Kern Behavioral Health & Recovery Services

Mental Health Services Act

Annual Report
Fiscal Year 2019-2020

Three-Year Program and Expenditure Plan
Fiscal Years 2020-2021 through 2022-2023

BEHAVIORAL
HEALTH&RECOVERY
SERVICES

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WELCOME MESSAGE FROM DIRECTOR



Message from the Behavioral Health Director

The Mental Health Services Act (MHSA) Three Year Plan for FY 2020-2023 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 Three 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 a thriving community. To be a successful department, we always start with hope. With hope there is recovery.

Sincerely,

Bill Walker, 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.

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)

- Assertive Community Treatment (ACT): Kern Behavioral Health and Recovery Services (KernBHRS) ACT North ended services December 31, 2019. Transition of the ACT North clients still in need of ACT level service will be transitioned to original KernBHRS ACT Team and Mental Health Systems (contract provider). Clients that no longer require ACT level services will be transitioned to receiving teams via warm handoff. Staff members of KernBHRS ACT North were transferred to various teams within KernBHRS.
- Adult Wraparound KernBHRS: Became an FSP Program (was previously System Development (SD) program).
- Wellness, Independence and Senior Enrichment (WISE): WISE Clinica Sierra Vista (CSV) Delano ended services December 31, 2019 due to underutilization of the program.
- Youth Wraparound: Expanded to seven more locations (North Bakersfield, Lamont/Arvin, Ridgecrest, Taft, Tehachapi, Lake Isabella, and Mojave).

System Development (SD)

- Adult Wraparound KernBHRS: Became a FSP program.
- Adult Wraparound Core: Expanded to ten more locations (North Bakersfield, Central Bakersfield, Taft, Wasco, Mojave, Ridgecrest, Lake Isabella, Lamont/Arvin, South Bakersfield, and Frazier Park.
- Dialectical Behavior Therapy (DBT): Became its own work plan when Adult Wraparound KernBHRS became an FSP program.
- DBT: Will transition to Prevention and Early Intervention (PEI) under the Living Well program.
- Home to Stay: Became a new SD program.

- Packed for Recovery (PEI Program): Will be absorbed into Home to Stay in Fiscal Year (FY) 20-21.

Outreach and Engagement

- Outreach and Education (O&E): In the last annual report, O&E became a CSS Outreach and Engagement Program. This was an error and O&E remained as a Prevention and Early Intervention Program.

Housing:

- Currently, we do not have a Housing Program under CSS.

Prevention and Early Intervention

The goal of the Prevention and Early Intervention (PEI) component of MHSA is to help counties implement services that promote wellness, foster health, and prevent the suffering that can result from untreated mental illness. The PEI component requires collaboration with consumers, family members, and stakeholders in the development of PEI projects and programs. The plan includes PEI programs that reach all Kern County communities and address the needs of all age groups. The programs include holistic approaches to prevention such as non-traditional Animal Assisted Therapy as well as school-based services, expanded access and linkage for difficult-to-engage individuals and several other promising programs.

Important Changes:

- Art Risk Reduction Program (ARRP): We found that Children's services clientele was not responsive to this program and had low attendance. Adult services through our Kern Linkage Division also had low attendance in FY 18-19 and the program was revamped and focused only on Adult services through Kern Linkage Division with an enhancement of Paint Nights to increase attendance starting FY 19-20.
- Living Well: Is a new PEI program that will incorporate DBT (former SD program) and Family Connections DBT (former AB114 program).
- Prepare U: Is a new PEI program.
- Packed for Recovery: Will be transitioning to Home to Stay (SD Program) in FY 20-21.
- REACH Expansion (AB114): Is being absorbed into REACH (PEI) in FY 20-21.
- TAY Career Development: Ended June 30, 2020 due to difficulty engaging youth and meeting outcomes. Individual Placement Support (IPS) services will be replacing the employment needs of Transitional Age Youth (TAY) with more measurable outcomes.

Due to AB114 Programs sunsetting June 30, 2020, KernBHRS has created a sustainability plan for the following programs listed below. These programs will be moving from the PEI AB114 funding stream to either traditional PEI or SD funding. Additionally, two AB114 programs will not continue after the sunset.

AB114 Programs: Sustainability Plan

AB114 Program	PEI	SD	Not Continuing
Art Risk Reduction Program (ARRP)	X		
Biblical Counseling			X
Court Appointed Special Advocates (CASA)	X		
Early Psychosis Outreach & Intervention: LaCLAVE	X		
Family Connections Dialectical Behavior Therapy (DBT)	X		
Freedom, Recovery and Empowerment with Dogs (FRED)	X		
Help Me Grow	X		
Kern Youth Resilience and Support	X		
Packed for Recovery		X	
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH) Expansion	X		
Suicide Prevention Outreach and Education	X		
TAY Dual Recovery	X		
TAY Self Sufficiency	X		
Transitions Curriculum			X
Yoga	X		
Zero Suicide	X		

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:

- Tech Suite renamed to Help @ Hand and extended for an additional two years.

Workforce Education and Training

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

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.

Fiscal Year 2019/2020 Allocations

Kern County estimates $68,972,391.00 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

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 EXPERIENCING CHANGE	Moved to Virtual Platform or Telehealth	Cancelled Group Activities	Reduction in Services or Partial/ Full Program Suspension	Cancellation of Events	Experienced Loss in Staffing	Enhanced Media Outreach	Expanded Services	Providing Linkage to Emergency Housing, Food & Resources	Descrease 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)									
TRADITIONAL PEI									
Art Risk Reduction Program (ARRP)			X						
Court Appointed Special Advocates (CASA)	X								
Crisis Hotline							X		
Foster Care Engagement	X								
Living Well	X		X						
Outreach & Education	X	X		X		X		X	
Prepare U			X						
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)	X								
Transitional Age Youth (TAY) Career Development Program	X		X						
Volunteer Senior Outreach Program (VSOP)	X							X	
Youth Brief Treatment	X								X
Youth Juvenile Justice Engagement	X								
AB114									
Family Connections DBT			X		X				
Freedom, Recovery and Empowerment with Dogs (FRED)	X	X							
Help Me Grow						X		X	
LaCLAVE			X			X			
Packed for Recovery			X						
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH) Expansion	X								X
Suicide Prevention Outreach and Education (O&E)	X								X
Transitional Age Youth (TAY) Dual Recovery Program		X							
Transitional Age Youth (TAY) Self-Sufficiency Program (SSP)	X	X						X	
Yoga	X	X		X		X			
Zero Suicide					X				
INNOVATIONS									
Help @ Hand	X				X				X
Smart 911				X		X			
WET									
Clinical Internship	X								
Minnesota (MN) Engagement & Recovery Oriented Training	X			X					
Psychology Internship	X								
Training Enhancement	X	X		X					

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.

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: Bill Walker	Name: Christina Rajlal
Telephone Number: 661-868-6609	Telephone Number: 661-868-6681
E-mail: bwalker@kernbhrs.org	E-mail: crajlal@kernbhrs.org
County Mental Health Mailing Address: Kern Behavioral Health and Recovery Services PO Box 1000 Bakersfield, CA 93302	

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

This annual update has been developed with the participation of stakeholders, in accordance with Welfare and Institutions Code Section 5848 and Title 9 of the California Code of Regulations section 3300, Community Planning Process. The draft annual update was circulated to representatives of stakeholder interests and any interested party for 30 days for review and comment and a public hearing was held by the local mental health board. All input has been considered with adjustments made, as appropriate. The annual update and expenditure plan, attached hereto, was adopted by the County Board of Supervisors on June 16, 2020.

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.

BillWalker
Local Mental Health Director/Designee (PRINT)

Signature 6/16/20
Date

County: Kern

Date: 6/16/20

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: BILL WALKER, LMFT

Telephone: 661-868-6601

Email: BWALKER@KERNBHRS.ORG

Document for Certification:

MHSA REVENUE & EXPENDITURE REPORT **FY:** 2018-19

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.

BILL WALKER, LMFT		12/18/2019
Local Mental Health Director (PRINT)	Signature	Date

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

DHCS 1820 (02/19)

EXHIBIT C: IN 19-017 CERTIFICATION

State of California
Health and Human Services Agency

Department of Health Care Services

MENTAL HEALTH SERVICES ACT
PRUDENT RESERVE ASSESSMENT/REASSESSMENT

County/City: Kern/Bakersfield

Fiscal Year: 2018/2019

Local Mental Health Director

Name: Bill Walker

Telephone: (661) 868- 6609

Email: BWalker@kernbhrs.org

I hereby certify[1] under penalty of perjury, under the laws of the State of California, that the Prudent Reserve assessment/reassessment is accurate to the best of my knowledge and was completed in accordance with California Code of Regulations, Title 9, section 3420.20 (b).

Bill Walker — Local Mental Health Director (PRINT NAME)

Signature

6/26/19 — Date

[1] Welfare and Institutions Code section 5892 (b)(2)

DHCS 1819 (02/19)

INTRODUCTION

In reference to Senate Bill 192 and the Department of Health Care Services (DHCS) Mental Health Substance Use Disorder (MHSUDS) Information Notice (IN) 19-017, each county must establish a prudent reserve that does not exceed 33 % of the average CSS component revenue of the MHSA funds received in the preceding five years. The prudent reserve level must be reassessed every five years and the county must certify the reassessment as part of the Three-Year Program and Expenditure or Annual Update plan.

Throughout the 3 Year Plan you will find documents required for IN 19-017. The forms noted in IN 19-017, can be found in the following sections of the 3 Year Plan.

FORM	CHAPTER or SECTION
DHCS 1819- MHSA Prudent Reserve Assessment/ Reassessment	Exhibit C: IN 19-017 Certification
DHCS 1820- Annual MHSA Revenue and Expenditure Report (RER) and Adjustment Worksheet County Certification	Exhibit B: County Fiscal Certification
DHCS 1821- Adjustments to RER Summary Worksheet	Exhibit C: IN 19-017 Certification
DHCS 1822A- Annual RER	Budget

In Fiscal Year (FY) 18-19, the County's prudent reserve exceeded the 33% requirement. Therefore, in FY 19-20, the County will transfer from the prudent reserve $8,718,577 to CSS and CFTN. The funding that is going to CSS will support FSP programming. The funding going to CFTN will support renovations and purchase of The Healing Project.

FUTURE ASSESSMENT

Each county must reassess its maximum prudent reserve funding level every five years. To reassess the maximum prudent reserve funding level, counties must complete the MHSA Prudent Reserve Assessment/ Reassessment form and submit it to DHCS and MHSOAC by June 30, 2024, as part of the FY 24-25 three-year program and expenditure plan or annual update.

DHCS 1821 (02/19)

MENTAL HEALTH SERVICES ACT

Adjustments to Revenue or Expenditure Summary Worksheet

1	**Reversion Fiscal Year:**	2019-2020
2	**County/City:**	KERN
3	**Date:**	4/23/2020
4	**Address:**	2001 28TH STREET
5	**City:**	BAKERSFIELD
6	**Zip:**	93301
7	**Name of Preparer:**	CANDEE DEL RIO
8	**Title of Preparer:**	FINANCE MANAGER
9	**Preparer Contact Email:**	CDELRIO@KERNBHRS.ORG
10	**Preparer Contact Telephone:**	661-204-6067/ 661-868-6635

	A	B	C	D	E	F	G
#	**Type of Adjustment**	**Adjustment to FY**	**Account**	**County Amount**	**State Amount**	**Adjustment Amount**	**Reason**
11	Expenditure	FY 2019-20	PRUDENT RESERVE	$ (8,718,577.00)		$ (8,718,577.00)	REDUCED TO COMPLY WITH NEW PRUDENT RESERVE LIMITS
12	Expenditure	FY 2019-20	CFTN	$ 3,778,184.00		$ 3,778,184.00	TRANSFERRED FROM PRUDENT RESERVE TO PURCHASE AND IMPROVEMENTS ASSOCIATED WITH INNOVATION PROJECT
13	Expenditure	FY 2019-20	CSS	$ 4,940,393.00		$ 4,940,393.00	TRANSFERRED FROM PRUDENT RESERVE TO PROVIDE ADDITIONAL FUNDING FOR FSP PROGRAM

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.

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.

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.

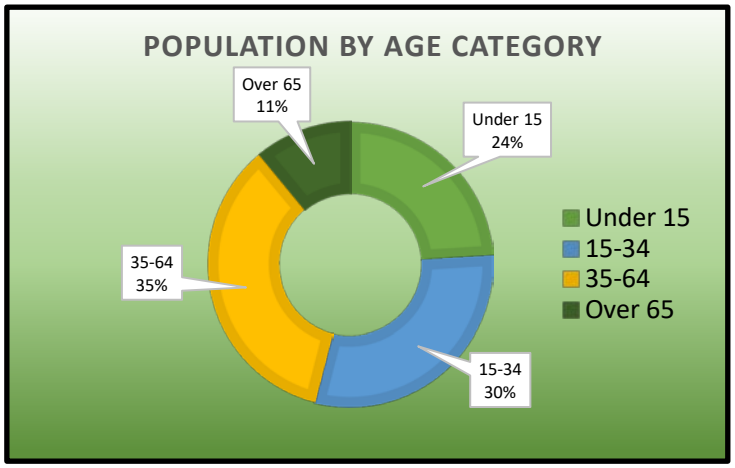
Unemployment Rate in June 2019	Unemployment Rate in 2018	Medium Householder Income	Income Inequality Between Men and Women
8%	8.4%	$49,854	.497 higher than the national average.

Source: Kern Economic Development Corporation and DataUSA

Population Breakdown

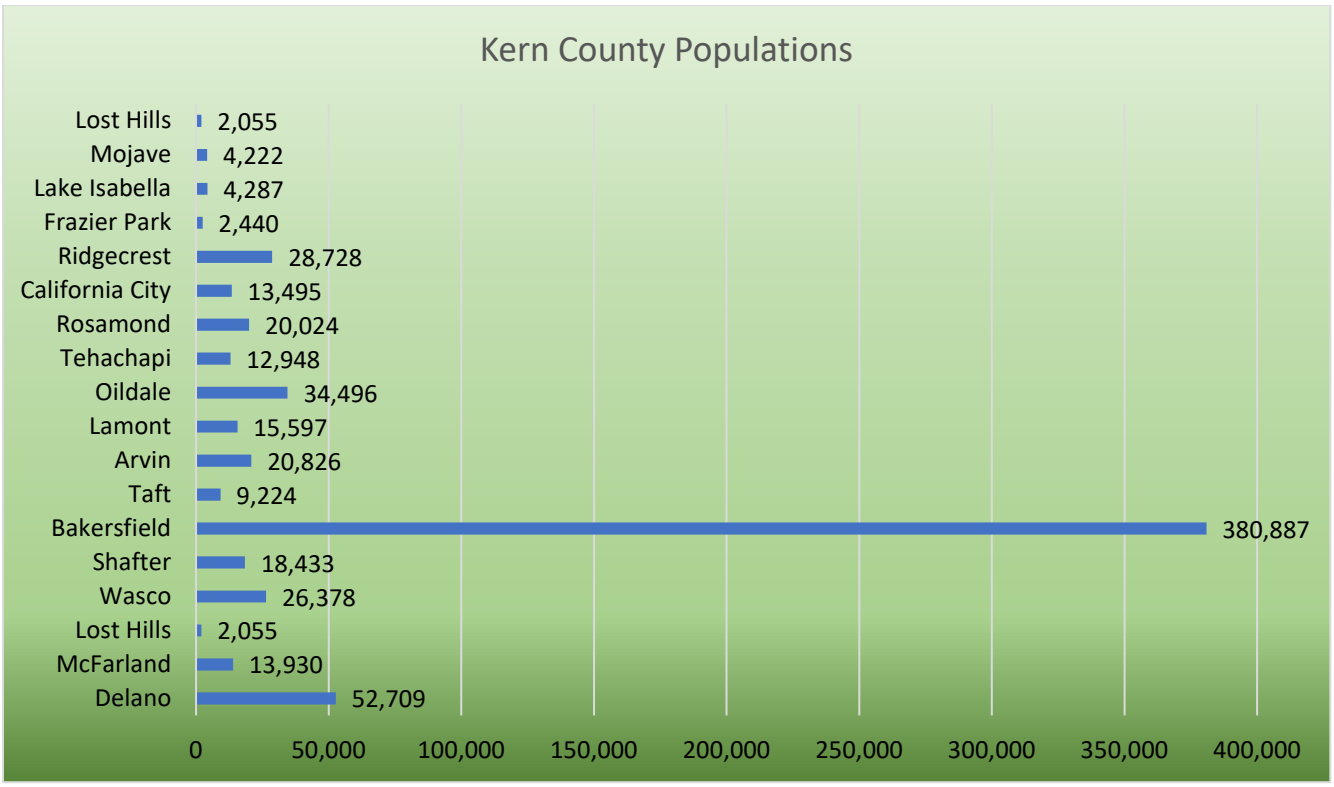
The population of Kern County is most closely estimated to be 893,119. 389,211 of those individuals live in Bakersfield. Kern County is continually growing each year. According to the Kern Economic Development Corporation, Kern County has an annual average increase of 1.8%. By 2021, the total population is anticipated to reach 920,584.

English and Spanish are the primary threshold languages. 48.7% of the population are estimated to be women, while 51.3% of the population is estimated to be men.



Source: Kern Economic Development Corporation

Ethnic Composition of Kern County Residents	Estimated Percentage
Hispanic or Latino	53.40%
White Alone	33.90%
Black or African American	4.99%
Asian	4.78%
Two or More Ethnicities	1.97%
American Indian and Alaska Native	0.518%
Native Hawaiian and Pacific Islander	0.156%
Other	0.226%



Source: DataUSA.

Governance

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

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

CAPACITY ASSESSMENT

Capacity Assessment: Kern County

INTRODUCTION

Mental Health Services Act (per California Code of Regulations (CCR), Title 9, Section 3650) (MHSA) requires counties to provide an assessment of its capacity to implement the proposed programs and services. Pursuant to CCR, the assessment shall include:

- The strengths and limitations of Kern County and service providers that impact their ability to meet the needs of racially ethnically diverse populations. The evaluation shall include an assessment of bilingual proficiency in threshold languages.
- Percentages of diverse cultural, racial/ethnic and linguistic groups represented among direct service providers, as compared to percentage of the total population needing services and the total population being served.
- Identification of possible barriers to implementing the proposed programs/ services and methods of addressing these barriers.

STRENGTHS

KernBHRS annually provides a Cultural Competence Plan Update which is posted publicly on the KernBHRS website. This plan captures the strengths within the KernBHRS system to meet the needs of racially ethnically diverse populations. The current plan lists the following strengths within the department to support racially ethnically diverse populations:

- Commitment to cultural competence.
- County mental health system updated assessment of service needs.
- County mental health system strategies and efforts for reducing racial, ethnic, cultural, and linguistic mental health disparities.
- County mental health system client/family member/ community committee: Integration of the committee within the county mental health system.
- County mental health system commitment to growing a multicultural workforce: Hiring and retaining culturally and linguistically competent staff.
- County mental health system language capacity.
- County mental health system adaptation of services.

Some of the specific changes reflected in the last year include:

- New Policy on the Cultural Competence Resource Committee (CCRC).
- Updated Policy on Accessing Bilingual, American Sign Language (ASL), and Teletypewriter or Text Telephone (TTY) Relay Interpreter Services.
- Updated Policy on Translation of Documents into the Threshold Language.
- Cultural Competence Annual Conference 2018.
- Cultural Competence Annual Summit 2018.
- Participation in statewide collaborative meetings including: County Behavioral Health Directors Association of California (CBHDA), Southern Counties Regional Partnership (SCRP), and California Institute for Behavioral Health Solutions (CIBHS).
- Amendment to the Language Line Services Contract.
- System-wide Engagement Training.
- Total of 31 Peers onboarded into KernBHRS including 5 hired Peer employees and 26 Peer volunteers.

- Specific training on LGBTQ+, Homelessness, Zero Suicide, and Trauma Informed Care.
- SCRP Formal Assessment to identify needs, gaps, and improvement needed.
- Implementation of La CLAVE to aid in outreach and education to Spanish speaking and LatinX populations.
- Media and marketing campaigns to reduce stigma and discrimination.
- Recruitment locally and state-wide to increase culturally competent workforce, 17 recruits were obtained.
- Enhanced local recruiting methods to target a multicultural workforce.
- Enhanced MHSA Stakeholder Process inclusive of underrepresented populations.
- Quarterly MHSA Stakeholder Demographic and Identified Needs report.
- MHSA Spanish Stakeholder Meetings.
- Completion of Human Trafficking Trainings.
- Enhanced evaluation measures with Training curriculum in Relias system to measure effectiveness with delivery to staff.
- Completion of Cultural Competence Training Plan for Staff.

Additionally, other activities or evidence that occurs throughout the year includes:

- Review of the Bilingual Plan for KernBHRS.
- Mandatory 6 hours of Cultural Competence training for all staff annually reflected on the Employee Performance Review.
- 51 Cultural Competence trainings were available to all staff in the last year.
- Review of the Accessibility Plan.
- 25 documents translated into other languages.
- Review of Independent Living Center of Kern County ASL Interpreting Services Agreement.
- Tracking of the penetration rate for outreach, access, engagement, linkage and services for mental health and substance use disorder.
- Tracking of Outreach & Engagement events for KernBHRS.
- Continued efforts in recruitment into the Peer Employment Training and Advanced Peer Employment Training modules.
- Continued efforts with 5-year System-wide engagement training for staff focusing on outreach to ethnic groups.
- Family engagement and interaction trainings for staff.

Kern County is proud of the continued success found within the use of the CCRC. The mission of the CCRC, is to reduce mental health disparities experienced among racial, ethnic, and diverse populations that may be classified as unserved, underserved, and difficult to reach or inappropriately served in the behavioral health system. CCRC strives to incorporate culturally effective processes and service needs based on ethnicity, culture, age, sexual orientation, spiritual beliefs, socioeconomic status, language, and other human diversity factors. The responsibilities of CCRC members include: Advising and making recommendations to the management team regarding policies, goals, and service delivery needs of the culturally diverse populations served within the community. The CCRC holds continued recruitment to include all valued perspectives and diverse people looking to give input on KernBHRS' cultural competence. The CCRC meets monthly.

The CCRC is a collaborative effort comprised of various stakeholders, including: mental health and substance use disorder members, contracted staff, community members, mental health services ACT team, training review committee, patient's rights advocate, outreach and education team, quality improvement division, public information officer, information technology division, and other integral staff. These key members also come from very diverse background providing an array of perspectives that aid in serving diverse cultural, racial, ethnic and linguistic groups.

Areas for Improvement

KernBHRS annually provides a Cultural Competence Plan that suggests recommendations for improvement within the KernBHRS system of care to meet the needs of racially ethnically diverse populations. The current plan lists the following strategies within the department to support racially ethnically diverse populations:

- Ensure there is consistency between the goals and vision illustrated in the MHSA Update, Cultural Competency Plan.
- Have coordination with other teams within KernBHRS to accomplish similar goals.
- Enhance and update policies to reflect cultural and linguistic practices and/or services (Language Line Assistance, Patient's Rights, and Cultural Competency trainings.
- Enhance/improve existing evidence-based programs based on data retrieved from the population assessment.
- Identify, address, and monitor disparities in the community.
- Ensure all materials for the public are translated into Kern's threshold language, Spanish, with the help of the PIO for disbursement of these materials to outreach events.
- Strategize a plan for reducing disparities and exceed our penetration rate in all ethnic populations.
- Aim outreach and education efforts towards communities with chronic low penetration rates.
- Attend more ethnic engagement conferences to educate our staff on new strategies to penetrate communities with different ethnic backgrounds.
- Collaborate with outside community forums to pinpoint other areas of concern.
- Increase number of mandatory and supplemental trainings offered to licensed professionals.
- Provide Peer Education Trainings and refresher courses for peer employees and/or volunteers.
- Improve analysis of the effectiveness of trainings to monitor their quality level by analyzing if employees' knowledge has increased significantly.
- Utilize Workforce Education and Training funds to secure various resources and/or conferences for staff retention and training.
- Coordinate with Human Resources and Information Technology (IT) to track the number of peer support and family members with lived experiences.
- Maintain and update contract with Language Line Services to assist with limited English Proficiency including but not limited to: verbal interpreter, written translation, and Braille. Doing so will ensure staff are able to connect clients to services in a timely manner.

- Ensure that the Grievance and Appeal Procedures is updated to allow for improvements to be funneled through the correct channels.

ASSESSMENT OF BILINGUAL PROFICIENCY

Efforts made in accurate and effective communication between clients, providers, staff, and administration include the following:

- Interpreting Services Relias Training offered to staff.
- Continued partnership with Independent Living Center and Language Line services for translation.
- Increased budgeted contract amount to support further growth in translation services.
- Research into Electronic Translation Devices for future purchase.
- 592 verbal and 22 written interpretation services utilized within FY 18-19
- 147 Spanish Speaking Bilingual staff employed with KernBHRS.

According to the Human Resources report, below are the demographics for KernBHRS staff:

- Spanish verbal interpreters=70
- Spanish written translators= 77
- Filipino dialect= 17
- American Sign Language= 6
- Punjabi= 5
- French= 3
- Turkish= 1
- Farsi= 2
- Hindi= 3
- Urdu= 2
- Latvian= 1
- Tamil= 1
- Turkish= 1
- German= 1
- Arabic= 1
- Japanese= 1
- Bengali= 1
- Vietnamese= 1
- Norwegian=1
- Mandarin= 1
- Serbian= 1

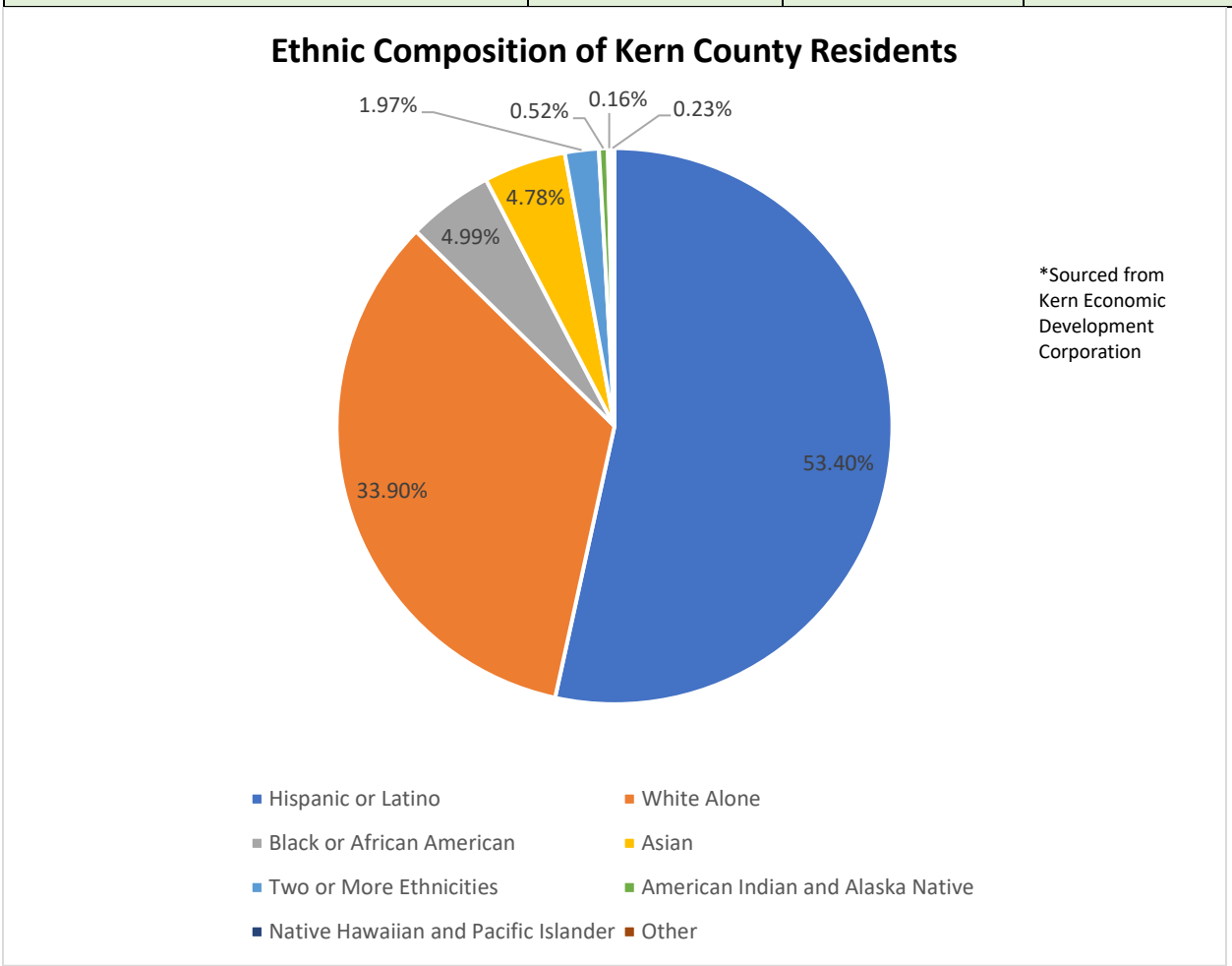
PERCENTAGES OF DIVERSITY

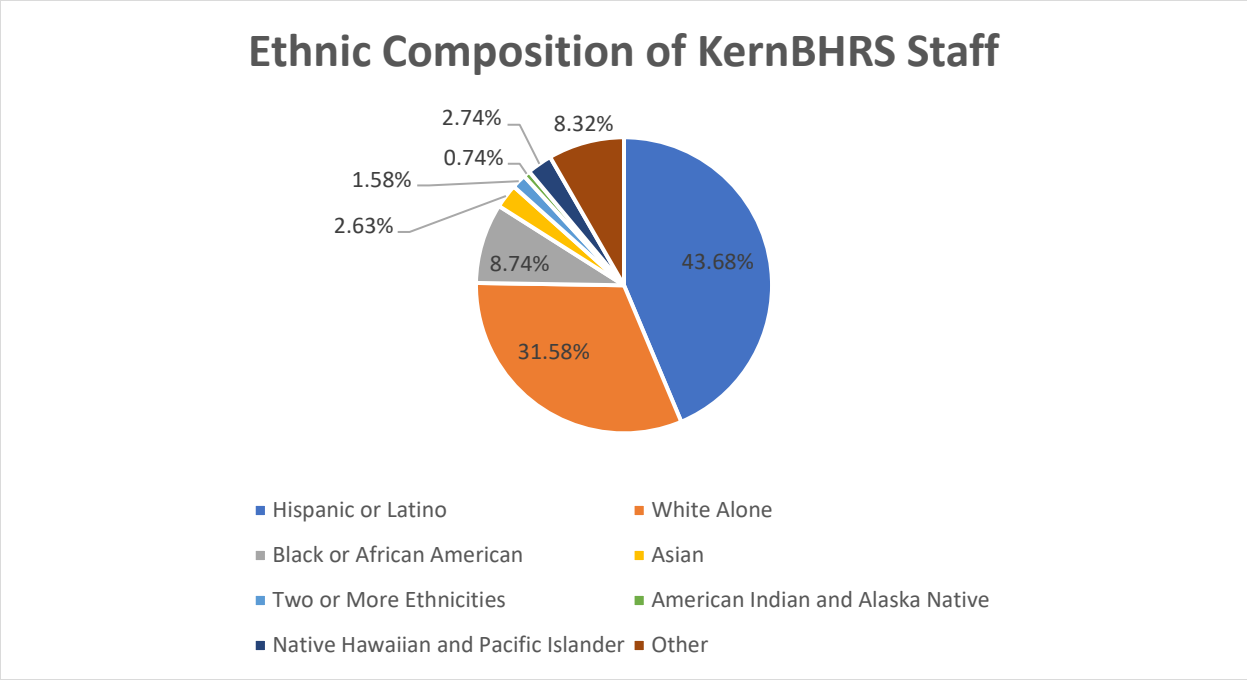
The purpose of this section is to provide percentages of diverse cultural, racial/ ethnic and linguistic groups represented among direct service providers, as compared to the total population needing services and the total population being served.

The information provided is retrieved from staff that elect to disclose their ethnic diversity. The chart below shows that in all categories KernBHRS shows less than a 10% disparity in each ethic

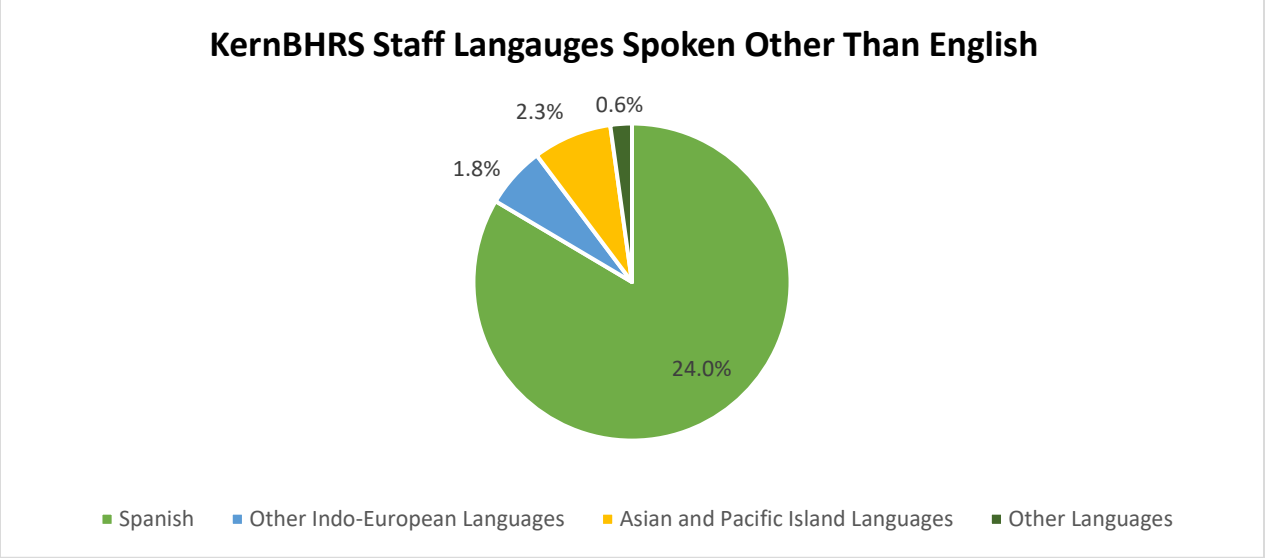
category. Some areas KernBHRS shows more than enough staff to support that ethic category. In other areas, KernBHRS shows proximity to the county's estimation of Kern County's population.

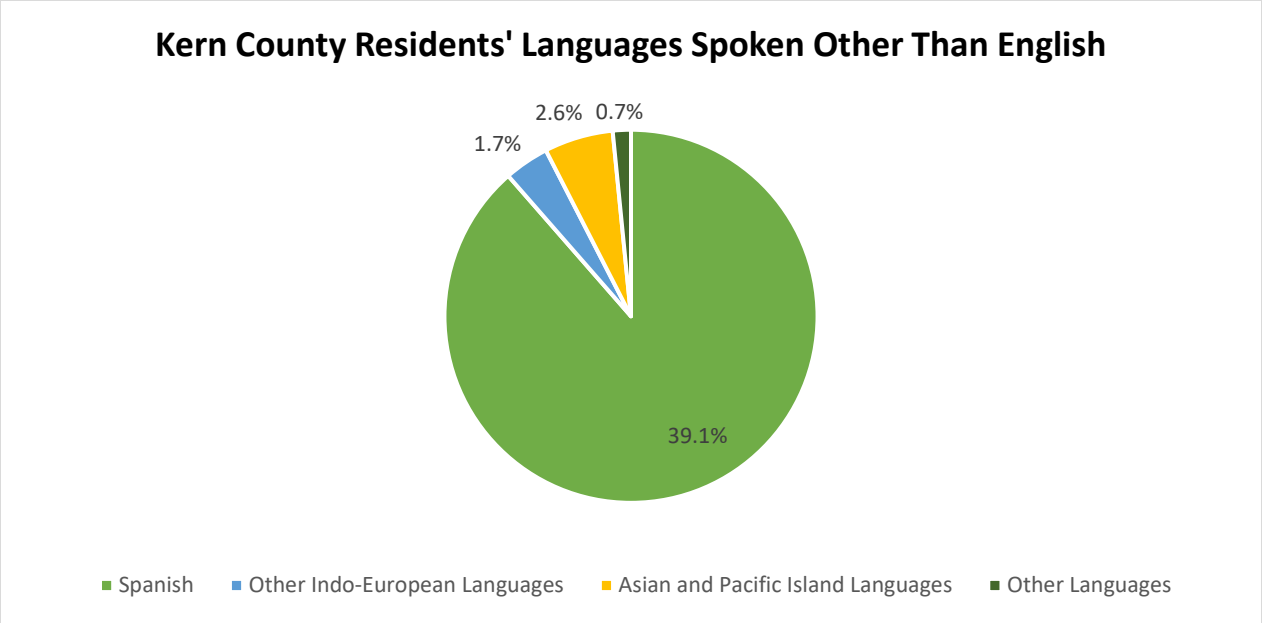
Ethnic Composition Categories	Kern County Residents	KernBHRS Staff	Difference
Hispanic or Latino	53.40%	43.68%	9.72%
White Alone	33.90%	31.58%	2.32%
Black or African American	4.99%	8.74%	-3.75%
Asian	4.78%	2.63%	2.15%
Two or More Ethnicities	1.97%	1.58%	0.39%
American Indian and Alaska Native	0.52%	0.74%	-0.22%
Native Hawaiian and Pacific Islander	0.16%	2.74%	-2.58%
Other	0.23%	8.32%	-8.09%





The information provided is retrieved from staff that are certified to provide translation services for KernBHRS and is also compromised of staff that self-disclose languages they speak other than English. The chart below shows that for Asian and Pacific Islander languages and other languages, KernBHRS is less than 1% difference in meeting the demand for these languages. Additionally, for other Indo-European Languages, KernBHRS has an average higher rate to provide these languages than the average of Kern County Residents. Lastly, for Spanish, from the last Census a rate of 39.1% of Kern County Residents speak Spanish only and KernBHRS' workforce is equipped with 24% of its workforce certified to translate and communicate in Spanish.





