Kern Behavioral Health & Recovery Services

Mental Health Services Act
ANNUAL REPORT
Fiscal Year 2020-2021

Table of Contents

WELCOME MESSAGE FROM DIRECTOR 4

EXECUTIVE SUMMARY 6

COVID-19 UPDATE 11

MISSION, VISION & VALUES 15

EXHIBIT A: COUNTY COMPLIANCE CERTIFICATION 17

EXHIBIT B: COUNTY FISCAL CERTIFICATION 19

COUNTY DEMOGRAPHICS 21

COMMUNITY PROGRAM PLANNING PROCESS & STAKEHOLDER FEEDBACK 25

MHSA PROGRAM DIRECTORY 34

COMMUNITY SERVICES AND SUPPORTS (CSS) 54

FULL SERVICE PARTNERSHIP (FSP) PROGRAMS 56

GENERAL SYSTEM DEVELOPMENT (SD) PROGRAMS 62

PREVENTION AND EARLY INTERVENTION (PEI) 67

INNOVATION PROGRAMS (INN) 115

WORKFORCE EDUCATION AND TRAINING (WET) 119

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN) 124

GRANTS 127

BUDGET 131

ANNUAL REVENUE AND EXPENDITURE REPORT 133

APPENDIX I: MINUTES FROM THE BEHAVIORAL HEALTH BOARD PUBLIC HEARING 145

APPENDIX II: MINUTE ORDER FROM THE BOARD OF SUPERVISORS 147

APPENDIX III: MHSA ACRONYM LIST 149

APPENDIX IV: STAKEHOLDER COMMENTS 153

WELCOME MESSAGE FROM DIRECTOR

KERN **BEHAVIORAL HEALTH & RECOVERY** SERVICES

Stacy Kuwahara, LMFT, Director



The Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2020-2021 is an opportunity for Kern Behavioral Health and Recovery Services (KernBHRS) to inform stakeholders, community partners, clients and their family members, and the Board of Supervisors of highlights, accomplishments, and changes since the last Annual or 3-Year Plan. KernBHRS continues to embrace the principles of MHSA and holds true to its values. MHSA's programs will continue to improve community collaboration, cultural and linguistic competence, access and linkage to services, and consumer and family-driven- decision-making.

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

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

We are constantly working on our ability to help people of multiple cultures and co-occurring diagnoses. We believe that individuals with mental illnesses or addictions can recover and rejoin us as members of thriving community. To be a successful department, we always start with hope. With hope there is recovery.

Sincerely,

Stacy Kuwahara, LMFT
Director
Kern Behavioral Health and Recovery Services

PO Box 1000 Bakersfield, California 93302 **P: 661.868.6600** **F: 661.861.1020**

EXECUTIVE SUMMARY

The Mental Health Services Act

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

KernBHRS contracted EVALCORP to evaluate all MHSA System of Care and give recommendations, tools, and strategies to implement a standardized approach through MHSA. During the rework with EVALCORP, MHSA looked at the initial intent of each of the Prevention and Early Intervention (PEI) programs, and we restructured the organization into those categories, so it was more effective and truer to the major of PEI. See EVALCORP's Outcomes Report under PEI.

Community Services and Support

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

Important Changes:

Full Service Partnership (FSP)

- Adult Wraparound KernBHRS: Became an FSP Program (was previously System Development (SD) program). KernBHRS REACH services was moved to FSP under Adult Wraparound program in FY 20/21.
- Youth Wraparound: Due to reductions in MHSA funding caused by the COVID-19 pandemic the CCS Lake Isabella location ended FY 20/21.

System Development (SD)

- Adult Wraparound: Due to reductions in MHSA funding caused by the COVID-19 pandemic the following locations ended in FY 20/21: CSV

Bakersfield, CSV Frazier Park, CCS Bakersfield, CCS Lake Isabella, CCS Mojave, CCS Taft & CGC Bakersfield.

- Home to Stay: Packed for Recovery previous PEI was slated to move to SD but ended in FY 19/20 due to reductions in MHSA funding caused by the COVID-19 pandemic.

Prevention and Early Intervention

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

Important Changes:

- EVALCORP recategorized all PEI program categories during their evaluation of all programs to better reflect the programs goals
- Art Risk Reduction Program (ARRP): Due to reductions in MHSA funding caused by the COVID-19 pandemic and sunset of funds the ARRP program ended in FY 20/21.
- Early Psychosis "La CLAVE": Program ended as it failed to launch due to the pandemic, sunset of available funding and reduction in MHSA funding caused by the COVID-19 pandemic.
- Family Connections DBT: Program ended services through Kern BHRS in January 2020 due to lack of program specific trained staff and a lack of funding to train replacement staff.
- Homeless Outreach Team: As of FY 20/21 Mental Health Systems, Inc. 5121 Stockdale Hwy location discontinued their Homeless Outreach services. Flood Bakersfield Ministries, Inc. will continue to provide services.
- KCSOS- School Based Program (formerly known as Kern Youth Resilience and Support Program): Started services FY 20-21.
- Living Well: Eating Disorder Services was added to the menu of services FY 20/21. Family Connections DBT under menu of services ended in FY 19/20 due to reductions in Mental Health Services Act funding caused by the COVID-19 pandemic.

- Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH): Moving to Adult Wraparound FSP effective FY 20-21.
- Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH Expansion): Due to reductions in Mental health Services Act funding caused by the COVID-19 pandemic the following locations discontinued services College Community Services Wasco, Clinica Sierra Vista Delano, Clinica Sierra Vista Frazier Park, College Community Services Ridgecrest, College Community Services Tehachapi, and College Community Services Mojave.
- Volunteer Senior Outreach Program (VSOP): Due to reductions in MHSA funding caused by the COVID-19 pandemic CCS Wasco, Aging and Adult, and contract with Dr. Choi ended in FY 20/21.
- Yoga: Due to reductions in MHSA funding caused by the COVID-19 pandemic the Yoga program ended on 2/28/2021.

Innovation

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

Important Changes:

- Help @ Hand formerly known as Tech Suite: Due to reductions in MHSA funding caused by the COVID-19 pandemic Help@Hand ended in FY 20/21. We have found what we believe our success from this program and want to revert the remaining funds towards a COVID-19 response program.
- The Healing Project: Programming for the Bakersfield location began on 6/01/2020 and for the Delano location on 06/15/2020.

Workforce Education and Training

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

mental health plan the opportunity to invest in further development in linguistically and culturally competent and relevant services and supports.

Important Changes:

- Engagement and Recovery Oriented Training: As of FY 20/21 Engagement and Recovery Oriented Training program ended/discontinued their services. University of Minnesota: Engagement and Recovery Oriented Training ended its services FY 20-21.

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.

- In FY 20/21, BHRS plans to use the remaining fund balance in CFTN to purchase The Recovery Center site Bakersfield and to purchase needed technological supports for the department.

Fiscal Year 2020/2021 Allocations

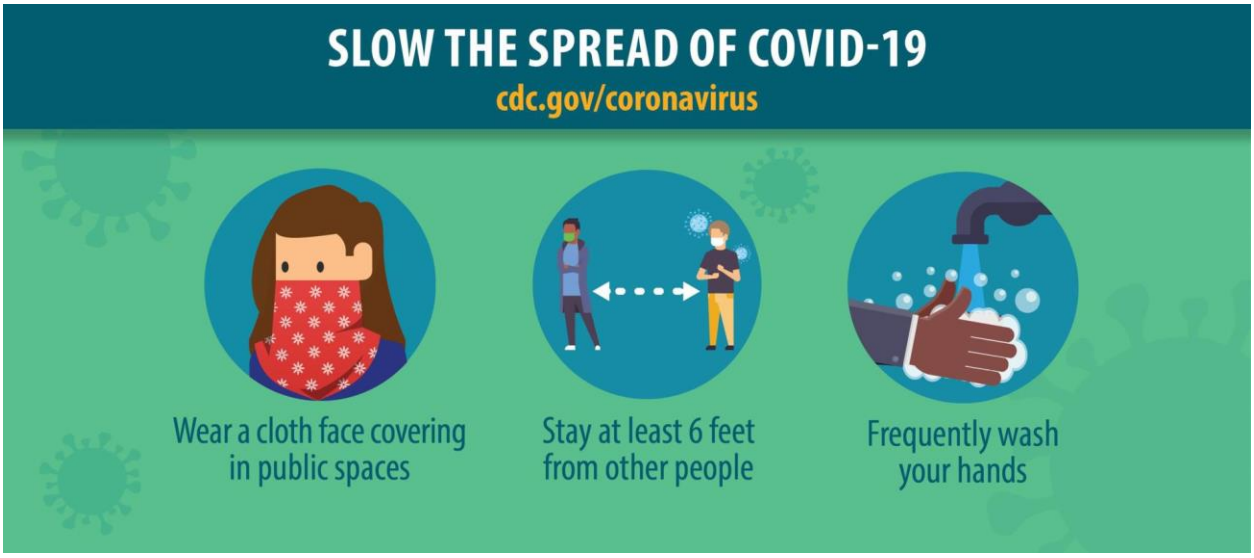
Kern County estimates $55,607,382 in allocations for MHSA programs and services. In addition, funds unspent from prior fiscal years continue to be appropriated to cover future costs which exceed each yearly estimated allocation.

COVID-19 UPDATE

KernBHRS and the Coronavirus Disease 2019 (COVID-19) Response

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

Many programs have experienced some cancelations of group activities, face to face services, trainings, meetings to endorse social distancing. Most programs have received enhanced technological support to enable Telehealth, Virtual Meeting Platforms, and mobile internet and email capabilities. All programs supporting clients that have moved to virtual or telehealth means are limiting their face to face contact with clients to respect social distancing standards. In-person outreach and engagement are very limited and enhanced with media and social media support if possible. Due to COVID-19, some programs are experiencing a loss in staffing. Kern County has declared a hiring freeze amidst the COVID-19 response.



Provided below is a list of MHSA programs that have been affected by the COVID-19 pandemic and how the program designs have shifted from the initial intent of the program as of May 1st, 2020.

KernBHRS COVID-19 RESPONSE	CHANGES THAT HAVE OCCURRED								
PROGRAM EXPERIENCE CHANGE	Moved to Virtual Platform or Telehealth	Cancelled Group Activities	Reduction in Services or Portal/Full Program Suspension	Cancellation of Events	Experienced Loss in Staffing	Enhanced Media Outreach	Expanded Services	Providing Linkage to Emergency Housing, Food & Resources	Decreased or Suspension of Outreach
COMMUNITY SERVICES AND SUPPORTS (CSS)									
FULL SERVICE PARTNERSHIP (FSP)									
Adult Transition Team (ATT)/Homeless Adult Team (HAT)		X							
Adult Wraparound	X							X	
Assertive Community Treatment	X								
Multi-Agency Integrated Services Team (MIST)			X						
Transitional Age Youth (TAY)	X								
Wellness, Independence and Senior Enrichment	X	X		X					
Youth Wraparound	X						X		
GENERAL SYSTEM DEVELOPMENT (SD)									
Access & Assessment	X								
Adult Wraparound	X								
Consumer Family Learning Center (CFLC)	X		X						
Dialectical Behavior Therapy (DBT)	X				X				
Home to Stay			X						
Recovery and Wellness Center (RAWC)	X								
Self-Empowerment Team (SET)	X								
PREVENTION AND EARLY INTERVENTION (PEI)									
Access to Care: Crisis Hotline							X		
Art Risk Reduction Program (ARRP)			X						
Court Appointed Special Advocates (CASA)	X								
Early Psychosis Outreach & Intervention "La CLAVE"			X			X			
Foster Care Engagement	X								

Freedom, Recovery and Empowerment with Dogs (FRED)	X	X							
Help Me Grow						X		X	
Homeless Outreach Team									
KCSOS- School Based Program (formerly known as Kern Youth Resilience and Support Program)									
Living Well	X								
Outreach & Education	X	X		X		X		X	
Prepare U			X						
Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)	X								
Suicide Prevention Outreach & Education	X								X
TAY Dual Recovery	X								
TAY Self Sufficiency	X	X						X	
Volunteer Senior Outreach Program (VSOP)	X							X	
Yoga	X	X		X		X			
Youth Brief Treatment	X								X
Youth Juvenile Justice Engagement	X								
Zero Suicide					X				
INNOVATIONS									
Help@Hand (formerly known as Tech Suite)	X				X				
Special Needs Registry Project- Smart911				X		X			
The Healing Project									
WET									
Clinical Internship	X								
Psychology Internship	X								
Relias Learning	X								
Training Enhancement	X	X		X					
Engagement and Recovery Oriented Training									

MISSION, VISION & VALUES

Mission

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

Vision

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

Values

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



EXHIBIT A: COUNTY COMPLIANCE CERTIFICATION

MHSA COUNTY COMPLIANCE CERTIFICATION

County: Kern

Local Mental Health Director	Program Lead
Name: Stacy Kuwahara	Name: Christina Rajlal
Telephone Number: 661-868-6609	Telephone Number: 661-868-6681
E-mail: skuwahara@kernbhrs.org	E-mail: crajlal@kernbhrs.org

County Mental Health Mailing Address:
Kern Behavioral Health and Recovery Services
PO Box 1000
Bakersfield, CA 93302

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

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

Mental Health Services Act funds are and will be used in compliance with Welfare and Institutions Code section 5891 and Title 9 of the California Code of Regulations section 3410, Non-Supplant.

All documents in the attached annual update are true and correct.

Stacy Kuwahara
_____ _____
Local Mental Health Director/Designee (PRINT) Signature Date

County: Kern

Date: _____

EXHIBIT B: COUNTY FISCAL CERTIFICATION

State of California
Health and Human Services Agency

Department of Health Care Services

ANNUAL MHSA REVENUE AND EXPENDITURE REPORT and ADJUSTMENT WORKSHEET COUNTY CERTIFICATION

County/City: County of Kern

Local Mental Health Director

Name: Stacy Kuwahara, LMFT

Telephone: (661) 868-6609

Email: skuwahara@kernbhrs.org

Document for Certification:

MHSA Revenue & Expenditure Report **FY:** 2019-2020

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

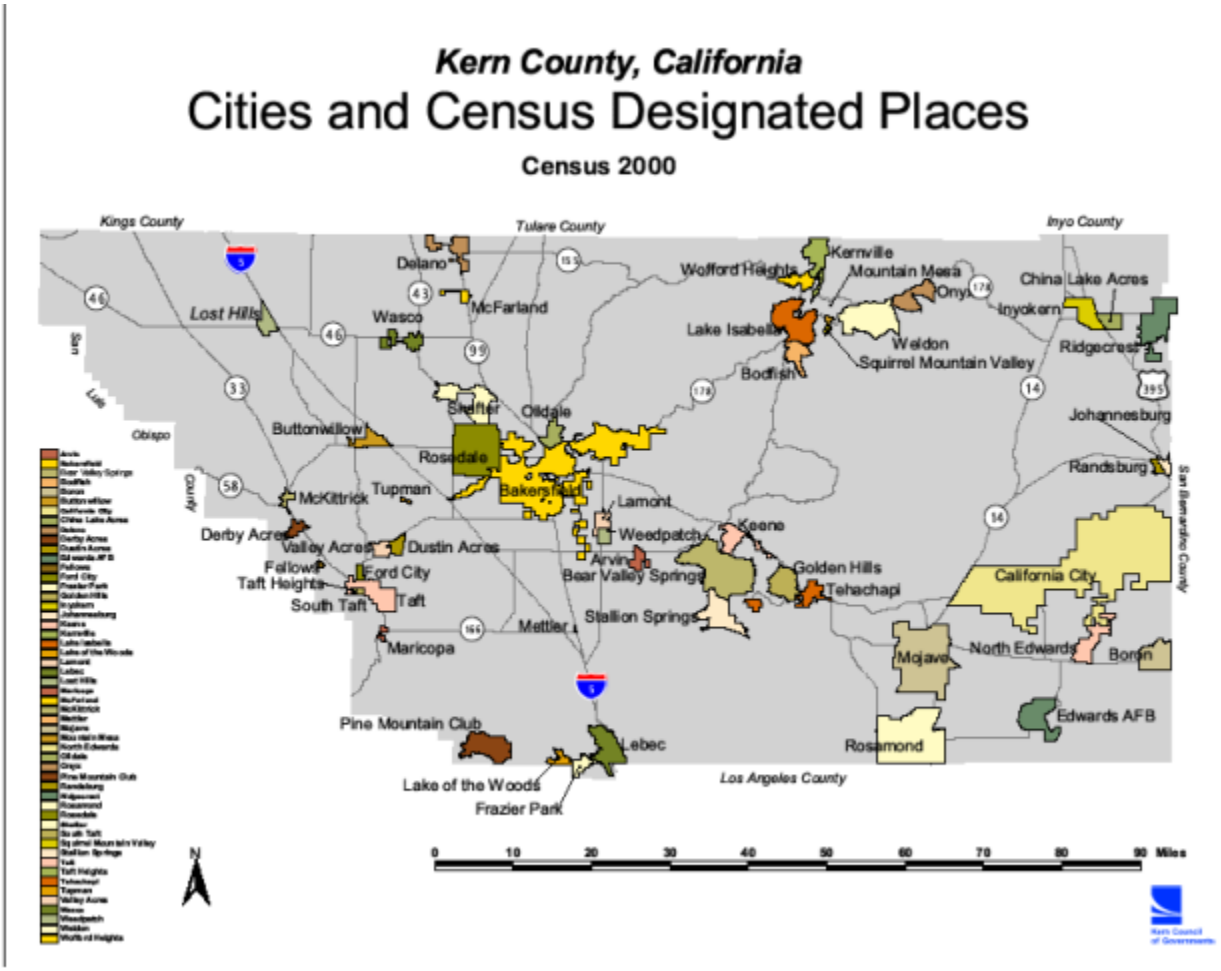
Stacy Kuwahara, LMFT	Stacy Kuwahara Digitally signed by Stacy Kuwahara Date: 2021.02.02 09:11:32 -08'00'	
Local Mental Health Director (PRINT)	Signature	Date

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

DHCS 1820 (02/19)

COUNTY DEMOGRAPHICS

County Demographics



About Kern County

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

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

Awaiting results from the 2020 Census, the numbers gathered for this section are based on 2019 estimates from the Census Bureau.

Economy

Kern County employs about 342,000 people. Kern County has a heavy presence in oil and agriculture. Kern County produces over 70% of oil reserves in California. Both industries have been negatively affected. The decline in oil prices resulted in the loss of many jobs, and the drought has severely affected animal and crop-based agriculture. Kern is known as the "breadbasket of the world." Its leading agricultural products include table grapes, almonds, citrus, pistachios, and dairy.

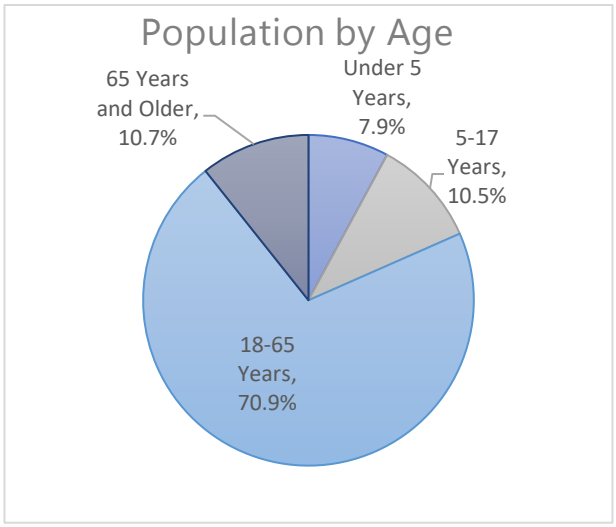
Besides those two industries, military-based avionic production and manufacturing plays a big role in Kern County's economy. The Edwards Air Force Base and the China Lake Naval Air Weapons Station is in East Kern County and provides many jobs for residents in Ridgecrest, Mojave, and Rosamond. The Solar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

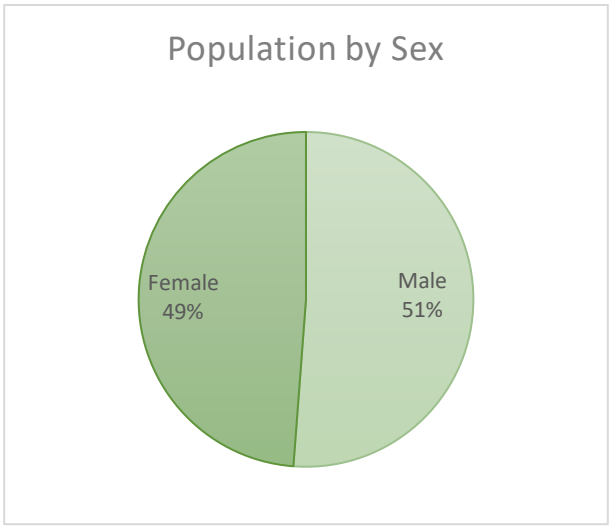
Unemployment Rate in June 2019	Unemployment Rate in 2018	Medium Householder Income	Income Inequality Between Men and Women
8%	8.4%	$53,350	.497 higher than the national average.

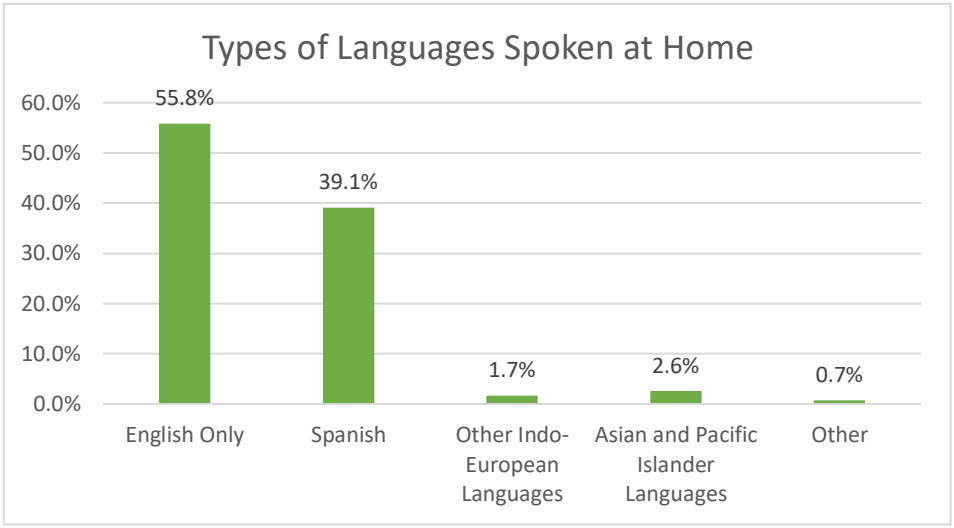
Source: United States Census Bureau

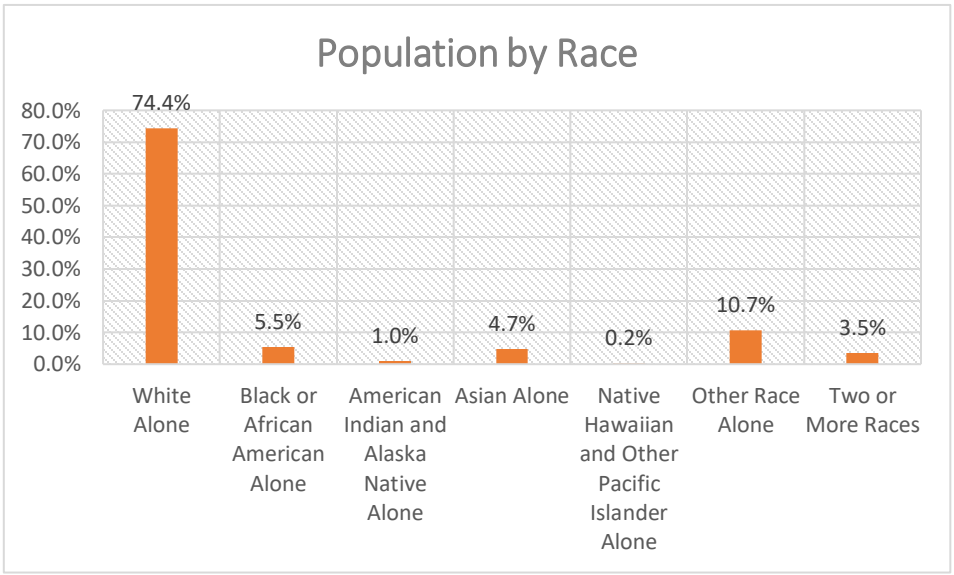
Population Breakdown

The population of Kern County is most closely estimated to be 887,641 according to Census Bureau estimates. 384,145 of those individuals live in Bakersfield. Kern County is continually growing each year. According to the Kern Economic Development Corporation, Kern County has an annual average increase of 1.8%. By 2021, the total population is anticipated to reach 920,584. English and Spanish are the primary threshold languages. The graphs below are based on data gathered from the United States Census Bureau.


