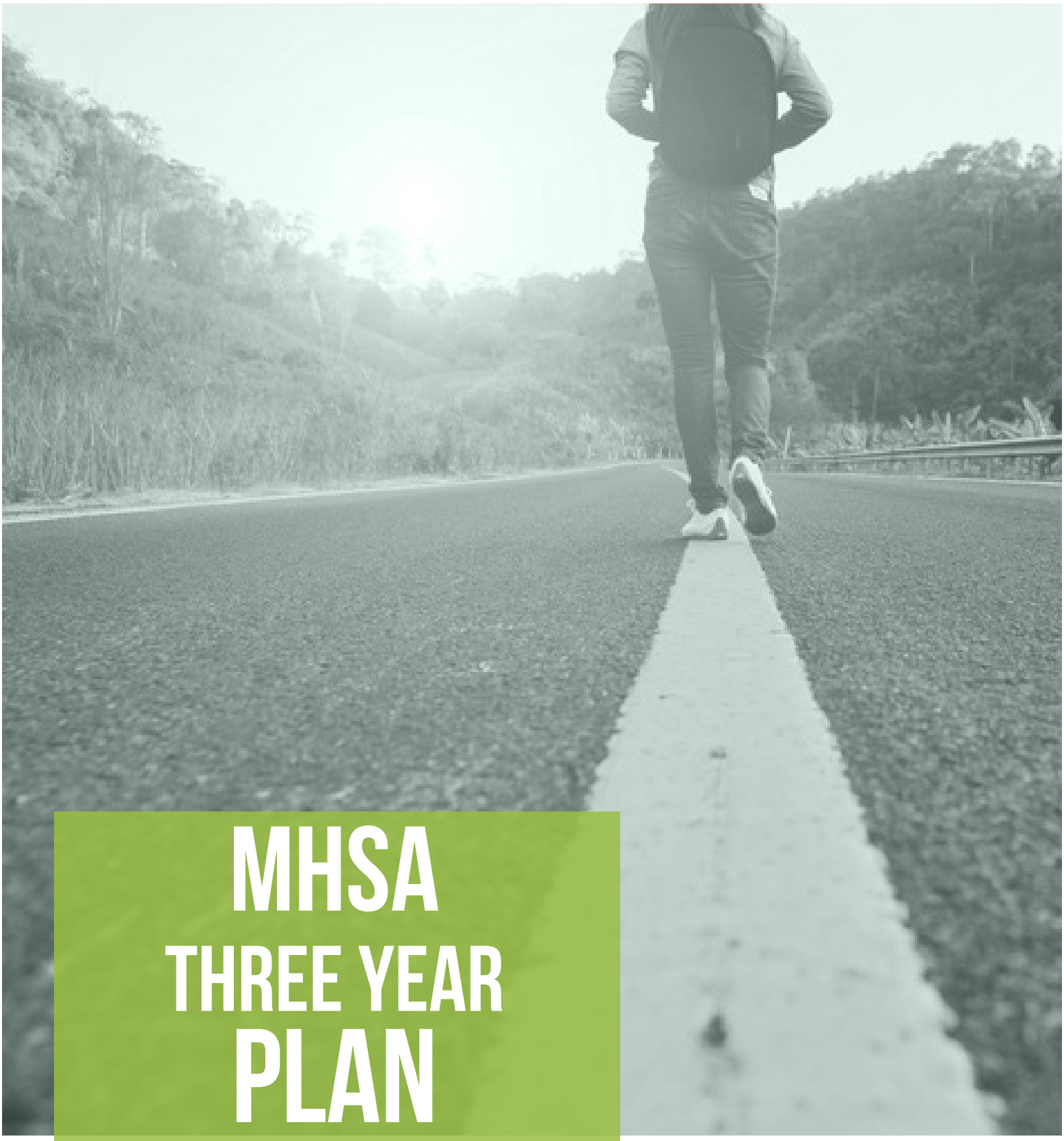
2017-2020

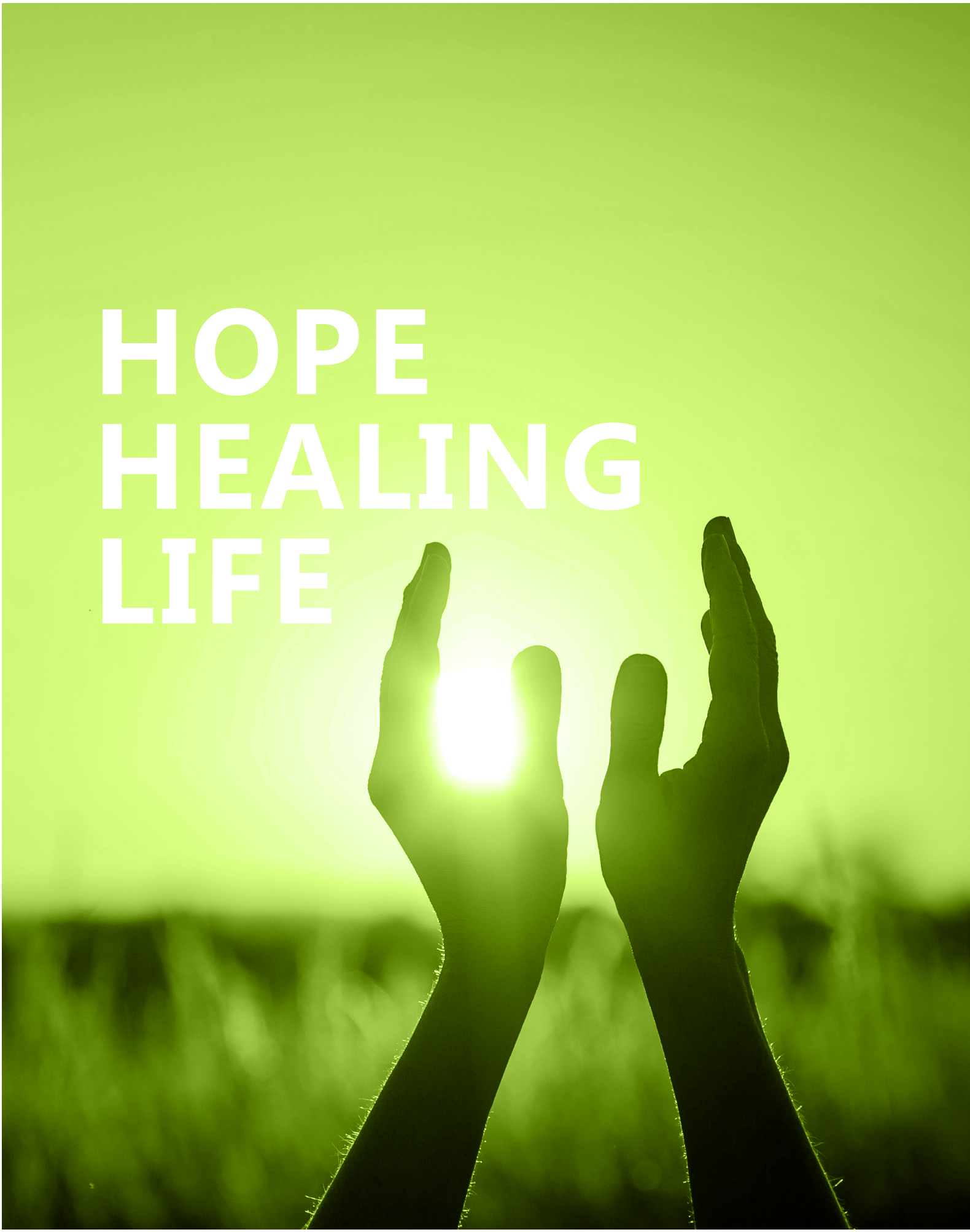
MHSA Program Development / Management Plan for
Kern Behavioral Health & Recovery Services



MHSA THREE YEAR PLAN

Kern Behavioral Health & Recovery Services

BEHAVIORAL HEALTH&RECOVERY SERVICES


HOPE
HEALING
LIFE

CONTENTS

EXECUTIVE SUMMARY

EXECUTIVE **SUMMARY**

The Mental Health Services Act

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

Newly Added Programs

Relias Learning – Workforce Education and Training:

Relias Learning expands training capacity for educating employees. Structured in an online format, training services are provided effectively and efficiently on several behavioral health-related topics, as well as cultural competence, team building and other topics.

La CLAve – Prevention and Early Intervention, Outreach for Increasing Recognition of Early Signs of Mental Illness, Early Intervention:
La CLAve is a two-part program which incorporates Outreach for Recognizing the Early Signs of Mental Illness and Access and Linkage to Care approaches. Engaging the Hispanic/Latino population, La CLAve uses a Spanish-language curriculum to teach about recognizing the signs and symptoms of psychosis. The Access and Linkage aspect engages those at risk of or who are experiencing first break psychosis and provides screening/assessment and referral for early intervention services. Additionally, KernBHRS is currently in the research and development phases for an Early Psychosis program to work in conjunction with the La CLAve program to serve the needs of primarily Spanish-speaking persons as well as the English-speaking population.

Art Risk Reduction Program (ARRP) - Prevention and Early Intervention, Prevention:
The Art Risk Reduction Program (ARRP) provides engagement in multiple art mediums through limited-engagement classes for those receiving specialty mental health care. Clients receiving care in the Correctional Mental Health Program, Adult Transition Team (ATT) program, Transitional Age Youth (TAY) and Youth Wraparound are given a pre-posttest to measure change in risk factors.

Changes to Existing Programs

Wellness, Independence and Senior Enrichment (WISE) – Community Services and Supports, Full-Service Partnership:
The WISE program began serving older adults in FY 2007/2008 after a period of highly detailed program development and implementation. Up until the current fiscal year, WISE services were limited to the Metropolitan Bakersfield area. WISE services for older adults with serious mental illness began in late FY2016/2017 in Delano, the second largest city in Kern County. By the end of the fiscal year, the program included 29 older adults.

Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) – Prevention and Early Intervention, Access and Linkage to Treatment:
The REACH program began in FY 2016/2017, providing access and linkage to care, including engagement services, for those with mental illness who are difficult to engage in services. The REACH team began services, specifically engaging potential clients, in East Kern and the Greater Bakersfield area. Services will expand in FY 2017/2018 to include the Arvin/Lamont or southeast Kern area.

Fiscal Year FY 2017/2018 Allocations
Kern County estimates $38,829,837 in allocations for MHSA programs and services. In addition, funds unspent from prior fiscal years continue to be appropriated to cover future costs which exceed each yearly estimated allocation.

MISSION

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

VISION

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

VALUES

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

MHSA COUNTY COMPLIANCE CERTIFICATION

County/City: Kern County

☒ Three-Year Program and Expenditure Plan
☐ Annual Update

Local Mental Health Director	Program Lead
Name: Bill Walker, LMFT	Name: Bradley S. Cloud, PsyD
Telephone Number: 661-868-6609	Telephone Number: 661-868-6601
E-mail: bwalker@KernBHRS.org	E-mail: bcloud@KernBHRS.org
Local Mental Health Mailing Address: Kern Behavioral Health & Recovery Services P.O. Box 1000 Bakersfield, CA 93302-1000	

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

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

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

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

Bill Walker, LMFT
Local Mental Health Director (PRINT)

Signature

9/29/11
Date

Enclosure 1

MHSA COUNTY FISCAL ACCOUNTABILITY CERTIFICATION[1]

County/City: Kern County

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

Local Mental Health Director	County Auditor-Controller / City Financial Officer
Name: Bill Walker, LMFT	Name: Mary B. Bedard, CPA
Telephone Number: 661-868-6609	Telephone Number: 661-868-3599
E-mail: bwalker@KernBHRS.org	E-mail: mbedard@kerncounty.com
Local Mental Health Mailing Address: Kern Behavioral Health & Recovery Services, P.O. Box 1000, Bakersfield, CA 93302-1000	

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

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

Bill Walker, LMFT
Local Mental Health Director (PRINT)

Signature 10/2/17
Date

I hereby certify that for the fiscal year ended June 30, 2017, the County/City has maintained an interest-bearing local Mental Health Services (MHS) Fund (WIC 5892(f)); and that the County's/City's financial statements are audited annually by an independent auditor and the most recent audit report is dated 12/27/16 for the fiscal year ended June 30, 2016. I further certify that for the fiscal year ended June 30, 2017, the State MHSA distributions were recorded as revenues in the local MHS Fund; that County/City MHSA expenditures and transfers out were appropriated by the Board of Supervisors and recorded in compliance with such appropriations; and that the County/City has complied with WIC section 5891(a), in that local MHS funds may not be loaned to a county general fund or any other county fund.

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

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

Signature Mary B Bedard 10-3-17
Date

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

COUNTY DEMOGRAPHICS

Geography

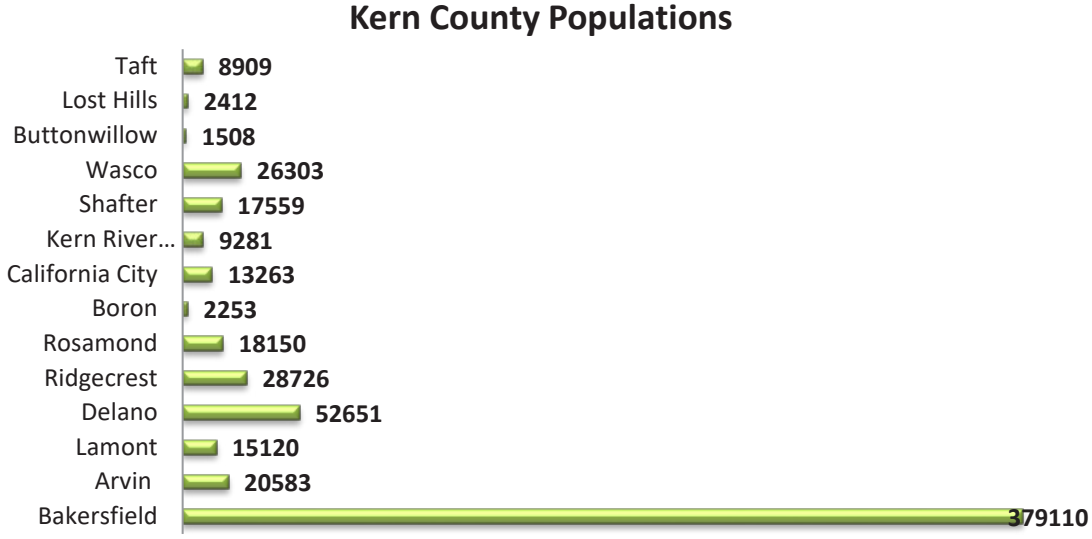
Kern County is located on the southern edge of the San Joaquin Valley. With 8,163 square miles of mountains, valleys, desert and the ag-yielding valley, Kern County is geographically the third largest county in California. Kern County borders eight counties: Kings, Tulare, Inyo, Ventura, San Bernardino,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

Economy

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

The unemployment rate as of April 2017 was 9.5 percent, down 1.1 percent from July 2016 and 5 percent above the unadjusted 4.5 unemployment rate for California. April 2017 saw an increase of 2,100 jobs.

Population Breakdown



Demographics
Bakersfield holds the majority of Kern's population, with nearly 380,000 of approximately 886,507 residents. Around 88 percent of the county's total population resides in or around various urbanized areas, while the remaining 12 percent live in more undeveloped, rural areas. Approximately 35 percent of the population in Kern County is aged 35-64. Children under 10 also make up a substantial portion of the population, approximately 25 percent, and 15-34-year-olds occupy approximately 31 percent of the Kern County population. According to the California Economic Forecast report, Kern is forecast to continue to attract growth and population will modestly accelerate. By 2018, the total population is anticipated to reach 943,800 individuals, and to exceed 1 million in 2020.

English and Spanish are the primary threshold languages in Kern County. Hispanic/Latin persons constitute 51.5 percent of the population, which is also made up of White, non-Hispanic (36 percent), African American/Black (4.9 percent), Asian (4.4 percent), multi-racial (3.5 percent), Native American (0.4 percent) and Native Hawaiian/Pacific Islander (0.1 percent).

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

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

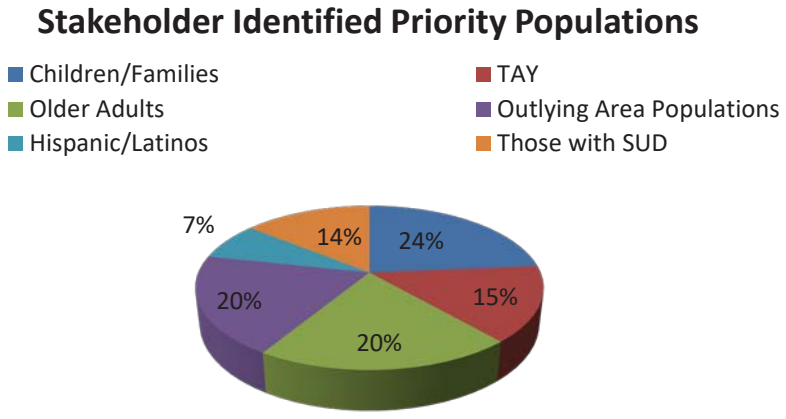
COMMUNITY PLANNING AND STAKEHOLDER FEEDBACK

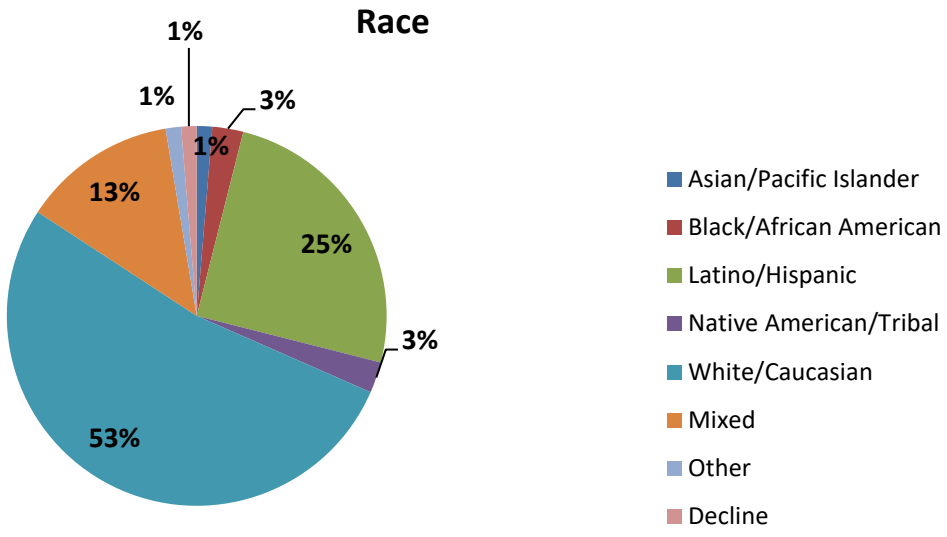
Community Planning and Stakeholder Feedback

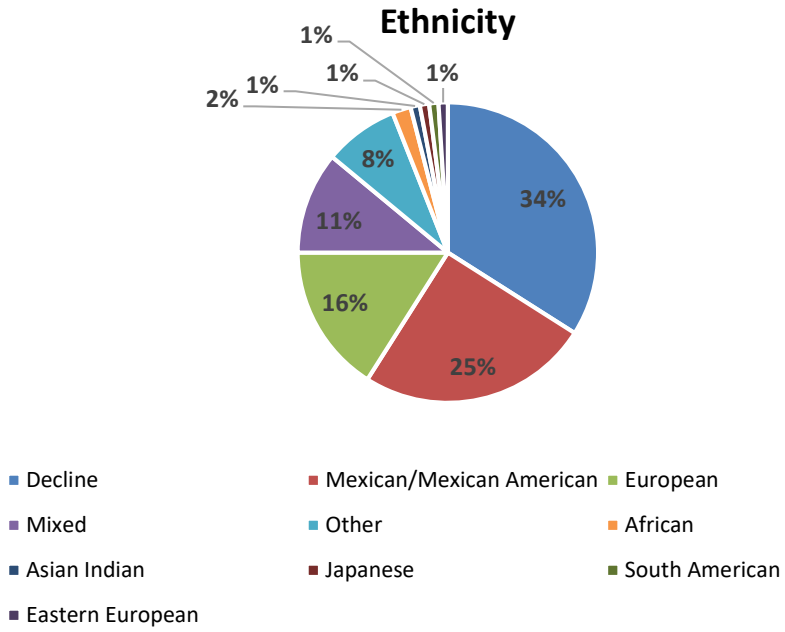
During Spring 2017, a series of stakeholder meetings were held to determine specific underserved populations and program needs in the outlying areas of Kern. Twenty percent of the feedback received during the 2016 Community Planning Process identified the outlying areas as underserved by population and program need. Nine community meetings were held in seven Kern communities to determine Prevention and Early Intervention needs. Sixty-two responses were received from the series and the results indicated that the top needs were in the communities of Ridgecrest, the Arvin/Lamont area and the Kern River Valley area. Top identified unserved or underserved populations were Children/Families, Older Adults and those in the outlying areas of Kern. Following the series, further inquiry was done through an additional Prevention and Early Intervention Stakeholder Meeting in Ridgecrest in August 2017 to determine priority projects from common responses provided in May 2017. The top two programs chosen by stakeholders were: Access and Linkage to behavioral health care for Adults experiencing mental health crisis and Early Intervention Programs for Children/Families.

2017 Community Planning and Stakeholder Feedback Schedule

May 23, 2017: Delano, Calif.
May 24, 2017: Lamont, Calif.
May 25, 2017: Delano, Calif.
May 26, 2017: Frazier Park, Calif.
May 30, 2017: Tehachapi, Calif.
May 30, 2017: Lake Isabella, Calif.
May 31, 2017: Ridgecrest, Calif.
June 1, 2017: Bakersfield, Calif.
June 8, 2017: Bakersfield, Calif.
Aug. 9, 2017: Ridgecrest, Calif.
Sept. 14, 2017: Wasco, Calif.
Sept. 20, 2017: Lamont, Calif.
Sept. 21: Bakersfield, Calif.
Sept. 26, 2017: Tehachapi, Calif.
Sept. 27, 2017: Lake Isabella, Calif.
Sept. 28, 2017: Taft, Calif.
Sept. 29, 2017: Ridgecrest, Calif.
Oct. 2, 2017: Bakersfield, Calif.
Oct. 3, 2017: Frazier Park, Calif.
Oct. 3, 2017: Delano, Calif.
Oct. 5, 2017: Bakersfield, Calif.
Oct. 19, 2017: Oildale, Calif.
[Scheduled] Nov. 29, 2017: Bakersfield, Calif.



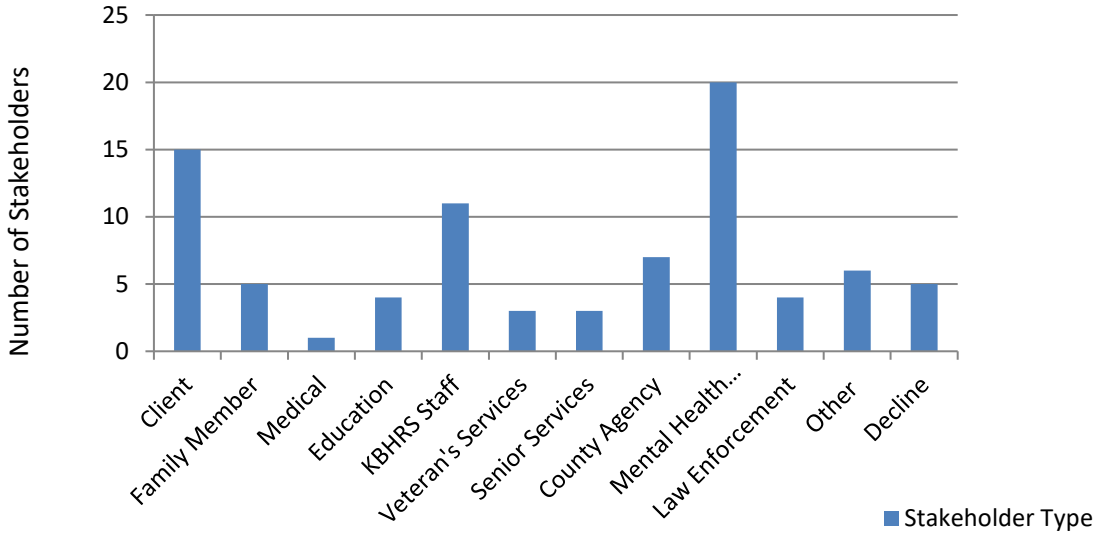




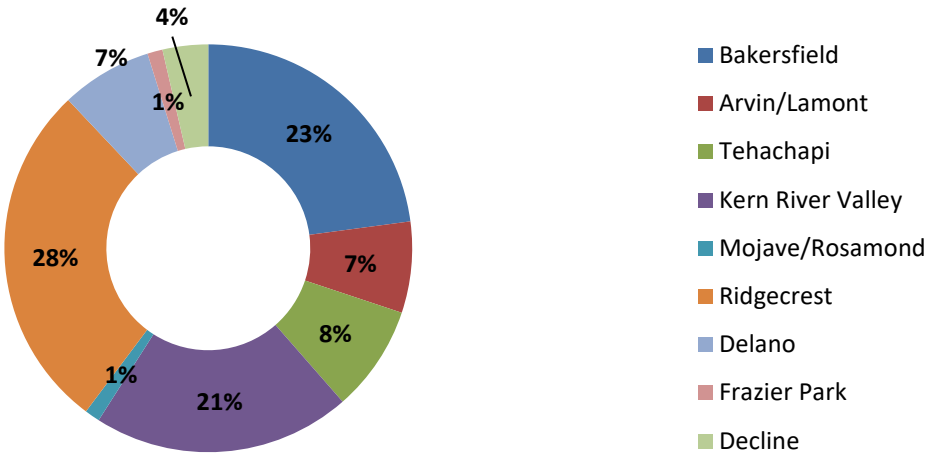
Other Demographics:	
Gender:	Female: 79% Male: 21%
Veteran's Status:	7% of participants identified as being a veteran

Sexual Orientation:	Gay/Lesbian: 3% Bisexual: 5% Heterosexual/Straight: 92%
Disabilities:	Vision: 8% Hearing: 3% Cognitive/Mental: 5% Physical/Mobility: 11% Chronic Illness: 5% Other: 3%

Stakeholder Type



Kern County Area Responding



FEEDBACK ON

EDUCATION

"I'd like to see education for healthy behaviors and thinking, especially for youth and parents. These at-risk youths would become familiar with what 'healthy' thinking and behavior is." – Lake Isabella

"Continue to support families in reaching out for mental health support – this would lead to a decrease in recidivism." – Delano
"The homeless need housing. The people in East Kern County need crisis care." – Ridgecrest

"These communities often have a lack of understanding of how mental health affects homelessness. "Veterans deny they have a mental health condition. It's easier to ignore than to treat." – Ridgecrest

COMMUNITY SERVICES AND SUPPORTS

Full Service Partnership Programs

KernBHRS continue in FY 2017/2018 with six (6) Full Service Partnership programs which make up 51 percent of budgeted funds for the Community Services and Supports component. Full Service Partnership (FSP) programs are designed to serve those with serious mental illness and/ or severe emotional disturbance. Mental health care provided by our System of Care teams and providers working in FSP's provide "whatever it takes" services, meaning care is available 24/7 to assist with crisis intervention and other immediate needs.

Children, Transitional Age Youth, Adults and Older Adults receive care built to fit specific needs to reduce homelessness, suicide, incarcerations, school dropout or failure, unemployment and prolonged suffering. Full Service Partnership Teams are as follows

Adult Care

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

Children's Care

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

Transitional Age Youth (TAY) Care

Transitional Age Youth (TAY)

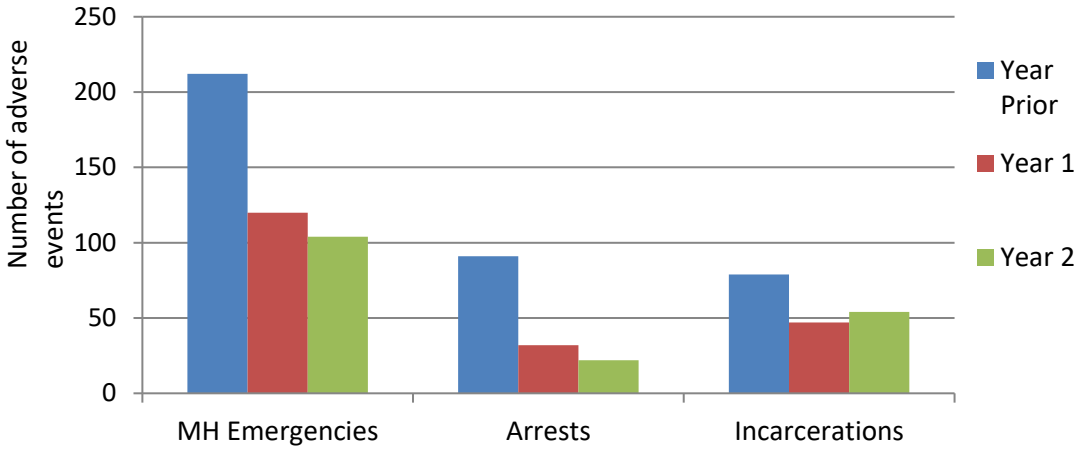
Older Adult Care

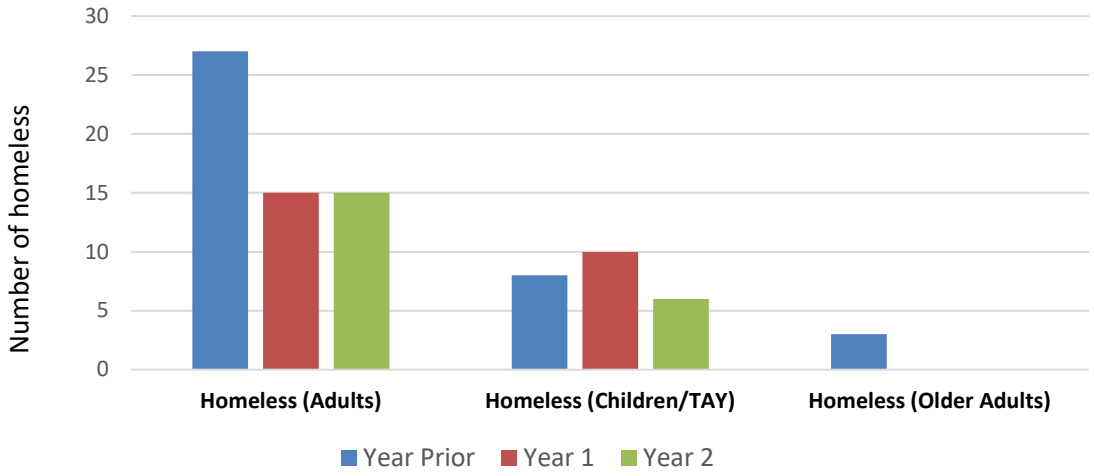
Wellness, Independence and Senior Enrichment (WISE)

Highlights from FY 2016/2017

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

- Psychiatric Hospital Days decreased 30 percent during the first year of services with an overall decrease of 46 percent during year two.
- Mental Health Emergencies decreased 42 percent during the first year of services with an overall decrease of 50 percent during year two.
- Arrests decreased 65 percent during the first year of services with an overall decrease of 46 percent in year two.
- Incarcerations decreased 37 percent in the first year of services with an overall decrease of 28 percent in year two.
- Substantial increases in adult residential indicators for congregate placement (92 percent), individual placement (18 percent) and single-room occupancy (138 percent) were seen after two years of services.
- Homelessness decreased in each age group including children and TAY (25 percent), adults (44 percent) and older adults (eliminated during first year of services).





General System Development Programs

General System Development programs did not experience any additions or deletions in FY 2016/2017. Additional program reporting in our Crisis Hotline program included adding data from Applied Suicide Intervention Skills Training (ASIST) and Question, Persuade, Refer (QPR) trainings. Outreach and Education efforts included Mental Health First Aid training, which began in early 2017.

System Development programs include our Access to Care, Adult Wraparound, Recovery Supports and Outreach and Education programs.

Access to Care is the front door to KernBHRS – from our Crisis Hotline team to Access and Assessment. Access to Care teams are designed to provide access linkage to both System and Community mental health care. Recovery Supports is a set of treatment and recovery programs richly involved in peer support, through peer-involved and/or peer-led programs. Adult Wraparound is a dual-component program which provides engagement and intensified care for those exiting inpatient (hospital) mental health care and entering outpatient treatment (Adult Wraparound Core Team) and intensive Dialectical Behavioral Therapy (DBT Core Team). Outreach and Stigma and Discrimination Reduction efforts are part of many System of Care and community provider teams throughout Kern County, coordinated through the Outreach and

Education Coordination program. Information on mental health, mental health stigma reduction, suicide prevention and programs available is disseminated through community events, health fairs, conferences and other venues to all ages and populations. General System Development programs are as follows:

TAY, Adult, Older Adult Care
Consumer Family Learning Centers (CFLC)
Access to Care – Access and Assessment Team
Access to Care – Crisis Hotline

All Ages
Outreach and Education

Adult Care
Recovery and Wellness Centers (RAWC)
Self-Empowerment Team (SET)
Adult Wraparound (Adult Wraparound Core Team and Dialectical Behavioral Therapy Core Team)

Highlights from FY 2016/2017
The Consumer Family Learning Center (CFLC) opened in a relocated venue in March 2017. Preparation for the new location was heavily stakeholder involved, as members provided feedback in 2015 on important aspects from functionality to aesthetics of the building, including accessibility. Feedback provided shaped the design of the building, from automatic doors to an open kitchen area and cantina area for members to enjoy cooking and relaxing. The Consumer Family Learning Center offers an array of classes from peer-run Dual-Recovery Anonymous to skills classes and recreation. The building also reflects the interests and talents of its members, where client art is utilized as décor. In preparation for the move from its previous location, CFLC staff provided classes on bussing routes and transportation options to mitigate concerns about reaching the new site. An open house was held for members and the community on May 4, 2017.

The Self-Empowerment Team (SET) continued working with the Access to Care – Access and Assessment Center in peer navigation. A total of 1,377 referrals for navigation were received, with 1,029 successful team engagements with both system of care and geographical provider teams.

Assertive Community Treatment
Location:
Kern Behavioral Health and Recovery Services
MHS Action
5121 Stockdale Highway Ste. 275
Bakersfield, CA 93309

Clients served in FY 2016/2017: 209
Goal number of clients served in FY 2017/18 – 2019/20: 150
Cost per Client FY 2017/18 – 2019/20: $28,353

Program Description
The Assertive Community Treatment (ACT) Full Service Partnership team provides specialty mental health care to those with severe and persistent mental illness. The team provides intensified services to clients with mental health and/or substance use disorders. The ACT Team composed of Recovery Specialists and Aides, Therapists, Substance Abuse Specialists and a Mental Health Nurse. Psychiatrists work with multiple teams within the System of Care, dedicating shifts throughout the week for assessments and medication management appointments.

Clients are referred through the KernBHRS Access to Care Center, family members and lower level mental health teams when more intensive care is necessary. Those served by the ACT team have often had a lengthy history of mental health and/or substance use treatment. ACT provides the highest level of care available for outpatient treatment (Level 4). By nature of the program, Recovery Specialists and Substance Abuse Specialists may meet with clients several times per week to maintain engagement in treatment and progress toward goals. Individualized care is provided by the therapists and is provided in the client living environment. Consultation is done with the Staff Nurse for medication management and health education. For physical health care, clients are linked to a primary care provider with whom we coordinate services; ACT team members may take clients to medical appointments as needed.

The ACT model is evidence-based and is characterized as a "Hospital without walls." This team works intensively with individuals, in their home or other settings. This model yields positive outcomes in helping clients recover in the community rather than institutional settings. Clinical team members utilize techniques and skills developed from evidence-based practices including Cognitive Behavioral Therapy for Psychosis (CBTp) and Dialectical Behavioral Therapy (DBT). Those with co-occurring disorders also participate in Dual-Recovery Anonymous groups. Individual therapy is provided by Licensed Therapists and therapist interns. Clients are referred to the peer-run Community Family Learning Center to encourage incorporation of pro-social and educational activities which are co-facilitated by peer volunteers. Crisis intervention and assessment for involuntary psychiatric hospitalization are performed as needed.

The ACT Team has also begun serving treatment-resistant clients assigned to Assisted Outpatient Treatment (AOT) following the approval of Laura's Law in Kern County in October 2015. Laura's Law makes it possible for those who are resistant to treatment and suffer from serious and persistent mental illness to be court ordered to participate in AOT services lasting

up to 180 days. Several attempts at comprehensive outreach and intervention are completed prior to requesting court-ordered treatment for those with a valid referral. Clients referred for AOT must meet stringent criteria including having been determined to be unlikely to survive safely in the community without supervision.

Service Goals

• Reduce the need for crisis services for clients living with severe and persistent mental illness.
• Provide AOT outreach and engagement to individuals with severe and persistent mental illness who are not receptive to traditional mental health and substance use disorders treatment because of their symptoms and impairments.
• Provide intensive services out in the community to facilitate mental health stability as well as a meaningful role in the community.
• Promote voluntary participation in services and increasing insight related to the benefits of mental health treatment.
• Reduce long term care placements.
• Treat clients with the goal of overcoming challenges related to grave disability leading to LPS Conservatorship.