ADDRESSING POTENTIAL BARRIERS

KernBHRS understands that there is a potential for certain barriers to culturally linguistically centered care. KernBHRS strives towards process improvement and annually assesses through our Cultural Competency planning what we have accomplished and what we would like to continue to improve upon. As found in our FY 19-20 published Cultural Competence Plan, KernBHRS has identified 20 new and improved goals towards the new FY. These goals will highlight efforts toward: Specific culturally competent trainings, LGBTQ+ and TAY youth, Zero Suicide, interpreter training, homelessness outreach and treatment, and incorporating family and peer support systems. Overall, KernBHRS is committed to being culturally and linguistically competent at all levels, in all services offered.

WORKFORCE NEEDS ASSESSMENT

Workforce Needs Assessment Description

According to 3830 of the California Code of Regulations, Kern County shall assess the education and training needs of its Public Mental Health System workforce and prepare a written Workforce Needs Assessment that identifies and evaluates the identified needs. The Workforce Needs Assessment shall be conducted every five years. This Workforce Needs Assessment covers Fiscal Year 2019/2020 to Fiscal Year 2023/2024.

OCCUPATIONS LIST



81

DIFFERENT OCCUPATIONS EXIST WITHIN KernBHRS









POSITION TITLES	
ACCOUNTANT	MEDICAL ASSISTANT
ADMINISTRATIVE COORDINATOR	MEDICAL DIRECTOR
BEHAVIORAL HEALTH CREDENTIALING SPECIALIST	MFT TRAINEE
BEHAVIORAL HEALTH NURSE	MSW TRAINEE
BEHAVIORAL HEALTH PEER SPECIALIST	NETWORK SYSTEMS ADMINISTRATOR
BEHAVIORAL HEALTH PLANNING ANALYST	NURSE PRACTITIONER
BEHAVIORAL HEALTH PROGRAM SUPERVISOR	OFFICE SERVICES ASSISTANT
BEHAVIORAL HEALTH RECOVERY SPECIALIST AIDE	OFFICE SERVICES COORDINATOR
BEHAVIORAL HEALTH RECOVERY SPECIALIST	OFFICE SERVICES SPECIALIST
BEHAVIORAL HEALTH RECOVERY SYSTEM ADMINISTRATOR	OFFICE SERVICES TECHNICIAN
BEHAVIORAL HEALTH THERAPIST	PATIENT RIGHTS ADVOCATE
BEHAVIORAL HEALTH THERAPIST TRAINEE	PRE-LICENSED CLINICAL PSYCHOLOGIST
BEHAVIORAL HEALTH UNIT SUPERVISOR	PROGRAM COORDINATOR
BHRS DEPUTY DIRECTOR	PROGRAM SPECIALIST
BAKERSFIELD POLICE DEPARTMENT POSITION	PROGRAM SUPPORT SUPERVISOR
BUSINESS MANAGER	PROGRAM TECHNICIAN
CLINICAL PSYCHOLOGIST	PROGRAMMER
CLINICAL SUPERVISOR	PSYCHIATRIST
CONTRACT SYSTEM SUPERVISOR	PSYCH-INTERN
CONTRACTS ADMINISTRATION ASSISTANT	RESIDENT
COORDINATOR OF ADMIN. & LEGISLATIVE ANALYSIS	SENIOR ADMINISTRATIVE & FISCAL SERVICES OFFICER
DEPARTMENTAL ANALYST	SENIOR BEHAVIORAL HEALTH CREDENTIALING SPECIALIST
DEPARTMENTAL PUBLIC INFORMATION OFFICER	SENIOR HUMAN RESOURCES SPECIALIST
DEPUTY PROBATION OFFICER	SENIOR INFORMATION SPECIALIST
DIRECTOR OF BEHAVIORAL HEALTH SERVICES	SENIOR OFFICE SERVICES SPECIALIST
ELECTRONIC HEALTH RECORD SPECIALIST	SENIOR PATIENTS RIGHTS ADVOCATE
ELECTRONIC HEALTH RECORD SUPPORT SUPERVISOR	SENIOR SYSTEMS ANALYST
FACILITIES & SERVICES MANAGER	SENIOR TALENT RECRUITER
FAMILY ADVOCATE	DHS SOCIAL SERVICE WORKER
FISCAL SUPPORT SPECIALIST	SPECIAL PROJECTS MANAGER
FISCAL SUPPORT SUPERVISOR	STAFF DEVELOPMENT SPECIALIST
FISCAL SUPPORT TECHNICIAN	SENIOR HUMAN RESOURCES SPECIALIST
HEEL TO HEAL - CONTRACTOR	STAFF DEVELOPMENT SPECIALIST
HELP DESK TECHNICIAN	SUBSTANCE USE DISORDER SPECIALIST
HUMAN RESOURCES MANAGER	SYSTEM ANALYST
HUMAN RESOURCES SPECIALIST	TECHNOLOGY SERVICES MANAGER
INFORMATION SYSTEMS SPECIALIST	TECHNOLOGY SERVICES SUPERVISOR
LAN SYSTEMS ADMINISTRATOR	VOCATIONAL NURSE
MAIL CLERK	VOLUNTEER
MAINTENANCE WORKER	YOUTH PREVENTION SPECIALIST
MARKETING & PROMOTIONS ASSOCIATE	

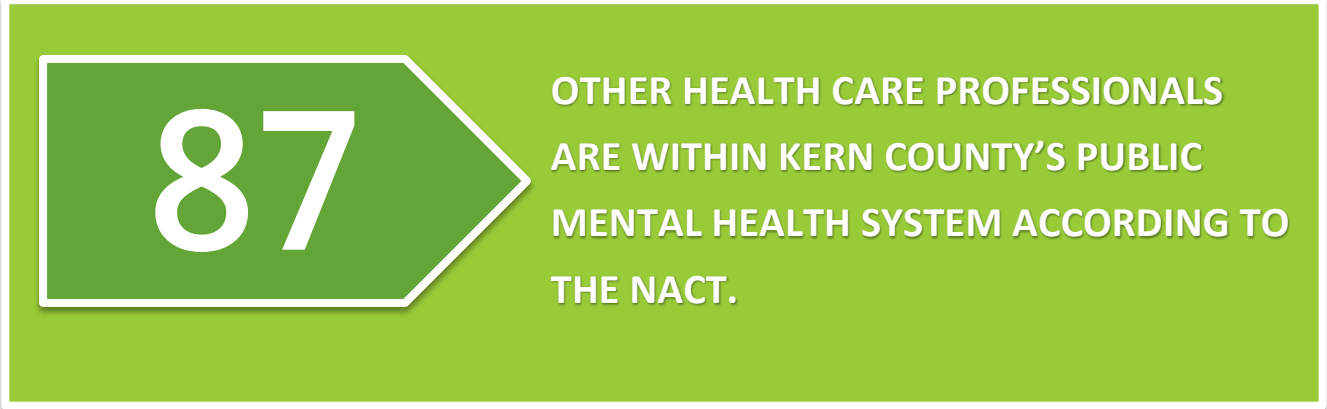
LICENSED MENTAL HEALTH STAFF

493 Staff are Licensed Mental Health Staff. This number is collected from the Network Adequacy Certification Tool (NACT). Clinical positions held in Kern County are: Psychiatrists, Physicians, Psychologists, Licensed Clinical Social Workers, Licensed Professional Clinical Counselor, Marriage and Family Therapists, Registered Nurses, Nurse Practitioners, Licensed Vocational Nurses, Psychiatric Technicians, Pharmacists, Associate Clinical Social Worker, Associate Marriage Family Therapist, Associate Professional Clinical Counselor, and Waivered Psychologists.

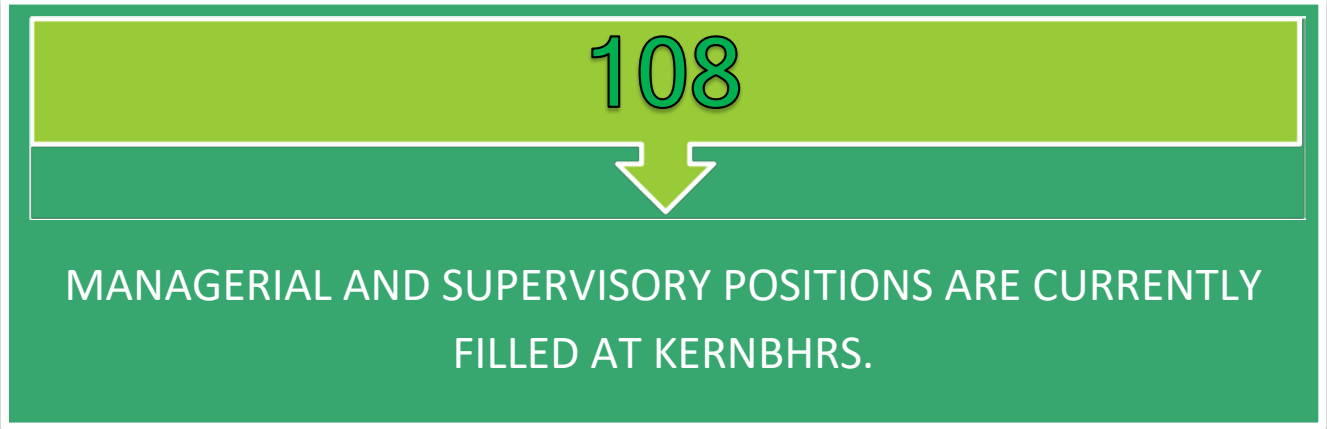
NON-LICENSED MENTAL HEALTH STAFF



OTHER HEALTH CARE PROFESSIONALS



MANAGERIAL AND SUPERVISORY POSITIONS



SUPPORT STAFF POSITIONS



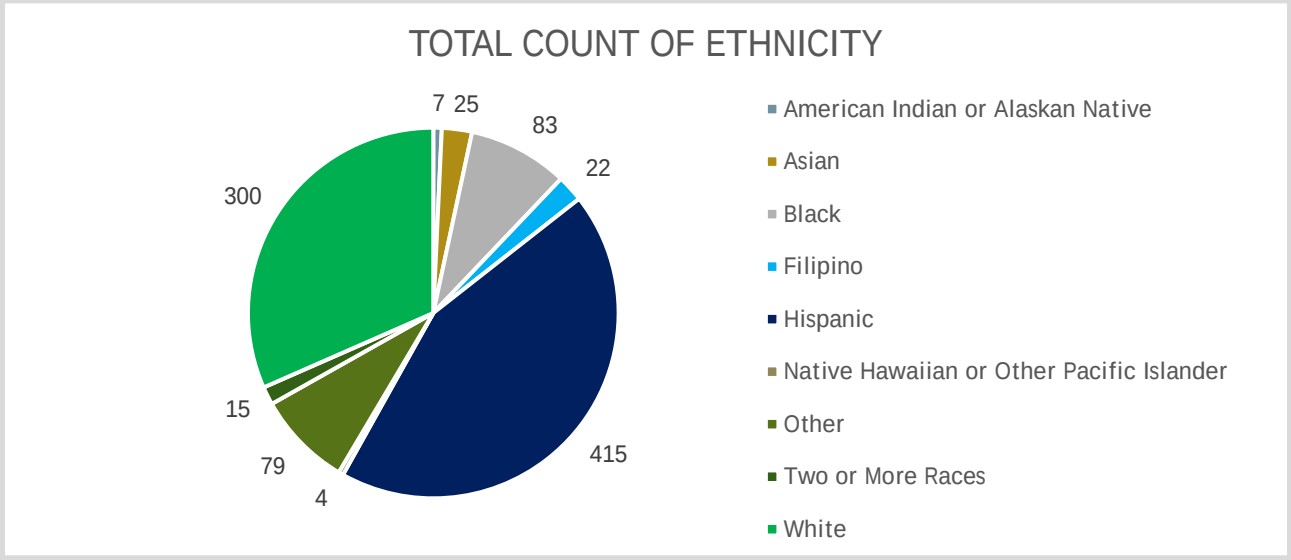
252

SUPPORT STAFF POSITIONS EXIST IN KERNBHRS

FINDINGS

THROUGH OUR NACT, KERNBHRS MEETS THE PROVIDER-TO-BENEFICARY RATIOS. THE HUMAN RESOURCES DEPARTMENT NOTES THAT THE MOST DIFFICULT POSITIONS TO FILL AND RETAIN ARE: THERAPISTS, NURSE PRACTITIONERS, NURSES, & MEDICAL ASSISTANTS.

SELF-DISCLOSED ETHIC DIVERSITY OF STAFF



Ethnicity	Count
American Indian or Alaskan Native	7
Asian	25
Black	83
Filipino	22
Hispanic	415
Native Hawaiian or Other Pacific Islander	4
Other	79
Two or More Races	15
White	300
Grand Total	**950**

LANGUAGES AND PROFICIENCY

KERN COUNTY'S THRESHOLD LANGUAGE IS SPANISH



151

KERNBHRS STAFF AND VOLUNTEERS ARE CERTIFIED PROFICIENT IN SPANISH



23

LANGUAGES OTHER THAN ENGLISH ARE SPOKEN BY STAFF AND VOLUNTEERS

Self-Disclosed Languages Spoken by Staff Other Than English	Count
American Sign Language	4
Arabic	1
Bengali	1
Farsi	1
Filipino Dialect	9
French	1
German	1
Hindi	3
Japanese	1
Latvian	1
Llacano	1
Mandarin	1
Norwegian	1
Punjabi	4
Russian	1
Serbian	1
Spanish	228
Tagalog	6
Tamil	2
Turkish	2
Vietnamese	2
Yoruba	1
Urdu	2
Total	275

COMMUNITY PLANNING & STAKEHOLDER FEEDBACK

Community Program Planning Process (CPPP) aka Stakeholders

During Fiscal Year (FY) 2019/2020, the Mental Health Service Act (MHSA) team gathered feedback from different communities across Kern County regarding their respective behavioral health needs through the implementation of the CPPP. Great importance is placed on the preparation and delivery of the stakeholder process, as it is the driving force behind the consideration of program implementation in their respective communities. Any individual who resides in the community is considered a stakeholder and is welcome to participate and give their feedback. Preparation for FY 2019/2020 meetings began with the creation of the stakeholder calendar. The calendar consisted of 34 meetings which were strategically scheduled to cover all of Kern County. The meeting venues varied to attract the general public. We also took into consideration specific requests and for that reason created focus group meetings.

The following is a list of the focus group meetings identified and held during FY 2019/2020:

- Client/ Family
- KernBHRS/ Providers
- Law Enforcement/ Emergency Responders
- People interested in future use of funding
- Highest Needs Group
- Residency/ Special Projects
- Spanish Speaking Groups
- TAY/ Youth and School districts

In FY 2019/2020, MHSA has been able to reach more communities throughout Kern County due to the expansion of the MHSA team, which grew from three members to thirteen and included the absorption of the Outreach and Education team. The growth has allowed MHSA to conduct additional stakeholder meetings in the rural areas of Kern County. Accordingly, MHSA has provided MHSA overview training to 1,767 stakeholders, Kern Behavioral Health and Recovery Services (KernBHRS) staff, contract providers and the Behavioral Health Board. The expansion has aided in providing richer content in meetings, establishing a greater public presence throughout Kern County, provide education to the public on programs and services available through Kern BHRS, and has also aided in the reduction of stigma against individuals seeking mental health services.

Content for each meeting consists of an education piece which allowed us the opportunity to educate the stakeholders about MHSAs' purpose, its funding source, as well as an overview of services available within the community's geographic area. To allow the community members the opportunity to voice their concerns and offer input, the team incorporated a feedback segment. During the feedback segment, community members were able to voice what they perceived were the most important behavioral health needs within their community via public comment, surveys and comment cards. Information gathered from participating stakeholders was captured at each stakeholder meeting. The information was then analyzed and prepared for each quarter and uploaded on KernBHRS' website as public information via our quarterly report.

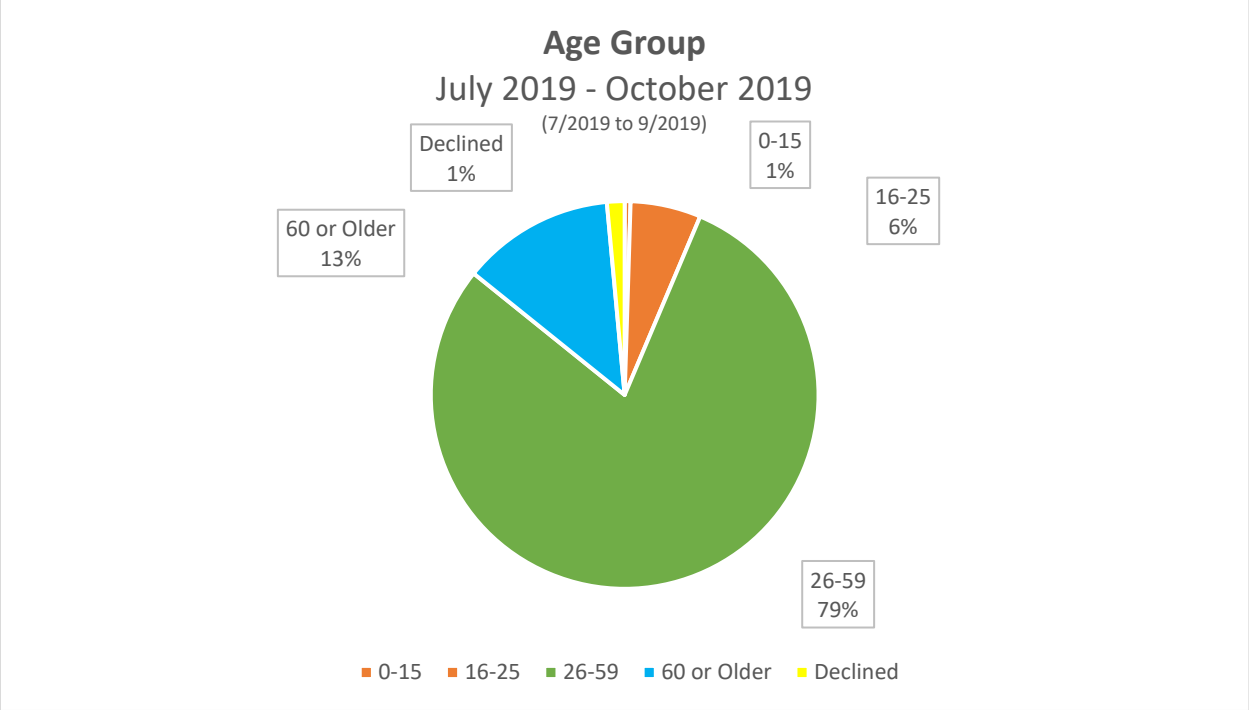
CPPP – Collecting Data

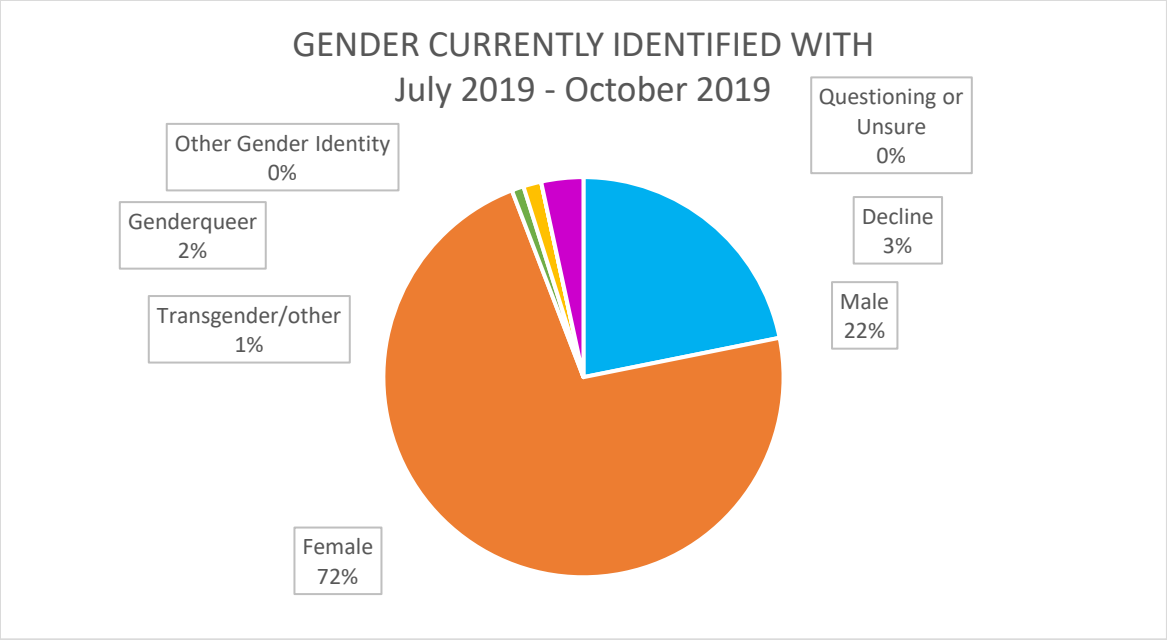
The following demographics were compiled based on 205 surveys collected from the 340 stakeholders who attended meetings beginning **July 2019 through October 2019**:

Date	Location	City	Address	Time	Participants	Attendance
Jul 9, 2019 (Tue)	Westchester Training Room	Bakersfield	2001 28th St.	1:00pm	Client/Family (Focus Group)	3
Jul 12, 2019 (Fri)	Commonwealth East Training Room	Bakersfield	3300 Truxtun Ave.	1:00pm	Townhall Meeting	13
Jul 13, 2019 (Sat)	College Community Services	Mojave	16940 Hwy 14	12:00pm	Townhall Meeting	0
Jul 17, 2019 (Wed)	Westchester Training Room	Bakersfield	2001 28th St.	10:30am	Townhall Meeting	16
Jul 18, 2019 (Thu)	Library	Taft	27 Cougar Ct.	1:00pm	Townhall Meeting	6
Jul 24, 2019 (Wed)	College Community Services	Tehachapi	113 East "F" St.	1:00pm	Townhall Meeting	8
Jul 25, 2019 (Thu)	Westchester Training Room	Bakersfield	2001 28th St.	2:30pm	KernBHRS/Providers (Focus Group)	22
Jul 31, 2019 (Wed)	Clinica Sierra Vista	Bakersfield	1400 S. Union Ave., Suite 100	5:30pm	Townhall Meeting	10
Aug 3, 2019 (Sat)	Westchester Training Room	Bakersfield	2001 28th St.	12:00pm	Townhall Meeting	0
Aug 6, 2019 (Tue)	Delano Neighborhood Partnership at the Community Connections Center	Delano	1842 Norwalk	11:00am	Townhall Meeting	10
Aug 14, 2019 (Wed)	Westchester Training Room	Bakersfield	2001 28th St.	2:00pm	Law Enforcement (Focus Group)	19
Aug 16, 2019 (Fri)	Kern River Valley Branch Library	Lake Isabella	7054 Lake Isabella Blvd.	1:00pm	Townhall Meeting	6
Aug 20, 2019 (Tue)	Westchester Training Room	Bakersfield	2001 28th St.	11:00am	Management (Focus Group)	16
Aug 27, 2019 (Tue)	Library	Rosamond	3611 Rosamond Blvd.	1:00pm	Townhall Meeting	4
Sep 5, 2019 (Thu)	Westchester Training Room	Bakersfield	2001 28th St.	12:00pm	Prepare U (Focus Group)	10
Sep 10, 2019 (Tue)	College Community Services	Ridgecrest	1400 N. Norma St.	5:30pm	Townhall Meeting	7
Sep 12, 2019 (Thu)	Wasco Collaborative at Sunset Villas Community Center	Wasco	1950 Palm Ave.	9:00am	Townhall Meeting	20
Sep 17, 2019 (Tue)	Adult Clinica Sierra Vista	Lamont	8787 Hall Rd.	1:00pm	Townhall Meeting	10
Sep 19, 2019 (Thursday)	Bakersfield College	Bakersfield	1801 Panorama Dr.	1:00pm	Townhall Meeting	9
Sep 24, 2019 (Tuesday)	The Center for Sexuality & Gender Diversity	Bakersfield	902 18th St.	5:00pm	LGBTQ+ (Focus Group)	10
Oct 3, 2019 (Thu)	Arvin Collaborative at Grimmway Academy	Arvin	901 Nectarine Ct.	10:00am	Townhall Meeting	70
Oct 12, 2019 (Sat)	Frazier Park Library	Frazier Park	3732 Park Dr.	12:00pm	Townhall Meeting	8
Oct 15, 2019 (Tue)	Kern City Civic Association	Bakersfield	1003 Pebble Beach Dr.	1:00pm	Townhall Meeting	6
Oct 16, 2019 (Wed)	BHRS Stockdale Site	Bakersfield	5121 Stockdale Hwy.	1:00pm	Higher Needs (Focus Group)	11
Oct 17, 2019 (Thu)	College Community Services	Lake Isabella	2731 Nugget Ave.	1:00pm	Townhall Meeting	17
Oct 18, 2019 (Fri)	College Community Services	Tehachapi	113 East "F" St.	1:00pm	Townhall Meeting	7
Oct 24, 2019 (Thu)	Ridgecrest Library	Ridgecrest	131 E. Las Flores Ave.	1:30pm	Townhall Meeting	18
Oct 29, 2019 (Tue)	Pioneer Village Estates	Bakersfield	600 Fairfax Rd.	3:00pm	Townhall Meeting	4

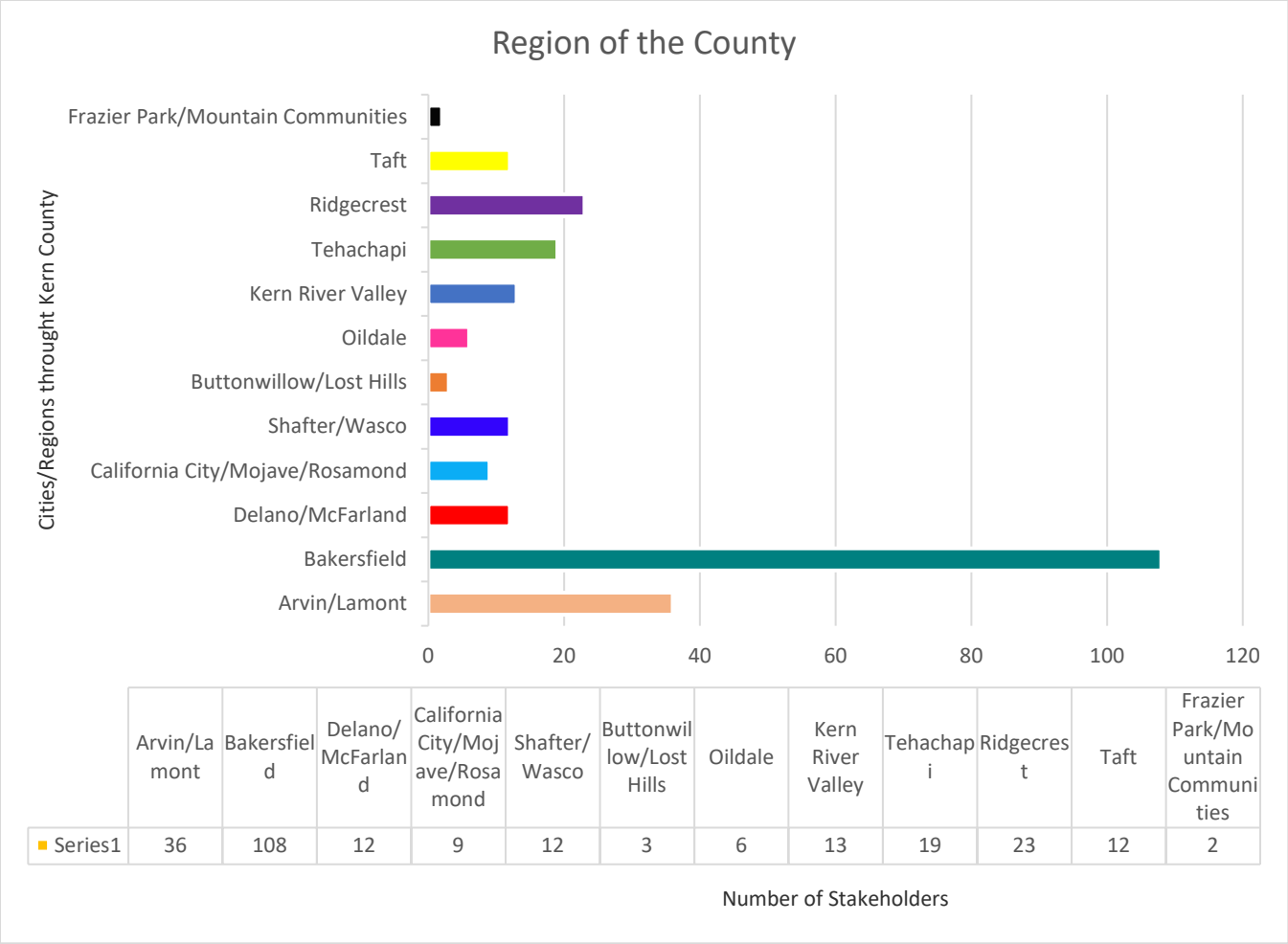
This total reflects the data collected from July 2019 through October 2019. Additional meetings will continue to be held through January 2020.

Of the 340 stakeholders who attended meetings during the sample period (July 2019 – October 2019), only 205 (60%) completed and turned in a survey. The surveys collected revealed that 79% of individuals identified as being between the ages of 26-59, with the largest portion of this population identifying as female.





The focus of the CPPP 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 County had an opportunity to voice their concerns, MHSA held 14 of the 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.

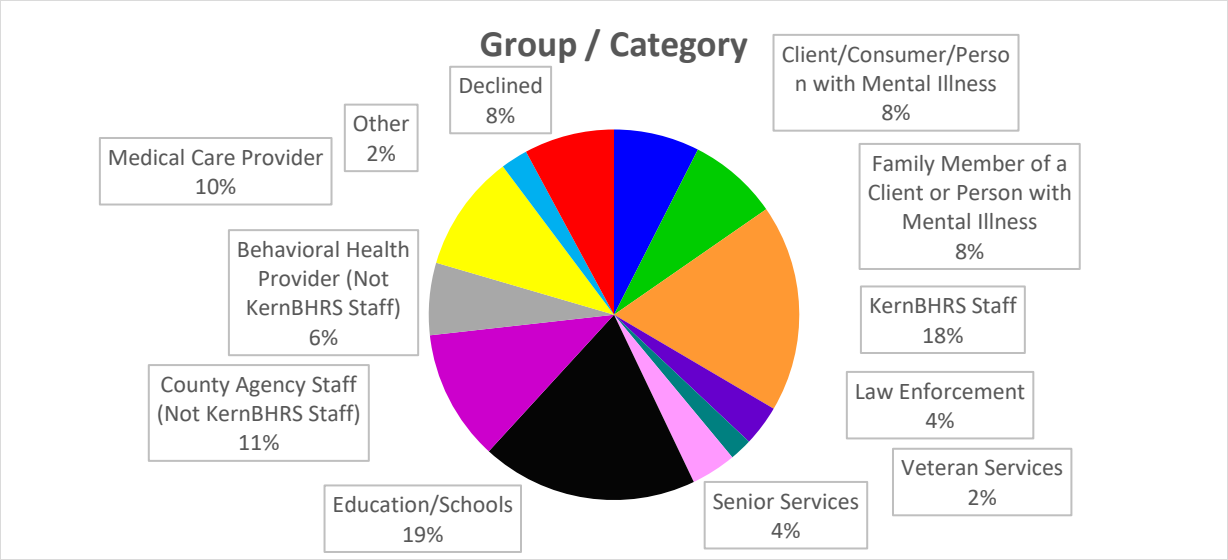


	Arvin/Lamont	Bakersfield	Delano/McFarland	California City/Mojave/Rosamond	Shafter/Wasco	Buttonwillow/Lost Hills	Oildale	Kern River Valley	Tehachapi	Ridgecrest	Taft	Frazier Park/Mountain Communities
Series1	36	108	12	9	12	3	6	13	19	23	12	2

Stakeholder Comments:

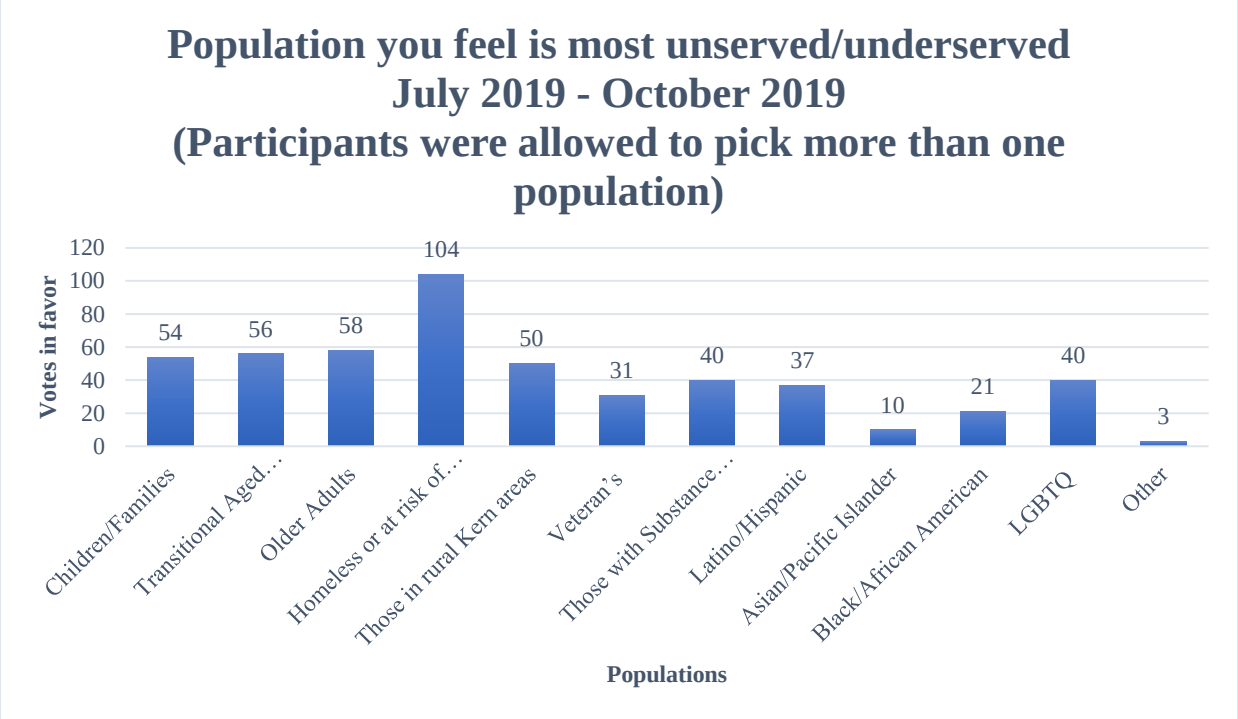
YOUR VOICE MATTERS.