Population by Age
65 Years and Older, 10.7%
Under 5 Years, 7.9%
5-17 Years, 10.5%
18-65 Years, 70.9%


Population by Sex
Female 49%
Male 51%


Types of Languages Spoken at Home
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
55.8%
39.1%
1.7%
2.6%
0.7%
English Only
Spanish
Other Indo-European Languages
Asian and Pacific Islander Languages
Other


Population by Race
80.0%
70.0%
60.0%
50.0%
40.0%
30.0%
20.0%
10.0%
0.0%
74.4%
5.5%
1.0%
4.7%
0.2%
10.7%
3.5%
White Alone
Black or African American Alone
American Indian and Alaska Native Alone
Asian Alone
Native Hawaiian and Other Pacific Islander Alone
Other Race Alone
Two or More Races

COMMUNITY PROGRAM PLANNING PROCESS & STAKEHOLDER FEEDBACK

Community Program Planning Process



BEHAVIORAL HEALTH&RECOVERY SERVICES

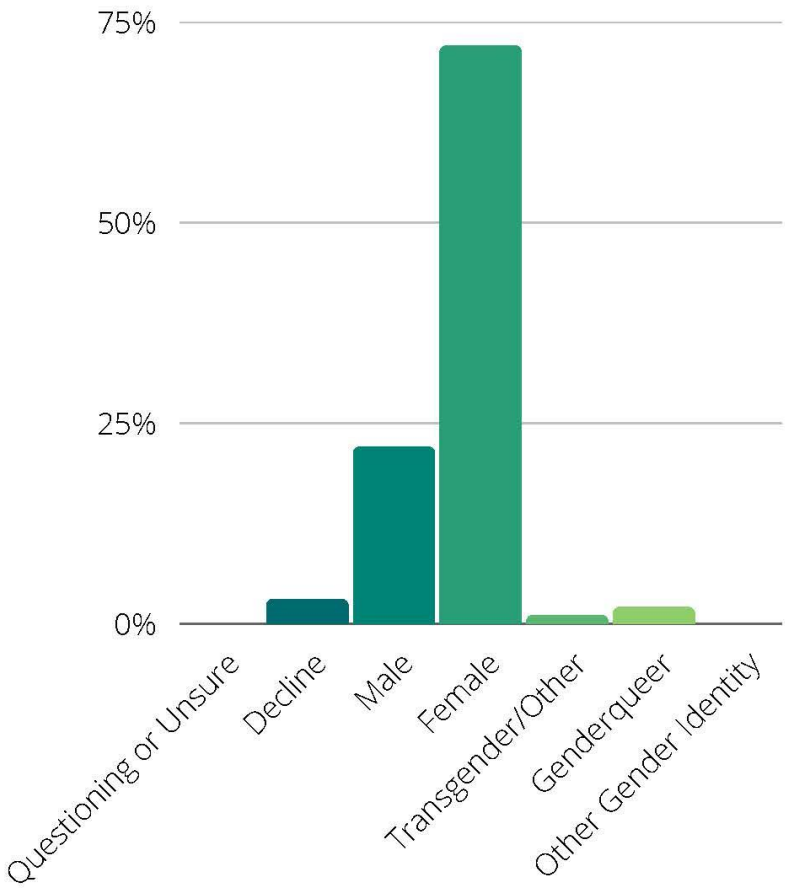
FY 2019/2020 - STAKEHOLDER PARTICIPANTS

Gender Currently Identified with July 2019 - October 2019

The diagram to the right quantifies the gender that all participants who turned in a survey, identify with. The largest group of stakeholders identified as female (**72%**). It is important to note that zero percent of participants identified with "other gender" or "questioning or unsure" as indicated on their surveys. However, **2%** of all participants identified as Genderqueer.

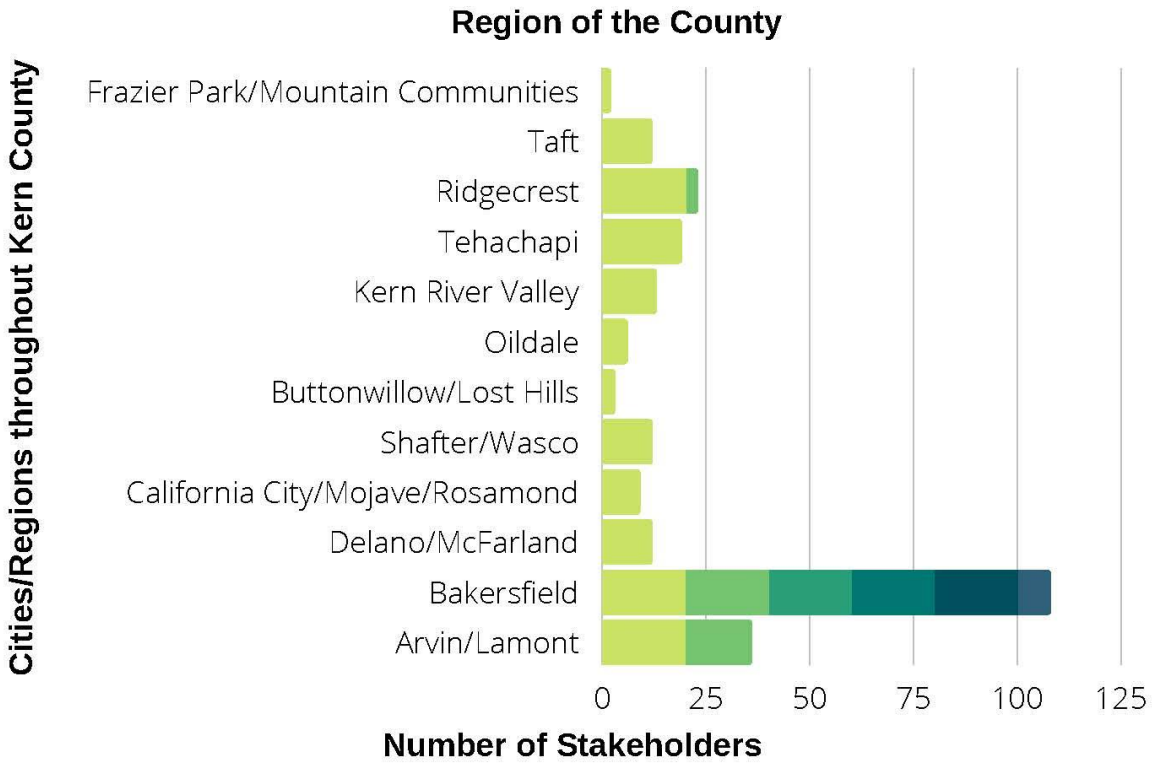


Positive Space





FY 2019/2020 - CPPP FOCUS



The focus of the Community Program Planning Process is to collect feedback on programs and services either in effect and needing modification, or those that need to be created in order to provide respective communities with appropriate, comprehensive, and meaningful mental health care. To ensure that communities in rural Kern had an opportunity to voice their concerns, MHSA held 14 out of 28 meetings in the rural communities of Kern County during the sample time period. Accordingly, the following percentages of **county representation by region** as well as the **group/category of stakeholders** was compiled.

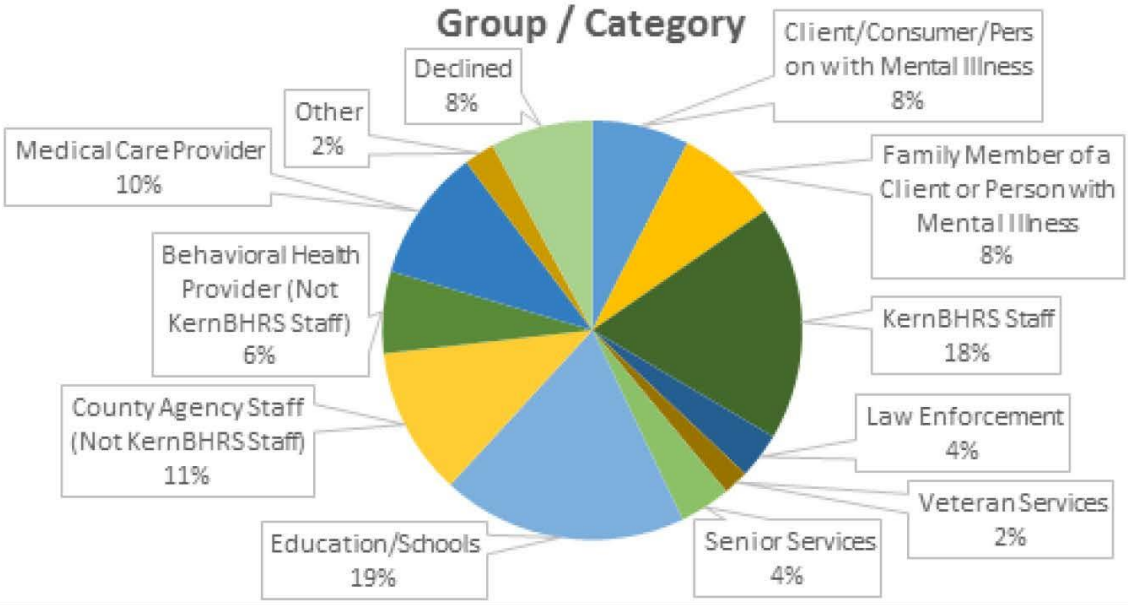
Stakeholder Comments:

The Prepare U program would benefit youth and families by learning how to manage stress and anxiety. - Bakersfield

We need support services for family and youth with substance use struggles. - Tehachapi



FY 2019/2020 - CPPP FOCUS

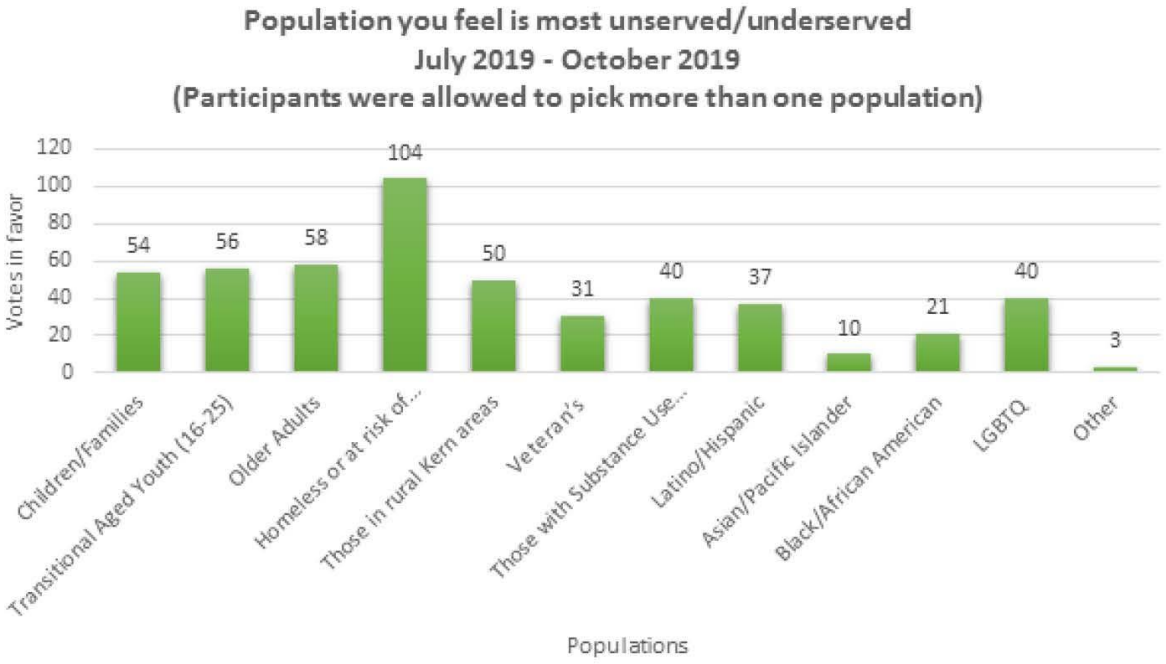


IDENTIFYING COMMUNITY NEEDS

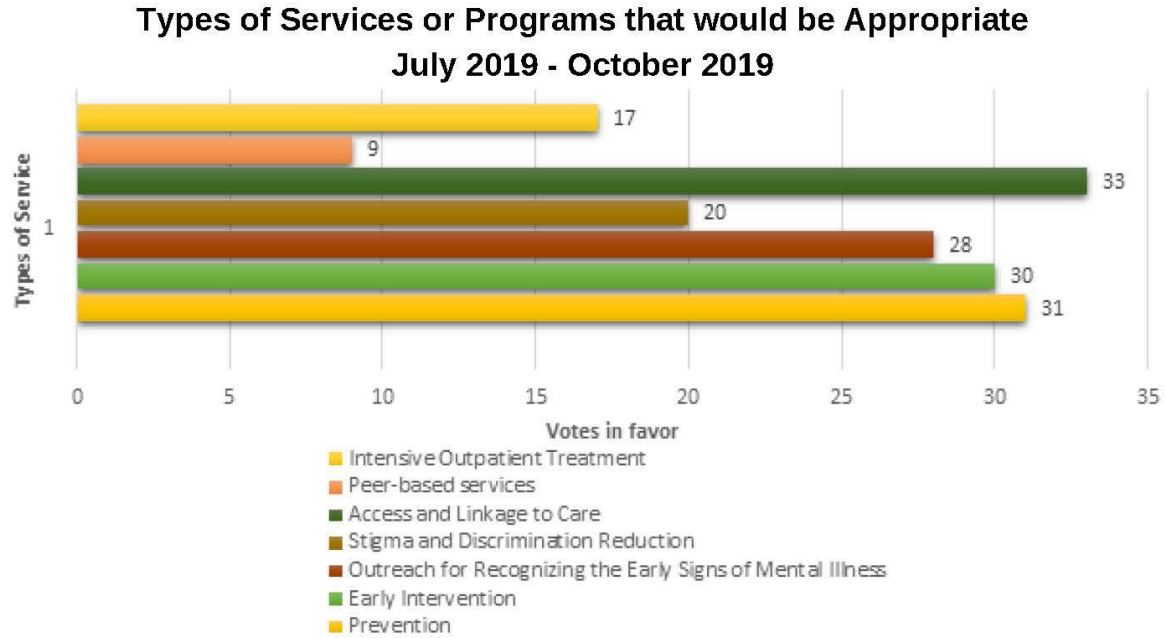
Data collected from the surveys supports that 64% of stakeholders felt they were able to provide meaningful feedback based on the information that was provided in meetings. When asked who they thought were the most underserved or unserved populations in their communities, stakeholders largely agreed that homeless individuals were receiving either no, or inadequate mental health care, followed by older adults, and Transition Aged Youth (TAY)



IDENTIFYING COMMUNITY NEEDS



Survey findings also revealed that most stakeholders would like to see more programs and services related to Access and Linkage to care, followed by prevention programs and programs related to early intervention and onset of mental health symptoms.



COVID-19 IMPACT

During the 19/20 fiscal year all programs and services provided by Kern Behavioral Health and Recovery services were radically impacted by the effects of the COVID-19 pandemic. Our ability to meet clients, organizations and the public person-to-person were limited or discontinued in order to meet mandated social distancing norms. To overcome this barrier and continue to reach out the the communities we serve, the MHSA Community Program Planning Process (stakeholders) shifted all of its efforts to providing its previous services to the community on a digital platform. This change came with its own set of challenges, as the CPPP calendar of events were cancelled from March - August 2020, and did not resume in earnest until the Fall, as staff had to be trained to use the new platforms and technical difficulties were encountered on the Kern BHRS side as well as the public (attendees).

Throughout this time of change, we learned that the many individuals were having trouble participating in CPPP meetings because of technical difficulties and compatibility issues with Microsoft Teams, which was the platform being used at the time. We learned from surveys collected that many of those attending the meetings preferred Zoom as a platform. Stakeholders also expressed that they wanted to be active, vocal participants in meetings and that Zoom would be more conducive of this. We also learned through software reports that many of our attendees were internal staff and that while stakeholder meetings were being publicized, we still lacked a larger peer and public presence. Because of all these challenges, the decision was made to implement Zoom as the platform for delivering CPPP meetings.

Since the new Zoom implementation, we have seen an increase in stakeholder participation from outside agencies and providers as well as the public. We are able to have more interactions in real time with those in attendance and are able to pull more meaningful information from inquiries using the live polling feature. MHSA continues to use survey links via Survey Monkey to collect information regarding demographics, needs, programs, services, suggestions, etc., but we are currently reviewing ways to use the polling feature as a supplement to the survey, as we noticed that the numbers of surveys being turned in have been declining.

Stakeholder Meeting Schedule

Date	Location	City	Meeting	Participants	Attendance
July 30, 2020 (Thurs)	Virtual Meeting	Bakersfield	3-4pm	Public	81
August 26, 2020 (Wed)	Virtual Meeting	Bakersfield	3-4pm	Public	60
September 2, 2020 (Tue)	Virtual Meeting	Bakersfield	5-6:30pm	SUD Recovery Month (Lorena/Nataly)	17
September 22, 2020 (Tues)	Virtual Meeting	Bakersfield	3-4:30pm	Bakersfield American Indian Health Project (BAIHP)	17
September 29, 2020 (Tues)	Virtual Meeting	Bakersfield	3-4:30pm	Public	73
November 13, 2020 (Fri)	Virtual Meeting	Bakersfield	12-1pm	Sherriff's Advisory Counsel	Cancelled
November 19, 2020 (Thurs)	Virtual Meeting	Taft	3-4:30pm	Public	38
December 11, 2021 (Fri)	Virtual Meeting	Bakersfield	2-3:30pm	TAY Youth	67
January 6, 2021 (Wed)	Virtual Meeting	Delano	3-4:30pm	Public	Cancelled
January 14, 2021 (Thurs)	Virtual Meeting	Bakersfield	3-4:30pm	Management	Cancelled
January 28, 2021 (Thurs)	Virtual Meeting	Bakersfield	3-4:30pm	Kern BHRS Providers	43
February 2, 2021 (Tues)	Virtual Meeting	KRV (Lake Isabella)	3-4:30pm	KRV Collaborative	55

March 31, 2021 (Wed)	Virtual Meeting	Bakersfield	3-4:30pm	*Event has yet to occur prior to publication	N/A
May 13, 2021 (Thurs)	Virtual Meeting	Bakersfield	3-4:30pm	*Event has yet to occur prior to publication	N/A
June 10, 2021 (Thurs)	Virtual Meeting	Bakersfield	3-4:30pm	*Event has yet to occur prior to publication	N/A



MHSA PROGRAM DIRECTORY

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

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	**Adult Wraparound KernBHRS**	Offers brief intensive mental health services for adults who are experiencing increased impairment to their life-function as a result of increased mental health symptomology. Identify clients that are at risk of hospitalization of frequent use of crisis services. After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrest & homelessness. Increase independent living.	•Skill-based interventions •Intensive support activities •Case management •Assist with linkage to community-based services •Cognitive Behavioral Therapy (CBT) •Motivational Interviewing •Wellness and Recovery Action Plan (WRAP) •Transportation •Access and linkage to care •Engagement with family members and individuals •Identifying and linking at-risk adults •Outreach in community settings, homeless shelters, veteran service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, park and other public settings •Follow-up with individuals
	Location(s):	**KernBHRS** 2151 College Ave., Bakersfield, CA 93301 *Adult Wraparound KernBHRS: Became an FSP Program (was previously System Development (SD) program). KernBHRS Stockdale location REACH services was moved to FSP under Adult Wraparound program in FY 20/21.		
FSP	**Assertive Community Treatment (ACT)**	Provides specialty mental health care to those with severe and persistent mental illness. After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrest & homelessness. Increase independent living.	•Cognitive Behavioral Therapy for Psychosis (CBTp) •Dialectical Behavioral Therapy (DBT) •Dual Recovery Anonymous Groups •Individual Therapy •Referrals to Consumer Family Learning Center (CFLC) •Crisis Intervention and Assessment •Assisted Outpatient Treatment (AOT) •Individual Placement Support (IPS) •Transportation
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309 **MHS Systems, Inc.** 5121 Stockdale Hwy., Bakersfield, CA 93309		

Funding Category	Program	Program Description	Program Goal	Services Offered
FSP	**Transitional Age Youth (TAY)**	Provides a full spectrum of services using a youth-driven approach. After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth	Reduce substance abuse and high-risk behaviors. Increase independent living. Transitioning TAY aged youth into adulthood. Provide a comfortable non-stigmatizing space, rich in resources for youth who need assistance navigating the foster care system.	**TAY at KernBHRS** •Assessments •Psychiatric care •Individual and group therapy •Counseling for mental health and/or co-occurring disorders •Medication management •Linkage to community resources (including physical health care, housing, and pro-social opportunities) •Substance use assessments and linkage. •Tele-Psych services •Individual Placement Support (IPS) •Transportation **TAY at Dream Center** •Assist with educational and vocational goals •Transition to Independent Process (TIP) treatment model •In-Vivo teaching •Eye Movement Desensitization and Reprocessing (EMDR)
	Location(s):	**KernBHRS** 330 Truxtun Ave., Bakersfield, CA 93301 **The Dream Center** 1801 19th Street., Bakersfield, CA 93301		
FSP	**Wellness, Independence and Senior Enrichment (WISE)**	Provides mental health services to the older adult population. After hours care and services are available. **Program Category:** Community Services and Supports **Population Focus:** Older Adults	Assist client in maintaining or gaining independent. Eliminate barriers to community resources. Reduce likelihood of recidivism in hospitalizations, mental health emergencies, & homelessness. Increase independent living.	•Individual rehabilitation and skill building strategies •Cognitive Behavioral Therapy (CBT) •Dialectical Behavioral Therapy (DBT) •Solution Focused Therapy (SFT) •Problem-Solving Therapy (PST) •Neurocognitive impairments screening •Assist in accessing community resources (such as Social Security and affordable housing) •Referral to Consumer Family Learning Center (CFLC) •Depression Group •IT Group •Geropsychiatric •Socialization opportunities •Transportation
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309		

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

Funding Category	Program	Program Description	Program Goal	Services Offered
	Youth Wraparound (continued) Location(s):	**KernBHRS** 3300 Truxtun Ave., Bakersfield, CA 93301 **College Community Services** 16940 State Hwy 14, Ste F Mojave, CA 93501 **Child Guidance Clinic** 3628 Stockdale Hwy Bakersfield, CA 93309 **College Community Services** 29325 Kimberlina Rd Wasco, CA 93280 **Child Guidance Clinic** 2001 North Chester Ave Bakersfield, CA 93308 **College Community Services** 1021 4th Street, Ste B Taft, CA 93268 **Child Guidance Clinic** 1430 6th Ave Delano, CA 93215 ***College Community Services** 2731 Nugget Ave Lake Isabella, CA 93240 **Clinica Sierra Vista** 3105 Wilson Road Bakersfield, CA 93304 **College Community Services** 1400 N. Norma Street, Ste 133 Ridgecrest, CA 93555 **Clinica Sierra Vista** 8787 Hall Road Lamont, CA 93241 **College Community Services** 113 East "F" Street Tehachapi, CA 93561 *Due to reductions in MHSA funding caused by the COVID-19 pandemic the CCS Lake Isabella location ended FY 20/21.		
SD	**Access & Assessment/Crisis Walk in Clinic (CWIC)**	**Access & Assessment:** Acts as an entry point to the Adult System of Care for those experiencing mental health related symptoms. Most clients entering are self-referred as walk-ins or are brought in by family members or collaborating agencies including Kern County Public Health and Kern County Probation. **CWIC:** Provides crisis intervention, screening, assessment and comprehensive discharge planning for those experiencing crisis-level mental health symptoms, but do not require an involuntary hold or hospitalization. **Program Category:** Community Services and Supports **Population Focus:** Children & Transition Age Youth	**Access & Assessment:** Complete a culturally sensitive mental health assessment in preferred language of client. Increase assessments to give access to specialty mental health services or link to other community resources as needed. **CWIC:** Reduce severity of mental health symptoms. Identify and link clients to necessary and appropriate care. Complete a culturally sensitive mental health assessment in preferred language of client. Increase service delivery to the community to prevent crisis services or hospitalization or incarceration.	**Access & Assessment:** •Screenings •Assessments •Urgent and Emergent Assessments •Referrals to specialty or non-specialty services •Linkage to community resources •Referral to SUD for those presenting with co-occurring symptoms •Crisis Intervention •Cognitive Behavioral Therapy (CBT) •Dialectical Behavior Therapy (DBT) •Referrals to PEC and CWIC **CWIC** •Crisis Intervention •Linkage to community resources •Mental health access and linkage •Social Support •Dialectical Behavioral Therapy (DBT) •Cognitive Behavioral Therapy (CBT)
	Location(s):	**Access & Assessment: KernBHRS** 2151 College Ave., Bakersfield, CA 93305 **CWIC: KernBHRS** 2151 College Ave., Bakersfield, CA 93305		

Funding Category	Program	Program Description	Program Goal	Services Offered
SD	**Adult Wraparound Core**	Provides distinct services through inpatient and outpatient programs for adults currently served by the system of care. The inpatient program provides one-time hospital discharge planning assistance at the request of the primary treatment team. The outpatient program provides 6-8 weeks of intensified mental health services at the direction of the primary team. Wraparound services are intended to augment mental health services provided by primary outpatient teams and to reduce crises and hospitalizations through intensified case management/linkage, interventions, and individual counseling. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Decrease mental health symptoms and high-risk behaviors. Improve overall life-functioning through appropriate mental health interventions. Reduce likelihood of recidivism in hospitalizations, mental health emergencies, & homelessness. Increase independent living.	•Skill-based interventions •Intensive support activities •Case management assistance with obtaining resources •Assist with linkage to community-based services •Individual therapy •Family therapy •Crisis intervention •Cognitive Behavioral Therapy (CBT) •Motivational interviewing •Wellness and Recovery Action Plan (WRAP) •Socialization opportunities
	Location(s):	***Clinica Sierra Vista** 1400 South Union Ave Bakersfield, CA 93307 **College Community Services** 1400 North Norma St., Ste 133 Ridgecrest, CA 93555	**Clinica Sierra Vista** 828 High Street Delano, CA 93215 **College Community Services** 113 East F Street Tehachapi, CA 93561	***Clinica Sierra Vista** 3717 Mt. Pino Way Suite C&D Frazier Park, CA 93225 ***College Community Services** 16940 Highway 14. Ste. F Mojave, CA 93501
		Clinica Sierra Vista 8787 Hall Road Lamont, CA 93241 ***College Community Services** 1021 4th Street Ste. B Taft, CA 93268	***College Community Services** 2821 H Street Bakersfield, CA 93301 **College Community Services** 930 F Street Wasco, CA 93280	***College Community Services** 2731 Nugget Ave Lake Isabella, CA 93240 ***Child Guidance Clinic, Inc.** 3509 Union Ave Bakersfield, CA 93305
		*Due to reductions in MHSA funding caused by the COVID-19 pandemic the following locations ended in FY 20/21: CSV Bakersfield, CSV Frazier Park, CCS Bakersfield, CCS Lake Isabella, CCS Mojave, CCS Taft & CGC Bakersfield.		

