

# Kern County Mental Health & Services Act (MHSA)

# Annual Update

## FY 2026-27

This report includes the MHSA Annual Update to Programs and Expenditure Plan, Annual PEI and INN Reports, and Annual Revenue & Expenditure Report (ARER)

KERN COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES

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# Mission

Working together to support hope, healing, and recovery.

# Vision

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

# Value

Healing, Service Excellence, Community, and Innovation.

KERN COUNTY / Behavioral Health & Recovery Services

Alison Burrowes, MA., LCSW
DIRECTOR



I am pleased to share the **Mental Health Services Act (MHSA) Annual Report for Fiscal Year 2026–2027**, highlighting the progress, achievements, and key developments since the previous Annual Plan. This report is intended for our stakeholders, community partners, clients, families, and the Kern County Board of Supervisors as we collectively reflect on a year of meaningful work and collaboration. Guided by MHSA values, Kern Behavioral Health and Recovery Services (Kern BHRS) remains committed to strengthening community partnerships, expanding access to behavioral health services, and elevating consumer and family voices in planning and decision-making. MHSA-funded programs continue to play a vital role in increasing community understanding of behavioral health, supporting prevention efforts, and reducing stigma throughout Kern County.

Over the past year, Kern BHRS' work was shaped by community input and evolving statewide requirements. The department continued addressing service gaps for vulnerable populations, particularly individuals experiencing homelessness, through initiatives such as CARE Court implementation and expanded supportive services.

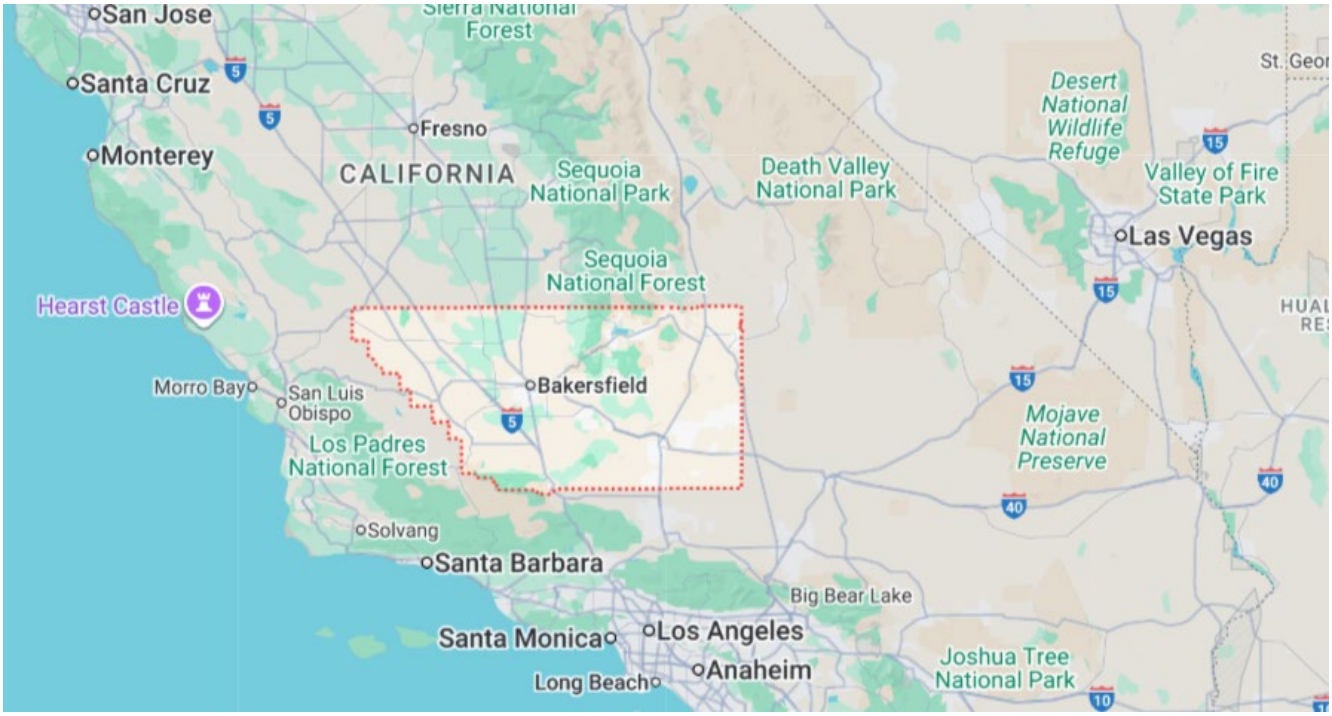
Looking ahead, Kern BHRS is advancing a range of new initiatives and system enhancements to strengthen the behavioral health continuum, improve service quality, and expand access for individuals and families most in need. **As required by statute, the Mental Health Services Act (MHSA) will transition to the Behavioral Health Services Act (BHSA) effective July 1, 2026.** This transition will realign programs, funding, reporting, and community engagement while reinforcing accountability, outcomes, and transparency. Kern BHRS will also continue implementing evidence-based practices across prevention, early intervention, crisis services, and long-term recovery to ensure consistent, high-quality care systemwide.

Sincerely,

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

# County Demographics

Situated on the southern edge of the San Joaquin Valley, Kern County is the third largest in California, spanning 8,164.7 square miles. Its diverse population benefits from the region's mountains, valleys, deserts, and agricultural areas. Kern County borders Ventura County, San Luis Obispo County, Kings County, San Bernardino County, Santa Barbara County, Los Angeles County, Tulare County, and Inyo County.




Kern County, a vital thoroughfare for travelers and commuters, connects many on the North-South route via Interstate 5 and Highway 99 and, to the east, Highway 58. This connectivity allows residents to access recreational activities like hiking at Wind Wolves, river rafting on the Kern River, and touring museums, making Kern County a hub of activity and connection. The figures provided in this section are based on 2024 estimates from the Census Bureau, a reliable source, ensuring the information is accurate and current, giving you a thorough understanding of Kern County.

## ECONOMY

Kern County, a significant economic hub, is home to a workforce of about 413,300 people. The county’s strong presence in oil and agriculture, with over 70% of California’s oil reserves and a diverse range of leading agricultural products, underscores its economic importance. Despite challenges like declining oil prices and drought, the county’s industries remain vital, with agriculture earning it the title of the “breadbasket of the world,” a testament to its global influence.

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

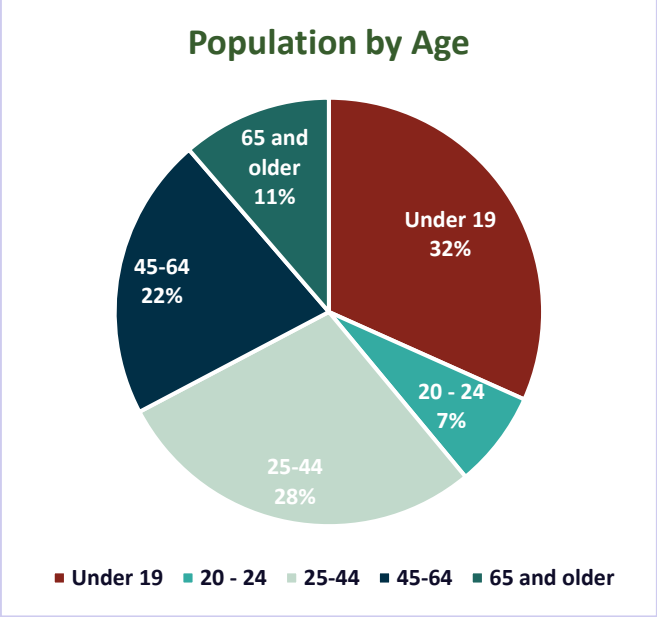
| Total Employer Establishments | Employment Rate | Median Householder Income | Bachelor's Degree or Higher |
|---|---|---|---|
| 14,352 | 55.2% | $68,893 | 18.0% |

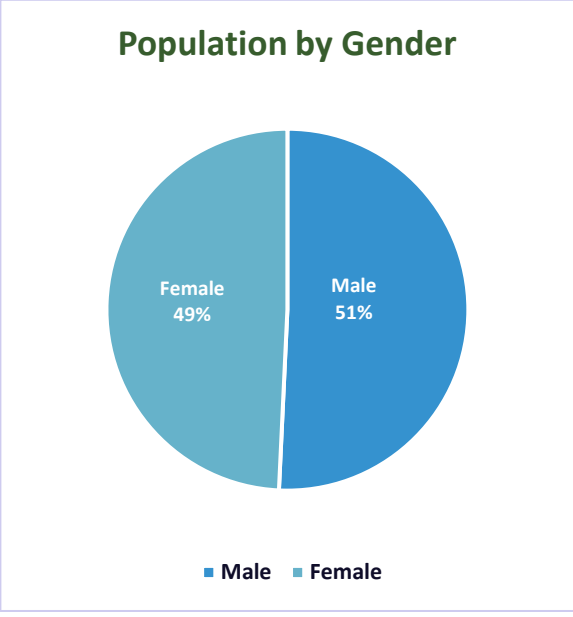
***Source: United States Census Bureau***

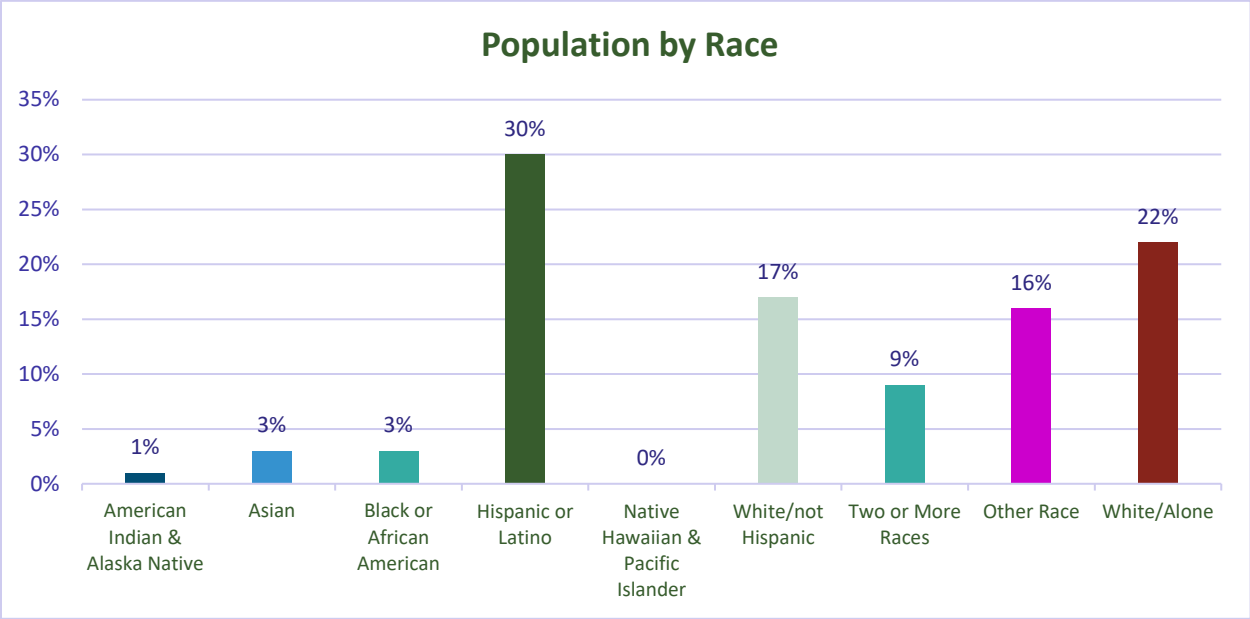
## POPULATION BREAKDOWN

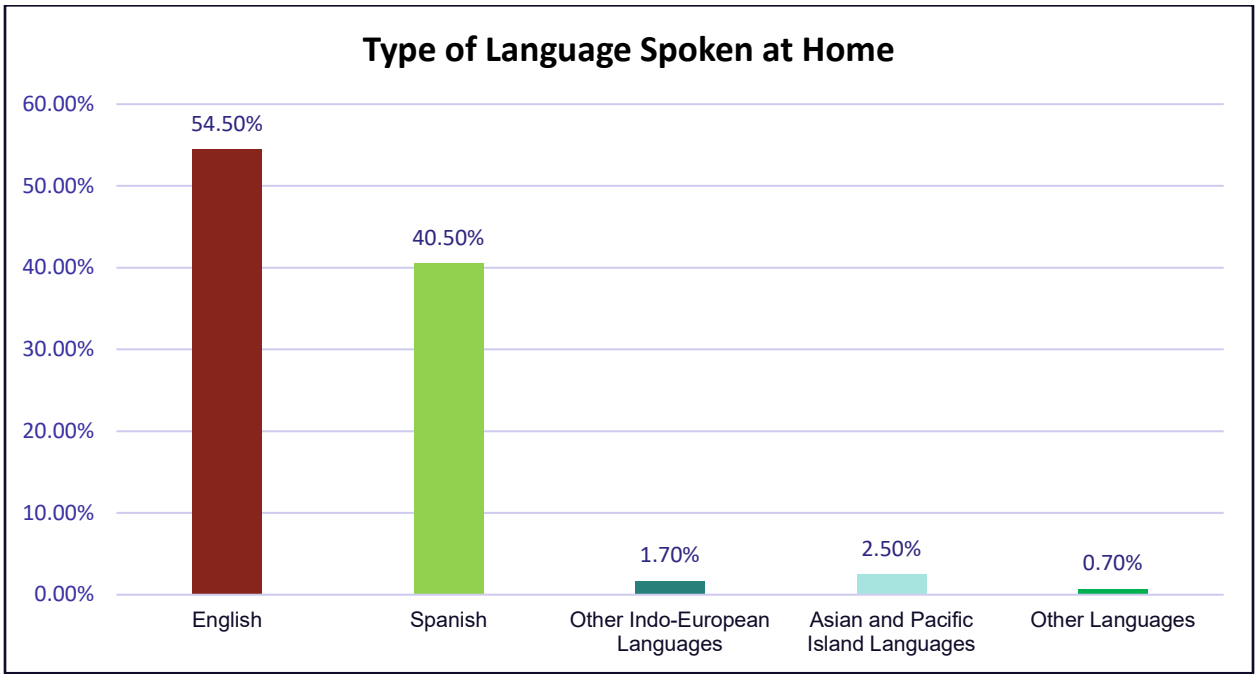
According to the most recent United States census data, Kern County, California's 2024 population is 910,235, with a growth rate of -0.32% in the past year. Kern County is the 11th largest county in California, per capita. The 2010 population was 841,365, and it has seen a growth of approximately 8.18% since then.

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




Population by Race
35%
30%
25%
20%
15%
10%
5%
0%
1%
3%
3%
30%
0%
17%
9%
16%
22%
American Indian & Alaska Native
Asian
Black or African American
Hispanic or Latino
Native Hawaiian & Pacific Islander
White/not Hispanic
Two or More Races
Other Race
White/Alone


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

# Executive Summary

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

## Behavioral Health Transformation

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

### Behavioral Health Services Act: Maximizing Funding Opportunities

The Behavioral Health Services Act focuses on mental health, substance use disorder treatment services, workforce expansion, and oversight. The Behavioral Health Bond funds treatment beds and supportive housing.









## Behavioral Health Transformation Timeline

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

### Table 1 – Behavioral Health Transformation (BHT) Implementation Timeline

**Proposition 1 implementation**

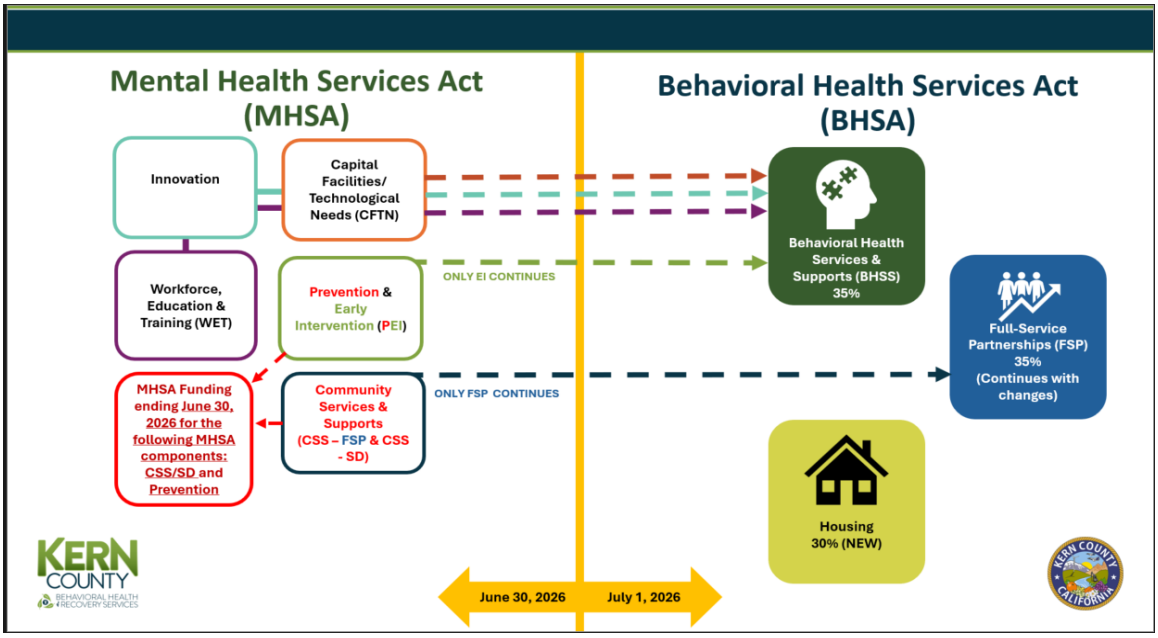
| Summer 2024 | Winter 2024 | Spring/Summer 2025 | Summer 2026 |
|---|---|---|---|
| Bond applications for treatment sites open | Bond applications for supportive housing open | Bond money awarded to:<br>• cities,<br>• counties,<br>• tribal entities, and<br>• organizations across California | All counties implement new 3-year comprehensive behavioral health services plans |

Source: https://www.mentalhealth.ca.gov/

## Behavioral Health Services Act (BHSA) Programs

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

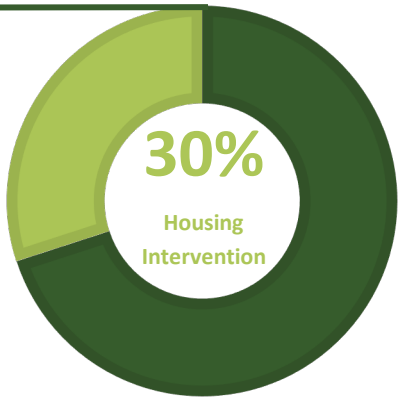
### Table 2 – Behavioral Health Transformation Funding Allocations

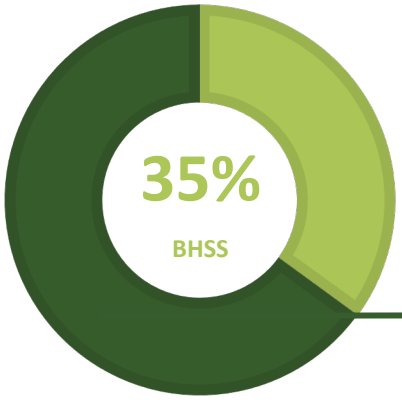


The Behavioral Health Services Act (BHSA) updates the Mental Health Services Act (MHSA) funding allocations to focus on areas where they are most needed, providing counties with some flexibility to reallocate funding between categories based on local needs.

## Housing Interventions

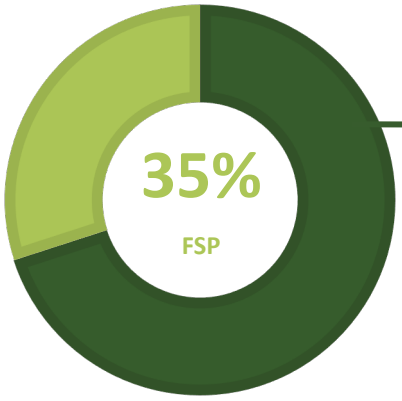
For people with the most significant mental health and substance use disorder treatment needs who are experiencing or at risk of homelessness.




## Behavioral Health Services & Supports

- Includes the following to strengthen the range of services individuals, families, and communities need:
- Behavioral health services
- Early intervention
- Outreach and engagement
- Workforce education and training
- Technical needs
- Capital facilities
- Innovative pilots and projects




## Full-Service Partnerships (FSP)

Comprehensive and intensive care for people of any age with the most complex needs through treatment, housing, employment, and other services.

# The Mental Health Services Act Programs (MHSA)

## Community Services and Support

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

Transitioning from the Mental Health Services Act (MHSA) to Behavioral Health Transformation (BHT) is expected to be completed by June 30, 2026. Consequently, all CSS (FSP & SD) programs are being carefully evaluated to reflect the new legislation, ensuring that you are fully informed and considered in this process.

### CSS-FSP Annual Budget, Expenditure Plan, and Estimated Cost Per Client

The table below represents the cost per client in FY 2024-2025, including all revenue sources.

| FSP Programs | Annual Budgeted Funds | Unduplicated # Served | Annual Cost Per Person |
|---|---|---|---|
| Adult Transition Team (ATT) and Homeless Adult Team (HAT) | $8,376,763.00 | 920 | $9,105.18 |
| Adult Wellness and Recovery Action Plan (Adult WRAP) | $2,002,524.00 | 499 | $4,013.07 |
| Assertive Community Treatment (ACT) | $5,099,956.00 | 452 | $11,283.09 |
| Transition Age Youth (TAY) | $3,465,066.00 | 230 | $15,065.50 |
| Wellness, Independence, and Senior Enrichment (WISE) | $2,297,917.00 | 136 | $16,896.45 |
| Youth Multi-Agency Integrated Services Team (Youth MIST) | $2,256,641.00 | 315 | $7,163.94 |

| | | | |
|---|---|---|---|
| Youth Wellness and Recovery Action Plan (Youth WRAP) | $4,461,949.00 | 988 | $4,516.14 |

## Important Updates: Full-Service Partnership

- **Adult WRAP**:
  - The Bakersfield Referral Team (BRT) under the umbrella of the Adult WRAP team sunsetted on June 30, 2025.
- **Transition Age Youth (TAY)**:
  - The office space contract with the Dream Center has come to an end. However, the partnership and work with the Dream Center continues.
- **Youth Multi-Agency Integrated Service Team (Youth MIST)**:
  - In February 2025, Youth MIST completed a fidelity review of the Treatment Foster Care Oregon (TFCO) model. The review found that the team continues to adhere to certification standards, with a 72% successful completion rate for youth in the program.

## CSS-SD Annual Budget, Expenditure Plan, and Estimated Cost Per Client

The table below represents the cost per client in FY 2024-2025, including all revenue sources.

| SD Programs | Annual Budgeted Funds | Unduplicated # Served | Annual Cost per Person |
|---|---|---|---|
| Access & Assessment (A&A) and Crisis Walk-in Clinic (CWiC) | $4,010,706.00 | 8,004 | $501.09 |
| Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE) | $ 375,099.00 | 367 | $1,022.07 |
| Consumer Family Learning Center (CFLC) | $1,228,782.00 | 16,625* | $73.91 |
| Home to Stay | $819,463.00 | 759 | $1,079.66 |
| Recovery and Wellness Center (RAWC) | $27,315,972.00 | 6,418 | $4,256.15 |

| | | | |
|---|---|---|---|
| Self-Empowerment Team (SET) | $249,689.00 | 200 | $1,248.45 |

***Duplicated count provided**

### Important Updates: System Development

- <u>The following CSS-SD funded programs sunsetted or transitioned to a different funding on June 30, 2025:</u>
  - Adult WRAP CORE
  - Home to Stay
  - Self-Empowerment Team (SET)
- <u>Consumer Family Learning Center (Bakersfield)</u>:
  - In fiscal year 2024-2025, a Request for Proposal (RFP) was issued to contract out the operation of the CFLC. The contract was awarded to Clarvida. The Stakeholder process was implemented throughout this process.
- <u>Self-Empowerment Team (SET)</u>:
  - In fiscal year 2024-2025, SET Peer staff achieved statewide certification of Peer Specialists through the CalMHSA Medi-Cal Training and Certification program.
  - At the beginning of fiscal year 2025-2026, the members of the SET team were reassigned to other Kern BHRS direct service teams, thereby expanding the reach of certified peers in the system of care. This resulted in the sunsetting of the SET Team.

## Prevention and Early Intervention

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

### PEI Annual Budget, Expenditure Plan, and Estimated Cost Per Client

The table below represents the cost per client in FY 2024-2025, including all revenue sources.

| PEI Programs | Annual Budgeted Funds | Unduplicated # Served | Annual Cost per Person |
|---|---|---|---|
| Access to Care: Crisis Hotline | $3,635,832.00 | 4,492 | $809.40 |
| Community Referral Network | $1,479.00 | 58 | $25.50 |
| Continuum of Care Reform (CCR) Foster Youth Engagement | $850,645.00 | 212 | $4,012.48 |
| Foster Care Engagement | $747,144.55 | 716 | $1,043.50 |
| Help Me Grow | $251,851.00 | 280 | $899.47 |
| Healing Project | $823,864.00 | 925 | $890.66 |
| Homeless Outreach Program | $1,500,000.00 | 1,595 | $940.44 |
| Living Well | $1,283,042.00 | 210 | $6,109.72 |
| Outreach & Education | $86,140.00 | 38,967 | $2.21 |
| Prepare U | $349,200.00 | 38 | $9,189.47 |
| Reengagement | $88,933.00 | 292 | $304.57 |
| Suicide Prevention and Outreach & Education (O&E) | $0.00 | 0 | $ 0.00 |
| Transition Age Youth (TAY) Dual Recovery | $235,872.00 | 47 | $5,018.55 |
| Transition Age Youth (TAY) Self-Sufficiency | $265,582.00 | 695 | $382.13 |
| Youth Brief Treatment (YBT) | $2,633,107.00 | 2,658 | $990.63 |
| Youth Juvenile Justice Engagement | $65,085.00 | 135 | $482.11 |
| Zero Suicide | $193,836.00 | 43 | $4,507.81 |

## Important Updates: Prevention and Early Intervention

- The following PEI programs sunsetted on June 30, 2025, and on July 1, 2025:

- Community Referral Network
- Help Me Grow
- Homeless Outreach Program
- Living Well (some services transitioned out of MHSA funding. See below)
- Reengagement
- Suicide Prevention & Outreach and Education (July 1, 2025)
- TAY Self-Sufficiency-Dream Center
- Youth Brief Treatment
- Zero Suicide

- **Homeless Response Coordination:**
  - A new program, Homeless Response Coordination with Flood Ministries started on July 16, 2025.
  - This is a one-year contract expected to sunset on June 30, 2026.
- **Living Well services transitioned out of PEI to non-MHSA funded programs:**
  - Dialectic Behavioral Therapy (DBT) transitioned to the Adult System of Care (effective 07/01/2025).
  - Eating Disorder Services transitioned to Care Coordination Unit (effective 07/01/2025)
  - EMDR (Eye Movement Desensitization and Reprocessing) transitioned to Department Supports Division (effective 07/01/2025)
  - Independent Placement and Supports (IPS) transitioned to Kern Linkage (effective 07/01/2025)
- **Prepare U**
  - Prepare U launched the Spanish version of Prepare U and it is now available to our Spanish-speaking communities in Kern County.
- **TAY Third Tradition**
  - TAY Third Tradition began hosting a weekly class at the Dream Center to provide youth with a better understanding of recovery as well as their independent living program. As a result, this has led to approximately 10 new youth being opened to the TAY dual recovery program in the last 6 months.
- **Youth Juvenile Justice Engagement (YJJE)**
  - Effective July 1, 2025, YJJE program will change to Future-Focused Justice Initiative (FFJI)

# Innovation

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

## INN Annual Budget, Expenditure Plan, and Estimated Cost Per Client

The table below represents the cost per client in FY 2024-2025, including all revenue sources.

| INN Programs | Annual Budgeted Funds | Unduplicated # Served | Annual Cost Per Person |
|---|---|---|---|
| Learning Health Care Network (LHCN) (*aka Early Psychosis LHCN)* | $1,326,490.05 | 7 | $189,498.58 |
| Mobile Clinic with Street Psychiatry (MCSP) | $773,761.00 | 139 | $5,566.63 |

## Important Updates: Innovation

- **Mobile Clinic with Street Psychiatry (MCSP)**
    - Both the motorhome and Sprinter van mobile clinics have successfully launched and are being used to provide services within the community.
    - Both vehicles have been outfitted with telehealth services, which has further expanded our ability to engage with clients.
    - With our access to telehealth, we've been able to add psychiatric coverage every day of the week.
    - Weekly outreach events at various parks in the community offer immediate assessment and psychiatric services to individuals who are homeless and/or in-transit.

- **Learning Health Care Network (LHCN)**
    - The Learning Health Care Network plan experienced delays due to Personal Health Information (PHI) issues when sharing database with UC Davis. The Contract was executed in late fall of 2024, but amendments were needed, and the final contract was revised during 2025. The contract now allows UCD to gather outcome measurements of individuals participating in the program.
    - The LHCN original funding started on May 26, 2022, and it is scheduled to sunset on May 26, 2026. A request to extend this innovation project for one additional year will be submitted to the Commission in February of 2026.
- **CalMHSA Semi-Statewide EHR Project**
    - The Commission for Behavioral Health (CBH) approved the use of INN funds for Kern County to join the 2-year Semi-Statewide Electronic Health Record (EHR) Project – Phase 2 on August 28, 2025.

## Workforce Education and Training

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

### WET Annual Budget, Expenditure Plan, and Estimated Cost Per Person

The table below represents the cost per client in FY 2024-2025, including all revenue sources.

| WET Programs | Annual Budgeted Funds | Unduplicated # Served | Annual Cost per Person |
|---|---|---|---|
| Clinical & Residency Internship | $1,827,854.00 | 94 | $19,445.26 |
| Training & Technical Assistance | $1,858,187.00 | 946 | $1,964.26 |

| | | | |
|---|---|---|---|
| Workforce Staffing | $2,705 .00 | 946 | $2.86 |

### Important Updates: Workforce Education and Training

- Clinical Internship
    - Retention of staff has had a slight impact on the consistency of who is providing clinical supervision, causing alternate clinical supervisors to increase the number of associates they supervise. Payment reform has shaped how services are provided, consequently those clinical supervisors that are line staff have not been readily available to provide clinical supervision.

## Capital Facilities and Technological Needs

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

### CFTN Annual Budget and Expenditure Plan

The table below represents the cost per client in FY 2024-2025, including all revenue sources.

| CFTN Programs | Annual Budgeted Funds |
|---|---|
| Mary K Shell (MKS) Fire Life Safety Improvements & MKS PEC interior Finishes | **$1,053,427.00** |

### Important Updates: Capital Facilities and Technological Needs

- CFTN funds were used during FY2024-2025 to cover construction costs at the Mary K. Shell Mental Health Center.

# Grants

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

| Mental Health Student Services Act (MHSSA) | No Place Like Home (NPLH) |
|---|---|
| ○Grant Start Date: **09/01/2020** | ○Grant Start Date: **07/01/2019** |
| ○Length of Program: **7 years** | ○Length of Program: **20 years** |
| ○Estimated End Date: **12/31/2026** | ○Estimated End Date: **07/01/2039** |

## Important Updates: Grants

- **Early Psychosis Intervention on Plus (EPI Plus)**
  - Grant ended on 02/28/2025.
- **No Place Like Home (NPLH)**
  - Our fifth location at 3299 Pioneer Drive, Bakersfield, CA is estimated to open in 2026.

## Annual Revenue & Expenditure Report (ARER)

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

### Highlights:

- Kern BHRS used **45%** of CSS funds to provide Full-Service Partnership (FSP) services (section 3). The California Code of Regulation, title 9, § 3610 requires a minimum of **51%.**

- In FY 2024-2025, Kern BHRS—MHSA PEI Programs used **62%** (section 4) of PEI funds to serve individuals 25 years old or younger. The California Code of Regulations, title 9, § 3706(b) requires a minimum of **51%**.

- We received feedback from DHCS indicating that the following adjustments needed to be integrated into ARER. Those adjustments are as follows:
  - **CSS Summary Transfers to WET:**
    - FY 2018-19 Transfer additional amount to WET for $ 18,316.00
    - FY 2019-20 Transfer of CSS funds to WET for $ 4,213,287.00
    - FY 2020-21 Transfer of CSS funds to WET for $ 3,208,685.00
    - FY 2021-22 Transfer of CSS funds to WET for $ 4, 496,288.00
    - FY 2022-23 Transfer of CSS funds to WET for $3,470,674.00
    - FY 2023-24 Transfer of CSS funds to WET for $3,904,712.00
    - FY 2024-25 Transfer of CSS funds to WET for $ 3,724,541.00
    - FY 2025-26 Transfer of CSS funds to WET for $4,700,000.00

  - **CSS Summary Transfers to CFTN:**
    - FY 2019-20 Transfer of CSS funds to CFTN for $ 1,902,715.00
    - FY 2020-21 Transfer of CSS funds to CFTN for $ 885,246.00
    - FY 2022-23 Transfer of CSS funds to CFTN for $ 243,216.00
    - FY 2023-24 Transfer of CSS funds to CFTN for $ 4,482,903.00
    - FY 2024-25 Transfer of CSS funds to CFTN for $ 1,053,247.00
    - FY 2025-26 Transfer of CSS funds to CFTN for $ 2,100.000.00

  - **Additional Adjustments reported on ARER:**
    - FY 2022-2023 INN Expenditure of -$53,293.00 (Incorrect amount recorded in ARER for that reporting fiscal year).
    - FY 2023-2024 INN Expenditure of $1,021,890.20 (Direct expense for Early Psychosis Innovation Program was omitted in error).
    - FY 2023-2024 INN Expenditure of $1,459,764.04 (Direct expense for Mobile Clinic with Street Psychiatry Program was omitted in error).
    - FY 2023-2024 CFTN Expenditure of $1,061,081 (Recognize match for BHCHIP grant - Youth CSU/FRC which was omitted in error).

FISCAL YEAR 2025/2026 ALLOCATIONS Kern County estimates $101,390 in allocations for FY 2025-2026 for MHSA programs and services. In addition, funds unspent from prior fiscal years continue to be appropriated to cover future costs that exceed each yearly estimated allocation.

# Annual & Performance Outcome Reports prepared by EVALCORP

# FY 2024-2025 Performance Outcomes Report

## Kern County MHSA Community Services & Supports

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# METHODOLOGY

## Evaluation Design

To enhance compliance with Mental Health Services Act (MHSA) reporting regulations, Kern Behavioral Health and Recovery Services (Kern BHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with reporting requirements. EVALCORP developed a standardized Community Services and Supports (CSS) outcome survey for adults, which includes consumer satisfaction, demographics, and results of generalized measures of psychological distress. This survey is administered at program intake and exit. To ensure greater inclusivity and maximum reach, surveys were made available in both online and paper formats as well as in English and Spanish.




## Presentation of Results

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

Findings for each program are presented differently depending on how many participants responded to each part of the survey. Sections of surveys for which there were more than 30 responses are shown as percentages. Sections with fewer than 30 responses are shown as counts. Modules with fewer than 10 responses are suppressed to protect the identity of participants. Note that percentages in the report may not always add up to 100% due to rounding.

## Measures

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

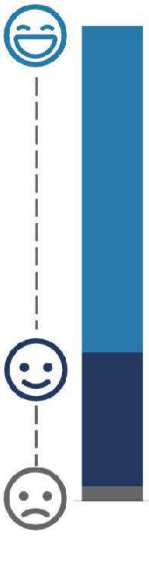
## CSS: PERFORMANCE OUTCOMES OVERVIEW



More than
3,800
surveys were collected.

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

When asked whether they will use what they have learned in Kern CSS programs,
98% say that they will.



When asked if they would recommend this program to others...
57%
Strongly agreed
39%
Agreed
4%
Disagree or strongly disagreed

# COMBINED CSS PROGRAM FINDINGS

## Outcome Surveys Collected by Survey Type

Survey results across all CSS programs are reported together in this section of the report (*n* = 3,830). Among the programs that implemented a pre/post survey design, a total of 1,993 participants completed the intake survey, and of those participants, 345 (17%) completed the exit survey. Participants could choose whether to take the survey in English or Spanish. Across all 3,830 surveys, 3,803 (99%) were completed in English and 27 (1%) were completed in Spanish. All survey responders were at least 18 years old.

| | Kern MHSA CSS Program Name | Program Category | FY24-25 Outcomes Data | |
|---|---|---|---|---|
| | | | Pre | Post |
| 1 | Access & Assessment Team and Crisis Walk-In Clinic (CWIC) | Systems Development | - | 1,492* |
| 2 | Adult Wraparound (Adult WRAP) Core | Systems Development | 59 | 31 |
| 3 | Recovery and Wellness Centers (RAWC) | Systems Development | 1,934 | 314 |
| | **Total** | | **1,993** | **1,837** |

*Surveys were administered once.

In the program-specific sections, matched pre/post results are only included for a subset of the Adult WRAP Core clients (*n* = 24) and RAWC clients (*n* = 106) for which a valid pre/post-match could be verified.

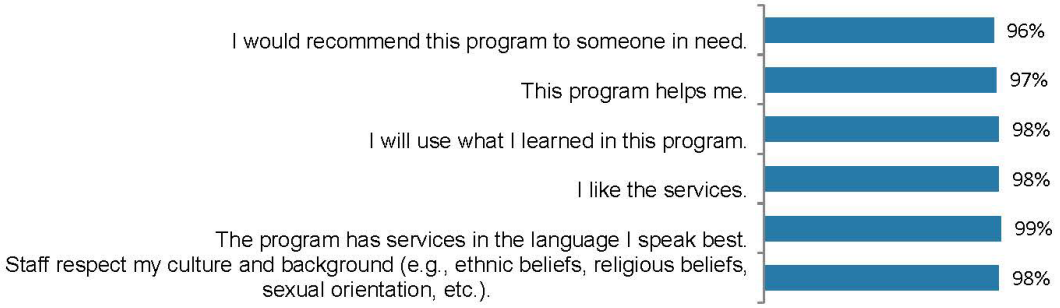
Seven programs are included in this report but did not collect survey data from clients: (1) Assertive Community Treatment (ACT); (2) Adult WRAP; (3) Adult Transition Team (ATT); (4) Transition Age Youth (TAY); (5) Wellness, Independence, and Senior Enrichment (WISE); (6) Youth Multi-Agency Integrated Services Team; and (7) Youth Wraparound. For these programs, other sources of data are analyzed.