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

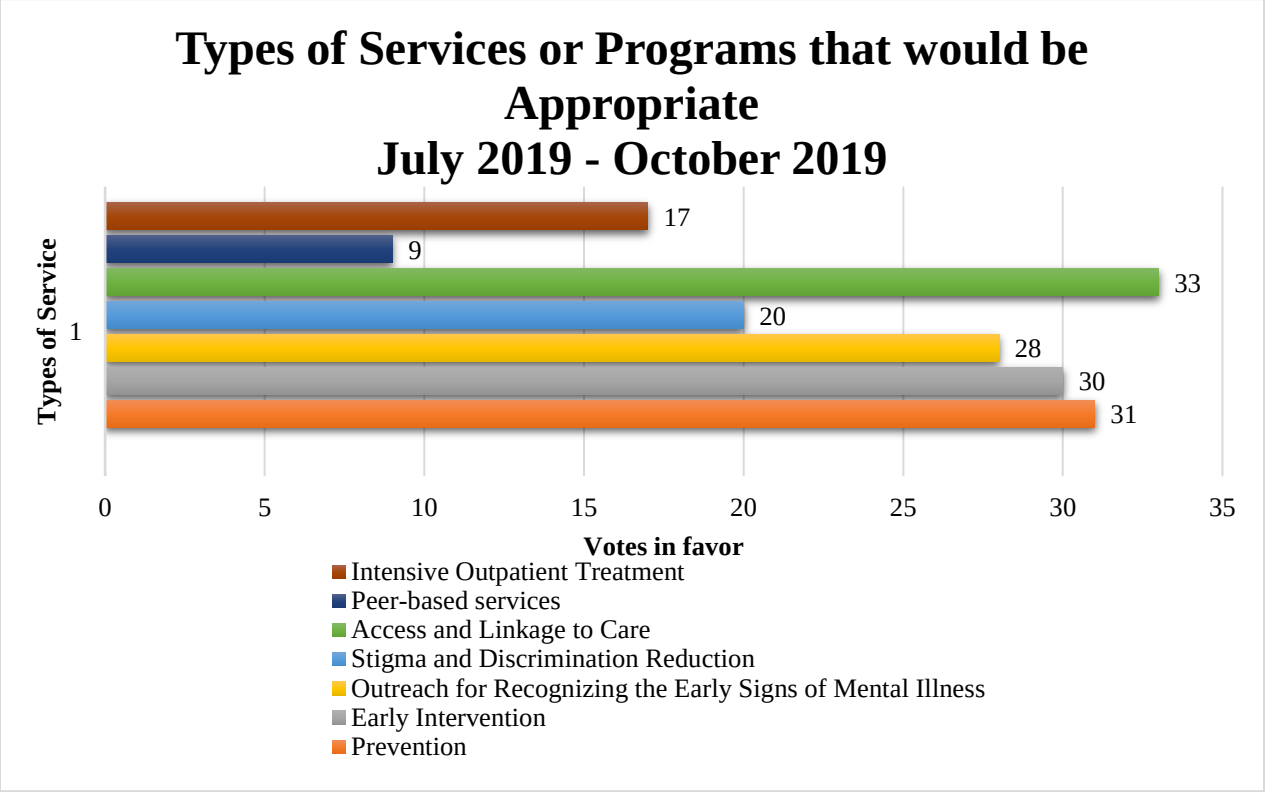


CPPP – Identifying Community Needs

Data collected from the surveys support 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 Transitional Age Youth (TAY).



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.



CPPP – In Action

MHSA has started addressing stakeholder concerns by increasing awareness regarding MHSA and establishing a greater public presence through outreach and education efforts, in conjunction with stakeholder meetings and participation in community collaboratives. This has allowed MHSA to promote the range and availability of KernBHRS programs and services, as well as provide guidance so that individuals can access services and/or gain linkage to services outside of KernBHRS. Currently, MHSA is resolving the need for prevention and early intervention services by partnering with Prepare U in bringing program curriculum to junior high and high school students. The opportunity will allow us to pilot Prepare U program at Taft Union High School District and Lost Hills Union School District. Prepare U is a mental health curriculum developed by the Therapy Live team and endorsed by psychologists, including the president of the American Psychological Association's Society for Media Psychology and Technology. This curriculum gives students, teachers and parents the tools to begin the dialogue concerning behavioral health issues and teaches them how to recognize the signs of early onset mental health symptoms while reducing stigma against mental health services.

A prominent concern from stakeholders has been the homeless crisis and those facing imminent homelessness. MHSA addressed this concern by proposing the Homeless Outreach Team in several stakeholder meetings during FY2018/2019. Stakeholders who attended the meetings voted in favor of the program's implementation. This year it began its prevention and early

intervention efforts by providing a wide range of services and supports to help homeless individuals achieve and maintain long term stability, including permanent housing. Currently the Homeless Outreach Team services 200 individuals who also receive Housing Case Management support. Individuals enrolled in this program receive services tailored to their needs which include:

- Trauma screening and linkage to trauma-informed services
- Linkage to Behavioral Health and/or Medical services; referrals to Housing Wraparound Case Management for individuals whose complex comorbid and/or co-occurring needs interfere with their ability to accept or sustain housing
- Transportation services
- Crisis incident management
- Local transitional housing and shelter placement assistance
- Housing placement assistance
- Benefits acquisition services (California Identification Card (CA ID), General Assistance (GA), Supplemental Security Income (SSI), Social Security Disability Insurance (SSDI), etc.)
- Food assistance
- Clothing assistance
- Linkage to Alcoholics Anonymous (AA)/Narcotics Anonymous (NA) services
- Linkage to Consumer Family Learning Center
- Linkage to Employment assistance
- Linkage to faith-based services
- Family involvement as appropriate
- Multi-agency involvement as appropriate
- Other services as appropriate

As of July 1, 2019, MHSA launched the Home to Stay program with the intent of engaging and providing services to homeless individuals who are not well-served by current means. The Home to Stay program is a housing first model that provides individuals in the KernBHRS System of Care with linkage to housing so that they can focus on recovery. Currently, Home to stay provides services to:

- Homeless families with one parent diagnosed with mental illness or substance use disorder with children
- Homeless individuals in need of supportive housing and storage for personal belongings
- Homeless individuals with mental illness or substance use disorder
- Homeless individuals with pets who will not accept services without their pets

These individuals are assigned to peer specialists who operate on a “whatever it takes” model and provide support as needed. These housing advocates also assist individuals with linkage to benefits such as:

- CalFresh
- California Identification Card
- General Assistance (GA)
- In Home Supportive Services (IHSS)
- Social Security Disability Insurance (SSDI)
- Supplemental Security Income (SSI)



For individuals who refuse to receive services for fear of losing their pets, Home to Stay offers linkage to certified, pet friendly housing as well as access to pet vaccinations and other services via the Kern County Animal Shelter.

CPPP – In Action: Cultural Competency

MHSA recognizes the importance of reaching all Kern County residents to provide them with behavioral health services. For that reason, MHSA has acquired five bi-lingual staff that have undertaken the process of translating all MHSA documentation and print materials to Spanish ensuring delivery of services to the second largest non-English speaking population in Kern County. Subsequently, stakeholder meetings are also provided in both English and Spanish.

The expansion efforts to reach other minority communities is currently taking place by way of poster campaigns that will aide in the prevention and early intervention of mental health symptoms. The first campaign is planned to reach the East Indian communities by offering a safe and discreet way to gain access and information on the prevention of domestic violence as well as gaining help for persons facing mental health challenges.

The second campaign pertains to access to crisis services with an emphasis on Transitional Age Youth (16-25 years). During a stakeholder's meeting at Bakersfield College (BC), it was brought to MHSA's attention that most students were seeking help with mental health issues, but they were not following through with obtaining these services because they did not deem themselves to be in crisis. Many students reported that they were seeking help with stressors regarding academics and financial aid. Others reported symptoms of mild depression or anxiety due to student life or problems at home. MHSA recognizes that student life is its own culture, with many of the common stressors and mental health symptoms that are widely experienced by the general population. However, many times these stressors are compounded with the additional pressures of time constraints, academics, financial aid requirements, and lack of proper housing and nutrition. These circumstances can lead many students to a breaking point which would require help with higher acuity needs. By launching this poster campaign within higher education, MHSA is working to facilitate access to prevention and early intervention services so that students do not have to reach a breaking point in order to get the help they need.

MHSA is working with the KernBHRS Public Information Officer (PIO) to revise the language on our crisis services printed materials so that it promotes inclusivity across all levels of crisis and behavioral health needs. MHSA will be partnering with BC to distribute these posters on their main BC campus as well as three satellite locations.

For More information on Kern BHRSMHSA, or to view or download our quarterly report and event calendar, please visit https://www.kernbhrs.org/mhsa.



KERN BEHAVIORAL HEALTH AND RECOVERY SERVICES POSTED THE MHSA 3 YEAR REPORT FY 2020-2023 ON THEIR PUBLIC WEBSITE FROM MAY 1, 2020- JUNE 1, 2O2O

The public review was conducted by posting the 3 Year Report and Annual Plan 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 300 individuals that read and participated in the public comment survey. Below is the complete demographics and report of the comments made through survey monkey:

Mental Health Services Act Fiscal Year 2020-2023 Three-Year Plan Stakeholder's Survey (Open 5/1/2020-06/1/2020)

1. Age Group:	
0-15	0
16-25	18
26-59	210
60 or older	71
Decline	1

2. Gender assigned at birth:	
Male	38
Female	257
Decline	4

3. Gender you currently identify with:	
Male	37
Female	253
Transgender	1
Genderqueer	6
Questioning or unsure	0
Other gender identity	0
Decline	0

4. Veteran's Status:	
Yes, I am a veteran	9
No, I am not a veteran	285
Decline	4

5. What is your primary language:	
English	272
Spanish	1
Both English and Spanish	22
Decline	2
Other	1

6. What is your sexual orientation:	
Straight/Heterosexual	249
Gay/Lesbian	7
Bisexual	15
Questioning	1
Queer	8
Decline	18
Other Sexual Orientation	1

7. What is your race:	
White or Caucasian	178
Black or African American	6
Asian or Asian American	9
Native Hawaiian or other Pacific Islander	0
Tribal/Native American	2
Hispanic or Latino	68
Two or more races	23
Decline	13

8. What is your ethnicity:	
African	5
Asian Indian/South Asian	1
Cambodian	0
Chinese	0
Eastern Europe	8
Korean	1
Middle Eastern	1
Vietnamese	2
European	110
Filipino	2
Japanese	2
Caribbean	0
Central American	6
Mexican/Mexican American/Chicano	69
Puerto Rican	0
South American	1
Two or more ethnicities	36
Decline	37
Other	13

9. Please indicate which group you most identify with:	
Client/Consumer/Person with a mental illness	83
Family member of a person with mental illness or substance use disorder	34
KernBehavioral Health and Recovery Services staff	20
Law Enforcement	1
Veteran's services	1
Senior services	13
Education/schools	36
Community member	68
County agency staff (not KernBHRS)	5
Behavioral health provider (not KernBHRS)	8
Medical care provider	8
Decline	8
Other (please specify)	8

10. Please indicate the area of the county in which you are most involved:	
Arvin/Lamont	5
Bakersfield	274
Delano/McFarland	9
California City/Mojave/Rosamond	2
Shafter/Wasco	6
Buttonwillow/Lost Hills	2
Oildale	6
Kern River Valley	3
Tehachapi	13
Ridgecrest	1
Taft	2
Frazier Park/Mountain communities	4
Other (please specify)	3

11. Please indicate the population you fell is most unserved/underserved in the above-mentioned community:	
Children/Families	39
Transitional Aged Youth (16-25)	42
Older Adults	41
Homeless or at risk of homelessness	67
Those in rural areas	20
Veterans	11
Those with substance use disorders	24
Latino/Hispanic	16
Asian/Pacific Islander	1
Black/African America	11
LGBTQ	15

12. Do you have any comments or additional recommendations for the proposed Mental Health Services Act 3-year Report FY 2020-2023 for Kern County? *Answered:66 Skipped: 234*

Responses:	Summary of Comments:
25	Continue Yoga classes. Provide Yoga to Farm Workers and Seniors.
5	Great programs and support
3	Access to mental health services to all ages, backgrounds, mental health status & economic status
2	Food assistance for the homeless and families
5	More help for the homeless
1	Alternative therapies such as spiritual counselor
1	No real help for kids with normal issues until they become out of control
1	Trauma support
1	LGBTQ+ team run by LGBTQ+ people
2	Pet therapy
1	Will like to see how budget is spent throughout 2021-2023
1	Need therapist in rural areas that specialize in DBT
1	More peer led and free mental health groups
1	Access to mental health programs outside of hospitals to provide a relaxed atmosphere
1	Better help in the schools
1	Transitioning Foster Youth programs
1	Abused children are at risk during shelter in place especially
1	Would like to see Tai Chai classes
1	Open things back up, everyone is going to have PTSD. Seniors are not able to maintain fitness at home with limited abilities.
11	N/A

13. Please provide any suggestions for MHSA programs, services, or identified unserved/underserved populations: *Answered:61 Skipped: 239*

Responses:	Summary of Comments:
8	**Yoga ideas**
	The use of yoga to break stigma in the African American culture that yoga/meditation is satanic
	Yoga at homeless shelters
	Youth friendly Yoga classes
	Yoga for children
9	**Ideas for the homeless**
	After hours services for the homeless
	More services for the homeless
14	**Youth Ideas**
	Parenting/Caregiver support to include Christian support
	Services for youth with substance abuse disorders
	Resources for schools
	Reproductive health education for at risk youth & adults
	Financial education for youth
	Children's class for anxiety
	Program that teaches emancipated foster youth living skills
	Art or exercise classes for children
	Mommy/Daddy and Me program
	Outdoor programs for children and youth that include animals
9	**More Services in:**
	More services for older adults
	Services in Spanish
	More services in rural areas
	More LGBTQ+ services
8	**Other ideas**
	Resilience building strategies
	Improve the support to releasing offenders
	Breathwork
	Services for those with chronic mental health problems
	Advertise programs more publicly
	Mindfulness practices to the Hispanic/Latino communities
	Need innovation not clinic-based services
	More help for those with developmental disabilities
10	**Keep doing**
	Yoga classes
	Keep FRED
3	N/A

BEHAVIORAL HEALTH BOARD PUBLIC HEARING, MHSA 3 YEAR REPORT FY2020-2023, MAY 18, 2020

On May 18, 2020, the Behavioral Health Board approved the 3 Year Report FY2020-23 and Annual Plan FY18-19 after the hearing presentation. A formal approval was granted with a motion to move and a second. All voting members voted towards approval, 8 voted in favor and 1 voting member opposed. The Plan was approved.

Recommendations and comments included:

- Inquiry for more information on what the housing program component means under PEI and should this just pertain to CSS?
- Need to focus on the sickest of the sickest. If a client is not actively involved with medical treatment, they won't accept services. Yoga is not the type of program conducive to help those with Serious Mental Illness. Would like to see more programs with MHSA funding that are geared towards this component with the type of people KernBHRS serves. Underserved populations, there are no programs available for these folks. Great concern to target this population and develop programs to get people into treatment to become productive members of society, especially the most violent and most vulnerable.
- PEI programs can see the clear picture of them flowing together quite well among the divisions/teams. This is very encouraging.

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.

Housing Program

- Currently, we do not have a Housing Program.

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:

Children (0-15):

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

Transitional Age Youth (TAY) (16-25):

- TAY

Adult (26-59):

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

Older Adult (60 +):

- Wellness, Independence and Senior Enrichment (WISE)

ADULT TRANSITION TEAM/HOMELESS ADULT TEAM (ATT/HAT)

Location(s):	
ATT: KernBHRS 2525 North Chester Ave Bakersfield, CA 93308 Established: MAY 2006	HAT: KernBHRS 2525 North Chester Ave Bakersfield, CA 93308 Established: 2007

Involved Contracts:		
Stewards, Inc. Housing Support	North Chester Drugs, Inc. Client Medication	Cottage of Hope & Gratitude Housing Services
Freedom House Housing Services	United Way of Kern County, Inc. Homelessness Project	

Unduplicated Clients served in FY 2018-2019:	563

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$5,822,081	$5,822,081	$5,822,081	$5,822,081
Estimated Annual Cost Per Person	$8,317.26	$8,086.22	$7,867.68	$7,660.63
Estimated Unduplicated # to be Served	700	720	740	760

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		140	490	70
FY 20/21		144	504	72
FY 21/22		148	518	74
FY 22/23		152	532	76

Program Description

ATT: Focused on the reduction and elimination of re-entry into jail/prison while providing specialty mental health treatment for severe and persistent mental illness. ATT clients have traditionally suffered a lengthy legal history, some including multiple incarcerations over a span of years. Referrals come from many sources, including in-jail assessments, hospitals or as walk-in self-referrals. Active clients of the KernBHRS Correctional Mental Health Team may also transition to ATT as they exit incarceration.

HAT: Is a program expansion of ATT. HAT works with clients who are homeless or at risk of becoming homeless, who also require specialty mental health treatment. HAT clients do not traditionally carry a lengthy legal history. Much like its counterpart, ATT, HAT works diligently to eliminate the barriers to housing, benefits and community resources. ATT/HAT also collaborates with public agencies and community organizations working with the homeless, including: Flood Ministries, Veterans Administration, payee service providers, legal assistance programs, sober living environments and additional agencies providing affordable housing.

Menu of Services

ATT:

- Screening and referral for individuals at local jail.
- Dual recovery SUD services.
- Cognitive Behavioral Therapy (CBT), CBT specialized for Psychosis (CBTp).
- Dialectical Behavior Therapy (DBT)
- Aggression Replacement Training (ART)
- Seeking safety and matrix groups for co-occurring disorders occur both on site and in sober living environments.
- Freedom, Recovery and Empowerment with Dogs (FRED) included in Seeking safety groups on site.
- Case management provided in field.
- Individual therapy sessions and groups provided on site.
- Thinking for a Change (T4C) groups.
- Integrated Enhanced Service Plans (IESPs)
- Sustained Treatment and Recovery (STAR) Court.
- Eye Movement Desensitization and Reprocessing (EMDR).

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).

Goals and Outcomes

- Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness.
- Increase independent living.
- Outcome data is collected through Data Collection Reporting (DCR).

Community Impact

By working diligently to eliminate barriers to housing, benefits, and community resources, many of our staff members in partnership with the Kern County Homeless Collaborative participate in the annual homeless census.

Working collaboratively with agencies and organizations throughout Kern County, staff can work with the homeless to provide affordable housing.

Changes/Challenges/Barriers

HAT was selected as one of the pilot teams for the Zero Suicide Pilot Project by assisting with Positive Action Toward Hope and Healing (PATHH) Enrollment and Exit Forms.

Staffing is a challenge/barrier due to turnover and hiring process.

ADULT WRAPAROUND KERNBHRS

Location(s):
KernBHRS 2151 College Ave Bakersfield, CA 93301 Established: JUN 2019

Involved Contracts:
Your Drug Store, Inc. Prescription Services

Unduplicated Clients served in FY 2018-2019:	18 (Program began June 2019)

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$2,481,281	$2,481,281	$2,481,281	$2,481,281
Estimated Annual Cost Per Person	$11,027.92	$9,022.84	$7,634.71	$6,616.75
Estimated Unduplicated # to be Served	225	275	325	375

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		50	150	25
FY 20/21		70	170	35
FY 21/22		90	190	45
FY 22/23		110	210	55

Program Description

The Adult Wraparound team is a Full-Service Partnership which offers brief (sixty days average) intensive mental health services for adults who are experiencing increased impairment to their life-function as a result of increased mental health symptomology. Adult Wraparound staff are allocated onto each internal adult outpatient team in the form of dyads (Therapist/Recovery Specialist). The dyads work with their outpatient team to identify clients that are at risk of hospitalization or frequent use of crisis services. They regularly attend team meetings to discuss potential referrals for Adult Wraparound services. The dyad works closely with the treatment team to ensure continuity of care and working towards stabilizing client's symptoms. Referrals for Adult Wraparound services are not limited to adult outpatient teams. The teams are invited to special Individual Daily Treatment (IDT) meetings at the inpatient facilities to identify possible referrals that would benefit the individual by providing intensified services. That individual will be linked to outpatient services while receiving services with the Adult Wraparound team. Crisis services division also will refer individuals to the team post-crisis to redirect the need for long-term hospitalization.

Menu of Services

- 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).

Goals & Outcomes

- Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness.
- Increase independent living.
- Outcome data is collected through Data Collection Reporting (DCR).

Community Impact

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

Changes/Challenges/Barriers

The Adult Wraparound team became a Full-Service Partnership in June 2019. A challenge the team has been experiencing is the staffing ratio vs. number of client referrals. Over the course of this fiscal year, the team has increased staffing to address this.

ASSERTIVE COMMUNITY TREATMENT (ACT)

Location(s):		
KernBHRS 5121 Stockdale Highway Bakersfield, CA 93309 Established: SEP 2006	KernBHRS 2525 North Chester Ave Bakersfield, CA 93308 Established: MAR 2019 End Date: DEC 2019	MHS Systems, Inc. 5121 Stockdale Highway Bakersfield, CA 93309 Established: SEP 2014 Expanded: JAN 2020

Involved Contracts:	
MHS Systems Provide services for ACT Program	Stewards, Inc. Supportive Housing Services

Unduplicated Clients served in FY 2018-2019:	171

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$4,694,863	$4,694,863	$4,694,863	$4,694,863
Estimated Annual Cost Per Person	$22,356.49	$22,356.49	$22,356.49	$22,356.49
Estimated Unduplicated # to be Served	210	210	210	210

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		25	150	35
FY 20/21		25	150	35
FY 21/22		25	150	35
FY 22/23		25	150	35

Program Description

The Assertive Community Treatment (ACT) Full Service Partnership teams provide specialty mental health care to those with severe and persistent mental illness. The ACT teams work solely with MHSA ACT individuals while the MHS Action team serves both MHSA ACT and AB109 individuals. The teams provide intensified services to clients with mental health and/or substance use disorders. Intensified services include higher frequency of services with the service team, depending on a client's individual care need. The ACT Team is composed of Recovery Specialists and Aides, Therapists, Substance Abuse Specialists and a Mental Health Nurse. Psychiatrists work with multiple teams within the System of Care, dedicating shifts throughout the week for assessments and medication management appointments.

Clients are referred to the ACT teams through the KernBHRS Access and Assessment Center, family members and lower level mental health teams when more intensive care is necessary. The Supervisor and/or Clinician review the referrals and those that meet criteria for Level 4 AB109 individuals, are transferred to the MHS Action team. Those served by the ACT teams have often had a lengthy history of mental health and/or substance use treatment. ACT provides the highest level of care available for outpatient treatment. By nature of the program, Recovery Specialists

and Substance Abuse Specialists may meet with clients several times per week to maintain engagement in treatment and progress toward goals. Individualized care is provided by the Therapists and is provided in the client's living environment. Consultation is done with the Staff Nurse for medication management and health education. For physical health care, clients are linked to a primary care provider with whom we coordinate services; ACT team members may take clients to medical appointments as needed.

Menu of Services

- Cognitive Behavioral Therapy for Psychosis (CBTp).
- Dialectical Behavioral Therapy (DBT).
- Dual Recovery Anonymous Groups.
- Individual Therapy.
- Referrals to Consumer Family Learning Center (CFLC).
- Crisis Intervention and Assessment.
- Assisted Outpatient Treatment (AOT).
- Individual Placement Support (IPS).

Goals and Outcomes

- Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness.
- Increase independent living.
- Outcome data is collected through Data Collection Reporting (DCR).

Community Impact

ACT is evidence-based and characterized as a "hospital without walls." ACT works intensively with individuals in their home or other community settings. This model yields positive outcomes in helping clients recover in the community rather than institutional settings.

Changes/Challenges/Barriers

ACT North was established in March 2019 and ended December 31, 2019. MHS ACTion will be expanding their census for ACT to provide services that were previously provided by ACT North. Challenges include gathering accurate arrest information for clients who are not incarcerated when searching public records; development of best practices for consistency in reporting both within the Electronic Health Record (EHR) and the Data Collection Reporting (DCR) system.

TRANSITIONAL AGE YOUTH (TAY)

Location(s):
KernBHRS 3300 Truxtun Ave Bakersfield, CA 93301 Established: JUL 2006

Involved Contracts:
Stewards, Inc. Supportive Housing Services

Unduplicated Clients served in FY 2018-2019:	70

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$895,418	$895,418	$895,418	$895,418
Estimated Annual Cost Per Person	$13,775.66	$13,167.91	$12,436.36	$11,781.82
Estimated Unduplicated # to be Served	65	68	72	76

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		65		
FY 20/21		68		
FY 21/22		72		
FY 22/23		76		

Program Description

The TAY team is a full-service partnership serving young adults ages 16-25, providing a full spectrum of services using a youth-driven approach. TAY youth receive outpatient treatment services based on mental health needs. As the only team serving this age-specific population in Kern County, case management services are provided geographically to meet client's needs. TAY youth are transitioning from the Children's System of Care, self-referring, or referred by Department of Human Services, Probation Department, KernBHRS Access to Care Center, group homes, schools, hospitals or contract providers. The TAY Drop-In Center offers an open space for youth to relax, do schoolwork, and on-hand assistance to youth with needs.

The collaboration with Kern County Network for Children, Department of Human Services, Kern High School District, and Probation produced the Dream Center in 2008. The Dream Center was designed to create a positive, pro-social atmosphere for foster youth and transitional foster youth while providing access to resources.

Menu of Services

TAY at KernBHRS

- Assessments.
- Psychiatric care.
- Individual and group therapy.
- Counseling for mental health and/or co-occurring disorders.
- Medication management.
- Linkage to community resources (including physical health care, housing, and pro-social opportunities).
- Substance use assessments and linkage.
- Tele-Psych services.
- Individual Placement Support (IPS).

TAY at Dream Center

- Assist with educational and vocational goals.
- Transition to Independence Process (TIP) treatment model.
- In-Vivo teaching.
- Eye Movement Desensitization and Reprocessing (EMDR).

Goals & Outcomes

TAY at KernBHRS

- Reduce substance use.
- Reduce high-risk behaviors.
- Transitioning TAY aged youth into adulthood.
- Meeting career and educational goals.
- Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness.
- Increase independent living.
- Outcome data is collected through Data Collection Reporting (DCR).

TAY at Dream Center

- Provide a comfortable non-stigmatizing space, rich in resources for youth who need assistance navigating the foster care system.

Community Impact

Independent living is a pivotal goal for TAY youth. Golden Affordable Housing, Inc., and the Housing Authority of Kern dedicates 20 one-bedroom subsidized rental units for clients aged 18-25 who have a mental health disorder or at risk of homelessness.

Changes/Challenges/Barriers

Challenges would be in staffing retention and hiring process.

WELLNESS, INDEPENDENCE AND SENIOR ENRICHMENT (WISE)

Location(s):	
KernBHRS 5121 Stockdale Hwy Bakersfield, CA 93309 Established: FY 2005/2006	Clinica Sierra Vista Delano 828 High Street Delano, CA 93215 Established: MAY 2017 Ended: DEC 31, 2019

Involved Contracts:
Clinica Sierra Vista WISE service in Delano

Unduplicated Clients served in FY 2018-2019:	105

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,276,555	$1,382,865	$1,382,865	$1,382,865
Estimated Annual Cost Per Person	$10,212.44	$9,219.10	$7,902.09	$6,914.33
Estimated Unduplicated # to be Served	125	150	175	200

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20				84
FY 20/21				95
FY 21/22				120
FY 22/23				135

Program Description

The WISE team provides mental health services to the older adult population. WISE clients experience serious mental illness and require services that are delivered through this "whatever it takes" approach. Referrals to the WISE team come from mental health teams, the Volunteer Senior Outreach Program, the Access to Care Center or through the Mobile Evaluation Team, or from psychiatric or medical hospital settings.

The WISE team is mobile, providing services in the senior's home, as many lack transportation. The team includes a Geropsychiatrist, Therapist, Nurse and Recovery Specialist. Clients are provided evaluation, medication management, therapy, case management and assistance with obtaining community resources. The Geropsychiatrist may also evaluate and provide integrated care when symptoms are present, offering referrals for physical health care as needed.

Menu of Services

- Individual rehabilitation and skill building strategies.
- Cognitive Behavioral Therapy (CBT).
- Dialectical Behavioral Therapy (DBT).
- Solution Focused Therapy (SFT).
- Problem-Solving Therapy (PST).
- Neurocognitive impairments screening.
- Assist in accessing community resources (such as Social Security and affordable housing).
- Referral to Consumer Family Learning Center (CFLC).
- Depression Group
- IT Group.
- Geropsychiatrist.
- Socialization opportunities.

Goals & Outcomes

- Assist clients in maintaining or gaining independence.
- Eliminate barriers to community resources.
- Reduce likelihood of recidivism in hospitalizations, mental health emergencies, & homelessness.
- Increase independent living.
- Outcome data is collected through Data Collection Reporting (DCR).

Community Impact

Assists our Seniors in maintaining or gaining independence, reduces homelessness, hospitalization, and incarceration.

Changes/Challenges/Barriers

Staffing is a challenge due to staff turnover and hiring process.

Clinica Sierra Vista in Delano ended services for WISE effective December 31, 2019 due to underutilization of the program.

YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM (MIST)

Location(s):
KernBHRS 3300 Truxtun Ave Bakersfield, CA 93301 Established: MAY 2006

Involved Contracts:	
Kern County Probation Department Probation Staff Assigned to Assist	Kern County Department of Human Services DHS Staff Assigned to Assist

Unduplicated Clients served in FY 2018-2019:	57

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,063,381	$1,063,381	$1,063,381	$1,063,381
Estimated Annual Cost Per Person	$16,359.71	$15,637.96	$14,769.18	$13,991.86
Estimated Unduplicated # to be Served	65	68	72	76

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20	37	28		
FY 20/21	41	27		
FY 21/22	44	28		
FY 22/23	46	30		

Program Description

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

Menu of Services

- Treatment Foster Care Oregon (TFCO).
- Dialectical Behavioral Therapy (DBT).
- Aggression Replacement Training (ART).

- Cognitive Behavior Therapy (CBT).
- Trauma Informed CBT.
- Solution Focused Brief Therapy (SFBT).
- Motivational Interviewing.
- 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.

Goals & Outcomes

- Reduce number of recurrent placement(s).
- Reduce mental health symptom(s).
- Reduce problem behavior(s).
- Promote pro-social behavior(s).
- Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness.
- Increase independent living.
- Outcome data is collected through Data Collection Reporting (DCR).

Community Impact

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.

Changes/Challenges/Barriers

Recruiting and maintaining appropriate TFCO foster parents. Stabilizing the high-risk CSEC youth.

YOUTH WRAPAROUND

Location(s):		
KernBHRS 3300 Truxtun Ave Bakersfield, CA 93301 Established: JUL 2007	CGC: West Bakersfield 3628 Stockdale Hwy Bakersfield, CA 93309 Established: JUL 2007	CGC: Delano 1430 6th Ave Delano, CA 93215 Established: JUL 2007
CGC: North Bakersfield 2001 North Chester Ave Bakersfield, CA 93308 Established: NOV 2019	CSV: Wilson Road, Bakersfield 3105 Wilson Road Bakersfield, CA 93304 Established: JUL 2009	CSV: Lamont 8787 Hall Road Lamont, CA 93241 Established: JUL 2019
CCS: Mojave 16940 State Hwy 14, Ste F Mojave, CA 93501 Established: JUL 2019	CCS: Wasco 29325 Kimberlina Road Wasco, CA 93280 Established: JUL 2009	CCS: Taft 1021 4th Street, Ste B Taft, CA 93268 Established: NOV 2019
CCS: Lake Isabella 2731 Nugget Avenue Lake Isabella, CA 93240 Established: NOV 2019	CCS: Ridgecrest 1400 N. Norma Street, Ste 133 Ridgecrest, CA 93555 Established: NOV 2019	CCS: Tehachapi 113 East "F" Street Tehachapi, CA 93561 Established: NOV 2019

Involved Contracts:		
Child Guidance Clinic Youth Wraparound Services	Clinica Sierra Vista Youth Wraparound Services	College Community Services Youth Wraparound Services
Kern County Probation Dept. Probation Staff Assigned to Assist	Department of Human Services DHS Staff Assigned to Assist	

Unduplicated Clients served in FY 2018-2019:	792

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$4,507,941	$4,507,941	$4,507,941	$4,507,941
Estimated Annual Cost Per Person	$5,372.99	$5,070.80	$4,780.43	$4,521.51
Estimated Unduplicated # to be Served	839	889	943	997

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20	591	248		
FY 20/21	626	263		
FY 21/22	664	279		
FY 22/23	691	306		

Program Description

Youth Wraparound is a series of full-service partnership teams which provide intensified services for youth at risk of hospitalization or in frequent need of crisis intervention. To ensure

that services are readily available, the Youth Wraparound Teams are located within the Children's Geographic Provider service areas throughout Kern County. Referrals come from a variety of services, including self-referrals, schools, Probation Department, Department of Human Services, Mobile Evaluation Team, Psychiatric Evaluation Center, and hospitals. Staff are available after-hours and on weekends and holidays to ensure immediate services are available during times of crisis. Treatment plans are created in a collaborative treatment team with the focus on meeting the specific needs of the youth and family. The treatment team involves the Client, Therapist, Recovery Specialist, Parents/Guardians, Third-Party Supports, and Clinicians.

Menu of Services

- Intensified treatment services.
- Individual and family therapy.
- Psychiatric services.
- Medication management.
- Therapeutic Behavioral Services (TBS).
- Cognitive Behavioral Therapy (CBT).
- Trauma focused CBT.
- Motivational Interviewing.
- Dialectical Behavior Therapy (DBT).
- Partner with families and community agencies.

Goals & Outcomes

- Decrease mental health symptom(s).
- Decrease high-risk behavior(s).
- Ensure children are retained in their homes or as close to a home-like setting as possible.
- Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness.
- Increase independent living.
- Outcome data is collected through Data Collection Reporting (DCR).

Community Impact

The goal is to ensure the youth of our community can receive the support needed to be stabilized and remain in their home.

Changes/ Challenges/ Barriers

In November 2019, the agreements with Child Guidance Clinic, Clinica Sierra Vista, and College Community Services were amended to include additional MHSA Youth Wraparound funding in order to adequately cover the hiring of additional staff necessary to meet network adequacy requirements. This change resulted in new Youth Wraparound programs for CGC North Bakersfield, CCS Taft, Lake Isabella, Tehachapi, and Ridgecrest clinics.

GENERAL SYSTEM DEVELOPMENT (SD) PROGRAMS

General System Development (SD) Programs

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

Access to Care Access and Assessment is the front door to KernBHRS – from our Crisis Hotline team to Access and Assessment. Access to Care teams 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:

Children (0-15):

- Home to Stay

Transitional Age Youth (TAY) (16-25):

- Access to Care – Access and Assessment Team and Crisis Walk-in Clinic (CWIC)
- Consumer Family Learning Center (CFLC)
- Home to Stay

Adult (26-59):

- Access to Care – Access and Assessment Team and CWIC
- Adult Wraparound Core
- CFLC
- Dialectical Behavioral Therapy (DBT) Team
- Home to Stay
- Recovery and Wellness Centers (RAWC)
- Self-Empowerment Team (SET)

Older Adult (60 +):

- Access to Care – Access and Assessment Team and CWIC
- CFLC
- Home to Stay

ACCESS TO CARE – ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC (CWIC)

Location(s):	
Access & Assessment: KernBHRS 2151 College Avenue Bakersfield, CA 93305 Established: FY 2005/2006	CWIC: KernBHRS 2151 College Avenue Bakersfield, CA 93305 Established: MAY 2016

Involved Contracts: None

Unduplicated Clients served in FY 2018-2019:	5,577

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$2,855.241	$3,310,121	$3,310,121	$3,310,121
Estimated Annual Cost Per Person	$475.87	$509.25	$472.87	$441.35
Estimated Unduplicated # to be Served	6,000	6,500	7,000	7,500

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		1,500	4,300	200
FY 20/21		1,725	4,525	250
FY 21/22		1,950	4,800	250
FY 22/23		2,200	5,050	250

Program Description

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. At the time of screening or assessment, clients meet with a Therapist or Recovery Specialist with involvement of any third-party supports, including family members, friends, etc., as permitted. Any previous mental health history, if applicable, is reviewed during the assessment process.

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. Clients may be referred to the CWIC from their outpatient team, the Mobile Evaluation Team (MET) or PEC/CSU as they transition out of crisis. Clients served by CWIC are adults 18 and older and reporting current mental health symptoms, a history of symptoms or a mental health challenge. Many clients are homeless or at risk of becoming homeless. Clients may have co-occurring mental health and substance abuse disorders which require care. CWIC services are available for all Kern County residents.

Menu of Services

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 Behavior Therapy (DBT).
- Cognitive Behavioral Therapy (CBT).

Goals & Outcomes

Access and 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.
- To increase service delivery to the community to prevent crisis services or hospitalization or incarceration.

Outcome measures include: Frequency and types of services used to support client wellness and recovery, Accessibility will be measured by the referral source (PEC, MET, etc.) to determine the amount of time from each referral source to assessment and referral for mental health treatment, Consumer satisfaction surveys will be used to asses consumer-level satisfaction with service delivery, Data on origin of referral, Number specialty, non-specialty, substance use disorder care and crisis housing care.

Community Impact

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.

Changes/ Challenges/ Barriers

Access & Assessment: Access and Assessment could benefit from more outreach and education to the community.