Funding Category	Program	Program Description	Program Goal	Services Offered
SD	**Consumer Family Learning Center (CFLC)**	The Consumer Family Learning Centers are community resources for self-help and peer support for people whose lives have been affected by mental illness and/or substance use. They are open to anyone 18 years of age or older who has an interest in mental health and substance use recovery. Anyone can come to the centers to learn about recovery, make friends and have fun. **Program Category:** Community Services and Supports **Population Focus:** Adults/Older Adults	Actively engage members in treatment, self-care and their own recovery. Promote ongoing participation in groups and classes so that members may choose to become volunteers and help others at the centers. Encourage members to learn to facilitate or co-facilitate classes. Increase client participation in the system of care committees and evaluations, so that their voices will be heard.	•Evening and Saturday groups, activities and classes offered in Bakersfield •Spanish speaking groups and classes •Outreach to community-based organizations •Arts and crafts •Music •Physical activity •Support groups that are peer-led •Crisis Addiction Counseling (CAC) •Field trips •Health classes •Movie nights NAMI events and classes (for example: Family to Family, NAMI walk)
	Location(s):	**KernBHRS** 2001 28th Street, South Tower Bakersfield, CA 93301	**College Community Services** **HOPE Center** 1400 N. Norman Street, Ste. 137 Ridgecrest, CA 93555	**College Community Services** **The Learning Center** 107 S. Mill Street, Ste. B Tehachapi, CA 93561
SD	**Home to Stay**	Housing first model that provides individuals in the Kern Behavioral Health and Recovery Services System of Care (SOC) with linkage to housing so they can focus on recovery. **Program Category:** Community Services and Supports **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults	Provide appropriate housing to clients engaged in behavioral health services.	•Review case every 90 days •Recommend appropriate housing options •Provide an emergency shelter voucher for housing until short-term housing can be arranged •Review status of benefits acquisition •Packed for Recovery
	Location(s):	**KernBHRS** 5121 Stockdale Hwy, Suite 205, Bakersfield, CA 93309 * Packed for Recovery previous PEI was slated to move to SD but ended in FY 19/20 due to reductions in Mental Health Services Act funding caused by the COVID-19 pandemic.		
SD	**Recovery and Wellness Centers (RAWC)**	Provides multi-level mental health and substance use treatment services to individuals experiencing challenges in life functioning as the result of mental illness and/or substance use. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Improve access to care and treatment outcomes. Reduce incarceration(s), & inpatient psychiatric hospitalization(s). Increase growth in client responsibility, hope, and self-empowerment. Transition clients to non-specialty community-based mental health care or medication management.	•Cognitive Behavioral Therapy (CBT) •Dialectical Behavior Therapy (DBT) •Motivational Interviewing •Solution Focused Brief Therapy (SFBT) •Depression and anxiety groups •Seeking safety groups •Anger management groups •Conflict resolution groups

Funding Category	Program	Program Description	Program Goal	Services Offered
	Recovery and Wellness Centers (RAWC) (continued)			•Peer support •Linkage to primary health care •Medication management •Linkage to community resources •Substance Use services •Individual therapy Eye Movement Desensitization and Reprocessing (EMDR) (only at West and SE RAWC)
	Location(s):	**KernBHRS- Northeast** 3715 Columbus St Bakersfield, CA 93306 **KernBHRS- West** 5121 Stockdale Hwy Bakersfield, CA 93309 **KernBHRS- Southeast** 1600 E. Belle Terrace Ave Bakersfield, CA 93307 **Clinica Sierra Vista- South** 1400 South Union Ave Bakersfield, CA 93307 **Child Guidance Clinic- Adult Program- North** 3509 Union Ave Bakersfield, CA 93305 **College Community Services- West Kern** 930 F Street Wasco, CA 93280 **College Community Services- Central** 2821 H Street Bakersfield, CA 93301		
SD	**Self-Empowerment Team (SET)**	Utilizes staffed Peer Support Specialist with lived in experience in active recovery from mental health and/or substance use challenges. **Program Category:** Community Services and Supports **Population Focus:** Transition Age Youth, & Adults/Older Adults	Increase awareness by providing a living example to clients and family members that people do recover. Increase awareness by providing services to clients by learning to use the public transportation system to help identify and work toward achieving their own life goals. Increase client participation by incorporating social, educational, and otherwise meaningful activities into their schedule through CFLC activities. Increase participation and support program development for unserved and underserved populations through work with the Cultural Competence Resource Committee.	•Motivational interviewing. •Dialectical Behavior Therapy (DBT) •Coping skills •Seeking safety •Wellness Recovery Action Plan (WRAP) •Solution-Focused Brief Therapy (SFBT) •Assist members in transitioning back into the community •Assist members in leaning to use public transportation •Assist members in grocery shopping •Assist members in incorporating social, educational, and otherwise meaningful activities into their schedules •Assist member and clinicians in developing intensified service or crisis intervention plans
	Location(s):	**KernBHRS** 2001 28th Street, South Tower, Bakersfield, CA 93301		
PEI	**Access to Care: Crisis Hotline**	24/7 team that provides crisis counseling, suicide intervention, coping skills guidance, and referrals for persons who call and are in immediate crisis situations.	Collaborate with callers on solutions and coping skills to assist through their crisis.	•Crisis Intervention • Suicide risk assessment and intervention

Funding Category	Program	Program Description	Program Goal	Services Offered
	Access to Care: Crisis Hotline (continue)	**Program Category:** Access & Linkage **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults Crisis Hotline: (800) 991-5272 *Suicide Use Division Hotline: (866)266-4898 *Available after-hours	Ensure that callers who are at imminent risk get immediate assistance.	•Mental Health and Substance Use Disorder related support and referral •Follow-up calls and caring notes
	Location(s):	**KernBHRS** 2525 North Chester Ave., Bakersfield, CA 93308		
PEI	**Art Risk Reduction Program (ARRP)**	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. **Program Category:** Early Intervention & Prevention **Population Focus:** Transition Age Youth & Adults/Older Adults	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.	•Once-per-week sessions utilizing Spoken Word and Visual Arts Media •Paint nights to engage clients into services
	Location(s):	**KernBHRS** 2525 North Chester Ave., Bakersfield, CA 93308 *Due to reductions in MHSA funding caused by the COVID-19 pandemic the ARRP program ended in FY 20/21.		
PEI	**Court Appointed Special Advocates (CASA)**	Utilizes trained advocates to thoroughly research each child's trauma and developmental history, then ensure that the information reaches the proper Psychiatrists. **Program Category:** Access & Linkage **Population Focus:** Children and Transitional Age Youth	Increase cross-system coordination. Increase service time to foster youth through ensuring essential histories that will aid in decision making are known to treatment providers.	•File assessments •Essential History Form completion •EH Form to Health & Education Passport in Child Welfare Services
	Location(s):	**CASA of Kern County** 1717 Columbus St., Bakersfield, CA 93305		
PEI	**Early Psychosis Outreach & Intervention "La CLAVE"**	Incorporates tools from the University of Southern California's La CLAVE program to outreach to LatinX populations to provide linkage to treatment services to adolescents and young adults experiencing symptoms of early psychosis. **Program Category:** Early Intervention	Reduce duration of untreated psychosis. Increase knowledge and stigma reduction within Kern County, with a focus on LatinX communities. Increase referrals and linkage to care for individuals within the LatinX communities	•Community outreach for Spanish-speaking populations. •Partnerships with community organizations and agencies serving LatinX communities.

Funding Category	Program	Program Description	Program Goal	Services Offered
	Early Psychosis Outreach & Intervention "La CLAVE" (continued)	**Population Focus:** Transition Age Youth & Adults		
	Location(s):	**KernBHRS** 2001 28th St., Bakersfield, CA 93301 *Due to reductions in MHSA funding caused by the COVID-19 pandemic the Early Psychosis Outreach & Intervention "La CLAVE" program ended in FY 20/21.		
PEI	**Foster Care Engagement**	Works to actively engage youth in the Foster Care system who are not engaged in mental health services. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Children and Transitional Age Youth	Actively engage and provide care for foster youth with mild-to-moderate behavioral health care needs. Increase foster care referrals for behavioral health needs through outreach and education efforts.	•Outreach and education to Social Workers (SW's) with DHS and Foster Family Agencies (FFA's) •Psychoeducation to DHS SW's. FFA's and foster parents •Consultations •Review referrals for care •Prevent lapse in services •Expedite services for foster youth •Assessment Treatment services
	Location(s):	**KernBHRS Children's System of Care** 3300 Truxtun Ave., Bakersfield, CA 93301		
PEI	**Freedom, Recovery and Empowerment with Dogs (FRED)**	Adds an animal interventionist and a certified therapy canine into existing Seeking Safety groups and other evidence-based practices currently implemented within KernBHRS treatment teams. **Program Category:** Stigma & Discrimination Reduction **Population Focus:** Transition Age Youth, & Adults/Older Adults	Decrease stigma of behavioral health treatment by including a certified canine with group services. Increase level of participation in group services.	•Co-facilitate groups and individual services •Exercises so that individuals can practice newly gained skills •Comfort visits •The therapy dogs help clients that have difficulty engaging in services.
	Location(s):	**KernBHRS- CalWORKs** 5121 Stockdale Hwy. Ste 150 Bakersfield, CA 93309 **KernBHRS- Kern Linkage** 2525 N. Chester Ave Bakersfield, CA 93308 **KernBHRS- CFLC** 2001 28th St Bakersfield, CA 93308 **KernBHRS- ROC** 820 34th Street, Ste 100 Bakersfield, CA 93301 **KernBHRS- Foster Care** 3300 Truxtun Ave, Ste 100 Bakersfield, CA 93301 **KernBHRS- TAY** 3300 Truxtun Ave Bakersfield, CA 93301		
PEI	**Help Me Grow**	Offers developmental and behavioral screening to Kern County parents for their children aged 0-5 years old. **Program Category:** Access & Linkage **Population Focus:** Children aged 0-5	Provide early screening for development and behavioral services needs for children. Link to and provide appropriate care for children screening positive for developmental and behavioral care needs.	•Developmental and behavioral screenings •Complete online Ages and Stages Questionnaire screening services. •Referrals to KernBHRS

Funding Category	Program	Program Description	Program Goal	Services Offered
	Help Me Grow (continued)			
	Location(s):	**First 5** 2724 L St., Bakersfield, CA 93301		
PEI	**Homeless Outreach Team**	Serves homeless individuals with behavioral health needs. Supports to help these individuals achieve and maintain long term stability and permanent housing. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth, & Adults/Older Adults	Increase the number of homeless individuals referred into behavioral health treatment. Decrease the number of days of homelessness for individuals with behavioral health conditions.	•Linkage to appropriate treatment services •Linkage to housing •24/7 Homeless Outreach Hotline •Transportation Services •Food and clothing assistance
	Location(s):	***Mental Health Systems, Inc.** 5121 Stockdale Hwy., Suite 200 Bakersfield, CA 93309 **Flood Bakersfield Ministries, Inc.** 610 24th St., Bakersfield, CA 93301 *As of FY 20/21 Mental Health Systems, Inc. 5121 Stockdale Hwy location discontinued their Homeless Outreach services. Flood Bakersfield Ministries, Inc. will continue to provide services.		
PEI	**KCSOS- School Based Program (formerly known as Kern Youth Resilience and Support Program)**	Offers behavioral health interventions and mentoring services to designated school districts. Other services include Outreach and education services, training and support for staff, students, parents, and communities. **Program Category:** Access & Linkage **Population Focus:** Children, Transition Age Youth, & Adults	Increase preventative school-based services for at-promise youth in grades 6-8.	•Mental Health First Aid Training •Forward Thinking Interactive Journaling •Cognitive Behavioral Therapy (CBT) • Mentoring through utilization of members of AmeriCorps •Family/parent engagement projects •Cross-system coordination Monitor families to ensure successful connections to KernBHRS or other behavioral health provider
	Location(s):	**Beardsley Junior High School** 1001 Roberts Lane Bakersfield, CA 93308 **Haven Drive Middle School** 341 Haven Drive Arvin, CA 93203 **KCSOS Community Learning Center** 222 34th Street Bakersfield, CA 93301 **Richland Junior High School** 331 Shafter Avenue Shafter, CA 93263 **Standard Middle School** 126 Ferguson Avenue Bakersfield, CA 93308 **Wallace Middle School** 3240 Erskine Creek Rd Lake Isabella, CA 93240		
PEI	**Living Well**	Provides specialized services to populations underserved in the community such as individuals diagnosed with an eating disorder, LGBTQ+, human trafficking victims, and individuals who have experience severe trauma. **Program Category:** Stigma & Discrimination Reduction	Prevent further deterioration in areas of life functioning due to mental illness. Increase access to specialized services for unserved and underserved individuals. Increase staff competency in treating special programs.	•Eye Movement Desensitization and Reprocessing (EMDR) •Cognitive Behavioral Therapy (CBT) •Dialectical Behavioral Therapy (DBT)

Funding Category	Program	Program Description	Program Goal	Services Offered
	Living Well (continued)	**Population Focus:** Children, Transition Age Youth, & Adults/Older Adults		•Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ+) •Eating Disorder •Family Connections DBT
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309 **The Center for Sexuality and Gender Diversity** 902 18th St., Bakersfield, CA 93301 *Eating Disorder Services was added to the menu of services FY 20/21. Family Connections DBT under menu of services ended in FY 19/20 due to reductions in MHSA funding caused by the COVID-19 pandemic.		
PEI	**Outreach & Education**	Outreach and Education is managed by the Outreach and Education Coordinator who is the main contact for O&E events being attended and represented by KernBHRS staff. Requests to attend events are received by the O&E Coordinator either by email or a Wufoo request. Other O&E events may include: Representation at Town Hall Meetings, Specialized presentation requests, and Meeting with community members who are interested in learning more about KernBHRS services. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults	Increase stakeholder feedback to identify unserved and underserved populations. Increase Mental Health First Aid Training to community. Increase participation in community events throughout Kern County. Increase utilization of State funded campaign information and materials focused on suicide prevention and stigma reduction.	•May is Mental Health Awareness Month •September is Suicide Prevention Awareness Month •September is Substance Use Recovery Awareness Month •NAMI Walk •Save a Life Today (SALT) Walk •Each Mind Matters •Know the Signs •Multiple ethnically, culturally, and spiritual significant community outreach events
	Location(s):	**KernBHRS** 2001 28th St, North Tower, Bakersfield, CA 93301		
PEI	**Prepare U**	The Prepare U curriculum follows a carefully designed arc to help students learn the skills needed to identify mental and emotional risks and concerns, more effectively cope with concerns in healthy ways on their own, and know how to engage additional parental, community, or professional support when needed. **Program Category:** Prevention **Population Focus:** Children, Transition Age Youth	Ensure students learn the skills necessary to increase mental health and wellbeing. Increase understanding of biopsychosocial determinants of mental health. Bring awareness of how to safely and effectively conduct experiential learning activities related to mental health in a classroom environment.	•Teacher's manual •Students manual •Class videos •Meditation videos •Interactive card game •Crisis Resources
	Location(s):	**Buena Vista High School- Continuation** 900 N 10th St Taft, CA 93268 **Taft Union High School** 701 Wildcat Way Taft, CA 93268 **A.M. Thomas Middle School** 20979 Lobos Court Lost Hills, CA 93249		

Funding Category	Program	Program Description	Program Goal	Services Offered
PEI	**Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)**	Provides community outreach, education and engagement services. Outreach and Education services are provided with the focus of identifying and engaging at risk adults who are experiencing challenges in accessing and/or remaining engaged in traditional mental health and substance use disorder services. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth, & Adults/Older Adults	Improve accessibility of care by successfully linking individuals with ongoing treatment services. Decreased number of monthly law enforcement contacts as evidenced by data collected by the law enforcement communications centers.	•Access and linkage to care •Engagement with family members and individuals •Identifying and linking at-risk adults •Outreach in community settings, homeless shelters, veteran service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, park and other public settings •Follow-up with individuals
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Bakersfield, CA 93309 **Clinica Sierra Vista** 8787 Hall Rd., Lamont, CA 93241 *KernBHRS REACH was moved to FSP under Adult Wraparound program in FY 20/21. CSV Lamont was moved to REACH Expansion in FY 20/21.		
PEI	**REACH Expansion**	Provide community outreach, education and engagement services. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth, & Adults/Older Adults	Improve accessibility of care by successfully linking individuals with ongoing treatment services. Improve service engagement by increasing the number of individuals remaining engaged in treatment. Increase the number of individuals successfully discharging from KernBHRS treatment services. Decreased number of monthly law enforcement contacts as evidenced by data collected by the law enforcement communications centers.	**REACH Outreach Services** •Access and linkage to care •Engagement with family members and individuals •Identifying and linking at-risk adults •Outreach in community settings, homeless shelters, veteran service agencies, homeless encampments, substance use disorder service agencies, churches, sober living homes, park and other public settings **REACH Reengagement Services** •Follow-up with individuals •Service coordination for re-engagement •Engage clients •Family engagement •Full range of services
	Location(s):	**SERAWC** 1600 E. Belle Terrace Way Bakersfield, CA 93307 ***Clinica Sierra Vista** 8787 Hall Road Lamont, CA **NERAWC** 3751 Columbus St Bakersfield, CA 93306 ***College Community Services** 930 F Street Wasco, CA **WRAWC** 5121 Stockdale Hwy Ste 275 Bakersfield, CA 93309 **College Community Services** 1021 4th Street, Ste. B Taft, CA **Child Guidance Clinic** 3509 Union Ave. Bakersfield, CA **College Community Services** 2731 Nugget Avenue Lake Isabella, CA **Clinica Sierra Vista** 1400 South Union Ave. Bakersfield, CA ***College Community Services** 1400 North Norma St., Ste. 133 Ridgecrest, CA **Clinica Sierra Vista** 828 High Street Delano, CA ***College Community Services** 113 East F Street Tehachapi, CA ***Clinica Sierra Vista** 3717 Mt. Pinos Way, Suites C&D Frazier Park, CA ***College Community Services** 16940 Highway 14, Ste. F Mojave, CA	

Funding Category	Program	Program Description	Program Goal	Services Offered
	REACH Expansion (continued)	*Due to reductions in MHSA funding caused by the COVID-19 pandemic the following locations ended in FY 20/21: CSV Frazier Park, CSV Lamont, CCS Wasco, CCS Ridgecrest, CCS Tehachapi, & CCS Mojave.		
PEI	**Suicide Prevention Outreach & Education**	Provides KernBHRS staff, members of the community, community-based organizations, businesses, churches, educational organizations, and others seeking education, training and resources pertaining to suicide prevention. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults Suicide Prevention Hotline (800) 273-8255	Identify and provide support for families who have lost a loved one to suicide.	•Culturally competent outreach and training to Kern County: -Question, Persuade, and Refer (QPR) Training. -Applied Suicide Intervention Skills Training (ASIST) -More than Sad -Zero Suicide practices. -Customized trainings and presentation to fit target population.
	Location(s):	**KernBHRS** 2525 North Chester Ave., Building H., Bakersfield, CA 93308		
PEI	**TAY Dual Recovery**	Provides immediate supportive behavioral health and substance use care in a sober living environment for up to 90-days. **Program Category:** Early Intervention **Population Focus:** Transition Age Youth	Provide a safe setting for TAY to stabilize, which will improve the likelihood of being able to effectively diagnose and treat emotional and behavioral difficulties.	•Substance abuse groups (daily in-house) •Individual substance abuse counseling •Alcoholics Anonymous or Narcotics Anonymous meetings (one per day) •Transportation assistance •Teaching life skills group •Case management
	Location(s)	**The Third Tradition** 3316 Lavern Ave., Bakersfield, CA 93309		
PEI	TAY Self Sufficiency	One-stop resource center for current and former foster youth. **Program Category:** Access & Linkage **Population Focus:** Transition Age Youth	Participating youth will demonstrate increased skills, knowledge and awareness in Casey Life Skill levels.	•Engagement and linkage to resources and services •Medi-Cal assistance •Emergency food assistance •Housing assistance •Educational advocacy/support •College financial aid •Workshops and group learning •Leadership development
	Location(s):	**The Dream Center** 1801 19th St., Bakersfield, CA 93301		
PEI	**Volunteer Senior Outreach Program (VSOP)**	Recruits and trains volunteers to act as companions and advocates for adults over 60 who are housebound, have a limited support system and/ or family support or have experienced a significant loss. Program also provides peer to peer support. **Program Category:** Outreach for Increasing Recognition	Provide information on mental illness to seniors in the community. Increase access and linkage to treatment for older adults, including those in underserved populations. Provide support for older	•Public education through health fairs, senior living facilities, churches, and community collaborative meetings •Provide information on program as well as signs and symptoms of mental illness to dispel stigma and create access to services.

Funding Category	Program	Program Description	Program Goal	Services Offered
	Volunteer Senior Outreach Program (VSOP) (continued)	**Population Focus:** Older Adults	adults by increasing social interaction and meaningful activity in their daily lives.	•Referrals to screening at outreach events •Screening •Early intervention treatment •Referrals to higher level of care •Screening to measure prescription drug and alcohol use •Peer to peer support
	Location(s):	**KernBHRS** 5121 Stockdale Hwy., Ste 275 Bakersfield, CA 93309 ***College Community Services** 930 F Street Wasco, CA 93280 **College Community Services** 113 F Street Tehachapi, CA 93561 **Aging & Adult Services** 5357 Truxtun Ave Bakersfield, CA 93309 **College Community Services** 2731 Nugget Ave Lake Isabella, CA 93240 *Due to reductions in MHSA funding caused by the COVID-19 pandemic CCS Wasco, Aging and Adult Services and the contract with Dr. Choi ended in FY 20/21.		
PEI	**Yoga**	Provides stress management and mindfulness skills to Kern residents through yoga. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Adults/Older Adults	Decrease symptoms of anxiety, depression, and/or posttraumatic stress while reducing stigma associated with mental illness and promoting mental wellness.	•Community-bases or virtually online classes •Chair-based yoga •Traditional yoga •Introductory yoga
	Location(s):	Multiple locations in the Kern County area. *Due to reductions in MHSA funding caused by the COVID-19 pandemic the Yoga program ended on 2/28/2021. Yoga classes are taken place virtually due to the pandemic.		
PEI	**Youth Brief Treatment**	Provides stigma reduction education materials and outreach designed to allow for ease of access and linkage to treatment for those with behavioral health care needs. Same day walk-in mental health screening, assessment, and brief interventions for those in need and is available through providers in Geographic Service Areas throughout Kern County. **Program Category:** Early Intervention **Population Focus:** Children & Transition Age Youth	Increase knowledge and supportive attitudes about mental health care and stigma reduction. Outreach to traditionally underserved families and youth.	•Education and outreach to schools and the community •Walk-in assessment and brief treatment •Clinical skills training for staff

Funding Category	Program	Program Description	Program Goal	Services Offered
	Youth Brief Treatment (continued)			
	Location(s):	**KernBHRS Children's System of Care** 2621 Oswell Street, #119 Bakersfield, CA 93306 **Clinica Sierra Vista** 3105 Wilson Rd Bakersfield, CA 93304 **Child Guidance Clinic** 3628 Stockdale Hwy Bakersfield, CA 93309 **Clinica Sierra Vista** 7839 Burgundy Ave Lamont, CA 93241 **Child Guidance Clinic** 1430 6th Ave Delano, CA 93215 **College Community Services** 29341 Kimberlina Rd, Suite 102 Wasco, CA 93280 **Child Guidance Clinic** 2001 North Chester Ave Bakersfield, CA 93308		
PEI	**Youth Juvenile Justice Engagement**	Provides treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system. **Program Category:** Access & Linkage **Population Focus:** Children & Transition Age Youth	Increase access to mental health care for unserved and underserved youth and families. Reduce duration of untreated mental illness for those with serious mental health care needs. Provide outreach to increase recognition of early signs of mental illness.	•Consultation for engagement •Access and linkage to treatment programs •Mental health treatment. •Reduce repeat incarceration •Reduce school failure and/or dropout •Reduce or eliminate suicidal ideation and self-harm
	Location(s):	**KernBHRS Children's System of Care** 3300 Truxtun Ave., Bakersfield, CA 93301		
PEI	**Zero Suicide**	Linkage and access to suicide-specific treatment for clients and staff care for those who work with suicidal clients. It is designed to implement communitywide suicidal ideation and behavior screening through a specific set of tools and strategies. **Program Category:** Outreach for Increasing Recognition **Population Focus:** Transition Age Youth & Adults/Older Adults Suicide Prevention Hotline: 1-800-273-8255	Prevent suicide by universally screening for risk and eliminating the likelihood of death by suicide.	•Suicide screening •Suicide risk assessment. •Safety plan •Suicide care management plan •Educating the community and spreading awareness •Awareness campaigns and training
	Location(s):	**Assertive Community Treatment (ACT)** 5121 Stockdale Highway, Suite 275, Bakersfield, CA 93309 **Homeless Adult Team (HAT)** 2525 North Chester Kern Linkage Program- Suite C, Bakersfield, CA 93308 **Wellness, Independence, Senior Enrichment (WISE)** 5121 Stockdale Highway, Suite 150B, Bakersfield, CA 93309		
INN	**Help@Hand (formerly known as Tech Suite)**	A five-year demonstration project funded and currently directed by the following California counties: Kern, Los Angeles, Modoc, Mono and Orange. This multi-county	Produce a brochure for vetted apps. Increase digital awareness of CFLC	•Focus groups •Peer support