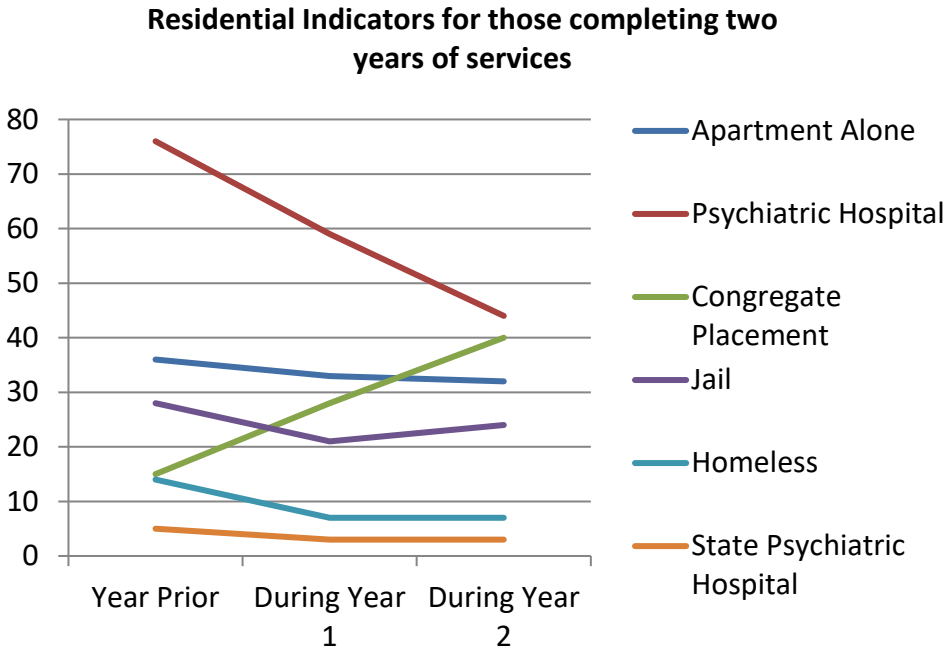
Program Data

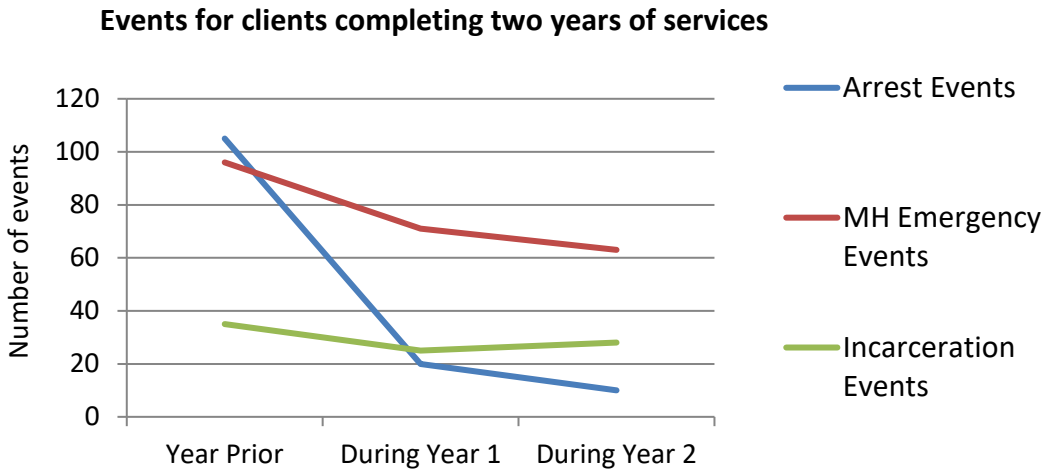
First year of services:

- Arrests decreased 81 percent
- Homelessness decreased 50 percent
- State Psychiatric residence decreased 40 percent
- Clients experiencing incarceration decreased 29 percent
- Clients experiencing mental health emergency events decreased 26 percent; the number of mental health emergency events decreased 60 percent
- Clients spending days in a psychiatric hospital decreased 23 percent; the number of days spent in a psychiatric hospital decreased 8 percent

Overall outcomes for those completing at least two years of services:

- Arrests decreased 78 percent
- The number of clients residing in a single room occupancy increased 188%
- Community Care residence increased 9 percent
- Congregate placement (room and board) residence increased 167 percent
- Mental health emergency events decreased 63 percent; clients experiencing mental health emergencies decreased 34 percent
- The number of clients admitted to psychiatric hospitals decreased 43 percent
- Clients incarcerated decreased 20 percent
- 8 percent of clients discharged had met program goals





Challenges

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

Solutions in Progress

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

Adult Transition Team/Homeless Adult Team – Full Service Partnership

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

Clients Served in FY 2016/2017: 231
Goal number of clients served in FY 2017/18 – 2019/20: 230
Cost per Client FY 2017/18 – 2019/20: $30,923

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

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

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

The Adult Transition Team is composed of a Clinical Psychologist, Therapists and Recovery Specialists, who provide treatment and support with the client. As clients are often reluctant to seek physical care and will often cross medical or psychiatric hospital settings, the ATT Staff Nurse is able to provide basic care including medication management, wound dressing and education on diabetes and hepatitis C.

Evidence-based programs and modalities are utilized when treating clients, including: Cognitive Behavioral Therapy (CBT), CBT specialized for psychosis (CBTp) and Dialectical Behavior Therapy (DBT) and Aggression Replacement Training (ART). Seeking Safety and Matrix groups are utilized for those requiring treatment for co-occurring disorders. Recovery Specialists engage clients in the field for case management while individual therapy sessions and groups are provided on-site.

In FY 2016/2017, ATT implemented Thinking for a Change (T4C) groups. The group lasts 25 weeks, with groups of approximately 12 participants. Thinking for a Change fosters growth in positive social, cognitive self and problem-solving changes. Prior to joining the group, those referred determine their own goals for what they hope to achieve at the end of the group.

In FY 2017/2018, ATT/HAT will begin implementing Integrated Enhanced Service Plans (IESP) for clients who are determined to be at high risk for decompensation or who have recently

experienced a mental health emergency event or psychiatric hospitalization.

The Adult Transition Team continued to serve Sustained Treatment and Recovery (STAR) Court clients in FY 2016/2017. As a multi-agency collaboration, the STAR Court partners with other county agencies including Probation, Behavioral Health and Recovery Services, The District Attorney's office, Public Defender and the Superior Court. Clients with severe mental illness are referred after one or multiple serious crimes have been committed. The 18-to-36-month program is designed to reduce or eliminate recidivism while providing necessary mental health care which is closely monitored by mental health Recovery Specialists and the client's probation officer. STAR Court status hearings are held weekly and should clients fail to appear or continue fidelity to treatment plans, their eligibility in the STAR Court may be suspended or revoked. The program also ensures proper linkage to resources including housing, transportation and benefits.

Homeless Adult Team

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

Linkage to resources and housing is an essential piece for clients of HAT. Team members are adept in assisting with the application process for acquiring Medi-Cal and Social Security benefits. Housing is acquired by team collaboration with the homeless shelter and similar organizations as well as contracted and community housing providers. Vouchers may also be obtained for clients who may be eligible for various housing programs. Stable and permanent housing is a crucial part in ensuring the client remains stable and engaged in treatment goals. To aid in ensuring housing resources are available, ATT/HAT funds half of the salary for a Homeless Resources Director with the Kern County Homeless Collaborative.

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

Service Goals

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

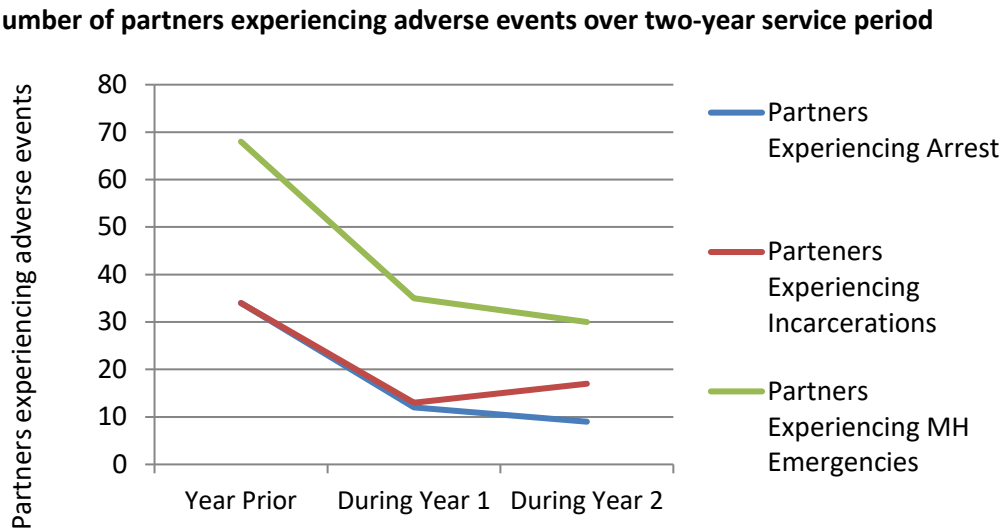
Program Data:

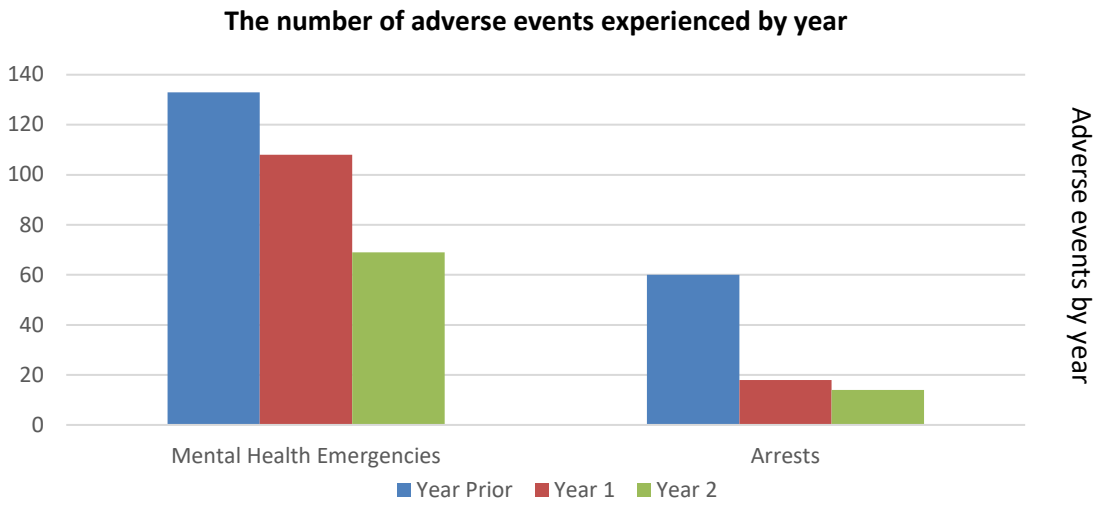
First year of services:

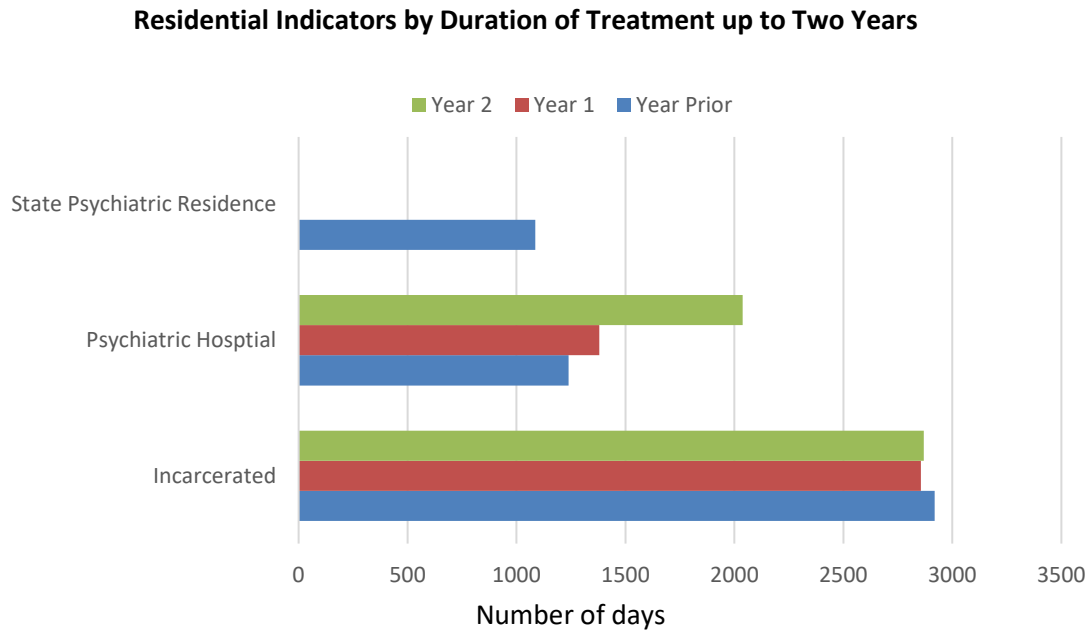
- Arrests decreased 65 percent
- Homelessness decreased 16 percent
- State Psychiatric residence was eliminated
- Clients experiencing incarceration decreased 62 percent
- Clients experiencing mental health emergency events decreased 49 percent; the number of mental health emergency events decreased 19 percent
- Clients spending days in a psychiatric hospital decreased 29 percent

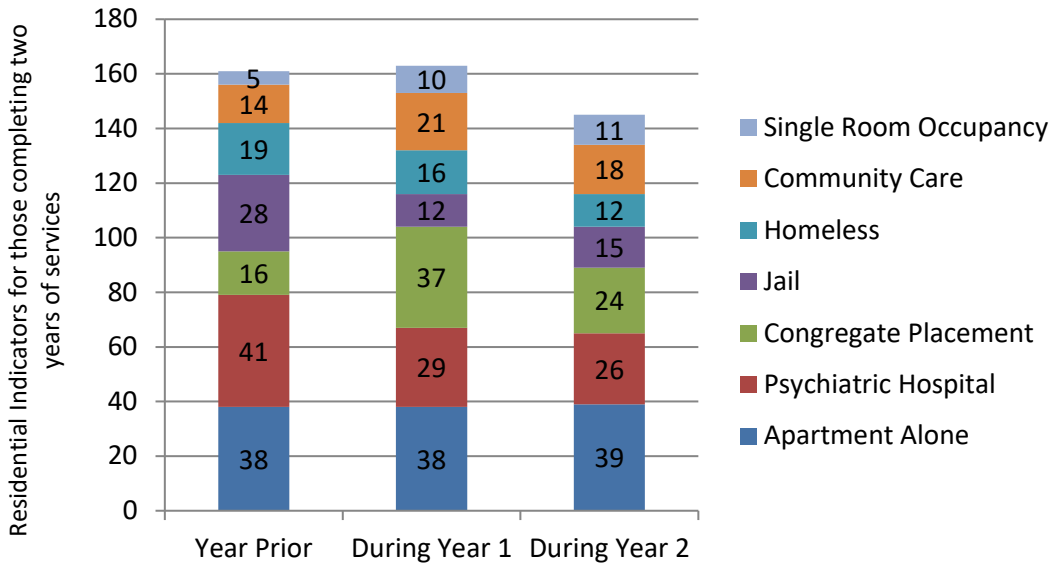
Overall outcomes for those completing at least two years of services:

- Arrests decreased 77 percent
- Homelessness decreased 37 percent
- The number of clients residing in a single room occupancy increased 120%
- Community Care residence increased 29 percent
- Congregate placement (room and board) residence increased 50 percent
- Mental health emergency events decreased 48 percent; clients experiencing mental health emergencies decreased 56 percent
- The number of clients admitted to psychiatric hospitals decreased 37 percent
- Clients incarcerated decreased 50 percent
- 11 percent of clients discharged had met program goals




The number of adverse events experienced by year
140
120
100
80
60
40
20
0
Mental Health Emergencies
Arrests
Year Prior
Year 1
Year 2
Adverse events by year


Residential Indicators by Duration of Treatment up to Two Years
Year 2
Year 1
Year Prior
State Psychiatric Residence
Psychiatric Hosptial
Incarcerated
0
500
1000
1500
2000
2500
3000
3500
Number of days


Residential Indicators for those completing two years of services
180
160
140
120
100
80
60
40
20
0
5
14
19
28
16
41
38
10
21
16
12
37
29
38
11
18
12
15
24
26
39
Year Prior
During Year 1
During Year 2
Single Room Occupancy
Community Care
Homeless
Jail
Congregate Placement
Psychiatric Hospital
Apartment Alone

Challenges:

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

Solutions in Progress:

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

Youth Multi-Agency Integrated Service Team - Full Service Partnership

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

Clients served in FY 2016/2017: 56
Goal number of clients served in FY 2017/18 – 2019/20: 60
Cost per Client FY 2017/18 – 2019/20: $31,588

Program Description:
The Youth Multi-Agency Integrated Service Team (MIST) provides specialty mental health care for children and families. Referrals for care come from former or active foster parents, parents/ families, group homes, other KernBHRS teams and public agencies including Kern County Probation, the Department of Public Health and the Department of Human Services.

Clients of the MIST team have been identified as having serious emotional disturbance, severe mental illness or behavioral issues. Many youths have been separated from their families and reside in group homes or foster care settings. The Youth MIST team is certified in reunifying families who have experienced separation. Another effort of the team involves placing youth previously resided in group homes with foster families. There is a constant need for foster families to provide homes for the adolescent population. The team advertises in family-focused local magazines for recruitment of potential foster parents for adolescents aged 12-18. Ongoing training and 24-7 support is offered through the MIST team for foster parents of clients.

Youth MIST provides individual, group and family therapy using evidence-based programs including Dialectical Behavior Therapy (DBT) and skills training, Anger Replacement Training (ART), Matrix for co-occurring disorders, Positive Behavioral Interventions and Support (PBIS) and Therapeutic Foster Care. The team is composed of Psychiatrists, Therapists, Recovery Specialists, Substance Abuse Specialists, a Probation Officer, Social Worker and Parent Partner. The staff Parent Partner works with parents using the Educate, Equip and Support: Building Hope program. This program provides parents with psychoeducation and insight into their child's mental health diagnosis, medication, child welfare and school information including the special education and IEP process. This team works with families as needed, providing services in the same location to help keep family mental health care centralized. Parents are provided family therapy and meet with the therapist or psychiatrist as necessary. Additionally, the team provides medication management, crisis intervention and comprehensive case management.

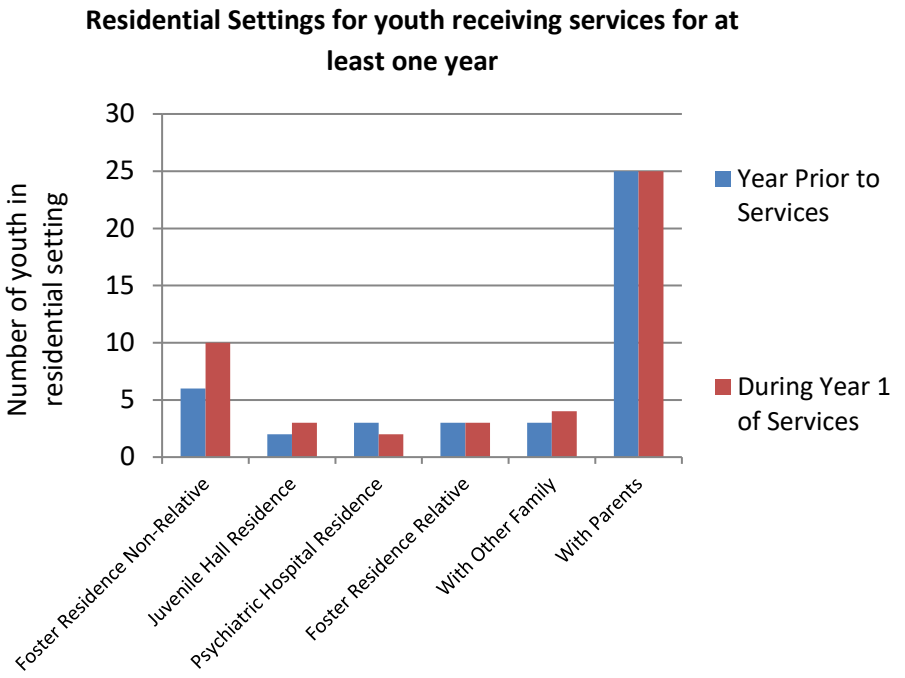
Service Goals
- Provide individualized recovery-based services with the firm belief that recovery is possible for everyone.
- Provide a full continuum of intensive mental health services which include a parent partner, Probation officer, Social Worker, individual and family counseling, group counseling, skills training, family and other collateral services including assessments, co-occurring disorder treatment, medication and medication support, crisis intervention, case management and treating clients in the field to accommodate service needs.
- Provide culturally competent, effective and appropriate services for individuals and families, inclusive of all racial and ethnic groups, genders and sexual orientations.

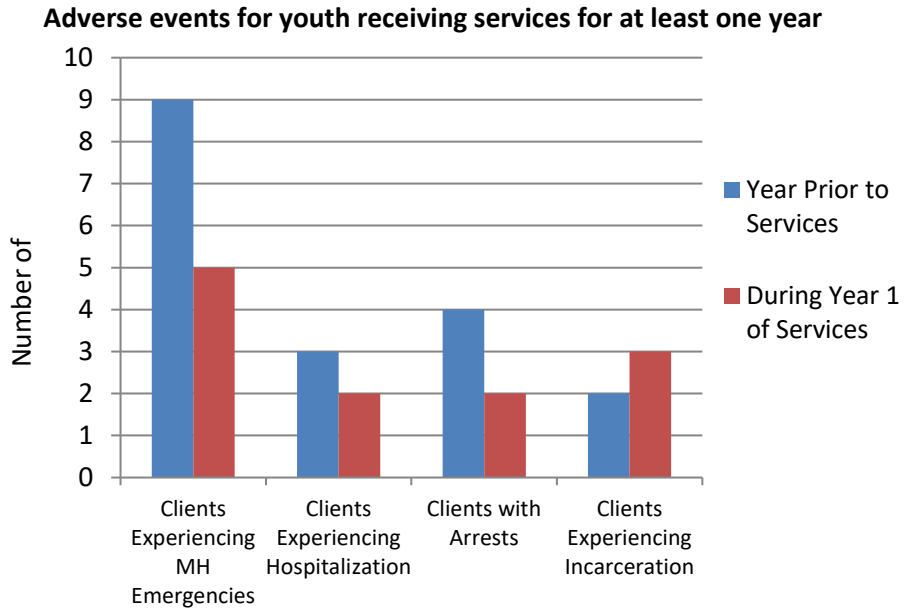
Program Data

Overall results for those completing at least one year of services:

- Arrest events decreased 58 percent; clients experiencing arrest decreased 40 percent
- Foster home, non-relative placement increased 67 percent; client residence with other family members increased by 33 percent
- Clients with mental health emergencies decreased 44 percent; the number of mental health emergency events decreased 33 percent
- 86 percent of youth reporting school attendance reported "always" or "most of the time"; 39% of youth reported "good, very good or improved" grades

27% percent of youth discharged in FY 15/16 had met program goals





Challenges

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

Solutions in Progress

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

Youth Wraparound – Full Service Partnership

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

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

1430 6th Avenue
Delano, CA 93215

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

College Community Services
29325 Kimberlina Road
Wasco, CA 93280

Clients served in FY 2016/2017: 249
Goal number of clients served in FY 2017/18 – 2019/20: 260
Cost per Client FY 2017/18 – 2019/20: $6,882

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

To ensure that services are readily available, the Youth Wraparound Teams are located within the Children's Geographical Providers service areas. Referrals to the Youth Wraparound team come from a variety of sources, including but not limited to self-referrals to geographical providers, the Mobile Evaluation Team, the Psychiatric Evaluation Center, and Bakersfield Behavioral Health Hospital. To provide immediate services to families and youth during times of crisis, staff are available after-hours, on weekends and holidays.

Throughout the county Youth Wraparound provides intensified treatment services, including but not limited to individual and family therapy, psychiatric services, individual therapy, medication management, Therapeutic Behavioral Services (TBS) and other specialized groups including Anger Replacement Training. The KernBHRS System of Care team also provides Dialectical Behavior Therapy (DBT), a DBT group for parents of youth in DBT and the Discovering Respect Empowerment Strength Skills (DRESS) Group.

Treatment plans for Youth Wraparound services are created in a collaborative treatment team, with the focus on meeting the specific needs of the youth and family. The treatment team involves the client, therapist, Recovery Specialist, parents/guardians, third-party supports (friends, advocates) as available, and clinicians for specialty services including substance use disorder treatment. Youth Wraparound works with the parents/caretakers and other community partners such as the Department of Human Services and Kern County Probation. Parents requiring mental health treatment services may also meet with the Youth Wraparound clinicians as necessary.

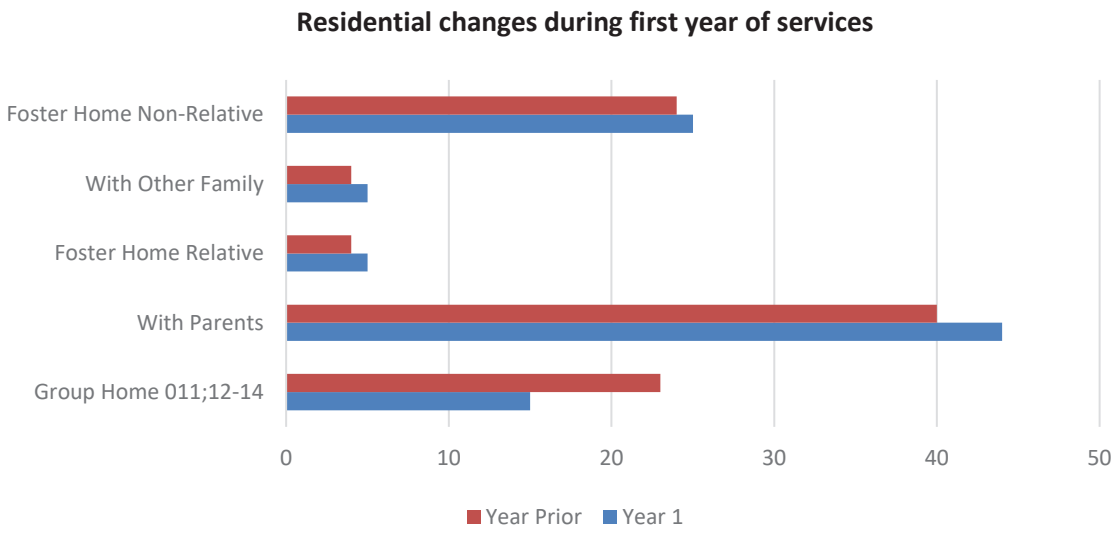
Service Goals:

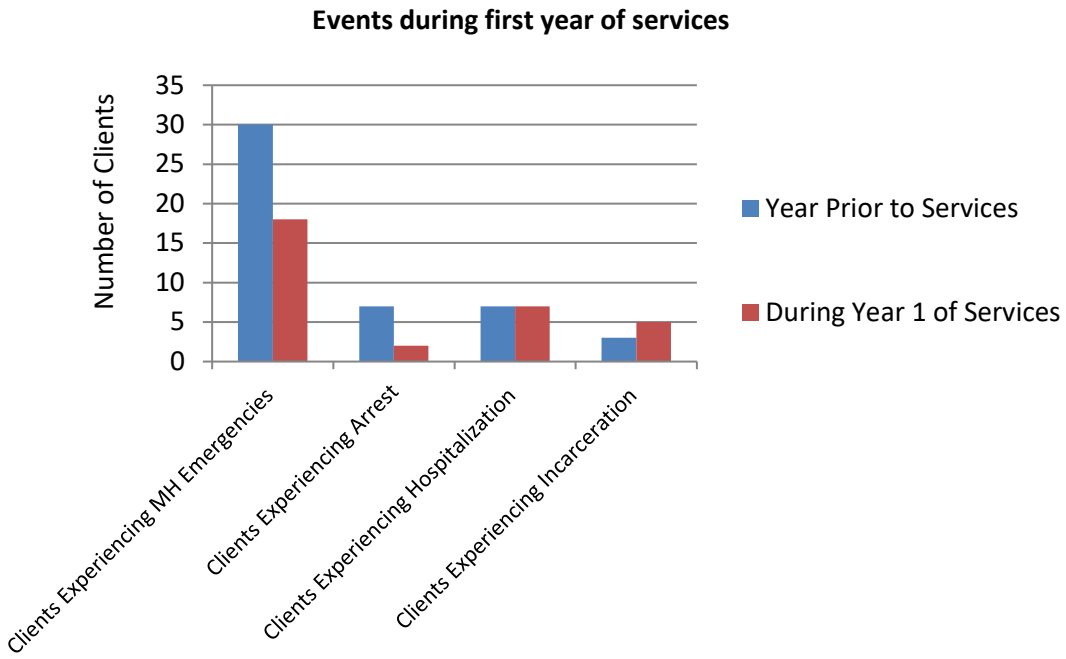
- Ensuring prompt linkage to mental health services.
- Decrease mental health symptoms and high-risk behavior among youth.
- Reduce crises, hospitalization and incarceration.
- Stabilize and maintain children in the least restrictive safe environment.
- Retain children in their homes or as close to a home-like setting as possible.

Program Data:

Data reflects those completing at least one year of services

- Arrests decreased 78 percent; clients experiencing arrest decreased 71 percent
- Clients experiencing mental health emergencies decreased 40 percent
- 90% of reporting youth showed 'Always, Most or Improved' attendance
- 58 percent of reporting youth showed 'Good, Very Good or Improved' grades
- Clients admitted into psychiatric hospital care remained unchanged; the number of days admitted to psychiatric hospital care increased 97 percent
- Days homeless decreased from 60 to 22 during the first year of services
- Residence in juvenile hall decreased 33 percent
- Residence with parents decreased 9 percent
- Clients residing in a Group Home (0-11) increased 17 percent and 200 percent (group homes 12-14), respectively
- 34% of clients discharged met goals





Challenges:

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

Solutions in Progress:

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

Transitional Age Youth (TAY) – Full Service Partnership

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

Clients served in FY 2016/2017: 74
Goal number of clients served in FY 2017/18 – 2019/20: 80
Cost per Client FY 2017/18 – 2019/20: $26,987

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

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

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

The TAY team works with youth toward their recovery and independent living by utilizing the Transition to Independence Process (TIP) treatment model. This evidence-supported model is designed for use with the 14-to-29 age bracket. The TAY team became certified trainers of the TIP model in 2015. As a result, they have been able to train partnering community agencies and contract providers working with clients using consistent practice. TIP is a youth-driven approach, focused on working with youth to set and obtain career and educational goals, improve self-management skills and substance use issues and create supportive relationships. Youth-based goal development helps further foster trust and self-sufficiency in creating and reaching personal, educational and professional goals. The TIP model operates using five domains: Employment and Career, Educational Opportunities, Living Situation, Personal Effectiveness and

wellbeing and Community-Life Functioning. One unique aspect of the TIP model is "In-Vivo" teaching, which coach youth in learning and applying skills through role play in a variety of settings (i.e. home, school work and community).

Independent living is a pivotal goal for TAY youth. In 2013, KernBHRS, with partners Golden Affordable Housing, Inc. and the Housing Authority of Kern, began a permanent supportive housing project called the Residences at West Columbus (RWC). The RWC dedicates 20 one-bedroom subsidized rental units for TAY youth or other clients aged 18-25 who have a mental health disorder and are at risk for homelessness. TAY Staff provide case management and treatment services at RWC for clients living in the complex. A contract provider is on site to assist clients with accessing community resources and to report on any issues that arise at the complex. The Residences at West Columbus features a multi-purpose room for group activities, one office for on-site treatment services, and a basketball court. Units are provided with appliances. Housing may be provided outside of the designated units for those who exceed the age limit; however, a different Section 8 voucher would be obtained.

The TAY team relocated offices during the FY 2015/2016. This provided the team the opportunity to dedicate a new space for their Drop-In Center. The new TAY Drop-In Center has wi-fi, charging stations, four all-in-one computers, a wireless printer and television. The Facilitator of the Day is on-hand to assist youth with needs at the Drop-In Center. The Center also has Tele-Psych services available Monday through Friday. Unlike the previous Drop-In Center, the new location will provide an open space for youth to relax, do school work, paint or spend time alone. The psychiatrist's office will be located within the Drop-In Center.

The Dream Center, created in 2008, is a collaboration of agencies including KernBHRS, the Department of Human Services, the Kern County Network for Children, the Kern High School District and Kern County Probation. The premise of the Dream Center is to create a positive, pro-social atmosphere for foster youth and transitional foster youth, while providing access to resources. On-site work with youth is focused on advocating for their needs, ensuring appropriate placement as needed, and in determining educational and vocational goals. Youth visiting the Dream Center can meet with a TAY staff therapist, if needed. They also have access to a computer lab, snacks, hygiene packs and are provided a locker for storage and mail services, if needed. Those seeking AB12 services for extended foster care past age 18 are assisted with the application process. Prosocial events and activities, and groups such as the LGBTQ group are offered on site. The goal of the Dream Center is to provide a comfortable non-stigmatizing space, rich in resources for youth who need assistance navigating the foster care system. In FY 2016/2017, the Dream Center began renovations on a new building to provide more space and increased resources for youth.

Service Goals:

- Decrease incarcerations and arrests
- Improve self-sufficiency and self-efficacy among TAY youth
- Incorporate parent support skill building with partnering agencies and TAY parents
- Decrease mental health symptoms and high-risk behaviors among youth
- Reduce crises and hospitalizations
- Increase financial self-sufficiency of youth, through attainment of educational and vocational goals
- Reduce homelessness and substance use among youth

- Eliminate barriers to community services and resources including housing
- Address co-occurring disorders
- Decrease homelessness for youth, especially those with substance use disorders

Program Data:

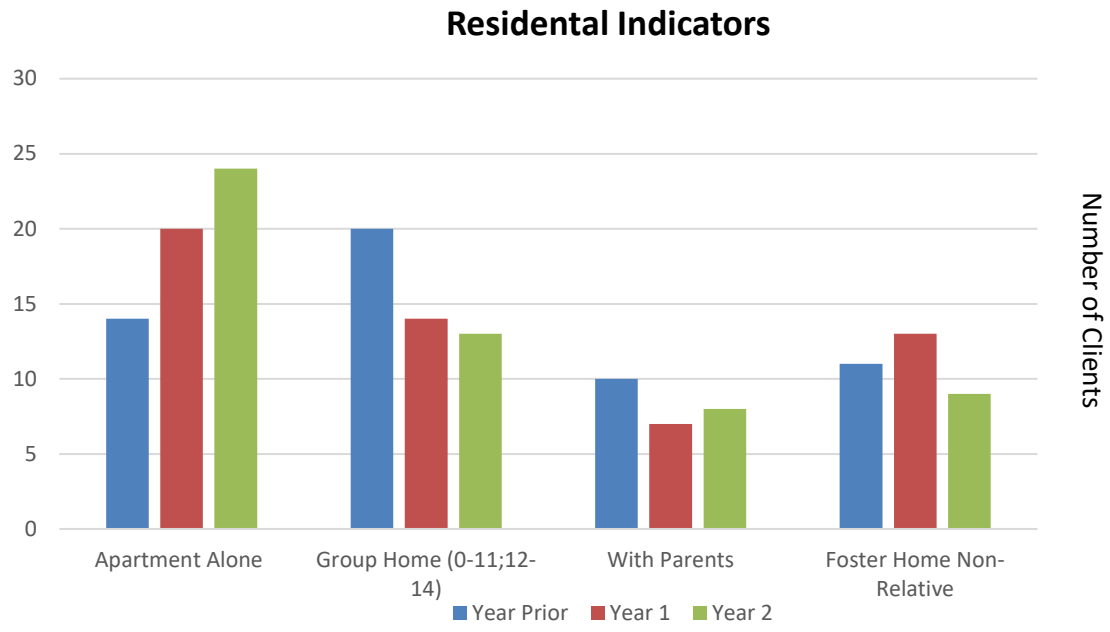
During the first year of services:

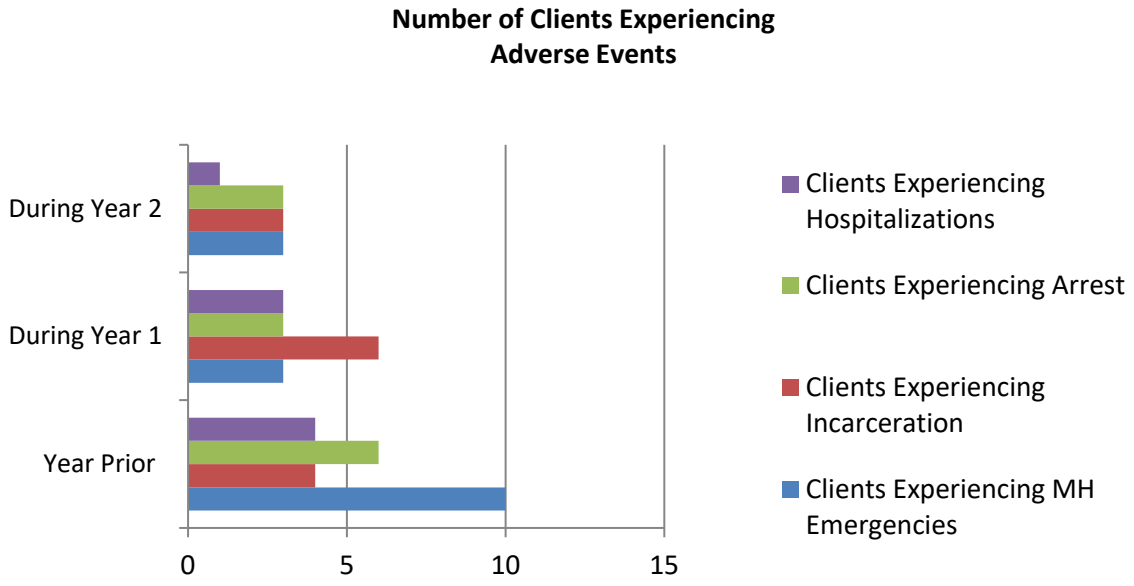
- Clients experiencing arrests decreased 50 percent; arrest events decreased 67 percent
- Clients experiencing mental health emergencies decreased 70 percent; the number of mental health emergency events decreased 67 percent
- All reporting youth showed 'Always, Most or Improved' attendance
- 75% reported good, very good or improved grades
- Clients admitted into psychiatric hospital care decreased 25 percent; the number of days admitted to psychiatric hospital care decreased 64 percent

Overall results for those completing at least two years of services:

- 20 percent decrease in residence with parents; 50 percent decrease in group home (12-14) residence; 18 percent decrease in foster residence, non-family
- Congregate placements increased 50 percent; residence in an apartment alone increased 71 percent
- Homelessness decreased 33 percent
- Juvenile Hall residence decreased 50 percent
- Residential treatment increased 100 percent

17 percent of youth discharged in FY 2016/2017 had met program goals





Challenges:

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

Solutions in Progress:

- During FY 2016/2017, TAY was provided dedicated time with a psychiatrist to provide scheduled doctor's visits with youth on a consistent basis.

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

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

Clients served in FY 2016/2017: 62
Goal number of clients served in FY 2017/18 – 2019/20: 70
Cost per Client FY 2017/18 – 2019/20: $28,759

Program Description
The Wellness, Independence and Senior Enrichment (WISE) Full Service Partnership team provides mental health services to the older adult population. Older adults were recognized by stakeholders in 2006 as an un-served or underserved population. WISE Clients experience serious mental illness and require services that are delivered through this "whatever it takes" approach. Many clients of WISE have transitioned from adult (aged 18-59) service teams and require continued mental health care. Referrals to the WISE team will come from mental health teams serving adults, the Volunteer Senior Outreach Program, the Access to Care Center or through the Mobile Evaluation Team. Clients may also be referred from psychiatric or medical hospital settings.

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

The WISE team includes a geropsychiatrist, therapist, nurse and Recovery Specialists. Clients are provided evaluation, medication management, therapy, case management and assistance with obtaining resources. The geropsychiatrist may also evaluate and provide integrated care when symptoms are present, offering referrals for physical health care as needed. Team members have received specialized training in working with the older adult population. There is often a strong need among seniors to retain independence; this can often lead to resistance in acceptance of mental illness requiring treatment. The team provides individual rehabilitation and skill building strategies. Evidence-based approaches are used, including Cognitive Behavioral Therapy (CBT), Experiential Dynamic Therapy (EDP) and Problem-Solving Therapy (PST). Clients are also screened for neurocognitive impairments, which can occur with age and may increase the chances of progression into dementia.