CWIC: Housing resources are difficult to obtain for individuals needing temporary or long-term housing in support of their mental health recovery. Limited housing options can create barriers for individuals to follow through with their behavioral health services and to services providers locating the individuals they are supporting.

ADULT WRAPAROUND CORE

Location(s):		
Clinica Sierra Vista 828 High Street Delano, CA Established: FY 2009/10	Clinica Sierra Vista 3717 Mt. Pinos Way Suites C&D Frazier Park, CA Established: FY 2018/19	Clinica Sierra Vista 8787 Hall Road Lamont, CA Established: FY 2018/19
Clinica Sierra Vista 1400 South Union Ave. Bakersfield, CA Established: FY 2018/19	College Community Services 2731 Nugget Ave. Lake Isabella, CA Established: FY 2009/10	College Community Services 1400 North Norma St., Ste 133 Ridgecrest, CA Established: FY 2018/19
College Community Services 113 East F Street Tehachapi, CA Established: FY 2009/10	College Community Services 16940 Highway 14, Ste. F Mojave, CA Established: FY 2018/19	College Community Services 1021 4th Street Ste. B Taft, CA Established: FY 2018/19
College Community Services 930 F Street Wasco, CA Established: FY 2018/19	Child Guidance Clinic, Inc. 3509 Union Ave. Bakersfield, CA Established: FY 2018/19	College Community Services 2821 H Street Bakersfield, CA Established FY 2019-20

Involved Contracts:		
Clinica Sierra Vista Client Services	College Community Services Client Services	Child Guidance Clinic, Inc. Client Services

Unduplicated Clients served in FY 2018-2019:	150

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$988,414	$1,331,159	$1,331,159	$1,331,159
Estimated Annual Cost Per Person	$5,648.08	$5,324.64	$4,095.87	$3,327.90
Estimated Unduplicated # to be Served	175	250	325	400

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		50	100	25
FY 20/21		75	125	50
FY 21/22		100	150	75
FY 22/23		125	175	100

Program Description

Adult Wraparound is a System Development program which offers brief (60 days average) intensive mental health services for adults who are experiencing increased impairment to their life functioning areas as a result of increased mental health symptomology. Clients are referred by their primary outpatient team when client is at risk of hospitalization and/or frequent utilization of crisis services. Adult Wraparound staff are assigned to each outpatient adult team to provide quick access to intensified wraparound services. Services are based on the need of the client, which can include multiple interactions per week, to daily intervention if indicated. Treatment planning is a collaborative process which takes an interdisciplinary approach including the client, therapist, case manager, support persons, substance use disorder specialist, team supervisor, nurse, psychiatrist, and the Adult Wraparound staff.

Menu of Services

- 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.

Goals & Outcomes

- Decrease mental health symptoms.
- Decrease high-risk behaviors.
- Improve overall life-function through appropriate mental health interventions.
- Reduce likelihood of recidivism in incarcerations, hospitalizations, mental health emergencies, arrests & homelessness.

Outcome measures include: 1) Out of 100% Wraproud caseload, 50% of clients will not utilize crisis services during a period of 60 days. This will be measured by running a client service report in the Electronic Health Record (EHR); 2) 30 days following transition back to outpatient team, the expectation is that out of the successful 50% returning to outpatient teams, 75% of that caseload will maintain their stability by not utilizing crisis services. This will be measured by running a client service report in the Electronic Health Record (EHR); and 3) Services may expand beyond 60 days with ongoing documented attempts to support client in transitioning back to their previous level of functioning.

Community Impact

The community impact is a reduction in homelessness, mental health crises, and improvement in socialization and community engagement.

Changes/ Challenges/ Barriers

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

Adult Wraparound expansion in all geographical service areas was due to high utilization of crisis needs.

CONSUMER FAMILY LEARNING CENTER (CFLC)

Location(s):		
KernBHRS 2001 28th Street, South Tower Bakersfield, CA 93301 Established: Dec 2003	College Community Services HOPE Center 1400 N. Norma Street, Ste. 137 Ridgecrest, CA 93555 Established: July 2008	College Community Services The Learning Center 107 S. Mill Street, Ste. B Tehachapi, CA 93561 Established: July 2008

Involved Contracts:	
College Community Services Client Services	RI Consulting PET Training

Unduplicated Clients served in FY 2018-2019:	3,100*

*Estimated. About 2,100 unique individuals participated in groups and activities.

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$2,244,637	$2,125,750	$2,125,750	$2,125,750
Estimated Annual Cost Per Person	$623.51	$559.41	$531.44	$506.13
Estimated Unduplicated # to be Served	3,600	3,800	4,000	4,200

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20			3,600	
FY 20/21			3,800	
FY 21/22			4,000	
FY 22/23			4,200	

Program Description

The CFLC, HOPE Center, and The Learning Center provide a welcoming environment for those who have lived experience with mental illness, either as consumers of mental health services, or as family members of those with mental illness. The goal of the centers is to:

- Support members in identifying their own goals for their lives,
- Empower members through connectedness and active participation to achieve their goals,
- And show by example that people do recover.

The centers provide members with social and educational skill building activities that promote wellness, inspire hope, and enrich their lives. Several of the CFLC team members have lived experience in behavioral health recovery. These team members share their own recovery

experiences with members and engage members in working toward the members' personal recovery goals.

Clients are often referred to the centers by treatment teams, as a way of including meaningful activities in members' daily lives. Members do not receive treatment at the centers, but they do identify their own life goals and work toward achieving them. The centers can be especially beneficial for those who have few social supports, such as family or friends. The centers are safe places, where close attention is paid to members who may have an increase in mental health symptoms.

The CFLC has a member-run advisory committee, which meets twice monthly. The CFLC Advisory Committee Board includes nine CFLC members, who are annually elected by fellow CFLC members. Along with the elected board members, the CFLC Advisory Committee also includes the volunteer coordinator.

CFLC members may actively participate as stakeholders in several settings, for example by serving on the Behavioral Health Board and its Subcommittees, such as the Adult Treatment and Recovery Services Committee and the System Quality Improvement Committee. Members may also serve on the Suicide Prevention Advisory Resource Council, and other committees of interest to them. Member satisfaction surveys are completed annually, to gauge interest and gather feedback. Members provide suggestions to improve CFLC classes and activities, for example by submitting ideas through the onsite suggestion box.

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

Menu of Services

- 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).

Goals & Outcomes

- Increase number of services provided and variety of services provided to meet the need of clientele.

- Support members in their behavioral health recovery goals.
- Development of strong social relationships with others in behavioral health recovery can decrease the need for crisis services.
- 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.

Community Impact

The peer-led centers mindfully help members to reduce self-stigma and family stigma regarding mental illness. Members' involvement in community outreach helps to further reduce stigma about mental illness. The centers encourage members to advocate for themselves and for behavioral health services in general.

Changes/ Challenges/ Barriers

In California, state certification of Peer Support Specialists is not yet recognized. Because of this, there are fewer Peer Support Specialist job positions than are needed. This negatively affects the centers both in the ability to hire staff who are Peer Support Specialists, and in the ability of some of the members to realize their goals of working as paid Peer Support Specialists.

DIALECTICAL BEHAVIOR THERAPY TEAM (DBT)

Location(s):
KernBHRS 5121 Stockdale Highway Bakersfield, CA 93309 Established: January 21, 1998

Involved Contracts: None

Unduplicated Clients served in FY 2018-2019:	34

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds				
Estimated Annual Cost Per Person				
Estimated Unduplicated # to be Served	0*	0*	0*	0*

* DBT will transition to PEI under the Living Well Program in FY 19/20.

Estimated Unduplicated # to be Served	Children (0-15)	TAY (18-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		0*	0*	0*
FY 20/21		0*	0*	0*
FY 21/22		0*	0*	0*
FY 22/23		0*	0*	0*

* DBT will transition to PEI under the Living Well Program in FY 19/20.

Program Description

The Dialectical Behavior Therapy (DBT) program is an intensive 12-18-month outpatient program. The program utilizes Marsha Linehan's DBT treatment model, traditionally offered to those diagnosed with or showing traits of Borderline Personality Disorder (BPD). While a high percentage of Individuals referred to DBT may be diagnosed with BPD or exhibit behaviors reflective of those suffering from BPD, an individual only need exhibit general emotional dysregulation that is life interfering in order to be referred. Most of these individuals suffer in silence, tend to experience an exponential risk for attempted suicides and/or self-harm, intense emotional dysphoria and inordinate co-occurring or co-morbid disorders, including substance use or physical health issues. The program is ancillary, providing DBT services in addition to the services being provided by the primary treatment team. Services are provided on-site, rather than in the community and clients are accountable for their own attendance.

Menu of Services

- DBT skills training group.
- DBT individual rehabilitation sessions.
- DBT skills coaching line.
- Eye Movement Desensitization and Reprocessing (EMDR).

Goals & Outcomes

- Building a Life Worth Living:
  - Educational pursuits.
  - Acquiring and maintaining gainful employment or possibly participating in meaningful volunteer works.
  - Engaging in structured, significant activities daily with a focus on building a sense of self-efficacy and strengthening a sense of purpose while simultaneously utilizing one's individual strengths.
  - Maintaining independent living.
  - Improve relationship functioning.
  - Increase self-compassion and self-acceptance.
- Reduction in crisis utilization for individual's struggling with chronic suicidal/non-suicidal self-harm urges.

Outcome measures include: Reduction of crisis utilization is in the service of improved quality of life and ongoing participation in the community.

In accordance with the DBT model, treatment providers meet weekly as part of a consultation team, intended to act as therapy for the DBT clinicians. To maintain fidelity to the DBT model, team members occasionally review participant session recordings. These sessions are reviewed using a fidelity rating tool, with the outcomes being discussed with the DBT provider, to incorporate any clinical changes necessary to move closer to fidelity. As a subjective measure, participant treatment satisfaction is rated on a quarterly basis using a survey/questionnaire. As an objective measure and to maintain the goals of the DBT program, including increasing quality of life while reducing crisis service utilization, data is collected and compared pre/post DBT. Individual participants are also required to use a weekly diary card to report on skills used, intensity of urges (suicide, self-harm & substances), emotional experiences, substances used & targets engaged in.

Community Impact

Individual's suffering from BPD or other Emotion Regulation difficulties, have a reduced rate of employment due to psychiatric disability. These individuals often would like to be able to work but have not been able to navigate the difficulties of employment while having a mental disability. DBT aids in these endeavors, offering skills training to address many of the interpersonal deficits that make employment difficult for these individuals. DBT provides the support needed for individual's to be self-sufficient and independent, as well as further the ability to be contributing members of society.

Changes/ Challenges/ Barriers

DBT is a costly resource and requires staff to have extensive training to provide the service effectively. Additional sources through WET are helping to support the cost of staff training. DBT will transition to PEI under the Living Well Program in FY 19/20.

HOME TO STAY

Location(s):
KernBHRS 5121 Stockdale Highway, Suite 205 Bakersfield, CA 93309 Established: July 2019

Involved Contracts:		
Stewards Representative Payee Services	Freedom House Specialty Transitional Housing	Cottage of Hope Specialty Transitional Housing

Unduplicated Clients served in FY 2018-2019:	0 (Program began July 2019)

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,086,270	$1,331,159	$1,331,159	$1,331,159
Estimated Annual Cost Per Person	$2,508.71	$1,472.30	$1,394.76	$1,324.98
Estimated Unduplicated # to be Served	433	1,439	1,519	1,599

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20	0	8	400	25
FY 20/21	16	112	1,195	116
FY 21/22	16	148	1,245	110
FY 22/23	16	188	1,285	110

Program Description

The Home to Stay program is a housing first model that provides individuals in the Kern Behavioral Health and Recovery Services System of Care (SOC) with linkage to housing so they can focus on recovery. When this basic need is not met, individuals cycle in and out of homelessness, jails, shelters, and hospitals. When provided with an appropriate housing placement, individuals can manage their mental health. A safe and healthy home environment is a critical resource that can have a tremendous impact on those living with mental illnesses or substance use disorder.

Menu of Services

FY 19/20:

- 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

Additional supports starting in FY 20/21:

- Master Lease Agreement (MLA) for families (limited)
- Provide "whatever it takes" support as needed
- Act as an additional housing advocate
- Provide continuous support as needed

Additional supports starting in FY 21/22 and 22/23:

- Assist individual in applying for any of the following benefits:
  - CalFresh
  - California Identification card
  - General Assistance
  - In Home Supportive Services (IHSS)
  - Social Security Disability Insurance
  - Social Security Insurance
- Assist individual in storing personal items
- Ensure individual receives Packed for Recovery bag of essential items
- Access to Kern County Animal Shelter for appropriate vaccinations and other services
- Boarding of pets until short-term shelter for individual can be arranged.

Goals & Outcomes

- Provide appropriate housing to clients engaged in behavioral health services.

Outcome measures include: This is calculated by the length of time the client stays in housing, number of times the client changes housing due to behavioral issues, achieving treatment plan goals, and number of clients that transition to a lower level of care.

Community Impact

Finding stable, safe and affordable housing can help prevent hospitalizations, homelessness, and involvement in the criminal justice system. California has 47 percent of the nation's homeless. Of those, nearly one in three has a mental health disability. By utilizing a housing first approach, we intend to break the cycle of incarceration, hospitalization and homelessness for the individuals who are dealing with a mental health diagnosis.

Changes/ Challenges/ Barriers

The lack of affordable housing can lead to recidivism with hospitalization or incarceration. Packed for Recovery (PEI Program) is being absorbed into Home to Stay in FY 20/21.

RECOVERY AND WELLNESS CENTERS (RAWC)

Location(s):		
KernBHRS – North 2525 North Chester Avenue Bakersfield, CA Established: 2008 Ended: DEC 2018	KernBHRS - Northeast 3715 Columbus Street Bakersfield, CA Established: FEB 2019	KernBHRS - West 5121 Stockdale Highway Bakersfield, CA Established: 2008
Clinica Sierra Vista – South 1400 South Union Ave. Bakersfield, CA Established: JAN 2019	Child Guidance Clinic – Adult Program – North 3509 Union Ave. Bakersfield, CA Established: NOV 2018	College Community Services – West Kern 930 F Street Wasco, CA Established JAN 2019
College Community Services – Central 2821 H Street Bakersfield, CA Established: APR 2019	KernBHRS – Southeast 1600 E. Belle Terrace Ave. Bakersfield, CA Established: 2008	

Involved Contracts:		
Clinica Sierra Vista Client Services	Child Guidance Clinic Client Services	College Community Services Client Services

Unduplicated Clients served in FY 2018-2019:	4,890

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$10,586,909	$11,341,725	$11,341,725	$11,341,725
Estimated Annual Cost Per Person	$2,160.59	$2,268.35	$2,223.87	$2,181.10
Estimated Unduplicated # to be Served	4,900	5,000	5,100	5,200

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		900	3,600	400
FY 20/21		930	3,640	430
FY 21/22		960	3,680	460
FY 22/23		990	3,720	490

Program Description

The Recovery and Wellness Centers (RAWC) provide multi-level mental health and substance use treatment services to individuals experiencing challenges in life functioning as the result of mental illness and/or substance use. Treatment is clinically driven based on the client's symptoms. Currently, the following treatment teams are geographically located throughout greater Bakersfield area, as well as Wasco: South (Clinica Sierra Vista), Southeast, North (Child

Guidance Clinic – Adult Program), Northeast, Central (College Community Services), West, and West Kern (College Community Services). RAWC teams traditionally provide care to those who have either stepped down from intensified services from specialty care programs or inpatient treatment. Acuity and treatment needs are assessed by the assigned therapist/clinician at least once every 3 months, and changes to service type, duration and intensity are made accordingly. Acuity and treatment needs are assessed by the utilization of Clinical Practice Guidelines.

Menu of Services

- Cognitive Behavioral Therapy (CBT).
- Dialectical Behavior Therapy (DBT).
- Motivational Interviewing.
- Solution Focused Brief Therapy (SFBT).
- Depression and anxiety groups.
- Seeking safety groups.
- Anger management groups.
- Conflict resolution groups.
- Peer support.
- Linkage to primary health care.
- Medication management.
- Linkage to community resources.
- Substance Use services.
- Individual therapy.
- Eye Movement Desensitization and Reprocessing (EMDR) (only at West and SE RAWC).

Goals & Outcomes

- Improve access to care.
- Improve treatment outcomes.
- Reduce incarceration(s).
- Reduce inpatient psychiatric hospitalization(s).
- Increase growth in client responsibility, hope, and self-empowerment.
- Transition clients to non-specialty community-based mental health care or medication management.

Outcome measures include: 1) Client Satisfaction Surveys (CPS) to determine client's satisfaction with services; 2) Utilization of Client Services Report to monitor service types being provided to clients that are not crisis-driven; and 3) Determining improvement in at least one of life functioning area (i.e. Independent Living, Physical Care, Social Relationships, Vocational/Educational) upon discharge from services. This will be measured by the Clinical Outcomes report.

Community Impact

Providing individualized treatment and support, the RAWC teams work with clients to reduce hospital recidivism, incarcerations, homelessness, and symptoms that prevent clients from actively engaging in their communities. Once appropriate, clients will flow back to the community when they no longer require specialty mental health services.

Changes/ Challenges/ Barriers

The KernBHRS North Bakersfield team disbanded in December 2018 in order to absorb staff into the Adult System of Care to achieve adequate staffing patterns. The West Kern team became a RAWC team in January 2019. Additional teams added to greater Bakersfield included Child Guidance Clinic - Adult Program in North Bakersfield in November 2018, Clinica Sierra Vista in South Bakersfield in January 2019, KernBHRS in Northeast Bakersfield in February 2019, and College Community Services in Central Bakersfield in April 2019. An ongoing challenge has been the struggle with connecting clients to a lower level of care in the community. Lack of regular on-site psychiatrists in the community setting creates long periods between initial and follow-up appointments. Lack of transportation can also create a disruption in services if clients are missing appointments.

SELF EMPOWERMENT TEAM (SET)

Location(s):
KernBHRS 2001 28th Street, South Tower Bakersfield, CA 93301 Established: FY 2016/2017

Involved Contracts: None

Unduplicated Clients served in FY 2018-2019:	1,808

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,393,705	$1,171,012	$1,171,012	$1,171,012
Estimated Annual Cost Per Person	$893.40	$600.52	$585.51	$468.40
Estimated Unduplicated # to be Served	1,560*	1,950*	2,000*	2,500*

*Estimated unduplicated number to be served through SET Team services = 60, 150, and 200 over the three years; and through the Peer Navigation Program, 1500, 1800, and 1800 over the three years

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Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		5	1,550	5
FY 20/21		5	1,940	5
FY 21/22		5	1,990	5
FY 22/23		5	1,490	5

Program Description

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

SET serves adult and Transitional Age Youth individuals 18 years old and older who are either seeking services or are currently served by KernBHRS. The SET team assists clients in developing independence and the skills necessary to continue in their mental health and/or substance use recovery, in order to reach their life goals.

SET staff also support the Peer Navigation program, which supports clients in receiving timely linkage and services to treatment teams, after the clients have been assessed at the Mary K. Shell Center access point. SET Peer Navigators work in coordination with the Access and Assessment team and the Crisis Walk-in Clinic to engage clients and facilitate successful transition into outpatient care.

SET peer staff receive Peer Employment Training through RI Consulting through WET funding. This training teaches SET peer staff to use their lived experience effectively in connecting with members and clients, in order to guide them in their recovery. Peer staff provide advocacy on behalf of members and clients, support them in attending psychiatric and other service appointments, and act as an integral part of the treatment team.

Menu of Services

- 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.

Goals & Outcomes

- 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.

Outcome measures include: Measuring the goals that they complete with peer support. This is documented on SET flow data.

Community Impact

The SET Team has a unique role in working with clients who are at high risk of inpatient psychiatric hospitalization, incarceration related to mental illness, and/or suicide. SET Peer Support Specialists are uniquely qualified through their lived experience and trained as certified peer specialists to gain the trust of the most difficult to engage clients. SET staff can help clients learn life skills while providing transportation to behavioral health appointments, taking clients to buy groceries while learning about healthy choices and budgeting, and a wide variety of other skills and services. SET staff demonstrate to the community that people do recover.

Changes/ Challenges/ Barriers

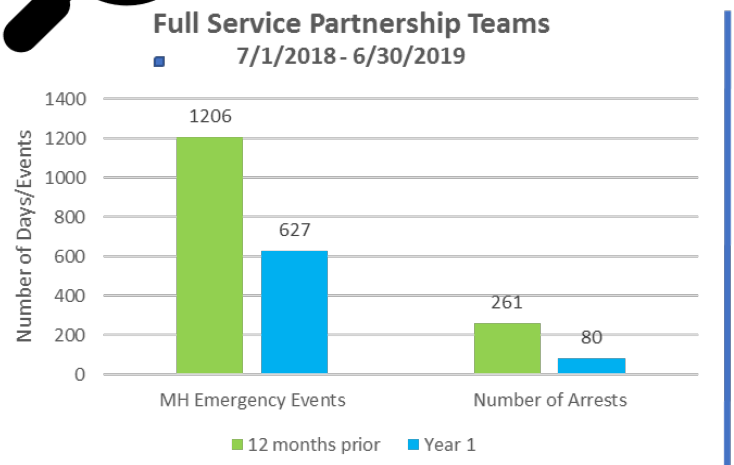
In California, state certification of Peer Support Specialists is not yet recognized. Because of this, there are fewer Peer Support Specialist job positions than are needed. This negatively affects the centers both in the ability to hire staff who are Peer Support Specialists, and in the ability of some of the members to realize their goals of working as paid Peer Support Specialists.

COMMUNITY SERVICES AND SUPPORTS (CSS) OUTCOME MEASUREMENTS REPORT

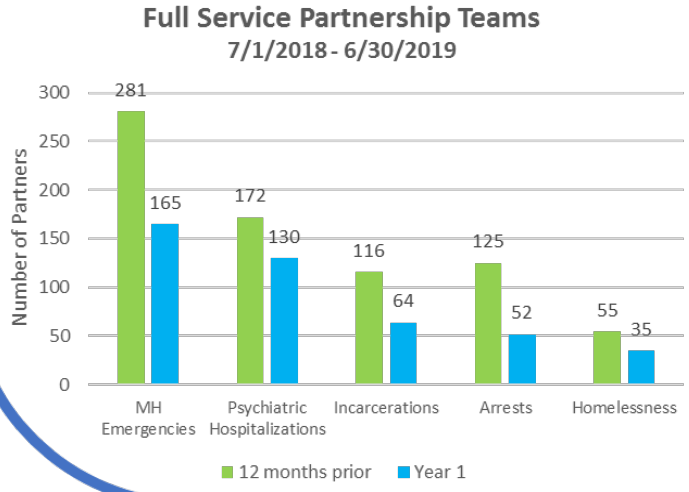
FSP

FY 2018-19

SD







ACCESS & ASSESSMENT EXPERIENCED A 4% INCREASE IN SERVICES AND CRISIS WALK IN CENTER DESCREASED 6% IN SERVICES.

SET EXPEREINCED A 7% DECREASE IN SERVICES DUE TO A STAFFING TRANSITION TO PEER BASED STAFFING

CFLC EXPERIENCED A 20% DECREASE IN SERVICES DUE TO A 35% STAFFING DECREASE

DBT EXPERIENCED A 87% REDUCTION IN CRISIS CONTACTS

IN THE RAWC PROGRAM,1,717 CLENTS SERVED, 27% SELF REPORTED DECREASED SYMPTOM INTENSITY

ADULT WRAPAROUND INCREASED THEIR CLIENT COUNT FROM 650 TO 2,097 IN THE LAST FISCAL YEAR


recovery
positive
health
economy
counseling
healthcare
recession
recover
survival
problem
physiotherapy
safety
business
training
financial
success
overcome
therapy
addiction
exercise
fitness
achieve
incident
alcoholism
direction
emergency
alcoholic
concept
protection
service
position
foreclosure
rehabilitation
analysis
depression
rehab
crisis
injury
psychiatric
objective
specialist
safe
plan
motivational
wellbeing
management
overcoming
improvement
physical
government
information
future
economic
therapist
disaster
message
rehabilitate
recovering
addict
communication
medical
finance
employment
critical
broken

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.

KernBHRS has historically provided many of these services within the Community Services and Supports System Development component. The Access to Care – Access and Assessment Team is the front door to mental health care, providing access and linkage for mental health services both within the System of Care and community providers. The Crisis Hotline and Outreach & Education programs provide Stigma and Discrimination Reduction and Outreach for Increasing Recognition of Early Signs of Mental Illness services. The Crisis Hotline, a suicide prevention program also received its five-year re-accreditation through the American Association of Suicidology and is part of the National Suicide Prevention Lifeline.

During 2015/2016, the Crisis Hotline also implemented the Suicide Outreach Team, which works with the Kern County Coroner to identify and provide support for families who have lost a loved one to suicide.

PEI programs within the KernBHRS System of Care and its providers have been developed to serve all age groups: Children, TAY, Adults, and Older Adults.

PEI Programs

- Access to Care – Crisis Hotline
- Foster Care Engagement
- Homeless Outreach Team
- Living Well
- Outreach and Education
- Prepare U
- Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health (REACH)
- TAY Career Development
- Volunteer Senior Outreach Program (VSOP)
- Youth Brief Treatment (YBT)

- Youth Juvenile Justice Engagement

AB114 Programs: Sustainability Plan

AB114 Program	PEI	SD	Not Continuing
Art Risk Reduction Program "ARRP"	X		
Biblical Counseling			X
Court Appointed Special Advocates "CASA"	X		
Early Psychosis Outreach & Intervention: LaCLAVE	X		
Family Connections DBT	X		
Freedom, Recovery and Empowerment with Dogs "FRED"	X		
Help Me Grow	X		
Kern Youth Resilience and Support	X		
Packed for Recovery		X	
Risk Reduction Education and Engagement Accelerate Alternative Community Behavioral Health "REACH" Expansion	X		
Suicide Prevention Outreach and Education	X		
TAY Dual Recovery	X		
TAY Self Sufficiency	X		
Transitions Curriculum			X
Yoga	X		
Zero Suicide	X		

ACCESS TO CARE – CRISIS HOTLINE

Location(s):
KernBHRS 2525 North Chester Avenue Bakersfield, CA 93308 Start Date: 06/01/2006

Involved Contracts: None

Prevention and Early Intervention Component:
☒ Access & Linkage to Treatment

Component Evaluation and Outcome Measurement Tool(s) used:		
Staff/Volunteer Silent Monitor Form	QID Test Calls	Call recording-coming soon

# Reached in FY 2018-2019:	252,745

*Due to the nature of this program is was not possible to capture unduplicated clients.

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$1,915,901	$2,911,289	$2,911,289	$2,911,289
Estimated Annual Cost Per Person	$7.52	$11.41	$11.38	$11.36
Estimated # to be Reached	254,730	255,130	255,730	256,330

# to be Reached	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	38,210	89,155	76,419	50,946
FY 20/21	38,270	89,295	76,539	51,026
FY 21/22	38,360	89,505	76,719	51,146
FY 22/23	38,450	89,715	76,899	51,266

Program Description

Crisis Hotline is a 24/7 team made up of nine permanent staff and shifting extra help staff and volunteers. The terms of the volunteers vary in that we have both short- and long-term volunteers. The experience acquired in the Crisis Hotline team affords volunteers the opportunity to become permanent or extra help staff.

Crisis Hotline is accredited by the American Association of Suicidology (AAS) and has successfully received a five-year re-accreditation in FY 2015/2016. Crisis Hotline is also part of the National Suicide Prevention Lifeline (NSPL) and as such, the Crisis Hotline accepts Lifeline calls from around the world. During the 2018/2019-year, Crisis Hotline answered 9,993 NSPL calls.

Menu of Services

- Crisis intervention
- Suicide risk assessment and intervention
- Referral to services.
- Provides information about community-based resources.
- Problem solving and coping skills.
- Mental Health and Substance Use Disorder related support and referral.
- Follow-up calls and caring notes.

Goals & Outcomes

- Increase incoming calls by increasing media coverage as well as outreach events
- Increase access to care for individuals in Kern County communities
- Increase follow-up with callers to encourage engagement in mental health services
- Increase effectiveness of caring cards as they are shown to be successful
- Collaborate with callers on solutions and coping skills to assist through their crisis
- Ensure that callers who are at imminent risk get immediate assistance
- Increase Spanish classes offered to the community

Outcomes measured by: Crisis Hotline is measured by the Silent Monitoring Forms completed by volunteers and staff The Silent Monitoring Form is generally used in training and to ensure that the customer service and productivity goals are being met by the Hotline's staff and volunteers hence measuring their collaborative problem-solving skills with callers and the implementation of safety plan with callers, as needed.

The usage of Silent Monitoring Forms data demonstrates what benchmarks are met for Safety Planning, as well as looking at benchmarks that are met for the collaborative problem-solving techniques. Quality Improvement Division (QID) has reported a 96% compliance rate compared to the standard rate of 95%. QID monitoring shows an overall average of 97.5%. Crisis Hotline is working diligently to comply 100%.

- QID quarterly test calls measure how the Hotline's mandated Medi-Cal information and referral services for Medi-Cal and non- Medi-Cal beneficiaries are provided.
- Silent Monitoring Forms done by staff and volunteers measure Engagement Skills, Collaborative Problem-Solving Skills, Policy Compliance, and Documentation Skills, focusing each year on improving one or two sections of the form.
- These items were measured by staff and volunteers using Silent Monitoring Forms. Averaging Silent Monitoring Forms data for FY 18/19. 96% of the time, Crisis Hotline staff and volunteers utilized Safety Planning with callers when needed. Averaging Silent Monitoring Forms data for FY 18/19, 94.6% of the time, Crisis Hotline staff and volunteers utilized collaborative problem solving to assist callers in crisis. Benchmark is 95%.
- Historical QID data has demonstrated that we are compliant with Medi-Cal mandated standards.

Community Impact

Crisis Hotline conducts follow-up phone calls and mails out "Caring Notes" as part of their inpatient follow-up efforts. These efforts have made an impact on every patient who has been in a psychiatric in-patient facility, the Psychiatric Evaluation Center (PEC), Crisis Walk-In Clinic (CWIC) or had an intervention with the Mobile Evaluation Team (MET.) The same courtesy is extended within 72 hours to anyone who called the Crisis Hotline and a follow up call is made to the caller a week later, and then a month from the initial day of contact with our Crisis Hotline. This process is considered evidenced based and is known to save lives.

Crisis Hotline also does suicide prevention/intervention/postvention outreach in the Kern County community, reaching over 200,000 people last year.

Changes/ Challenges/ Barriers

A visible challenge is retaining volunteers and keeping them trained on the continuous changes that affect the work they do. It is difficult to schedule a training due to the volunteer's school and/or work schedules. Another barrier are the follow-up calls, due to not being able to connect with the caller. The callers do not answer their phone because they may think we are a telemarketer. It would be great to implement a text platform that would be HIPAA compliant. We are looking forward to the ability of recording calls soon.

By recording the calls, Quality improvement will improve allowing the supervisor to listen in on calls and review with staff to improvement of customer service as well as improving the Crisis Hotline staff and volunteers training.

ART RISK REDUCTION PROGRAM (ARRP)

Location(s):
KernBHRS 2525 North Chester Ave. Bakersfield, CA 93308 Start Date: 1/20/2017

Involved Contracts:
The Arts Council of Kern Instructor, Curriculum, and Supplies

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:	
MHSA Demographic Survey	Paint Night Questionnaire
The Spoken Word Pre/Post Survey	Visual Arts Pre/Post Questionnaire

Unduplicated Clients served in FY 2018-2019:	28

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$17,050	$17,050	$17,050	$17,050
Estimated Annual Cost Per Person	$213.13	$170.50	$142.08	$131.15
Estimated Unduplicated # to be Served	80	100	120	130

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	0	15	50	15
FY 20/21	0	20	60	20
FY 21/22	0	25	75	20
FY 22/23	0	25	85	20

Program Description

The Art 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. Five-week cohorts are provided to ten clients per group, with one session per week.

Menu of Services

- Once-per-week sessions utilizing Spoken Word and Visual Arts Media.
- Paint nights.

Goals & Outcomes

- 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.

Community Impact

The Art Risk Reduction Program targets an underserved population that teaches and encourages clients how to process their feelings in an untraditional yet beneficial way. Writing a poem or painting a picture gives the clients a new way to express themselves not through words but through art. The Color schemes and descriptions help clients explore their emotions, relieve stress, improve their symptoms, and cope with their feelings in the form of their own expressions. This gives clients an opportunity to work through their own feelings without the pressure of talking about them.

Changes/ Challenges/ Barriers

Due to the nature of the population served, there may be several clients who are not able to complete the program, which may negatively affect post-test data.

In FY 18-19, ARRP was provided to both the Children's System of Care and our Kern Linkage Division. ARRP was experiencing low enrollment and consistent participation. The program was reworked to focus on clientele from the Kern Linkage Division only and add Paint Nights to encourage more participation and enrollment into the program.

COURT APPOINTED SPECIAL ADVOCATES (CASA)

Location(s):
CASA 1717 Columbus Street Bakersfield, CA 93305 Start Date: 10/9/2018

Involved Contracts:
CASA of Kern County Client Services

Prevention and Early Intervention Component:
☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:	
Prevention and Early Intervention Demographic Form	MHSA demographic data

Unduplicated Clients served in FY 2018-2019:	47

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$20,000	$20,000	$20,000	$20,000
Estimated Annual Cost Per Person	$425.53	$425.53	$425.53	$425.53
Estimated Unduplicated # to be Served	47	47	47	47

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	33	14		
FY 20/21	33	14		
FY 21/22	33	14		
FY 22/23	33	14		

Program Description

Due to rapid changes that occur when a child enters foster care, pivotal information about that child's history is lost. Many of the underlying conditions become "buried" in paperwork as the child ages in foster care. Often, when a dependent child's JV220 (an application/form for Psychotropic Medication or a Physician's Request to Continue Medication) is submitted, the main historian remains the foster parent (who does not have access to the court files). The child's files are filled with valuable information, yet as the years pass, the trauma and child development histories are lost in the reams of paper that comprise a child's court record. When comprehensive information is not provided, the overall direction of treatment might not address underlying and historical issues. Knowing the trauma and development issues allow for more accuracy in the assessment and treatment of our children. The CASA Mental Health Advocacy Program utilizes specially trained CASA's to thoroughly research each child's trauma and developmental history, then ensure that the information reaches the proper Psychiatrists. The

data gathered by these exhaustive file searches is consistent with the eight domains that psychiatrists consider vital for accurate evaluation and assessment.

Menu of Services

- File assessment including:
  - Chronic domestic violence.
  - In-utero drug exposure/birth history.
  - Structural cardiac abnormalities.
  - Multiple placement changes.
  - Post-traumatic stress/trauma.
  - Periods of unconsciousness or brain injury.
  - Psychiatric/medical history and medical history.
- CASA Essential History (EH) Form completion.
- Attachment of CASA EH Form to Health & Education Passport in Child Welfare Services.

Goals & Outcomes

- Complete case review and complete EH.
- 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.

Community Impact

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 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.

Changes/ Challenges/ Barriers

Challenges include timely submission of EH to KernBHRS due to the time it takes for CASA staff to review court records. KernBHRS will need to continue providing training to staff in order to understand the EH and where to locate such forms in the Electronic Health Record. Ongoing barriers also include the accuracy of information from the sources of information provided and educating staff that information received should be used as a tool to determine where further assessment and validation of information may be needed to clarify.

EARLY PSYCHOSIS OUTREACH & INTERVENTION
"La CLAVE"

Location(s):	
KernBHRS 2001 28th Street Bakersfield, CA 93301 Start Date: 12/18/2018	University of Southern California (La CLAVE) Dept. of Contracts and Grants 3720 Flower Street Los Angeles, CA 90089 Start Date: April 2020

Involved Contracts:
University of Southern California Client Services

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Outreach for Early Signs

Component Evaluation and Outcome Measurement Tool(s) used:		
Duration of Untreated Psychosis (Cerner, to be developed)	**First Episode Psychosis (Self-Reported)**	**Inquiries, Referrals and Linkage**

Unduplicated Clients served in FY 2018-2019:	Program Implementation not Complete

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$302,223	$279,237	$0*	$0*
Estimated Annual Cost Per Person	$151.11	$93.08	$0*	$0*
Estimated Unduplicated # to be Served	2,000	3,000	0*	0*

*La CLAVE only has guaranteed funding through FY 20/21.

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20	0	995	5	0*
FY 20/21	0	995	5	0*
FY 21/22	0*	0*	0*	0*
FY 22/23	0*	0*	0*	0*

*La CLAVE only has guaranteed funding through FY 20/21.

Program Description

The Early Psychosis Outreach and Intervention Program 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.

LatinX individuals comprise 51.5% of the total population in Kern County. Utilizing the materials and skills adopted through La CLAVE, KernBHRS is expanding existing outreach efforts within the LatinX community. La CLAVE was developed by the University of Southern California to educate LatinX communities on signs and symptoms of Schizophrenia and to identify the first episode of psychosis. The program utilizes a culturally competent, evidence-based approach to outreach, educate, refer and link individuals to early treatment. La CLAVE creates a more informed LatinX community, while reducing stigma associated with mental illness and especially psychosis.