Funding Category	Program	Program Description	Program Goal	Services Offered
	Help@Hand (continued)	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. **Program Category:** Innovation **Population Focus:** Clients, Peers, Volunteers, & Staff	members. Empower members to become more involved and active.	•App Brochure- recommended phone apps that promote wellness
	Location(s):	**KernBHRS** 2001 28th St., Bakersfield, CA 93301 * Due to reductions in MHSA funding caused by the COVID-19 pandemic Help@Hand ended in FY 20/21. We have found what we believe our success from this program and want to revert the remining funds towards a COVID-19 response program.		
INN	**Special Needs Registry Project- Smart911**	Assists clients with creating a Smart911 profile specific to their needs regarding mental health. **Program Category:** Innovation **Population Focus:** Children, Transition Age Youth, & Adults/Older Adults	Increase awareness of providing vital information for first responders in case of an emergency or disaster. Increase number of profiles created. Increase awareness of Smart911 by attending outreach events and collaborating with first responders. Increase media and social media marketing.	•Safety Profiles •Facility Profiles •Vulnerable Needs registry •Outreach events to help clients and the community sign up
	Location(s):	**Administration: KernBHRS** 2001 28th St Bakersfield, CA 93301 Public Service Answering Points at Police and Fire Departments throughout Kern County **Smart911.com**		
INN	**The Healing Project**	Provides a safe place for adults to gain sobriety and begin discussions about options and possibilities for achieving sustained sobriety and stability. Once sober a bridge into linkage and access to mental health and substance use services are provided and available. **Program Category:** Innovation **Population Focus:** Adults 18 and older	Provide a law enforcement diversion for persons who are acutely intoxicated and have a co-occurring mental illness where, instead of being arrested, they are presented with an opportunity for peer engagement, assessment, brief clinical interventions, and linkage with community-based services.	•Comfort and hygiene services •Mental health and substance use screening •Warm hand-off to community services and supports •Recovery planning •Peer support services
	Location(s):	**The Recovery Station- Bakersfield** 312 Kentucky Street Bakersfield, CA 93305 **The Recovery Station- Delano** 629 Main St Delano, CA 93215 *Programming for the Bakersfield location began on 6/01/2020 and for the Delano location on 06/15/2020.		
WET	**Clinical Internship**	Kern BHRS staff pursuing licensure in the mental health Licensed Practitioners of Healing Arts (LPHAs) are provided direct clinical supervision hours required by licensing authorities, utilizing training and experiential learning.	Provide KernBHRS staff development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human	•Core Competencies based on the Marriage and Family Therapist, Social Work, Professional Clinical Counselors Competencies. Associates and/or Interns gain weekly hours based on the number of

Funding Category	Program	Program Description	Program Goal	Services Offered
	Clinical Internship (continued)	**Program Category:** Workforce Education and Training **Population Focus:** Staff/Workforce	diversity consultation, interdisciplinary relationships, supervision, ethics, law and public policy.	clients/patients they provided services to each week.
	Location(s):	**Administration** 3300 Truxtun Ave Bakersfield, CA 93301 • **Rotations at each KernBHRS Clinical Team Location**		
WET	**Psychology Internship**	Provides interns a broad range of clinical experiences in a variety of settings. **Program Category:** Workforce Education and Training **Population Focus:** Students, Staff/Workforce	Achieve post-doc licensure after the completion of the internship term.	•Development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity, consultation, interdisciplinary relationships, supervision, ethics, law, public policy and scientific foundations and research.
	Location(s):	**Psychology Internship Administration** 3300 Truxtun Ave. Suite 225 Bakersfield, CA 93301 **Foster Care Rotation**2621 Oswell St., Ste 119Bakersfield, CA 93306		
WET	**Relias Learning**	Online easy-to-use training system which provides a myriad of training modules for behavioral health agencies. **Program Category:** Workforce Education and Training **Population Focus:** Staff/Workforce & Workforce	Provide updated relevant training with over 930 online modules that are updated monthly.	•Team Building •Therapy Methods Specific to Demographic (Children Youth and Families, Older Adults, Serious Mental Illness) •Supervision and Management Skills •Compliance/Safety •HR/Legal •Employee Support and Development •Addiction •Integrated Care •Behavioral Health General, Paraprofessional •Cultural Competence Trainings
	Location(s):	**KernBHRS** 3300 Truxtun Ave., Bakersfield, CA 93301		
WET	**Training Enhancement**	Provides various workforce development trainings and conferences for KernBHRS staff, providers, and the public. **Program Category:** Workforce Education and Training **Population Focus:** Behavioral Health Staff, Parents, Non-profit agency staff that deal with homeless individuals or victims of domestic violence, K-12 Educators and School Counselors	Reduce the stigma associated with mental health and increase the knowledge and skills of our workforce.	•Conferences •Trainings •Eye Movement Desensitization and Reprocessing (EMDR) startup
	Location(s):	**KernBHRS** 3300 Truxtun Ave. Bakersfield, CA 93301		

Funding Category	Program	Program Description	Program Goal	Services Offered
WET	**Engagement and Recovery Oriented Training**	Provides empirically supported training that focuses clinical staff skills on reorienting clients towards recovery, understanding motivational deficits and supporting clients as they engage in recovery. **Program Category:** Workforce Education and Training **Population Focus:** Staff/Workforce, Transition Age Youth & Adults	Provide participants with training in Reorienting Toward Recovery and Engagement.	•Support clients as they engage in recovery •Incorporates didactic instruction •Two-day in-person workshop with various topics covered: Reorienting Toward Recovery & Understanding Motivational Deficits. •Live video training conference sessions and web-based learning modules.
	Location(s)	**KernBHRS** 3300 Truxtun Ave. Bakersfield, CA 93301 ***** As of FY 20/21 Engagement and Recovery Oriented Training program ended/discontinued their services.		
CFTN	**The Healing Project**	Project consists of renovating two buildings and add technological infrastructure that will transform the buildings into secure locations that meet the needs for people undergoing sobering and recovery treatment. **Program Category:** Capital Facilities and Technological Needs **Population Focus:** No clients will be served. Cost to this project are only for building costs.	Signed contracts with contracted providers that will provide services and help with the construction plan of the buildings. During FY 20/21, one Healing Project location will be purchased.	•Recovery station services within The Healing Project will provide adults with access and linkage to treatment for mental health and/or substance use disorders
	Location(s)	For more information please contact the MHSA team at MHSATeam@kernbhrs.org		

COMMUNITY SERVICES AND SUPPORTS (CSS)

Community Services and Supports

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

CSS Programs:

Full Service Partnership (FSP)

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

System Development (SD)

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

Outreach and Engagement

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

Housing Program

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

FULL SERVICE PARTNERSHIP (FSP) PROGRAMS

Full Service Partnership Programs

KernBHRS continues in FY 2019/2020 with seven (7) Full Service Partnership (FSP) programs which make up 53% (of budgeted funds for the CSS component. FSP programs are designed to serve those with serious mental illness and/or severe emotional disturbance. Mental Health care provided by KernBHRS System of Care teams and providers working in FSP's provide "whatever it takes" services, meaning care is available 24/7 to assist with crisis intervention and immediate needs.

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

FSP Teams by Age Group:

FSP Programs	Children (0-5)	TAY (16-25)	Adult (26-59)	Older Adult (60+)
Adult Transition Team (ATT)/ Homeless Adult Team (HAT)			X	
Adult Wraparound KernBHRS			X	
Assertive Community Treatment (ACT)			X	
Transitional Age Youth (TAY)		X		
Wellness, Independence and Senior Enrichment (WISE)				X
Youth Multi-Agency Integrated Services Team (MIST)	X			
Youth Wraparound	X			

FSP Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 20/21, including all revenue sources.

FSP Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Adult Transition Team (ATT)/ Homeless Adult Team (HAT)	$4,443,537	$6,171.57	720
Adult Wraparound KernBHRS	$2,479,542	$9,016.51	275
Assertive Community Treatment (ACT)	$3,609,863	$10,463.37	345
Transitional Age Youth (TAY)	$2,683,081	$39,457.07	68
Wellness, Independence and Senior Enrichment (WISE)	$1,121,533	$7,476.88	150
Youth Multi-Agency Integrated Services Team (MIST)	$1,691,555	$24,875.80	68
Youth Wraparound	$4,585,831	$2,915.34	1,573

FSP Programs	
Adult Transition Team (ATT)/ Homeless Adult Team (HAT)	**Updates:** **Homeless Adult Team:** Street outreach utilizing the Relational Outreach and Engagement Model (ROEM) Stationed at the Low Barrier Shelters in town **Adult Transition Team:** Transitioned Integrated Services for Mentally Ill Parolees (ISMIP) clients into the system of care when this program discontinued and began a new process for Parole referrals. **Success Story:** **Homeless Adult Team:** Client was accepted into Succeeding Through Achievement and Resilience (STAR) Court and was transitioning from MHS Level 4 team. This client went into the program with a depressed mood, low motivation, anxiety, poor insight, and strained relationships. Client was chronically homeless, without income, and facing felony assault charges. Upon acceptance into STAR Court, the client was placed at Serene House Women Recovery Services. The team was able to help her get her Supplemental Security Income (SSI). The client was able to start an injection medication and attended weekly substance abuse counseling and therapy. At some point in therapy and substance abuse counseling, the client had a breakthrough and began engaging more and became proactive. The client started getting homework assignments and followed through with homework. The client started opening up and, as a result, was able to reconcile with her father before he passed away from cancer. The client became the fastest STAR Court graduate ever and graduated in 2021. Client had her felony reduced to a misdemeanor and is going through the expungement process. Client has successfully moved out of Serene House Women Recovery Services. Client continues to attend her medication appointments and is being transitioned to CCS Taft for continuity of her injections. **Adult Transition Team:** Client was accepted into Succeeding Through Achievement and Resilience (STAR) Court and was transitioning from MHS Level 4 team. This client went into the program with a depressed mood, low motivation, anxiety, poor insight, and strained relationships. Client was chronically homeless, without income, and facing felony assault charges. Upon acceptance into STAR Court, the client was placed at Serene House Women Recovery Services. The team was able to help her get her Supplemental Security Income (SSI). The client was able to start an injection medication and attended weekly substance abuse counseling and therapy. At some point in therapy and substance abuse counseling, the client had a breakthrough and began engaging more and became proactive. The client started getting homework assignments and followed through with homework. The client began opening and, as a result, was able to reconcile with her father before he passed away from cancer. The client became the fastest STAR Court graduate ever and graduated in 2021. Client had her felony reduced to a misdemeanor and is going through the expungement process. Client has successfully moved out of Serene House Women Recovery Services. Client continues to attend her medication appointments and is being transitioned to CCS Taft for continuity of her injections.

FSP Programs	
Adult Wraparound KernBHRS	**Updates:** Adult Wraparound has become a resource for local contract providers such as Adult-Child Guidance Clinic, CCS and Clinica Sierra Vista. Currently one KBHRS Adult Wraparound staff is assigned to each of these providers in order to wraparound acute clients by coordinating services with primary team. Adult Wraparound has not interrupted their services through the pandemic and has continued to provide face to face services for clients with increased symptomology and safety concerns. **Success Story**: As an adjunct intensification program, we work closely with primary teams to coordinate and deliver client's treatment plan. Adult Wraparound has a very small percentage that are return clients, thus reflecting a decreased need of repeated intensification needs and managing their symptoms with lower-level care. Wrapping around clients while they are hospitalized and becoming involved this early has also closed service gaps, reduced response time in increased services and engaging client and supported discharge plans by taking on responsibilities such as transporting after hours as needed, taking clients to their FTS with primary teams, involving family in treatment as appropriate and increased utilization of community resources to aid in their social integration and independence.
Assertive Community Treatment (ACT)	**Updates:** COVID-19 eliminated the ability to provide group services to clients in the program. In order to respond to that challenge, the program implemented a small number of group interactions at housing locations/facilities where they have more than 2-3 ACT clients who would benefit from interpersonal skill improvement. They hope to return to providing groups for all clients as soon as COVID- 19 restrictions are lifted. **Success Story:** Client has been in services with KernBHRS for many decades and experienced a high frequency of crisis services and hospitalizations. Client has been with the ACT team since 2009. In 2009, this individual had 33 crisis services and 8 inpatient hospitalizations. Client began individual therapy in 2020 and has been given a high frequency of services which has resulted in increased insight, reduction of symptoms and increased housing stability. For the 2020 year, this individual has reduced hospitalization to one encounter and has not had any crisis contact since last fall.
Transitional Age Youth (TAY)	**Updates:** COVID-19 has decreased face to face contacts in the program. **Success Story:** Client successfully complete the Third Tradition TAY Dual Recovery Program, client exited the program and entered regular sober living. Client is now working for a social service organization, speaking to the community about how to improve engagement of homeless youth, and speaking to young adults about the benefits of getting sober. Client has even recruited other TAY and motivated them to join the TAY Dual Recovery Program.
Wellness, Independence and Senior	**Updates:** Program encountered challenges that were directly related to the COVID-19 pandemic such as a decline in referrals and inability to meet with clients face to face. Implementation of the use of iPads to deliver virtual face-to-face sessions with clients.

FSP Programs	
Enrichment (WISE)	**Success Story:** Due to the COVID-19 pandemic changes were made in the way the program delivers services. Service type focus shifted from in-person field services to phone and telehealth as facilities were placed on lockdown. The phone and telehealth services worked well with the clients. Specifically, the use of iPads to deliver telehealth as an alternative to in-person services.
Youth Multi-Agency Integrated Services Team (MIST)	**Update:** Youth MIST equips parents/caregivers with psychoeducation and insight into their child's mental health diagnosis, medication, and child welfare and school information including the special education and Individual Education Plan (IEP) process. Youth MIST works with the entire family, and caregivers are offered support and mental health services when needed as well. Youth MIST strives to instill hope and empowerment, provide a holistic approach to promote health and well-being, and integration into the community for both the youth and their family. **Success Story:** Program had a youth client who had at least 12 placements. Recently mother resurfaced after recovering from her own issues and struggles. This youth was on the Special Multi-Agency Referral Team (SMART) high risk list for at least a year. The Department of Human Services (DHS) placed the youth in a TFCO home. This home is a huge ranch with horses and other animals. Foster Mom provided horseback riding lessons and the youth enjoys riding around the ranch and has a relationship with a special donkey named "Annie". This youth loves school and is eager to start the school day. Family therapy sessions are going well and youth visits with mother weekly. Youth's severe behaviors have decreased dramatically.
Youth Wraparound	**Update:** Our full-service partnership has accepted offices at our Mary K. Shell access point placing us closer to clients and families that present in crisis and at our Psychiatric Evaluation Center. This provides us more immediate access to client and families in crisis and compliments our no wrong door and do whatever it takes approach to providing interventions as close to crisis episodes as possible; increase responsiveness even more, and provide multiple opportunities to create partnerships across our systems of care. **Success Story:** Client was evaluated by the MET team, and client did not meet criteria for a 5150 hold, but the parent and client were aware that client needed mental health services. The Youth Wraparound team was contacted by MET, and within hours an assessment was completed. Before the end of the day, the client and family received an assessment, intake, treatment planning, and interventions. As the clinician went through the assessment process, parent and client discussed the series of traumatic events that client has endured within the last year alone. The team was happy to report that the family and client accepted services to meet their needs moving forward. This is an example of the no wrong door do whatever it takes approach.



FSP OUTCOMES FY 19-20

NUMBER OF DAYS/EVENTS				
INDICATOR	N	12 M PRIOR	YEAR 1	% CHANGE
MENTAL HEALTH EVENTS	496	1,270	765	-39.76%
PSYCHIATRIC HOSPITAL DAYS	496	7,058	7,703	9.14%
INCARCERATION DAYS	506	13,232	7,737	-41.53%
NUMBER OF ARRESTS	496	226	115	-49.12%
HOMELESS DAYS	496	7,848	3,502	-55.38%

PARTNERS WHO HAVE COMPLETED ONE YEAR				
INDICATOR	N	12 M PRIOR	YEAR 1	% CHANGE
MENTAL HEALTH EMERGENCIES	496	273	159	-41.76%
PSYCHIATRIC HOSPITALIZATION	496	177	132	-25.42%
INCARCERATIONS	506	118	69	-41.53%
ARRESTS	496	121	57	-52.89%
HOMELESSNESS	496	51	34	-33.33%

FULL SERVICE PARTNERSHIP TEAMS

- ACT
- ADULTWRAP
- ATT/ HAT
- TAY
- MIST
- WISE
- YOUTHWRAP



PARAMETERS

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

BEHAVIORAL HEALTH&RECOVERY SERVICES

GENERAL SYSTEM DEVELOPMENT (SD) PROGRAMS

General System Development (SD) Programs

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

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

SD Teams by Age Group:

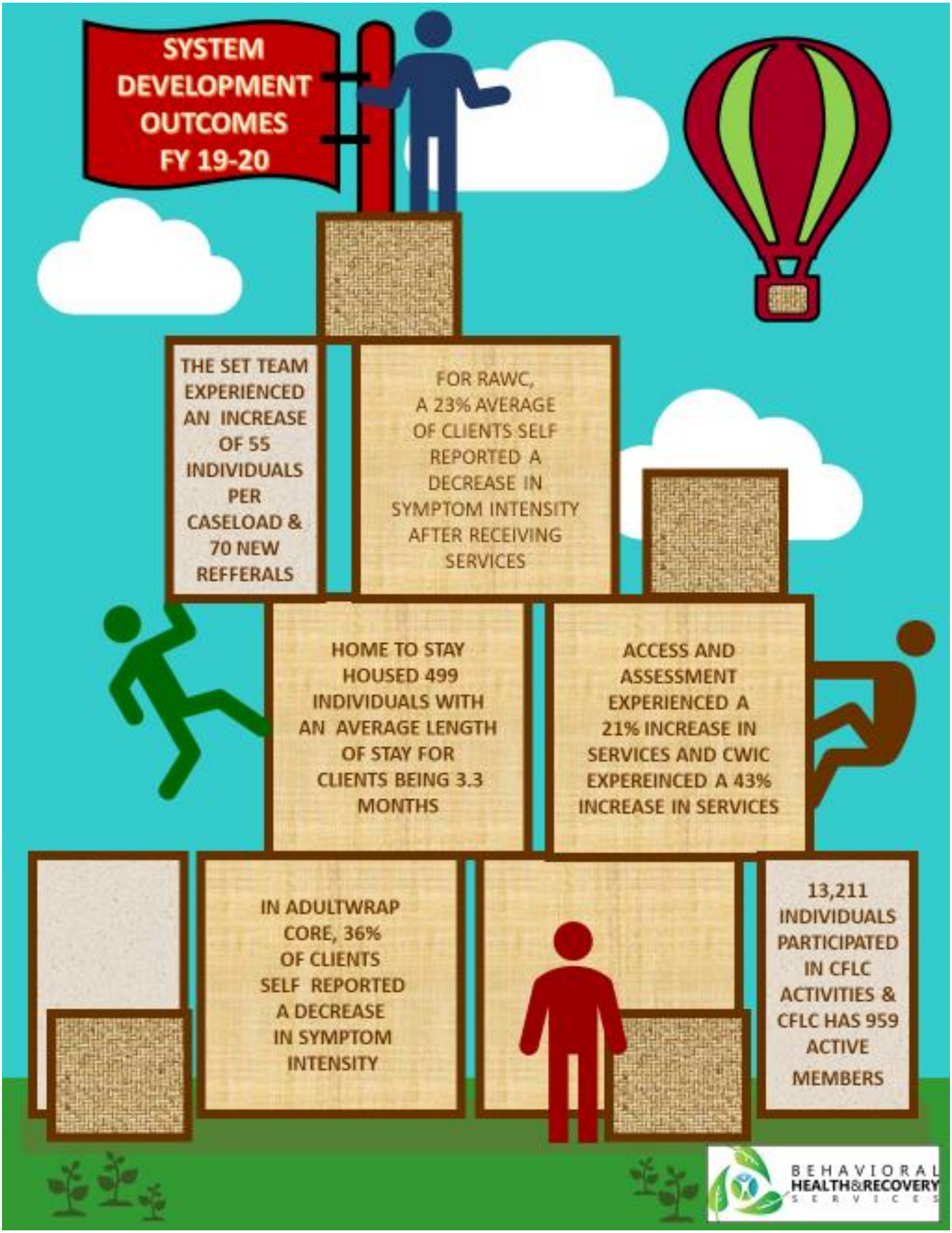
SP Programs	Children (0-5)	TAY (16-25)	Adult (26-59)	Older Adult (60+)
Access & Assessment/Crisis Walk-in Clinic (CWIC)		X	X	X
Adult Wraparound Core			X	
Consumer Family Learning Center (CFLC)		X	X	X
Home to Stay	X	X	X	X
Recovery and Wellness Centers (RAWC)			X	
Self-Empowerment Team (SET)			X	

SP Proposed Expenditure Plan and Estimated Cost Per Client
The table below represents the estimated cost per client in FY 20/21, including all revenue sources

SP Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Access & Assessment/Crisis Walk-in Clinic (CWIC)	$2,770,999	$426.30	6,500
Adult Wraparound Core	$557,738	$4,647.81	120
Consumer Family Learning Center (CFLC)	$2,284,128	$671.80	3,400 *2,400 are duplicated clients served
Home to Stay	$1,559,819	$1,083.96	1,439
Recovery and Wellness Centers (RAWC)	$14,689,251	$2,054.44	7,150
Self-Empowerment Team (SET)	$984,491	$504.86	1,950

Program	
Access & Assessment/Crisis Walk-in Clinic (CWIC)	**Updates:** The program continues to serve the community by linking them to appropriate services. **Success Story:** **Access & Assessment:** Located in the same building, clients presenting with a mental health emergency can be referred to the PEC/CSU for evaluation for psychiatric hospitalization; or if the level of crisis does not warrant admission to PEC/CSU, clients can be referred to CWIC for additional services and stabilization. Clients may also be referred to Access & Assessment from either unit for a screening and assessment if needed. **CWIC:** 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 Specialist at the CWIC provide case management services and prosocial skills training. Therapists on the unit also provide assessments, lending to quicker linkage to specialty mental health services.
Adult Wraparound Core	**Updates:** KernBHRS developed a referral process that allowed high acuity clients being served by the North, South and Central Bakersfield locations to continue to receive WRAP services as needed, despite no longer receiving WRAP funding. For the outlying areas, every effort was made to ensure that WRAP programs continued in the geographical areas that historically had clients that would benefit from this service. For those areas that lost their WRAP funding, the REACH program funding through MHSA remained as an additional resource to help meet the treatment needs of the community. Two areas, Mojave and Frazier Park lost both their WRAP and REACH programs. As additional funding options become available, these two areas will be prioritized, and their needs assessed at that time. **Success Story:** Clients were homeless living in Delano. Adult Wraparound Core services helped client's get connected with FLOOD services. WRAP services were able to provide client linkage to temporary shelter (Hotel stays). Furthermore, FLOOD coordinated client with stable housing in Bakersfield. Clients have since transferred to another Tx team in Bakersfield and are living in their own apartment with their cat.
Consumer Family Learning Center (CFLC)	**Updates:** Due to the COVID-19 pandemic, the MHSA-funded SD CSS consumer-led wellness centers transitioned to providing groups, classes and individual services virtually. Participants were able to join the virtual sessions by videocall or audio only, according to their preferences. **Success Story**: CFLC Bakersfield expanded Spanish language and culturally focused virtual groups/classes and participation by LatinX consumers. CFLC staff quickly adapted to working from home, delivering groups and classes virtually using videoconferencing, and tracking the frequency of connections with high BH acuity members to ensure those members were staying well and safe during the COVID-19 pandemic.

Program	
Home to Stay	**Updates**: Planning is underway to incorporate Housing Peers into the Housing Ambassador Program. Outreach efforts are being developed including the Community Based Organization group as potential peers. Actively trying to implement of Peer Volunteers by Spring, 2021. **Success Story:** The Housing Team has done a remarkable job in monitoring housing providers and clients regarding COVID-19 testing, positive or negative cases and PPE needs. This pro-active approach has been a tremendous help in ensuring the safety and well- being of our clients and other residents. This information is disseminated to over 150 contractor's, BHRS staff and other agencies. Housing staff also assisted the housing providers in obtaining grant funds for much needed PPE supplies.
Recovery and Wellness Centers (RAWC)	**Updates:** COVID-19 has placed a lot of challenges in the service delivery; however the staff have resumed face to face services in the field, in client's homes, at hospitals and community resources to ensure they continue supporting clients with their case needs. The Program Technicians assigned to the team have taken on the role of monitoring, scheduling and contacting clients to discuss First Time Service appointment and inquire about face to face service options as of November 2020. As of December 2020, the team has been working on a Discharge Project identifying clients ready to transition to lower levels of care upon consulting with Dr., Nurse and dyad team. The team was also assigned two additional employees to assist with the Discharge Project, which has been very successful. **Success Story:** SEBA has had a history of high caseloads. The team is happy to say that they have maintained their census at a steady number, flowing clients in and out of the system of care, with a goal of keeping the census low to ensure quality client services rather than in the past, having too high of caseloads and clients falling through the cracks. This is all due to the implementation of the Adult Redesign and the hard work of the Adult Division as a whole.
Self-Empowerment Team (SET)	**Updates:** Peers participated and provided increase phone support including some virtual appointments to increase wellness due to COVID-19. California, State Certification of Peer Support Specialists has become recognized in the past fiscal year. **Success Story:** The SET team moved to 316 Kentucky Street. Many consumers did well during this year: one consumer who was very shy and felt hopeless was able to become stable by engaging in Peer Support Services. This client was able to build supportive family relationships, go to college, and obtain employment.