The WISE team also assists clients who need help accessing resources. Many served come to an age to receive Social Security, and require help through the sometimes-cumbersome application process. Team members may also help to secure housing. Fixed incomes and availability can influence the type of housing seniors obtain. Many cannot afford retirement homes, and room and board facilities often have long wait lists.

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

Volunteers through the Volunteer Senior Outreach Program also work to engage seniors in their home setting, and assist them with remaining connected to the community through activities which foster independence and incorporate meaningful activity. Volunteers are provided training on topics specific to the Older Adult population with topics including the Psychology of Aging, Case Linkage and ASIST Suicide Prevention Training.

Additional WISE services began in Delano through Clinica Sierra Vista in FY 2017/2018, further serving underserved older adults in the second highest populated city in Kern County.

Service Goals

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

Program Data

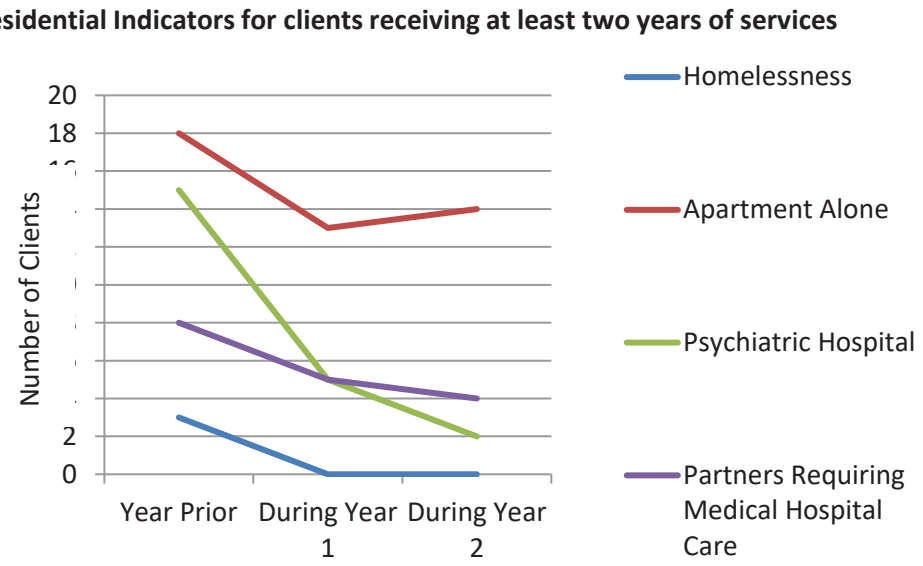
During first year of services:

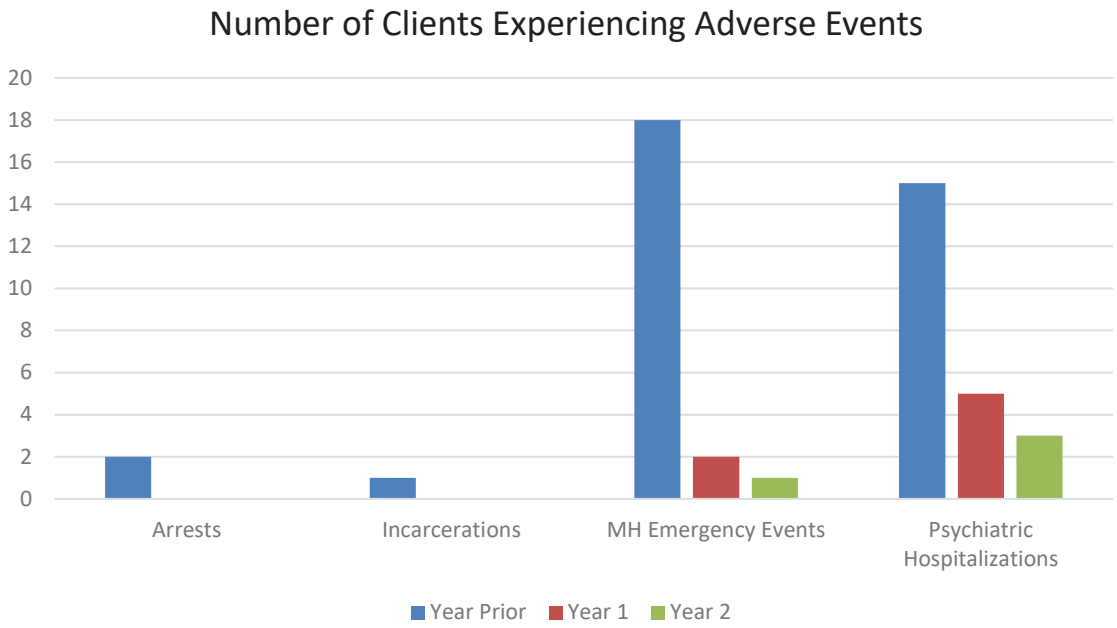
- Clients experiencing mental health emergencies decreased 89 percent; mental health emergency events decreased 86 percent
- Homelessness was eliminated in the first year of services
- State Psychiatric residence and long-term care were all eliminated within the first year of receiving services
- Clients requiring psychiatric hospital care decreased 67 percent

Overall data for two years of services:

- Medical hospital residence decreased 50 percent
- 80 percent fewer clients required psychiatric hospital care; 51 percent fewer days were spent in psychiatric hospital care
- During the second year of services, those experiencing mental health emergencies decreased 94 percent; the number of emergency events decreased 97 percent
- Residence in an Apartment alone decreased 22 percent; Assisted Living residence increased 50 percent; residence with other family decreased 57 percent

Discharge reports indicate that 19 percent of those discharged in FY 2017/2018 met program goals.





Challenges

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

Solutions in Progress

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

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

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

Clients served in FY 2016/2017: 4283
Goal number of clients served in FY 2017/18 – 2019/20: 5000
Cost per Client FY 2017/18 – 2019/20: $192

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

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

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

Clients experiencing suicidal or homicidal feelings, or who have attempted suicide or homicide are provided immediate Harm Reduction Therapy (HaRT) Program services. Eighteen individuals were referred for HaRT services, eight actively engaged in the program in FY 2016/2017. This program uses the Cognitive Behavioral Therapy (CBT) designed for short-term, immediate use to reduce suicidal ideation. When referred to continuing outpatient services, the therapist providing HaRT will collaborate with the primary treatment team to incorporate interventions to be used as necessary in conjunction with the treatment plan. Additional On-site classes and groups are offered free of charge for those who are in the interim period between screening and assessment to encourage continued engagement

and shorten the duration of untreated mental illness. Clinicians facilitate groups including the following: Depression Group, Attempters Recovery and Mentor Support (ARMS) for those who have attempted suicide, Anger Management and Conflict Resolution. Also, recently added was an Emotional Regulation and Assertive Communication (ERAC) class, designed by clinical staff.

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

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

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

Service Goals:

- Increase and foster family inclusion in the screening and assessment process
- Ensure each individual finds services to be easily accessible.
- Provide emergent, urgent, priority and routine assessments to individuals in 10 or fewer business days, depending on need and connect them with interim services as necessary.
- Complete a culturally sensitive mental health assessment, in the preferred language of the client.
- Identify consumers in need of specialty mental health services and link to the appropriate service provider within seven business days of assessment.
- Reduce interim period between assessment and first team service to reduce the duration of untreated mental illness.
- Schedule first team service appointments within 14 days of the initial contact with mental health services for those requiring outpatient specialty mental health services.
- Link individuals in need of non-specialty mental health services with a community provider and/or with the Care Coordination Unit within 10 business days.
- Simplify the assessment forms to help make the process more efficient while eliminating unnecessary redundancy.

Challenges

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

Solutions in Progress

- Screeners identify individuals who may be able to fill no-show slots on an on-call basis. A call back list is used to contact clients when a cancellation or no-show occurs.
- No-show appointment slots are also filled with clients seen directly from crisis services including those from the PEC/CSU, Mobile Evaluation Team (MET) or Crisis Walk-in Clinic (CWiC). When available, immediate assessments are also offered.
- Clinicians have added available appointment slots to address the high no-show rates.
- Interim services are offered that include free group classes and the HaRT program.
- The team plans to do more outreach and education in the community to provide information on Access to Care services. They will include information on geographic service providers throughout the county.
- Screeners will work to create a tool that gathers critical information, but is not redundant with information gathered during the assessment process.
- Peer Navigators provide interim services and warm handoffs to specialty mental health providers.
- The Residency Clinic speeds access to emergency psychiatric appointments for medication evaluation and management, both for clients of Access and Assessment and for clients of outpatient teams/providers.

Crisis Walk-In Clinic (CWiC)

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

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

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

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

Service Goals

- To promote and provide support for further safety, stability and wellness during a client's transition out of crisis services
- To foster family inclusion during services
- To provide assessment within 24 hours
- To schedule first team service for those referred for care in 1 – 7 days from assessment
- To assist in the development of the clients' wellness, recovery, independence and rehabilitation
- To avoid hospitalization, prevent homelessness and reduce severity of mental health symptoms
- To identify and link clients to necessary and appropriate care
- Foster and provide opportunity for family inclusion in services
- Ensure individuals find services to be easily accessible
- Link to appropriate specialty, SUD or non-specialty care
- Reduce problematic symptoms and behaviors
- Prevent hospitalization through access to outpatient care
- Complete a culturally sensitive mental health assessment in the preferred language of the client

Evaluation

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

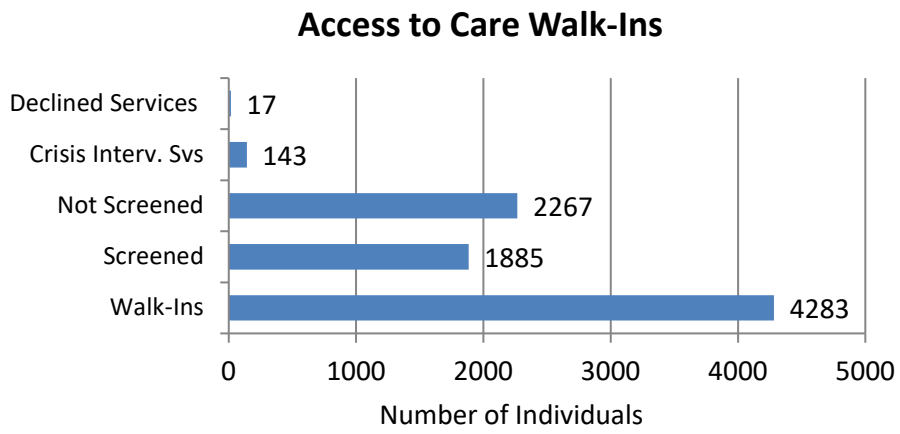
Program Data - Access and Assessment

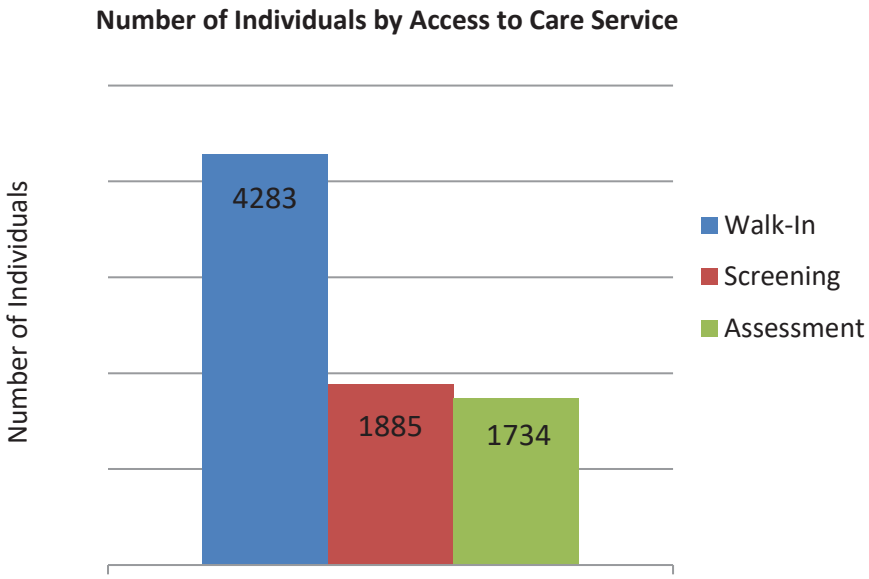
KernBHRS is currently undergoing a revamp to the assessment tool utilized across the System of Care, which will allow for time interval reporting on Duration of Untreated Mental Illness for those who have not previously received mental health care. This data is not currently available for all clients who receive service through the Access to Care program. It is anticipated that data will be made available once tracking begins in FY 2017/2018. Family inclusion in Access to Care services was added to data collection series in February 2017.

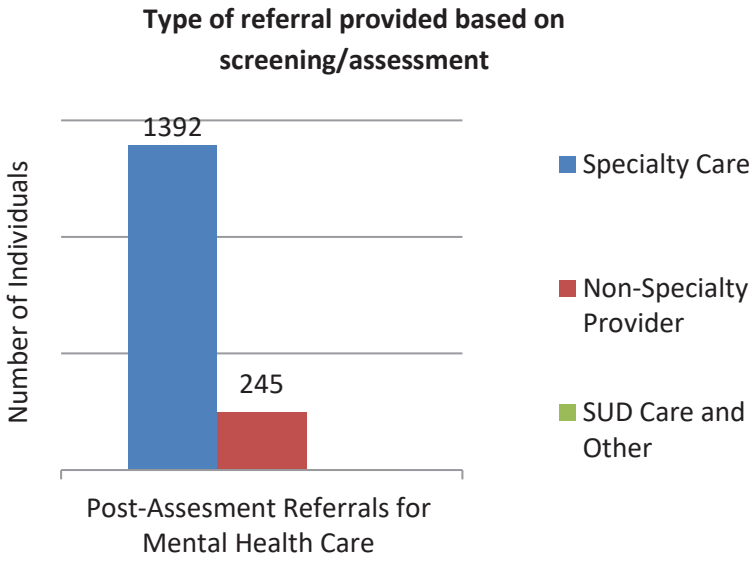
Of those referred to care, 1392 were referred for specialty care and 245 for community-based non-specialty care with a provider. The average length of days, within the System of Care, for referral to first team service was 20. Average time from screening to assessment was 7.3 days in non-urgent, emergent or priority cases. There were 25 emergent assessments, 38 urgent and 131 priority (5 days or less). The average wait for a screening was 44.3 minutes, down from 90-120 minutes in FY 2015-2016. No-show rates for appointments were at 33.9%, down nearly six percent from FY 2015/2016. Of those assessed, 19 declined services. Of the total assessments provided, 118 included family members. Eight assessed individuals were referred from the Psychiatric Evaluation Center and five from the Crisis Walk-in Clinic.

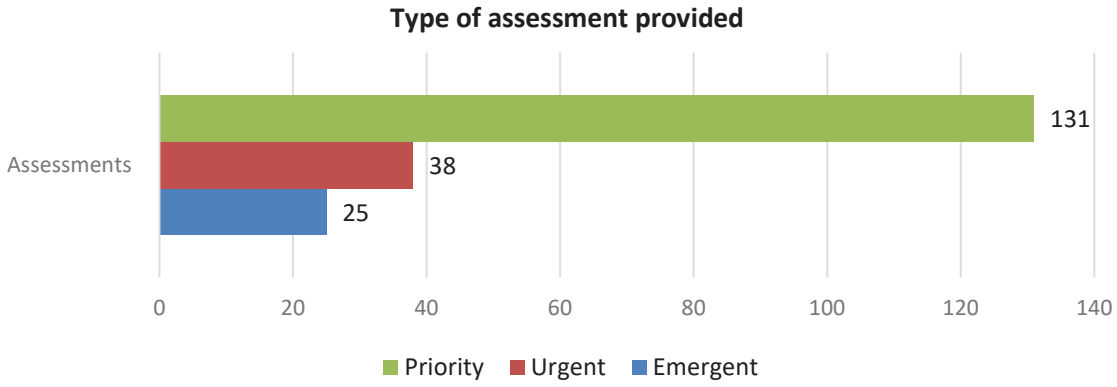
Screening Demographics:
African American/Black = 305
Hispanic/Latino = 893
Other = 927

Of those served, 183 individuals were provided screening and 107 individuals were provided assessments in Spanish or another language.




Number of Individuals by Access to Care Service
Number of Individuals
4283
1885
1734
Walk-In
Screening
Assessment


Type of referral provided based on screening/assessment
Number of Individuals
1392
245
Post-Assesment Referrals for Mental Health Care
Specialty Care
Non-Specialty Provider
SUD Care and Other


Type of assessment provided
Assessments
131
38
25
0
20
40
60
80
100
120
140
Priority
Urgent
Emergent

Access to Care - Crisis Hotline – System Development

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

Clients Served in FY 2015/2016: 36,919
Goal number of clients served in FY 2017/18 – 2019/20: 37,000
Cost per Client FY 2017/18 – 2019/20: $40

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

Prior to the start of the Crisis Hotline, stakeholders reported access issues when referred directly to the Crisis Stabilization Unit, rather than being provided crisis interventions via telephone. Callers called and talked to someone in Crisis Services but the unit was very busy and staff were unable to effectively serve caller. CSU/PEC staff continued to answer calls after 11pm until the Hotline became a 24/7 team. The Hotline team started in 2006 with paid permanent and extra-help staff. The volunteer program began in 2010. Volunteers continue to be an essential piece of the Crisis Hotline team. Some remain short term while many have been longer-term over the years. Some members of the permanent and extra help staff began as volunteers. Many Hotline volunteers have become employees in different divisions of KernBHRS. The Hotline has, and continues to provide crisis intervention, suicide risk assessment and intervention, referrals for services, information about community based resources, problem solving and coping skills, mental health and substance use disorder related support and referral, and outreach and education.

The KernBHRS Crisis Hotline is accredited through the American Association of Suicidology (AAS) and received a five-year re-accreditation in FY 2015/2016 and is also part of the National Suicide Prevention Lifeline (NSPL). As such, they accept Lifeline calls from around the world. During the 2016/2017 year, Crisis Hotline staff and volunteers answered 15,400 NSPL calls. The team also engages the System of Care and community through its newsletter, "Hotline News," posted on the KernBHRS public website.

Outreach and education is provided within the system of care and to the public through Question, Persuade, Refer (QPR) trainings. The training is required for non-direct service staff of the System of Care and offered to the public as an educational piece designed as a suicide prevention and stigma reduction tool. The QPR training provides education on how to recognize the warning signs of suicide and to persuade and refer one to seek help. A total of 332 individuals were provided QPR training in 16 classes offered throughout FY 2016/2017. The team, with other mental health staff also provides Applied Suicide Intervention Skills Training (ASIST) to direct service staff, and contract providers. Training is refreshed every two years. The ASIST training is essentially a suicide first aid designed to help individuals learn to intervene and help prevent suicide.

As a community support, the Survivor Outreach Team (SOT) was created. This prevention/ postvention program, modeled after the Active Postvention Model was created to help survivors of suicide loss through the grief process. The SOT consists of one staff member and volunteers who work directly with the Kern County Coroner and is called when a suicide within the County occurs. After a referral is received, the SOT contacts the family, and if allowed, will engage and assist with normalizing grief, reducing trauma and providing comfort and resources. During FY 2016/2017, SOT received 32 referrals, met with 14 families and served 285 persons through their Survivors of Suicide support group. Hotline staff developed and wrote a manual, in conjunction with the California Suicide Prevention Network which described the implementation of a Survivor Outreach Team. The implementation manual has been placed on the Suicide Prevention Resource Center as a best practice and presented at the American Association of Suicidology Conference in 2015.

The Crisis Hotline team also continues utilizing "Caring Notes" as part of their inpatient follow-up efforts, an idea taken from an American Association of Suicidology conference. In FY 2016/2017, 1,052 Caring Notes were sent to those receiving care after calling the Hotline. It was learned that many suicides occur after patients leave an in-patient facility. The team organized an effort to reach out to those served upon exiting hospital care for follow-up. Three attempts are made to contact and "Caring Notes" are sent to the patient. During follow-up, team members ensure that the client's transition to home is smooth, checking to see if they are making necessary appointments and taking their medications as prescribed. Crisis Hotline staff also link clients to necessary resources to meet basic needs. Clients are also provided Crisis Hotline information, should they need to talk.

Service Goals:

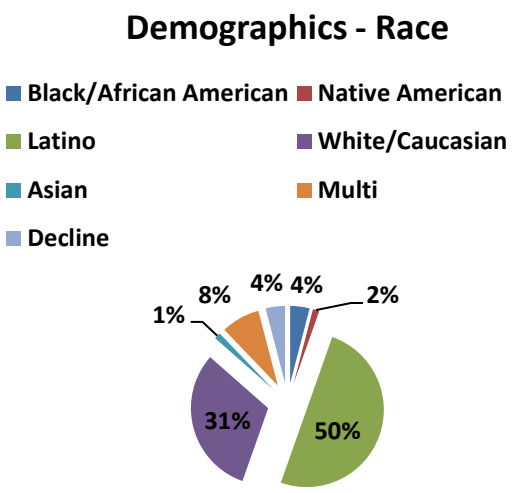
- Offer telephone-based counseling, crisis intervention and information and referral services
- Provide a 24/7 support alternative to crisis stabilization or emergency medical/law enforcement services when possible
- Increase access to care for individuals in Kern County communities
- Increase follow-up with callers to encourage engagement in mental health services

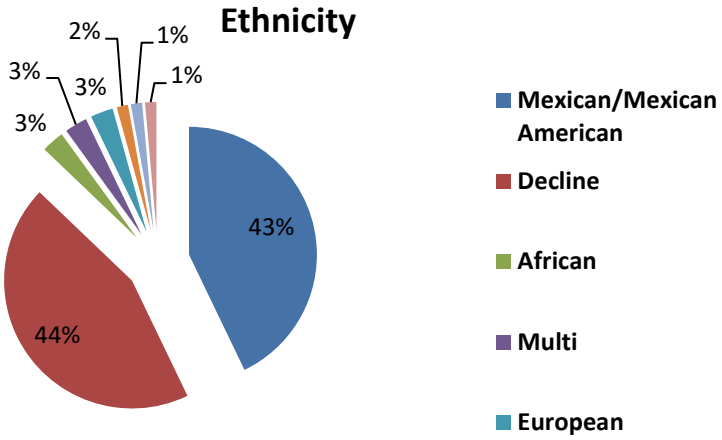
Program Data

The Crisis Hotline began collecting post-test data on Question, Persuade, Refer (QPR) trainings in FY 2016/2017. Implementing a post-test strategy was integral in determining staff and volunteer level of comfort in assisting persons who may be contemplating suicide. Testing responses were averaged based on the total number of responses from trainees in FY 2016/2017.

Question Persuade Refer (QPR):

Total training Sessions: 16
Total number of attendees: 332





Disabilities were reported for three persons, one reported vision, mobility and chronic illness and one reported vision. Other participants reported no disability or declined the question. One person reported sexual orientation as gay or lesbian and one reported bisexual; all other responded straight/heterosexual or declined the question. Sixty-nine percent of responding attendees were adults, 30 percent were transition aged youth (aged 16-25) and one respondent was an older adult.

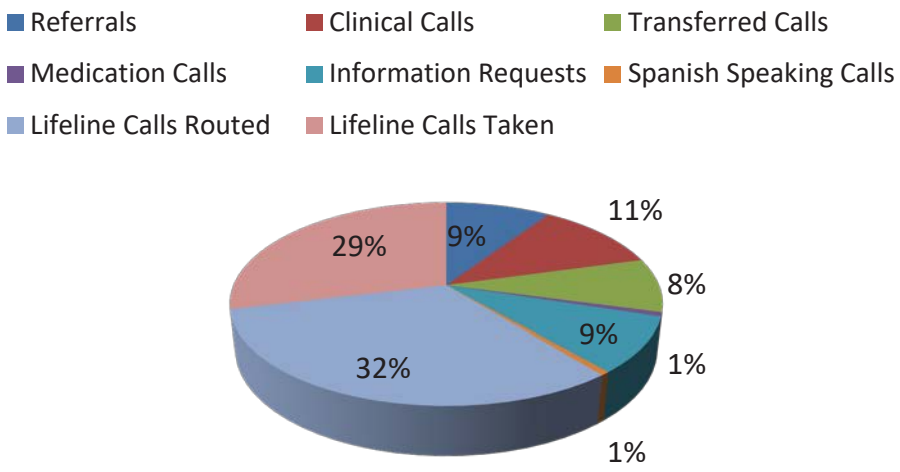
Post-test questions developed are a self-rated post-training perception of the attendee's level of knowledge about suicide, level of responsiveness and attitudes regarding suicide and suicide prevention.

Question:	Percent of highest response:
Level of Knowledge regarding facts concerning suicide	42% of respondents felt they had a high level of knowledge
Level of Knowledge of warning signs of suicide	53% felt they had a high knowledge of warning signs of suicide
Level of knowledge of local resources to help with suicide	53% felt they had high knowledge of local resources to help with suicide
Level of knowledge of how to ask someone about suicide	50% felt they had high knowledge of how to ask someone about suicide
Appropriateness regarding asking someone about suicide	50% felt that it is always appropriate to ask someone about suicide
Regarding whether suicide is a major issue in the community	50% responded that suicide is a major issue in the community
Regarding whether the problem of suicide should be addressed in the community	82% agreed that the problem of suicide should be addressed in the community
Regarding whether suicide is preventable in the majority of situations	90% agreed that suicide is preventable in the majority of situations

Applied Suicide Intervention Skills Training (ASIST):
ASIST is a two-day interactive workshop training which acts as suicide first aid. KernBHRS clinical and contracted staff are required to attend ASIST and ASIST refresher courses on a regular basis.

Seventy-eight percent of ASIST attendees reported that if a person's words or behaviors suggested the possibility of suicide, they would ask directly if he or she was thinking about suicide. Eighty-three percent reported that they would intervene if a person told them that they were thinking of suicide. Sixty-five percent felt prepared to help a person at risk of suicide and 57 percent felt confident in their ability to help someone at risk of suicide.

Crisis Hotline Calls	
Total Calls:	36,919
Referral Calls:	5,016
Clinical Calls:	6,050
Transferred Calls:	4,575
Medication Calls:	356
Information Requests:	4,699
Spanish Calls:	307
Lifeline Calls:	
Taken:	15,400
Routed:	17,137



Survivor Outreach Team	
Referrals:	32
Visits to Families:	14
Survivors of Suicide Group Attendance:	285
Community Outreach Events:	137
Community Outreach Event Attendees:	24,860
Number of undeserved individuals receiving info:	4,044

Challenges

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

Solutions in Progress

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

Adult Wraparound – System Development

Locations:
Kern Behavioral Health and Recovery Services
2525 N. Chester Avenue
Bakersfield, CA 93308

Number served in FY 2016/2017:
Adult Wraparound Core Team: 187
Dialectical Behavior Therapy: 70

Goal number of clients served in FY 2017/18 – 2019/20:
Adult Wraparound: 200
Dialectical Behavioral Therapy: 70
Cost per Client FY 2017/18 – 2019/20: $5,767

Program Description
Adult Wraparound Services
Adult Wraparound services are provided through two different programs which offer intensive mental health services for adults referred upon exiting psychiatric care in hospitals or who require additional services to intervene with behaviors that prevent the client from succeeding in treatment.

The Adult Wraparound Core Team (AWA) is a subset of the KernBHRS Crisis Case Management Outreach team (CCMO). Services are also provided through contract geographic service providers in Tehachapi, Lake Isabella and Delano. The Adult Wraparound service teams work with adults who are referred for additional intensive services beyond outpatient treatment offered through their primary mental health team. Services may also be provided for those who in inpatient care have not previously received mental health services. Intensified services can be offered several times each week and providing additional support including assistance with locating and obtaining housing, attending groups or appointments, etc. Other necessary interventions may be implemented by staff and the referring case manager.

If a referred client is receiving inpatient services in a hospital, the Adult Wraparound teams can assist in discharge planning to prepare them for future outpatient services. Upon discharge, team members work with the client, providing intensive outpatient treatment services. For clients who have not previously received services, referrals to the appropriate KernBHRS System of Care team or geographic service team would be provided. For clients who are active with existing teams, services would be augmented as necessary.

Adult Wraparound provides services for approximately four-to-six weeks and up to eight weeks if necessary. Wellness Recovery Action Plan (WRAP), an evidence-based recovery system, is utilized and is based on the client's self-determination to reach and maintain mental health wellness. WRAP is utilized with four goals: decrease and prevent troubling behaviors or feelings, increase personal empowerment, improve quality of life and achieve personal goals. Using the WRAP process, the client can exercise control in developing long-term recovery goals and begin the implementation process while receiving intensified services with the AWA team.

Adult Wraparound teams also assist with those who may have issues with medications, housing, attending sessions, groups or primary care doctor appointments and encourage substance use treatment for those with substance use issues. Adult Wraparound staff may also provide transportation for clients lead recovery groups. While providing interventions, a goal of the Adult Wraparound teams is to ensure that there is no disruption in the client's treatment plan or the trust that has been built with the primary treatment team and case manager. Adult Wraparound team members communicate regularly with the primary team case manager, encouraging frequent visits with the client. The primary team may also be involved in the coordination of the client's WRAP, helping to encourage the client's goals and overall wellness. The System of Care experienced staffing deficiencies which limited services in FY 2016/2017. The team will be reinstating services in early FY 2017/2018.

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

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

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

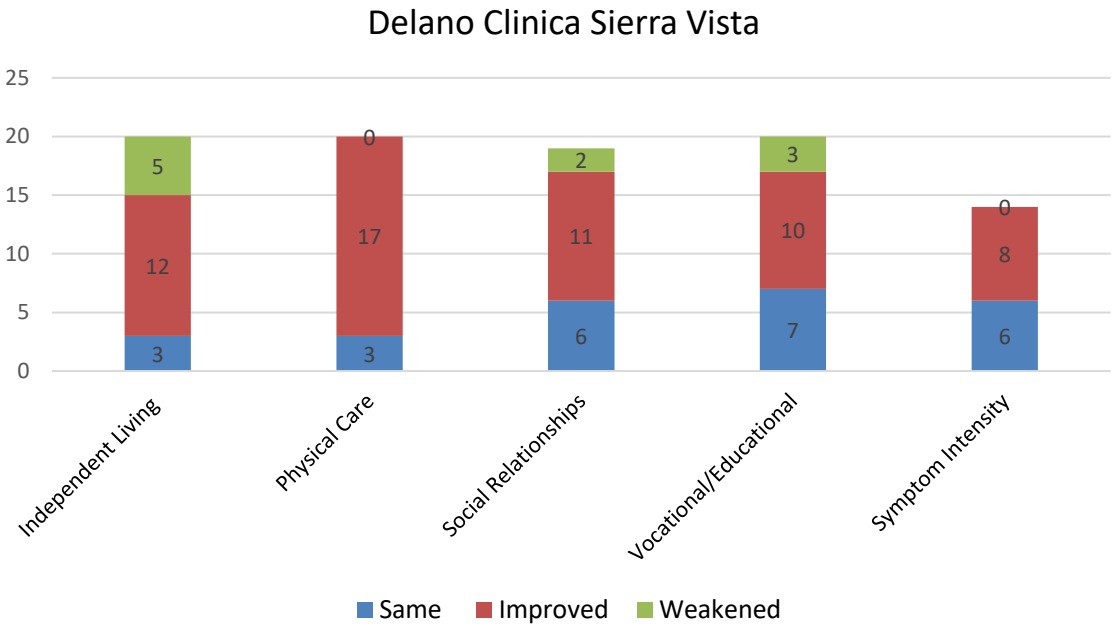
As part of the comprehensive program, the DBT Core Team meets with a therapist consultation team, intended to act as therapy for the DBT clinicians. This is a standard of practice within DBT. Other modes of practice include the DBT Core Team reviewing fellow team member session recordings to ensure fidelity to the model is preserved. The team also requests client feedback through a Client Satisfaction Survey, with data collected quarterly.
After successful completion of the DBT program, clients are encouraged to develop and practice hobbies that continue to enrich their lives. The DBT Core Team also provides an Alumni Group, designed for clients who have completed but can still benefit from use of DBT skills.

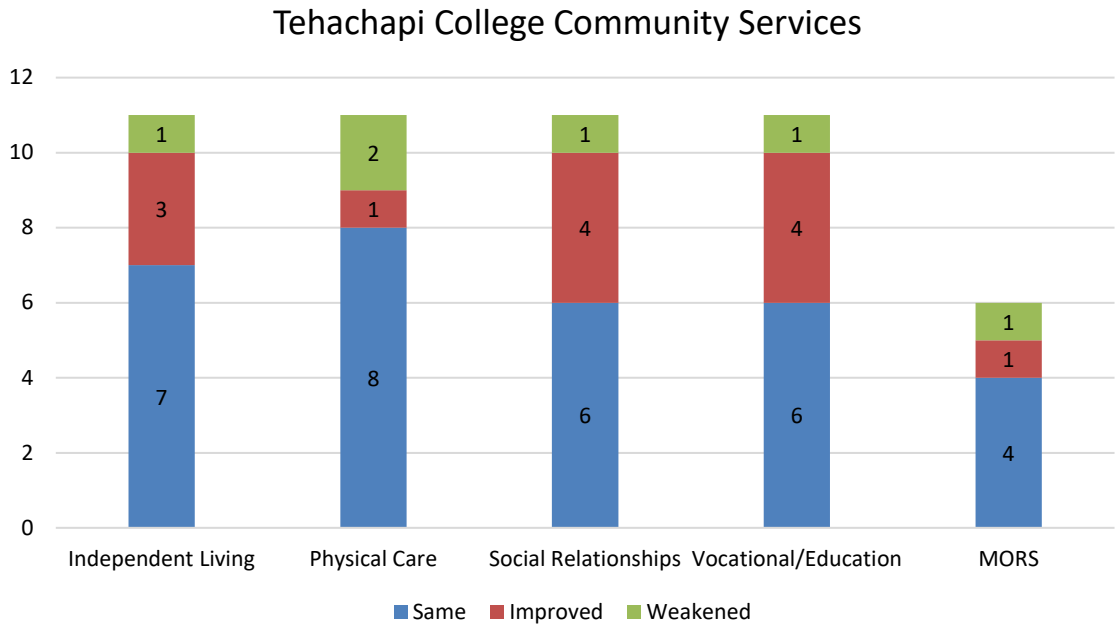
Service Goals:

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

Program Data

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





Dialectical Behavior Therapy Core Team:	
Number of Clients Served in 2016/2017	70
Race/Ethnicity:	80% Non-Hispanic White; 20% Hispanic
Sex/Gender:	87% Female; 13% Male
Crisis Utilization post-DBT Treatment	Reduced 71%
DBT Program Completion	40%
Overall Client Satisfaction with DBT Services:	96%

Challenges

Adult Wraparound Core Team

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

DBT Core Team

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

Solutions in Progress

Adult Wraparound

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

DBT Core Team

- DBT Core team continues to make every effort to increase exposure of available services within the System of Care. This is done through attendance at team meetings, providing education on services available and streamlining the referral process. During the FY 2015/2016 the team has seen an increase in referrals for program clients.
- DBT Core Team members recently had the opportunity to provide psychoeducation and DBT skills based education for staff of a local room and board facility. This effort was made to improve the quality of care for clients as well as assist with housing retention for clients.
- The team is currently recruiting for DBT Consultation Team members to assist with expanding the quantity of DBT services and train other KernBHRS staff and members of the community in the DBT approach.

Recovery and Wellness Centers (RAWC) – System Development

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

2525 N. Chester Avenue
Bakersfield, CA 93308

1600 E. Belle Terrace Avenue
Bakersfield, CA 93307

Number served in FY 2016/2017: 2447
Stockdale RAWC: 441
North Bakersfield RAWC: 491
Southeast Bakersfield RAWC: 882
West Bakersfield RAWC: 633

Goal number of clients served in FY 2017/18 – 2019/20:
Stockdale RAWC: 440
North Bakersfield RAWC: 490
Southeast Bakersfield RAWC: 880
West Bakersfield RAWC: 630
Cost per Client FY 2017/18 – 2019/20: $ 6,439

Program Description
The Recovery and Wellness Centers (RAWC) share a common goal of delivering client-driven mental health care focused on recovery goals set by the client. Team members and peer specialists work with clients to create a Wellness and Recovery Action Plan (WRAP), a self-management and recovery system focused on improving quality of life based on the clients' personal recovery goals. Recovery and Wellness Center teams are located throughout metropolitan Bakersfield and provide care to those with specialty mental health needs. Southeast, North and West RAWC teams traditionally provide care to those who have either stepped down from intensified Level 4 services with the ACT team, or have a need for more intensified services from specialty care programs providing mild-to-moderate care, including the Stockdale RAWC. Some referrals will come from the Crisis Case Management Outreach Team for those exiting the psychiatric hospital setting. Clients may also be referred from the Access to Care Center. Common modalities utilized in treatment with RAWC teams include: Cognitive Behavioral Therapy (CBT), Dialectical Behavior Therapy (DBT) skills, Motivational Interviewing and Solution Focused Brief Therapy.

RAWC teams provide similar services including peer support, primary health care linkage, medication management, linkage to community resources and individual therapy with some variation based on needs of the client population. Peer specialists assist each of the RAWC teams to work with clients in building confidence while acquiring skills associated with activities of daily living (ADL). Incorporation of meaningful activities is another primary goal of the RAWC teams in working with clients toward recovery. Clients are encouraged to attend group

classes and recreational activities at the peer-run Consumer Family Learning Center (CFLC). Incorporating peers into the recovery-focused setting provides an opportunity to show wellness and recovery in action. For clients experiencing co-occurring mental health and substance use disorders, peer-run Dual Recovery Anonymous groups are made available.

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

As clients reach the point in recovery where they are ready to begin seeking employment, they are referred to Vocational Services programs, which assist with learning interview skills, resume writing, job searching, etc. Clients may be referred to Vocational Services through the Department of Rehabilitation.

Stockdale RAWC

The Stockdale RAWC provides specialty mental health services with the goal of transitioning clients to community-based care within 6-9 months. Most of the services are provided in the office and include case management, groups, medication management and individual therapy. The primary treatment modality is Solution Focused Brief Therapy. A nursing assessment is also completed to identify any physical health concerns which may need to be addressed. Once service goals are met, clients are transitioned to community providers, who assist with medication maintenance and interventions as necessary. Ideally, clients who meet service goals from higher level RAWC and other service teams would transition into the Stockdale RAWC or other non-specialty care.

Developing supports and incorporating social engagement and meaningful activity into recovery goals is a priority; SET team peer specialists often introduce clients to the CFLC to assist with incorporating classes into their weekly schedule. This provides clients an opportunity to build skills, and develop a support system of peers with lived experience. Other peer guided activities may include navigating the public transportation system and self-advocacy with medical appointments.