The program is designed to increase appropriate referrals for behavioral health services prior to the first psychotic episode for those at risk and to reduce the length of time between the first psychotic episode and the start of treatment. La CLAVE uses the spoken word, video, and music to explain the symptoms of Early Psychosis in plain language and using simple graphics.

Menu of Services

- Community outreach for Spanish-speaking populations.
- Partnerships with community organizations and agencies serving LatinX communities.

Goals & Outcomes

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

Community Impact

The program is designed to increase awareness of mental illness amongst Kern's Spanish-speaking LatinX communities. This in turn will reduce stigma associated with mental illness in these communities. As a result of this program, more members of Kern's LatinX communities will receive appropriate treatment for mental illness, including psychosis. These individuals will have an increased potential to have a better quality of life due to earlier treatment.

Changes/ Challenges/ Barriers

Challenges include the rural nature of many of Kern's LatinX populations. Stigma against mental illness in these communities creates a barrier to treatment. Low income in heavily agricultural rural areas contributes to the difficulty of obtaining affordable treatment in these communities. Finally, for those individuals who are illegal immigrants, the barriers to accessing treatment are magnified due to fear of deportation.

Due to COVID-19 response in the delay to launch La CLAVE, a media platform and campaign has been created to introduce the public to *Dona Esperanza* (meaning Hope)who will share the La CLAVE program and direct hotline number for Spanish speaking LatinX residents to call and utilize for behavioral health support.

FAMILY CONNECTIONS
DIALECTICAL BEHAVIORAL THERAPY (DBT)

Location(s):	
KernBHRS Specialty Services Site 5121 Stockdale Hwy Ste. 210A Bakersfield, CA 93309 Start Date: 4/15/2019	KernBHRS Consumer Family Learning Center 2001 28th St. Bakersfield, CA 93301 Start Date: 8/20/2018

Involved Contracts: None

Prevention and Early Intervention Component:	
☒ Outreach for Early Signs	☒ Stigma & Discrimination Reduction

Component Evaluation and Outcome Measurement Tool(s) used:		
DASS21 – Depression/Anxiety& Stress Scale (Pre/Post)	BAS – Burden Assessment Scale (Pre/Post)	Family Connections Post Class Survey

Unduplicated Clients served in FY 2018-2019:	12

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$0*	$0*	$0*	$0*
Estimated Annual Cost Per Person	$0*	$0*	$0*	$0*
Estimated Unduplicated # to be Served	0*	0*	0*	0*

*Family Connections DBT will transition to PEI under the Living Well program in FY 19/20.

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	0*	0*	0*	0*
FY 20/21	0*	0*	0*	0*
FY 21/22	0*	0*	0*	0*
FY 22/23	0*	0*	0*	0*

*Family Connections DBT will transition to PEI under the Living Well program in FY 19/20.

Program Description

Family Connections DBT program provides general and diagnosis-specific psychoeducation to those with family members experiencing mental health symptoms. Family Connections DBT" program is a 12-week curriculum-based, evidence-based practice class for loved ones of people with Borderline Personality Disorder (BPD).

Menu of Services

- Psychoeducation.
- Education and research on Borderline Personality Disorder (BPD).
- Skills training for families based on DBT.
- Relationship mindfulness.
- Effective communication.
- Validation and development of support networks.
- Weekly meetings.

Goals & Outcomes

- To educate families and the community about BPD.
- To assist with skill development to improve family relationships.
- To provide family and community support through participation in a supportive network with others sharing similar experiences.
- To provide opportunities for family members to receive knowledge about their loved one's needs while developing an educated individual perspective, resources and skills to enhance support.
- To educate and help reduce suicide risk/other risky behaviors for their loved one.
- To provide support to isolated individuals.
- To improve relationships between family members.

Community Impact

There are not many resources in the Kern County area that provides DBT services, let alone family support services surround DBT. By providing this service, more families become knowledgeable of the disorder, symptoms, and the ways they can help support their loved one's recovery. It also educates the attendee on how to be on the lookout for red flags, changes in behavior and more, which works with the preventative measures rather than intervention.

Changes/ Challenges/ Barriers

Some challenges in enrollment seems to be associated with advertisement regarding reaching the community and the targeted audience. Another challenge with enrollment seems to be associated with a requirement for those interested in online enrollment through the National Education Alliance for BPD's website. The team is working to enhance enrollment by reaching out to the social science departments at universities and by reaching out to contract providers as well as the KernBHRS System of Care. To help alleviate attrition and enhance access, the team is continuing to seek a time that will accommodate the most attendees. Possibly provision of two groups at different times may accommodate attendee and community needs. Attendee maintenance and course completion shows an attrition rate of 57% for the 12-week course. The team is in hopes that accommodating time and possibly providing more groups throughout the year will enhance maintenance and attendance. Family Connections DBT will transition to PEI under the Living Well program in FY 19/20.

FOSTER CARE ENGAGEMENT

Location(s):
KernBHRS Children's System of Care 3300 Truxtun Avenue Bakersfield, CA 93301 Start Date: July 2016

Involved Contracts:
Kern County Department Human Services (DHS) Increasing Services to Foster Care Youth

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Outreach for Early Signs

Component Evaluation and Outcome Measurement Tool(s) used:		
Ages and Stages ASQ:SE-2 Social-Emotional Screening Tool	Timeliness of Access Data	Prevention and Early Intervention Demographic Form

Unduplicated Clients served in FY 2018-2019:	1,066

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$114,771	$114,771	$114,771	$114,771
Estimated Annual Cost Per Person	$106.66	$105.59	$104.53	$103.49
Estimated Unduplicated # to be Served	1,076	1,087	1,098	1,109

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	950	126		
FY 20/21	960	127		
FY 21/22	969	129		
FY 22/23	974	135		

Program Description

The Foster Care Engagement program works to actively engage youth in the Foster Care system who are not engaged in mental health services. Many foster care youth have a history with the child welfare system yet often have not been referred into services. As part of the Foster Care Engagement program, social workers are provided psychoeducation on the importance of engaging foster youth in order to both identify potential undiagnosed and address current mental health concerns.

Menu of Services

KernBHRS staff at DHS site:

- 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.
- Attend DHS all staff meetings.
- Ongoing collaboration with FFA's and foster parents.
- Consultations.
- Review referrals for care.
- Participate in Child and Family Team meetings facilitated by DHS for non-open clients to help identify and advocate for behavioral health needs and expedite referral for services as needed.

DHS SW at KernBHRS site:

- Increase communication pertaining to needed information/documents for client services.
- Prevent lapse in services.
- Expedite services for foster youth.

KernBHRS staff at KernBHRS site:

- Assessment.
- Treatment services.

Goals & Outcomes

- Actively engage and provide care for foster youth with mild-to-moderate behavioral health care needs.
- Increase timely access to mental health care by increasing coordination between DHS social workers, behavioral health providers, and foster parents.
- Provide annual assessment to identify and provide access for youth in need of services.
- Increase foster care referrals for behavioral health needs through outreach and education efforts.
- Decrease the number of placement changes, allowing for maintained secure, safe homes for youth.
- Decrease school failure, self-harming behaviors, suicidal tendencies and strengthening collaborative outreach between agencies.
- Assist to bridge DHS social workers with mental health staff.
- For children ages 3 months to 66 months, Ages and Stages Questionnaire: Social-Emotional (ASQ:SE) is administered with the child and family to identify developmental delays and/or behavioral concern needs.

Community Impact

Increasing behavioral health services to foster youth will help stabilize placement, reduce the need for placements in higher level of care, and help decrease the need for crisis services. Early intervention services will assist youth in improving management of foster care life stressors and focusing on positive long-term goals.

Changes/ Challenges/ Barriers

The implementation of a designated KernBHRS email address and hotline telephone number is allowing for a timelier referral process and delivery of behavioral health services for this vulnerable population.

Turnover in both DHS and KernBHRS staffing presents significant challenges as it results in the need for ongoing employee training and education of services. Barriers also include finding new ways to engage TAY clients when they have previously declined services.

FREEDOM, RECOVERY AND EMPOWERMENT WITH DOGS (FRED)

Location(s):		
KernBHRS CalWORKs 5121 Stockdale Hwy. Ste150 Bakersfield, CA 93309 Start Date: 10/25/18	KernBHRS Kern Linkage 2525 N. Chester Ave. Bakersfield, CA 93308 Start Date: 1/9/19	KernBHRS - CFLC 2001 28th St. Bakersfield, CA 93308 Start Date:2/13/19
KernBHRS ROC 820 34th Street, Ste 100 Bakersfield, CA 93301 Start Date: 3/29/19	KernBHRS - Foster Care 3300 Truxtun Avenue, Ste 100 Bakersfield, CA 93301 Start Date: 10/22/19	KernBHRS - TAY 3300 Truxtun Ave Bakersfield, CA 93301 Start Date: 10/21/19

Involved Contracts:
Elizabeth R. Kover, dba Heel 2 Heel Consultant Canine services

Prevention and Early Intervention Component:
☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:		
PHQ-9 (Patient Health Questionnaire), GAD-7 (Generalized Anxiety Disorder)	Attendance	Pre and Post Dog Question

Unduplicated Clients served in FY 2018-2019:	114

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$93,600	$93,600	$93,600	$93,600
Estimated Annual Cost Per Person	$468	$416	$374.40	$340.36
Estimated Unduplicated # to be Served	200	225	250	275

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		45	130	25
FY 20/21		50	145	30
FY 21/22		55	155	40
FY 22/23		60	165	50

Program Description

The Freedom, Recovery and Empowerment with Dogs (FRED) program is a Prevention program that adds an animal interventionist and a certified therapy canine into existing Seeking Safety groups and other evidence-based practices currently implemented within KernBHRS treatment teams. Individuals receiving behavioral health services for mental illness and substance use

disorders at times may not consistently attend their service appointments, and when they do, they may not fully engage in treatment due to various factors. Adding animal-assisted interventions and therapy can help attract certain individuals into group services and to better engage with the facilitators, their peers and receive the material in a more effective manner.

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

Menu of Services

- Co-facilitate groups and individual services.
- Exercises so that individuals can practice newly gained skills.
- Social skills.
- Social functioning.
- Comfort visits.

Goals & Outcomes

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

Community Impact

The FRED Program is one of the most well received programs by staff and clients alike. Clients that have participated in groups with therapy dogs express a high level of satisfaction and engagement, and usually ask to return for another cohort of services.
The newly established comfort visits with youth that have been removed from their parents' care have been producing good results, and they have continued communication between KernBHRS staff and Department of Human Services staff to assist children into mental health services.

Changes/ Challenges/ Barriers

Some of the challenges encountered in any group service is attrition, as some clients will not stay for the duration of the 16-week curriculum due to factors outside of the clinicians' control. At times, it has been challenging to have buy-in from all staff and follow through with all data collection requirements, since they are needed before the curriculum begins, during every session, and at the end of each cohort. Changes in group facilitators due to assignment changes have caused some inconsistencies, which have also affected the flow and content of material. Last-minute cancellations due to staff unavailability are upsetting to clients, and re-scheduling is not possible due to the animal interventionists' other scheduled FRED group activities.

HELP ME GROW

Location(s):
First 5 2724 L Street Bakersfield, CA 93301 Start Date: 06/05/2019

Involved Contracts:
First 5 Kern Client Services

Prevention and Early Intervention Component:
☒ Access & Linkage to Treatment

Component Evaluation and Outcome Measurement Tool(s) used:	
Ages and Stage ASQ-3 Developmental Screening Tool	Ages and Stages ASQ:SE-2 Social-Emotional Screening Tool

Unduplicated Clients served in FY 2018-2019:	6*

*Program started late in FY 2018-2019

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$261,555	$261,555	$261,555	$261,555
Estimated Annual Cost Per Person	$968.72	$622.75	$544.91	$484.36
Estimated Unduplicated # to be Served	270	420	480	540

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20	270			
FY 20/21	420			
FY 21/22	480			
FY 22/23	540			

Program Description

Help Me Grow proposes to offer developmental and behavioral screening to Kern County parents for their children aged 0-5 years old. Currently, 25 states are part of the Help Me Grow initiative which seeks to implement effective, universal surveillance and screening for all children and link those at risk for developmental and behavioral problems to appropriate programs and services.

Menu of Services

- Developmental and behavioral screening(s).
- Complete online Ages and Stages Questionnaire (ASQ-3 and SE (Social Emotion)2) screening services.
- Referral(s) to KernBHRS.

Goals & Outcomes

- Provide early (ages 0-5) screening for developmental and behavioral services needs for children.
- Link to and provide appropriate care for children screening positive for developmental and behavioral care needs.

Community Impact

There is a high need for early screening for children aged 0-5. A timely developmental and social emotional screening could potentially identify early delays and the need for early intervention. A referral support is embedded within the program to ensure children with possible delays are identified early and families are linked to the appropriate services throughout Kern County. Making early detection screenings available to all children in Kern County is the first step in ensuring all children are prepared prior to entering kindergarten.

Changes/ Challenges/ Barriers

Some of the challenges that Help Me Grow has been faced with is filling positions with qualified and Bilingual Developmental Specialists. Both positions have been filled and have completed new employee and program training. Another challenge has been navigating a new ASQ (Ages and Stages Questionnaire) online system and setting up internal guidelines to effectively support Help Me Grow in Kern County. However, program staff has implemented internal strategies to ensure client level and demographic data is collected and tracked accurately. In the past, information and referral specialists through 2-1-1 were asking callers if they had a child aged 0-5 and providing a referral to a local family resource center to complete a screening. The completed screening percentage was low due to parents calling 2-1-1 for emergency needs and not the screening. The number of completed screenings has improved due to the implementation of the online system and Developmental Specialist available to assist parents in completing the screening by phone in both English and Spanish. Help Me Grow's press release occurred in November 2019 with anticipation to bring early detection awareness and screening access to families throughout Kern County.

HOMELESS OUTREACH TEAM (HOT)

Location(s):	
Flood Bakersfield Ministries, Inc. 610 24th Street Bakersfield, CA 93301 Start Date: 4.2.2019	Mental Health Systems, Inc. 5121 Stockdale Hwy., Suite 200 Bakersfield, CA 93309 Start Date: 12.10.19

Involved Contracts:	
Flood Bakersfield Ministries, Inc. Street Outreach; Engagement; Housing Services	Mental Health Systems, Inc. Housing Wraparound Services

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:		
VI-SPDAT (Vulnerable Index-Service Prioritization Decision Assistance Tool)	**HMIS (Homeless Management Information System) Reports**	**Cerner**

Clients served in FY 2018-2019:	619

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,484,774	$1,456,515	$1,456,515	$1,456,515
Estimated Annual Cost Per Person	$1,484.77	$1,56.52	$971.01	$728.26
Estimated # to be Served	1,000	1,000	1,500	2,000

Estimated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		88	877	35
FY 20/21		88	877	35
FY 21/22		188	1,177	135
FY 22/23		288	1,477	235

Program Description

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

Menu of Services

Homeless Street Outreach:

- Engagement, identification of mental health or co-occurring mental health and substance use disorders.
- Linkage to appropriate treatment services.
- Linkage to social supports.
- Linkage to housing.
- 24/7 Homeless Outreach Hotline.
- Housing case management services:
    - Repeat contacts to achieve engagement.
- Screening using VI-SPDAT.
- Linkage to behavioral health and/or medical services.
- Referrals to housing wraparound.
- Case management for individuals whose complex co-morbid and/or co-occurring needs interfere with their ability to accept or sustain housing.
- Transportation services.
- De-escalation of homeless individuals and diversion from incarceration and/or hospitalization.
- Local permanent or transitional housing and shelter placement assistance.
- Benefits acquisition services.
- Food and clothing assistance.
- Linkage to Alcoholics Anonymous (AA)/Narcotics Anonymous (NA).
- Linkage to employment assistance.
- Linkage to faith-based services and other social supports, family involvement and multi-agency involvement.

Housing Wraparound

- Linkage to intensified services in areas that impede the individual's ability to access or maintain housing.
- Coordination of behavioral health services, developmental disability services and/or whole person care services.
- Case management services:
    - Behavioral health interventions.
    - Screening to determine appropriate levels of care.
    - Multidisciplinary care coordination.
    - Transportation services.
    - Support in accessing a wide range of services identified on the plan of care.

Goals & Outcomes

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

Community Impact

The Homeless Outreach Program supports the community in engaging, linkage to treatment, and housing high acuity homeless individuals with complex needs. For example, the program serves difficult to engage homeless individuals with a history of trauma, including PTSD. Untreated trauma can impede a homeless individual's ability to accept treatment and/or housing. The program also serves difficult to engage homeless individuals with complex and interconnected Behavioral Health medical, and other challenges that further impede the homeless individual's ability to accept treatment and/or housing. In addition, the program serves difficult to engage homeless individuals with high acuity BH needs, for which linkage to field-based services are often crucial.

Services provided at the location of high acuity homeless individuals often improves the engagement of such individuals in treatment and housing.

Changes/ Challenges/ Barriers

At times, the level of severity of need (physical, behavioral, developmental, etc.) can pose a barrier. Another challenge is resistance to housing and treatment by chronically homeless individuals. Insufficient low barrier shelter beds and housing beds is a consistent challenge. For follow up care, it can be difficult in locating homeless clients.

KERN YOUTH RESILIENCE AND SUPPORT

Location(s):		
Haven Drive Middle School 341 Haven Drive Arvin, CA 93203 Start Date: TBD	Wallace Middle School 3240 Erskine Creek Rd. Lake Isabella, CA 93240 Start Date: TBD	Richland Junior High School 331 Shafter Avenue Shafter, CA 93263 Start Date: TBD
Beardsley Junior High School 1001 Roberts Lane Bakersfield, CA 93308 Start Date: TBD	Standard Middle School 126 Ferguson Avenue Bakersfield, CA 93308 Start Date: TBD	KCSOS Community Learning Center 222 34th Street Bakersfield, CA 93301 Start Date: TBD

Involved Contracts:
Kern County Superintendent of Schools (KCSOS) Client Services

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:		
P&I Demographic Form	Statistical Reports	MHSA Demographic Data

Unduplicated Clients served in FY 2018-2019:	Program Implementation Not Complete

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$325,562	$559,724	$559,724	$559,724
Estimated Annual Cost Per Person	$813.91	$1,399.31	$1,399.31	$1,399.31
Estimated Unduplicated # to be Served	400	400	400	400

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult O&E (26-59)	Older Adults (60+)
FY 19/20	0		0	
FY 20/21	250		150	
FY 21/22	250		150	
FY 22/23	250		150	

Program Description

Kern Youth Resilience and Support (KYRS) will utilize evidence-based practices and programs that align with MHSA standards to reduce stigma associated with either being diagnosed with a mental illness or seeking mental health services, increase awareness of behavioral health issues which will result in early identification, and create a culture change to normalize positive mental health. These strategies will be implemented in designated school districts within Kern County and will include behavioral health interventions and mentoring services. In addition, KYRS will

utilize outreach and education services, which will include training and support, to staff, students, parents, and communities.

Menu of Services

- 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 connection to KernBHRS or other behavioral health provider.

Goals & Outcomes

- Increase preventative school-based services for at risk youth in grades 6-8.

Outcomes measured by: KYRS will work towards the following:

- Students who receive services will show an increase in resiliency and protective factors by 5% as measured by the student pre and post survey.
- Students who report substance using behaviors will report a 30% decrease in substance use after completing services as measured by the student pre and post survey and assessments.
- Students who receive services will show an increase in school attendance by 5% as measured by student attendance records.
- School violence (reported incidents) will decrease by 5% (as measured by School-Wide Data).
- Through coordination with Geographic Service Area (GSA) provider, a minimum of four (4) students per school, per quarter will receive Intense Care Coordination (ICC) services.
- A minimum of ten (10) foster youth per year will be referred to the KernBHRS Foster Care team.
- A minimum 120 mentor-mentee relationships will commence with at least 96 relationships being sustained throughout the school year.
- At least 60 mentees (62% of the 96 students who continue in the program during the duration of the school year) will show improvement in attendance rates by at least 1% from the previous year and/or reduce suspensions and other documented disciplinary referrals by at least 1 incident from the previous year.
- Within one (1) year, a minimum of 300 staff, students, parents, and community members will be trained in evidence-based practices.
- Within one (1) year, a minimum of 100 school district staff will increase their knowledge of suicide prevention, mental health, trauma-informed care, and positive behavior supports through psychoeducation professional development and training.
- Within one (1) year, District staff will increase their knowledge by 50% suicide prevention, mental health, trauma-informed care, and positive behavior supports through psychoeducation professional development and training.

Community Impact

- Outreach and education services, which will include training and support to staff, students, parents, and the community.
- Stigma reduction in the detection of early warning signs of behavioral health issues and the importance of early intervention.
- Services will include early identification to assist with prevention and early intervention strategies.

Changes/ Challenges/ Barriers

Providing services on a school site can present a variety of challenges. As part of the educational system, KCSOS is well-positioned to address challenges. The complexity of working in another services delivery system like education has its own systematic challenges. Understanding the complexity of the system and being well trained in navigation is key to success in partnership with KCSOS.

A high priority is to ensure that there is a continuum of care in Kern County between the schools and Behavioral Health. A primary goal and requirement that is built into this project is the coordination of services, and specifically the behavioral health teams' and school's participation in cross-system coordination via Intense Care Coordination/Child Family Team (ICC/CFT) services. This program is having challenges launching due to mutual agreement on contract language.

LIVING WELL

Location(s):
Kern Behavioral Health and Recovery Services 5121 Stockdale Hwy. Bakersfield, CA 93309 Start Date: 2019

Involved Contracts:		
The Center for Sexuality and Gender Diversity LGBTQ+ Services	Dr. Elissa Woodruff Eating Disorder Services	

Prevention and Early Intervention Component:			
☒ Early Intervention	☒ Outreach for Early Signs	☒ Prevention	☒ Stigma & Discrimination Reduction

Component Evaluation and Outcome Measurement Tool(s) used:		
Pre/Post Evaluation	GAD-7 (EMDR)	Audit-C (EMDR)
For PIP data collection	Stressful Life Events (EMDR)	DBT Program Participant Satisfaction Survey (DBT)
PHQ-9 (EMDR)		

Unduplicated Clients served in FY 2018-2019:	Program Implementation Not Complete

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$1,235,925	$1,039,671	$1,039,671	$1,039,671
Estimated Annual Cost Per Person	$9,887.40	$7,030.14	$5,890.11	$5,068.24
Estimated Unduplicated # to be Served	125	155	185	215

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	16	21	80	8
FY 20/21	20	29	95	11
FY 21/22	25	36	112	12
FY 22/23	30	43	129	13

Program Description

Living Well was developed to provide specialized services to populations underserved in the community. The program ensures individuals with very specific treatment needs are afforded services provided by staff appropriately trained to address these needs.

Identified populations served through this program include perinatal (including individuals experiencing symptoms post-partum), Veterans, individuals diagnosed with an eating disorder, LGBTQ+, human trafficking victims, and individuals who have experienced severe trauma.

Living Well services are provided in conjunction with primary treatment team services. Through this program, individuals within the KernBHRS System of Care continue to receive specialty mental health services based on need through existing treatment teams. In addition to these services, when treatment staff identify additional specific service needs, individuals are referred to specialty treatment through the Living Well program. Living Well staff collaborate with the primary treatment teams to ensure continuity of care throughout the treatment episode. The length of treatment varies based on symptom acuity and treatment need, with a goal to transition individuals from this specialty service within 6 - 18 months. At times, program staff may provide services to individuals who are not concurrently open to the KernBHRS System of Care. Services are provided in this capacity only when outside resources are not available, and in order to prevent further deterioration of symptomology and/or the need for specialty treatment in the future.

This program incorporates a significant ongoing training component to ensure staff are adequately equipped to provide services to these specialty populations. Training includes cultural competence specific to these populations, training on relevant modalities and evidence-based practices, and where possible, experience onsite working with agencies providing support services to these individuals. Program staff also serve as a training resource, providing training for KernBHRS staff and community agencies to expand the community and agency capacity to effectively serve these populations. This program will also provide internship opportunities for staff to gain knowledge when working with underserved populations including LGBTQ+ and individuals experiencing severe trauma.

The Living Well program staff are a department and community resource for local and state-wide programming and services to support these special populations. They actively work with community partners who specialize in working with these individuals, such as LGBTQ+ centers, medical professionals, veteran support agencies, domestic violence shelters, California Institute for Behavioral Health Solutions, and human service agencies. Staff are knowledgeable with regards to resources, support services, and advocacy in areas of interest to individuals served. This includes participation in local efforts to reduce stigma. Collaboration with community partner organizations and medical professionals also ensures the specialized treatment needs of these individuals is addressed both within the KernBHRS service system and within the community.

Menu of Services

- Eye Movement Desensitization and Reprocessing (EMDR).
- Cognitive Behavioral Therapy (CBT).
- Dialectical Behavioral Therapy (DBT).
- Lesbian, Gay, Bisexual, Transgender and Queer/Questioning (LGBTQ+).

Goals & Outcomes

- Prevent further deterioration in areas of life functioning due to mental illness.
- Increase outreach and treatment for underserved populations.
- Increase staff competency in treating special populations.
- Increase access to specialized services for unserved and underserved individuals.
- Increase access to community resources for individuals with specialized treatment needs.

Community Impact

Collaboration with community partner organizations and medical professionals also ensures the specialized treatment needs of these individuals is addressed both within the KernBHRS service system and within the community.

- Prevent further deterioration in areas of life functioning due to mental illness.
- Increase outreach and treatment for underserved populations.
- Increase staff competency in treating special populations.
- Increase access to specialized services for unserved and underserved individuals.
- Increase access to community resources for individuals with specialized treatment needs.

Changes/ Challenges/ Barriers

While in the development stages of the program, identifying clients that would benefit most from the services offered by the Living Well Program has been a challenge. Efforts to streamline the process as much as possible to ensure clients are identified and staff are knowledgeable to services offered to continue the flow of referrals. Programs offered by Living Well also require specialized training and/or experience which can become costly. DBT (former SD) and Family Connections DBT (former PEI) will transition to Living Well in FY 19/20.

OUTREACH AND EDUCATION (O&E)

Location(s):
KernBHRS 2001 28th Street, North Tower Bakersfield, CA 93301 Established: Fiscal Year 2007/2008

Involved Contracts: None

Clients Reached in FY 2018-2019:	24,007

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$164,781	$164,781	$164,781	$164,781
Estimated Annual Cost Per Person	$16.48	$13.18	$10.99	$9.42
Estimated Number to be Reached	10,000	12,500	15,000	17,500

Estimated # to be Reached	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	2,500	3,125	3,125	1,250
FY 20/21	3,250	3,750	3,750	1,750
FY 21/22	4,500	4,375	4,375	1,750
FY 22/23	5,125	5,500	5,125	1,750

Program Description

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.

Menu of Services

- May is Mental Health Awareness Month:
  - Board of Supervisors Proclamation.
  - Art Exhibits.
  - Academy Awards Luncheon.
  - Green Ribbons tied to trees at all KernBHRS locations.
  - Bridging the Gap with Mobile Evaluation Team (MET).
- NAMI Walk.
- Save a Life Today (SALT) Walk.
- Every Mind Matters.

- Know the Signs.

Goals & Outcomes

- Increase stakeholder feedback to identify unserved and underserved populations.
- Increase utilization of State funded campaign information and materials focused on suicide prevention and stigma reduction.
- Increase participation in community events throughout Kern County.

Community Impact

Education about mental health and reducing the stigma associated with mental illness has increased in the community and hard to reach populations. Community organizers are reaching out to KernBHRS to attend events which is reducing the stigma and raising awareness in the community. KernBHRS was asked to attend the annual Sikh parade in Bakersfield for the first time. KernBHRS was able to provide brochures in Hindi and Punjabi language.

Changes/ Challenges/ Barriers

Mental Health First Aid was previously handled under O&E and has been transitioned to our Training Services Division.

PACKED FOR RECOVERY

Location(s):
KernBHRS 5121 Stockdale Hwy Suite 205 Bakersfield, CA 93309 Start Date: February 12, 2019

Involved Contracts: None

Prevention and Early Intervention Component:	
☒ Prevention	☒ Stigma & Discrimination Reduction

Component Evaluation and Outcome Measurement Tool(s) used:	
Client Demographic Form	Pre and Post Survey

Clients served in FY 2018-2019:	371

*Program launched 2/15/2019

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$307,534	$0*	$0*	$0*
Estimated Annual Cost Per Person	$328.56	$0*	$0*	$0*
Estimated Number to be Served	936	0*	0*	0*

*Packed for Recovery will be absorbed into Home to Stay (SD

Clients to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	4	48	243	39
FY 20/21	0*	0*	0*	0*
FY 21/22	0*	0*	0*	0*
FY 22/23	0*	0*	0*	0*

*Packed for Recovery will be absorbed into Home to Stay (SD

Program Description

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

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

Menu of Service

- Prepare duffle bags with hygiene items and clothing.
- Provide 2nd duffle bag with personalized sized items.

Goals & Outcomes

- Increase engagement to services by reducing the barriers that exist when KernBHRS clients are exiting homelessness and placed into various appropriate housing options.
- Reduce the self-stigma/discrimination experienced by clients entering shared housing environment.
- Increase longevity of program participation for those receiving Packed for Recovery services.

Community Impact

Packed for Recovery service goal is to increase longevity of client's program participation and engagement. People who successfully participate or complete treatment can recover from mental illness and addictions to achieve their hopes and dreams, enjoy opportunities to learn, work, and contribute to their community.

Changes/ Challenges/ Barriers

Once changed that occurred was the use of the survey. It was revised (ratings changed to drawings for individuals that cannot read) and approved on 11/06/19 to be implemented on 1/01/2020.It can be challenging to deliver recovery bags to clients that are not connected to a treatment team. A challenge that exists with this program is difficulty obtaining surveys due to client's high acuity level, clients that are not ready to engage in treatment, or clients that are jailed or hospitalized. An upcoming change for FY 2020-21, Packed for Recovery will be absorbed into Home to Stay (SD).

PREPARE U

Location(s):		
Buena Vista High (continuation) 900 N 10th St Taft, CA 93268 Start Date: 01/13/2020	Taft Union High School 701 Wildcat Way Taft, CA 93268 Start Date:01/21/2020	A.M Thomas Middle School 20979 Lobos Court Lost Hills, CA 93249 Start Date: 01/27/2020

Involved Contracts:		
The Live Network, PBC 32780 Grand River Ave, Suite 202A Farmington, MI 48328	Taft Union High School 701 Wildcat Way Taft, CA 93268	A.M Thomas Middle School 20979 Lobos Court Lost Hills, CA 93249

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used: **Prepare U utilizes a Pre and Post Programmatic Assessment that is comprised of the following surveys:**		
Abbreviated PCL-C (PTSD (Post Traumatic Stress Disorder) Checklist-Civilian Version (behavioral science))) 6-item	GAD-7 (Generalized Anxiety Disorder)	WHO-DAS-12 (World Health Organization Disability Assessment Schedule)
Patient Reported Outcome Measurement Information System (PROMIS)		

Unduplicated Clients served in FY 2018-2019:	Program implementation not completed

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$364,000	$364,000	$364,000	$364,000
Estimated Annual Cost Per Person	$364.73	$260.37	$202.45	$165.61
Estimated Unduplicated # to be Served	998	1,398	1,798	2,198

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	499	499		
FY 20/21	699	699		
FY 21/22	899	899		
FY 22/23	1,099	1,099		

Program Description

Prepare U is an easy-to-facilitate, evidence-supported, multi-faceted experiential mental health curriculum designed for grades 8-12. The Prepare U curriculum, developed by the Therapy Live team is designed to be a plug-and-play system that any teacher can easily facilitate, whether as a standalone course or as an integrated part of an overall health sequence. The Prepare U curriculum follows a carefully designed arc to help students learn the skills needed to identify mental and emotional risks and concerns, more effectively cope with concerns in healthy ways on their own, and to know how to engage additional parental, community, or professional support when needed. The curriculum is made up of a teacher's manual, students handbook, 12 class videos, interactive card game, and crisis resources. Prepare U also provides the school staff, students, and their families access to a follow along Home Edition of the curriculum with additional educational resources and tools to support community wide mental health education.

Menu of Services

- Prepare U is an easy-to-facilitate, evidence-supported, multi-faceted experiential mental health curriculum designed for grades 8-12
- The curriculum is made up of a teacher's manual, students handbook, 12 class videos, interactive card game and crisis resources
- The Prepare U curriculum is designed to be a plug-and play system that any teacher can easily facilitate, whether as a standalone course of as an integrated part of an overall health sequence

Goals & Outcomes

- Increase content-based knowledge.
- Ensure students learn the skills necessary to increase mental health and wellbeing.
- Increase understanding of the biopsychosocial determinants of mental health.
- Awareness of how to recognize and manage key aspects of group process in a classroom setting.
- Awareness of how to safely and effectively conduct experiential learning activities related to mental health in a classroom environment.
- Awareness on how to effectively facilitate the Prepare U Mental Health Curriculum.
- Increase skills in managing experiential learning.

It is expected that facilitators will increase their skills in managing experiential learning. It is expected that facilitators will help students to acquire the skills necessary to reduce the negative effects of trauma and emotional distress. The outcome measures directly measure the levels of various mental health symptoms and indicators. It is expected that there will be a measurable decrease in the negative indicators.

Community Impact

In other schools and communities that have implemented Prepare U, there have been notable improvements in school culture and reports of increased instances of connection between school staff, healthcare professionals, parents, and students. These benefits have occurred in a diversity of school settings (urban, suburban, and rural) with populations quite varied in the dimensions of religious practice, ethnic group, race, and academic ability. There has also been observed,

quantitative, changes in the levels of distress within the students taking Prepare U. The Prepare U Home Edition has been added to further enhance conversations and education in homes and community wide. Students have reported an increase in meaningful conversations and understandings with their family members related to their personal relationships as well as improving the normalization of mental health issues.

Changes/ Challenges/ Barriers

The general challenges that Prepare U often faces regarding implementation are most often related to Stigma and perceived additional work by administrators. Stigma persists around topics of mental health, depression, suicide risk, and emotional health. This stigma can lead key stakeholders to be uncomfortable with engaging fully with the program. There can sometimes be a bit of a learning curve for facilitators where they need one or two cycles of the program to feel comfortable in their facilitation of it.

Even though the data is clear that first-time facilitators can affect notable improvements in students, the subjective comfort of facilitators can be a lagging indicator of the success of the program in a setting. Scheduling time for the program can also be an issue for some schools that are struggling with numerous, specifics, regarding mandated hours of educational content.

RISK REDUCTION EDUCATION AND ENGAGEMENT ACCELERATE ALTERNATIVE COMMUNITY BEHAVIORAL HEALTH (REACH)

Location(s):	
KernBHRS 5121 Stockdale Hwy. Bakersfield, CA Start Date: November 2016	Clinica Sierra Vista 8787 Hall Rd. Lamont, CA 93241 Start Date: 3/1/2017

Involved Contracts:
Clinica Sierra Vista Client services in Lamont/Arvin

Prevention and Early Intervention Component:
☒ Access & Linkage to Treatment

Component Evaluation and Outcome Measurement Tool(s) used:	
Excel Spreadsheet with Flow Data	Cerner (Electronic Health Record)

Unduplicated Clients served in FY 2018-2019:	36

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$377,322	$1,798,260	$1,798,260	$1,798,260
Estimated Annual Cost Per Person	$10,481.17	$2,308.42	$2,036.53	$1,982.65
Estimated Unduplicated # to be Served	36	779*	883*	907*

*REACH Expansion (AB114) will be absorbed into REACH (PEI) in FY 20/21.

Unduplicated # Clients to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20		3	31	2
FY 20/21		5	770	4
FY 21/22		10	865	8
FY 22/23		18	873	16

*REACH Expansion (AB114) will be absorbed into REACH (PEI) in FY 20/21.

Program Description

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

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

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

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

Menu of Service

- 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.
- 24-hour Referral Line.
- Follow-up with individuals.

Goals & Outcomes

- 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.

Community Impact

Through REACH the community has had a reduction in homeless individuals needing behavioral health services. Due to REACH, KernBHRS has seen more individuals receiving mental health and substance use services. REACH helps to reduce the impact of trauma related events for those connected to services.

Changes/ Challenges/ Barriers

There has been a challenge in reaching the outlying Kern County Communities. Access to housing and medical care is limited. REACH finds the homeless population can be difficult to engage and locate at times. Internally it is challenging accurately reflecting services delivered in documentation between referral tracking and electronic health record. REACH Expansion (AB114) will be absorbed into REACH (PEI) in FY 20/21.