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

## COMBINED CSS PROGRAM FINDINGS

### Overall: Self-Report Survey Outcomes

**Program Satisfaction and Cultural Competence (*n* = 320 - 328)**
**Percent who Agree**




**Mental Health Needs Group and Score (*n* = 129)**

| SOS-10 Stress and Dysfunction Level | Intake | Follow Up |
|---|---|---|
| Minimal (59-40) | 19% | 36% |
| Mild (39-33) | 13% | 19% |
| Moderate (32-23) | 26% | 31% |
| Severe (22-1) | 43% | 13% |
| Average SOS-10 Score | 28.1 *(n = 1,891)* | 33.2 *(n = 316)* |

**57% of respondents moved from a more severe level of distress to a less severe level of distress by at least one level.**

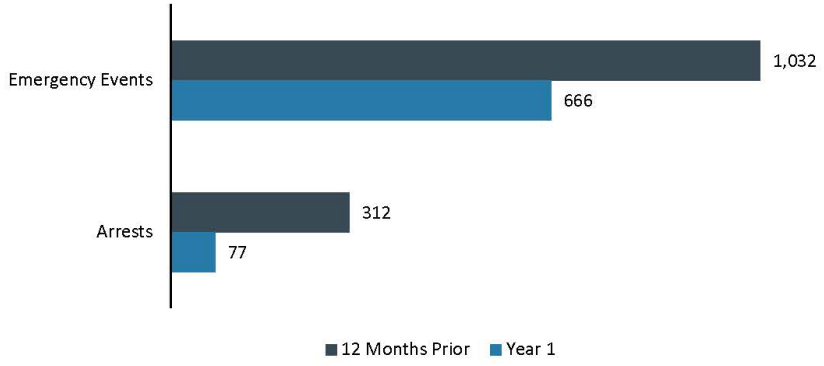
**26% of respondents moved two levels from a more severe level of distress to a less severe level of distress.**

**8% of respondents with a severe level of distress at intake continued the treatment to its conclusion.**

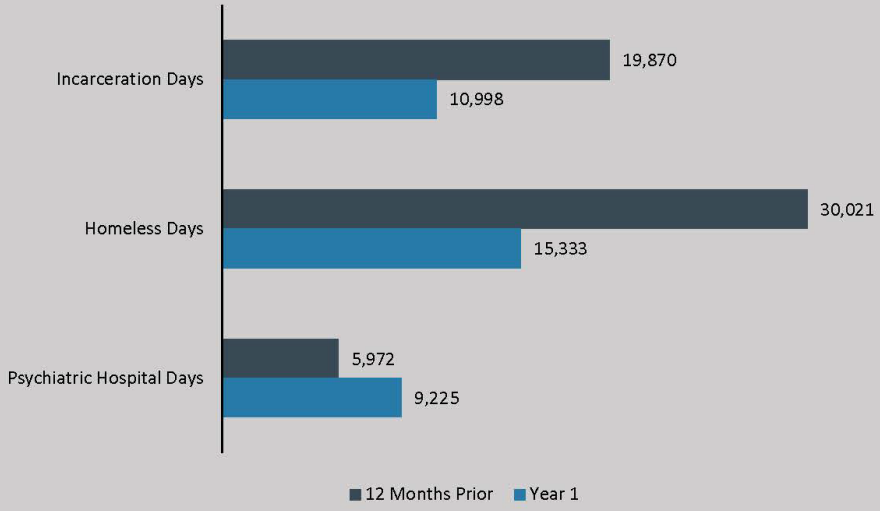
## COMBINED CSS PROGRAM FINDINGS

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all partners in FSPs. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

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



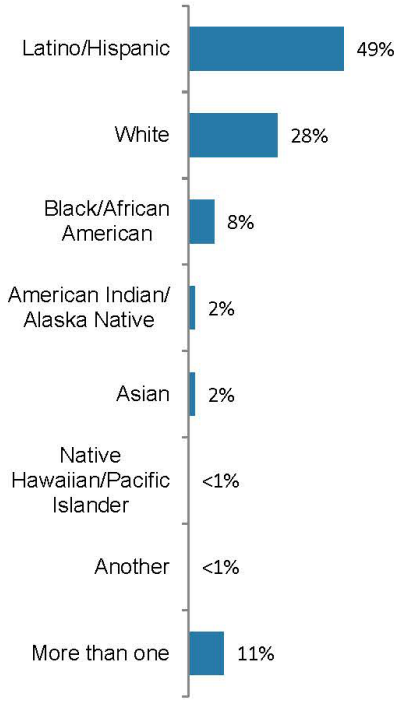

**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 970)**



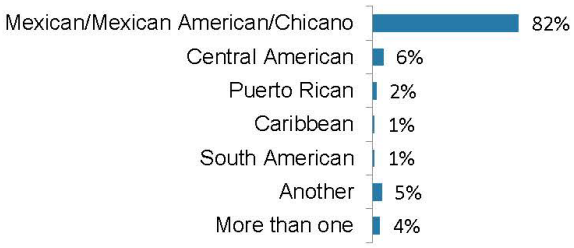
## COMBINED CSS PROGRAM FINDINGS

### Demographics

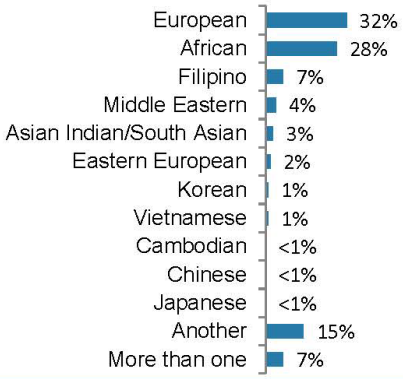
**Race (*n* = 3,170)**



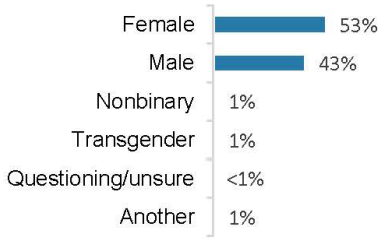

**Ethnicity – Hispanic/Latinx (*n* = 1,783)**



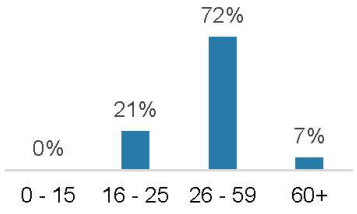

**Ethnicity – Non-Hispanic/Latinx (*n* = 639)**




**Gender Identity (*n* = 3,224)**




**Age (*n* = 2,922)**




| Language (*n* = 3,230) | |
|---|---|
| English | 74% |
| English & Spanish | 13% |
| Spanish | 11% |
| Another | 1% |

# ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC

## Program Description

**Access & Assessment**: Access & Assessment (A&A) serves as an access point for individuals seeking linkage to Behavioral Health (BH) services. Clients begin the process by completing a screening on a walk-in basis. Clients may self-refer or they can be referred by community agencies such as, but not limited to, Child Protective Services, Kern County Public Health, and Kern County Probation. Initially, clients meet with a Recovery Specialist to complete a Medi-Cal Screening tool. After the initial screening to determine program eligibility, clients meet with a BH Therapist to complete a comprehensive assessment. The assessment involves reviewing their MH history (if applicable), discussing current symptoms, and reviewing collateral information from third-party supports such as family members and friends. Once the intake assessment process is complete, Recovery Specialists link clients to appropriate services based on their individualized needs.

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

Referrals to CWIC are accepted from System of Care (SOC) partners including, but not limited to:

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

## Updates

- Transportation and geographic accessibility can negatively impact time to service. Individuals who would typically benefit from services may not adhere to appointments due to these geographic and transportation barriers. A&A implemented the MH Non-Psychiatric Timeliness Record to monitor the time from initial service request to the first appointment and subsequent follow-up, improving timely access to care.

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

### Self-Report Survey Outcomes



**Respondents aged 26 - 59 were more likely to report a severe level of distress (44%) than other age groups.**

**Black respondents were more likely to report a severe level of distress (55%) than Latino or White respondents.**

**Respondents who identified as a gender other than male or female were more likely to report a severe level of distress (51%).**

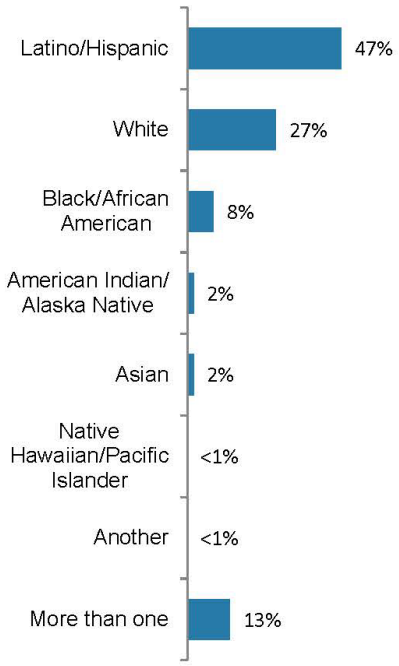
**Mental Health Needs Group and Score (*n* = 1,300)**

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

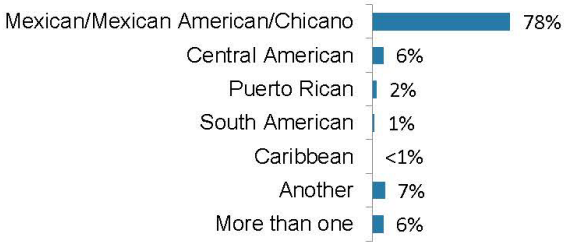
## ACCESS & ASSESSMENT TEAM AND CRISIS WALK-IN CLINIC

### Demographics

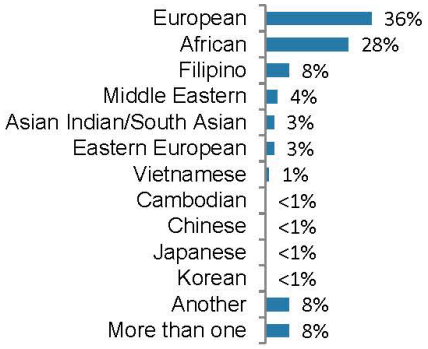
**Race (*n* = 1,344)**



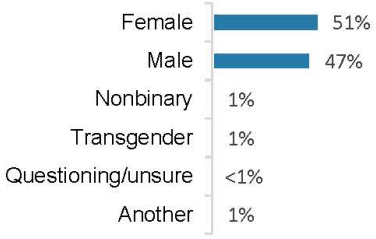

**Ethnicity – Hispanic/Latinx (*n* = 751)**



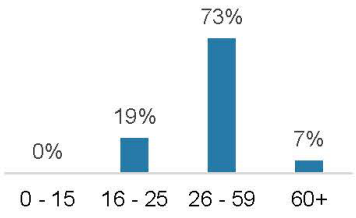

**Ethnicity – Non-Hispanic/Latinx (*n* = 265)**




**Gender Identity (*n* = 1,358)**




**Age (*n* = 1,116)**




**Language (*n* = 1,360)**

| | |
|---|---|
| English | 75% |
| English and Spanish | 13% |
| Spanish | 11% |
| Another | 1% |

# ASSERTIVE COMMUNITY TREATMENT

## Program Description

The ACT FSP teams provide specialty MH care to those with Serious Mental Illness (SMI) and/or substance use disorders. The internal Kern BHRS ACT Team works solely with ACT individuals, while the Telecare FSP Team serves both ACT and AB109 individuals. ACT is an evidence-based model characterized as a "hospital without walls." ACT works intensively with individuals in their homes or other community settings, yielding positive outcomes in helping clients recover in the community rather than in institutional settings.

The ACT Team composition is as follows:

- Recovery Specialists and Aides
- Therapists
- Substance Abuse Specialist
- MH Nurses
- Psychiatrists

Clients are referred to the ACT teams by MH outpatient treatment teams when they need more intensive care. The Kern BHRS ACT Supervisor or clinician reviews these referrals to determine if they meet the criteria for level 4 AB109. Clients at level 4 AB109 have the highest needs and need the most intensive support; these clients are transferred to the Telecare Team. ACT team clients often have long histories of MH and/or substance use treatment. By the nature of the program, Recovery Specialists and Substance Abuse Specialists may meet with clients several times per week to maintain engagement in treatment and progress toward their treatment goals. Individualized care is provided by the Therapists and Psychiatrists. Ongoing consultation takes place with the Staff Nurse for medication management and health education. For physical health care, clients are linked to a primary care provider with whom staff coordinate services. ACT team members may take clients to medical appointments as needed.

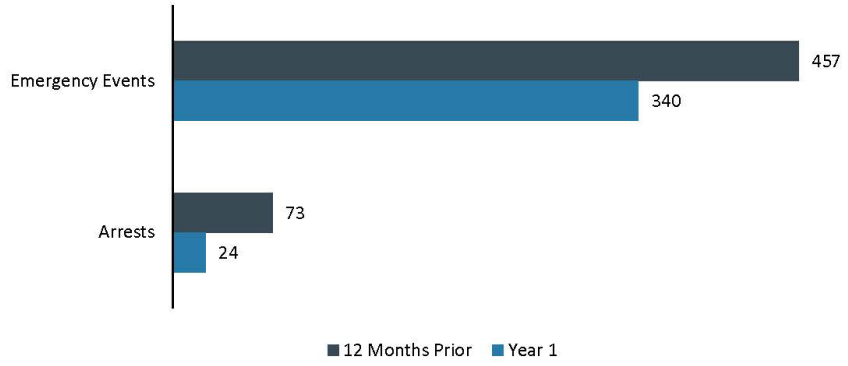
## Updates

- The ACT Team is not fully staffed. Currently, ACT has 85 clients enrolled in the program. When the ACT Team is fully staffed, the program can support up to 100 clients.

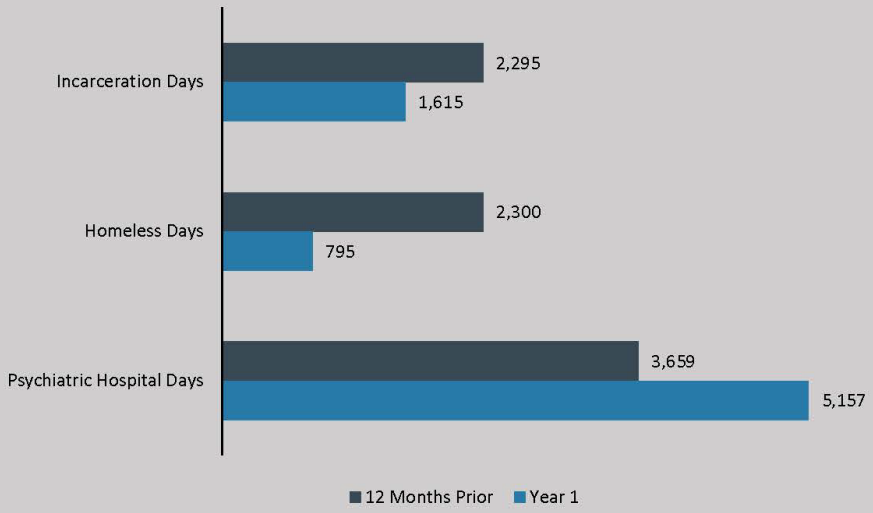
## ASSERTIVE COMMUNITY TREATMENT

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all partners in ACT. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

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




**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 291)**



# ADULT WRAPAROUND

## Program Description

Adult Wraparound (Adult WRAP) is an FSP offering brief (60 to 90 days on average), intensive outpatient MH services for adults who are experiencing increased impairments to their life functions because of heightened MH symptomology. Adult WRAP staff (Therapist and Recovery Specialist) work in tandem with all internal outpatient treatment teams and contracted providers (CGC, CCS, and CSV) to identify clients who are at risk of hospitalization or frequently use crisis services. They regularly attend outpatient team meetings to discuss potential referrals for Adult WRAP services. The staff collaborate closely with the treatment team to ensure continuity of care and work towards stabilizing the clients' symptoms.

This program offers socialization opportunities, promotes community engagement, and social skill-building. The program also lessens the financial burden of hospitalizations, arrests, and incarcerations on the community. The Adult WRAP Team encourages linkages to various community programs, including CFLC, community group therapy, Narcotics Anonymous, and Alcoholics Anonymous.

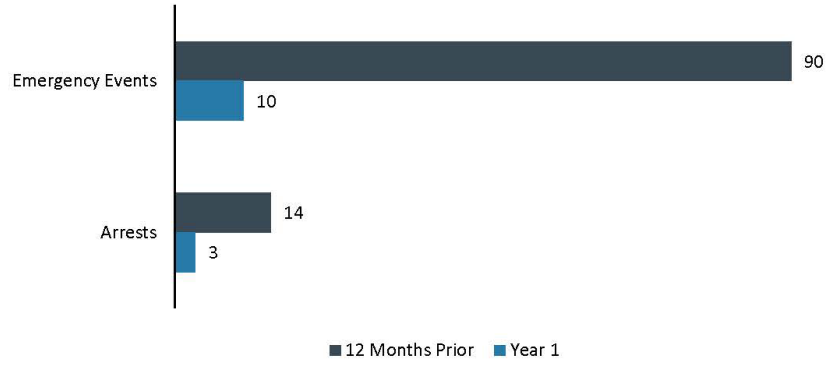
## Updates

- In 2022, Adult WRAP expanded to include the Bakersfield Referral Team (BRT), which focuses on engaging individuals who frequently use crisis services but are not receptive to conventional care systems. Staff continue to facilitate quick access to treatment by conducting psychosocial assessments with Adult WRAP clinicians and connecting clients to suitable outpatient treatment teams for continuous support.
- BRT under Adult WRAP sunsetted on June 30, 2025.
- Adult WRAP currently serves 65 clients, with the program capable of supporting up to 90 clients given the current staffing. The BRT is presently assisting 24 clients with linking services.

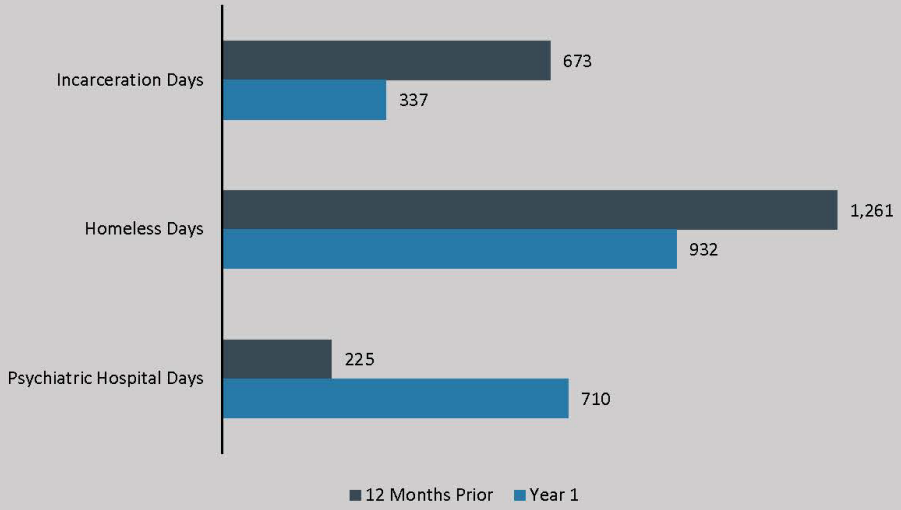
## ADULT WRAPAROUND

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all participants in Adult WRAP. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

**Total Number of Emergency Events and Arrests (*n* = 31)**




**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 34)**



# ADULT WRAPAROUND CORE

## Program Description

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

Services are based on the needs of the client, which can include multiple interactions per week to daily intervention. Treatment planning is a collaborative process taking an interdisciplinary approach. This approach can include the client, therapists, case managers, support persons, substance use disorder specialists, team supervisors, nurses, psychiatrists, and Adult WRAP CORE staff.

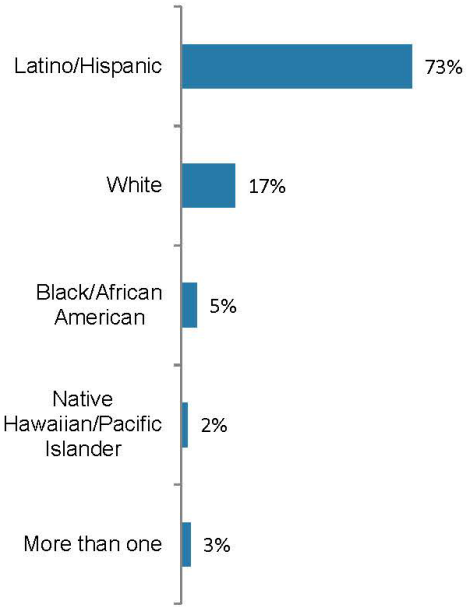
## Updates

- No program updates to report.

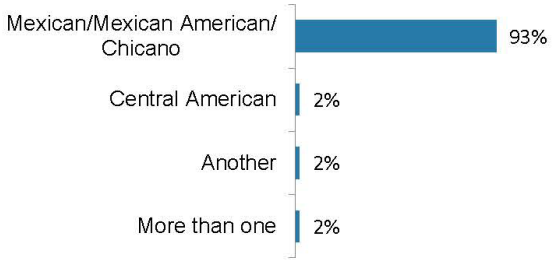
## ADULT WRAPAROUND CORE

### Demographics

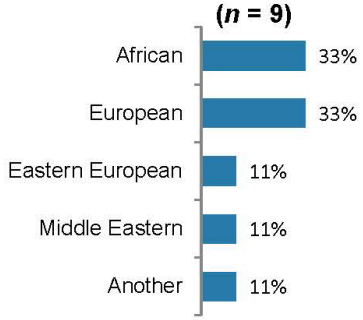
**Race (*n* = 59)**



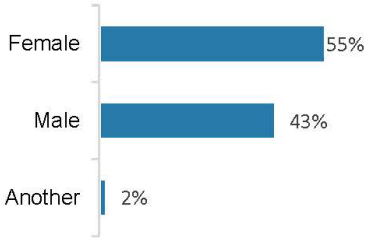

**Ethnicity – Hispanic/Latinx (*n* = 46)**



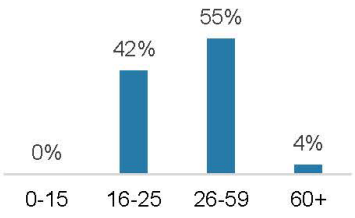

**Ethnicity – Non-Hispanic/Latinx (*n* = 9)**




**Gender Identity (*n* = 58)**




**Age (*n* = 53)**

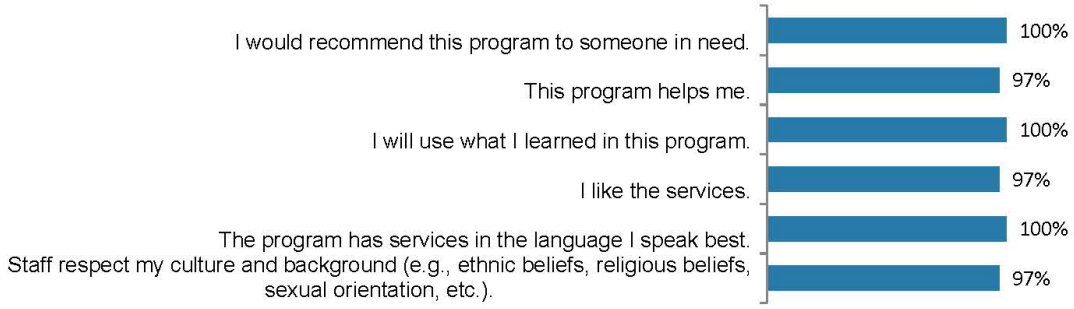



| Language (*n* = 59) | |
|---|---|
| English | 54% |
| Spanish | 24% |
| English and Spanish | 22% |
| Another | 0% |

## ADULT WRAPAROUND CORE

### Self-Report Survey Outcomes

**Program Satisfaction and Cultural Competency**
**Percent of Participants Who Agree (*n* = 30 - 31)**




**Mental Health Needs Group and Score (*n* = 23)**

| SOS-10 Stress and Dysfunction Level | Intake | Follow Up |
|---|---|---|
| Minimal (59 - 40) | 17% | 48% |
| Mild (39 - 33) | 17% | 22% |
| Moderate (32 - 23) | 30% | 26% |
| Severe (22 - 1) | 35% | 4% |
| Average SOS-10 Score | 30 *(n = 57)* | 36 *(n = 29)* |

**65% of respondents moved at least one level from a more severe level of distress to a less severe level of distress.**

**39% of respondents moved two levels from a more severe level of distress to a less severe level of distress.**

**50% of respondents with a severe level of distress at intake continued the treatment to its conclusion.**

# ADULT TRANSITION TEAM/HOMELESS ADULT TEAM

## Program Description

**Adult Transition Team:** The Adult Transition Team (ATT) focuses on the reduction and elimination of re-entry into jail/prison while providing Specialty Mental Health Services (SMHS). Referrals come from many sources, including in-jail assessments, hospitals, and walk-in self-referrals. The ATT provides court-ordered diversion services to individuals referred through their attorneys to complete MH treatment in lieu of jail or prison time. The ATT partners with Correctional BH staff to link clients to other diversion services. The ATT also contacts the adult system of care and contracted providers to provide diversion training.

**The Homeless Adult Team:** The Homeless Adult Team (HAT) is an expansion of the ATT. The HAT works with clients who are unhoused or at risk of becoming unhoused and require SMHS. The HAT clients typically do not have lengthy legal histories. Much like the ATT, the HAT works diligently to eliminate the barriers to housing, welfare benefits, and community resources. The HAT collaborates with public agencies and community organizations including, Flood Ministries, Veterans Administration, payee service providers, legal assistance programs, sober living environments, and additional agencies providing affordable housing. Kern BHRS offers a variety of service modalities designated to assist individuals in achieving their psychological or social functioning goals, and improve their self-esteem, coping skills, and vocational, educational, or social opportunities. Services include the Individual Placement Support (IPS) program, which helps with employment, job development, and education. Additionally, a Peer Support Specialist is available to facilitate engagement, referrals, and service accessibility. Individual therapy, case management, and substance abuse counseling services are available via collaboration with the California Department of Rehabilitation (DOR).

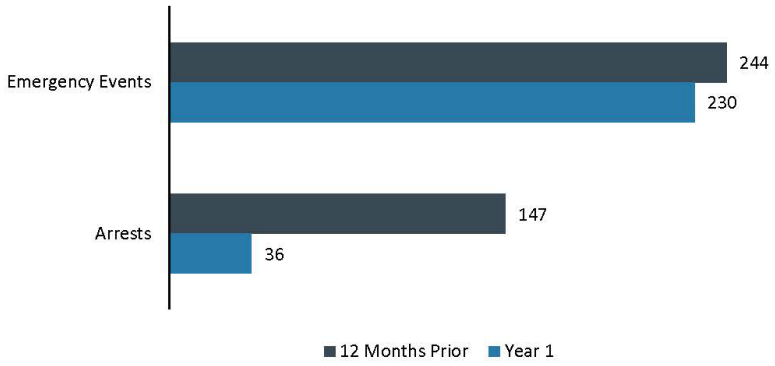
## Updates

- **ATT**
  - No program updates to report.
- **HAT**
  - The HAT provides additional services through the expanded Benefits Acquisition Team (BAT), offering tailored assistance to help clients apply for Social Security benefits to support financial and housing stability. The HAT offers Peer Support Specialist services to engage clients, provide referrals, and help them navigate MH and social service systems. Through the IPS program, the HAT helps clients with job readiness, employment, and educational goals in collaboration with the DOR. The HAT offers individual and group therapy to help clients build coping skills, manage emotions, and handle daily stress. The HAT provides substance use counseling and group sessions using evidence-based programs such as Matrix and Seeking Safety. The HAT actively promotes services by participating in community outreach events and resource fairs.

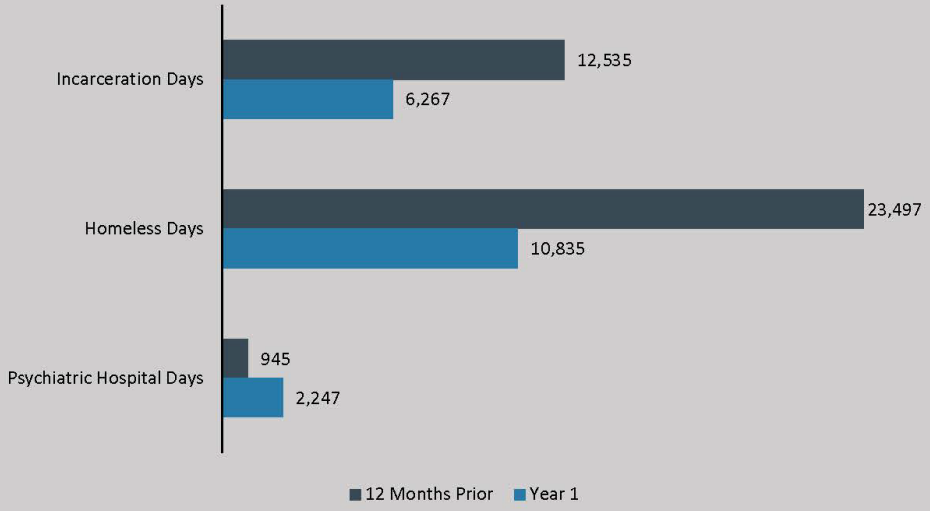
## ADULT TRANSITION TEAM/HOMELESS ADULT TEAM

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all partners in the ATT/HAT. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

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




**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 196)**



# RECOVERY AND WELLNESS CENTERS

## Program Description

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

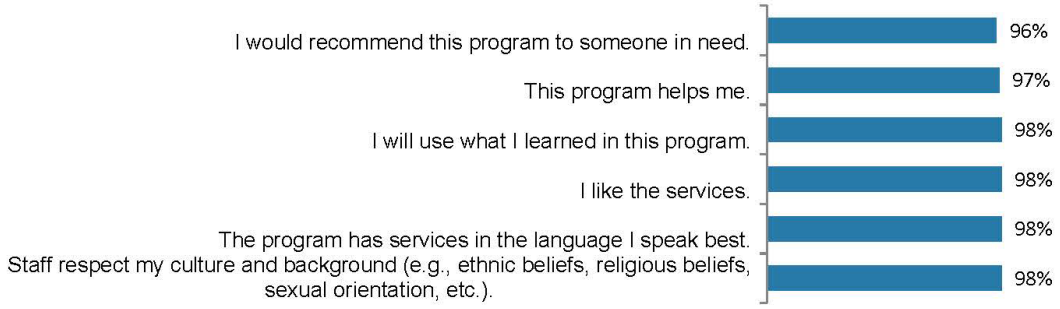
## Updates

- TAY dyads, designed to serve clients ages 18 - 24, exist at the BHRS Northeast and Southeast Bakersfield, CGC North Bakersfield, and Clarvida Central Bakersfield RAWC clinics. In December 2023, a TAY dyad was implemented at the West RAWC clinic.
- Beginning in January 2025, Kern BHRS and RAWC teams (NE RAWC, SEBA and West RAWC) implemented diversion dyads to support the needs of clients currently approved for diversion services. Treatment services are individualized for each client. Staff collaborate with Correctional BH, Kern County Superior Courts, and Public Defenders, ensuring treatment services are provided to client(s) as outlined on Diversion Treatment Recommendation Letter & Diversion Treatment Status Update letters.
- In June 2024 Kern BHRS RAWC teams (NE RAWC, SEBA and West RAWC) implemented CalWORKs dyads to support the needs of clients currently enrolled in DHS CalWORKs program.
- Participation Plans & Monthly Progress reports are submitted to Department of Human Services. Due to the Behavioral Health Transformation (BHT) changes, the contracted Recovery and Wellness Center (RAWC) programs will utilize alternative funding.

## RECOVERY AND WELLNESS CENTERS

### Self-Report Survey Outcomes

**Program Satisfaction and Cultural Competency**
**Percent of Participants Who Agree (*n* = 289 - 298)**




**Mental Health Needs Group and Score (*n* = 106)**

| SOS-10 Stress and Dysfunction Level | Intake | Follow Up |
|---|---|---|
| Minimal (59 - 40) | 19% | 34% |
| Mild (39 - 33) | 12% | 19% |
| Moderate (32 - 23) | 25% | 32% |
| Severe (22 - 1) | 44% | 15% |
| Average SOS-10 Score | 28 *(n = 1,834)* | 33 *(n = 287)* |

**55% of respondents moved from a more severe level of distress to a less severe level of distress by at least one level.**

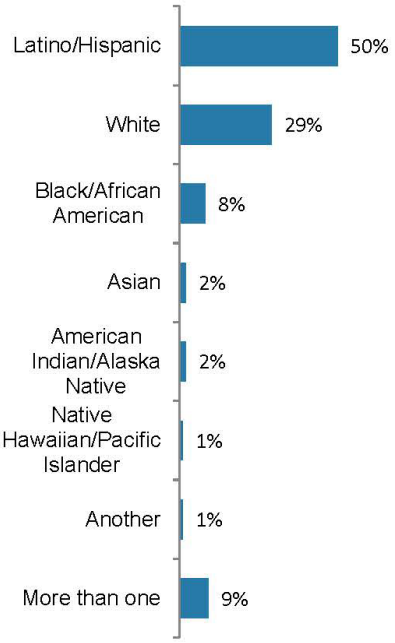
**24% of respondents moved two levels from a more severe level of distress to a less severe level of distress.**

**7% of respondents with a severe level of distress at intake continued the treatment to its conclusion.**

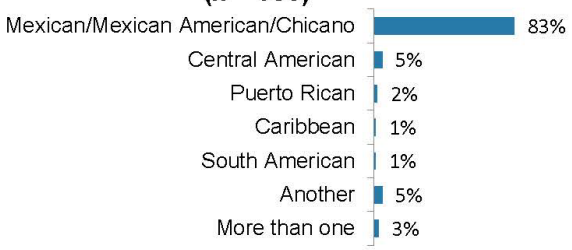
## RECOVERY AND WELLNESS CENTERS

### Demographics

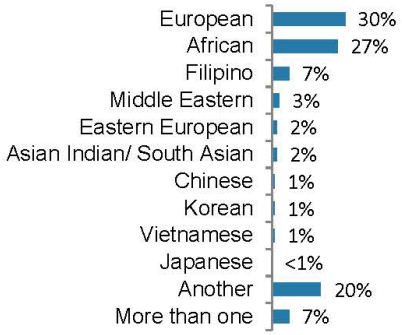
**Race (*n* = 1,767)**



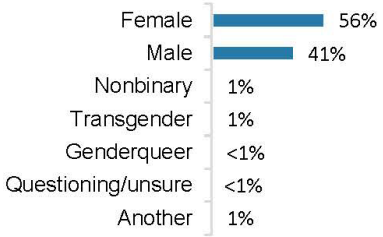

**Ethnicity - Hispanic/Latinx (*n* = 986)**



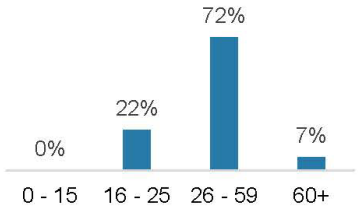

**Ethnicity – Non-Hispanic/Latinx (*n* = 363)**




**Gender Identity (*n* = 1,808)**




**Age (*n* = 1,753)**




| Language (*n* = 1,811) | |
|---|---|
| English | 74% |
| English and Spanish | 13% |
| Spanish | 12% |
| Another | 1% |

# TRANSITION AGE YOUTH

## Program Description

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

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

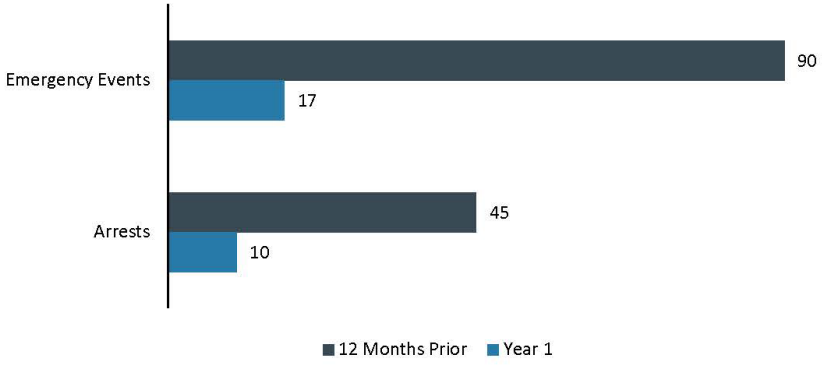
## Updates

- Historically, the TAY team has included a "TAY at Dream Center" component in our operations. This meant Kern BHRS TAY staff occupied an office at the Dream Center to provide expedited access to MH services to youth at the facility. The utilization of the dedicated space at the Dream Center has come to an end, but the partnership and work with Dream Center has not. Kern BHRS TAY continues to engage daily with the Dream Center and the youth therein to provide access to MH services.
- The TAY team also continues to work with Third Tradition Sober Living Environment to help provide TAY access to a safe and structures sober living program.
- The TAY staff continue to provide weekly onsite Seeking Safety groups and proactively work with the youth there. This partnership continues to help support our youth in their substance abuse recovery.
- The TAY Team continues in its commitment to employing the Transition to Independence Process (TIP) Model in its delivery service. This model helps provide an outline for helping TAY conceptualize their goals for their future, their strengths, and promotes the youth's voice in overcoming their obstacles to gaining independence.
- The Kern BHRS TAY Team offers and provides TIP training four times a year to anyone within the Department, contract providers, and community partners seeking to help TAY in their respective agencies.

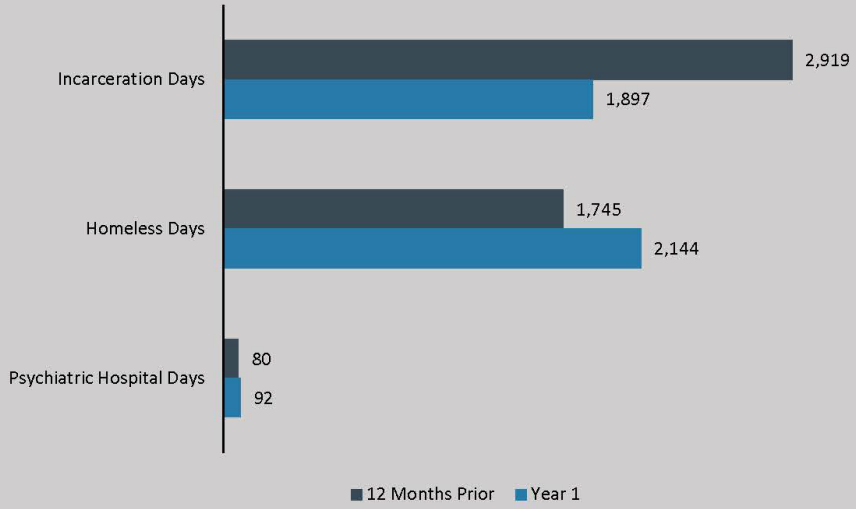
## TRANSITION AGE YOUTH

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all partners in TAY the program. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

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




**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 159)**



# WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT

## Program Description

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

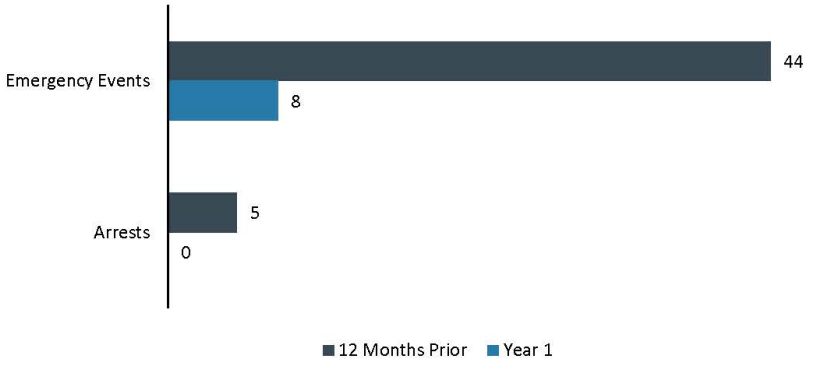
## Updates

- The WISE Team received 113 referrals for Fiscal Year 2024 – 2025. The number of referrals is projected to steadily increase, as the Baby Boomer generation is aging.
- The program is fully staffed with one Geriatric Psychiatrist, one Psychiatric Nurse, four Clinicians, two Recovery Specialists, and two Support Staff.
- Outcome data are collected through Data Collection Reporting (DCR). The Saint Louis University Mental Status (SLUMS), Patient Health Questionnaire-9 (PHQ-9), and General Anxiety Disorder-7 (GAD-7) are the assessment tools currently used to determine the level of impairment and or functioning to determine treatment planning.