West, North and Southeast RAWC

Upon referral to the West RAWC team, clients are scheduled an appointment with a therapist, at which time the treatment plan is determined. Linkage with a Recovery Specialist is provided as soon as possible to begin the engagement process with clients to determine any needs and to determine the client's personal recovery goals. When a client requires benefits acquisition, team members will assist with the application process for Medi-Cal, Social Security or general assistance and housing when necessary. Recovery Specialists provide services in the field and in-office. Team members work with clients instilling basic rehabilitation skills to teach them how to work, communicate and act in the community.

Psychiatrists meet with clients to discuss mental health and medication needs. Therapists provide individual therapy and nursing staff provide medication monitoring, including education on medication side effects and potential reactions. A nursing assessment is administered during intake to obtain baseline information regarding physical health needs. Information collected may help in determining whether clients, who may be reluctant to seek physical care, will need a referral.

West RAWC also treats clients with co-occurring disorders, providing group rehabilitation interventions including Coping Skills classes, Seeking Safety and psychoeducation classes.

The goal of the North RAWC team is to provide specialty mental health care with a goal of graduating clients to non-specialty care with a community-based mental health provider. A high percentage of North RAWC clients experience co-occurring mental health and substance use disorders. Group classes, including co-occurring classes, are coordinated with other KernBHRS teams on and off-site. Commonly referred classes include: Depression Group, Seeking Safety, Anger Management and Conflict Resolution. Clients may also be referred to peer-run Dual Recovery Anonymous classes. Team therapists provide individual therapy for mental health and substance use disorders. Additionally, trauma-focused therapy is often provided since many client's present with trauma in their history and experience Post-Traumatic Stress Disorder or anxiety.

Health education and information on the benefits of medication responsibility are a focus to prevent stoppage in medication use, which can increase symptomology. The team nurse works with primary care providers when a client is near completion of treatment with North RAWC to ensure a seamless transition to community non-specialty services.

The Southeast Bakersfield RAWC team provides specialty care focusing on assisting clients in developing the independence to reach meaningful goals. Services include the following: case management, medication management, individual, group and family systems therapy including structural, strategic and intergenerational approaches. Those with co-occurring mental health and substance use disorders are provided Seeking Safety and Coping Skills group classes.

The team also works with linking clients to resources. A Substance Abuse Specialist is onsite two days each week to provide assessments for SUD services. Southeast RAWC commonly receives ancillary services from KernBHRS teams including: Patient's Rights Advocates and Family Advocates, Vocational Services and the CFLC. Southeast RAWC also refers clients to services provided by community organizations including Alliance Against Family Violence and Greater Bakersfield Legal Assistance.

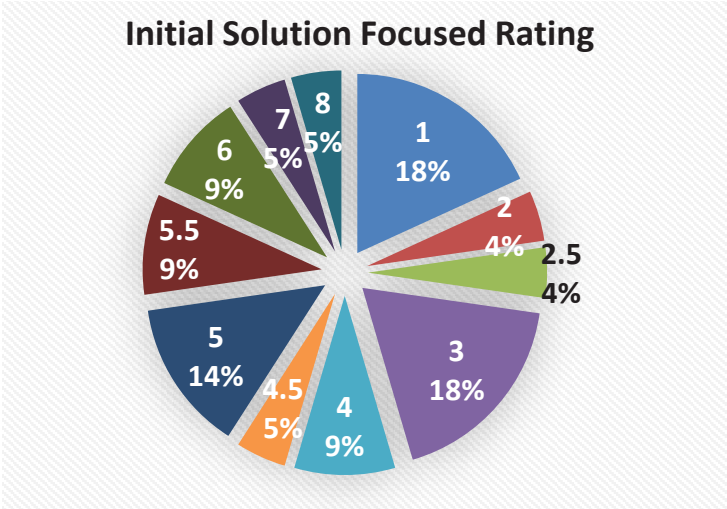
Should a client begin preparation to transition to community-based mental health care, team members will prepare psychiatric and therapy referrals, to ensure clients have the mental health resources they need.

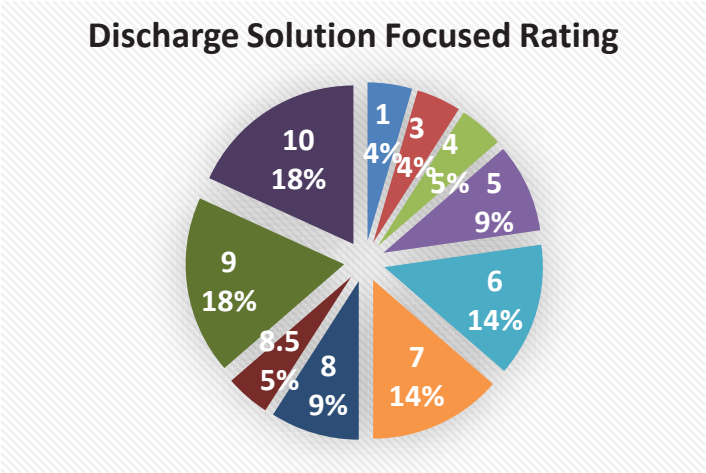
Service Goals:

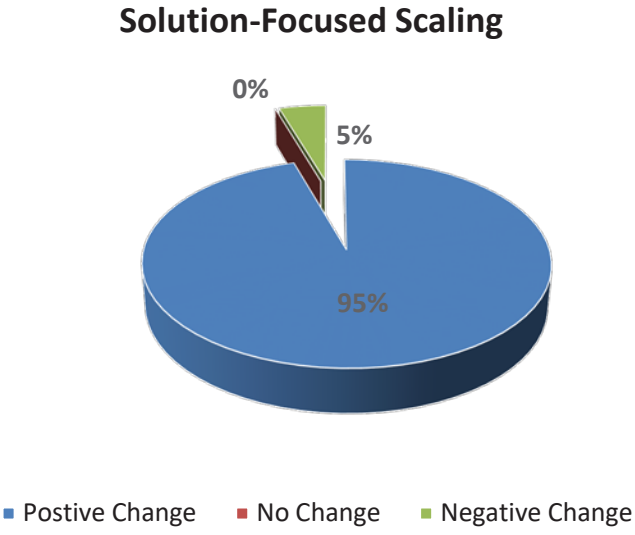
- Provide recovery-focused mental health care to those with mental health and or co-occurring disorders.
- Assist client in growing in responsibility, hope and self-empowerment.
- Work with SET peer staff in assisting clients with building skills needed to perform activities of daily living (ADL).
- Promote and encourage incorporation of wellness and self-management activities including CFLC classes and activities, volunteerism, vocational programs and peer support.
- Work with clients to attain recovery goals which allows for transition to non-specialty community-based mental health care.

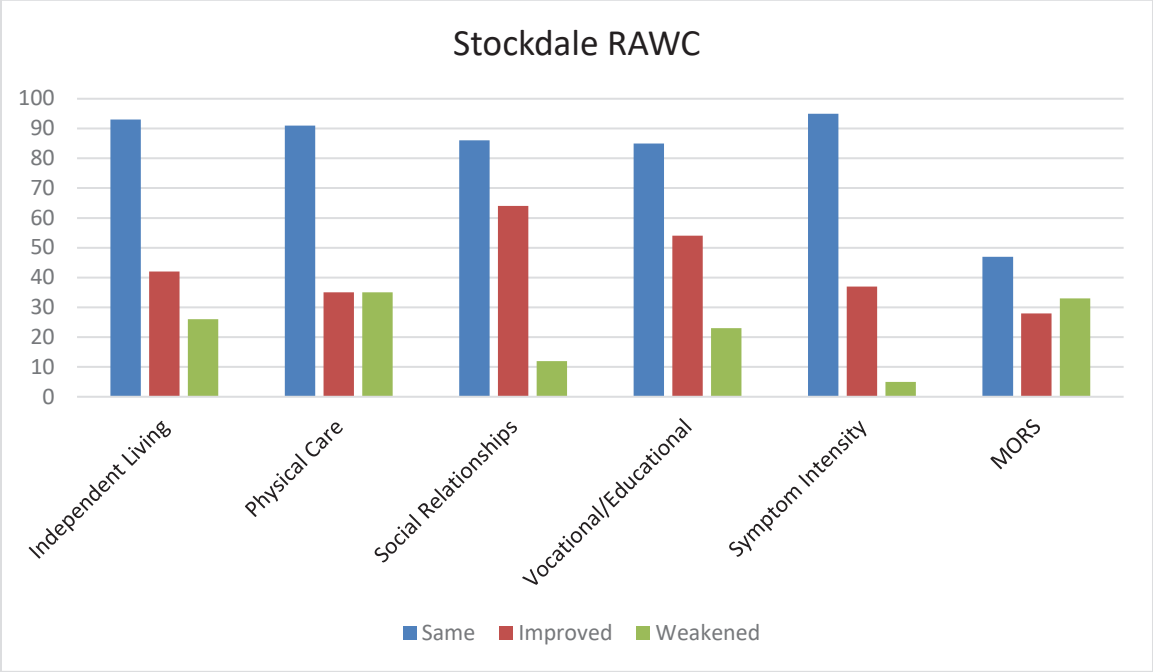
Program Data:
Stockdale RAWC provides lower level mental health care designed to transition clients to community based mental health care within a shorter period of time (6-8 months) than would traditionally happen with a specialty mental health care team. Clients are screened to determine readiness to receive care from a community health provider, which requires less monitoring than System of Care treatment. Those prepared to receive care from a community provider would receive more infrequent visits with their doctor, who would help to monitor any medications prescribed.
Clients receiving more specialized mental health care through geographical RAWC teams are provided treatment plans which help them work toward recovery. When ready for transition, these clients are assigned to a lower level team, like the Stockdale RAWC to receive services which prepare for community care.

Stockdale RAWC Solution-Focused Scaling:
Clients are asked at the start of, and during treatment about their progress toward primary treatment goals: "On a scale of 1 – 10, 10 being problems you came to KernBHRS for are solved, and 1 being the worst they've ever been, where are your problems now?" Initial and discharge ratings are as follows:

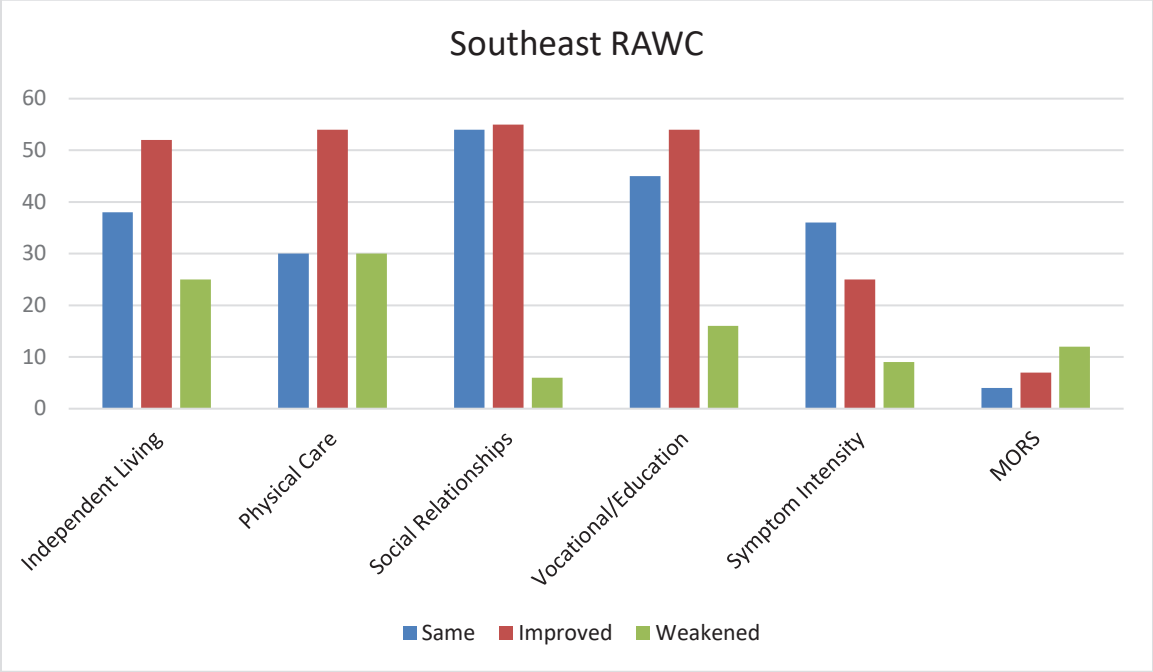




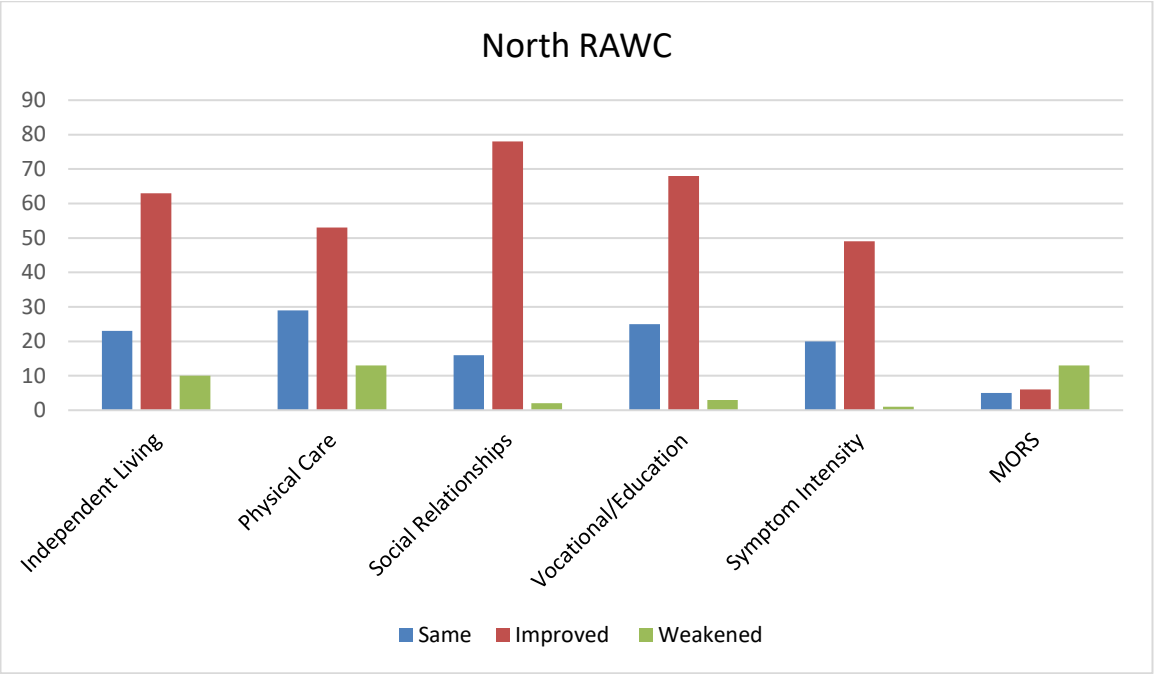




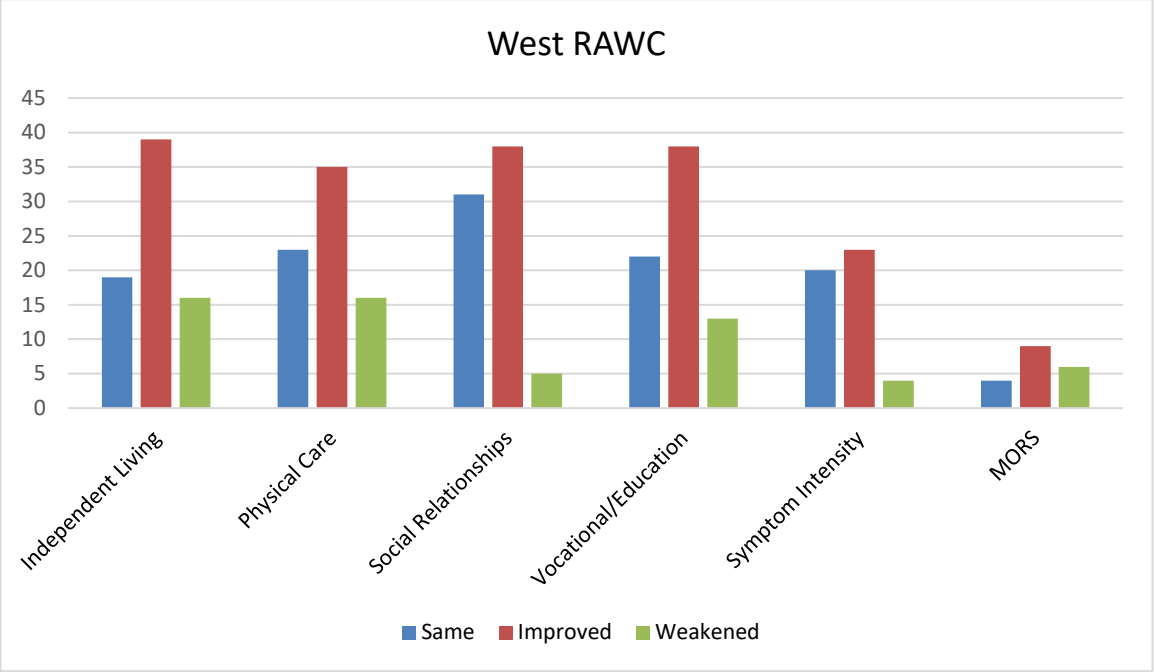
Clinical Outcomes measured for 161 clients. An average of 30 percent of clients improved in the included indicators during FY 2016/2017.



Clinical Outcomes measured for 115 clients. An average of 47 percent of clients improved in the included indicators during FY 2016/2017.



Clinical Outcomes measured for 96 clients. An average of 69 percent of clients improved in the included indicators during FY 2016/2017.



Clinical Outcomes measured for 74 clients. An average of 51 percent of clients improved in the included indicators in FY 2016/2017.

Challenges:
Universal:

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

Solutions in Progress:

- For clients who are reluctant to transition to community-based care, Stockdale RAWC will provide information on multiple community resources for continued engagement
- The SET Team added a Substance Abuse Specialist to their team to better engage co-occurring clients through peer support
- When clients using Affordable Care Act coverage need to be transitioned to community care, Stockdale RAWC ensures a warm handoff to community based care, which can have a six week wait for initial appointment
- The Care Coordination Unit works with teams to create a smooth transition to community based care including primary care providers
- Telepsychiatry availability is increasing. When necessary, psychiatrists will provide services for teams who may not have an available doctor
- Some RAWC teams will be adding additional staff to better their opportunity to engage clients who may be reluctant to begin services
- Stockdale RAWC has developed and began collecting client-based survey's including confidence in their ability to transition into community care. Clients are assessed as they enter the program through either as step-down from a higher level of care, or as a new client. They are also surveyed at discharge. Complete data sets will be made available in reporting of data for FY 2017/2018.

Self-Empowerment Team – System Development

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

Number served in FY 2016/2017 through SET services: 116
Number successfully engaged in treatment through Peer Navigation in 2016/2017: 1029
Goal number of clients served in FY 2017/18 – 2019/20:
SET Services: 120
Peer Navigation: 1050
Cost per Client FY 2017/18 – 2019/20: $367

Program Description
In FY 2015/2016, the Self-Empowerment Team (SET) expanded services to include Peer Navigation. Peer Navigators work in coordination with the Access and Assessment team to engage clients and facilitate successful transition into outpatient care. Peer Navigation services expanded to receive referrals from the Crisis Walk-in Clinic (CWiC), which provides voluntary crisis care, and same-day screening and assessment services.

SET supported Peer Navigation and specialty services by adding three team members in FY 2016/2017. Staff received Peer Employment Training (PET) through Recovery Innovations, Inc. PET teaches Peer Specialists how to utilize their lived experience in a client-focused manner to assist those entering mental health care services. At the program's inception, SET Peer Specialists began to work with clients exiting psychiatric hospital settings and entering outpatient mental health care. Peer staff provide advocacy on behalf of the client, attend Interdisciplinary Team Meetings, assist with linkage to psychiatric and other service appointments, and act as part of the treatment team to determine recovery goals. Peers also work with clients and clinicians to develop intensified service or crisis intervention plans.

Utilizing Dialectical Behavior Therapy (DBT) skills and Solution-Focused Therapy techniques help the Peer Specialists and clients develop a set of personal goals. These goals are also set for mental health care: the Peer Specialist informs the client's Recovery Specialist of any goals or concerns, and coping skills are used during treatment. As part of transitioning and building coping skills, Peer Specialists also help clients successfully utilize public transportation. Other daily functions of life, including grocery shopping or other errands, may present a challenge for clients who may feel anxious. Peer Specialists can use these opportunities to further build coping skills. The SET team also assists clients in incorporating social, educational and otherwise meaningful activities into their schedule by introducing them to the peer-run Consumer Family Learning Center (CFLC).

The CFLC provides groups, classes, and activities for those with lived experience, which help incorporate support and meaningful activity. Members of the CFLC contribute areas of interest and their own talents by facilitating groups. SET team members also began participating in group facilitation, offering makeup tutorials, light exercise programs, and Spanish-language classes and groups for members.
SET staff also participate in Cultural Competence Resource Committee projects, including

program development for an African-American centered program, which began research and development in FY 2016/2017.

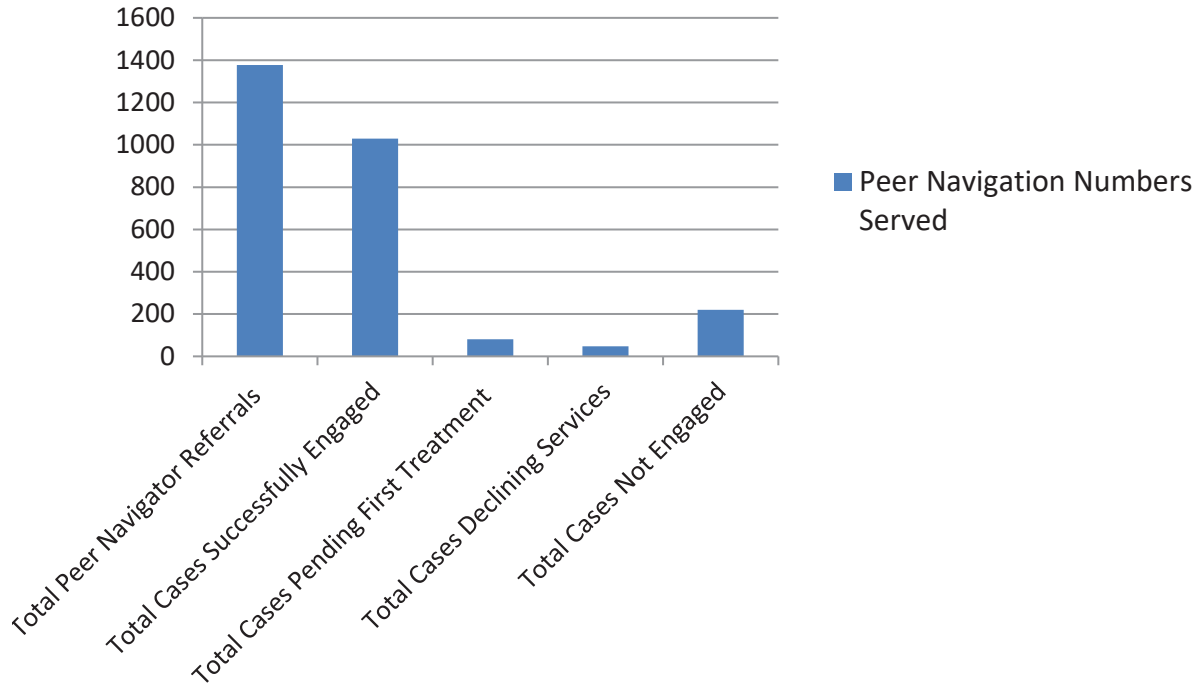
Service Goals:

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

Program Data

Incorporation of peers in the adult service teams continued in FY 2016/2017, with 29 clients receiving bus training, 68 clients successfully engaged in CFLC activities, and 116 total clients engaged in peer support services.

Peer Navigation services continued in FY 2016/2017 with 1377 total referrals. Navigation referrals to assist with engagement for those referred for mental health care were received from the Access and Assessment Center (1245) and the Crisis Walk-in Clinic (132). The average number of days between assessment and first team service was 20, with the minimum of 13 days (July 2016), and a maximum of 26 days (October 2016). Seventy-five percent of those referred for Peer Navigation services attended at least one service appointment with the team to which they were referred. Currently six percent of all clients referred are pending their first service and three percent have declined services. A total of 16 percent have not attended their first service appointment.



Challenges

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

Solutions in Progress

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

Consumer Family Learning Center (CFLC) – System Development

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

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

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

Number served in FY 2016/2017: 2073
Goal number of clients served in FY 2017/18 – 2019/20: 2100
Cost per Client FY 2017/18 – 2019/20: $970

Program Description
The Consumer Family Learning Center (CFLC), HOPE Center, and The Learning Center provide a welcoming environment to the community and especially to those who have experience with mental illness, either as clients, or family members of those with mental illnesses. The goal of the centers is to engage those living with mental illnesses and their support systems with social and educational skill building activities that promote wellness, inspire hope, and enrich the lives of its members. The peer-led centers also help in reducing self-stigma and family stigma. Several of the CFLC team are Peer Specialists, many of whom share their recovery and empower members to work toward personal recovery goals.

The Consumer Family Learning Center evening and weekend classes continued in Bakersfield, to reach and engage members outside of normal business hours. To further promote CFLC activities, staff began providing groups at independent living and sober living homes. The CFLC was also in the process of creating transportation hubs from service sites to the CFLC. This involved expanding the program to include additional staff.

In early 2017, the CFLC moved to a new location. Staff worked with members in classes and independently to determine travel routes via public and program transportation to ensure a smooth transition. The new CFLC location was a two-year project heavily involved in member feedback. Amenities, aesthetic aspects, and facility structure were guided by CFLC members. Accessibility issues were addressed with automatic doors for ease of entry, a courtyard furnished to provide a welcoming environment, and the kitchen and cantina area designed for comfort.

At all the consumer centers, peers are an essential piece; members can act as both attendee and co-facilitator for classes and activities. Each of the centers provide a variety of options including:

arts and crafts, music, physical activity, support groups, field trips, health classes, movie nights, etc. Support groups are peer-led, offering attendees the opportunity to build supports with those who have shared experiences. Spanish groups are also available for clients and family members of those with lived experience. The CFLC also partners with NAMI (National Alliance on Mental Illness) to provide a 'Family to Family' group, to better help families understand mental illness.

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

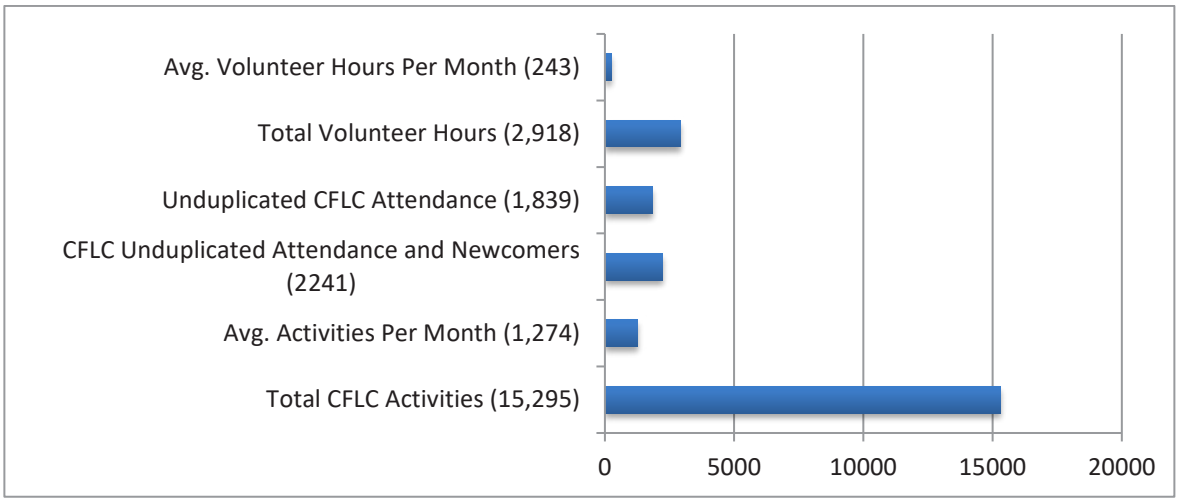
The CFLC also has an advisory committee, which meets twice monthly. The board of nine members is annually elected by fellow members. Along with elected board members, the committee includes the volunteer coordinator. CFLC members also participate as stakeholders, participating on boards for the Adult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

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

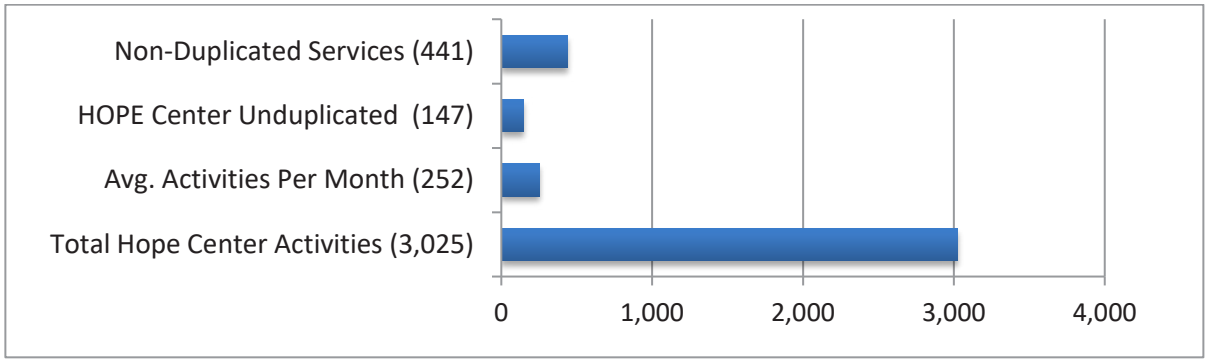
Service Goals

- Decrease the need for crisis services
- Increase participation of client and family members in groups and classes.
- Increase volunteerism in the community
- Increase participation of clients in system of care committees and evaluations
- Increase community outreach to reduce stigma about mental illness and recovery
- Equipping volunteers/members to facilitate or co-facilitate classes

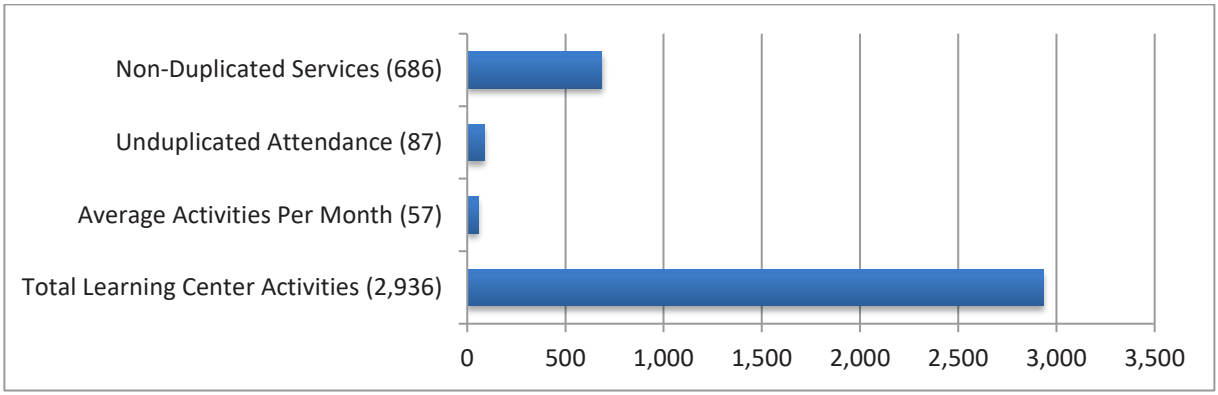
CFLC:



HOPE Center:



The Learning Center:



Challenges

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

Solutions in Progress

- Three staff members were added to the CFLC team to provide classes in the evenings and on weekends. As of May 2016, 25 additional classes were added to the calendar for the month.
- Self-Empowerment Team members also assist in co-facilitating classes.
- CFLC members complete Consumer Recovery Surveys, which have shown a high satisfaction rating among those attending classes and activities
- CFLC has begun tracking a series of data to improve the effectiveness of CFLC services
- Quarterly meetings between CFLC, HOPE Center, and Learning Center staff occur to improve services offered at all sites

Outreach and Education – System Development

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

Number served in FY 2016/2017: 9,530
Goal number of clients served in FY 2017/18 – 2019/20: 10,000
Cost per Client FY 2017/18 – 2019/20: $16

Program Description
Outreach and Education Coordination represents the Mental Health Services Act Prevention and Early Intervention requirement for Stigma and Discrimination Reduction and Outreach for Recognizing the Early Signs of Mental Illness. The Outreach and Education Coordinator manages several countywide projects annually, including the "'May is Mental Health Awareness Month" campaign. In FY 2016/2017, KernBHRS began providing Mental Health First Aid training as part of Outreach and Education.

Work also continued with the Promatoras and Community Health Workers Network, a group of representatives from agencies or community based organizations which advocates for or provides services to the Latino community in California, were an active partner with KernBHRS. During the FY 2016/2017 year, Outreach and Education Coordination staff attended meetings, events, and the 14th Annual Promatoras Conference. Kern County Call to Action hosted an event centered on creating language access specifically for populations of persons coming from Mexico who speak neither English or Spanish. The Language Access Convening was a collaborative effort on the part of multiple agencies including Public Health, the Kern County Library, Promatoras en Kern, and Kern County Call to Action. Other work with Hispanic populations included providing information and resources during the Binational Health week in October 2016.

May is Mental Health Awareness Month 2017, themed "Changing Minds about Mental Health," kicked off with the Board of Supervisors Proclamation and a series of exhibits dedicated to showcasing consumer-created art. With six locations, the art show was featured at the new Consumer Family Learning Center (CFLC), Bakersfield College, Beale Memorial Library, and the Guild House Restaurant. Eighty-five pieces entered for the art show were from 35 artists, the pieces included paintings, photography, digital graphics, quilts, and other art media.

Festivities also included an open house for the newly opened CFLC, which invited members, consumers and their families, KernBHRS, contract provider staff, and the community at large. The open house featured a ribbon cutting, group classes including line dancing and karaoke, along with refreshments from local vendors. May Is Mental Health Awareness Month Movie Nights returned, with three featured films; a Spanish film, Guten Tag Ramon, Lars and the Real Girl, and locally written, filmed, and produced documentary, Invisible. Invisible was created by Bakersfield newscaster Jacki Ochoa, who began researching mental illness when she herself was diagnosed with Borderline Personality Disorder. The film was shown to 85 viewers at the Beale Memorial Library and posted on the KERO 23 website for public view thereafter.

The 18th Annual Academy Awards Luncheon was attended by 250 clients, providers and family members. The Academy Awards recognizes those making strides in promoting recovery principles either by being active in their recovery or providing recovery-focused services for those receiving care. Sixty-nine nominations were accepted in five categories: Incredible Youth, Recovery and Wellbeing, Outstanding Advocate, Mental Health Professional of The Year, and There's No Place Like Home (Housing).

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

CalMHSA-sponsored "Every Mind Matters" and "Know the Signs" materials were provided at health fairs, trainings, community events and Department-sponsored events throughout FY 2016/2017. These materials are utilized as tools to educate and reduce stigma in the community surrounding mental health and suicide.

Service Goals:

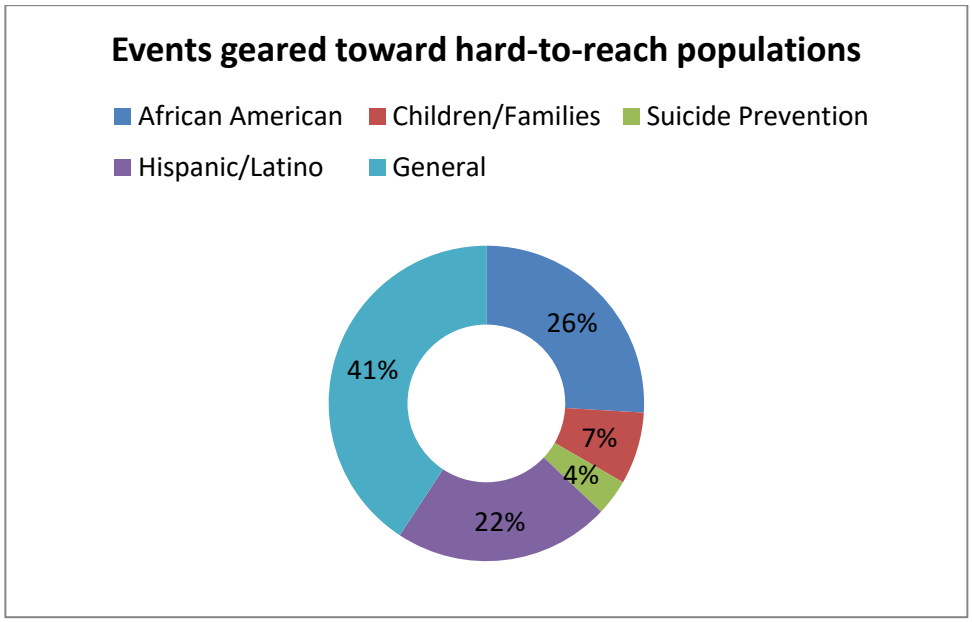
- Continue to utilize stakeholder feedback to identify unserved and underserved populations
- Continue to provide Mental Health First Aid training to the community with the goal of reducing stigma and discrimination
- Utilize state-funded campaign information and materials focused on suicide prevention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

Program Data

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

Mental Health First Aid Post-Test/Evaluation:	
Participants felt more confident recognizing signs of mental illness as a result of attending Mental Health First Aid	76% Strongly Agreed
Participants confident that they could reach out to someone who may be dealing with a mental health problem or crisis	86% Strongly Agreed
Participants confident that they could ask a person whether s/he is considering killing him/herself	95% Strongly Agreed
Participants confident that they could actively and compassionately listen to someone in distress	81% Strongly Agreed
Participants feeling more confident that they could offer a distressed person basic 'first aid' level information and reassurance about mental health problems	86% Strongly Agreed
Participants felt more confident that they could assist a person who may be dealing with a mental health problem or crisis seek professional help	90% Strongly Agreed
Participants felt confident that they could be aware of their own views and feelings about mental health problems and disorders	95% Strongly Agreed
Participants felt confident that they could assist a person who may be dealing with a mental health problem or crisis to connect with community, peer and personal supports	95% Strongly Agreed
Participants agreed that they could recognize and correct misconceptions about mental health and mental illness as they encounter them	95% Strongly Agreed
Participants disagreed that it was a not a good idea to ask someone if they are feeling suicidal in case it puts the idea in their head	93% Disagreed
Participants disagreed that Schizophrenia is one of the most common mental disorders	62% Disagreed
Participants disagreed that if someone has a traumatic experience it is best to make them talk about it as soon as possible	52% Disagreed
Participants agreed that males complete suicide four times more frequently than females	90% Agreed
Participants disagreed that antidepressant medication works right away	82% Disagreed
Participants disagreed that it is best to get someone having a panic attack to breathe into a paper bag	65% Disagreed
Participants disagreed that a first aider can distinguish a panic attack from a heart attack	70% Disagreed
Participants agreed that exercise can help relieve depressive and anxiety disorders	94% Agreed
Participants disagreed that people with psychosis usually come from dysfunctional families	84% Disagreed
Participants agreed that it is best not to try to reason with people having delusions	54% Agreed
Participants disagreed that people who talk about suicide don't attempt suicide	87% Disagreed
Participants agreed that psychosis is a lifelong illness	57% Agreed
Participants agreed that people with psychosis are more at risk of being victims of violent crimes	74% Agreed

Participants greed that smoking is much more common among people with mental health problems	55% Agreed
Participants agreed that people with mental illness tend to have better outcomes if family members are not critical of them	93% Agreed



Mental Health First Aid Training:	
Age:	
Adult: Older Adult: Declined: 5%	90% 5% 5%
Gender:	
Male: Female: 76% Declined:	14% 76% 10%
Race:	
Latino/Hispanic: White/Caucasian: Asian: Native Hawaiian/Pacific Islander: Black/African American: Multiple: Declined:	14% 33% 14% 5% 5% 5% 24%

May is Mental Health Awareness Month 2017

May is Mental Health Awareness Month events for 2017 provided a special opportunity to showcase those with lived experience, educate the community via Mental Health First Aid and begin open dialogue about mental illness in a community-wide setting.