RISK REDUCTION EDUCATION AND ENGAGEMENT ACCELERATE ALTERNATIVE COMMUNITY BEHAVIORAL HEALTH (REACH) EXPANSION

Location(s):		
Clinica Sierra Vista 1400 South Union Ave. Bakersfield, CA Start Date: July 1, 2019	Child Guidance Clinic 3509 Union Ave. Bakersfield, CA Start Date: July 1, 2019	College Community Services (CCS) 930 F Street Wasco, CA Start Date: July 1, 2019
Clinica Sierra Vista 828 High Street Delano, CA Start Date: July 1, 2019	Clinica Sierra Vista 3717 Mt. Pinos Way, Suites C&D Frazier Park, CA Start Date: July 1, 2019	CCS 16940 Highway 14, Ste. F Mojave, CA Start Date: July 1, 2019
CCS 1021 4th Street, Ste. B Taft, CA Start Date: July 1, 2019	CCS 2731 Nugget Avenue Lake Isabella, CA Start Date: July 1, 2019	CCS 1400 North Norma St., Ste. 133 Ridgecrest, CA Start Date: July 1, 2019
CCS 113 East F Street Tehachapi, CA Start Date: July 1, 2019	WRAWC 5121 Stockdale Hwy Ste 275 Bakersfield, CA 93309 Start Date: July 1, 2019	SERAWC 1600 E. Belle Terrace Way Bakersfield, CA 93307 Start Date: July 1, 2019
NERAWC 3751 Columbus St Bakersfield, CA 93306 Start Date: July 1, 2019		

Involved Contracts:		
Clinica Sierra Vista • Client Services	Child Guidance Clinic • Client Services	CCS • Client Services

Prevention and Early Intervention Component:
☒ Access & Linkage to Treatment

Component Evaluation and Outcome Measurement Tool(s) used:
Cerner (Electronic Health Record)

Clients served in FY 2018-2019:	Program Implementation was not completed

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,422,938	$0*	$0*	$0*
Estimated Annual Cost Per Person	$2,483.31	$0*	$0*	$0*
Estimated Unduplicated # to be Served	573	0*	0*	0*

*REACH Expansion (AB114) will be absorbed into REACH (PEI) in FY 20/21.

Unduplicated # Clients to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		146	388	39
FY 20/21		0*	0*	0*
FY 21/22		0*	0*	0*
FY 22/23		0*	0*	0*

*REACH Expansion (AB114) will be absorbed into REACH (PEI) in FY 20/21.

Program Description

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

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

Referrals to the REACH Program are typically received from (but not limited to) the following: Family Members/Persons of Support, Contract Providers, Law Enforcement, KernBHRS programs, and other community supports.

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

An expansion of REACH was implemented July 1, 2019 which includes the following new services:

1. Community outreach, education and engagement services to individuals not currently treated within the outlying areas of Kern County. College Community Services and Clinica Sierra Vista are the adult outpatient contract providers who now have staff completing REACH services.
2. Reengagement REACH services to those clients who are opened to the Recover and Wellness Center (RAWC) Adult System of Care but who have disengaged from services. Each internal KernBHRS adult outpatient teams (Southeast RAWC, Northeast RAWC, West RAWC) and all contract provider adult outpatient team have staff providing this service

To support a continuum of care approach, REACH staff will be integrated within treatment teams of the Department contract providers in the outlying areas of Kern County. This practice allows for seamless transition between service entry, treatment and post treatment support and re-engagement.

Menu of Service

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.
- 24-hour Referral Line.
- Follow-up with individuals.

REACH Reengagement Services:

- Service coordination for re-engagement.
- Engage clients.
- Family engagement.
- Full range of services.

Goals & Outcomes

REACH-Outreach Expansion

- 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-Reengagement Expansion

- Improved service engagement with 50% of clients being reengaged in direct services within 60 days.
- Improved service engagement with family members/significant support persons by attempting to engage family/significant support persons at least once every two weeks (if active Release of Information (ROI) is on file).

Community Impact

Through REACH the community has had a reduction in homeless individuals needing behavioral health services. Due to REACH, KernBHRS has seen more individuals receiving mental health and substance use services. REACH helps to reduce the impact of trauma related events for those connected to services and is maintaining engagement of individuals benefitting from behavioral health services.

Changes/ Challenges/ Barriers

There has been a challenge in reaching the outlying Kern County Communities. Access to housing and medical care is limited. REACH finds the homeless population can be difficult to engage and locate at times. REACH finds that individuals do not always have an identified family member/significant support person to help support their recovery. REACH Expansion (AB114) will be absorbed into REACH (PEI) in FY 20/21.

SUICIDE PREVENTION OUTREACH & EDUCATION

Location(s):
KernBHRS 2525 North Chester Ave., Building H Bakersfield, CA 93308 Start Date: Oct 2018

Involved Contracts: None

Prevention and Early Intervention Component:
☒ Suicide Prevention

Component Evaluation and Outcome Measurement Tool(s) used:		
Question, Persuade, and Refer (QPR)	Applied Suicide Intervention Skills Training (ASIST)	More Than Sad

# Reached in FY 2018-2019:	211,589

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$278,791	$278,791	$278,791	$278,791
Estimated Annual Cost Per Person	$1.33	$1.33	$1.27	$1.21
Estimated # to be Reached*	209,000	210,000	220,000	230,000

*Due to COVID-19 estimated numbers for FY 19/20 are lower than FY 18/19

# to be Reach*	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	94,050	52,250	41,800	20,900
FY 20/21	94,500	52,500	42,000	21,000
FY 21/22	99,000	55,000	44,000	22,000
FY 22/23	101.500	57,500	46,500	24,500

Numbers are estimates as program is unable to always capture demographics because of Facebook lives and/or events that take place.

Program Description

The Suicide Prevention Outreach and Education (O&E) program will increase the suicide prevention outreach and education services through staffing to better support the efforts of KernBHRS in providing opportunities for training and outreach surrounding suicide prevention.

Suicide Prevention O&E is designed to benefit KernBHRS staff, members of the community, community-based organizations, businesses, churches, educational organizations, and others seeking education, training and resources pertaining to suicide prevention. This outreach team also reaches out to our community partners such as: Kern County Child Protective Services, Kern

County Fire Department, Kern County Department of Public Health and others. This program also reduces stigma associated with suicide by promoting awareness and providing suicide prevention information and campaigns through news, print and social media platforms.

The Suicide Prevention O&E team consists of a behavioral health therapist and a behavioral health recovery specialist who are available to support Kern County's needs. Additionally, there are two bilingual behavioral health recovery specialists who supplement the KernBHRS Outreach and Education Suicide Prevention Team.

Menu of Service

- 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.

Goals & Outcomes

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

Community Impact

Suicide Prevention O&E reached an estimated 200,000 via Facebook livestreaming events, radio, TV and print interviews on suicide awareness in FY 19-20. Suicide awareness trainings are increasing as outreach and training in the community are requested. Stigma reduction is occurring as the community is more comfortable talking about suicide. There is more information distributed about crisis and KernBHRS services throughout the community.

Changes/ Challenges/ Barriers

A challenge is resistance and stigma from the community on engaging in suicide awareness training. KernBHRS has difficulty engaging the LatinX community. Staffing challenges continue to be a barrier in filling vacancies.

TAY CAREER DEVELOPMENT

Location(s):
America's Job Center of California 1600 E. Belle Terrace Avenue Bakersfield, CA 93307 Start Date: July 2014 End Date: June 30, 2020

Involved Contracts:	
Employers' Training Resource Client Services	Kern High School District Client Services

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:		
Pre and Post Test	Transition to Independence Process (TIP)	In Vivo

Unduplicated Clients served in FY 2018-2019:	145

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$1,860,890	$0*	$0*	$0*
Estimated Annual Cost Per Person	$12,573.58	$0*	$0*	$0*
Estimated Unduplicated # to be Served	148	0*	0*	0*

*TAY Career Development will be ending 6/30/2019.

Unduplicated # Clients to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20		148		
FY 20/21		0*		
FY 21/22		0*		
FY 22/23		0*		

*TAY Career Development will be ending 6/30/2019.

Program Description

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

Youth participating in the TAY Career Development Program experiencing increased mental health symptoms, including those with a co-occurring substance use disorder, may be provided treatment and support throughout the process.

Menu of Services

KernBHRS TAY

- Promote social skills and self-empowerment.
- Reduce any psychosocial, adjustment, or situational stressors.
- Reduce risk factors.
- Individual therapy interventions.
- Group rehabilitation.
- Develop coping and problem-solving skills.
- Harm reduction and relapse prevention.

KernBHRS TAY with Kern High School District, America's Job Center/Employers' Training Resource, and the Employment Development Department

- Career Development Program (12 weeks):
  - Employment readiness skills (six weeks).
  - Paid externship (six weeks).
  - Job search and placement.

Goals & Outcomes

- Prevent unemployment among TAY.
- Prevent psychosocial, situational, and adjustment stressors that impair TAY from obtaining and maintaining employment.
- Promote effective communication both socially and professionally.
- Decrease anxiety and depression by providing youth In Vivo role-play training to assist in obtaining and maintaining employment.
- Assist TAY in learning to self-manage their mental health symptoms while simultaneously developing the necessary skills to enter the workforce.
- Outcomes include measuring job readiness, utilizing a pre and post-test to measure confidence in the program.
- Other outcomes demonstrating program effectiveness in participants securing permanent stable employment include number of participants that complete job readiness skill training, start work experience, finish work experience, and are hired for permanent employment.

Community Impact

Successful participation and completion of the program provides this population the ability to further attain independence financially, eliminating the need for public assistance.

Changes/ Challenges/ Barriers

Youth participation is a challenge. At times, mental health symptoms can interfere with the completion of classes or internships. Lack of motivation, transportation, and stable housing poses a major barrier with youth that have participated in this program.

TAY Career Development will be ending 6/30/2020 due to difficulty engaging youth and meeting outcomes. Individual Placement Support (IPS) services will be replacing the employment needs of TAY with more measurable outcomes.

TAY DUAL RECOVERY

Location(s):
The Third Tradition 3316 Lavern Avenue Bakersfield, CA 93309 Start Date: December 2019

Involved Contracts:
The Third Tradition Sober Living Housing (9 beds)

Prevention and Early Intervention Component:
☒ Early Intervention

Component Evaluation and Outcome Measurement Tool(s) used:	
Life Skills Inventory Independent Living Skills Assessment Tool	Independent Living Skills Survey

Unduplicated Clients served in FY 2018-2019:	Program Implementation Not Complete

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$220,000	$220,095	$220,095	$220,095
Estimated Annual Cost Per Person	$12,222.22	$7,336.50	$4,891	$3,668.25
Estimated Unduplicated # to be Served	18	30	45	60

Estimated # Number to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20		18		
FY 20/21		30		
FY 21/22		45		
FY 22/23		60		

Program Description

The TAY Dual-Recovery Program is designed to provide immediate supportive behavioral health and substance use care in a sober living environment for up to 90-days to TAY. The program focuses on stabilizing youth during their stay at the sober living facility to aid them in their recovery and community living. The sober living program staff works in collaboration with the TAY Team to ensure care coordination and enhanced treatment. The TAY Team provides behavioral health treatment and helps support sober living facility staff with assisting youth in the development of life skills while simultaneously working on their recovery.

Menu of Services

- Substance abuse groups (daily in-house).
- Individual substance abuse counseling.
- Alcoholics Anonymous or Narcotics Anonymous meetings (one per day).
- Transportation assistance.
- Teaching life skills group.
- Case management.

Goals & Outcomes

- 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.
- Improve youths' independent life skills to enhance community living.
- Decreased substance use to promote improved global functioning.
- Reduction in homelessness by assisting youth with securing stable permanent housing.
- Reduction in high risk behaviors to aid youth in improving safety and effectively transitioning to adulthood.

Community Impact

Successful participation and completion of the program provides this population the ability to maintain abstinence from substance use and improve their mental wellness which improves likelihood of securing gainful employment and permanent stable housing, eliminating the need for public assistance. Success in the program contributes to a reduction in legal issues associated with untreated mental illness and substance use including decreased public financial costs for legal proceedings and incarcerations. Successful participation will also assist parenting youth with improving the likelihood of maintaining custody of their children and/or aid youth in reunifying with their children currently in foster care.

Changes/ Challenges/ Barriers

Limited public transportation is a challenge to securing and maintaining stable permanent employment required to successfully transition out of the program and into independent living. Working with youth in various stages of change is a challenge to helping youth promote supportive group cohesion and not negatively affecting each other's progress. A barrier is limited affordable housing in Kern County; the TAY Team and sober living staff will need to collaborate to help the youth secure permanent housing when they exit the program.

TAY SELF SUFFICIENCY

Location(s):
The Dream Center 1801 19th Street Bakersfield, CA 93301 Start Date: January 2019

Involved Contracts:
MOU with Kern County Superintendent of Schools (KCSOS) Dream Center will provide engagement and linkage.

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:		
BHRS Demographics Form	Casey Life Skills Assessment	Pre- and Post-Test

Unduplicated Clients served in FY 2018-2019:	817

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$325,562	$325,562	$325,562	$325,562
Estimated Annual Cost Per Person	$398.48	$398.48	$398.48	$398.48
Estimated Unduplicated # to be Served*	817	817	817	817

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20		817		
FY 20/21		817		
FY 21/22		817		
FY 22/23		817		

Program Description

The Transitional Age Youth (TAY) Self -Sufficiency Program enhances services available for the Kern County Network for Children's Dream Center. Services are provided through a multi-disciplinary effort involving various agencies and organizations, including: Kern BHRS TAY program staff, Kern County Department of Human Services, Kern County Probation Department, Foster Youth Services Program, Kern County Public Health, Kern County Housing Authority, California Department of Rehabilitation and Employers Training Resource.

The Dream Center is considered a well-known and comfortable environment for this population, rich in resources to assist in guiding youth toward gaining independence. Youth are referred by service providers and schools throughout Kern County, homeless street outreach programs, and commonly by other youth who receive Dream Center services. An average of 25 new youth visit the Dream Center each month.

The Dream Center is a unique, multi-agency one-stop shop; a continuum of services is provided on site while also giving youth a drop-in center environment in which they feel comfortable. The drop-in center includes a classroom, showers, laundry facility, commercial kitchen for cooking classes, computer stations, job search and study area, and a safe area for building positive relationships with peers.

Menu of Services

- Engagement and linkage to resources and services.
- Medi-Cal assistance.
- Emergency food assistance.
- Housing assistance.
- Educational advocacy/support.
- College financial aid
- Workshops and group learning.
- Leadership development.

Dream Center: Trauma-informed approach, which helps to effectively engage youth and adheres to SAMHSA principles of:

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

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

- Building the Center for the Study of Social Policy's research-based Youth Thrive Protective and Promotive factors of resilience, concrete support in times of need, social connections, social and emotional competence, and knowledge of adolescent development.
- Building essential life skills that will help them to transition successfully to adulthood and self-sufficiency.
- Preparing for, obtaining and maintaining employment.
- Obtaining and maintaining housing.
- Fully utilizing available treatment and supportive services.

Goals & Outcomes

- Participating youth will demonstrate increased skills, knowledge and awareness in Casey Life Skill levels.
- At least 80% of participating youth will indicate a gain in protective factors.
- At least 25 youth who are identified as at risk of homelessness, homeless or chronically homeless will obtain.

Community Impact

Providing engagement, multi-disciplinary supportive services that include: housing, linkages to mental health and substance abuse treatment services, and helping youth to build key life skills, protective and promotive factors, and coping skills are essential to preventing youth from experiencing mental health crises, chronic homelessness, self-harming behavior, emergency room visits, and mental health emergencies. The TAY SSP can provide the types of services that struggling TAY foster/formerly foster youth need so that their outcomes improve and a positive impact on the community is achieved.

Changes/ Challenges/ Barriers

Implementation related challenges and the strategies being utilized to overcome them include: TAY who are experiencing or have experienced homelessness tend to struggle with substance abuse, exacerbate signs of mental illness and complex trauma, and can be reluctant to fully engage in or take advantage of services available to support them so that they can obtain and/or maintain housing. Comprehensive engagement services; workshops that help youth build research based protective and promotive factors, develop coping skills, and master basic life skills; and, an effective, youth-driven case management model are being utilized to help youth to be successful and prevent mental health crises and self-harming behavior.

TRANSITIONS CURRICULUM

Location(s):
CGC: West Bakersfield 3628 Stockdale Hwy Bakersfield, CA 93309 Start Date: 9/25/2018

Involved Contracts:
Child Guidance Clinic Client services.

Prevention and Early Intervention Component:
☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:		
MHSA Demographic Survey	Mood and Feelings Questionnaire	Transitions Program Evaluation
Medical Financial A		

Clients served in FY 2018-2019:	0

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$108,785	0*	0*	0*
Estimated Annual Cost Per Person	$10,878.50	0*	0*	0*
Estimated Unduplicated # to be Served	10	0*	0*	0*

*Transitions Curriculum will be ending in FY 19/20.

Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20	5	5		
FY 20/21	0*	0*		
FY 21/22	0*	0*		
FY 22/23	0*	0*		

*Transitions Curriculum will be ending in FY 19/20.

Program Description

The Transitions Curriculum program will provide group or individual training based on the curriculum, designed to prevent prolonged suffering due to mental health symptoms. The Transitions Curriculum focuses on three areas of competency critical to successful transition into independent living: Personal Management, Life Management, and Career Management.

Menu of Services

- 300 Life Skills Lessons to choose from
- Individual Training
- Skills to successfully transition into independent living
- Screening for specialty mental health services

Goals & Outcomes

- Give students the skills they need to transition into adulthood successfully.
- Increase student's self-determination, self-advocacy, motivation, and self-esteem
- Students benefitting from a one-on-one interaction and teaching setting, rather than a group setting will be provided the Transitions Curriculum individually.
- Assist students with goal setting based on identifying strengths and interests.

Outcomes measured by: Efficiency of Transition Curriculum from transitioning into adulthood can be a stressful time for youth, especially for those who are experiencing mild mental health issues, such as depression and anxiety. This is measured by Knowledge Based Pre and Post Assessment. The curriculum also includes regular assessments of each student's progress during a Review Lesson, which occurs every 4-6 lessons. During this review lesson, the students can summarize the information they have learned thus far, along with summarizing their efforts and recognition of their progress. Staff can use this lesson to track the effectiveness of the model by measuring the student's knowledge and progress.

Community Impact

Help students to develop the skills they need to be effective in their field of work. Help students to become effective communicators so that they may be successful adults. Ensure that students are prepared to meet the demands of adulthood.

Changes/ Challenges/ Barriers

There were many challenges and barriers for Transitions Curriculum. It was difficult for staff to work within the school schedule and system. There was difficulty coordinating services with the program. Parental involvement was challenging. All of these listed reasons resulted in Transitions Curriculum ending services in FY 19-20.

VOLUNTEER SENIOR OUTREACH PROGRAM (VSOP)

Location(s):		
KernBHRS 5121 Stockdale Hwy., Ste. 275 Bakersfield, CA 93309 Start Date: 2006	College Community Services 930 F Street Wasco, CA 93280 Start Date: 7/01/2010	College Community Services 113 F Street Tehachapi, CA 93561 Start Date: 07/01/2010
College Community Services 2731 Nugget Avenue Lake Isabella, CA 93240 Start Date: 07/01/2010	Aging & Adult Services 5357 Truxtun Ave Bakersfield, CA 93309 Start Date: 07/01/2012	

Involved Contracts:		
College Community Services Outpatient Client Services	Dr. Jong B. Choi Consultation/Annual Report	Aging & Adult Services

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:	
Healthy Identifying Depression Empowering Activities for Seniors (IDEAS)	Saint Louis University Mental Status (SLUMS)

Unduplicated Clients served in FY 2018-2019:	221

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,384,257	$1,523,087	$1,523,087	$1,523,087
Estimated Annual Cost Per Person	$5,767.74	$5,858.03	$5,439.60	$5,076.96
Estimated Unduplicated # to be Served	240	260	280	300

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20				240
FY 20/21				260
FY 21/22				280
FY 22/23				300

Program Description

The Volunteer Senior Outreach Program (VSOP) utilizes trained volunteers, who work alongside clinicians and case managers to outreach to older adults throughout Kern County. The program was designed to educate and engage seniors who are homebound or living independently and at risk of isolation. Referrals are received from KernBHRS teams, family members, hospitals, home health care and self-referrals. Seniors are referred to VSOP services to address potential mental health symptoms.

Because VSOP strongly incorporates its volunteers, VSOP works through the outreach process to both recruit and train participants. During the training process, volunteers act as observers and collaborate with the clinical and case management staff to help in reducing isolation of clients while creating new relationships and building interest in activities of daily living.

Menu of Services

- Public education through health fairs, senior living facilities, churches, and community collaborative meetings.
- Provide information on program as well as signs and symptoms of mental illness to dispel stigma and create access to services.
- Referrals to screening at outreach events.
- Screening.
- Early intervention treatment.
- Referrals to higher level of care.
- Screening to measure prescription drug and alcohol use.

Goals & Outcomes

- Provide information on mental illness to seniors in the community.
- Increase access and linkage to treatment for older adults, including those in underserved populations.
- Provide support for older adults by increasing social interaction and meaningful activity in their daily lives.
- Identify and help manage symptoms of clients who are in the mild stages of mental illness.
- Linkage to appropriate resources including benefits acquisition and mental health services.
- Improve daily functioning level of older adult clients.

Community Impact

Through a stakeholder process, it was determined that there were many older adults who were isolated and/or homebound that were unable to access behavioral health services. As such, the Volunteer Senior Outreach Program was created in hopes to target this segment of the population by providing field-based services that targets clients either prior to the onset of or early in the course of a mental illness. Additionally, all PEI services have an evident-base practice that is utilized.

VSOP aims to reduce stigma by increasing knowledge about mental illness and increasing access to mental health resources by providing educational presentations and outreach. VSOP services are intended to reach unserved, underserved, and inappropriately served older adult populations who are isolated, uninsured/uninsurable, and due to phase of life challenges are now needing support from a behavioral health system. Services provided are consistent with the language and cultural needs and demographics of those communities.

Changes/ Challenges/ Barriers

VSOP has experienced the following challenges: need for transportation, food insecurities, lack of socialization, recruiting and maintaining volunteers, and apprehension to participate in treatment due to isolating behavior.

YOGA

Location(s):		
Bakersfield: 10 Locations Start Date: 09/01/2018	Ridgecrest: 1 Location Start Date: 09/01/2018	Lake Isabella: 3 Locations Start Date: 09/01/2018
Tehachapi: 2 Locations Start Date: 09/01/2018	Delano: 2 Locations Start Date: 09/01/2018	Wasco; 1 Location Start Date: 09/01/2018

Involved Contracts:		
FY19-20: • Helen Miller Lynch 40 Linden Dr. Bodfish, CA 93205 • White Wolf Wellness Foundation 5301 Office Park Dr. Suite 420 Bakersfield, CA 93309	FY20-21 • White Wolf Wellness Foundation 5301 Office Park Dr. Suite 420 Bakersfield, CA 93309	FY21-22 & 22-23 • To be determined

Prevention and Early Intervention Component:
☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:	
Participant Self-Reported Wellness Survey	Demographics Voluntary Survey

Unduplicated Clients served in FY 2018-2019:	250

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$179,529	$89,770	$89,770	$89,770
Estimated Annual Cost Per Person	$179.53	$89.77	$89.77	$89.77
Estimated Unduplicated # to be Served	>1,000	>1,000	>1,000	>1,000

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20			>950	50
FY 20/21			>950	50
FY 21/22			>950	50
FY 22/23			>950	50

Program Description

The Yoga program is designed to provide stress management and mindfulness skills to Kern residents. Open to all, the program will teach residents techniques for managing stress in order to increase wellness. The program will also be promoted to specific underserved special populations, such as veterans, seniors, family members and Spanish-speaking individuals. For Kern residents with low severity behavioral health needs, yoga can be used to reduce and/or prevent anxiety.

For clients recovering from severe mental illness, yoga can be used as an element of their treatment plan by helping them to manage and alleviate symptoms of depression, anxiety and post-traumatic stress disorder.

Menu of Services

- Community-based or virtually online classes.
- Chair-based yoga.
- Traditional yoga.
- Introductory yoga.

Goals & Outcomes

- The program is designed to decrease symptoms of anxiety, depression, and/or posttraumatic stress while reducing stigma associated with mental illness and promoting mental wellness.

Outcomes measured by: To gauge the possible impact of yoga, participants are invited to voluntarily rate their wellness prior to the start of the yoga class, and again at the end of the yoga class. Participants are also invited to voluntary complete a Demographic Survey when they register for online classes and/or attend community-based classes.

Community Impact

The Yoga Program provides Kern residents with access to free yoga classes to reduce stress and anxiety, and to increase wellness.

Changes/ Challenges/ Barriers

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.

Due to the need to reprioritize programs and services in response to the COVID-19 pandemic, funding for the Yoga program was reduced for FY20-21 and the number of yoga providers was reduced to one. However, the expected number of class participants is expected to remain strong, due to the introduction of free virtual online yoga classes. After COVID-19 shelter at home orders are no longer in place, free community-based yoga classes are expected to resume and free virtual online yoga classes are expected to continue.

YOUTH BRIEF TREATMENT

Location(s):		
KernBHRS Children's System of Care 2621 Oswell Street, #119 Bakersfield, CA 93306 Start Date: July 2014	Child Guidance Clinic 3628 Stockdale Highway Bakersfield, CA 93309 Start Date: July 2014	Child Guidance Clinic 1430 6th Avenue Delano, CA 93215 Start Date: July 2014
Child Guidance Clinic 2001 North Chester Avenue Bakersfield, CA 93308 Start Date: July 2019	Clinica Sierra Vista 3105 Wilson Road Bakersfield, CA 93304 Start Date: July 2014	Clinica Sierra Vista 7839 Burgundy Avenue Lamont, CA 93241 Start Date: July 2014
College Community Services 29341 Kimberlina Road, Suite 102 Wasco, CA 93280 Start Date: July 2014		

Involved Contracts:		
Clinica Sierra Vista Client Services	College Community Services Client Services	Child Guidance Clinic Client Services

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Prevention

Component Evaluation and Outcome Measurement Tool(s) used:
Timeliness of Access Data

Unduplicated Clients served in FY 2018-2019:	2,626

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$3,053,892	$3,107,949	$3,107,949	$3,107,949
Estimated Annual Cost Per Person	$1,140.36	$1,137.61	$1,115.16	$1,093.58
Estimated Unduplicated # to be Served	2,678	2,732	2,787	2,842

Unduplicated # Client to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	2,303	375		
FY 20/21	2,349	383		
FY 21/22	2,396	391		
FY 22/23	2,443	399		

Program Description

The Youth Brief Treatment program provides stigma reduction education materials and outreach designed to allow for ease of access and linkage to treatment for those with behavioral health care needs. The program offers same day walk-in mental health screening, assessment, and brief interventions for those in need and is available through providers in Geographic Service Areas throughout Kern County.

Brief intervention services at all locations follow the Solution-Focused Brief Therapy approach. These services are designed to teach youth and families communication, social, and coping skills. Adapting the use of skills learned through early intervention services help prevent mental health symptoms from becoming severe and persistent and improve quality of life.

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

Behavioral Health staff work with youth and their parents, resource parents, and school support systems as necessary to address symptoms in a timely manner. Treatment typically lasts six-to-twelve months for youth in this program. Engagement of family is critical and family therapy is integrated into the overall treatment plan.

Menu of Services

KernBHRS East Bakersfield Children's clinic provides education and outreach to schools and the community that include the following:

- Parents at the Bakersfield Homeless Center are provided resources and information on access to care, treatment services, and the option for onsite screening/assessment, and brief intervention for children.
- Implementation of a series of outreach events in the form of Mental Health First Aid Trainings.
- Delivery of service outreach and education to school personnel and families in the East Bakersfield area.
- Offer same day walk-in screenings and assessments.

Child Guidance Clinic (CGC) Delano and West Bakersfield Clinics provide outreach strategies to schools and the community that include the following:

- Participation in Back to School on six school campuses.
- Delivery of Mental Health First Aid Training to community.
- Delivery of trainings on trauma and parenting techniques to Delano Pre-School.
- Collaborate to ensure access to McKinney Vento Families in Transitions and to increase services to foster youth.
- Participate in School Attendance Review Board and other collaborative meetings including on site assessment at the Greenfield Resource Center.

College Community Center (CCS) Wasco Clinic provides outreach strategies to schools and the community that include the following:

- Participation in monthly community collaborative meetings.
- Delivery of educational presentations on various mental health topics to staff and students at area schools.
- Delivery of monthly presentations for outreach and education at area high school.
- Participation in May Is Mental Health Awareness activities by attending different events, providing information, and promoting mental health services.
- Attendance at Student Attendance Review Board Meetings.
- Participation in local resource fairs.

Clinica Sierra Vista (CSV) Bakersfield and Lamont Clinics provide outreach strategies to schools and the community that include the following:

- Participation in Haven Drive's Fall Festival.
- Delivery of May is Mental Health Awareness Month activities.
- Attendance at the Save a Life Today (SALT) Walk for Suicide Prevention and Awareness and NAMI's Annual Walk.
- Engage schools and families through attending Back to School Night, Family and Resource Center Fall Festival, South Valley Neighborhood Partnership meetings, Kern County Collaborative meetings, and Student Attendance Review Board meetings.
- Delivery of presentations to parents at Functional Analysis of Care Environments (F.A.C.E).

Goals & Outcomes

- Offer same day, walk-in assessment and brief treatment.
- Provide information on geographic services available through the Youth Brief Treatment program.
- Increase knowledge and supportive attitudes about mental health care and stigma reduction.
- Outreach to traditionally underserved families and youth.
- Conduct public education campaigns to engage stressed youth and their families.
- Develop community partnerships to increase visibility.
- Provide community support groups/workshops.
- Provide Mental Health First Aid training.
- Prevent prolonged suffering due to mental illness.

Community Impact

Same Day Access has given KernBHRS and providers the ability to see clients right away for an assessment. This has significant implications for the community in that a family may become aware of mental health symptoms one day and immediately receive an assessment. This enables provision of same day access when the family is in a fragile state.

Changes/ Challenges/ Barriers

Challenges include training staff to adequately address the complex needs of our families and community, which is especially true in outlying areas, and addressing cultural issues in decreasing stigma associated with mental illness.

YOUTH JUVENILE JUSTICE ENGAGEMENT (YJJE)

Location(s):
KernBHRS Children's System of Care 3300 Truxtun Ave. Bakersfield, CA 93301 Start Date: August 2017

Involved Contracts: None

Prevention and Early Intervention Component:	
☒ Early Intervention	☒ Outreach for Early Signs

Component Evaluation and Outcome Measurement Tool(s) used:		
PEI Demographic Form	Client & Family Satisfaction Surveys	Pre- & Post-Questionnaires

Unduplicated Clients served in FY 2018-2019:	147

	FY 19/20	**FY 20/21**	**FY 21/22**	**FY 22/23**
Annual Budgeted Funds	$362,289	$571,289	$571,289	$571,289
Estimated Annual Cost Per Person	$2,447.90	$3,808,.59	$3,783.37	$3,758.48
Estimated Unduplicated # to be Served	148	150	151	152

Estimated Unduplicated # to be Served	**Children (0-15)**	**TAY (16-25)**	**Adult (26-59)**	**Older Adults (60+)**
FY 19/20	72	76		
FY 20/21	72	78		
FY 21/22	73	78		
FY 22/23	74	78		

Program Description

The Youth Juvenile Justice Engagement Program is designed to engage those youth and families who have been active in the juvenile justice system. Youth exiting juvenile hall are often underserved and undiagnosed. The program provides treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system.

Menu of Services

- 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.

Goals & Outcomes

- Continued consultation with partnering agencies and mental health care teams to identify and engage youth with potential treatment needs.
- Increase access to mental health care for unserved and underserved youth and families.
- Reduce duration of untreated mental illness for those with serious mental health care needs.
- Provide outreach to increase recognition of early signs of mental illness.
- Accept referrals from Juvenile Justice for full scope mental health treatment and provide onsite assessment, treatment planning and collaboration to reduce recidivism.
- Consult with partnering agencies and mental health system of care teams to increase access to services for juvenile justice youth; increase access to mental health care for underserved and undiagnosed youth and families.

Community Impact

Through prevention and early intervention, reduce entry into the juvenile justice system for underserved youth and families and increase access for this community.

Changes/ Challenges/ Barriers

This population can struggle to take advantage of treatment and requires active engagement and follow-through. Law enforcement incentivization and referral for program participation in lieu of juvenile justice pathways is extremely helpful and requires outreach and education.

ZERO SUICIDE

Location(s):		
Assertive Community Treatment (ACT) 5121 Stockdale Highway, Suite 275, Bakersfield, CA 93309 Start Date: 9-30-2019 (Pilot)	Homeless Adult Team (HAT) 2525 North Chester Kern Linkage Program-Suite C, Bakersfield, CA 93308 Start Date: 9-30-2019 (Pilot)	Wellness, Independence, Senior Enrichment (WISE) 5121 Stockdale Highway, Suite 150B, Bakersfield, CA 93309 Start Date: 9-30-2019 (Pilot)

Involved Contracts:
Sharon Birman, Psy.D. Training for staff.

Prevention and Early Intervention Component:
☒ Suicide Prevention

Component Evaluation and Outcome Measurement Tool(s) used:
Zero Suicide Kern Outcomes Measures 2019-2020

Unduplicated Clients served in FY 2018-2019:	Program Implementation not Complete

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,361,700	$490,811	$490,811	$490,811
Estimated Annual Cost Per Person	$3,144.80	$478.84	$410.72	$359.57
Estimated Unduplicated # to be Served	433	1,025	1,195	1,365

Note: For FY 19/20, Zero Suicide will be expanded to include Crisis Services and Medical Services. It is difficult for us to estimate how many clients will be served during this fiscal year.
This also applies to FY 20/21 and 21/22. By these fiscal years, Zero Suicide will be expanded throughout the whole department, including substance use division and our contractors. There is also a possibility that by FY 21/22, we will have expanded the program to include local primary care providers and hospitals.
Because Zero Suicide is not a direct service team, I am wondering if instead of counting number of unique clients, that our outcome could be how many teams and providers we serve.

Estimated Unduplicated # to be Served	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		78	305	50
FY 20/21		169	654	202
FY 21/22		298	668	229
FY 22/23		348	768	249

Program Description

Zero Suicide is a national best-practice suicide prevention framework for health and behavioral health care systems. The model stresses the importance of linkage and access to suicide-specific treatment for clients and staff care for those who work with suicidal clients. It is designed to implement communitywide suicidal ideation and behavior screening through a specific set of tools and strategies. Clients who receive health care and behavioral health services will be screened at every designated contact to determine if risk of suicide is present. The intent is to prevent suicide by universally screening for risk and eliminating the likelihood of death by suicide. At the same time, staff care strategies will be implemented to mitigate the effects of compassion fatigue and burnout.

Menu of Services

- Suicide screening.
- Suicide risk assessment.
- Safety plan.
    - Counseling on access to lethal means.
- Suicide care management plan
    - Positive Action Toward Hope and Healing (PATHH).
    - Caring contacts.
    - Suicide-specific evidence-based treatment.
    - Cognitive Behavior Therapy -Suicide Prevention (CBT-SP).
    - Dialectical Behavioral Therapy (DBT).
- Educating the community and spreading awareness.
- Awareness campaigns and training.

Goals & Outcomes

- 100% of clients enrolled in treatment will receive a suicide screening using the C-SSRS Frequent screener.
- 100% of clients who screen positive for suicide risk will receive a comprehensive risk assessment the same day as the screening using the C-SSRS Lifetime/Recent form.
- 100% of clients who are assessed as positive for suicide risk will be enrolled in the PATHH, KernBHRS' suicide care management plan.
- 100% of clients enrolled in the PATHH will have a Safety Plan (which includes counseling on access to lethal means) developed collaboratively.
- 100% of clients on the PATHH will receive suicide-specific evidence-based treatment such as CBT-SP (Suicidal Person) or DBT.
- 100% of clients on the PATHH will receive a Caring Contact card or phone calls at prescribed intervals.
- 100% of clients placed on the PATHH do not die by suicide.

Community Impact

The program integrates into the community using a multi-phased approach. Zero Suicide will be provided first to behavioral health staff within KernBHRS and will then expand outwards to include hospitals, emergency room staff, and primary care providers.

Challenges/Changes/Barriers

Currently the Zero Suicide program at KernBHRS is in the pilot stage. The pilot was launched September 30, 2019 with the following KernBHRS teams: Assertive Community Treatment (ACT), Homeless Adult Team (HAT), and Wellness, Independence, Senior Enrichment (WISE). The pilot teams reported the following challenges during the current implementation.

1) Frequency of screening. Staff reported that several clients stated that the constant screenings were excessive. The following changes were made to our protocol to address the concerns:

1) C-SSRS Screener frequency:

(a) If a client is receiving multiple services within a short period of time (not longer than 3 hours), the team or team's supervisor can decide who does the C-SSRS screening. The screening in this case will be done once a day.

(b) If a client's services are more than three hours apart (such as therapy in the morning and group in the afternoon), then another screening needs to be done, for a total of two screenings in a day.