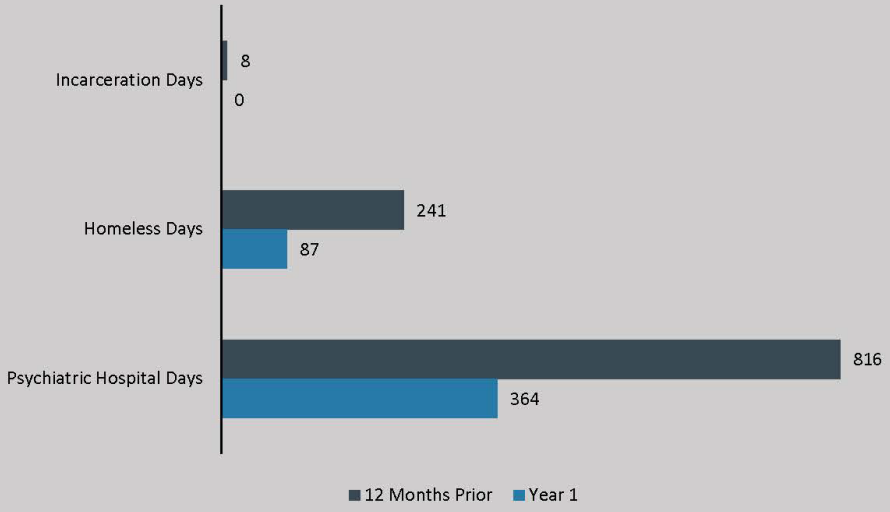
## WELLNESS, INDEPENDENCE, AND SENIOR ENRICHMENT

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all partners in the WISE programs. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

**Total Number of Emergency Events and Arrests (*n* = 70)**




**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 70)**



# YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM

## Program Description

The Youth Multi-Agency Integrated Services Team (MIST) provides a variety of SMHS 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 have been identified as having serious emotional disturbance, SMI, or behavioral issues. Referrals for care come from the Department of Human Services, Probation Department, group homes, schools, Kern BHRS, contracted MH service providers, and the Department of Public Health. Staff receive training in a wide array of Cultural Competency topics, enabling MIST to provide sensitive competent services to people of diverse cultures, those in stages of acculturation, and people with varying sexual orientations.

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

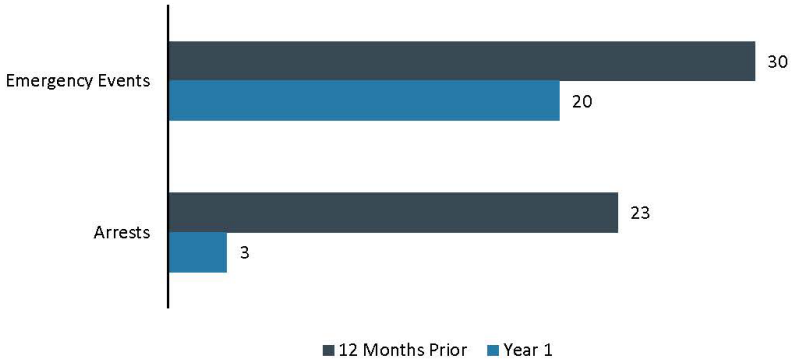
## Updates

- In February 2025, Youth MIST completed a fidelity review of the Treatment Foster Care Oregon (TFCO) model. The review found that the team continues to adhere to certification standards, with a 72% successful completion rate for youth in the program, based on data collected form 2024 – 2025. TFCO is an evidence-based practice that helps youth successfully reunite with a parent or caregiver. This model focuses on intensive services for the youth through therapy and skills training, daily contact with foster parents to provide support and monitor the youth's functioning, and weekly meetings with the reuniting caregiver to provide parenting strategies and strengthen the family relationship. This success has been achieved by strengthening existing relationships with referral partners in the Kern County Department of Human Services and Kern County Probation Department through presentations and information that assist placement agencies in making quality TFCO referrals.

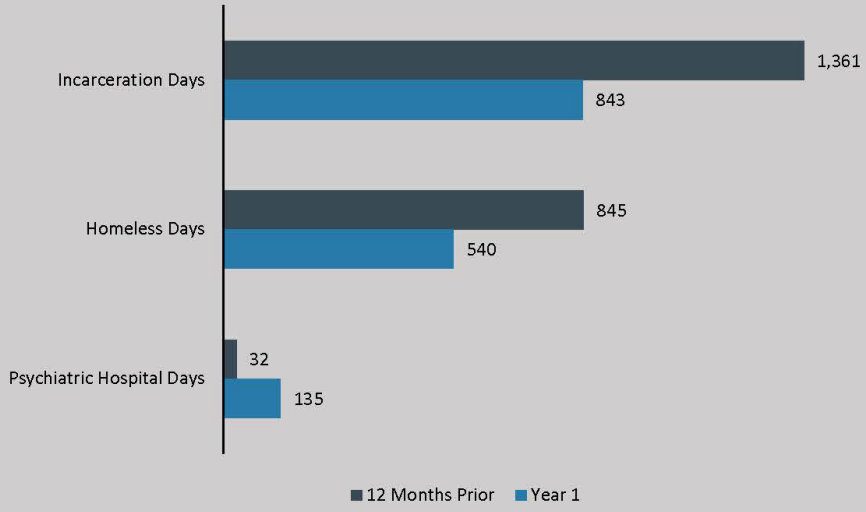
## YOUTH MULTI-AGENCY INTEGRATED SERVICES TEAM

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all partners in the Youth MIST. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

**Total Number of Emergency Events and Arrests (*n* = 42)**




**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 44)**



# YOUTH WRAPAROUND

## Program Description

Youth Wraparound is a series of FSP teams that provide intensified services for youth at risk of hospitalization, who either meet criteria for Pathway to Well Being services and/or Therapeutic Behavioral Services or are in frequent need of crisis intervention. To ensure services are readily available, Youth Wraparound Teams are located within the children's provider Geographic Service Areas (GSAs) throughout Kern County. Referrals come from a variety of sources, including self-referrals, schools, the Probation Department, the Department of Human Services, the Mobile Evaluation Team, the Psychiatric Evaluation Center, the Special Multi-Agency Referral Team (SMART) Committee, and hospitals. Staff are available after-hours, on weekends and holidays to ensure immediate service delivery occurs during times of crisis. Treatment planning is developed in a Child and Family Team with a focus on meeting the individualized needs of the youth and family. The treatment team involves the client, therapist, recovery specialist, parents/guardians, placing agencies, schools, and other child-serving agencies.

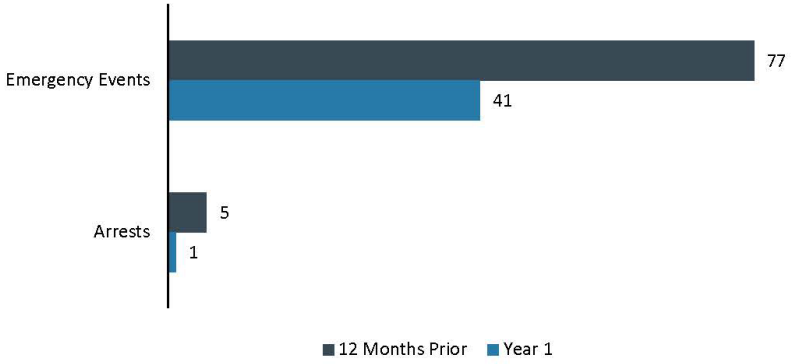
## Updates

- Youth Wraparound provided services in Geographic Service Area (GSA) clinics, homes, schools, and the community.
- BHRS Youth Wraparound continued to co-locate with crisis services at Mary K. Shell and the PEC.
- The geographic system continued to remediate referrals and work toward increased access to intensified services pre- and post-crisis utilization. This is accomplished with ongoing collaboration with partners and agencies.
- Kern BHRS opened a new Psychiatric Adolescent Inpatient Hospital, adding 16 more beds to mitigate community admissions, which serves to complement services provided by Youth Wraparound and decrease diversion at the PEC. As a result, there has been an increase in inpatient interaction and safe discharge planning. Due to the BHT changes, the contracted Youth Wraparound programs sunsetted on June 30, 2025.

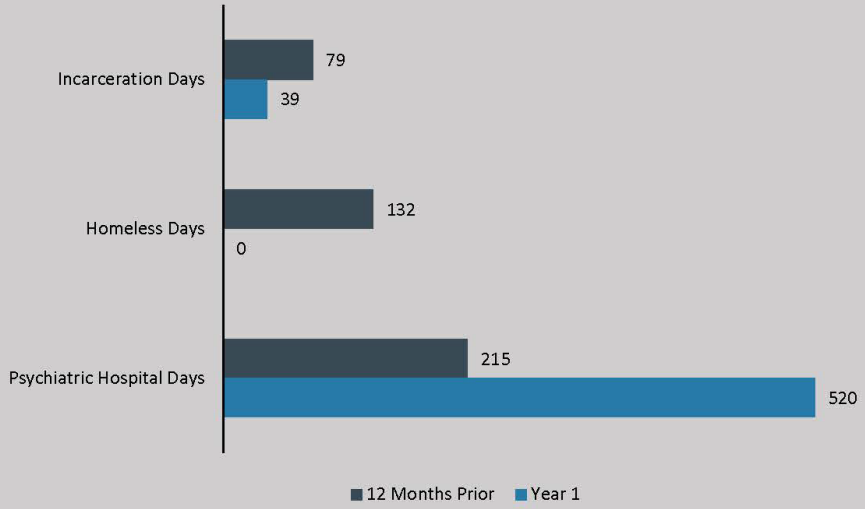
## YOUTH WRAPAROUND

The number of emergency events, arrests, days spent incarcerated, days spent unhoused, and days spent in psychiatric hospitalization are reported for all partners in Youth Wraparound. These metrics are analyzed and compared at 12 months prior to treatment and during the first year of treatment.

**Total Number of Emergency Events and Arrests (*n* = 172)**




**Total Number of Days Incarcerated, Unhoused, and Hospitalized (*n* = 176)**



# FY 2024-2025 Performance Outcomes Report

## Kern County MHSA Prevention and Early Intervention




KERN COUNTY
BEHAVIORAL HEALTH & RECOVERY SERVICES

EVALCORP
Measuring What Matters

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16.ZERO SUICIDE .....

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

APPENDIX B: PROGRAM DESCRIPTIONS .....

# METHODOLOGY

## Evaluation Design

Kern Behavioral Health & Recovery Services (Kern BHRS) contracted with EVALCORP to streamline current data collection structures and develop standardized data collection tools that are in alignment with the Mental Health Services Act reporting requirements. Two standardized Prevention and Early Intervention (PEI) outcome surveys were developed: 1) a survey completed by clients about their own experiences; and 2) a survey completed by parents/guardians of children under the age of nine regarding the relevant program. To ensure greater inclusivity and maximum reach, surveys were made available in both online and paper forms as well as in English and Spanish.




Not all PEI programs are required to complete the outcome survey, based on state mandates. An overview of data reporting requirements for PEI programs is provided in Appendix A of this report.

## Presentation of Results

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

Findings are presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts. To maintain the confidentiality of responses, sections for which fewer than three participants responded are not shown in the report (censored).

## PEI OUTCOME SURVEYS: DATA COLLECTION OVERVIEW



More than **700** surveys were collected.

As a result of participating in a Kern PEI program

**9 in 10**

people say that they *know more about how to take care of their mental health.*

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

**98%** say that they will.



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

**70%** Strongly agreed

**28%** Agreed

**2%** Disagree or strongly disagreed

# PEI PERFORMANCE OUTCOMES FY 24-25

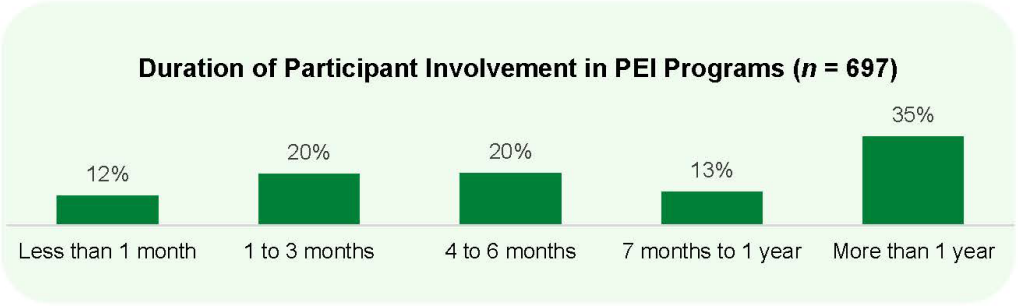
Data collection occurred in two rounds — the first during October 2024 and the second during May 2025. The results from October and May were combined and may contain duplicate individuals depending on the duration for which the individual received services.

## Performance Outcome Surveys Collected by Program

| | PEI Program Name | Survey Outcomes Data<br>Number of Surveys |
|---|---|---|
| 1 | Foster Care Engagement | 78 |
| 2 | Living Well | 112 |
| 3 | The Healing Project (THP) | 669 |
| 4 | Transitional Age Youth (TAY) Dual Recovery | 15 |
| 5 | Transitional Age Youth (TAY) Self Sufficiency | 233 |
| 6 | Volunteer Senior Outreach Program (VSOP) | 19 |
| 7 | Youth Brief Treatment | 303 |
| 8 | Youth Juvenile Justice Engagement | 3 |
| | **Total** | **1,432** |

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

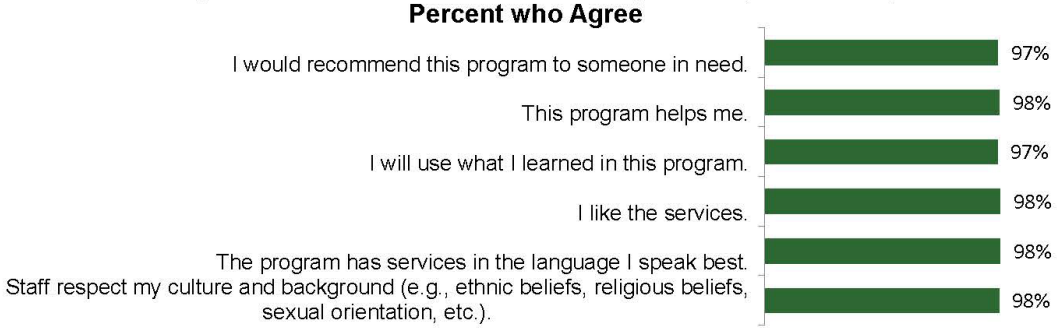
## Duration of Participant Involvement



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

Survey results across all programs are reported together in this section of the report ($n$ = 604). A total of 604 participants completed the self-report survey (i.e., individuals who were 9 years old or older), while a total of 146 participants completed the child survey (completed by the parent or guardian of children under the age of 9 or children requiring assistance completing the survey). Participants could choose whether to take the survey in English or Spanish; 738 surveys were completed in English and 51 surveys were completed in Spanish. Since not all programs were required to administer the second page of the survey, the sample size for the modules of the survey on the second page is smaller.

**Program Satisfaction and Cultural Competence ($n$ = 602-604)**
**Percent who Agree**




**Outcomes ($n$ = 585-590)**

| As a result of participating in this program ... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| I have a better understanding of mental illness. | 4% | 96% |
| I think treatment can help improve symptoms of mental illness. | 3% | 97% |
| I am more likely to seek help for a mental health problem. | 7% | 93% |
| I know where to go for mental health services. | 4% | 96% |
| I know where to go for substance use services for myself or other household members. | 9% | 91% |

**Outcomes (*n* = 103-105)**

| As a result of participating in this program... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| I know more about how to take care of my mental or emotional health. | 6% | 94% |
| I learned how to take steps towards the future I want. | 6% | 94% |
| I feel better. | 13% | 87% |
| I have more energy during the day. | 19% | 81% |
| I feel less worried. | 19% | 81% |
| I feel better when I think about the future. | 17% | 83% |
| I care more about the things that are happening in my life. | 13% | 87% |
| I can handle problems better. | 10% | 90% |
| I know when to ask for help with an emotional problem. | 12% | 88% |

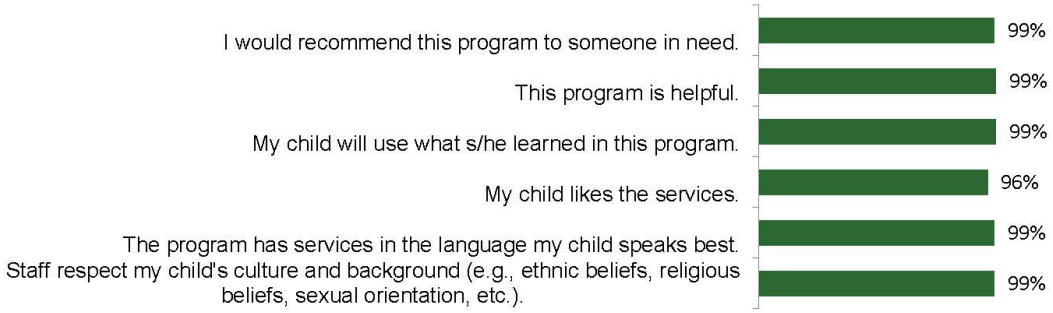
**Outcomes (*n* = 30-89)‡**

| As a result of participating in this program ... | % Gotten Worse | % Stayed the Same | % Gotten Better |
|---|---|---|---|
| My school attendance has... | 3% | 53% | 44% |
| My grades in school have... | 7% | 32% | 60% |
| My housing situation has... | 1% | 49% | 50% |
| My job situation has... | 3% | 33% | 63% |
| My relationship with friends and family has... | 7% | 27% | 66% |

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

## Overall: Child Performance Outcomes

**Program Satisfaction and Cultural Competence (*n* = 143-146)**
**Percent who Agree**




**Child Outcomes (*n* = 134-144)**

| As a result of participating in this program ... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| My child has a better understanding of mental illness. | 11% | 89% |
| My child thinks treatment can help improve symptoms of mental illness. | 5% | 95% |
| I know where to go to get mental health services for my child. | 2% | 98% |
| My child knows how to get help when s/he has a mental health problem. | 13% | 87% |
| I know where to go for substance use services for myself or other household members. | 13% | 87% |

**Child Outcomes (*n* = 87-88)**

| As a result of participating in this program... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| My child knows more about how to take care of his/her mental or emotional health. | 7% | 93% |
| My child is learning to behave more appropriately. | 2% | 98% |
| My child feels better. | 2% | 98% |
| My child has more energy during the day. | 9% | 91% |
| My child feels less worried. | 9% | 91% |
| My child feels better when s/he thinks about the future. | 11% | 89% |
| My child cares more about the things that are happening in his/her life. | 5% | 95% |
| My child can handle problems better. | 9% | 91% |
| My child knows when to ask for help with an emotional problem. | 8% | 92% |

**Child Outcomes (*n* = 64-80)‡**

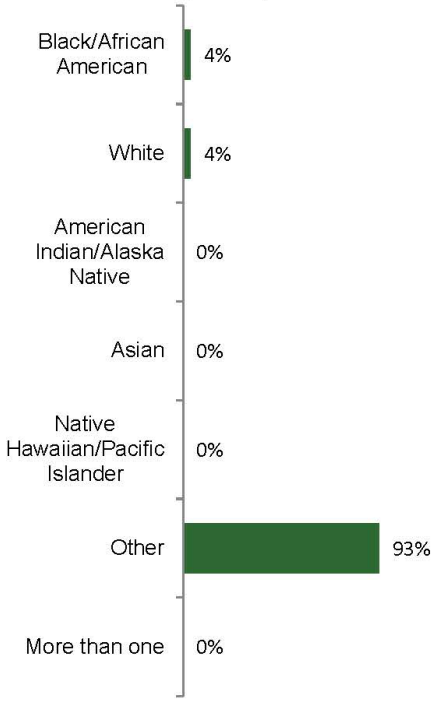
| As a result of participating in this program ... | % Gotten Worse | % Stayed the Same | % Gotten Better |
|---|---|---|---|
| My child's school attendance has... | 2% | 47% | 52% |
| My child's grades in school have... | 4% | 43% | 53% |
| My child's housing situation has... | 1% | 46% | 52% |
| My child's relationships with friends and family have... | 3% | 25% | 73% |

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

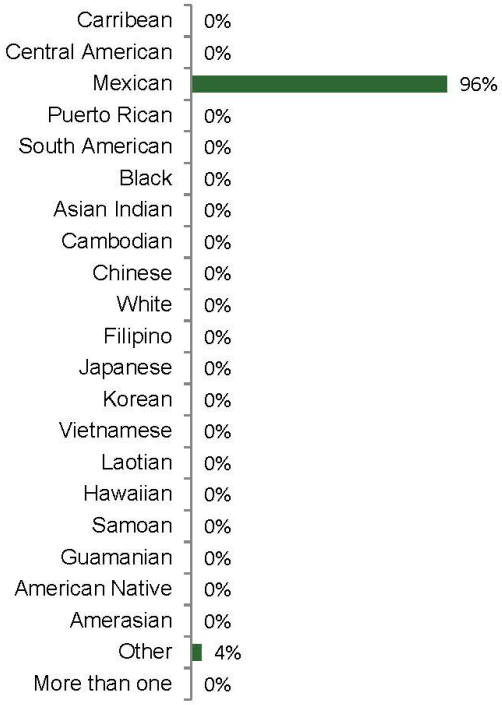
# 1. COMMUNITY REFERRAL NETWORK

## Demographics

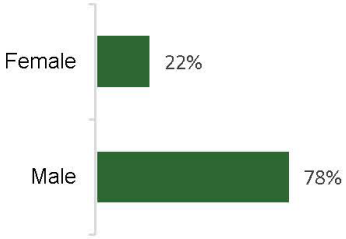
**Race (*n* = 28)**



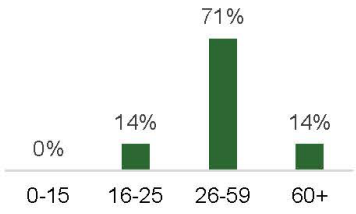

**Ethnicity (*n* = 26)**




**Gender Identity (*n* = 27)**




**Age (*n* = 56)**

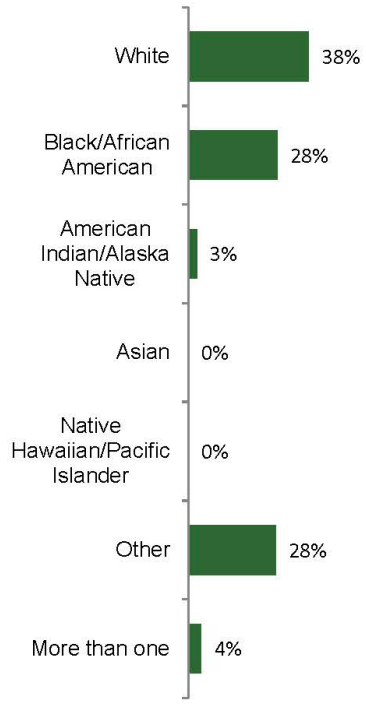



| Language (*n* = 50) | |
|---|---|
| English | 82% |
| Spanish | 18% |
| Other | 0% |

# 2. CONTINUUM OF CARE FOSTER YOUTH ENGAGEMENT

## Demographics

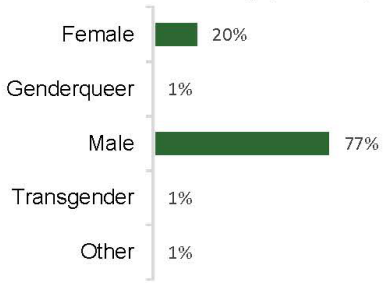
**Race (*n* = 226)**



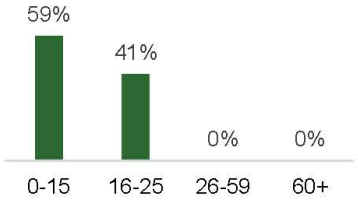

**Ethnicity (*n* = 80)**




**Gender Identity (*n* = 209)**




**Age (*n* = 215)**

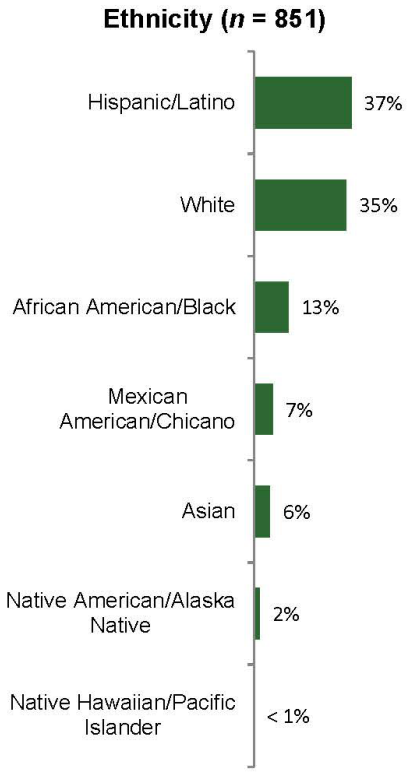



| Language (*n* = 194) | |
|---|---|
| English | 97% |
| Spanish | 2% |
| Other | 2% |

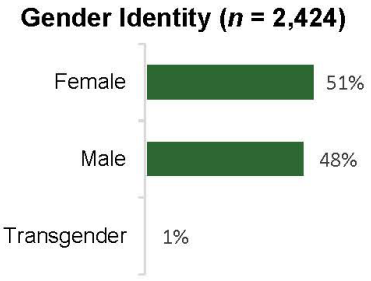
Note: Other includes American Sign Language.

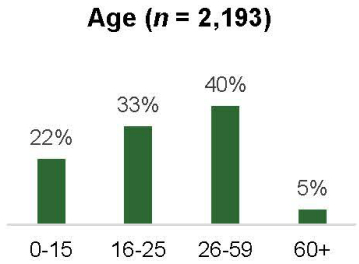
# 3. CRISIS HOTLINE

## Demographics




Note: 186 participants declined.

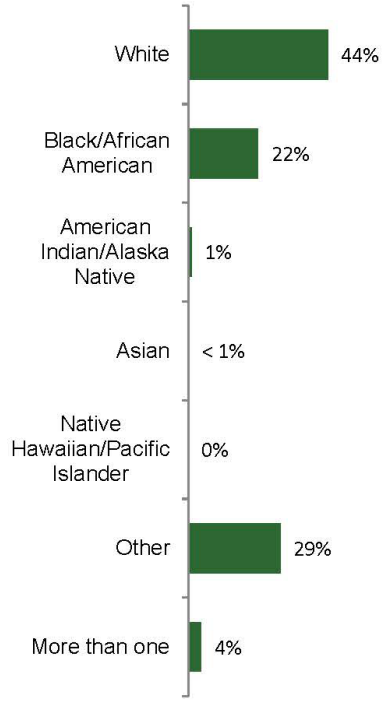


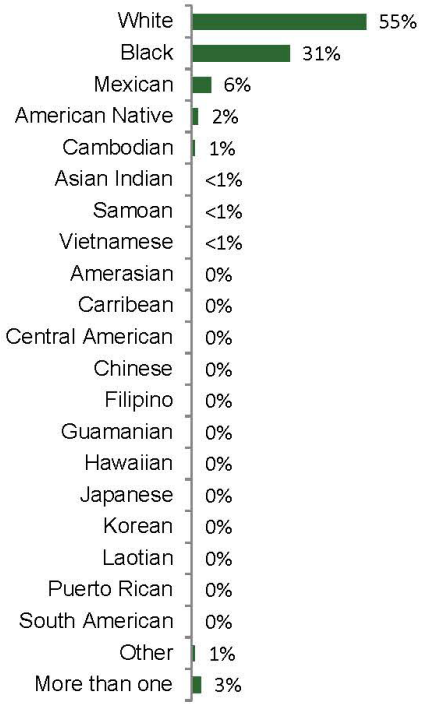
# 4. FOSTER CARE ENGAGEMENT

## Demographics

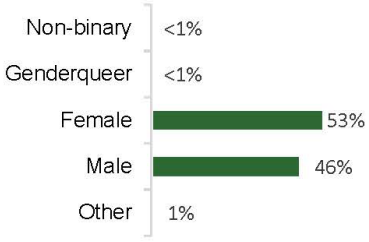
**Race (*n* = 689)**



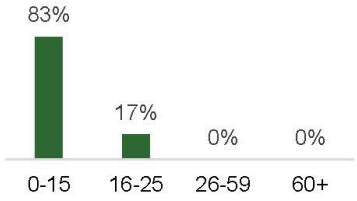

**Ethnicity (*n* = 371)**




**Gender Identity (*n* = 584)**




**Age (*n* = 721)**




| Language (*n* = 652) | |
|---|---|
| English | 98% |
| Spanish | 2% |
| Other | <1% |

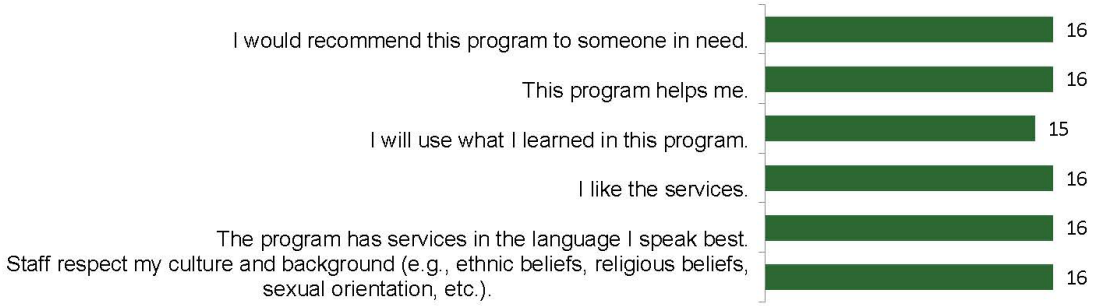
Note: Other includes Cambodian.

# 4. FOSTER CARE ENGAGEMENT

This section contains the results of surveys from the Foster Care Engagement program. A total of 78 surveys were completed for this program. Of these, 18 were self-report surveys, while the other 55 were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since the total number of participants who completed the self-report survey and a portion of the child survey were small, counts rather than percentages are presented. Seventy-three participants chose to take the survey in English and one participant chose to take the survey in Spanish.

## Self-Report Performance Outcomes

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




**Outcomes (*n* = 9-17)**

| As a result of participating in this program ... | # Strongly Disagree or Disagree | # Agree or Strongly Agree |
|---|---|---|
| I have a better understanding of mental illness. | 2 | 15 |
| I think treatment can help improve symptoms of mental illness. | 1 | 15 |
| I am more likely to seek help for a mental health problem. | 1 | 15 |
| I know where to go for mental health services. | 0 | 17 |
| I know where to go for substance use services for myself or other household members. | 2 | 7 |

# 4. FOSTER CARE ENGAGEMENT

**Outcomes (*n* = 11)**

| As a result of participating in this program... | # Strongly Disagree or Disagree | # Agree or Strongly Agree |
|---|---|---|
| I know more about how to take care of my mental or emotional health. | 0 | 11 |
| I learned how to take steps towards the future I want. | 0 | 11 |
| I feel better. | 0 | 11 |
| I have more energy during the day. | 0 | 11 |
| I feel less worried. | 0 | 11 |
| I feel better when I think about the future. | 0 | 11 |
| I care more about the things that are happening in my life. | 0 | 11 |
| I can handle problems better. | 0 | 11 |
| I know when to ask for help with an emotional problem. | 0 | 11 |

**Outcomes (*n* = 2-10)‡**

| As a result of participating in this program ... | # Gotten Worse | # Stayed the Same | # Gotten Better |
|---|---|---|---|
| My school attendance has... | 0 | 7 | 2 |
| My grades in school have... | 0 | 7 | 2 |
| My housing situation has... | 0 | 9 | 1 |
| My job situation has... | 0 | 1 | 1 |
| My relationship with friends and family has... | 0 | 7 | 3 |

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

# 4. FOSTER CARE ENGAGEMENT

## Client Comments

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

**What's the most helpful thing about this program? (*n* = 14)**

- Therapeutic Communication (*n* = 8)
- Acquiring Skills or Increased Understanding of Mental Health (*n* = 4)
- Group Sessions (n = 1)
- Supportive Staff (*n* = 1)

**What could make this program better? (*n* = 10)**

- Nothing or Don't Know (*n* = 10)

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

- Nothing or Don't Know (*n* = 8)
- Improved Communication or Relationships (*n* = 3)
- Improved Self-Awareness (*n* = 2)

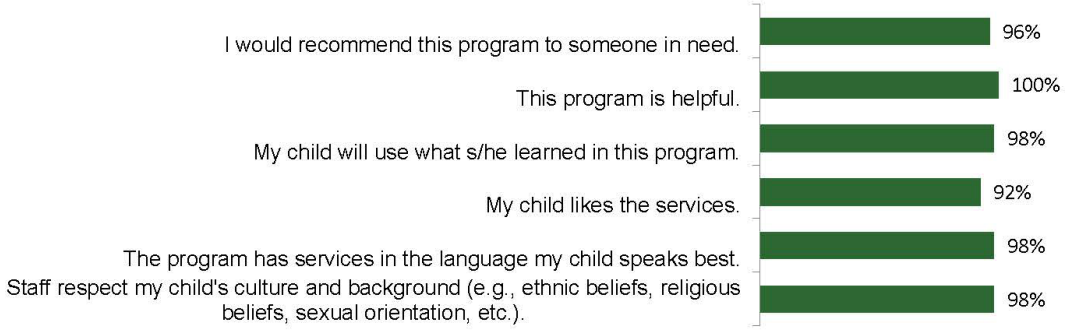
*"I can be more open about my feelings."*

*"It helps to have someone to talk about problems."*

# 4. FOSTER CARE ENGAGEMENT

## Child Performance Outcomes

**Program Satisfaction and Cultural Competence**
**Proportion of Participants Who Agree (*n* = 55)**




**Child Outcomes (*n* = 45-55)**

| As a result of participating in this program ... | % Disagree or Strongly Disagree | % Agree or Strongly Agree |
|---|---|---|
| My child has a better understanding of mental illness. | 13% | 87% |
| My child thinks treatment can help improve symptoms of mental illness. | 2% | 98% |
| I know where to go to get mental health services for my child. | 2% | 98% |
| My child knows how to get help when s/he has a mental health problem. | 20% | 80% |
| I know where to go for substance use services for myself or other household members. | 2% | 98% |

# 4. FOSTER CARE ENGAGEMENT

**Child Outcomes (*n* = 24-25)**

| As a result of participating in this program... | # Strongly Disagree or Disagree | # Agree or Strongly Agree |
|---|---|---|
| My child knows more about how to take care of his/her mental or emotional health. | 12% | 88% |
| My child is learning to behave more appropriately. | 4% | 96% |
| My child feels better. | 4% | 96% |
| My child has more energy during the day. | 12% | 88% |
| My child feels less worried. | 16% | 84% |
| My child feels better when s/he thinks about the future. | 8% | 92% |
| My child cares more about the things that are happening in his/her life. | 4% | 96% |
| My child can handle problems better. | 17% | 83% |
| My child knows when to ask for help with an emotional problem. | 8% | 92% |

**Child Outcomes (*n* = 19-22)‡**

| As a result of participating in this program ... | # Gotten Worse | # Stayed the Same | # Gotten Better |
|---|---|---|---|
| My child's school attendance has... | 0% | 47% | 53% |
| My child's grades in school have... | 0% | 45% | 55% |
| My child's housing situation has... | 5% | 47% | 47% |
| My child's relationships with friends and family have... | 0% | 36% | 64% |

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

# 4. FOSTER CARE ENGAGEMENT

## Child Comments

**What's the most helpful thing about this program? (*n* = 41)**

- Acquiring Skills or Increased Understanding of Mental Health (*n* = 11)
- Nothing or Don't Know (*n* = 8)
- Improved Symptoms or Behavior (*n* = 6)
- Therapeutic Communication (*n* = 6)
- Availability of Services (*n* = 5)
- Supportive Staff (*n* = 3)
- Strategies or Activities for Self-Care (*n* = 1)
- Better interactions with family and friends (*n* = 1)

**What could make this program better? (*n* = 29)**

- Nothing or Don't Know (*n* = 25)
- More Frequent or Longer Sessions (*n* = 2)
- Additional Activities or Services (*n* = 1)
- Better Communication and Outreach (*n* = 1)

**What has changed about how your child thinks, feels, or behaves as a result of this program? (*n* = 42)**

- Nothing or Don't Know (*n* = 26)
- Improved Self-Awareness (*n* = 5)
- Improved Emotional Regulation (*n* = 3)
- Improved Self-Confidence (n = 3)
- Improved Behavior (*n* = 2)
- Improved Communication or Relationships (*n* = 2)
- Feeling Less Isolated (*n* = 1)

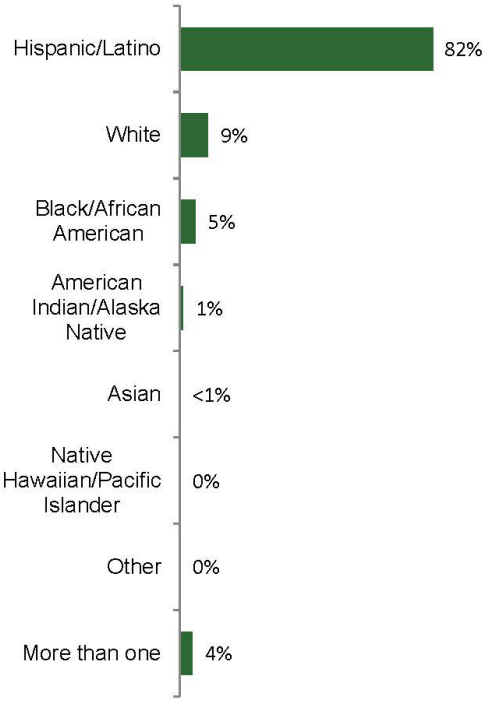
*"My child understands triggers and how to respond or cope with them."*

*"[The most helpful aspects of the program are] communication and understanding."*

# 5. HELP ME GROW

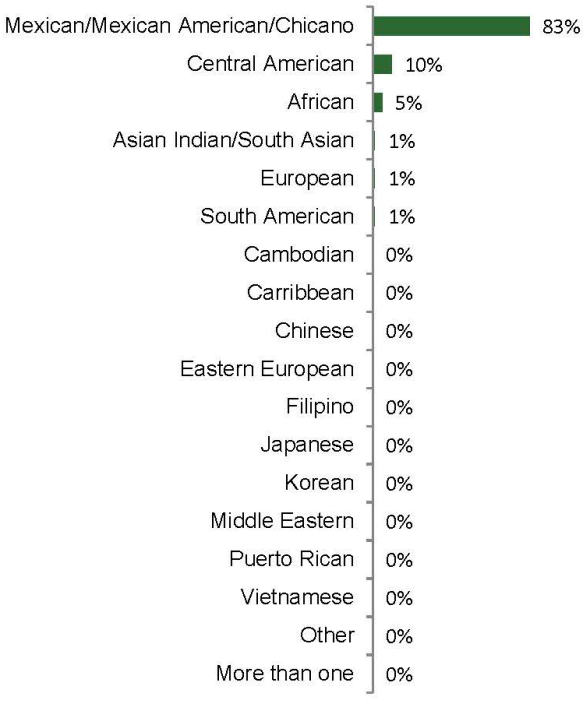
## Demographics

**Race (*n* = 257)**



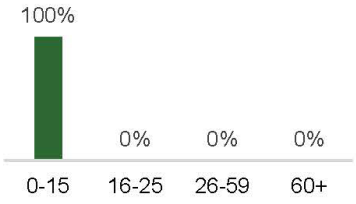

Note: 23 participants declined.