Art exhibits featuring pieces of multiple media were on display during the month of May in five venues. There were 85 pieces and artists were often on hand at events to answer questions about their work. The progressive display appeared at the KernBHRS Consumer Family Learning Center(CFLC), Bakersfield College, Beale Memorial Library, Guild House, and during the 18th Annual Academy Awards luncheon. Pieces included quilts, paintings, photography, graphic arts pieces, etc.

More than 300 members of the CFLC, mental health provider agencies and the public attended the ribbon cutting and open house for the new location of the CFLC. The event provided information on KernBHRS services available, a variety of sample classes held at the CFLC for consumers and family members. Members provided tours of the facility and invited attendees to join in the fun with karaoke.

This year, KernBHRS partnered with Maya Cinemas to provide two stigma and discrimination reduction-themed movie nights. The first event welcomed 94 members of the Hispanic/Latino community for a viewing of Guten Tag, Ramon, a Spanish and German-language mainstream film. The second evening featured a viewing of Lars and the Real Girl. Both films address mental illness. Attendees provided pre and post-survey data, which was measured to show change in attitude.

Movie Night Data: Guests were provided a pre and post-test to determine change in attitude toward mental illness. The test results are as follows:

Guten Tag, Ramon	Lars and the Real Girl
Q1: Mental Illness is like any other illness Pre-Test: 79% Agree Post-Test: 84% Agree	Q1: Mental Illness is an illness like any other illness Pre-Test: 73% Agree Post-Test: 74% Agree
Q2: I would be willing to work with, live with or befriend a person with mental illness Pre-Test: 84% Post-Test: 88%	Q2: I would be willing to work with, live with or befriend a person with mental illness Pre-Test: 82% Agree Post-Test: 82% Agree
Q3: If you began to experience mental health symptoms or problems, how likely would you be to go to your doctor for help? Pre-Test: 88% Post-Test: 91%	Q3: If you began to experience mental health symptoms or problems, how likely would you be to go to your doctor for help? Pre-Test: 87% Post-Test: 88%

A third movie night in May took place in Bakersfield Beale Memorial Library theater. Local news anchor, Jacki Ochoa, worked with members of the Bakersfield community, friends and KernBHRS staff as she developed Invisible, a film about mental illness. After Ochoa was

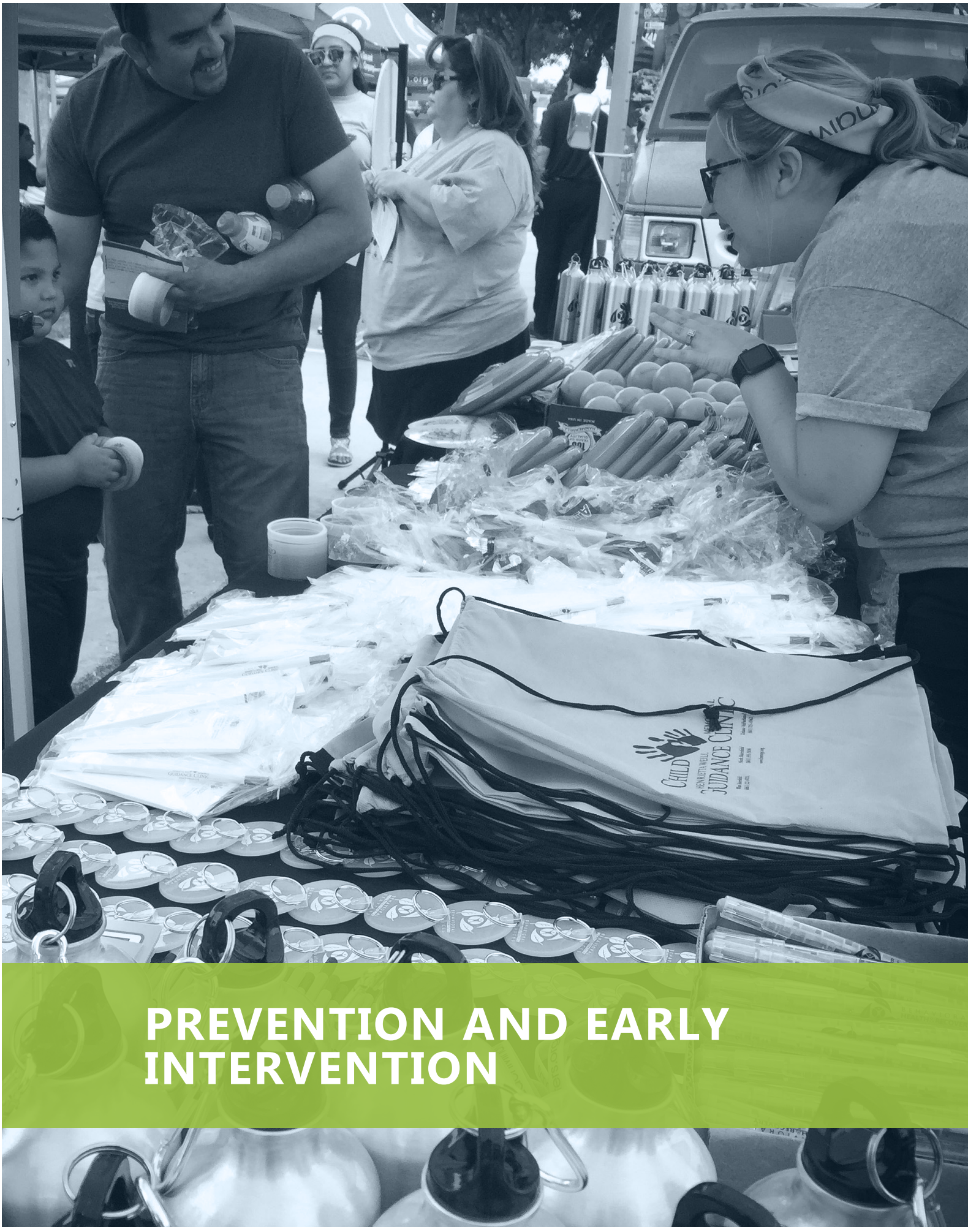
diagnosed with Borderline Personality Disorder, it prompted her to create the documentary. After its premiere for KernBHRS, the documentary was added to the KERO Channel 23 website for public view.
Events culminated with the 18th Annual Academy Awards luncheon. Each year the luncheon showcases those in recovery and those who have helped clients along the way. Over 250 clients, providers, family members, friends, and community members attended the event which honored nominees in the following categories: Incredible Youth, Recovery and Wellbeing, No Place Like Home (Housing), Outstanding Advocate (Group and Individual) and Mental Health Professional of the Year.

Challenges

- Engaging underserved populations in stigma reduction efforts

Solutions in Progress

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



PREVENTION AND EARLY INTERVENTION

Prevention and Early Intervention

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

KernBHRS has historically provided many of these services within the Community Services and Supports System Development component. The Access to Care - Access and Assessment Team is the front door to mental health care, providing access and linkage for mental health services both within the System of Care and community providers. The Crisis Hotline and Outreach and Education programs provide Stigma and Discrimination Reduction and Outreach for Increasing Recognition of Early Signs of Mental Illness services. The Crisis Hotline, a suicide prevention program also received its five-year re-accreditation through the American Association of Suicidology, and is part of the National Suicide Prevention Lifeline. During 2015/2016, the Crisis Hotline also implemented the Suicide Outreach Team, which works with the Kern County Coroner to identify and provide support for families who have lost a loved one to suicide.

Prevention and Early Intervention programs within the Kern Behavioral Health and Recovery System of Care and its providers have been developed to serve all age groups: children, TAY, adults, and older adults. In FY 2016/2017, KernBHRS added three PEI programs with two providing services for children and one program for adults. Additionally, one Prevention program was added to provide services targeted at relapse prevention and reduction of risk factors working with adults, TAY youth, and children.

New programs include:
Art Risk Reduction Program – Prevention

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

Foster Care Engagement – Outreach for Recognizing the Early Signs of Mental Illness, Early Intervention

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

KernBHRS also began research for program development and implementation of an Early Psychosis program in FY 2016/2017. The goal in development of the program is to reach unserved or underserved populations including Hispanic/Latino and Transitional Aged Youth experiencing signs of early psychosis, and provide education, linkage, and treatment within the shortest possible duration of untreated psychosis period. At current, the Department has gathered information from developers of Early Psychosis outreach, linkage and treatment models as well as counties providing care specifically for early psychosis. This program is anticipated to be implemented in late FY 2017/2018 - early FY 2018/2019.

Utilizing stakeholder feedback from a series of stakeholder meetings focused on Prevention and Early Intervention specific to the outlying areas of Kern, the System of Care began preparation for the Prevention and Early Intervention program report, due June 30, 2018. The process of determining program implementation, expansion and change began with a collection of potentially sustainable program proposals through September 2017. A workgroup of stakeholders was established to determine programs of best fit, which will be included in the Prevention and Early Intervention report to be submitted in Spring 2018.

Regarding the waiver of required data to be submitted in the first Prevention and Early Intervention Program and Evaluation Report and the first Innovative project report due no later than Dec. 30, 2017

Data provided in the evaluation sections of the Prevention and Early Intervention section of this report reflects the required FY 2016/2017 data. Implementation of regulated data collection began in FY 2016/2017 using the following methods:

- The Children's System of Care began a workgroup to create a toolkit of data measures, including demographics. We anticipate the amendments to the PEI regulations to require a change to the current demographic forms in FY 2018/2019.
- Our Suicide Prevention program, Crisis Hotline began demographic reporting and evaluation through a pre-post test implemented in FY 2016/2017.
- Outreach through the Community Planning Process implemented demographic reporting partnered with the feedback surveys. This data can be found in the Community Planning section of the report.
- Our Art Risk Reduction Program (ARRP), works within three age groups and collects demographic information as part of the pre-post survey to determine reduction in risk factors.
- Demographic reporting was added to the outcome measures reporting system developed for our Volunteer Senior Outreach Program (VSOP) and reporting will begin on this for the FY2018/2019 Annual Update.

Challenges:

- Project Care did not implement demographic reporting. This program is contracted, and data is collected through the contractor's electronic health record, which was not altered to collect the required information. This program is in its last year within the PEI program schedule.
- There is difficulty collecting information pertaining to Duration of Untreated Mental Illness(DUMI) within the Access and Linkage to Care program, Risk Reduction Education & Engagement Accelerated Alternative Community Behavioral Health (REACH). The DUMI collector is in the process of being built into assessment forms within the KernBHRS electronic health record.
- Early Intervention demographic reporting is currently limited as the electronic health record has not been outfitted to collect the required information.

Each element is currently being built into the electronic health record pending the approval of the amended Prevention and Early Intervention Regulations.
KernBHRS received approval of The Special Needs Registry Project: Smart911 on April 27, 2017 from the Mental Health Services Oversight and Accountability Commission (MHSOAC). This program is currently in the process of being implemented and has not begun data collection.

Art Risk Reduction Program – Prevention and Early Intervention
Component: Prevention

Anticipated number to be served in FY 2017/2018: 360
Cost per Client FY 2017/18 – 2019/20: $83

Locations:
Kern Behavioral Health and Recovery Services
Correctional Mental Health Team
Lerdo Detention Facility
17695 Industrial Farm Road
Bakersfield, CA 93308

Adult Transition Team
2525 N. Chester Avenue
Bakersfield, CA 93308

Transitional Age Youth Team
3300 Truxtun Avenue
Bakersfield, CA 93301

Youth Wraparound Engagement Team
3300 Truxtun Avenue
Bakersfield, CA 93301

Program Description
The Art Risk Reduction Program (ARRP) began mid-year FY 2016-2017 providing four, once-per-week sessions which utilized Spoken Word creative writing. During FY 2017-2018, the ARRP will continue Spoken Word, also adding in a Visual Arts media.

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

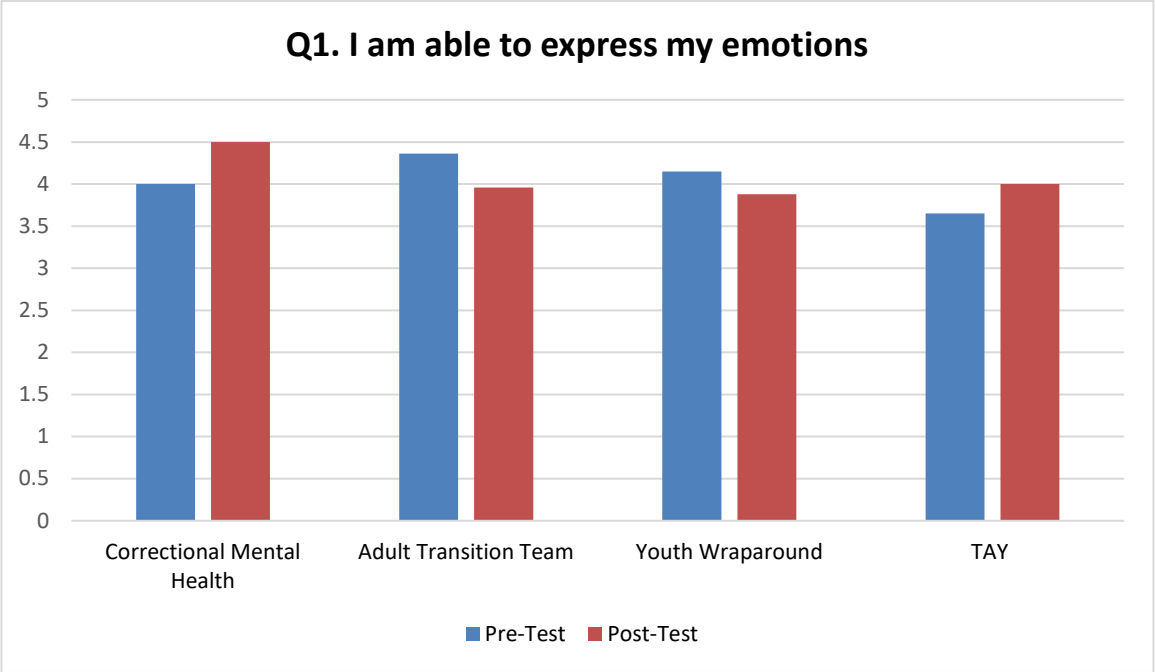
Four-week cohorts are provided to 10 students per group, with one session per week. Prior to and after completing each cohort, clients participate in a pre/post test. The evaluation tool provides information on reduction of risk factors. The goal of the program is to reduce both mental health symptoms,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

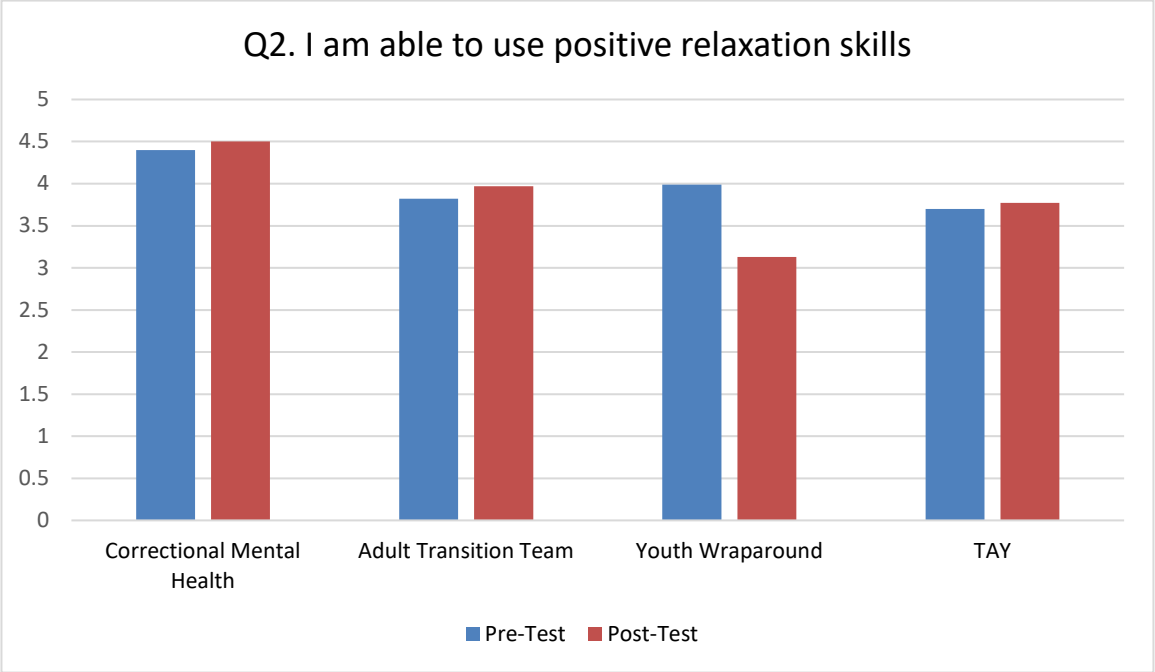
The program will be offered to Children, Transitional Age Youth, and Adults in both outpatient treatment settings and the county jail. Clients participating are active in specialty treatment and recovery services.

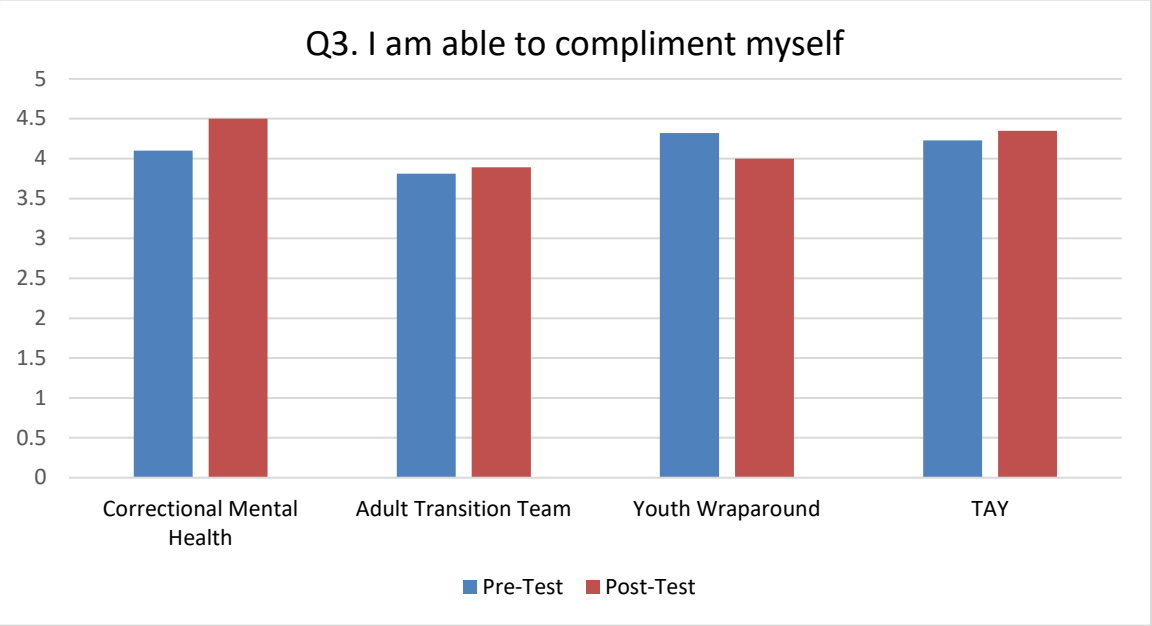
Program Data:
In a pilot of the program from March – June, 2017, the following data was collected.

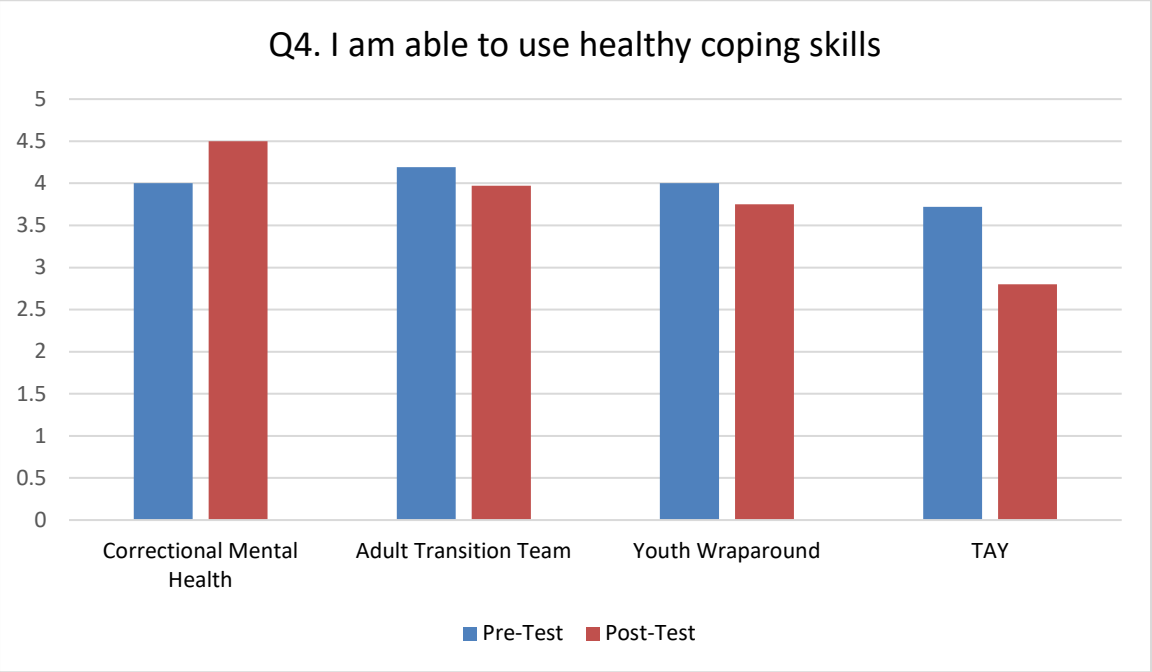
Demographics: Age Group: Children: 4 TAY: 28 Adult: 18 Older Adult: 1	**Gender assigned at birth:** Male: 22 Female: 27 Declined: 2
Disabilities: Vision: 16 Cognitive/Mental: 12 Chronic Illness: 2 Mobility: 1 Hearing: 1 None: 21 Other: 2	**Gender currently identified:** Male: 18 Female: 26 Declined: 5 Other: 2
Veteran's Status: Veterans: 48 Declined: 2	**Primary Language:** English: 43 Spanish: 2 Both English and Spanish: 5 Other: 1 (Russian)
Sexual Orientation: Heterosexual/Straight: 41 Gay/Lesbian: 1 Queer: 1 Bisexual: 4 Questioning: 1 Other: 2 Decline: 1	**Race:** Latino/Hispanic: 17 Black/African American: 4 White/Caucasian: 18 Multiple: 7 Native American: 3 Asian: 1 Decline: 1
Ethnicity: Mexican/Mexican American: 17 Central American: 1 West Indies: 1 Mixed: 4 African: 1 Filipino: 1 Asian Indian: 1 European: 1 Puerto Rican: 1 Decline: 15 Other: 8	

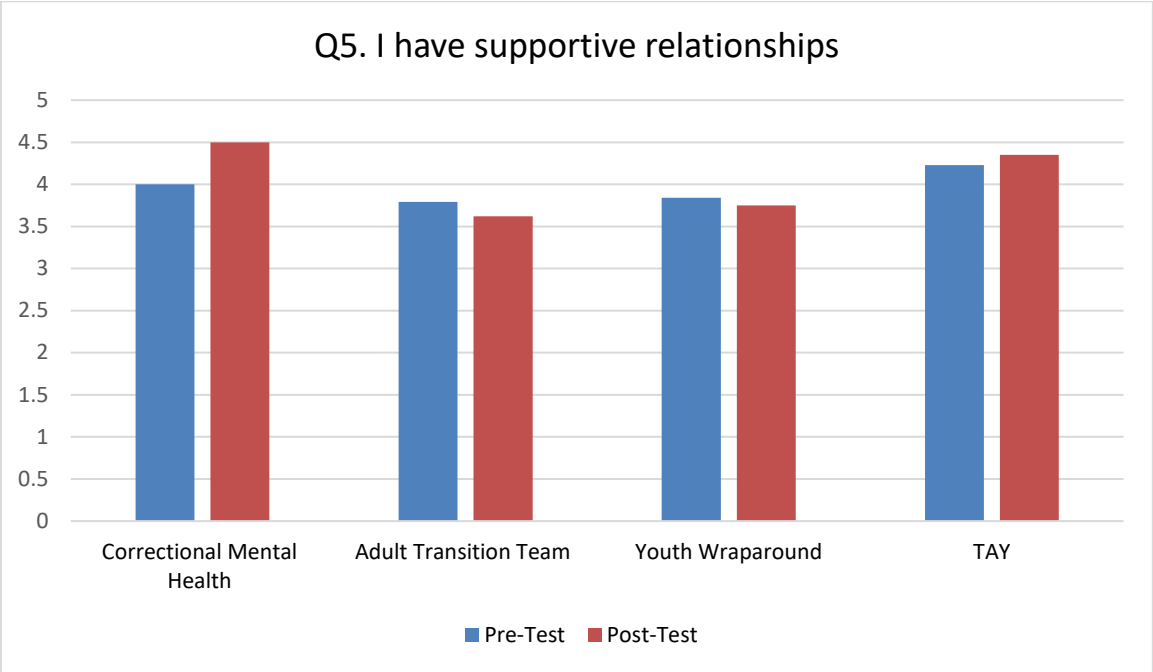
The following pre-post scores were taken at the start and completion of each four-week cohort and averaged in each question of the five-question test. Questions were answered using a 1 – 5 scale, with 5 being the most confident in each question. Results were as follows:


Q1. I am able to express my emotions
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Correctional Mental Health
Adult Transition Team
Youth Wraparound
TAY
Pre-Test
Post-Test


Q2. I am able to use positive relaxation skills
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Correctional Mental Health
Adult Transition Team
Youth Wraparound
TAY
Pre-Test
Post-Test


Q3. I am able to compliment myself
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Correctional Mental Health
Adult Transition Team
Youth Wraparound
TAY
Pre-Test
Post-Test


Q4. I am able to use healthy coping skills
5
4.5
4
3.5
3
2.5
2
1.5
1
0.5
0
Correctional Mental Health
Adult Transition Team
Youth Wraparound
TAY
Pre-Test
Post-Test



Service Goals

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

Evaluation:

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

Anticipated Challenges

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

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

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

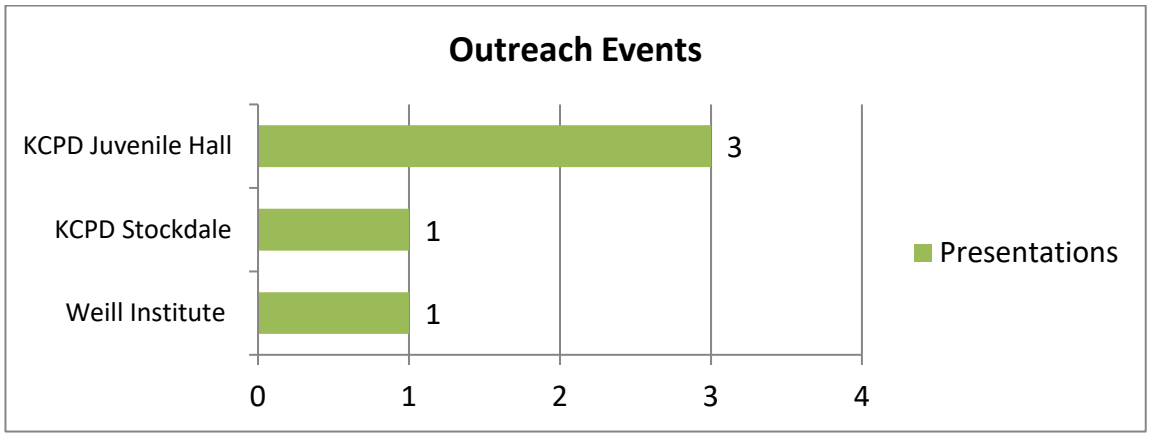
Number served in FY 2016/2017: 39
Goal number of clients served in FY 2017/18 – 2019/20: 100
Cost per Client FY 2017/18 – 2019/20: $269

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

During FY 2016/2017, staff provided outreach and education to juvenile probation officers within Juvenile Hall and received referrals for care from both Probation staff and the KernBHRS Juvenile Probation Psychiatric Services team.

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

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


Outreach Events
KCPD Juvenile Hall
KCPD Stockdale
Weill Institute
3
1
1
0
1
2
3
4
Presentations

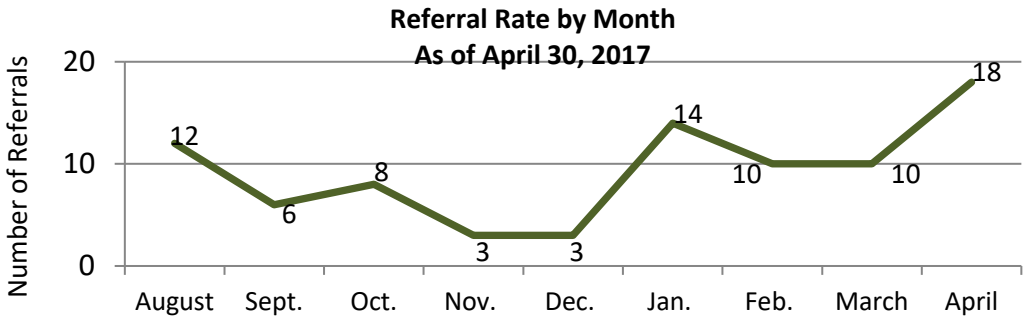
Youth Juvenile Justice Engagement – Early Intervention

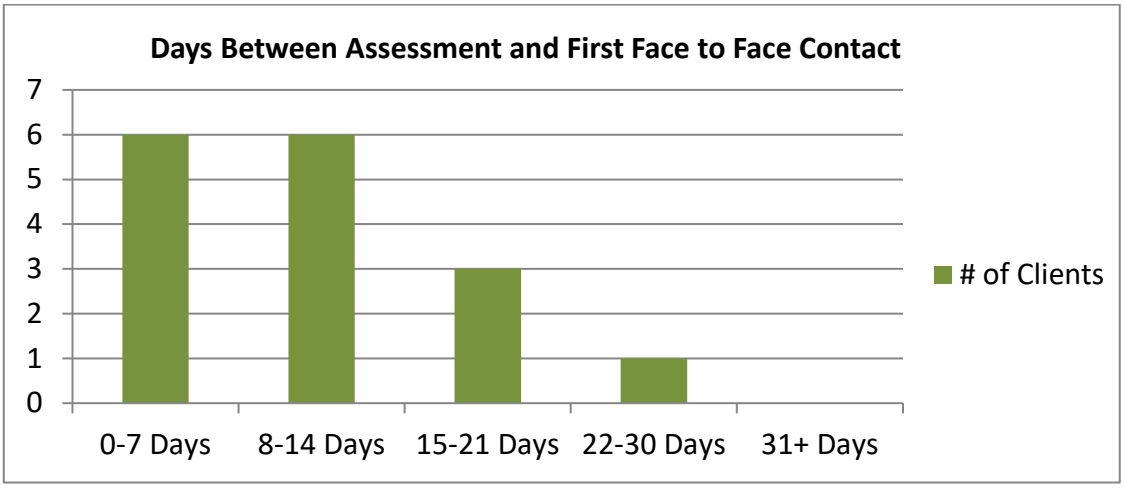
Location:
Kern Behavioral Health and Recovery Services
Children's System of Care
3300 Truxtun Avenue
Bakersfield, CA 93301

Number served in FY 2016/2017: 90
Goal number of clients served in FY 2017/18 – 2019/20: 100
Cost per Client FY 2017/18 – 2019/20: $1377

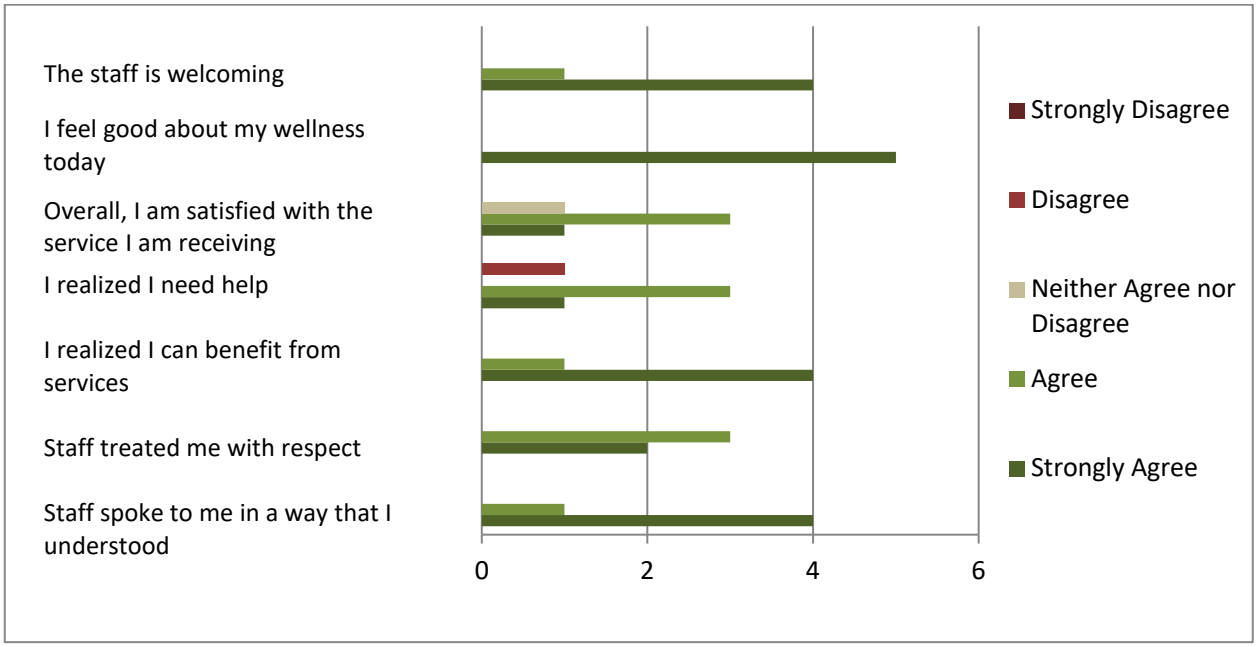
Program Description
The Youth Juvenile Justice Engagement Program early intervention services provide treatment for those with mild-to-moderate mental health care needs involved in the juvenile justice system. This population is often unserved, underserved, and/or undiagnosed. Consultation and engagement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

Functional Family Therapy (FFT) may be recommended and utilized as part of treatment. This practice is utilized for youth referred for behavioral or emotional problems. The program is a short-term, strengths-based model typically utilized for 12-14 sessions. Outcomes for FFT are generated using the OQ, YOQ, YOQ-SR, FSR, TSR self-report measures to assess family and individual functioning at the beginning middle and end of treatment to help gage effectiveness and benefits of therapy.