(c) If at any time a staff member believes that a client can benefit from a second screening in a day, this is clinically up to them.

(d) For clients, whose appointments are out in the community (i.e., PCP, SSI, DHS, etc.), then whoever provides the service will be doing the screening.

2) For clients on the PATHH:

(a) The C-SSRS Screener will be completed for individuals on the PATHH, instead of the C-SSRS Since Last Visit.

(b) A client on the PATHH will be getting increased services. If a client is receiving multiple services within a short period of time (not longer than 3 hours), the team or team's supervisor can decide who does the C-SSRS screening. The screening in this case will be done once a day.

(c) If a client's services are more than three hours apart (such as therapy in the morning and group in the afternoon), then another screening needs to be done, for a total of two screenings in a day.

(d) If at any time a staff member believes that a client can benefit from a second screening in a day, this is clinically up to them.

(e) For clients, whose appointments are out in the community (i.e., PCP, SSI, DHS, etc.), then whoever provides the service will be doing the screening.

2) Staff from the pilot teams reported false positives for suicidal thoughts and behaviors from using the C-SSRS Screener. The following changes were made to our protocol to address the concerns:

1) C-SSRS Screener false positives:

(a) Pilot teams switched from using the 6-question C-SSRS Screener to the 5-question C-SSRS Frequent Screener to eliminate the problem with false positives.

PREVENTION AND EARLY INTERVENTION (PEI) OUTCOME MEASUREMENTS REPORT

FY 2018-19

STIGMA & DISCRIMINATION REDUCTION

FAMILY CONNECTIONS & PACKED FOR RECOVERY SUPPORTED 12 FAMILY MEMBERS AND 371 CLIENTS IN NEED. OUTREACH & EDUCATION REACHED OUT TO 24,007 PEOPLE.

PROGRAMS

- FAMILY CONNECTIONS
- PACKED FOR RECOVERY
- OUTREACH & EDUCATION

ACCESS & LINKAGE TO TREATMENT

CRISIS HOTLINE & HELP ME GROW FIELDED 32,414 CALLS FOR LINKAGE TO SERVICES. REACH PHYSICALLY PROVIDED OUTREACH TO 36 INDIVIDUALS.

PROGRAMS

- CRISIS HOTLINE
- HELP ME GROW
- REACH

SUICIDE PREVENTION

OUTREACH AND EDUCATION ON SUICIDE PREVENTION REACHED 211,589 INDIVIDUALS.

PROGRAMS

- SUICIDE PREVENTION OUTREACH AND EDUCATION

BOTH PREVENTION & EARLY INTERVENTION

KERN BHRS TEAMS PROVIDED OUTREACH, EDUCATION & EARLY INTERVENTION:

- **ARRP INCREASED COPING SKILLS BY 46%.**
- **HOT SAW 619 CLIENTS IN THEIR FIRST 3 MONTHS OF START UP.**
- **TAY SELF-SUFFICIENCY INCREASED SOCIAL RELATIONSHIPS BY 80%.**
- **YBT INCREASED THEIR CLIENT COUNT BY 1,102.**
- **VSOP SUPPORTED 221 SENIORS.**

PROGRAMS

- ART RISK REDUCTION PROGRAM
- HOMELESS OUTREACH TEAM
- TAY CAREER DEVELOPMENT
- TAY SELF-SUFFICIENCY
- VOLUNTEER SENIOR OUTREACH PROGRAM
- YOUTH BRIEF TREATMENT

EARLY INTERVENTION

BOTH PROGRAMS SUPPORTED A TOTAL OF 1,213 CHILDREN AND TRANSITION AGED YOUTH WITHIN FOSTER CARE AND/ OR INVOVLED IN THE JUVENILE JUSTICE SYSTEM.

PROGRAMS

- FOSTER CARE ENGAGEMENT
- YOUTH JUVENILE JUSTICE ENGAGEMENT

PREVENTION

KERNBHRS' PREVENTION STRATAGIES FOCUS ON CHILDREN IN FOSTER CARE, THOSE WITH CO-OCCURING CONDITIONS HESITANT TO PARTICIPATE IN SERVICES, PEOPLE EXITING INSTITIUONAL SETTINGS THAT ARE HIGH RISK FOR RECITIVISM, AND PEOPLE THAT SELF IDENTIFY IN BENEFITTING FROM STRESS MANAGEMENT AND MINDFULLNESS. 782 PEOPLE WERE SERVED THROUGH PREVENTION PROGRAMMING.

PROGRAMS

- CASA
- FRED
- PACKED FOR RECOVERY
- YOGA

OUTREACH FOR INCREASING RECOGNITION OF EARLY SIGNS OF MENTAL ILLNESS

FROM OUTREACH EFFORTS AND WORKING WITH FAMILY MEMBERS, FOSTER CARE SYSTEM WORKERS, PROBATION OFFICERS, & OTHER PARTNERS, KERNBHRS WAS ABLE TO ASSESS, PROVIDE SERVICES, AND/ OR SUPPORT TO 1,225 CHILDREN, TRANSITION AGE YOUTH, AND THEIR FAMILIES.

PROGRAMS

- FAMILY CONNECTIONS
- FOSTER CARE ENGAGEMENT
- YOUTH JUVENILE JUSTICE

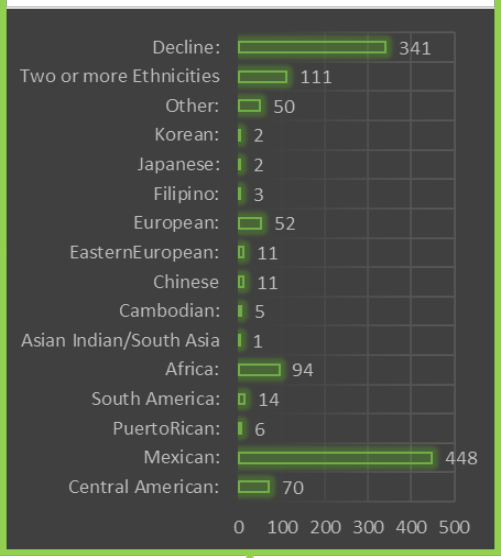
PREVENTION AND EARLY INTERVENTION (PEI) ANNUAL DEMOGRAPHICS REPORT

FY 2018-19

AGE GROUPS

AGE GROUPING	
0-11:	250
12-15:	331
16-25:	232
26-59:	500
Ages 60+:	93
Decline:	5

ETHNICITY



GENDER AT BIRTH

GENDER AT BIRTH	
Male:	691
Female:	697
Decline:	3

SEXUAL IDENTITY

SEXUAL ORIENTATION	
Gay or Lesbian:	20
Heterosexual or Straight:	755
Bisexual:	44
Questioning or unsure:	6
Queer:	1
Another:	9
Decline:	151

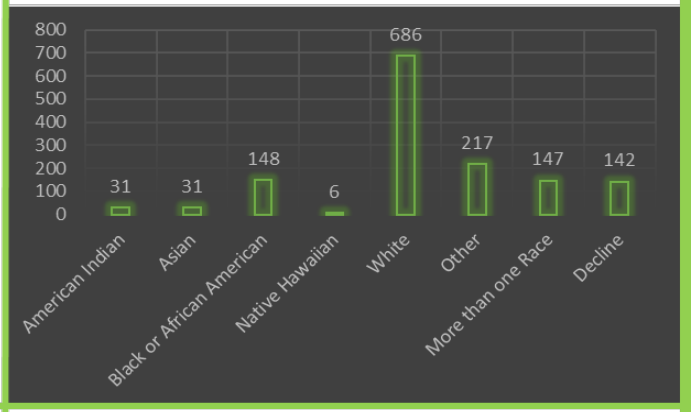
CURRENT GENDER IDENTITY

CURRENT GENDER IDENTITY	
Male:	563
Female:	578
Transgender:	4
Genderqueer:	0
Questioning or unsure of gender identity:	0
Other:	6
Decline:	12

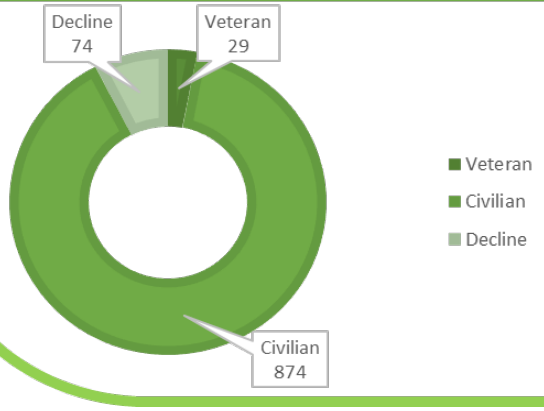
PRIMARY LANGUAGE

PRIMARY LANGUAGE	
English:	966
Spanish:	121
Both English and Spanish:	165
Other:	5
Decline:	2

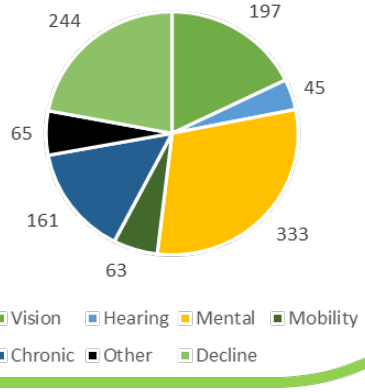
RACE



VETERAN STATUS



DISABILITIES





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 Tech 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: 4/27/2017
  - ✓ Length of Program: 5 years.
- **The Healing Project**
  - ✓ MHSOAC Approval Date: 2/22/2018
  - ✓ Length of Program: 5 years.

Important Changes:

- Tech Suite Program has changed its name to Help@Hand in Fall of 2019 and has been extended an additional two years.
- Smart911 has onboarded Kern County Fire Department as one of the Public Service Answering Point's (PSAP's) and has partnered with Office Emergency Services (OES), Community Based Organizations (CBOs), Aging and Adult Services, and Kern County Public Health to increase awareness in the community. Smart911 has also transitioned from kiosks to handheld devices in all locations.
- Healing Project has trained and onboarded peers and is expected to open in April 2020.

HELP@HAND FORMERLY THE TECH SUITE PROGRAM

Location(s):	Involved Contracts:
2001 28th St Bakersfield 93301 Established: October 26, 2017	CalMHSA, UC Irvine

Purpose	
Increase access to underserved groups	X
To increase access to services	X
Approach	
Introduces new mental health practice or approach	X
New approach that has been successful in nonmental health contexts or settings	X
Typical Population Characteristics:	Clients, Peers, Volunteers, and Staff

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$768,924	$842,304	$856,659	$0*

*Help @ Hand ends FY 21/22

Program Description

The Innovation Help@Hand (formerly known as Tech Suite) Team was renamed in the Fall of 2019. Help@Hand is now a five-year demonstration project, funded and currently directed by the following California counties: Kern, Los Angeles, Modoc, Mono and Orange. This multi-county 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.

The staff is comprised of a Project Lead, a Peer Lead, and two peers. The peers are located near the agency's Consumer Family Learning Center (CFLC) so that their proximity contributes to their connectedness and interactions with program participants. This team meets each week, along with six to seven additional peers (employees of the Self-Empowerment Team) acting as a Focus Group. This group has developed an app brochure that has tested and vetted apps that can be recommended as helpful and safe.

Goals & Outcomes

- Produce a brochure of vetted apps.
- Increase digital awareness of CFLC members.
- Empower members to become more involved and active.

Community Impact

Apps are widely used and give the public another option to receive guidance. Although none of these apps will diagnose and treat symptoms, the apps are a support guide and could be a first step in requesting help.

The use of peers is expected to facilitate the adoption of these new technologies by normalizing and spreading support throughout the community. Through experience with using peers, it has become known that having peers develop a connection with clients based on similar experience is valuable in their own recovery. KernBHRS has developed Civil Service job descriptions allowing for the hiring of three peers.

Solutions to Challenges and Barriers

The Help@Hand project had a few challenges during the first year. Participation was slower than expected and so it was determined that client engagement required one-on-one effort. The decision to pilot the first two selected apps, 7 cups and Mindstrong, at two small locations was beneficial as it was found that they were not effective as good public mental health programs. When the pilots were completed it was determined to not pursue further involvement with these two apps. Instead, peer staff began the development of an App Brochure. This is a list of free and readily available apps that were vetted by our team of peers. It was determined that the Help@Hand project would be better served by lengthier trial periods, and so the contract was extended from three to five years. The initial App Brochure has been revised and a second edition has been completed and distributed. The App brochure has proven to be popular with both staff and members requiring multiple printings in both English and Spanish.

Special Needs Registry Project -Smart911

Location(s):	
Public Service Answering Points at Police and Fire Departments throughout Kern County	Administration: 2001 28th St, Bakersfield, 93301 Established: April 27, 2017 End Date: June 2022
Involved Contracts:	
EvalCorp, Rave Mobile Safety, Inc., Kern County Sheriff's Office, Kern County Fire Department, Arvin Police Department, Bakersfield Police Department, California City Police Department, Delano Police Department, McFarland Police Department, Ridgecrest Police Department, Taft Police Department and Tehachapi Police Department	
# of Unduplicated Profiles in FY 2018-2019	3,761

Purpose	
Increase access to underserved groups	X
To promote interagency collaboration	X
Approach	
New approach that has been successful in nonmental health contexts or settings	X
Typical Population Characteristics:	Public and Clients

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$268,781	$268,781	$268,781	$0*
Estimated Annual Cost Per Person	$79.52	$77.68	$77.01	$0*
Projection of New Profiles	3,380	3,460	3,490	0*

*Smart911 Program ends FY 21/22.

Projection of New Profiles	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20	230	900	1,500	750
FY 20/21	245	930	1,520	765
FY 21/22	250	935	1,535	770
FY 22/23	0*	0*	0*	0*

*Smart911 Program ends FY 21/22.

Program Description

Rave Mobile Safety, Inc. created Smart911, a program which allows web-users the ability to create a password protected special needs registry free of charge. The registry itself is accessed via Smart911.com or the Smart911 app available on iPhones and Androids. Clients can sign up at several of KernBHRS and provider sites that display a "Smart911 Access Point" sign and at their home. During calls from registered users to 911, public safety entities that install the Smart

911 software can view the user-provided information on demand for a period of 45 minutes. This allows dispatchers and first responders access to critical information while also protecting the privacy of that information. Because the registry is created by the user, only information which is shared voluntarily is viewed by emergency dispatch centers throughout Kern County, but only when a 911 call is placed.

Examples of information that can be shared include: profile pictures, phone numbers, address, medication, medical needs, mobility issues, and treatment plans. The benefit of including all this information is so emergency calls can be responded to more efficiently and effectively. During a crisis, those experiencing an emergency may not be able to fully articulate symptoms and mental health history. Having this information at the beginning of the call can save several minutes thereby reducing the response time. The Call to Text feature is used to communicate with the caller and facilitate dispatch response when the caller has audio barriers, unable to respond due to distress, or has accidently hung up in the middle of the call. RapidSOS location is the most utilized function of this program as this technology allows dispatch to pinpoint the caller's location more accurately. Doing so will help first responders get to the scene and help the caller faster.

Goals & Outcomes

- 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.

Community Impact

This program has the potential to allow for better interagency collaboration between fire, police and other public safety entities. The goal for effectiveness, efficiency, and equity are achievable if all public safety entities had the same information for the 911 caller. KernBHRS has constant contact with liaisons with the Kern County Sheriff's Office and Kern County Fire Department to expand outreach efforts. KernBHRS has partnered with Public Safety which has resulted in an increase in profiles being created by the public. Additionally, KernBHRS has increased their community outreach efforts at public fairs and forums.

Often, individuals experiencing a mental health emergency come to the attention of law enforcement or emergency medical service responders following a call to 911. First responder staff are typically provided only that information which can be gathered over the phone by the dispatcher. The lack of information about mental health conditions, supports and effective interventions contribute to decisions to use force, arrest, incarcerate or hospitalize rather than de-escalate and redirect to sustained outpatient mental health care. This leads to costly arrests, hospitalizations and sometimes, injuries to the mentally ill person and/or first responders. By creating a special needs registry, emergency responders can be privy to vital information regarding mental health symptoms, interventions, medications and treatment plans as they arrive to provide more appropriate services. The data received from profiles can also point out the greatest areas for concern. When it comes to making decisions on future provided services, the

information gathered can illustrate the most common behavioral health concerns for the public. From there, KernBHRS can make an informed decision of our community needs.

Solutions to Challenges and Barriers

The biggest challenge facing Smart911 in FY 18/19 is lack of registration for Smart911. Outreach events out in the community have highlighted the need to increase exposure of this service to the public in the form of commercials, radio announcements, and billboards. KernBHRS is messaging the program as a public safety program to help increase registration. Additionally, KernBHRS is providing more education to the public on the security and protection of personal information within the Smart911 system.

THE HEALING PROJECT

Location(s):		Involved Contracts:
312 Kentucky Street Bakersfield, CA, 93305	629 Main St. Delano, CA 93215	Telecare Corporation, Inc.

Purpose	
To increase the quality of services, including better outcomes	X
Approach	
Makes a change to an existing mental health practice or approach to adapt to a new setting or community	X
Number of Participants in FY 2018-2019:	Program Implementation not Complete.
Typical Population Characteristics:	Adults, Homeless/at-risk, co-occurring SUD

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$4,198,261	$2,943,122	$3,030,232	$3,030,232
Estimated Annual Cost Per Person	$83,965.22	$1,842.07	$1,893.90	$1,893.90
Estimated Unduplicated # to be Served	50	1,600	1,600	1,600

Program Description

KernBHRS currently has two locations, one location in metropolitan Bakersfield and another in Delano for those experiencing a substance use or alcohol-related crisis to become sober. This peer-led program diverts individuals from arrest for public intoxication and driving-under-the-influence as well as from seeking mental health crisis services. Each recovery station seeks to provide guests with access and linkage to appropriate mental health and substance use care through use of motivational interviewing and screening tools for depression, anxiety, and alcohol/substance misuse.

Both sites utilize peer staff, with the goal of those with lived experience offering a better opportunity to engage the client.

Goals & Outcomes

The purpose of the Healing Project's outcomes is to evaluate the benefits of utilizing peer-led services in early intervention environments, evaluate the benefits of short-term recovery stations toward engagement in follow-up services, and determine the impact on arrests and crisis medical and mental health services. This will be measured by comparing baseline arrest and Psychiatric Evaluation Center data to recovery stations admissions, achieving 75% positive feedback on client satisfaction related to peer staff, and achieving a 25% admission rate for those that are

referred after their first admission. To date, no outcomes have been obtained, since the two locations are under construction and are expected to launch services in April of 2020.

Community Impact

The Healing Project is expected to provide an additional element to the crisis services continuum in Kern County. When individuals are in crisis, it may be precipitated by drug and/or alcohol use, or the individual may attempt to cope by using substances. This situation leads to negative interaction with law enforcement and possible decompensation and hospitalization. It is expected that the recovery stations will aid many that would otherwise not seek or engage into treatment by providing another crisis entry point where historically there has been a gap. The Healing Project will also emphasize the value of peer experiences, connection and follow up in order to increase engagement into behavioral health treatment. The Healing Project is expected to make a positive impact on homelessness in Kern, as it will provide a safe environment where some may be more receptive to outreach efforts for assistance.

Solutions to Challenges and Barriers

One challenge in this project has been the delay in finding appropriate locations and preparing the sites for service launch. KernBHRS has been working diligently on this project to prepare it for service provision and has selected a provider that is invested in its success. Outreach efforts have begun as local leadership is familiarizing itself with KernBHRS' systems of care, community partners and resources. As service beings in Spring 2020, baseline data will be collected, and the program will be adapted to maximize the number of individuals that are served and referred and will increase capacity in Bakersfield as needs arise.

INNOVATION (INN)
OUTCOME MEASUREMENTS REPORT

FY 2018-19

HELP @ HAND



HELP @ HAND DID NOT FIND SUCCESS WITH APPLICATIONS 7 CUPS AND MINDSTRONG. KERN CAPITALIZING ON THE OPPURTUNITY TO EXPLORE IDEAS THAT WOULD POSITIVELY IMPACT CLIENTS AND DEVELOPED A PEER VETTED APP BROCHURE TO PROMOTE WELLNESS AND RECOVERY.

THE HEALING PROJECT



DOLLARS FOR THE HEALING PROJECT UNDER INNOVATION HAVE BEEN SPENT COMPLETING RESEARCH AND DEVELOPMENT OF THE HEALING PROJECT. THE HEALING PROJECT IS SLATED TO OPEN LATE SPRING OF 2020.

SMART 911



THE MHSA TEAM IS STRATEGIZING A VAST MARKETING PLAN TO INCREASE REGISTRATION. THE MHSA TEAM IS CREATING A SUSTAINABILITY PLAN FOR SMART 911 THROUGH KERN COUNTY'S OFFICE OF EMERGENCY SERVICES. THERE ARE 3,762 ACTIVE PROFILES AS OF JUNE 30, 2019.

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 families/caregivers.

WET Programs:

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

CLINICAL INTERNSHIP

Location(s):		Involved Contracts:
Administration: 3300 Truxtun Ave, Bakersfield, CA, 93301 Established: 2005	Rotations at each KernBHRS Clinical Team location. Established: 2005	Trauma Focused Care (TFC) Consultants, Inc., Amanda Parker Trautmann; Corey Gonzales, Ph.D.; Erika Monet, LMFT; Jennifer Ochoa, Psy.D.; Joshua Sarazin, Ph.D.; Lorre Webb; Monica Peck, LCSW; Simon Burrows, LCSW and William Vanderzwan.

Number of Unduplicated Participants in FY 2018-2019:	120
Typical Population Characteristics:	Staff/workforce

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$983,821	$1,334,563	$1,334,563	$1,334,563
Estimated Annual Cost Per Person	$7,746.62	$9,532.59	$9,532.59	$9,532.59
Estimated # of Unduplicated Participants	127	140	140	140

Program Description

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, this program provides development in psychological assessment, diagnosis, clinical intervention, professional development, appreciation for human diversity consultation, interdisciplinary relationships, supervision, ethics, law and public policy. Competencies promoted are based on the Marriage and Family Therapist, Social Work, Professional Clinical Counselors Competencies. Program oversight is performed by the Department Supports Administration and Workforce Education Training Coordinator.

Goals & Outcomes

The purpose of the Clinical Internship Support Program is to measure the efficiency of the Clinical Internship and Clinical Supervision Program. Each intern and/or Associate receives a Quarterly Evaluation to review their clinical efficiency and learning. This is measured in the Quarterly Evaluation which incorporates the 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 clients/patients they provided services to each week. Each week they meet with their clinical supervisor for individual, triadic, and/or group supervision. The expectation is that Interns and/or Associates on average will gain their clinical hours within a 5-year period and be licensed by the BBS.

To provide support of licensure, associates can obtain online and/or written study materials. For FY 18-19, below are some data of those associates who have utilized the study materials and are now licensed professionals.

Discipline	Requested Study Material	Passed/Licensed
Social Workers	6	4
MFT	13	9
Total	**19**	**13**

Community Impact

KernBHRS supports education and professional development. KernBHRS supports, associates, and interns to work towards being independent and competent in the behavioral health profession.

Solutions to Challenges and Barriers

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.

PSYCHOLOGY INTERNSHIP

Location:		
Administration: 3300 Truxtun Ave, Bakersfield, CA, 93301 Established: 2000		
Rotation Location:		
Psychology Internship Administration 3300 Truxtun Ave. Suite 225 Bakersfield, CA 93301	**Foster Care Rotation** 2621 Oswell St., Ste 119 Bakersfield, CA 93306	**Children Adolescents and Families (CAF) and Forensic Adult/Adolescent/Child Intensive Rotation** Kern Linkage Division 2525 N. Chester Ave. Ste C Bakersfield, CA 93308

# of Unduplicated Participants in FY 2018-2019:	1
# of Classes or Internship Opportunities Offered in FY 2018-2019:	4 Slots
Typical Population Characteristics:	Students, Staff/Workforce

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$145,256	$145,256	$145,256	$145,256
Estimated Annual Cost Per Person	$36,314	$36,314	$36,314	$36,314
Estimated Unduplicated # of Participants	4	4	4	4

Program Description

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

Rotations available	Forensic Adult Emphasis and Children Adolescents and Families (CAF)
	Forensic Adult Emphasis and Adolescent Emphasis Rotation
	Forensic Adult Emphasis and Foster Care Rotation
	Foster Care Rotation
Evidence-Based Practices utilized depending on the rotation chosen	Solution-Focused Brief Therapy
	Dialectical Behavioral Therapy
	Modalities within the Cognitive Behavioral Therapy Spectrum
	Therapeutic Behavioral Services

Goals & Outcomes

The purpose of the Psychology Internship Program is to provide interns a broad range of clinical experiences in a variety of settings. It is the expectation that interns will build upon and refine previously acquired skills and to learn new skills throughout the internship year as they operate with an increasing level of autonomy. Outcomes are measured using the Intern Quarterly Evaluation form through direct observation, video, audio, supervisory discussions, review of written reports, and feedback from others. Successful interns are those whose knowledge and demonstration of the profession-wide core competencies increase over the course of their internship. The end goal for interns is to pursue and achieve post-doc licensure after the completion of their internship term. Of the 48 interns who have completed the program since its implementation in 2000, 30 post-docs have achieved licensure.

Community Impact

KernBHRS is a large, progressive public mental health agency whose target population is underserved individuals and families who are of primarily lower Socio-Economic Status (SES). The KernBHRS Psychology Internship prepares future psychologists to remain life-long learners, value ethical practice, and help instill hope and a belief in recovery within the individuals and families they serve in the community.

Solutions to Challenges and Barriers

Challenges faced by the KernBHRS Internship Program is the recruitment of interns. Another challenge is to retain licensed psychologist in the department. To attract intern applicants, KernBHRS has received approval to increase the intern's stipend - to be competitive with other psychology internship programs. The program has also actively pursued accreditation by the American Psychological Association so that interns can be assured that the program has met golden standards of training for psychologists.

RELIAS LEARNING

Location(s):	Involved Contracts:
3300 Truxtun Ave, Bakersfield, 93301 Established: FY 2018/2019	Relias

# of Unduplicated Participants in FY 2018-2019:	1800
Number of Classes Offered in FY 2018-2019:	1130 (930 Relias developed. 200 KernBHRS developed)
Typical Population Characteristics:	Staff/Providers/Workforce

Estimated # of Unduplicated Participants	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$192,703	$192,703	$192,703	$192,703
Estimated Annual Cost Per Person	$101.42	$91.76	$83.78	$77.08
Estimated Number of Participants	1,900	2,100	2,300	2,500

Program Description

The Relias Learning Management System is an online easy-to-use training system which provides a myriad of training modules for behavioral health agencies. The Relias Library of over 900 online courses streamlines training in multiple topics and creates a more efficient training process by allowing staff to complete training sessions in a timely manner from their workstation, eradicating the need for travel, and providing the ability for better time management. Courses provide education on levels beyond the capability of available classroom topics, more thoroughly supporting clinical, clerical and administrative workforce education.

Relias allows KernBHRS to develop department specific trainings and upload them to the Relias Library. This flexibility allows KernBHRS to develop training that adapts to trends and diverse populations specific to Kern County. KernBHRS has added over 200 specific online and in-person training modules. KernBHRS currently has 235 licensed staff completing required continuing education training in Relias. Relias is an approved continuing education provider by the following accreditation agencies:

- Accreditation Council for Continuing Medical Education (ACCME)
- American Psychological Association (APA)
- Association of Social Work Board (ASWB)
- California Board of Registered Nursing (CA-BRN)
- California Consortium of Addiction Professionals (CCAPP)

Examples of Online and In-Person Module Topics Offered to Indirect/Direct Staff, Licensed Professionals, Providers, and Volunteers

- Team Building
- Therapy Methods Specific to Demographic (Children Youth and Families, Older Adults, Serious Mental Illness)
- Supervision and Management Skills
- Compliance/Safety
- HR/Legal
- Employee Support and Development
- Addiction
- Integrated Care
- Behavioral Health General, Paraprofessional

Goals & Outcomes

Relias continues to provide updated relevant training with over 930 online modules that are updated monthly. As Relias is an accredited provider of continuing education, KernBHRS has been able to provide over 230 online continuing education training modules with 1,800 users completing more than 237 online continuing education modules.

KernBHRS developed 43 individual standardized training plans. By using the automatic enrollment capability in Relias, Training Services staff were able to quickly assign required training to staff based on their hire date (New Hire Training Plans), their job function (Annual Direct Service, Annual Professions & Administrative Staff), their job title (Supervisor Academy Training, Kern Medical resident training plans), as well as specialty training plans (MN Engagement, Zero Suicide-All Staff, Adolescent DBT, Zero Suicide, Direct Service). A due date is also established upon assignment of these training plans.
Reporting is also standardized through Relias. Training Services developed two shared reports with all supervisors, 'Training For this Quarter' and 'Overdue Training from Last Quarter'. Using these reports, supervisors can monitor completion of overdue and upcoming training assignments. Supervisors also must approve any training that is longer than eight (8) hours, again, ensuring supervisors have visibility of their staff training requirements. Human Resources also mandates the use of Relias to ensure all staff have completed required training during the Employee Performance Review process.

Community Impact

Due to quality and evidence-based trainings offered to staff and contract providers, staff increase and enhance their skills to serve clients and the community at large.

Solutions to Challenges and Barriers

As KernBHRS continues to grow as an organization, we need to better leverage online learning opportunities by incorporating or merging online learning with in-person training to allow staff to gain foundational knowledge through online modules and then practice skills in an in-person setting.

TRAINING ENHANCEMENT

Involved Contracts:	
Relias	Recovery Innovations (RI) International

# of Unduplicated Participants in FY 2018-2019:	695
Number of Classes Offered in FY 2018-2019:	33 Classes
Typical Population Characteristics:	Behavioral Health Staff, Parents, Non-profit agency staff that deal with homeless individuals or victims of domestic violence, K-12 Educators and School Counselors

Estimated # of Unduplicated Participants	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$1,847,578	$1,847,578	$1,847,578	$1,847,578
Estimated Annual Cost Per Person	$972.41	$879.80	$803.29	$739.03
Estimated Number of Participants	1,900	2,100	2,300	2,500

Program Description

Training Enhancement programs provide various workforce development trainings and conferences for KernBHRS staff, providers, and the public. Some of the programs offered users role-playing and simulations to demonstrate how to offer initial help in a mental health crisis and connect persons to the appropriate professional, peer, social, and self-help care. A variety of course formats are available to cater to the needs of specific populations or groups within the KernBHRS system of care.

Menu of Services

- Conferences.
- Trainings.
- Eye Movement Desensitization and Reprocessing (EMDR) startup.

Trainings
• Mental Health First Aid • Peer Employment Training (PET) and Advanced Peer Employment Training (Advanced PET) as part of the BHRS Recovery Supports Administration • Crisis Intervention • Cognitive Behavioral Therapy • Critical Incident Stress Management Training & Certification • Assist Train the Trainer • Clinical Supervision

- Cultural Competence
- Functional Family Therapy
- SHARE!
- Supervising Peers

Conferences
• Fair Housing Summit • Local Housing Summit • NATCON • Leadership • Evidence-Based Practices • Cultural Competence • Additional Trainings throughout the year

Goals & Outcomes

The purpose of Training Enhancement is to support our workforce by providing effective training and conferences in a wide array of topics in order to better serve our clients. The goals are to reduce the stigma associated with mental health and increase the knowledge and skills of our workforce. For the trainings, outcomes are measured by an evaluation form which participants must complete in order to receive certification for the training(s). This evaluation form measures the efficiency of course goals/objectives, facilitator's presentation and knowledge, as well as self-reflection of the attendee's willingness to help a person with a mental health challenge and stigmas/misconceptions, and self-reported demographic data.

Community Impact

Training Enhancement is beneficial to ensure the KernBHRS workforce obtain the most current and evidenced-based information, learning and practices in order to provide culturally and linguistically appropriate and effective services to our community.

Solutions to Challenges and Barriers

Programs funded under Training Enhancement have undergone many changes. There have been numerous additions of trainings and conferences. With these additions, we have brought up the challenge of maintaining certified facilitators for each curriculum. Facilitators asked for increase support in terms of reaching out to potential partners and venues, scheduling courses, and inputting data.

ENGAGEMENT AND RECOVERY ORIENTED TRAINING

Location(s):	Involved Contracts:
3300 Truxtun Ave, Bakersfield, CA Established: October 2018	University of Minnesota and the Minnesota Center for Chemical and Mental Health (MNCAMH)

# of Unduplicated Participants in FY 2018-2019:	49
# of Classes Offered in FY 2018-2019:	2
Typical Population Characteristics:	Staff/Workforce

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$127,983	$127,983	$127,983	$127,983
Estimated Annual Cost Per Person	$1,292.76	$1,279.83	$1,279.83	$1,279.83
Estimated Unduplicated Number of Participants	99	130	130	130

Estimated Unduplicated # of Participants	Children (0-15)	TAY (16-25)	Adult (26-59)	Older Adults (60+)
FY 19/20		20	79	
FY 20/21		15	85	
FY 21/22		15	85	
FY 22/23		15	85	

Program Description

The 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. This multi-component model incorporates didactic instruction with discussion, written activities and skills and rehearsal to assess the learner's knowledge and skills. Program includes a two-day in-person workshop with various topics covered: Reorienting Toward Recovery, Understanding Motivational Deficits, and Supporting Clients as they Engage in Recovery. Continued training involves live video conference sessions and web-based learning modules. Sustainability trainings are given in three forms: Engagement Training, Advanced Engagement Training, and Deep Dive Engagement Training.

Goals & Outcomes

The purpose of the Engagement and Recovery Oriented Training is to provide participants with training in Reorienting Toward Recovery and Engagement. This will be measured by all participants taking a Pre- and Post-Training Assessments which will measure Engagement knowledge and skills assessments, 20% of participants will be evaluated by assessing a surrogate/mock client scenario. By December 2019, the MN Engagement Trainers will provide baseline data from each of the previous trainings' effectiveness. The evaluation of this program is done by the University of Minnesota who evaluates the participants on a range of skill competencies.

Community Impact

As participants/staff becomes more knowledgeable in the engaging, reorienting towards recovery, recovery language, setting person-centered recovery goals, supporting clients as they engage in their recovery, and understanding the motivational challenges of our community's different diagnosis such as depression, substance use, schizophrenia, trauma and anxiety, they will be able to assist in their recovery effectively.

Solutions to Challenges and Barriers

Challenges include needed support staff to input data, spreadsheets, tracks participants completion, enrollments and create rosters, complete assignments and tasks, email reminders to participants, and scheduling participants in their Outlook calendar.

WORKFORCE EDUCATION AND TRAINING (WET) OUTCOME MEASUREMENTS REPORT

FY 2018-19

Recovery and Engagement Oriented Training

- **99** PARTICIPANTS & STAFF COMPLETED TRAINING. **43** PARTICIPANTS COMPLETED COHORT 1 & **56** IN COHORT 2.

65% OF PARTICIPANTS STATED THEY ACQUIRED A NEW SKILL THROUGH THE TRAINING.

65%

73%

73% OF PARTICIPANTS REPORT THEY HAVE BETTER KNOWLEDGE TO SUPPORT THEIR PRACTICE.

Clinical Internship Support Program

- **120** STAFF RECEIVED CLINICAL INTERNSHIP SUPPORT THROUGH THE PROGRAMS.
- KERNBHRS PROVIDED ONLINE AND WRITTEN STUDY MATERIALS FOR LICSENSURE. 19 REQUESTED STUDY MATERIALS & 13 WERE LICENSED.
- INTERNSHIP ROTATIONS ARE AVAILABLE AT ALL KERNBHRS CLINICAL TEAM LOCATIONS.

Kern Psychology Internship

- **48** INTERNS HAVE COMPLETED THE PROGRAM & **30** POST-DOCS HAVE ACHIEVED LICENSURE SINCE 2000.
- IN FY 2018-19, **4** INTERNS HAVE COMPLETED THE PSYCHOLOGY INTERNSHIP PROGRAM.
- KERNBHRS RECEIVED APPROVAL TO INCREASE THE INTERN INCENTIVE STIPEND FROM $12.48 TO **$20.31** PER HOUR.

1,130 COURSES WERE OFFERED IN RELIAS TO STAFF.

- **930** OF THESE COURSES RELIAS DEVELOPED.
- **200** KERNBHRS DEVELOPED DUE TO A SPECIFIC LOCAL NEED.

Relias Learning

RELIAS REACHED **1,800** USERS COMPLETING MORE THAN 237 ONLINE CONTINUING EDUCATION MODULES. THE OVERALL COMPLETION RATE FOR RELIAS IS:

99.78%

RELIAS HAS PROVEN TO BE SO SUCCESSFUL, THAT KERNBHRS IS STRATAGIZING HOW TO INCREASE PROFILES AND EXPAND INTO CONTRACT PROVIDERS.