**Ethnicity (*n* = 190)**




Note: 90 participants declined.

**Age (*n* = 280)**

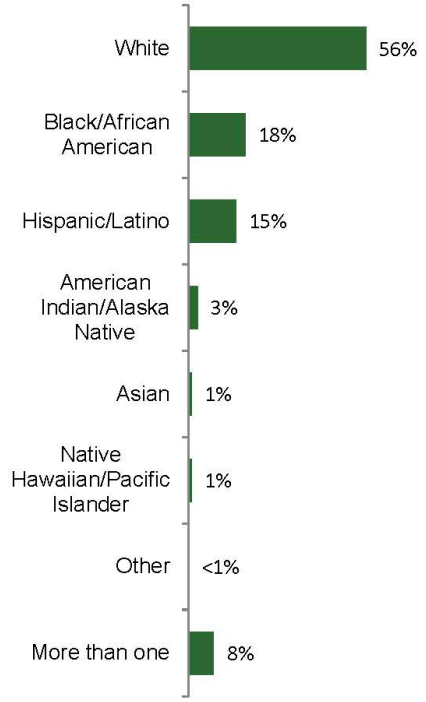



| Language (*n* = 280) | |
|---|---|
| English | 31% |
| Spanish | 55% |
| English & Spanish | 14% |
| Other | <1% |

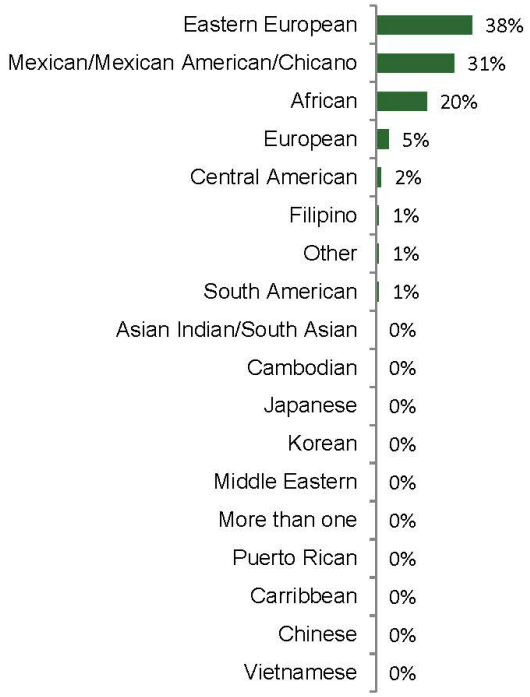
# 6. HOMELESS OUTREACH PROGRAM

## Demographics

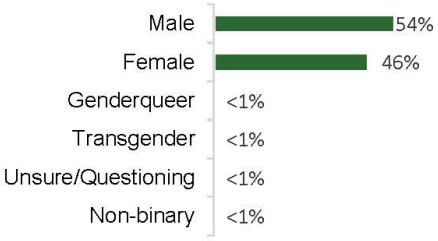
**Race (*n* = 1,904)**



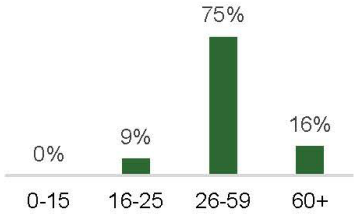

**Ethnicity (*n* = 1,604)**




**Gender Identity (*n* = 1,595)**




**Age (*n* = 1,595)**

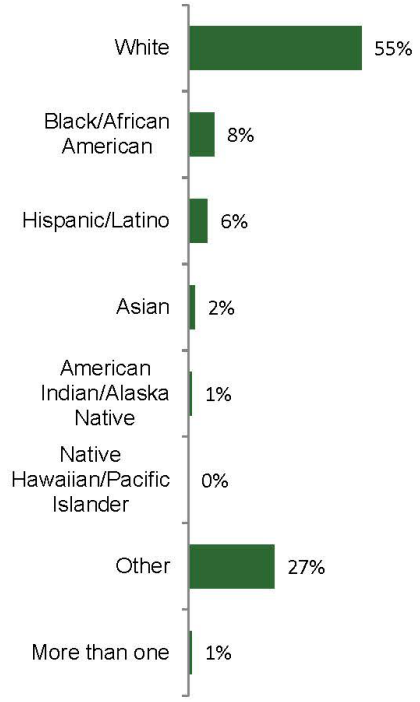



| Language (*n* = 1,598) | |
|---|---|
| English | 95% |
| Spanish | 3% |
| English & Spanish | 2% |
| Other | <1% |

# 7. LIVING WELL

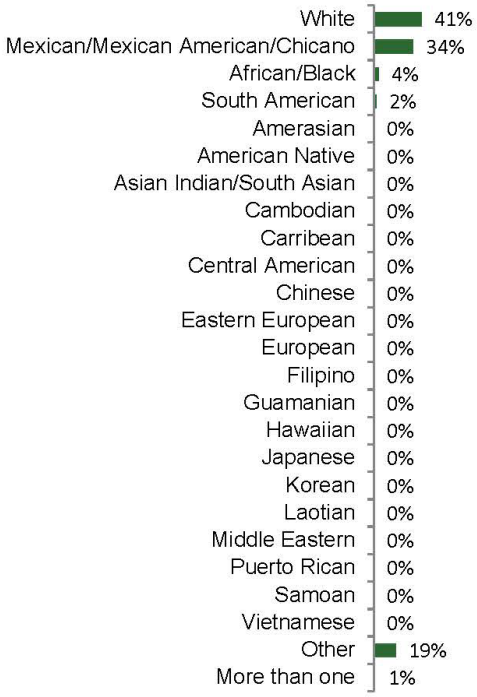
## Demographics

**Race (*n* = 348)**



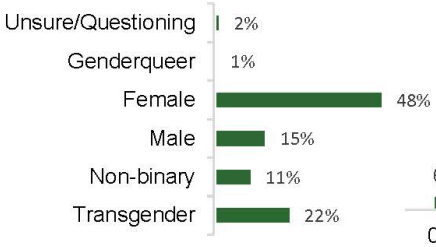

Note: 120 participants declined.

**Ethnicity (*n* = 119)**



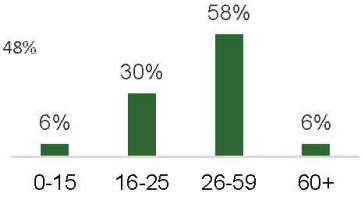

Note: 120 participants declined.

**Gender Identity (*n* = 372)**




Note: 1 participant declined.

**Age (*n* = 377)**



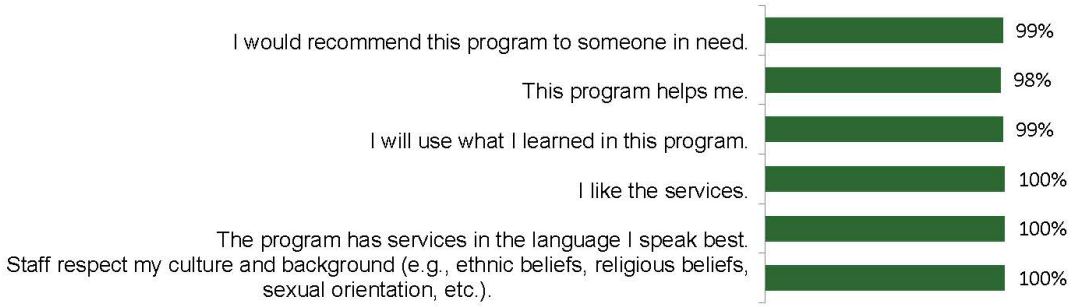

| Language (*n* = 348) | |
|---|---|
| English | 94% |
| Spanish | 4% |
| English & Spanish | 1% |
| Other | 0% |

# 7. LIVING WELL

This section contains the results of surveys from the Living Well program. A total of 112 surveys were completed for this program, with 111 self-report surveys and one child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented while the child survey is censored due to the small sample size. All participants chose to take the survey in English.

## Self-Report Performance Outcomes

**Program Satisfaction and Cultural Competence**
**Number of Participants Who Agree (*n* = 111-112)**




**Outcomes (*n* = 97-100)**

| As a result of participating in this program ... | # Strongly Disagree or Disagree | # Agree or Strongly Agree |
|---|---|---|
| I have a better understanding of mental illness. | 4% | 96% |
| I think treatment can help improve symptoms of mental illness. | 3% | 97% |
| I am more likely to seek help for a mental health problem. | 3% | 97% |
| I know where to go for mental health services. | 4% | 96% |
| I know where to go for substance use services for myself or other household members. | 6% | 94% |

# 7. LIVING WELL

## Client Comments

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

**What's the most helpful thing about this program? (*n* = 97)**

- Availability of Services (*n* = 20)
- Inclusive Environment & Sense of Community (*n* = 17)
- Meeting Basic Needs & Finding Employment (*n* = 15)
- Supportive Staff (*n* = 14)
- Acquiring Skills or Increased Understanding of Mental Health (*n* = 13)
- Therapeutic Communication (*n* = 11)
- Group Sessions (*n* = 3)
- Nothing or don't know (*n* = 2)
- Improved Symptoms or Behavior (*n* = 1)
- Strategies or Activities for Self-Care (*n* = 1)

*"I am a lot more empathetic and caring than I was before I started this program. I have learned about a lot of different people, lifestyles and how to get along with others better."*

*"I can express myself and feel how I feel and not be judged by staff or anyone in the program."*

**What could make this program better? (*n* = 65)**

- Nothing or Don't Know (*n* = 31)
- Additional Activities or Services (*n* = 16)
- More Frequent or Longer sessions (*n* = 12)
- Better Communication and Outreach (*n* = 6)

**What has changed about how you think, feel, or behave as a result of this program? (*n* = 87)**

- More Positive Outlook/Attitude (*n* = 19)
- Improved Emotional Regulation (*n* = 16)
- Feeling Less Isolated (*n* = 11)
- Improved Communication or Relationships (*n* = 11)
- Improved Self-Awareness (*n* = 11)
- Improved Behavior (*n* = 8)
- Nothing or Don't Know (*n* = 6)
- Improved Self-Confidence (*n* = 5)

# 7. LIVING WELL

## Child Comments

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

- Supportive Staff (*n* = 1)

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

- More Frequent or Longer Sessions (*n* = 1)

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

- Feeling Less Isolated (*n* = 1)

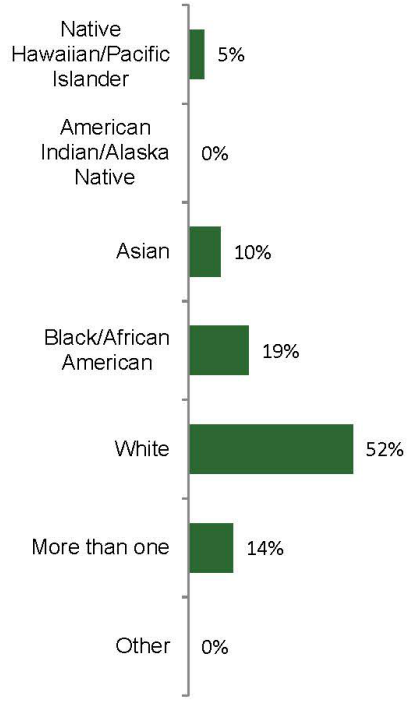
*"The relationship and trust between the therapist and my daughter [has been a helpful aspect of the program]."*

*"I haven't seen a lot of outward change, but I know she knows she has someone (her therapist) who she can always talk to."*

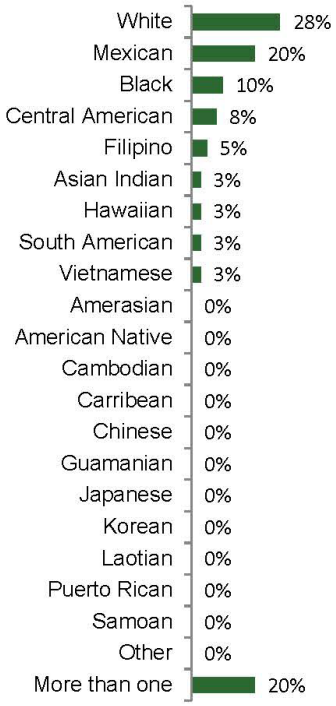
# 8. PREPARE U

## Demographics

**Race (*n* = 21)**

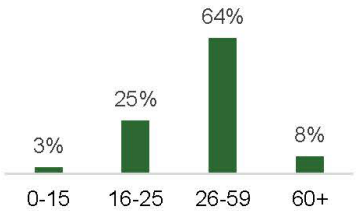



**Ethnicity (*n* = 40)**




Note: 7 participants declined.

**Age (*n* = 36)**



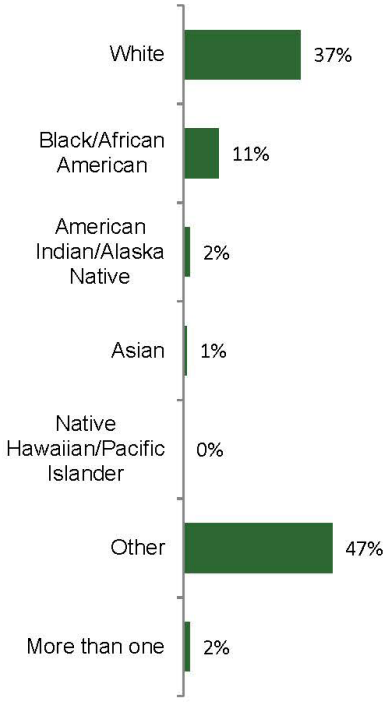

| Language (*n* = 32) | |
|---|---|
| English | 88% |
| Spanish | 13% |
| Other | 0% |

Percent may be more than 100% due to rounding.

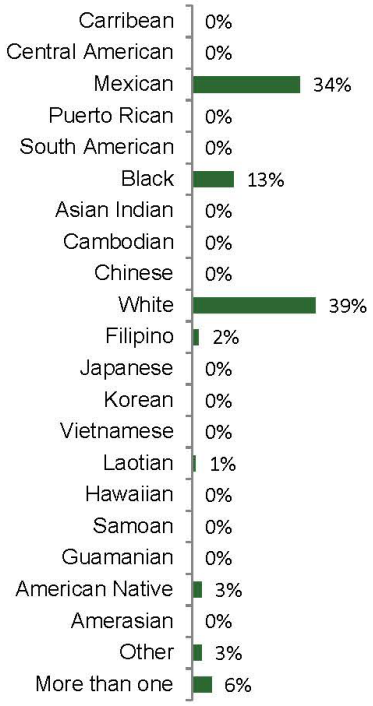
# 9. REENGAGEMENT

## Demographics

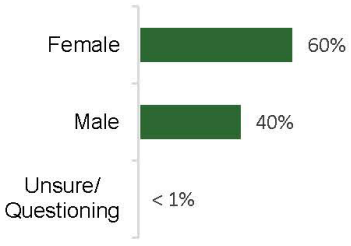
**Race (*n* = 313)**



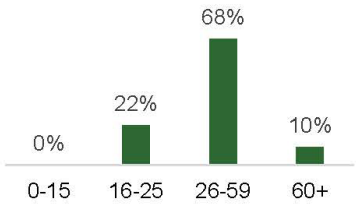

**Ethnicity (*n* = 122)**




**Gender Identity (*n* = 290)**




**Age (*n* = 292)**



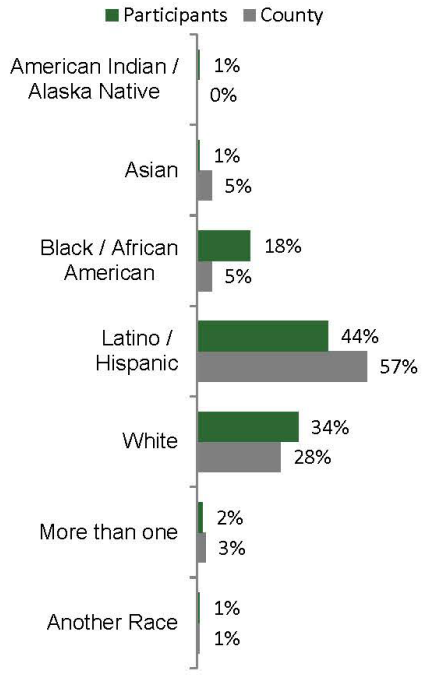

| Language (*n* = 243) | |
|---|---|
| English | 85% |
| Spanish | 14% |
| Other | < 1% |

*Note: Other includes American Sign.

# 10. THE HEALING PROJECT

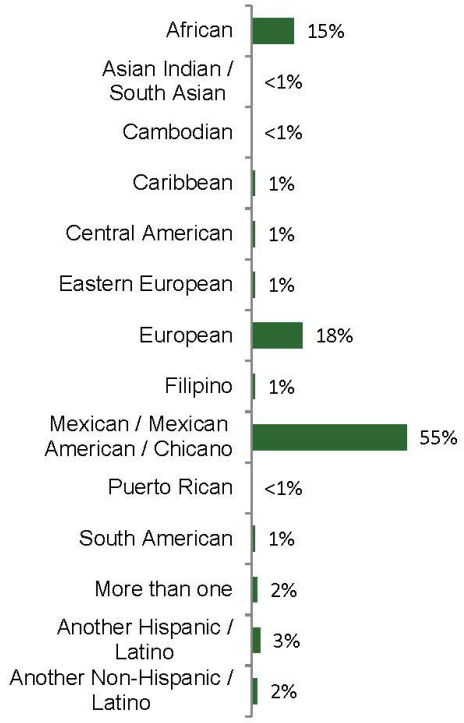
## Demographics

### Race (*n* = 644)



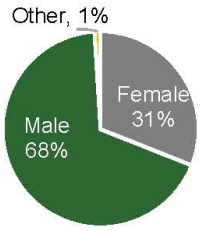

Note: 25 participants declined. Less than 1% of participants identified as Native Hawaiian / Pacific Islander. County demographics are derived from the 2023 American Community Survey.

### Ethnicity (*n* = 366)



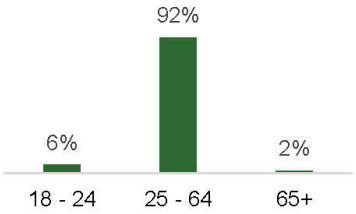

Note: 303 participants declined.

### Gender Identity (*n* = 651)




Note: 18 participants declined. Less than 1% of participants identified as Transgender, Non-binary, or another gender identity.

### Age (*n* = 641)




Note: 28 participants declined.

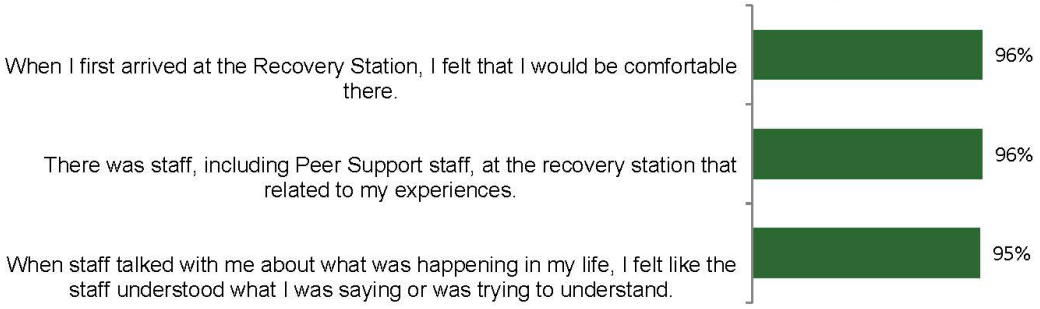
| Language (*n* = 649) | |
|---|---|
| English | 97% |
| Spanish | 1% |
| English & Spanish | 2% |
| Another language | <1% |

Note: 20 participants declined.

# 10. THE HEALING PROJECT

## Self-Report Survey Outcomes

**Program Satisfaction and Cultural Competency**
**Percent of Participants Who Agree (*n* = 636-641)**




**97%** of participants were "Very Pleased" or "Pleased" with services at The Healing Project.

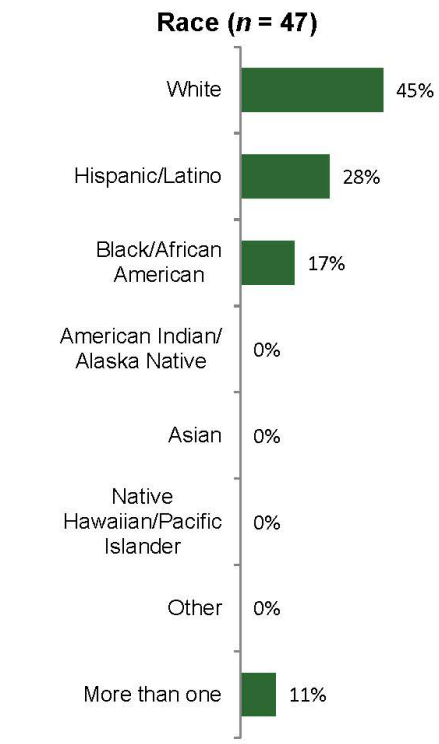
There were no major differences in most program outcomes by gender, language, age, or race.

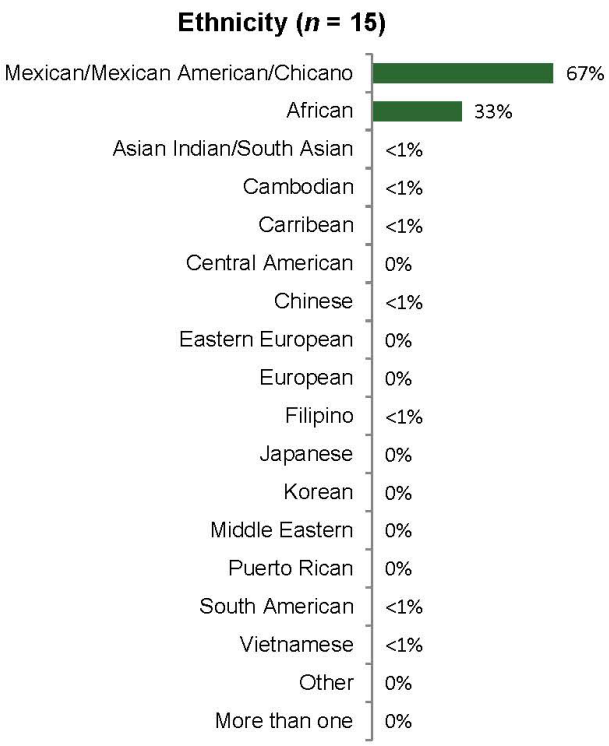
**Peer Support and Intentions to Enter Treatment (*n* = 633-637)**

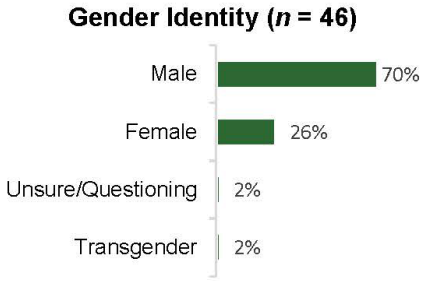
| | % Definitely or Probably |
|---|---|
| During your stay, was it helpful to receive recovery coaching and support from a staff member that has had experiences with drug and alcohol use and/or mental health challenges? | 94% |
| I am likely to begin or continue treatment for alcohol and/or drug use after being at the Recovery Station. | 92% |
| I am likely to begin or continue treatment for mental health challenges after being at the Recovery Station. | 93% |

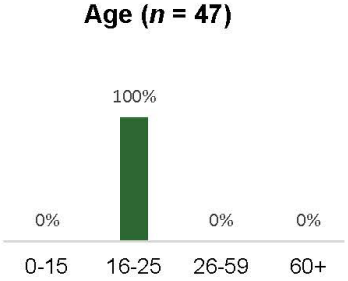
# 11. TRANSITIONAL AGE YOUTH DUAL RECOVERY

## Demographics



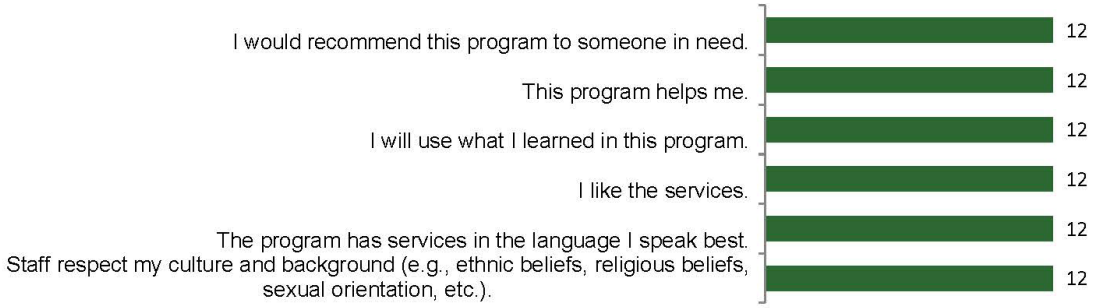

| Language (n = 47) | |
|---|---|
| English | 96% |
| Spanish | 0% |
| English & Spanish | 4% |
| Other | 0% |

# 11. TRANSITIONAL AGE YOUTH DUAL RECOVERY

This section contains the results of surveys from the Transitional Age Youth (TAY) Dual Recovery program. A total of 15 surveys were completed for this program. A total of 13 were self-report surveys and two were completed by guardians about their children under the age of nine. Since the total number of participants who completed the survey was small, counts rather than percentages are presented for the self-report surveys and the child surveys are censored. All participants chose to take the survey in English.

## Self-Report Performance Outcomes

**Program Satisfaction and Cultural Competence**
**Number of Participants Who Agree (*n* = 13)**




**Outcomes (*n* = 13)**

| As a result of participating in this program ... | # Strongly Disagree or Disagree | # Agree or Strongly Agree |
|---|---|---|
| I have a better understanding of mental illness. | 1 | 12 |
| I think treatment can help improve symptoms of mental illness. | 1 | 12 |
| I am more likely to seek help for a mental health problem. | 3 | 10 |
| I know where to go for mental health services. | 1 | 12 |
| I know where to go for substance use services for myself or other household members. | 2 | 11 |

# 11. TRANSITIONAL AGE YOUTH DUAL RECOVERY

**Outcomes (*n* = 12-13)**

| As a result of participating in this program... | # Strongly Disagree or Disagree | # Agree or Strongly Agree |
|---|---|---|
| I know more about how to take care of my mental or emotional health. | 1 | 11 |
| I learned how to take steps towards the future I want. | 1 | 12 |
| I feel better. | 1 | 12 |
| I have more energy during the day. | 3 | 10 |
| I feel less worried. | 4 | 9 |
| I feel better when I think about the future. | 3 | 10 |
| I care more about the things that are happening in my life. | 1 | 12 |
| I can handle problems better. | 1 | 12 |
| I know when to ask for help with an emotional problem. | 2 | 11 |

**Outcomes (*n* = 4-10)‡**

| As a result of participating in this program ... | # Gotten Worse | # Stayed the Same | # Gotten Better |
|---|---|---|---|
| My school attendance has... | 0 | 0 | 4 |
| My grades in school have... | 0 | 0 | 4 |
| My housing situation has... | 0 | 0 | 10 |
| My job situation has... | 0 | 1 | 7 |
| My relationship with friends and family has... | 1 | 0 | 9 |

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

# 11. TRANSITIONAL AGE YOUTH DUAL RECOVERY

## Client Comments

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

**What's the most helpful thing about this program? (*n* = 10)**

- Availability of Services (*n* = 2)
- Improved Symptoms or Behavior (*n* = 2)
- Inclusive Environment & Sense of Community (*n* = 2)
- Acquired Skills or Increased Understanding of Mental Health (*n* = 1)
- Meeting Basic Needs & Finding Employment (*n* = 1)
- Supportive Staff (*n* = 1)
- Therapeutic Communication (*n* = 1)

**What could make this program better? (*n* = 11)**

- Nothing or Don't Know (*n* = 8)
- More Frequent or Longer sessions (*n* = 2)
- In-Person Services (*n* = 1)

**What has changed about how you think, feel, or behave as a result of this program? (*n* = 10)**

- More Positive Outlook or Attitude (*n* = 4)
- Improved Self-Awareness (*n* = 2)
- Improved Behavior (*n* = 1)
- Improved Communication or Relationships (*n* = 1)
- Feeling Less Isolated (*n* = 1)
- Nothing or Don't Know (*n* = 1)

*"This program helped me change my perspective in life."*

*"[This program] helps me stay clean."*

# 11. TRANSITIONAL AGE YOUTH DUAL RECOVERY

## Child Comments

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

- Inclusive Environment & Sense of Community (*n* = 1)

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

- Additional Activities or Services (*n* = 1)

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

- Improved Self-Confidence (*n* = 1)

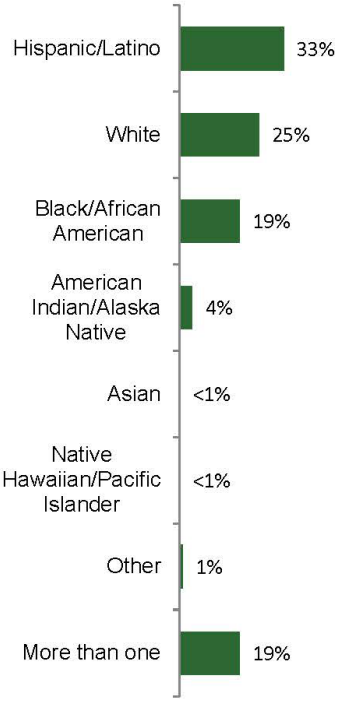
*"The most helpful part of this program is the amount of love I received while being here and the support I got."*

*"I am more confident in myself and able to freely talk about my emotions."*

# 12. TRANSITIONAL AGE YOUTH SELF-SUFFICIENCY

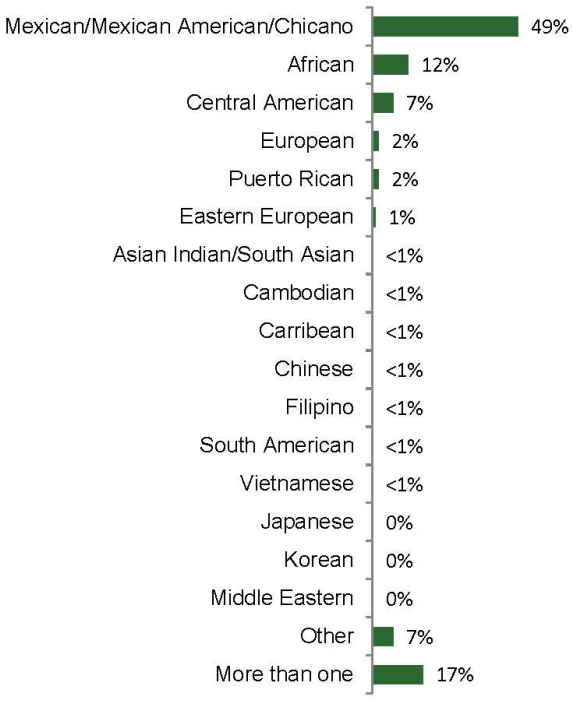
## Demographics

### Race (*n* = 651)



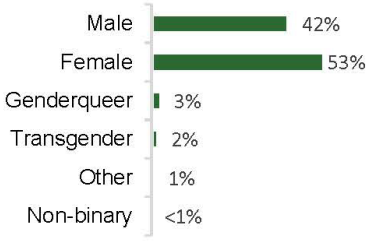

Note: 38 participants declined.

### Ethnicity (*n* = 518)



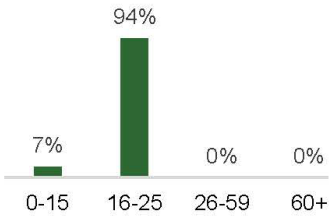

Note: 178 participants declined.

### Gender Identity (*n* = 663)




Note: 32 participants declined.

### Age (*n* = 695)




### Language (*n* = 690)

| | |
|---|---|
| English | 91% |
| Spanish | 3% |
| English & Spanish | 6% |
| Other | <1% |

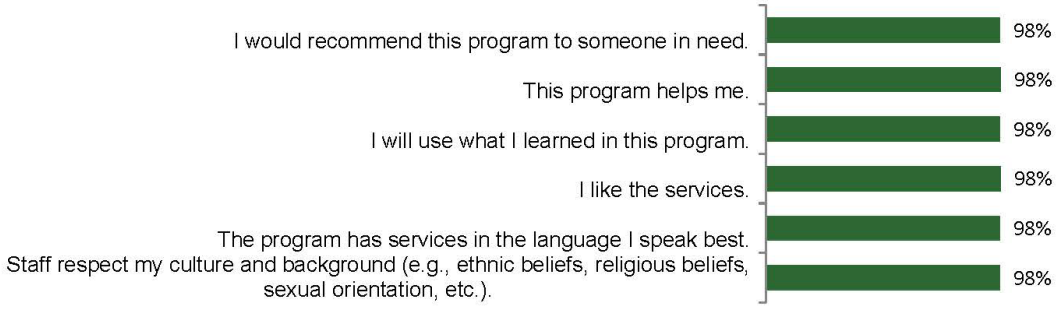
Note: 4 participants declined.

# 12. TRANSITIONAL AGE YOUTH SELF-SUFFICIENCY

The charts and tables below display the results of surveys collected from the Transition Age Youth (TAY) Self-Sufficiency program. A total of 233 clients completed the Self-Report Survey, and no clients completed the child version of the outcome survey. All participants chose to take the survey in English.

## Self-Report Survey Outcomes

**Program Satisfaction and Cultural Competency**
**Percent of Participants Who Agree (*n* = 232-233)**




**Outcomes (*n* = 230-233)**

| As a result of participating in this program... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| I have a better understanding of mental illness. | 4% | 96% |
| I think treatment can help improve symptoms of mental illness. | 4% | 96% |
| I am more likely to seek help for a mental health problem. | 6% | 94% |
| I know where to go for mental health services. | 2% | 98% |
| I know where to go for substance use services for myself or other household members. | 3% | 97% |

# 12. TRANSITIONAL AGE YOUTH SELF-SUFFICIENCY

## Client Comments

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

**What's the most helpful thing about this program? (*n* = 213)**

- Meeting Basic Needs & Finding Employment (*n* = 86)
- Supportive Staff (*n* = 46)
- Availability of Services (*n* = 41)
- Therapeutic Communication (*n* = 21)
- Inclusive Environment & Sense of Community (*n* = 9)
- Strategies or Activities for Self-Care (*n* = 5)
- Acquiring Skills or Increased Understanding of Mental Health (*n* = 2)
- Improved Symptoms or Behavior (*n* = 2)
- Nothing or don't know (*n* = 1)

**What could make this program better? (*n* = 171)**

- Nothing or Don't Know (*n* = 95)
- Additional Activities or Services (*n* = 47)
- Better Communication and Outreach (*n* = 11)
- Additional Instructional Topics or Information (*n* = 11)
- More Frequent or Longer sessions (*n* = 7)

**What has changed about how you think, feel, or behave as a result of this program? (*n* = 185)**

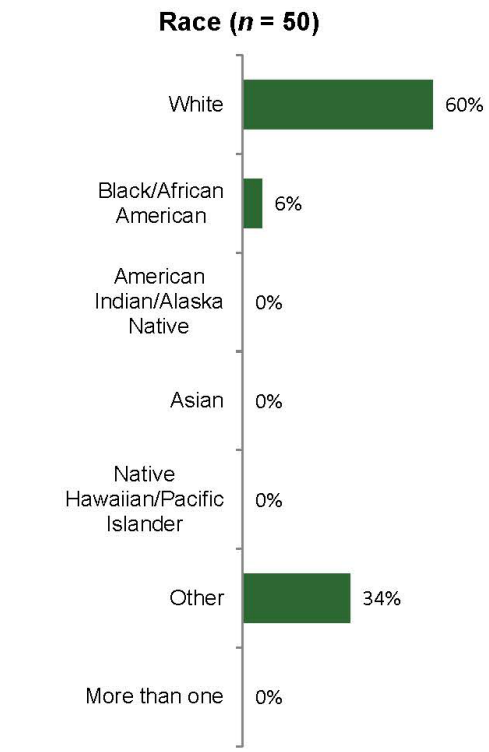
- Nothing or Don't Know (*n* = 56)
- More Positive Outlook/Attitude (*n* = 37)
- Improved Behavior (*n* = 24)
- Feeling Less Isolated (*n* = 23)
- Improved Self-Confidence (*n* = 13)
- Improved Communication or Relationships (*n* = 12)
- Improved Self-Awareness (*n* = 12)
- Improved Emotional Regulation (*n* = 8)

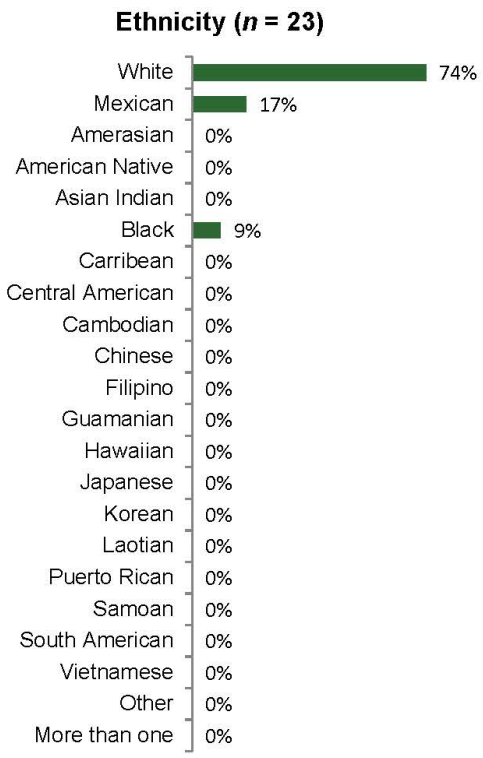
*"One thing that has been helpful about this program is learning how to manage my health."*

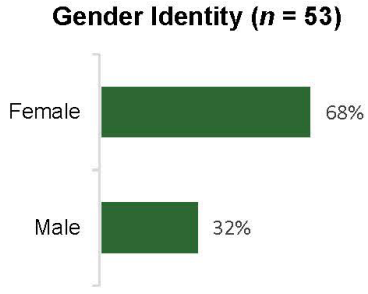
*"I think that this program gave me hope. I feel very happy for this program. It helps my behavior, to be better and [stay] out of trouble."*

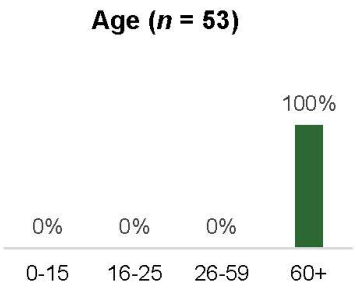
# 13. VOLUNTEER SENIOR OUTREACH PROGRAM

## Demographics



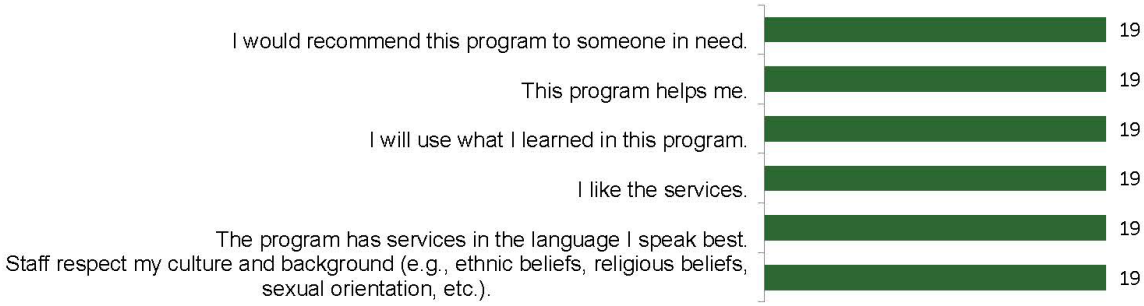

| Language (n = 25) | |
|---|---|
| English | 84% |
| Spanish | 16% |
| Other | 0% |

# 13. VOLUNTEER SENIOR OUTREACH PROGRAM

This section contains the results of surveys from the Volunteer Senior Outreach Program (VSOP). A total of 19 surveys were completed for this program. All were self-report surveys. Since fewer than 30 participants completed the survey, counts rather than percentages are presented. All participants chose to take the survey in English.