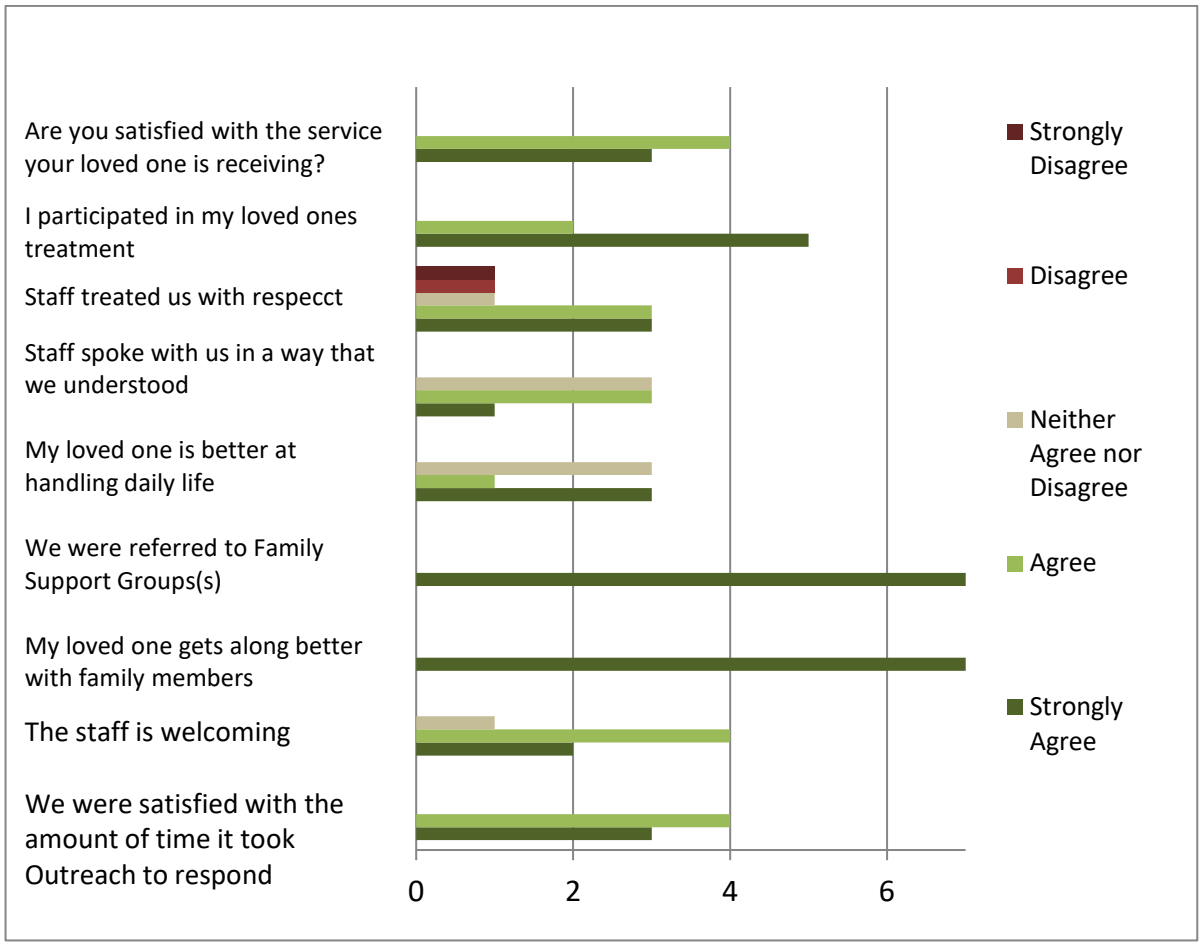




Client Satisfaction Survey



Family Satisfaction Survey



Functional Family Therapy Data

Total Referred Cases: 9 Total Opened Cases: 9 Total Active Cases: 6	
Treatment Pacing: Average number of days from referral to initial contact for services (Goal is two or less days): Active Cases: 1.15 Completed Cases: 6.5	Average number of days from referral to first session (Goal is seven or less days): Active Cases: 3.59 Completed Cases: 7.5
Average number of days from first to second session (Goal is seven or less days): Active Cases: 12.09 Completed Cases: 7.5	Average number of days from second session to third session (Goal is seven or less days): Active Cases: 4.75 Completed Cases: 17

Assessment Completion:

Percentages reflect the proportion of cases in compliance with the minimum assessment targets. Target shows the minimum number of assessments per case (one pre and one post). Multiple assessments on the same day for the same case only count as one toward the compliance target. All assessments were 100% complete, among them were: Outcomes Questionnaire, Youth Outcomes Questionnaire, Youth Outcomes Questionnaire-Self Report, Client Outcome Measure Adolescent, Client Outcome Measure Parent, and Therapist Outcome Measure.

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

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

Number served in FY 2016/2017: 100
Goal number of clients served in FY 2017/18 – 2019/20: 120
Cost per Client FY 2017/18 – 2019/20: $352

Program Description
The KernBHRS Foster Care team began providing Prevention and Early Intervention services in FY 2016/2017. The premise of these services is to actively engage youth active in the Foster Care system who have not been engaged in mental health services.

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

In FY 2016/2017, the Foster Care Engagement program provided outreach and education regarding signs and symptoms of mental illness and how to refer potential at-risk youth to one hundred Social Workers within the Kern County Department of Human Services (DHS). Staff from KernBHRS are stationed two days each week at a DHS site, where they are tasked with providing consultation on potential new clients and reviewing referrals for care.

Prevention Activities
- Provide psychoeducation to the Department of Human Services (DHS) social workers on the impact of trauma on foster youth and stigma reduction. This would be done through regular and quarterly staff meetings with DHS teams
- Assist DHS social workers in identifying, screening and referral for foster youth with potential mental health care needs
- Increase timely access to mental health care as necessary
- Assist to bridge DHS social workers to mental health staff

Program Data
Outreach
One hundred Social Workers for the Kern County Department of Human Services (DHS) were provided information on signs and symptoms of potential mental illness and how to refer potential new clients to the Foster Care PEI program. Additionally, staff were assigned to be on location in DHS order to answer behavioral health related questions and obtain referrals for care. On-site staff work with DHS Social Workers, providing information on access and linkage to care and troubleshooting questions regarding identifying at-risk youth. Fifty-four assessments were completed for youth referred to the Foster Care Engagement program in FY 2016/2017.

Foster Care Engagement – Early Intervention

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

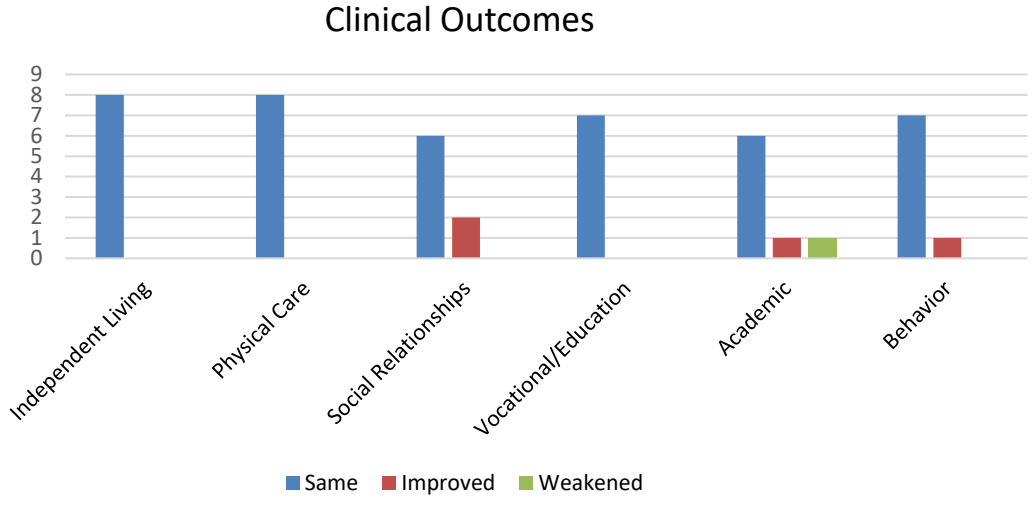
Number served in FY 2016/2017: 225
Goal number of clients served in FY 2017/18 – 2019/20: 225
Cost per Client FY 2017/18 – 2019/20: $917

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

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

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

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



Youth Brief Treatment – Prevention

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

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

1430 6th Avenue
Delano, CA 93215

Clinica Sierra Vista
3105 Wilson Road
Bakersfield CA, 93304

7839 Burgundy Avenue
Lamont, CA 93241

College Community Services
29325 Kimberlina Road
Wasco, CA 93280

Number served in FY 2016/2017: 7115
Goal number of clients served in FY 2017/18 – 2019/20: 7150
Cost per Client FY 2017/18 – 2019/20: $38

Program Description
The Youth Brief Treatment Prevention and Early Intervention program works with System of Care and provider-based teams to provide stigma reduction materials and outreach designed to allow for ease of access and linkage to treatment for those with mental health care needs.

The KernBHRS children's teams have provided Youth Brief Treatment services at the Bakersfield Homeless Center. Among services provided, the teams educated parents on treatment services available for youth and a series of Parenting Network classes. Parents were also provided resources and information on treatment services, and the option for onsite screening, assessment, and brief intervention for children.

Program staff throughout the county also participated in outreach events through presentations at school fairs, health fairs, and other public entities including County Departments that work with children and parent populations.

Children's service providers for the Youth Brief Treatment program in Delano have continued a project from FY 2014/2015, in which they engaged public schools throughout Delano to provide information on access and linkage to treatment. Providing school site-based outreach, program

staff met with principals and school officials at each site to provide information on available mental health care and potential on-site screening, assessment and brief treatment. Services in Delano also included participating in a shoe drive for youth and began program research for a potential outreach for signs and symptoms of early psychosis.

Youth Achievement Program curriculum was also utilized with southeast Bakersfield middle school youth.

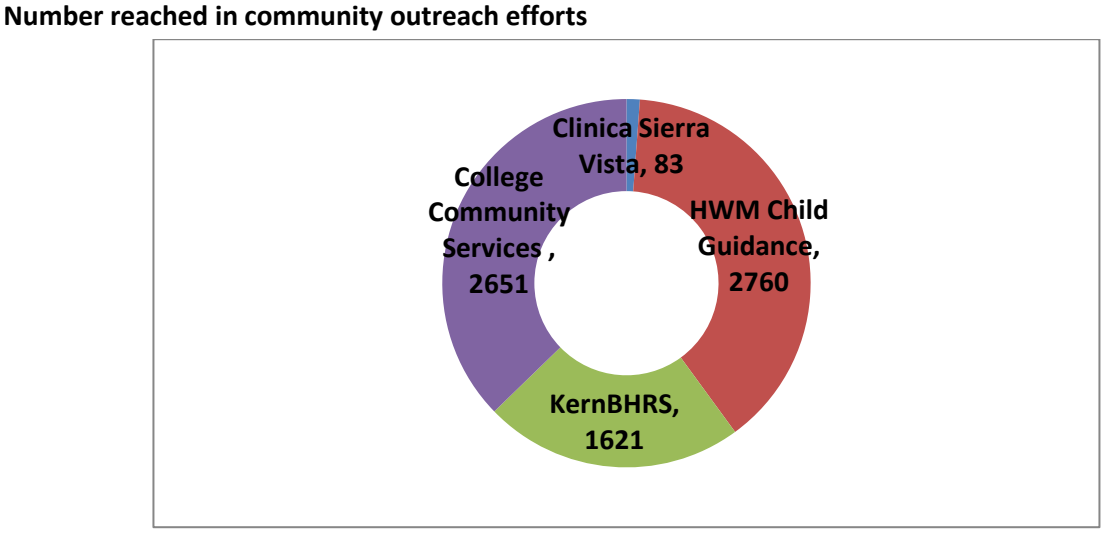
Wasco Youth Brief Treatment provided community outreach and collaboration with continued Collaborative meeting attendance and gathering of resource information for families and youth. Staff also participated in multiple health and resource fairs as well as Career Day events.

Prevention services offered within metro Bakersfield in FY 2016/2017 have involved participation in School Attendance Review Board meetings to engage youth and families potentially requiring care.

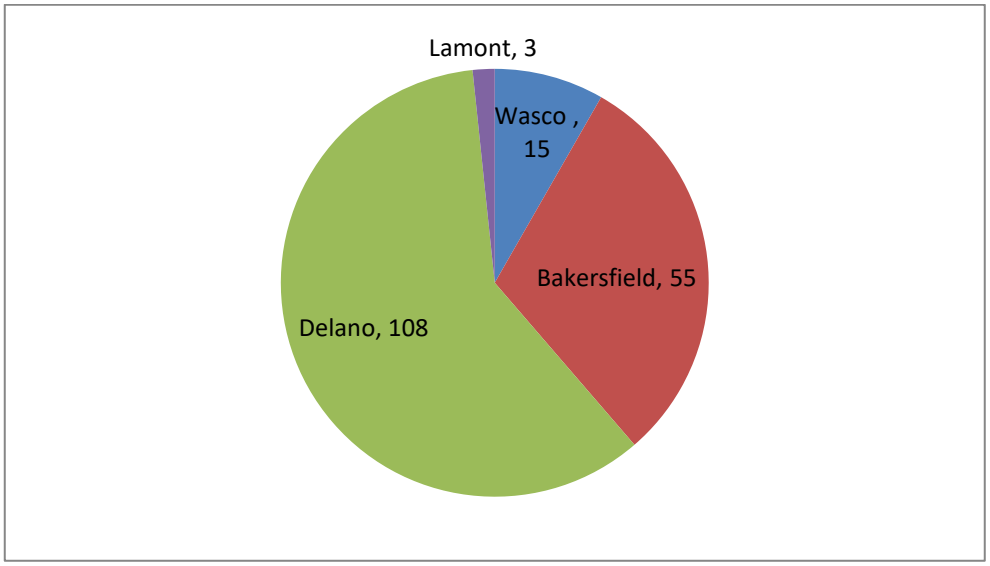
Service Goals

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

Program Data

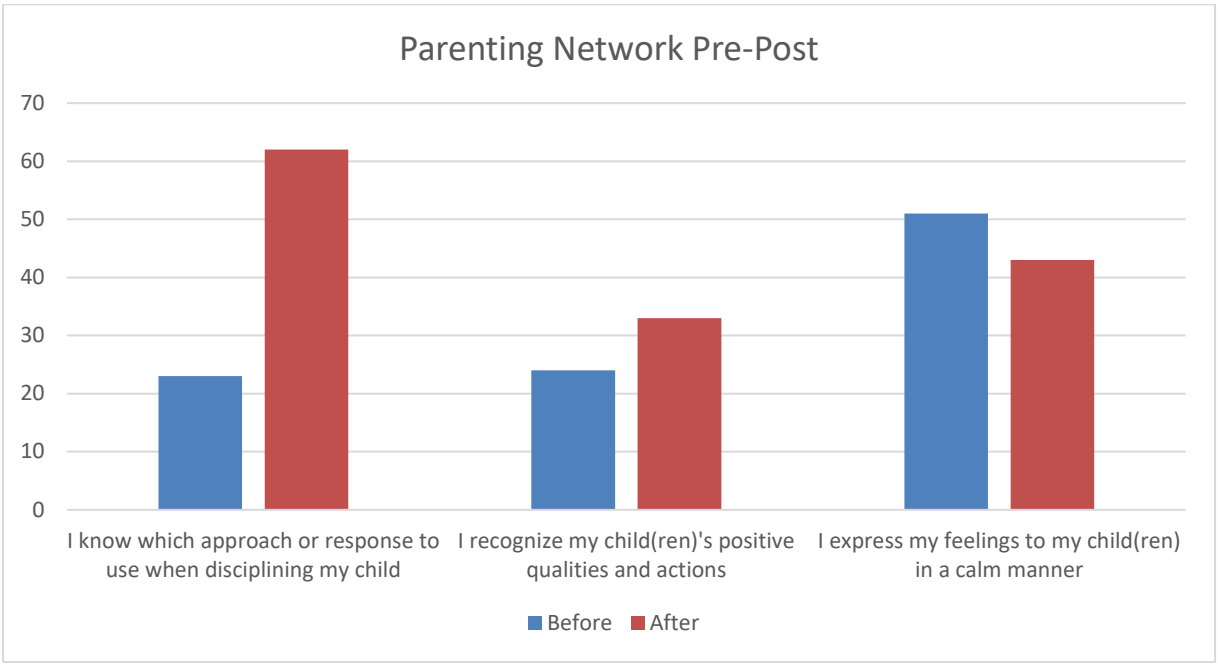


Number of community outreach activities



Parenting Network Data FY 2016/2017:

Parenting Network data included pre/ post surveys provided at sessions to determine reduction of risk factors. The scores listed below indicate the percentage of parents who answered that they 'always' did according to the question asked. For example, 51 percent of parents reported that they always express their feelings to their children in a calm manner prior to the session; 43 percent reported always doing so after the session.



Challenges

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

Solutions in Progress

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

Youth Brief Treatment – Early Intervention

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

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

1430 6th Avenue
Delano, CA 93215

Clinica Sierra Vista
3105 Wilson Road
Bakersfield CA, 93304

7839 Burgundy Avenue
Lamont, CA 93241

College Community Services
29325 Kimberlina Road
Wasco, CA 93280

Number served in FY 2016/2017: 2,343
Goal number of clients served in FY 2017/18 – 2019/20: 2350
Cost per Client FY 2017/18 – 2019/20: $1169

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

Youth Brief Treatment Program mental health care is geared toward working with those who have not been active in the mental health system of care, but rather have had recent onset of mental health symptoms. Clinicians and Recovery Specialists work with youth and their parents, foster parents, and school supports as necessary to address symptoms in a timely matter. Treatment typically lasts six-to-nine months for youth in this program. Should parents also require brief treatment, modalities like Functional Family Therapy may be indicated in the treatment plan. Parenting classes and groups are offered at community sites and within the clinic as well.

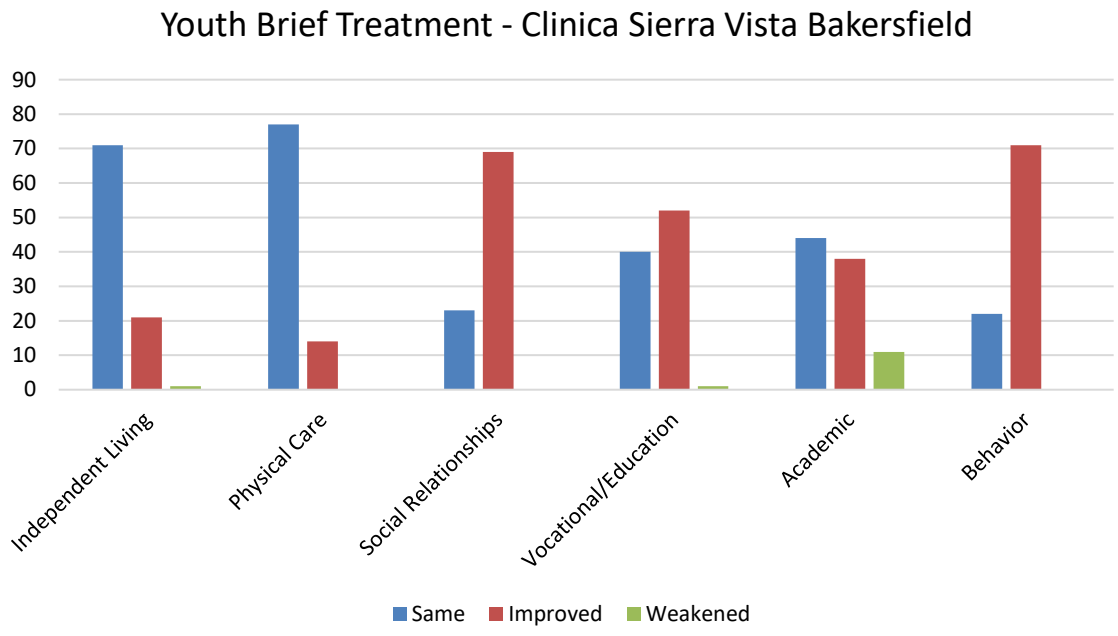
Service Goals

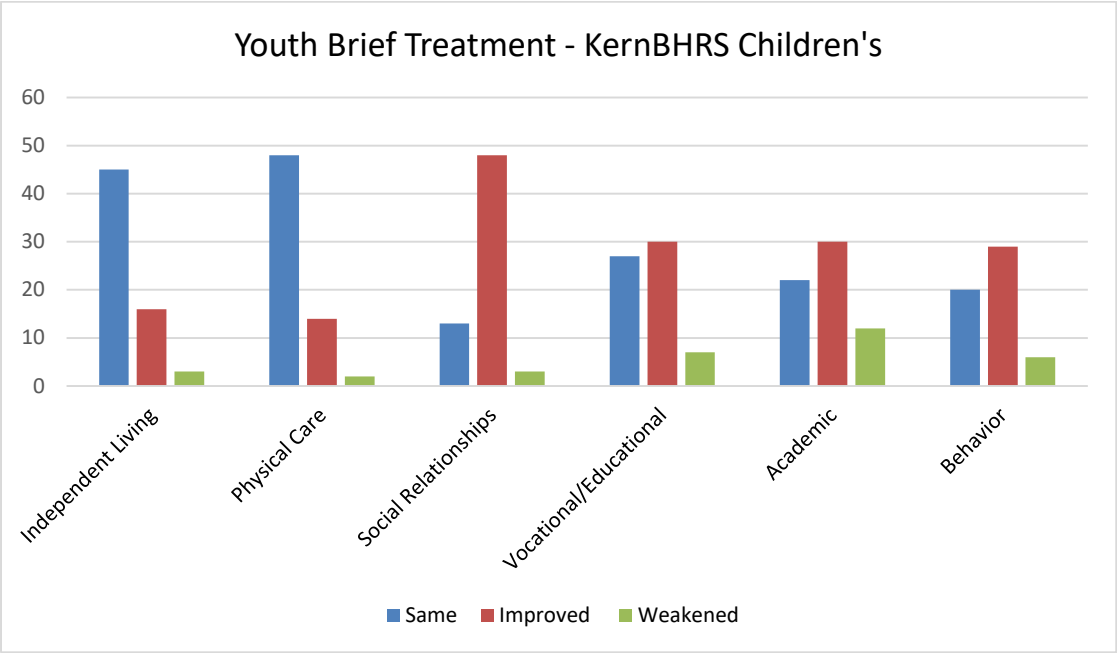
- Offering same day, walk-in, screening and assessment
- Offering immediate brief care
- Increasing effective coping and communication skills to improve social relationships and other areas of functioning
- Preventing prolonged suffering due to mental illness

Program Data

Clinical outcomes were measured on a series of impairments as well as children-specific indicators of academic outcomes and behavior outcomes. Measurements show whether after care was received, if symptoms or behaviors improved, remained unchanged or worsened.

Demographics:
Sex: Female 49% Male 51%
Race: 75% Non-White Other 8% Black/African American 1% Native American 0.8% Multiple 0.2% Vietnamese
Ethnicity: 69% Mexican American/Chicano 21% Non-Hispanic 9% Other Hispanic/Latino 1% Puerto Rican




Youth Brief Treatment - KernBHRS Children's
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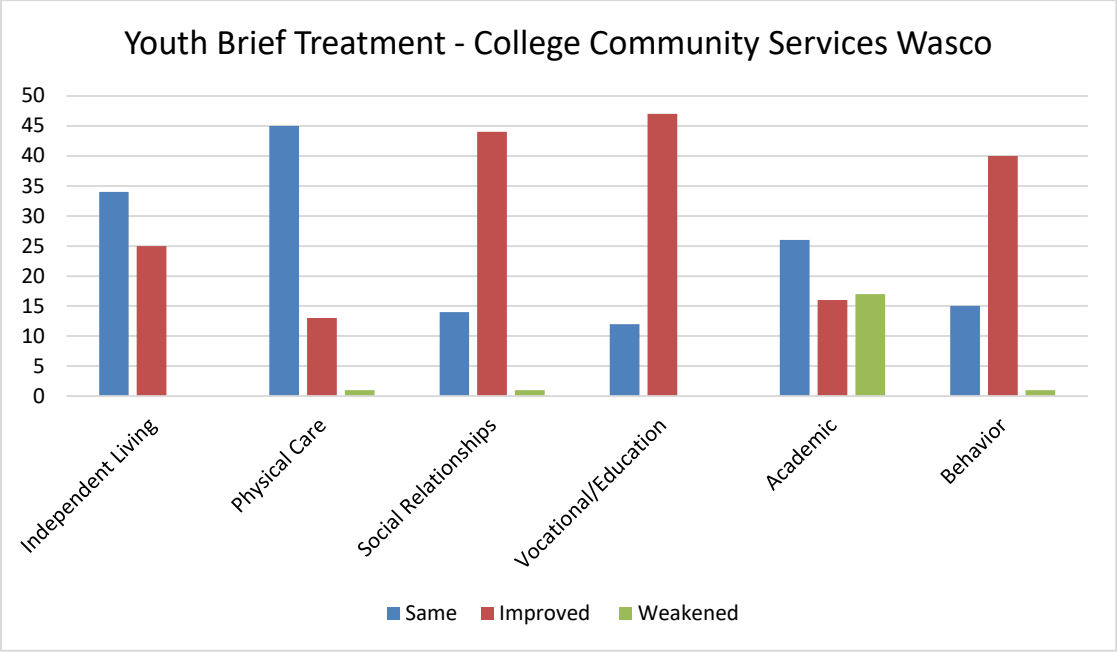
Independent Living
Physical Care
Social Relationships
Vocational/Educational
Academic
Behavior
Same
Improved
Weakened


Youth Brief Treatment - College Community Services Wasco
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Social Relationships
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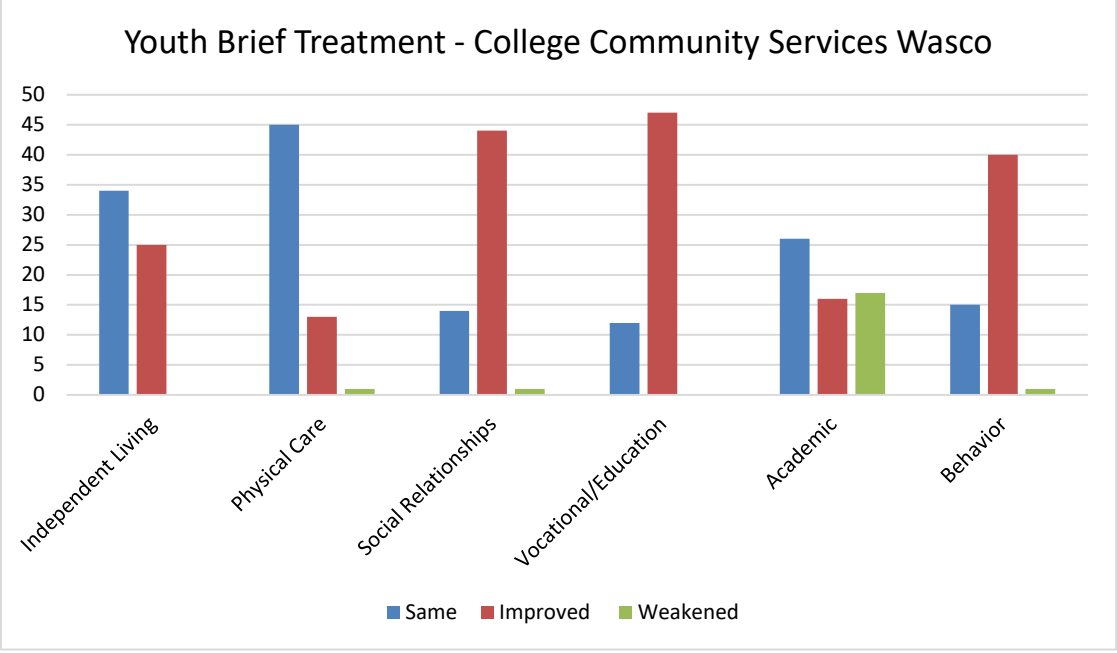
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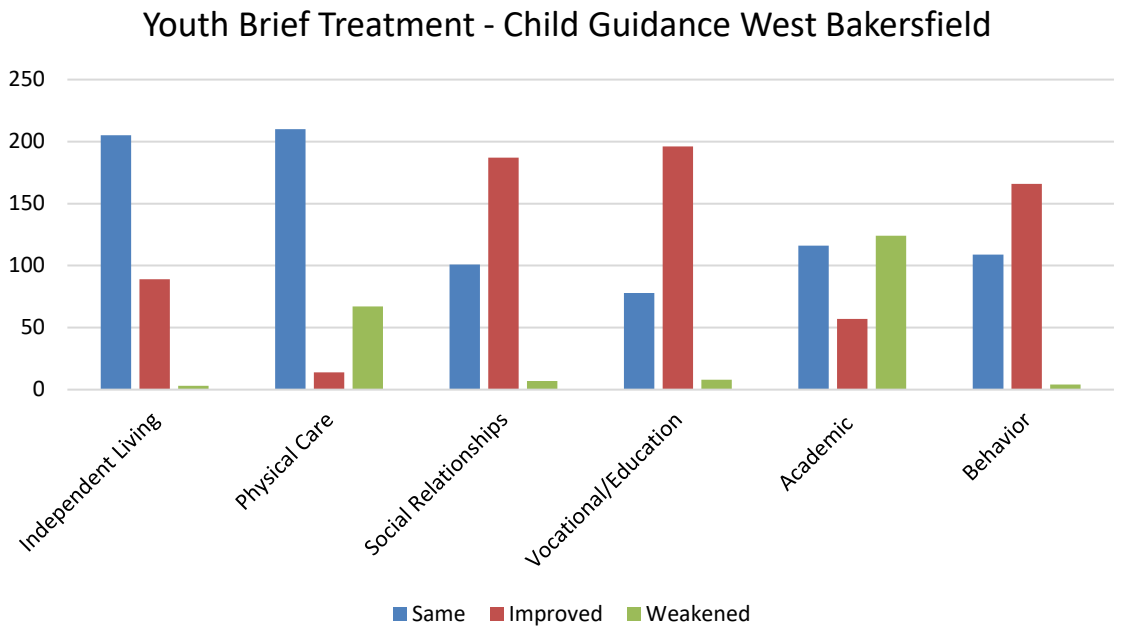


Service Goals

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

Solutions in Progress

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

Transitional Age Youth Career Development – Prevention

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

Client's served in FY 2016/2017: 25
Goal number of clients served in FY 2017/18 – 2019/20: 25
Cost per Client FY 2017/18 – 2019/20: $21,898

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

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

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

Challenges arising from the length of time between program cohorts resulted in the cohort schedule changing to every four months. Youth waiting to begin the program are provided interim services to keep them engaged, or if the full cohort is deemed unnecessary.

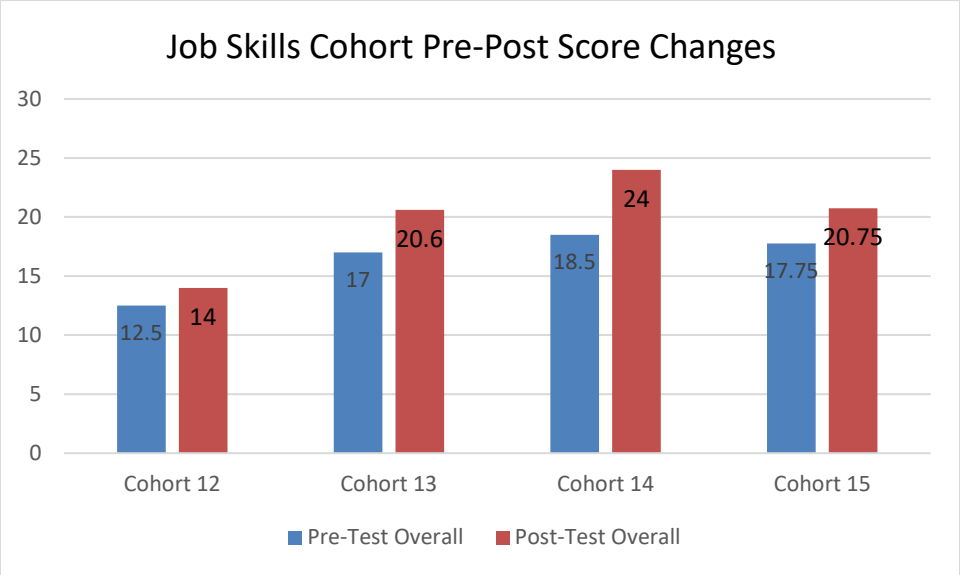
The TAY Career Development program was highlighted during a workshop session at the 2016 Recovery Workforce Summit hosted by the Psychiatric Rehabilitation Association in Boston, Mass. The annual four-day summit incorporates a breadth of topics related to recovery and wellness, with presenters representing programs and practices across the United States.

Service Goals

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

Program Data

This chart indicates the overall scores for pre-test and post-tests of cohorts during the FY 2015/2016 year. The overall score average for pre-tests was 14.71; the overall score average for post-tests was 13.53. If youth did not complete the cohort class, a score was not provided for the post-test.



Demographics:
Male: 12 Female: 13
Race: White/Caucasian: 7 Black/African American: 7 Non-White/Other: 9 Multiple: 2

Ethnicity: Not Hispanic: 14 Other Hispanic/Latino: 4 Mexican American/Chicano: 7

Challenges

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

Solutions in Progress

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

Transitional Age Youth Career Development – Early Intervention

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

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

Number served in FY 2016/2017: 154
Goal number of clients served in FY 2017/18 – 2019/20: 160
Cost per Client FY 2017/18 – 2019/20: $2,650

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

For these youth, therapists provide individual therapy interventions and group rehabilitation using the Transition to Independence Process (TIP) model. Case managers work with issues that arise, including barriers to resources. Substance Abuse Specialists work on relapse prevention and provide youth an opportunity to re-submit their drug screen if willing and necessary, to continue in the program. Additionally, early intervention services are provided to TAY who have completed treatment in the Full Service Partnership, but have experienced recent increase in symptoms. Clinical staff at the Dream Center and Employers Training Resource address the needs of these youth in non-clinical settings.

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

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

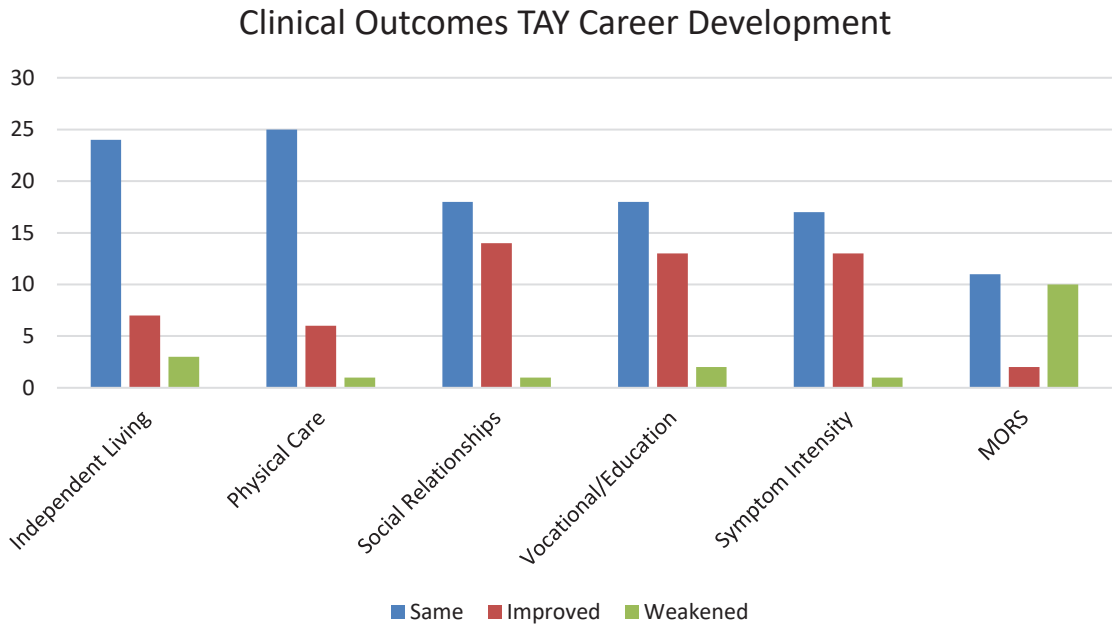
Service Goals
- Decreased anxiety and depression by providing youth In Vivo role-play training to assist in finding and maintaining employment
- Assist transition age youth in learning to self-manage their mental health symptoms while

simultaneously developing the necessary skills to enter the workforce

- Reduced homelessness by promoting independence

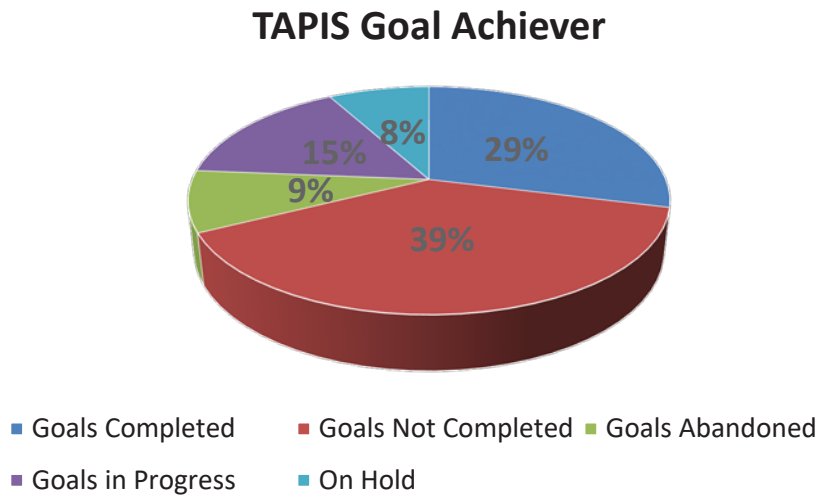
Program Data

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



Clinical Outcome measures for 33 clients. An average of 30 percent of clients improved on the indicators included above.

In FY 2016/2017, the TAY Career Development Early Intervention program integrated TAPIS reporting tools into the AZ/Cerner electronic health record system. The TAPIS reporting system tracks goals and achievement-based outcomes. Tracking begins with an initial 41-question assessment which determines goals. The assessment is conducted quarterly thereafter. Due to the nature of the reporting program, any changes in goals are reflected as new goals; which automatically indicates that the previous goal may not have been completed.



The results of goals achieved were determined from the progress for each client set by personal goals. Clients are given a date for each goal to determine follow through of tasks in a timely manner. Clients may have multiple goals set at any given time. Goals are set in various categories including employment, educational, reduction in symptoms, and may include items like obtaining a driver's license.