TRAINING ENHANCEMENT HAS PROVIDED **695** OPPORTUNITIES FOR WORKFORCE DEVELOPMENT TRAININGS AND CONFERENCES TO KERNBHRS STAFF, PROVIDERS, & THE PUBLIC.

Training Enhancement

FUNDING SUPPORTED THE DEVELOPMENT OF **7** EYE MOVEMENT DESENSITIZATION AND REPROCESSING THERAPY LOCATIONS, INCLUDING TRAINING AND NEEDED EQUIPMENT.

TRAINING ENHANCEMENT HAS FUNDED THE FOLLOWING OPPURTUNITIES:

- 53 PEOPLE GRADUATED FROM PEER EMPLOYMENT TRAINING
- MENTAL HEALTH FIRST AID WAS PROVIDED TO 153 PEOPLE IN ENGLISH AND 39 PEOPLE IN SPANISH FOR A TOTAL OF 18 CLASSES.



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

THE HEALING PROJECT

Location(s):		Involved Contracts:
312 & 316 Kentucky Street Bakersfield, CA, 93305	629 Main St. Delano, CA 93215	Telecare, Inc.

CFTN Characteristics:	2 Facilities with a total of 16 beds with security enhancements.

	FY 19/20	FY 20/21	FY 21/22	FY 22/23
Annual Budgeted Funds	$3,778,184	0*	0*	0*

*Healing Project funding is for FY 19/20 only.

Program Description

The Healing Project consists of locating to buildings and undergo renovations that will transform the buildings into secure locations that meet the needs for people undergoing sobering and recovery treatment. The buildings require major tenant and construction improvements. The buildings also include technological outfitting for security badge access, telephonic capabilities, internet access, telehealth capabilities & additional security measures.

The Healing Project is a peer-led 16-bed recovery station that provides screening, access and linkage to care for individuals presenting with co-occurring mental health and substance use disorder needs. The Healing Project includes two recovery stations in Kern County, one in Bakersfield and another in Delano. The Bakersfield facility will have ten beds to serve the metropolitan area and its immediate surrounds, and the Delano facility will have six beds to serve the North Kern region. The number of beds per facility was determined proportionally based on site visits of fully operational sobering stations and information gathered from the KernBHRS Psychiatric Evaluation Center on the number of positive toxicology screenings. The Healing Project recovery stations will be open 24/7 and will serve an estimated 1,600 consumers annually. Consideration has been given to anticipated population growth and needs over time with facility adaptability to expand as required.

Goals & Outcomes

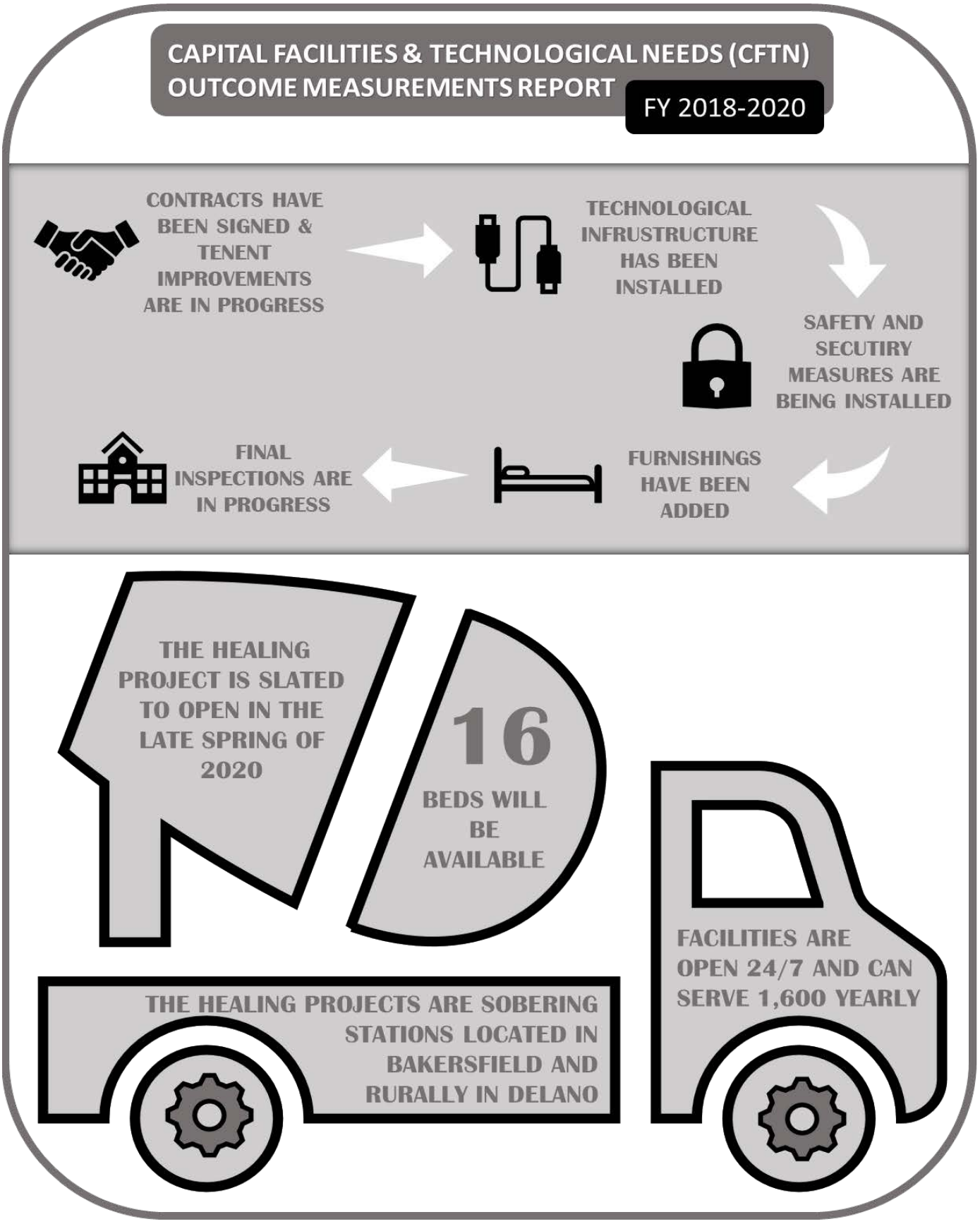
The Healing Project has signed contracts with contracted providers that will provide services and help with in the construction plan of the building. The intensive renovations are in progress for both the Bakersfield and Delano locations. he two locations are under construction and are expected to launch services mid-2020. KernBHRS is anticipating all construction and tenant improvements to be completed soon. Additionally, services will be scheduled to start as soon as all inspections and clearances are granted. KernBHRS' facilities department is standby to move in all furnishings once granted inspections clearances.

Community Impact

The infrastructure of the Healing Project was funded by Capital Facilities and Technology Needs. The two buildings provide Kern County residents a crisis entry point. With having two locations in high population areas, there is a greater possibility of lowering negative interactions with law enforcement and possible decompensation and hospitalization. Since the quantity of beds at each site is proportional to the need in each city, there will be a good utilization of resources throughout the year.

Solutions to Challenges and Barriers

The project has experienced a delay in finding appropriate locations and preparing the sites for service launch. As with most construction project delays are expected. KernBHRS has focused its efforts on outreach efforts so other community partners and resources are aware of this service. As service begins in mid-2020.


CAPITAL FACILITIES & TECHNOLOGICAL NEEDS (CFTN)
OUTCOME MEASUREMENTS REPORT
FY 2018-2020
CONTRACTS HAVE BEEN SIGNED & TENENT IMPROVEMENTS ARE IN PROGRESS
TECHNOLOGICAL INFRUSTRUCTURE HAS BEEN INSTALLED
SAFETY AND SECUTIRY MEASURES ARE BEING INSTALLED
FURNISHINGS HAVE BEEN ADDED
FINAL INSPECTIONS ARE IN PROGRESS
THE HEALING PROJECT IS SLATED TO OPEN IN THE LATE SPRING OF 2020
16
BEDS WILL BE AVAILABLE
FACILITIES ARE OPEN 24/7 AND CAN SERVE 1,600 YEARLY
THE HEALING PROJECTS ARE SOBERING STATIONS LOCATED IN BAKERSFIELD AND RURALLY IN DELANO



BUDGET

Budget Summary

The development of the MHSA Annual Plan budget is based on historical knowledge and trends from prior Fiscal Years including FY 2018-19. 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 Mental Health Services Act (MHSA)

Revenue and Expenditure Report

DHCS 1822 A (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Information Worksheet

1	Date:	11/27/2019
2	ARER Fiscal Year *(20YY-YY)*:	2018-19
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:	Candee Del Rio, MPA
10	Title of Preparer:	Business Manager
11	Preparer Contact Email:	cdelrio@KernBHRS.org
12	Preparer Contact Telephone:	661-868-6635

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Component Summary Worksheet

County:	Kern	Date:	11/27/2019

		A	B	C	D	E	F
SECTION 1: Interest		**CSS**	**PEI**	**INN**	**WET**	**CFTN**	**TOTAL**
1	Component Interest Earned	$1,256,574.74	$314,143.69	$82,669.39			$1,653,387.82
2	Joint Powers Authority Interest Earned						$0.00

		A	B	C
SECTION 2: Prudent Reserve		**CSS**	**PEI**	**TOTAL**
3	Local Prudent Reserve Beginning Balance			$16,769,833.07
4	Transfer from Local Prudent Reserve			$0.00
5	CSS Funds Transferred to Local Prudent Reserve	-$517,593.73		-$517,593.73
6	Local Prudent Reserve Adjustments			$0.00
7	Local Prudent Reserve Ending Balance			$16,252,239.34

		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	$517,593.73	$0.00	$0.00	$0.00	-$517,593.73	$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	$30,473,665.13	$8,045,015.22	$896,820.97	$1,601,400.57	$0.00	$41,016,901.89
10	Medi-Cal FFP	$14,307,805.68	$3,029,428.70	$0.00	$0.00	$0.00	$17,337,234.38
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	$2,910,239.61	$464,864.50	$0.00	$0.00	$0.00	$3,375,104.11
14	TOTAL	**$47,691,710.42**	**$11,539,308.42**	**$896,820.97**	**$1,601,400.57**	**$0.00**	**$61,729,240.38**

DHCS 1822 B (02/19)
Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Component Summary Worksheet

County:	Kern

Date:	11/27/2019

		A
SECTION 5: Miscellaneous MHSA Costs and Expenditures		TOTAL
15	Total Annual Planning Costs	$0.00
16	Total Evaluation Costs	$43,942.93
17	Total Administration	$4,536,633.57
18	Total WET RP	
19	Total PEI SW	$156,478.13
20	Total MHSA HP	
21	Total Mental Health Services For Veterans	$36,109.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Community Services and Supports (CSS) Summary Worksheet

County:	Kern	Date:	11/27/2019

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						$0.00
3	CSS Administration Costs	$3,564,941.65	$1,463,539.38				$5,028,481.03
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	-$517,593.73					-$517,593.73
11	CSS Program Expenditures	$26,908,723.48	$12,844,266.30	$0.00	$0.00	$2,910,239.61	$42,663,229.39
12	Total CSS Expenditures (Excluding Funds Transferred to JPA)	$29,956,071.40	$14,307,805.68	$0.00	$0.00	$2,910,239.61	$47,174,116.69
13	Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN and PR)	$30,473,665.13	$14,307,805.68	$0.00	$0.00	$2,910,239.61	$47,691,710.42

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 C (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Community Services and Supports (CSS) Summary Worksheet

County:	Kern	Date:	11/27/2019

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	$3,064,973.43	$856,709.02			$44,702.52	$3,966,384.97
15	15	Adult Transition		FSP	$2,543,358.52	$797,008.29			$125,378.10	$3,465,744.91
16	15	Homeless Adult		FSP	$1,796,310.01	$400,909.86			$101,112.87	$2,298,332.74
17	15	Youth MIST		FSP	$840,001.23	$487,049.31			$201,134.42	$1,528,184.96
18	15	Youth WRAP		FSP	$1,512,515.07	$821,709.67			$306,697.52	$2,640,922.26
19	15	WISE		FSP	$972,314.64	$536,165.44			$8,076.33	$1,516,556.41
20	15	Transitional Aged Youth		FSP	$842,641.53	$418,199.79			$46,752.54	$1,307,593.86
21	15	Adult WRAP		FSP	$321,338.39	$836,325.16			$212,770.69	$1,370,434.24
22	15	Dialetical Behavioral Therapy		Non-FSP	$461,696.30					$461,696.30
23	15	Stockdale RAWC		Non-FSP	$548,558.07	$522,700.54			$184,454.05	$1,255,712.66
24	15	West Bakersfield RAWC		Non-FSP	$1,604,592.60	$1,615,991.94			$298,344.24	$3,518,928.78
25	15	North Bakersfield RAWC		Non-FSP	$824,350.10	$457,992.65			$76,648.55	$1,358,991.30
26	15	Northeast Bakersfield RAWC		Non-FSP	$835,895.10	$835,443.18			$280,785.90	$1,952,124.18
27	15	Southeast Bakersfiedl RAWC		Non-FSP	$2,232,172.99	$1,916,792.03			$349,666.98	$4,498,632.00
28	15	SIP Expansion		Non-FSP	$2,588,658.07	$993,663.38			$299,428.80	$3,881,750.25
29	15	Self Empowerment Team		Non-FSP	$919,037.80	$120,373.91			$9,420.50	$1,048,832.21
30	15	Consumer Family Learning Center		Non-FSP	$2,128,451.56					$2,128,451.56
31	15	Adult Wrap - Contractors		Non-FSP	$316,945.73	$172,657.90			$6,609.45	$496,213.08
32	15	Access & Assessment Center		Non-FSP	$2,554,912.34	$1,054,574.23			$358,256.15	$3,967,742.72
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: 2018-19
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Kern	Kern	Date:	11/27/2019

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						$0.00
3	PEI Administration Costs	$837,564.59	$141,599.42				$979,164.01
4	PEI Funds Expended by CalMHSA for PEI Statewide	$156,478.13					$156,478.13
5	PEI Funds Transferred to JPA	$142,333.00					$142,333.00
6	PEI Expenditures Incurred by JPA						$0.00
7	PEI Program Expenditures	$7,207,450.63	$2,887,829.28	$0.00	$0.00	$464,864.50	$10,560,144.41
8	Total PEI Expenditures (Excluding Transfers and PEI Statewide)	$8,046,015.22	$3,029,428.70	$0.00	$0.00	$464,864.50	$11,538,308.42

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%	

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 D (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Prevention and Early Intervention (PEI) Summary Worksheet

County:	Kern	Kern	Date:	11/27/2019

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 Brief Treatment		Standalone	Early Intervention	Youth Brief Treatment		100%	0.0%	$1,323,313.96	$2,071,259.64			$236,218.81	$3,630,792.41
11	15	Youth Brief Treatment		Standalone	Prevention	Youth Brief Treatment		100%	0.0%	$362,630.41					$362,630.41
12	15	Tay Career Development		Standalone	Early Intervention	Tay Career Development		100%	0.0%	$429,597.97	$537,704.11			$74,134.30	$1,041,436.38
13	15	Tay Career Development		Standalone	Prevention	Tay Career Development		100%	0.0%	$687,786.09					$687,786.09
14	15	CASA		Standalone	Prevention	CASA		100%	0.0%	$12,400.00					$12,400.00
15	15	Youth Juvenile Justice		Standalone	Early Intervention	Youth Juvenile Justice		100%	0.0%	$104,210.77	$39,533.78			$27,112.70	$170,857.25
16	15	Youth Juvenile Justice		Standalone	Prevention	Youth Juvenile Justice		100%	0.0%	$55,710.99					$55,710.99
17	15	Fostercare Engagement		Standalone	Early Intervention	Fostercare Engagement		100%	0.0%	$122,401.64	$230,088.76			$127,244.78	$479,735.18
18	15	Fostercare Engagement		Standalone	Prevention	Fostercare Engagement		100%	0.0%	$394,590.67					$394,590.67
19	15	Transitions Curriculum		Standalone	Prevention	Transitions Curriculum		100%	0.0%	$30,734.00					$30,734.00
20	15	Help Me Grow		Standalone	Access and Linkage	Help Me Grow		100%	0.0%	$43,694.57					$43,694.57
21	15	Self Sufficiency Program		Standalone	Prevention	Self Sufficiency Program		100%	0.0%	$136,388.69					$136,388.69
22	15	Volunteer Senior Outreach Program		Standalone	Prevention	VSOP			0.0%	$342,129.10					$342,129.10
23	15	Family Connections		Standalone	Outreach	Family Connections			0.0%	$10,622.03					$10,622.03
24	15	FRED Program		Standalone	Prevention	FRED Program			0.0%	$60,158.32					$60,158.32
25	15	Packed For Recovery		Standalone	Prevention	Packed For Recovery			0.0%	$345,638.96					$345,638.96
26	15	Art Risk Reducation Program		Standalone	Prevention	Art Risk Reduction Program			0.0%	$18,623.79					$18,623.79
27	15	Homeless Outreach Team		Standalone	Prevention	Homeless Outreach Program			0.0%	$250,981.41					$250,981.41
28	15	Zero Suicide		Standalone	Suicide Prevention	Zero Suicide			0.0%	$286,336.74					$286,336.74
29	15	Suicide Prevention Program		Standalone	Suicide Prevention	Suicide Prevention Program			0.0%	$147,397.87					$147,397.87
30	15	Yoga		Standalone	Prevention	Yoga			0.0%	$133,614.25					$133,614.25
31	15	REACH		Standalone	Access and Linkage	REACH			0.0%	$125,594.62	$9,242.99			$153.91	$134,991.52
32	15	REACH		Standalone	Access and Linkage	REACH			0.0%	$57,486.00					$57,486.00
33	15	Early Psychosis		Standalone	Early Intervention	Early Psychosis			0.0%	$96,271.33					$96,271.33
34	15	Crisis Hotline		Standalone	Access and Linkage	Crisis Hotline			0.0%	$1,519,906.71					$1,519,906.71
35	15	Outreach & Education		Standalone	Stigma & Discrimination Re	Outreach & Education			0.0%	$219,239.74					$219,239.74
36															$0.00
37															$0.00
38															$0.00

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Innovation (INN) Summary Worksheet

County:	Kern	Date:	11/27/2019

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**	$36,609.39					$36,609.39
3	**INN Funds Transferred to JPA**	$524,812.00					$524,812.00
4	**INN Expenditures Incurred by JPA**	$553,412.00					$553,412.00
5	**INN Project Administration**	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
6	**INN Project Evaluation**	$43,942.93	$0.00	$0.00	$0.00	$0.00	$43,942.93
7	**INN Project Direct**	$262,856.65	$0.00	$0.00	$0.00	$0.00	$262,856.65
8	**INN Project Subtotal**	$306,799.58	$0.00	$0.00	$0.00	$0.00	$306,799.58
9	**Total Innovation Expenditures (Excluding Transfers to JPA)**	**$896,820.97**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$896,820.97**

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 E (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Innovation (INN) Summary Worksheet

County:	Kern	Date:	11/27/2019

SECTION TWO

		A	B	C	D	E	F	G	H	I	J	K	L	M
#		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
10	A	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$3,170,514.00		Project Administration					
10	B	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$3,170,514.00		Project Evaluation	$43,942.93				
10	C	15	SPECIAL NEEDS REGISTRY PROJECT: SMART 911		4/27/2017	7/1/2017	$3,170,514.00		Project Direct	$87,186.51				
10	**D**	**15**	**SPECIAL NEEDS REGISTRY PROJECT: SMART 911**		**4/27/2017**	**7/1/2017**	**$3,170,514.00**		**Project Subtotal**	**$131,129.44**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
11	A	15	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		Project Administration					
11	B	15	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		Project Evaluation					
11	C	15	THE HEALING PROJECT		2/28/2018	2/20/2018	$14,685,510.00		Project Direct	$149,638.57				
11	**D**	**15**	**THE HEALING PROJECT**		**2/28/2018**	**2/20/2018**	**$14,685,510.00**		**Project Subtotal**	**$149,638.57**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
12	A	15	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		Project Administration					
12	B	15	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		Project Evaluation					
12	C	15	INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES		10/26/2017	4/1/2018	$2,000,000.00		Project Direct	$26,031.57				
12	**D**	**15**	**INCREASED ACCESS UTILIZING TECHNOLOGY-BASED MENTAL HEALTH SERVICES**		**10/26/2017**	**4/1/2018**	**$2,000,000.00**		**Project Subtotal**	**$26,031.57**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
13	A													
13	B													
13	C													
13	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
14	A													
14	B													
14	C													
14	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**
15	A													
15	B													
15	C													
15	**D**									**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$0.00**

DHCS 1822 F (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Workforce Education and Training (WET) Summary Worksheet

County:	Kern	Date:	11/27/2019

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	$97,517.94					$97,517.94
4	WET Funds Transferred to JPA						$0.00
5	WET Expenditures Incurred by JPA						$0.00
6	WET Program Expenditures	$1,503,882.63	$0.00	$0.00	$0.00	$0.00	$1,503,882.63
7	**Total WET Expenditures (Excluding Transfers to JPA)**	**$1,601,400.57**	**$0.00**	**$0.00**	**$0.00**	**$0.00**	**$1,601,400.57**

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	$371,137.14					$371,137.14
10		Mental Health Career Pathways						$0.00
11	15	Residency/Internship	$1,132,745.49					$1,132,745.49
12		Financial Incentive						$0.00

DHCS 1822 G (02/19)

Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report
Fiscal Year: 2018-19
Capital Facility Technological Needs (CFTN) Summary Worksheet

County:	Kern	Date:	11/27/2019

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	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00
7	Total CFTN Expenditures (Excluding Transfers to JPA)	$0.00	$0.00	$0.00	$0.00	$0.00	$0.00



APPENDIX I: MINUTES FROM THE BEHAVIORAL HEALTH BOARD PUBLIC HEARING

KERN COUNTY BEHAVIORAL HEALTH BOARD
https://www.KernBHRS.org/behavioral-health-board
Behavioral Health & Recovery Services
2001 - 28th Street, Bakersfield
May 18, 2020
AGENDA

5:00 p.m.
Aspen Room

1. Behavioral Health Board (BHB) Executive Committee Meeting

5:30 p.m.
Training Room

2. BHB Regular Meeting Welcome and Board Introductions – Dr. Kate Tandy, Chair
3. Establish Quorum
4. Approval of Draft Minutes for April 27, 2020 Regular Meeting
5. Presentation by:
   Mitchall Patel, PIO, of Behavioral Health and Recovery Services
   - May Mental Health Awareness Month
6. Public Comment: *This Meeting is subject to the Brown Act Rules. This portion of the agenda is reserved for persons desiring to address the Board on any matter not on this agenda and over which the Board has jurisdiction. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification; make a referral to staff for factual information; or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct staff to place a matter of business on a future agenda. Speakers are requested to limit their discussion to three minutes. Speakers should state their name for the record before making their comments. Speakers are requested to limit their discussions to three minutes each.*
7. New Business:
8. Chair Report – Dr. Kate Tandy
9. MHSA 3 Year Plan – Robin Taylor, Deputy Director
10. Budget and COVID-19 Impact – Stacy Kuwahara, Deputy Director
11. COOP's and Re-opening Plan – Alison Burrowes

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

KERN COUNTY BEHAVIORAL HEALTH BOARD
REGULAR MEETING MINUTES

Monday, May 18, 2020
5:30 p.m.
Behavioral Health and Recovery Services
Via Microsoft TEAMS

BOARD MEMBERS:

Charles Collom	Frank Ramirez	Richard Hofferd
Clarence Cryer (absent)	Jean Lockhart (absent)	Nicole Villaruz
Deborah Fabos (exused)	Jeff Burdick	Sonia Silva
Doug Jauch	Kate Tandy	Bill Walker
Fawn Dessy		

OTHERS PRESENT:

Rachel Mehia, Turning Point	Marissa Treviso, Clinica Sierra Vista
Robyn Garcia, Clinica Sierra Vista	

KernBHRS

Alison Burrowes	Shannon Tolar	Stacy Kuwahara
Jenni Sill	Christina Rajlal	Robert Farmer
Lynn Corse	Heather Hornibrook	
Robin Taylor	Mitchall Patel	

1. Welcome and Introductions: Dr. Kate Tandy, Chair welcomed all in attendance. Board members provided self-introductions.

2. Establish Quorum: 9 present 3 absent; quorum established.

3. Approval of Draft April 27, 2020 Regular Meeting Minutes: MOTION by Sonia Villa and seconded by Charles Collom to approve April 27, 2020 regular meeting minutes.
   APPROVED ALL AYES.

4. Public Comment: An opportunity was provided for members of the public to address the Board.
   - Rachel Mehia, Turning Point, Integrated Services for Mentally Ill Parolees (ISMIP). Rachel is concerned that the governor is going to eliminate ISMIP Program. The program deals with the severally low functioning and mentally ill parolees such as Schizophrenia and active psychosis. Rachel does not know if she will have enough time to transition all the men. Rachel is asking for input.
   - Bill informed Rachel that he will have the substance abuse administrator and deputy director reach out to her and provide a solution. Bill suggested that Rachel send an email to Patricia Rodriguez, Board Coordinator with her contact information so we can have the appropriate staff reach out to her.

5. Presentation by Mitchall Patel, Behavioral Health and Recovery Services – Presentation on May Mental Health Awareness Month.

6. New Business: None.

7. Chair Report – Dr. Kate Tandy – Nothing to Report

8. Presentation by Christina Rajlal, Behavioral Health and Recovery Services – Presentation on MHSA 3 Year Plan. Christina is required by the state to present this to the Behavioral Health Board and get feedback which Christina will record and add it to the summary of the plan. Christina is seeking the board's approval so she can move forward and present the report June 16, 2020 at the Board of Supervisors meeting.
Question from Fawn Dessy, Board Member:
What does the housing component mean under PEI?
Fawn stated that in her experience with her daughter for some of the severally ill you must be actively involved in a medical treatment or they will probably not accept services. Fawn stated that while some people may like Yoga it is not a conducive environment to those who are severally ill. Fawn believes that this is an underserved population and would like to see more programs and funding that are geared towards people who are severely ill. Fawn believes that with the right treatment these people can become productive members of society.
Answer:
MHSA wanted to expand housing as well as address some of the barriers that come along with housing. Christina has added a component that would allow for someone who is homeless to keep their belongings or a pet. They have also increased the availability to access housing services under MHSA. The housing program under system development so it can support FSP and PEI clients. There are some PEI programs that may link to housing so a program was created that can be used throughout all MHSA spectrum of programming,
Question:
Fawn asked Christina what programs are available to our violent and vulnerable population?
Answer:
Christina stated that most of the home to stay referrals of those who will receives services will come out of FSP. These are individuals who are in our ATT HAT program that are in the justice system and are trying to get on their feet or people in adult WRAP and TAY. These are the people with the largest amount of needs that liked to services therefore it is put into system development. Under PEI we serve youth that will engage through PEI that have levels of need. We do not refer people to programs they will not benefit from especially those who have the highest level of need or just entered the system through PEI. Housing will lie with those with the highest level of need under FSP.
Richard Hofferd, Board Member commented that he appreciates the time and effort it takes to implement these programs and to get them integrated to suite the needs to each client.
Kate motioned the board to approve the MHSA 3 Year Plan, Charles Collum motioned, Richard Hofferd second the motion all in favor AYES, Fawn Dessy opposed. Motion pass.

9. Specialty Clinical Services Deputy Director's Report – Robin Taylor

- Shared with the board that all services are continuing in our Crisis Service and Children's Services.
- For Children's services there was a slight decrease as we adjusted to other methods to try and reconnect children and their families to services through telehealth and outreaching. This has helped us provide ongoing services to those individuals who have high needs or risk of crisis.
- Our WARP around team are at Mary K Shell providing support to Crisis services and responding to our PEC CSU and Kern Medical ED if needed and coordinating with Bakersfield Recovery Healthcare Hospital Children's Inpatient Facility to ensure that all of these services are continuing during this pandemic. Jenni and her team have been working hard to make sure that children and their families are continuing to have the services and the support and access to care that they need.
- Crisis services is up and running even though the lobby in Mary K Shell is not open anyone who comes in will receive services.

APPENDIX II: MINUTE ORDER FROM THE BOARD OF SUPERVISORS

AGENDA

BOARD OF SUPERVISORS - COUNTY OF KERN

1115 Truxtun Avenue
Bakersfield, California

Regular Meeting
Tuesday, June 16, 2020

9:00 A.M.

All agenda item supporting documentation is available for public review in the office of the Clerk of the Board of Supervisors, 1115 Truxtun Ave., 5th Floor, Bakersfield, 93301 during regular business hours, 8:00 a.m. – 5:00 p.m., Monday through Friday, following the posting of the agenda. Any supporting documentation that relates to an agenda item for an open session of any regular meeting that is distributed after the agenda is posted and prior to the meeting will also be available for review at the same location.

PLEASE REMEMBER TO TURN OFF ALL CELL PHONES, PAGERS OR ELECTRONIC DEVICES DURING BOARD MEETINGS.

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

BOARD TO RECONVENE

Supervisors: Gleason, Scrivner, Maggard, Couch, Perez
ROLL CALL:

SALUTE TO FLAG -

BOARD OF SUPERVISORS - PET OF THE WEEK

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT:
ALL ITEMS LISTED WITH A "CA" OR "C" ABOVE THE ITEM NUMBER ARE CONSIDERED TO BE ROUTINE AND NON-CONTROVERSIAL BY COUNTY STAFF. THE "CA" REPRESENTS THE CONSENT AGENDA FOR THE BOARD OF SUPERVISORS. THE "C" REPRESENTS THE CONSENT AGENDA FOR THE KERN SANITATION AUTHORITY AND/OR FORD CITY-TAFT HEIGHTS SANITATION DISTRICT AND/OR IHSS PUBLIC AUTHORITY. CONSENT ITEMS WILL BE CONSIDERED FIRST AND MAY BE APPROVED BY ONE MOTION. IF A MEMBER OF THE AUDIENCE WISHES TO COMMENT OR ASK QUESTIONS REGARDING AN ITEM OR ITEMS ON THE CONSENT AGENDA, THEY MAY DO SO PRIOR TO A VOTE BEING TAKEN ON THE CONSENT AGENDA. A MEMBER OF THE BOARD MAY REMOVE ANY ITEM FROM THE CONSENT AGENDA AND IT WILL BE CONSIDERED IN LISTED SEQUENCE WITH AN OPPORTUNITY FOR ANY MEMBER OF THE PUBLIC TO ADDRESS THE BOARD CONCERNING THE ITEM BEFORE ACTION IS TAKEN. A MEMBER OF THE PUBLIC MAY ALSO COMMENT ON ANY CLOSED SESSION ITEM.

STAFF RECOMMENDATION SHOWN IN CAPS

AIRPORTS

CA
8) Request to establish mid-year capital project for the Meadows Field Taxiway A Rehabilitation Construction, in an amount not to exceed $23,000 (Fiscal Impact: $23,000; Airports Enterprise Fund; Not Budgeted; Discretionary) -
APPROVE; AUTHORIZE AUDITOR-CONTROLLER TO PROCESS SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

ANIMAL SERVICES

CA
9) Request for relief from accountability for collection of 433 uncollectable accounts for various animal services charges from January 2017 through December 2017, in the amount of $102,731 (Fiscal Impact: $102,731; Not Budgeted; Discretionary) -
APPROVE

ASSESSOR-RECORDER

CA
10) Request to appropriate unanticipated revenue in the amount of $116,959 from supplemental roll assessment fees for the administration of property tax assessment (Fiscal Impact: $116,959; Not Budgeted; Discretionary) -
APPROVE; AUTHORIZE AUDITOR-CONTROLLER TO PROCESS SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

CA
11) Proposed retroactive Amendment No. 1 to Agreement 282-2019 with Baker & O'Brian, Inc. for development of a capitalization rate study for wind-driven electrical generating facilities for the years 2015-2018, extending the term from September 30, 2019 through June 30, 2020 (Fiscal Impact: None) -
APPROVE; AUTHORIZE CHAIRMAN TO SIGN

AUDITOR-CONTROLLER-COUNTY CLERK

CA
12) Request authorization for Auditor-Controller-County Clerk to use Fiscal Year 2019-2020 adjusted appropriations as more restrictive spending authority in accordance with Government Code Section 29124(b), beginning July 1, 2020 until the Fiscal Year 2020-2021 Budget is adopted (Fiscal Impact: None) -
APPROVE

BEHAVIORAL HEALTH AND RECOVERY SERVICES

CA
13) Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2019-2020 and three-year program and expenditure plan for Fiscal Years 2020-2021 through 2022-2023, and approve submission to the Mental Health Services Oversight and Accountability Commission and Department of Health Care Services (Fiscal Impact: None) -
APPROVE; ADOPT ANNUAL REPORT

SUMMARY OF PROCEEDINGS

BOARD OF SUPERVISORS - COUNTY OF KERN

1115 Truxtun Avenue
Bakersfield, California

Regular Meeting
Tuesday, June 16, 2020

9:00 A.M.

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

BOARD RECONVENED

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

SALUTE TO FLAG - Led by Second District Supervisor Zack Scrivner

NOTE: Chairman Perez stated the County of Kern provided notice that as a result of the declared federal, state, and local emergencies due to the COVID-19 pandemic, and in light of the Governor's order, this Board of Supervisors meeting is not physically open to the public. Testimony and general public comment are accepted via email or voice message to the Clerk of the Board prior to today's meeting, and live comments via teleconference will be heard during the meeting.

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

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

BOARD ACTION SHOWN IN CAPS

BOARD OF SUPERVISORS - PET OF THE WEEK

NICHOLAS CULLEN, DIRECTOR, ANIMAL SERVICES DEPARTMENT, INTRODUCED BUFFY, A TWO YEAR OLD FEMALE TERRIER MIX, AVAILABLE FOR ADOPTION AT THE KERN COUNTY ANIMAL SHELTER

AUDITOR-CONTROLLER-COUNTY CLERK

CA-12) Request authorization for Auditor-Controller-County Clerk to use Fiscal Year 2019-2020 adjusted appropriations as more restrictive spending authority in accordance with Government Code Section 29124(b), beginning July 1, 2020 until the Fiscal Year 2020-2021 Budget is adopted (Fiscal Impact: None) - APPROVED
Scrivner-Couch: All Ayes

BEHAVIORAL HEALTH AND RECOVERY SERVICES

CA-13) Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2019-2020 and three-year program and expenditure plan for Fiscal Years 2020-2021 through 2022-2023, and approve submission to the Mental Health Services Oversight and Accountability Commission and Department of Health Care Services (Fiscal Impact: None) - APPROVED; ADOPTED ANNUAL REPORT
Scrivner-Couch: All Ayes

CA-14) Proposed sole source Agreement with Aegis Treatment Centers, LLC to provide narcotic treatment program services in the Bakersfield and Delano areas from July 1, 2020 through June 30, 2021, in an amount not to exceed $8,000,000 (Fiscal Impact: $8,000,000; 2011 Realignment-Drug/ Medi-Cal/FFP; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 349-2020
Scrivner-Couch: All Ayes

CA-15) Proposed sole source Agreement with Atul Sheth, M.D. to provide outpatient psychiatric services for the department's mentally ill clients residing in the Bakersfield area from June 16, 2020 through June 30, 2022, in an amount not to exceed $877,950 (Fiscal Impact: $877,950; Realignment; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 350-2020
Scrivner-Couch: All Ayes

CA-16) Proposed sole source Agreement with Bakersfield Behavioral Healthcare Hospital, LLC to provide voluntary and involuntary inpatient psychiatric hospital services for adults and minors from July 1, 2020 through June 30, 2021, in an amount not to exceed $1,550,000 (Fiscal Impact: $1,550,000; Realignment; Budgeted; Mandated) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 351-2020
Scrivner-Couch: All Ayes

CA-17) Proposed sole source Agreement with the Gay & Lesbian Center of Bakersfield to provide outreach and supportive services to the LGBTQ+ community from July 1, 2020 through June 30, 2023, in an amount not to exceed $602,025 (Fiscal Impact: $602,025 [Fiscal Year 2020-2021 $200,675]; MHSA; Budgeted; Discretionary) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 352-2020
Scrivner-Couch: All Ayes

CA-18) Proposed retroactive Amendment No. 1 to Agreement 367-2019 with College Community Services to include counseling services for adolescents in the Lake Isabella and Mojave areas, effective April 27, 2020 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 353-2020
Scrivner-Couch: All Ayes

APPENDIX III: MHSA ACRONYM LIST

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
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
CCU:	Care Coordination Unit
CFLC:	Consumer Family Learning Center
CFT:	Child Family Team
CFTN:	Capital Facilities and Technological Needs
CGC:	Child Guidance Clinic
CIT:	Crisis Intervention Team
COR:	Co-Occurring Recovery Group
COVID-19:	Coronavirus Disease 2019

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
DHCS:	Department of Health Care Services
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
IPS:	Individual Placement Support
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
PPE:	Personal Protective Equipment
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
SCRP:	Southern California Regional Partnership
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