## Self-Report Performance Outcomes

**Program Satisfaction and Cultural Competence**
**Percent of Participants Who Agree (*n* = 19)**




**Outcomes (*n* = 17-19)**

| As a result of participating in this program ... | # Strongly Disagree or Disagree | # Agree or Strongly Agree |
|---|---|---|
| I have a better understanding of mental illness. | 0 | 18 |
| I think treatment can help improve symptoms of mental illness. | 0 | 18 |
| I am more likely to seek help for a mental health problem. | 1 | 18 |
| I know where to go for mental health services. | 0 | 19 |
| I know where to go for substance use services for myself or other household members. | 1 | 17 |

# 13. VOLUNTEER SENIOR OUTREACH PROGRAM

## Client Comments

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

**What's the most helpful thing about this program? (*n* = 17)**

- Therapeutic Communication (*n* = 6)
- Improved Symptoms or Behavior (*n* = 4)
- Supportive Staff (*n* = 3)
- Acquiring Skills or Increased Understanding of Mental Health (*n* = 2)
- Availability of Services (*n* = 2)

*"I am learning a lot that I can use to better my life."*

*"I'm able to handle stress a lot better. I actually leave my house and want to get dressed and go shopping or visit people."*

**What could make this program better? (*n* = 10)**

- Nothing or Don't Know (*n* = 5)
- Additional Activities or Services (*n* = 3)
- Better Communication and Outreach (*n* = 1)
- More Frequent or Longer sessions (*n* = 1)

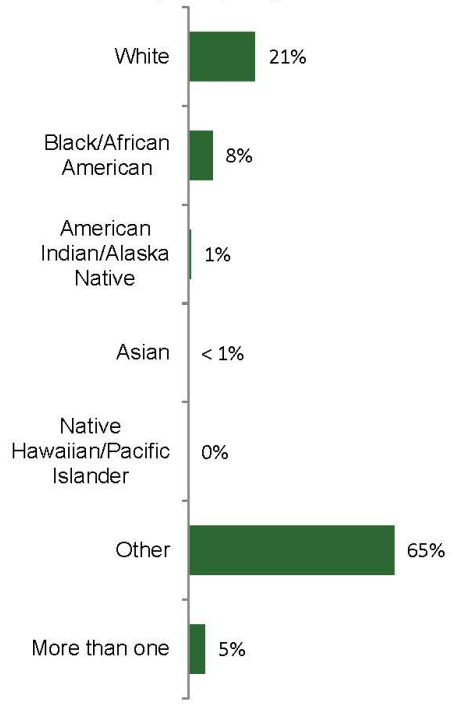
**What has changed about how you think, feel, or behave as a result of this program? (*n* = 16)**

- Improved Emotional Regulation (*n* = 4)
- Feeling Less Isolated (*n* = 3)
- Improved Self-Awareness (*n* = 3)
- More Positive Outlook/Attitude (*n* = 3)
- Improved Behavior (*n* = 2)
- Improved Communication or Relationships (*n* = 1)

# 14. YOUTH BRIEF TREATMENT

## Demographics

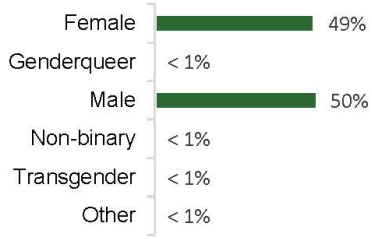
**Race (*n* = 2,745)**



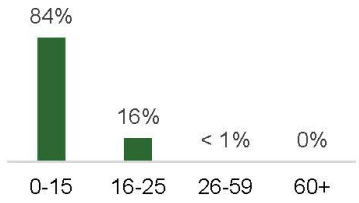

**Ethnicity (*n* = 735)**




**Gender Identity (*n* = 1,880)**




**Age (*n* = 2,676)**




| Language (*n* = 2,195) | |
|---|---|
| English | 83% |
| Spanish | 17% |
| Other | < 1% |

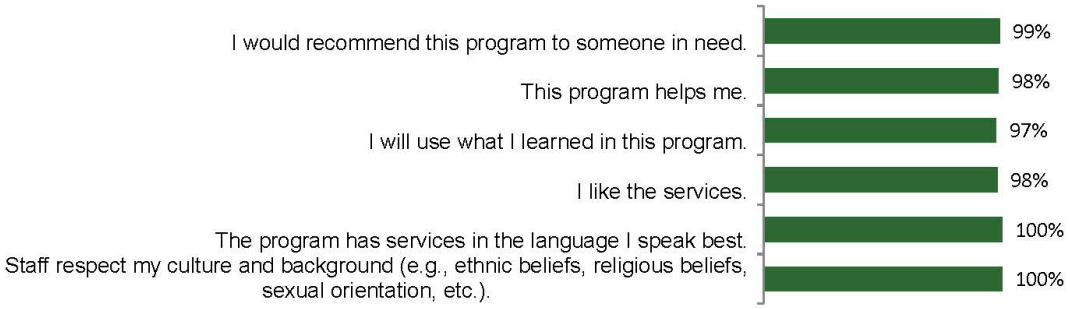
Note: Other includes Arabic.

# 14. YOUTH BRIEF TREATMENT

This section contains the results of surveys from the Youth Brief Treatment program. A total of 303 participants completed a survey. Of these, 208 were self-report surveys, while the other 95 were child surveys completed by a parent/guardian about their child. Results from the self-report survey are presented first, followed by results from the child survey. Since more than 30 participants completed each survey, percentages are presented. A total of 267 participants chose to take the survey in English and 32 chose to take the survey in Spanish.

## Self-Report Performance Outcomes

**Program Satisfaction and Cultural Competence**
**Percent of Participants Who Agree (*n* = 205-207)**




**Outcomes (*n* = 195-206)**

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

# 14. YOUTH BRIEF TREATMENT

**Outcomes (*n* = 79-82)**

| As a result of participating in this program... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| I know more about how to take care of my mental or emotional health. | 6% | 94% |
| I learned how to take steps towards the future I want. | 6% | 94% |
| I feel better. | 16% | 84% |
| I have more energy during the day. | 21% | 79% |
| I feel less worried. | 20% | 80% |
| I feel better when I think about the future. | 19% | 81% |
| I care more about the things that are happening in my life. | 16% | 84% |
| I can handle problems better. | 12% | 88% |
| I know when to ask for help with an emotional problem. | 13% | 88% |

**Outcomes (*n* = 20-69)‡**

| As a result of participating in this program ... | % Gotten Worse | % Stayed the Same | % Gotten Better |
|---|---|---|---|
| My school attendance has... | 64 | 3% | 53% |
| My grades in school have... | 68 | 9% | 28% |
| My housing situation has... | 56 | 2% | 50% |
| My job situation has... | 20 | 5% | 40% |
| My relationship with friends and family has... | 69 | 7% | 25% |

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

# 14. YOUTH BRIEF TREATMENT

## Client Comments

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

**What's the most helpful thing about this program? (*n* = 177)**

- Therapeutic Communication (*n* = 78)
- Improved Symptoms or Behavior (*n* = 33)
- Acquiring Skills or Increased Understanding of Mental health (*n* = 24)
- Supportive Staff (*n* = 22)
- Availability of Services (*n* = 8)
- Inclusive Environment & Sense of Community (*n* = 5)
- Better interactions with family and friends (*n* = 4)
- Nothing or Don't Know (*n* = 2)
- Strategies or Activities for Self-Care (*n* = 1)

*"I believe it is helping my children learn to express their feelings."*

*"I started to love myself more and try to understand myself better. This program changed my view on mental health and myself."*

**What could make this program better? (*n* = 117)**

- Nothing or Don't Know (*n* = 70)
- Additional Activities or Services (*n* = 18)
- Better Communication and Outreach (*n* = 9)
- In-Person Sessions (*n* = 6)
- Greater Diversity among Staff or Participants (*n* = 5)
- More Frequent or Longer Sessions (*n* = 5)
- Additional Instructional Topics or Information (*n* = 3)
- Ability to Test, Diagnose, and Treat (*n* = 1)

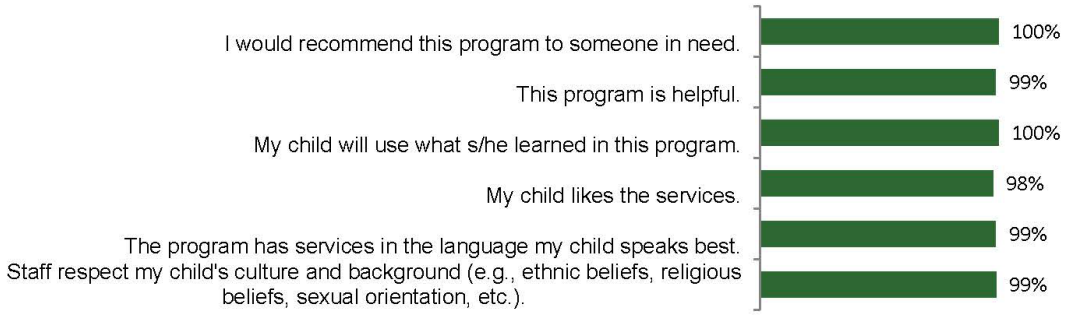
**What has changed about how you think, feel, or behave as a result of this program? (*n* = 150)**

- Improved Emotional Regulation (*n* = 42)
- Improved Behavior (*n* = 26)
- Improved Self-Awareness (*n* = 25)
- More Positive Outlook/Attitude (*n* = 25)
- Improved Communication or Relationships (*n* = 16)
- Nothing or Don't Know (*n* = 9)
- Feeling Less Isolated (*n* = 4)
- Improved Self-Confidence (*n* = 3)

# 14. YOUTH BRIEF TREATMENT

## Child Performance Outcomes

**Program Satisfaction and Cultural Competence**
**Percent of Participants Who Agree (*n* = 87-88)**




**Child Outcomes (*n* = 85-86)**

| As a result of participating in this program ... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| My child has a better understanding of mental illness. | 10% | 90% |
| My child thinks treatment can help improve symptoms of mental illness. | 7% | 93% |
| I know where to go to get mental health services for my child. | 2% | 98% |
| My child knows how to get help when s/he has a mental health problem. | 9% | 91% |
| I know where to go for substance use services for myself or other household members. | 19% | 81% |

# 14. YOUTH BRIEF TREATMENT

**Child Outcomes (*n* = 60-61)**

| As a result of participating in this program... | % Strongly Disagree or Disagree | % Agree or Strongly Agree |
|---|---|---|
| My child knows more about how to take care of his/her mental or emotional health. | 5% | 95% |
| My child is learning to behave more appropriately. | 2% | 98% |
| My child feels better. | 2% | 98% |
| My child has more energy during the day. | 7% | 93% |
| My child feels less worried. | 5% | 95% |
| My child feels better when s/he thinks about the future. | 11% | 89% |
| My child cares more about the things that are happening in his/her life. | 3% | 97% |
| My child can handle problems better. | 5% | 95% |
| My child knows when to ask for help with an emotional problem. | 8% | 92% |

**Child Outcomes (*n* = 44-56)‡**

| As a result of participating in this program ... | % Gotten Worse | % Stayed the Same | % Gotten Better |
|---|---|---|---|
| My child's school attendance has... | 2% | 45% | 52% |
| My child's grades in school have... | 6% | 42% | 53% |
| My child's housing situation has... | 0% | 46% | 54% |
| My child's relationships with friends and family have... | 4% | 20% | 77% |

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

# 14. YOUTH BRIEF TREATMENT

## Child Comments

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

**What's the most helpful thing about this program? (*n* = 66)**

- Therapeutic Communication (*n* = 24)
- Acquiring Skills or Increased Understanding of Mental Health (*n* = 7)
- Improved Symptoms or Behavior (*n* = 14)
- Supportive Staff (*n* = 8)
- Availability of Services (*n* = 3)
- Better interactions with family and friends (*n* = 4)
- Strategies or Activities for Self-Care (*n* = 6)

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

- Nothing or don't know (*n* = 25)
- Additional Activities or Services (*n* = 7)
- More Frequent or Longer Sessions (*n* = 5)
- Better Communication and Outreach (*n* = 1)
- In-Person Sessions (*n* = 1)

*"This program helped my daughter improve her self-harm problem; she doesn't do it anymore."*

*"The way she used to manage her emotions has improved; she now communicates much better than before."*

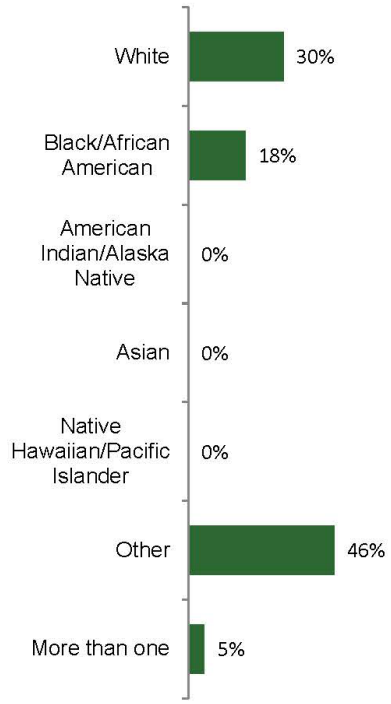
**What has changed about how your child thinks, feels, or behaves as a result of this program? (*n* = 63)**

- Improved Emotional Regulation (*n* = 17)
- Improved Communication or Relationships (*n* = 16)
- Improved Behavior (*n* = 14)
- Improved Self-Awareness (*n* = 8)
- More Positive Outlook/Attitude (*n* = 3)
- Feeling Less Isolated (*n* = 2)
- Nothing or Don't Know (*n* = 2)
- Improved Self-Confidence (*n* = 1)

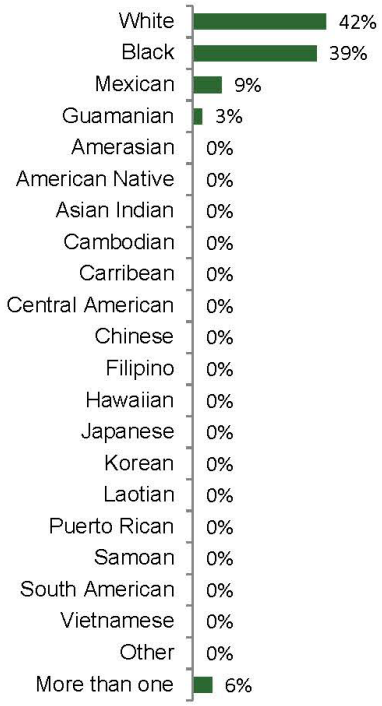
# 15. YOUTH JUVENILE JUSTICE ENGAGEMENT

## Demographics

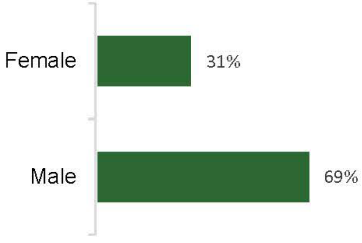
**Race (*n* = 136)**



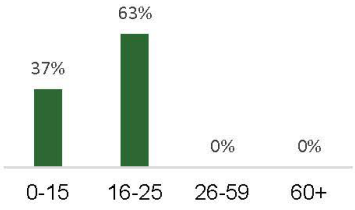

**Ethnicity (*n* = 33)**




**Gender Identity (*n* = 128)**




**Age (*n* = 135)**




| Language (*n* = 107) | |
|---|---|
| English | 98% |
| Spanish | 2% |
| Other | 0% |

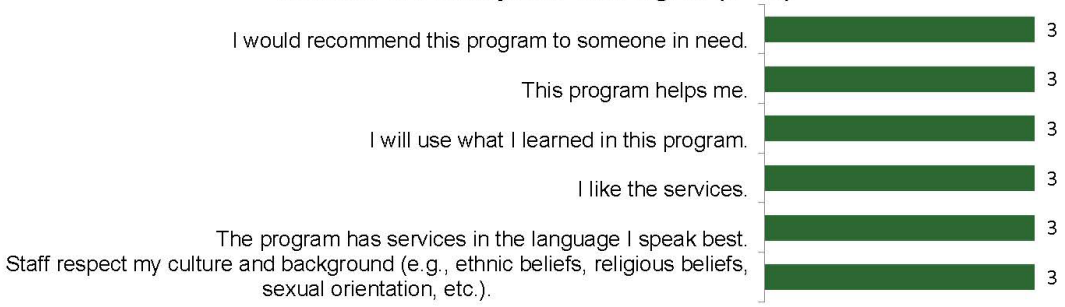
Note: 1 participant declined.

# 15. YOUTH JUVENILE JUSTICE ENGAGEMENT

This section contains the results of surveys from the Youth Juvenile Justice Engagement program. A total of three surveys were completed for this program. Of these, all were self-report surveys. Since the total number of participants who completed each type of survey was small, counts rather than percentages are presented. All participants chose to take the survey in English.

## Self-Report Performance Outcomes

**Program Satisfaction**
**Number of Participants Who Agree (*n* = 3)**




**Outcomes (*n* = 3)**

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

# 15. YOUTH JUVENILE JUSTICE ENGAGEMENT

## Client Comments

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

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

- Acquiring Skills or Increased Understanding of Mental Health (*n* = 1)
- Meeting Basic Needs & Finding Employment (*n* = 1)
- Supportive Staff (*n* = 1)

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

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

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

- Nothing or don't know (*n* = 1)
- Feeling Less Isolated (*n* = 1)

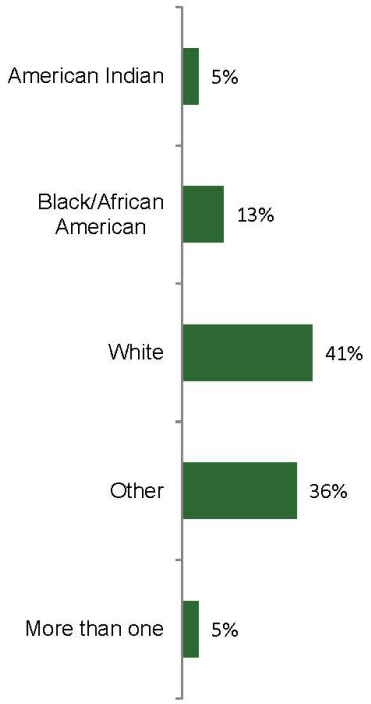
*"The staff cares; it is helping me work on my mental health."*

*"There's help out there for me."*

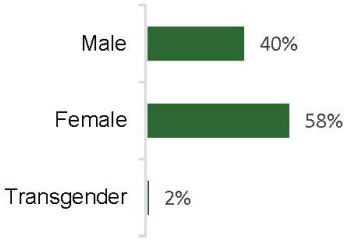
# 16. ZERO SUICIDE

## Demographics

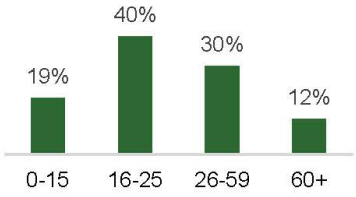
**Race (*n* = 39)**




**Gender Identity (*n* = 43)**




**Age (*n* = 43)**



# APPENDIX A: PEI DATA COLLECTION MATRIX

**PEI Programs, Classifications, and Survey Sections for FY24-25**

| PEI Program Name | Program Classification | Sections of Survey Required to Be Completed |
|---|---|---|
| Prepare U | Prevention | Front & back |
| Transitional Age Youth (TAY) Dual Recovery | Early Intervention | Front & back |
| Youth Brief Treatment (YBT) | Early Intervention | Front & back |
| Living Well | Stigma and Discrimination Reduction | Front only |
| Transitional Age Youth (TAY) Self Sufficiency | Access and Linkage to Treatment | Front only |
| Youth Juvenile Justice Engagement | Access and Linkage to Treatment | Front only |
| Foster Care Engagement | Outreach for Increasing Recognition of Early Signs of Mental Illness | Front only |
| Volunteer Senior Outreach Program (VSOP) | Outreach for Increasing Recognition of Early Signs of Mental Illness | Front only |
| Zero Suicide | Outreach for Increasing Recognition of Early Signs of Mental Illness | None |
| Access to Care: Crisis Hotline | Access and Linkage to Treatment | None |
| Homeless Outreach Program | Access and Linkage to Treatment | None |
| Help Me Grow | Access and Linkage to Treatment | None |
| Community Referral Network | Access and Linkage to Treatment | None |
| Reengagement | Access and Linkage to Treatment | None |
| Continuum of Care Reform (CCR) Foster Youth Engagement | Access and Linkage to Treatment | None |
| The Healing Project (Recovery Station) | Access and Linkage to Treatment | None |

# APPENDIX B: PROGRAM DESCRIPTIONS

| PEI Program Name | Program Description |
|---|---|
| Access to Care: Crisis Hotline | The Access to Care Crisis Hotline provides 24/7/365 crisis counseling, suicide intervention, coping skills, guidance, and referrals for individuals who utilize the 988 Lifeline via call, text, or chat. The Crisis Hotline is an accredited call center through the American Association of Suicidology (AAS) is also a part of the National Suicide Prevention Lifeline (NSPL) consortium and accepts calls from around the world.<br><br>The Access to Care Crisis Hotline team also conducts follow-up phone calls and mails out handwritten caring notes as a part of their follow-up efforts for individuals recently hospitalized and/or involved in the crisis continuum of care. These efforts are intended to reach out and provide enhanced support to those recently impacted by a behavioral health crisis, providing evidence-based service shown to assist in the journey toward recovery. |
| Community Referral Network | The Community Referral Network Program provides community outreach, education, and engagement services to difficult-to-engage and treatment resistant populations in outlying areas of Kern County.<br><br>Outreach and education services are provided to community members and partner agencies with the focus of identifying and engaging at-risk adults who may benefit from traditional mental health, substance use disorder, and other community services. Once identified and referred, Community Referral Network staff deliver temporary case management services, with a primary focus of engagement, to assist individuals in successfully linking with ongoing outpatient treatment and other services, as appropriate.<br><br>Community Referral Network staff are embedded in the existing treatment team and embrace a "whatever it takes" model of service delivery. Services include psychoeducation, engagement, crisis intervention/response, accelerated access and linkage to mental health, substance use treatment, and other appropriate community services.<br><br>Referrals to the Community Referral Network Program are typically received from: family members/persons of support, contract providers, law enforcement, behavioral health programs, and other community supports. After successful linkage, program staff will follow-up with individuals and the outpatient treatment team. |
| Continuum of Care - Foster Youth Engagement | The Continuum of Care (CCR) Foster Youth Engagement (FYE) Team focuses on the fundamental principle of CCR, which is that "Children should not have to change placements to get the services and supports they need." The team helps the foster youth maintain their placement by providing behavioral health treatment that addresses their trauma. Some foster youth need more structured treatment with a Short Residential Therapeutic Program (STRTP). This team provides care and treatment that helps the foster youth step down to a family/family-based home setting in a timely manner.<br><br>Providing engagement and support to foster youth, placing agencies and STRTPs, as well as conducting Qualified Individual Assessments, will help in decreasing the need for a higher level of care for foster youth. As of July 1, |

| | |
|---|---|
| | 2024, the CCR Team's scope of responsibility has expanded to assist the Children's Administration in training, reviewing services for all out-of-county STRTPs. The CCR team is responsible for providing technical assistance to STRTP providers, which includes review of documentation for effectiveness of treatment in addition to accuracy, and accountability to meet the needs of youth, as well as ensuring compliance with regulations. |
| Foster Care Engagement | Works to actively engage youth in the foster care system who are not engaged in mental health services. Social workers, Foster Family Agencies (FFA), and Resource Parents are taught the referral process and provided psychoeducation on the importance of engaging foster youth to both identify potential undiagnosed and address current mental health concerns. |
| Help Me Grow | Offers developmental and behavioral screening to Kern County parents for their children aged 0-5 years old. This universal surveillance and screening is provided for all children and links those at risk for developmental and behavioral challenges to appropriate programs and services. |
| Homeless Outreach Program | The Homeless Outreach Program is designed to serve homeless individuals with behavioral health needs. The program provides a wide range of services and support to help these individuals achieve and maintain long-term stability and permanent housing. The program includes two primary components: homeless street outreach and housing services, including housing wraparound services. |
| Living Well | Provides specialized services to populations underserved in the community. The program ensures individuals with very specific treatment needs are afforded services provided by staff appropriately trained to address these needs. Identified populations served through this program include individuals diagnosed with an eating disorder, those who benefit from Dialectical Behavioral Therapy (DBT), those needing employment support (IPS), those who benefit from Eye Movement Desensitization and Reprocessing Therapy (EMDR), and pregnant and postpartum individuals. |
| Prepare U | Prepare U is an easy-to-navigate, evidence-supported, multi-faceted experiential mental health curriculum designed for ages 12 and up. Prepare U curriculum, developed by Therapy Live Team, is designed to be a plug-and-play system that anyone can navigate, whether as a standalone course or as an integrated part of an overall health sequence. The curriculum follows a carefully designed arc to help participants learn the skills needed to identify mental and emotional concerns, effectively cope with concern in healthy ways and how to engage in additional parental, community, or professional support when needed. Prepare U consists of 12 class videos, 5-minute relaxation videos, all online and easily accessible. Prepare U curriculum goals are to reduce the side effects of stress caused by anger, trauma, and anxiety. |
| Reengagement | Reengagement services are delivered to clients who are open to the Adult System of Care but who have disengaged from services.<br><br>The Reengagement program focuses on identifying and reengaging at risk adults who are experiencing challenges remaining engaged in traditional mental health services. Once identified and referred, staff deliver temporary case management services, with a primary focus of returning clients to service with their outpatient treatment team.<br><br>Reengagement staff are embedded in the existing outpatient treatment team and embrace a "whatever it takes" model of service delivery. Typical services during reengagement 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.<br><br>Referrals to the Reengagement program are typically received from the team/staff member to whom the client is currently assigned. After successful reengagement, program staff will follow up with the client over a period of time to ensure the client remains engaged in treatment. |
| The Healing Project | The Healing Project is a Recovery Station in Bakersfield that operates twenty-four hours per day, seven days per week for adults who are currently experiencing a substance use or alcohol-related crisis. Individuals may also have a co-occurring behavioral health disorder. Individuals served may be referred to or transported by law enforcement and other designated community partners. Services are voluntary and provided in a safe, sober environment for individuals to reduce intoxication. The Healing Project is staffed by clinicians, substance use specialists, and peers with lived experience who seek to provide guests with access and linkage to appropriate mental health and substance use care. Individuals receive substance use screening, brief clinical interventions, obtain resources, and are connected to ongoing services in the community. The typical length of stay is approximately four to ten hours. |
| TAY Dual Recovery | The TAY-Dual Recovery program is designed to provide immediate supportive behavioral health and substance use care in a sober living environment for up to 6 months to TAY (Transition Age Youth). The program focuses on stabilizing youth during their stay at the sober living facility, to aid them in their recovery, and community living. The program staff works in collaboration with the TAY Team to ensure care coordination and enhanced treatment. The TAY Team provides behavioral health treatment and helps support sober living facility staff by assisting youth in the development of life skills while simultaneously working on recovery. |
| TAY Self Sufficiency | The Transitional Aged Youth (TAY) Self-Sufficiency program (SSP) enhances services available for the Kern County Network for Children's Dream Center. Services are provided through a multi-disciplinary effort involving various agencies and organizations, Kern BHRS TAY program, staff, Kern County Department of Human Services, Kern County Public Health, Kern County Housing Authority, California Department of Rehabilitation, and Employers Training Resources. The Dream Center is considered a well-known and comfortable environment for this population, rich in resources to assist in guiding youth toward gaining independence. Youth are referred by service providers and schools throughout Kern County, homeless street outreach programs, and commonly by other youth who receive Dream Center services. The Dream Center drop-in center includes a classroom, showers, laundry facility, commercial kitchen for cooking classes, computer stations, job search and study area, and a safe area for building position relationships with peers. The Dream Center provides engagement, multi-disciplinary supportive services that include housing, linkages to mental health and substance abuse treatment services, helping youth to build key life skills, and protective and promotive factors. The Dream Center teaches youth coping skills essential to preventing them from experiencing mental health crises, chronic homelessness, self-harming behavior, emergency room visits, and mental health emergencies. The TAY SSP can provide the types of services that the struggling TAY |

| | |
|---|---|
| | foster/formerly foster youth need so that their outcomes improve achieving a positive impact on the community. |
| Volunteer Senior Outreach Program | Utilizes trained volunteers, who work alongside clinicians and case managers to conduct outreach to older adults throughout Kern County. Designed to educate and engage seniors who are homebound or living independently and at risk of isolation. |
| Youth Brief Treatment | The Youth Brief Treatment Same Day Assessment program provides stigma reduction education materials and outreach designed to facilitate access and linkage to treatment for those with behavioral health care needs. The program offers walk-in assessments and brief interventions for those in need and is available through providers in geographics service areas throughout Kern County. Brief intervention services at all locations follow the Solution-Focused Brief Therapy approach. These services teach youth and families communication, social, and coping skills. Adapting skills learned through early intervention services helps prevent mental health symptoms from becoming severe and persistent and improves the quality of life. Youth Brief Treatment is geared towards working with those who have not been active in the behavioral system of care but instead have had a recent onset of behavioral health symptoms. Behavioral health staff work with youth, their parents, resource parents, and school support systems as necessary to address symptoms in a timely manner. Treatment typically lasts six-to-twelve months. Engagement of family is critical, and family therapy is integrated into the overall treatment plan. |
| Youth Juvenile Justice Engagement | The Future-Focused Justice Initiative (FFJI) formerly known as Youth Juvenile Justice Engagement Program (YJJEP) was designed to engage those youth and families who have been active in the juvenile justice system. The Youth exiting the Youth Detention Center (YDC) are often underserved and undiagnosed. The program provides early engagement and treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system. |
| Zero Suicide | 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. |

# FY 2024-2025 Performance Outcomes Report

## Kern County MHSA Workforce, Education, & Training

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# METHODOLOGY

## Evaluation Design

Workforce Education and Training (WET) programs report outcomes proposed by EVALCORP and agreed upon by Kern Behavioral Health Recovery Services (BHRS) leadership. The choice of outcomes measured and reported was informed by two primary sources: (1) the relevant California Code of Regulations referring to WET programs, and (2) any additional outcomes of interest as agreed upon by EVALCORP and Kern BHRS. The outcomes to evaluate differ according to each program. EVALCORP developed a tailored plan for each of the WET programs specifying in advance which outcomes would be reported.

The WET portion of the Annual Update combines program outcomes and staff demographics into a single section.

## Presentation of Results

Findings are presented in aggregate by each of the four FY24-25 WET programs. Each program contributed data on program-specific indicators selected in collaboration with EVALCORP as key metrics to track program progress.

# COMBINED WET PROGRAM METRICS

## Data Collected by Type

The metrics chosen to assess each of the WET programs are summarized below:

| | Outcome 1 | Outcome 2 | Outcome 3 | Outcome 4 |
|---|---|---|---|---|
| **Clinical Internship** | Count of staff receiving support during fiscal year | Count of candidates achieving licensure during fiscal year | Count of staff supervisors during fiscal year | Count of divisions offering internships during fiscal year |
| **Psychology Internship** | Count of interns who have completed the program since 2000 | Count of postdocs achieving licensure since 2000 | Patients seen by interns during the prior cohort/previous year | Count of interns employed by Kern County after internship, within the past 5 years |
| **Relias Learning Management System** | Count of courses completed by staff during fiscal year | Count of courses completed for continuing education credit during fiscal year | Mean number of courses completed by staff during fiscal year | Completion rate for modules during fiscal year |
| **Workforce Training Enhancement** | Count of staff who completed peer service training during fiscal year | Count of staff who complete most popular training during fiscal year | Count of staff who completed second most popular training during fiscal year | Count of conferences and training opportunities attended by staff during fiscal year |
| **Employee Wellness Initiative** | Have an improved sense of well-being | Developed meaningful relationships with coworkers | Developed new wellness practices (e.g., yoga, gardening) | Know more about how to take care of my mental or emotional health |

# CLINICAL INTERNSHIP

## Program Description

Kern BHRS supports staff pursuing mental health licensure (LPHA) by providing clinical supervision hours required by the Board of Psychology and California Board of Behavioral Sciences for Psychologists, LCSWs, LMFTs, and LPCCs. The Clinical Internship Support Program measures program efficiency through biannual evaluations that assess clinical performance and learning using Core Competencies. Interns and associates accumulate weekly hours based on their client caseload and receive individual, triadic, or group supervision each week. They are expected to complete their clinical hours and obtain California BBS licensure within approximately five years, with online and written study materials available to support their preparation.

## Updates

- After years of monthly MCCSP training meetings with the same supervising clinicians, the approach has shifted to providing the full training series only to new supervising clinicians. Kern BHRS currently has 46 clinical supervisors overseeing 106 staff members, including 50 AMFTs, 43 ACSWs, and 13 APCCs, and has placed 31 students.

## Program Successes

- Last fiscal year, Kern BHRS finalized contracts with 16 universities for employee-based practicum placements. This expansion enables clinical staff to serve as supervisors and allows case management staff to advance their education toward potential therapist positions with Kern BHRS.

## Performance Outcomes Measures

**106** Staff received support in FY 24-25

**31** Students were placed in FY 24-25

**46** Staff supervised interns

**6** Divisions of Kern BHRS offered internships

# PSYCHOLOGY INTERNSHIP

## Program Description

Kern BHRS, a member of the Association of Psychology Postdoctoral and Internship Centers, operates a one-year Clinical Psychology Internship Program beginning in August 2000 that trains interns in assessment, diagnosis, intervention, and ethics through diverse clinical experiences. Interns develop practical skills, gain new competencies with increasing autonomy, and are evaluated through observation and feedback with the goal of pursuing post-doctoral licensure after program completion.

## Updates

- The program received 174 applications for the 24-25 cohort and interviewed 29 (17%) applicants, ultimately matching with four interns across all match phases: zero in Phase I, two in Phase II, and two in the Post-Match Vacancy phase.

## Program Successes

- American Psychological Association (APA) accreditation has been maintained since April 2020, with a site visit scheduled for Spring 2026. The program provides robust training and mental health services to youth through a psychology intern at the court school program (MIST, Bridges Academy), which helps students transition to public schooling while addressing behavioral treatment goals. For example, a 16-year-old male with Major Depressive Disorder, Post-Traumatic Stress Disorder, and Attention Deficit/Hyperactivity Disorder affecting his interpersonal, educational, and emotional functioning received psychotherapy, resources, Individual Education Plan (IEP) planning services, and collateral support. The therapeutic relationship empowered him to complete the court school requirements and transition to public schooling with identified goals, adaptive coping techniques, emotional regulation skills, and a stronger support system.

## Performance Outcome Measures

**59** Postdocs have achieved licensure since 2000

**109** Interns have completed the program since 2000

**109** Patients were seen by interns in fiscal year 24-25

**3** Former interns employed by Kern County this year

## RELIAS LEARNING

### Program Description

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

### Updates

- Kern BHRS has achieved a 96.5% completion rate for required trainings assigned to staff in the Relias LMS.

### Program Successes

- In FY 24-25, Kern BHRS awarded nearly 800 Continuing Education Unit (CEU) certificates to the System of Care staff: nearly 500 for in-person trainings; and nearly 300 CEU certificates for self-paced trainings.

### Performance Outcome Measures

**242** Unique courses were completed by staff

**15** Courses were completed for continuing education credit

**20** Courses on average were completed by staff members

**97%** Completion rate for modules

# TRAINING ENHANCEMENT

## Program Description

Training Enhancement programs provide various workforce development trainings and conferences for Kern BHRS staff, providers, and the public. Some of the programs offer role-playing and simulations to demonstrate how to engage in initial help during a mental health crisis and how to connect people to the appropriate professional, peer, and self-help care. A variety of course formats are available to cater to the needs of specific populations or groups within the Kern BHRS System of Care. Current evidence-based information is incorporated into learning approaches and practices. Training Enhancement supports the use of culturally and linguistically appropriate and effective services to the community.

## Updates

- No updates.

## Program Successes

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

## Performance Outcome Measures

**1,618** Staff completed grievance and appeal system training

**1,612** Staff completed information security training

**1,611** Staff completed information privacy training

**1,755** Staff either completed any training or attended conferences

# EMPLOYEE WELLNESS INITIATIVE

## Program Description

The Employee Wellness Initiative supports Kern BHRS employees' health and wellness while reinforcing organizational values of self-care and community care. The program offers opportunities for employees to connect through free webinars, onsite downshift spaces, and classes including meditation, exercise, gardening, and yoga, promoting brain health, performance, communication, nutrition, fitness, and overall emotional wellbeing across the workforce.

## Updates

- Kern BHRS became Blue Zone certified in November 2024.
- Meditation sessions were initiated and made available to staff.
- Walking Challenges were created during fiscal year 24-25.
- Book Club is made available to all employees.
- Gardening Club was a central focus during fiscal year 24-25.
- Director Connects invites all employees to learn about Kern County leadership and programs.
- Healthy Diet Recipe Book for all employees was provided in December 2024.
- Golf Club was created during fiscal year 24-25.

## Program Successes

- Employees have incorporated habits from the walking challenge into their daily routines, leading to healthier lifestyles. Meditation helps staff decompress, while gardening at multiple sites allows employees to relax, grow plants, and consume organic produce they've cultivated. These initiatives promote self-care and create a healthier, happier workforce.