Challenges

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

Solutions in Progress

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

Risk Reduction Education & Engagement Accelerated Alternative Community Behavioral Health (REACH) –NEW

Number served in FY 2016/2017: 46
Goal number of clients served in FY 2017/18 – 2019/20: 150
Cost per Client FY 2017/18 – 2019/20: $148

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

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

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

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

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

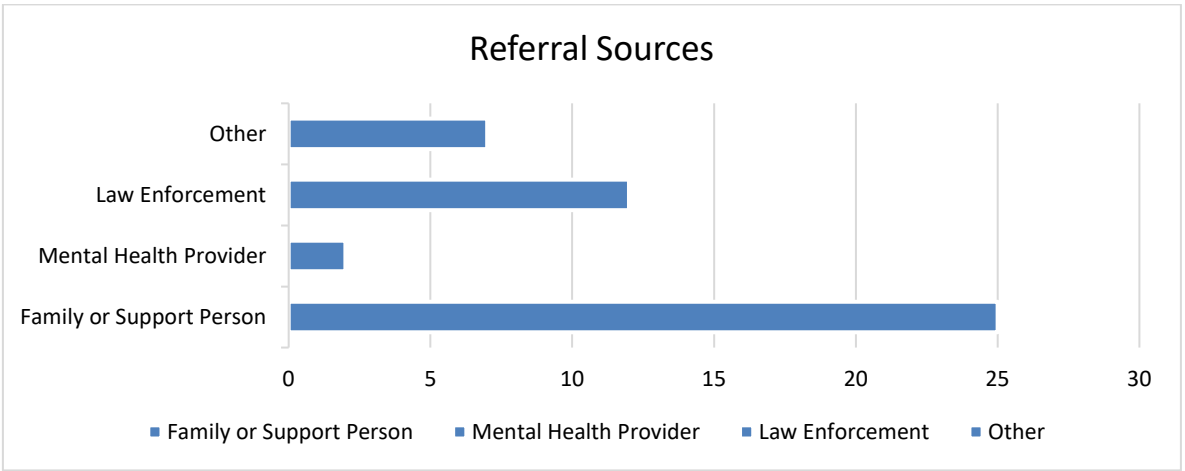
Program Data

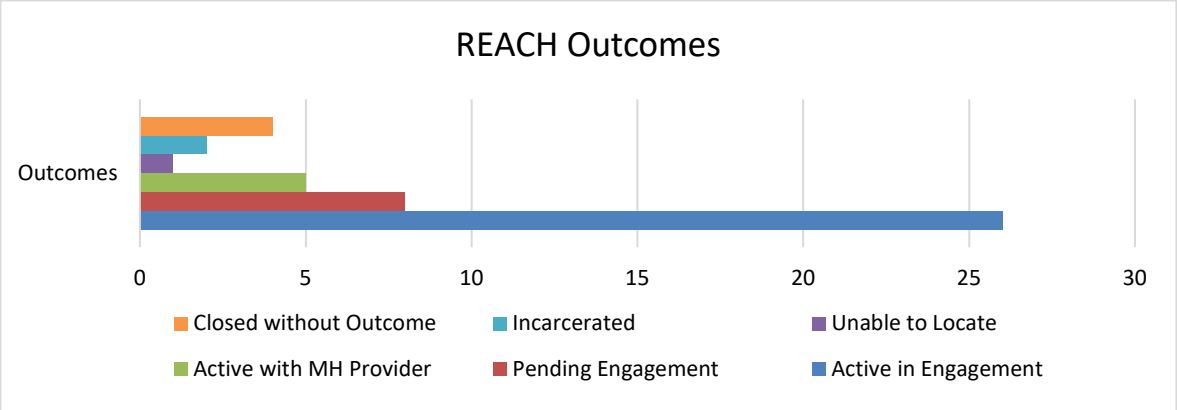
Demographics:
Male: 47% Female: 53%
Race: Black: 6% Native American: 3% Non-White Other: 14% Unknown: 3% White: 53% Decline: 19% Multiple: 2%
Ethnicity: Decline: 3% Mexican: 25% Not Hispanic: 64% Other Hispanic: 8%

Service Goals

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

Program Data:





Challenges

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

Solutions in Progress

- Working with the AZ/QI work group regarding documentation. Will request specific documentation training for REACH Program staff
- Informational marketing materials including information on the referral 1-800 phone number are used to explain the program's vision, goals, objectives, and the confidentiality of the individuals who are referred to the program

Program and Evidence-Based Practice Skills Monitoring

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

Project Care – Prevention

Locations:
Clinica Sierra Vista
Delano Community Health Center
1408 Garces Highway
Delano, CA 93215

Arvin Community Health Center
1305 Bear Mountain Blvd.
Arvin, CA 93203

Lamont Community Health Center
8787 Hall Road
Lamont, CA 93241

McFarland Community Health Center
217 W. Kern Avenue
McFarland, CA 93250

Client's Served in FY 2016/2017: 4804
Goal number of clients served in FY 2017/18: 4800
Cost per Client FY 2017/18: $68

Program Description
The Project Care program began in 2011 and will be discontinued in June 2018. Kern Behavioral Health an Recovery Services contracted with community healthcare providers to integrate behavioral health in a primary care setting. Project Care services are currently available at four community health care centers in traditionally underserved areas of Kern County: Delano, Lamont, McFarland and Arvin.

Project Care is a Prevention and Early Intervention program, working to reduce stigma associated with mental illness while normalizing the necessity of mental health care. The SBIRT (Screening, Brief Intervention and Referral to Treatment) model is utilized in the primary care sites to serve the prevention and early intervention purpose. The prevention aspect of the program utilizes three screening tools to determine levels of potential anxiety, depression, and substance use disorder.
Within the clinic, behavioral health staff assist primary care providers in identifying mental health symptoms to address concerns during routine visits. This collaboration is designed to reduce stigma associated with mental illness and substance use disorder, and provide a comfortable place for patients to address needs in a familiar environment.

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

Service Goals

- Increase capacity of the community health centers to address mental health and substance use disorders for unserved or inappropriately served individuals
- Increase knowledge among primary care providers to understand the interplay between primary and specialty care
- Increase the level of comfort for primary care providers to discuss these issues with patients, as a large portion of those in need of mental health care will more often utilize the medical care system
- Identify mental health and substance use disorders utilizing screening tools and prevent them from worsening by addressing them as part of routine medical care, referring for additional or specialized behavioral health care as necessary

Program Data

As part of the integrated care model, 4804 patients were provided with a one-page screening tool. Patients determined to have a moderate or severe symptom score in any of the three indicated tools receive Screening, Brief Intervention and Treatment (SBIRT) interventions, unless determined to require specialty behavioral health care, which is provided in a behavioral health clinic through Clinica Sierra Vista. Of the 4804 patients screened, 3504 received at least one intervention service.

Challenges

- Introduction of the behavioral health staff into the medical setting by primary care staff, including office and medical staff, lead to some apprehensiveness from the primary care staff
- Stigma among call center staff, who may be apprehensive about assisting clients seeking behavioral health care appointments
- Currently there is an average no-show rate of approximately 40 percent among the health centers

Solutions in Progress

- Providing additional stigma reduction training and mental health education to primary care staff and support staff in the call center
- Adding services that include care coordination to better communicate referral information to patients in the primary care clinics, which is anticipated to decrease no-show rates
- Adding staff resources focused on relationship building and oversight of referrals between specialty care and primary care.

Project Care – Intervention

Locations:
Clinica Sierra Vista
Delano Community Health Center
1408 Garces Highway
Delano, CA 93215

Arvin Community Health Center
1305 Bear Mountain Blvd.
Arvin, CA 93203

Lamont Community Health Center
8787 Hall Road
Lamont, CA 93241

McFarland Community Health Center
217 W. Kern Avenue
McFarland, CA 93250

Client's served in FY 2016/2017: 3504
Goal number of clients served in FY 2017/18: 3500
Cost per Client FY 2017/18: $41

Program Description
The Project Care integrated health program intervention piece, like its prevention counterpart, utilizes the Screening, Brief Intervention and Referral for Treatment (SBIRT) model. This early intervention effort is designed to provide short-term treatment for clients exhibiting mild mental health and substance use symptoms.

During the course of the primary care visit, the physician will review any positive screening results from the General Anxiety Disorder seven scale questionnaire (GAD -7), Patient Health Questionnaire nine item scale (PHQ-9), and the Alcohol Use Disorders Identification Test (Audit C+) and discuss with the patient any concerns. As needed, the physician will introduce the behavioral health clinician and begin conversation to address mental health and substance use concerns.

Brief interventions for clients include education on mental health and or substance use, coping skills, referrals for community resources and support. Patient's requiring brief interventions may also be encouraged to schedule treatment with behavioral health staff, for continued services. The patient may also be referred for an appointment with a psychiatrist. If medication is needed, the psychiatrist and physician will consult to discuss any barriers to medication, including an existing regimen.

If a patient's mental health care needs exceed those provided by the early intervention program, their physician, clinician, or psychiatrist can refer them to specialty mental health care at any time during treatment. The patient will then be referred to a KernBHRS System of Care program or geographic service provider based on need and service availability.

Service Goals

- Provide brief interventions for mental health and substance use disorders in a primary care setting
- Broaden access to care for individuals that may not access necessary services due to stigma or lack of resources
- Facilitate referrals to specialty mental health and addiction treatment when services that are more intensive are deemed appropriate

Program Data

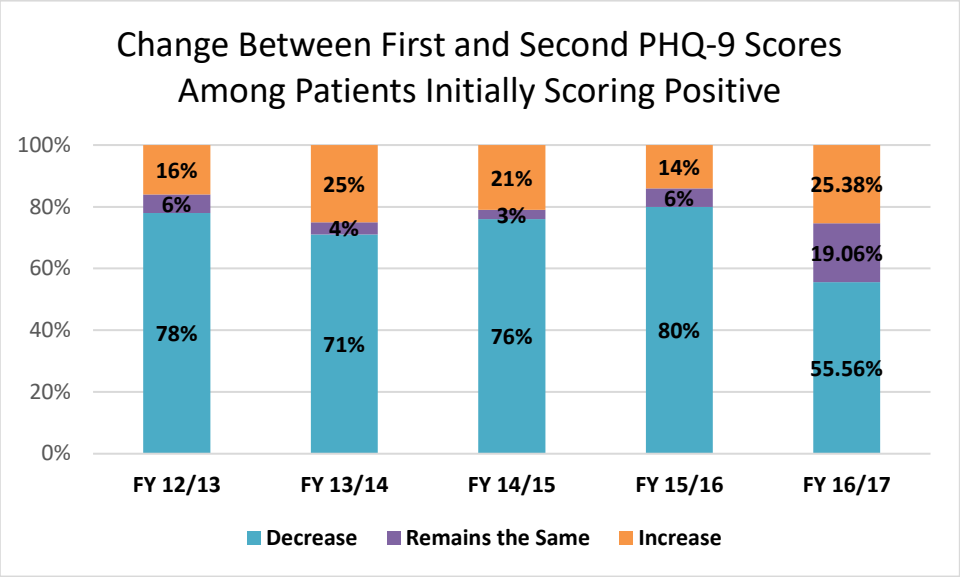
UCLA continued to evaluate a portion of data collected for Project Care in FY 2016/2017 in addition to providing training for providers. Patient confidence scores measure whether they feel that symptoms would be better within 30 days. The average score was 7.6 of 10 from approximately 106 completed surveys. Additionally, satisfaction from the medical and behavioral health care providers scored an average of an 8.8 of 10 and Interactions with the behavioral health specialist in which the clinician discussed topics important to the patient scored 4.1 of 5. Changes in symptomology based on follow up screenings in the GAD-7, PHQ-9, and Audit-C+ were evaluated by KernBHRS.

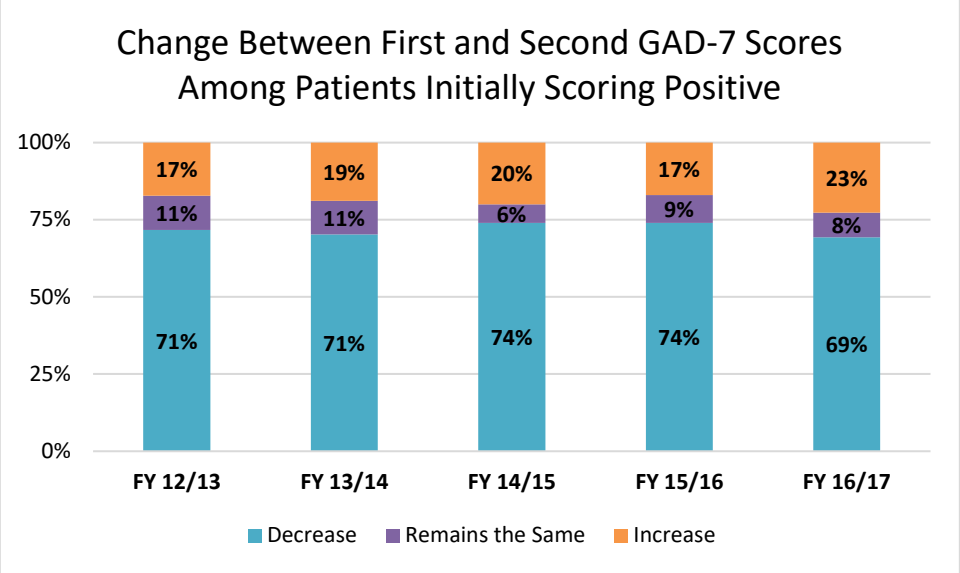
The UCLA Integrated Substance Abuse Programs also provided service providers training opportunities. Topics included Motivational Interviewing to assist those utilizing the SBIRT model in further discussing potential substance use disorder care needs with patients scoring positive on the Audit-C and Understanding Cannabis: What Providers Need to Know About Cannabis Use, to help in identifying potential issues arising from newly legalized marijuana use.

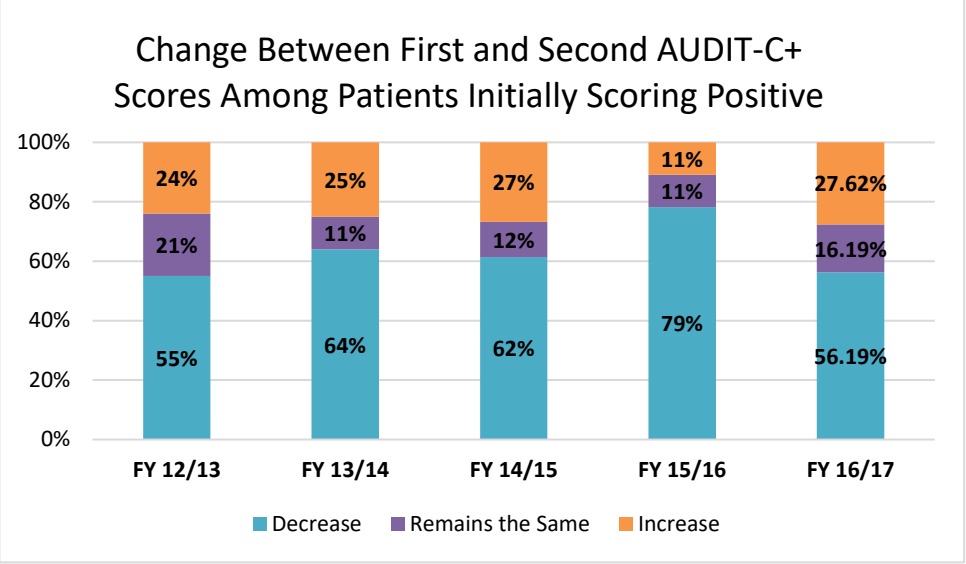
To broaden access to care, Project Care services were provided at Clinica Sierra Vista Community Health Center's in rural/outlying areas of Kern County. SBIRT early intervention services were provided at Clinica Sierra Vista Community Health Centers in Arvin, Lamont, McFarland, and Delano with the following total numbers of early intervention services:

Arvin	1057
Delano	964
Lamont	1329
McFarland	154

Scores continued to show decreased symptomology in follow-up screenings, though the percentage of decreased symptom scores compared to previous year data. Depression screening scores, particularly showed largely increased numbers of those who experienced no change in symptoms, while those with an increase in symptoms mirrored closely results from FY 2013/2014. Anxiety screening results were relatively consistent with past year data, with an increase in the percentage of those who had increased symptoms on follow up screening. Audit-C+ scores closely resembled scores reported in FY 2012/2013, with higher increased symptoms and symptoms which stayed the same.


Change Between First and Second PHQ-9 Scores Among Patients Initially Scoring Positive
100%
80%
60%
40%
20%
0%
16%
6%
78%
25%
4%
71%
21%
3%
76%
14%
6%
80%
25.38%
19.06%
55.56%
FY 12/13
FY 13/14
FY 14/15
FY 15/16
FY 16/17
Decrease
Remains the Same
Increase


Change Between First and Second GAD-7 Scores Among Patients Initially Scoring Positive
100%
75%
50%
25%
0%
17%
11%
71%
19%
11%
71%
20%
6%
74%
17%
9%
74%
23%
8%
69%
FY 12/13
FY 13/14
FY 14/15
FY 15/16
FY 16/17
Decrease
Remains the Same
Increase


Change Between First and Second AUDIT-C+ Scores Among Patients Initially Scoring Positive
100%
80%
60%
40%
20%
0%
24%
21%
55%
25%
11%
64%
27%
12%
62%
11%
11%
79%
27.62%
16.19%
56.19%
FY 12/13
FY 13/14
FY 14/15
FY 15/16
FY 16/17
Decrease
Remains the Same
Increase

Challenges

- The inability to see all patients that screen positive in the same day of the visit. This comes from not being made aware that the screening is positive before the patient is discharged, or being with another patient at the time of the screening
- Primary care clinic reception staff being apprehensive in working with clients who have returned for an appointment with behavioral health staff

Solutions in Progress

- Periodically conduct patient perception surveys to identify barriers to treatment and illicit recommendations from patients to overcome these barriers
- Aid the staff in meeting patients during their medical visit
- Consultation with clinic staff is highly valued, as they will recommend better and more efficient processes for screening and contact with behavioral health staff
- Continued education with primary care staff and strengthening of relationships between behavioral and primary care staff through collaborative training

Volunteer Senior Outreach Program – Prevention

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

930 F Street
Wasco, CA 93280

College Community Services
113 F Street
Tehachapi, CA 93561

2731 Nugget Avenue
Lake Isabella, CA 93240

Number served in FY 2016/2017: 2439
Goal number of clients served in FY 2017/18 – 2019/20: 2500
Cost per Client FY 2017/18 – 2019/20: $681

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

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

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

Clients will be referred for SUD classes held at the Mary K. Shell Building as needed.

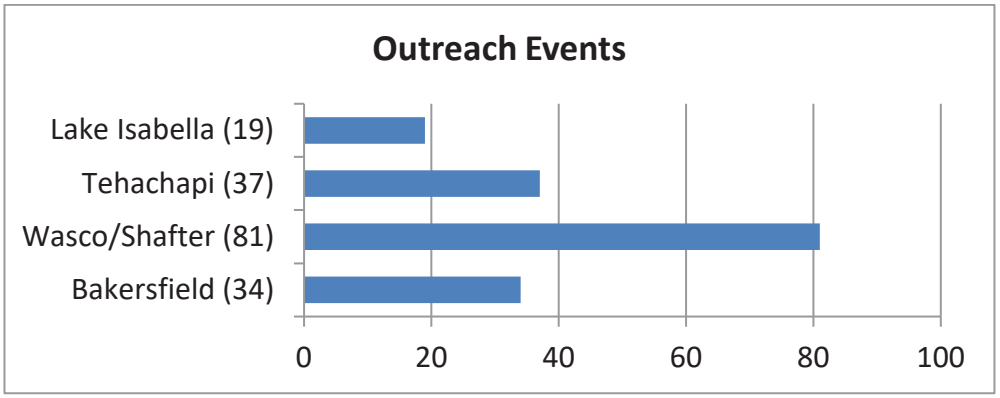
Because VSOP strongly incorporates its volunteers, VSOP works through the outreach process to both recruit and train participants. During the training process, volunteers act as observers and collaborate with the clinical and case management staff to help in reducing isolation of clients while creating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

Service Goals

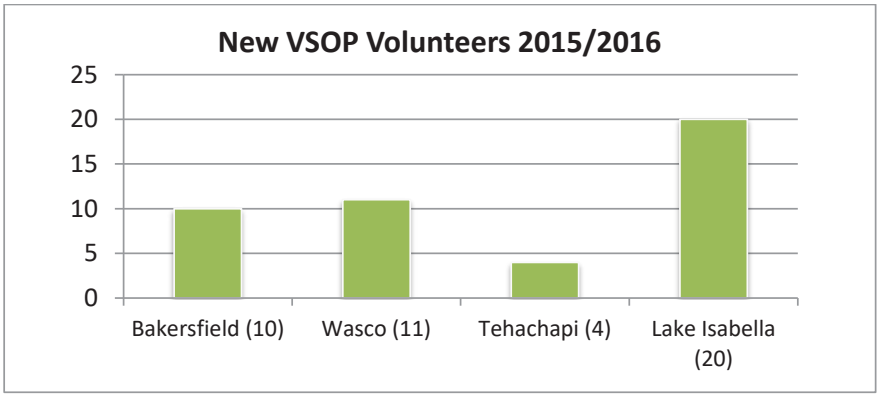
- Provide information on mental illness to older adults in the community
- Increase access and linkage to treatment for older adults, including those in underserved populations
- Provide support for older adults by increasing social interaction and meaningful activity in their daily lives
- Identify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

Program Data

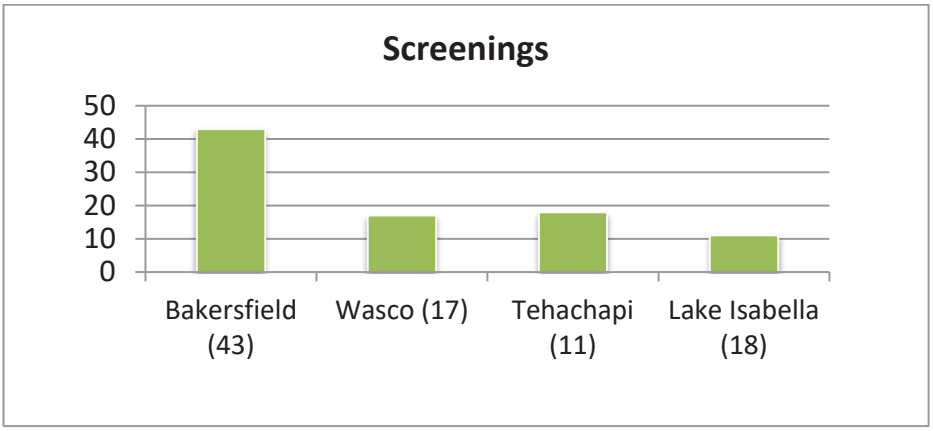
Volunteer Senior Outreach Program (VSOP) provides information on mental health program and services throughout Kern County. Outreach events serve to remove stigma associated with mental illness and provide an opportunity for those who may be experiencing symptoms to gather information and receive screening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



Volunteers are trained throughout the year to assist with engaging older adults referred for VSOP services. A total of 26 newly recruited volunteers were added to VSOP programs throughout Kern County. These, along with existing volunteers completed a total of 348 hours of volunteer training in 2015/2016.



A total of 89 screenings were provided by VSOP clinical staff throughout Kern County. Screenings are provided to determine whether mental health symptoms of anxiety (GAD-7), depression (PHQ-9), and/or alcohol misuse (AUDIT-C) are present. Additionally, older adults screened are provided a SLUMS (Saint Louis Mental Health Status) screening to determine whether neurocognitive disorders are present. Screenings are also provided to determine the quality of life and activities of daily living.



Referral Sources	
Adult Protective	23
Valley Caregivers	4
Senior Center	3
In-Home Supportive Services	15
Family	22
Friend	11
Emergency Medical Services	2
Self-Referral	30
Senior Residence Complex	6
Other (Home Health, Hospitals, Volunteers, LEO)	104

Challenges

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

Solutions in Progress

- Collaboration with public transportation entities.
- Coordination with Meals on Wheels, grocery delivery, food baskets and resource information about senior center lunch and food stamp programs. Adult and Aging Services

also provides coupons for the Farmer's Market.

- Consultation with housing providers to assist with barriers to secure housing
- Volunteers have been added to the program in rural communities as well as metro Bakersfield from: California State University, Bakersfield, The Center for Education and Community Engagement, and former VSOP clients.

Volunteer Senior Outreach Program (VSOP) – Early Intervention

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

930 F Street
Wasco, CA 93280

College Community Services
113 F Street
Tehachapi, CA 93561

2731 Nugget Avenue
Lake Isabella, CA 93240

Number served in FY 2016/2017: 58
Goal number of clients served in FY 2017/18 – 2019/20: 60
Cost per Client FY 2017/18 – 2019/20: $444

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

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

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

Referrals for service can come after engagement at outreach events, through personal referrals, or from agencies including Aging and Adult Services. Seniors are recommended for treatment based on a series of screenings to assess depression, anxiety, mental health status,

activities of daily life, and other indicators. Case management is provided in the senior's home, preventing transportation from being a barrier to treatment. Seniors are further supported by the VSOP community volunteers, who are trained to work with the clinical staff in being a support to seniors both socially and as peers. Through regular contact with the older adult clients, volunteers help to foster autonomy and independence.

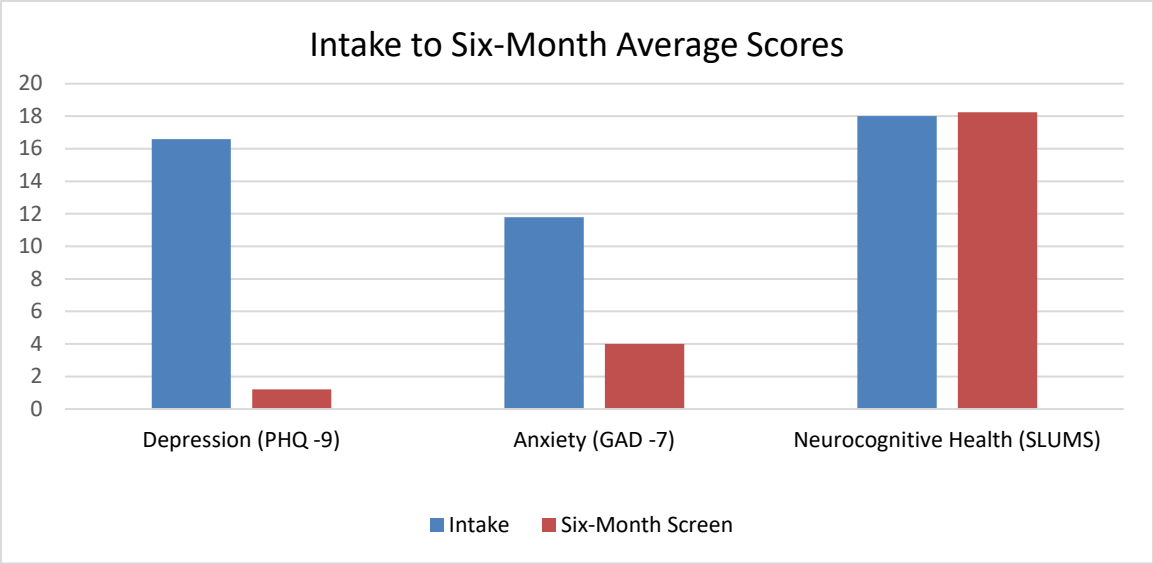
Service Goals

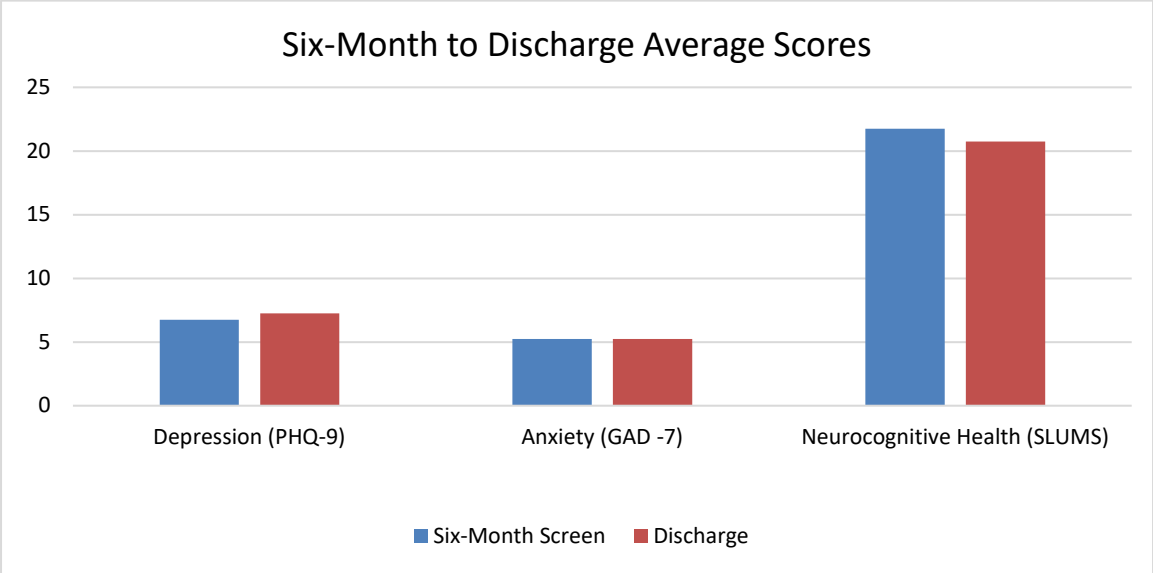
- Linkage to appropriate resources including benefits acquisition and mental health services
- Provide early intervention activities which improve the mental health status of older adults
- Improve daily functioning level of older adult clients
- Management of mild-to-moderate mental health symptoms

Program Data:

Demographics:
Race/Ethnicity: Hispanic/Latino: 61 White/Caucasian: 9
Veteran's Status: Veterans: 16
Language Preferred: English: 49 Both English and Spanish: 1 Spanish: 18 Other: 1
Residential Status: Apartment: 23 Trailer:12 House: 25 Assisted Living: 1

Program services last approximately 12 months, with screenings provided at intake, after six months of care and at discharge. Due to client turnover throughout the year, data is shown for screenings indicating change in symptomology for those who received intake and six-month screenings and those who received six month and discharge screenings during FY 2016/2017. Scores were averaged to show change in overall symptomology of patients.





Challenges:

- Clients minimizing symptomology can create difficulty in determining whether they require specialty mental health care
- Requests for increased VSOP services county wide is difficult due to understaffing
- Goals to provide services to underserved populations are due to understaffing

Solutions in Progress

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

INNOVATIVE PROGRAMS

Special Needs Registry Project – Smart911

Goal number of clients served in FY 2017/18 – 2019/20: 1000
Cost per Client FY 2017/18 – 2019/20: $701

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

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

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

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

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

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

Additional Pending Proposals
KernBHRS is currently drafting two additional program proposals for which they intend to seek approval from the Mental Health Services Oversight and Accountability Commission in FY 2017/2018; The Healing Project and Peer-Assisted Transportation Project. The programs were developed alongside the Special Needs Registry Project, receiving strong support for increased access and linkage to care and transportation, respectively. The program descriptions are included below:

The Healing Project
Primary Problem to be Addressed:
Kern County experiences an average of 2,652 arrests related to alcohol or other drug intoxication annually. In addition, approximately 80 percent of those entering the KernBHRS Psychiatric Evaluation Center (PEC) in FY 2015/2016 presented under the influence of alcohol or other drugs. A high percentage of those abusing substances also have an undiagnosed or untreated mental health disorder. As a result, those entering emergency room, psychiatric evaluation center, and criminal justice settings incur high costs to county and city jurisdictions without receiving needed care. Engaging and providing access to care for underserved populations by identifying and treating mental health and substance use disorders reduces the likelihood of recidivism and allows better use of community public safety, medical and mental health resources.

Proposed Project:
Kern County is proposing the implementation of two recovery stations, one in metropolitan Bakersfield and one in rural Ridgecrest to provide a safe place for those experiencing a substance use or alcohol-related crisis to become sober. It is anticipated that this program can divert individuals from arrest for public intoxication and driving-under-the-influence as well as from seeking mental health crisis services. Each recovery station seeks to provide guests with access and linkage to appropriate mental health and substance use care through use of motivational interviewing and screening tools for depression, anxiety, and alcohol/substance misuse. Both sites will utilize peer staff, with the goal of those with lived experience offering a better opportunity to engage the client.

Innovative Component:
This innovative project utilizes practices associated with peer-led and supported services, access and linkage to treatment and recovery or sobering stations for those with a mental health diagnosis experiencing co-occurring substance use related crisis, including relapse. The Healing Project combines existing mental health practices with support from peer Recovery Specialists who have lived experience.

During Kern County's first Innovative Project, crisis residential program Freise Hope House, it was determined that clients reported high satisfaction and felt that peer support staff were able to relate to their experiences. This project will build on previous learning objectives to continue to gain knowledge about the importance of peer support in the recovery setting.

Learning Goals/Project Aims:
The project will aim to determine whether peer-led recovery stations are successful in linking underserved and unserved persons with undiagnosed or untreated mental health and

substance use care needs to services throughout Kern County; and, to determine if the number of arrests related to public intoxication or under-the-influence and Psychiatric Evaluation Center (PEC) admissions are reduced as a result of recovery station availability.

Evaluation Measures:
Baseline information will be determined for the number of arrests for driving-under-the-influence and public intoxication from which to measure succeeding years, and the number of PEC intakes related to alcohol or substance use from which to measure in succeeding years. Client surveys will be utilized to determine the effectiveness of peer support in moving individuals toward contemplating treatment. Screening tools including the GAD-7, PHQ-9, and Audit-C will be used to determine mental health and substance user care needs. Finally, the duration of untreated mental illness will be measured for those clients who have not previously received care.

Peer-Assisted Transportation Team (PATT)

Primary Problem to be Addressed:

When it comes to the area of public transportation, mental health consumers have minimal knowledge on what is available to them. Consumers may begin receiving treatment, but without guidance on the use of public transportation, they may not be able to engage in services. For those consumers who are aware of public transportation, there could still be no buy-in on the use of public transportation because they have no assistance in utilizing those services, or, fear using those services.

To better engage those individuals who are apprehensive about the mental health treatment process and the use of public transportation, peers, who are those individuals who have lived experience with recovery from mental health and/or substance use, would be utilized in order to reach out to those individuals. Peers will be used to engage other peers.

Engagement with individuals with a mental health issue can be challenging due to fears and stigma that can be associated with having a mental health issue. This could result in the consumer missing mental health appointments or finding reasons not to attend their care appointments. Having a professional peer working with a consumer can result in increased engagement with services, thus reducing the challenge in helping consumers seek treatment.

Proposed Project:

The motto of this team is, "Peers at the wheel, but it's more than a ride, its support from the start". This peer-led team will provide overarching peer support around transportation. It's not just a ride provided to consumers to get them from point A to point B, but it's a peer engagement process to encourage a consumer's independence and provide peer support through the use of public transportation options.

This three-pronged transportation approach will utilize a transportation hotline to troubleshoot questions regarding public transportation, peer-based public transportation assistance, and on a limited basis, transportation to and from appointments. The transportation is imbedded within a practice of engagement, necessary especially for those beginning care who may be feeling some reluctance toward treatment. Peer engagement can help clients in working toward their recovery goals, determining recovery goals, and feeling connected through the same journey of recovery experienced by fellow peers. Family engagement and involvement is also a focus in the program, as family members or supports are always welcome to attend and be part of training and transportation services.

Innovative Component:

The program is a peer-led, multi-faceted, and comprehensive transportation program integrating training, accessibility, and transportation resources designed to transition clients into independence while helping them feel supported in their work toward recovery. The inclusion of family and supports also helps clients feel that they have continued support within and outside of the system of care.

Learning Goals/Project Aims:

- Continuity of care for consumers. Kern Behavioral Health & Recovery Services wants to ensure all consumers who receive services have the opportunity to receive them without the barriers to obtaining services. Transportation is one of those barriers.

- Introduction of peer support to consumers and families in order to build recovery-centered relationships with people who are actively engaging in ongoing recovery.
- Reach consumers where they are; if they cannot come to the facility, then PATT will go to them to provide the services they need. Serve first and never turn away a consumer in need of services. Since transportation can be a factor in why a consumer is not able to obtain services, then KernBHRS will work with the consumer to solve that problem.

Evaluation Measures:
Surveys from clients, family, and clinical staff will determine the effectiveness of the program in providing support to clients while helping them reach recovery goals through fidelity to care programs. It is anticipated that data will show a decrease in the number of no-shows for individual or group therapy as well as psychiatric appointments – this data will be reported. Recidivism rates of arrest or hospitalization of those utilizing the program will be measured to determine whether peer engagement and fidelity to care reduces the likelihood of adverse events.

Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions

In August 2017, KernBHRS joined in a collaborative effort with multiple counties to begin an innovative project utilizing contracted technology-based mental health service and support providers. Counties involved include Los Angeles, Mono, Monterey, Santa Clara, Yolo, Sacramento, and Sonoma.

The project goal is to utilize technology-based programs accessed through multiform-factor devices including computers and smart phones, which engage individuals. The program will also identify, through a series of passive data collection points and early signal biomarkers for mental health symptoms, those who may require services within the System of Care. Through supportive services and engagement, including early intervention, it is anticipated that the project will provide better support to those experiencing symptoms of mental illness and family members of those with mental illness.

Primary Problem to be Addressed:
During the Fall 2016 Community Planning Process, 20 percent of respondents identified those in the outlying areas as underserved. As a result, a series of Prevention and Early Intervention stakeholder presentations were provided in the Spring of 2017. Fifty-two percent of respondents identified Access and Linkage to Care as a service need in their area. KernBHRS implemented the Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH) program. This program utilizes a hotline approach to receive referrals from family members and supports, law enforcement, behavioral health care providers, medical providers, etc. While this program provides outreach to those in the outlying areas as well as Metropolitan Bakersfield, many experience self-stigma and are apprehensive to engage in traditional behavioral health care. Utilizing existing technology-based avenues to intervene can remove stigma associated with mental illness and encourage those in need of services to engage in necessary care.

Proposed Project:
The proposed project will utilize technology-based mental health solutions designed to engage, educate, assess and intervene with individuals experiencing symptoms of mental illness, including:

- Virtual peer chatting with trained and certified peers with lived experience
- Virtual support specific to populations including family members of children and adults with mental illness and those experiencing mental health-related symptoms
- Virtual chat options for parents of children or adults with mental illness
- Virtual manualized interventions, including mindfulness exercises, cognitive behavioral or dialectical behavior skills which are delivered in an intuitive fashion.
- An active referral process for those in need of additional treatment through the System of Care

Passive sensory data will be utilized to engage, educate and suggest behavioral activation strategies to users, including:

- Incorporation of passive data from mobile devices such as smart phones into an interactive

approach which uses digital phenotyping to analyze factors associated with mobile phone usage. This technology interacts with the individual through pop-up or chat functionality that allows better understanding of thought and feeling states. Recommended interventions and communications would be determined by utilization of web-based analytics.
- Use emerging mental health research associated with early detection of symptoms to identify those at risk and/or experiencing symptoms as well as use of passive data collection to determine risk of relapse.