SYSTEM DEVELOPMENT OUTCOMES FY 19-20
THE SET TEAM EXPERIENCED AN INCREASE OF 55 INDIVIDUALS PER CASELOAD & 70 NEW REFFERALS
FOR RAWC, A 23% AVERAGE OF CLIENTS SELF REPORTED A DECREASE IN SYMPTOM INTENSITY AFTER RECEIVING SERVICES
HOME TO STAY HOUSED 499 INDIVIDUALS WITH AN AVERAGE LENGTH OF STAY FOR CLIENTS BEING 3.3 MONTHS
ACCESS AND ASSESSMENT EXPERIENCED A 21% INCREASE IN SERVICES AND CWIC EXPEREINCED A 43% INCREASE IN SERVICES
IN ADULTWRAP CORE, 36% OF CLIENTS SELF REPORTED A DECREASE IN SYMPTOM INTENSITY
13,211 INDIVIDUALS PARTICIPATED IN CFLC ACTIVITIES & CFLC HAS 959 ACTIVE MEMBERS
BEHAVIORAL HEALTH&RECOVERY SERVICES

PREVENTION AND EARLY INTERVENTION (PEI)

Prevention and Early Intervention

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

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

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

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

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

Additionally, starting in FY 19-20 KernBHRS contracted EVALCORP to assist with a systemwide review of current Outcome and Measurements for MHSA programs. From FY 19-21, EVALCORP created a standardized approach to measuring programs within the PEI category by following MHSA California Code of Regulations.

PEI Programs

- Access to Care – Crisis Hotline
- Art Risk Reduction Program
- Court Appointed Special Advocates
- Early Psychosis Outreach & Intervention “La CLAVE”

- Foster Care Engagement
- Freedom, Recovery and Empowerment with Dogs (FRED)
- Help Me Grow
- Homeless Outreach Team
- KCSOS- School Based
- Living Well
- Outreach and Education
- Prepare U
- Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)
- Suicide Prevention Outreach & Education
- TAY Dual Recovery
- TAY Self Sufficiency
- Volunteer Senior Outreach Program (VSOP)
- Yoga
- Youth Brief Treatment (YBT)
- Youth Juvenile Justice Engagement
- Zero Suicide

PEI Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 20/21, including all revenue sources.

PEI Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Access to Care- Crisis Hotline	$2,164,177	$8.48	255,130
Art Risk Reduction Program	*Program ended FY 2020-2021	N/A	N/A
Court Appointed Special Advocates (CASA)	$20,000	$425.53	47
Early Psychosis Outreach & Intervention "La CLAVE"	*Program ended FY 2020-2021	N/A	N/A
Foster Care Engagement	$414,292	$381.13	1,087
Freedom, Recovery and Empowerment with Dogs (FRED)	$68,600	$339.60	202
Help Me Grow	$261,535	$622.70	420
Homeless Outreach Team	$1,630,874	$1,630.87	1,000
KCSOS-School Based	$599,724	$149.931	4,000
Living Well	$1,148,758	$7,411.34	155
Outreach & Education	$116,349	$750.63	12,500
Prepare U	$364,000	$260.37	1,398

Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)	$1,543,344	$6,173.37	250
Suicide Prevention Outreach & Education	$277,000	$1.31	210,000
TAY Dual Recovery	$220,095	$7,336.50	30
TAY Self Sufficiency	$325,562	$398.48	817
Volunteer Senior Outreach Program (VSOP)	$1,112,107	$2,926.59	380
Yoga	$89,770	>$89.77	>1,000
Youth Brief Treatment (YBT)	$2,692,531	$561.52	4,795
Youth Juvenile Justice Engagement	$478,963	$3,193.08	150
Zero Suicide	$286,242	$279.26	1,025



PEI Programs	
Access to Care-Crisis Hotline	**Updates:** No current updates **Success Story:** Because of the Nature of the Crisis Hotline, it is hard to single out any success story. Every day, every call, is considered a success. When people make the decision to call the Hotline and ask for help, they are choosing to seek change. They are seeking to be an active participant in their recovery and taking the first steps towards seeking help in treatment. People often call the Crisis line after receiving services and state that they would not be here if Hotline had not answered the call and listened, assisted with linkage to services, or helped collaborate on solutions instead of "giving advice". Others are grateful for "non demand" Caring Notes that Hotline team members send out, letting callers know that someone has thought of them. Others still, are appreciative of follow-up calls done after 72 hours, 1 week and 1 month after a community member makes an initial call.
Court Appointed Special Advocates (CASA)	**Update:** CASA continually strives to make a positive impact in the community for foster youth in need of additional support. Coordination with CASA will help identify Essential History (EH) information pertinent to the treatment of behavioral health needs. This will help KernBHRS provide appropriate treatment to address behavioral health concerns for foster youth within our community. **Success Story:** Child had not ever been on mental health medications prior to an assessment the child had with their care provider. At that assessment, child was diagnosed with oppositional defiant disorder (ODD) and Attention deficit hyperactivity disorder (ADHD) and was prescribed Clonidine. The CASA team had not previously observed behaviors from the child that would indicate ADHD, and most certainly not ODD. The CASA scheduled a time to observe the child in the classroom after getting reports that the child was falling asleep in class and beginning to fail classes. This was not typical behavior, as child was an A and B student. Additionally, the CASA mined the child's court files for trauma, and a CASA Essential History (EH) was completed. The CASA also completed a JV-2019 form. With the CASAs observations, a Med Review Hearing was set, which resulted in the child's medication being reduced to half the originally prescribed dose. The child's ODD diagnosis was ruled out. Fortunately, after these changes' child began to perform well in school once again.
Foster Care Engagement	**Updates:** No current updates **Success Story:** The Foster Care Team provides services for Foster youth and families who have suffered unimaginable trauma and are often hesitant about services due to their historical poor social relationships, lack of trust, and stigma surrounding mental health services. The team works to constantly engage clients, caregivers, social workers, and biological families by maximizing their clinical skills to provide understanding, support, promote the benefits of mental health services, and emphasize on the importance of family engagement/services.

PEI Programs	
Foster Care Engagement (continued)	Currently, the foster care team is working the case of a 15-year-old female who was removed from her biological mother due to substance use over 8 years ago and most recently was residing with her grandmother who passed away due to COVID-19. The client was left without a caregiver or family support. The client was placed at Jamison Children's Center where she struggled to connect with staff and therapist. She walked away from the therapist after 5 minutes in the room where she verbalized trust issues and no interest in services. The therapist continued to engage the client via telephone and telehealth with no success. While observing COVID-19 precautions, the therapist made a face-to-face visit attempting to engage the client who was open to meeting with the therapist. Client began to engage with the therapist, thanked her for the in-person attempt, and agreed to services. Our successes may be short; yet, impactful in a child's life. Many times, we are their first initial contact with a mental health provider and will work through all barriers to help our foster youth connect to much needed services.
Freedom, Recovery and Empowerment with Dogs (FRED)	**Updates:** Due to funding constraints, this program is currently under review for the sustainability of the program. **Success Story:** KernBHRS co-facilitators and Liz Kover (animal interventionist) regularly watched wonderful moments unfold that illuminated, in real time, the uplifting power of the human-canine relationship. Clients' self-reported healing was obvious in quotes like this one: "Having the dogs here helps me feel calm, safe, and more able to share. They take me out of the gray world of my depression with their doggie energy".
Help Me Grow	**Update:** The program has collaborated with preschool sites to provide support to their classrooms in providing the screening online or by phone. HMG is collaborating with Unite Us to explore different options for the referral process. The HMG Care Coordinator will use the Unite Us platform to support the families in the referral process for children who may need additional support services. The HMG committee continues to meet once a month to network with agencies that provide children services. **Success Story:** 2-1-1 Development Specialist assisted a parent with the ASQ-3 and ASQ: SE-2. During the screening, the parent talked about her concerns with her child's speech and behavior. The parent stated that her child had not been screened and fears he might have a disability due to the child not being able to speak and the behaviors exhibited. Once the screening was complete, a referral was sent to the Help Me Grow Care Coordinator due to the screening outcomes. At the end of the call, the parent expressed gratitude for the screening services available by 2-1-1 and Help Me Grow. The parent stated that she was hopeful that her child might finally receive the services needed.
Homeless Outreach Team **Homeless Outreach Team (continued)**	**Updates:** As of FY 20/21 Mental Health Systems, Inc. 5121 Stockdale Hwy location discontinued their Homeless Outreach services. Flood Bakersfield Ministries, Inc. will continue to provide services.

PEI Programs	
	Success Story: The Homeless Outreach Team has been able to provide behavioral health services and housing assistance to an expectant mother who has been placed at the Mommy House, operated by Bakersfield Recovery Services "Capistrano". This pregnant client will be able to remain at the Mommy House until two months postpartum.
KCSOS-School Based	**Updates:** Program formerly known as Kern Youth Resilience and Support Program. **Program Success Story:** Beardsley School District has started the journey of developing a multi-tiered system of supports to improve student attendance with support from the KCSOS- School Based Program. The MTSS framework include Tier 1 level of supports, which include positive recognition for students with perfect attendance and/or improvement in attendance. The School Social Workers and Vice Principal have created a re-engagement plan, where over 200 home visits have been conducted to reengage students in distance learning. Because of their efforts, there has been improvement in attendance. With the guidance of the Coordinator of School Conditions and Climate, the SSW and Vice Principal have created a Tier 1 MTSS Team on campus to begin to create school wide expectations for Beardsley Junior High. **Student Success Story:** A youth was referred to the SSW for inappropriate and aggressive behaviors. Youth returned to their home school after finishing the last school year at a community school. The SSW was able to build rapport during the first session with the student and worked with the student on developing social skills such as asking for help, boundaries (personal space), and to ask for help when needed. The youth received recognition for using these new skills when he felt annoyed by another student. Youth was able to reach out to an adult for help instead of being verbally aggressive towards the other person. The youth has kept his grades up and currently holds a GPA over 2.0. Youth has attended every day of distance learning for the entire first semester. The youth's mother is proud of the progress and success that has been demonstrated during this challenging time. **Outreach Success Story:** Kern County Superintendent of Schools-School Based Program coordinated a Drive-Thru Resource Fair at the Beardsley Junior High School on January 21, 2021 from 10:30am-12:00pm during lunch pick-up time. With the collaboration of AmeriCorps Mentors, Project Facilitator, School Social Worker Intern, and School Social Worker, this event was promoted through the school district website and district social media accounts. The goal of the event was to promote and educate on mental health and community resources available to support families and students. Agencies within the community participate by providing resource bags with informational material, hand sanitizers, stress balls etc. The agencies that participated were: Kern Behavioral Health and Recovery Services, Henrietta Weill Memorial Child Guidance Clinic, Community Action Partnership of Kern (CAPK), Greater Bakersfield Legal Assistance (GBLA), Teen Challenge, Garden Pathways, Boys and Girls Club (ACES Program), and MediCal Navigator Program. There were 94 cars that participated in the successful drive-thru event.
Living Well	**Update:** Eating Disorder Services was added to the menu of services FY 20/21.

PEI Programs	
Living Well (continued)	**Success Story:** Living Well over the past six months has grown exponentially. Living Well oversees Eating Disorder Consult Request with a Contracted Specialty Licensed Clinician, Eye Movement Desensitization and Reprocessing (EMDR), which has had its second cohort of staff training now totaling 28 trained EMDR staff from all divisions. Independent Placement Support (IPS) officially went "live" on February 1st at the HAT, TAY, and ATT teams assisting with employment support. The Center for Sexuality and Gender Diversity incorporated an internship program that allows KernBHRS staff to work closely with them to gain hands in training, exposure, and experience, providing culturally appropriate support for individuals identifying as the LGBTQ+ spectrum. The program also oversees the Adult Redesign. They continue to develop procedures and protocols for the metro Bakersfield area to streamline the processes to provide the same great care to all adult outpatient clinics.

PEI Programs	
Outreach & Education	**Updates:** Outreach and Education were greatly impacted by the COVID-19 pandemic. Due to safety and observation of new social distancing norms and county mandated guidelines, the team has had to completely discontinue all public gathering events. Many in-person events have converted to virtual platforms such as social media outlets and meetings via Microsoft Teams or limited contact drive-thru events. Despite the new challenges they faced, they still hosted a successful May is Mental Health Month and September as both Suicide Prevention Awareness month and Recovery and Substance Use Prevention Month celebration events. During these events, they reached out to the community via multiple Radio and Television interviews in English and Spanish. They collaborated with community groups, organizations, and providers to create events where the community could participate while maintaining safe social distancing, such as the Creative Crossings Art Scavenger Hunt and Drive-Thru Goodie Bag distributions at various locations. Going forward, we hope to establish new partnerships and strengthen current ones, to reach and engage a larger audience in new innovative ways that will prove success full in the current global climate that we live in.  **Success Story:** Despite the radical changes that this program has undergone due to the current social climate created by the pandemic, O&E still managed to launch several events to celebrate September is Recovery and Suicide Prevention Awareness month. Historically, these events were always large-scale events in which the community was invited to attend in person and participate in recognizing the importance of Recovery and Suicide Prevention Awareness. This year we moved all our events to a virtual platform except for a few limited contact drive-thru events, such as our goodie bag distributions that were conducted in Downtown Bakersfield and at our Recovery Station in the city of Delano.
Prepare U **Prepare U (continued)**	**Update:** Expansion of curriculum includes a 5-session curriculum called 5- Class Skill Building Series. Additional schools to be implemented are Beardsley, Standard and KCSOS Alternative Education in FY 20/21. **Success Story:** The program now offers 3 curriculums. The original 15- Class Experiential curriculum design for 7th grade and up. The new addition this year is the 5-Class Skill Building curriculum design for ages 9 and up. The 5-Class Skill Building curriculum covers topics such as Personality & Biopsychosocial, Anxiety & Stress, Cognitions & Behavior, Mental Health & Stigma, and relationships. The Home edition curriculum is designed to better manage the family dynamic and improve relationship health and boundaries. The expansion of this curriculum

PEI Programs	
	has allowed this program to expand to more students. In response to the current situation and pandemic, the program expanded to Tier 2/3 students in the community. In the FY 20/21, this program will keep serving the outline areas and an average of 14 additional schools.
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)	**Update:** Due to COVID-19, changes were made to how the program refers individuals to assessments. Those changes included REACH accessing other resources to support linkages to services, such as staff using their work cell phone as a method to allow a referred individual the opportunity to participate in their schedule. The program also incorporated collaboration with the mental health therapists to accompany the REACH staff in the field to support an individual's participation in an assessment while utilizing PPE and social distancing. **Success Story:** REACH has been an instrumental resource in providing a difficult to engage population with support through engagement and linkage to services. REACH also provides support to family members who are involved. REACH is vital in supporting an individual's participation in assessments, first-time service appointments, and in some cases, doctor appointments. REACH receives referrals from various entities (i.e., REACH Hotline, Access & Assessment Center, Law enforcement, MET, APS, as well as from outpatient teams).
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH) Expansion	**Update:** Due to reductions in MHSA funding caused by the COVID-19 pandemic the following locations ended in FY 20/21: CSV Frazier Park, CSV Lamont, CCS Wasco, CCS Ridgecrest, CCS Tehachapi, & CCS Mojave. **Success Story:** Outreach has been an instrumental resource for the program, in providing a difficult to engage population with support through engagement and linkage to services. For the program, the ability to reconnect clients to team and provide services for continuity of care is a highlight.
Suicide Prevention Outreach & Education	**Update:** Program shifted its awareness trainings online because of COVID-19. **Success Story:** Staff member received a call via NSPL from a man concerned about his girlfriend. His girlfriend was experiencing some suicidal ideations and was hiding in the car outside because she needed space. Caller was unsure how to proceed with this incident. Once the situation was de-escalated, the staff member provided them with insight/resources; the caller paused and thanked the staff, "Can I ask you something?" Staff replied, "Of course." The caller continued, "How long have you been working there?" Staff said almost five years. The caller verified the staff's name, telling the staff that their voice sounded familiar. "Thank you for saving my life two years ago too."

PEI Programs	
TAY Dual Recovery	**Updates:** Due to COVID-19 and the delay in housing resources, the program has extended the stay of youth to an additional 60 days to support the TAY. **Success Story:** Many TAY clients have successfully completed the program and transitioned into the Third Tradition SLE program from the TAY Dual Recovery Program. One of the former clients successfully discharged from TAY behavioral health services and secured full-time employment at a social services agency. This youth has been attending community collaborative meetings and working to help professionals improve their engagement with at-risk and homeless youth. Youth has also been instrumental in speaking to his peers, encouraging them to make positive changes, and has facilitated their entry into the TAY Dual Recovery Program by directing them to call the TAY team or visit the Dream Center to finalize linkage. Another TAY client that completed TAY Dual Recovery Program was recently promoted to a leadership position at a local retailer. Both youths are thriving and had the option to continue to live in subsidized housing but choose to stay at Third Tradition SLE to continue to receive support in maintaining their sobriety. Sometimes the data does not accurately reflect the positive outcomes of this program, and these personal stories are evidence that this program is helping to change lives.
TAY Self Sufficiency **TAY Self Sufficiency (continued)**	**Updates:** No current updates **Success Story**: A formerly homeless youth who was extremely shy, most comfortable staying in the bedroom and really struggling with social and other life skills, was maintaining housing, but faced many barriers with obtaining employment, high school diploma, and working towards becoming self-sufficient. SSP and BHRS TAY staff worked very closely together to support the youth. SSP was able to provide the youth with a computer (to assist with job search and doing schoolwork to obtain diploma). Also assisted youth with completing a job application with an employer that was offering a job that youth would be comfortable with. Youth got the job, obtained high school diploma, is paying a share of rent and utility costs, and is now working on the next goal – to get a driver's license.
Volunteer Senior Outreach Program (VSOP)	**Updates:** Due to reductions in MHSA funding caused by the COVID-19 pandemic the CSV Wasco location, contract with Dr. Choi and Aging and Adult ended in FY 20/21. **Success Story:** Adult Protective Services (APS) received a report from a woman stating that her daughter was allegedly not allowing her to make her own decisions and stealing her belongings. After APS determined the allegations were unfounded a referral was made to VSOP. Upon VSOP's initial contact client expressed a lot of distrust towards her daughter and son-in-law, whom she lives with. The client reported having arguments with her daughter and son-in-law almost daily over her independence and accusations of belongings being taken. The initial goal was to increase the client's independence by connecting her to transportation services via GET-a-lift and connect to community activities such as CFLC, Art for Healing, and senior centers. However, shortly after the client was opened to services the COVID-19 stay at home orders went into effect. VSOP continued to provide services via phone or telehealth 3 times a week for approximately 3 months to help the client learn coping

PEI Programs	
Volunteer Senior Outreach Program (VSOP) (continued)	skills along with brief counseling services to target anxiety and paranoia towards the family. A conflict mediation session was conducted with the client, the daughter, and son-in-law to help improve communication and understanding between all parties. After the conflict mediation, coping skills, and counseling, the client's anxiety and paranoia were greatly improved, as well as the relationship with her family. The client no longer needs contact 3 times per week, and no longer has large arguments with her family.
Yoga	**Updates:** Due to reductions in MHSA funding caused by the COVID-19 pandemic the Yoga program ended on 2/28/2021. Virtual online yoga classes were introduced during the COVID-19 pandemic shelter at home order in California, in order to provide residents of Kern with an effective way to reduce stress and increase wellness while at home.
Youth Brief Treatment (YBT)	**Updates:** No current updates **Success Story:** Kern Behavioral Health and Recovery Services is proud to be a provider for the Bakersfield Homeless Center (BHC) via the Youth Brief Treatment program. This program provides assessments and linkages to services for the individuals who reside there. During the pandemic, Youth Brief Treatment has managed to successfully maintain their collaboration with the BHC and have been able to link many of their families to children's services as well as assisting parents with linkage to adult and/or Substance Use services.
Youth Juvenile Justice Engagement	**Updates:** No current updates **Success Story:** Youth Wraparound Youth Juvenile Justice Prevention and Early Intervention is distinguished by engagement of incarcerated youth and coming alongside them with interventions until released. A good portion of the youth served have experienced trauma, a lack of support systems, and role modeling of pro-social behaviors. This provides an opportunity to become a "constant" in their lives and we "don't give up" as one client recently shared. In many cases the development of trust, rapport, and a therapeutic alliance is a first for these youth, and they gravitate toward it. The program has the flexibility to meet with clients both in and out of Juvenile Hall because they are a specialty team. They continued to work with the client for the past year, and they have watched him grow into an insightful and intelligent young youth who wants to break the dysfunctional patterns the client has come to recognize in their family. Client recently graduated from High School, which is a goal client never imagined they would achieve, especially after so many people told him the client would not amount to anything. The client now aspires to become a counselor to youth who have shared similar experiences as the client.

PEI Programs	
Zero Suicide	**Updates:** Due to reductions in MHSA funding caused by the COVID-19 pandemic funding for this program was reduced. **Success Story:** Zero Suicide implementation has been completed with the following KernBHRS divisions: Adult System of Care and Recovery Supports Administration. C-SSRS screeners, assessments, and safety plan documents have been incorporated into Cerner. A Zero Suicide SharePoint page has been created to disseminate information and resources about Zero Suicide to KernBHRS staff and providers. All staff, clinical and administrative, have been assigned Zero Suicide-related training in Relias. Zero Suicide training will be presented at new staff onboarding training.

Outcomes Report

Kern County MHSA Prevention and Early Intervention





Prepared by EVALCORP

TABLE OF CONTENTS

METHODOLOGY 1

Evaluation Design 1
Presentation of Results 1

PEI OUTCOME SURVEYS: DATA COLLECTION OVERVIEW 2

COMBINED PEI PROGRAM FINDINGS 3

Outcome Surveys Collected by Survey Type 3
Duration of Participant Involvement 3
Overall: Self-Report Survey Outcomes (9 years old+) 4
Overall: Child Survey Outcomes 6

1.FOSTER CARE ENGAGEMENT 8

Self-Report Survey Outcomes 8
Child Survey Outcomes 10
Client Comments 12

2.FREEDOM RECOVERY & EMPOWERMENT WITH DOGS 13

Self-Report Survey Outcomes 13

3.KCSOS SCHOOL-BASED PROGRAM 14

Self-Report Survey Outcomes 14

4.LIVING WELL 15

Self-Report Survey Outcomes 15
Client Comments 16

5. TRANSITION AGE YOUTH DUAL RECOVERY 16

Self-Report Survey Outcomes 17
Client Feedback 19

6.TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY 20

Self-Report Survey Outcomes 20
Client Comments 21

7. VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP) 21

Self-Report Survey Outcomes 22
Client Comments 24

8.YOUTH BRIEF TREATMENT 25

Self-Report Survey Outcomes 25
Child Survey Outcomes 27
Client Comments 29

9.YOUTH JUVENILE JUSTICE ENGAGEMENT 30

Self-Report Survey Outcomes 30
Client Comments 32

APPENDIX A: PEI DATA COLLECTION MATRIX BASED ON PEI CATEGORIES 34

METHODOLOGY

Evaluation Design

To enhance compliance with Mental Health Services Act (MHSA) reporting regulations, KERN County Behavioral Health Services (KBHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with reporting requirements. Two standardized Prevention and Early Intervention (PEI) outcome surveys were developed: 1) a survey completed by clients about their own experiences with the relevant program, 2) a survey completed by parents/guardians of children under the age of nine. To ensure greater inclusivity and maximum reach, surveys were made available in both online and paper forms as well as in English and Spanish. Not all PEI programs are required to complete the outcome survey, based on state mandates. An overview of data reporting requirements for PEI programs is provided in Appendix A of this report. Please note that Prepare U did not have any outcome data for this report, given that the program did not serve clients at the time data were being collected.



Presentation of Results

Data presented in this report reflect the first implementation of the outcome surveys. As such, the data collection and administration procedures are being reviewed as a "pilot administration" with minor revisions to be incorporated in future administrations.

Findings are presented (1) in aggregate, by type of survey (i.e., self-report vs. child survey); and (2) by each of the PEI programs required to collect outcome data.

Findings are presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts.

1

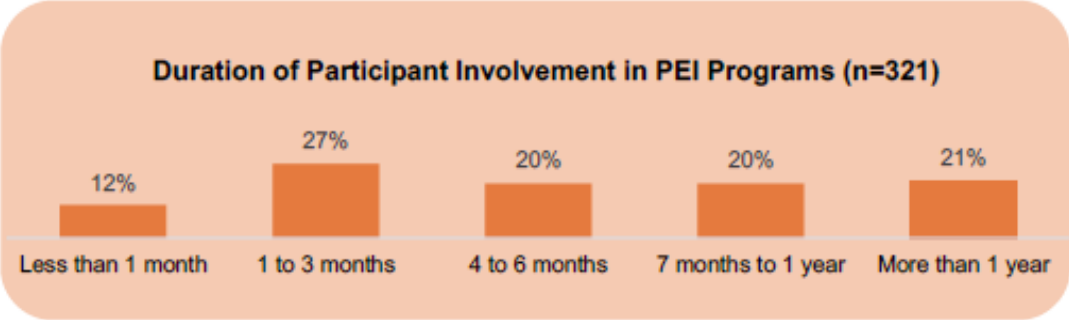
COMBINED PEI PROGRAM FINDINGS

Outcome Surveys Collected by Survey Type

	Kern MHSA PEI Program Name	October Outcomes Data: Paper Surveys	October Outcomes Data: Online Surveys
1	Foster Care Engagement	0	40
2	Freedom Recovery and Empowerment with Dogs (FRED)	0	1
3	KCSOS - School-Based Program	0	8
4	Living Well	3	0
5	Prepare U	n/a	n/a
6	Transition Age Youth Dual Recovery	7	0
7	Transition Age Youth Self Sufficiency	0	60
8	Volunteer Senior Outreach Program (VSOP)	9	14
9	Youth Brief Treatment (YBT)	118	64
10	Youth Juvenile Justice Engagement	5	5
	Total	**142**	**192**

Notes: several PEI programs are not required to collect surveys (e.g. Access to Care Crisis Hotline) and are not included in this table. Prepare U is required to collect surveys but at the time of this writing is not currently serving clients.

