command Association II; Kern County Sheriff's Command Association III; Service Employees' International Union Local 521; Kern County Prosecutors' Association; United Domestic Workers of America; Unrepresented Employees (Government Code Section 54957.6) - NO REPORTABLE ACTION TAKEN

62) PUBLIC EMPLOYEE APPOINTMENT/RECRUITMENT - Title: Fire Chief (Government Code Section 54957) - NO REPORTABLE ACTION TAKEN

63) SECURITY OF PUBLIC SERVICES OR FACILITIES: Consultation with Kern County Sheriff (Government Code Section 54957(a)) - NO REPORTABLE ACTION TAKEN

COUNTY COUNSEL

64) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (Government Code Section 54956.9 (d)(4)) Number of cases: One (1) Based on existing facts and circumstances, the Board of Supervisors has decided to initiate or is deciding whether to initiate litigation - NO REPORTABLE ACTION TAKEN

65) CONFERENCE WITH LEGAL COUNSEL - FORMALLY INITIATED LITIGATION (Government Code Section 54956.9 (d)(1) and (g)) Name of case: LPOD, Inc. dba Las Palmas Oil & Dehydration v. County of Kern; Kern County Superior Court Case Number BCV-18-102825 DRL - NO REPORTABLE ACTION TAKEN

BOARD RECONVENED FROM CLOSED SESSION; RECESSED TO 2:00 P.M.

/s/ Kathleen Krause
Clerk of the Board

/s/ David Couch
Chairman, Board of Supervisors