Strategic engagement approaches will be used to introduce technology-based mental health solutions to individuals, including:

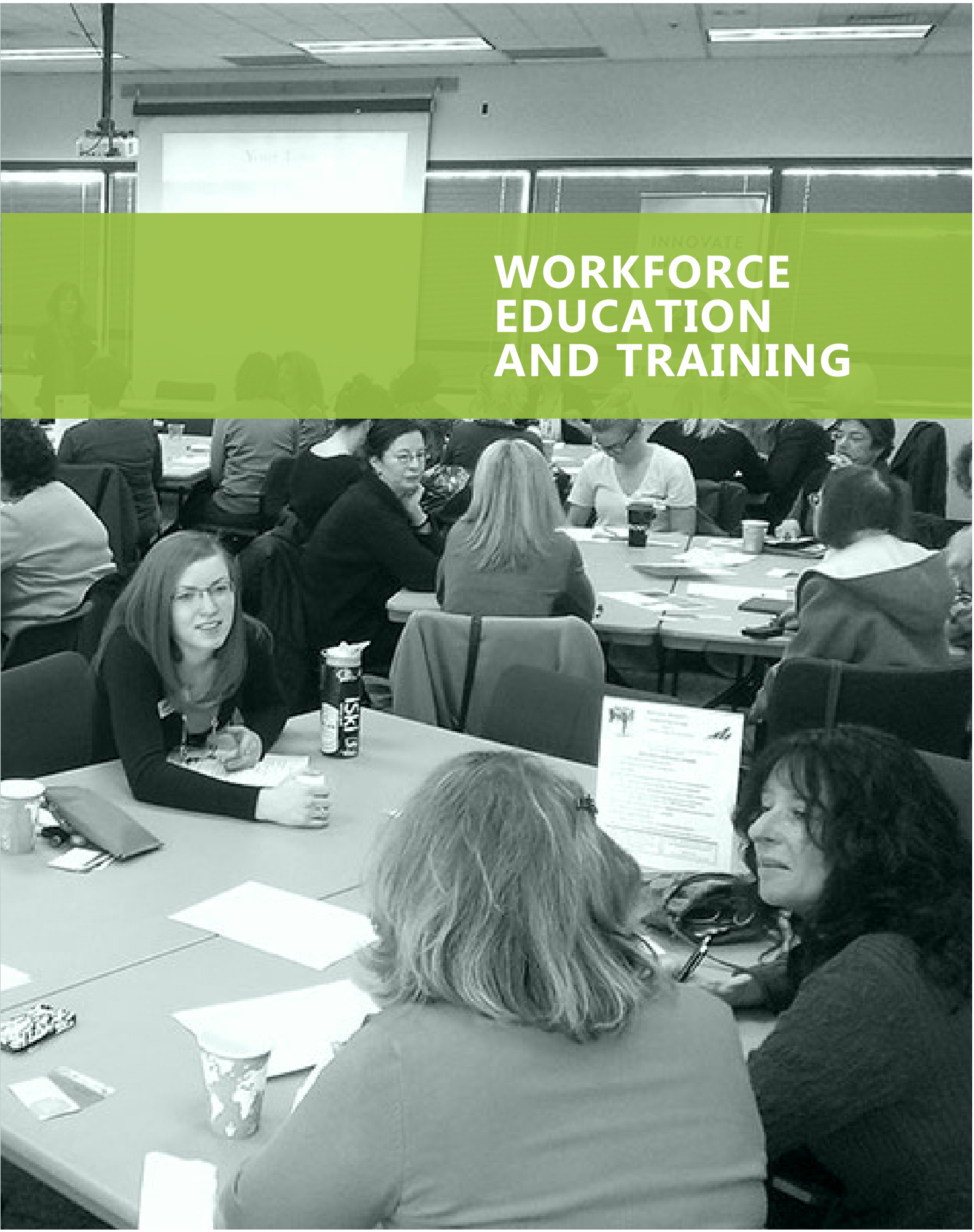
- School systems including colleges and universities
- Individuals using social media and through promotion on KernBHRS public website and/or other media
- Through local collaborative efforts with mental health organizations including the National alliance for Mental Illness (NAMI) to promote use
- Senior Centers and other locations frequented by older adults
- Public locations including libraries or parks

Develop and implement a method to conduct outcome evaluation of project elements to determine effectiveness concerning:
- Wellbeing of users
- Duration of untreated or under-treated mental illness
- Ability for users to identify cognitive, emotional, and behavioral changes and actively address them
- Quality of life, measured objectively and subjectively by the user and indicators of activity level, employment, school involvement, etc.

Innovative Component:
This project introduces a new set of approaches to the public mental health system in a multi-county collaborative project
.
Learning Goals/Project Aims:

- Determine whether individuals at risk of or experiencing mental health symptoms will access virtual peer chatting through a website or phone-based application
- Determine whether those accessing virtual peer chatting will engage in manualized virtual therapeutic interventions
- Determine whether utilization of virtual peer chat and peer-based interventions results in users reporting better wellbeing including reduced symptoms and greater social connectedness
- Determine which virtually-based strategies work best in engaging an individual and result increased willingness to seek support
- Determine whether passive data collected from mobile devices accurately detects changes in mental health status, effectively prompting behavioral change in the user
- Determine how digital data informs the need for mental health intervention and care coordination
- Determine effective strategies to reduce the time between detection of potential mental

illness and linkage to care
- Determine whether online social engagement effectively mitigates the severity of mental health symptoms
- Determine the most effective strategies/approaches to promote the use of virtual care and support applications including information by population reached



WORKFORCE EDUCATION AND TRAINING

Clinical Internship Support Program – Workforce Education and Training – Residency and Internship
Total Anticipated Participants: 24
Cost per Client FY 2017/18 – 2019/20: $24,391

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

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

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

Existing clinical staff completing internship of post-graduate and practicum of pre-graduate for their discipline are provided hours of clinical supervision through the Internship Support Program by KernBHRS licensed clinical social workers or marriage and family therapists who have retained their license at least two years. Clinical supervision is provided in one-hour increments for every ten hours of clinical treatment provided. Licensed Clinical Social Workers must have had their license for two years and have completed 15 hours of clinical supervision training to provide supervision. Licensed Marriage and Family Therapists must have completed two years of clinical work post-licensure and six hours of Continued Education Units prior to providing clinical supervision.

Psychology interns are provided options for rotation, including:
• Forensic Adult Emphasis and Foster Care Rotation
• Forensic Adult Emphasis and Adolescent Emphasis Rotation
• Forensic Adult Emphasis and Child Intensive Rotation
• Child Intensive and Adolescent Emphasis Rotation

One or more of the following Evidence-Based Practices may be utilized depending on the rotation chosen:
• Solution-Focused Brief Therapy
• Dialectical Behavioral Therapy

• Modalities within the Cognitive Behavioral Therapy spectrum
• Therapeutic Behavioral Services
• Functional Family Therapy
• Aggression Replacement Training

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

Intern Performance Evaluation
- **Acquisition and Integration of Professional Standards:** The ability and willingness to acquire and integrate professional standards into one's repertoire of professional behaviors;
- **Development of Professional Skills:** The ability to acquire the professional skills specifically taught at each internship site to reach an acceptable level of competency;
- **Personal Functioning:** The ability to use supervision appropriately, self-initiate professional development and to control personal stress and emotional reactions to not interfere with professional functioning.

Southern Counties Regional Partnership Conference – Workforce Education and Training, Regional Partnership
Members of the Southern California Regional Partnership are in the process of planning the Second Annual SCRP 'Difficult to Engage Populations' conference in Pomona, Calif. on March 20-21, 2018. The conference invited staff from each county to attend. Workshops are to be centered on engaging those transitional aged youth, LGBTQ populations, homeless populations, those with mood and personality disorders, schizophrenia, Latino/Hispanic populations, and working with peers.

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

Staff to be trained annually: Approximately 700
Program Cost: $145,000

Program Description
The Relias Learning program is an online easy-to-use training system which provides myriad training topics for behavioral health agencies. Relias Learning began implementation in FY 2017/2018, streamlining series of training in multiple topics including cultural competency, evidence based practices, management and supervisory skill building, compliance/ safety, and employee wellbeing.

The Relias library creates a more efficient training process, by allowing staff to complete training sessions in a timely manner from their workstation, eradicating the need for travel, and providing the ability for better time management. Courses provide education on levels beyond the capability of available classroom topics, more thoroughly supporting clinical, clerical and administrative workforce education.

BUDGET

Budget Summary

The development of the MHSA Three-Year Plan budget is based on known expectations of staffing and program costs for FY 2017/2018. KernBHRS anticipates a great deal of change within the current and coming fiscal years.

Additionally, KernBHRS is in the research and development process to streamline services within the Adult System of Care, providing for increased access to timely care for underserved populations. The project, which is currently deemed a System Improvement Project (SIP) is anticipated to result in decreased duration of untreated mental illness and increased engagement in care and support programs. The Adult System of Care SIP will continue through FY 2017/2018, with planned implementation late in the fiscal year.

With additional changes anticipated resulting from the trailer bill passing of AB 114, KernBHRS is currently in the process of preparing a Prevention and Early Intervention plan to address previously unspent funds. This update will be submitted to the Mental Health Services Oversight and Accountability Commission in Spring 2018.

FY 2017/18-19/20 Mental Health Services Act Three-Year Plan

Funding Summary

County: Kern Date: 11/2017

	MHSA Funding					
	A	B	C	D	E	F
	Community Services and Supports	Prevention and Early Intervention	Innovation	Workforce Education and Training	Capital Facilities and Technological Needs	Prudent Reserve
A. Estimated FY 2017/18 Funding						
1 Estimated Unspent Funds from Prior Fiscal Years	36,531,097	26,722,684	8,743,375	549,368	0	
2 Estimated New FY 2017/18 Funding	28,609,950	8,154,266	1,941,492	124,129	0	
3 Transfer in FY 2017/18	4,000,000			0	0	0
4 Access Local Prudent Reserve in FY 2017/18	0	0				0
5 Estimated Available Funding for FY 2017/18	61,141,047	34,876,950	10,684,867	673,497	0	
B. Estimated FY 2017/18 MHSA Expenditures	27,623,799	3,856,491	1,227,846	1,238,785	0	
G. Estimated FY 2017/18 Unspent Fund Balance	33,517,248	31,020,459	9,983,685		0	

H. Estimated Local Prudent Reserve Balance	
1 Estimated Local Prudent Reserve Balance on June 30, 2017	12,635,467
2 Contributions to the Local Prudent Reserve in FY 2017/18	4,080,000
3 Distributions from the Local Prudent Reserve in FY 2017/18	0
4 Estimated Local Prudent Reserve Balance on June 30, 2017	16,715,467

a/ Pursuant to Welfare and Institutions Code Section 5892(b), Counties may use a portion of their CSS funds for WET, CFTN, and the Local Prudent Reserve. The total amount of CSS funding used for this purpose shall not exceed 20% of the total average amount of funds allocated to that County for the previous five years.

County: Kern **Date: 09/2017**

FY 2017/18-19/20 Mental Health Services Act Three-Year Plan
Community Services and Supports

County: Kern Date: 09/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CSS Programs – Full Service Partnerships						
1. Assertive Community Treatment	4,253,053	2,679,904	1,573,149			
2. Adult Transition Team	3,629,452	2,082,001	1,547,451			
3. Homeless Adult Team	3,482,982	2,250,372	1,232,610			
4. Youth Multi-Integrated Service Team	1,895,293	1,318,772	576,521			
5. Youth Wraparound	1,789,493	1,103,188	686,306			
6. Transitional Age Youth (TAY)	2,159,021	1,094,258	1,064,763			
7. Wellness, Independence and Senior Enrichment (WISE)	2,013,156	1,160,955	852,201			
8.						
9.						
CSS – System Development						
11. Access and Assessment	959,649	113,937	845,712			
12. Crisis Hotline	1,487,641	1,487,641	0			
13. Adult Wraparound Core Team	958,080	731,590	226,490			
14. Dialectical Behavioral Therapy Core Team	599,255	599,255	0			
15. Stockdale RAWC	2,829,034	1,269,350	2,809,684			
16. West Bakersfield RAWC	3,963,559	1,720,581	2,242,978			
17. North Bakersfield RAWC	2,676,978	1,162,076	1,514,902			
18. Southeast Bakersfield RAWC	3,761,810	1,633,022	2,128,808			
19. Self-Empowerment Team	420,922	318,564	102,358			
20. Community Family Learning Centers	2,038,139	2,038,139	0			
21. Outreach and Education Coordination	160,997	160,997	0			
CSS Administration	4,192,935	3,449,197	743,737			
Total CSS Program Estimated Expenditures	43,271,470	26,373,799	16,897,670			

County: Kern **Date: 07/2017**

FY 2017/18-19/20 Mental Health Services Act Three-Year Plan
Community Services and Supports

County: Kern Date: 07/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CSS Programs – Full Service Partnerships						
1. Assertive Community Treatment	4,253,053	2,679,904	1,573,149			
2. Adult Transition Team	3,629,452	2,082,001	1,547,451			
3. Homeless Adult Team	3,482,982	2,250,372	1,232,610			
4. Youth Multi-Integrated Service Team	1,895,293	1,318,772	576,521			
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County: Kern **Date: 07/2017**

FY 2017/18-19/20 Mental Health Services Act Three-Year Plan
Community Services and Supports

County: Kern Date: 07/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	**Estimated CSS Funding**	**Estimated Medi-Cal FFP**	**Estimated 1991 Realignment**	**Estimated Behavioral Health Subaccount**	**Estimated Other Funding**
CSS Programs – Full Service Partnerships						
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20. Community Family Learning Centers	2,038,139	2,038,139	0			
21. Outreach and Education Coordination	160,997	160,997	0			
CSS Administration	4,192,935	3,449,197	743,737			
Total CSS Program Estimated Expenditures	43,271,470	27,623,799	16,897,670			

FY 2017/18 – 19/20 Mental Health Services Act Three-Year Plan
Prevention and Early Intervention (PEI) Funding

County: Kern Date: 07/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Percentage of total funding dedicated to component
PEI Programs - Prevention						
1. Youth Juvenile Justice	26,935	26,935				
2. Foster Care Engagement	42,288	42,288				
3. Youth Brief Treatment	272,954	272,954				
4. TAY Career Development	547,464	547,464				
5. Project Care	326,991	326,991				
6. Volunteer Senior Outreach Program	1,702,589	1,702,589				
7. Art Risk Reduction Program	30,000	30,000	0	0	0	
Statewide PEI						
8. CalMHSA	174,625	174,625				
PEI Programs – Early Intervention						
11. Youth Juvenile Justice	137,707	75,158	62,549			
12. Foster Care Engagement	206,485	114,771	91,714			
13. Youth Brief Treatment	2,747,973	1,082,123	1,665,850			
14. TAY Career Development	424,060	113,730	310,333			
15. Project Care	144,408	144,408	0			
16. Volunteer Senior Outreach Program	26,678	25,344	1,334			
17. Early Psychosis Intervention TBD						
PEI Programs – Access and Linkage to Tx						
18. Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)	22,321	22,321	0			
PEI Administration	455,055	373,145	81,910			
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	6,092,499	3,878,812	2,213,687			

FY 2017/18 – 19/20 Mental Health Services Act Three-Year Plan
Prevention and Early Intervention (PEI) Funding

County: Kern Date: 07/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Percentage of total funding dedicated to component
PEI Programs - Prevention						
1. Youth Juvenile Justice	26,935	26,935				
2. Foster Care Engagement	42,288	42,288				
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5. Project Care	326,991	326,991				
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7. Art Risk Reduction Program	30,000	30,000	0			
Statewide PEI						
8. CalMHSA	174,625	174,625				
PEI Programs – Early Intervention						
1. Youth Juvenile Justice	137,707	75,158	62,549			
2. Foster Care Engagement	206,485	114,771	91,714			
3. Youth Brief Treatment	2,747,973	1,082,123	1,665,850			
4. TAY Career Development	424,060	113,730	310,330			
5. Project Care	144,408	144,408	0			
6. Volunteer Senior Outreach Program	26,678	25,344	1,334			
7. Early Psychosis Intervention -TBD						
PEI Programs – Access and Linkage to Tx						
1. Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)	22,321	22,321	0			
PEI Administration	455,055	373,145	81,910			
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	6,092,499	3,878,812	2,213,687			

FY 2017/18 – 19/20 Mental Health Services Act Three-Year Plan
Prevention and Early Intervention (PEI) Funding

County: Kern Date: 07/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated PEI Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Percentage of total funding dedicated to component
PEI Programs - Prevention						
1. Youth Juvenile Justice	26,935	26,935				
2. Foster Care Engagement	42,288	42,288				
3. Youth Brief Treatment	272,954	272,954				
4. TAY Career Development	547,464	574,464				
5. Project Care	326,991	326,991				
6. Volunteer Senior Outreach Program	1,702,589	1,702,589				
7. Art Risk Reduction Program	30,000	30,000	0			
Statewide PEI						
8. CalMHSA	174,625	174,625	62,549			
PEI Programs – Early Intervention						
1. Youth Juvenile Justice	137,707	75,158	62,549			
2. Foster Care Engagement	206,485	114,771	91,714			
3. Youth Brief Treatment	2,747,973	1,082,123	1,665,850			
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5. Project Care	144,408	144,408	0			
6. Volunteer Senior Outreach Program	26,678	25,344	1,334			
7. Early Psychosis Intervention TBD						
PEI Programs – Access and Linkage to Tx						
1. Risk Reduction Education and Engagement Accelerated Alternative Community Behavioral Health (REACH)						
PEI Administration	455,055	373,145	81,910			
PEI Assigned Funds						
Total PEI Program Estimated Expenditures	6,092,499	3,878,812	2,213,687			

FY 2017/18 – 19/20 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Kern Date: REVISED 10/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Special Needs Registry – Smart911	612,707	612,707				
2. Technology-Based Access and Linkage	526,664	526,664				
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INN Administration	88,475	88,475				
Total INN Program Estimated Expenditures	1,227,846	1,227,846	0	0	0	0

FY 2017/18 – 19/20 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Kern Date: REVISED 10/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Special Needs Registry – Smart911	533,758	533,758	0			
2. Technology-Based Access and Linkage	526,664	526,664				
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INN Administration	83,575	83,575				
Total INN Program Estimated Expenditures	1,227,846	1,227,846	0	0	0	0

FY 2017/18 – 19/20 Mental Health Services Act Annual Update
Innovations (INN) Funding

County: Kern Date: REVISED 10/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated INN Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
INN Programs						
1. Special Needs Registry – Smart911	533,758	533,758	0			
2. Technology-Based Access and Linkage	526,664	526,664				
3.						
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INN Administration	83,575	83,575				
Total INN Program Estimated Expenditures	1,227,846	1,227,846	0	0	0	0

FY 2017/18 – 19/20 Mental Health Services Act Three-Year Plan
Workforce Education and Training (WET)

County: Kern Date: 07/2017

	Fiscal Year 2017/18					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Relias Learning	145,000	145,000				
2. Internship Support Program	761,757	761,757				
3. Training Expansion/Enhancement	332,028	332,028				
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WET Administration	8,400	8,400				
Total WET Program Estimated Expenditures	1,247,185	1,247,185	0	0	0	0

FY 2017/18 – 19/20 Mental Health Services Act Three-Year Plan
Workforce Education and Training (WET)

County: Kern Date: 07/2017

	Fiscal Year 2018/19					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Relias Learning	145,000	145,000				
2. Internship Support Program	761,757	761,757				
3. Training Expansion/Enhancement	332,028	332,028				
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WET Administration	8,400	8,400				
Total WET Program Estimated Expenditures	1,247,185	1,247,185	0	0	0	0

FY 2017/18 – 19/20 Mental Health Services Act Three-Year Plan
Workforce Education and Training (WET)

County: Kern Date: 07/2017

	Fiscal Year 2019/20					
	A	B	C	D	E	F
	Estimated Total Mental Health Expenditures	Estimated WET Funding	Estimated Medi-Cal FFP	Estimated 1991 Realignment	Estimated Behavioral Health Subaccount	Estimated Other Funding
WET Programs						
1. Relias Learning	145,000	145,000				
2. Internship Support Program	761,757	761,757				
3. Training Expansion/Enhancement	332,028	332,028				
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20.						
WET Administration	8,400	8,400				
Total WET Program Estimated Expenditures	1,247,185	1,247,185	0	0	0	0

KERN COUNTY
BEHAVIORAL HEALTH BOARD
REGULAR MEETING MINUTES

Draft for approval

Monday,
October 23, 2017
5:30 p.m.
Kern County Mental Health
2001 28th Street
Bakersfield

BOARD MEMBERS:

Deborah Fabos
Richard Hofferd
Frank Ramirez
Kate Tandy
Shelly Castaneda (excused)
Jean Lockhart
Jeff Burdick
David Stabenfeldt
John Antonaros (excused)
Fawn Dessy (excused)

OTHERS PRESENT:

Bill Walker – BHRS Director
Alison Burrowes – BHRS
Marcie Lesser – Child Guidance Clinic
Stacy Kuwahara – BHRS
Selma Gonzalez – BHRS
Daryl Thiesen – Supt of Schools
Linda Eviston – STEPS
Jennie Sill – BHRS
Alexis Stokes – BHRS
Lesleigh Davis – BHRS
Brad Cloud – BHRS
Tom Mitchel
Linda Hoyle – Child Guidance Clinic
Colleen Overholt
Katie Sons – TAASK
Chris Reilly – Clinica Sierra Vista
Greg Gonzales – BHRS
Cindy Coe – BHRS

1. **Welcome and introductions:** Board members heard.

2. **Establish Quorum:** 7 present / 3 absent; quorum established.

3. **Approval of draft September 25, 2017 regular meeting minutes:** MOTIONS by Tandy/ Stabenfeldt to approve September 25, 2017 minutes; APPROVED ALL AYES.

4. **Public Comment:** An opportunity was provided for members of the public to address the Board; no one spoke.

5. **Conduct public hearing on Mental Health Services Act (MHSA) Fiscal Year 2017-2020 Three-Year Plan submission to the Mental Health Services Oversight & Accountability Commission** by Dr. Brad Cloud, Deputy Director: Dr. Cloud provided copies of the Executive Summary and a PowerPoint presentation on the Plan. The 30-day comment period ended October 20th and is now

ready for submission. OPENED HEARING; FABOS, STOKES, TANDY, WALKER, RAMIREZ HEARD; CLOSED HEARING; MOTIONS BY HOFFERD/FABOS TO APPROVE SUBMISSION OF MHSA FISCAL YEAR 2017-2020 THREE-YEAR PLAN TO THE MENTAL HEALTH SERVICES OVERSIGHT & ACCOUNTABILITY COMMISSION, APPROVED ALL AYES.

6. **Approval of the submission of the MHSA Innovations Collaboration Project – Increasing Access to Mental Health Services and Supports Utilizing a Suite of Technology-Based Mental Health Solutions to the Mental Health Services Oversight & Accountability Commission** by Dr. Brad Cloud, Deputy Director: Dr. Cloud provided a PowerPoint presentation and overview of the project. OPENED HEARING; FABOS, STOKES, TANDY, WALKER, RAMIREZ HEARD; CLOSED HEARING; MOTIONS BY TANDY/BURDICK TO APPROVE SUBMISSION OF THE INNOVATIONS COLLABORATION PROJECT TO THE MENTAL HEALTH SERVICES OVERSIGHT & ACCOUNTABILITY COMMISSION, APPROVED ALL AYES.

7. **Approval of the submission of the 2017 Data Notebook to the California Planning Council** by Stacy Kuwahara, BHRS System Administrator: Ms. Kuwahara provided copies of the completed 2017 Data Notebook, and thanked Board members and stakeholders for their participation in reviewing and completing the Data Notebook. Tandy, Hofferd, Ramirez, Stabenfeldt HEARD. MOTIONS BY TANDY/RAMIREZ TO APPROVE SUBMISSION OF THE 2017 DATA NOTEBOOK TO THE CALIFORNIA PLANNING COUNCIL; APPROVED ALL AYES.

8. **Unfinished Business:**

A. Report on NAMI Walks 2017: The Behaved Jedis – Deborah Fabos and David Stabenfeldt, team captains: Ms. Fabos reported the team raised $355 dollars, and overall NAMI raised over $37,000.

9. **New Business:**

A. Proposed slate of officers for 2018 Executive Committee – Members & Marketing Committee: Mr. Hofferd presented the proposed slate of officers for 2018:

Chair	David Stabenfeldt	District 4
First Vice Chair	Richard Hofferd	District 5
Second Vice Chair	Kate Tandy	District 4

Mr. Hofferd called for nominations from the floor; none were forthcoming. The proposed slate of officers will be presented at the next regular Board meeting November 27th, with election to immediately follow.

Terms expiring December 31, 2017 are: Jeff Burdick, Fawn Dessy, Frank Ramirez, and David Stabenfeldt; all plan to seek reappointment.

10. Chair Report: Jean Lockhart

A. Ms. Lockhart announced that the CFLC Advisory Board is planning an appreciation day for staff at the CFLC to recognize their work.
B. CFLC staff will hold luncheons in November and December to celebrate the holidays.

11. Department Report: Bill Walker, Director

A. Mr. Walker discussed a recent Strategic Planning session conducted with the management team.
B. Mr. Walker will provide a presentation at the October 24th Board of Supervisors meeting during the public hearing on whether to ban or regulate cannabis. The department's recommendation will be to ban, but if approved for regulation include language on prevention and prevention policy.
C. Wednesday, October 25th will be the grand opening of the Crisis Stabilization Unit (CSU) in Ridgecrest. The next step in expanding services is to implement a connected sobering station.
D. The strike planned by the SEIU may have been averted through negotiations.
E. The recent EQRO (External Quality Review Organization) went well for the department. Results will be presented when they are received.

12. Deputy Director Report: Lamar Kerley, Administrative Services: Mr. Kerley was unable to attend.

13. Deputy Director Report: Dr. Brad Cloud, Specialty Clinical Services

A. Dr. Cloud commented on the recent mass killing in Las Vegas. Staff have been providing services to those that have been affected.
B. Dr. Cloud noted a trend in increased requests for children's services and how staff have stepped up to provide needed services.

14. Deputy Director Report: Alison Burrowes, Adult Clinical Services

A. The Healing Project plan will be posted on the department's public website for 30 days in order to receive public comment, and will be brought to the Board for approval.
B. Housing Services staff are planning to provide a presentation at the Board's November meeting.
C. The department has been implementing a redesign of the Adult System of Care. Requests for Proposals (RFP) will be issued for north Bakersfield and Wasco. Contracting out these services would allow the department to build up internal teams.
D. Staff have been working on the ODS Waiver fiscal plan in order to submit to the Department of Health Care Services. There are plans to start piloting case management services even though they would not be reimbursable at this time.
E. The department's Strategic Plan is available on the public website should there be interest in viewing it.

15. Board Member item:

A. Ms. Fabos brought copies of the book *Insane Consequences* by DJ Jaffe for Board members and explained her interest.
B. Mr. Hofferd discussed his attendance to the Third Thursday event at Mill Park and discussions that took place regarding the downtown homeless population.
C. Mr. Ramirez asked that a presentation to the Board be planned on MHSA funding and how it is connected to the community through Promotoras, KCSOS Project 180, and CSUB.

16. Committee meeting minutes filed:

A. Adult Treatment & Recovery Services – 09-13-17: Ms. Lockhart reported.
B. Children's Treatment & Recovery Services – 09-14-17: Ms. Sill reported.
C. Housing Services – No meeting.
D. SQIC – 09-11-17: Dr. Tandy reported.

17. Public Announcements: An opportunity was provided for members of the public to make announcements of interest to the Board.

A. Chris Reilly, Clinica Sierra Vista, expressed appreciation for the work done by those in the behavioral health field.
B. Bill Walker, Kern BHRS, asked that Board members bring their calendars next month to play the holiday gathering.

18. MOTIONS by Burdick/Ramirez to adjourn to regular meeting November 27, 2017, Behavioral Health & Recovery Services, 2001 28th Street, Bakersfield; APPROVED all ayes, ADJOURNED at 6:43 pm.

//cc

Items Distributed
Minutes of September 25, 2017 regular meeting
MHSA 3-Year Report FY 17-20 PowerPoint – Cloud
MHSA 3-Year Plan Executive Summary – Cloud
MHSA INN Project – Cloud
2017 Data Notebook – Kuwahara
Proposed slate of 2018 officers – Committee
BHB committee meeting minutes
2018 BHB meeting schedule
BHB recruitment flyer
CBHDA Weekly Update 10-23-17

SUMMARY OF PROCEEDINGS

BOARD OF SUPERVISORS - COUNTY OF KERN

1115 Truxtun Avenue
Bakersfield, California

Regular Meeting
Tuesday, November 14, 2017

9:00 A.M.

Note: Members of the Board of Supervisors may have an interest in certain contracts that the Board considers where the member holds a position on a non-profit corporation that supports the functions of the County. Supervisors are assigned to these positions as part of annual committee assignments by the Chairman of the Board. These interests include, with the Supervisor holding the position, the following: California State Association of Counties (Supervisors Perez, Maggard and Gleason); Community Action Partnership of Kern (Supervisor Maggard); Kern County Network for Children (Supervisor Gleason); Kern Economic Development Corporation (Supervisors Scrivner, Maggard, and Couch); Southern California Water Committee (Supervisors Couch and Maggard); Tobacco Funding Corporation, Kern County (Supervisors Gleason and Scrivner); Kern County Foundation, Inc. (Supervisor Couch); and Kern Medical Center Foundation (Supervisors Maggard and Scrivner).

BOARD RECONVENED

Supervisors: Gleason, Scrivner, Maggard, Couch, Perez
ROLL CALL: All Present

SALUTE TO FLAG - Led by Blake Stevenson, Department Manager for Building and Lumber, Rosedale Highway Home Depot

NOTE: The vote is displayed in bold below each item. For example, Gleason-Perez denotes Supervisor Gleason made the motion and Supervisor Perez seconded the motion

CONSENT AGENDA/OPPORTUNITY FOR PUBLIC COMMENT: ALL ITEMS LISTED WITH A "CA" OR "C" WERE CONSIDERED TO BE ROUTINE AND APPROVED BY ONE MOTION

NOTE: Dennis Fox provided comments on Item No. 16 prior to approval of the consent agenda

BOARD ACTION SHOWN IN CAPS

RESOLUTIONS/PROCLAMATIONS

1) Proclaim November 2017 as Family Caregivers Month and November 13 - 17, 2017 as In-Home Supportive Services Home Care Workers Recognition Week in Kern County - PROCLAIMED; MADE PRESENTATION TO LITO MORILLO, DIRECTOR, AGING AND ADULT SERVICES DEPARTMENT, WHO INTRODUCED WYMAN JOHNSON, REPRESENTING IN-HOME SUPPORTIVE SERVICES HOME CARE WORKERS; LITO MORILLO AND WYMAN JOHNSON, HEARD

   Perez-Gleason: All Ayes

2) Proclaim November 2017 as Diabetes Awareness Month in Kern County - PROCLAIMED; MADE PRESENTATION TO CYNTHIA MILLETT, DIETETIC INTERN, CLINICA SIERRA VISTA; CYNTHIA MILLETT HEARD

   Gleason-Couch: All Ayes

3) Proclaim November 27 - December 11, 2017 as the 30th Anniversary Holiday Cottage Days in Kern County - PROCLAIMED; MADE PRESENTATION TO DENA MURPHY, DIRECTOR, DEPARTMENT OF HUMAN SERVICES, WHO ACKNOWLEDGED REPRESENTATIVES OF SPONSORING AGENCIES FROM HOME DEPOT AND IKEA; DENA MURPHY HEARD

Couch-Maggard: All Ayes

APPOINTMENTS

CA-4) Reappointment of Nancy Lawson as County Administrative Officer Designee to the Kern County Hospital Authority Board of Governors, term to expire December 31, 2018 - MADE REAPPOINTMENT

Couch-Perez: All Ayes

CA-5) Appointment of Ryan Geivet, replacing Mike McCoy, as Education Member to the Kern County Museum Foundation Board of Trustees, term to expire May 10, 2020 - MADE APPOINTMENT

Couch-Perez: All Ayes

CA-6) Appointment of Joe B. Ashley as Second District Member to the Planning Commission, term to expire January 1, 2020 - MADE APPOINTMENT

Couch-Perez: All Ayes

PUBLIC PRESENTATIONS

7) This portion of the meeting is reserved for persons to address the Board on any matter not on this agenda but under the jurisdiction of the Board. Board members may respond briefly to statements made or questions posed. They may ask a question for clarification, make a referral to staff for factual information or request staff to report back to the Board at a later meeting. Also, the Board may take action to direct the staff to place a matter of business on a future agenda. SPEAKERS ARE LIMITED TO TWO MINUTES. PLEASE STATE AND SPELL YOUR NAME BEFORE MAKING YOUR PRESENTATION. THANK YOU!

SONJA BENNETT AND TIFFANY SHEBOHAN, COUNTY EMPLOYEES REPRESENTING SERVICE EMPLOYEES' INTERNATIONAL UNION (SEIU) LOCAL 521, HEARD CONCERNING ONGOING LABOR NEGOTIATIONS

NADINE ESCALANTE HEARD REGARDING POSITIVE IMPACTS BY PROBATION DEPARTMENT

BENEDICT J. LUBBON, JUDE BENEDICT AND ASSOCIATES, HEARD REGARDING CANNABIS BAN IN THE UNINCORPORATED AREAS OF THE COUNTY

BOARD MEMBER ANNOUNCEMENTS OR REPORTS

8) On their own initiative, Board members may make an announcement or a report on their own activities. They may ask a question for clarification, make a referral to staff or take action to have staff place a matter of business on a future agenda (Gov. Code Sec. 54954.2[a][2])

SUPERVISORS GLEASON AND COUCH HEARD REGARDING THE RECENT SHAFTER VS. WASCO HIGH SCHOOL FOOTBALL GAME

DEPARTMENTAL REQUESTS

AGRICULTURE AND MEASUREMENT STANDARDS

CA-9) Proposed retroactive Agreement with California Department of Pesticide Regulation for implementation of the Enforcement Evaluation and Improvement Project from July 1, 2017 through December 31, 2017, in an amount not to exceed $38,853.78 (Fiscal Impact: $38,853.78; State; Budgeted; Mandated) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 692-2017

Couch-Perez: All Ayes

AUDITOR-CONTROLLER-COUNTY CLERK

CA-10) Proposed increase to appropriations for contingencies for various departments from over-accrued expenditures and request to establish appropriations for contingencies for the Wraparound Fund, Budget Unit 5126, and the Employers' Training Resource-WIOA Fund, Budget Unit 8908 (Fiscal Impact: Increase in Fund Balance Available for General Fund $696,184, Road Fund $265,563, Structural Fire $16,946, Building Inspection $2,791, Human Services $1,847, Human Services Financial Aid $4,711, Aging and Adult $10,957, Recorder $41,526, Environmental Health $94, CCP Community Recidivism $94,023, Wraparound $1,193, Employers' Training Resource $104,053) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER-COUNTY CLERK TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Couch-Perez: All Ayes

BEHAVIORAL HEALTH AND RECOVERY SERVICES

CA-11) Mental Health Services Act (MHSA) annual plan update for Fiscal Year 2017-2018, and approve submission to the Mental Health Services Oversight and Accountability Commission (Fiscal Impact: None) - APPROVED; ADOPTED ANNUAL PLAN UPDATE

Couch-Perez: All Ayes

CA-12) Proposed authorization to designate specified individuals to initiate application for evaluation and involuntary detention for mentally disordered individuals per Welfare and Institutions Code Section 5150 (Fiscal Impact: None) - APPROVED

Couch-Perez: All Ayes

COUNTY COUNSEL

CA-13) Request to employ retired County employee Paul Blackhurst as Deputy County Counsel IV, Step B, for the period expiring June 30, 2018, or 960 hours, whichever occurs first, effective November 27, 2017 (Fiscal Impact: $52,608; General Fund; Not Budgeted; Discretionary) - APPROVED

Couch-Perez: All Ayes

CA-14) Proposed Ordinance adding subsection (355) to Section 10.16.070 of the Kern County Ordinance Code establishing a no-parking zone along the north side of Lucille Avenue beginning 280 feet west of the west gutter line extension of Fruitvale Avenue, then west for a distance of 130 feet, Bakersfield (Fiscal Impact: None) - WAIVED READING; INTRODUCED ORDINANCE

Couch-Perez: All Ayes

EMPLOYERS' TRAINING RESOURCE

15) Education and Workforce Development Presentation - The Wonderful Company (Fiscal Impact: None) - HEARD PRESENTATION BY NOEMI DONOSO AND RICARDO ESQUIVEL, WONDERFUL COLLEGE PREP ACADEMY

FIRE DEPARTMENT

CA-16) Continuation of local emergency due to tree mortality (Fiscal Impact: None) - APPROVED

Couch-Perez: All Ayes

CA-17) Request approval to establish mid-year capital asset for the purchase of Homeland Security Grant funded equipment in the amount of $105,381 (Fiscal Impact: $105,381 State Homeland Security Grant; Budgeted; Discretionary) - APPROVED; AUTHORIZED AUDITOR-CONTROLLER TO PROCESS THE SPECIFIED BUDGETARY ADJUSTMENTS AND ACCOUNTING TRANSACTIONS

Couch-Perez: All Ayes

CA-18) Proposed Master Agreement with Virgin Galactic for fire helicopter standby services at Mojave Spaceport, effective November 14, 2017 (Fiscal Impact: None) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN MASTER AGREEMENT 693-2017 AND FIRE CHIEF TO SIGN STANDBY AND SERVICE USER FORM AS NEEDED

Couch-Perez: All Ayes

LIBRARY

CA-19) Proposed Resolution retroactively authorizing the extended temporary closure of the Kern County Library, Tehachapi Branch, from November 13, 2017 through December 2, 2017 (Fiscal Impact: None) - APPROVED; ADOPTED RESOLUTION 2017-347

Couch-Perez: All Ayes

PUBLIC HEALTH SERVICES

CA-20) Proposed retroactive Agreement with California Department of Public Health for Housing Opportunities for Persons with AIDS from July 1, 2017 through June 30, 2019, in an amount not to exceed $105,454 (Fiscal Impact: $105,454 Revenue; State; Budgeted; Mandated) - APPROVED; AUTHORIZED CHAIRMAN TO SIGN AGREEMENT 694-2017

Couch-Perez: All Ayes

21) Presentation on efforts on Diabetes awareness and disease management in Kern County (Fiscal Impact: None) - HEARD PRESENTATION

TREASURER-TAX COLLECTOR

CA-22) Notice of Intention to sell tax-defaulted property subject to the Power of Sale (Fiscal Impact: $6.8 Million Estimated Tax-Revenue Recovery) - APPROVED; ADOPTED RESOLUTION 2017-348

Couch-Perez: All Ayes

ADJOURNED TO CLOSED SESSION

Gleason

CLOSED SESSION

(If public reporting is required by Government Code Section 54957.1 relating to the following matter(s), the public reporting of any action taken in closed session will be made at the beginning of the next session of the Board of Supervisors.)

COUNTY ADMINISTRATIVE OFFICE

23) CONFERENCE WITH LABOR NEGOTIATORS - Agency designated representatives: County Administrative Officer Ryan Alsop, and designated staff - Employee organizations: Service Employees' International Union - Criminal Justice Unit; Kern Law Enforcement Association; Kern County Fire Fighters Union; Kern County Detention Officers' Association; Kern County Probation Managers' Association; Kern County Probation Officers' Association; Kern County Sheriff's Command Association; Kern County Sheriff's Command Association II; Kern County Sheriff's Command Association III; Service Employees' International Union Local 521; Kern County Prosecutors' Association; Unrepresented Employees (Government Code Section 54957.6) - NO REPORTABLE ACTION TAKEN

COUNTY COUNSEL

24) CONFERENCE WITH LEGAL COUNSEL - FORMALLY INITIATED LITIGATION (Government Code Section 54956.9 (d)(1) and (g)) Name of case: Curtischay Sanders v. County of Kern; Ricardo Ruiz; and Does 1 to 100, inclusive; Kern County Superior Court Case Number BCV-17-101315 DRL - NO REPORTABLE ACTION TAKEN

25) CONFERENCE WITH LEGAL COUNSEL - ANTICIPATED LITIGATION (Government Code Section 54956.9(d)(2)(e)(1)) Number of cases: One (1) Significant exposure to litigation in the opinion of the Board of Supervisors on the advice of legal counsel, based on: Facts and circumstances that might result in litigation against the County but which the County believes are not yet known to a potential plaintiff or plaintiffs, which facts and circumstances need not be disclosed - NO REPORTABALE ACTION TAKEN

RECONVENED FROM CLOSED SESSION; RECESSED TO 2:00 P.M.

Couch-Gleason

/s/ Kathleen Krause
Clerk of the Board

/s/ Zack Scrivner
Chairman, Board of Supervisors