Duration of Participant Involvement

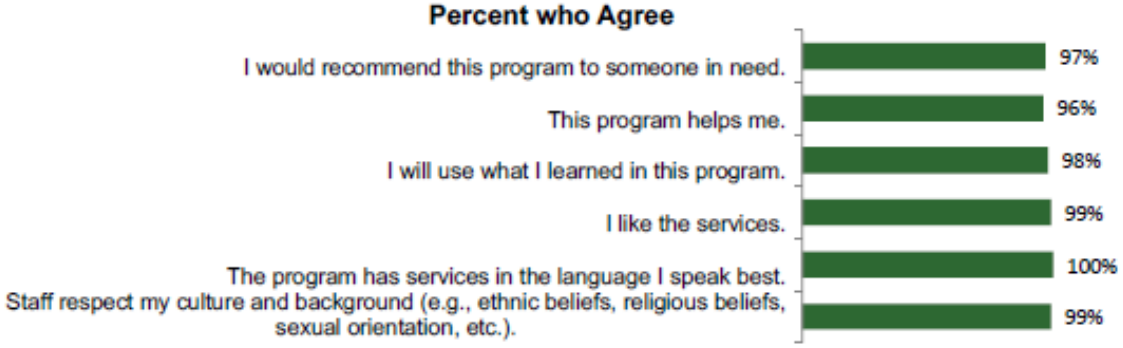


3

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

Survey results across all programs are reported together in this section of the report (n=334). A total of 185 participants completed the self-reported survey (i.e., individuals who were 9 years old or older), while a total of 149 participants completed the child survey (completed by the parent or guardian of children under the age of 9 or children requiring assistance completing the survey). Participants could choose whether to take the survey in English or Spanish; in total 291 surveys were completed in English and 43 surveys were completed in Spanish. Given that not all programs were required to administer the second page of the survey, the sample size for the modules of the survey on the second page is smaller.

Program Satisfaction and Cultural Competence (n=182-185)
Percent who Agree



Outcomes (n=160-184)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I have a better understanding of mental illness.	7%	93%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	8%	92%
I know where to go for mental health services.	5%	95%
I know where to go for substance use services for myself or other household members.	18%	82%

4

Outcomes (n=78-81)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	6%	94%
I learned how to take steps towards the future I want.	12%	88%
I feel better.	11%	89%
I have more energy during the day.	17%	83%
I feel less worried.	16%	84%
I feel better when I think about the future.	15%	85%
I care more about the things that are happening in my life.	5%	95%
I can handle problems better.	9%	91%
I know when to ask for help with an emotional problem.	8%	92%

Outcomes (n=18-72) ‡

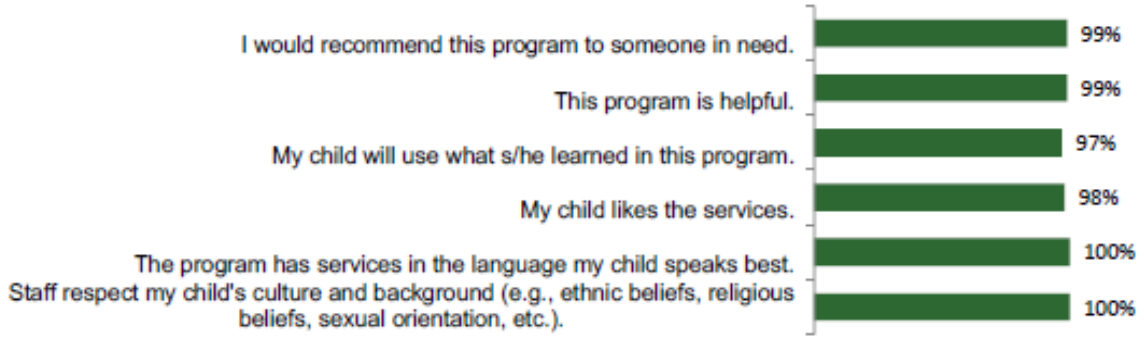
As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	2%	67%	31%
My grades in school have...	2%	60%	38%
My housing situation has...	0%	57%	43%
My job situation has...	6%	56%	38%
My relationship with friends and family has...	1%	36%	63%

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

5

Overall: Child Survey Outcomes

Program Satisfaction and Cultural Competence (n=148-149)
Percent who Agree



Child Outcomes (n=139-149)

As a result of participating in this program ...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child has a better understanding of mental illness.	16%	84%
My child thinks treatment can help improve symptoms of mental illness.	12%	88%
I know where to go to get mental health services for my child.	2%	98%
My child knows how to get help when s/he has a mental health problem.	14%	86%
I know where to go for substance use services for myself or other household members.	11%	89%

6

Child Outcomes (n=120-126)

As a result of participating in this program...	% Strongly Disagree or Disagree	% Agree or Strongly Agree
My child knows more about how to take care of his/her mental or emotional health.	14%	86%
My child is learning to behave more appropriately.	4%	96%
My child feels better.	5%	95%
My child has more energy during the day.	14%	86%
My child feels less worried.	14%	86%
My child feels better when s/he thinks about the future.	18%	82%
My child cares more about the things that are happening in his/her life.	8%	92%
My child can handle problems better.	16%	84%
My child knows when to ask for help with an emotional problem.	13%	87%

Child Outcomes (n=96-121) ‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	3%	51%	46%
My child's grades in school have...	9%	42%	49%
My child's housing situation has...	1%	61%	38%
My child's relationships with friends and family have...	1%	29%	70%

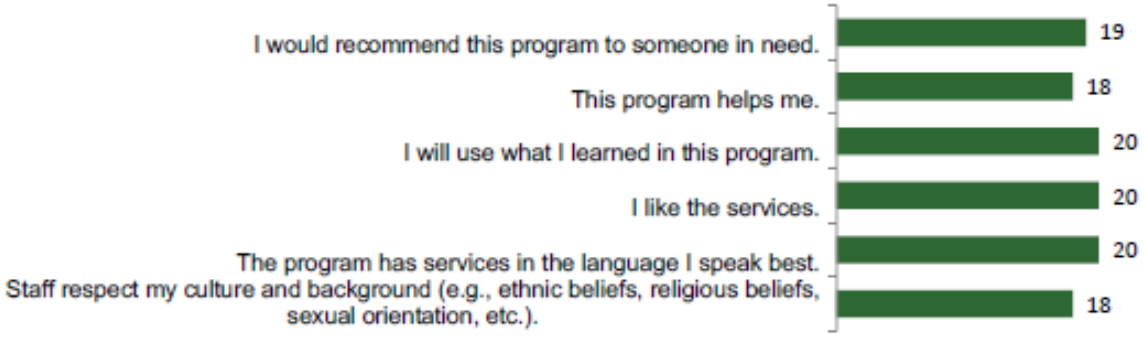
‡ Participants were given the option to indicate that these questions do not apply to them. Those who said it did not apply were excluded from the analysis.

1. FOSTER CARE ENGAGEMENT

This section contains the results of surveys from the Foster Care Engagement program. A total of 40 surveys were completed for this program. Of these, 20 were self-reported surveys, while the other 20 were child surveys completed by a parent/guardian about their child. Results from the Self-Report survey are presented first, followed by results from the child survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes

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



Outcomes (n=9-20)

As a result of participating in this program ...	# Strongly disagree or Disagree	# Agree or Strongly agree
I have a better understanding of mental illness.	2	17
I think treatment can help improve symptoms of mental illness.	1	19
I am more likely to seek help for a mental health problem.	1	19
I know where to go for mental health services.	1	19
I know where to go for substance use services for myself or other household members.	4	5

8

FOSTER CARE ENGAGEMENT

Outcomes (n=14-17)

As a result of participating in this program...	# Strongly disagree or Disagree	# Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	0	16
I learned how to take steps towards the future I want.	2	15
I feel better.	1	16
I have more energy during the day.	2	12
I feel less worried.	4	13
I feel better when I think about the future.	3	12
I care more about the things that are happening in my life.	1	15
I can handle problems better.	1	15
I know when to ask for help with an emotional problem.	1	15

Outcomes (n=3-15) ‡

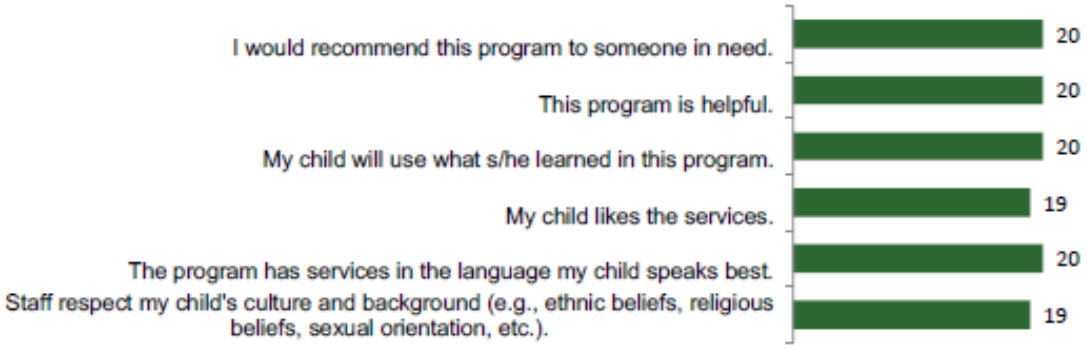
As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	11	2
My grades in school have...	0	13	1
My housing situation has...	0	6	8
My job situation has...	0	2	1
My relationship with friends and family has...	0	9	6

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

FOSTER CARE ENGAGEMENT

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=19-20)



Child Outcomes (n=16-20)

As a result of participating in this program ...	# Disagree or Strongly disagree	# Agree or Strongly Agree
My child has a better understanding of mental illness.	1	17
My child thinks treatment can help improve symptoms of mental illness.	4	15
I know where to go to get mental health services for my child.	0	20
My child knows how to get help when s/he has a mental health problem.	2	17
I know where to go for substance use services for myself or other household members.	3	13

10

FOSTER CARE ENGAGEMENT

Child Outcomes (n=11-13)

As a result of participating in this program...	# Strongly disagree or Disagree	# Agree or Strongly disagree
My child knows more about how to take care of his/her mental or emotional health.	0	13
My child is learning to behave more appropriately.	0	13
My child feels better.	0	12
My child has more energy during the day.	0	13
My child feels less worried.	3	9
My child feels better when s/he thinks about the future.	2	9
My child cares more about the things that are happening in his/her life.	1	12
My child can handle problems better.	0	13
My child knows when to ask for help with an emotional problem.	1	11

Child Outcomes (n=8-13) ‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My child's school attendance has...	0	4	4
My child's grades in school have...	0	6	3
My child's housing situation has...	0	5	8
My child's relationships with friends and family have...	0	5	8

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

FOSTER CARE ENGAGEMENT

Client Comments

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

What's the most helpful thing about this program? (n=40)

- Therapeutic communication (13)
- Learning skills & improving behavior (7)
- Calming and emotionally supportive (7)
- Availability & check-ins (5)
- Other (8)

What could make this program better? (n=38)

- Nothing (15)
- Return to in-person meetings (4)
- Help controlling behavior (2)
- More frequent contact & more time (2)
- Other (15)

What has changed about how you think, feel, or behave as a result of this program? (n=38)

- Nothing or don't know (13)
- Better at verbalizing feelings & problems (6)
- Managing symptoms: calmer, more relaxed (5)
- Improved family dynamic (4)
- Other (10)

"I am able to call my therapist daily or weekly and she is available to provide services."

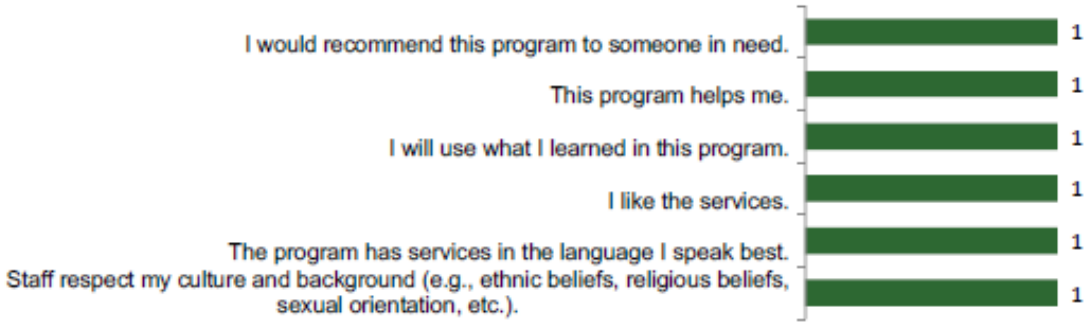
"She has learned to love herself. You can see it in the way she dresses, she's happy, and her self-confidence has gone up."

2. FREEDOM RECOVERY & EMPOWERMENT WITH DOGS

This section contains the results of one self-reported survey from the Freedom Recovery and Empowerment with Dogs (FRED) program. Since only one participant completed the survey, the count rather than the percentage is presented. The participant chose to take the survey in English and did not complete the qualitative portion of the outcome survey.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=1)



Outcomes (n=1)

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

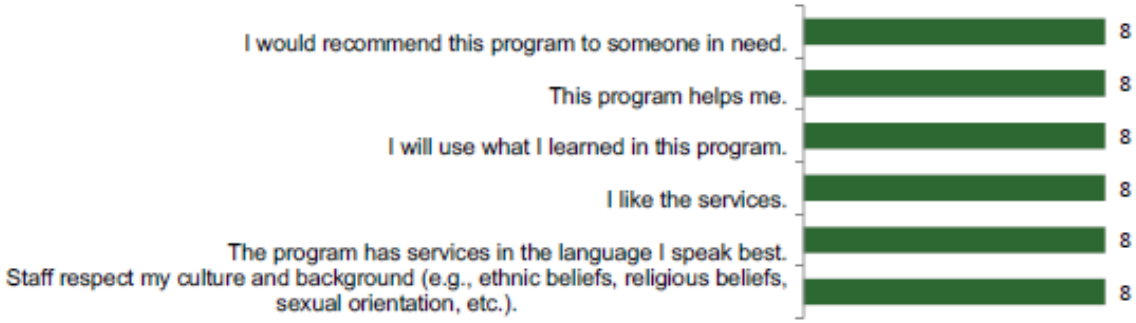
13

3. KCSOS SCHOOL-BASED PROGRAM

This section contains the results of surveys from the KCSOS School-Based Program. A total of 8 surveys were completed for this program. All were self-reported surveys. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English. Qualitative data are not presented, as the comments provided by the one person who answered the open-ended question were illegible.

Self-Report Survey Outcomes

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



Outcomes (n=1-8)

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

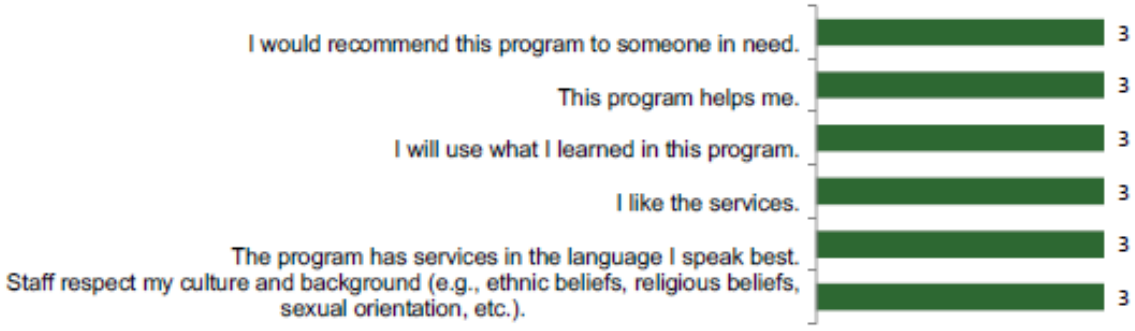
14

4. LIVING WELL

This section contains the results of surveys from the Living Well program. A total of 3 surveys were completed for this program. All were self-reported surveys. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes

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



Outcomes (n=3)

As a result of participating in this program ...	# Strongly disagree or Disagree	# Agree or Strongly Agree
I have a better understanding of mental illness.	0	3
I think treatment can help improve symptoms of mental illness.	0	3
I am more likely to seek help for a mental health problem.	0	3
I know where to go for mental health services.	0	3
I know where to go for substance use services for myself or other household members.	1	2

LIVING WELL

Client Comments

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

What's the most helpful thing about this program? (n=3)

- Validating of personal issues (1)
- After hours support (1)
- Learning skills (1)

What could make this program better? (n=3)

- Nothing (1)
- Return to in-person (2)

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

- Life is more meaningful (1)
- Less angry (1)
- Can use skills (1)
- Can communicate needs better (1)
- Become a happier person (1)

"I didn't have any idea about what a life worth living looked like, and even though I'm still searching, I feel closer to finding it."

"I have a lot less anger."

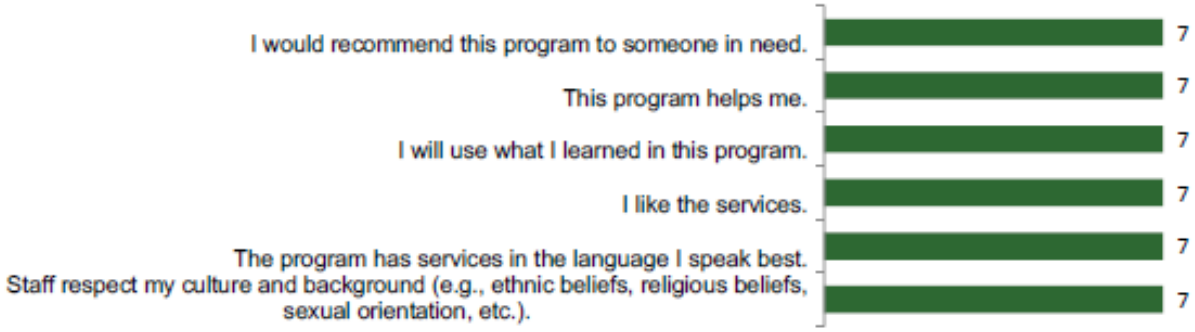
16

5. TRANSITION AGE YOUTH DUAL RECOVERY

This section contains the results of surveys from the Transition Age Youth (TAY) Dual Recovery program. A total of 7 surveys were completed for this program. All were self-reported surveys. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=7)



Outcomes (n=7)

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

17

TRANSITION AGE YOUTH DUAL RECOVERY

Outcomes (n=7)

As a result of participating in this program...	# Strongly disagree or Disagree	# Agree or Strongly Agree
I know more about how to take care of my mental or emotional health.	0	7
I learned how to take steps towards the future I want.	0	7
I feel better.	0	6
I have more energy during the day.	0	5
I feel less worried.	0	6
I feel better when I think about the future.	0	6
I care more about the things that are happening in my life.	1	6
I can handle problems better.	0	7
I know when to ask for help with an emotional problem.	0	7

Outcomes (n=3-7) ‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	2	1
My grades in school have...	0	2	1
My housing situation has...	0	0	5
My job situation has...	0	2	3
My relationship with friends and family has...	0	2	5

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

18

TRANSITION AGE YOUTH DUAL RECOVERY

Client Feedback

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

What's the most helpful thing about this program? (n=7)

- Supportive staff & community (4)
- Staff guidance (1)
- Services provided (1)
- NA Meeting (1)

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

- Nothing (5)
- More former-addict speakers (1)
- More events (1)

What has changed about how you think, feel, or behave as a result of this program? (n=7)

- Positivity and goals (2)
- More social/open (2)
- Getting sober (1)
- Found community (1)
- Learning a lot (1)

"[The most helpful thing is] The community and its willingness to help all in need."

"I am quite different than how I came in. I am learning a lot."

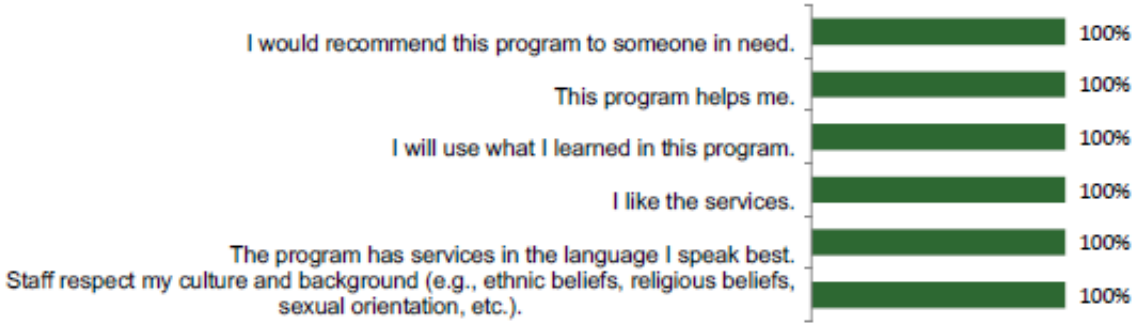
19

6. TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

The charts and tables below display the results of surveys collected from the Transition Age Youth (TAY) Self-Sufficiency program. A total of 60 clients completed the Self-Report Survey; no clients completed the child version of the outcome survey. TAY participants are required to complete the items on the first page of the Outcomes Survey but not the second page. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competency
Percent of Participants Who Agree (n=60)



Outcomes (n=60)

As a result of participating in this program ...	% Strongly disagree or Disagree	% Agree or Strongly agree
I have a better understanding of mental illness.	2%	98%
I think treatment can help improve symptoms of mental illness.	0%	100%
I am more likely to seek help for a mental health problem.	9%	91%
I know where to go for mental health services.	0%	100%
I know where to go for substance use services for myself or other household members.	0%	100%

20

TRANSITION AGE YOUTH (TAY) SELF-SUFFICIENCY

Client Comments

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

What's the most helpful thing about this program? (n=60)

- Resources & Info (20)
- Staff are caring and open (18)
- Basic needs: housing, bed (13)
- Remaining independent while getting help (4)
- Other (5)

What could make this program better? (n=59)

- Nothing (31)
- More activities, job training (5)
- More staff, availability, open hours (4)
- Better housing, food, funding (4)
- Other (15)

What has changed about how you think, feel, or behave as a result of this program? (n=59)

- Confidence & independence (14)
- Motivation & hope (11)
- Nothing (10)
- Grateful, willing to receive help, better at finding resources (12)
- Other (12)

"Improved my life enough to help me turn into an adult, to take care of myself enough to not be homeless."

"I love this program. The Dream Center has helped so much."

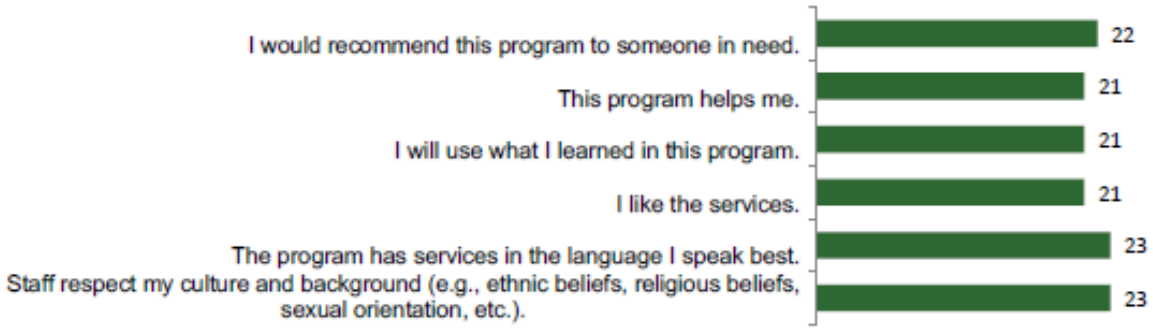
21

7. VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP)

The data displayed below summarize the results of surveys collected from the Volunteer Senior Outreach Program (VSOP). A total of 23 clients completed the Self-Report Survey; no clients completed the child version of the outcome survey. Since the total number of participants who completed each type of survey was small (i.e., less than 30), counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=23)



Outcomes (n=22-23)

As a result of participating in this program ...	# Strongly disagree or Disagree	# Agree or Strongly agree
I have a better understanding of mental illness.	3	20
I think treatment can help improve symptoms of mental illness.	2	21
I am more likely to seek help for a mental health problem.	2	20
I know where to go for mental health services.	5	18
I know where to go for substance use services for myself or other household members.	8	14

22

VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP)

Outcomes (n=6-7)

As a result of participating in this program...	# Strongly Disagree or Disagree	# Agree or Strongly agree
I know more about how to take care of my mental or emotional health.	0	7
I learned how to take steps towards the future I want.	0	7
I feel better.	1	6
I have more energy during the day.	2	5
I feel less worried.	3	4
I feel better when I think about the future.	1	5
I care more about the things that are happening in my life.	1	6
I can handle problems better.	0	7
I know when to ask for help with an emotional problem.	0	7

Outcomes (n=0-6) ‡

As a result of participating in this program ...	# Gotten Worse	# Stayed the Same	# Gotten Better
My school attendance has...	0	0	0
My grades in school have...	0	0	0
My housing situation has...	0	5	0
My job situation has...	0	0	0
My relationship with friends and family has...	0	2	4

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

VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP)

Client Comments

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

What's the most helpful thing about this program? (n=20)

- Therapeutic communication (12)
- Quality of Staff (3)
- Managing symptoms (2)
- Information/resources (2)
- Nothing (1)

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

- Nothing (9)
- More frequent contact & availability (3)
- More tailored approach to individuals (2)
- More information & resources (2)
- Other (5)

What has changed about how you think, feel, or behave as a result of this program? (n=20)

- Less lonely (5)
- Symptoms improved (5)
- Improved attitude/ outlook (4)
- Nothing (3)
- Other (3)

"I have a more positive outlook, I feel better about myself. I always look forward to the days I talk with [staff member] because when I'm having a down day, he always changes my outlook to positive."