## Performance

**51%** Of staff have an improved sense of well-being

**55%** Of staff developed meaningful relationships with coworkers

**50%** Of staff developed new wellness practices

**59%** Of staff learned more about how to take care of their mental or emotional health

# FY 2024-2025 Performance Outcomes Report

## Kern County MHSA Innovations

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# METHODOLOGY

## Evaluation Design

To meet Mental Health Services Act (MHSA) reporting requirements, Kern Behavioral Health & Recovery Services (Kern BHRS) contracted with EVALCORP to collect and analyze fiscal year (FY) 2024-2025 Innovations (INN) program data. EVALCORP developed the Mobile Clinic and Street Psychiatry (MCSP) evaluation tools for the FY 24-25 evaluations. These tools included a demographics questionnaire and a Quality of Life outcomes questionnaire. Results from these tools are presented in this report.




## Measures

**Quality of Life Questionnaire:** The Quality of Life Questionnaire is a brief, clinician-administered tool designed to assess individuals who are currently unhoused or at risk of homelessness. It is a comprehensive assessment, allowing clinicians to document client experiences over time, using observable characteristics and client reports of personal information. The questionnaire assesses six domains of functioning: (1) housing, (2) employment, (3) government benefits, (4) physical health, (5) mental health, and (6) substance use. Clients are rated on a seven-point scale. Each point on the seven-point scale contains a description of the rating for scoring consistency, with scores indicating the level of clients' ability to function (Cook, Farrell, & Perlman, 2007).

## Presentation of Results

Findings are presented in aggregate by each of the INN programs required to collect outcomes data. Findings may be presented differently depending on how many participants responded to each part of the survey. Survey components or survey modules with more than 30 responses are shown as percentages. Modules with fewer than 30 responses are shown as counts. In addition, the Quality-of-Life Questionnaire includes pre- and post-assessments with potentially different sample sizes. The results are shown as percentages to allow for accurate comparisons of changes in quality of life. Counts in data representations are unduplicated unless otherwise specified in a note.

# COMBINED INN PROGRAM FINDINGS

## Outcome Surveys Collected by Survey Type

| | Kern MHSA INN Program Name | FY 24-25 Outcomes Data |
|---|---|---|
| | | Sample size |
| 1 | MCSP | 32 |
| 2 | Learning Healthcare Network | - |
| | **Total** | **32** |

Survey results across all operational INN programs are reported together in this section of the report (*n* = 32). Clinicians administered the Quality-of-Life Questionnaire for the MCSP program in either English or Spanish, depending on the language spoken by the participants.

In FY 24-25, one INN program, the MCSP, was operational. The Learning Healthcare Network is a statewide INN program and was evaluated by the University of California (UC) Davis. As of June 2025, no local program data were shared with Kern BHRS or EVALCORP therefore, no Learning Health Network program data are presented in this report.

# MOBILE CLINIC WITH STREET PSYCHIATRY

## Program Description

The MCSP program uses a community-driven approach that combines public health's mobile strategy with mental health and outreach services. MCSP operates two mobile clinics stationed near homeless encampments to reduce barriers and facilitate access to medical, psychiatric, and behavioral health services for individuals who have difficulty engaging in traditional behavioral health services. This program focuses on addressing immediate health needs while helping unhoused individuals access ongoing care networks, including housing support. Additionally, MCSP supports community outreach and crisis response (e.g., Narcan distribution for overdose situations) as needed.

## Program Goals

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

## Updates

- MCSP staff have completed all comprehensive training to operate the Mobile Clinic.
- All vehicles are equipped with telehealth technology, increasing the program staff's ability to provide remote care.
- Starting in December 2024, the Mobile Clinic actively participates in various community outreach events (e.g., weekly outreach events at various parks).
- A second Mobile Clinic vehicle, a Sprinter van, was added to the fleet. Nursing staff members use the Sprinter van to administer injections in the field and conduct in-person and telehealth psychiatry consultations.
- MCSP staff partnered with Kern BHRS Prevention Team to establish a third outreach event.

## Program Successes

- A guest experienced an acute crisis, articulating suicidal intent, and was subsequently placed on a 5150 hold to ensure immediate safety. MCSP facilitated their transition into a sober living environment. Through coordinated care, medication stabilization, and weekly therapy sessions, the individual progressively attained emotional and psychiatric stability. Over a year later, the client maintains stable housing, has cultivated strong relationships, and actively volunteers to assist others in recovery.

## MOBILE CLINIC WITH STREET PSYCHIATRY

### Numbers Served

**6**
Unique patients received ongoing services from the Mobile Clinic in FY 24-25

**47**
Unique encounters with potential patients using the Mobile Clinic

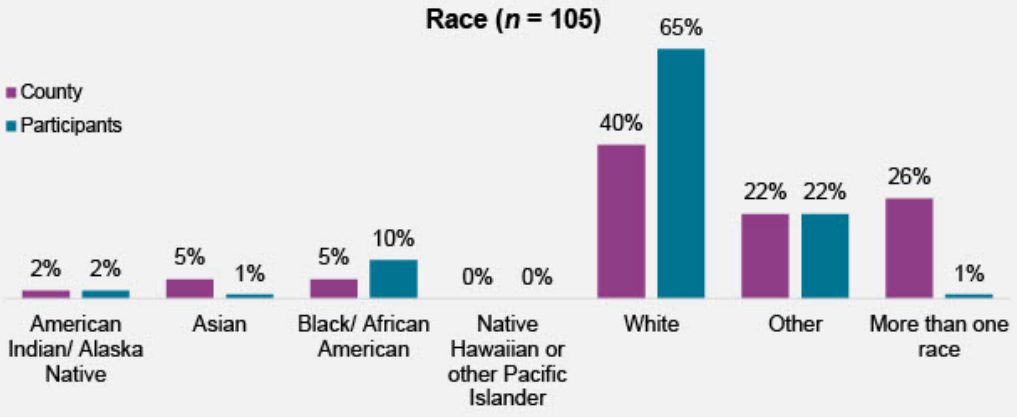
**53**
Appearances of the Mobile Clinic at public events

**86***
People reached by Mobile Clinic outreach events

**13**
Linkages from Mobile Clinic to other services

* Number may include duplicate individuals.

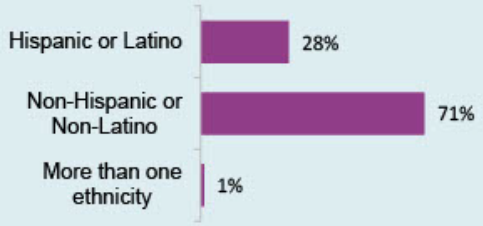
### Demographics



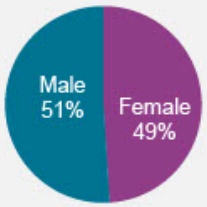

Note: County demographics are derived from the 2023 American Community Survey. Sample size includes duplicate individuals.

## MOBILE CLINIC WITH STREET PSYCHIATRY

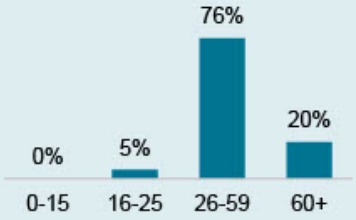
### Ethnicity (*n* = 105)



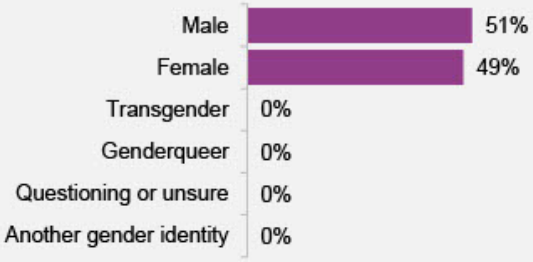

### Sex Assigned at Birth (*n* = 106)




### Age (*n* = 106)



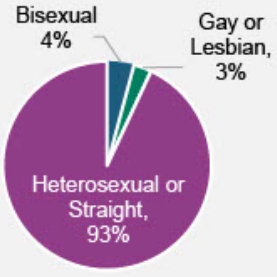

### Gender Identity (*n* = 106)




### Language (*n* = 96)

| | |
|---|---|
| English | 98% |
| Spanish | 2% |
| Other | 0% |

### Sexual Orientation (*n* = 100)



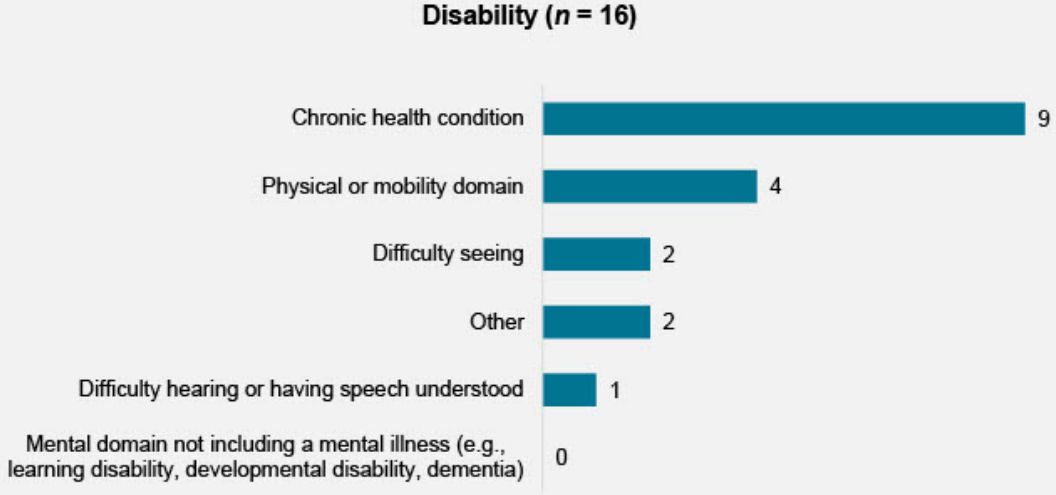

Note: 28 individuals declined to state.

Note: Sample sizes include duplicate individuals.

## MOBILE CLINIC WITH STREET PSYCHIATRY

**2%** of clients are Veterans

**17%** of clients have a disability




### Use of Available Services

**45%**
of participants used substance use or behavioral health services

**31%**
of participants successfully obtained housing

**81%**
of participants adhered to their medication plan throughout their contact with the Mobile Clinic

## MOBILE CLINIC WITH STREET PSYCHIATRY

### Quality of Life Outcomes

**Quality of Life Changes (*n* = 32)**

| | Initial Assessment | Final Assessment |
|---|---|---|
| Sleeping conditions: no permanent sleeping arrangements | 91% | 78% |
| Working conditions: unemployed or unable to work | 97% | 100% |
| Medical conditions: ongoing symptoms interfere with quality of life in one or more areas | 66% | 45% |
| Mental health: symptoms interfere with functioning in one or more areas | 68% | 56% |
| Substance use: continues to use despite serious consequences in one or more areas of functioning | 43% | 52% |
| Benefits: has not yet completed application for all benefits needed (e.g., food stamps, Medicaid, SSI) | 23% | 16% |

### Demographic Differences

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

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

# Stakeholder Involvement

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

## MENTAL HEALTH POLICY

KernBHRS sets a standard in the Community Program Planning Process and Stakeholder Process by providing ongoing education on MHSA Policy and legislative updates that affect the Act. We incorporate Behavioral Health Transformation (BHT) updates at every stakeholder meeting to maintain a steady flow of communication with our stakeholders.



## PROGRAM PLANNING AND IMPLEMENTATION

The Community Program Planning Process takes place regularly throughout the year. We hold at least two stakeholder meetings each month. The first meeting, which is open to all stakeholders, is scheduled for the second Wednesday of the month. The second meeting is conducted in Spanish for our Spanish-speaking stakeholders and occurs on the third Wednesday of the month. Both meetings offer the option for stakeholders to attend either in person or virtually.

To encourage participation from clients and family members in the Community Program Planning Process and related training sessions, Kern BHRS provides incentives. These incentives, which always comply with ethical guidelines, may include giveaway items or gift cards.

Kern County's MHSA Team issues a transparency report each quarter of the year, followed by an annual report at the end of the year. This annual report compiles the program planning efforts, stakeholder input, stakeholder comments, stakeholder support, and implementation outcomes. These reports are posted on the Kern BHRS Public Webpage for public access and review. Stakeholders can refer to these reports to confirm that Kern BHRS-MHSA staff have documented comments, input, suggestions, and support as part of the decision-making process.

## MONITORING

The Kern BHRS MHSA Coordination Team collaborates with EVALCORP, an external evaluator, to objectively assess our performance outcome measurements. The data collected and analyzed by EVALCORP is shared with stakeholders to inform decision-making processes. Additionally, EVALCORP produces annual evaluation reports that monitor the effectiveness of all MHSA programs. These reports are included in the Annual and 3-Year Reports, which are presented to stakeholders for feedback and made available for a thirty (30) day public comment period.

## EVALUATION

As previously mentioned in the Monitoring section, the Kern BHRS MHSA Team works with EVALCORP, an independent evaluator, to gather and assess data on our performance outcomes. After collecting the data, EVALCORP evaluates it over time, collaborating with the MHSA team, program teams, and stakeholders through a thorough stakeholder process. This evaluation helps inform business-level decisions related to both current and future programming. EVALCORP's role is to provide an unbiased assessment of the data collected. The findings from EVALCORP's monitoring and evaluation of all MHSA programs are summarized in annual evaluation reports, which are presented for stakeholder feedback and made available for a thirty (30) day public comment period. These evaluation reports will also be included in the MHSA Annual Update.

## BUDGET ALLOCATIONS

The Kern Behavioral Health and Recovery Services (Kern BHRS) Mental Health Services Act (MHSA) Coordination Team, along with our Finance Director, presents the budget for all MHSA programs to stakeholders in person at the end of each fiscal year. This presentation is a crucial part of the stakeholder process, highlighting the importance we place on their feedback.

Additionally, the budget allocations for all uses of MHSA funds, along with a copy of the Annual Revenue and Expenditure Report (ARER), are posted for public comment for thirty (30) days as part of the Annual Update. Stakeholders have the opportunity to review this plan and provide written feedback to the MHSA Team.

As programs change, evolve, or new ones are developed, the MHSA Team proposes these programs via the stakeholder process, including projected budget allocations for stakeholder approval. This approach ensures that the public remains educated and informed about budget allocations within the MHSA funding. The

MHSA Team actively collects and integrates stakeholder feedback regarding budget allocations into the decision-making process, emphasizing the critical role stakeholders play in this process.

## STAKEHOLDER EDUCATION

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

This education is presented to every stakeholder, community member, mental health consumer, family member, peer, mental health professional, law enforcement, educator, medical care provider, etc. This inclusive approach ensures that all stakeholders, regardless of their role or background, are fully informed and considered in the decision-making process.

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

*Kern Behavioral Health and Recovery Services*

# COMMUNITY PROGRAM PLANNING PROCESS (CPPP)

## FY 2024-2025 ANNUAL REPORT

KERN COUNTY

## THE MENTAL HEALTH SERVICES ACT & THE COMMUNITY PROGRAM PLANNING PROCESS

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

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

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

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

### MHSA GUIDING PRINCIPLES

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

1. **Community Collaboration**
   Services should strengthen partnerships with diverse sectors to help create opportunities for employment, housing, and education.
2. **Cultural Competence**
   Services should reflect the values, customs, beliefs, and languages of the populations served and eliminate disparities in service access.
3. **Client, Consumer, and Family Involvement**
   Services should engage clients, consumers, and families in all aspects of the mental health system, including planning, policy development, service delivery, and evaluation.

4. **Wellness and Recovery**
   Services should promote recovery and resiliency by allowing clients and consumers to define their goals so they can live fulfilling and productive lives.
5. **Integrated Service Delivery**
   Services should reinforce coordinated agency efforts to create a seamless experience for clients, consumers, and families.

## MHSA Community Forums

As we continue our transition from the Mental Health Services Act (MHSA) framework to the newly restructured Behavioral Health Services Act (BHSA), we are implementing key changes to align with the upcoming requirements of the BHSA.

Beginning in August 2024, we established two recurring monthly forums to strengthen communication and accountability with our stakeholder groups: one **Community Forum in English** and another **Community Forum in Spanish**.

The **English Community Forums** (also known as Stakeholder Meetings) are held on the **second Wednesday of each month**. To better engage stakeholders who may face transportation or scheduling challenges, we now offer a **hybrid format**, allowing participants to attend **in person or virtually via Microsoft Teams**.




**Spanish Community Forum (¡En Español!)**
In our ongoing commitment to inclusivity, we offer a **Spanish-language Community Forum** for those who prefer to engage in Spanish. These forums are held on the **third Wednesday of each month at 12:00 PM**, in the **Westchester Training Room** at **2001 28th Street, Bakersfield, CA 93301**. This location remains consistent, as our Consumer Family Resource Center also hosts a Spanish-language support group every Wednesday.

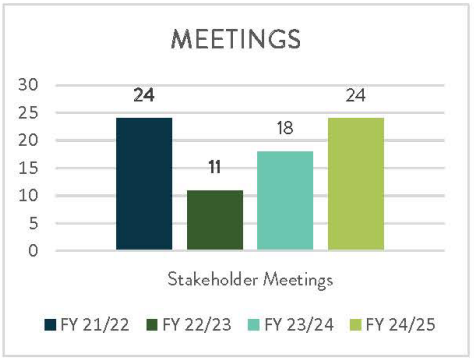
To further expand access, we introduced a **virtual option via Microsoft Teams** beginning in the fourth quarter, enabling broader participation regardless of transportation or scheduling limitations.

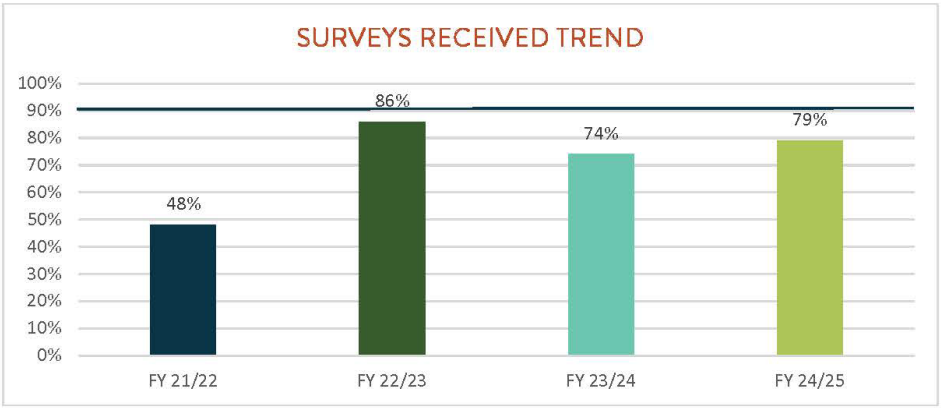


## MHSA Data Reports & Demographics

In Fiscal Year 2024–2025, we hosted a total of **24 Stakeholder Meetings** and saw a positive trend in engagement, with **survey completion rates increasing from 74% to 79%** compared to the previous fiscal year (see *Surveys Received Trend* graph below).

We remain committed to enhancing our approach to collecting stakeholder demographics and feedback. Moving forward, we are exploring strategies to **streamline data collection, reduce redundancy,** and **improve the overall stakeholder experience**.



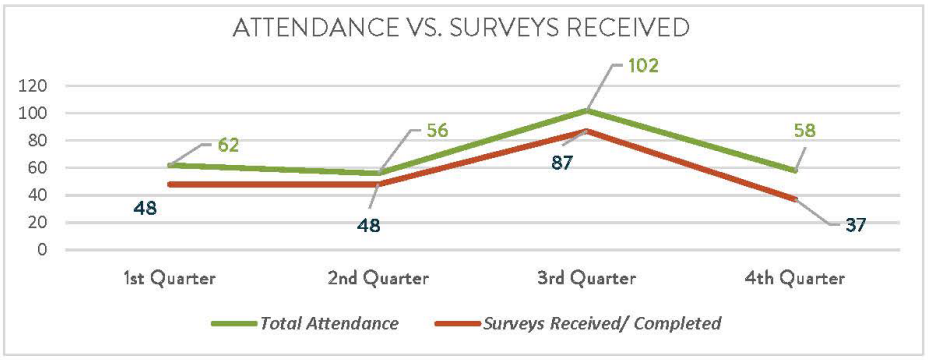

## Community Forum Calendar for FY 2024 – 2025

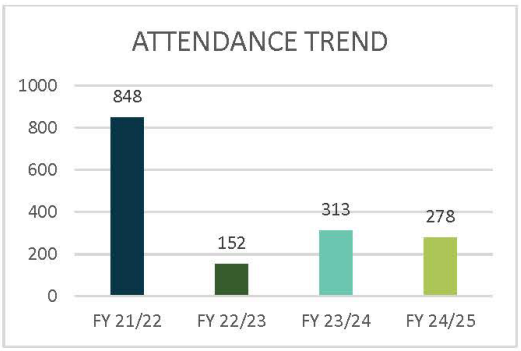
| Date | Location | Time | Participants | Focus | Attendance | Surveys Received/ Completed |
|---|---|---|---|---|---|---|
| July 10, 2024 | Westchester Training Room | 11:30 AM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 25 | 23 |
| August 14, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (In-Person) MHSA Reform | 15 | 9 |
| August 21, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 8 | 5 |
| September 11, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (In-Person) MHSA Reform | 9 | 7 |
| September 18, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 5 | 4 |
| October 9, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (In-Person) MHSA Reform Update | 8 | 7 |

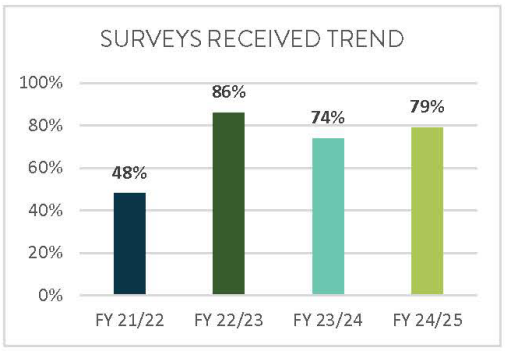
| | | | | | | |
|---|---|---|---|---|---|---|
| October 16, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 8 | 7 |
| November 13, 2024 | Kern Linkage Training Room | 12:00 PM | Community Forum | (In-Person) MHSA Reform Update | 6 | 4 |
| November 20, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 16 | 15 |
| December 11, 2024 | Commonwealth - East Training Room | 12:00 PM | Community Forum | (In-Person) MHSA Reform Update | 14 | 12 |
| December 18, 2024 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 4 | 3 |
| January 8, 2025 | Westchester Training Room | 12:00 PM | Community Forum | (In-Person) MHSA Reform Update | 28 | 22 |
| January 15, 2025 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 19 | 18 |
| February 12, 2025 | Westchester Training Room | 12:00 PM | Community Forum | (In-Person) MHSA Reform Update | 14 | 9 |
| February 19, 2025 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 8 | 7 |
| March 12, 2025 | Westchester Training Room | 12:00 PM | Hybrid Community Forum | (In-Person & Virtual) MHSA Reform & Updates | 15 | 15 |
| March 19, 2025 | Westchester Training Room | 12:00 PM | Community Forum | (Spanish In-Person) MHSA Reform Updates | 9 | 9 |
| March 26, 2025 | Westchester Training Room | 12:00 PM | Hybrid & Bilingual Community Forum | (In-Person, Virtual & Bilingual) MHSA Reform & Updates | 9 | 7 |
| April 9, 2025 | Westchester Training Room | 12:00 PM | Hybrid Community Forum | (In-Person & Virtual) MHSA Reform & Updates | 13 | 7 |
| April 16, 2025 | Westchester Training Room | 12:00 PM | Hybrid Community Forum | (Spanish In-Person & Virtual) MHSA Reform Updates | 10 | 9 |
| May 14, 2025 | Westchester Training Room | 12:00 PM | Hybrid Community Forum | (In-Person & Virtual) MHSA Reform & Updates | 8 | 5 |
| May 21, 2025 | Westchester Training Room | 12:00 PM | Hybrid Community Forum | (Spanish In-Person & Virtual) MHSA Reform Updates | 8 | 7 |
| June 11, 2025 | Westchester Training Room | 12:00 PM | Hybrid Community Forum | (In-Person & Virtual) MHSA Reform & Updates | 13 | 4 |
| June 18, 2025 | Westchester Training Room | 12:00 PM | Hybrid Community Forum | (Spanish In-Person & Virtual) MHSA Reform Updates | 6 | 5 |
| | | | | TOTALS | 278 | 220 |

## CPPP – DATA COLLECTION

The following demographics were compiled based on 220 surveys collected from the 278 Stakeholders who participated in our Stakeholder Meetings during FY 2024-2025 (July 2024 through June 2025):



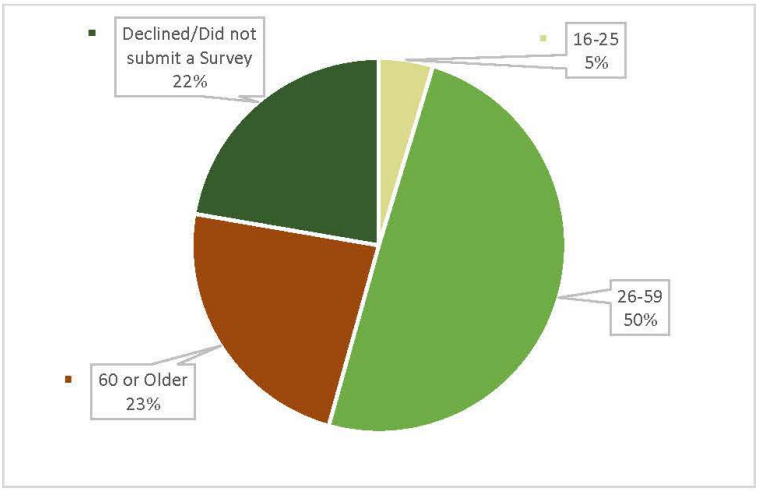

## DEMOGRAPHICS

Of the 278 Stakeholders who participated in Community Forums in the FY 2024-2025, 220 (79%) of stakeholders completed a survey.

The surveys revealed that most (50%) of those who completed them were between the ages of 26 and 59, with the largest portion of this population identified as female (46%).

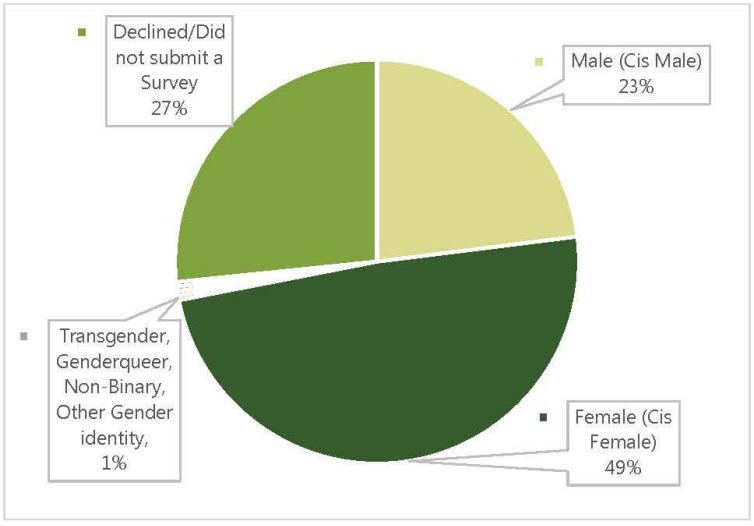
### AGE OF STAKEHOLDERS

| AGE GROUPS | N | % |
|---|---|---|
| 0 – 15 | 0 | 0% |
| 16 – 25 | 13 | 5% |
| 26 – 59 | 138 | 50% |
| 60 or Older | 65 | 23% |
| Declined/Did Not Submit a Survey | 62 | 22% |
| TOTALS | 278 | 100% |



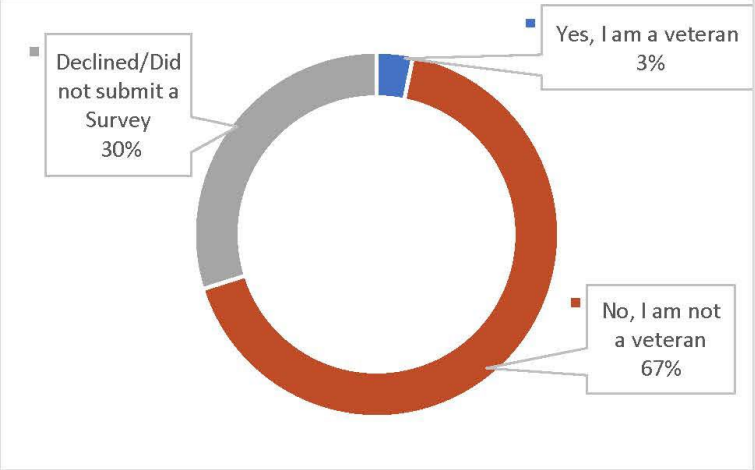

## GENDER CURRENTLY IDENTIFIED

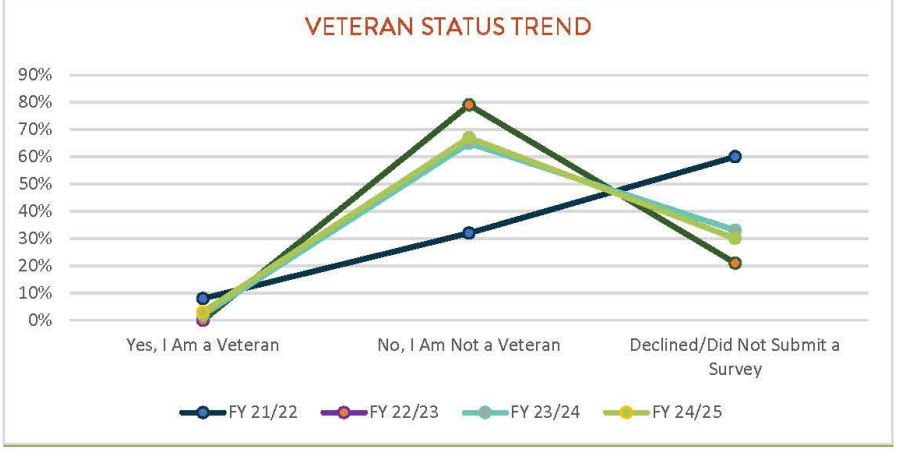
| GENDER IDENTITY | N | % |
|---|---|---|
| Male (Cis Male) | 64 | 23% |
| Female (Cis Female) | 136 | 49% |
| Transgender | 1 | 0% |
| Genderqueer | 1 | 0% |
| Non-Binary | 1 | 0% |
| Genderfluid | 0 | 0% |
| Questioning or Unsure | 0 | 0% |
| Other Gender Identity | 1 | 0% |
| Declined/Did Not Submit a Survey | 74 | 27% |
| TOTALS | 278 | 100% |



## VETERAN STATUS

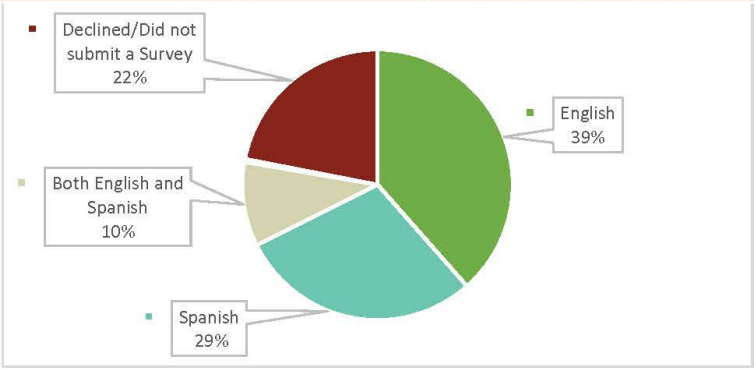
| VETERAN STATUS | N | % |
|---|---|---|
| Yes, I Am a Veteran | 9 | 3% |
| No, I Am Not a Veteran | 186 | 67% |
| Declined/Did Not Submit a Survey | 83 | 30% |
| TOTALS | 278 | 100% |

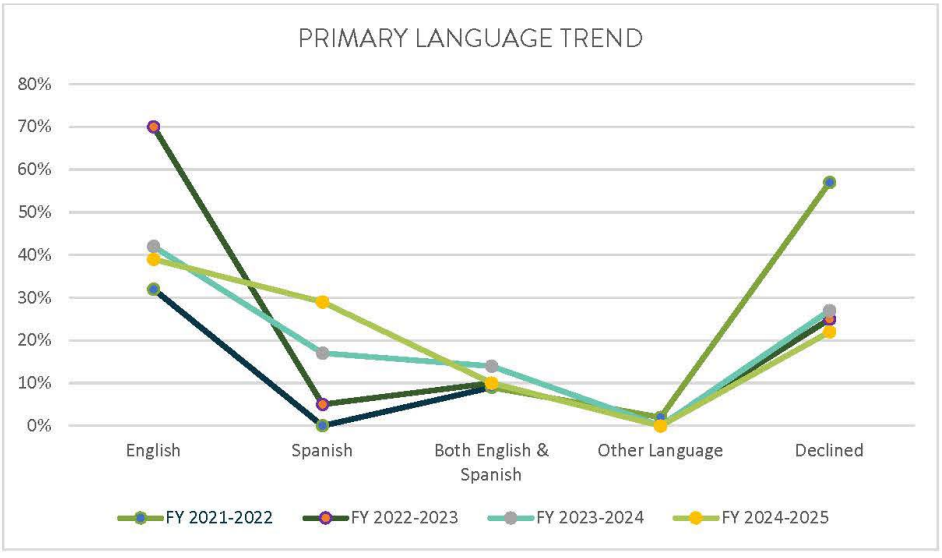


## PRIMARY LANGUAGE

| PRIMARY LANGUAGE | N | % |
|---|---|---|
| English | 107 | 39% |
| Spanish | 81 | 29% |
| Both English and Spanish | 28 | 10% |
| Other Language | 1 | 0% |
| Declined/Did Not Submit a Survey | 61 | 22% |
| TOTALS | 278 | 100% |



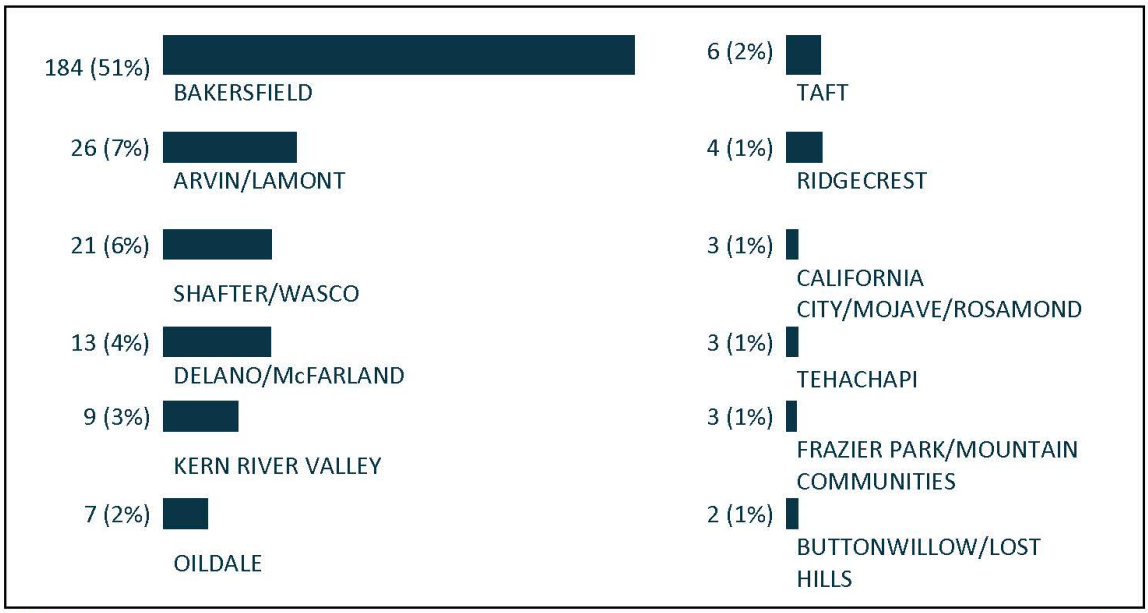



## STAKEHOLDER REPRESENTATION*

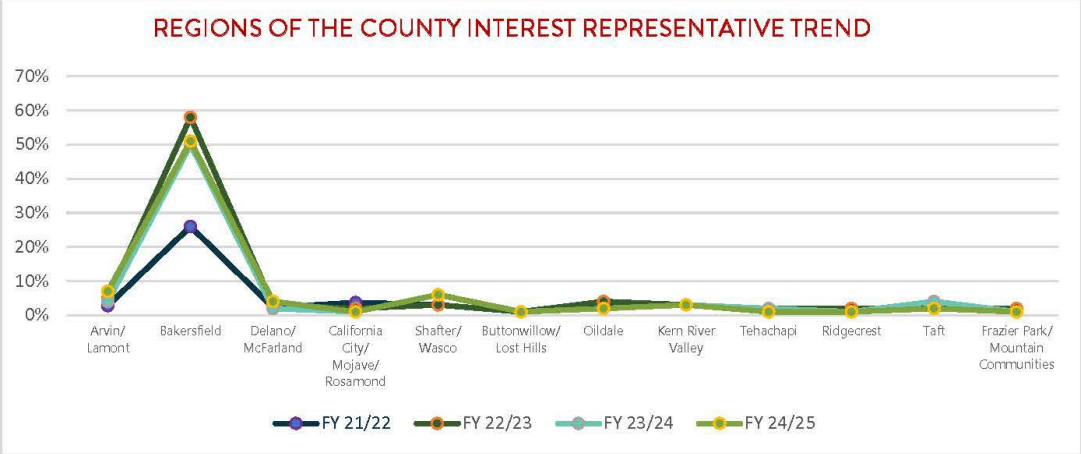
| Client/ Consumer/Person with Mental Illness | KernBHRS Staff | Community Member | Family Members of a Client | Behavioral Health Provider | Other |
|---|---|---|---|---|---|
| 53 (16%) | 49 (14%) | 40 (12%) | 39 (11%) | 22 (7%) | 11 (3%) |
| **Senior Services** | **County Agency Staff** | **Medical Provider** | **Education/ School** | **Veteran Services** | **Law Enforcement** |
| 9 (3%) | 7 (2%) | 4 (1%) | 3 (1%) | 3 (1%) | 1 (0%) |

*NOTE: 100 (29%) stakeholders who Declined/Did not submit a survey were not represented in the above chart.