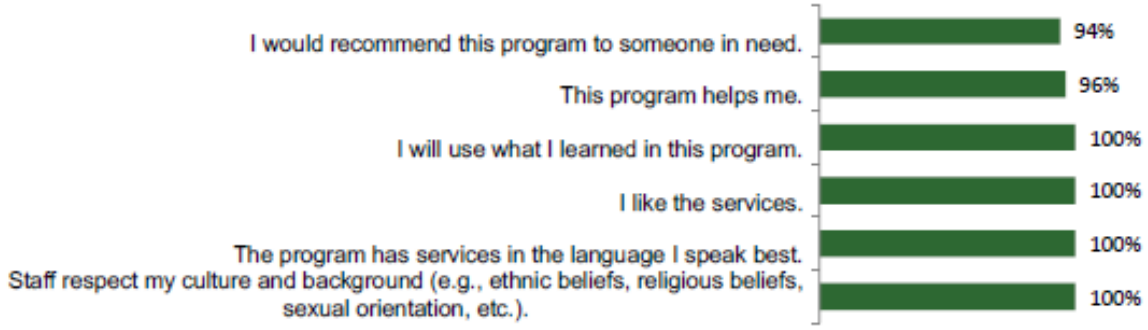
"The program has helped me learn how to cope with my mental illness."

8. YOUTH BRIEF TREATMENT

The charts and tables below display the results of the surveys collected from the Youth Brief Treatment program. A total of 182 clients completed a survey. Of these, 53 participants filled out the Self-Report survey and 129 completed the Child Survey. 143 participants chose to take the survey in English and 39 participants chose to take the survey in Spanish.

Self-Report Survey Outcomes

Program Satisfaction and Cultural Competence
Percent of Participants Who Agree (n=51-53)



Outcomes (n=47-53)

As a result of participating in this program ...	% Strongly disagree or Disagree	% Agree or Strongly agree
I have a better understanding of mental illness.	6%	94%
I think treatment can help improve symptoms of mental illness.	4%	96%
I am more likely to seek help for a mental health problem.	10%	90%
I know where to go for mental health services.	4%	96%
I know where to go for substance use services for myself or other household members.	30%	70%

25

YOUTH BRIEF TREATMENT

Outcomes (n=47-48)

As a result of participating in this program...	% Strongly disagree or Disagree	% Agree or Strongly agree
I know more about how to take care of my mental or emotional health.	10%	90%
I learned how to take steps towards the future I want.	15%	85%
I feel better.	13%	87%
I have more energy during the day.	15%	85%
I feel less worried.	10%	90%
I feel better when I think about the future.	15%	85%
I care more about the things that are happening in my life.	2%	98%
I can handle problems better.	13%	87%
I know when to ask for help with an emotional problem.	11%	89%

Outcomes (n=7-43) ‡

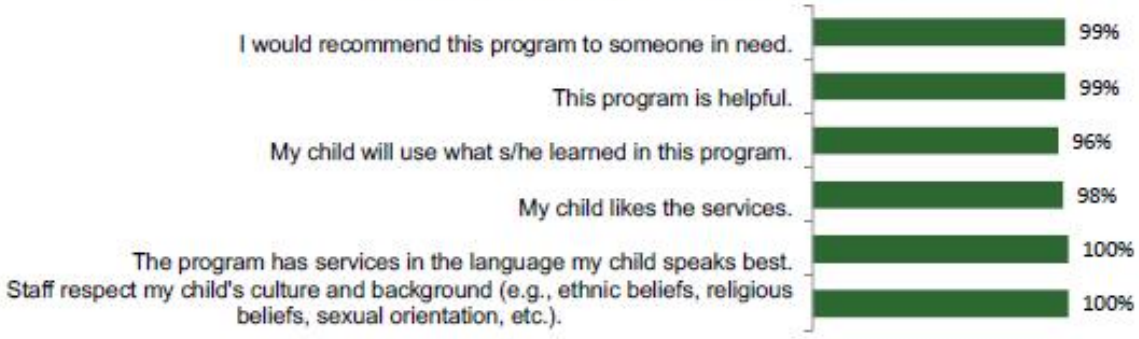
As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My school attendance has...	3%	63%	34%
My grades in school have...	2%	51%	47%
My housing situation has...	0%	65%	35%
My job situation has...	15%	71%	14%
My relationship with friends and family has...	2%	29%	69%

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

YOUTH BRIEF TREATMENT

Child Survey Outcomes

Program Satisfaction and Cultural Competence
Number of Participants Who Agree (n=129)



Child Outcomes (n=123-129)

As a result of participating in this program ...	% Strongly disagree or Disagree	% Agree or Strongly agree
My child has a better understanding of mental illness.	18%	82%
My child thinks treatment can help improve symptoms of mental illness.	10%	90%
I know where to go to get mental health services for my child.	3%	97%
My child knows how to get help when s/he has a mental health problem.	15%	85%
I know where to go for substance use services for myself or other household members.	11%	89%

27

YOUTH BRIEF TREATMENT

Child Outcomes (n=109-113)

As a result of participating in this program...	% Strongly disagree or Disagree	% Agree or Strongly agree
My child knows more about how to take care of his/her mental or emotional health.	16%	84%
My child is learning to behave more appropriately.	5%	95%
My child feels better.	6%	94%
My child has more energy during the day.	15%	85%
My child feels less worried.	13%	87%
My child feels better when s/he thinks about the future.	18%	82%
My child cares more about the things that are happening in his/her life.	8%	92%
My child can handle problems better.	19%	81%
My child knows when to ask for help with an emotional problem.	14%	86%

Child Outcomes (n=83-108) ‡

As a result of participating in this program ...	% Gotten Worse	% Stayed the Same	% Gotten Better
My child's school attendance has...	3%	52%	45%
My child's grades in school have...	9%	40%	51%
My child's housing situation has...	1%	65%	34%
My child's relationships with friends and family have...	1%	28%	71%

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

28

YOUTH BRIEF TREATMENT

Client Comments

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

What's the most helpful thing about this program? (n=163)

- Therapeutic Communication (40)
- Managing Symptoms & Behavior (35)
- Overall help, skills, and resources (30)
- Staff and community (13)
- Affordability and availability (11)
- Other (45)

What could make this program better? (n=133)

- Nothing (56)
- In-person services (29)
- Fun activities (13)
- Increase access & contact (10)
- Different style of therapy (4)
- Other (21)

What has changed about how you think, feel, or behave as a result of this program? (n=155)

- Manage feelings/behavior (64)
- Improved communication or family relationships (34)
- Increased self-awareness (23)
- General improvement (19)
- Self-esteem or openness (13)
- Other (2)

"I learned how to calm myself down when I get angry."

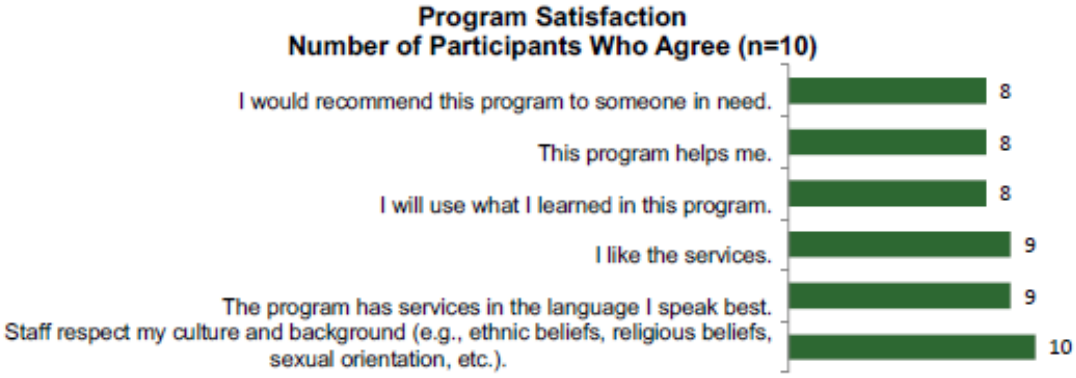
"My child is more aware of herself and her actions. Sherri has really worked with her and has opened up so many opportunities for her."

29

9. YOUTH JUVENILE JUSTICE ENGAGEMENT

The chart and table below display the results from surveys collected from the Youth Juvenile Justice Engagement program. A total of 10 clients completed the Self-Report Survey. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

Self-Report Survey Outcomes



Adult Outcomes (n=10)

As a result of participating in this program ...	# Strongly disagree or Disagree	# Agree or Strongly agree
I have a better understanding of mental illness.	3	7
I think treatment can help improve symptoms of mental illness.	2	8
I am more likely to seek help for a mental health problem.	1	9
I know where to go for mental health services.	0	10
I know where to go for substance use services for myself or other household members.	1	9

30

YOUTH JUVENILE JUSTICE ENGAGEMENT

Outcomes (n=3)

As a result of participating in this program...	# Strongly disagree or Disagree	# Agree or Strongly agree
I know more about how to take care of my mental or emotional health.	0	3
I learned how to take steps towards the future I want.	1	2
I feel better.	0	3
I have more energy during the day.	0	3
I feel less worried.	0	3
I feel better when I think about the future.	0	3
I care more about the things that are happening in my life.	0	3
I can handle problems better.	0	3
I know when to ask for help with an emotional problem.	0	3

Outcomes (n=2-3) ‡

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

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

31

YOUTH JUVENILE JUSTICE ENGAGEMENT

Client Comments

Participants who received services from Youth Juvenile Justice Engagement were also asked to provide feedback through open-ended response questions. Their comments were grouped by theme and responses are presented below. The number of comments may exceed the total number of themes, as comments often fell within multiple themes. The number of people who commented under each response theme is shown in parentheses.

What's the most helpful thing about this program? (n=8)

- Therapeutic communication (6)
- Staff (1)
- Problem solving (1)

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

- Nothing (4)
- Return to in-person (3)
- Shouldn't be mandatory (1)

What has changed about how you think, feel, or behave as a result of this program? (n=5)

- Feeling calmer/less stressed (2)
- Personal issues resolved (1)
- Setting goals (1)
- Adapted to circumstances (1)
- No improvement (1)

"They let me express myself without judging"

"I'm a lot calmer now since I started this program."

32

APPENDIX A: PEI DATA COLLECTION MATRIX BASED ON PEI CATEGORIES

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

INNOVATION PROGRAMS (INN)

Innovation

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

INN Programs:

- **Help@Hand-** formerly the Teach Suite Program
  - MHSOAC Approval Date: 10/26/2017
  - Length of Program: Originally 3 years, but extended 2 more years, for a total of 5 years.
- **Special Needs Registry Project- Smart911**
  - MHSOAC Approval Date: 4/24/2017
  - Length of Program: 5 years
- **The Healing Project**
  - MHSOAC Approval Date: 2/22/2018
  - Length of Program: 5 years.

Important Changes:

- Help@Hand (formerly known as Tech Suite): Due to reductions in Mental Health Services Act funding caused by the COVID-19 pandemic Help@Hand ended in FY 20/21.
- The Healing Project: Programming for the Recovery Station Bakersfield location began on 6/01/2020 and for the Recovery Station Delano location on 06/15/2020.

INN Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 20/21, including all revenue sources.

INN Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Help@Hand (formerly known as Tech Suite)	*Program ended FY 2020-2021	N/A	N/A
Special Needs Registry: Smart911	$138,380	$39.99	3,460
The Healing Project	$1,351,047	$1,679.23	806

INN Programs	
Help@Hand (formerly known as Tech Suite)	**Updates:** Help@Hand did not find success with applications 7 Cups and Mindstrong; however, due to the technology knowledge gained through Help@Hand, the App Brochure was developed This program is expected to close in January 2021. *Due to reductions in Mental Health Services Act funding caused by the COVID-19 pandemic Help@Hand ended in FY 20/21. We have found our success from this program and want to revert the remaining funds towards a COVID-19 response program. **Success Story:** Through this program, a peer vetted app brochure was created to promote wellness and recovery. Additionally, the brochure is provided digitally and in print version in both English and Spanish. Kern also invested in assisting and collaborating with other Counties, particularly the smaller counties with limited resources, in developing their own App Brochure for their specific county. This brochure will live on with the department as a part of the sustainability piece of the Help@Hand collaboration and will be updated each year through the department.
Special Needs Registry: Smart911	**Updates:** Repercussions from the COVID19 virus forced to change in person outreach efforts and instead utilize social media marketing efforts. **Success Story:** The MHSA team is creating a sustainability plan for Smart911 through Kern County's Office of Emergency Services. When faced with external problems regarding COVID-19, the Kern community was able to see the benefits of this program. Consequently, directly following stay at home orders, there was a large influx of safety profile registrants.
The Healing Project **The Healing Project (continued)**	**Updates:** Programming for The Healing Project Bakersfield location began on 6/01/2020 and for the Delano location on 06/15/2020. The Delano location has a series of pilots to help increase flow, one being the Walk-In and Self-Referral Pilot. The Walk-In and Self-Referral Pilot allows the Delano location to accept individuals who are not referred by community partners. The community partners currently include (but are not limited to) the Delano Police Department, Flood Ministries, Clinica Sierra Vista, local hospitals, etc. This essentially opens the Delano location to the community of Delano and surrounding areas (Shafter, Wasco, and McFarland). Individuals are now able to walk up or call and refer themselves without the need of being referred by a community partner. All admission criteria and screenings will remain in place. One important fact to note is that the Walk-In and Self-Referral Pilot is exclusive to the Delano location only. **Success Story:** The Bakersfield station admitted an individual from the Kern County Park Rangers over the weekend. The client was under the influence out by the lake/park area and was brought to the Bakersfield location by the Ranger. The individual was linked to a program and taken back to their vehicle by Bakersfield location staff the next day. Thanks to the station, the client did not drive under the influence, did not go to jail or receive a DUI. At the Delano location, law enforcement brought an individual who was searching for a place to get clean and back on their mental health medication. The client arrived under the influence of methamphetamine. The client remained at the Delano Station and spoke with staff about their current circumstance. The staff contacted Good Samaritan Hospital to inform them about the client's situation and goals. Good Samaritan agreed to accept the client and was transported by Recovery Station staff to the facility. The next day, the Delano location received a call that the client was able to get into a women's program.



HELP @ HAND

- SUCCESSFULLY DEVELOPED 3RD EDITION OF THE APP GUIDE IN ENGLISH AND SPANISH
- ASSISTED OTHER COUNTIES IN DEVELOPMENT OF THEIR APP GUIDES
- ENDED PROGRAM WINTER OF 2020 & REVERTED UNSPENT FUNDS TO PANDEMIC RESPONSE PROGRAM

SMART 911

- FROM 12/1/17 - 3/31/20, KERN REGISTERED 5,260 SMART911 PROFILES WHICH SUPPORT 8,681 PEOPLE.
- IN RESPONSE TO COVID-19, KERN COUNTY CONDUCTED LARGER COORDINATED OUTREACH AND PROMOTION OF SMART911 TO THE COMMUNITY

THE HEALING PROJECT

- OPENED BAKERSFIELD LOCATION ON 6/1/2020
- OPENED DELANO LOCATION ON 6/15/2020
- 55 TOTAL ADMISSIONS IN FY 19-20

BEHAVIORAL HEALTH&RECOVERY SERVICES

WORKFORCE EDUCATION AND TRAINING (WET)

Workforce Education and Training

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

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

WET Programs:

- Clinical Internship
- Psychology Internship
- Relias Learning
- Training Enhancement
- Engagement & Recovery Oriented Training

Important Changes:

- Engagement & Recovery Oriented Training: As of FY 20/21 Engagement and Recovery Oriented Training program ended/discontinued their services.

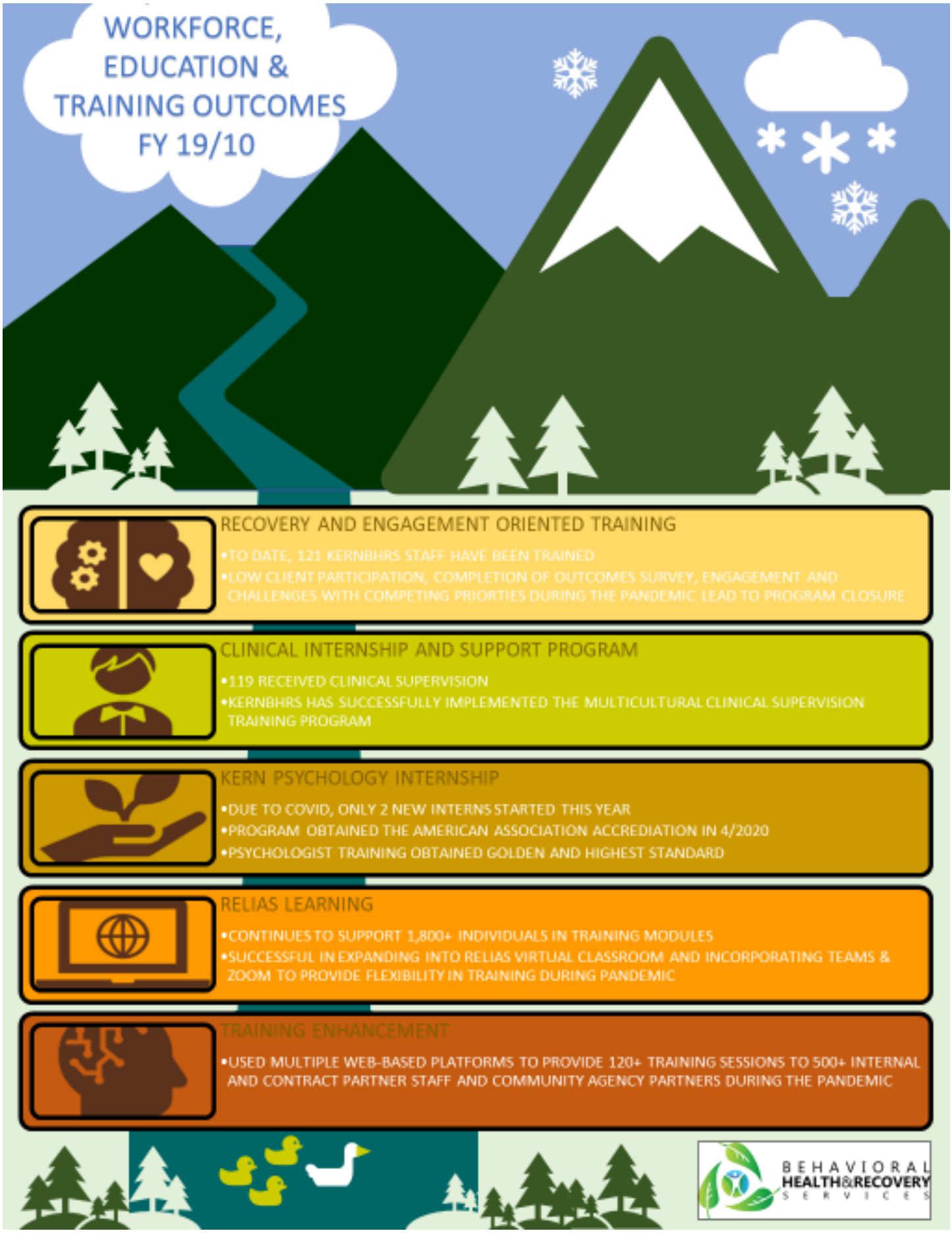
WET Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 20/21, including all revenue sources.

WET Programs	Annual Budgeted Funds	Estimated Annual Cost Per Person	Estimated Unduplicated # to be served
Clinical Internship	$1,115,824	$9,536.95	117
Psychology Internship	$127,161	$31,790.25	4
Relias Training	$182,838	$99.47	1,838
Training Enhancement	$1,403,821	$432.69	3,034
Engagement & Recovery Oriented Training	$79,000	$451.42	175

WET Programs	
Clinical Internship	**Update:** Out of the 17 original trainers who started the Fundamentals of Competency Based Clinical Supervision, 14 graduated. As Kern BHRS developed the Multicultural Clinical Supervision Program, 2 trainers opted out. Retaining trainers has been a challenge due to competing responsibilities and duties. Tracking and monitoring the growing influx of interns, associates, and practicum students who apply is a challenge. The program continues to grow each year and many students request to do their practicum at KernBHRS. The support staff can assist by maintaining the Master List of Licensed Professional and the Master List of Intern/Associates, and working with the various departments to collect data and various related information, such as interns, associates who passed their licensure exam, date license was issued, expiration and license number. **Success Story:** KernBHRS started the Multicultural Clinical Supervision Training Program and leads the way among the 13 Southern California Regional Partnership counties. KernBHRS will have 5 Train the Trainers who successfully completed the program. KernBHRS has trainers who are dedicated to continue to improve the Multicultural Clinical Supervision Training Program.
Psychology Internship	**Update:** American Association Accreditation status obtained on April 2020 for the internship program. Added Assistant Training Director position to enhance program quality and effectiveness. Transition of the 10 psychologists under the new Psychology Internship Program Team as of February 1, 2021. Due to COVID-19, 2 interns were onboarded instead of 4 interns. Limited opportunity to conduct face to face psychological services such as psychological testing and group therapy due to COVID-19 precautions. **Success Story:** The program obtained American Association Accreditation status in April 2020 for the internship program, golden and highest standard for Psychologist training. Increased in internship applicants this year. Increase in "exposure" by graduate schools wanting practicum site agreements with KernBHRS due to APA accreditation. Excitement from psychologist group to grow in experience and to be utilized for difficult cases.
Relias Training	**Update:** Adding the Relias Virtual classroom allows us to develop, assign, present and track facilitator-led web-based training. This capability was vital to the continuation of the department's training program during the COVID-19 epidemic. **Success Story:** Program continues to provide current, relevant training to KernBHRS internal and contract partner agency staff while learning new presentation platforms in a remote work environment. Developed specialized training plans for Kern medical residents, on-site and telehealth medical staff and substance use contract partner agency staff enabling standardization of information presented as well as accountability means to ensure compliance.

WET Programs	
Training Enhancement	**Updates:** Conversion from in-person to web-based training, coordinated with the Public Information Officer team to develop an ADA-accessible PowerPoint template for distance learning tailored to include those with visual impairments, reading, and/or learning disabilities. Utilized simple color version for trainings and shared large text black and white version for handouts for attendees with visual impairments. Utilized closed captioning for trainings in Microsoft Teams for increased ADA-accessibility for attendees with auditory impairments. Despite being unable to attend in-person trainings, Staff Development Specialists attended virtual trainings including Mental Health First Aid (MHFA) Train-the-Trainer and webinars provided by such groups as the County Behavioral Health Directors Association (CBHDA); National Hispanic and Latino Prevention Technology Center (PTTC) and Addiction Technology Transfer Center (ATTC); National American Indian and Alaska Native Prevention Technology Center (PTTC) and Addiction Technology Transfer Center (ATTC); the National Council for Behavioral Health. Other training enhancements obtained virtually relate to specialty populations such as Forensic Mental Health, addressing minors and adults in an inpatient and outpatient setting, and addressing behavioral health concerns during the COVID emergency period. Additionally, provided guidance to DSD Administrator, Cultural Competence Resource Committee, and Training Review Committee for courses staff could take to improve knowledge on providing effective telehealth consultation and improving services to ethnically diverse services especially as it pertains to addressing racial/historical trauma in the clinical setting. Worked with continuing education approval bodies to continue providing required continuing education credit to our licensed staff using on-line platforms for instructor-led training events. **Success Story:** Successfully used multiple web-based platforms to continue to provide over 1000 training sessions to more than 1800 internal and contract partner staff and community agency partners.
Engagement & Recovery Oriented Training	**Updates:** As of FY 20/21 Engagement and Recovery Oriented Training program ended/discontinued their services. **Success Story:** Although this program is ending in FY 20/21, it had worked on educating staff on best practices for engaging with their clients. Lessons learned will be used to make other programs more effective.


WORKFORCE, EDUCATION & TRAINING OUTCOMES FY 19/10
RECOVERY AND ENGAGEMENT ORIENTED TRAINING
•TO DATE, 121 KERNBHRS STAFF HAVE BEEN TRAINED
•LOW CLIENT PARTICIPATION, COMPLETION OF OUTCOMES SURVEY, ENGAGEMENT AND CHALLENGES WITH COMPETING PRIORTIES DURING THE PANDEMIC LEAD TO PROGRAM CLOSURE
CLINICAL INTERNSHIP AND SUPPORT PROGRAM
•119 RECEIVED CLINICAL SUPERVISION
•KERNBHRS HAS SUCCESSFULLY IMPLEMENTED THE MULTICULTURAL CLINICAL SUPERVISION TRAINING PROGRAM
KERN PSYCHOLOGY INTERNSHIP
•DUE TO COVID, ONLY 2 NEW INTERNS STARTED THIS YEAR
•PROGRAM OBTAINED THE AMERICAN ASSOCIATION ACCREDIATION IN 4/2020
•PSYCHOLOGIST TRAINING OBTAINED GOLDEN AND HIGHEST STANDARD
RELIAS LEARNING
•CONTINUES TO SUPPORT 1,800+ INDIVIDUALS IN TRAINING MODULES
•SUCCESSFUL IN EXPANDING INTO RELIAS VIRTUAL CLASSROOM AND INCORPORATING TEAMS & ZOOM TO PROVIDE FLEXIBILITY IN TRAINING DURING PANDEMIC
TRAINING ENHANCEMENT
•USED MULTIPLE WEB-BASED PLATFORMS TO PROVIDE 120+ TRAINING SESSIONS TO 500+ INTERNAL AND CONTRACT PARTNER STAFF AND COMMUNITY AGENCY PARTNERS DURING THE PANDEMIC
BEHAVIORAL HEALTH&RECOVERY SERVICES

CAPITAL FACILITIES AND TECHNOLOGICAL NEEDS (CFTN)

Capital Facilities and Technological Needs

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

CFTN Programs:

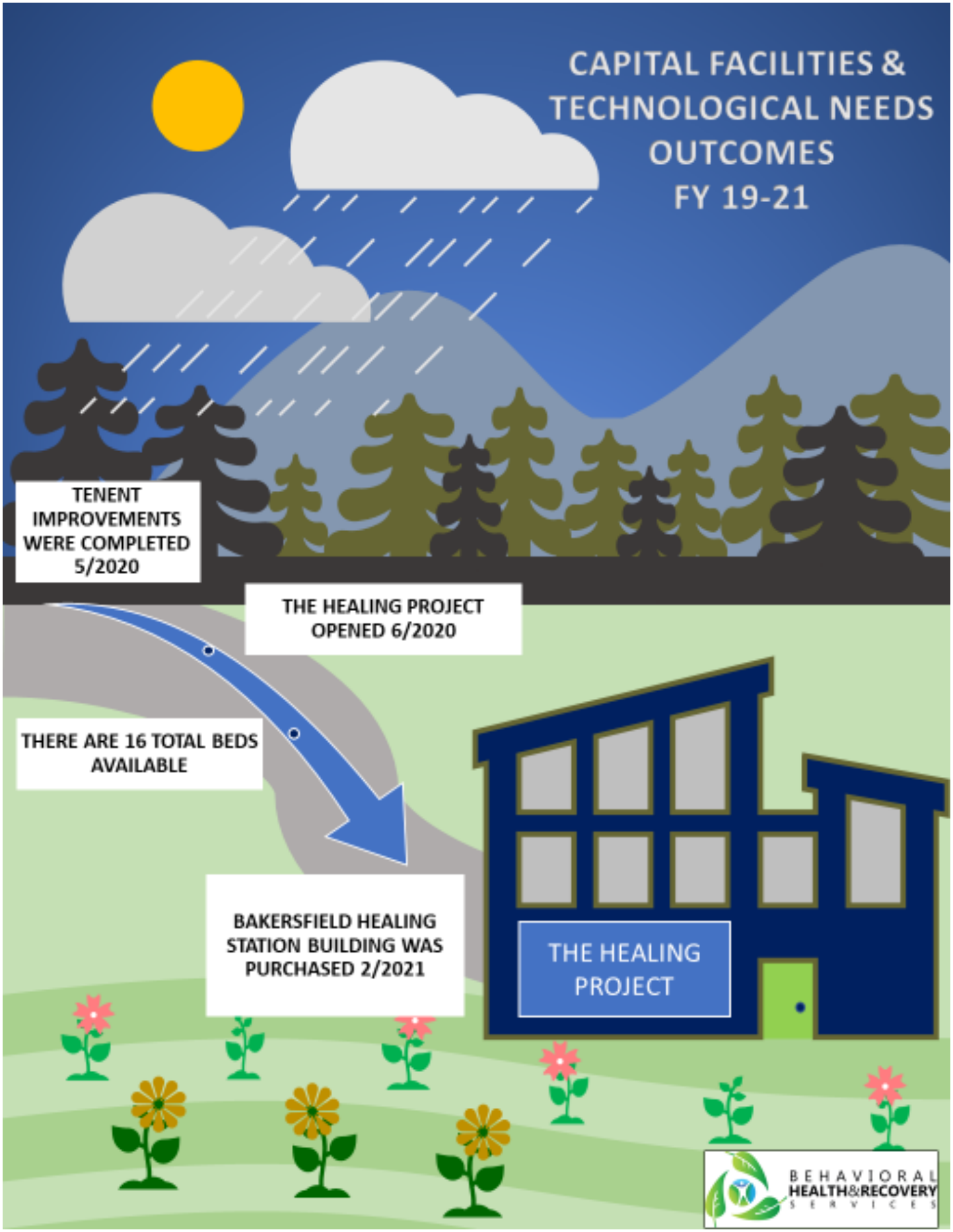
- The Healing Project

CFTN Proposed Expenditure Plan and Estimated Cost Per Client

The table below represents the estimated cost per client in FY 20/21, including all revenue sources.

CFTN Programs	Annual Budgeted Funds
The Healing Project	$1,000,000

CFTN Programs	Program Update	Success Story
The Healing Project	Both sites completed renovations and construction in Bakersfield and Delano. Both sites opened in mid-2020.	The CFTN allocated money has been used effectively to build two sites.


CAPITAL FACILITIES & TECHNOLOGICAL NEEDS OUTCOMES FY 19-21
TENENT IMPROVEMENTS WERE COMPLETED 5/2020
THE HEALING PROJECT OPENED 6/2020
THERE ARE 16 TOTAL BEDS AVAILABLE
BAKERSFIELD HEALING STATION BUILDING WAS PURCHASED 2/2021
THE HEALING PROJECT
BEHAVIORAL HEALTH&RECOVERY SERVICES

GRANTS

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

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

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

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

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

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

BUDGET

Budget Summary

The development of the MHSA Annual Plan budget is based on historical knowledge and trends from prior Fiscal Years including FY 2019-20. Staffing and known expectations of program costs are a factor in budget planning for the upcoming year. KernBHRS currently does not have a threat for reversion and the Prudent Reserve is under 33%. Due to MHSA being a volatile funding stream and the predicted financial impact from the COVID-19 pandemic, KernBHRS anticipates a great deal of change within the upcoming fiscal years.

ANNUAL REVENUE AND EXPENDITURE REPORT

DHCS 1822 A (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2019-20
Information Worksheet

1	Date:	1/30/1931
2	ARER Fiscal Year *(20YY-YY)*:	2019-20
3	County:	Kern
4	County Code:	15
5	Address:	PO Box 1000
6	City:	Bakersfield
7	Zip:	93302-1000
8	County Population: Over 200,000? (Yes or No)	Yes
9	Name of Preparer:	Bernave Garcia
10	Title of Preparer:	Accountant III
11	Preparer Contact Email:	bergarcia@kernbhrs.org
12	Preparer Contact Telephone:	(661) 868-6832

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2019-20
Component Summary Worksheet

County:	Kern	Date:	1/30/1931

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$1,408,503.00	$356,263.00	$75,607.00			$1,840,373.00
2	Joint Powers Authority Interest Earned						$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$16,252,239.00
4	Transfer from Local Prudent Reserve	$8,842,189.00		-$8,842,189.00
5	CSS Funds Transferred to Local Prudent Reserve	$0.00		$0.00
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$9,410,050.00

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

		A	B	C	D	E	F
SECTION 4: Program Expenditures and Sources of Funding		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
9	MHSA Funds	$37,011,661.61	$12,594,146.09	$2,930,581.58	$4,225,332.48	$2,105,730.72	$58,867,452.49
10	Medi-Cal FFP	$13,710,657.97	$1,359,342.61	$0.00	$0.00	$0.00	$15,070,000.58
11	1991 Realignment	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
12	Behavioral Health Subaccount	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
13	Other	$3,361,784.78	$333,304.01	$0.00	$0.00	$0.00	$3,695,088.79
14	TOTAL	**$54,084,104.36**	**$14,286,792.71**	**$2,930,581.58**	**$4,225,332.48**	**$2,105,730.72**	**$77,632,541.86**

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		**TOTAL**
15	Total Annual Planning Costs	$0.00
16	Total Evaluation Costs	$2,466,271.11
17	Total Administration	$5,876,379.89
18	Total WET RP	
19	Total PEI SW	$32,292.00
20	Total MHSA HP	
21	Total Mental Health Services For Veterans	$98,501.12

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2019-20
Community Services and Supports (CSS) Summary Worksheet

County:	Kern	Date:	1/30/1931

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CSS Annual Planning Costs						$0.00
2	CSS Evaluation Costs	$200,000.00					$200,000.00
3	CSS Administration Costs	$5,124,392.02					$5,124,392.02
4	CSS Funds Transferred to JPA						$0.00
5	CSS Expenditures Incurred by JPA						$0.00
6	CSS Funds Transferred to CalHFA						$0.00
7	CSS Funds Transferred to PEI						$0.00
8	CSS Funds Transferred to WET						$0.00
9	CSS Funds Transferred to CFTN						$0.00
10	CSS Funds Transferred to PR						$0.00
11	CSS Program Expenditures	$31,687,269.59	$13,710,657.97	$0.00	$0.00	$3,361,784.78	$48,759,712.34
12	**Total CSS Expenditures (Excluding Funds Transferred to JPA)**	**$37,011,661.61**	**$13,710,657.97**	**$0.00**	**$0.00**	**$3,361,784.78**	**$54,084,104.36**
13	**Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)**	**$37,011,661.61**	**$13,710,657.97**	**$0.00**	**$0.00**	**$3,361,784.78**	**$54,084,104.36**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	County Code	Program Name	Prior Program Name	Program Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
14	15	Assertive Community Treatment		FSP	$3,229,940.62	$1,517,318.30			$372,038.86	$5,119,297.78
15	15	Adult Transition		FSP	$2,299,053.56	$1,082,253.47			$265,363.14	$3,646,670.17
16	15	Homeless Adult		FSP	$1,195,663.03	$740,076.84			$181,463.14	$2,117,203.01
17	15	Youth MIST		FSP	$1,321,545.83	$730,510.12			$179,117.43	$2,231,173.38
18	15	Youth WRAP		FSP	$2,710,899.32	$836,159.09			$205,022.03	$3,752,080.44
19	15	Transitional Aged Youth		FSP	$840,373.60	$520,164.15			$127,541.65	$1,488,079.40
20	15	WISE		FSP	$987,397.34	$611,167.10			$149,855.12	$1,748,419.56
21	15	Adult WRAP		FSP	$1,138,376.26	$685,015.47			$167,962.37	$1,991,354.10
22	15	Access & Assessment Center		Non-FSP	$2,587,783.26	$1,601,754.36			$392,742.16	$4,582,279.78
23	15	West Bakersfield RAWC		Non-FSP	$2,608,789.03	$1,614,756.26			$395,930.16	$4,619,475.45
24	15	North Bakersfield RAWC		Non-FSP	$85,276.35	$52,783.31			$12,942.20	$151,001.86
25	15	Northeast Bakersfield RAWC		Non-FSP	$1,983,366.16	$1,227,639.68			$301,011.11	$3,512,016.95
26	15	Southeast Bakersfiedl RAWC		Non-FSP	$2,483,461.85	$1,537,182.77			$376,909.53	$4,397,554.15
27	15	Bakersfield RAWC - Contractors		Non-FSP	$4,984,952.40	$0.00			$0.00	$4,984,952.40
28	15	Self Empowerment Team		Non-FSP	$495,916.31	$306,956.20			$75,264.13	$878,136.64
29	15	Consumer Family Learning Center		Non-FSP	$958,474.84	$593,265.01			$145,465.61	$1,697,205.46
30	15	Adult Wrap - Contractors		Non-FSP	$805,352.46	$0.00			$0.00	$805,352.46
31	15	Home to Stay		Non-FSP	$970,647.38	$53,655.84			$13,156.14	$1,037,459.36
32										$0.00
33										$0.00
34										$0.00
35										$0.00
36										$0.00
37										$0.00
38										$0.00

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2019-20
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Kern	Date:	1/30/1931

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	PEI Annual Planning Costs						$0.00
2	PEI Evaluation Costs	$51,925.00					$51,925.00
3	PEI Administration Costs	$751,987.87					$751,987.87
4	PEI Funds Expended by CalMHSA for PEI Statewide	$32,292.00					$32,292.00
5	PEI Funds Transferred to JPA						$0.00
6	PEI Expenditures Incurred by JPA	$142,333.00					$142,333.00
7	PEI Program Expenditures	$11,647,900.22	$1,359,342.61	$0.00	$0.00	$333,304.01	$13,340,546.84
8	**Total PEI Expenditures (Excluding Transfers and PEI Statewide)**	**$12,594,146.09**	**$1,359,342.61**	**$0.00**	**$0.00**	**$333,304.01**	**$14,286,792.71**

SECTION TWO

		A	B
		Percent Expended for Clients Age 25 and Under, All PEI	Percent Expended for Clients Age 25 and Under, JPA
9	MHSA PEI Fund Expenditures in Program to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures	0.00%	

SECTION THREE

	A	B	C	D	E	F	G	H	I	J	K	L	M	N	O
#	County Code	Program Name	Prior Program Name	Combined/Standalone Program	Program Type	Program Activity Name (in Combined Program)	Subtotal Percentage for Combined Program	Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program)	Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone)	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	15	Youth Juvenile Justice		Standalone	Access and Linkage	Youth Juvenile Justice		100%	0.0%	$209,520.16	$129,686.22			$31,798.41	$371,004.79
11	15	Fostercare Engagement		Standalone	Outreach	Fostercare Engagement		100%	0.0%	$197,675.85	$122,354.97			$30,000.83	$350,031.65
12	15	Youth Brief Treatment		Standalone	Early Intervention	Youth Brief Treatment		100%	0.0%	$1,791,472.74	$98,207.87			$24,080.08	$1,913,760.69
13	15	Transitions Curriculum		Standalone	Prevention	Transitions Curriculum		100%	0.0%	$10,299.12	$0.00			$0.00	$10,299.12
14	15	Tay Career Development		Standalone	Prevention	Tay Career Development		100%	0.0%	$921,390.93	$459,782.05			$112,736.26	$1,493,909.24
15	15	KCSOS-School Based Program	Youth Resilience & Support	Standalone	Access and Linkage	KCSOS-School Based Program		100%	0.0%	$20,276.08	$0.00			$0.00	$20,276.08
16	15	Tay Dual Recovery		Standalone	Early Intervention	Tay Dual Recovery		100%	0.0%	$122,674.94	$0.00			$0.00	$122,674.94
17	15	Self Sufficiency Program		Standalone	Access and Linkage	Self Sufficiency Program		100%	0.0%	$318,907.55	$0.00			$0.00	$318,907.55
18	15	Help Me Grow		Standalone	Access and Linkage	Help Me Grow		100%	0.0%	$197,381.75	$0.00			$0.00	$197,381.75
19	15	CASA		Standalone	Access and Linkage	CASA		100%	0.0%	$20,000.00	$0.00			$0.00	$20,000.00
20	15	Prepare U		Standalone	Prevention	Prepare U		100%	0.0%	$12,757.15	$0.00			$0.00	$12,757.15
21	15	Volunteer Senior Outreach Program		Standalone	Outreach	VSOP		100%	0.0%	$1,210,058.21	$85,866.02			$21,053.92	$1,316,978.15
22	15	Art Risk Reducation Program		Standalone	Prevention	Art Risk Reduction Program			0.0%	$5,182.49	$0.00			$0.00	$5,182.49
23	15	Crisis Hotline		Standalone	Access and Linkage	Crisis Hotline		40%	0.0%	$1,758,987.49	$0.00			$0.00	$1,758,987.49
24	15	FRED Program		Standalone	Stigma & Discrimination R	FRED Program			0.0%	$86,783.30	$0.00			$0.00	$86,783.30
25	15	Packed For Recovery		Standalone	Prevention	Packed For Recovery			0.0%	$196,925.24	$0.00			$0.00	$196,925.24
26	15	Homeless Outreach Team		Standalone	Access and Linkage	Homeless Outreach Program			0.0%	$1,147,996.32	$0.00			$0.00	$1,147,996.32
27	15	Zero Suicide		Standalone	Outreach	Zero Suicide			0.0%	$714,543.94	$0.00			$0.00	$714,543.94
28	15	Suicide Prevention Program		Standalone	Outreach	Suicide Prevention Program		40%	0.0%	$93,079.83	$0.00			$0.00	$93,079.83
29	15	Yoga		Standalone	Outreach	Yoga			0.0%	$173,816.14	$0.00			$0.00	$173,816.14
30	15	Early Psychosis		Standalone	Early Intervention	Early Psychosis			0.0%	$153,065.20	$0.00			$0.00	$153,065.20
31	15	REACH		Standalone	Access and Linkage	REACH			0.0%	$748,739.30	$463,445.48			$113,634.51	$1,325,819.29
32	15	REACH - Proivders		Standalone	Access and Linkage	REACH			0.0%	$823,131.84	$0.00			$0.00	$823,131.84
33	15	Outreach & Education		Standalone	Outreach	Outreach & Education		10%	0.0%	$156,075.06	$0.00			$0.00	$156,075.06
34	15	Living Well	Family Connections	Standalone	Stigma & Discrimination R	Living Well		70%	0.0%	$557,159.59	$0.00			$0.00	$557,159.59
35															$0.00
36															$0.00
37															$0.00
38															$0.00

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report

Fiscal Year: 2019-20

Innovation (INN) Summary Worksheet

County:	Kern

Date:	1/30/1931

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Fund (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	INN Annual Planning Costs						$0.00
2	INN Indirect Administration						$0.00
3	INN Funds Transferred to JPA						$0.00
4	INN Expenditures Incurred by JPA	$686,127.00					$686,127.00
5	INN Project Administration	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6	INN Project Evaluation	$2,214,346.11	$0.00	$0.00	$0.00	$0.00	$2,214,346.11
7	INN Project Direct	$30,108.47	$0.00	$0.00	$0.00	$0.00	$30,108.47
8	INN Project Subtotal	$2,244,454.58	$0.00	$0.00	$0.00	$0.00	$2,244,454.58
9	Total Innovation Expenditures (Excluding Transfers to JPA)	**$2,930,581.58**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,930,581.58**

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M	N
#		County Code	Project Name	Prior Project Name	Project MHSOAC Approval Date	Project Start Date	MHSOAC-Authorized MHSA INN Project Budget	Amended MHSOAC-Authorized MHSA INN Project Budget	Project Expenditure Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
10	A	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$3,170,514.00		Project Administration						$0.00
10	B		SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$3,170,514.00		Project Evaluation	$35,875.00					$35,875.00
10	C	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$3,170,514.00		Project Direct	$30,108.47					$30,108.47
10	**D**		SPECIAL NEEDS REGISTRY PROJECT: SMART 911		**4/27/2017**	**7/1/2017**	**$3,170,514.00**		**Project Subtotal**	**$65,983.47**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$65,983.47**
11	A	15	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		Project Administration						$0.00
11	B		THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		Project Evaluation	$2,168,714.40					$2,168,714.40
11	C	15	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		Project Direct						$0.00
11	**D**		THE HEALING PROJECT		**2/28/2018**	**2/20/2018**	**$14,685,510.00**		**Project Subtotal**	**$2,168,714.40**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,168,714.40**
12	A	15	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		Project Administration						$0.00
12	B		INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		Project Evaluation	$9,756.71					$9,756.71
12	C		INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		Project Direct						$0.00
12	**D**		INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		**10/26/2017**	**4/1/2018**	**$2,000,000.00**		**Project Subtotal**	**$9,756.71**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$9,756.71**
13	A														$0.00
13	B														$0.00
13	C														$0.00
13	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
14	A														$0.00
14	B														$0.00
14	C														$0.00

DHCS 1822 F (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2019-20
Workforce Education and Training (WET) Summary Worksheet

County:	Kern	**Date:**	1/30/1931

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
1	**WET Annual Planning Costs**						$0.00
2	**WET Evaluation Costs**						$0.00
3	**WET Administration Costs**						$0.00
4	**WET Funds Transferred to JPA**						$0.00
5	**WET Expenditures Incurred by JPA**						$0.00
6	**WET Program Expenditures**	$4,225,332.48	$0.00	$0.00	$0.00	$0.00	$4,225,332.48
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$4,225,332.48**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$4,225,332.48**

SECTION TWO

	A	B	C	D	E	F	G	H
#	**County Code**	**Funding Category**	**Total MHSA Funds (Including Interest)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
8		Workforce Staffing						$0.00
9	15	Training/Technical Assistance	$1,748,755.74					$1,748,755.74
10		Mental Health Career Pathways						$0.00
11	15	Residency/Internship	$2,476,576.74					$2,476,576.74
12		Financial Incentive						$0.00

DHCS 1822 G (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2019-20
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Kern	**Date:**	1/30/1931

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
1	**CFTN Annual Planning Costs**						$0.00
2	**CFTN Evaluation Costs**						$0.00
3	**CFTN Administration Costs**						$0.00
4	**CFTN Funds Transferred to JPA**						$0.00
5	**CFTN Expenditures Incurred by JPA**						$0.00
6	**CFTN Project Expenditures**	$2,105,730.72	$0.00	$0.00	$0.00	$0.00	$2,105,730.72
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$2,105,730.72**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,105,730.72**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	**County Code**	**Project Name**	**Prior Project Name**	**Project Type**	**Total MHSA Funds (Including Interest)**	**Medi-Cal FFP**	**1991 Realignment**	**Behavioral Health Subaccount**	**Other**	**Grand Total**
8	15	Kentucky Street		Capital Facility	$2,052,950.77					$2,052,950.77
9	15	Delano - Telecare		Capital Facility	$52,779.95					$52,779.95
10										$0.00
11										$0.00
12										$0.00
13										$0.00

DHCS 1822 G (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2019-20
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Kern	Date:	1/30/1931

SECTION ONE

		A	B	C	D	E	F
		Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
1	CFTN Annual Planning Costs						$0.00
2	CFTN Evaluation Costs						$0.00
3	CFTN Administration Costs						$0.00
4	CFTN Funds Transferred to JPA						$0.00
5	CFTN Expenditures Incurred by JPA						$0.00
6	CFTN Project Expenditures	$2,105,730.72	$0.00	$0.00	$0.00	$0.00	$2,105,730.72
7	**Total CFTN Expenditures (Excluding Transfers to JPA)**	**$2,105,730.72**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$2,105,730.72**

SECTION TWO

	A	B	C	D	E	F	G	H	I	J
#	County Code	Project Name	Prior Project Name	Project Type	Total MHSA Funds (Including Interest)	Medi-Cal FFP	1991 Realignment	Behavioral Health Subaccount	Other	Grand Total
8	15	Kentucky Street		Capital Facility	$2,052,950.77					$2,052,950.77
9	15	Delano - Telecare		Capital Facility	$52,779.95					$52,779.95
10										$0.00
11										$0.00
12										$0.00
13										$0.00

APPENDIX I: MINUTES FROM THE BEHAVIORAL HEALTH BOARD PUBLIC HEARING

Placeholder for: MINUTES FROM THE BEHAVIORAL HEALTH BOARD PUBLIC HEARING

APPENDIX II: MINUTE ORDER FROM THE BOARD OF SUPERVISORS

Placeholder for: MINUTE ORDER FROM THE BOARD OF SUPERVISORS

APPENDIX III: MHSA ACRONYM LIST

AA- Alcoholics Anonymous
AA/NA- Alcoholics Anonymous/Narcotics Anonymous
AAS- American Association of Suicidology
AB- Assembly Bill
ACCME- Accreditation Council for Continuing Medical Education
ACT- Assertive Community Treatment
AOT- Assisted Outpatient Treatment
APA- American Psychological Association
APPIC- Association of Psychology Postdoctoral and Internship Career
ARRP- Art Risk Reduction Program
ART- Aggression Replacement Training
ASIST- Applied Suicide Intervention Skills Training
ASL- American Sign Language
ASOC- Adult System of Care
ASQ- Ages and Stages Questionnaire
ASQ-3- Ages and Stage Developmental Screening Tool
ASQ:SE2- Ages and Stages Social Emotional Screening Tool
ASWB- Association of Social Work Board
At-promise- students who have a high probability of flunking a class or dropping out of their school.
ATT- Adult Transition Team
BAS- Burden Assessment Scale (Pre/Post)
BBS- Board of Behavioral Sciences
BH- Behavioral Health
BHB- Behavioral Health Board
BOS- Board of Supervisors
BPD- Borderline Personality Disorder
CA-BRN- California Board of Registered Nursing
CAF- Children Adolescents and Families
CASA- Court Appointed Special Advocates
CBO- Community Based Organization
CBT- Cognitive Behavior Therapy
CBTp- Cognitive Behavioral Therapy specialized for psychosis
CBT-SP- Cognitive Behavior Therapy-Suicide Prevention
CCAPP- California Consortium of Addiction Professionals
CCMO- Crisis Case Management Outreach
CCR- California Code of Regulations
CCRC- Cultural Competence Resource Committee
CCS- College Community Services
CFLC- Consumer Family Learning Center
CFT- Child Family Team
CFTN- Capital Facilities and Technological Needs
CGC- Child Guidance Clinic
CICO- Check In Check Out
CIT- Crisis Intervention Team
COR- Co-Occurring Recovery Group
COVID-19- Coronavirus
CPPP- Community Program Planning Process
CSEC- Commercially Sexually Exploited Children
CSOC- Children's System of Care
CSS- Community Services and Supports
C-SSRS- Columbia-Suicide Severity Rating Scale
CSV- Clinica Sierra Vista
CWiC- Crisis Walk-in Clinic
CWS- Child Welfare System
DASS21- Depression/Anxiety & Stress Scale (Pre/Post)
DBT- Dialectical Behavior Therapy
DCR- Data Collection and Reporting
DHS- Department of Human Services
EBP- Evidence Based Practices
EH- Essential History
EHR- Electronic Health Record
EMDR- Eye Movement Desensitization and Reprocessing
FACE- Functional Analysis of Care Environments
FFA- Foster Family Agencies
FRED- Freedom, Recovery and Empowerment with Dogs
FSP- Full Service Partnership
FY- Fiscal Year
GA- General Assistance
GAD-7- Generalized Anxiety Disorder
GSA- Geographic Service Area
HAT- Homeless Adult Team

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

SSP- Self Sufficiency Program
STRTP- Short-Term Residential Therapeutic Program
SUD- Substance Use Division
T4C- Thinking for a Change
TAY- Transitional Age Youth
TBS- Therapeutic Behavioral Services
TFCO- Treatment Foster Care Oregon
TIP- Transition to Independence Process
TTY- Teletypewriter or Text Telephone
VI-SPDAT- Vulnerable Index-Service Prioritization Decision Assistance Tool
VSOP- Volunteer Senior Outreach Program
WET- Workforce Education and Training
WHO-DAS-12- World Health Organization Disability Assessment Schedule
WISE- Wellness, Independence and Senior Enrichment
WRAP- Wellness and Recovery Action Plan
YBT- Youth Brief Treatment

APPENDIX IV: STAKEHOLDER COMMENTS

KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES POSTED THE MHSA ANNUAL REPORT FY 2020-2021 ON THEIR PUBLIC WEBSITE FROM MARCH 18, 2021- APRIL 18, 2021.

The public review was conducted by posting the Annual Report on the KernBHRS website using a survey monkey link to collect demographics and comments from the readers. The survey monkey reported there were a total of # individuals that read and participated in the public comment survey. Below is the complete demographics and report of the comments made through survey monkey:

30-Day Public Notice Feedback Log

Demographics here

Date:	Comments:

End of Report