## Regions of the County Represented*

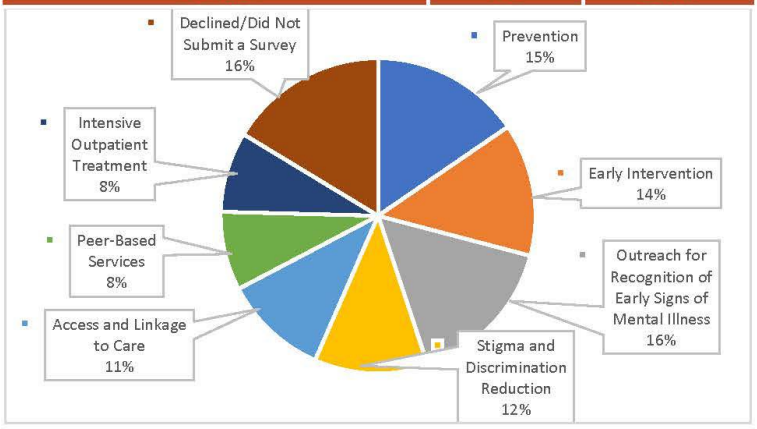


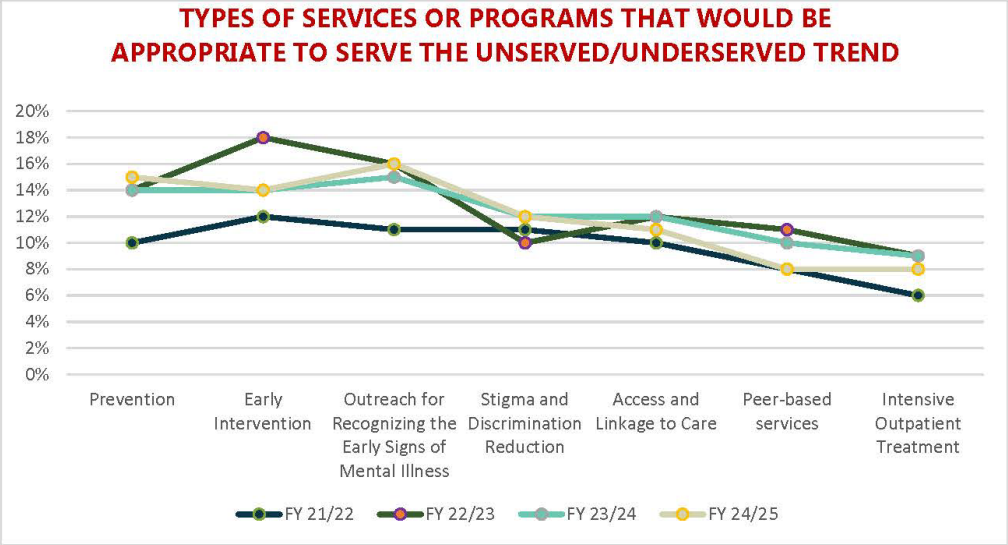

*NOTE: There was a total of 81 (22%) stakeholders who Declined/Did not submit a survey who are not represented in the above chart.




## STAKEHOLDER IDENTIFIED MENTAL HEALTH SERVICE NEEDS

| SERVICES | N | % |
|---|---|---|
| Prevention | 86 | 15% |
| Early Intervention | 76 | 14% |
| **Outreach for Recognition of Early Signs of Mental Illness** | **88** | **16%** |
| Stigma and Discrimination Reduction | 65 | 12% |
| Access and Linkage to Care | 60 | 11% |
| Peer-based Services | 45 | 8% |
| Intensive Outpatient Treatment | 46 | 8% |
| Declined/Did not submit a survey | 91 | 16% |
| TOTALS | 557 | 100% |






## UNSERVED/UNDERSERVED POPULATION

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

In the past 4 fiscal years, Homeless or at Risk of Homelessness has ranked #1 with an average of 12%.

| AVERAGE 13% Older Adults | AVERAGE 12% Homeless or at Risk of Homelessness | AVERAGE 12% Latino/Hispanic |
|---|---|---|

| POPULATIONS | FY 21/22 | FY 22/23 | FY 23/24 | FY 24/25 |
|---|---|---|---|---|
| Children/ Families | 6% | 10% | 8% | 9% |
| Transitional Aged Youth (16-25) | 7% | 12% | 10% | 9% |
| Older Adults | 7% | 8% | 9% | 13% |
| Homeless or at Risk of Homelessness | 12% | 16% | 10% | 12% |
| Those in Rural Kern Areas | 8% | 8% | 8% | 7% |
| Veterans | 7% | 12% | 4% | 4% |
| Those with Substance Use Disorders | 6% | 7% | 8% | 7% |
| Latino/ Hispanic | 4% | 6% | 9% | 12% |
| Asian/ Pacific Islander | 3% | 2% | 2% | 1% |
| Black/ African American | 5% | 4% | 3% | 3% |
| American Indian / Alaska Native | 1% | 2% | 4% | 3% |
| LGBTQ+ | 5% | 8% | 7% | 4% |

## FY 2024- 2025 Stakeholder Data

| Age Groups: | | |
|---|---|---|
| 0-15 | 0 | 0.0% |
| 16-25 | 13 | 4.7% |
| 26-59 | 138 | 49.6% |
| 60 or Older | 65 | 23.4% |
| Declined/Did not submit a Survey | 62 | 22.3% |
| **Gender assigned at birth:** | | |
| Male | 66 | 23.7% |
| Female | 148 | 53.2% |
| Intersex | 0 | 0.0% |
| Declined/Did not submit a Survey | 64 | 23.0% |
| **Gender Currently Identified with:** | | |
| Male | 64 | 23.0% |
| Female | 136 | 48.9% |
| Transgender/other | 1 | 0.4% |
| Genderqueer | 1 | 0.4% |
| Non-binary | 1 | 0.4% |
| Genderfluid | 0 | 0.0% |
| Questioning or Unsure | 0 | 0.0% |
| Other Gender Identity | 1 | 0.4% |
| Declined/Did not submit a Survey | 74 | 26.6% |
| **Disability:** | | |
| Vision | 12 | 4.3% |
| Hearing, or difficulty understanding speech | 1 | 0.4% |
| Mental/Cognitive (excludes behavioral) | 31 | 11.2% |
| Mobility/Physical | 8 | 2.9% |
| Chronic Medical illness (not limited to pain) | 26 | 9.4% |
| None | 97 | 34.9% |
| Declined/Did not submit a Survey | 103 | 37.1% |
| **Veteran Status:** | | |
| Yes, I am a veteran | 9 | 3.2% |
| No, I am not a veteran | 186 | 66.9% |
| Declined/Did not submit a Survey | 83 | 29.9% |
| **Primary Language:** | | |
| English | 107 | 38.5% |
| Spanish | 81 | 29.1% |
| Both English and Spanish | 28 | 10.1% |
| Other | 1 | 0.4% |
| Declined/Did not submit a Survey | 61 | 21.9% |
| | | |

| Sexual Orientation: | | |
|---|---|---|
| Straight/Heterosexual | 155 | 55.8% |
| Gay or Lesbian | 10 | 3.6% |
| Questioning | 2 | 0.7% |
| Queer | 0 | 0.0% |
| Asexual | 0 | 0.0% |
| Bisexual | 8 | 2.9% |
| Pansexual | 1 | 0.4% |
| Another Sexual Orientation | 0 | 0.0% |
| Declined/Did not submit a Survey | 102 | 36.7% |
| **Race:** | | |
| Asian | 1 | 0.4% |
| Native Hawaiian/Pacific Islander | 0 | 0.0% |
| Black/African American | 4 | 1.4% |
| Latino/Hispanic | 130 | 36.4% |
| Tribal/Native American | 0 | 0.0% |
| White/Caucasian | 55 | 19.8% |
| Two or More Races | 11 | 4.0% |
| Tribe: | 0 | 0.0% |
| Declined/Did not submit a Survey | 77 | 27.7% |
| **Ethnicity:** | | |
| African | 2 | 0.7% |
| Asian Indian/South Asian | 1 | 0.4% |
| Cambodian | 0 | 0.0% |
| Chinese | 0 | 0.0% |
| Eastern European | 3 | 1.1% |
| Korean | 0 | 0.0% |
| Middle Eastern | 0 | 0.0% |
| Vietnamese | 0 | 0.0% |
| European | 15 | 5.4% |
| Filipino | 0 | 0.0% |
| Japanese | 0 | 0.0% |
| Caribbean | 0 | 0.0% |
| Central American | 21 | 7.6% |
| Mexican/Mexican American/Chicano | 104 | 37.4% |
| Puerto Rican | 0 | 0.0% |
| South American | 6 | 2.2% |
| Two or more ethnicities | 10 | 3.6% |
| Other: | 1 | 0.4% |
| Declined/Did not submit a Survey | 115 | 41.4% |

| *Group/Category: | | | *Population you feel is most unserved/underserved in the above-mentioned communities: | | |
|---|---|---|---|---|---|
| Client/Consumer/Person with Mental Illness | 53 | 15.5% | Children/Families | 48 | 8.7% |
| Family Member of a Client or Person with Mental Illness | 39 | 11.4% | Transitional Aged Youth (16-25) | 49 | 8.9% |
| KernBHRS Staff | 49 | 14.4% | Older Adults | 72 | 13.1% |
| Law Enforcement | 1 | 0.3% | Homeless or at risk of Homelessness | 66 | 12.0% |
| Veteran Services | 3 | 0.9% | Those in Rural Kern areas | 36 | 6.6% |
| Senior Services | 9 | 2.6% | Veterans | 19 | 3.5% |
| Education/Schools | 3 | 0.9% | Those with Substance Use Disorders | 39 | 7.1% |
| Community Member | 40 | 11.7% | Latino/Hispanic | 63 | 11.5% |
| County Agency Staff (Not KernBHRS Staff) | 7 | 2.1% | Asian/Pacific Islander | 5 | 0.9% |
| Behavioral Health Provider (Not KernBHRS Staff) | 22 | 6.5% | Black/African American | 14 | 2.6% |
| Medical Care Provider | 4 | 1.2% | American Indian / Alaska Native | 14 | 2.6% |
| Other | 11 | 3.2% | LGBTQ | 21 | 3.8% |
| Declined/Did not submit a Survey | 100 | 29.3% | Other | 3 | 0.5% |
| | | | Declined/Did not submit a Survey | 100 | 18.2% |
| *Region of the County you are most involved: | | | *Please indicate the types of services or programs that would be appropriate to service the above-mentioned population: | | |
| Arvin/Lamont | 26 | 7.2% | Prevention | 86 | 15.4% |
| Bakersfield | 184 | 50.8% | Early Intervention | 76 | 13.6% |
| Delano/McFarland | 13 | 3.6% | Outreach for Recognizing the Early Signs of Mental Illness | 88 | 15.8% |
| California City/Mojave/Rosamond | 3 | 0.8% | Stigma and Discrimination Reduction | 65 | 11.7% |
| Shafter/Wasco | 21 | 5.8% | Access and Linkage to Care | 60 | 10.8% |
| Buttonwillow/Lost Hills | 2 | 0.6% | Peer-based services | 45 | 8.1% |
| Oildale | 7 | 1.9% | Intensive Outpatient Treatment | 46 | 8.3% |
| Kern River Valley | 9 | 2.5% | Declined/Did not submit a Survey | 91 | 16.3% |
| Tehachapi | 3 | 0.8% | | | |
| Ridgecrest | 4 | 1.1% | | | |
| Taft | 6 | 1.7% | | | |
| Frazier Park/Mountain Communities | 3 | 0.8% | *(Note: participants have the option to select multiple answers) | | |
| Declined/Did not submit a Survey | 81 | 22.4% | | | |

# 2025-26 MHSA Program Directory

# Children & Transition-Age Youth (TAY) Programs

| PROGRAM NAME | LOCATION(S) | POPULATION FOCUS | MHSA FUNDING CATEGORY |
|---|---|---|---|
| Access and Assessment (A&A) | Kern BHRS<br>2151 College<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | CSS-SD |
| *The Access and Assessment Program serves as the initial point of entry for individuals seeking behavioral health services. Clients may access services through walk-ins, self-referral, or referrals from community agencies such as Child Protective Services, Kern County Public Health, and Kern County Probation.*<br><br>*Eligibility:*<br>• *Adults aged 18 years and older*<br>• *Individuals experiencing behavioral health symptoms that significantly impair daily functioning.* | | | |
| Access to Care: Crisis Hotline | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Children, Transition Age Youth, Adults, and Older Adults | PEI |
| *The Access to Care Crisis Hotline provides 24/7/365 crisis counseling, suicide intervention, coping skills, guidance, and referrals for individuals who utilize the 988 Lifeline via call, text or chat.*<br><br>*Eligibility:*<br>• *There are no eligibility criteria for access and utilization of the Access to Care Crisis Hotline. The Hotline accepts calls, texts, and chats from individuals of all ages, genders, locations, and backgrounds regardless of insurance status or lack thereof.* | | | |
| Adult Transition Team (ATT) and Homeless Adult Team (HAT) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-FSP |

*The Homeless Adult Team (HAT) is a Full-Service Partnership (FSP) program and an extension of the Adult Transition Team (ATT). Both ATT and HAT work actively to reduce barriers to housing, public benefits, and other community resources.*

*Eligibility:*

- *18+ years old*
- *Homeless or at risk of homelessness.*
- *A qualifying chronic mental health diagnosis with a history of psychiatric hospitalization or incarceration.*
- *Severe functional impairment in daily life functioning in at least one of the following areas(s): independent living, physical care, education-vocational meaningful roles, and social relationships.*

- *<u>ATT specific</u>:*
    - *Level 3 Specialty for severe chronic and persistent serious mental illness; may have a dual diagnosis, but primary diagnosis must be mental health.*
    - *Do not have insurance or are uninsurable due to their residency status/undocumented.*
    - *Unemployed and do not have income.*

*Locations:*

- *Kern BHRS - 2525 N. Chester Avenue, Bakersfield, CA 93308*
- *Kern BHRS Satellite Office at Brundage Lane Navigation Center (BLNC)*
  *1900 E. Brundage Lane, Bakersfield, CA 93307*
- *Kern BHRS Satellite Office at CAPK Navigation Center (M St.)*
  *2900 M St., Bakersfield, CA. 93301*
- *Kern BHRS Satellite Office at Hope on Hart (HOH)*
  *527 31st Street, Bakersfield, CA. 93301*
- *Kern BHRS Satellite Office at Mission of Kern County*
  *821 E. 21st Street, Bakersfield, CA. 93305*

| | | | |
|---|---|---|---|
| Adult Wellness and Recovery Action Plan (Adult WRAP) | Kern BHRS<br>5121 Stockdale Hwy, Ste 150A<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | CSS-FSP |

*Adult Wraparound is a Full-Service Partnership that offers brief (sixty to ninety days average) intensive outpatient mental health services for adults who are currently open to outpatient treatment and are experiencing increased symptoms.*

*Eligibility:*

- *Age 18 and older*
- *High utilization of crisis services such as hospitalizations, crisis hotlines, and multiple contacts with the PEC and MET.*
- *Open to receiving outpatient treatment.*
- *For a client in need of short-term, intensified level 4 services before qualifying for Level 4 ACT services.*

| | | | |
|---|---|---|---|
| Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*Adult WRAP is a System Development program that offers brief (60-day average) intensive behavioral health services for adults experiencing increased impairment in their life functioning areas because of increased behavioral health symptomology.*

*Eligibility:*

- *Current diagnosis of a major psychiatric disorder*
- *Homelessness or at risk of homelessness*
- *Justice involvement*
- *High utilizer of emergency or high acuity behavioral health services*
- *At risk of immediate physical harm or institutionalization, including medical institutionalization*
- *Serious or multiple chronic or acute physical health issues and not adhering to health recommendations due to severe mental illness, leading to health risk*

*Locations:*

- *Clinica Sierra Vista Arvin/Lamont – 8933 Panama Rd., Ste. 101, Lamont, CA 93241*
- *Clinica Sierra Vista Delano – 355 Dover Parkway, Delano, CA 93215*

- *Clarvida Ridgecrest – 1400 N. Norma St., Ste. 133, Ridgecrest, CA 93555*
- *Clarvida Tehachapi – 113 East F. St., Tehachapi, CA 93561*
- *Clarvida Wasco – 930 F St., Wasco, CA 93280*

| | | | |
|---|---|---|---|
| Assertive Community Treatment (ACT) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-FSP |

*The Assertive Community Treatment (ACT) Full-Service Partnership teams provide specialty mental health care to those with severe and persistent mental illness.*

*Eligibility:*

- *Adults, 18 years of age or older.*
- *Diagnosis: Primary diagnosis of schizophrenia spectrum, other psychotic disorders, or severe/persistent disorders that are causing psychiatric impairment.*
- *Difficulties utilizing traditional case management or office-based outpatient services, or evidence that they require more assertive and frequent non-office-based services to meet their clinical needs.*
- *Two psychiatric hospitalizations in the past 12 months or lengths of stay totaling over 30 days in the past 12 months necessitating psychiatric stabilization.*

*Locations:*

- *Kern BHRS - 5121 Stockdale Hwy., Bakersfield, CA 93309*
- *Telecare Corporation – 5121 Stockdale Hwy., Bakersfield, CA 93309*

| | | | |
|---|---|---|---|
| Consumer Family Learning Center (CFLC) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*The CFLC, Hope Center, and Learning Center provide a welcoming environment for those who have experienced recovery in behavioral health, either as consumers of behavioral health services or as family members/loved ones.*

*Eligibility:*

- *Must be 18 years or older*
- *Must have lived experience with behavioral health challenges or be a family member/ loved one of a person with such lived experience.*

*Locations:*

- *Clarvida Bakersfield CFLC – 2001 28th Street, Bakersfield, CA 93301*
- *Clarvida Hope Center – 1400 N. Norma Street, Ridgecrest, CA 93555*

- *Clarvida The Learning Center – 107 S. Mill Street, Tehachapi, CA 93561*

| | | | |
|---|---|---|---|
| Continuum of Care Reform (CCR) Foster Youth Engagement | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Children and Transition Age Youth | PEI |

*The Continuum of Care (CCR) Foster Youth Engagement (FYE) Team focuses on the fundamental principle of CCR, which is that "Children should not have to change placements to get the services and supports they need." The team helps the foster youth maintain their placement by providing behavioral health treatment that addresses their trauma.*

*Eligibility:*

- *Active foster youth and wards of the court require a higher level of care.*

| | | | |
|---|---|---|---|
| Crisis Walk-in Clinic (CWiC) | Kern BHRS<br>2151 College Ave<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*The Crisis Walk-In Clinic (CWIC) is a client-centered, recovery-oriented behavioral health program serving clients in crisis who require enhanced support to remain in the community, but do not require involuntary treatment.*

*Eligibility:*

- *18 years of age or older.*
- *Able to maintain basic self-care (able to ambulate or self-transfer if in a wheelchair, able to feed self, able to toilet independently, etc.).*
- *No acute medical conditions requiring immediate medical attention.*
- *Currently experiencing a behavioral health crisis or at risk of experiencing a behavioral health crisis.*
- *Does not require involuntary behavioral health care.*

| | | | |
|---|---|---|---|
| Foster Care Engagement | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Children and Transition Age Youth | PEI |

*The Foster Care Engagement Program helps identify, engage, and coordinate behavioral health support to youth at the onset of a child welfare case and to youth who have a child welfare record and who are not actively receiving behavioral health services.*

*Eligibility:*

- *Active Foster Youth*

| | | | |
|---|---|---|---|
| Future-Focused Justice Initiative | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Children and Transition Age Youth | PEI |

*The Future-Focused Justice Initiative (FFJI) formerly known as Youth Juvenile Justice Engagement Program (YJJEP) was designed to engage those youth and families who have been active in the juvenile justice system. Youth exiting the Youth Detention Centers (YDCs) are often underserved and undiagnosed. The program provides early engagement and treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system.*

*Eligibility:*

*• Children and adolescents up to 20 years of age*

*• Youth with juvenile justice involvement pre- or post-incarceration*

*• At risk of loss of placement or incarceration*

*• Impairments interfering with important areas of functioning*

| | | | |
|---|---|---|---|
| Healing Station (aka Recovery Station) | Telehealth Corp.<br>312 Kentucky St<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | PEI |

*The Healing Project is a Recovery Station in Bakersfield that operates twenty-four hours per day, seven days per week for adults who are currently experiencing a substance use or alcohol-related crisis.*

*Eligibility:*

- *18 years of age or older*
- *Intoxicated or suffering from an acute reaction to drugs*
- *Voluntarily choose to receive services at the Recovery Station*
- *Medically stable*
- *Blood Alcohol Level below 0.4*
- *Not currently being charged with a DUI or other offenses*
- *Acutely (currently) under the influence of alcohol and/or other substances and willing to accept services voluntarily*

| | | | |
|---|---|---|---|
| Homeless Response Coordination | Flood Ministries<br>1830 Truxtun #210<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | PEI |
| *Flood operates in Kern County to engage individuals facing homelessness or who are at high risk of homelessness. The organization prioritizes linkage to community services and resources that can support them through their journey to obtain housing.*<br><br>*Eligibility:*<br>• *Must be homeless or at risk of homelessness*<br>• *Willing to engage with staff to be linked to resources* | | | |
| Learning Health Care Network (LHCN) | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Transition Age Youth and Adults | INN |
| *The LHCN will collect and visualize real time data at the individual, clinic, county, and state levels to inform consumer-and program-level decisions and develop learning opportunities for individuals, staff, programs, and administrators, to improve consumer outcomes. In addition, the plan included training and technical assistance to the early psychosis program providers to help them fully utilize the data in routine clinical care.*<br><br>*Eligibility:*<br>• *The target group for this effort is youth and young adults between the ages of 15 and 25 but can assist others outside of this age range if needed.* | | | |
| Mental Health Student Services Act (MHSSA) | KCSOS<br>1300 17th St<br>Bakersfield, CA | Children and Transition Age Youth | GRANT |
| *The Mental health Student Services Act (MHSSA) is a competitive grant program established to fund partnerships between county behavioral health departments and local education entities to increase access to mental health services in locations that are easily accessible to students and their families.*<br><br>*Eligibility:*<br>• *Students at McKinney Vento, Foster Youth, and High-Risk Students at MHSSA selected School Sites.* | | | |
| Mobile Clinic with Street Psychiatry | KERN BHRS<br>2525 N Chester<br>Bakersfield, CA | Children, Transition Age Youth, Adults, and Older Adults | INN |
| *The Mobile Clinic with Street Psychiatry (MCSP) program is designed to reduce barriers to psychiatric and behavioral health care services faced by the community we serve. By deploying* | | | |

*both a Motor home unit and a sprinter van outfitted as Mobile clinics, this initiative ensures critical services are readily available when and where our unsheltered clients need them most.*

*Eligibility:*

- *18+ years of age*
- *Homeless or at risk of homelessness*
- *Chronically and/or persistently mentally ill requiring level 3 services*
- *Cannot solely be substance use*
- *Voluntary*

| | | | |
|---|---|---|---|
| No Place Like Home (NPLH) | Multiple locations | Transition Age Youth, Adults, and Older Adults | GRANT |

*No Place like Home (NPLH) is a permanent supportive housing program for those who experience chronic homelessness, and severe mental health disorder and/or substance use disorder.*

*Eligibility:*

- *18 and older adults with serious mental illness and/or substance use disorder.*
- *Be chronically homeless or at risk of homelessness.*
- *People who require, or are at risk of requiring, acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention.*

*Locations:*

- *Pioneer Cottages- 3141 Pioneer Drive, Bakersfield CA 93306 (KERN BHRS)*
- *Benton Park Cottages- 500 Hughes Lane, Bakersfield CA 93304 (KERN BHRS)*
- *Glenwood Street Apartments- 325 Glenwood Street, Delano CA 93215 (CSV)*
- *College Heights Cottages- 2401 River Boulevard, Bakersfield CA 93305 (KERN BHRS)*
- *Pioneer Drive Apartments- 3299 Pioneer Drive, Bakersfield CA 93306 (Estimated to open in 2026)*

| | | | |
|---|---|---|---|
| Outreach & Education | KERN BHRS<br>2001 28th St<br>Bakersfield, CA | Children, Transition Age Youth, Adults, and Older Adults | PEI |

*Outreach & Education plans and attend community events to provide access information about mental health services offered throughout Kern County.*

*Eligibility:*

- *All Kern County residents or organizations were eligible to request O&E services from Kern BHRS.*

| | | | |
|---|---|---|---|
| Prepare U | Online | Children, Transition Age Youth, Adults, and Older Adults | PEI |

*Prepare U is an easy-to-navigate, evidence-supported, multi-faceted experiential mental health curriculum designed for ages 12 and up. Prepare U consists of 12 class videos, 5-minute relaxation videos, all online and easily accessible. Prepare U curriculum goals are to reduce the side effects of stress caused by anger, trauma, and anxiety.*

*Eligibility:*

- *Ages 12 and up.*

| | | | |
|---|---|---|---|
| Recovery and Wellness Center (RAWC) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*Recovery and Wellness Centers (RAWC) provide multi-level mental health and substance use treatment services to individuals experiencing challenges in their life functioning as the result of mental illness and/or substance use.*

*Eligibility:*

- *Individuals with behavioral health disorders that are severe in degree, persistent in duration, which causes behavioral functioning that interferes substantially with the primary activities of daily functioning and results in an inability to maintain stability and independent functioning without treatment, support and rehabilitation for a long or indefinite time.*

*Locations:*

- *Kern BHRS: Southeast RAWC -1600 East Belle Terrace, Bakersfield, CA 93307*
- *Kern BHRS: Northeast RAWC- 3715 Columbus Street, Bakersfield, CA 93306*
- *Kern BHRS: West RAWC- 5121 Stockdale Highway, Bakersfield, CA 93309*
- *Child Guidance: 661 Roberts Lane Bakersfield, CA 9308*
- *Clinica Sierra Vista: Bakersfield Clinic - 3117 Wilson Road, Bakersfield, CA 93304*
- *Clarvida – Bakersfield: 2821 H Street, Bakersfield, CA 93301*
- *Clarvida – Lake Isabella: 2731 Nuggets Ave, Lake Isabella, CA 93240*

- *Clarvida – Mojave: 16940 Hwy 14 Suites C-J, Mojave, CA 93501*
- *Clarvida – Ridgecrest: 1400 N. Normal St. Suite 125 Ridgecrest, CA*
- *Clarvida – Taft: 1021 4th Street Suite B, Taft, CA 93268*
- *Clarvida – Tehachapi: 423 S. Mill Street, Tehachapi, CA 93561*
- *Clarvida – Wasco: 930 F Street Wasco, CA 93280*

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|---|---|---|---|
| Transition Age Youth (TAY) | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Transition Age Youth | CSS-FSP |

*The Transition Age Youth (TAY) team is a full-service partnership and the only program in Kern County serving young adults aged 16-25 that provides numerous services to those who struggle with mental health and substance use.*

*Eligibility:*

- *Emancipated foster care or juvenile justice system youth between the ages of 16 and 25 that struggle with mental health and substance use.*

| | | | |
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| Transition Age Youth (TAY) Dual Recovery | The Third Tradition<br>3316 Laverne Ave<br>Bakersfield, CA | Transition Age Youth | PEI |

*The Tay-Dual Recovery program is designed to provide immediate supportive behavioral health and substance use care in a sober living environment for up to 6 months to TAY (Transitional Age Youth).*

*Eligibility:*

- *Youth must be at least 18 years old, have current or former involvement in either foster care or juvenile justice systems, and be at risk of homelessness.*
- *Youth must have co-occurring mental health and substance use disorders.*

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|---|---|---|---|
| Youth Multi-Agency Integrated Services Team (MIST) | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Children & Transition Age Youth | CSS-FSP |

*The Youth MIST Team offers a range of specialized mental health services for children and families. They serve youth at risk of losing placement, foster youth (both wards and dependents), and Commercially Sexually Exploited Children (CSEC). Clients referred to the MIST team are identified as having serious emotional disturbances, severe mental illnesses, or behavioral issues.*

*Eligibility:*

- *High utilization of behavioral health services or psychiatric hospitalizations*
- *Youth in foster care or experiencing placement disruptions*
- *Youth with serious emotional disturbances or severe and persistent mental illnesses*
- *Parents/caregivers experiencing substance use disorders and/or co-occurring disorders*
- *Youth at risk of being removed from placement or becoming homeless*
- *Youth involved with the juvenile justice system*
- *Youth who have experienced, or are at risk for, human trafficking*

| | | | |
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| Youth Wellness and Recovery Action Plan (Youth WRAP) | Kern BHRS<br>3300 Truxtun Ave<br>Bakersfield, CA | Children & Transition Age Youth | CSS-FSP |

*Youth Wraparound is a series of full-service partnership teams that provide intensified services for youth at risk of hospitalization, who meet criteria for Pathway to Well Being services and/or Therapeutic Behavioral Services, or are in frequent need of crisis intervention.*

*Eligibility:*

- *Children and adolescents from birth through 20 years of age*
- *Youth and families in crisis or post-crisis*
- *Youth who meet the criteria for Pathways to Well-Being services*
- *At risk of loss of placement or hospitalization*
- *Frequent crisis utilization or tendency of convicted youth to reoffend (recidivism)*
- *Impairments interfering with important areas*

# Adult and Older Adult Programs

| PROGRAM NAME | LOCATION(S) | POPULATION FOCUS | MHSA FUNDING CATEGORY |
|---|---|---|---|
| Access and Assessment (A&A) | Kern BHRS<br>2151 College<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | CSS-SD |
| *The Access and Assessment Program serves as the initial point of entry for individuals seeking behavioral health services. Clients may access services through walk-ins, self-referral, or referrals from community agencies such as Child Protective Services, Kern County Public Health, and Kern County Probation.*<br><br>*Eligibility:*<br>• *Adults aged 18 years and older*<br>• *Individuals experiencing behavioral health symptoms that significantly impair daily functioning.* | | | |
| Access to Care: Crisis Hotline | Kern BHRS<br>3300 Truxtun<br>Bakersfield, CA | Children, Transition Age Youth, Adults, and Older Adults | PEI |
| *The Access to Care Crisis Hotline provides 24/7/365 crisis counseling, suicide intervention, coping skills, guidance, and referrals for individuals who utilize the 988 Lifeline via call, text or chat.*<br><br>*Eligibility:*<br>• *There are no eligibility criteria for access and utilization of the Access to Care Crisis Hotline.*<br>• *The Hotline accepts calls, texts, and chats from individuals of all ages, genders, locations, and backgrounds regardless of insurance status or lack thereof.* | | | |
| Adult Transition Team (ATT) and Homeless Adult Team (HAT) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-FSP |

*The Homeless Adult Team (HAT) is a Full-Service Partnership (FSP) program and an extension of the Adult Transition Team (ATT). Both ATT and HAT work actively to reduce barriers to housing, public benefits, and other community resources.*

*Eligibility:*

- *18+ years old*
- *Homeless or at risk of homelessness.*
- *A qualifying chronic mental health diagnosis with a history of psychiatric hospitalization or incarceration.*
- *Severe functional impairment in daily life functioning in at least one of the following areas(s): independent living, physical care, education-vocational meaningful roles, and social relationships.*

*ATT specific:*

- *Level 3 Specialty for severe chronic and persistent serious mental illness; may have a dual diagnosis, but primary diagnosis must be mental health.*
- *Do not have insurance or are uninsurable due to their residency status/undocumented.*
- *Unemployed and do not have income.*

*Locations:*

- *Kern BHRS – 2525 N. Chester Ave., Bakersfield, CA 93308*
- *Kern BHRS Satellite Office at Brundage Lane Navigation Center (BLNC) - 1900 E. Brundage Lane, Bakersfield, CA 93307*
- *Kern BHRS Satellite Office at CAPK Navigation Center (M St.) – 2900 M St., Bakersfield, CA. 93301*
- *Kern BHRS Satellite Office at Hope on Hart (HOH) – 527 31st Street, Bakersfield, CA. 93301*
- *Kern BHRS Satellite Office at Mission of Kern County – 821 E. 21st Street, Bakersfield, CA. 93305*

| | | | |
|---|---|---|---|
| Adult Wellness and Recovery Action Plan (Adult WRAP) | *Kern BHRS 5121 Stockdale Bakersfield, CA* | Transition Age Youth, Adults, and Older Adults | CSS-FSP |

*Adult Wraparound is a Full-Service Partnership that offers brief (sixty to ninety days average) intensive outpatient mental health services for adults who are currently open to outpatient treatment and are experiencing increased symptoms.*

*Eligibility:*

- *Age 18 and older*
- *High utilization of crisis services such as hospitalizations, crisis hotlines, and multiple contacts with the PEC and MET.*
- *Open to receiving outpatient treatment.*
- *For a client in need of short-term, intensified level 4 services before qualifying for Level 4 ACT services.*

| | | | |
|---|---|---|---|
| Adult Wellness and Recovery Action Plan Core (Adult WRAP CORE) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*Adult WRAP is a System Development program that offers brief (60-day average) intensive behavioral health services for adults experiencing increased impairment in their life functioning areas because of increased behavioral health symptomology.*

*Eligibility:*

- *Current diagnosis of a major psychiatric disorder*
- *Homelessness or at risk of homelessness*
- *Justice involvement*
- *High utilizer of emergency or high acuity behavioral health services*
- *At risk of immediate physical harm or institutionalization, including medical institutionalization*
- *Serious or multiple chronic or acute physical health issues and not adhering to health recommendations due to severe mental illness, leading to health risk*

*Locations:*

- *Clinica Sierra Vista Arvin/Lamont – 8933 Panama Rd., Ste. 101, Lamont, CA 93241*
- *Clinica Sierra Vista Delano – 355 Dover Parkway, Delano, CA 93215*
- *Clarvida Ridgecrest – 1400 N. Norma St., Ste. 133, Ridgecrest, CA 93555*
- *Clarvida Tehachapi – 113 East F. St., Tehachapi, CA 93561*
- *Clarvida Wasco – 930 F St., Wasco, CA 93280*

| | | | |
|---|---|---|---|
| Assertive Community Treatment (ACT) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-FSP |

*The Assertive Community Treatment (ACT) Full-Service Partnership teams provide specialty mental health care to those with severe and persistent mental illness.*

*Eligibility:*

- *Adults, 18 years of age or older.*
- *Diagnosis: Primary diagnosis of schizophrenia spectrum, other psychotic disorders, or severe/persistent disorders that are causing psychiatric impairment.*
- *Difficulties utilizing traditional case management or office-based outpatient services, or evidence that they require more assertive and frequent non-office-based services to meet their clinical needs.*
- *Two psychiatric hospitalizations in the past 12 months or lengths of stay totaling over 30 days in the past 12 months necessitating psychiatric stabilization.*

*Location:*

- *Kern BHRS – 5121 Stockdale Hwy., Bakersfield, CA 93309*
- *Telecare Corporation – 5121 Stockdale Hwy., Bakersfield, CA 93309*

| | | | |
|---|---|---|---|
| Consumer Family Learning Center (CFLC) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*The CFLC, Hope Center, and Learning Center provide a welcoming environment for those who have experienced recovery in behavioral health, either as consumers of behavioral health services or as family members/loved ones.*

*Eligibility:*

- *Must be 18 years or older*
- *Must have lived experience with behavioral health challenges or be a family member/ loved one of a person with such lived experience.*

*Locations:*

- *Clarvida Bakersfield CFLC – 2001 28th Street, Bakersfield, CA 93301*
- *Clarvida Hope Center – 1400 N. Norma Street, Ridgecrest, CA 93555*
- *Clarvida The Learning Center – 107 S. Mill Street, Tehachapi, CA 93561*

| | | | |
|---|---|---|---|
| Crisis Walk-in Clinic (CWiC) | Kern BHRS<br>2151 College<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*The Crisis Walk-In Clinic (CWIC) is a client-centered, recovery-oriented behavioral health program serving clients in crisis who require enhanced support to remain in the community, but do not require involuntary treatment.*

*Eligibility:*

- *18 years of age or older.*
- *Able to maintain basic self-care (able to ambulate or self-transfer if in a wheelchair, able to feed self, able to toilet independently, etc.).*
- *No acute medical conditions requiring immediate medical attention.*
- *Currently experiencing a behavioral health crisis or at risk of experiencing a behavioral health crisis.*
- *Does not require involuntary behavioral health care.*

| | | | |
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| Healing Station (aka Recovery Station) | Telehealth Corp.<br>312 Kentucky St<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | PEI |

*The Healing Project is a Recovery Station in Bakersfield that operates twenty-four hours per day, seven days per week for adults who are currently experiencing a substance use or alcohol-related crisis.*

*Eligibility:*

- *18 years of age or older*
- *Intoxicated or suffering from an acute reaction to drugs*
- *Voluntarily choose to receive services at the Recovery Station*
- *Medically stable*
- *Blood Alcohol Level below 0.4*
- *Not currently being charged with a DUI or other offenses*
- *Acutely (currently) under the influence of alcohol and/or other substances and willing to accept services voluntarily*

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| Homeless Response Coordination | Flood Ministries<br>1830 Truxtun #210<br>Bakersfield, CA | Transition Age Youth, Adults, and Older Adults | PEI |

*Flood operates in Kern County to engage individuals facing homelessness or who are at high risk of homelessness. The organization prioritizes linkage to community services and resources that can support them through their journey to obtain housing.*

*Eligibility:*

- *Must be homeless or at risk of homelessness*
- *Willing to engage with staff to be linked to resources*

| | | | |
|---|---|---|---|
| Learning Health Care Network (LHCN) | Kern BHRS<br>3300 Truxtun<br>Bakersfield, CA | Transition Age Youth and Adults | INN |

*The LHCN will collect and visualize real time data at the individual, clinic, county, and state levels to inform consumer-and program-level decisions and develop learning opportunities for individuals, staff, programs, and administrators, to improve consumer outcomes. In addition, the plan included training and technical assistance to the early psychosis program providers to help them fully utilize the data in routine clinical care.*

*Eligibility:*
*The target group for this effort is youth and young adults between the ages of 15 and 25 but can assist others outside of this age range if needed.*

| | | | |
|---|---|---|---|
| Mobile Clinic with Street Psychiatry | KERN BHRS<br>2525 N Chester<br>Bakersfield, CA | Children, Transition Age Youth, Adults, and Older Adults | INN |

*The Mobile Clinic with Street Psychiatry (MCSP) program is designed to reduce barriers to psychiatric and behavioral health care services faced by the community we serve. By deploying both a Motor home unit and a sprinter van outfitted as Mobile clinics, this initiative ensures critical services are readily available when and where our unsheltered clients need them most.*

*Eligibility:*

- *18+ years of age*
- *Homeless or at risk of homelessness*
- *Chronically and/or persistently mentally ill requiring level 3 services*
- *Cannot solely be substance use*
- *Voluntary*

| | | | |
|---|---|---|---|
| No Place Like Home (NPLH) | Multiple locations | Transition Age Youth, Adults, and Older Adults | GRANT |

*No Place like Home (NPLH) is a permanent supportive housing program for those who experience chronic homelessness, and severe mental health disorder and/or substance use disorder.*

*Eligibility:*

- *18 and older adults with serious mental illness and/or substance use disorder.*
- *Be chronically homeless or at risk of homelessness.*
- *People who require, or are at risk of requiring, acute psychiatric inpatient care, residential treatment, or outpatient crisis intervention.*

*Locations:*

- *Pioneer Cottages- 3141 Pioneer Drive, Bakersfield CA 93306 (KERN BHRS)*
- *Benton Park Cottages- 500 Hughes Lane, Bakersfield CA 93304 (KERN BHRS)*
- *Glenwood Street Apartments- 325 Glenwood Street, Delano CA 93215 (CSV)*
- *College Heights Cottages- 2401 River Boulevard, Bakersfield CA 93305 (KERN BHRS)*
- *Pioneer Drive Apartments- 3299 Pioneer Drive, Bakersfield CA 93306 (Estimated to open in 2026)*

| | | | |
|---|---|---|---|
| Outreach & Education (O&E) | Kern BHRS<br>2001 28th ST<br>Bakersfield, CA | Children, Transition Age Youth, Adults, and Older Adults | PEI |

*Outreach & Education provides access information about mental health services offered throughout Kern County.*

*Eligibility:*

- *All Kern County residents or organizations were eligible to request O&E services from Kern BHRS.*

| | | | |
|---|---|---|---|
| Prepare U | Kern BHRS<br>2001 28th ST<br>Bakersfield, CA | Children, Transition Age Youth, Adults, and Older Adults | PEI |

*Prepare U is an easy-to-navigate, evidence-supported, multi-faceted experiential mental health curriculum designed for ages 12 and up. Prepare U consists of 12 class videos, 5-minute relaxation videos, all online and easily accessible. Prepare U curriculum goals are to reduce the side effects of stress caused by anger, trauma, and anxiety.*

*Eligibility:*

- *Ages 12 and up.*

| | | | |
|---|---|---|---|
| Recovery & Wellness Center (RAWC) | Multiple locations | Transition Age Youth, Adults, and Older Adults | CSS-SD |

*Recovery and Wellness Centers (RAWC) provide multi-level mental health and substance use treatment services to individuals experiencing challenges in their life functioning as the result of mental illness and/or substance use.*

*Eligibility:*

- *Individuals with behavioral health disorders that are severe in degree, persistent in duration, which causes behavioral functioning that interferes substantially with the primary activities of daily functioning and results in an inability to maintain stability and independent functioning without treatment, support and rehabilitation for a long or indefinite time.*

*Locations:*

- *Kern BHRS: Southeast RAWC -1600 East Belle Terrace, Bakersfield, CA 93307*
- *Kern BHRS: Northeast RAWC- 3715 Columbus Street, Bakersfield, CA 93306*
- *Kern BHRS: West RAWC- 5121 Stockdale Highway, Bakersfield, CA 93309*
- *Child Guidance: 661 Roberts Lane Bakersfield, CA 9308*
- *Clinica Sierra Vista: Bakersfield Clinic - 3117 Wilson Road, Bakersfield, CA 93304*
- *Clarvida – Bakersfield: 2821 H Street, Bakersfield, CA 93301*
- *Clarvida – Lake Isabella: 2731 Nuggets Ave, Lake Isabella, CA 93240*
- *Clarvida – Mojave: 16940 Hwy 14 Suites C-J, Mojave, CA 93501*
- *Clarvida – Ridgecrest: 1400 N. Normal St. Suite 125 Ridgecrest, CA*
- *Clarvida – Taft: 1021 4th Street Suite B, Taft, CA 93268*
- *Clarvida – Tehachapi: 423 S. Mill Street, Tehachapi, CA 93561*
- *Clarvida – Wasco: 930 F Street Wasco, CA 93280*

| | | | |
|---|---|---|---|
| Wellness, Independence, and Senior Enrichment (WISE) | Kern BHRS<br>5121 Stockdale<br>Bakersfield, CA | Older Adults | CSS-FSP |

*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 community hospitals, psychiatric hospitals, KBHRS teams, the Access and Assessment Center, Crisis Mobile Evaluation Team, Aging and Adult Services, Independent Living Center, or are self-referrals.*

*Eligibility:*

- *Must be age 60+*
- *Must meet at least 1 At-Risk area:*
    - *Risk for homelessness*
    - *Risk for out-of-home placement (SNF)*
    - *Risk for psychiatric or medical hospitalization*

- *Serious risk of suicide (or history of attempts)*
- *Recurrent history or serious risk of abuse or self-neglect (isolated)*

- *And ….*
  - *Unserved, underserved, or inappropriately served by a BH System Team*
  - *Must not have a Dementia Related Diagnosis*

# Annual Revenue and Expenditure Report (ARER)

## Annual Revenue & Expenditure Report (ARER)

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

Once the Annual Revenue & Expenditure Report (ARER) is submitted to DHCS, it undergoes a formal revision process (see infographic to the right-hand side of this page).




### Highlights:

- Kern BHRS used **45%** of CSS funds to provide Full-Service Partnership (FSP) services (section 3). The California Code of Regulation, title 9, § 3610 requires a minimum of 51%.

- In FY 2024-2025, Kern BHRS—MHSA PEI Programs used **62%** (section 4) of PEI funds to serve individuals 25 years old or younger. The California Code of Regulations, title 9, § 3706(b) requires a minimum of **51%**.

- We received feedback from DHCS indicating that the following adjustments needed to be integrated into ARER. Those adjustments are as follows:
  - **CSS Summary Transfers to WET:**
    - FY 2018-19 Transfer additional amount to WET for $ 18,316.00
    - FY 2019-20 Transfer of CSS funds to WET for $ 4,213,287.00
    - FY 2020-21 Transfer of CSS funds to WET for $ 3,208,685.00
    - FY 2021-22 Transfer of CSS funds to WET for $ 4, 496,288.00
    - FY 2022-23 Transfer of CSS funds to WET for $3,470,674.00

- FY 2023-24 Transfer of CSS funds to WET for $3,904,712.00
- FY 2024-25 Transfer of CSS funds to WET for $ 3,724,541.00
- FY 2025-26 Transfer of CSS funds to WET for $4,700,000.00

- CSS Summary Transfers to CFTN:
  - FY 2019-20 Transfer of CSS funds to CFTN for $ 1,902,715.00
  - FY 2020-21 Transfer of CSS funds to CFTN for $ 885,246.00
  - FY 2022-23 Transfer of CSS funds to CFTN for $ 243,216.00
  - FY 2023-24 Transfer of CSS funds to CFTN for $ 4,482,903.00
  - FY 2024-25 Transfer of CSS funds to CFTN for $ 1,053,247.00
  - FY 2025-26 Transfer of CSS funds to CFTN for $ 2,100.000.00

- Additional Adjustments reported on ARER:
  - FY 2022-2023 INN Expenditure of -$53,293.00 (Incorrect amount recorded in ARER for that reporting fiscal year).
  - FY 2023-2024 INN Expenditure of $1,021,890.20 (Direct expense for Early Psychosis Innovation Program was omitted in error).
  - FY 2023-2024 INN Expenditure of $1,459,764.04 (Direct expense for Mobile Clinic with Street Psychiatry Program was omitted in error).
  - FY 2023-2024 CFTN Expenditure of $1,061,081 (Recognize match for BHCHIP grant - Youth CSU/FRC which was omitted in error).

DHCS 1822 A (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Information Worksheet**

| | | |
|---|---|---|
| 1 | Date: | 10/29/2025 |
| 2 | ARER Fiscal Year *(20YY-YY)*: | 2024-25 |
| 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-Gonzalez |
| 10 | Title of Preparer: | BHRS Finance Director |
| 11 | Preparer Contact Email: | cdelrio@KernBHRS.org |
| 12 | Preparer Contact Telephone: | 661-868-6635 |

DHCS 1822 B (12/24)
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Component Summary Worksheet**

| **County:** | Kern | **Date:** | 10/29/2025 |
|---|---|---|---|

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| **SECTION 1: Interest** | | **CSS** | **PEI** | **INN** | **WET** | **CFTN** | **TOTAL** |
| 1 | Component Interest Earned | $2,258,527.81 | $486,793.83 | $128,103.64 | $0.00 | $0.00 | $2,873,425.28 |
| 2 | Joint Powers Authority Interest Earned | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |

| | | A | B | C |
|---|---|---|---|---|
| **SECTION 2: Prudent Reserve** | | **CSS** | **PEI** | **TOTAL** |
| 3 | Local Prudent Reserve Beginning Balance | | | $8,716,008.00 |
| 4 | Transfer from Local Prudent Reserve to CSS or PEI | $0.00 | $0.00 | $0.00 |
| 5 | CSS Funds Transferred to Local Prudent Reserve | $0.00 | | $0.00 |
| 6 | Local Prudent Reserve Adjustments | | | $0.00 |
| 7 | Local Prudent Reserve Ending Balance | | | $8,716,008.00 |

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| **SECTION 3: CSS Transfers to PEI, WET, CFTN, or Prudent Reserve** | | **CSS** | **PEI** | **WET** | **CFTN** | **PR** | **TOTAL** |
| 8 | Transfers | -$4,777,968.00 | $0.00 | $3,724,541.00 | $1,053,427.00 | $0.00 | $0.00 |

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| **SECTION 4: Program Expenditures and Sources of Funding** | | **CSS** | **PEI** | **INN** | **WET** | **CFTN** | **TOTAL** |
| 9 | MHSA | $35,934,582.00 | $9,508,320.60 | $830,517.00 | $3,727,246.00 | $1,053,427.00 | $51,054,092.60 |
| 10 | Medi-Cal FFP | $25,397,796.00 | $2,687,014.00 | $291,637.00 | $0.00 | $0.00 | $28,376,447.00 |
| 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 | $5,613,553.00 | $2,176,150.00 | $936,632.00 | $0.00 | $0.00 | $8,726,335.00 |
| 14 | **TOTAL** | **$66,945,931.00** | **$14,371,484.60** | **$2,058,786.00** | **$3,727,246.00** | **$1,053,427.00** | **$88,156,874.60** |

| | | A |
|---|---|---|
| **SECTION 5: Miscellaneous MHSA Costs, Expenditures, and Transfers** | | **TOTAL** |
| 15 | **Total Annual Planning Costs** | $0.00 |
| 16 | **Total Evaluation Costs** | $288,500.00 |
| 17 | **Total Administration** | $2,217,844.05 |

DHCS 1822 B (12/24)
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Component Summary Worksheet**

| **County:** | Kern |
|---|---|

| **Date:** | 10/29/2025 |
|---|---|

| | | |
|---|---|---|
| 18 | **Total WET RP** | $0.00 |
| 19 | **Total PEI SW** | $629,561.00 |
| 20 | **Total MHSA HP** | $0.00 |
| 21 | **Total Mental Health Services For Veterans** | $755,319.37 |

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 C (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Community Services and Supports (CSS) Summary Worksheet**

| County: | Kern | Date: | 10/29/2025 |
|---|---|---|---|

**SECTION ONE**

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| | | Total MHSA Funds (Including Interest) | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other | Grand Total |
| 1 | CSS Annual Planning Costs | $0.00 | | | | | $0.00 |
| 2 | CSS Evaluation Costs | $190,000.00 | | | | | $190,000.00 |
| 3 | CSS Administration Costs | $1,177,718.00 | $3,617,686.00 | | | | $4,795,404.00 |
| 4 | CSS Funds Transferred to JPA | | | | | | $0.00 |
| 5 | CSS Expenditures Incurred by JPA | | | | | | $0.00 |
| 6 | CSS Funds Transferred to CalHFA | | | | | | $0.00 |
| 7 | CSS Funds Transferred to PEI | | | | | | $0.00 |
| 8 | CSS Funds Transferred to WET | $3,724,541.00 | | | | | $3,724,541.00 |
| 9 | CSS Funds Transferred to CFTN | $1,053,427.00 | | | | | $1,053,427.00 |
| 10 | CSS Funds Transferred to PR | | | | | | $0.00 |
| 11 | CSS Program Expenditures | $34,566,864.00 | $21,780,110.00 | $0.00 | $0.00 | $5,613,553.00 | $61,960,527.00 |
| 12 | Total CSS Expenditures (Excluding Funds Transferred to JPA) | $40,712,550.00 | $25,397,796.00 | $0.00 | $0.00 | $5,613,553.00 | $71,723,899.00 |
| 13 | Total CSS Expenditures (Excluding Funds Transferred to JPA, PEI, WET, CFTN, and PR) | $35,934,582.00 | $25,397,796.00 | $0.00 | $0.00 | $5,613,553.00 | $66,945,931.00 |

**SECTION TWO**

| | A | B | C | D | E | F | G | H | I | J | K |
|---|---|---|---|---|---|---|---|---|---|---|---|
| # | County Code | Program Name | Prior Program Name | Program Type | Total MHSA Funds (Including Interest) | MHSA IGT | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other | Grand Total |
| 14 | 15 | Adult Wraparound | | FSP | $1,589,853.00 | | $349,747.00 | | | $62,924.00 | $2,002,524.00 |
| 15 | 15 | Adult Transition Team and Homeless Adult Team | | FSP | $6,449,367.00 | | $1,655,851.00 | | | $271,545.00 | $8,376,763.00 |
| 16 | 15 | Assertive Community Treatment | | FSP | $3,387,903.00 | | $1,439,603.00 | | | $272,450.00 | $5,099,956.00 |
| 17 | 15 | Transition Age Youth | | FSP | $2,006,810.00 | | $1,332,019.00 | | | $126,237.00 | $3,465,066.00 |
| 18 | 15 | Wellness, Independence, and Senior Enrichment | | FSP | $1,944,857.00 | | $317,837.00 | | | $35,223.00 | $2,297,917.00 |
| 19 | 15 | Youth Multi-Agency Integrated Services Team | | FSP | $1,472,305.00 | | $719,684.00 | | | $64,652.00 | $2,256,641.00 |
| 20 | 15 | Youth Wraparound | | FSP | $2,748,652.00 | | $1,521,652.00 | | | $191,645.00 | $4,461,949.00 |
| 21 | 15 | Access and Assessment and Crisis Walk-in Clinic | | Non-FSP | $2,959,498.00 | | $177,812.00 | | | $873,396.00 | $4,010,706.00 |
| 22 | 15 | Adult Wraparound Core | | Non-FSP | -$22,356.00 | | $308,638.00 | | | $88,817.00 | $375,099.00 |
| 23 | 15 | Consumer Family Learning Center | | Non-FSP | $1,228,782.00 | | | | | | $1,228,782.00 |
| 24 | 15 | Home to Stay | | Non-FSP | $0.00 | | | | | $819,463.00 | $819,463.00 |
| 25 | 15 | Recovery and Wellness Center | | Non-FSP | $10,551,504.00 | | $13,957,267.00 | | | $2,807,201.00 | $27,315,972.00 |
| 26 | 15 | Self-Empowerment Team | | Non-FSP | $249,689.00 | | | | | | $249,689.00 |
| 27 | | | | | | | | | | | $0.00 |

DHCS 1822.0 (12/20)
**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Prevention and Early Intervention (PEI) Summary Worksheet**

| County: | Kern | Date: | 10/29/2025 |
|---|---|---|---|

**SECTION ONE**

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| | | Total MHSA Funds (Including Interest) | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other | Grand Total |
| 1 | PEI Annual Planning Costs | $0.00 | | | | | $0.00 |
| 2 | PEI Evaluation Costs | $476,000.00 | | | | | $476,000.00 |
| 3 | PEI Administration Costs | $1,379,972.05 | $152,439.00 | | | | $1,222,431.05 |
| 4 | PEI Funds Expended by CalMHSA for PEI Statewide | $925,197.00 | | | | | $925,197.00 |
| 5 | PEI Funds Transferred to JPA | $225,000.00 | | | | | $225,000.00 |
| 6 | PEI Expenditures Incurred by JPA | | | | | | $0.00 |
| 7 | PEI Program Expenditures | $8,308,208.55 | $2,534,595.00 | $0.00 | $0.00 | $2,175,150.00 | $13,131,533.55 |
| 8 | Total PEI Expenditures (Excluding Transfers and PEI Statewide) | $9,588,320.60 | $2,687,034.00 | $0.00 | $0.00 | $2,175,150.00 | $14,371,484.60 |

**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 Programs to Clients Age 25 and Under (calculated from weighted program values) divided by Total MHSA PEI Expenditures | 0.00% | |

**SECTION THREE**

| | A | B | C | D | E | F | G | H | I | J | K | L | M | N | O |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| # | County Code | Program Name | Prior Program Name | Combined/Standalone Program | Program Type | Program Activity Name (in Combined Program) | Subtotal Percentage for Combined Program | Percent of PEI Expended on Clients Age 25 & Under (Standalone and Program Activities in Combined Program) | Percent of PEI Expended on Clients Age 25 & Under (Combined Summary and Standalone) | Total MHSA Funds (Including Interest) | MHSA IGT | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other |
| 10 | 15 | Access to Care - Crisis Hotline | | Standalone | Early Intervention | | | 55% | 0.0% | $1,795,697.00 | | | | | $1,672,295.00 |
| 11 | 15 | Community Referral Services | | Standalone | Access and Linkage | | | 0% | 0.0% | $1,479.00 | | | | | |
| 12 | 15 | Continuum of Care Reform Foster Youth Engagement | | Standalone | Early Intervention | | | 100% | 0.0% | $997,864.00 | | $173,787.00 | | | $89,354.00 |
| 13 | 15 | Court Appointed Special Advocates | | Standalone | Prevention | | | 0% | 0.0% | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 14 | 15 | Foster Care Engagement | | Standalone | Early Intervention | | | 100% | 0.0% | $446,401.66 | | $267,840.00 | | | $178,561.66 |
| 15 | 15 | Help Me Grow | | Standalone | Early Intervention | | | 100% | 0.0% | $251,961.00 | | | | | |
| 16 | 15 | Homeless Outreach Program | | Standalone | Early Intervention | | | 0% | 0.0% | $1,500,000.00 | | | | | |
| 17 | 15 | KERIOS School-Based Program | | Standalone | Early Intervention | | | 0% | 0.0% | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 18 | 15 | Living Well | | Standalone | Early Intervention | | | 82% | 0.0% | $1,077,060.00 | | $ 75,513.00 | | | $33,349.00 |
| 19 | 15 | Outreach and Education | | Standalone | Outreach | | | 0% | 0.0% | $36,140.00 | | | | | |
| 20 | 15 | Reengagement | | Standalone | Access and Linkage | | | 0% | 0.0% | $99,773.00 | | $15,807.00 | | | $2,303.00 |
| 21 | 15 | Suicide Prevention Outreach & Education | | Standalone | Outreach | | | 0% | 0.0% | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 | $0.00 |
| 22 | 15 | TAY Dual Recovery | | Standalone | Early Intervention | | | 100% | 0.0% | $239,872.00 | | | | | |
| 23 | 15 | TAY Self Sufficiency | | Standalone | Early Intervention | | | 100% | 0.0% | $295,687.00 | | | | | |
| 24 | 15 | Volunteer Senior Outreach Program | | Standalone | Outreach | | | 0% | 0.0% | $39,661.00 | | | | | |
| 25 | 15 | Youth-e Relief Treatment | | Standalone | Early Intervention | | | 100% | 0.0% | $646,900.00 | | $ 523,837.00 | | | $163,220.00 |
| 26 | 15 | Youth Juvenile Justice Engagement | | Standalone | Early Intervention | | | 100% | 0.0% | $53,378.00 | | $10,917.00 | | | $760.00 |
| 27 | 15 | Zero Suicide | | Standalone | Suicide Prevention | | | 93% | 0.0% | $192,839.00 | | | | | |
| 28 | 15 | Recovery Station | The Healing Project | Standalone | Early Intervention | | | | 0.0% | $22,000.00 | | | | | |
| 29 | 15 | Prepare U | | Standalone | Early Intervention | | | 100% | 0.0% | $349,200.00 | | | | | |
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| 37 | | | | | | | | | | | | | | | |
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| 39 | | | | | | | | | | | | | | | |
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DHCS 1822 E (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Innovation (INN) Summary Worksheet**

| County: | Kern | Date: | 10/29/2025 |
|---|---|---|---|

**SECTION ONE**

| | | A<br>Total MHSA Fund (Including Interest) | B<br>Medi-Cal FFP | C<br>1991 Realignment | D<br>Behavioral Health Subaccount | E<br>Other | F<br>Grand Total |
|---|---|---|---|---|---|---|---|
| 1 | INN Annual Planning Costs | $0.00 | | | | | $0.00 |
| 2 | INN Indirect Administration | $0.00 | | | | | $0.00 |
| 3 | INN Funds Transferred to JPA | | | | | | $0.00 |
| 4 | INN Expenditures Incurred by JPA | | | | | | $0.00 |
| 5 | INN Project Administration | -$29,948.00 | $83,787.00 | $0.00 | $0.00 | $0.00 | $53,821.00 |
| 6 | INN Project Evaluation | $12,500.00 | $0.00 | $0.00 | $0.00 | $0.00 | $12,500.00 |
| 7 | INN Project Direct | $847,963.00 | $207,870.00 | $0.00 | $0.00 | $938,632.00 | $1,992,465.00 |
| 8 | INN Project Subtotal | $830,517.00 | $291,657.00 | $0.00 | $0.00 | $938,632.00 | $2,058,786.00 |
| 9 | **Total Innovation Expenditures (Excluding Transfers to JPA)** | **$930,517.00** | **$291,657.00** | **$0.00** | **$0.00** | **$936,632.00** | **$2,058,786.00** |

**SECTION TWO**

| # | | A<br>County Code | B<br>Project Name | C<br>Prior Project Name | D<br>Project MHSOAC Approval Date | E<br>Project Start Date | F<br>MHSOAC-Authorized MHSA INN Project Budget | G<br>Amended MHSOAC-Authorized MHSA INN Project Budget | H<br>Project Expenditure Type | I<br>Total MHSA Funds (Including Interest) | J<br>MHSA IGT | K<br>Medi-Cal FFP | L<br>1991 Realignment | M<br>Behavioral Health Subaccount | N<br>Other |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| 10 | A | 15 | Mobile Clinic with Street Psychiatry | | 3/24/2022 | 3/25/2023 | | | Project Administration | $24,481.00 | | $83,787.00 | | | |
| 10 | B | 15 | Mobile Clinic with Street Psychiatry | | 3/24/2022 | 3/25/2023 | | | Project Evaluation | $6,250.00 | | | | | |
| 10 | C | 15 | Mobile Clinic with Street Psychiatry | | 3/24/2022 | 3/25/2023 | | | Project Direct | $493,573.00 | | $144,139.00 | | | $28,263.00 |
| 10 | **D** | **15** | **Mobile Clinic with Street Psychiatry** | | **3/24/2022** | **3/25/2023** | | | **Project Subtotal** | **$524,304.00** | **$0.00** | **$227,926.00** | **$0.00** | **$0.00** | **$28,263.00** |
| 11 | A | 15 | Learning Health Care Network | | 5/26/2022 | 5/29/2022 | | | Project Administration | $64,427.00 | | | | | |
| 11 | B | 15 | Learning Health Care Network | | 5/26/2022 | 5/29/2022 | | | Project Evaluation | $6,250.00 | | | | | |
| 11 | C | 15 | Learning Health Care Network | | 5/26/2022 | 5/29/2022 | | | Project Direct | $234,336.00 | | $63,731.00 | | | $908,369.00 |
| 11 | **D** | **15** | **Learning Health Care Network** | | **5/26/2022** | **5/29/2022** | | | **Project Subtotal** | **$306,213.00** | **$0.00** | **$63,731.00** | **$0.00** | **$0.00** | **$908,369.00** |
| 12 | A | | | | | | | | | | | | | | |
| 12 | B | | | | | | | | | | | | | | |
| 12 | C | | | | | | | | | | | | | | |
| **12** | **D** | | | | | | | | | **$0.00** | **$0.00** | **$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** | **$0.00** |
| 14 | A | | | | | | | | | | | | | | |
| 14 | B | | | | | | | | | | | | | | |
| 14 | C | | | | | | | | | | | | | | |
| **14** | **D** | | | | | | | | | **$0.00** | **$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** | **$0.00** |
| 16 | A | | | | | | | | | | | | | | |
| 16 | B | | | | | | | | | | | | | | |
| 16 | C | | | | | | | | | | | | | | |
| **16** | **D** | | | | | | | | | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| 17 | A | | | | | | | | | | | | | | |
| 17 | B | | | | | | | | | | | | | | |
| 17 | C | | | | | | | | | | | | | | |
| **17** | **D** | | | | | | | | | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** |
| 18 | A | | | | | | | | | | | | | | |
| 18 | B | | | | | | | | | | | | | | |
| 18 | C | | | | | | | | | | | | | | |

DHCS 1822 F (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Workforce Education and Training (WET) Summary Worksheet**

| County: | Kern | Date: | 10/29/2025 |
|---|---|---|---|

**SECTION ONE**

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| | | Total MHSA Funds (Including Interest) | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other | Grand Total |
| 1 | WET Annual Planning Costs | $0.00 | | | | | $0.00 |
| 2 | WET Evaluation Costs | $38,500.00 | | | | | $38,500.00 |
| 3 | WET Administration Costs | $0.00 | | | | | $0.00 |
| 4 | WET Funds Transferred to JPA | | | | | | $0.00 |
| 5 | WET Expenditures Incurred by JPA | | | | | | $0.00 |
| 6 | WET Program Expenditures | $3,688,746.00 | $0.00 | $0.00 | $0.00 | $0.00 | $3,688,746.00 |
| 7 | **Total WET Expenditures (Excluding Transfers to JPA)** | **$3,727,246.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$3,727,246.00** |

**SECTION TWO**

| | A | B | C | D | E | F | G | H |
|---|---|---|---|---|---|---|---|---|
| # | County Code | Funding Category | Total MHSA Funds (Including Interest) | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other | Grand Total |
| 8 | 15 | Workforce Staffing | $2,705.00 | | | | | $2,705.00 |
| 9 | 15 | Training/Technical Assistance | $1,858,187.00 | | | | | $1,858,187.00 |
| 10 | | Mental Health Career Pathways | | | | | | $0.00 |
| 11 | 15 | Residency/Internship | $1,827,854.00 | | | | | $1,827,854.00 |
| 12 | | Financial Incentive | | | | | | $0.00 |

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 G (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Capital Facility Technological Needs (CFTN) Summary Worksheet**

| County: | Kern | Date: | 10/29/2025 |
|---|---|---|---|

**SECTION ONE**

| | | A | B | C | D | E | F |
|---|---|---|---|---|---|---|---|
| | | Total MHSA Funds (Including Interest) | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other | Grand Total |
| 1 | CFTN Annual Planning Costs | $0.00 | | | | | $0.00 |
| 2 | CFTN Evaluation Costs | $0.00 | | | | | $0.00 |
| 3 | CFTN Administration Costs | $0.00 | | | | | $0.00 |
| 4 | CFTN Funds Transferred to JPA | | | | | | $0.00 |
| 5 | CFTN Expenditures Incurred by JPA | | | | | | $0.00 |
| 6 | CFTN Project Expenditures | $1,053,427.00 | $0.00 | $0.00 | $0.00 | $0.00 | $1,053,427.00 |
| 7 | Total CFTN Expenditures (Excluding Transfers to JPA) | **$1,053,427.00** | **$0.00** | **$0.00** | **$0.00** | **$0.00** | **$1,053,427.00** |

**SECTION TWO**

| | A | B | C | D | E | F | G | H | I | J |
|---|---|---|---|---|---|---|---|---|---|---|
| # | County Code | Project Name | Prior Project Name | Project Type | Total MHSA Funds (Including Interest) | Medi-Cal FFP | 1991 Realignment | Behavioral Health Subaccount | Other | Grand Total |
| 8 | 15 | Mary K. Shell Life Safety | | Capital Facility | $1,053,427.00 | | | | | $1,053,427.00 |
| 9 | | | | | | | | | | $0.00 |
| 10 | | | | | | | | | | $0.00 |
| 11 | | | | | | | | | | $0.00 |
| 12 | | | | | | | | | | $0.00 |
| 13 | | | | | | | | | | $0.00 |
| 14 | | | | | | | | | | $0.00 |
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| 23 | | | | | | | | | | $0.00 |
| 24 | | | | | | | | | | $0.00 |
| 25 | | | | | | | | | | $0.00 |
| 26 | | | | | | | | | | $0.00 |

DHCS 1822 H (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**MHSA Adjustments Worksheet**

| County: | Kern | Date | 10/29/2025 |
|---|---|---|---|

**SECTION ONE**

| | A | B | C | D | E | F |
|---|---|---|---|---|---|---|
| # | County Code | Account | Adjustment Type | Adjustment to Fiscal Year (20YY-YY) | Amount | Reason |
| 1 | 15 | INN | Expenditure | 2023-24 | $1,021,890.20 | Direct expense for Early Psychosis Innovation Program was omitted in error |
| 2 | 15 | INN | Expenditure | 2023-24 | $1,459,764.04 | Direct expense for Mobile Clinic with Street Psychiatry Program was omitted in error |
| 3 | 15 | CFTN | Expenditure | 2023-24 | $1,061,081.00 | Recognize match for BHCHIP grant - Youth CSU/FRC which was omitted in error |
| 4 | 15 | CSS | Expenditure | 2018-19 | $18,316.00 | Transfer additional amount to WET component |
| 5 | 15 | CSS | Expenditure | 2019-20 | $4,213,287.00 | Transfer funding to WET component |
| 6 | 15 | CSS | Expenditure | 2019-20 | $1,902,715.00 | Transfer funding to CFTN component |
| 7 | 15 | CSS | Expenditure | 2020-21 | $3,208,685.00 | Transfer funding to WET component |
| 8 | 15 | CSS | Expenditure | 2020-21 | $885,246.00 | Transfer funding to CFTN component |
| 9 | 15 | CSS | Expenditure | 2021-22 | $4,496,288.00 | Transfer funding to WET component |
| 10 | 15 | CSS | Expenditure | 2022-23 | $3,470,674.00 | Transfer funding to WET component |
| 11 | 15 | CSS | Expenditure | 2022-23 | $243,216.00 | Transfer funding to CFTN component |
| 12 | 15 | CSS | Expenditure | 2023-24 | $3,904,712.00 | Transfer funding to WET component |
| 13 | 15 | CSS | Expenditure | 2023-24 | $4,482,903.00 | Transfer funding to CFTN component |
| 14 | 15 | INN | Expenditure | 2022-23 | -$53,293.00 | Incorrect amount recorded in RER |
| 15 | | | | | | |

DHCS 1822 H (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**MHSA Adjustments Worksheet**

| | | | | | | |
|---|---|---|---|---|---|---|
| **County:** | | Kern | | **Date** | 10/29/2025 | |
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**SECTION TWO**

| | A | B | C | D | E |
|---|---|---|---|---|---|
| **#** | **County Code** | **Account** | **Adjustment to Fiscal Year (20YY-YY)** | **Amount** | **Reason** |
| 31 | | Prudent Reserve | | | |
| 32 | | Prudent Reserve | | | |

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 I (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**FFP Revenue Adjustment Worksheet**

| County: | Kern | Date: | 10/29/2025 |
|---|---|---|---|

## SECTION ONE

| | A | B | C | D | E | F | G |
|---|---|---|---|---|---|---|---|
| # | County Code | Adjustment to FY (20YY-YY) | Cost Report Stage | Account | Beginning Balance | Adjustment Amount | Ending Balance |
| 1 | | | | | | | $0.00 |
| 2 | | | | | | | $0.00 |
| 3 | | | | | | | $0.00 |
| 4 | | | | | | | $0.00 |
| 5 | | | | | | | $0.00 |
| 6 | | | | | | | $0.00 |
| 7 | | | | | | | $0.00 |
| 8 | | | | | | | $0.00 |
| 9 | | | | | | | $0.00 |
| 10 | | | | | | | $0.00 |
| 11 | | | | | | | $0.00 |
| 12 | | | | | | | $0.00 |
| 13 | | | | | | | $0.00 |
| 14 | | | | | | | $0.00 |
| 15 | | | | | | | $0.00 |
| 16 | | | | | | | $0.00 |
| 17 | | | | | | | $0.00 |
| 18 | | | | | | | $0.00 |
| 19 | | | | | | | $0.00 |
| 20 | | | | | | | $0.00 |
| 21 | | | | | | | $0.00 |
| 22 | | | | | | | $0.00 |
| 23 | | | | | | | $0.00 |

STATE OF CALIFORNIA
HEALTH AND HUMAN SERVICES AGENCY

Department of Health Care Services

DHCS 1822 J (12/24)

**Annual Mental Health Services Act (MHSA) Revenue and Expenditure Report**
**Fiscal Year: 2024-25**
**Comments Worksheet**

| County: | Kern |
|---|---|

| Date: | 10/29/2025 |
|---|---|

| | A | B | C |
|---|---|---|---|
| # | Account | Fiscal Year (FY 20YY-YY) | Comments |
| 1 | | | |
| 2 | | | |
| 3 | | | |
| 4 | | | |
| 5 | | | |
| 6 | | | |
| 7 | | | |
| 8 | | | |
| 9 | | | |
| 10 | | | |
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| 21 | | | |
| 22 | | | |
| 23 | | | |
| 24 | | | |

# Certifications & Compliance

# Exhibit A: MHSA County Compliance Certification

**THIS WILL BE ADDED AFTER THE 30-DAY CIRCULATION PERIOD**

# Exhibit B: County Fiscal Certification

**THIS WILL BE ADDED AFTER THE 30-DAY CIRCULATION PERIOD**

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

Mental Health and Substance Use Disorder Assessment Reporting Form

| Background and Instructions |
|---|
| Assembly Bill 2265 (Quirk-Silva, 2020) enacted Welfare and Institutions Code 5891.5 which requires counties to report to DHCS the number of people assessed for co-occurring mental health (MH) and substance use disorder (SUD) and the number of people assessed for cooccurring SUD who were later determined to have only an SUD without another co-occur ring MH condition.<br><br>Please enter the requested information in the fields below and submit a completed form electronically to MHSA@dhcs.ca.gov by October 1 following the end of the previous fiscal year. |
| **Section I: County Information** |
| a. County Name: Kern |
| b. Preferred County Contact Information:<br>Mark Kimmel (Contact Name) MKimmel@kernbhrs.org (Email) (661) 868-6681 (Phone Number) |
| c. Date of Completion: 9/12/25 |
| **Section II: Reporting** |
| a. Reporting Period: 7/1/24 through 6/30/25 |
| b. Number of people assessed for co-occurring MH and SUD: 4,292.00 |
| c. Number of people assessed for co-occurring MH and SUD who were ultimately determined to have only an SUD without another co-occurring MH condition: 0.00 |

DHCS 5259 (09/2022)

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

*TABLE 1: PEI PRIORITIES IN THE USE OF PEI FUNDING*

| PROGRAMS | #1 - Childhood trauma prevention and early intervention to deal with the early origins of mental health needs | #2 - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan | #3 - Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college | #4 - Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs) | #5 - Strategies targeting the mental health needs of older adults |
|---|---|---|---|---|---|
| Access to Care: Crisis Hotline | | | X | | X |
| Community Referral Network | | X | | | |
| Continuum of Care Reform (CCR) Foster Youth Engagement | X | X | | | |
| Foster Care Engagement | | X | | | |
| Help Me Grow | X | X | | | |
| Healing Project (aka Recovery Station) | | | | X | |
| Homeless Outreach Program | | X | | | X |
| Living Well | | | | X | |
| Outreach & Education | | | X | | |
| Prepare U | | X | X | | |
| Reengagement | | X | | | |

| | | | | | |
|---|---|---|---|---|---|
| Transition Age Youth (TAY) Dual Recovery | X | | | | |
| Transition Age Youth (TAY) Self Sufficiency | | | X | | |
| Youth Brief Treatment (YBT) | X | | | | |
| Youth Juvenile Justice Engagement | | X | X | | |
| Zero Suicide | | | X | | |

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

To meet the requirements of Section 5840.7(d)(1), each County shall show in the PEI Component of its Fiscal Year 2024-2025 Three-Year Program and Expenditure Plan (in this case, this rule aligns with this Three-Year Program of 2023-2026) the following:

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

*Table 2: Funding Breakdown by PEI Categories*

| Category 1 - Childhood trauma prevention and early intervention to deal with the early origins of mental health needs. | |
|---|---|
| Programs | Budget FY 2024/2025 |
| Continuum of Care | $850,645.00 |
| Help Me Grow | $251,851.00 |
| TAY Dual Recovery | $235,872.00 |
| Youth Brief Treatment | $2,633,107.00 |
| Total | $ 3,971,475.00 |

| Category 2 - Early psychosis and mood disorder detection and intervention, and mood disorder and suicide prevention programming that occurs across the lifespan. | |
|---|---|
| Programs | Budget FY 2024/2025 |
| Community Referral Network | $1,479 .00 |
| Continuum of Care | $850,645 .00 |
| Foster Care Engagement | $747,144.55 |
| Help Me Grow | $251,851.00 |
| Homeless Outreach | $1,500,000.00 |
| Prepare U | $349,200.00 |
| Reengagement | $88,933.00 |
| Youth Juvenile Justice Engagement | $65,085.00 |
| Total | $3,854,337.55 |

| Category 3 - Youth outreach and engagement strategies that target secondary school and transition-age youth, with a priority on partnership with college mental health programs and transition-age youth not in college. | |
|---|---|
| Programs | Budget FY 2024/2025 |
| Crisis Hotline | $3,635,832.00 |
| Outreach & Education | $86,140.00 |
| Prepare U | $349,200.00 |
| Suicide Prevention Outreach | $0.00 |
| TAY Self Sufficiency | $265,582.00 |
| Youth Juvenile Justice Engagement | $65,085.00 |

| | |
|---|---|
| Zero Suicide | $193,836.00 |
| Total | $4,595,675.00 |

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

| Category 4 - Culturally competent and linguistically appropriate prevention and intervention, including community-defined evidence practices (CDEPs). | |
|---|---|
| Programs | Budget FY 2024/2025 |
| Living Well | $1,283,042.00 |
| Total | $1,283,042.00 |

| Category 5 - Strategies targeting the mental health needs of older adults. | |
|---|---|
| Programs | Budget FY 2024/2025 |
| Crisis Hotline | $3,635,832.00 |
| Homeless Outreach | $1,500,000.00 |
| VSOP | $0.00 |
| Total | $5,135,832 .00 |

2. If the county had determined to pursue alternative or additional priorities to those listed in Section 5840.7(a), how did it make these determinations through its community partner process?
    a. At this time, the county has no alternative programs that do not meet the PEI priorities listed in Information Notice #23-001.
3. For any alternative or additional priority identified by the county, what metric or metrics relating to the assessment of the effectiveness of the program intended to address that priority the county will measure, collect, analyze, and report to the Commission, to support statewide learning.
    a. Currently, the county does not have any alternative or additional priorities for PEI.

Following the MHSA review by the Department of Health Care Services (DHCS) on March 8, 2022, it was noted that Kern BHRS needed to revise and update the naming convention of the 3-Year Program, Annual Update, and Expenditure Plan. This review, which is crucial to our ongoing commitment to transparency and accountability, reaffirms our dedication to these principles and the trust of our stakeholders.

Please note that this Annual plan is titled "Kern County Mental Health Services Act (MHSA) Annual Update Plan FY 2026-2027". Previously, Kern County included in the report title the fiscal year that the plan was written; however, Kern County has received feedback from the Department of Health Care Services (DHCS) that Kern BHRS should correct the title to reflect the upcoming fiscal year, which not only aligns with the MHSA requirements but also provides a clearer understanding of the plan's timeline, reassuring stakeholders of our compliance and clarity.

Furthermore, in this current plan titled "Kern County Mental Health Services Act (MHSA) Annual Update FY 2026-2027," the reader will find that this plan includes the following practices:

- Most of the data and fiscal amounts in this plan refer to data and amounts from Fiscal Year 2024-2025. The most current available and complete data from Fiscal Year 2024-2025 was used to write the plan.

- It's important to note that this plan has been written and explicitly adopted for the fiscal year 2025-2026. This clarity ensures that all future discussions and actions are based on the most current and relevant information. This plan's title reflects the MHSA requirement (*see Appendix I – MHSOAC – MHSA Plans, Updates, and Reports)* for the Annual Update to the 3-Year Program & Expenditure Plan due on or before 06/30/2026; therefore, it will be named Kern County Mental Health Services Act (MHSA) Annual Update FY 2026-2027.

# Circulation-Comment Period, BHB Public Hearing, and BOS Approval

**THIS WILL BE ADDED AFTER THE 30-DAY CIRCULATION PERIOD**